Readjustment Concerns of Returning OIF/OEF Veterans

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Today

- OEF/OIF Veterans
  - Operation Enduring Freedom & Operation Iraqi Freedom
- Data on
  - How many new veterans we have
  - What problems they are returning with
  - What they have been exposed to
- Discussion in detail about range of stress reactions
- Themes common to these vets who have stress reactions

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Transitions

- ...from home to the battle
- ...from the battle to home

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Stress Reaction Range

- In terms of the range of stress responses to serving in war time, veterams may exhibit:
  - Non-pathological readjustment
  - Acute Stress reaction
  - PTSD
  - Chronic PTSD

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Readjustment Issues

- While 25%-33% of newly returning veterans will have a mental health problem, it is important to remember that many do not
- There are a range of responses from a resilient return home to the development of chronic problems

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Readjustment Issues

- Occupational problems with concomitant financial concerns
- Preoccupation with:
  - News about the war
  - The health and safety of friends still deployed
  - The chance of re-deployment (both desires to return and stay stateside)
- Missing the excitement of combat with urges to return

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Readjustment Issues

- Separation from military social support
- Adjustment to civilian norms
  - Driving, over-controlling, detached,intimacy problems
- Marital conflict and family reintegration
- Medical Problems

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What to do about simple readjustment?

- http://www.battlemind.org
  - A very helpful program created by the US Army consisting of video clips, PowerPoint presentations, and brochures for newly returned veterans and their family members.
  - The gist of this program is to discuss how military members and their family all go through a process of adjustment both pre- and post-deployment

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Battlemind

- The post-deployment materials demonstrate that many of the characteristics that make for successful soldiers may not be as suitable in a peacetime environment
- The program is a destigmatizing way of explaining the typical difficulties that many military members face upon their return home
- For example, while strict hierarchies of command make sense in combat, they do not work so well if you attempt to apply them to your spouse and children
- I encourage clinicians to review these programs if they work with former military or their families

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Operation Iraqi Freedom Operation Enduring Freedom

VHA Office of Public Health and Environmental Hazards February 14, 2006

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Use of DoD List of War Veterans Who Have Left Active Duty

- This data only applies to OIF/OEF veterans who have accessed VHA health care due to a current health problem.
- These data DO NOT represent the more than 1 million OIF/OEF veterans in general because data were not obtained from a representative sample of recent war veterans.

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VA Health Care Utilization in FY 2002 to 2006 (1st QT)

- 505,366 OIF and OEF veterans combined have separated
  - 43% (219,355) Former Active Duty troops
  - 57% (286,011) Reserve and National Guard
- Among all 505,366 separated OIF/OEF Veterans
  - 29% (144,424) of total have sought VA health care

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Assessment of VA Health Care Requirements

- Approximately 144,424 SW Asian veterans evaluated by VA in FY 2002-2006 (1st QT), represents about 3% of the 4.9 million individual veterans who received VHA health care in one year *

- *Note this is 2004 data*

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Medical Diagnoses

Muscuoskeletal	40 %
Mental disorders	32 %
Digestive System	30 %
Ill defined Symptoms	30 %
Nervous System	28 %
Respiratory	17 %
Injury/Poisoning	16 %

144, 424 separated active duty and reserves sought VA health care (3% of all vets served)
VHA Office of Public Health & Environment Hazards, Feb. 14 2006

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Spectrum of Post-Deployment Mental Disorders (N=46,571)

Disorder	N	%
PTSD	20,638	44 %
Drug Abuse	17,768	38 %
Depression	14,317	31 %
Neurotic Disorders	11,481	25 %
Affective Psychosis	7,460	16 %
Alcohol Dependence	3,116	7 %
Acute Stress Reaction	1,327	3 %

VHA Office of Public Health & Environment Hazards, Feb. 14 2006

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Acute Stress Disorder

- The criteria for this disorder are quite similar to those for PTSD
- Other than the time period – which is the symptoms occur between 2 days and 4 weeks after exposure to a traumatic stressor
- With veterans you rarely see this disorder since the time between traumatic events and the return home are often longer than 4 weeks

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Types of Traumatic Events

- The following slides show the common range of traumatic events that these military members face.
- Please note the severity of these events and how many military members report having these experiences

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Frequency of Exposure to Various Potentially Traumatic Stressors in Iraq War

Table 2

Combat Experiences Reported by Members of the U.S. Army and marine Corps after Deployment to Iraq or Afghanistan*

Hoge et al, New England Journal of Medicine; 351(1):13,Table 2, July 2004

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Experience	Army Groups Afghanistan (n=1962)	Army Groups Iraq (n=894)	Marine Group Iraq (n=815)
Being attacked or ambushed	58 %	89 %	95 %
Receiving incoming artillery, rocket, mortar fire	84 %	86 %	92 %
Being shot at or receiving small-arms fire	66 %	93 %	97 %
Shooting or directing fire at the enemy	27 %	77 %	87 %
Being responsible for the death of an enemy combatant	12 %	48 %	65 %
Being responsible for the death of a noncombatant	1 %	14 %	28 %
Seeing dead bodies or human remains	39 %	95 %	94 %

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Experience	Army Groups Afghanistan (n=1962)	Army Groups Iraq (n=894)	Marine Group Iraq (n=815)
Handling or uncovering human remains	12 %	50 %	57 %
Seeing dead or seriously injured Americans	30 %	65 %	75 %
Knowing someone seriously injured or killed	43 %	86 %	87 %
Participating in de-mining operations	16 %	38 %	34 %
Seeing ill/injured women/children whom you were unable to help	46 %	69 %	83 %
Being wounded or injured	5 %	14 %	9 %
Had a close call, was shot/hit, but protective gear saved you	**	8 %	10 %

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Experience	Army Groups Afghanistan (n=1962)	Army Groups Iraq (n=894)	Marine Group Iraq (n=815)
Had a buddy shot or hit who was near you	**	22 %	26 %
Clearing or searching homes or buildings	57 %	80 %	86 %
Engaging in hand-to-hand combat	3 %	22 %	9 %
Saved the life of a soldier or civilian	6 %	21 %	19 %

* Data exclude missing values because not all respondents answered every question. Combat experiences are worded as in the survey.

** The question was not included in this survey.

Hoge et al, New England Journal of Medicine: 351(1):13,Table 2, July 2004

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Prevalence of PTSD

- In the United States and across all sorts of traumas
- 60.7% of men & 51.2% of women reported at least one traumatic event
- 7.8% to have PTSD at some point in their lives
  - Women (10.4%) twice as likely as men (5%).
    - This difference does not seem to be as great among newly returning veterans.
- Among veterans these rates are higher

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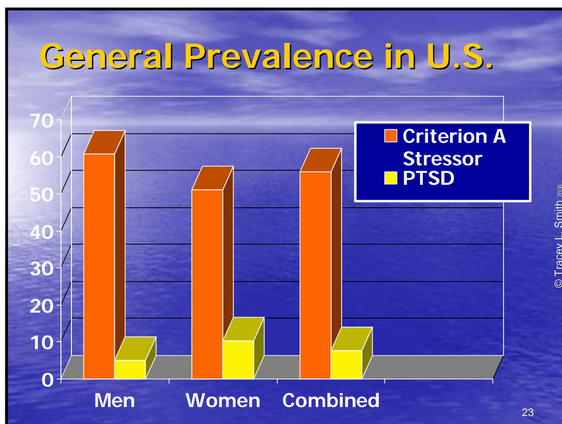
General Prevalence in U.S.



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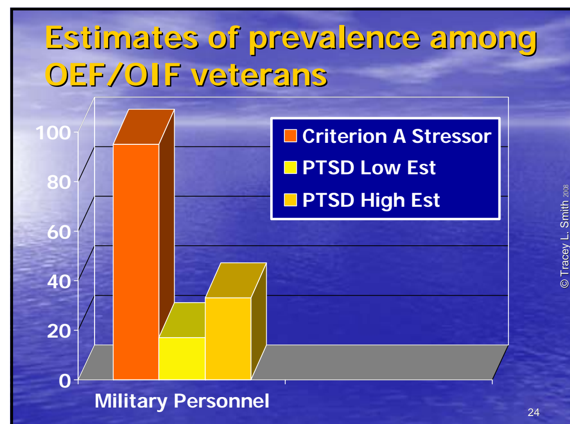
Estimates of prevalence among OEF/OIF veterans



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Summary

- Recent Iraq and Afghan veterans are presenting to VA with a wide range of possible medical and psychological conditions.
- 9% of separated OIF/OEF veterans have enrolled for VA health care. Of these 29% or about a third have some sort of mental health diagnosis.

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PTSD Overview

- Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events
  - military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape
- Most survivors of trauma return to normal given a little time.
  - However, some people will have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop PTSD.

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PTSD

- I am not going to review the diagnostic criteria for PTSD due to time limitations
- The "state of the art" method for PTSD diagnosis is the Clinician Administered PTSD Scale (CAPS) interview
- Takes about 45-60 minutes and requires extensive training

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Behaviors & Feelings Occurring Soon After/During Traumatic Event

- Fight
- Flight
- Freeze
- Dissociation (numb, detached, dazed, sometimes with subsequent amnesia)
- Depersonalization (like it was happening to someone else)
- Derealization (like it wasn't real)

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Physiologic Responses to Stressors

- Pulse increase
- Blood pressure increase (usually)
- Increased epinephrine and cortisol peripherally
- Increased norepinephrine and CRH* centrally

*corticotropin-releasing hormone - controls the secretion of other stress-related hormones in the pituitary

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Are these acute reactions adaptive or maladaptive?

- Depends on context. These acute stress reactions ramps up your body to
  - **use energy**
  - **not respond to pain**
  - **be very focused in attention great for a brief battle**
  - **Depending on the opponent fight, flight, or freeze are the adaptive behavioral options**
  - **Probably can train to use a somewhat broader range of behaviors (eg military training; medical training)**

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After The Stressor

- Why not just forget it?
  - Self-preservation; your brain will do what is necessary to promote survival and remembering threats to survival is important!
  - Consolidating the memory—going over and over it can provide an internal rehearsal about what to do to avoid this in the future
  - Most people do replay the trauma for awhile, but most people don't get PTSD. If 33% have acute stress problems at one month, perhaps 10% will have PTSD a year later (with a routine civilian stressor)
  - But almost everyone will have internally rehearsed enough to be alert to signs that the same trauma is likely to happen again!

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What often comes along with PTSD?

- Alcohol and other drug abuse
  - Anger and anxiety → alcohol
  - Numbing→ cocaine
- Depression
  - Survivor guilt, self- blame & loathing, etc
- Change in personality traits (?)
  - Lack of trust; anger; Noncommunicative; avoids social connection; Hypervigilance; interpersonal sensitivity

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Core Themes Among Those with PTSD

- **Safety** – of self & others
- **Trust**
- **Power/Control**
- **Self-Esteem**
- **Intimacy**
  - the ability to be close to others and let others be close to you
- These themes are often inter-related
- Recently described by Patricia Resick

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Safety Concerns

- Fears that one is not able to stay safe and may feel unable to keep loved ones safe
- Fears that others are not safe – that is others are out to harm one or one's loved one
- Sometimes there is the sense that one ***cannot*** be harmed because of what one survived
- Often veterans with safety concerns are overestimating a low probably event as a high probability event
  - Example – a patient was in an elevator that fell 20 floors before stopping. Patient was convinced next elevator ride would be his last.
  - Veteran convinced he could again be attacked and shot at – difference between could and would happen

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Trust Concerns

- **Self-trust**
  - That one can trust or rely on one's own judgments and perceptions.
    - Often a problem if you knew the perpetrator or a commander or someone you trusted let you down or could not be relied upon when you needed them (also can be a trusting others issue)
- **Trust in others**
  - Sometimes others cannot cope with a veteran's strong feelings or they minimize the event of the impact of the event – in this case the veteran may feel like no one can be relied on for support

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Power & Control

- **In relations to Self**
  - The belief that one has the ability to solve problems and meet challenges
  - Sometimes will believe that must have ***total*** control or they are ***out of control (over control)***
  - Sometimes will believe they are powerless and therefore refuse to decide anything or be proactive since *"nothing will work out anyway"* ***(learned helplessness)***

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Power & Control

- In relation to others
  - Power with regard to others involves the belief that one can or cannot control future outcomes in interpersonal relationships
  - Feeling out of control can generate both anger (at self & other) and fear
  - Issues related to this theme often involve feeling of blame (self & other), responsibility (self & other), & guilt (self)

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Esteem

- People with PTSD often lack self esteem or have difficulty valuing others
- May seem themselves as bad, destructive, evil, irredeemably damaged
  - Believe other people's negative attitude about you
  - An absence of empathy and responsiveness by others
  - The experience of being devalued, criticized, or blamed by others
  - The belief that you had violated your own ideals or values

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Esteem of Others

- For some the event was a belief-shattering event. Prior belief in the goodness of others is shattered.
- Others were surprised, hurt, and betrayed by others and therefore concluded that other people are not good or not to be respected. This belief is then generalized to everyone (even those who are basically good and to be respected).
- See others as uncaring, indifferent, and only out for themselves; or that people are bad, evil, or malicious; or that the entire human race is bad, evil, or malicious

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Intimacy

- In this context, intimacy refers to the ability to be close to others and let others be close to onesefl
- PTSD more often than not has an interpersonal cause – the perception is that something someone did or did not do led to the event
- Given that humans are social creatures by design this forms an incredible dilemma
- The very thing that people need – love and respect – is often perceived as risky, dangerous, or attainable

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Intimacy

- In relation to the Self -
  - Ability to soothe oneself during distressing times, to be alone (without feeling lonely or empty), and have a sense of self-efficacy (ability to be effective) & self-control.
  - Veterans will problems in this may turn to drugs, alcohol, anger, overwork, overeating, or reckless behavior - anything to avoid feeling all the unpleasant feelings they are trying to keep at bay

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Intimacy with Others

- Sometimes the loss of close others can leave a person feeling like they will never, can never, or should never be close to others again
- Others may be confused by the veteran's pulling away, being distant and read that as rejection
- Sexual functioning and desire can also be impaired by PTSD; leading to further self-recrimination

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What predicts the move from acute stress to PTSD to Chronic PTSD?

- Higher rates of avoidance symptoms
  - Including trying to avoid feelings by chronic overwork
  - Alcohol & drug abuse
  - Social Isolation
- Lower social support both before and after the traumatic exposure
- Unemployed

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Any Good News?

- Yes! PTSD is a treatable disorder. Most people recover!
- Newer therapies are very effective and some medications can alleviate some symptoms
- Newer psychotherapies will result in 50-75% of treatment completers to lose their diagnosis - may have some residual symptoms
- Some vets think VN vets still have PTSD so there is no hope. NOT TRUE! Even many VN vets have responded to newer treatments

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Treatments with the Strongest Empirical Evidence

- Strongest Evidence for
  - Cognitive Processing Therapy
  - Prolonged Exposure
    - Equivalent outcomes - between 46 to 80% of treatment completers no longer have a PTSD diagnosis. Treatment response depends on a number of factors.
- Strong Evidence for EMDR – Eye Movement Desensitization
  - Less evidence but recent studies of strong design are adding credence
    - Poor evidence for the purported mechanism of change

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Websites

- **Battlemind Training**
  http://www.battlemind.org/
- **National Center for PTSD**
  http://www.ncptsd.va.gov/
- **Wisconsin Department of Veterans Affairs**
  www.dva.state.wi.us
- **Anonymous Screening**
  https://www.militarymentalhealth.org/welcome.asp

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