



A MULTI-LAYERED APPROACH TO RECOVERY: VETERAN AND MILITARY FAMILY CASE EXAMPLES



Heather Kapson, PhD
Ann Stewart, LICSW

September 18, 2017

A RED SOX FOUNDATION AND
MASSACHUSETTS GENERAL HOSPITAL PROGRAM



RED SOX
FOUNDATION



MASSACHUSETTS
GENERAL HOSPITAL




DISCLOSURES

- None
- 
- 




HOME BASE PROGRAM

- Red Sox Foundation and Massachusetts General Hospital partnership that opened its doors in 2009
 - Multidisciplinary team that provides group, individual and couples therapy and medication management for combat veterans and service members coping with PTSD, TBI, depression, anxiety, and substance use disorders
 - Provides psychoeducation and support to military-connected family members
 - Two clinical programs
 - Outpatient Clinic
 - 2-week Intensive Clinical Program
 - Care is available regardless of discharge and insurance status
- 



LEARNING OBJECTIVES

- To learn about underlying contributing factors of substance use disorders
 - To understand the importance of a multifaceted approach to recovery
 - To be familiar with local and online resources to support one's own and/or a loved one's recovery
- 

DEFINING SUBSTANCE USE DISORDERS

- Chronic, often relapsing *brain disease*
- Substance use affects neurotransmitters that, with long term use, can create physical and psychological dependence and impact decision making
- Requires ongoing management of symptoms (like asthma, diabetes)
- Not all use is considered substance use disorder. DSM-V requires 2 or more:

- **Withdrawal**
- **Tolerance**
- **Used larger amounts/longer**
- **Repeated attempts to quit or reduce use**
- **Much time spent using**
- **Physical/psychological problems related to use**

- **Craving**
- **Activities given up in order to use**
- **Hazardous use**
- **Social/interpersonal problems related to use**
- **Neglecting major roles in order to use**

PREVALENCE

- 27 million people (≥ 12 years old) used an illicit drug in the past 30 days
- 21 million people (≥ 12 years old) met criteria for a substance use disorder:
 - 16 million people had an alcohol use disorder
 - 8 million people had an illicit drug use disorder
- 11% of people (≥ 12 years old) needing substance use treatment received treatment
- 8 million adults met criteria for both any mental illness and a substance use disorder

Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health.

EXAMPLES ACROSS SPECTRUM

Mild:

“Mark”: Pt in his 30s, identifies as African-American, engaged (no children), OEF Army National Guardsman with ongoing anxiety and depressive symptoms. Does not meet criteria for PTSD. His father had hx of binge drinking. Currently drinks 1-2x/month, 1-2 drinks. Reported use of marijuana to cope with his ongoing anxiety. Does not use daily, approx. 1-2x/week but using more than he initially intended and has tried to cut back and struggling. Worried about drug testing as an active service member.

Moderate:

“Tara”: Pt in her 40s, identifies as Mexican-American, never married, US Coast Guard service member with recent military sexual trauma (MST) worsening memories of childhood assault. Reported recent increased use of alcohol, drinking 6-pack several times/week to fall asleep, noticed cravings to use during the day. Isolating more as a result and worried about the impact of her drinking on her career and relationships.

Severe:

“Sam”: Pt in his 20s, identifies as Caucasian, employed, married (with 1 young child), OTH discharged from USMC due to a positive drug test for non-prescribed opioids. Deployed to Iraq and Afghanistan. Met criteria for PTSD and depression. DUI at age 18. Hx of binge drinking post-deployment. Denied current alcohol use; however, stated that he was prescribed pain medications post deployment injury (2 years ago) and continues to use daily, non-prescribed to manage pain, depression, and PTSD. Also reported occasional benzodiazepine use to manage anxiety. Experiences significant w/d when no access to these substances. Wife is concerned about his use and resulting presentation. Longest periods of sobriety were his deployments (8-9 months at a time).

EXAMPLE OF CONTRIBUTING FACTORS



IT TAKES A VILLAGE...



INTERVENTIONS



INTERVENTIONS



CASE EXAMPLES

Mild:

“Mark”: Pt in his 30s, identifies as African-American, engaged (no children), OEF Army National Guardsman with ongoing anxiety and depressive symptoms. Does not meet criteria for PTSD. His father had hx of binge drinking. Currently drinks 1-2x/month, 1-2 drinks. Reported use of marijuana to cope with his ongoing anxiety. Does not use daily, approx. 1-2x/week but using more than he initially intended and has tried to cut back and struggling. Worried about drug testing as an active service member.

Moderate:

“Tara”: Pt in her 40s, identifies as Mexican-American, never married, US Coast Guard service member with recent military sexual trauma (MST) worsening memories of childhood assault. Reported recent increased use of alcohol, drinking 6-pack several times/week to fall asleep, noticed cravings to use during the day. Isolating more as a result and worried about the impact of her drinking on her career and relationships.

Severe:

“Sam”: Pt in his 20s, identifies as Caucasian, employed, married (with 1 young child), OTH discharged from USMC due to a positive drug test for non-prescribed opioids. Deployed to Iraq and Afghanistan. Met criteria for PTSD and depression. DUI at age 18. Hx of binge drinking post-deployment. Denied current alcohol use; however, stated that he was prescribed pain medications post deployment injury (2 years ago) and continues to use daily, non-prescribed to manage pain, depression, and PTSD. Also reported occasional benzodiazepine use to manage anxiety. Experiences significant w/d when no access to these substances. Wife is concerned about his use and resulting presentation. Longest periods of sobriety were his deployments (8-9 months at a time).

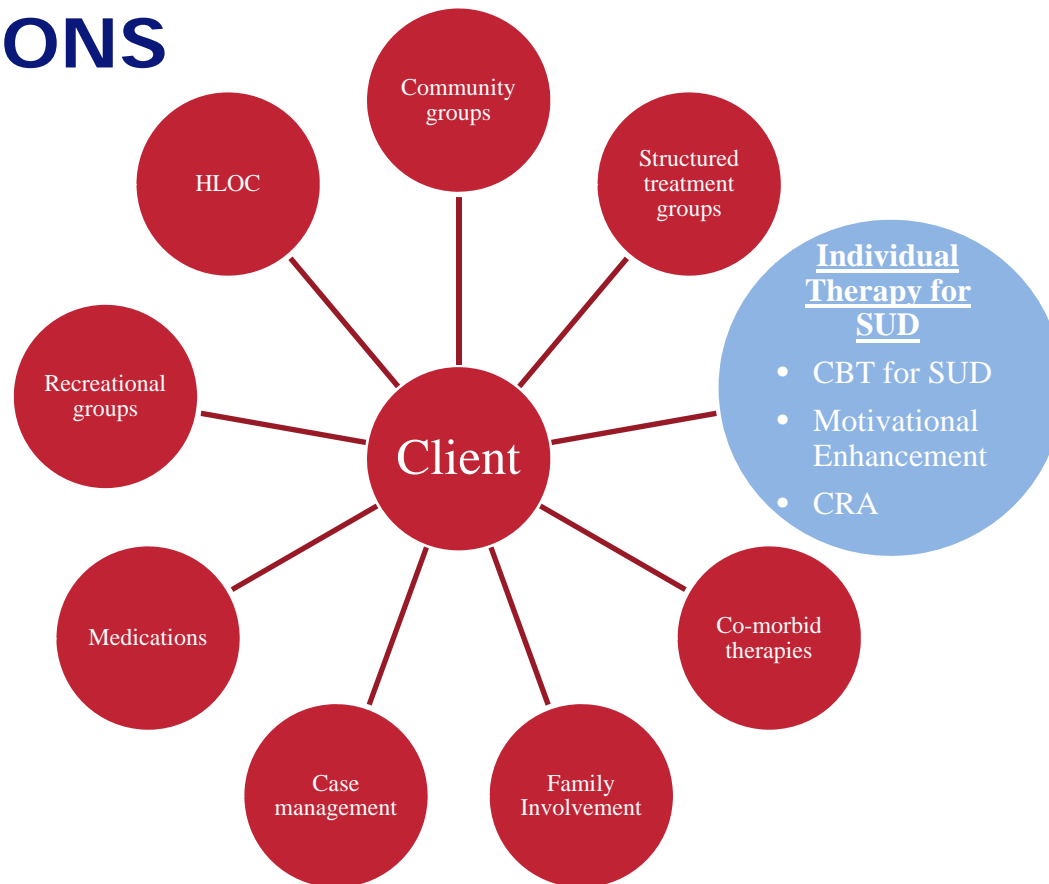
INTERVENTIONS



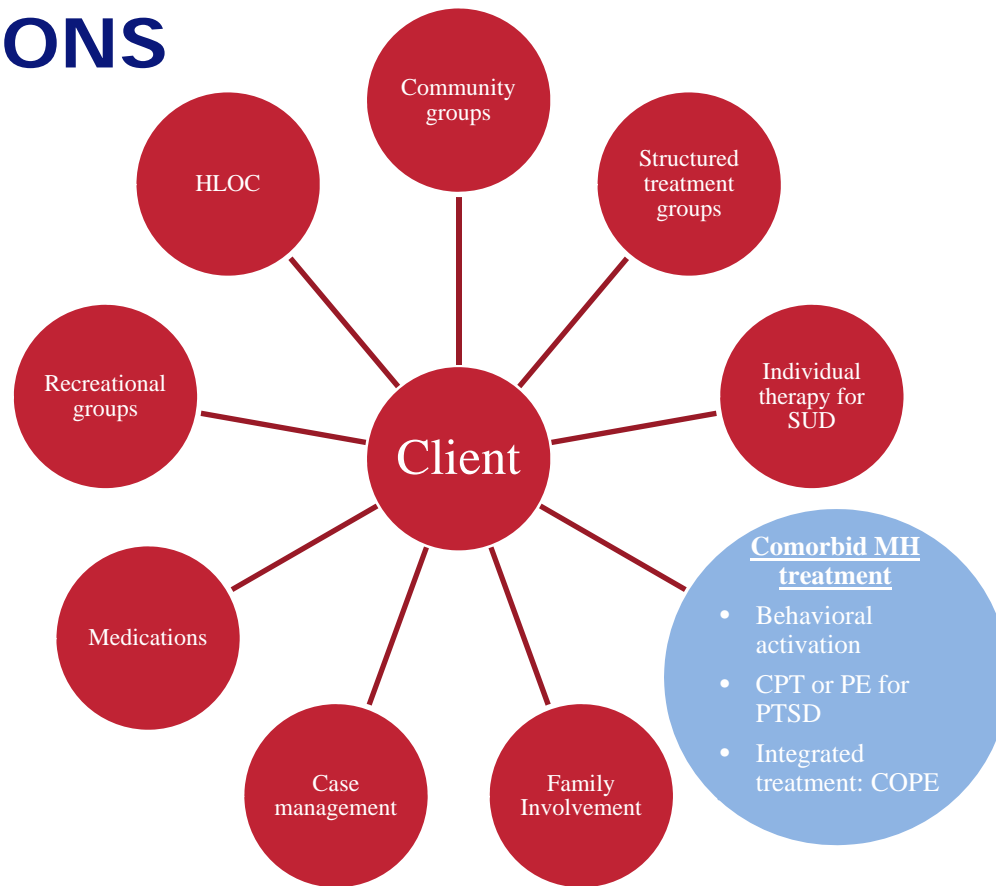
INTERVENTIONS



INTERVENTIONS



INTERVENTIONS



CASE EXAMPLE

Moderate:

“Tara”: Pt in her 40s, identifies as Mexican-American, never married, US Coast Guard service member with recent military sexual trauma (MST) worsening memories of childhood assault. Reported recent increased use of alcohol, drinking 6-pack several times/week to fall asleep, noticed cravings to use during the day. Isolating more as a result and worried about the impact of her drinking on her career and relationships.

INTERVENTIONS

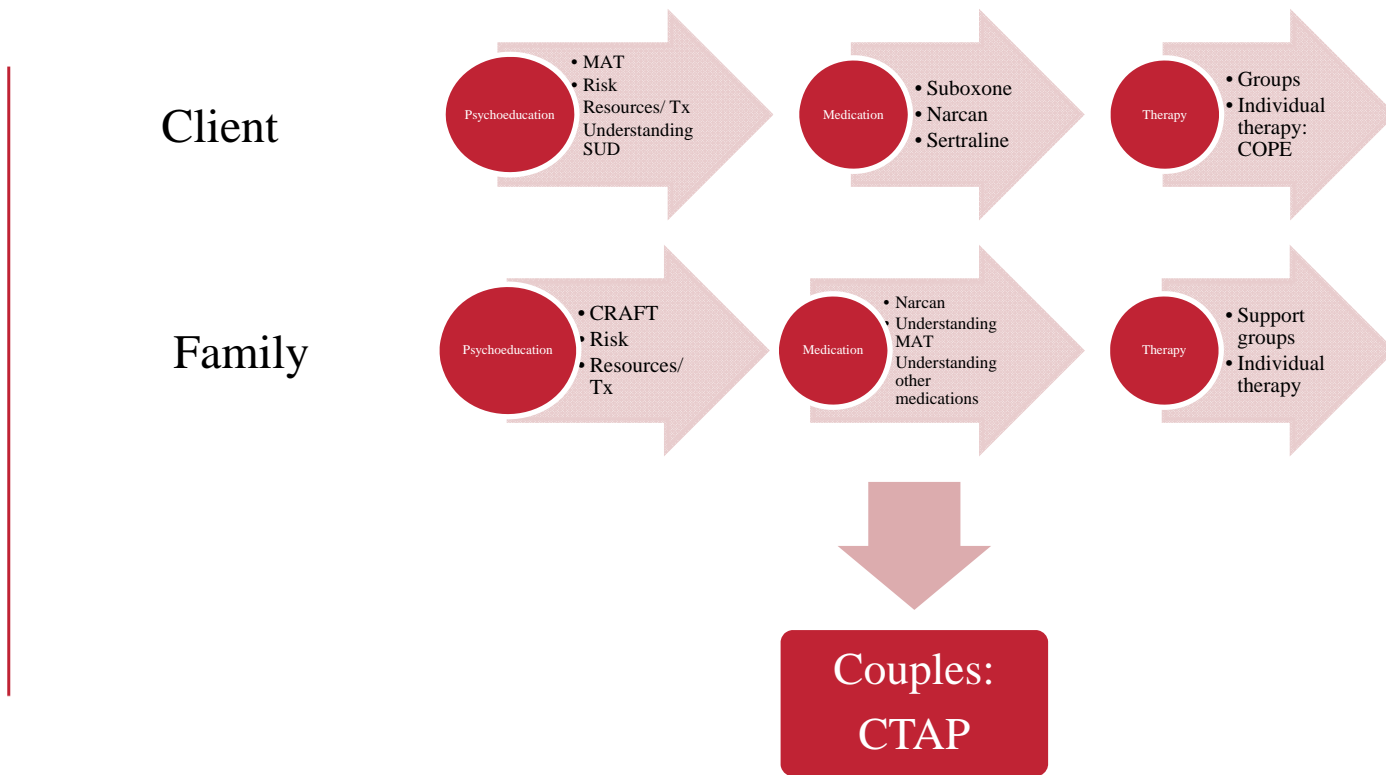


CASE EXAMPLE

Severe:

“Sam”: Pt in his 20s, identifies as Caucasian, employed, married (with 1 young child), OTH discharged from USMC due to a positive drug test for non-prescribed opioids. Deployed to Iraq and Afghanistan. Met criteria for PTSD and depression. DUI at age 18. Hx of binge drinking post-deployment. Denied current alcohol use; however, stated that he was prescribed pain medications post deployment injury (2 years ago) and continues to use daily, non-prescribed to manage pain, depression, and PTSD. Also reported occasional benzodiazepine use to manage anxiety. Experiences significant w/d when no access to these substances. Wife is concerned about his use and resulting presentation. Longest periods of sobriety were his deployments (8-9 months at a time).

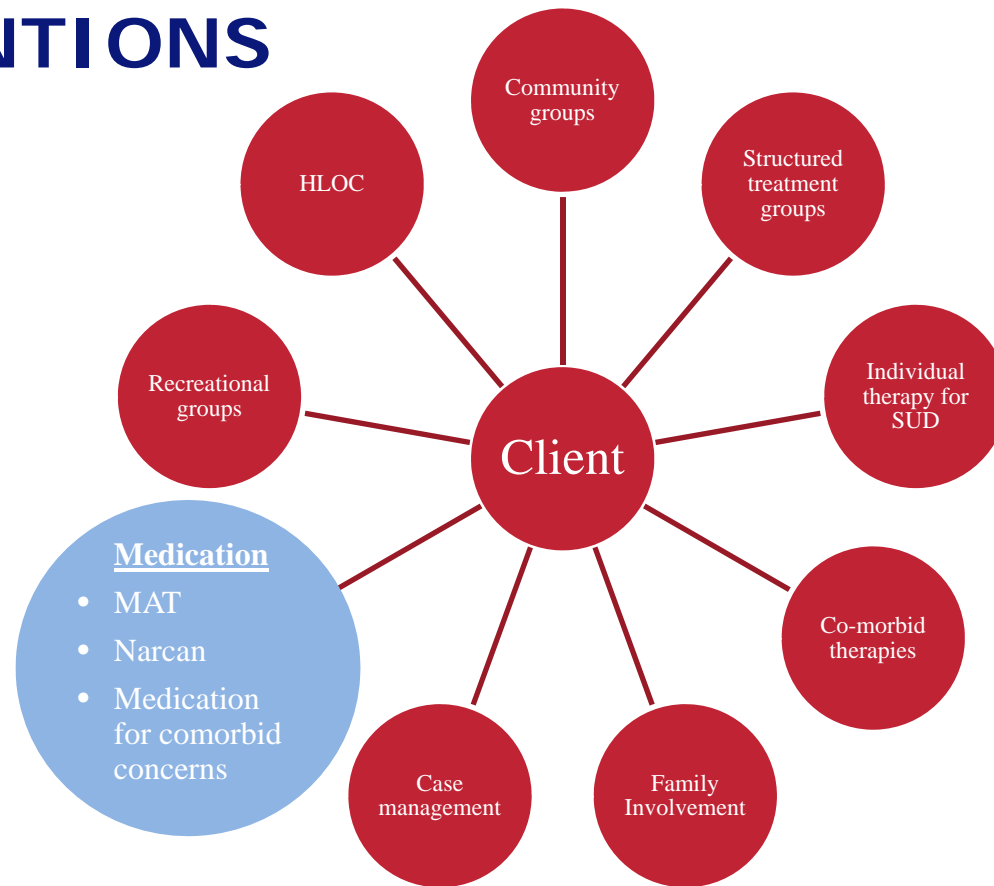
PARALLEL SUPPORT FOR CLIENT AND FAMILY



INTERVENTIONS



INTERVENTIONS



MEDICATION TREATMENT FOR SUD

Alcohol Use Disorder	Cocaine Use Disorder	Opioid Use Disorder
Naltrexone (PO and IM formulations) Acamprosate Disulfiram	Disulfiram Baclofen Topiramate Modafinil	Methadone (Methadose, Dolophine) Buprenorphine (Suboxone, Subutex, Zubsolv) Naltrexone (Vivitrol, Depade, ReVia)

Narcan to reverse opioid OD

INTERVENTIONS



CASE EXAMPLE

Mild:

“Mark”: Pt in his 30s, identifies as African-American, engaged (no children), OEF Army National Guardsman with ongoing anxiety and depressive symptoms. Does not meet criteria for PTSD. His father had hx of binge drinking. Currently drinks 1-2x/month, 1-2 drinks. Reported use of marijuana to cope with his ongoing anxiety. Does not use daily, approx. 1-2x/week but using more than he initially intended and has tried to cut back and struggling. Worried about drug testing as an active service member.

ADVENTURE SERIES

Activities include:

Winter



- Skiing
- Ice Skating
- Tubing

Summer



- Community Boating
- Baseball Games
- Harbor Island Cruises

homebase.org/adventureseries

RESOURCES

Recovery Resources

GENERAL RESOURCES

- The Massachusetts Substance Use Helpline: 800-327-5050
- MGH Addiction Services: <http://www.massgeneral.org/substance-use-disorders-initiative.aspx?display=addiction-services>
- MGH Addiction Group offerings: www.mghpcs.org/socialservice/SupportGroups/Addiction.asp
- Alcoholics Anonymous: www.AA.org to find a local meeting
- Narcotics Anonymous: www.NA.org to find a local meeting
- Smart Recovery: Visit www.smartrecovery.org to find a local meeting
- Substance Abuse and Mental Health Services Administration: www.samsha.gov for information, resources, and treatment options
- National Institute on Drug Abuse: Go to www.nida.nih.gov for more information
- National Institute on Alcohol Abuse and Alcoholism: Go to www.niaaa.nih.gov for more information

FOR VETERANS WITH SUBSTANCE USE DISORDERS

- Home Base at MGH: (617) 724-5202 or www.homebase.org to schedule an intake for individual and/or group treatment. Support also available for family members of veterans.
- Veterans Crisis Line: Free, confidential help for veterans and families. Can access support by calling 1-800-273-8255 or by going online to www.veteranscrisisline.net
- VA Boston Outpatient Program: (857) 364-5037
- Bedford VA Center for Addiction Treatment: (781) 687-2275
- VetChange: <http://vetchange.org/go/homebase>

FOR FAMILY MEMBERS:

- MGH Family Substance Use Support Group: Every Thursday from 5:30-6:45 pm in the Blum Patient and Family Learning Center. Call Maureen McGlame, LADC, LICSW, for more information: (617) 726-9216.
- MGH Addiction Group offerings: www.mghpcs.org/socialservice/SupportGroups/Addiction.asp
- Smart Recovery Friends and Family: www.smartrecovery.org/resources/family.htm to find a local meeting and additional resources
- Al-Anon: www.al-anon.org to find a local meeting
- Nar-Anon: www.nar-anon.org to find a local meeting
- *Get Your Loved One Sober: Alternatives to Nagging, Pleading and Threatening*, by Robert J. Meyers, PhD. And Brenda L. Wolfe, PhD. Introduces readers to Community Reinforcement Approach and Family Training (CRAFT), an evidence-based approach designed to help concerned significant others engage loved ones into treatment.
- *Addiction Recovery: A Family's Journey*, by Diana Clark. Provides psychoeducation about addiction and recovery, as well as strategies and exercises to examine the impact of and cope with a family member's substance use.



HOME BASE: HOW TO CONTACT

- For more information about our clinic:
 - www.homebase.org
 - To make an appointment:
 - Call our Front Desk at 617-724-5202
 - For questions about clinical cases or referrals
 - Ann Stewart, 617-643-9334
 - Heather Kapson, 617-643-7708
- 

Their Mission Is Complete.
Ours Has Just Begun.



A RED SOX FOUNDATION AND
MASSACHUSETTS GENERAL HOSPITAL PROGRAM

