

# Caring for the returning veteran with substance use disorder

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## *Common conditions*

### Substance use disorders

- Alcohol, cannabis, cocaine
- Opioids: prescribed and illicit
- Tobacco

### Co-occurring disorders

- PTSD
- Chronic pain
- Traumatic brain injury
- Mood disorders

## *DSM-5 effective in VA 11/01/13*

- Replaces abuse and dependence with *substance use disorder* on continuum of severity.
- 11 criteria (DSM-IV dependence plus abuse criteria *minus* legal *plus* craving)
- Mild 2-3+    Moderate 4-5+    Severe  $\geq 6$

## *Associated problems*

- Unemployment
- Returning to school or work
- Family conflict
- Unstable housing/homelessness
- Finances
- Transportation
- Legal problems

## *Core principles of care*

- Person-centered, individualized
- Recovery-oriented
- Accessible
- Evidence-based
- Comprehensive/integrated
- Family-friendly
- Continuum of services and settings
- Measurement of outcomes

## *Guiding policies*

- VHA MH Uniform Services Handbook
- VHA SUD and PTSD Handbooks
- VA/DoD Clinical Practice Guidelines
  - SUD, PTSD, Concussion-mTBI, etc.
- VHA policies re: alcohol/drug testing, intoxicated patients, extended hours

## Access

- Location: closer to veteran's home via Community-Based Outpatient Clinics (CBOC's) and Health Care Centers (HCC's)
- Telehealth care
- Rapid access to outpatient treatment
  - $\leq 7$  days after hospital or ED discharge
  - $\leq 14$  days for routine OP consults
- Extended hours (evenings, weekends)

## *Continuum of care*

- Screening, Brief Intervention & Referral to Treatment (SBIRT)
- Crisis intervention/detoxification
  - Emergency Department and Inpatient Care
- Conventional Outpatient Treatment
- Intensive Outpatient Treatment
- Residential treatment in VA network

## *Required clinical screens*

- Alcohol (AUDIT-C)
- Depression
- PTSD
- Traumatic brain injury
- Military sexual trauma
- Tobacco
- Iraq-Afghanistan Post-Deployment Screening

# *Locations, services, disciplines*

<b>Durham/Hillandale II</b>	<b>General outpatient Psychiatric management Suboxone</b>	<b>Psychiatry Psychology Social Work Nursing</b>
<b>Raleigh II</b>	<b>General outpatient Intensive outpatient Psychiatric management Suboxone</b>	<b>Psychiatry Psychology Social Work Nursing</b>
<b>Greenville CBOC</b>	<b>General outpatient Suboxone via telehealth</b>	<b>Psychology Social Work</b>
<b>Morehead City CBOC</b>	<b>General outpatient</b>	<b>Social Work</b>
<b>Durham VAMC</b>	<b>Emergency and inpatient services, crisis intervention, detoxification (24/7)</b>	

- Health Care Centers (HCC)
  - Wilmington HCC (May 2013)
  - Greenville HCC (early 2014)
- Intensive Outpatient Programs (IOP)
  - Raleigh
  - Charlotte

# *Residential SUD treatment*

Salisbury VAMC

Asheville VAMC

Hampton (Virginia) VAMC

Salem (Virginia) VAMC

## *Evidence-based SUD psychotherapies*

- Motivational Interviewing /  
Motivational Enhancement Therapy
- Cognitive behavioral therapy/relapse prevention
- Twelve-step facilitation
- Contingency management
- (Seeking Safety for PTSD/SUD)

# *Evidence-based SUD pharmacotherapies*

## Alcohol

naltrexone

disulfiram

acamprosate

## Opioids

buprenorphine (Suboxone)

naltrexone

methadone (by referral)

## *Evidence-based PTSD treatment*

- Psychotherapy
  - Prolonged exposure (PE)
  - Cognitive processing therapy (CPT)
  - CBT for depression and insomnia
  - Dialectical behavioral therapy (DBT) skills
- Pharmacotherapy
  - SSRI's and other antidepressants
  - Prazosin

## *Treatment models for co-occurring PTSD and SUD*

- Sequential
- Concurrent
- Integrated

## *SUD services, continued*

Legally mandated treatment , including DWI

Smoking cessation

Collaboration with:

- Primary care in pain/SUD care

- Liver clinic (hepatitis C, cirrhosis)

- Infectious Disease (HIV)

- Chaplain Service: Spirituality Group

- Compensated Work Therapy

- Health Care for Homeless Veterans (HCHV)

## *Measurement-based care*

- Brief Addiction Monitor (BAM)
  - 17 items
  - Intake and at 60-90 days of treatment
- PTSD Checklist-Civilian (PCL-C)
  - OIF/OEF veterans every 3 months

## *Utilization (FY12)*

- 556 Veterans received outpatient SUD services at Durham at its satellites
- 17,000 outpatient SUD visits
- 500 hospital admissions involving alcohol detox.

## *Program Strengths*

- True continuum of care
- Individualized, multidisciplinary team-based care
- Rapid access to outpatient treatment
- Evening and weekend hours
- 12-step H&I meetings on inpatient Psychiatry
- Linkages with TROSA, Healing Place, CAARE via VA Grant Per Diem program
- Clinical education in SUD care for trainees in medicine, psychiatry, social work, psychology and other therapy disciplines

## *Challenges and Gaps*

Access to residential treatment

Housing following inpatient detox

Transportation from outlying locations

# *VA /Community Partnerships*

Healing Place

TROSA

CAARE

Fee-basis referral to methadone programs

Governor's Institute/FOCUS

## *Resources*

### VHA Community Provider Toolkit

[www.mentalhealth.va.gov/communityproviders/](http://www.mentalhealth.va.gov/communityproviders/)

### VA/DoD Clinical Practice Guidelines

[www.healthquality.va.gov/](http://www.healthquality.va.gov/)

### VHA SUD Handbook

[www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2498](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2498)

# *VA SUD Program Locator*

[www2.va.gov/directory/guide/SUD\\_flsh.asp?isFlash=1](http://www2.va.gov/directory/guide/SUD_flsh.asp?isFlash=1)

Thank you.