

Veterans' Readjustment: Problems and Resources

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Charleston Vet Center

Charleston Vet Center

- Location: 5603A Rivers Ave, N. Charleston, SC 29406
 - (Gaslite Square, Rivers and Remount)
 - (843) 789-7000

Staff:

Don Healy, M.A., Team Leader

Linda Clark Wolford, MSW, Counselor

Wanda Ellis, LMSW, Counselor

Jim Alcorn, M.S.Ed., Counselor

Brenda Bennett-Richardson, A.A., Office Manger

OEF/OIF Outreach Worker vacant

Vet Center Eligibility

War zone service (campaign ribbon)

Veteran's eligibility includes significant other.

Veteran who experienced sexual trauma or sexual harassment while on active duty.

Family members of service member who lost life while on active duty.

Vet Center services

- Readjustment Counseling: Individual, Group, Family
- Benefits Counseling and referral
- Employment counseling and referral
- MST counseling
- Bereavement counseling
- Outreach and community education

Veterans Readjustment Problems

Stress Management

Anger control, anger management

PTSD

Depression/Unresolved Grief

Suicide

Marital/Family Problems

TBI (Traumatic Brain Injury)

Driving

Alcohol/Substance Abuse

Vocational/Educational

Basic Needs: homelessness; emergency financial needs.

Readjustment Problem: Driving

Problem: behavior adaptive in combat zone can lead to tickets, accidents, or road rage at home.

WRAIR Battlemind

www.behavioralhealth.army.mil/battlemind :

In combat “driving unpredictably, fast, using rapid lane changes, straddling the middle line and keeping other vehicles at a distance is designed to avoid IEDs and VBIEDs.” At home, driving fast, swerving may “feel right,” but is unnecessary and dangerous.

Can also be problem with driving fast as “thrill-seeking behavior, trying to recapture adrenaline rush of combat zone; “adrenaline junkies.” Can affect occupational choices and hobbies.

Readjustment Problem: Post Traumatic Stress Disorder (PTSD)

- Combination of symptoms in three areas
 - Re-experiencing
 - Hyperarousal
 - Avoidance
- Interventions
 - Counseling/Psychotherapy
 - Medication
 - Intensive inpatient treatment
- Resources:
 - Vet Centers (outpatient counseling/psychotherapy)
 - VAMC PCT Clinics (outpatient psychotherapy; medication)
 - VA Specialized PTSD Units (inpatient; psychotherapy; medication)
 - VA Polytrauma units
 - www.ncptsd.va.gov

Readjustment Problem: Re-experiencing

- Common complaint: “times when I can’t get an image or thought out of my mind”
- Triggers: sights, sounds, smells, war news
- Often involves one or several specific memories
- Often sudden onset; duration fleeting or persistent.
- Interventions:
 - Psychotherapy/Counseling: emphasis often on revisiting/reprocessing using cognitive based approaches (CPT, CBT); EMDR;
 - Modality: Individual or Group

Readjustment Problem: Hyperarousal

Hyperarousal symptoms: irritability/anger; insomnia; difficulty concentrating; hypervigilance; exaggerated startle response; panic attacks; agoraphobia.

- Resources: Counseling; Medication
 - Anger Control/Anger Management:
 - Learning triggers and situations in which become angry.
 - Learning how previously adaptive responses now maladaptive.
 - Learning to manage anger without impulsive behavior, including aggression.

Readjustment Problem : Hyperarousal

- Hypervigilance: always alert for danger; inability to relax.
- Battlemind cognitive approach: In the combat zone, “survival depends on being aware of your surroundings at all times and reacting immediately to sudden changes.”
 - At home can have trouble with confined spaces (no easy escape route) or crowds (never know who might be “enemy”).
 - Sometimes accompanied by intolerance for things not being done exactly correctly and intolerance for lateness (“like living with a drill sergeant;” “it’s like everything is a matter of life and death”).

Readjustment Problem: Insomnia

- Insomnia: DFA, MNA
 - Interventions:
 - Counseling/education re nature of sleep, sleep hygiene
 - Medication
 - Sleep study (esp. if concern re OSA)

Readjustment Problem: Concentration

- Can be caused by stress, depression, TBI, adhd, medication side effects, etc.
- Can interfere with educational pursuits
- Important to identify cause
- Resources:
 - VAMC for evaluation and treatment including, if indicated, neuropsychological evaluation.
 - Stress management counseling
 - Medication

Readjustment Problem: Anger Management

- Anger can be effective in combat zone. At home, can destroy relationships, cost jobs or advancement, lead to legal problems.
- Counseling can help veteran
 - identify and understand their experience of anger
 - Identify when anger is likely to occur
 - Learn tools/techniques to keep anger from escalating

Readjustment Problem: Avoidance behaviors

- Not wanting to talk about experiences or share experiences. Can lead to feeling disconnected or detached from others. Can involve “psychic numbing” and interfere with intimacy.
- May be perceived by others as cold, uncaring.
- Can lead to constricted lifestyle in attempts to avoid triggers.
- Counseling can focus on combination improving emotional awareness and effective use of time alone.

Readjustment Problems: Marital/Family

- Relationships can be stressed by separation and by one or other in relationship changing in ways partner finds uncomfortable or unattractive.
- May have been role changes while deployed, e.g., in management of finances, child rearing, etc. Can be difficult to come to agreement.
- Stress symptoms can have major effects on marital and parental relationships: tense, irritable/short fuse, unable to relax, difficulty being around others, emotionally unavailable.
- Interventions: Counseling (Vet Center; Tricare)

Suicide

- Veterans and suicide: increased risk factors can include length and frequencies of deployment to combat zone, combat zone stress reactions.
- If can get vet to seek treatment for underlying condition, e.g., feelings of hopelessness, depression, PTSD, suicide can often be prevented.
- Can be chronic passive, suicidal ideation without active intent or plan, e.g., “it would be fine with me if I didn’t wake up tomorrow but I would not purposely kill myself.” Can make assessment of risk difficult.
- Removing potentially lethal means from home, when acceptable.
- Warning signs of suicide among veterans essentially same as for others including: increased thinking, talking about, threatening suicide or dath; withdrawing from others; changes in mood, mental status, alcohol/drug use, feelings of hopelessness, being “trapped.”

Suicide Prevention: Resources

- National Suicide Prevention Lifeline (1-800-273-TALK; 1-800-273-8255)
 - Anyone can use. Veterans are instructed to press “1” and will automatically be routed to the Veterans Suicide Prevention Hotline where trained VA Crisis Counselors are available 24/7. There is an internet chat capability as well.
- VAMC Suicide Prevention Coordinator
 - Charleston Mark DeSantis, Ph.D. (843) 789-6536
- VAMC Urgent Care (open 24/7)
- VAMC OEF/OIF team (not available 24/7)
- Vet Center (not available 24/7)
- 911 if emergency

Readjustment Problems: mTBI

- mild TBI (mTBI): results from closed head injury with relatively brief (<30 minutes) altered or loss of consciousness and “normal” radiological findings.
- Also called “concussion”
- Estimates about 80% TBIs are mTBI (Alexander, 1995)
- Common pattern is initial physical complaints (e.g., headaches, light or noise sensitivity, nausea or vomiting, tinnitus, blurred vision) followed by apparent return to normal within 7-10 days.
- Lack of consensus re likelihood chronic cognitive impairment following concussion. Estimates 10-33%
- Repeated concussions increase likelihood of chronic cognitive impairment.

Readjustment Problems: mTBI

- When chronic cognitive impairment does result from mTBI, most common is impairment of executive functions involving:
 - Focusing and sustaining attention.
 - Planning and organizing
 - Problem solving
 - Judgment
 - Control of impulses and emotions.
 - Multitasking
 - Empathy
 - Intellectual processing speed.

Resources: mTBI

- VAMC neurological exam; neuropsychological exam; memory assessment.
- Cognitive rehabilitation software: aims to strengthen impaired cognitive functions, especially executive functions and/or to learn compensatory strategies. A growing field.

Readjustment Problems: Alcohol and Substance Abuse

- Often an increase in alcohol or substance use after returning from deployment.
- Treatment options:
 - VA
 - Local VAMC SATC (Substance Abuse Treatment Clinic):outpatient
 - VA specialized inpatient programs
 - VAMC MHC
 - Vet Center
 - AA/NA

Resources: NG, Reserve, Active Duty

- Tricare
- ESGR (Employer Support of the Guard and Reserve): tries to help with issues between service member and employer. 1-900-336-4590. www.esgr.org
- Transition Assistance Advisors: designed to assist NG members and their families in accessing State and Federal veterans benefits and healthcare services (DoD and VA).
 - SC TAA= Randy Moon (803) 806-1555
 - National Guard Bureau: (703)607-0180
 - www.jointservicesupport.org

Resources: NG, Reserve, Active Duty

- Military One Source: 1-800-342-9467
www.militaryonesource.com
 - Provides short term counseling to service members and their families (active duty, national guard, reserves).
 - Counseling either face-to-face or via telephone consultations or via online consultations depending on location and vet/family member's preferences.
 - Confidential. Family members do not need service member's approval or knowledge to access.

Benefits: OEF/OIF veterans

VA medical care: 5 years from return from combat zone.

Can involve copays depending on income if not for condition caused by combat zone experiences. After five years, eligibility dependent on service-connected disability status or income.

VA Dental Care: one time comprehensive care if requested within 180 days.

Vet Center counseling: for war zone vets, lifetime of eligibility, no means tests or co-pays; family eligibility.

Benefits: OEF/OIF vets

- GI Bill (Chapter 33): tuition; books; tutoring; living expenses stipend; 36 months; 15 years to use; can transfer to dependents (based on months on AD).
- MGI-Active Duty (Chapter 30); MGI bill-Selected Reserve; REAP (Guard/Reserve)
- To check entitlement or other educational benefits questions: 1-888-442-4551
- VA Vocational Rehabilitation: if has at least 20% service-connected disability (or 10% that affects employment). Many resources available. Veteran must apply.
- VA Work-study: work must be VA-related.
- VAMCs have Women Veteran Program Managers
- Preference for federal employment www.usajobs.gov

Resources: OEF/OIF veterans

VAMC OEF/OIF Care Management Team: to welcome OEF/OIF vets and help coordinate their care

Pat O'Leary (Transition Patient Advocate)

(843) 789-6648

Meredith Miller (Case Manager) 789-6565

Ashley Fogg (Case Manager) 789-7076

Jan Bolger (Program Manager): 789-7373

Bonnie Edy (Case Manager, Savannah)

Resources: Veteran Benefits

- SC Department of Veterans Affairs, County Veterans Affairs:
 - Charleston County (843) 974-6360
 - Berkeley County (843) 377-8506
 - Dorchester County (843) 832-0030
- www.va.gov 1-800-827-1000
- Veteran Service Organizations (VFW; American Legion; Disabled American Veterans, etc.)