Psychosocial Considerations in Caring for our Military

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Psychosocial Considerations in Caring for our Military

• Today an overview of current healthcare considerations in our military will be reviewed. Disclosure: This presentation is uninfluenced by outside funding. The goal of this topic is to introduce the current trends, aid in management of difficult cases involving military families and linking advanced practice nurses with additional resources.
• Knowledge is power.

Objectives

• Define common military terms.
• Discuss deployment considerations.
• Identify relationship stressors among our military families.
• Discuss the impacts of deployment within the framework of Erickson's stages of development.
• Discuss Military Sexual Trauma (MST).
• Review the impact of TBI on mental health.
• Review PTSD Symptoms and treatment modalities.
• Review suicide among the military population.
• Review the role of Advance Practice Registered Nurse role in providing care to our Military Families.
• Identify resources.
Why is this topic important?

- 9-10% of the current VA medical budget funds are for non VA medical care.
- In 2013 the VA spent over 4 billion dollars on non VA medical care for over 1 million Veterans.
- Many Veterans and Military family members seek care outside the VA.
- Children of Veterans seek care outside of the VA system.
- Parents of Military members struggle when their children are deployed.

Terms

- Deployment: To be sent away from your home base to conduct military operations.
- On Leave: This is our vacation
- Stationed: It’s your temporary permanent home base
- DD214 (military record)
- Boot camp (8)
- DoD
- Military rivalry

Terms

- Army (Soldier)-Largest of the armed forces, oldest and often exhibits rivalry to other units
- Navy (Sailor) Second largest, augmenting airpower and transportation for the Marines.
- Marine Corps (Marine) Seizure and defense, component of the department of the Navy
- Coast Guard (Guardian) Armed force, dept of homeland security, protect the public and the environment.
- Airforce (Airmen) Youngest, cyberspace focus.
Terms

- Enlisted: E1-E9 includes non commissioned officers and petty officers (enrolls without a secondary education.)
- Warrant Officer: W1-W-5 Specialized experts, only 2% of the population. Example a pilot.
- Commissioned Officer: Leaders, have 4 year degrees or higher. Officers.

Developmental Stages

<table>
<thead>
<tr>
<th>Stage</th>
<th>Psychosocial Crisis</th>
<th>Basic Virtue</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Trust vs. mistrust</td>
<td>Hope</td>
<td>Infancy (0 to 1)</td>
</tr>
<tr>
<td>2</td>
<td>Autonomy vs. shame</td>
<td>Will</td>
<td>Early Childhood (3 to 5)</td>
</tr>
<tr>
<td>3</td>
<td>Initiative vs. guilt</td>
<td>Purpose</td>
<td>Play Age (3 to 5)</td>
</tr>
<tr>
<td>4</td>
<td>Industry vs. inferiority</td>
<td>Competency</td>
<td>School Age (5 to 12)</td>
</tr>
<tr>
<td>5</td>
<td>Ego identity vs. role confusion</td>
<td>Fidelity</td>
<td>Adolescence (12 to 18)</td>
</tr>
<tr>
<td>6</td>
<td>Intimacy vs. isolation</td>
<td>Love</td>
<td>Young Adult (18 to 40)</td>
</tr>
<tr>
<td>7</td>
<td>Generativity vs. stagnation</td>
<td>Care</td>
<td>Adulthood (18 to 65)</td>
</tr>
<tr>
<td>8</td>
<td>Ego Integrity vs. despair</td>
<td>Wisdom</td>
<td>Maturity (65+)</td>
</tr>
</tbody>
</table>

The Myriad of Mental Health Issues

- Military Sexual Trauma
- PTSD
- Substance Abuse
- Depression
- Insomnia
- Suicide
- End of life regret
- Incarcerated veterans
Application of content

- Consider the following case study for a frame of reference for the following content

Case Study #1

You are a 25 year old service member returning home after a 9 month tour. While on tour you were fired at on more than one occasion. You spent many nights sleeping under a HMMWV (Humvee). You were unable to bathe on a regular basis, and had limited contact with your family. You were instructed to fire at and “take out” an enemy child that had a back pack, and would not surrender it. You did learn that there were no ballistics in the backpack, but this impacts you. You left at home a two year old and a 4 year old child. You are returning home to reunite with your family. Please take a few minutes and think about some of the family stressors that may occur and think about some of the mental health considerations.

Military Sexual Trauma
Military Sexual Trauma

- Sexual Harassment Vs. Sexual Assault

Military Sexual Trauma (MST)

- According to DoD annual report, (2012) 3,347 sexual assault cases were reported
- Estimated that 26,000 sexual assault went unreported.
- MST is a leading predictor of PTSD in women
- Symptoms:
  - Irritability
  - Intense emotions
  - Emotional numbing
  - Difficulty falling asleep
  - Anger
  - Depression
  - Hypervigilence

MST:

  Barriers to Reporting

- Change of assignment
- Allegiance to their organization
- Fear of punishment
- Managing the issue takes time
- Guilt: if they were incapacitated at the time
Clinical Presentation

- Insomnia
- Irritability
- Anxiety
- Anger
- Depression

Role of Advanced Practice Nurses?

- Ask your patients questions
  - 1) Did you serve?
  - 2) Were you ever sexually assaulted?
- Research the current data
- Consult with other professionals
- Educate yourself and others
Role of Advanced Practice Nurses?

- Counsel your client utilizing motivational interviewing skills (OARS) and brief solution focused therapy
- O: Open ended questions
- A: Affirmations
- R: Reflective listening
- S: Summaries

Substance Abuse

- Substance-related and addictive disorders
- Substances can include:
  - Tobacco
  - Alcohol
  - Cannabis
  - Opioid
  - Stimulant
  - Sedative, Hypnotic or benzo's
Criteria
- DSM 5
- Will break down the information re:
  - Mild: 2-3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: six or more

Opioid Abuse
- Clinically significant impairment or distress as manifested by at least two of the following in a 12 month period.
  - Opioids are often taken in larger amounts over a longer period of time than was intended.
  - Persistent desire or unsuccessful efforts to cut down
  - A great deal of time is spent acquiring the drug
  - Cravings or strong urges for the drug
  - Recurrent opioid use resulting in failure to fulfill major life roles.
  - Continues use, despite problems
  - Recurrent use despite harm
  - Development of tolerance
  - Use when it is physically hazardous
  - Tolerance
  - Withdrawal

Clinical Presentation
- Insomnia
- Irritability
- Agitation
- Anxious
- May self report difficulties in their relationships
What to do.....
- Recognize substance abuse: through assessment, communication and testing. ASK...
- Educate clients re: substance abuse
- Encourage self care practices
- Stay current with the literature
- Be cautious with prescribing patterns:
  - REMS (risk evaluation mitigation strategies)...Take the class

REMS
- ASAM American Society for Addictive Medicine
- ACP American College of Physicians

Traumatic Brain Injury
Traumatic Brain Injury (TBI)

- An insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness. (American Psychiatric Association, 2013)

  - Physical
  - Cognitive
  - Emotional impact

Physical Effects

- Headaches
- Insomnia
- Blurry eyesight
- Trouble hearing
- Fatigue
- Change in taste or smell
- Dizziness

Cognitive Effects

- Trouble with attention
- Forgetfulness
- Difficulty with concentration
- Difficulty with decision making
- Hard time organizing (executive functioning)
Emotional Presentation
- Easily becoming angry
- Getting frustrated
- Anxiety
- Depression
- Labile mood
- Agitated

Advanced Practice Nurse Role:
- Assess: Ask were you in a combat zone?
- How close to a blast were you? Did you hear ringing in your ears? Did you feel "out of it" after a blast
- Evaluate: Physical exam, diagnostic studies,
- Treat: Symptoms-headache, vertigo, depression
- Provide support
- Link with programs
- Provide education re: cognitive behavioral training, and environmental control

PTSD
Post Traumatic Stress Disorder
Returning from Combat: PTSD risk

• A) Assess the level of combat
• B) Length of Deployment
• C) # of Deployments

PTSD:

• Post Traumatic Stress Disorder: DSM 5 criteria
• A) A stressor/traumatic event**
• B) Intrusion symptoms
• C) Avoidance
• D) Negative alterations in cognitions and mood
• E) Alterations in arousal and reactivity
• F) Persistence of symptoms for more than a month***
• Differentiate if there is dissociate component (depersonalization or de-realization)

American Psychiatric association, (2013)

Mnemonic for PTSD

Must have one or more of the vowels

• Trauma (Must have this)
• Re-experiencing (Must have this)
• Avoidance
• Unable to function
• Month (lasting longer than one month)
• Arousal
• Attention in mood and cognition

Evaluating for PTSD

• A) Do you have symptoms of PTSD?
• B) Do you have recurrent nightmares about combat?
• C) Did you have any particular intense or difficult experiences that stick with you?

Army Battle Mind Acronym

Combat vs. return home

• Buddies vs. withdrawal
• Accountability vs. controlling
• Targeted Aggression vs. Inappropriate aggression
• Tactical Awareness vs. Hypervigilance
• Lethal armed vs. “locked and Loaded” at home
• Emotional control vs. Anger/Detachment
• Mission Operational security vs. Secretiveness
• Individual responsibility vs. guilt
• Non defensive (combat driving) vs. Aggressive driving
• Discipline and ordering vs. Conflict

*Note from battle mind training brochure

Advanced Practice Nurse Role:

• Ask...ask...ask...
• Consider treatment options
• Cognitive Behavioral Therapy (CBT)
• Cognitive Processing Therapy
• Exposure Therapy
• Couples Therapy
• Family Therapy
• EMDR (Eye Movement Desensitization and Reprocessing Therapy)
Medication

SSRI’s

SNRI’s

Prazosin-

Mood stabilizers-

Assessing someone with PTSD

• Quiet room
• Have them seated facing an exit
• Seek permission to enter the room, and to turn on the light.
• If sleeping, very gentle and guarded approach
• Shake their hand
• Look them in the eye
• Be mindful of your non-verbals
• When communicating, you need to summarize the information, and be aware of your volume
Considerations

- Suicide
- Suicide attempt
- 47% age 17-24 80% age 17-24
- 49% married 43% married
- 58% residence 80% residence
- 44% firearms 58% drugs
- 5% failed intimate relationship 5% (FIR)
- **********69% are Caucasian******

Suicide

The PTSD/Suicide Epidemic

PTSD-related suicides claimed 1,734 more military personnel in ONE YEAR than the Afghanistan and Iraq wars have in 12 years.
Advanced Practice Registered Nurse:
- Assess (Have you ever served in the military?)
- Respect
- Link
- Identify
- Negotiate
- Guide
- Treat
- Ongoing reassessment
- N.................
**Promoting Health to Military Families**

- Mediating influence of resilience
- Assist in Identifying Veterans
  - Ask Have you ever served in the military?
- Strength based approach
- Know limitations of expertise

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**Resources**

- HRSA-health resources and services administration
- Benefits.org
- MilitaryExperience.org
- WoundedWarriorProject.org
- National Center for PTSD
- Mcghecm.org
- CareForTheTroops.org
- Paws and Stripes
- "Peace at Last" by Deborah Grassman
- "The Invisible War"
SUMMARY

- 1) Ask about military experience.
- 2) Ask about sexual assault.
- 3) Tease out the differences in diagnosis through gathering the appropriate data.
- 4) Support health and wellness from a young age.

References

References