Taking the Fight to the Enemy:

Evidence Based Substance Abuse Treatment Interventions for Iraq and Afghanistan Veterans

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The Service Delivery System
A Need to Change

Challenges

- Unprecedented numbers of women serving in combat roles and situations
- Possible exposure to both sexual assault and combat trauma
- Re-entry and adjustment to family and work
- Large number seriously wounded
- Incidence of traumatic brain injury

Identified Needs

- Guide of available resources
- Information for family members regarding: domestic violence; grief and loss; substance abuse; anger management; and re-entry issues
- Community based programs to address specific needs of families, children, and parents of deployed soldiers
- Educational programs for school systems
- "Vet-to-Vet" mentoring program
- Advanced trainings for community based clinicians
- Educational programs for public safety and criminal justice professionals
- Development of a referral network including the Vet Center and the VA Medical Center

Special Issues for Families: Emotional Cycle of Deployment

- Initial intense fear and worry
- Detachment and withdrawal as deployment nears
- Loneliness and sadness soon after soldier leaves
- Adjustment period
- Reunion – tension may develop as family anticipates changes related to return of service member
- Effect of pre-existing difficulties

Changes in Family Structure

- Expanded definition of family
- Changes in family structure
- Spouse at home faced with managing unfamiliar tasks
- Impact of mothers being deployed
- Effect of pre-existing difficulties
- Every service member and their family members are affected in some way

Returning Home Stressors for Military Members

- A lot has changed since deployment
- Feels a bit out of place
- NG and Reserves lack the interaction with other soldiers experienced by active duty units " feel all alone"
- Less support for single military members
- Civilian life mundane and insignificant when compared to combat
- Americans seem not interested or concerned about the soldiers in Iraq
- "Did you kill someone over there?" "Did you get shot at?" "Why did you go?"
- What to do with all the free time

Returning Home Stressors for Family Members

- A lot has changed since deployment
- Doesn't understand why things can't be the "way they were"
- Family members may feel all alone in trying to assist loved one
- Life becomes more hectic
- Family members, especially children may feel emotionally disconnected
- Some male partners experience resentment or misunderstanding towards their returning woman veteran
- Parents face similar stressors
- Triggers

How Are Our Veterans Coping?

Common Drugs of Abuse

- Alcohol
- Narcotics (heroin, morphine)
- Benzodiazepines
- Marijuana

Effects of Substance Abuse and Dependence

- Increased emotional withdrawal and numbing
- Increased symptoms of depression
- Increased risk of self destructive actions
- Increased risk of violence toward others, i.e., fighting
- Reckless high speed driving

- Use of firearms
- Domestic violence
- Physiologic dependence on alcohol and/or drugs
- Trigger flashbacks
- Increased irritability and acoustic startle
- Loss of job, family, friends, etc.

Does Alcohol Use Help or Relieve Symptoms?

- High correlation with PTSD
- May be used to improve sleep
- Blocks anxiety and panic attacks
- Stops intensive thinking and memories
- Stops terrifying nightmares
- Induces psychic numbing – making it easier to withdraw
- Survivors guilt
- Calms anger, irritability, restlessness

Millennium Cohort Study

- Examine the association of combat exposures to new-onset or continued alcohol consumption, binge drinking, and alcohol related problems.
- Sample – 77,047 (73.2% males; 26.8% females)
  - Active Duty – 26,613
  - National Guard/Reserve – 21,868

5,510 deployed with combat exposure

5,661 deployed without combat exposure

37,310 did not deploy

Jacobson, et al. (2008). Alcohol use and alcohol-related problems before and after military combat deployment. *JAMA*, 300(6): 663-675.

Millennium Cohort Study

- Reserve and National Guard personnel who deployed and reported combat exposures were significantly more likely to experience new-onset heavy weekly drinking, binge drinking, and alcohol-related problems compared with non-deployed personnel.

- The youngest members of the cohort were at highest risk for all alcohol-related outcomes.

Military Studies

- 2006 Hoge et al. did a follow up study looking at soldiers and marines who were home for one year
- Main outcome measures were PTSD, major depression and other mental health problems including alcohol abuse

  OIF: Screening positive for 1 mental health concern

  - 18.4% of active duty; 21% of National Guard; 20% Reserve
  - 23.6% of women compared to 18.6% of men

- This study also compared deployment location with the prevalence of mental health problems (Iraq, 19.1%; Afghanistan, 11.3% & other deployments 8.5%)

Military Studies

- March 2007 Seal studied 103,788 OIF/OEF veterans seen at the VA
  - 13% female
  - 54% less than 30 years of age
  - 48% National Guard/Reserve
- 25% had a mental health diagnosis, 56% of which had multiple mental health diagnosis
- 60% of those diagnosed with a psychiatric illness were first screened in non-mental health settings; 42% were made in primary care settings
- Most vulnerable for receiving a mental health diagnosis were 18-24 year old, least likely were 40 plus except for NG/RC

Pain and SUD Treatment

In sample of Veterans seeking addiction treatment, excluding opioid dependent patients:

- 33% reported persistent pain; 47% reported intermittent pain

Those with persistent pain:

- Received less treatment
- Had poorer abstinence rates at 12 months
- Had greater service utilization and higher costs

Caldiero et al. (2008). The association of persistent pain with outpatient addiction treatment outcomes and service utilization. *Addiction, 103*, 1996-2005.

Diagnosed SUD Among OIF/OEF Veterans with PTSD

- 303,223 new users of VA healthcare (2001-2008)
- Most common MH diagnosis: PTSD – 24%
- Other co-morbid mental health diagnosis
  - Alcohol Use Disorder – 22%
  - Other Drug Use Disorder – 10%
  - Anxiety – 29%
  - Depression – 53%

Cohen, B.E., Marmar, C. ,Ren, L., et al. (2009). Association of cardiovascular risk factors with mental health diagnosis in Iraq and Afghanistan War Veterans using VA health care. *JAMA, 302(5)*, 489-492.

What Treatments Modalities Show the Best Outcomes?

Which Treatment for Whom?

- Most published studies incorporate individual interventions—little significant difference between types
- Some treatments can be done individually or in groups (CPT, Exposure, Seeking Safety)
- Comparisons of two or more active treatments are rare and usually not conclusive; some data suggest “more” may not be “better” (e.g. Glynn et al, 1999)

Addiction-Focused Pharmacotherapy

- Addiction-focused pharmacotherapy should be considered, available and offered if indicated, for all patients with opioid dependence and/or alcohol dependence.

- Addiction-focused pharmacotherapy should be provided in addition to indicated pharmacotherapy for co-existing psychiatric conditions.

Pharmacotherapy for Alcohol Dependence

- Oral naltrexone, an opioid antagonist, and acamprosate , for patients with alcohol dependence.
- Medications should be offered in combination with addiction-focused counseling.
- Injectable naltrexone should be considered when medication adherence is a significant concern in treating alcohol dependence ....

Is Opioid Agonist Treatment Medication Appropriate for, and Acceptable to, the Patient?

Opioid agonist treatment (OAT) is the first line treatment for chronic opioid dependence that meets DSM-IV-TR criteria.

- Methadone
- Buprenorphine

Addiction-Focused Psychosocial Interventions

- Indicate to the patient and significant others that treatment is more effective than no treatment (i.e., "Treatment works").
- Consider the patient's prior treatment experience and respect patient preference ..., since no single intervention approach has emerged as the treatment of choice.

Psychosocial Interventions

Addiction-Focused Psychosocial Interventions

- Regardless of the particular psychosocial intervention chosen, use motivational interviewing style
- Emphasize retention in formal treatment **and/or** active involvement with community support for recovery.
- Use strategies demonstrated to be efficacious to promote active involvement in available mutual help programs
  (e.g., Alcoholics Anonymous, Narcotics Anonymous)

Menu of Options

- Behavioral Couples Therapy
- Cognitive Behavioral Coping Skills Training
- Community Reinforcement Approach
- Contingency Management/Motivational Incentives
- Motivational Enhancement Therapy
- Twelve-Step Facilitation

Behavioral Couples Therapy

- Purpose of BCT is to support abstinence and improve relationship functioning
- Medium effect in meta-analysis of 12 studies
  (Powers et al., 2008)
- BCT also reduces interpersonal violence, social costs, child distress

O'Farrell, T.J. & Fals-Stewart, W. (2006). *Behavioral couples therapy for alcoholism and drug abuse.* New York: Guilford Press.

Powers, M. B., Vedel, E. & Emmelkamp, P. M. G. (2008). Behavioral couples therapy (BCT) for alcohol and drug use disorders: A meta-analysis. *Clinical Psychology Review, 28(6)*, 952-962.

Cognitive Behavioral Coping Skills Training

- Structured, goal-oriented educational process to helping alcohol/drug-dependent people become abstinent
- Usually completed in 12 to 16 sessions
- More than 24 randomized controlled trials making CBT one of the most frequently evaluated psychosocial approaches to treat substance use disorders
- Cognitive behavior therapy is based on the idea that feelings and behaviors are caused by a person's thoughts, not on outside stimuli like people, situations and events. People may not be able to change their circumstances, but they can change how they think about them and therefore change how they feel and behave

Community Reinforcement Approach

- CRA is a comprehensive behavioral program based on the belief that environmental contingencies can play a role in encouraging or discouraging drinking or drug use.
- Originally developed as an effective treatment for alcohol dependence
- It utilizes social, recreational, familial, and vocational reinforcers to assist in the recovery process. Its goal is to make a sober lifestyle more rewarding than the use of substances.
- Empirically supported inpatient, outpatient and homeless populations – research extends over 3 decades

Contingency Management/ Motivational Incentives

- CM is designed to reinforce small steps, especially at the beginning, like celebrating each attendance at a group meeting or each drug-free test result. Easy-to-earn material goods, such as movie passes and food vouchers, help to both initiate and maintain positive changes.
- The program is not thought of as a substitute for counseling or pharmacotherapy, but something that adds to the therapy.

Motivational Enhancement Therapy

- Based on principles of motivational psychology, and is designed to produce rapid, internally-motivated change.
- Seeks to support *intrinsic motivation* for change, which will lead the client to initiate, persist in, and comply with behavior change efforts.
- MET consists of four carefully planned and individualized treatment sessions. The first two focus on structured feedback from the initial assessment, future plans, and motivation for change, The final two sessions at the midpoint and end of treatment provide opportunities for the therapist to reinforce progress, encourage reassessment, and provide an objective perspective on the process of change.

Twelve Step Facilitation

- Consists of a brief, structured, and manual-driven approach to facilitating early recovery
- Facilitates patients' active participation in the fellowship of AA
- It is intended to be implemented on an individual basis in 12 to 15 sessions over a period of 12 weeks; has been adapted for use in a group format.
- Based in behavioral, spiritual, and cognitive principles that form the core of 12-step fellowships such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA).
- It is suitable for problem drinkers and other drug users and for those who are alcohol or other drug dependent.

Psychosocial Interventions

- Cognitive Behavioral Therapies
  - Exposure Therapy
  - Stress Inoculation Training
  - Cognitive Processing Therapy
- Seeking Safety: A Psychotherapy for Trauma/PTSD and Substance Abuse
- Acceptance and Commitment Therapy
- Dialectical Behavior Therapy
- Eye Movement Desensitization and Reprocessing
- Motivational Interviewing
- Group Therapy

Exposure Therapy

- Goal: help reduce the level of fear and anxiety connected to reminders which may be in the environment, certain pictures, smells, sounds, memories, nightmares or intrusive thoughts
- Active exposure to reminders through imagination
- Client learns that anxiety and fear lessen over time
- Usually paired with teaching relaxation skills
- Assist client in better managing anxiety and fear (instead of avoiding)

Stress Inoculation Training (SIT)

- Goal: help client gain confidence in their ability to cope with anxiety and fear
- SIT helps client become more aware of cues
- Client learns different coping skills (i.e., muscle relaxation , deep breathing, etc.)
- Client is taught how to identify cues as soon as they appear and use new coping skills to manage situation

Cognitive Processing Therapy (CPT)

- Specifically developed to treat PTSD resulting from sexual assault
- Viewed as a combination of cognitive therapy and exposure therapy
- CPT based on idea that PTSD stem from "Stuck points" - conflicts between pre-trauma beliefs and post-trauma information
- Stuck points are addressed through writing – correct maladaptive thoughts - sometimes called "cognitive restructuring"

Seeking Safety

Protocol therapy which is scientifically supported

- 25 coping skills topics
- Four content areas: cognitive, behavioral, interpersonal, and case management
- Manual designed to be maximally helpful to clinicians in addressing both disorders simultaneously in every session
- Safety includes: discontinuing substance abuse, decreasing suicidality, gaining control over extreme symptoms

Version for treatment of OIF/OEF under development

Dialectical Behavior Therapy

- Maintains that some people react abnormally to emotional stimulation. Their level of arousal goes up much more quickly, peaks at a higher level, and takes more time to return to baseline.
- There are four primary sets of DBT strategies, each set including both more acceptance-oriented and more change-oriented strategies. Core strategies in DBT are validation (acceptance) and problem-solving (change)
- Standard outpatient DBT - four different modes of treatment: group skills training, individual psychotherapy, telephone coaching between sessions when needed, and a therapist consultation team meeting, respectively.
- Skills are taught in four modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

Eye Movement Desensitization and Reprocessing (EMDR)

Based upon information processing model –

- Works directly on memory networks and enhances information processing by creating an association between distressing memories and more adaptive information contained in other memory networks consequently creating new memories.
- Eventually client recalls the incident with new perspective – eliminating the emotional distress
- Eight Phases of Treatment

Group Therapy

- Informal rap group movement —"brothers helping brothers"—initiated by veterans as they began to return from Vietnam in 1970's; developed out of the "self-help" movement (i.e. Vet 4 Vet)
- Differed from traditional psychotherapy groups in so far as 1) therapist usually was a facilitator-participant, 2) no formal limit on group members, 3) conceptual goal was not to "heal" or treat" but on communality and shared commitment; integrated war and current life discussion
- Anecdotal but no hard data on how effective they are

Trauma Focused Group Therapy

- Groups of 5-6 veterans randomly assigned
- Two co-therapists
- Most meetings 90 minutes; 120 for exposure
- Weekly for 30 weeks; monthly boosters afterwards
- Incorporates exposure therapy, cognitive restructuring, and coping skills training

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