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Heidi Prentice

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Alcohol Abuse and Mental Health Disorders in United States Veterans

Heidi Prentice, RN, BSN

University of North Dakota

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Abstract

United States Veterans experience difficulties such as divorce, job loss, traumatic brain injuries, chronic pain, post-traumatic stress disorder, and financial problems which all can result in alcohol and drug abuse in the veteran population (National Council on Alcoholism and Drug Dependence, 2017 [NCADD]). A literature review was conducted to determine the relationship between alcohol abuse and mental illnesses in U.S. veterans. The results revealed a relationship between mental illness and alcohol abuse in U.S. Veterans. Implications for nursing practice include the importance of appropriate training of staff on utilization of alcohol screening tools, motivational interviewing and holistic interventions for treatment of alcohol use disorders.

Introduction

The combination of social and physical aspects affecting United States veterans may push as many as 13% of veterans toward drinking and drug use (NCADD, 2017). Having post-traumatic stress disorder (PTSD) increases the risk of individuals developing a drinking or drug problem (U.S. Department of Veteran's Affairs, 2015). The service members who have had multiple deployments with combat are at risk for developing drug and alcohol problems (National Institute on Drug Abuse, 2013).

According to Herrold et al., alcohol use disorder is endemic among recent veterans who were deployed to Iraq and Afghanistan, and the rates are higher for those with co-occurring mild traumatic brain injuries and mental health conditions (2014). It is estimated that post-traumatic stress disorder in Operation Enduring Freedom/Operation Iraqi Freedom veterans is 23% compared to 6.4-7.8% prevalence of PTSD in the general population of adults (Fuehrlein et al., 2016). Veterans with PTSD or depression are at a 3.0 to 4.5 greater risk of developing alcohol use disorder (Herrold et al., 2014). It is important for nurses working in mental health substance

abuse treatment programs within the Veteran's Affairs Health System to understand the relationship of alcohol use disorder and mental health disorders. Nurses should also be trained in cognitive behavior therapy, motivational interviewing, complementary alternative medicine and other evidence-based treatments to provide adequate care to this vulnerable veteran population.

Purpose

The purpose of this study is to help identify the answer to the PICO question, "Among the United States Veteran population, is there a positive relationship in mental health disorders and alcohol abuse?" Furthermore, implications for nursing practice are discussed for holistic education to be offered for nursing staff working with this population. Findings will be presented in poster format in the appendix of this paper. The poster will be presented at Nursing Research on the Green in La Crosse, WI in April 26, 2018.

According to Helstrom et al. (2014), alcohol misuse screening in health care settings can identify patients who misuse alcohol. Despite the value of utilizing alcohol screening tools, the screens are infrequently utilized (Funderburk, Crasta, & Maisto, 2016). Primary care should serve as a platform to recognize and treat depression and alcohol misuse (Funderburk et al., 2016).

Individuals who seek assistance with drinking problems prefer to have a choice when setting a drinking goal (Enggasser et al., 2015). According to Cucciare, Simpson, Hoggatt, Gifford, & Timko (2013), interventions including motivational interviewing, relapse prevention, and cognitive behavior therapy may be helpful for substance misuse along with reducing mental health symptoms in the female veteran population. In a recent national survey in the United States, 40% of the participants with PTSD utilized complementary alternative medicine (Reddy, Dick, Gerber, & Mitchell, 2014).

Significance

A leading cause of medical and psychiatric morbidity in the world is alcohol use disorder, at a rate of 4% of total mortality (Iheanacho, Issa, Marienfeld, & Rosenheck, 2013). Morbidity and treatment response is worse among people with posttraumatic stress disorder and substance use disorder (Iheanacho et al., 2013). In addition to personal morbidity, untreated drinking can lead to loss of employment and increased utilization of medical services with health problems such as hypertension, liver disease, depression, and sleep disorders (Helstrom et al., 2014).

In the person-centered care model individuals are given respect to self-determination and autonomy (Topor, Grosso, Burt, & Falcon, 2013). Motivational enhancement is an evidence-based practice used for co-occurring disorders to provide a supportive and integrated treatment team approach (Topor et al., 2013). It is important for nursing staff to understand the recovery treatment approach since nursing is traditionally trained in medical science.

The results from this study show a relationship between mental health disorders and substance abuse problems in veterans. Mental health program staff at the VA system is traditionally made up of psychologists and social workers who work with the veterans Mondays through Fridays. Registered nurses staff the VA mental health treatment programs 24-7. Registered nurses working in mental health/substance abuse treatment programs should be offered training in alternative complementary medicine, cognitive behavior therapy, and motivational interviewing to provide holistic non-judgmental care to this population.

Theoretical Framework

The theoretical framework chosen for this research was Carl Rogers' person-centered theory. The person-centered theory sees that every individual has the potential to develop themselves to their maximum potential, which Rogers calls actualizing tendency (McEwen &

Wills, 2014). In Rogers' theory he identified that unconditional positive regard, being genuine, and having empathic understanding are conditions needed for effective nurse-client relationships (McEwen & Wills, 2014). According to Rogers' theory, the importance of a nurse having these traits are that they will assist facilitating change in the client, which produces a positive treatment outcome (McEwen & Wills, 2014).

Rogers' theory is divided into the organism and the self (McEwen & Wills, 2014).

Organism deals with the individual's experiences, which is made of two concepts (McEwen & Wills, 2014). The first concept is that the frame of reference of each individual can only be known by them (McEwen & Wills, 2014). The second concept is that the behavior of an individual does not depend on stimulating conditions (McEwen & Wills, 2014).

Rogers' theory goes on to discuss the phenomenal field of self, or self-concept (McEwen & Wills, 2014). According to Rogers, there is a person's "self", in addition to the person's "ideal self" (McEwen & Wills, 2014).

The concepts of organism and self in Rogers' theory is related to acceptance or non-acceptance of the organism with the self (McEwen & Wills, 2014). When an individual accepts an experience without anxiety the person is able to stay realistic, which is also known as congruence in Rogers' theory (McEwen & Wills, 2014). Incongruence exists when an individual feels threat and anxiety in a situation, causing the individual to become defensive, resulting in behavior problems (McEwen & Wills, 2014). Rogers' theory also discusses that each individual has learned needs of positive-regard and self-regard and that behavior occurs to enhance or maintain itself (McEwen & Wills, 2014). When an individual receives both positive and negative regard from others, the individual can learn to see differences between feelings of worth and unworthiness (McEwen & Wills, 2014).

According to Stephen Joseph (2004), Carl Rogers provided a theory of therapy and consistent with modern trauma theory. Rogers' theory provides experimental ways of working with people who have experienced trauma, putting the client in the center (Joseph, 2004). Rogers' theory also encourages caregivers to understanding how people adjust to traumatic events (Joseph, 20014).

The importance of Rogers' theory to nursing is that nurses need to understand that every individual is unique with the potential for self-actualization (McEwen & Wills, 2014). The person-centered approach in Rogers' theory is important for nursing to have the concept of equal collaboration in the individual's care (McEwen & Wills, 2014). The ability of an individual to contribute to their plan of care motivates them to accomplish their goals (McEwen & Wills, 2014).

Motivational interviewing (MI) is humanistic psychology, mainly the work of Carl Rogers, Ph.D. (Arehart-Treichel, 2012). Motivational enhancement therapy is an effective treatment for alcohol use disorders (Dieperink et al., 2014). "The assumption underlying the use of BMI (brief motivational interviewing) is that it works by increasing the client's level of motivation to cut down or quit drinking and that, given that such an increase takes place, the client has the resources and skills to achieve the desired reduction in drinking on her own" (Heather, 2014, p. 627).

Motivational interviewing skills include empathy and believing in the client (Barrett & Chang, 2016). Motivational interviewing is composed of the client being a partner in their care (Barrett & Chang, 2016). Patient empowerment is when the nurse and the patient have cooperation to develop the knowledge and ability to deal with making decisions (Brobeck,

Bergh, Odenrants & Hildingh, 2011). With cooperative support from the nurse, the patient participates more actively to take control of his or her health behaviors (Brobeck et al., 2011).

Brief interventions are proven to be cost-effective ways to decrease alcohol consumption (Straits-Troster, 2006). Brief interventions offer non-confrontational, patient-centered methods that increase the chances that the patient will discuss barriers and positive things associated with behavior change” (Straits-Troster, 2006). MI involves specific techniques, most importantly trying to get patients to talk about how they want to change or are going to change (Arehart-Treichel, 2012). According to Julie Stewart, RN, the application of motivational interviewing is an evidence-based practice in alcohol abuse treatment and is even supported by the government and clinical guidelines (2012).

Definitions

The population of this study consists of United States veterans who have co-morbid substance use disorders and mental health disorders. According to Stewart (2012), motivational interviewing’s purpose is not to teach people new things or change what they believe or value, but to relate to individual’s personal achievements and hopes.

Process

In order to determine the relationship between alcohol abuse and mental health issues in the U.S. veteran population, a literature review was conducted. The search engine utilized was the University of North Dakota’s Harley E. French Library and Tomah, WI VA Medical Center’s Library. The literature databases utilized CINAHL, Psychiatry Online, PsycINFO, and PubMed.

The first search was done under CINAHL and included the words “alcohol” AND “abuse” AND “veterans”. The search was limited to “academic journals”. The search years were limited to between 2012 and 2017. The search found 91 articles.

The second search included the same words, “alcohol” AND “abuse” AND “veterans”. This search was conducted under CINAHL. The search was also limited to articles between 2012 and 2017. The search this time was limited to “evidence based practice”. This search found three results.

The third search performed included the words “motivational” AND “interviewing” AND “alcoholism” and was done under CINAHL. The search was limited to articles between the years 2012 and 2017. The search found 27 results. One of these articles was utilized for this research project.

Utilizing the Tomah, WI VA Medical Center Library, under the literature database “Psychiatry Online”, a literature search was conducted using the words “Carl” AND “Rogers”. The search was limited to articles between the years 2012 and 2016. The search gave twelve results.

A second search was done utilizing the VA Library under the literature database PubMed. The words “Carl” AND “Rogers” AND “theory” were entered. The search was limited to the years between 2012 and 2017. This search gave twenty literature results.

Utilizing the VA Library a third literature search was conducted under the literature database “PsycInfo”. The words “motivational” AND “interviewing” AND “alcoholism” were entered. The search was limited to articles between 2012 and 2017. The search gave 171 article results.

It is important for nurses to utilize a person centered approach when working with patients with substance use disorders. In order to make nurses aware of skills to utilize when providing person-centered care, this research will be provided to educate them. The education will also include causes of alcohol abuse, and ways to provide non-judgmental person-centered

care. Lucy Heintz, RN, MS, COHN-S was consulted on Friday, January 19, 2018 in this project to provide additional recommendations.

Review of the Literature

A research study performed by Williams et al. (2016) studied racial/ethnic differences in the prevalence of alcohol use disorders in patients at the U.S. Veterans Health Administration. The study revealed alcohol use disorder as 6.5% prevalence in all categories (Williams et al., 2016). Alcohol-use disorder was highest in blacks and Hispanics at 7.1% (Williams et al., 2016). Alcohol-use disorder was 5.7% for whites (Williams et al., 2016). Limitations in this study include that the demographic data is entered by administrative personnel and could be entered in error (Williams et al., 2016). Another limitation is that the results are descriptive and may not show the true prevalence of alcohol use disorder in the VA population (Williams et al., 2016).

Schultz, Glickman, and Eisen (2014) reviewed the significance of mental health, including PTSD and alcohol use disorders in veterans who had been deployed to Iraq between 2007 and 2008, but who were now residing in the United States. The study had a second survey repeated at 6 months to assess mental health changes over time and to identify any factors that could lead to mental decline (Schultz et al., 2014). Schultz et al. (2014) found a decline in overall mental health was associated with being in the National Guard, being of black race, having physical health problems, lack of psychiatric care, less sexual harassment, difficult environment in deployment, and low levels of self-efficacy. Post-traumatic stress disorder symptom severity was related to being under age 26, unemployed, divorced or separated, low level of deployment preparedness, high levels of post deployment social support, adverse childhood experiences with family life, and greater amount of sexual harassment. Worsening alcohol use post-deployment was related to being male, below age 26, lower level of education,

living alone, divorced or separated, being in the national guard, having been in the marines, still being active military, less support from unit, and having a medical problem. Limitations to this study are self-reported measures, which may include bias (Schultz et al., 2014). Other limitations include inability to include pre-deployment data (Schultz et al., 2014). The participation rate of only 33% was low, and the Marines and those with only a high school education were underrepresented (Schultz et al., 2014). The research study was oversampled with National Guard members, older persons and higher educated people (Schultz et al., 2014).

Similarly, a study performed by Eisen et al. (2012) was done on veterans within one year of returning from deployment in Iraq or Afghanistan and reviewed mental health differences in service component of active, National Guard, or other reserve versus service branch of Army, Navy, Air Force, and Marines. This research study identified that 39.2% of the total sample screened positive and had a probable alcohol use disorder with males reporting higher substance use scores than women (Eisen et al., 2012). Another significant finding in this research related to alcohol use disorders was that 47% of Army and 45% of Marines participants screened positive for alcohol use, in comparison of 26% of both Air Force and Navy participants (Eisen et al., 2012). Limitations in this study included self-reporting tools which could be biased (Eisen et al., 2012). Another limitation was that only 33% of those eligible for the study responded (Eisen et al., 2012).

Herrold et al. (2014) researched alcohol use and craving among Iraq and Afghanistan Veterans with mental health disorders and mild traumatic brain injuries utilizing telephone interviews. The results of this study concluded that a significant portion of the participants screened positive for probable alcohol use disorder, which was 60% of the participants (Herrold et al., 2014). Veterans who screened positive for probable alcohol use disorder did report

frequent and severe alcohol cravings versus those who screened negative for alcohol use disorder (Herrold et al., 2014). The finding revealed that with or without TBI, the participants with mental health disorders had increased alcohol use and more severe frequent alcohol cravings (Herrold et al., 2014). Limitations in this study were that there was a difference in employment status between participants who had TBI and who did not; the TBI participants were more often unemployed (Herrold et al., 2014). Another limitation was that the sample was a convenience sample and a small sample size of only 48 (Herrold et al., 2014).

Fuehrlein et al. (2016) evaluated life-time alcohol use disorder and alcohol use disorder in the last year, psychiatric conditions associated with alcohol-use disorder, and how these mental health issues correlate with life-time and past-year alcohol use disorder (Fuehrlein et al., 2016). According to the research, the prevalence of life-time and past-year probable alcohol use disorder was 42.2 and 14.8% (Fuehrlein et al., 2016). Life-time alcohol use disorder showed a positive relationship with psychiatric disorders (Fuehrlein et al., 2016). The veterans with life-time alcohol use disorder also tended to be younger, male, in a low income range of <\$30,000, less educated, and had more traumatic life events (Fuehrlein et al., 2016). Veterans testing positive for alcohol use disorder in the last year tended to be male, younger, single, and have a diagnosis major depression disorder (Fuehrlein et al., 2016). Limitations in this study included self-reporting measures which could be biased (Fuehrlein et al., 2016). The fact that this study was retrospective was also a limitation (Fuehrlein et al., 2016). Finally, the study had mostly older white men respond to the survey (Fuehrlein et al., 2016).

Hollis, Kelley, and Bravo (2017) examined the relationship of pre-military abuse (sexual or physical) and pre-military mental health symptoms, and how these are related to hazardous alcohol use. The results of this research showed that alcohol abuse was positively correlated

with pre-military sexual abuse, but pre-military mental health symptoms did not mediate alcohol abuse (Hollis et al., 2017). Overall, the findings provide only partial support of the Conservation of Resources Theory which states that when a trauma occurs, especially in childhood or adolescence poor mental health exists which turn to poor behaviors like alcohol consumption (Hollis et al., 2017). Limitations to this study include that the data were self-reported on pre-military information which is subject to military bias (Hollis et al., 2017).

Funderbuck, Crasta, and Maisto (2016) studied to describe preferred implementation of AUDIT-C screening tools and to guide non-VA clinics on implementing these tools to include primary care VHA staff (Funderbuck et al., 2016). The study participants were asked about their perceptions of AUDIT-C in their clinic, and how they were trained on them (Funderbuck et al., 2016). More than 50% of the time the AUDIT-C was administered verbally by a nurse in the exam room (Funderbuck et al., 2016). Less than half (41%) of the 484 respondents who regularly administered the AUDIT-C screens stated they were trained on how to administer the screenings, and how to best ask the questions to make patient comfortable, and how to further assess alcohol use (Funderbuck et al., 2016). Limitations of this study include a small response rate of only 29%, and that the responses were self-reported (Funderbuck et al., 2016).

Worley, Tate, and Brown (2012) found that attendance at 12-step meetings has mental health benefits including reduced depression and reduced future drinking (Worley et al., 2012). Limitations in their study included limited demographics and the fact that the participants were also being treated with antidepressants (Worley et al., 2012). Boden et al. (2011) conducted a similar study with US Veterans regarding Seeking Safety treatment for comorbid substance use and PTSD. Like 12-step, Seeking Safety utilizes motivational enhancement and patient-centered group settings for treatment of substance use and PTSD (Boden et al., 2011). Findings of the

study were significant in that more patients being treated with Seeking Safety attended treatment sessions, had greater satisfaction, and had developed a significant more amount of coping skills (Boden et al, 2011). Limitations of this study included the fact that the group facilitators had different levels of education, from bachelors, Master's, to PhD. level training (Boden et al., 2011). Participants also only met partial criteria for PTSD (Boden et al., 2011). Another limitation was that this study only had male veterans, no female veterans (Boden et al., 2011).

Williams et al. (2014) evaluated the effectiveness of brief intervention for unhealthy alcohol use in US Veterans. Of the 6,210 veterans who screened positive initially, 47% of them resolved unhealthy alcohol use at follow-up, regardless if they had brief intervention performed or not (Williams et al., 2014). The study found that there was no significant difference in those who had brief intervention performed (Williams et al., 2014). Limitations to this study include that the follow-up screening rate was low, the study was observational, and the fact that the participants were mostly elderly white males (Williams et al., 2014).

Another study related to motivational interviewing, was conducted by Helstrom et al. (2014) and researched whether or not telephone-based intervention by an RN or behavior health specialist trained in motivational interviewing versus standard brief advice from a physician would prove higher success rates of veterans cutting back on alcohol misuse. The participants were randomly assigned to 3 telephone-based intervention sessions (at 3, 6, and 9 months) or to standard of care performed at one office visit in which the primary care provider offered advice on cutting back on drinking (Helstrom et al., 2014). The study found that overall participants in both groups decreased their number of drinking days and had less alcohol-related problems (Helstrom et al., 2014). There were not any significant differences between the two group's outcomes (Helstrom et al., 2014). Limitations to this study include the participants being mostly

white males and that the participants could not have co-morbidities (Helstrom et al., 2014). Another limitation of the study is that the interventions were not offered face to face, only via telephone (Helstrom et al., 2014).

A study performed by Engasser et al. (2015) was performed to distinguish drinking behavior in US veterans who participated in personal goal-setting web-based interventions, referred to as VetChange, to either abstain or cut back on alcohol. VetChange is a cognitive-behavioral intervention (Engasser et al., 2015). Participants answered three assessments at baseline prior to intervention, at 8 weeks, and at 3 months post-intervention (Engasser et al., 2015). Results of the study concluded that alcohol use and alcohol-related problems were reduced in both goal choices of moderation or abstinence (Engasser et al., 2015). Limitations to this study include self-reported data, and that the participants did not get asked about their drinking goal at the 3 month follow-up assessment (Engasser et al., 2015).

A study done by Kristofersson, Beckers, and Krueger (2016) evaluated the effectiveness of an adapted mindfulness program for clients with concurrent traumatic brain injury and substance use disorder. The 4-week study also implemented and studied mindfulness interventions for staff working with this population at Vinland National Center in Minneapolis, Minnesota. The study revealed that there was general staff satisfaction with this intervention, leading them to have better interaction with their clients and co-workers (Kristofersson et al., 2016). The study also revealed that the clients felt the program fit well with their needs (Kristofersson et al., 2016). Limitations to this study included that the staff and clients volunteered for this study and that some staff had already been trained in mindfulness outside of the facility (Kristofersson et al., 2016).

A study performed by Dieperink et al. (2014) found a significant increase of days abstinent at 6 months in utilizing mindfulness enhanced therapy, which was 34.98% abstinent at baseline, then up to 69.91% at 3 months, and 73.15% at 6 months (Dieperink et al., 2014). The education group had 34.63% days abstinent at baseline, 58.23% at 3 months, and 59.49% at 6 months (Dieperink et al., 2014). Limitations to this study included that the participants were mostly male and many had significant psychiatric and substance use disorders (Dieperink et al., 2014). Another limitation was that the participants could not be blinded on the intervention (Dieperink et al., 2014).

In summary, mental health disorders in US Veterans seems to be directly correlated with increased risk of alcohol use disorder. The risk factors for alcohol use disorder in these studies tended to include being single white males, either having a low income or being unemployed, and having served in the National Guard, Army, and Marines. There is conflict in these studies on whether or not motivational interviewing is always effective in the treatment of alcohol use disorders. According to the research, mindfulness based interventions and personal goal setting do seem to be effective in treatment of alcohol abuse disorder.

Discussion

According to the literature there is a significant relationship between alcohol abuse in U.S. veterans and mental health issues. Veterans who served in the National Guard, Army and Marines tend to be at an even higher risk for alcohol abuse. The research showed that veterans with PTSD are at risk to utilize alcohol as a coping mechanism for their mental health problems. Other risk factors for alcohol abuse in U.S. Veterans revealed in this literature review are being male, divorced or separated, younger age, unemployed or low income, history of medical

problems, history of traumatic brain injury, history of depression or other psychiatric condition, or a history of adverse childhood experiences.

The literature did not always reveal that motivational therapy, derived from Carl Rogers' person centered theory, is more effective than traditional interventions for alcohol abuse, however some research did prove effectiveness. One of the articles revealed a significant difference in alcohol abstinence outcome when clients were treated with motivational therapy versus traditional patient education. Another study showed that clients who attended groups that utilized motivational enhancement therapy had a higher attendance than groups that did not utilize it.

The final research article discussed that revealed positive abstinence outcome utilizing motivational enhancement therapy was a very well delivered study. The other studies relied on self-report measures of abstinence, whereas this study utilized urine drug screens and blood alcohol breathalyzers. The utilization of these hands on abstinence measures could have brought higher abstinence rates. Much of the research did reveal that clients do prefer to engage in their own treatment and do not want to be told what to do.

Implications for nursing practice include that the research done on mindfulness revealed that it was effective for both staff and clients in treatment of traumatic brain injury and PTSD. It is important for staff to be comfortable with their own attitudes toward substance use and mental health to be able to provide effective care, and mindfulness exercises can be effective for doing this. The staff in this study felt that utilizing mindfulness made it easier to be present and listen to their clients versus being judgmental.

Some of the research discussed how staff were not properly trained on utilization of alcohol screening tools. Proper education to staff needs to be implemented to make the staff

comfortable in their role working with this vulnerable population. If staff are trained on proper implementation of alcohol screenings, they will feel more comfortable having the discussions of alcohol abuse with their clients, and performing additional screenings and providing recommendations, or doing further screening if needed.

More research should be performed on the utilization of motivational interviewing performed by RN's or APNP's. The literature search studies were done when social workers, MD's or PhD's utilized the technique. A study recommendation would include nurses' attitudes toward working with clients with substance use disorders before and after being trained in motivational interviewing.

Training in motivational enhancement therapy should be done in undergraduate nursing training. When motivational enhancement therapy is utilized, the RN can have a conversation with the client versus nurses concentrating on the technology of computerized charting. Undergraduate nursing training also needs to include trauma informed care, which can inform training nurses on the impacts of past life experiences on current mental health.

Nurses should advocate for mental health reform and substance abuse reform, especially in the criminal justice system. It is important for nurses to understand the relationship of mental health status and alcohol abuse. The criminal justice system is gradually making changes toward treatment based approaches versus jail time, but we as nurses need to advocate for this change. Nurses can make representation at the local level in their community in public health groups that advocate for mental health and drug abuse treatment programs. Nurses can also go higher and become part of state boards that are working on treatment programs for persons with concurrent mental health and alcohol abuse.

Summary

U.S. veterans face many challenges, especially the younger veterans returning from deployment in Iraq/Iran. The challenges are many including physical health changes, chronic pain, PTSD, depression, and challenges with relationships and employment. These challenges, and lack of mental health care, lead many of the veterans to utilize alcohol to cope with their problems.

Drug treatment programs within the VA healthcare system need to create a holistic healing environment for this vulnerable population. Social workers and psychologists leave the building at 4 p.m., and registered nurses are left with the vulnerable population 24-7. Many mental health crises of the veterans occur in the evening hours, when the veterans are not occupied by their therapy and recreation groups.

Registered nurses should seek or be offered education on the relationship of mental health issues and drug and alcohol abuse. Registered nurses should also seek or be offered holistic approaches in treating this population. Motivational enhancement therapy and mindfulness interventions are a therapeutic approach that allows nurses to listen to the veterans and offer them support in time of crisis.

Appendix

See attached poster

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