

Homeless Veterans with Co-Occurring Disorders & Trauma

Presentation by
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New Directions

- New Directions started in 1992 with a rented house in Mar Vista with a substance treatment program for 8 men based on the 12-steps approach, utilizing the Therapeutic Community
- Grew to move into a 60,000 square foot facility on the VA campus in West Los Angeles, providing detox and comprehensive services to 156 male veterans. Also started up the first program for homeless women veterans in the houses in Mar Vista
- In 2002 we opened up our New Directions North program, serving 50 men with co-occurring disorders
- Began serving Iraq and Afghanistan veterans from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in 2007 with the opening of our Transitional House, Chris' Place in 2008. We plan to begin providing Outpatient Services this year

Mental Health Surveys (VA Health Care Systems)

- Vets with symptoms of PTSD, depression, GAD and substance abuse:
 - 63,767 Vets in 2006
 - 100,580 Vets in 2007
- 20-50% of active duty and reservists returning from the war zones report psychological problems, relationship problems, depression and/or symptoms of stress reactions.
- There are over 28,000 wounded with 3,000+ seriously wounded.
- Mental health issues rank 2nd after orthopedic problems.
- Acute Stress Reaction (ASR) if left untreated, 78% develop PTSD six months later.

Statistics of Los Angeles Homeless Veterans 2006-2007

- Number of Homeless Vets intaked – 3,862
- Average Age – 51
- Older Adult (65+) – 8%
- Gender (%Male) – 97%
- Race/Ethnicity – AA 51%, Cauc 35%, Hisp 11%, Other 3%
- Married – 10%
- Service Era – Korea or before 4%
 - Pre-Vietnam 4%, Vietnam 41%
 - Post Vietnam 38%, Persian Gulf 13%

Statistics (Continued) 2006-2007:

OEF/OIF Service – 32/76

Combat Exposure – 20%

Homeless 1 year or more – 32%

Employment Pattern past 3 yrs – FT 15%, PT 12%, Unempl 52%, Disabled/Retired 21%

Receiving Public Support – 48%

Reported Medical Problems – 37%

Substance Abuse/Dependency – 45%

Serious Psychiatric Diagnosis – 37%

Dual Diagnosis – 21%

Veterans With Co-Occurring Disorders and Trauma

- **Defining Dual Diagnosis/Co-Occurring Disorders**

A major mental illness and a substance abuse or dependence diagnosis

Mental illness to include a broad range of mental health issues and diagnosis

- **Defining PTSD and Trauma in Veterans**

Exposure to disturbing, disruptive, life-threatening events.

Confrontation with Death, Violence, Devastation

Female Vets and Trauma

- 33% of women Veterans stated that they experienced rape or attempted rape during military service.
 - 37% reported multiple rapes.
 - 14% reported gang rapes.
- 90% of female Veterans reported sexual harassment in the Gulf War and in earlier wars.
- 71% of female Veterans with PTSD report being sexually assaulted while in the military.

Combat Trauma vs. Civilian Trauma

- Physical abuse
- Sexual abuse
- Homelessness
- Violence

Dilemmas for Traumatized Persons

- Credibility – Trauma Survivors are often not seen as being credible.
- Lack of Support Systems – Few therapists or helpers know how to diagnose, treat and support recovery from trauma.
- The effects of trauma by their very nature can make relationships very difficult for survivors and supporters.



A traumatized individual is often left feeling hurt, alone and unable to deal with their emotions.

The Stigma of PTSD

- Many vets are offered mental health and PTSD services when they leave the military. However, they are worried that asking for help will:
 - Keep them in the service longer
 - Be added to their record
 - Keep them from getting other jobs in the future or re-enlisting
 - Be a sign of weakness

Trauma can disrupt beliefs about self and others in these areas

- Safety
- Trust/Dependence
- Esteem
- Intimacy/Connection
- Control

Symptoms of PTSD

THREE CLUSTERS OF SYMPTOMS:

Reexperiencing Symptoms, Avoidance Symptoms, Arousal Symptoms

Reexperiencing

- Psychological Reactivity
- Physiological Reactivity

Avoidance: Both Conscious and Unconscious

- Conscious
- Unconscious

Hyperarousal

- Exaggerated Startle Response
- Irritability/Anger
- Hypervigilance
- Problems Sleeping
- Concentration Problems

Other Problems that Occur with PTSD

- Panic Attacks
- Depression, SI/SA, Decreased Self-Esteem
- Guilt, Shame
- Drug and Alcohol Abuse

Other Trauma

Traumatic Brain Injury (TBI) -

Neurological injury with possible physical, cognitive, behavioral, and Emotional symptoms.

Struggles with Re-Integration with Society

Why do Vets want to go back?

- Battle is exciting
- No need to negotiate relationships
- Camaraderie with other soldiers

Why they come to Treatment/What Happens When Left Untreated?

- Sleeplessness
- Anger
- Social Isolation
- Substance/Alcohol Abuse
- Downward Spiral:
- Unable to Work/Lose Jobs
- Divorce/Lose Custody of Children
- Disability
- Homelessness
- Legal Issues

Treatment – Integrated/Holistic Approach

- Bio-Psycho-Social-Spiritual
- Coordinating Treatment of Substance Use Disorders and Related Mental Health Disorders
- How Stress Exacerbates the Symptoms Of Addiction and Related Mental Health Problems
- Individual Psychotherapy
- Group Therapy (Process/Psychoeducation)

Areas of Focus

- Rebalancing Mind, Body, and Spirit
- Symptom Management, Self-Assessment and Monitoring
- Medication Management
- Identify Sabotaging Thoughts and Behaviors
- Identify Triggers
- Increasing Clarity
- Heightening Awareness

Heightening Awareness

- Illusion of Control/Power
- Alienation/Detachment
- Beliefs/Judgments
- Memory/Perception
- Tolerance for Insanity (self/others)
- Self-Centeredness/Grandiosity
- Drama
- Attachments
- Fear
- Work/Play
- Ego/Image
- Addictions/Recovery/Relapse Prevention

Clinical Interventions

- Cognitive Behavioral Therapy (CBT)
- Exposure Therapy/Narrative Therapy
- EMDR (Eye Movement Desensitization and Reprocessing)
- Medications
- Exercise
- 12 Step Groups/AA/NA/CA
- Grounding/Seeking Safety
- Palm Pilot/Day Planner
- Relapse Prevention

Individual Psychotherapy

- Learning about illness
- Emphasize therapeutic relationship, collaboration and empowerment
- Learn techniques to help manage anxiety/discomfort
 - (Progressive Muscle Relaxation/Meditative Breathing/Counting Breath/Visualization of safe place or happy time-Guided Imagery)
- Monitoring feelings/thoughts
- Narrative/Imaginal Exposure
- Extinguish/Desensitize memories of trauma, create safety
- Exposure to Places/People/Situations in real life that remind of trauma
 - (In-Vivo) vs. Avoidance

Intention & Outcome

- Physical Detox, Rebalancing, Healing
- Enhanced Focus and Mental Clarity
- Improved Mental and Physical Energy
- Elevated Mood
- Healing Trauma, Emotional Wounds, and Baggage
- Less Triggered, Increased Awareness, Ability to Manage Behavior
- Improved Sleep
- Increased Self-Care and Coping Skills
- Ability to Identify Beliefs, Self-Sabotaging Behaviors, and Feelings
- Increased Understanding of Choice and Responsibility
- Improve Social/Relationship Skills
- Identify and Make Spiritual Connections
- Discover Purpose

Who are OEF/OIF Veterans?

- About 1.7 million men and women have been sent to Iraq and Afghanistan
- 34% have been deployed multiple times
- 28% are National Guard and reservists
- Almost 1/2 of the regular forces are under 25 years old

Characteristics of our OEF/OIF

- Mostly male combat veterans (though this is the first conflict where women actually see combat) PTSD
- Young – many 20 – 24 year olds, but also see 35 - 45 year old Reservists and National Guardists
- Volunteers into military service
- Substance Abuse is more developing – both acute and chronic, different drugs of choice (Meth vs. Heroin/Crack)
- Denial of substance abuse
- Not homeless or newly homeless and haven't experienced a lot of personal suffering yet
- Disliking of government/military and things that remind them of the government/military
- Legal problems
- Pre-existing mental health conditions
- Well educated
- Computer, internet, video game savvy
- Strong family ties but family is now in crisis
- Impatient – expect things to happen fast.
- Feel invincible -- just survived near-death experiences

Troops in Afghanistan



Issues many OEF/OIF vets face:

- Major Depression
- Drug and Alcohol Abuse and Addiction
- Military Sexual Trauma
- Suicide
- Job Loss
- Family dissolution
- Homelessness
- Violence towards self and others
- Incarceration

Troops in Afghanistan



Risk Factors of OEF/OIF vets:

- Repeated Deployment
 - 34% of troops have been deployed more than once
- Injury and Diminished Capacity
 - About 50% of those who need treatment for PTSD or TBI (Traumatic Brain Injury) seek it, most only get “minimally adequate” care
 - VA has confirmed an average of 18 suicides per day and 1000 suicide attempts per month
- Unemployment and financial difficulty
 - Many find it very difficult to transfer skills learned in the military to the civilian work force
- Disrupted family life
 - About half of the troops have spouses and dependant family members
- Limited access to support services
 - Vets must have an honorable discharge, served 24 months of continuous service in order to be eligible for medical benefits. They also must register within 5 years of discharge. There are other barriers for disability eligibility.

Troops in Afghanistan



Obstacles to Treatment

- Age (not homeless, no rock bottom, have family, couch surfing) Older vs. Younger
- Social Model vs. Dual Diagnosis
- Paraprofessional Staff
- Access to VA Services
- Medical Issues
- Prison/Legal Issues
- Transitioning from Military to Civilian Life

Overcoming Obstacles

- OEF/OIF House
- Transitional Skills
- Psychoeducation
- Increase Communication w/VA
- Treatment Teams
- Pre-Vocational Training
- Accountant/Legal Assistance/Benefits
- Family Reunification/Al-Anon
- Crisis Intervention
- Community Outreach
- Special LAPD Task Force for OEF/OIF

What **doesn't** seem to work?

- Strict program
- Integrating with vets from other eras
- Too many rules that make it seem too much like the military
- Living in a long-term traditional recovery program with few privileges (such as cell phone or computer use)
- Inflexibility (eg: many men can't sleep through the night and need special accommodations during the day)

What does seem to work?

- Specialized program only for OEF/OIF Veterans
- Integrating PTSD services (POST/PolyTrauma)
- Individual and group therapy
- Staff who have been in Iraq/Afghanistan, are youthful, seem to understand their issues
- Integrated into the community
- Normalizing the program
- Flexibility
- Emphasis on job seeking
- Family reintegration support
- Housing support
- Education support
- Civilian services not connected to the military or VA
- Feel listened to and supported

Outpatient/Outreach Component

- Take services directly to OEF/OIF vets and their families in the communities where they live
- Provide benefits advocacy, individual counseling, family support groups, parenting classes and PTSD support
- Refer to community resources such as 12-step meetings, local medical clinics and community groups
- Provide services in a “neutral” location (community rooms, churches, etc.) in a non-judgmental manner
- Connect veterans with the VA
- Provide family outings and activities to reintegrate into the family and the community

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