



Addiction Messenger

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Ideas for Treatment Improvement

The Returning Veteran's Journey

Part 1 - Awareness of PTSD

The journey home for each returning veteran is a uniquely individual experience. This issue of the *Addiction Messenger* begins a series focused on the returning veteran - Post Traumatic Stress Disorder (PTSD), the effects on the veteran's family and relationships, and the connections and effects of trauma and veterans with substance use disorders.

Trauma can be present on a continuum from one-time catastrophes through ongoing events of threat of harm over time. The returning veteran seeking services in your treatment agency has probably experienced trauma and stress at most points on that continuum. National Guard troops have been deployed, until recently, for 400 days. Law has recently been signed by President Bush to reduce deployment time for troops to 365 days.

How common is PTSD?

Experiencing a traumatic event is not rare. About 60% of men and 50% of women experience this type of event in their lives. Women are more likely to experience sexual assault and child sexual abuse. Men are more likely to experience accidents, physical assault, combat, or disaster or to witness death or injury. About 8% of men and 20% of women develop PTSD after a traumatic event.

Here are some facts:

- In the United States, about 8% of the population will have PTSD symptoms at some point in their lives.
- About 5.2 million adults have PTSD during a given year. This is only a small portion of those who have experienced a traumatic event.
- Women are more likely than men to develop PTSD. About 10% of women develop PTSD compared with 5% of men
- Women are more likely than men to develop PTSD for all types of traumatic events, except sexual assault or abuse. When these traumas occur, men are just as likely as women to get PTSD

Most people who experience a trauma will not develop PTSD. You are more likely to develop PTSD if you:

- Were directly exposed to the traumatic event or were seriously injured during the event
- Went through a trauma that was long lasting or very severe
- Believed that you were in danger or that a family member was in danger
- Had a severe reaction during the event, such as crying, shaking, vomiting, or

"History, despite its wrenching pain, cannot be un-lived, but if faced with courage, need not be lived again."

~ Maya Angelou
(1928- present) ~

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Next Issue:

Returning
Veterans &
Substance
Abuse

feeling apart from your surroundings

- Felt helpless during the trauma and were not able to help yourself or a loved one,
- Had an earlier life-threatening event or trauma, such as being abused as a child
- Have a mental health problem or have family members who have had mental health problems
- Have little support from family and friends
- Have recently lost a loved one, especially if it was unexpected or had other recent, stressful life changes
- Drink a lot of alcohol, are a woman, are poorly educated or are younger.

Some groups of people, including African Americans and Hispanics, may be more likely than whites to develop PTSD. This may be because these groups are more likely to experience a traumatic event. For example, in veterans who survived Vietnam, a larger percent of blacks, Hispanics, and Native Americans were in combat than whites.

Your culture or ethnic group also may affect how you react to PTSD. For example, people from groups that are open and willing to talk about problems may be more willing to seek help.

PTSD and the Military

According to the U.S. Department of Veterans Affairs, National Center for Posttraumatic Stress Disorder, experts think PTSD occurs:

- In about 30% of Vietnam veterans,
- In as many as 10% of Gulf War (Desert Storm) veterans,
- In about 6% to 11% of veterans of the Afghanistan war (Enduring Freedom), and
- In about 12% to 20% of veterans of the Iraq war (Iraqi Freedom).

A returning veteran's unique combat situation contributes to PTSD. These factors include what they are ordered to do in the war, the politics around the war, where it's fought, and the type of enemy they faced.

Returning Veterans in the Northwest

In preparation for this series on returning veterans for the NFATTC region, the Air and Army National Guard were contacted. The National Guard Public Affairs Offices in Oregon, Alaska, Hawai'i, and Washington were asked for the following data:

How many troops from your state are currently deployed in Iraq? Afghanistan?

How many veterans in your state have returned from Iraq and Afghanistan since January 2008?

How many troops from your state are scheduled to

be deployed to Iraq and Afghanistan in 2009?

The data collected regarding these questions from each Public Affairs Office is as follows:

DEPLOYED NATIONAL GUARD SOLDIERS IN THE NORTHWEST AND HAWAII

ALASKA:

Currently deployed in Iraq = 4

Currently deployed in Afghanistan = 0

Veterans returned home since January 2008 = 376

Soldiers to be deployed in 2009 = **(No Mobilization Orders at this time)**

HAWAII:

Currently deployed in Iraq = 85

Currently deployed in Afghanistan = 15

Veterans returned home since January 2008 = 150

Soldiers to be deployed in 2009 = **1,500 (approx.)**

OREGON:

Currently deployed in Iraq = 0 **(35 before the end of 2008)**

Currently deployed in Afghanistan = 25

Veterans returned home since January 2008 = 350

Soldiers to be deployed in 2009 = **3,500 (approx.)**

WASHINGTON:

Currently deployed in Iraq = 100

Currently deployed in Afghanistan = 30

Veterans returned home since January 2008 = 400

Soldiers to be deployed in 2009 = **2,500 (approx.)**

In summary, 294 National Guard troops from the Northwest and Hawai'i region are currently deployed in Iraq and Afghanistan (combined), 1,276 have returned home since January 2008, and a total of approximately 7,500 troops will be deployed in 2009. The large number of troops that will be deployed from the Northwest and Hawai'i in 2009 is due to the rotation process of the Air and Army National Guard on a national level. Since the length of deployments are currently 365 days it is quite possible that substance abuse treatment agencies in the Northwest and Hawai'i will be seeing sharply increasing numbers of returning veterans beginning in 2010. What can your agency do to prepare for returning veterans, and their families, that need treatment for substance abuse and related PTSD?

What are the symptoms of PTSD?

Symptoms of PTSD may disrupt life and make it hard to complete daily activities for the returning veteran

client that you're working with. They may report to you that the PTSD symptoms started soon after the traumatic event, but be aware that they may not happen until months or years later and may come and go over time.

Types of Symptoms

There are four types of symptoms related to PTSD: reliving the event, avoidance, numbing, and feeling hyper alert.

Reliving

Reliving the traumatic event is also called "re-experiencing symptoms". Bad memories of the traumatic event can be experienced by the returning veteran at any time. They may feel the same fear they did when the actual traumatic event took place. They may report having nightmares that make them feel like they're going through the event again. This is called a "flashback" and can be triggered for a number of reasons. Triggers might include:

- Hearing a car backfire, which can bring back memories of gunfire and war for a veteran,
- Seeing a traumatic event such as a car accident, which can remind the veteran of his or her own trauma or of witnessing fellow soldiers being injured.

Avoidance

Avoidance is another common reaction to trauma. Avoiding reminders of a trauma is called behavioral avoidance. An example you might notice is your veteran client may report that they have stop watching the news or reading the newspaper because of coverage of the war. You may notice that some returning veterans keep themselves very busy and/or avoid seeking help. This keeps them from having to think or talk about the event.

Not all avoidance is bad. Your client can be helped to learn new ways to focus their thoughts and feelings on things that are not related to the trauma. Distraction is a useful skill that can help them after a trauma and allow them opportunities to complete daily tasks. Although distraction and avoidance can be helpful in the short-term, they should not learn to use it as their primary way of coping. It's natural to want to avoid thinking about or feeling emotions about a stressful event, but when avoidance is extreme and the primary way of coping, it can interfere with

the client's emotional recovery and healing.

Numbing

A returning veteran may find it hard to express their feelings, which is another way to avoid memories. They may notice that they:

- do not have the same positive or loving feelings toward other people that they previously had and may stay away from relationships,
- do not have the same interest in activities they used to enjoy, and
- they may report being unable to remember parts of the traumatic event or not be able to talk about them.

Hyper Alertness

Feeling anxious or "keyed up" is also referred to as hyperarousal or hyper alertness. They may be jittery, or always alert and on the lookout for danger, such as when they are driving in traffic and another vehicle near their's slows down.

Hyperarousal can cause the returning veteran to:

- Suddenly become angry or irritable,
- Have a hard time sleeping, and concentrating,
- Fear for your safety and always feel on guard, and
- Be very startled when something or someone surprises them.

Other Common PTSD Symptoms

People with PTSD may also have other problems which include: substance abuse, feelings of hopelessness, shame, or despair, employment problems, relationship problems including divorce and violence, and physical symptoms of stress. Part 2 of this *Addiction Messenger* series will focus on these issues in particular.

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Sources

US Department of Veterans Affairs, National Center for Posttraumatic Stress Disorder. Downloaded from the World wide Web at <http://www.ncptsd.va.gov/ncmain/index.jsp> on July 17, 2008.

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