Today's session will begin promptly at 11:30am EST

From the War Zone to the Home Front: Supporting the Mental Health of Veterans and Families

The challenges of coming home after war: What providers need to know - Series Overview

From the War Zone to the Home Front:

- Free, CME/CE-certified educational series that take place every Thursday at 11:30 ET for 14 weeks from February 23 – May 24, 2012
- CME is provided by McLean Hospital [1 hour = 1 AMA PRA Category 1 Credit™]
- Faculty from the National Center for PTSD and Home Base Program at MGH
- Designed specifically for healthcare providers in community settings
- CE credit available for physicians, nurses, psychologists and social workers

From the War Zone to the Home Front: Moderator

John A. Fromson, MD
Co-Director, MGH Postgraduate Medical Education Assistant Clinical Professor of Psychiatry, Harvard Medical School

Dr. Fromson has nothing to disclose.

From the War Zone to the Home Front: Course Directors

Matthew J. Friedman, MD, PhD
Executive Director, VA's National Center for PTSD Professor of Psychiatry and of Pharmacology at Dartmouth Medical School

Dr. Friedman has indicated that neither he nor any member of his immediate family has a significant financial interest or affiliation with any manufacturer of commercial product(s) or provider(s) of commercial services discussed in this educational program.
CME Information

Faculty Disclosure:
- As a sponsor accredited by the ACCME, it is the policy of McLean Hospital to require the disclosure of anyone who is in a position to control the content of an educational activity. All relevant financial relationships with any commercial interests and/or manufacturers must be disclosed to participants at the beginning of each activity. Faculty disclosures for each presenter will be listed with their biographical information.

Resolution of Conflict of Interest (COI):
- McLean Hospital has implemented a process to resolve COI for each CME activity. In order to help ensure content objectivity, independence, fair balance and ensure that the content is aligned with the interest of the public, McLean Hospital has resolved the conflict by External Content Review.

Accreditation:
- This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of McLean Hospital and Massachusetts General Hospital Psychiatry Academy. McLean Hospital is accredited by the ACCME to provide continuing medical education (CME) for physicians.

Credit Designation:
- Physicians: McLean Hospital designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim credit commensurate with the extent of their participation in the activity.
- Social Workers: This program has been approved for one (1) Social Work Continuing Education hours for relicensure, in accordance with NASW and the Boston College and Simmons Schools of Social Work Authorization Number D 51601.
- Psychologists: The Massachusetts General Hospital, Department of Psychiatry, is approved by the American Psychological Association to offer Continuing Education (CE) for psychologists and maintains responsibility for this program. This offering meets the criteria for 1 Continuing Education (CE) credits for psychologists.

Nurses: This program meets the requirements of the Massachusetts Board of Registration in Nursing (244 CMR 5.00) for 1 contact hours of nursing continuing education credit.
Learning objectives:

At the end of this educational activity, participants should be able to:

1. Recognize the challenges faced by service members and families following deployment.
2. Explain the differences between normal reintegration problems and those that warrant clinical attention.
3. Identify appropriate interventions for both normal and clinically significant post-deployment problems.
From the War Zone to the Home Front: Overview

A free 14-part series of live, interactive, online trainings for community primary care and mental health providers

- **Home Base Program** in collaboration with the Department of Veterans Affair’s National Center for PTSD
- Free, CME-certified educational series
- Goal: to assist clinicians in the diagnosis and treatment of the silent wounds of war in returning veterans and their families
- Led by faculty with expertise in PTSD and TBI including traditional and complementary evidence-based therapy

10 Years of War: What is different?

- >2 million (<1% population) deployed
- Almost half deployed more than once, many >5 times
  - In and out of war zones
- Role of Women
- National Guard and Reserves
  - Citizen soldiers. No base community for military families
  - All volunteer

What’s different about this war?

- Families deeply affected by multiple deployments. When one family member serves, the entire family serves
  - Communication: Email/Cell phones
  - Societal support
- **Survival of wounded**
  - Signature wounds are invisible – combat stress and traumatic brain injury
- VA/DoD collaboration and role of non-military providers
  - 50% of veterans will seek care outside the VA; As community clinicians, we need to and want to be prepared

Common War Zone Experiences

- 60% attacked or ambushed
- 86% received incoming fire
- 50% shot at
- 36% discharged weapon
- 63% saw dead bodies or remains
- 79% know someone seriously injured or killed
Positive Reactions to Deployment

- New maturity
- More appreciation of family
- Determination to spend quality time with loved ones
- More dedication & belief in their job and mission
- More sense of confidence & pride in themselves and family

Deployment Cycle

Re-Integration

- "The toughest time"
- Physical safety of being "home" allows for processing of experience (no safe place in theatre)
- Common Problems:
  - Sleep
  - Relationships
  - Reactivity to cues
  - Avoidance and withdrawal behaviors

Veterans and Suicide Risk

- In 2010, there were n=295 completed suicides
- Risk Factors
  - Financial distress
  - Administrative or legal issues
  - Relationship distress
  - Divorced service members 55% higher rate than for married
  - Lower education level
  - Lower rank
- Most did not talk of their potential for self-harm with others prior to suicide (n=185, 65.84%)
  - Those who did talk most often communicated with spouses, friends, and other family members
  (DoD Suicide Event Report 9DoDSER; Kinn, Luxton et al., 2010)
Warning Signs

- Family & social relationship problems
- Isolation, arguments, poor communication
- Work, school or community issues
- Frequent absences, conflicts, poor performance
- Frequent/severe depressed or angry moods
- Significant & disruptive physical, cognitive, emotional & behavioral symptoms
  - Driving
  - Firearm under the pillow
  - Uncommunicative

Grief and Physical Health Post Deployment

- Anonymous survey of 1522 infantry soldiers 6 months post-deployment
  - 33% sleep problems
  - 33% musculoskeletal pain
  - 32% fatigue
  - 28% back pain
- Difficulty coping with death of someone close- 21%
  \( \Rightarrow \) dose response grief and poor physical health outcomes and occupational impairment

Toblin R et al., J Affective Disorders, 2011

VA Data (December 31, 2011)

- 1,396,477 vets separated from military and eligible for VA Care
  - 55% Active Duty
  - 49% Reserves/Guard
- 741,954 (53%) Sought VA care
  - Top 2 reasons: Musculoskeletal & Mental Health
- 385,711 (52.0%) Sought MH care
  - 53.7% PTSD problems
  - 40.5% Depression
  - 25% Substance use disorders

Meanwhile, on the Homefront,
“When one family serves, the entire family serves”

- Loneliness, concern, and worry
- Learned new skills
- Assumed new roles
- Took on new responsibilities
- Faced challenges/problems alone
- Created new support systems & friendships
- Enjoyed new independence
Impact of Deployment Stress on Family Members

- Deployment and use of mental health services among U.S. Army wives
  - Electronic medical-record (EMR) outpatient data 2003 - 2006
  - >250,000 wives of active-duty U.S. Army soldiers
  - Husband deployed 1-11 mo: wives received more diagnoses:
    → depressive or sleep disorders, anxiety, acute stress reaction, and adjustment disorders
  - Deployed 11+ mo: even higher rates (all above diagnoses)

- Deployment and mental health diagnoses among children of U.S. Army personnel
  - Study of EMR data for 307 children ages 5-17
  - For all ages, months deployed led to increase in diagnoses:
    → especially acute stress reaction/adjustment, depressive, and pediatric behavior disorders
    (Mansfield et al., 2010; Mansfield et al., 2011)

Homecoming Issues

- Everyone has changed
- Relief at safe return but afraid of what to expect
  - can’t just pick up where things were before deployment
  - questions about being needed and loved
- Uncertainty/conviction that partner can never understand what happened in the War Zone or on the Home Front

PTSD

- Begins with normal response to extraordinary events
- Behavior that is adaptive in theatre:
  - Hypervigilence
  - Increased Arousal
  - Emotional Numbing
- Can lead to difficulty in reintegration
- When recovery doesn’t happen on its own, PTSD can develop
- Increased risk PTSD with multiple deployments (Thomas et al Arch Gen Psych, 2010)
Physical Reactions to Trauma

- Fatigue
- Insomnia
- Hyperarousal
- Reactions to war memories
  - headaches, sweating
- Appetite, GI problems
- Exacerbation of current health problems

Mental & Emotional Reactions to Trauma

- Nightmares
- Anger
- Agitation/Easily upset
- Intrusive memories/Flashbacks
- Emotional numbing
- Guilt/Self-blame/Shame
- Hopelessness/Demoralization

Video #3

Video #7
Behavioral Reactions to Trauma

- Trouble concentrating
  - problems at work or school
- Being jumpy & easily startled
- Hypervigilence
  - being on guard/fears about safety & security
- Aggressive driving
- Social isolation
- ↑smoking, drinking, drugs

Methods of Care:

➤ Education about PTSD reactions

- Reduce fear and shame, normalize experiences
- Understanding of experience, recovery & treatment
- Affects a lot of people
- Treatable
Methods of Care (cont.)

- Coping skills training & support
  - Restoration of self-efficacy
  - Anxiety management, emotional grounding, anger management, and/or communication
  - Methods to support own recovery

PTSD Treatment Options

- PSYCHOSOCIAL
  - Exposure-Based Cognitive Behavioral Therapy
  - Other psychotherapies

- PHARMACOLOGICAL
  - SSRIs/SNRIs
  - Mood Stabilizers
  - Antipsychotics*
  - Adrenergic Blockers


- A – strong recommendation based on good evidence for effectiveness and that benefits substantially outweigh harms.
- B – recommendation for intervention based on fair evidence for effectiveness and benefits outweigh harms.
- C – No recommendation for or against intervention based on fair evidence for effectiveness, but balance between benefits and harms is too close to justify recommendation.
- D – recommendation against intervention based on at least fair evidence for ineffectiveness or that harms outweigh benefits.
- I – insufficient evidence to recommend for or against intervention based on poor, conflicting or lacking evidence for effectiveness and the balance of benefits and harms cannot be determined.


- A – strong recommendation based on good evidence for effectiveness and that benefits substantially outweigh harms.
- B – recommendation for intervention with at least fair evidence for effectiveness and benefits outweigh harms.
- C – No recommendation for or against intervention based on at least fair evidence for effectiveness, but balance between benefits and harms is too close to justify recommendation.
- D – recommendation against intervention based on at least fair evidence for ineffectiveness or that harms outweigh benefits.
- I – insufficient evidence to recommend for or against intervention based on poor, conflicting or lacking evidence for effectiveness and the balance of benefits and harms cannot be determined.
Treatment: General considerations in care

• Connect with the returning veteran
• Connect veterans with each other
• Offer practical help with specific problems
• Attend to broad needs of the veteran
• Involve Family
• Consider Community
• Educate about early treatment benefits

Barriers to Seeking Help

• “I should cope on my own”
• “It’s a sign of weakness”
• “No one can help”
• Problems will go away on their own
• Shame/embarrassment to talk to someone
• Stigma

Video #11
Hope

- Many people will return from war and with time and supports readjust
- There is no reason to suffer, early intervention does make a difference
- We can all work together to make a difference

Call to Action: Make a Difference

- We are all “first responders”
- Raise awareness about the invisible wounds of war and help decrease stigma
- Ask patients and family members about military service connection, deployment related stress, PTSD and TBI
- Encourage support and care seeking
- Identify and address barriers to care

How to Ask a Question:

- To ask a question, you can type your questions into the text box at the bottom of the screen
- You may submit questions at any time during the presentation
- Answered in real-time or at the end of the presentation
- Answered in the order in which they were received
- Please be sure to make your questions concise so as to allow other participants a chance to have their questions answered
- Or tweet us your questions. Just include hash tag #homefront

Claim CME Credit

- Step 1: Go to www.mghcme.org/homefront
- Step 2: Select ‘Register’ and enter your login information.
- Step 3: Select today’s session under the ‘View Events.’
- Step 4: Complete the required ‘Post test’ and claim your certificate.
Archives:

- Archived versions of all From the War Zone to the Home Front presentations will be available on our website (if you have questions about how to access these, please email us at mghcme@partners.org).
- Archived presentations will be available for participation and CME credit for one year following the original live broadcast date.

For more information:

The Red Sox Foundation and Massachusetts General Hospital Home Base Program
www.homebaseprogram.org
- Clinical care to Iraq and Afghanistan veterans and families in New England affected by combat stress, deployment stress or traumatic brain injury. To refer, call 617-524-5202
- Clinical and community education on the “invisible wounds of war” and the needs of military families
- Research to improve the understanding and treatment of PTSD and TBI

The VA’s National Center for PTSD
Provides education and conducts research on the prevention, understanding, and treatment of PTSD and other reactions to trauma. www.ptsd.va.gov
- Public section: Learn about PTSD and other reactions following trauma
- Professional section: Find training and tools so you can help those who have experienced all types of trauma

Additional Resources
- Can be found at www.mghcme.org/homefrontresources

Reintegration issues from the Veterans perspective: overcoming the stigma of seeking help.

Margaret M. Harvey, PsyD
Associate Clinical Director, Red Sox Foundation and Massachusetts General Hospital Home Base Program
Department of Psychiatry at Massachusetts General Hospital
Instructor of Psychiatry at Harvard Medical School

Nicholas Dutter
Veterans Outreach Coordinator, Red Sox Foundation and Massachusetts General Hospital Home Base Program

Roger A. Knight, IV
Director of Veteran Outreach, Red Sox Foundation and Massachusetts General Hospital Home Base Program

The next From the War Zone to the Home Front presentation takes place next Thursday, March 1, 2012 at 11:30 – 12:30 ET