

**A View From the Provider's Front Lines:
Training for Community-Based Substance
Abuse Treatment Providers**

*"Substance Abuse, PTSD & Returning NC
OEF/OIF Veterans"*

NC Institute of Medicine
Task Force on Behavioral Health Services for
the Military and their Families

L. Worth Bolton, MSW, LCAS
Behavioral Healthcare Resource Program
UNC at Chapel Hill School of Social Work

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This presentation is to increase awareness and knowledge concerning the behavioral healthcare needs of OEF/OIF veterans and their families experiencing substance-related problems in North Carolina.

How Does Stress Impact/Influence the Use of Alcohol and Other Drugs?

- Many clinicians and addiction medicine specialists suggest that stress is the number one cause of maladaptive relapse to substance abuse.
- In both people and animals, stress leads to an increase in the brain levels of a peptide known as corticotropin releasing factor (CRF).
- The increased CRF levels in turn triggers a cascade of biological responses. Animal and human research has implicated this cascade in the pathophysiology of both substance use disorders and Posttraumatic Stress Disorder (PTSD). (Jacobson, 2001)

How Does Stress Impact/Influence the Use of Alcohol and Other Drugs?

- Research also has shown that administering CRF or a chemical that mimics the action of CRF in animals produces increases in stress-related behaviors.
- People subjected to chronic stress or those who show symptoms of PTSD often have hormonal responses that are not properly regulated and do not return to normal when the stress is over. This may make these individuals more prone to stress-related illnesses and may prompt patients to relapse to drug use. (Kreek, 1998)

*Combat Stressors: Where Trauma Begins

- Receiving Incoming Artillery, Rocket, or Mortar Fire
- Receiving Small Arms Fire
- Knowing someone wounded or killed
- Having a member of your unit wounded or killed
- Seeing dead or seriously wounded Americans
- Handling or uncovering human remains
- Being directly responsible for the death of an enemy combatant
- Seeing wounded or dead women and/or children
- IED/Booby Trap exploded near you

NOTE: The undefined "battlefield" of Iraq and Afghanistan present constant opportunities for exposure to the above for direct & indirect combatants.

(*Data from the Mental Health Advisory Team Report)

Post Deployment Changes: Signs & Symptoms

- Distressing Memories, Disturbing Dreams or Nightmares
- Flashbacks, Upset When Reminded of War Zone Events
- Preoccupation with News About the war
- Worry About Friends still Deployed Overseas
- Miss Excitement of Combat, Urges/Desire to return
- Confused About Direction and Meaning in Life
- Blaming Self for Actions in War Zone
- Loss of "Innocence" and Belief in Former Values
- Feeling Unsafe, On Guard, Hypervigilant
- Irritability and Outbursts of Anger
- Anxious, Apprehensive, Panicky, Stressed Out
- Feeling Alienated From Others ("I don't fit in anymore!")
- Loss of Interest/Enjoyment in Life
- Increased use of Alcohol and other Drugs

"Substance Abuse, PTSD & Returning NC OEF/OIF Veterans"

- Initial training was designed to increase knowledge and awareness of the potential for OEF/OIF vets and/or their families contacting community-based substance abuse programs for services.
- Given the standing behavioral health resources on military bases, the training focus identified returning NC National Guard and Reservists as an "at-risk" population.
- The pilot training occurred in December 2006 in Fayetteville, the content was continually changed as participant feedback helped to shape the training to the essentials needed for community-based providers interested in services to substance abusing veterans.
- 600+ participants have attended this training to date.

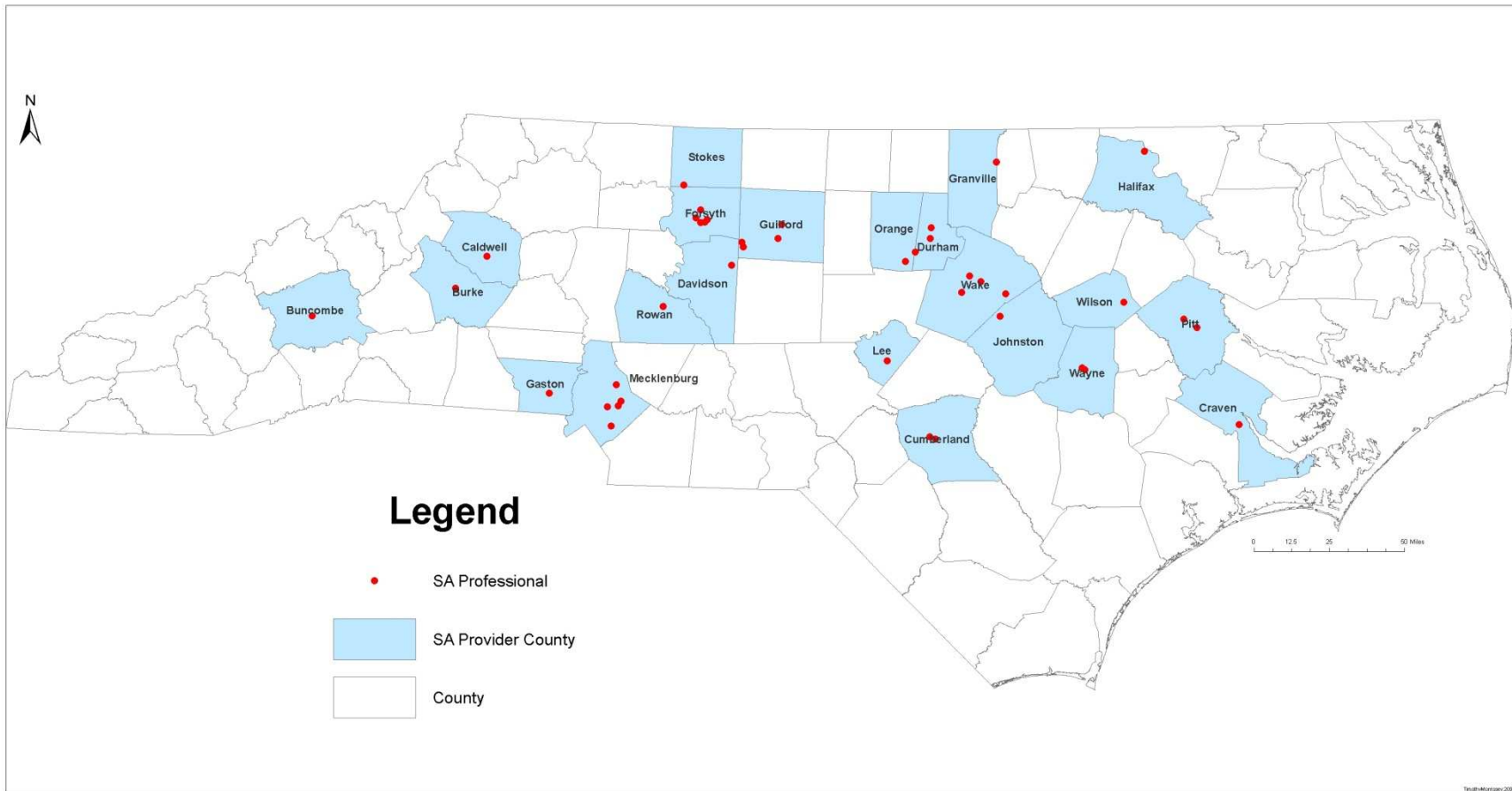
The Primary Goal

- Respond to the presenting problem, determine if dangerousness to self or others involved, if so, follow same procedures as with any crisis contact. (know crisis services available through DoD/VA)
- If urgent, non-emergent, think in terms of care management into standing resources readily available for NC Veterans. (e.g., VA, Vet Centers, CBOC's)
- The VA/DoD has adopted a "no wrong door" approach and indicated a willingness to provide ready follow-up on contacts from LMEs & Providers across NC. (VA "GWOT" Response Team Coordinator)
- The Primary Goal, is to care manage them into veteran-specific services that match the severity of their presenting problem.

Responding to Emerging Issues

- NC National Guard requested assistance from the Alcohol & Drug Council of NC's "Information & Referral Center" for Substance Abuse Assessments on Guard members testing positive on random drug analysis.
- The ADCNC and the Behavioral Healthcare Resource Program worked with staff of the DMHDDSAS and the NCNG to develop a cadre of Licensed Clinical Addiction Specialists who would be available to the NCNG to conduct the Substance Abuse Clinical Evaluations.
- 44 LCAS's completed the required training to date, a wider geographic coverage is still needed.

Trained/Licensed SA Professionals for Veterans Addiction Assessments



Training for Licensed Clinical Addiction Specialist's Cadre

- Increase knowledge of military culture and recommended strategies for engagement. (6 contact hours)
- Insure proficiency with Addiction Severity Index (multimedia version) as designated diagnostic tool. (4 contact hours)
- Provide links to and knowledge of full range of SA/MH interventions within the DoD/VA systems of care.
- Clarify the policies & procedures required by the NCNG for providing these assessments, to include clinical documentation.
- ADCNC currently operates this system, recruitment and training of additional cadre is ongoing.

The best approach with returning OEF/OIF veterans is to;

- 1) Become knowledgeable of military culture,
- 2) Understand the Deployment Cycle Process (Pincus, 2001),
- 3) Work from the “presenting problem” forward
after building rapport & trust,
- 4) Screen within the context of understanding what the Service Member and/or their family want to talk about. (*avoid a premature focus*)

Clinical Challenges: Engagement, Rapport, Trust

- Veterans wary of non-veterans, “if you haven’t seen what I’ve seen you can’t know how I feel, what I think”.
- Genuine empathy and a demonstrated willingness to engage without over-reaction to what he/she needs to talk about is essential.
- Expression of understanding of dealing with persons experiencing trauma *without* psychological jargon. Avoid labeling and premature “diagnosis talk”.
- Most SM’s express concern about how this assessment will affect their relationship with their command.

Implications for All Returning Veterans

- All Service Members have experienced deployment/combat stressors and all experience changes as result of these experiences.
- Screening data suggests that 15-25% are "at-risk" for PTSD and 20-30% are "at-risk" for other behavior health problems.
- Some SM's show stress symptoms of combat without developing PTSD and most Service Members cope well following combat.
- Service Members may experience a delay in onset of problems within the first year after their combat experience.
- Services for SM's and families include deployment cycle support programs, pre & post deployment screenings, post deployment health reassessments ("PDHR's), and "forward" deployed behavioral health assets.

Knowledge, Skills and Attitudes of Professional Practice with OEF/OIF Veterans

- Generate and become familiar with the acronyms of “military speak”, do not hesitate to ask when unsure, show genuine interest.
- Learn key aspects of military culture, rank & insignia.
- Remember that any assignment could expose them to trauma in these particular conflicts.
- Become aware of the many DoD/VA resources and how to access them such that you can explain in basic terms.
- Follow-up contact from you to them indicates genuine concern and a willingness to help beyond presenting crisis.

How to Prepare to Assist in this Statewide Effort

- Make on-site contact with relevant resources available in your geographic area in advance of any client contacts. Survey website resources.
- Clarify referral process, hours of operation, key contacts, required forms/paperwork.
- Seek additional training/education on working with military and family members.
- Discuss the possibilities with your LME Provider Relations contacts to discuss, plan, work through anticipated issues.

Lessons Learned:

- Substance Use, Abuse, and Dependency will continue to be a highly stigmatized issue for returning OEF/OIF veterans and their families.
- The most highly recognized use and abuse continues to be alcohol and prescription drugs.
- Families are more likely to contact providers with concerns about a returning veteran, asking for guidance and info on resources, than the veteran.
- Payor systems need to be coordinated and clarified such that “seamless systems of care” are a reality.
- Providers want to be part of the solution but funding systems have not been responsive to “panel memberships” for LCAS Credential.

Lessons Learned:

- Linkages between psychosocial treatments and pharmacotherapies are crucial for successful outcomes, requiring close working relationships between Clinicians and Physicians.
- Providers need additional training and clarification on the Federal Law on “Confidentiality of Alcohol and Drug Abuse Patient Records” as it relates to serving members of the military and their families. (aka 42CFR-Part2)
- As with past history of serving Substance Abusing patients, most of the contacts are crisis driven, that is to say that an incident (e.g., DWI, Domestic Violence, Urine Testing, Child Abuse, etc.) prompts the initial contact.
- There is a high level of interest and concern for OEF/OIF veterans and their families regarding substance abuse by community-based providers and clinicians in the Addiction Field in our state.

Resources Used in This Presentation

- Jacobsen LK, Southwick SM, Kosten TR: Substance Use Disorders in Patients with Posttraumatic Stress Disorder: A Review of the Literature. Am J Psychiatry 2001; 158(8):1184-1190.
- Kreek, MJ, Koob G: Drug Dependence: Stress and dysregulation of brain reward pathways. Drug Alcohol Depend 1998; 51:23-47.
- Pincus, S. et. al., (2001) US Army Medical Dept Journal .
- Presenter's personal conversations with OEF/OIF veterans and Cadre providing SA assessments to OEF/OIF veterans.