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

Heather Chapman, Ph.D. ICGC II, BACC
Director Gambling Treatment Program
Louis Stokes Cleveland VA Medical Center
‘BRECKSVILLE’ Gambling Treatment Program
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

Heather Chapman, Ph.D., ICGCII
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?
Active Duty/ Reserve

- Air Force Active Duty: 328,812 (13.1%)
- Army Active Duty: 546,057 (21.7%)
- Marine Corps Active Duty: 198,820 (7.9%)
- Navy Active Duty: 314,339 (12.5%)
- Air National Guard Reserve: 105,389 (4.2%)
- Army National Guard: 360,822 (14.3%)
- Navy Reserve: 108,718 (4.3%)
- Marine Corps Reserve: 103,760 (4.1%)
- Coast Guard Active Duty: 41,849 (1.7%)
- Coast Guard Reserve: 9,403 (0.4%)

Heather Chapman, Ph.D., ICGCII
Officers and Enlisted

- Officers: 365,483 (16.4%)
- Enlisted: 1,862,865 (83.6%)
Gender of Military

Male (n=1,872,429)
84.0%

Female (n=355,904)
16.0%

Heather Chapman, Ph.D., ICGCI1
Race of Military

- White: 71.9% (n=1,602,132)
- Black or African American: 16.2% (n=362,049)
- Other/Unknown: 4.1% (n=91,755)
- Multi-racial*: 2.1% (n=46,216)
- Native Hawaiian or Other Pacific Islander*: 0.9% (n=19,056)
- American Indian or Alaska Native: 1.3% (n=28,669)
- Asian: 3.5% (n=78,471)

Heather Chapman, Ph.D., ICGCII
Age of Military

- 25 or Younger: 39.4% (n=877,210)
- 26 to 30: 21.5% (n=478,950)
- 31 to 35: 14.2% (n=317,067)
- 36 to 40: 10.6% (n=235,308)
- 41 or Older: 14.4% (n=319,813)
Education Level

- High School Diploma/GED or Some College* (n=1,089,763) 78.6%
- Bachelor’s Degree (n=162,723) 11.7%
- Advanced Degree (n=101,948) 7.3%
- Unknown (n=28,760) 2.1%
- No High School Diploma or GED (n=4,834) 0.3%

Heather Chapman, Ph.D., ICGCII
Education Officers

- Advanced Degree: 39.2% (n=93,728)
- Bachelor's Degree: 43.2% (n=103,174)
- No High School Diploma or GED: 9.0% (n=21,409)
- High School Diploma/GED or Some College*: 8.6% (n=20,537)
- Unknown: 0.0% (n=13)

*Includes those who did not answer the question or answered "some college but no degree"
Education Enlisted

- Bachelor's Degree
  - (n=59,549)
  - 5.2%
- Advanced Degree
  - (n=8,220)
  - 0.7%
- Unknown
  - (n=7,351)
  - 0.6%
- No High School Diploma or GED
  - (n=4,821)
  - 0.4%
- High School Diploma/GED or Some College*
  - (n=1,069,226)
  - 93.0%

* Heather Chapman, Ph.D. , ICGCII
Marital Status

- Married
  - (n=1,172,236)
  - 52.6%
- Never Married
  - (n=929,426)
  - 41.7%
- Divorced
  - (n=122,777)
  - 5.5%
- Other
  - (n=3,909)
  - 0.2%
Marriages by Pay

- E5-E6 (n=34,961) 39.7%
- E7-E9 (n=11,476) 13.0%
- O1-O3 (n=9,499) 10.8%
- O4-O6 (n=6,145) 7.0%
- O7-O10 (n=42) 0.0%
- W1-W5 (n=1,214) 1.4%

Heather Chapman, Ph.D., ICGCII
Military and Family

- Family Members**
  - (n=3,066,717)
  - 57.9%

- Military Personnel*
  - (n=2,228,348)
  - 42.1%
Military and Children

Military Personnel with Children
(n=970,236) 43.5%

Military Personnel without Children
(n=1,258,112) 56.5%

Heather Chapman, Ph.D., ICGCII
Military and Children

Heather Chapman, Ph.D., ICGCII
Separations

- Death (n=1,174) 0.6%
- Retirement (n=48,052) 23.8%
- Voluntary (n=96,464) 47.8%
- Involuntary (n=56,268) 27.9%

Heather Chapman, Ph.D., ICGCII
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

Heather Chapman, Ph.D., ICGCII
Military Culture Iceburg

Above the Waterline

Above the waterline are aspects of a culture that are explicit, visible, and easily taught. Some of what identifies men and women as members of the military are readily apparent or above the waterline: uniforms, medals, salutes, ranks, and ceremonies.
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

Heather Chapman, Ph.D. , ICGCII
At the Waterline

At the waterline is a transition zone where the observer has to be more alert, the area where implicit understanding becomes talked about and where ethos is codified into creed. This level of military culture includes the Service creeds, the core values, and the oath of office.
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”

Heather Chapman, Ph.D., ICGCII
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
Self-Assessment

- 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

- Deployment psychology.org

Heather Chapman, Ph.D., ICGCII
Self-Assessment

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

• Deployment psychology.org

Heather Chapman, Ph.D., ICGCII
Self-Assessment

• Social Views
  o People who like or are comfortable around firearms are inherently dangerous
  o Firearms are not dangerous or bad
  o 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
  o People who go into service or law enforcement are on a power trip or are lacking and need structure
  o People who join the service or law enforcement are patriotic
  o Only poor people join the service as a career
  o Clubs and teams including boy/girl scouts, sports teams, military are just social orders that foster dependence and deemphasize or stifle individualism
  o Being part of a team or of something bigger than yourself teaches valuable life lessons
  o 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.

• Deployment psychology.org

Heather Chapman, Ph.D., ICGCII
Self-Assessment

• Beliefs about war and national security
  o War is justifiable if it stops an otherwise unstoppable aggressor with inflicting minimal damage
  o 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
  o Regardless of whether war is justifiable I do not want to support the military in my capacity as a health care professional
  o I am glad there is military to protect us, but my preference is that I or anyone in my family will not serve
  o I am opposed to war and believe that there is a peaceful way to resolve problems

• Deployment psychology.org
Self-Assessment

• Beliefs about military, military members and military families
  o Military service is a good thing
  o All service members are rigid
  o Military fosters dependence on the group. Everyone thinks alike
  o 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
  o Military families have to deal with terrible suffering
  o 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
  o I would be supportive of my own teenage son or daughter if they told me they wanted to enlist in a military service branch
  o 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
  o Regardless of whether war is justifiable I do not want to support the military in my capacity as a health care professional
  o I am glad there is military to protect us, but my preference is that I or anyone in my family will not serve
  o I am opposed to war and believe that there is a peaceful way to resolve problems

• Deployment psychology.org
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.

Heather Chapman, Ph.D., ICGCIIL
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

Heather Chapman, Ph.D., ICGCII
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
  o Cant ask for help
  o “failure is not an option”
  o Sleep deprivation

• Nash (2007)
DoD Rates of Mental Health Issues (2003-2007)

- Mental Health Assessment Team Findings:
  - Self-Reported PTSD 14.1%
  - PTSD, depression anxiety: 16%

- Of service members positive for mental health problems more than half would not seek care (stigma)

- Post Deployment Health Assessments
  - 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
  - Divorce
  - Family violence
- High marital satisfaction but problems increasing
  - OIF I (12%)
  - OIF 2004-6 Soldiers (22%)
  - 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.

Heather Chapman, Ph.D., ICGCII
Mental Health Diagnoses of OEF and OIF Veterans at VA Facilities (2002–2010)\textsuperscript{5}

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage All Patients</th>
<th>Percentage Patients Using MH Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Anxiety (non-PTSD)</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Chart from PrimeINC.org

Heather Chapman, Ph.D., ICGCII
Post Deployment Health Consequences

2,863 Iraq War returnees one-year post-deployment

<table>
<thead>
<tr>
<th>Condition</th>
<th>PTSD</th>
<th>No PTSD</th>
</tr>
</thead>
<tbody>
<tr>
<td>15+ on PHQ-15</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td>Limb pain</td>
<td>60</td>
<td>20</td>
</tr>
<tr>
<td>Back pain</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>2+ sick call visits/mo</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>2+ missed work days/mo</td>
<td>50</td>
<td>30</td>
</tr>
</tbody>
</table>


Twice as many sick call visits
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

- Heather Chapman, Ph.D., ICGCII
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
  - 3.9% military
  - 17.2% civilians

- WHY?
  - 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

Heather Chapman, Ph.D., ICGCII
Illicit Drug Use in Past 30 Days

Military physicians wrote nearly 3.8 million prescriptions for pain medication in 2008, more than quadruple the number of such prescriptions written in 2001.

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 many 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 2014

Heather Chapman, Ph.D., ICGCII
Military Sexual Trauma Consequences

• Compared with civilian sexual assault, MST related to:
  o More distress and mental illness
  o Lower physical health and self esteem
  o More severe PTSD symptoms

• MST has more severe consequences because:
  o Interpersonal trauma
  o Perpetrated by someone who is presumably is supposed to be protecting your life
  o It may not be possible to report the crime, for a variety of reasons
  o May be coupled with other adversities including combat trauma
  o All veterans are screened for MST

Heather Chapman, Ph.D., ICGCII
Level of Combat: Impact on Mental Health

- The level of combat deployment length and number of deployments were related to mental health status.

- 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.

Heather Chapman, Ph.D., ICGCII
Impact on Mental Health?

Level of Combat

Length of Deployment

Number of Deployments

Heather Chapman, Ph.D., ICGCII
Impact on Mental Health?

Level of Combat

Length of Deployment

Number of Deployments

Heather Chapman, Ph.D., ICGCII
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.

Heather Chapman, Ph.D., ICGCII
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

Heather Chapman, Ph.D., ICGCII
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:
  - 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:
  o Sequential care SUD first then PTSD

• Integrative:
  o Address PTSD and SUD simultaneously
  o 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

Heather Chapman, Ph.D., ICGCII
Evidenced based treatments

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

• PTSD:
  o Cognitive Processing Therapy
  o Prolonged Exposure
  o Eye Movement Desensitization and Reprocessing

• SUD:
  o Motivational Enhancement Therapy Prolonged Exposure
  o 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
My Daddy is Deployed and Mommy is Grumpy Please Call 1-800-Grandma
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, no-attention-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.”
  o 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.
  o “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)

Heather Chapman, Ph.D., ICGCII
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
  o 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:
  o Length in service and deployment history
  o Other adversities (lifetime)
  o Education and treatment while on active duty
  o Discharge type
  o Military and veteran identity (how view the military and VA system)
  o MOS (Military Occupational Specialty, job, and also other jobs outside of this MOS)
  o 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

Heather Chapman, Ph.D., ICGCII
Classroom & Work Issues

• Deployment associated with compromise in sustained attention, verbal learning, and visual-spatial memory. Also increased negative state affect in confusion and tension
• Increases in simple reaction time
• PTSD -symptoms impact classroom; Re-experiencing, 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

Heather Chapman, Ph.D., ICGCII
Implications for clinicians

How would you ask?
- 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/

Heather Chapman, Ph.D., ICGCII
wrap up and questions

heather.chapman@va.gov