PTSD and Substance Use Disorders

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Disclosure

• Anthony Dekker, DO has presented numerous programs on Chronic Pain Management and Addiction Medicine. The opinions of Dr Dekker are not necessarily the opinions of the DoD, the US Army, the Indian Health Service or the USPHS. Dr Dekker has no conflicts to report.
Potential Clinical Presentation

- Flashbacks
- Nightmares

PTSD
- Attentional problems
- Depression
- Insomnia
- Anxiety

TBI
- Headaches
- Dizziness
- Irritability

2014 BMC Grand Rounds
TBI and Co-occurring Conditions

- PTSD
- Pain
- Substance Use Disorders
- Dual Sensory Impairments
- Depression
- Anxiety
- Suicide
DSM-V Criteria - PTSD

- Re-experiencing symptoms (nightmares, intrusive thoughts)
- Avoidance of trauma cues and Numbing/detachment from others
- Hyperarousal (increased startle, hypervigilance)
- Negative alterations in cognitions and mood
Symptoms of PTSD

✓ Recurrent thoughts of the event
✓ Flashbacks/bad dreams
✓ Emotional numbness ("it don’t matter"); reduced interest or involvement in work our outside activities
✓ Intense guilt or worry/anxiety
✓ Angry outbursts and irritability
✓ Feeling “on edge,” hyperarousal/ hyper-alertness
✓ Avoidance of thoughts/situations that remind person of the trauma
✓ Depression
Potential Consequences of PTSD

Problems:

- Relationship issues
- Low self-esteem
- Alcohol and substance abuse
- Employment problems
- Homelessness
- Trouble with the law
- Isolation
“What Kind of War-Zone Stressors Did Soldiers in Iraq Confront?”

- Preparedness (or lack thereof)
- Combat exposure
- Aftermath of battle
- Perceived threat
- Difficult living and work environment
- Perceived radiological, biological, and chemical

- Sexual or gender harassment
- Ethnocultural stressor
- Concerns about life and family disruptions

Military Families

• Stressors
  – Frequent separations
  – Long work hours
  – Dangerous work environment
  – Role ambiguity during deployment

• Protective Factors
  – Behaviors (e.g., IPV) result in discharge
  – Provision of
    • Health care
    • Housing
    • Family Services
Levels of Care (ASAM)

• 4.0 ICU, Medical floors
• 3.7 Locked RTC
• 2.5 Co-Occurring Partial Hospital
• 2.1 Intensive Outpatient, ASAP, SARC, ADAPT, CSACC
• Prevention
ADSM Eval and RX

• The evaluation and treatment of substance use disorders in active duty service members requires a highly coordinated team that will address the co-occurring disorders. A regimented program with clear expectations and goals is a requirement for improved benefit to the service member. Screening evaluation and treatment of post-traumatic stress disorder, traumatic brain injury, chronic pain and other co-occurring disorders are necessary.
• The staff needs to be highly trained and familiar with military life, protocols, expectations, chain of command and the military mission. Each service member must become aware of their high value and the support from their command. The service member must be motivated to be highly engaged in the therapeutic milieu. Diagnostic and therapeutic services for traumatic brain injury are critical in the treatment of service members exposed to concussive events.
Therapeutic Milieu

- A therapeutic milieu is the foundation of treatment. The hand off from the residential treatment program (28 days) to the co-occurring partial hospital program (4-6 weeks) should be seamless. Continued care of co-occurring psychiatric and medical injuries and disabilities must be coordinated with the treatment program. Upon graduation of the co-occurring partial hospital program continued monitoring and treatment in the IOP services at the home base should continue for a total of one year.
EVALUATION AND TREATMENT OF SUBSTANCE USE DISORDERS (SUD) IN ACTIVE DUTY MILITARY (CO-OCCURRING DISORDERS)

PREVALENCE

• Estimates indicate about 23.4 million veterans and 2.2 million service members including the National Guard and Reserves. 1.2 million have been deployed to Iraq and Afghanistan of which 20% have mood symptoms (MDD, PTSD, Anxiety)

• Rates of Co-Occurring Disorders in these recent veterans have not been established fully but 75% of Vietnam veterans with lifetime PTSD had Co-Occurring SUDs

• Veterans with mood disorders have a higher prevalence of SUDs, other psychiatric symptoms, traumatic experiences, legal problems and worse general health. Patients with PTSD have been shown to be up to 14 times more likely to have SUD than those without PTSD (Ford et al 2007)
COOPH Program
Participation Guidelines

• Patients should be able to participate in at least 35 hours a week of programming.

• Patients are still their parent commands accountability responsibility, before and after daily COOPH programming.

• Patients should be free from other responsibilities while enrolled to ensure maximum effective participation.
COOPH Program
Participation Guidelines (cont)

• Abstinence from intoxicants for all participants regardless of diagnosis
• Proper use of prescribed medications.
• Patients will wear a uniform either PT’s or normal duty dress such as ACU’s, MARPS, etc
• Patients can refuse treatment, but in doing so will be discharged from the program.
• All patients must provide command information and a signed letter of consent from the command to start treatment.
COOPH Program

Group Therapy Modalities:

• Relapse Prevention (Substance Use)
• Early Recovery (Substance Use)
• Graphic Narrative Processing (PTSD)
• ACT (Dual Diagnosis/Mood Disorders)
• BDT (Dual Diagnosis/Mood Disorders)
• Yoga & Meditation (all patients)
• Recreation Therapy & Psychoeducational
Substance Use Disorders in the Military

Preventive Programs
- “That Guy”: Alcohol Abuse Prevention Education
- Campaign
- Military Pathways
- Real Warriors Campaign
- Medical Encounters (Periodic Health Assessment)
- Military and Civilian Drug Testing program

Screening Services
- Pre Deployment Health Assessment
- Post Deployment Health Assessment
- Post Deployment Health Reassessment Program
- Military Pathways
- Periodic Health Assessment
- Military and Civilian Drug Testing program

Diagnosis and Treatment Programs
- TRICARE Network Providers
SUBSTANCE ABUSE TREATMENT

METHODS OF THERAPEUTIC APPROACH

• COGNITIVE BEHAVIORAL THERAPY
  CBT for substance abuse helps clients recognize situations where they are likely to use substances, find ways of avoiding those situations, and learn better ways to cope with feelings and situations that might have, in the past, led to substance use.

• EYE MOVEMENT DESINSITIZATION AND REPROCESSING (EMDR)
  Many people struggling with addiction have underlying traumas and use alcohol or drugs to withdraw and numb their memories. EMDR, through eye movements and bilateral stimulation connects the left and right sides of the brain, allowing the person to look inward and get in touch with his or her innate ability to heal and self-soothe.
SUBSTANCE ABUSE TREATMENT

METHODS OF THERAPEUTIC APPROACH (cont)

• RELAPSE PREVENTION

Proposes that relapse is not a random event. The process of relapse follows predictable patterns. Signs of impending relapse can be identified by therapists and their patients.

• SEEKING SAFETY

A significant number of persons with substance use disorders have experienced trauma, often as a result of abuse. Many of them have PTSD. Recent studies have demonstrated strong connections between trauma and addictions, including the role that childhood abuse plays in the development of substance use disorders. This treatment consists of 25 modules divided between cognitive, behavioral and interpersonal topics relevant to substance abuse and PTSD.
SUBSTANCE ABUSE TREATMENT

GOALS OF RELAPSE PREVENTION TRACK

• Alert patients to the fact that relapse is not a random event. It is a process.
• The process of relapse follows predictable patterns.
• To intervene early and effectively in order to recognize and change the process.
• Relapse prevention involves an understanding of ones personal, biological, and social risk factors.
• Relapse prevention requires a change in lifestyle, not just abstinence.
Graphic Narrative Processing for the Treatment of PTSD

• Intensive Therapy for the Adverse Effects of PTSD
• An innovative approach to group and individual therapy in an intensive treatment setting
• A Pathway to Traumatic Memory
• Goals of the graphic trauma narrative:
  – To eliminate intrusive and arousal symptoms of PTSD triggered by traumatic memories.
  – Reduce emotional distress typically associated with remembrance of traumatic events
  – Decrease avoidance responses
  – Transforms images from unfinished (seemingly present) experience to past history
Graphic Narrative Processing for the Treatment of PTSD

Externalized Dialogue of Dissociated Parts: Fighting the War Inside

- Dissociated parts are acknowledged as belonging to the larger self.
- Parts gain a conscious and cooperative relationship to the self.
- Resolution of Victim Mythology: Challenges the assumption that one is a damaged person in a dangerous world.
Dialectical Behavior Therapy (DBT)

What is DBT:

• DBT is an Evidenced Based behavioral therapy intervention developed by Marsha M. Linehan
• DBT is based on concepts from CBT, meditation and the concepts of dialectics as applied to behavioral therapy.
• DBT is psychosocial skill training to help people effectively cope with overwhelming emotions
• Four Components: Distress tolerance, Mindfulness, Emotional Regulation Skills and Interpersonal effectiveness
Dialectical Behavior Therapy (DBT)

Four components of DBT:

• Distress-Tolerance: Help individual cope with painful emotions and events to build individuals resiliency by apply new coping strategies (radical acceptance, distractions and relaxation)

• Mindfulness: Helps individual remain fully in the present moment while focusing on less painful or traumatic events. Mindfulness is the tool to overcome negative judgment about yourself, others or events.
Dialectical Behavior Therapy (DBT)

Four components of DBT (cont):

• Emotional Regulation Skills: assist individuals with identifying and observing their emotions and assist individuals to modulate their feelings to effectively responding to events, instead of destructive reactions to events.

• Interpersonal Effectiveness: New tools are established for individuals to express their feeling, beliefs and needs, setting limits and negotiating solutions to problems with, Interpersonal effectiveness allows individual to respectively preserve their relationship with others.
Yoga and Meditation

• Yoga and meditation are proven to reduce stress, increase restful sleep, and reduce anxiety
• Service members are provided weekly sessions which are led by a certified yoga instructor RYT200
• Groups focus on stress reducing breathing techniques, invigorating and relaxing postures and provide numerous “modifications” for each pose so that they appropriate for all levels of physical ability and mindful of restrictions
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Results

- 352 admissions to the RTC
- 55% participation in the COOPH
- 7 transfers to inpatient psychiatry (3 additional readmissions to psychiatry)
- 4 readmissions
- 6 early dismissals
- 43 relapses over 23 months
- 1 death