

Military and Veteran Intensive Clinical Program with Alcohol and Substance Use Treatment



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1. Massachusetts General Hospital; 2. Harvard Medical School; A. Nothing to disclose

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INTRODUCTION

- Active-Duty (AD) Service Members and Veterans (Vets) with Posttraumatic Stress Disorder (PTSD) and traumatic brain injury (TBI) may suffer from decreased resilience and optimism along with increased loneliness. These conditions are also associated with decreased treatment adherence, increased risk for depression, suicide, and alcohol and substance use disorders.
- Alcohol use is highly comorbid with combat exposure, with significantly higher rates of use post-deployment than pre-deployment.
- The Home Base Intensive Clinical Program (ICP) for PTSD launched a Dual Recovery (DR) supplement to the ICP in 2021 to facilitate completion of ICP for those in early recovery or managing active substance misuse.
- The DR supplement includes enhanced screening, case management, an educational meeting prior to arrival, and six additional individual therapy sessions incorporating Motivational Interviewing and cognitive-behavioral strategies. A Recovery Coach is available to all patients and DR participants receive non-demand caring contacts for at least one year following program completion.

METHODS

The sample included patients who attended the ICP between November 2021 and November 2023 ($n = 896$). Of those, 179 were in the DR track and 714 in the non-DR track. This analysis specifically sought to determine whether there was a difference in treatment outcomes in veterans ($n = 609$) versus active-duty service members ($n = 265$), and whether participation in the DR track significantly influenced treatment outcomes with regard to substance use.

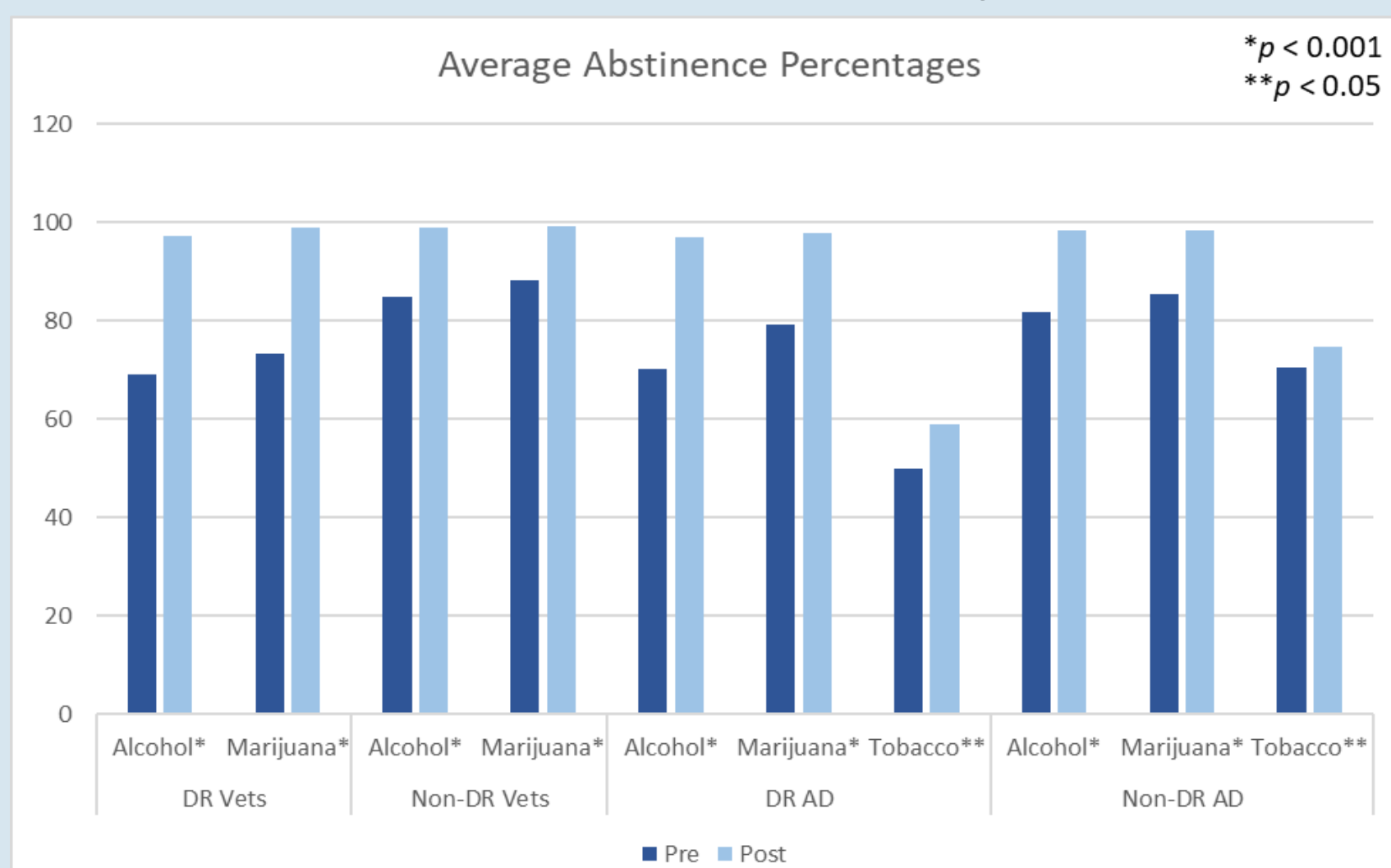
Measures included the BAM-R (Brief Addiction Monitor-revised) and AUDIT-C (Alcohol Use Disorders Identification Test), as well as abstinence scores for various substances. We compared pre- and post-treatment measures between veterans and active-duty service members, and DR track patients and non-DR track patients. We excluded participants with missing data or who did not complete the program and therefore did not complete post-treatment measures ($n = 42$). Pre- and post-treatment score changes were measured through a series of paired samples t-tests split by military status, and again by whether patients participated in the DR track. Effect sizes were also conducted (Cohen's d). A chi-square test between military status and DR track participation was also conducted.

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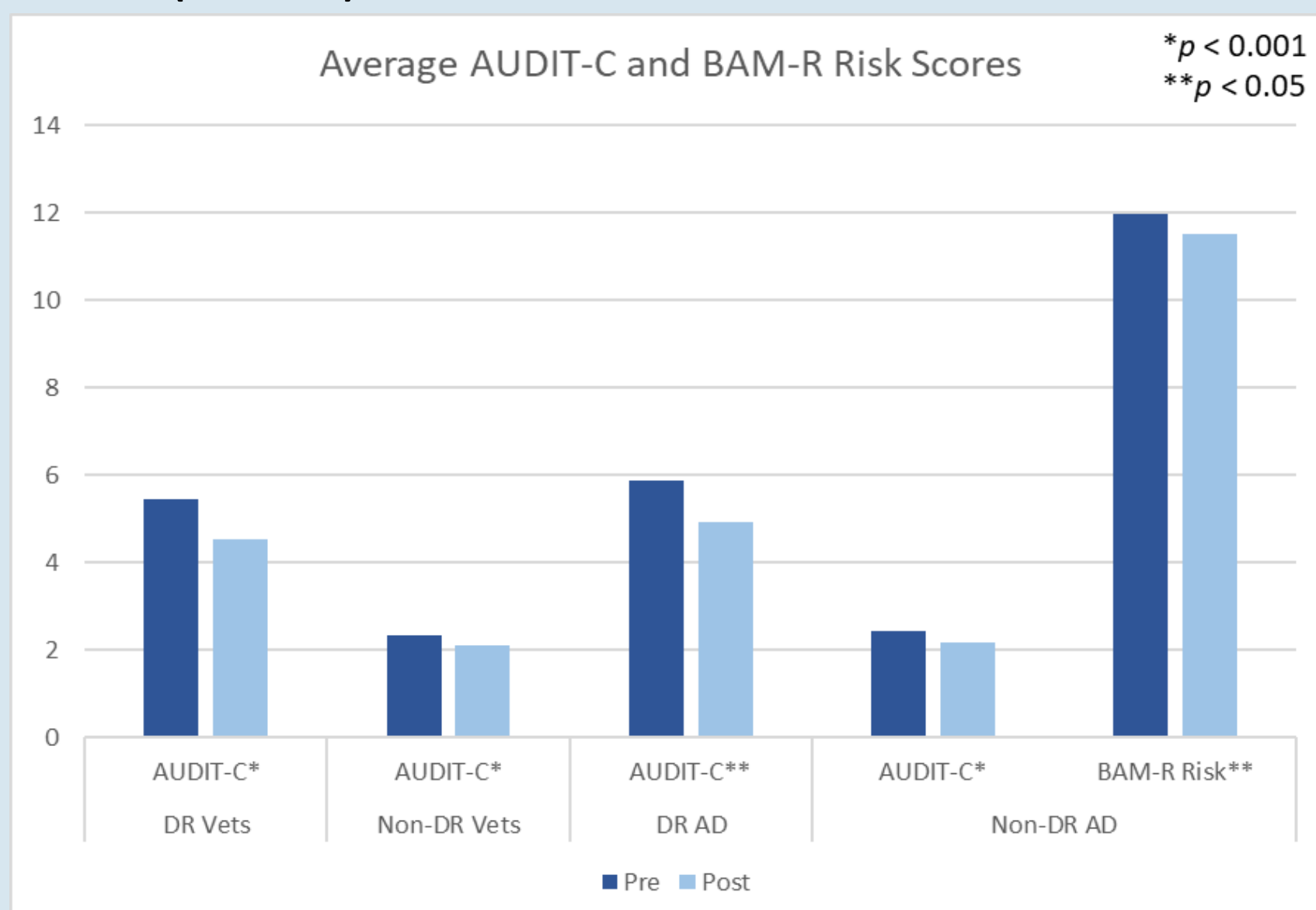
RESULTS

Intensive Clinical Program (ICP) % Days Abstinent Pre- and Post-ICP in Active-Duty (AD) Service Members and Veterans (Vets) in the Dual Recovery (DR) Track and Non-DR Track



Alcohol and Marijuana abstinence scores in both DR and Non-DR tracks in AD and Vets: $p < 0.001$
Tobacco Abstinance scores in DR AD and Non-DR AD: $p < 0.05$

ICP Brief Addiction Monitor-revised (BAM-R) and Alcohol Use Disorders Identification Test (AUDIT-C) Pre- and Post-ICP in AD and Vets in the DR and Non-DR Track



AUDIT-C in both DR and Non-DR tracks in AD and Vets: $p < 0.001$
BAM-R risk scores in Non-DR track (not DR track) in AD: $p < 0.05$

CONCLUSIONS

- Both Active-Duty Service Members (AD) and Veterans (Vets) in the DR and Non-DR tracks experienced statistically significant reduction in AUDIT-C scores ($p < 0.001$).
- Both AD and Vets experienced a statistically significant improvement in Alcohol and Marijuana abstinence scores in both DR and Non-DR tracks ($p < 0.001$).
- AD participants experienced a statistically significant improvement in tobacco abstinence scores in both DR and Non-DR tracks ($p = 0.002$).
- Only AD participants in the Non-DR track exhibited a significant change in BAM-R risk scores ($p = 0.009$).
- The chi-square test revealed a significant relationship between track category and military status ($p < 0.001$), finding more AD participants in the Non-DR track than expected (expected: 211.5; observed: 218).
- The large treatment effect in both Non-DR and DR tracks in AD and Vets may be secondary to the robust massed therapy and holistic/integrative aspects including Resilient Warrior and health and wellness.
- DR track alcohol abstinence scores for both AD and Vets had the largest effect size (Cohen's $d = -0.878$). Non-DR track alcohol abstinence scores for both AD and Vets yielded a more moderate effect size (Cohen's $d = -0.640$). The effect size for DR track marijuana abstinence scores demonstrated similar Cohen's $d = -0.612$ and non-DR track marijuana abstinence scores Cohen's $d = -0.405$. This indicates the DR track may result in more clinically significant improvement in abstaining from alcohol and marijuana use than the non-DR track, but that non-DR track patients still experience a significant improvement in abstinence.
- These results support the feasibility and effectiveness of treating alcohol and substance use concerns concurrently with, and as a secondary rather than primary treatment target, among veterans and service members with PTSD and TBI.
- Limitations include the robust aspects of the ICP itself, regardless of the DR and Non-DR track.

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