

Addiction Messenger

SERIES 30 - September 2008 Volume 11, Issue 9

Ideas for Treatment Improve-

The Returning Veteran's Journey Part 3 - The Family, Effective Care and Resources

ow does PTSD affect family members? Symptoms of PTSD and substance use disorders affect everyone in the family. Family members react to the way the veteran feels and acts. Trauma symptoms can make a veteran hard to get along with or cause him or her to withdraw from the rest of the family. Developing an understanding of the impact of trauma on the veteran and the family is crucial as you help them map their path to recovery.

Sympathy

Family members typically feel sorry that their veteran has had to suffer traumatizing experiences. It's helpful for the veteran to know that family members sympathize with them. Sympathy, however, can lead to "babying" the veteran and communicate low expectations that can send a message that the veteran is not strong enough to overcome the ordeal and recover.

Depression

When the traumatized person acts in a way that creates emotional distress, family members can become depressed. The veteran may not be able to work because of their symptoms, may feel unloved or abandoned when their spouse withdraws emotionally, or may feel guilty because they aren't able to participate fully in their children's lives (e.g. they can't be in crowds so avoid watching them play sports). Without help these feelings may lead to further disruptions within the family.

Fear, Worry and Anger

Often, veterans feel "on edge" and become preoccupied with staying safe. They may want to get a guard dog, security lights, or weapons to have in the home to protect themselves and their family members, which can lead family members to become fearful.

Family members can also experience fear if the veteran is experiencing anger or aggression because they feel in danger, frustrated that they have trauma symptoms, or because they learned to be aggressive to protect themselves in a threatening situation. A spouse might worry that the veteran who becomes angry and violent with little provocation will be injured in a fight or get in trouble with the police. A child may fear a repeat of emotional outbursts they don't understand. A veteran's inability to keep a job may cause the family to worry about money and the future.

"I seriously doubt if we will ever have another war. This is probably the very last one."

> ~ Richard M. Nixon (1913 - 1994) ~

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Next Series: GLBT Issues in SA Treatment

Avoidance

Just as veterans can be afraid to address past traumatic experiences, so can family members avoid the trauma they experience out of fear or hope that if they don't talk about it, it will go away. They may not discuss how others are feeling because they are uncertain how the veteran will respond.

Guilt and Shame

Family members may feel guilt and shame if they feel responsible for the veteran's happiness and wellbeing, and don't see improvement even though they are trying to help.

Anger

Families may feel angry about the trauma, its effect on their lives, and the veteran for being so unpredictable. They may feel anger when the trauma is "dwelled on" or when their spouse can't keep a job, drinks too much, won't go to social events, avoids being intimate, or won't take care of the children in the family.

Negative Feelings

The veteran you're working with may report negative feelings coming from their family members. Family members may have told them that they've "changed" and lost the qualities that they loved and admired in them, or that they're concerned by the over-drinking they've observed in the veteran since returning.

What happens if a wife no longer respects her husband because she thinks he didn't behave "bravely" during a traumatic event, a husband whose wife was raped during service who wonders if she could have "done more" to prevent the assault, or a child that doesn't understand why their father didn't "fight back"? Family members may convey negative feelings to the veteran even when they know that their assessment could be unfair.

Drug and Alcohol Abuse

Drug and alcohol abuse can become a problem for family members as well as the veteran. Family members may try to escape negative emotions through substance use. A child or spouse may drink with friends to avoid having to go home to an angry parent or spouse, or they keep the addicted veteran "company" when they're drinking or using drugs to avoid trauma-related feelings.

Sleep

Sleep can become a problem for family members,

especially when the veteran stays up to avoid going to sleep, can't get to sleep, or has nightmares or restless sleep. All can make it difficult for family members to sleep well. Or the family may be unable to sleep well because they're depressed, worried or have fear of the veteran.

Characteristics of Effective Care

When possible it's best for the veteran to receive treatment from a PTSD specialist who also has expertise in treating alcohol and other substance use disorders. You might find the following precautions and suggestions helpful:

- Communicate with the veteran about the possible relationship of alcohol use to sleep difficulties, anger and irritability, anxiety, depression, and work or relationship problems.
- Thoroughly assess the relationship of past traumatic experiences to the veteran's reasons for seeking help.
- Develop a single consistent treatment plan for veterans with both PTSD and a substance use disorder. Clinicians providing care should be trained to address both disorders.
- Develop a relapse prevention that prepares the newly sober veteran to cope with PTSD symptoms, which may worsen as one achieves abstinence.
- Build on the veteran's pre-service flexible and adaptive coping skills that could help manage current problem areas. Of course, you may also find that coping strategies from the past are no longer useful in the current situation.
- Integrate PTSD-substance use disorder treatment with manualized science-based approaches like "Seeking Safety" (Najavits, 2002).
- Remember that the experiences of veterans returning from service in Iraq and Afghanistan are not identical. Your assessment of the veteran's needs should include a thorough review of predeployment and deployment experiences. A veteran's emotional response to wartime exposure is determined by specific experiences, the context in which the experiences were encountered, and the meaning they hold for the veteran.

America learned much about how to assist and welcome returning soldiers from a war-zone through experiences with Vietnam veterans. You can facilitate the healing of stigma a veteran may feel and assist them in charting a positive and healthy course by communicating that "No one

comes back from war unchanged", and that postdeployment has roots in natural stress and survival instincts. During your work with the veteran you

- Emphasize strengths, capabilities, and resources,
- Affirm that the veteran's symptoms are probably a normal physical and emotional reaction to abnormal stress,
- Use neutral and inclusive terms like "postdeployment stress effects" and "substance use disorders" rather than the more stigmatized "mental problems," "substance abuse," or even "PTSD",
- Avoid "pathologizing" people who suffer with post-deployment stress effects, including SUDs, or imply that they are somehow helpless, "defective," or dangerous,
- Remind the veteran and family members that people can and do recover from many symptoms of combat stress, learn to manage symptoms and achieve sustainable healthy recovery from substance use disorders.

Resources for Counselors

• Military OneSource

http://www.militaryonesource.com

Vet Centers

http://www.vetcenter.va.gov/

- VA Veteran Recovery www.veteran recovery.med.va.gov
- Substance Abuse and Mental Health Services Administration

http://getfit.samhsa.gov/Drugs/ http://getfit.samhsa.gov/Alcohol/

Vets4Vets

http://www.vets4vets.us/

- The Coming Home Project http://www.cominghomeproject.net/ cominghome/
- Wounded Warrior Project https://www.woundedwarriorproject.org/
- National Center for PTSD (Veterans Admin.) http://www.ncptsd.va.gov/ncmain/veterans/

- American Veterans With Brain Injuries http://www.avbi.org/
- Defense and Veterans Brain Injury Center http://www.dvbic.org/ 1-800-870-9244
- Hand 2 Hand Contact http://www.hand2handcontact.org/
- Stand Up for Vets http://www.standup4vets.org/
- Military Home Front (Department of Defense) http://www.militaryhomefront.dod.mil/

Resources for Veterans & Their Families Brain Injury Association of America http://www.biausa.org/

Fisher House - Helping Military Families http://www.fisherhouse.org/

Iraq and Afghanistan Veterans of America http://www.iava.org/

Patriot Outreach

http://www.patriotoutreach.org/

Earn Continuing Education Hours

by Reading the Addiction Messenger. Visit our website at: www.attcnetwork.org or contact bryanm@ohsu.edu

- Sources
 US Department of Veterans Affairs, National Center for Posttraumatic Stress Disorder. Downloaded from the World Wide Web at http://
- Web at http://www.samhsa.gov/SAMHSA_ News/VolumeXIV_3/article2.htm

- Iraq and Afghanistan Veterans of America. Downloaded from the World Wide Web on September 16, 2008 from: http://www.iava.org/blog/iava-staff/more-women-soldiers-dying-in-iraq

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Announcing

Northwest Frontier ATTC has a new website! Go to: www.attcnetwork.org

Earn 2 Continuing Education hours for \$20 NAADAC Approved

by reading a series of three Addiction Messengers (AM)

If you wish to receive continuing education hours for reading the AM:

- fill out the registration form below, and complete the 2-page test on the following pages,
- return both to NFATTC with a fee **payment of \$20** (make checks payable to: NFATTC, please).

You will receive, by return mail, a certificate stating that you have completed 2 Continuing Education hours. You may complete any of the past series you wish. You can download issues by clicking on the Addiction Messenger button on our website: www.nfattc.org or you can check the boxes below and they will be mailed to you.

- o Series 1 Vol. 4, Issues 1-3 "Evidence-Based Treatment Approaches"
- o Series 2 Vol. 4, Issues 4-6 "What Works for Offenders?"
- o Series 3 Vol. 4, Issues 7-9 "Manual-Based Group Skills"
- o Series 4 Vol. 4, Issues 10-12 "Preparing Clients for Change", "What Is A Woman Sensitive Program?" and "Naltrexone Facts"
- Series 5 Vol. 5, Issues 1-3 "Methamphetamine: Myths & Facts"
- o Series 6 Vol. 5, Issues 4-6 "Co-Occurring Disorders"
- o Series 7 Vol. 5, Issues 7-9 "Trauma Issues"
- o Series 8 Vol. 5, Issues 10-12 "Cultural Competence"
- o Series 9 Vol. 6, Issues 1-3 "Engagement &Retention"
- o Series 10 Vol. 6 Issues 4-6 "Co-Occurring Disorders"
- o Series 11 Vol. 6 Issues 7-9 "Integrated Services for Dual Disorders"
- o Series 12 Vol. 6 Issues 10-12 "Infectious Diseases"
- o Series 13 Vol. 7 Issues 1-3 "Contingency Management"
- o Series 15 Vol. 7 Issues 7-9 "Research and the Clinician"

- o Series 16 Vol. 7 Issues 10-12 "Recovery Support"
- o Series 17 Vol. 8 Issues 1-3 "Family Treatment"
- o Series 18 Vol. 8 Issues 4-6 "Cognitive-Behavioral Therapy"
- o Series 19 Vol. 8 Issues 7-9 "Counselor As Educator"
- o Series 20 Vol. 8 Issues 10-12 "Recovery Support"
- o Series 21 Vol. 9 Issues 1-3 "Problem Gambling"
- o Series 22 Vol. 9 Issues 4-6 "Treatment Planning"
- o Series 23 Vol. 9 Issues 7-9 "Methamphetamine"
- o Series 24 Vol. 9 Issues 10-12 "Using and Building Motivational Interviewing Skills"
- o Series 25 Vol. 10 Issues 1-3 "Nicotine Cessation"
- o Series 26 Vol. 10 Issues 4-6 "Improving Agency Processes"
- o Series 27 Vol. 10 Issues 7-9 "Motivational Incentives"
- Series 28 Vol. 10 Issues 10-12 "Recovery Oriented Systems of Care"
- o Series 29 Vol. 11 Issues 1-3 "Family Treatment In Addiction Treatment"
- o Series 30 Vol. 11 Issues 4-6 "Implementing Recovery Management"

Registration Form for Series 31 "The Returning Veteran's Journey"

Name		
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Return your Pre-test and Registration form by mail or FAX at (503) 373-7348

Name				
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TEST Series 31

1.	6.				
When your veteran client mentions that they	List 8 stressful war-zone experiences that may be				
have stopped watching the news that may be	relevant to your client:				
that they're experiencing (fill in the blank)	1 2				
·	3 4				
	5 6				
2. It's important to build on the veteran's preservice	7 8				
It's important to build on the veteran's preservice flexible and adaptive coping skills to help manage current problems. True or False	7. For women soldiers PTSD in the military has been described as military sexual trauma (MST)				
3. Which of the following are symptoms of	True or False				
PTSD: a. Numbing, b. Reliving and Hyper-Alertness, c. Avoidance, d. All of the above	8. Family members rarely experience fear if the veteran is experiencing anger or aggression because they feel safe. True or False				
4. The most common drug being used by returning veterans is (fill in the blank) 5. Assessing the client's relationship of past traumatic experiences to the veterans reasons for seeking help is beneficial to treatment. True or False	9. An example of integrating PTSD-substance use disorder with a manualized science-based approaach like				

NAME
We are interested in your reactions to the information provided in Series 31 of the "Addiction Messenger". As part of your 2 continuing education hours we request that you write a short response, approximately 100 words, regarding Series 31. The following list gives you some suggestions but should not limit your response. What was your reaction to the concepts presented in Series 31? How did you react to the amount of information provided? How will you use this information? Have you shared this information with co-workers? What information would you have liked more detail about?