MCVET and the VAMHCS:

A Residential Biopsychosocial Rehabilitation Program for Treating Homelessness and Severe Substance Abuse Disorders

The Maryland Center for Veterans Education and Training, henceforth referred to as MCVET, is a non-profit residential rehabilitation program located in the heart of downtown Baltimore, Maryland. MCVET treats veterans who present with homelessness, and homelessness complicated by a number of other significant problems – most notably severe substance abuse disorders. The goal of MCVET is to return all of its students to the community as employed, self-supporting, productive citizens who sustain their recovery for prolonged periods of time, if not permanently. MCVET follow-up studies indicate that a very high percentage of its students are drug/alcohol free at the one-year post treatment follow-up, provided they stay involved with Alcoholics Anonymous/Narcotics Anonymous (AA/NA) after graduation.

MCVET utilizes multiple treatment modalities to accomplish its goals to include: long-term graduated housing services, vocational rehabilitation services, a therapeutic community, a 12-step facilitation program that leads to heavy investment in Alcoholics Anonymous and/or Narcotics Anonymous, medical services, and psychiatric services. The medical and psychiatric services utilized by MCVET are procured through a number of medical facilities - most notably, the VA Maryland Health Care System (VAMHCS). Medical and psychiatric services are also procured through a number of other medical systems to include Johns Hopkins Medical Center, Greater Baltimore Medical Center, Health Care for the Homeless, the University of Maryland Medical Center, and the University of Maryland Dental School. MCVET organizes, prioritizes, and integrates these multiple treatment modalities using a biopsychosocial rehabilitation treatment philosophy, which is explained in more detail later in this pamphlet.

Treatment Population: 100% of the students at MCVET are homeless veterans. Approximately 90% of the students at MCVET present with homelessness coupled with a severe substance abuse disorder. Approximately 80% of the students at MCVET also have significant medical disorders, and/or significant psychiatric disorders as well. In order of frequency, the most common medical problems are: severe dental problems, hepatitis, HIV, hypertension, diabetes, and traumatic injuries to the head and extremities. In order of frequency, the most common psychiatric problems are: major depressive disorders, posttraumatic stress disorders, bipolar disorders, and mild schizophrenic disorders (ambulatory schizophrenia). In short, MCVET treats veterans with highly complicated sets of problems that are generally thought to be highly resistant to conventional treatment approaches. Left untreated, these severe, complicated substance abuse disorders coupled with homelessness not only impose heavy personal costs on the veteran and their families, but they also impose very heavy legal and medical costs on society as well. For a more detailed description of how heavy these costs are, see the text edited by McCrady and Epstein entitled ***Addictions: A Comprehensive Guidebook*** that is referenced at the end of this pamphlet.

Housing and Food Services: At any given time, MCVET has about 240 students in treatment. Approximately 170 students are housed in MCVET's main building in one of four platoons with each platoon broken down into 4 squads. Each platoon occupies a separate floor of the main building. Sleeping quarters are military-style bays with communal bathrooms and communal day rooms on each of the floors. Approximately 60 male students and approximately 12 female students are housed in the adjacent SRO building – SRO stands for Single Room Occupancy. The SRO is an efficiency apartment type of facility with separate sleeping quarters for each resident along with communal kitchens and communal bathrooms. A large cafeteria serves students housed in both the main building and the SRO. A large recreational room in the main building is available to all students. A small non-denominational chapel is also available to all students.

Administrative Structure: MCVET is a non-profit organization that is headed by its Executive Director, Col. Charles Williams (ret.). Col. Williams is overseen by an 18-member Board of Directors - Mr. Dennis Smith, Director of the VAMHCS is one of the Board members. Answering directly to Col. Williams are the following staff: the Director of Finance, the Director of Development, the Director of Operations, the Director of Student Services, and the Facilities Manager. In turn, the Director of Operations oversees several staff to include the Chief of Security, the Director of Food Services, and the Director of Maintenance. The Facilities Manager oversees the day-to-day activities of the student platoon leaders and squad leaders. The Director of Student Services oversees all the clinical operations that take place at MCVET, and oversees all clinical personnel at MCVET to include the following: the Deputy Director of Student Services, 5 case managers, a follow-up coordinator, 2 employment counselors, 2 benefit counselors, 1 Program Coordinator, the SRO personnel, 1 Maryland Job Service representative, and 1 Maryland State Vocational Rehabilitation representative. The SRO Manager oversees the SRO Resident Manager, 2 Resident Advocates (case managers), the Weekend SRO Manager, the SRO Security Monitor, and the SRO Administrative Assistant.

Funding: Funding for MCVET comes from a number of different sources to include the following: the U.S. Department of Housing and Urban Development, the U.S. Department of Labor, the U.S. Department of Veteran Affairs, the United Way, various charitable foundations, most veteran service organizations, and MCVET fund raising activities such as the annual 5K & 10K race as well as the car wash. In addition, students residing at MCVET contribute 30% of their wages and/or disability payments to MCVET as rent.

Eligibility: MCVET has no restrictions on eligibility for treatment based on the type of discharge an individual received from the military. In other words, all veterans in need are eligible. Need is defined as homelessness and homelessness coupled with a substance abuse disorder and/or a significant medical disorder and/or a significant psychiatric disorder. In addition to need, the veteran must also be judged by MCVET intake counselors to be capable of and motivated for recovery work and for vocational rehabilitation. Individuals with acute and severe psychiatric or medical conditions are not accepted until they have been stabilized.

Length-of-stay: MCVET is a long-term residential facility designed to treat severe addictions complicated by homelessness, medical problems, and psychiatric problems. Because of the complexity and severity of these problems, most residents require 1-2 years of treatment to establish a firm enough foundation to sustain their recovery once they leave MCVET. Stays can last up to 5 years if necessary.

Cost: Students accepted to MCVET are not charged for the services they receive from MCVET nor are they charged for any of the services they receive from adjunctive agencies associated with MCVET, e.g., the VAMHCS. Students who have income, e.g., wages or disability payments, are expected to contribute 30% of their monthly income to MCVET in the form of rent payments.

Referrals: Self-referrals as well as referrals from treating professionals can be made by calling MCVET at 410.576.9626. Intake assessments and screenings are conducted on a weekly basis by MCVET staff. Students who are accepted for treatment are usually immediately admitted to the facility. Students are occasionally placed on waiting lists.

Location: MCVET is located at 301 N. High Street in Baltimore, Maryland, 21202, which is in downtown Baltimore about 5 blocks from the Inner Harbor and about 10 blocks from the Baltimore Division of the VAMHCS. The Fort Howard Division of the VAMHCS is about 10 miles away, and the Perry Point Division of the VAMHCS is about 30 miles away.

Treatment Assumptions

MCVET can probably best be described as a biopsychosocial rehabilitation program that has the following assumptions embedded within it.

1. Multiple treatment modalities are required to treat homelessness complicated by severe addictions, medical disorders, and/or psychiatric disorders.

Like all biopsychosocial programs, MCVET utilizes multiple treatment modalities to address the needs of its students to include:

- biological interventions, e.g., psychiatric medications and surgery,
- psychological interventions, e.g., individual and group psychotherapy,
- social interventions, e.g., graduated housing and a therapeutic community, and
- rehabilitation interventions, e.g., vocational training and job placement services.

Most substance abuse experts contend that residential-based biopsychosocial rehabilitation treatments are necessary to successfully treat severe substance abuse disorders, particularly those as complicated as are found at MCVET. For a more detailed description of the research that has been done in these areas, please see the text by McCrady and Epstein entitled ***Addictions: A Comprehensive Guidebook*** and the text by Mueser et al entitled ***Integrated Treatments for the Dually Disordered.*** Both of these texts are referenced at the end of this pamphlet.

2. The treatment modalities used must be properly integrated, sequenced, and of sufficient duration to be effective with these complicated conditions.

From the outset, MCVET imbues its students with the expectation of remaining in treatment for a minimum of 1-2 years, or longer if needed. The sequence of treatments utilized by MCVET is as follows:

- The first step undertaken in the treatment process is to stabilize MCVET students by arresting their homelessness with safe, highly structured, and "clean" housing.

- The second step undertaken is to immediately begin treating their addictions by way of a 12-step facilitation program and a therapeutic community.

- The third step undertaken is to augment MCVET's ongoing substance abuse treatment with outside substance abuse treatment that is largely procured through the VAMHCS. The adjunctive substance abuse treatment is usually begun within 14 days of admission to MCVET and lasts between 30 and 45 days.

- The fourth step undertaken is to begin treating any comorbid medical and psychiatric disorders that are present by way of disorder specific medications, e.g., antidepressant medication for major depressive disorders and mood stabilizing medication for bipolar disorders. Disorder specific medications are provided from the outset if students have been receiving them prior to admission to MCVET and/or the medications are started within 2-4 weeks of admission if they have not been receiving them. Narcotic based medications and some benzodiazepines are prohibited. Although disorder specific psychotherapy is available through the VAMHCS, it is sparingly used. Non-disorder specific psychotherapies are heavily relied on and can be found in AA/NA and in MCVET's 12-step facilitation program as well as in the adjunctive substance abuse treatment provided by the VAMHCS.

- The fifth step undertaken is to begin outside employment, outside educational pursuits, and/or outside vocational training, all of which are usually begun after 3-6 months at MCVET and continue until the student's educational/vocational objectives are met.

- The sixth and final step undertaken is graduation from MCVET and return to the community. Graduates are expected to continue their heavy investment in AA/NA and are periodically invited back to MCVET for reunions and special events.

In short, MCVET's biopsychosocial rehabilitation program does three things. The first thing is to provide some very critical treatments itself – namely, graduated long-term housing services, vocational rehabilitation services, and substance abuse treatment that is designed to treat severe addictions. The second thing that MCVET does is procure a number of adjunctive treatments from other agencies – most notably medical and psychiatric services from the VAMHCS. The third and most important thing that MCVET does is integrate these multiple treatments in a manner that is consistent with a biopsychosocial rehabilitation treatment philosophy. This insures that the multiple treatments are delivered in the necessary sequence, priority, and duration to benefit the severe and complicated disorders that MCVET is dedicated to treating.

3. The treatment modalities used must be properly prioritized.

The MCVET case manager, the quarterback of the team, must integrate the treatments employed. He or she must also help the student keep the treatments properly prioritized and sequenced. MCVET treatment priorities are as follows:

- AA/NA is emphasized as the primary treatment modality throughout students' stays at MCVET with MCVET's 12-step facilitation program and MCVET's therapeutic community being considered the principle agents responsible for helping students become highly invested in AA/NA.

- Vocational rehabilitation services are considered the second most important treatment offered by MCVET.

- A balanced and healthy life-style achieved by MCVET's structure and therapeutic community is emphasized as important indirect treatments for some of the medical disorders and nearly all of the psychiatric disorders found at MCVET. That is, many of these disorders are likely to improve with sustained abstinence, given that many psychiatric disorders and medical disorders are caused by and/or worsened by substance abuse. There is considerable research supporting the effectiveness of treating many psychiatric disorders by way of abstinence coupled with residing in a safe environment and living a healthy, balanced life-style. See the text entitled *Seeking Safety* by Najavits that is referenced at the end of this pamphlet for a review of some of the literature.

- Disorder specific medications are also valued for treating medical disorders and psychiatric disorders.

- Disorder specific psychotherapy is also considered useful for treating psychiatric disorders, but it is generally considered less important for psychiatric disorders than the substance abuse treatments and vocational rehabilitation services.

4. Biopsychosocial programs are very cost-effective for treating homelessness complicated by severe substance abuse disorders.

Programs such as MCVET should be more widely disseminated because of their cost-effectiveness. This assumption is based on the heavy legal, medical, financial, and psychiatric costs imposed on the addict and on society by untreated or unsuccessfully treated severe addictions. For a description of how heavy these costs are, please see the text by McCrady and Epstein entitled ***Addictions: A Comprehensive Guidebook*** that is referenced at the end of this pamphlet.

Clinical Services

Now let's take a closer look at the five specific treatment modalities employed by MCVET, which are presented in order of their probable clinical importance.

Graduated housing services
First and foremost, MCVET provides its students with long-term graduated housing services. MCVET's housing services directly attack the problem of homelessness in the short-run; but more importantly, they allow the student to stay in treatment long enough to be properly dosed with the multiple treatments required to permanently correct their homeless condition. This requires arresting the underlying severe substance abuse disorders often complicated by medical disorders and psychiatric disorders, all of which are strongly and causally related to homelessness. Most students are expected to stay at MCVET for 1-2 years, but stays can last as long as 5 years. There are three phases or levels of housing services at MCVET, which are the 1st Platoon ("basic training"), Transitional Housing (2nd, 3rd, and 4th platoons), and the SRO.

- First Platoon ("basic training"). Students begin their treatment in the 1st Platoon and usually stay in the 1st Platoon for 60-days. Students are allowed to go to appointments outside of MCVET but they are accompanied by an advanced student during the first 30-days. While in the 1st Platoon, students work at various jobs inside MCVET, they attend the in-house psychoeducation program, they participate in the therapeutic community, they become heavily involved in AA/NA, and they document that they are on pace to make 90 AA/NA meetings in 90 days, obtain a mentor, obtain a sponsor, and obtain a home-group. Within 14-days of admission to MCVET, students usually begin adjunctive substance abuse treatment at agencies outside of MCVET – most often this is at the Baltimore Division of the VAMHCS. Students normally meet with their 1st Platoon case manager once every week during their first 60-days at MCVET;

- Second, Third, and Fourth Platoons (Transitional Housing). Transitional housing, or 2nd, 3rd, and 4th platoons, is the second phase of treatment. Students transition to the 2nd, 3rd, or 4th platoon after 60-days in 1st Platoon, provided they satisfactorily complete "basic training." While in 2nd, 3rd, or 4th platoon, students continue

to work at various jobs within MCVET, participate in the therapeutic community, document that they are heavily involved with AA/NA, and complete the adjunctive substance abuse treatment being obtained outside of MCVET. After 90-days at MCVET (60-days in First Platoon and 30-days in 2nd, 3rd, or 4th Platoon), students are eligible to begin working at compensated jobs outside of MCVET and/or begin attending educational courses and vocational training courses obtained though other agencies such as Baltimore Community College. Students normally meet with their case managers about every other week while in the 2nd, 3rd, or 4th platoon.

- Single Room Occupancy (SRO). The SRO, or Single Room Occupancy, is the third phase of MCVET treatment. Students can move to the SRO after satisfactorily completing 2nd, 3rd, or 4th Platoon and after achieving a minimum of 12-months of sobriety. While in the SRO, students work at compensated jobs outside of MCVET and/ or they attend school outside of MCVET. They also participate in the therapeutic community, and document that they continue to be heavily involved in AA/NA. There is a minimum requirement of attending 5 AA/NA meetings a week while staying in the SRO. Students in the SRO usually meet with their SRO case manager about once every two weeks.

Substance abuse treatments

The second most important treatment modality that MCVET provides is its multi-faceted substance abuse treatment - the components of which are presented in order of their probable clinical importance.

- 12-Step Facilitation Program. The most important component of MCVET's substance abuse treatment is its 12-Step Facilitation Program, which enables students to become heavily invested in AA/NA. MCVET case managers facilitate this investment by monitoring students' AA/NA activities, making sure that students attend 90 AA/NA meetings in 90-days at the outset of their stays at MCVET and a minimum of 5 AA/NA meetings a week later in their stays. MCVET case managers also insure that students obtain mentors, sponsors, and home-groups in a timely fashion. MCVET case managers also monitor and assist students with their step-work. There is sufficient research evidence to conclude that 12-step facilitation programs are effective treatments for substance

abuse disorders. For further information on the research supporting 12-step facilitation programs, please see the McCrady and Epstein text and the Nowinski and Baker text that are referenced at the end of this pamphlet.

- Vocational rehabilitation. The second most important component of MCVET's substance abuse treatment is its strong vocational rehabilitation program, which is described in more detail later in this pamphlet**.** There is sufficient research evidence to conclude that strong vocational rehabilitation programs are effective treatments for substance abuse disorders. For further information on the research supporting the value of vocational rehabilitation in treating addictions, please see the McCrady and Epstein text referenced at the end of this pamphlet.

- Therapeutic community. The third most important component of MCVET's substance abuse treatment is its therapeutic community wherein addicts help other addicts in their recovery work. Like all therapeutic communities, students at MCVET live and work in a "clean" environment for a substantial period of time – ideally, one year or more. Spirituality is encouraged. Healthy leisure pursuits are rebuilt. Healthy social support systems are reestablished. Prosocial values are encouraged and displayed on a daily basis by staff and students. Proper grooming and appropriate dress are required. Courtesy and respect for others are required. Stealing and threatening behavior or violence is not tolerated and usually result in immediate expulsion. Personal responsibility is expected, and there is limited ability to utilize psychiatric or medical excuses to not participate or excuse non-compliance.

MCVET's culture is reflected in three sayings commonly repeated by MCVET students themselves. These saying are:

1) "Do as you're told. Do as you're told. Do as you're told" (because MCVET is much better at recovery work than I have been and I have elected MCVET to be part of my Greater Power);
2) "Be humble and appreciative," and
3) "Give something back."

In short, students live a highly structured, balanced, and healthy life style while at MCVET; and they do so for a long enough time that

the skills and values acquired in the process are likely to be sustained in less structured environments once they leave MCVET. There is sufficient research evidence to indicate that therapeutic communities are effective substance abuse treatments. For further information on the research supporting the effectiveness of therapeutic communities, please see the text by McCrady and Epstein referenced at the end of this pamphlet.

- Urine screens. The fourth most important component of MCVET's substance abuse treatment is its random community-wide urine screens and its individual urine screens that can be demanded at anytime for any reason. These screens serve to help keep the therapeutic community a "clean" one since a "dirty" urine results in immediate discharge. Students who leave on their own or who are expelled for any reason can reapply for admission after 6-months.

- Adjunctive substance abuse treatments. The fifth most important component of MCVET's substance abuse treatment is the brief, adjunctive substance abuse treatments that MCVET procures through other agencies, most notably the VAMHCS. Students attend these treatments on a daily basis for 30-60 days usually beginning within 14-days of being admitted to MCVET. These adjunctive substance abuse treatments emphasize small group psychoeducation and psychotherapy that facilitate the students' primary substance abuse treatment – namely their AA/NA treatment.

- Psychoeducation program. The sixth most important component of MCVET's substance abuse treatment is MCVET's own in-house psychoeducational substance abuse program that reinforces AA/NA tenets. Students not working or attending an adjunctive substance abuse treatment program outside of MCVET are expected to attend the in-house classes.

Vocational rehabilitation services

The third most important treatment modality that MCVET provides is its strong, vocational rehabilitation services. The unskilled, low paying jobs typically held by many students prior to their admission to MCVET are often "dirty" ones where many of their co-workers are using substances on the job. The chances of a student sustaining his or her recovery after graduating from MCVET are poor if the student's only option is to return to

such a job. Improving students' vocational options also tends to increase students' motivation for sustaining their recovery, since relapse would undermine their ability to continue employment in the higher paying and higher status jobs for which they have been trained. Thus, strong vocational rehabilitation services that enable students to acquire the knowledge, skills, and ability to sustain skilled, higher paying, and "clean" jobs are often critical to resolving long-term homelessness and sustaining long-term recovery. MCVET itself, as well as the Maryland Job Service, the Maryland State Department of Vocational Rehabilitation, and the VAMHCS all help provide these critical services. Vocational rehabilitation services have the following three components.

- Worker traits training. Students begin enhancing their worker traits from the outset as they must work cooperatively and industriously from day-one of their stays in the running of the MCVET kitchen, laundry, house keeping, security, fund raising (car wash), and maintenance sections.

- Vocational training. Students can acquire additional educational and vocational skills by attending a variety of courses outside of MCVET. For example, GED courses are available through the City of Baltimore, and the local community college system offers many courses of study that lead to certificates in skilled occupations, e.g., truck driving, barbering, auto mechanic, fiber optics, etc.

- Job search. Students receive help in preparing their resumes, preparing for job interviews, and in mounting good, sustained job searches.

Medical services

The fourth most important treatment modality is the medical services MCVET procures primarily though the VAMHCS, e.g., physicals, consultations, surgery, medications, and dental care. These services are also sometimes procured through other agencies and facilities such as the University of Maryland Medical Center, Health Care for the Homeless, Greater Baltimore Medical Center, Johns Hopkins Medical Center, and the University of Maryland Dental School.

Psychiatric services
The fifth most important treatment modality is the psychiatric services MCVET procures primarily through the VAMHCS, e.g. assessments, medications, psychotherapy, psychoeducation, and brief hospitalizations. These services are also sometimes procured through other agencies and facilities such as the University of Maryland Medical Center, Greater Baltimore Medical Center, Health Care for the Homeless, and Johns Hopkins Medical Center.

A case study

A case study will be used to help illustrate how MCVET's clinical services work. Based on information gleaned from an assessment done by a VAMHCS psychologist at intake, the student in question was described and diagnosed as follows. Some of the demographic information has been slightly modified to protect the identity of the student.

Demographics: The client is a 55-year old, single, black male with a high school education. He had been employed as a security guard supervisor most of his adult life; but he had been unemployed for six months prior to being accepted to MCVET. He had no savings or income other than $100/month service connected disability income from the VA for hearing loss. Just prior to intake, he had been temporarily living with his medically disabled brother after being discharged from the DCVAMC. He served in a combat role with the 101st Airborne Division in Vietnam. He received an honorable discharge after achieving the rank of sergeant, E-5.

Medical History: The student was being treated for diabetes, hypertension, and arthritis at the time of intake. He was taking several medications prescribed through the DCVAMC to include: oral insulin, two anti-hypertension medications, an antidepressant, and an antipsychotic.

Psychiatric History: The student reported symptoms consistent with a diagnosis of posttraumatic stress disorder (PTSD). More specifically, he reported having nightmares of his combat experiences nearly nightly and having intrusive recollections in the waking state at least once a week. He reported himself to be highly vigilant, always on guard, and having an exaggerated startle reflex to loud noises. He also reported being highly distrustful of others and avoiding most people and reminders of combat such as fireworks. He also reported auditory hallucinations – voices telling him to beware of situations and people. He appeared to be very paranoid and moderately depressed at intake. There was no history of suicidal behavior or violence, and he denied any suicidal intent at the time of intake.

Substance Abuse History: The student reported a history of over 25-years of polysubstance abuse – primarily, cocaine and alcohol. He had never been an IV drug user. He reported that his substance abuse had been in remission for 50-days prior to admission to MCVET – largely due to his immediately preceding inpatient stay at the DCVAMC. Prior to his current remission, the longest period of abstinence in the past 25-years had been one week. He had two prior inpatient treatments for substance abuse through the VA, but no outpatient treatment.

Legal History: Despite his long-term abuse of cocaine and alcohol, the student had no past criminal record, nor did he have any legal issues pending.

Disability: Despite his numerous medical problems, psychiatric disorders, and age, the student desired and appeared to be capable of vocational rehabilitation and competitive employment.

Assessment: Based on the student's self-report at intake, he was diagnosed in the following manner:

Axis I: a) Occupational Problem – V62.2
(housing/job/income problems - severe)
b) Polysubstance dependence- 304.80
(chronic, severe, in remission for 50 days)
c) Posttraumatic Stress Disorder – 309.81
(chronic, moderate, military related)
d) Brief psychotic disorder – 298.8
(precipitated by all 3 factors listed above)
Axis II: No personality disorders – V71.09
Axis III: Diabetes, hypertension, arthritis
Axis IV: Housing/employment/income/medical stressors – severe
Axis V: Global Assessment of Functioning = 50.

Treatments Received.
The student received a number of treatments during his 20-months at MCVET to include the following:

- Biological treatments. Throughout his stay at MCVET, the student received two antidepressant medications for the treatment of PTSD and depression that were prescribed by the VAMHCS. His antipsychotic medication was stopped after 6 months by his attending VAMHCS psychiatrist. Throughout his stay at MCVET, he also received anti-hypertension medications and oral insulin that targeted his hypertension and diabetes, respectively. Both medications were prescribed by the VAMHCS. He also received back surgery and one month of convalescent care in a VAMHCS extended care facility during his 20-months at MCVET.

- Psychological treatments. The student received cognitive-behavioral exposure-based psychotherapy to treat his PTSD symptoms, which was delivered by a VAMHCS psychologist. He also received some brief, relationship counseling through the VAMHCS in addition to individual and small group counseling targeting his addiction both at MCVET and through the VAMHCS.

- Social treatments. The student received 20-months of graduated housing services coupled with 20-months of a therapeutic community at MCVET – twelve of these months were spent in MCVET proper and eight months were spent in the SRO. The spiritual component of AA/NA, which was encouraged by MCVET, enabled him to rekindle his religious commitment and values.

- Vocational treatments. The student worked for 8-months at a compensated position with MCVET as a security guard. He also received help from a MCVET employment counselor in securing job interviews for security positions in the private sector. He also received help from a MCVET benefits counselor and succeeded in raising his VA disability rating from 10% to 60%.

Treatment outcomes

Now let's take a look at this student 8-months after he graduated from MCVET.

- Medical. The student's hypertension had been stabilized in the normal range by means of anti-hypertension medication and sustained sobriety. His diabetes had also been stabilized in the high normal range by means of insulin, sobriety, diet, and weight loss. His chronic back pain had not changed much, but his mobility had increased following his back surgery.

- Psychiatric. The student's auditory hallucinations had ceased due to his sustained sobriety, a safe environment provided by MCVET, and a healthy, balanced life-style achieved through MCVET graduated housing services coupled with the therapeutic community. His paranoia had become quite mild and episodic. His PTSD symptoms had markedly improved. More specifically, his re-experiencing symptoms (nightmares and intrusive thoughts) had greatly decreased in frequency of occurrence and in the intensity of distress that they provoked, his hyperarousal symptoms (exaggerated startle reflex and hypervigilance) had also greatly decreased, and his avoidance symptoms (people, combat related stimuli) also had markedly decreased. He continued to take two antidepressant medications, but his antipsychotic medication had been stopped. His substantial psychiatric gains were the result of a number of factors – his sustained sobriety, the healthy and balanced life-style he achieved though MCVET, the VAMHCS

medications, and the exposure-based psychotherapy he received from the VAMHCS.

- Substance abuse. This student had remained continuously abstinent from drugs and alcohol for 28-months. This was achieved primarily though MCVET's substance abuse treatments, principally their graduated housing services coupled with their therapeutic community along with their 12-Step Facilitation Program that led to a heavy investment in AA/NA. VAMHCS's adjunctive substance abuse treatment also contributed to the gains.

a) Social functioning. This student served as president of MCVET's Peer Review Board for 12-months while at MCVET. He became engaged to be married while at MCVET, and he later married after graduating from the facility. While at MCVET, he financially assisted his disabled brother, became very active in both church and in NA/AA. All of these activities persisted after graduation from MCVET. These gains were made possible by his continued abstinence, which was achieved through MCVET, and by an increase in his financial well-being that was achieved though a MCVET benefit counselor who assisted him in getting his VA disability rating increased to 60%.

b) Vocational functioning. While at MCVET, this student worked for 8-months at a compensated security guard position. After leaving MCVET, he secured some part-time customer relations work. He and his new wife jointly purchased a house in the Baltimore area.

Conclusions

This case study was presented to illustrate the complexity of the disorders with which MCVET students must struggle. It was also presented to illustrate the integration and sequencing of the multiple treatment modalities utilized by MCVET to treat these complex cases. Finally, it was presented to illustrate how successful MCVET and the VAMHCS can be in treating severe substance abuse disorders that are complicated by homelessness, medical disorders, and psychiatric disorders such as PTSD.

Recommended Reading List.

The following texts are recommended for additional reading in the areas of substance abuse and the treatment of dual disorders:

Addictions: A Comprehensive Guidebook by Barbara McCrady, Ph.D. and Elizabeth Epstein, Ph.D. (Editors). Oxford University Press, 1999, ISBN 0195114892.

Integrated Treatment for Dual Disorders: A Guide to Effective Treatment by Kim Mueser, Ph.D., Douglas Noordsy, MD, Robert Drake, MD, and Lindy Fox, MA. Guilford Press, 2003, ISBN 1572308508.

A Guide to Treatments that Work (2nd Edition) by Peter Nathan, Ph.D., and Jack Gorman, MD (Editors). Oxford University Press, 2002, ISBN 0195140729.

The Twelve-Step Facilitation Handbook by Joseph Nowinski, Ph.D., and Stuart Baker, MA. Jossey-Bass Publications, 1998, ISBN 078940496.

Seeking Safety: A Treatment Manual for PTSD and Substance Abuse by Lisa Najavits, Ph.D. Guilford Press, 2001, ISBN 1572306394.

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