Effective Integrated Treatment Model
for Military Based Trauma and Addiction
Critical Factors to Consider for Counseling Wounded Warriors and Their Families

By Katie Evans Kelley, PhD, CADC III, NCAC II

Our soldiers coming home from the battlefields overseas are in crisis. Suicide rates in the U.S. Army doubled in 2010, and then doubled again in 2011.[i] The military is trying to find a way to stop the epidemic of suicide among veterans suffering from the cluster of post-traumatic stress disorder (PTSD), addiction and depression. There is a stigma in the military in asking for help.[ii] Saying you are "sick" can be seen as the equivalent of being "weak."

To compound the problem, there are limited benefits available to veterans to pay for treatment and the process to apply for these benefits can be frustrating, bureaucratic and time consuming.[iii]

My book, *Unfortunate Hero,* is both a counselor handbook and a workbook for soldiers that includes client work sheets at the end of each chapter. It is written as if it is speaking directly to the soldier to address one of the biggest obstacles in helping this population.

The following is an excerpt:

Unfortunate Hero: The Soldiers Path From Trauma and Addiction (2011) 2nd Edition.

The therapists and healers among us who are dedicated to helping our veterans recover from their military PTSD have to allow history to judge the "right" and "wrong" of the wars in Iraq and Afghanistan. Our job is to help our warriors heal from the trauma of their service, to help them rebuild their lives outside the military, and to "wash out" the brainwashing that turned them into full-time warriors. To do that, we have to help them understand what happens psychologically when the military runs (or is it ruins?) their lives.

In order to transform them into the warriors/killers they needed to be, their previous lives had to be erased and new ones created. That is the job of the boot camp drill sergeant or company commander. The good ones are masters of "psychological orientation," the military euphemism for brainwashing.[iv] It is their job to traumatize recruits into being killers-on-command. Their motives are laudable — to protect our soldiers from the enemy so they can survive to carry out the mission, but their "psychological orientation" techniques can leave psychic scars on the toughest recruit.[v] At some point in boot camp, for example, all enlistees realize that they are going to survive and will be warriors — trained killers.[iv,v] Self-confidence soars and a part of them begins to believe they will never feel victimized by anyone ever again.[v,viii]

Sadly, almost every belief with a magical "never" or "forever" attached to it is actually just another trance state: you have lost the ability to think logically and clearly. This is how I explain it to my clients: "Your military trance state begins on the boot camp bus, when that screaming Non-Commissioned Officer's (NCO) threats and verbal attacks make you feel completely isolated, utterly helpless and generally victimized: painful symptoms of PTSD, but absolutely necessary for a good brainwashing.[v,vi,vii,viii,ix] Because of the abuse, you quickly develop hyper-vigilance, staying constantly alert to your environment, which is critical if you are to survive on a battlefield, but this is also another symptom of PTSD.[viii] These are just a few examples of how your military brainwashing also instills in you the basic building blocks of military PTSD."

The seven components of military brainwashing discussed below have been drawn from military training materials as well as other sources on brainwashing.[iv,v,vi,vii,viii] When you read the following section, you'll understand why being isolated in boot camp for six or more weeks is necessary to program in the automatic reactions our warriors will need when they go into battle — the same reactions that later lead to the trance states inherent in and indicative of military PTSD. If you entered the military with other traumatic events in your past (complex military PTSD), you were already very "tranceable."[viii]

If you were mistreated as a child, you might hear a parent's voice in this list and quickly slip back into the trance state that helped you survive that early abuse. In addition to possible strong emotional reactions, you are likely to have a deep and intense learning experience as

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you consider the brainwashing you may have endured in your childhood and definitely endured in your military service. The goal of the therapist is to help these soldiers "de-trance," or "wash out" the brainwash. The military spent months preparing soldiers to go to war.[iv,v] A two-hour talk in a gym with two hundred other soldiers while returning their guns and uniforms, however, does not prepare them to come home. They are now different people, unfortunate heroes suffering from the trauma-related symptoms of military PTSD. Furthermore, their families, jobs (if they have jobs) and friends have all changed and moved on with their lives.

If you are a therapist, the following discussion will probably be painful for your clients. Nevertheless, it is also the first step on the road to recovery. What are their expectations now home from battle? Do they expect special treatment, a party and gratitude for their service? How about basic respect? Sadly, this is not the experience of most soldiers.

A final note; I have spent the last decade married to a retired veteran wounded warrior who contributed a great deal to this book. I am also the stepmother of a son who after allowing me to tape his story of addiction and PTSD, and receiving my PTSD workbook said, "Before we met I felt like a wounded dog, now I know I am an unfortunate hero."

Katie Evans Kelley, PhD, CADC III, NCAC II, wrote *Unfortunate Hero: The Soldiers Path From Trauma and Addiction,* which is now in its 2nd edition. *Unfortunate Hero* was a 2011 Pinnacle Book Achievement Award Winner for Best Book in the Category of Non-Fiction. Dr. Evans has been a NAADAC trainer and offers NAADAC-approved independent home study courses and is a contributor to the Hazelden Co-occurring Disorder Series. She has a PhD in psychology from Capella University and is well known for her excellent trainings nationally and internationally. More information is available at www.drkatieevans.com.

(Endnotes)

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they do not walk out completely sober and free of the challenges that they once had. Their brain is still injured by the chronic medical disease of addiction. The triggers, people and places that challenged and caused their addictions are still there, the same as before they entered treatment. The only difference is that the individual now has the tools and information to defeat or manage those influences. Historically, the leading cause for relapses is failure to follow the prescribed, on-going outpatient addiction treatment plan set up at discharge. To reduce the risk of relapse, it is important that substance use disorders patients have the continuum of care plan that provides consistent touch points to support positive future recovery. Recovered substance use disorders patients should participate in Life Care counseling and focus on true friends, using people for support when experiencing negative feelings and avoiding people, places and activities that were strongly associated with their addiction. They also should continue all of their medications and therapies started in the previous treatment phase.

One key part of the continuum of care is Relapse Prevention Therapy (RPT), a behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. RPT can be used as a stand-alone substance use addiction treatment program or as a Life Care (aftercare) program to sustain gains achieved during initial substance use addiction treatment. Coping skills training is the cornerstone of RPT, teaching patients strategies to:

- Understand relapse as a process
- Identify and cope effectively with high-risk situations such as negative emotional states, interpersonal conflict and social pressure
- Cope with urges and craving
- Implement damage control procedures during a lapse to minimize negative consequences
- Stay engaged in recovery even after a relapse
- Learn how to create a more balanced lifestyle

Coping skills training strategies include both cognitive and behavioral techniques. Cognitive techniques provide patients with ways to re-frame the habit change process as a learning experience with errors and setbacks expected as mastery develops. Behavioral techniques include the use of lifestyle modifications such as meditation, exercise and spiritual practices to strengthen a patient's overall coping capacity. By implementing the most advanced, science-based treatment protocols and incorporating pharmacotherapy into patient-centered treatment plans that address the psychological, relational and spiritual aspects of addiction, we, as an industry, can move beyond traditional approaches that have struggled for the past 40 years to show improved outcomes. We now have the tools to do more than just get substance use disorders patients clean or sober. We can get them well.

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Want to learn more from Dr. Urschel on healing the addicted brain? Check out the archived webinar the Addicted Brain: Cutting Edge Science and Brain Neurochemistry at www.naadac.org/education/webinars.