

Rules of Engagement: Special Considerations in the Treatment of Gambling and other Addictive Disorders Among Veterans and Active Duty Military

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Objectives

- be introduced to military and veteran culture and its impact on psychology and behavior
- learn the incidence of mental health, gambling and other addictive behaviors in the military and veteran populations
- be able to identify evidenced-based engagement and treatment strategies for the treatment of gambling and other addictions in the veteran and military population

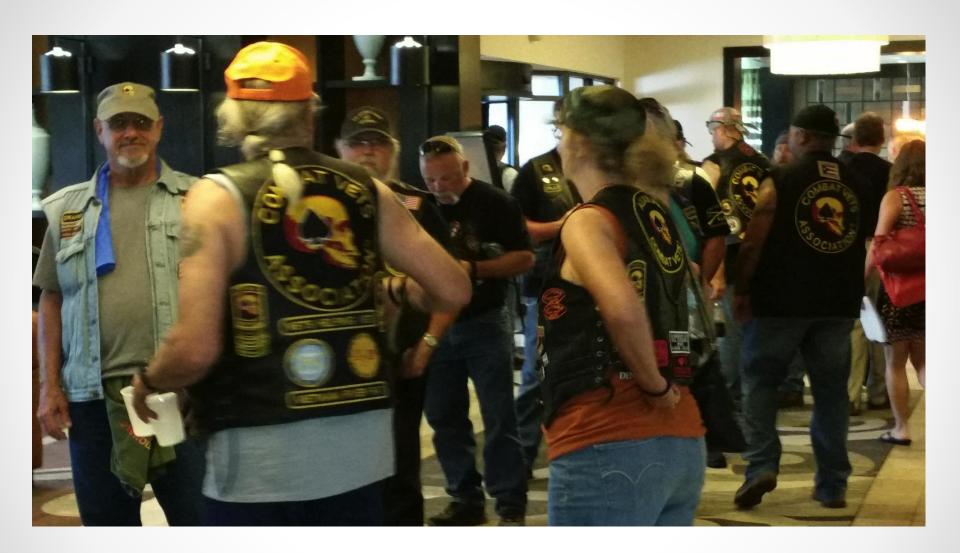
Today's Military

- All Volunteer
- Better Trained & Educated
- Career Focused & Tech Savvy
- Highly Dedicated
- Respected by Community

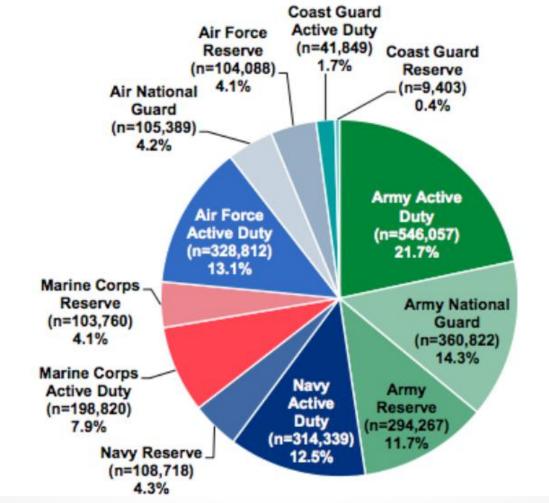
Why enlist?

- Patriotism
- Giving back
- Part of the solution
- Friends enlisted
- Education benefits
- A job
- Loyalty
- Finish the mission
- Home doesn't work anymore

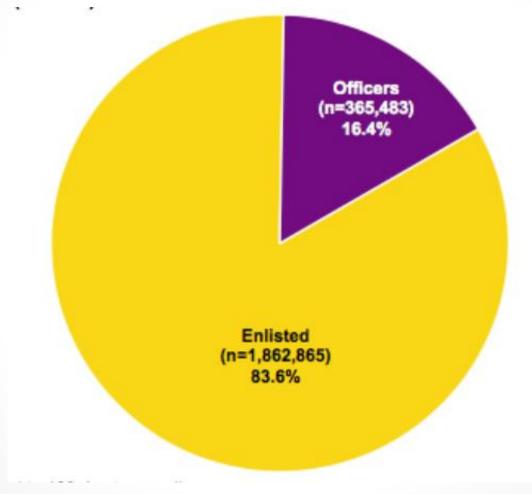
Who are the VETERANS?



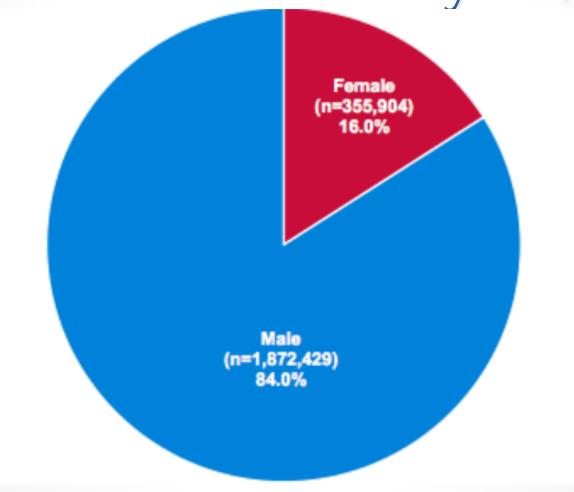
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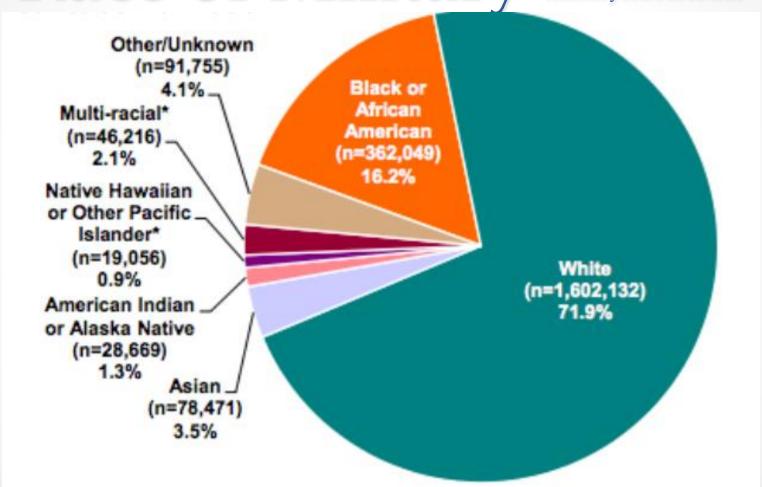
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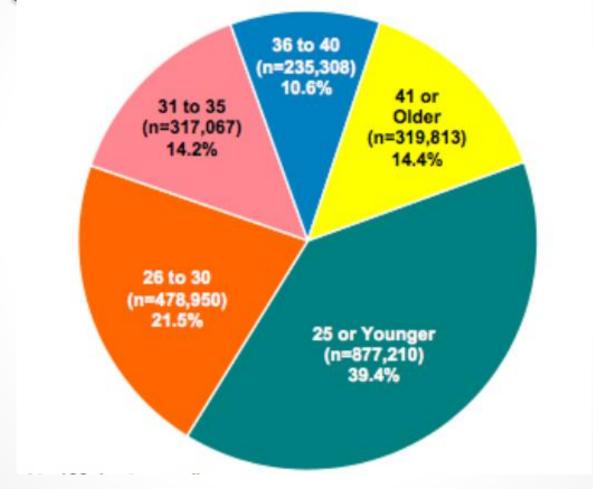
Gender of Military military military on source.mil



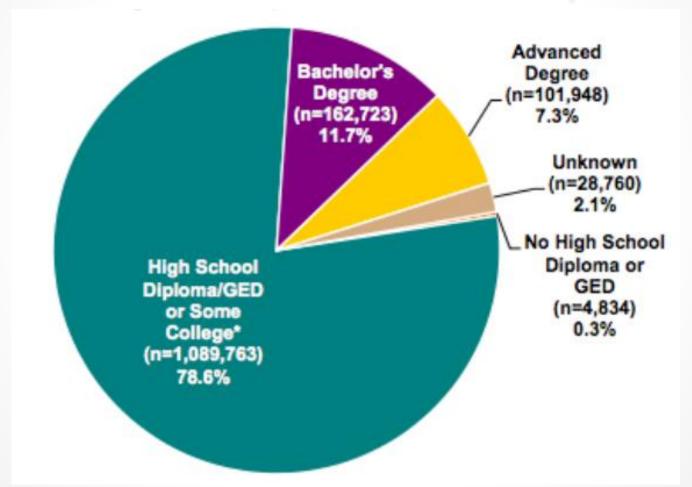
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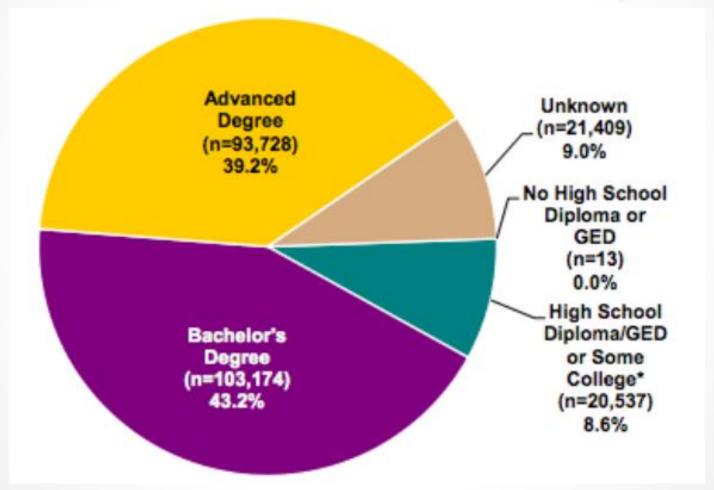
Age of Military military militaryonsource.mil



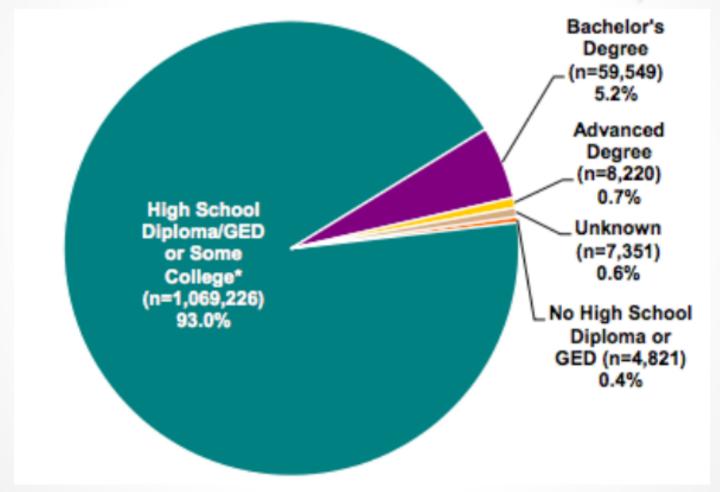
Education Level military on source. mil



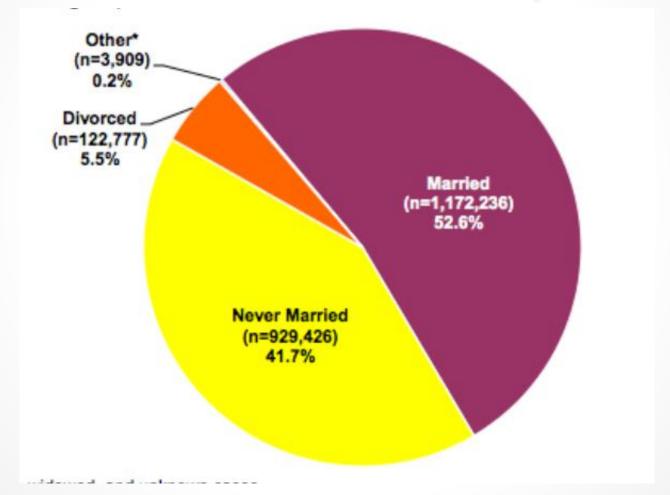
Education Officers militaryonsource.mil



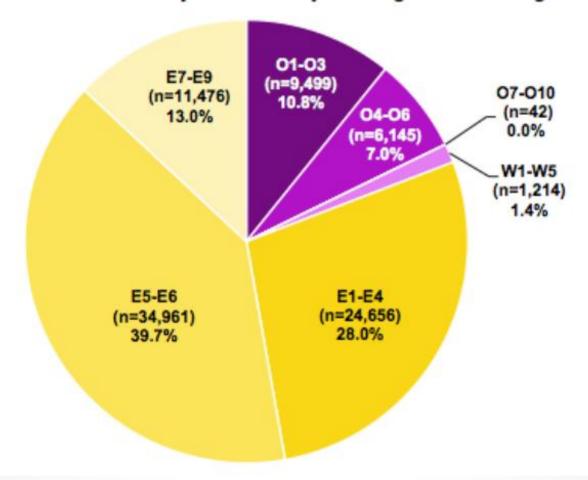
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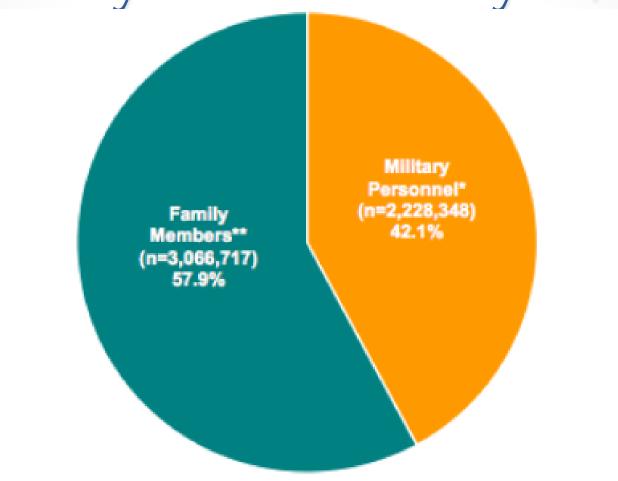
Marital Status militaryonsource.mil



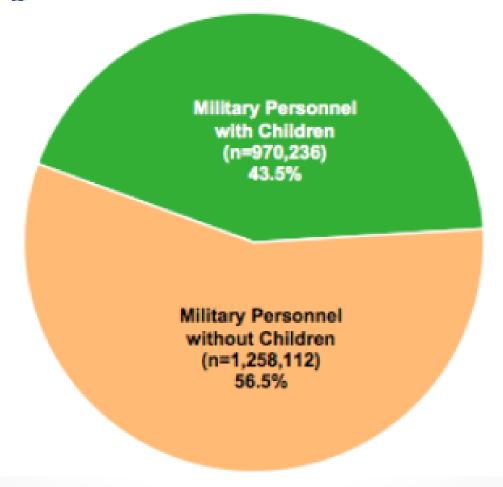
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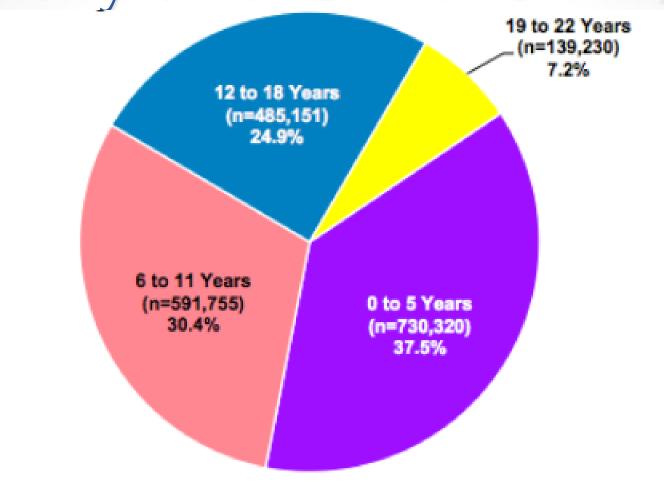
Military and Family military on source.mil



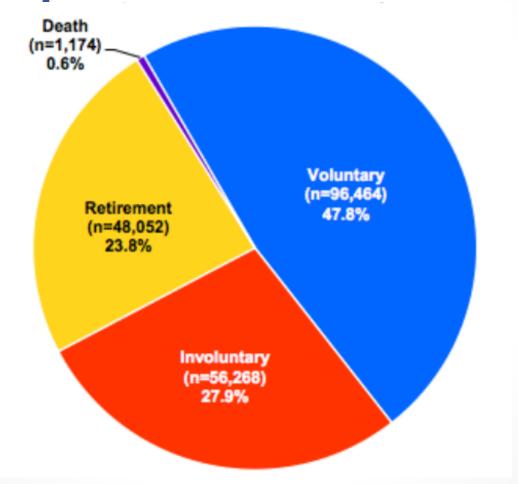
Military and Children militaryonsource.mil



Military and Children militaryonsource.mil



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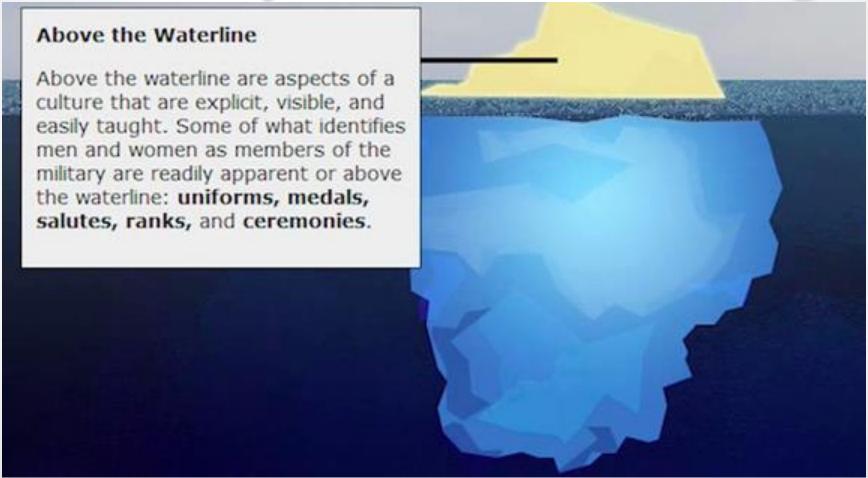
Military Branches

- Army = Soldier
- Navy = Sailor
- Air force = Airman
- Marine Corps = Marine
- Coast Guard = Guardian
- Find out from them how they want to be referred, the above, their rank, or their name
- Is military or veteran status important to them and why..

Military Branches

- Army
 - Oldest and largest, main ground force
- Navy
 - Second largest, water force
- Air force
 - Youngest service, aerial and cyberspace force
- Marine Corps
 - Supports naval campaigns but may conduct land operations
- Coast Guard
 - Part of the Department of Homeland Security, protects the public and environment in Maritime regions

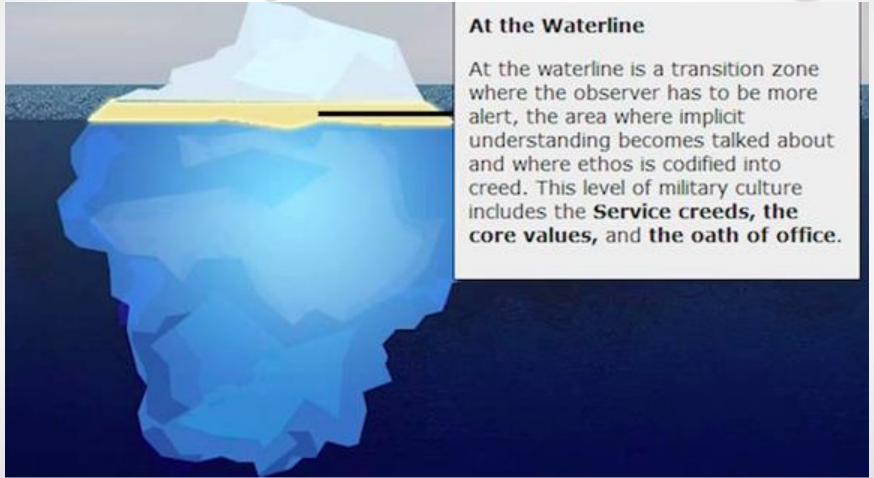
Military Culture Iceburg



Military Culture

- Customs and courtesies
- Chain of command...in unison
- Uniforms, ribbons and meaning, work for them, all earned
- The uniform can tell you length of stay in service, job, responsibilities and what they have done in their career a walking resume
- On inside that they committed themselves to you to give .. Years of their life in whatever way their country needs
- Patch of deployment is significant, sets people apart

Military Culture Iceburg



Importance of Tradition

- Ritual & Ceremony very important
- Traditions pervasive throughout all stages
- Detailed symbolism behind ceremonies
- Strong attachment to United States Flag
- Rituals paired with emotional experiences
- Masculine grief expressed with action
- Rituals surrounding deaths help with coping
- TV illustration Burial episode in "The Unit"

Military Culture Iceburg

Below the Waterline

Some of what identifies Service members and Veterans as belonging to the military culture is not readily apparent and exists below the waterline. This level includes the hidden aspects of culture are not taught directly: discipline, teamwork, self-sacrifice, fighting spirit, loyalty, warrior values, warrior beliefs, warrior ethos.



For the service member or veteran there is significant stigma associated not only with seeking behavioral health care but also with seeking any medical care. This stigma, which is born out of tenets of the military culture, will not be overcome by clinically competent, well-meaning providers who are NOT aware of and sensitive to the nuances and impact of military culture

Dr. William Brim USAV Veteran, Psychologist



Supports and enhances the Core Competencies for Healthcare Professionals online course, which is available for free and includes detailed training and education about:

Module 1: Self Awareness and Introduction to Military Ethos

Module 2: Military Organization and Roles

Module 3: Military-Specific Stressors and Resources

Module 4: Treatment Resources, Prevention, and Tools http://deploymentpsych.org/military-culture-course-modules

- Understand own biases, expectations, and beliefs about the military culture
- By increasing your self-awareness you may uncover hidden biases which influence your reactions and interactions with service members, veterans and their families

- Effort to welcome service members and veterans
 - o Do I know which of my clients is a service member or veteran?
 - Do I evaluate the influence of military culture for those clients
 - Do I ask about their military experience including combat and its aftermath
 - I feel that asking about someone's military service is intrusive
 - I don't know how to respond to "you can't help because you've never been there"

Social Views

- People who like or are comfortable around firearms are inherently dangerous
- o Firearms are not dangerous or bad
- Someone who has killed another human will have moral or ethical issues
- o People who serve in the military or law enforcement have a higher calling to serve
- People who go into service or law enforcement are on a power trip or are lacking and need structure
- People who join the service or law enforcement are patriotic
- Only poor people join the service as a career
- Clubs and teams including boy/girl scouts, sports teams, military are just social orders that foster dependence and deemphasize or stifle individualism
- Being part of a team or of something bigger than yourself teaches valuable life lessons
- The role of the government and specifically the DoD is to protect and defend our way of life
- o The Department of Defense should be a significantly smaller part of the government
- o The invasion of any country is justified if that country poses a threat to the national security of the US and international peace and security in the region.

- Beliefs about war and national security
 - War is justifiable if it stops an otherwise unstoppable aggressor with inflicting minimal damage
 - Moral justification of war is important to service members to make sense of their actions People who like or are comfortable around firearms are inherently dangerous
 - o In war injustices are committed on all sides and the responsibility is shared equally by society and service members
 - Regardless of whether war is justifiable I do not want to support the military in my capacity as a health care professional
 - I am glad there is military to protect us, but my preference is that I or anyone in my family will not serve
 - I am opposed to war and believe that there is a peaceful way to resolve problems

- Beliefs about military, military members and military families
 - Military service is a good thing
 - o All service members are rigid
 - o Military fosters dependence on the group. Everyone thinks alike
 - Military members epitomize strength and courage
 - o I feel like military families (spouses and children) deserve pity because they did not sign up for this
 - Military families have to deal with terrible suffering
 - Military families are strong and committed
 - o Military family members have to subjugate themselves to the military service member
 - o Military family members can't talk about problems with their spouse or it will affect the member's career
 - o There are not enough services provided to military family members
 - I would be supportive of my own teenage son or daughter if they told me they wanted to enlist in a military service branch
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Warrior Ethos

- I will always place the mission first.
- I will never accept defeat.
- I will never quit.
- I will never leave a fallen comrade.

Warrior Ethos

- What is warrior ethos?
- A warrior is "one who is engaged aggressively or energetically in an activity, cause or conflict;" ethos is "the distinguishing character, sentiment, moral nature, or guiding beliefs of a person or institution." The warrior ethos is a guiding principle by which we live. It guides more than just our professional life as Airmen. By dedicating ourselves to the warrior ethos, we become better people overall

Active Duty Life

- Built in social- life, base offers planned social activities for adults, child care and children's activities, chapel, schools, shopping centers
- Defined structure for career, health care, choice of insurance, moving process, etc.
- When discharged.....Must learn how to adapt to civilian lifestyle- many new choices to make

Mental Health Issues

Military Mindset

- First trained to kill
- Mission first
- Control
- Discipline
- Ingrained through repetition
- Follow orders
- Military values
- "Failure is not an option"
- Risk takers

Physical Health Care Needs for Follow-up Back Home



Visible: Wounds from blast injuries, vehicle crashes, weapons fire, burns, amputations

Physical Health Care Needs for Follow-up Back Home



Less Visible: Respiratory problems, insect borne illness, & muscle-skeletal injuries, pain

Sleep Problems



Disruption of "normal" sleep cycle
Exhaustion from chronic lack of sleep
Concerns about return to family and civilian life
Intrusive memories & nightmares about deployment

Military Stressors

- Life threat (combat/deployment)
- Loss (death of comrades, relationships, self aspects, possessions)
- Inner conflict with belief systems or values (guilt or shame)
- Wear and tear/ lack of control
 - o Cant give up
 - Cant ask for help
 - o "failure is not an option"
 - Sleep deprivation



Nash (2007)

DoD Rates of Mental Health Issues (2003-2007)

- Mental Health Assessment Team Findings:
 - o Self-Reported PTSD 14.1%
 - o PTSD, depression anxiety: 16%
- Of service members positive for mental health problems more than half would not seek care (stigma)
- Post Deployment Health Assessments
 - o Significant Mental Health problems:
 - Army 38%
 - Marines 31%

• MHAT (2008)

DoD Family Rates of Mental Health Issues (2003-2007)

- Strains exist in family to deployment length
 - o Divorce
 - o Family violence
- High marital satisfaction but problems increasing
 - o OIF I (12%)
 - o OIF 2004-6 Soldiers (22%)
 - o OIF 2005-7 Soldiers 27% and Marines 23%
- Families are crucial for recovery
- Families are partners in developing psychological health
- Family members are often first to recognize stress problems in service members
 - MHAT (2008)

DoD Report

- Health care workers were diagnosed with personality or adjustment disorders and anxiety at higher rates than other occupations
- Troops in the combat arms fields had higher rates of substance abuse and depression.
- No distinction on SUD and PTSD diagnoses.
- Women fared poorer than men: 2x adjustment disorder, personality disorder, anxiety or schizophrenia, and more likely to be diagnosed with depression than men.
- Men had higher rates of substance abuse and PTSD than women.

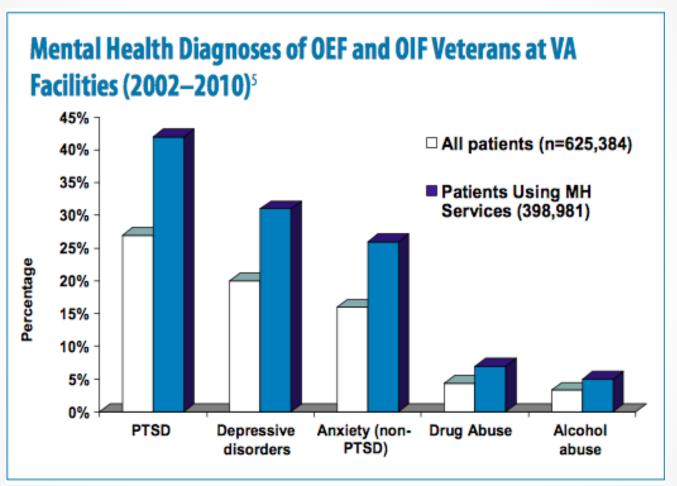
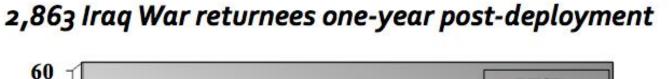
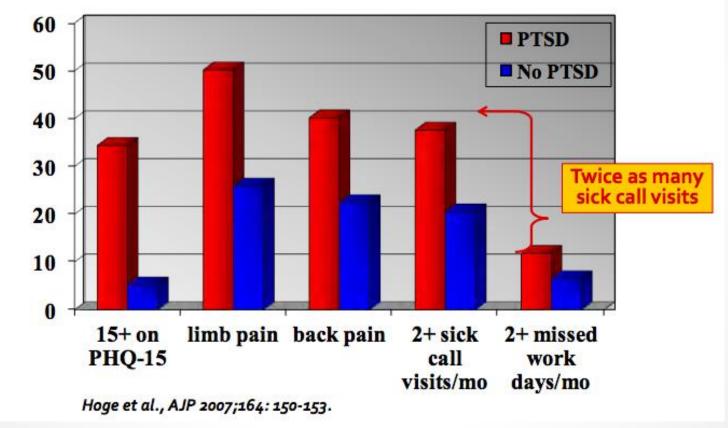


Chart from PrimeINC.org

Post Deployment Health Consequences





Factors influencing PTSD

- Research studies have found that certain factors make it more likely that OEF/OIF service members will develop PTSD. These factors include:
 - Longer deployment time
 - More severe combat exposure, such as:
 - Deployment to "forward" areas close to the enemy
 - Seeing others wounded or killed
 - More severe physical injury
 - Traumatic brain injury
 - Lower rank
 - Lower level of schooling
 - Low morale and poor social support within the unit
 - Not being married
 - Family problems
 - Member of the National Guard or Reserves
 - Prior trauma exposure
 - Female gender
 - Hispanic ethnic group

Department of Veterans Affairs

OEF/OIF VETS: PTSD and SUD

- 30% of infantry soldiers has a mental disorder, most common PTSD (Hoge et al, 2004)
- Of all who served in Iraq war, 16.7% had PTSD symptoms at 6 months post deployment (Milliken et al., 2007)
- Civilians and Veterans with PTSD are 2-4 times more likely to have a Substance use issue
- PTSD + SUD = increased risk of medical and employment issues, homelessness risky behaviors, and intimate partner violence

Greatest Risk of Developing Substance Use Problems

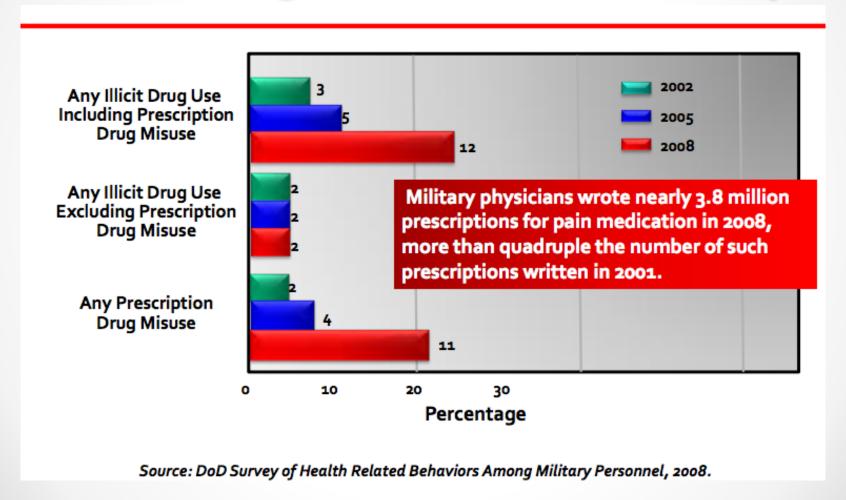
- Multiple deployments
- Combat exposure

Illicit and Prescription Drugs

- 2.3% active duty using illicit drugs VS. 12% of civilians
- Higher in Age 18-24
 - o 3.9 % military
 - o 17.2 % civilians
- MHAS
 - o Zero tolerance policy (since 1982)
 - Frequent random drug screens
 - Face dishonorable dc
 - Face possible criminal charges
- Prescription drug use higher among service members than civilians
- 2002 11% service members misuse prescription drugs, opioid pain medications

DoD 2008

Illicit Drug Use in Past 30 Days



Drinking and Smoking

- Alcohol use is higher among men and women in service than civilians
- 47% reported binge drinking (data from 2008)
- 20% binge drinking weekly
- 27% of combat vets binge drinking weekly
- 30% cigarette smokers (somewhat higher in combat)

Suicide and Substance Use

- In past suicides have been lower in military than civilian
- In 2004 increases seen suicide rate and passes the civilian rate in 2008
- Substance use involved in may of the suicides
- 2010 report ARMY Suicide Prevention Task Force 20% of suicides had alcohol or drug use
- Prescription drugs were involved in 1/3 of suicides

Service Members and Sexual Assault

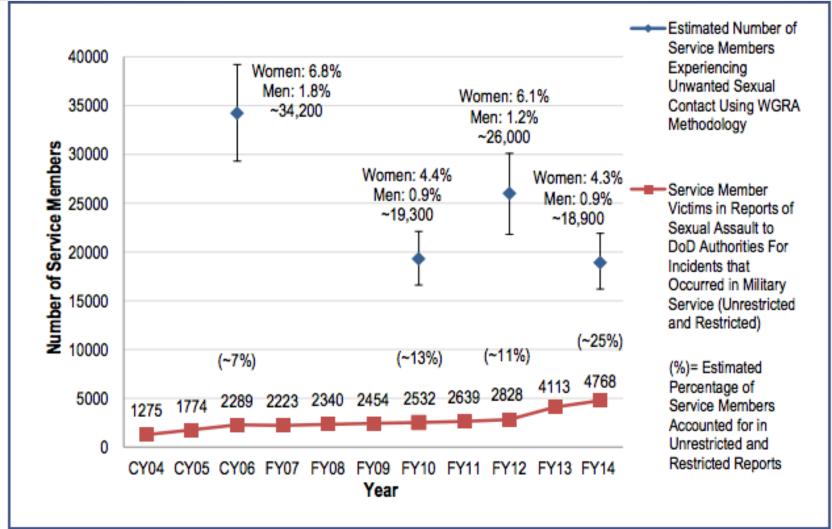


Figure 2: Estimated Number of Service Members Experiencing Unwanted Sexual Contact Based on Past-Year Prevalence Rates versus Number of Service Member Victims in Reports of Sexual Assault for Incidents Occurring During Military Service, CY 2004 – FY 2014¹⁷

Military Sexual Trauma Consequences

- Compared with civilian sexual assault, MST related to:
 - More distress and mental illness
 - Lower physical health and self esteem
 - More severe PTSD symptoms
- MST has more severe consequences because:
 - Interpersonal trauma
 - Perpetrated by someone who is presumably is supposed to be protecting your life
 - It may not be possible to report the crime, for a variety of reasons
 - May be coupled with other adversities including combat trauma
 - All veterans are screened for MST

Level of Combat: Impact on Mental Health

- The level of combat deployment length and number of deployments were related to mental health status
- o Top non-combat issues: Deployment length, Family separation
- Marines fewer non-combat deployment concerns than Soldiers
- After matching deployment length and history, Soldiers mental health rates were similar to those of Marines (is about the length and exposure)
- Soldiers and Marines with mental health problems were more likely to mistreat non-combatants

Impact on Mental Health?

Level of Combat

Length of Deployment

Number of Deployments

Impact on Mental Health?

Level of Combat

Lengi

Number of

Gambling in the Military/Veterans Populations







Problem Gambling in the Military

- Prevalence....huge range
- Rates in military and veteran populations exceed those for other adults.
- Across their lifetime, 7.1% of military personnel reported at least one serious gambling-related problem.
- It should be noted we do not know current rates of PG among military personnel, due to survey issues (who/how questions were asked, or they are not asked at all).
- A study of an Australian military base found that 29% of participants were probable PG.
- Soldiers in a Naval Medical Center reported failing to admit to gambling problems due to shame and concern about confusion about the military's confidentiality policies.

Problem Gambling in the Military- Treatment

- Treatment
- PG treatment options for veterans and military personnel are lacking, especially overseas
- currently only 3 PG treatment programs for military personnel
- Gambling treatment programs can be easily implemented within existing military substance abuse
- programs with only little additional training for the counselors and psychologists
- In a study of a military gambling treatment program overseas, retention rates were high for PGs who sought treatment before too many legal problems had accumulated
- Motivation for those in the military and veterans to seek PG treatment remains low due to issues of shame and secrecy, highlighting a need to screen for PG when they are seen for other issues 1

Evidenced Based Treatment

NIDA trials

- Integration of PTSD and SUD treatment (Back)
- Testing effective medications (Petrakis)
- Training on Evidenced Based Treatments

Declaration: Institution of Medicine

- Alcohol and Drug use remain unacceptably high, there recommendations:
 - o Increase emphasis on efforts to prevent substance use disorders
 - Developing strategies for identifying, adopting, implementing and disseminating evidence-based programs and best practices of care
 - Increase access to care
 - Strengthening SUD workforce
 - Traditionally:
 - Sequential care SUD first then PTSD

Concerns have been centered on

- PTSD
- TBI
- Suicide
- Substance Use Disorders

Evidenced based treatments

- Traditionally:
 - Sequential care SUD first then PTSD
- Integrative:
 - Address PTSD and SUD simultaneously
 - Focus on connections between PTSD and SUD
- Alcohol-using veterans with PTSD respond significantly better to evidence based medications
- PTSD symptoms improve when alcohol use reduced

Evidenced based treatments

- General (PTSD, SUD, Depression):
 - Cognitive Behavioral Therapy
 - Motivational Interviewing
 - Cognitive Behavioral Couples Therapy

• PTSD:

- Cognitive Processing Therapy
- Prolonged Exposure
- Eye Movement Desensitization and Reprocessing

• SUD:

- Motivational Enhancement Therapy Prolonged Exposure
- Contingency Management

Evidenced based treatments

- Integrated Treatment (Petrakis et al, 2006)
 - Alcohol-using veterans with PTSD respond significantly better to evidence based medications
 - PTSD symptoms improve when alcohol use reduced
- Contingency Management (cf. Petry et al, 2005)
 - Incentive-based interventions are highly effective in increasing treatment retention and promoting abstinence from drugs.
 - Does not promote gambling behavior



Making the soldier grumpier

- "They don't need a study for this. It's just a known fact,"
 wrote former Marine Gordon Wan.
- "Of course we're grumpier; we have to deal with civilians," retired Marine Bruce Williamson wrote.
- "Stupid surveys and case studies make me grumpy," added Victor Mason on our Facebook page.
- "Military service makes men less tolerant and accommodating of undisciplined, neurotic, noattention-to-detail civilians and the relentless barrage of frivolous crap and bullshit inundating society," wrote a former Navy SEAL. "Too grumpy?" he added.

Making the soldier grumpier

- "Is it really being less agreeable or is it because they have more confidence and are not afraid to show it?" Al Ellis wrote on Facebook.
- Retired Army Chief Warrant Officer 3 Richard Hair suggested "pragmatism" would be a better descriptor than "less agreeable."
 - He said that at his civilian job, he's been called "cynical" for pointing out flaws in proposals and plans as they're being developed, but he sees this as an asset.
 - "A good soldier never runs out on the battlefield without knowing where the enemy has pillboxes. I'm giving the location of the pillboxes. When such an evaluation is made, we're called 'grumpy.' I call it being pragmatic," Hair said.

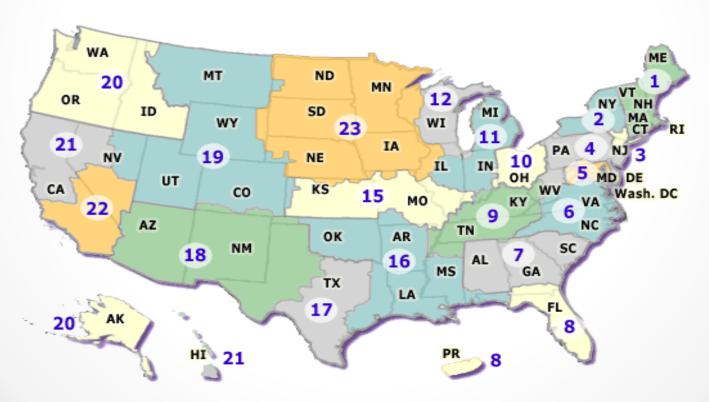
Implications for clinicians

Factors Influencing Entering Treatment

- Concern over being seen as weak.
- Concern about being treated differently.
- Concern that others would lose confidence in them.
- Concerns about privacy.
- They prefer to rely on family and friends.
- They don't believe treatment is effective.
- Concerns about side effects of treatments.
- Problems with access, such as cost or location of treatment.

How Does Local VA Health Care Fit Into The Big Picture?

VA Health Care System Regions
Veterans Integrated Service Network (VISN)



Health Care Needs

- 1.8 eligible veterans cannot or do not access VA care (Kaiser)
- History of poor coordination between DoD and VA
- Complex issues including homelessness
 - o Estimated 67,000 every night
 - o 1/3 of all homeless are veterans
 - 1.5 million are at risk of homelessness

Health Care Needs

- A resistant bunch
- Might not want care...difficulty admitting or saying there is a problem
- Motivational Interviewing

Motivational Interviewing

- MI helps client find a way to discuss with their counselor reasons that they want to change motivating them to actually make the changes.
- The counselor then supports the client's perception that they can make these changes by affirming, supporting and really listening to them

Motivational Interviewing

- A resistant bunch
- Study of problem drinkers (MI, GMI, and TAU)
 - MI decreased binge drinking, drinking days and maximum number of drinks per day
 - GMI improved problem recognition

Brown et al 2010

 Study of brief MI by telephone vs. a telephone call in OIF OEF veterans

Improved Treatment engagement Improved treatment retention Reductions in cannabis use Decreased sense of stigma

Seal et al 2012

Implications for Clinicians

Ask about:

- Length in service and deployment history
- Other adversities (lifetime)
- Education and treatment while on active duty
- Discharge type
- Military and veteran identity (how view the military and VA system)
- MOS (Military Occupational Specialty, job, and also other jobs outside of this MOS)
- Adjustment longer in the military more difficulty adjusting to civilian life

Military vs. Civilian Mindset

- Young Vets may see selves as soldiers, not Vets
- Vets do not want to see selves as mentally ill
- May view selves as injured in military service
- Want to receive service with fellow Vets
- May feel safer sitting with back against wall
- May prefer to avoid crowded situations
- Combat Veterans may avoid firework displays

Classroom & Work Issues

- Deployment associated with compromise in sustained attention, verbal learning, and visualspatial memory. Also increased negative state affect in confusion and tension
- Increases in simple reaction time
- PTSD -symptoms impact classroom; Reexperiencing, Avoidance, Hyper-arousal
- TBI- Variety of cognitive difficulties depending on injury; sensitive to light, easily tired, Difficulty with organization, Frequent headaches, Concentration, short-term memory, Low frustration tolerance, irritability, driving issues

Implications for clinicians

- How would you ask?
 - o Directly: "Were you exposed to trauma?"
 - Indirectly: "Did you have any particular intense or difficult experiences that stick with you?"
 - Via third person:" Where there any events that your fellow service members found really challenging?"

Implications for Clinicians: Sexual Trauma

How to ask:

"While you were in the military did you receive any uninvited or unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks? Did someone ever use force or the threat of force to have sexual contact with you against your will?"

Strategies to Serve

- Education and training
- Tricare certified
- Outreach and community assessment
- Awareness
- Working with local VA
- Uniformed Services Mandate (contracted care with the VA)

Resources

- www.vetcenter.va.gov
- www.polytrauma.va.gov
- www.dvbic.org/Colin-Powell.aspx
- www.mentalhealth.va.gov
- www.mentalhealth.va.gov
- www.ncptsd.va.gov/ncmain/veterans
- www.gibill.va.gov
- www.ouhsc.edu/oef
- www.ouhsc.edu/VetParenting
- www.caregiver.va.gov
- www.deploymentpsych.org

Key Veteran & Vet Friendly Motorcycle Associations

Rolling Thunder: http://www.rollingthunder1.com/

Combat Veterans Motorcycle Association: http://combatvet.org/

Patriot Guard Riders: www.patriotguard.org

Vietnam Vets Motorcycle Club: http://www.vnvmcfreedom.com/

VFW Riders http://www.vfwriders.org/

American Legion Riders http://www.legion.org/riders

Leathernecks http://leathernecksmc.org/drupal/

Blue Knights (Police Officers) http://www.blueknights.org/

Red Knights (Firefighters) http://www.redknightsmc.org/

Harley Davidson Owner Group (HOG) http://www.harley-davidson.com/

Goldwing Association (Honda) http://www.gwrra.org/
Christian Motorcyclists Association: http://www.cmausa.org/

wrap up and questions

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