

Transition Time Is Critical For Returning Veterans

BY MARY ELLEN SCHNEIDER

NEW YORK — Giving returning service members the time and resources to transition back into civilian life is essential to prevent substance abuse and identify mental health issues, according to experts.

Some veterans are literally in Iraq one day and in their living rooms the next, said Monica L. Martocci, clinical director of New Directions Inc., Los Angeles, a drug and alcohol treatment and co-occurring disorders program serving homeless veterans.

Many veterans are young men and women with little life experience outside of the structured environments of

school and the military, Ms. Martocci said. Some veterans might return home with drug or alcohol problems.

"They are popped right back into family life or real life without knowing what to do there," Ms. Martocci said during a panel discussion on substance abuse and mental health issues among veterans and active duty military personnel at a meeting sponsored by the National Center on Addiction and Substance Abuse (CASA) at Columbia University.

Ideally, returning veterans should spend some time learning about their benefits and getting a physical and mental health assessment, she said. The idea is to identify veterans with substance abuse issues or symptoms of posttraumatic stress disorder before they are back with their families and less likely to get professional support, she said.



Military leaders have started some programs aimed at addressing that issue. The Yellow Ribbon Reintegration Program aims to help soldiers and their families prepare for deployment and get help adjusting to life when they return. Before deployment, soldiers and their families attend educational sessions about what to expect and what benefits will be available to them. During deployment, families learn about PTSD symptoms and the potential for marital stress.

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When soldiers return, they attend workshops with their families and fellow soldiers at 30 and 60 days after their return home. The program began at the state level, and in 2008 Congress mandated that it be rolled out nationally to all National Guard and Army Reserve members and their families.

This program, already underway in Montana, has helped soldiers reconnect with their families in a healthy way, said Eric Newhouse, a Pulitzer Prize-winning journalist and author of a book on PTSD. Before beginning the Yellow Ribbon program, National Guard and Army Reserve troops were given a 90-day break from drills. But that extended period of leave only served to break apart their support system and left them with no one to talk to about their experiences in combat, he said.

The sessions feature seminars on marriage, anger management, and taxes. They even learn how to drive like civilians again, Mr. Newhouse said. ■

Stigma Remains a Barrier to Treatment for PTSD Among Vets

NEW YORK — Stigma surrounding mental illness continues to complicate treatment for veterans with symptoms of posttraumatic stress disorder, according to experts.

The stigma exists not just in the military culture but also as an issue among young men, M. David Rudd, Ph.D., chair of the department of psychology at Texas Tech University in Lubbock, said during a panel discussion on substance abuse and mental health issues among veterans and active-duty military personnel at a meeting sponsored by the National Center on Addiction and Substance Abuse (CASA) at Columbia University.

These young men often perceive experiencing psychiatric symptoms after combat as a failure. For them, it means that they are not invulnerable and that somehow they have done something

wrong because they are having problems coping with the stress, said Dr. Rudd, who is a Gulf War veteran.

"It's really a sense of this notion of guilt and shame attached to an experience of failure after having been exposed to combat and then somehow feeling like they haven't responded in the way they should have," he said.

Many veterans actually prefer to live with the trauma than to treat it, said Dr. Alexander Neumeister, of the psychiatry department at Yale University, New Haven, Conn., and the VA Connecticut Healthcare System, who was on the panel. Part of the problem is the evaluation process generally used for patients with PTSD, he said. The evaluation can take hours, and patients have to discuss the trauma that they have been working to suppress, Dr. Neumeister said.

—Mary Ellen Schneider

Project Offers Soldiers Free Long-Term Psychotherapy

BY PATRICE WENDLING

Soldiers and their families are being offered free access to psychotherapy across the country for as long as they want.

The Soldiers Project is providing confidential psychotherapy to address the growing need for comprehensive mental health care for military personnel and their families and to stop the transmission of trauma to future generations, according to project founder and director Dr. Judith Broder.

"We know that when people are traumatized and it's not treated that the trauma gets carried on to their children and their children's children, but if there's early intervention and

treatment then the traumatized person is less likely to be a transmitter," said Dr. Broder, a psychiatrist and psychoanalyst. "That's the basic impetus—to get in there early and as intensive as possible, and that's a fundamental difference from the services the VA [Veterans Administration] can provide."

Started in 2004 under the aegis of the Los Angeles Institute and Society of Psychoanalytic Studies, the Soldiers Project now has chapters in the cities of Chicago, Seattle, and Sacramento, and in New York, New Jersey, and southern California. At least 350 soldiers or veterans have been treated. Patients access services via the project's Web site (www.thesoldiersproject.org) or national phone line (877-576-5343) and are matched, generally within a day or two, with a local therapist who has undergone specific



ic training in posttraumatic stress disorder and the military culture.

Soldiers returning home may be changed by combat-related medical conditions or become impatient or withdrawn, while family dynamics can change as children and spouses adapt to fill the void of the missing parent. The uncertainty of whether a soldier will be redeployed is unique to this war.

If the slow, painstaking work of psychoanalysis, which Sigmund Freud once likened to archaeological excavation, sounds like an odd match for tight-lipped, action-oriented soldiers, Dr. Broder said the approach is actually well-suited. In some fundamental way, the basic character of many of the young men

DR. BRODER

and women who have served has been shattered, and that this type of wound may be difficult to reach by the more widely used cognitive-behavioral therapy with its systematic, goal-oriented approach to influencing dysfunctional behaviors and emotions.

"This isn't just about reaching the triggers of anxiety, but it's about rebuilding a shattered structure of the self," she said. "In most cases, it has very little to do with the excavation of the past, even though the stereotype is that we're going to talk about their mothers."

The volunteer physicians may opt to prescribe medication to the returning soldiers in addition to providing psychotherapy, she said. They try to help the soldiers obtain medications through the VA, since the soldiers must pay out of pocket otherwise. ■

Long Tours Put Vets at Greater Risk for PTSD, Substance Abuse

NEW YORK — The incidence of posttraumatic stress disorder is likely to be significantly higher in the current population of veterans because of long and repeated tours of duty, said Dr. John A. Renner Jr., associate chief of psychiatry at the VA Boston Healthcare System.

Clinicians and scientists have known since the 1960s that limiting exposure to combat to 1 year helps reduce the incidence of PTSD, but today a large cohort of troops has had repeated exposures of more than 1 year, said Dr. Renner, also a faculty member at Boston University.

"Statistically ... that's going to have a major impact," Dr. Renner said during a panel discussion on substance abuse and mental health among veterans and active duty military sponsored by the National Center on Addiction and Substance Abuse (CASA) at Columbia University.

Veterans of the Iraq and Afghanistan

conflicts are often 22- and 23-year-olds who have been deployed two, three, or four times in many cases, said Dr. Loree K. Sutton, a brigadier general in the Department of Defense Military Health System. These troops were constantly exposed to danger and improvised explosive devices, and operated in places where they often were unable to identify the enemy, she said.

Another difference between today's combat veterans and those from other eras is the increased number of soldiers returning with chronic pain syndromes, said Dr. Nora D. Volkow, director of the National Institute on Drug Abuse at the National Institutes of Health. More soldiers are able to survive combat injuries but that translates into living with more pain and the potential for abusing prescription pain medications, she said.

—Mary Ellen Schneider