THEIR MISSION IS COMPLETE. OURS HAS JUST BEGINNEN.

www.homebaseprogram.org

Challenges of Reintegration After War - Caring for Veterans and Their Families
Mission

Heal the *Invisible Wounds of War* by connecting Post 9/11 Veterans and Military Families to World Class Care

**World Class Care**

High quality, evidence based, patient centered, safe, technologically advanced, culturally competent and provided in an efficient and timely manner.
Home Base Program

Advance Care
- Improve Treatments
- Train Providers
- Shift Paradigm-Public
  Private Partnerships

Provide World Class Care
- Improved Models
- Innovative Care

Connect to Care
- Raising Awareness
- Reducing Barriers
- Building Teams
Healing the Invisible Wounds of War: A Home Base Story

https://vimeo.com/homebaseprogram/review/73818111/5291349ebe
Results

• In four years, Home Base has provided clinical care for more than 1,000 Post 9/11 veterans and family members from all branches of service.

• Home Base has educated more than 11,000 community members - clinicians, school nurses, teachers, family service organizations to recognize the invisible wounds of war and their effect on military families.

• Nearly 100% of Home Base support comes from generous donations. The annual Run-Walk to Home Base at Fenway Park has raised more than $9M in four years.
Since 9/11

- Less than 1% of Americans serve in the U.S. military.

- 2.5 million Service Members have deployed to Iraq and/or Afghanistan.

- Over 800,000 have deployed multiple times; many more than five times.

- More than 2 million children have experienced a parental deployment (Over 700,000 more than one).
Military Participation 1940-2010

Clever & Segal. "After Conscription: The United States and the All-Volunteer Force" Pew Research Center
MAINE VETERANS (9/30/2014)

- 127,234 total Veterans
- 10,071 females
- 94,604 served in war time
- Vietnam largest era 44,836
- Gulf era 2\textsuperscript{nd} largest 35,478
- 64% live in a rural area

MAINE ARMY NATIONAL GUARD

- Maine Army National Guard predates the U.S.
- Oldest military institution in the country
- 133rd Engineer Batallion has unbroken line of service from 1760 to today
- Close to 2900 Maine men and women have deployed in support of the Global War on Terror since September 11, 2001.

- Maine National Guard website
Whole Families Serve Together

In a volunteer force, only family members are drafted
When one family member serves, every family member serves
Whole Families Serve Together

In a volunteer force, only families are drafted.

When one member serves, the whole family serves.

“For every warrior, there are ten worriers”

-- Dr. Paula Rauch
Impact on Children

• Over 2 million children have experienced a parental deployment (Over 700,000 more than one)

• Repeated and longer deployments impact children’s mental health (attachment, anxiety and depression) Research showed that child anxiety remained high, even after parent returned from deployment.

• Research shows that siblings are at risk (many siblings are of college age)


Impact on U.S. Families

- Many returning service members live with their parents for some period of time.
- One study found 25-75% of young veterans, under 25, live with their parents at least temporarily (Worthen et al, 2012).
- Younger, unmarried veterans are likely to live with their parents for longer periods of time upon returning from deployment.
- Old ‘parent-child’ issues, new issue unique to combat veterans.

www.homebaseprogram.org
3 Generation Model of Veteran & Family Care

- Parents
- Veteran
- Spouses
- Romantic Partners
- Children
- Siblings

“When one family member serves, the entire family serves.”
Their Mission Is Complete. Ours Has Just Begun.
Understanding Military Culture

- Civilians working with military must be Culturally Competent
- Important to understand reasons why people serve
- 2 families – military family and your own family
- Important to know about command structure
- Language is important
- Attention to detail
Combat Experiences, U.S. Infantry

Received incoming artillery, rocket, mortar

Attacked or ambushed

Know someone seriously injured or killed

Saw injured women / children you were unable to help

Responsible for the death of an enemy combatant

Wounded or injured

*Was shot or hit but protective gear saved you*

Thomas JL, Wilk JE, Riviere LA, McGurk D, Castro CA, Hoge CW. Arch Gen Psych 2010
Land Combat Study (N = 18,305)
Challenge of Reintegration

“Perhaps surprisingly...the most stressful part of the deployment cycle is not the long months of separation, but the post-deployment period, when service members, having come home from war, must be reintegrated into families whose internal rhythms have changed and where children have taken on new roles.”

(Lester and Flake, 2013)
Their Mission Is Complete. Ours Has Just Begun.
<table>
<thead>
<tr>
<th>Symptom</th>
<th>Skill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperalert</td>
<td>Sharply tuned threat perception, “6th sense”</td>
</tr>
<tr>
<td>Hypervigilant</td>
<td>Attention to details, intolerance of mistakes (second guessing, “shoulds,” guilt)</td>
</tr>
<tr>
<td>Re-experiencing</td>
<td>Intense mission rehearsal and training</td>
</tr>
<tr>
<td>Sleep problems</td>
<td>Ability to function on limited sleep</td>
</tr>
<tr>
<td>Anger</td>
<td>Adrenaline, focus, attention</td>
</tr>
<tr>
<td>Detachment, numbing</td>
<td>Emotional control (“lock it down”) (including grief)</td>
</tr>
<tr>
<td>Social withdrawal</td>
<td>Combat buddies are like family</td>
</tr>
<tr>
<td>Pain/muscle tension</td>
<td>Strength, ability to shut down pain, drive on</td>
</tr>
</tbody>
</table>
Invisible Wounds

“Invisible injuries...are often not diagnosed until many months after a service member returns from war (if they are diagnosed at all—many sufferers never seek treatment). They can alter a service member’s behavior and personality in ways that make parenting difficult and reverberate throughout the family.”

(Holmes, Rauch, and Cozza, 2013)
Post-Deployment

Although the majority of returning Post 9/11 troops have adjusted well to post-deployment life:

• 44% have reported difficulties after they return home
• 22% met criteria for TBI
• 20% met criteria for PTS
• 37% met criteria for depression
• 39% met criteria for problematic alcohol use

Returning Home from Iraq and Afghanistan. Institute of Medicine, March 2013
Diagnosis is Complicated

**PTS**
- Insomnia
- Memory Problems
- Poor Concentration
- Emotional Lability
- Depression
- Anxiety
- Irritability
- Fatigue
- Re-Experiencing
- Avoidance
- Emotional Numbing
- Hypervigilance
- Exaggerated Startle

**TBI**
- Insomnia
- Memory Problems
- Poor Concentration
- Emotional Lability
- Depression
- Anxiety
- Irritability
- Fatigue
- Headache
- Nausea/Vomiting
- Noise/Light intolerance
- Blurred vision
- Dizziness

Navy Capt. Paul Hammer, MD
‘Figure 1 Complex injurious environment because of blast: primary blast effects, that is, effects of the blast wave itself (primary blast injury); secondary blast effects caused by particles propelled by blast-force (secondary, that is, penetrating blast) injury; and tertiary blast effects caused by acceleration and deceleration of the body and its impact with other objects (tertiary blast injury similar to ‘coup–contrecoup’).’ Cernak & Noble-Haeusslein (2010).
Natural vs. Impeded Recovery

![Graph showing the comparison between PTS and Non-PTS severity over weeks.]

DSM-5 is better for veterans

- Eliminates Criterion A-2: the requirement that people experience extreme fear, helplessness and horror at the time of a traumatic incident

- Contains improvements that match what we are seeing in the military: exposure of first responders to traumatic scenes; trouble with positive emotions; reckless behaviors

- Puts PTS in a new category: Out of anxiety disorder and into a new category of trauma and stress-related conditions
Changes in PTSD – DSM-5

- Moved from Anxiety Disorders to Trauma and Stressor-Related Disorders
- Diagnostic Criteria – some changes
  A) Exposure (1 or more) – includes occupational exposures
  B) Intrusive Symptoms (1 or more) – memories, dreams, flashbacks
  C) Avoidance (1 or more) – memories and external reminders – NEW
  D) Negative alterations in cognition or mood associated with trauma (this was foreshortened future previously; includes more examples; inability to experience positive emotions)
  E) Alterations in arousal and reactivity (2 or more) – now includes reckless and self-destructive behavior
PTSD – DSM 5

F) Duration = more than a month
G) Causes significant distress or impairment in functioning
H) Symptoms not attributable to medical condition or effects of substance (medications, alcohol)

** Can have delayed onset – now referred to as delayed expression.
PTS Risk Varies by Nature of Trauma

Kessler et al. 1995
Impact of PTSD/TBI on Families

- PTSD: avoidance, re-experiencing, dissociating, numbness/detachment
- Impairs communication, predictability
- Increases risk of divorce
- Decreases intimacy
- Impairs parenting
- Leads to isolation of couple and family
- Loss of fun
- Increases family conflict
Evidence Based Treatments - PTS

- Prolonged Exposure Therapy
- Cognitive Processing Therapy (CPT)
- Cognitive Behavioral Therapy (CBT)
- Couples therapy for PTS – Treats both the relationship and the PTS
- Pharmacologic treatments – often used to support other therapies
Prolonged Exposure Therapy (PE)

Two parts to PE Therapy:

- **Imaginal exposure** - Guided by a trusted clinician you re-imagine the situation that caused your trauma to decrease its power.

- **In-vivo exposure** - Confront situations that you avoid and feel anxious about. In-vivo allows you to feel safe again.
  - Thinking about a traumatic experience is not dangerous;
  - Result: You become less fearful of situations that remind you of your trauma.
Common co-morbidities

Veterans presenting for mental health care may have more than one co-existing issue that may or may not be military related.

- Anxiety
- Depression
- Chronic pain
- Substance abuse
- Military sexual trauma
Emotional Processing of traumatic experiences to diminish PTSD symptoms

- "The traumatic event is like a book with a beginning, middle, and end. Because you try to avoid thinking about the trauma, you have not read the book from beginning to the end... whenever you have a memory or flashback, the book is opened at the paragraph where the memory is written and it is painful... so you try hard to close it... this is why you have not read what is written in the book. In imaginal exposure, we will read the book together from the beginning to an end. This will give you an opportunity to view the traumatic event and its meaning from your perspective today, rather than the perspective of the past when the trauma happened and you felt terrified."

Virtual Reality Exposure Therapy (VRET)

- Home Base began using VRET in spring 2013
- Cutting edge; one of only 70 clinics nationwide to use VRET
- Part of Prolonged Exposure Therapy. Helps veterans better recall and process traumatic events
- 3D digital world mimics vehicle rumble sounds, smell of burning trash and explosives, IED concussion, cityscape with narrow streets and alleys, and the inside of a humvee.
Substance Abuse in the Military

- Military physicians wrote nearly 3.8 million prescriptions for pain medications in 2009, more than quadruple the prescriptions written in 2001.
- In 2008, nearly half of active duty service members reported binge drinking.
- In 2009, approximately 20% of service members reported heavy alcohol use.


*Substance Use Disorders in the U.S. Armed Forces*, Institute of Medicine, September 2012.
Military Sexual Trauma (MST)

- MST is the military’s term for psychological trauma that follows any forced sexual activity—from groping to offensive remarks to rape, that occurs while serving in the military.
- According to the Pentagon (January 2012) there were 3,198 incidents of sexual assault throughout the entire military in 2011.
- The rate of violent sexual crime within the Army has increased 64% since 2006.
- MST can lead to a host of health problems including PTS, anxiety, depression, substance abuse, eating disorders and hypertension.
MST- Screening Questions (VA)

While you were in the military:
(a) Did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?;

(b) Did someone ever use force or threat of force to have sexual contact with you against your will?”
Suicide Rates and Service Members

- Suicides are occurring at a rate faster than 1 per day.
- PTSD was not a factor in large numbers of suicides,
  - but in nearly 85% of suicides, there were failed relationships following marital separations or multiple deployments.
- A third of soldiers who completed suicide in 2012 were never deployed.
  - Some researchers draw a correlation with societal stress, perhaps related to the poor economy.

Vote Smart for Vets: Our Guide to Making a difference for New Veterans in this Election: Iraq and Afghanistan Veterans of America (IAVA), 2012
Why Is This Important to Community-Based Nurses?

www.homebaseprogram.org
Not Everyone Seeks Care

50% of Veterans will seek care - VA

50%
Do not Seek Care

Seek Care - PTSD
Seek Care - BH
See Care - no PTSD or BH
Do Not Seek Care

National VA Health Care Statistics
The most common problems veterans reported in accessing mental health care were:
- difficulty scheduling appointments (43%)
- inconsistent treatment or lapses in treatment (including canceled appointments, switches in providers) (40%)

Veteran-perceived adverse effects of seeking mental health treatment include:
- jeopardizing their future career plans (28%)
- appearing weak (25%)
- stigmatized by their peers/family (23%)

Results from the Wounded Warrior Project 2014 annual survey, over 21,000 wounded veterans were surveyed, the largest sample size of service members injured since 9/11.
2014 Wounded Warrior Project Survey

• Top reported health problems among post 9/11 veterans:
  – sleep difficulty; PTSD; back, neck and shoulder problems; depression; anxiety
• 80% of wounded service members have a friend who was seriously wounded or killed in action.
• Nearly 75% report that the “memory of an upsetting military experience has haunted them” in the past month.
• 43% report having a traumatic brain injury.

Results from the Wounded Warrior Project 2014 annual survey, over 21,000 wounded veterans were surveyed, the largest sample size of service members injured since 9/11.
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NURSING RESOURCES
Clinical and Community Education

- From the War Zone to the Home Front; Supporting the Mental Health of Veterans and Families
- Collaboration with the VA’s National Center for PTSD
- 11,316 clinicians from 50 states and 10 countries; targeted to community primary care and mental health
- 75% community non-VA; 25% VA
- 32-week series live, on-line, interactive, archived; free CME/CE-certified.
Their Mission Is Complete. Ours Has Just Begun.

HAVE YOU EVER SERVED?

Tell your nurses if you or a family member have ever served in the military.
They need to know to serve you better.

Learn why it's important at www.HAVEYOUEVERSERVED.COM
American Journal of Nursing

Enhancing Veteran-Centered Care: A Guide for Nurses in Non-VA Settings

- http://journals.lww.com/ajnonline/Fulltext/2013/07000/Enhancing_Veteran_centered_care___A_Guide_for.27.aspx#
American Nurses Foundation/UPenn School of Nursing PTSD Toolkit

The PTSD toolkit is a self-directed e-learning program designed to teach or reinforce nurses’ knowledge about the treatment of veterans with PTSD.

Test your skill using simulation tools based on real case studies.

- http://www.nurseptsdtoolkit.org/
National Center for PTSD

PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

Who can contact us?
Any provider treating Veterans with PTSD.

Who are the consultants?
Experts at the National Center for PTSD including psychologists, social workers, physicians, and pharmacists.

Ask us about
- Evidence-Based Treatment
- Medications
- Clinical Management
- Resources
- Assessment
- Referrals
- Educational Opportunities
- Improving Care
- Transitioning Veterans to VA Care

What can you expect?
- It’s easy to make a request
- Responses are quick
- Questions are answered by email or phone
- Calls are scheduled at your convenience

(866) 948-7880 or PTSDconsult@va.gov

There is no charge for these services.

www.PTSV.A.GOV
www.StayingStrong.org

For Parents: parent guidance website to support military-connected families during stressful times

- Offers real life examples of supporting children of different temperaments through deployment cycle

For Schools: How Schools Build Resilience in Military Families (25 min film)

- Tells the story of two military families and the support of their school communities during deployment and the return home.

Toolkit for Educators

- Includes a wide range of information including behavior checklists, and suggestions about how to address sensitive issues particular to military families.
Crisis Resources

- Veteran Crisis line
  http://www.veteranscrisisline.net/

Veterans Crisis Line
1-800-273-8255 PRESS 1
Accessing Care at Home Base

1. Call the main number: 617-724-5202
2. Vets – connected to Vet Outreach Coordinator who completes intake and appointment
3. Families – connected to Family Team clinician for intake and phone assessment
4. Clinicians – Ask to speak with clinic social worker

homebaseprogram@partners.org
Contact Information

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   (617)643-9715

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