



Crisis Intervention Training: Veterans Readjustment

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A returning soldier's saga...

- *... His internal terror got so bad that, in 2005, he shot up his El Paso, Texas, apartment and held police at bay for three hours with a 9-mm handgun, believing Iraqis were trying to get in ...The El Paso shooting was only one of several incidents there, according to interviews. He had a number of driving accidents when, he later told his family, he swerved to avoid imagined roadside bombs; he once crashed over a curb after imagining that a stopped car contained Iraqi assassins. After a July 2007 motorcycle accident, his parents tried, unsuccessfully, to have him committed to a mental institution.*

(Long Island Newsday – July 5, 2008)



NO ONE IS IMMUNE TO OPERATIONAL STRESS – “BATTLE MIND”

Battlemind is the Soldier’s inner strength to face fear and adversity in combat with courage.

- Normalize
- Life there vs. life here
- Readjust



“Battlemind skills helped you survive in combat but may cause problems when you get home...”

- **Buddies (cohesion) vs. Withdrawal**
- **Accountability vs. Controlling**
- **Targeted Aggression vs. Inappropriate Aggression**
- **Tactical Awareness vs. Hypervigilance**
- **Lethally 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**



Battlemind Transitions – Risky Behaviors

- Risky behaviors to get the adrenaline rush
- Speeding/erratic driving/road rage (drive down middle of road/avoidance of objects on side of road, swerving under bridges, driving over curbs.)
- In traffic jam, may panic, feel “ambushed” if stuck in traffic.
- Alcohol abuse/Child abuse
- Addictions:
 - Work, Alcohol, Drugs, Sex, Food, Adrenaline



How Law Enforcement Can Help...

The best negotiator is a good listener:

- Ask if Veteran (**“Have you served in the US military?”**)
- Be RESPECTFUL
- Establish rapport/TRUST
- Express appreciation for their service
- Active listening skills
- Softer/slower voice/be careful of tone/avoid sarcasm
- Stay calm
- Ask open-ended questions (“what, how, when – avoid why”)
- Effective pauses
- Re-state/recap what they have said (“tell me if I’m understanding you correctly”)
- Validate their feelings
- Watch physical demeanor/body language (sit if they are sitting, don’t intimidate)
- Be sincere – they will recognize BS/insincerity
- Keep them informed of steps along the way



How Law Enforcement Can Help

- If the Veteran needs Psych Evaluation, take them to VAMC ED, not the Psych Center. Let them know you are taking them to VA because they know how to take care of Vets!
- Helpful language:
 - *“I can see/hear how angry/sad/frustrated you are.”*
 - *“I’m listening/I hear you.”*
 - *“I really care, that’s why I have this job.”*
 - *“How can I help?”*
 - *“How would you like this to work out?”*
- Strategy:
 - Make the Veteran a part of /in control of the solution:
 - *“How can I help you solve your problem?”*



PTSD

- Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur after you have experienced a traumatic event.
- PTSD symptoms usually start soon after the traumatic event, symptoms may not occur until months or years later. Symptoms may also come and go over many years.
- Symptoms of PTSD include reliving the event, avoiding places or things that remind you of the event, feeling numb, and feeling keyed up (also called hyperarousal).



Signs and Symptoms of PTSD

Hyperarousal	Insomnia
Vigilance	Nightmares
Agitation	Flashbacks
Anger Issues	Avoidance
Violence	Numbing
Anxiety	Suicide
Isolation	



PTSD and OEF/OIF Veterans

PTSD in OIF/OEF soldiers at return from deployment and 3- to 6-month follow-up

	Initial PTSD	Initial PTSD w/no PTSD at follow-up	No initial PTSD w/PTSD at follow-up	PTSD at follow-up
Active	11.8%	59.2%	7.0%	16.7%
Guard/ Reserve	16.7%	49.4%	11.6%	24.5%



There Are Effective Treatments for PTSD

- Many Veterans with PTSD are reluctant to seek help because:
 - They don't think treatment will help
 - They see treatment-seeking as a sign of personal weakness
 - They are concerned about reactions of others
- There are effective treatments for PTSD that can:
 - Reduce PTSD symptoms
 - Improve mood
 - Improve family and work functioning
- In treatment, Vets...
 - Connect with other Veterans
 - Rethink negative beliefs about what happened (e.g., self-blame or guilt)
 - Learn to revisit their painful memories with less distress
 - Learn coping skills
- Most Veterans are very satisfied with VHA PTSD care
- It takes **courage and strength** to go for treatment



PTSD in Crisis

- Speak Softly
- Use De-escalation Techniques
- Orient to present
- Ask if Veteran (“Have you served in the US military?”)
- Exhibit respect
- Validate
- Allow time
- Offer help



PTSD and Vietnam Veterans (National Vietnam Veterans Readjustment Study)

Vietnam Theater Veterans	Current PTSD (1986-88)
3,140,000	479,000 (15.2%)

Lifetime PTSD: 31% men, 26% women



How Law Enforcement Can Help

- **Avoid:**
 - Threatening
 - Intimidating
 - Drawing weapons
 - Advising
 - Judging
 - Ordering
- **Body language:**
 - Finger-pointing may seem accusing or threatening.
 - Shoulder shrugging may seem uncaring or unknowing.
 - Rigid walking may seem unyielding or challenging.
 - Jaw set with clenched teeth shows you are not open- minded to listening to his/her side of the story.
 - Use a natural smile. A fake smile can aggravate the situation.
 - Use slow and deliberate movements -- quick actions may surprise and alarm the other person.
- **Personal space:**
 - Invasion or encroachment of personal space (1.5 to 3 feet) tends to heighten anxiety.
 - If possible, do not touch a hostile person -- they might interpret that as an aggressive action.
 - Keep your hands visible at all times -- you do not want the other person to misinterpret your physical actions.
 - Recall military and law enforcement training does overlap

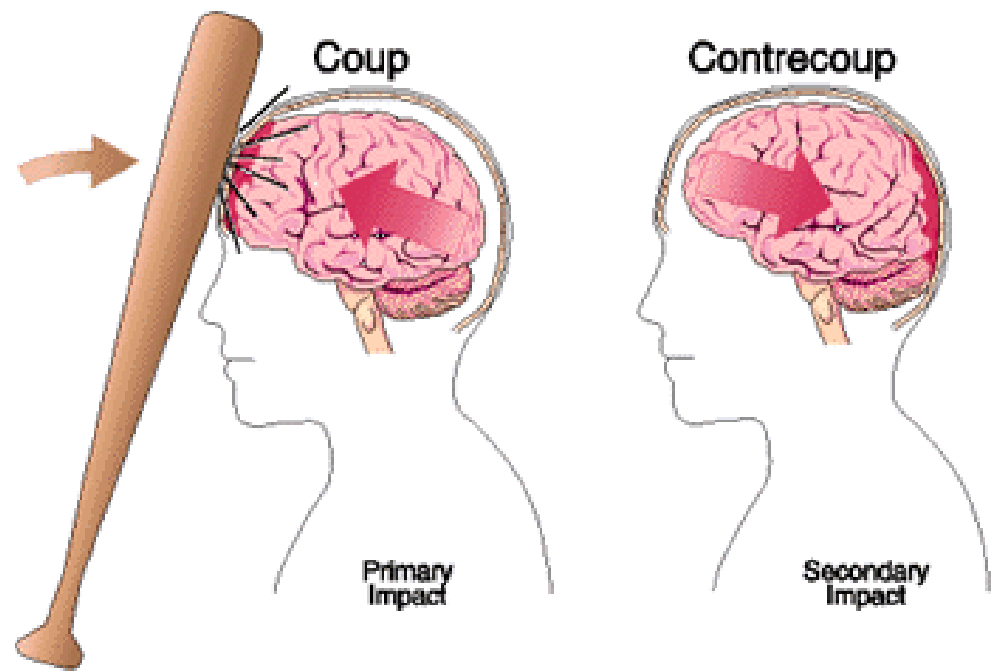


TBI

Traumatic Brain Injury

- A traumatic brain injury is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.
- The severity of such an injury may range from mild to severe.
- A TBI can result in short- or long-term problems with independent function.

Mechanism of TBI (Traditional)



Blast Waves & the Brain

“Start by envisioning a bowl of jello. Tap it on one side and watch how it wiggles all the way over to the other.

This mundane image illustrates the force of a blast wave — from a bomb, an improvised explosive device (IED), a mine, grenade or mortar shell — traveling through brain matter, disrupting pathways and unleashing a chemical soup on its victim, according to Jonathan Fellus, MD, Director of Brain Injury Services at Kessler Institute of Rehabilitation.”



TBI- Common Symptoms

Cognition

- Motor/sensory disturbances
- Impairments in:
 - Language, communication
 - Attention, concentration, memory
 - Learning new information
 - Speed of information processing
 - Judgment, decision-making, problem-solving, insight

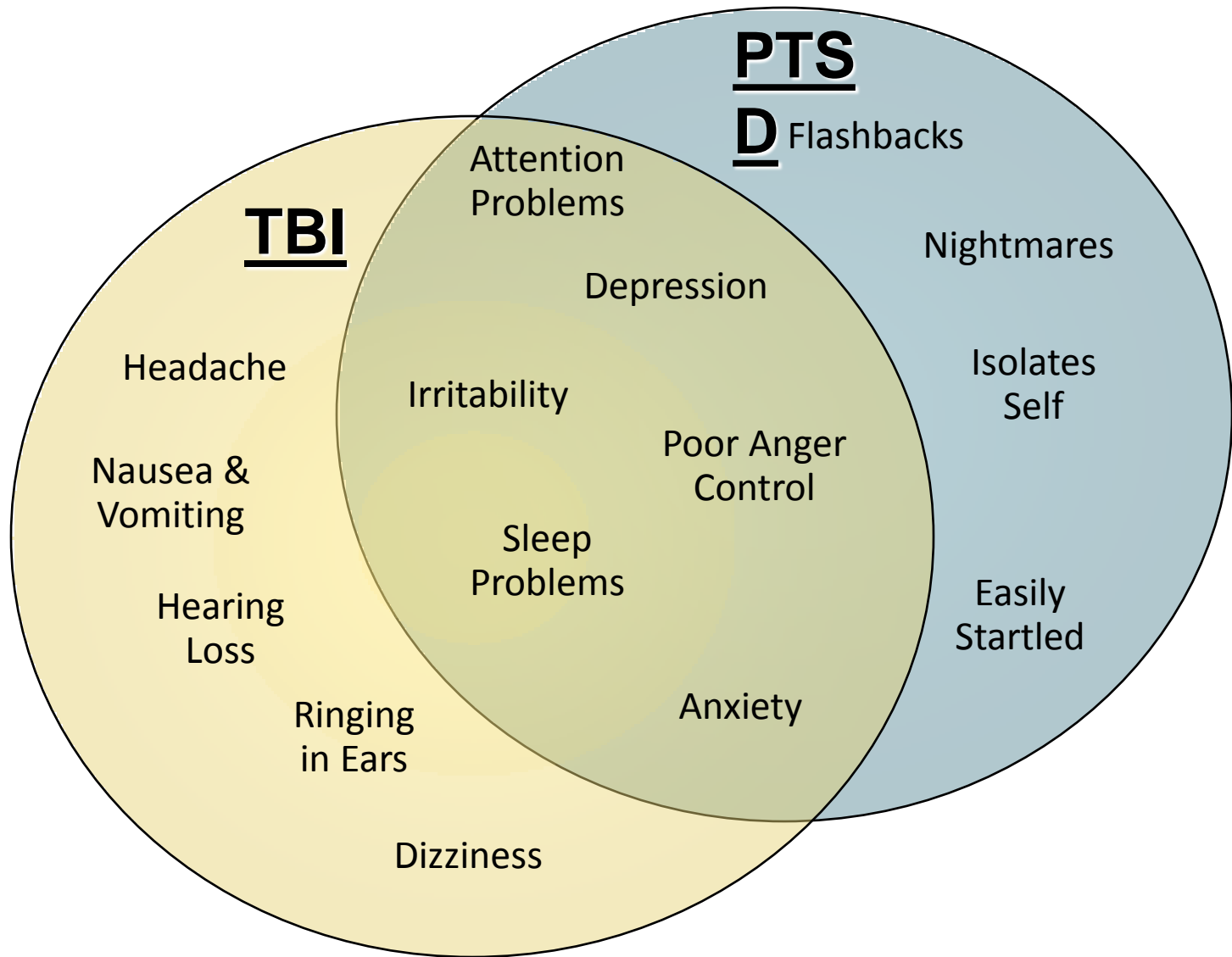
Mood

- Apathy/Depression
- Anxiety
- Irritability
- Emotional lability
- Insensitivity
- Egocentricity

Behavior

- Lack of initiation
- Disinhibition
- Impulsivity
- Restlessness
- Aggression
- Agitation

TBI- PTSD Overlapping Symptoms



TBI in Veterans

- TBI represents ~ 22% of confirmed injuries in Iraq/Afghanistan War Veterans.
- Many Veterans have experienced multiple TBI's due to chronic exposure to blasts
- As many as 50% to 60% of Veterans with chronic blast exposure have significant hearing loss or tinnitus ("ringing" in the ears) (Lew, et al. 2007)

Helpful Hints when Interacting with Veterans with TBI

- **Hearing Impairments:**
 - Ask is Veteran can hear you
 - May need to use large gestures to get Veteran's attention from a distance. Don't depend on shouting.
 - Recognize that some people with new hearing problems are more prone to suspiciousness.
(Imagine if everyone around you was whispering.)
 - Be more careful about speaking slowly and clearly.
- **Slowed Processing Speed:**
 - Patience w/Calm Attitude
 - Recognize that thinking more slowly does not equal lower intelligence
 - Allow more time for Veteran to respond
- **Emotions and/or Aggressiveness:**
 - Assess potential for suicide/assault.
 - Consider need for transfer to the VA.
 - Slow your own speech and project a sense of calmness.
 - Ask Veteran to identify what tactics have been helpful in the past, and encourage that tactic if it's safe.
- **Difficulty Problem-Solving:**
 - Offer options rather than expect Veteran to generate solutions.
 - Walk Veteran through the problem and assist with breaking it down into smaller components.
 - Minimize Distractions in environment and allow time to think.
- **Impaired Attention**
 - Decrease environmental stimuli when possible. Take Veteran to quiet area to talk.
 - Consider asking Veteran to state back what you've said in his/her own words.
 - Allow breaks in longer conversations for Veteran to get up and stretch.

VA Services

Need domains:	Service domains – VA and non-VA:
<ul style="list-style-type: none"> • Service access 	<ul style="list-style-type: none"> • OEF/OIF/OND coordination • Minority Veterans Affairs • “Access to VA services for reentry and justice-involved veterans” (DUSHOM, July 20, 2009)
<ul style="list-style-type: none"> • Alcohol and drug abuse <li style="text-align: center;">-and/or- • Psychiatric problems* 	<ul style="list-style-type: none"> • Substance abuse services (outpatient, residential) • Mental health services (outpatient, residential, inpatient) • Evidenced-based treatments (MI, SS, MRT) • Recovery focus • Suicide prevention • Peer support • Violence prevention (Disruptive Behavior Committee)
<ul style="list-style-type: none"> • Medical problems 	<ul style="list-style-type: none"> • Medical services (outpatient, inpatient – medical, surgical, rehabilitation)
<ul style="list-style-type: none"> • Housing* 	<ul style="list-style-type: none"> • Homelessness prevention • Homeless (outreach, residential – HCHV, G&PD, DCHV; HUDVASH)
<ul style="list-style-type: none"> • Employment 	<ul style="list-style-type: none"> • Therapeutic (CWT, IT, SE) • Competitive (EDD One-Stops: DVOPs, LVERs)
<ul style="list-style-type: none"> • Benefits 	<ul style="list-style-type: none"> • Comp & Pen (VBA, State DVA, County VSOs, VSOs) • Other benefits (same as above)
<ul style="list-style-type: none"> • Family 	<ul style="list-style-type: none"> • Readjustment (Vet Centers; VA Mental Health) • Domestic violence (Vet Centers; community)
<ul style="list-style-type: none"> • Legal/Financial 	<ul style="list-style-type: none"> • Debt counseling/Landlord/tenant issues • Bench warrant resolution • Divorce/Family Court/Child custody • Child support debt modification • Child and family counseling/family reunification • VA OGC/Regional Counsel; ABA; OCSE; HCHV/CWT
<ul style="list-style-type: none"> • Sexual trauma* 	<ul style="list-style-type: none"> • Military Sexual Trauma (MST)
<ul style="list-style-type: none"> • Combat/ trauma 	<ul style="list-style-type: none"> • VA PTSD services* • Federal Recovery Coordinators (severely disabled combat Veterans) • Vet Centers • VA Physical Medicine & Rehabilitation (PM&R) (TBI) • VA Polytrauma Rehabilitation Centers

*See: Uniform Mental Health Services in VA Medical Centers and Clinics (http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762)



VA Services

- **Fayetteville VA Medical Center**
 - 2300 Ramsey St. Fayetteville, NC 28301
910-488-2120
 - **VA Health Benefits**
 - Ext. 7016
 - **Emergency Department Front Desk**
 - Ext 7903
 - **Suicide Prevention Coordinator**
 - Ext. 5683
 - **Healthcare for Homeless Veterans Program**
 - Ext. 7238
 - **OEF/OIF/OND Program Services**
 - Ext. 5835

Fayetteville VA Medical Center Services

Pocket Reference Guide

Did you serve in the Armed Services?
Do you want me to help you get somewhere? (if “yes”)
Are you a patient at Fayetteville VA Healthcare System?
Business hours: 910-488-2120 Toll Free: 1-800-771-6106
Did you serve in a War Zone?
Fayetteville Vet Center: 910-488-6252
Do you have a place to stay tonight?
Healthcare for Homeless Veterans Program: 910-488-2120 ext. 5679
Do you need substance use treatment or detox?
The VA CARP Program: 910-488-2120 The Roxy Center: 910-424-1212
Do you need legal aid?
VA Justice Outreach: 910-488-2120 x 7225 Cumberland County: 910-483-0400 Toll Free: 1-866-219-5262

<u>Tips for Talking to Veterans</u>
<ul style="list-style-type: none"> • Speak simply, briefly and slowly
<ul style="list-style-type: none"> • Give choice to Veteran whenever possible.
<ul style="list-style-type: none"> • Move slowly – no sudden movements
<ul style="list-style-type: none"> • Ask about weapons
<ul style="list-style-type: none"> • Spend time listening
<u>REMEMBER:</u>
<ul style="list-style-type: none"> • Not responsive may not mean non-compliant.
<ul style="list-style-type: none"> • Substance and alcohol use may be signs of PTSD.
<ul style="list-style-type: none"> • Anger, resistance, and fighting may be signs of PTSD.
<ul style="list-style-type: none"> • Remember that women can be veterans with PTSD too.



VA Services: Emergency/Crisis Process

- Escort Veteran to nearest facility
 - VA Medical Center/Community Hospital
- Inform them the patient is a Veteran, if known.
- Intake staff will evaluate Veterans need for admission & can transfer Veteran to Fayetteville VAMC, if needed.
- Fayetteville VA Transfer Coordinators :
 - **910-488-2120 Ext. 7002**



Veteran's Justice Outreach (VJO) Specialists

- **Operational since 2009**
- **Outreach to Veterans in contact with law enforcement, jails, and courts**
- **Goal is to provide timely access to VA services for eligible justice-involved Veterans to avoid unnecessary criminalization and incarceration of Veterans with mental illness, substance abuse disorders and/or traumatic brain injury (TBI).**
 - **In communities where justice programs relevant for Veterans exist, the VA will take the initiative in building working relationships to see that eligible justice-involved Veterans get needed care**
 - **In communities where no such programs exist, VA will reach out to potential justice system partners to connect eligible justice-involved Veterans with VA services**
 - **Fayetteville VJO Specialist:**

Curtis W. Morrow, MSW, LCSW
910-488-2120 ext 7225



Limits on VA Authorization

- Can provide:
 - Outreach, assessment, referral and linkage to services
 - Treatment for justice-involved Veterans who are not incarcerated
- Title 38 CFR 17.38 does not allow VHA to provide:
 - Hospital and outpatient care for a Veteran who is
 - Either a patient or inmate in an institution of another government agency
 - If that agency has a duty to give that care or services



Questions?