

Providing Reintegration Services for Returning Military Soldiers

Overview

- Recent data from the VA indicate the most prominent profile of returning military personnel is RESILIENCE.
- Approximately 75 to 80% of returning soldiers have favorable post combat adjustment.
- 20 to 25% of returning personnel are in need of some type of reintegration services.

Reintegration Services

- Reintegration services can be broadly categorized into the following components:
 - 1. Medical/Neurological
 - 2. Individual Psychological
 - 3. Family & Marital
 - 4. Vocational
 - 5. Educational
 - 6. Financial

Medical & Neurological Issues

- Muscle and skeletal injuries appear to be the most frequent type of injury according to disability claims.
- Military personnel frequently carry a variety of gear that adds excessive weight to their body.
- The excess weight can result in a number of muscle and skeletal problems including difficulty with joints, tendons, bone structure and spinal injuries.
- A recent article indicated combat deployed veterans had skeletal problems of individuals fifteen years older.

Traumatic Brain Injury (TBI)

- TBI can be the result of penetrating or closed head injury. Including exposure to blast effects.
- The VA has a nationally approved screening for TBI. Has an intentionally elevated false positive bias.
- TBI is classified into two broad categories: MILD and MODERATE to SEVERE

- Recent evidence indicates that approximately 15-20% of returning combat deployed military screen positive for TBI.
- However 80% of those who screen positive fall in the Mild category.
- Thus 175 per 1000 soldiers will screen positive but only 35 per 1000 will fall in the Moderate to Severe category.

- Screening instruments used by DoD & VAMC have elevated false positive rates
- Minneapolis Polytrauma unit has seen approximately 500 soldiers to date.
- Current evidence suggests that individuals classified as Mild TBI will show full to remarkable recovery.
- Data from VAMC indicates that long term problems of mild TBI is linked to other psychiatric problems.

Psychological Impact of Deployment

- Deployment to a combat theater frequently causes personnel to learn new cognitive coping strategies.
- Soldiers learn a new way of looking at, interpreting and responding to the world around them: PARADIGM.

- Combat deployment can also result in elevated risk of exposure to traumatic events.
- The traumatic event need not be the result of direct combat actions.
- The combination of entrenched paradigmatic changes and trauma exposure can lead to a variety of psychological issues.

Specific Psychological Issues

- Most likely diagnoses for returning soldiers with DSM-IV problems:
- PTSD
- Major Depressive Disorder
- Alcohol Abuse/Dependence
- Anxiety Disorder (NOS)

- Insufficient empirical data to suggest combat deployment associated with:
- Psychosis
- Personality Disorders
- Bipolar Disorders
- Somatoform
- Dissociative
- Eating

PTSD

- Rates of PTSD associated with Vietnam combat veterans ranged from 20 to 30% depending on age, ethnicity and other variables.
- Recent data based on Minnesota National Guard personnel indicates the following:
 - Self reported PTSD = 16%
 - Psychometric Scales = 12%
 - CAPS & SCID results = 10%

PTSD

- The diagnosis of PTSD requires five (5) essential symptom complexes:
- Existence of a traumatic event
- Intrusive recollections of the event on a persistent basis
- Persistent avoidance of thoughts and stimuli associated with the event
- Pronounced and consistent physiological arousal not evident prior to the event
- Clinical impairment in important aspects of life.

PTSD

- Emerging “Best practice techniques” suggest that Prolonged Exposure Therapy (PET) is the most effective type of treatment for PTSD.
- PET attacks the avoidance/intrusion cycle associated with PTSD.

Other Psychological Problems

- Depression and alcohol abuse/dependence continue to be largest comorbid diagnoses associated with PTSD. Range from 40 – 70% depending on study.
- Depression can frequently be misdiagnosed as PTSD in individuals with a legitimate trauma history.

- Some returning soldiers present with atypical anxiety symptoms – Anxiety NOS.
- Increased impulsivity and recklessness: high speed motorcycle, free hand rock climbing, binge drinking, gambling, unauthorized drag racing, physical altercations

Marital & Family Issues

- Marital communication distress – Greater avoidance and negative exchanges
- Restructuring of role within family – Family members have learned to take on new roles and responsibilities. Perhaps not too eager to surrender roles or new equilibrium.
- Difficulty adjusting to new complexities – Relearning the nuances of operating in a society that is multi task oriented is difficult from a single task focused orientation.

Marital & Family Issues

- Avoidance of family or marital partner – Tendency to spend too much time with buddies they served with in combat theater to exclusion of spouse and family.
- Anger & resentment on part of partner left behind – Spouse may have resentment associated with increased task responsibility but little recognition from military or soldier.

Vocational Issues

- Problems transitioning from military back to civilian job – loss of meaning and purpose
- Negative impact on self esteem – Going from someone who made important decisions to little or no decisional authority.
- Missing out on promotion opportunities while on deployment – resentment.
- Outright loss of civilian or demotion while on deployment.

Educational Issues

- Returning OIF/OEF soldiers are dropping out of school at twice the national average for non-veteran students.
- Political and personal agenda of some faculty and institutions can make veterans feel unwelcome or even unwanted.
- Returning soldiers report less tolerance dealing with institutional complexities and difficulties

- Returning soldiers need more information about the Post 9/11 GI Bill – Yellow Ribbon Program - Veterans Education Assistance Act of 2008.
- This program offers assistance for tuition, books, fees and housing.
- Go to www.va.gov for more details about this program.

Financial Issues

- 80% of activated MNING personnel earned equal or greater pay than their civilian job during deployment. Also pay during combat deployment was tax sheltered.
- Many soldiers returned with large amounts of excess cash.
- This facilitated an impulsive financial pattern which has led to financial stress for some.
- Need to establish short term and long term financial response set – short term budget issues and long term financial planning.

Suggestions for MH Professionals

- Learn the nature of military structure & organization – rank, units, MOS, divisional components, etc.
- Learn the lexicon of Iraq and Afghanistan – names of cities, bases, weaponry, military jargon.
- Increased awareness about the Deployment Cycle Support (DCS) – Stress pertinent to pre-deployment, deployment and post-deployment stages.

- Develop tight working relationship with the following agencies:
- County Veteran Service Officer (CVSO)
- Veteran Affairs Medical Centers
Main hospitals and CBOC's
- Vet Center – Duluth, St. Paul, Fargo

- Avoid attribution errors associated with the diagnostic process (Lens studies).
- Empirical evidence suggests that mental health professionals over weight historical information.

Example # 1

- Clinicians given identical information about patient's symptoms.
- Given identical historical information with exception of presence or absence of family history of alcoholism.
- Substance dependence diagnosed four times more often when ETOH history present.

Example # 2

- Clinicians given identical information about patient's symptoms.
- Given identical historical information with exception of presence or absence of traumatic event.
- PTSD diagnosed four times more often when trauma present.