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# USASOC Approach to Substance Use Disorder Treatment

LTC Daniel C. Hart, MD

USASOC Command Psychiatrist

# Disclosures/Disclaimers

- I have not financial interest in any Benevolent Organizations, civilian residential treatment facilities or other entities discussed in detail or categorically in this presentation.
- I am presenting DODI instructions and TRICARE Regulations, and also presenting guidance on navigating those systems. The guidance is my opinion alone and does not represent the views of USASOC, the US Army, or the US Government.
- I and the US Government do not endorse or fundraise for any Benevolent Organizations, civilian residential treatment facilities or entities discussed in detail or categorically in this presentation.

# Agenda

- Lifecycle of a Special Operations Soldier
- Lifecycle of Substance Use in USASOC
- Epidemiology
- Levels of Care
- Pathway to Care
- Use of Military vs. Civilian Resources
- Helping Without Hurting – Benevolent Organizations

# Audience Acknowledgement

- Benevolent Organizations
- USASOC Behavioral Health and Substance Used Disorder Clinical Care representative
- Perseveration of the Force and Family (POTFF) providers
- Military Treatment Facility (MTF) leadership and Care Coordinators
- Care Coalition Representatives
- Defense Health Agency (DHA) representation
- TRICARE representation


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# Terminology

A Soldier…

When specially selected and well-trained

Becomes a more elite Soldier

Civil Affairs, PSYOP, Special Forces (18 series), Ranger, Pilot

At the core, a **Soldier**


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# SOF Unique Soldier

High cost

High tempo

High autonomy

Unpredictable environment

Always a looming mission (25 meter target)

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# The Lifecycle of a Special Operations Soldier


## Purpose:

1) Make the team
2) Make the next deployment
3) Never let down the team

## Purpose:

1) Lead the team

OR

1) Discover a new purpose
2) Shift toward family

## Purpose:

1) Discover a new purpose
2) Most involves family

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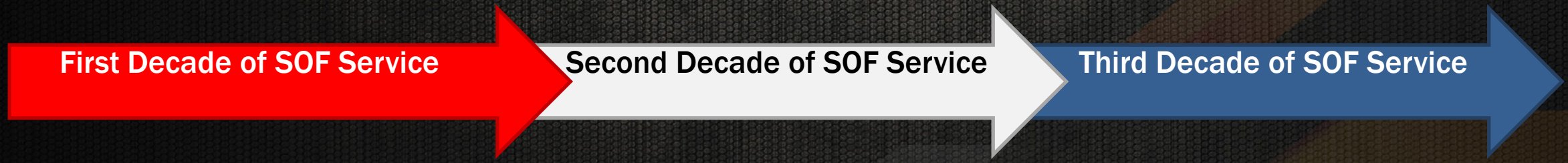
# The Lifecycle of a Special Operations Soldier




## Biological:

-Developing physically
-Reaching prime physical state
-Accumulating injury

## Psychological:

- Reward of team membership vs. fear of losing team membership
- Bearing up under stressors

## Social:

- Team above all
- Engaged in the culture

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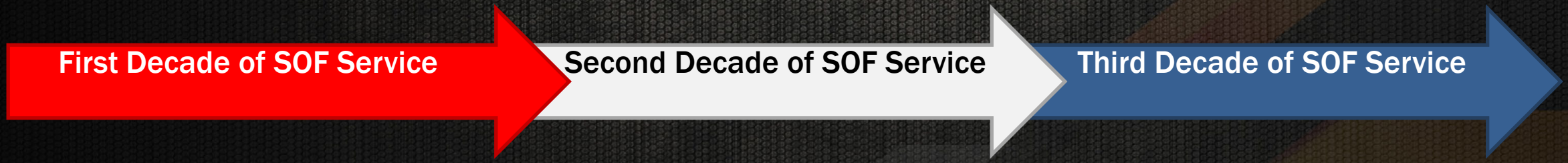
# The Lifecycle of a Special Operations Soldier




## Social:

- Team above all
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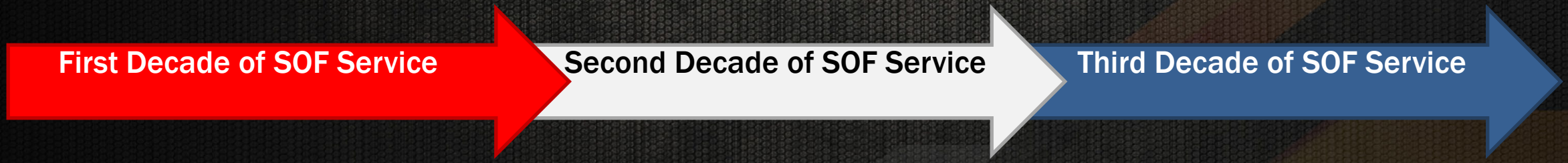
# Alcohol in the Lifecycle




## Social:

Alcohol's role in the team

- joy higher
- sorrow deeper
- terror further

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# The Lifecycle of a Special Operations Soldier

**First Decade of SOF Service**

## Biological:

-Developing physically
-Reaching prime physical state
-Accumulating injury

## Psychological:

- Reward of team membership vs. fear of losing team membership
- Bearing up under stressors

## Social:

- Team above all
- Engaged in the culture

**Second Decade of SOF Service**

## Biological:

- Physical prime (and beyond)
- Chronic injury
- Declining sleep

## Psychological:

- Tough as nails
- Haunted
- Break glass in case of war

## Social:

- Team and family
- Isolative

**Third Decade of SOF Service**

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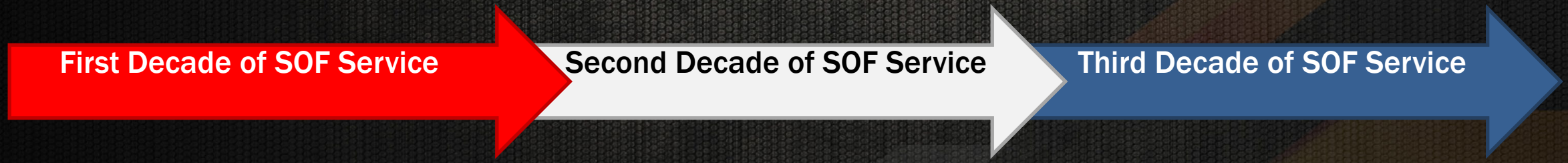
# Alcohol in the Lifecycle




## Social

Alcohol's role in the team

- joy higher
- sorrow deeper
- terror further

## Biological:

- After dinner drinks
- Sleep
- Low testosterone

## Psychological:

- Unwind
- Quiet the mind

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# The Lifecycle of a Special Operations Soldier

## First Decade of SOF Service

### Biological:
-Developing physically
-Reaching prime physical state
-Accumulating injury

### Psychological:
- Reward of team membership vs. fear of losing team membership
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### Social:
- Team above all
- Engaged in the culture

## Second Decade of SOF Service

### Biological:
- Physical prime (and beyond)
- Chronic injury
- Declining sleep

### Psychological:
- Tough as nails
- Haunted
- Break glass in case of war

### Social:
- Team and family
- Isolative

## Third Decade of SOF Service

### Biological:
- Disrupted sleep
- Chronic pain
- Engrained strategies

### Psychological:
- Strong convictions / values
- Generativity vs. insignificance
- Less comfortable in social settings

### Social:
- Family or just kids
- Isolated

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# Alcohol in the Lifecycle

First Decade of SOF Service → Second Decade of SOF Service → Third Decade of SOF Service

## Social:

Alcohol's role in the team

- joy higher
- sorrow deeper
- terror further

## Biological:

- After dinner drinks
- Sleep
- Low testosteron

## Psychological:

- Unwind
- Quiet the mind

## Biological:

- Medical complications
- Sleep

## Psychological:

- Tool

## Social:

- Liability

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# Why Alcohol? Why Substances?

First Decade of SOF Service → Second Decade of SOF Service → Third Decade of SOF Service

- Pro-social
- Bonding with the team
- Provides a perceived benefit
- Purchased as needed
- Dosed as needed

- A tool
- Reliable/predictable results
- Fills social/psychological void
- Not in the medical record
- Creates dependency

***Helps while hurting…***

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# Epidemiology – How Big is the Problem?

7-8% - Lifetime prevalence of PTSD among veterans

10% - Veterans with diagnosis of alcohol use disorder (AUD)

63% - veterans with AUD who also had PTSD

76% - veterans with AUD and another drug use disorder had PTSD[1]

**15% - SOF reporting AUD 3-6 months after deployment[2]**

1. Dworkin ER, Bergman HE, Walton TO, Walker DD, Kaysen DL. Co-Occurring Post-Traumatic Stress Disorder and - Alcohol Use Disorder in U.S. Military and Veteran Populations. Alcohol Res. 2018;39(2):161-169. PMID: 31198655; PMCID: PMC6561402.

2. Skipper LD, Forsten RD, Kim EH, Wilk JD, Hoge CW. Relationship of combat experiences and alcohol misuse among U.S. Special Operations Soldiers. Mil Med. 2014 Mar;179(3):301-8. doi: 10.7205/MILMED-D-13-00400. PMID: 24594465.

# How a Soldier Gets Help

Peers, Family, Military OneSource, Chain of Command, Chaplain or Spiritual Community, Military Family Life Counselors (MFLC), Embedded Behavioral Health (EBH)

Substance Use Disorder Clinical Care (SUDCC)

- Level 1 – located at multiple clinics across a post, additional training for psychologist, social worker or licensed profession counselor
- Level 2 – centralized in addition medicine (one location on base)
- Level 3 – Residential Treatment Facilities (RTFs) at Fort Belvoir, VA and Fort Eisenhower, GA (as well as other service RTFs i.s. Portsmouth and San Diego) or civilian RTF / Dual Diagnosis Program

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# Levels of Care of Substance Use – A Sliding Scale

## Level 1

- Outpatient care
- Individual therapy
- Group therapy
- Addictions focus

## Level 2

- Addiction Medicine Intensive Outpatient Program (AMIOP) 2 hours 3-5 days per week
- Partial Hospitalization Program (AMPHP) – 6 hours 5 days a week
- Home at night, home over the weekends
- Therapies: Group, individual, recreational, art, and more

## Level 3

- Accredited substance use treatment in a residential setting
- May be focused on substance use primarily
- May have Dual Diagnosis capabilities treating SUD plus PTSD, anxiety or depression
- Same capabilities as PHP but with nutrition, 24/7 monitoring, sleep focus, adventure/ activity focus

# Ideal Pathway to Care

- Soldier identified as needing care
- Soldier screened by Substance Use Disorder Clinical Care (SUDCC)
- SUDCC determines appropriate level of care
- Soldier starts appropriate level of care within 7 days
- For all levels, recommend use of military owned resources first


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# Guidance on Selecting Level of Care

Selection of the level of care should consider an individual's:

(a) Ability to cooperate with treatment.

(b) Ability for self-care.

(c) Social environment (supportive or high risk).

(d) Need for structure, support, and supervision to remain safe and abstinent.

(e) Need for specific treatment of co-occurring general medical or psychiatric services.

(f) The patient's preference for treatment.

*DODI 1010.04 date 20FEB2014, Change 1, 6MAY2020*


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# Military Residential Treatment Facilities

Benefits:

- Assurance of evidence-based care
- Transparency of treatment planning and progress
- Warm-hand off

Note: The military treatment system gets the right of first refusal (ROFR).[1]

1) Tricare Operations Manual 6010.56M Chapter 8 Sec 5

# When to Use Civilian Resources (Level 3)

- Bed not available at Military Treatment Facilities
- Servicemember has been to an MTF and has relapsed
- Rare occasion when there is a mismatch between current presentation and capabilities at MTF despite bed availability (Benevolent Organization may be needed)

IF the above are true, SUDCC makes referral to civilian Level 3 care


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# Benevolent Organization Involvement

## Helping Without Hurting:

- Reinforce use of Care Coalition.
- Demand high standards from purchased care entities.
- Communicate with SOCOM Benevolent Organization liaison / Care Coalition with specific requests.
- Fill gaps in TRICARE coverage as identified by Care Coalition

## Helping While Hurting:

- Securing care that bypasses the local treatment team and/or Care Coalition.
- Supporting establishment of non-sustainable systems/entities.
- Investing in non-evidence based entities.
- Assume an entity with a good past reputation is still meeting expectations

# Benevolent Organization Influence

The key elements of high-quality care:

- Evidenced based care (Detox and treatment of substance use disorder, PTSD, Depression, and Anxiety)
- Collaborates with local military treatment team and provides updates on progress
- Warm-hand off – communication at transition back to local team

# Benevolent Organization Influence

- Treatment should be uninterrupted
- Able to treat co-occurring disorders
- Ongoing drug and alcohol testing during treatment
- Expectation of abstinence from drugs and alcohol during treatment
- Individualized treatment plan based on the biopsychosocial assessment
- Treatment progress evaluated based on goals in treatment plan
- Patient's immediate commander and supervisor should be engaged in the development of the treatment plan.
- Discharge at appropriate time when patient meets individual treatment goals, reaches maximal benefit from services at the current level of care, or transitions to another level of care.

*DODI 1010.04 date 20FEB2014, Change 1, 6MAY2020*


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# CONCLUSION / QUESTIONS

**Goals:**

- Restore to maximal physical, social, psychological, familial, and employment health, free from the harmful effects of a SUD.
- Maintain force health and readiness of the Military Services.
- Provide evidence-based SUD services that adhere to the clinical practice guidelines.

THE UNDERLYING ASSUMPTION IS THAT THE SOLDIER WILL **RETURN TO FULL DUTY** AND **MAINTAIN FULL CLEARANCE**

The Ground Covered Today:

- The lifecycle of a Special Operations Soldier
- How substances fit in to the story
- How Soldiers can get help
- Levels of care for substance use treatment
- How Benevolent Organizations can help without hurting

# REFERENCES


- DODI 1010.04, incorporating updates from FEB2020
- Skipper LD, Forsten RD, Kim EH, Wilk JD, Hoge CW. Relationship of combat experiences and alcohol misuse among U.S. Special Operations Soldiers. Mil Med. 2014 Mar;179(3):301-8. doi: 10.7205/MILMED-D-13-00400. PMID: 24594465.
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- Tricare Operations Manual 6010.56M Chapter 8 Sec 5 https://manuals.health.mil/DisplayManualPdfFile/2019-01-03/AsOf/to08/c8s5.pdf, last accessed 27APR2023
- Right of First Refusal (ROFR), TRICARE East Right of First Refusal (ROFR) (humanamilitary.com) , last accessed 27APR2023.