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Experiences of Veterans with PTSD and SUD in an Outpatient Setting

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Experiences of Veterans with Post Traumatic Stress Disorder and Substance Use Disorder in an outpatient setting

Introduction

Co-occurring mental health disorders, such as PTSD and SUDs are prevalent among United States military combat veterans. The Department of Veterans Affairs offers co-occurring treatment programs for veterans through its extensive nationwide healthcare system. The purpose of this research project is to document the experiences of combat veterans who are going through or have gone through a co-occurring treatment program for PTSD and SUDs.



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Professor Caroline Shanti, Department of Social Work



Findings

- SUD
 - 5/6 participants did not have a SUD before entering the combat zone
- Coping skills
 - [treatment] “helped me learn different coping skills...keeping myself in the present was one of the most important.”
- Readiness
 - [Treatment is] effective if the person is ready... it depends all on the person, if the person is sick and tired of being sick and tired.”
- Stigma against MAT
 - “I was not all about replacing a drug for another drug...I don’t think it’s [SUD] disease...I think it’s a choice”
- Proactive treatment follow-up
 - “treatment for me...what these guys do here [at LVC]...is make sure that I’m following up with my support group outside.”
- Group as a major support system
 - “I immediately felt very comfortable in a group setting.”
 - “It’s the camaraderie we [group members] all have.”

Methods

Analysis: Qualitative Thematic Analysis

- Qualitative thematic analysis is the process of identifying overall themes that emerge from interviews. These themes are patterns that encompass the essence of the data.

Theoretical Framework: Relational Theory

- Relational theory encompasses psychodynamic ideas and traditional principles of social work such as cultural sensitivity, empowerment practice, person-in-environment, and client-centeredness (Segal, 2013, p. 376). Relational theory provides the ability of systems theories to see individuals in their environment while also viewing the process through which individuals internalize their experiences of self and environment.

Participants/Interviews:

- 6 clients from the Lewiston Vet Center who have experience with co-occurring PTSD and SUD treatment
- Semi-structured interviews 22-63 minutes long, averaging 45 minutes

Questions

- What are the experiences of Combat Veterans in treatment for Post Traumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD)?
- How do these experiences impact length of treatment?

Acknowledgements

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[The most rewarding part of the treatment process has been] “a clearer mind, soul, and spirit. I actually feel human again. I’m alive, and I have feelings. And I’m able to contribute to my community and be a part of it. I have a lot of friends. And I recently got married. It’s just... I’m actually a participant in my own life. Now I’m not just waiting to die”
-combat veteran



Approximately 22 United States combat veterans die by suicide every day. The Veterans Crisis Line was created in 2007 as resource for any veterans who may be struggling.

Official motto of the Department of Veterans Affairs:

“To care for him who shall have borne the battle and for his widow, and his orphan.”

Discussion

The emergent themes of this research can provide practitioners with new information on successful treatment for co-occurring PTSD and SUDs as well as add to the existing knowledge. First of all, there is a clear correlation in this research between entering combat and the development of a SUD. Thus, it is necessary to screen all combat veterans for PTSD as well as SUD. This research enforces the existing knowledge on the importance of an individual's readiness to enter treatment. Furthermore, groups are a primary support system for the participants and participants found a lot of value in learning and practicing coping skills. Despite the research in the field about the success of MAT, this population seems to have a very negative view on that type of treatment. Further education should be provided to combat veterans with co-occurring PTSD and SUD on the MAT and dispel any myths that these individuals may believe. Lastly, proactive treatment follow-up is a vital aspect to treatment and aftercare programming should be a clear next step to a co-occurring PTSD and SUD program. This research is largely in line with the current research and knowledge in the field and can give practitioners special areas of focus for the treatment they are providing.

References

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