

RECOVERY SUPPORTS FOR VETERANS

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Veterans and Addiction - A Forgotten Consequence of War

- We all take a moment to pay our respects to those who've fought for our freedom in both historical and current conflicts, but it's easy to forget that veterans can't leave the horrors of war on the battlefield. Drugs have been a part of war for centuries, and although in recent years prescription medicines have become a bigger issue than illicit ones,

Veterans and Addiction - A Forgotten Consequence of War

- The problem of addiction among returning veterans is still a very real one. Finding out more about the problem, its history and the issues faced by soldiers fighting in present conflicts helps you understand the importance of getting more of our veterans into treatment.

Understanding Drug Abuse in the Military

- The problem of drug abuse in the military is fairly easy to understand. In short: war is a horrifying, traumatizing and deeply stressful experience for everyone involved, and many veterans turn to drugs as a method of coping. As you may expect, those deployed multiple times are at the greatest risk for ending up addicted to something. Like with non-deployed individuals, substance use is a poor coping mechanism for stress. In the past, the use of substances in this way was almost purposeful,

Understanding Drug Abuse in the Military

- There are also additional stressors for women in the military. Specifically (and in addition to the factors affecting any soldier), the risk of sexual assault or rape in the mainly male environment may make female veterans particularly likely to struggle with drug abuse.

Modern Veterans and Prescription Drug Abuse

- On the face of it, it seems like drug abuse isn't a particularly big problem with modern military personnel. For example, a 2008 survey found that just 2.3 percent of military personnel were illicit drug users, compared with 12 percent of civilians, and this is likely due to the zero-tolerance policy (accompanied by random testing) instituted in 1982. However, illegal drugs aren't the big issue in the present day. Much like at home, the big problem for military personnel is prescription drug abuse, ordinarily in the form of opioid painkillers.

Modern Veterans and Prescription Drug Abuse

- In 2002, just 2 percent of troops reported abusing prescription medicines, but this had doubled to 4 percent by 2005 and then almost tripled to 11 percent by 2008, far exceeding the number of civilians reporting opioid abuse in those years. In 2009, almost 3.8 million prescriptions for pain relievers were written by military physicians, having quadrupled since 2001. Alcohol abuse is also more common in the military than in the general population, with one in five veterans reporting binge drinking every week in 2008. Particularly notable is the fact that those with high combat exposure had a considerably higher rate of 27 percent. Smoking rates were also tied to levels of combat exposure.

The PTSD Problem

- Post-traumatic stress disorder (PTSD) is common in veterans, affecting around one in six soldiers returning from Iraq or Afghanistan. This is typified by extreme anxiety and stress persisting long after the event that caused it (with flashbacks, nightmares and frightening thoughts being common) and is particularly associated with substance abuse.

The PTSD Problem

- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), only 50 percent of returning service members who need treatment for a psychological condition seek it out, and only about half of those receive suitable support. Other issues common in veterans are also associated with drug abuse, such as traumatic brain injury (experienced by just under one in five service members from Iraq or Afghanistan). Overall, one in four modern veterans reports symptoms of a mental or cognitive disorder.

VETERANS IN CRISIS-KNOW THE SIGNS

Many Veterans may not show any signs of intent to harm themselves before doing so, but some actions can be a sign that a Veteran needs help. Veterans in crisis may show behaviors that indicate a risk of harming themselves.

Veterans who are considering suicide

- Appearng sad or depressed most of the time
- Clinical depression: deep sadness, loss of interest, trouble sleeping and eating – that doesn't go away or continues to get worse
- Feeling anxious, agitated, or unable to sleep
- Neglecting personal welfare, deteriorating physical appearance
- Withdrawing from friends, family, and society, or sleeping all the time
- Losing interest in hobbies, work, school, or other things one used to care about
- Frequent and dramatic mood changes
- Expressing feelings of excessive guilt or shame
- Feelings of failure or decreased performance
- Feeling that life is not worth living, having no sense of purpose in life
- Talk about feeling trapped – like there is no way out of a situation
- Having feelings of desperation, and saying that there's no solution to their problems
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Veterans who are considering suicide

- ❑ Performing poorly at work or school
- ❑ Acting recklessly or engaging in risky activities – seemingly without thinking
- ❑ Showing violent behavior such as punching holes in walls, getting into fights or self-destructive violence; feeling rage or uncontrolled anger or seeking revenge
- ❑ Looking as though one has a “death wish,” tempting fate by taking risks that could lead to death, such as driving fast or running red lights
- ❑ Giving away prized possessions
- ❑ Putting affairs in order, tying up loose ends, and/or making out a will
- ❑ Seeking access to firearms, pills, or other means of harming oneself
- ❑ www.veteranscrisisline.net/SignsOfCrisis/Identifying.aspx

Homeless Services for Veterans

- VA is taking decisive action to end Veteran homelessness in five years. All Veterans at risk for homelessness or attempting to exit homelessness must have easy access to programs and services including Prevention, Housing, Support, Treatment, Employment and Job Training.
- The [National Call Center for Homeless Veterans](#) provides assistance to homeless Veterans and their families; VA Medical Centers; Federal, state, and local partners; community agencies; Veterans services providers; and others in the community. If you or someone you know is a homeless Veteran in need of help, call 1-877-4AID VET (1-877-424-3838) to receive free, confidential support from a trained, VA staff member 24 hours a day, 7 days a week. You can also get confidential support from the [Homeless Veterans Chat](#).

Resource Information

- Contact information: A. Kathryn Power, M.Ed
Lead Military Families Strategic Initiative (617)
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What Can Be Done?

- There have been many suggestions as to how we can help veterans and active military personnel avoid problems with substance abuse, and some steps have already been taken. For example, the Army now has a rule that opioid pain relievers can be prescribed for a maximum of six months. However, a bigger issue is improving access to evidence-based prevention and treatment interventions. A 2012 report to the Department of Defense suggested expanding insurance coverage to include outpatient treatment and helping healthcare providers identify and screen for addictions. Other strategies included limiting access to alcohol on bases.

What Can Be Done?

- So while we pay our respects to those who've fought for our freedom, we should remember that they can't just leave their problems on the battlefield. In fact, many veterans come home with mental health issues and addictions to grapple with, and we shouldn't let them struggle in silence. They put themselves on the front lines to help us, and now we need to help them.

Resource

- www.recoveryranch.com/articles/drug-addiction/veterans-and-addiction-a-forgotten-consequence-of-war

WHAT IS RECOVERY?

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

By SAMHSA

Four dimensions of recovery (as defined by SAMHSA)

Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;

Home: a stable and safe place to live;

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

Community: relationships and social networks that provide support, friendship, love, and hope.

Ten guiding principles of recovery

Recovery emerges from hope

Recovery is person-driven

Recovery occurs via many pathways

Recovery is holistic

Recovery is supported by peers

Recovery is supported through relationship
and social networks

Recovery is culturally-based and influenced

Recovery is supported by addressing trauma

Recovery involves individual, family, and
community strengths and responsibility

Recovery is based on respect

Person Centered Approach

Person-centered recovery ensures participation and involvement of recovering individuals, children and families in all aspects of the recovery service system including planning, policy development, service delivery, and funding and evaluation.

Person-centered recovery is inclusive, does not discriminate, offers equal opportunity, builds on strengths, respects individual choice and considers the environment in which the individual and family live.

Person-centered recovery includes the promotion of and expansion and development of peer driven services such as Recovery Community Centers, peer support programs, peer case management programs, recovery coaching, mutual assistance groups, recovering family partnerships, parent/family education, consumer provided training and advocacy services

RECOVERY ORIENTED SYSTEM OF CARE or 'ROSC'

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems

ROSC

ROSC will require developing supports and services that provide self-directed approach. The services and supports may include resources such as:

recovery centers in your community; recovery activities and websites; peer support; mutual help groups; faith based supports; housing; transportation; education and vocational; mental health services; medical care, including HIV Services; financial and budget counseling; legal, and advocacy services; alcohol/drug and gambling services; prevention for children and adolescents; and parenting and family services.

Developing a Recovery Oriented System of Care that is built on the strengths and resilience of individuals, families and communities who are actively taking responsibility for their health and wellness drives the continued efforts to build a foundation for recovery

Recovery Support Services that assist Veterans

non-clinical services that assist individuals and families working towards recovery from substance use disorders.

incorporates a full range of social, legal, and other resources that facilitate recovery and wellness.

includes social supports, linkage to and coordination among allied service providers, and other resources to improve quality of life for people in and seeking recovery and their families.

RSS are provided by professionals and peers and are delivered through a variety of community and faith-based groups, treatment providers, and RSS providers.

Based upon the needs indicated in a person's individualized recovery plan.

While typically viewed as available post-treatment, recovery support services within the construct of ROSC can be offered before, during, or even in lieu of treatment.

SAMARITAN DAYTOP VILLAGE

3 Veterans facilities:

Ed Thompson Veterans Center-(Men) Richmond Hill
43rd street (Men)
Women's Veterans Program-Ellenville Campus

SSVF-Supportive Services for Veterans Families-
provides supportive housing and other services

Peer Alliance Recovery Center

- Provides recovery coaching
- We have a Veteran recovery coach on staff
- Veterans Pride group weekly
- Assorted Recovery related activities
- Well attended by Veterans
- Friday evening recovery club
- Provides referrals within a ROSC
- Recovery culture conducive to veterans
- Recovery focused services are trauma informed

RECOVERY COACHING

Recovery Coaching is a peer-based recovery support service that is non-clinical and designed to engage others beyond initiation through stabilization and into recovery maintenance.

- (1) Emotional support
- (2) Informational support
- (3) Instrumental support
- (4) Companionship

Four Goals of recovery coach

Promote recovery

Remove barriers

Connect 'recoverees' with
recovery support services

Encourages hope, optimism
and healthy living

Peer Support Research Outcomes

In the past, studies that are more descriptive showed that peer support providers were often better able to:

Empathize

Access social services

Respond to clients' strengths and desires

Be tolerant, flexible, patient, and persistent

Peer support was recognized by Centers for Medicare and Medicaid Services as an evidence-based practice in 2007

www.mirecc.va.gov/visn4/docs/Peer_Specialist_Toolkit_FINAL.pdf

Peer Support Research Outcomes

BENEFIT

More time and engagement with the community

Better treatment engagement

Greater satisfaction with life Greater quality of life

Greater hopefulness

Better social functioning

Fewer problems and needs

Over 20 states have Medicaid reimbursement for peer support services.

There are 14 studies of peer support providers in non-VA clinical settings. Eight of these studies showed some positive benefit to clients of peer support.

FOR FURTHER
INFORMATION PLEASE
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Thank you for participating!