

Warrior to Civilian: Coming Home

Presented by
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MENTAL HEALTH AND SUBSTANCE
ABUSE PREVENTION WITHIN THE
RETURNING VETERAN POPULATION

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Warrior to Civilian Outline

Introduction

- Signs and Symptoms: Understanding the issues of PTSD/COS within and outside of a clinical perspective.
- Behaviors: Looking at the milieu of behaviors and attitudes.
- Psychological and Physiological aspects of PTSD/COS.
- Examining stigmas associated with obtaining care, personal interactions, and challenges.
- Re-Integration: Examining the dynamics of reuniting with friends, families, and their communities.
- Building Resiliency
- Substance Abuse, Suicide and Legal Issues among combat veterans
- Effective/Preventative Treatment Measures

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Diagnostic Criteria for PTSD

- A. Exposure to a Traumatic Event Involving actual or Threatened Death, Resulting in response of Fear, Hopelessness, and/or Horror
- B. Trauma is Re-experienced (Triggers)
 - Via Memories, Nightmares, Flashbacks, Smells, Sounds, and Touch
- C. Avoidance and Isolation
 - Avoids People, Places, Feelings, and Activities that Set-Off Triggers
- D. Hyper-Arousal (Adrenaline)
 - Anger, Sleep Disturbance, Hyper-vigilance, and Startle Response
- E. Duration: At least One Month of Significant Clinical Distress

- Acute Type: Symptoms for Less than 3 Months
- Chronic Type: Symptoms for More than 3 Months
- Delayed Onset: If Onset is at Least 6 Months After Stressor Events

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Behaviors of PTSD/COS

- Cannot Follow Through
- Overprotective Control
- Need for Weapons
- Intrusive Thoughts/Flashbacks
- Authority Issues
- Anger
- Isolating
- Thrill Seeking Activities

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Traumatic Brain Injury

- Alertness and Concentration (Dull)
- Confusion, Procrastination, Overwhelmed
- Self-awareness
- Body and Environment, Not aware of New Limitations
- Perception
- Past and Present Time
- Memory
- Confabulates or Makes up Stories
- Planning and Problem Solving
- Judgment, Distractible, Cannot Multi-task
- Speech and Language
- Loss of Words, Slurred Speech, Poor Modulation
- Emotions

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Denial Behaviors of PTSD/COS

- Workaholic
- Lack of Relationships
- Hypersensitive to Physical Contact
- Substance Abuse
- Overeating
- Suicide

Personal Firewalls: the Invisible Barrier

- Keeps others away
- Sets Physical Boundaries
- Protects and Destroys Relationships

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Stigmas

- Fear of Retaliation
- Seen as Weak
- Asking for Time Off
- Promotion Consideration
- No One Will Be Able to Help
- Warriors are Self-Reliant

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Barriers To Treatment

| | |
|---|-----|
| I would be seen as weak by my unit members | 65% |
| My unit leadership might treat me differently | 63% |
| My unit would have less confidence in me | 59% |
| My leaders would blame me for the problem | 51% |
| It would harm my career | 50% |

| | |
|--|-----|
| Difficulty getting time off work for treatment | 55% |
| It is difficult to schedule an appointment | 45% |

| | |
|---|-----|
| I don't trust mental health professionals | 38% |
| Mental health care doesn't work | 25% |
| I don't know where to get help | 22% |

(Hoge, et al. 2004)

Mental Health Services - with early intervention the duration of PTSD symptoms are reduced from 64 months to 36 months.

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Physiological Aspects

- Stress Related illness
- Sleep Disruption
- Adrenaline Rushes
- Addictions

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Attributes and Costs

Attributes of a Warrior

- Emotional Control
- Camaraderie
- Tactical Alertness
- Adaptable
- Prepared
- Motivated

Costs of Undertreated PTSD/COS

- Depression
- Sleep Disturbance
- Multiple Relationships and Jobs
- Domestic Violence
- Substance Abuse
- Legal Issues

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Substance Abuse

- Alcohol
- Illegal Substances
- Over the Counter
- Pain Medications

Treatment Options

- AA or NA Groups
- Inpatient/Outpatient Treatment
- Mentoring
- No Magic Bullet
- VA and DOD System

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Tools for Building Resiliency

- Connection
- Positive Attitude
- Accept Change
- Realistic Goals
- Participation
- Knowing Self
- Recognize Accomplishments
- Self-Care
- Hope

Positive Coping Skills

- Form Loving and Supportive Relationships
- Gain Better Control of Emotions and Impulses
- Learn to Adapt
- Form Community

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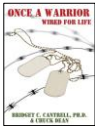
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Prevention begins with Care and Community

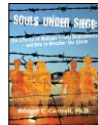
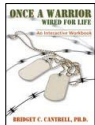
- Educating Trauma Care Providers
- Developing Veteran Court-Deferred Prosecution Programs and Treatment
- Develop Community Roundtables
- Increasing Community Awareness
- Developing Community Response Programs for First Responders, EMTs, and Firefighters

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Resources



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