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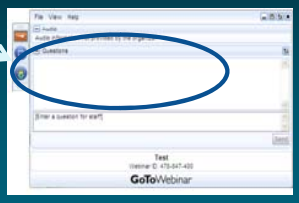

Substance Abuse and PTSD in Military Families: Implications for Child Welfare Policies and Practices

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Disclaimer

The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Health Administration, the Department of Defense, or the United States government.

Child Abuse and Neglect in Military Personnel

Military Families

- 55% of servicemen and women are married (DOD, 2007)
- 1.76 million children and youth in military families (DOD, 2007)

Recent News

- Veteran accused of neglecting three young grandchildren in hot car while visiting VAMC in Salisbury, NC (6/14/11)
- Child abuse cases increased 9% this year in military families in El Paso County, CO (7/15/11)
- Iraq veteran on trial claims PTSD, substance abuse caused him to sexually abuse and kill his stepdaughter in Raleigh, NC (8/22/11)

Child Maltreatment during Deployment

- Rate of maltreatment is more than 3 times greater when the spouse is deployed compared to when the spouse is not deployed
  - Rate of neglect is almost 4 times greater
  - Rate of physical abuse is twice as large
  - Rates of moderate and severe abuse are 1.6 times greater (Gibbs et al., 2007)
- Child maltreatment in military families increases by 30% for each 1% increase in deployments or returns from deployment (Rentz et al., 2007)

Child Maltreatment in Military Families

- Physical abuse and neglect are the most common forms of substantiated child maltreatment in military families
- Because the Navy and the Marines have not been publishing rates of child maltreatment, it is not possible to estimate differences between services

Rentz et al., 2006

Child Maltreatment in Military Families

- Mixed results prior to 9/11 regarding rates of child maltreatment in military families vs. civilian families
  - Some factors are protective (employment, income, housing, health care)
  - Some factors increase risk (instability, authoritarian style, high levels of exposure to violence)
- After 9/11, the rate of substantiated maltreatment in military families doubled
  - 22% higher than civilian families (Rentz et al., 2007)

Child Maltreatment in Military Families

- Military families are 3.5 times more likely to have infants with shaken baby syndrome than civilian families (Gessner & Runyan, 1995)
- The child abuse homicide rate in children from military families in two North Carolina counties with large military populations over 18 years was more than double the state rate of child abuse homicide (Herman-Giddens & Vitaglione, 2005)

Child Maltreatment in Military Families

- The number of children killed in military families has more than doubled since 2003 (Military Times, 9/2/11)

Talia Williams, 5 years old, came to the attention of authorities four times between January and July of 2005, when she was killed.

PTSD, SUDs, and Child Maltreatment in Military Families

- Families with military service members who have PTSD are at greater risk of child maltreatment (Prigerson et al., 2002; Rentz et al., 2006)
- Service members who commit severe child neglect or emotional abuse have elevated rates of substance abuse (Gibbs et al., 2008)

Child Maltreatment by Veterans

- There are no studies of child maltreatment by veterans after discharge from the military
- It is easier to track child maltreatment in military families because each branch of the armed services has a Family Advocacy Program tasked with preventing and responding to child maltreatment

Child Maltreatment by Veterans

Case Example: Mr. H.

Vietnam veteran, chronic PTSD, Alcohol Abuse, Marijuana Abuse, several wives, >20 children, narcissistic, referred for treatment after he had a dissociative episode in which he was alleged to have molested his granddaughter

Risk of Maltreatment

- Both having a parent who was maltreated as a child and living in a household with domestic violence increase risk for child abuse
- 30% of children who are maltreated grow up to maltreat their own children (Kaufman and Zigler, 1987)
- 30-60% of children living in households with domestic violence between adults are maltreated (Gibbs et al., 2011)

High Prevalence of Prior Child Maltreatment

Studies of Army soldiers:

Rosen & Martin, 1996:

- 17% of males and 51% of females reported childhood sexual abuse
- 50% of males and 48% of females reported physical abuse
- 11% of males and 34% of females experienced both

Seifert et al., 2011 (combined males and females):

- 46% reported childhood physical abuse
- 25% reported both physical and sexual abuse
- Soldiers with both reported more severe PTSD symptoms and more problem drinking

Prior Child Maltreatment and PTSD

- Veterans with PTSD are more likely to have been physically abused as children than those without PTSD (Bremner et al., 1993; Zaidi and Foy, 1994)
  - Physical abuse as a child also associated with greater severity of PTSD (Zaidi and Foy, 1994)
- Childhood physical abuse and combat-related trauma *both* increase later anxiety, depression, and PTSD (Fritch et al., 2010)

Pre-military Trauma in Women

- Female service members and veterans report more premilitary trauma than men
- Female service members report more premilitary trauma than female civilians
- More than half of female veterans experienced premilitary physical or sexual abuse
- 1/3 of female veterans report a history of childhood sexual abuse, compared to 17-22% of civilian women
- 1/3 of female veterans report a history of adult sexual assault, compared to 13-22% of civilian women

Zinzow et al., 2007; Merrill et al., 1999

Pre-military Trauma in Women

- Female veterans report more severe childhood abuse, including sexual abuse by a parent and greater duration of sexual abuse, than civilian women (Schultz et al., 2006)
- Adult rape was 4 times more likely among Navy servicewomen who experienced childhood sexual abuse and 6 times more likely if they experienced childhood physical and sexual abuse (Merrill et al., 1999)

Risk of Maltreatment: Domestic Violence

- Rate of domestic violence is higher in military than civilian population, especially severe aggression (Bray & Marsden, 2000: Heyman & Neidig, 1999)
- 90% of spouse abuse in military families is physical abuse (Rentz et al., 2006)
- Domestic violence increases with both deployments and with longer deployments (McCarroll et al., 2000)
- Military families with DV have twice as much child abuse (Rumm et al., 2000)

Domestic Violence and PTSD

- Rate of domestic violence is approximately 3 times greater in military families than civilian families (Department of Defense, 2008; Taft et al., 2011)
- Combat exposure increases rate of domestic violence (Prigerson et al., 2002)
- Rate of domestic violence is greater in veterans with PTSD than those without it (Jordan et al., 1992; Sherman et al., 2006)

Domestic Violence and Substance Abuse

- Heavy drinking among soldiers who drink:
  - Heavy drinkers are 66% more likely to be spouse abusers than non-drinkers
  - Moderate and heavy drinkers are 3 times as likely, and light drinkers are twice as likely, to be drinking at the time of the domestic violence incident (Bell et al., 2006)

Domestic Violence and Child Abuse

- Spouse abuse among soldiers increases likelihood of physical abuse of a child 2.4 times and sexual abuse of a child 1.5 times (Rumm et al., 2000)
- Offender substance abuse is almost three times greater when both spouse abuse and child abuse are involved in the same incident (Gibbs, 2008)

Other Problems of Children in Military Families: Mental Health

- Significantly more mental health diagnoses (Mansfield et al., 2011)
- Increased depression and anxiety (Huebner et al., 2007; Lester et al., 2010)
- Longer deployments result in more child mental health problems (Cozza et al., 2010)
- Child mental health visits increase 11% (Gorman et al., 2010)
- Parental mental health problems associated with child MH problems (Al-Turkait & Ohaeri, 2008)
- Parental PTSD is associated with family relationship problems and secondary traumatization (Galovski & Lyons, 2004; Goff et al., 2007)
- Maternal support is a protective factor (Morris & Age, 2009)

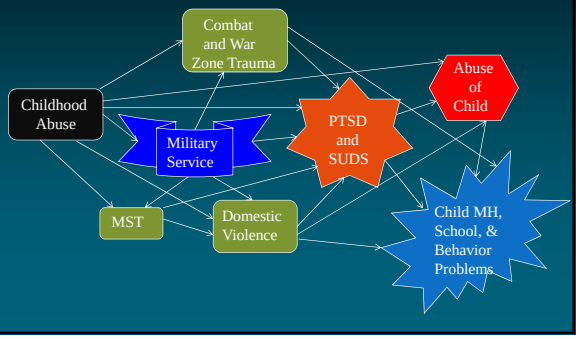
Other Problems of Children in Military Families: Behavior Problems

- Behavior disorder diagnoses increased 19% (Gorman et al., 2010)
- 3-5 year olds have increased behavioral problems during parental deployment (Chartrand et al., 2008)
- Conduct problems and aggression increase (Chandra et al., 2010; Morris & Age, 2009)
- Difficulties mediated by community support (Huebner & Mancini, 2005)

Other Problems of Children in Military Families: School Problems

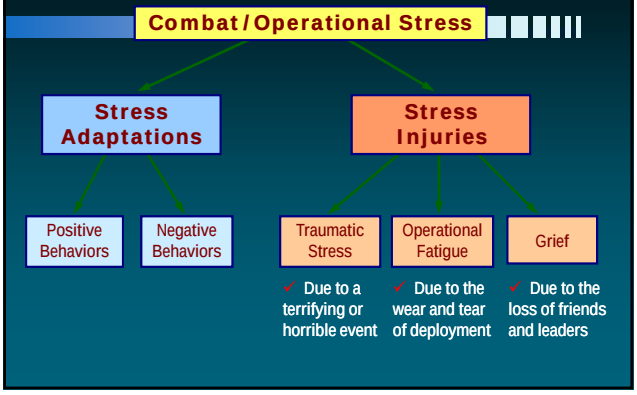
- Poorer academic functioning during deployment (Lyle, 2006; Mmari et al., 2009)
- Longer deployments associated with greater academic difficulties (Chandra et al., 2009; Richardson et al., 2011)

Complicated Relationships between Child Abuse, Military Service, PTSD, SUDs, & Child Problems



PTSD and Substance Abuse in Military Personnel

Types of Military Stress Injuries



Types of Stress in Military Families

- Deployment stress
  - Changing role of at-home parent
  - Changes when the deployed person reintegrates
  - Changes when the deployed person returns injured
  - Multiple deployments
- High mobility
- PTSD
  - Secondary traumatization of family members
- Post-combat stress/Post-traumatic stress
  - It takes up to 12 months to re-adjust to civilian life
- Death of parent

Types of Trauma in the Military

- Combat and war-zone trauma
- Traumatic grief/loss
- Military sexual trauma
- Accidents

Prevalence of PTSD

- More men (61%) than women (51%) experience a trauma at some point in their lives, but women experience PTSD at twice the rate of men (10% vs. 5%) (Kessler et al., 1995; Tolin and Foa, 2006)

Combat Exposure and PTSD

- Combat exposure increases PTSD (Kulka et al., 1990; Prigerson et al., 2002)
- "I came back a different person"; "I want my son back"
- High war zone stress associated with greater levels of PTSD, both current and lifetime, than low and moderate war zone stress in Vietnam era veterans (Jordan et al., NVVRS, 1991)
- Up to 58% of soldiers in heavy combat
- 50-75% of POWs and torture victims

The Problem of Repeated Deployments

- 36% of servicemen and women have been deployed twice or more (Department of Defense, 2008)
- This is now the longest war in American history, with the most repeated deployments
- Repeated deployments wear down resiliency
- Mental health problems increase with repeated deployments: 12% of those with one deployment, 19% of those with two, and 27% of those with three or more (Mental Health Advisory Team, 2008)

Variable Rates of PTSD in Different Conflicts

- Vietnam veterans: lifetime prevalence 30.9 % for males and 26.9% for females (NVVRS, Kulka, Schlenger, et al., 1990)
  - This is equivalent to 479,000 veterans
- First Gulf War veterans: 10.1% (Kang, Natelson et al., 2003)

Variable Rates of PTSD in Different Conflicts

- OEF/OIF/OND veterans after 9/11/01: 13.8-21.8% (Seal, Metzler, et al., 2009; Tanielian & Jaycox, 2008)
  - 27.3% of OEF/OIF/OND veterans treated in VHA have PTSD (VHA, 2011)
    - This is equivalent to 187,000 veterans
  - An estimated 300,000 OEF/OIF/OND veterans have PTSD
  - Future estimates as high as 35% lifetime prevalence (Atkinson, Guetz, & Wein, 2009)
    - This is equivalent to 735,000 veterans

Military Trauma in Women

- 2/3 of female OIF veterans report at least one combat experience (Milliken et al., 2007)
- 38% of OIF servicewomen are in firefights, and 7% report shooting at an enemy (Hoge et al., 2007)
- OIF servicewomen handle human remains more often than servicemen: 38% vs. 29% (Hoge et al., 2007)
- 21% of female veterans of Iraq and Afghanistan have been diagnosed with PTSD (DVA, 2010)

Military Sexual Trauma

- Military Sexual Trauma is sexual assault or sexual harassment that is threatening
- Among active duty personnel:
  - 3% of women and 1% of men reported attempted or completed sexual assault in the previous year
  - 54% of women and 23% of men reported sexual harassment in the previous year (DOD, 2002)
- Among veterans using VA health care:
  - 23% of women reported being sexually assaulted while in the military
  - 55% of women and 38% of men reported sexual harassment (DVA, 2009)

PTSD and SUDs Following Military Sexual Trauma

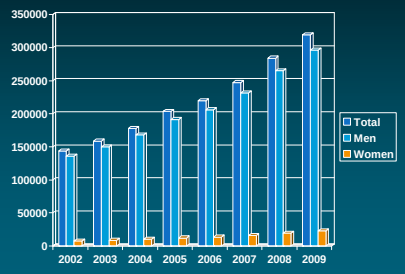
- Rates of PTSD for sexual assault are higher than those for combat
  - 65% of men and 46% of women who have been sexually assaulted report PTSD symptoms, compared to 39% of men following combat
- Sexual assault survivors are more likely to use drugs
  - They are 3.4 times more likely to use marijuana
  - They are 6 times more likely to use cocaine
  - They are 10 times more likely to use hard drugs
- Increased domestic violence and sexual revictimization (Cougle et al., 2009; Drause et al., 2007)

Department of Veterans Affairs, 2009

Increasing PTSD among OEF-OIF Veterans

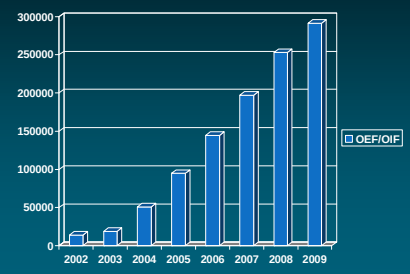
- 2007 study measured PTSD and Depression among OEF-OIF veterans post-deployment and 6 months later (Milliken et al., 2007)
  - Six months later, half of those with PTSD symptoms improved
  - But there were twice as many new cases of PTSD
- 2009 San Francisco VAMC study shows that PTSD diagnoses among OEF-OIF veterans rose from 0.2% to 21.8% (Seal et al., 2009)
- Diagnoses of PTSD in active servicemen and servicewomen increased 567% from 2003-2008 (Department of Defense, MSMR, November 2010)
- PTSD emerges over time: more are coming

Increasing Numbers of Veterans with PTSD in VHA System



NCPTSD, 2010

Increasing Numbers of OEF-OIF Veterans with PTSD in VA System



NCPTSD, 2010

Most Prevalent Disorders besides PTSD among Vietnam Veterans

	Current	Lifetime
Male	Alcohol Abuse Alcohol Dependence Generalized Anxiety D/O	Alcohol Abuse Alcohol Dependence Generalized Anxiety D/O Antisocial Personality D/O
Female	Depression Generalized Anxiety D/O Alcohol Abuse Alcohol Dependence	Generalized Anxiety D/O Depression Alcohol Abuse Alcohol Dependence

Kulka et al., NVVRS, 1988

Common Co-Morbidities with PTSD in Veterans

- Substance abuse
- Depression
- Traumatic brain injuries (TBI)
- Chronic pain
- Insomnia

Substance Abuse and Child Maltreatment

An estimated 40-80% of substantiated child maltreatment cases involve substance abuse (CWLA, 2001)

Substance Abuse Prevalence among Male Vietnam Veterans

	Current	Lifetime
Alcohol Abuse or Dependence	11.2%	39.2%
Drug Use or Dependence	1.8%	5.7%

Kulka et al., NVVRS, 1988

Combat Exposure and Substance Use

- Alcohol abuse increases after return from combat (Jacobson et al., 2008)
- Greater combat exposure associated with greater substance abuse (Prigerson et al., 2002; Reifman & Windle, 1996)
- High war zone stress associated with greater alcohol and drug abuse, both current and lifetime, than low and moderate war zone stress in Vietnam era veterans (Jordan et al., NVVRS, 1991)

Frequency of Mental Disorders among OEF/OIF/OND Veterans Seen at VAMCs since 2002

- 683,521 veterans seen at VAMCs between 1st Quarter FY 2002 and 2nd Quarter FY 2011
- 51.2 % diagnosed with mental health disorders
- Of those diagnosed with MH disorders:
  - 53.5% have PTSD
  - 36.3% have Substance Use Disorders

VHA, 2011

Frequency of Mental Disorders among OEF/OIF/OND Veterans since 2002

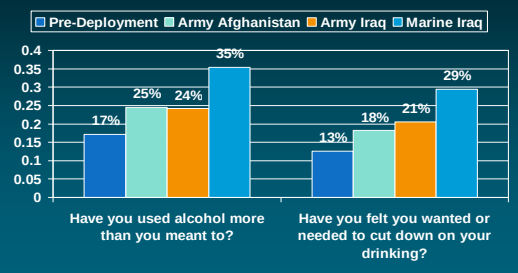
Disease Category (ICD 290-319 code)	Total Number of OEF/OIF/OND Veterans[3]	Change since Q2FY10
PTSD (ICD-9CM 309.81)[1]	**187,133**	**26.7%**
Depressive Disorders (311)	139,119	31.4%
Neurotic Disorders (300)	118,591	35.3%
Affective Psychoses (296)	83,575	33.6%
Alcohol Abuse (305)	**42,003**	***
Alcohol Dependence Syndrome (303)	**38,749**	**34.5%**
Nondependent Abuse of Drugs (305)	**26,636**	***
Specific Nonpsychotic Mental Disorder due to Organic Brain Damage (310)	24,033	30.6%
Special Symptoms, Not Elsewhere Classified (307)	23,276	35.6%
Drug Dependence (304)	**19,711**	***
Sexual Deviations and Disorders (302)	19,620	34.3%

N = 349,786

[1] Not including PTSD from VA's Vet Centers or data from Veterans not enrolled for VA health care.

Cumulative from 1st Quarter FY 2002 through 2nd Quarter FY 2011

Increase in Drinking for OEF-OIF Veterans

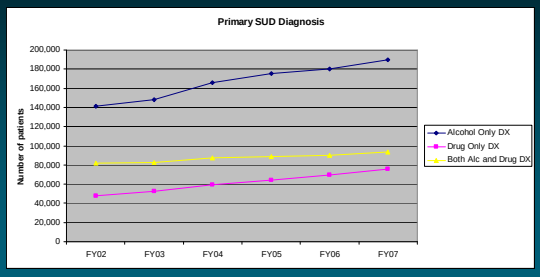


Hoge, 2004

Substance Abuse among OEF-OIF Veterans

- 12% of active duty personnel and 15% of reserve personnel meet criteria for Alcohol Abuse 6 months after returning home (Milliken et al., 2007)
- 17% of OEF-OIF veterans suffer from substance abuse problems (DOD, 2011)
- Alcohol abuse among Army soldiers increased from 13% to 21% one year after return from Iraq and Afghanistan (Army Post-Deployment Reassessment Study, 2005)

VA SUD Diagnoses



Most Common Substances Abused by Veterans

- Alcohol
- Marijuana
- Crack cocaine
- Heroin
- Anxiolytics
- Opiate painkillers

Some Reasons Why Substance Use is Common in the Armed Services

- 18-24 are the peak years of alcohol abuse
- Masculine military culture
- "Letting off steam" after hours
- Soldiers used to be given free cigarettes
- In Vietnam, soldiers were given 3% beer to drink
- In Vietnam, opium and marijuana were common
- Younger OEF-OIF veterans feel entitled to "party" and have fun

Young Veterans May Minimize Substance Abuse Problems

- Heavy drinking is common among young adults
  - 37% of men under age 25 binge drink (drops to 20% in men age 45-64)
  - Drinking to mask problems is less stigmatizing than admitting to PTSD or depression
- Admitting to drug use may have negative career consequences for active duty military personnel
- Younger returnees often have not yet have had time to encounter negative consequences of substance use (have not "hit bottom" yet)

Co-occurrence of PTSD and Substance Abuse

Co-occurring disorders are the rule rather than the exception

(SAMHSA, 2002)

Co-occurrence of PTSD and Substance Abuse

- PTSD and substance abuse co-occur at a high rate
  - 20-40% of people with PTSD also have SUDs (SAMHSA, 2007)
  - 40-60% of people with SUDs have PTSD
- Substance use disorders are 3 times more prevalent in people with PTSD than those without PTSD
- The presence of either disorder alone increases the risk for the development of the other
- The combination results in poorer treatment outcomes

Co-Occurring PTSD and SUDs Make Each Other Worse

- Substance abuse exacerbates PTSD symptoms, including sleep disturbance, nightmares, rage, depression, avoidance, numbing of feelings, social isolation, irritability, hypervigilance, paranoia, and suicidal ideation
- People who drink or use drugs are at risk for being retraumatized through accidents, injuries, and sexual trauma

Rates of SUDs in Vietnam Veterans with PTSD

	Current	Lifetime
Alcohol Abuse/ Dependence	22%	75%
Drug Abuse/ Dependence	6%	23%

Kulka et al., NVVRS, 1988

Co-Occurring PTSD and Substance Abuse in Veterans

- Study of residential PTSD program:
  - Substance abuse onset associated with onset of PTSD symptoms
  - Increases in substance abuse paralleled increases in PTSD symptoms (Bremner et al., 1996)
- 60-80% of Vietnam veterans seeking PTSD treatment have alcohol use disorders (NCPTSD, 2009)
- As many as half of returning OEF-OIF veterans may have a co-occurring substance use disorder (NIDA, 2008)

PTSD and SUD in OIF/OEF Veterans

Veterans with PTSD also:

- Binge on alcohol – 50% (2 X community rate)
- Smoke tobacco – 50% (2.5 X community rate)
- Abuse opiates – 9% (3 X community rate)
- Abuse other drugs – inhalants, sedatives, and marijuana

Rand, 2008

Why People with PTSD Use Substances

- To numb their painful feelings (self-medication).
- To try to relax.
- To forget the past.
- To go to sleep.
- To prevent nightmares.
- To stop dissociation and flashbacks.
- To cope with physical pain.
- To feel some pleasure in life.
- To let out their anger.

Why People with PTSD Use Substances

- Peer pressure.
- To socialize with other people and feel accepted.
- Family members drank or used drugs when they were growing up.
- It was common in the military.
- Boredom.
- To get through the day.
- To show people how bad they feel.
- To commit "slow suicide."

PTSD and Substance Abuse

- PTSD/SUD patients have significantly greater impairments
  - Other Axis I disorders
  - Increased psychiatric symptoms
  - Increased inpatient admissions
  - Interpersonal problems
  - Medical problems
  - Decreased motivation for treatment
  - Decreased compliance with aftercare
  - Maltreatment of children
  - Custody battles
  - Homelessness
  - HIV risk

PTSD, SUDs, and Child Maltreatment

Case example: Mr. M.

Vietnam veteran, physically and emotionally abused by mother and stepfather, went to war to "kill", 5 divorces, polysubstance abuse, lost career and imprisoned, dissociated experience of killing children in war, remembered "I murdered children", became suicidal, referred for treatment

Treatment of Co-Occurring PTSD and Substance Abuse in Military Personnel

Why Should We Treat Co-Occurring Disorders Integratively?

- Mental health problems do not go away with abstinence
- Improved mental health does not bring about abstinence from substance use
- Separate treatment is at best uncoordinated and at worst countertherapeutic
- Integrated treatment leads to better outcomes

The Importance of Integrated Treatment for PTSD and SUDs

- Treating one disorder without treating the other is ineffective
- Sequential treatment (usually SUD first) is not effective
- Fully integrated treatment is optimal
- Simultaneous treatment is next best
- Recent evidence on integrated and simultaneous treatment suggests:
  - If PTSD symptoms decline, so do SUDs
  - If SUDs decline, PTSD symptoms do not

Some Barriers to Integrated Treatment

- Most insurance does not pay for substance abuse treatment
- Separate payment streams
- Separate treatment systems
- Professional training biases
- Lack of dually trained clinicians

These may be overcome by referring veterans to VHA treatment

PTSD and Substance Abuse Treatment

- PTSD symptoms may worsen in the early stages of abstinence
- PTSD exposure therapies may trigger substance abuse relapses
- Some aspects of 12-Step groups are difficult for some trauma patients
  - Powerlessness
  - Higher Power
  - Issues of forgiveness

Phases of Integrated Treatment

I. Safety and Stabilization
II. Remembrance and mourning
III. Reconnection

Herman, 1992

Phase I: Safety and Stabilization

- Alliance building
- Psychoeducation about trauma and its effects
- Safety
  - Reduction/elimination of substance abuse
- Stabilization
- Skills-building
  - Affective regulation
  - Cognitive
  - Interpersonal
- Self-care
- This is where most substance abuse treatment occurs

Phase II: Remembrance and Mourning

- Exposure and desensitization
- Reprocessing
- Grieving what has been lost
- Constructing a narrative
- Integration of the trauma
  - Split off aspects of the self
  - Into the larger context of a life
- Relapse may occur here

Phase III: Reconnection

- Developing trusting relationships
- Developing intimacy
- Sexual relationships
- Developing hobbies
- Parenting
- Giving back
- Spirituality
- Post-traumatic growth

Treatment of PTSD: Medication

Medication for trauma symptom management and co-morbid disorders

- Antidepressants
- Mood stabilizers
- Atypical antipsychotics
- Anticonvulsants
- Anxiolytics
- Sleep aids

There is no medication that specifically treats PTSD

Treatment of Substance Use Disorders

Medications:

- Alcohol:
  - Antabuse (Disulfiram)
  - Naltrexone
  - Acamprosate
- Opiates:
  - Methadone
  - Buprenorphine

Treatment of Substance Use Disorders

Evidence-Based Treatments:

- Motivational Interviewing
- Motivational Enhancement Therapy
- Cognitive-Behavioral Therapy (CBT)
- Contingency Management
- Twelve-step Facilitation Therapy
- Behavioral Couples Therapy

Treatment of PTSD and SUDs

Evidence-Based Psychotherapies for Phase I Treatment:

- Seeking Safety
- Dialectical Behavior Therapy (DBT)
- Therapies for specific problems
  - Imagery Rehearsal Therapy
  - Cognitive-Behavioral Therapy
  - EMDR resource building, safe place, etc.

Treatment of PTSD

Evidence-Based Psychotherapies for Phase II Trauma Treatment:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Eye Movement Desensitization and Reprocessing (EMDR)

Treatment of PTSD and SUDs

There are no Evidence-Based Psychotherapies for Phase III trauma treatment*

*but couples and/or family therapy may be helpful

Integrated Treatment for PTSD and Substance Abuse

Seeking Safety is the only empirically-supported integrated treatment for *both* PTSD and Substance Abuse

But it is only a Phase I treatment for Safety and Stabilization

PTSD and Substance Abuse in Military Families: Considerations in Child Welfare

Responses to Family Violence in the Armed Services

- In 1974, CAPTA required each armed service to develop programs to respond to child maltreatment
  - Soon after they also began responding to spouse abuse
- In 1982, Congress provided funds for Family Advocacy Programs (FAPs) in all four branches of the military

Responses to Family Violence: Family Advocacy Programs

- FAPS are on all 300 military bases with families
- FAPS have case review committees that make determinations about substantiation of child maltreatment and spouse abuse
- FAPS work with military command, military law enforcement, medical staff, family center staff, chaplains, and civilian organizations to coordinate responses to family maltreatment

VHA Response to Family Violence: The SAFE Program

- The Support and Family Education (SAFE) program in the Veterans Health Administration (Sherman, 2003)
  - Supports adults who care for someone with PTSD or other mental illnesses
  - Available for free download at w3.ouhsc.edu/safeprogram

Child Welfare Considerations

- Veterans say civilians "just don't get it"
- Need to understand military culture
  - Ex: Differences between military services
  - Ex: Reluctance to admit emotional vulnerability
  - Ex: Role of alcohol
  - Ex: Exposure to weapons and violence
- Military culture course available at http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp

Child Welfare Considerations

- Veterans with PTSD and SUDs do not trust easily
  - Very suspicious of government agencies
  - But they do trust other veterans
- Group treatment is part of reconnection
  - No one recovers alone
- What if 100% abstinence is not their goal?

Child Welfare Considerations: Use of VHA Systems of Care

- Continuum of care for PTSD: outpatient, residential, domiciliary, and inpatient
- Continuum of care for SUDs: outpatient, intensive outpatient, residential, domiciliary, sobriety aftercare, and AA/NA
- Outpatient and residential programs for integrated treatment of PTSD and SUDs
- A system of care with other services: Homeless, Compensated Work Therapy, Vocational Rehabilitation, Justice Outreach

Child Welfare Considerations: Use of VAMCs and Vet Centers

- Evidence-based treatments are rolled out and required

PTSD

Prolonged Exposure

Cognitive Processing Therapy

Substance abuse

Motivational Interviewing

Motivational Enhancement Therapy

Behavioral Couples Therapy

Child Welfare Considerations: Use of VAMCs and Vet Centers

Widespread access:

- 132 VA Medical Centers
- > 800 Community-Based Outpatient Clinics (CBOCs)
- 300 Vet Centers
  - Staff are veterans
- 50 Mobile Vet Centers
  - Staff are veterans

Child Welfare Considerations: Use of VAMCs and Vet Centers

Costs are usually minimal:

- Billed to insurance if they have it
- Many veterans don't have insurance
  - Means test: reduces or eliminates costs
  - Service-connection for PTSD results in free treatment for PTSD plus travel costs

A Proposal: Collaboration with VAMCs and Vet Centers

- Meet
  - Chief of Mental Health Services and staff
  - Local CBOC staff
  - Local Vet Center staff
- Discuss formal and informal links
  - Monthly meetings
  - Obtain releases of information regularly
- Make them part of your treatment team

A Proposal: Military/Veterans Family Dependency Courts

- Family Dependency Treatment Courts
- 41 Veterans Treatment Courts (for mental health and substance abuse)
- We need to develop hybrid Military/ Veterans Family Dependency Treatment Courts (Committee on Military Families, National Council of Juvenile and Family Court Judges, 2010)

Military/Veterans Family Dependency Courts: Participants

- Judge
- Attorneys for parent(s) & state
- GAL & CASA
- Child Welfare worker
- Therapists, including military or VA
  - For VA, it might be the Veterans Justice Outreach worker instead
- Military or Veteran Peer Recovery Advocate
  - Someone who has been through a similar experience

Military/Veterans Family Dependency Courts: Training

- In Child Welfare
- In Substance Abuse
- In Mental Health
  - Including Combat Stress and PTSD, TBI, Chronic Pain, Insomnia, and Depression
- In Military Culture
- In effects of deployment on children
  - Including possible secondary traumatization

Military/Veterans Family Dependency Courts: Issues

- Confidentiality of substance abuse
  - Drug use can lead to military discharge
- Military posting changes, particularly in wartime deployment
- Effects of abstinence
  - On military peers
  - On PTSD
- Interaction with Military Courts

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