



Office of Dentistry Homeless Veterans Dental Program NEWSLETTER

FALL 2008

VOLUME 10, ISSUE 1

From the Director's Desk...



Elizabeth Nuñez,
DMD, MST
Director, HVDP
VACO Office of Dentistry

Great News from the Homeless Veterans Dental Program!

It's been a while since we've been in touch by newsletter but considering the great news that I have to share, I think it is well worth the wait. The Homeless Veterans Dental Initiative, which started in late 2006, has been successful, having served the dental needs of well over 15,000 homeless veterans.

However, due to its status as a pilot project, the Initiative had some limitations. It targeted only two groups of veterans: those in Grant and Per Diem (GPD) and Domiciliary Care for Homeless Veterans (DCHV) Programs. Now, the Initiative includes all 5 groups of veterans that are named in *VHA Directive 2007-039 Eligibility Guidelines for a One-Time Course of Dental Care for Certain Homeless and Other Enrolled Veterans!*

Previously, the funds were carved out of, and dependent on, the Mental Health Office's budget. Although the HVDP is eternally grateful for the support of Mental Health in this joint endeavor, we're thrilled to announce that the Initiative will have its own funding stream. Furthermore, the funding amount has increased from \$10 million in FY 2008 to \$16.5 million for FY 2009.

Implementation of the new Initiative will

likely create some growing pains and the incorporation of new processes. However, it is our true hope that the knowledge of additional needy veterans receiving dental services will far outweigh any challenges we encounter in executing this expanded Initiative. More information regarding the development and progression of the program will be forthcoming.

But in the meantime, all I can say is YAAAY!

Please see the table on page 9 for a breakdown of all the Dental Eligible Groups named in VHA Directive 2007-039 along with the names of program directors and/or points of contact.



INSIDE THIS ISSUE:

HEALTH MATTERS - PTSD in the Dental Setting	2
RESEARCH UPDATE - Self-Rated Oral Health	4
RECENT UPDATES - Grant and Per Diem	5
IN THE SPOTLIGHT - Our Veterans	6-7
NATIONAL OBSERVANCES	9
HAVE YOU HEARD? - Veteran Hikes for Homeless	10



Department of Veterans Affairs

Patient Care Services



Approaches to PTSD in the Dental Setting



**Carri-Ann Gibson,
MD, DAAPM
Director, PTSD Program
JAHVH, Tampa**

CLINICAL CONSIDERATIONS

During the course of a lifetime, nearly half of all Americans will be exposed to a traumatic event, such as military combat, assault, an industrial or vehicular accident, rape, domestic violence, or a natural disaster like an earthquake or hurricane. Most people

can absorb the psychological impact of such a traumatic experience and resume their normal lives; however a number of people cannot. Those that cannot are more likely to develop posttraumatic stress disorder (Friedman, 2006).

As can be expected, the Department of Veterans Affairs is seeing an increasing number of veterans seeking treatment for posttraumatic stress disorder. This includes veterans of not only Afghanistan and Iraq, but also Vietnam and Gulf War veterans who are seeking mental health treatment for the first time. For those veterans who are diagnosed with posttraumatic stress disorder, there are significant social stressors that occur alongside their struggle with readjustment and reintegration into society following their return from a war zone. These stressors include difficulty sustaining employment, marital and family difficulties and even factors related to housing (North & Smith, 1992).

WHAT IS PTSD?

Post-Traumatic Stress Disorder (PTSD) describes the condition a person experiences when trauma-related symptoms or impairments, in everyday functioning, last for at least one month and sometimes for an entire lifetime. PTSD consists of three symptom “clusters”: re-experiencing, avoidant/numbing, and hyperarousal.

Re-experiencing symptoms include nightmares, flashbacks and intrusive thoughts. Avoidant/numbing symptoms include avoiding trauma-related thoughts, feelings, activities, places and people, feeling detached from others and losing interest in previously enjoyed activities. Hyperarousal symptoms include insomnia, irritability, hypervigilance and exaggerated startle.

Often occurring in conjunction with PTSD, are problems of depression, substance abuse, and chronic pain. Physical illnesses, including hypertension, cardiac disease, asthma, peptic ulcer disease, obesity and diabetes mellitus, may occur simultaneously. Heavy smoking and alcohol dependence, in veterans with PTSD, has oftentimes been viewed as an attempt to reduce tension and modulate emotional distress (Ouimette & Brown, 2003).

Some of the most disabling symptoms of PTSD include the veteran’s sense of isolation and avoidance along with the minimization and oftentimes denial of symptoms. There is a continued stigma surrounding seeking mental health care, and many veterans are very hesitant to obtain these services citing feeling ashamed and embarrassed. Veterans with PTSD present to all different areas of the VA system of care including primary care, the emergency room, women’s centers, as well as, dental services. Providers in these areas may often come across veterans who will feel more comfortable opening up and sharing their distress in a non-mental health environment of care. It is through these connections and opportunities that we may be able to enhance access to PTSD treatment services for all of our combat veterans.

PTSD TREATMENT: IMPLICATIONS FOR DENTAL PROVIDERS

The treatment of PTSD includes both non-pharmacological and pharmacological approaches. Exposure therapy involves repeated and prolonged exposure to the most disabling



traumatic event in order to help reduce the emotional and physiological responses to the traumatic memory. Cognitive therapy, used along with exposure therapy or alone, teaches patients how to identify irrational thoughts in order to develop more realistic thoughts about themselves and the traumatic event. Many individuals will obtain the most benefit from a combination of psychotherapy and medications. The medications that are used to treat PTSD can have untoward consequences, especially as it relates to the oral cavity. The most commonly prescribed medications include the selective serotonin reuptake inhibitors (SSRIs-sertraline, paroxetine, citalopram, fluoxetine), serotonin-norepinephrine reuptake inhibitors (SNRIs-venlafaxine, duloxetine), mood stabilizers (valproic acid, lamotrigine and topiramate), alpha 2 blockers (prazosin), alpha 1 agonists (clonidine) and sleep agents (zolpidem, trazodone). The adverse effects related to dental disease are listed in Figure 1 (Friedlander & Kreinik-Friedlander, 1989; Friedlander & Fried-

lander, et al, 2004).

Vietnam veterans with depression, PTSD, and heavy tobacco and alcohol use, who attended VA dental clinics in the 1980s, were found to be more likely to have problems with poor oral hygiene, rampant dental decay, multiple missing teeth and periodontal disease. Many of the Vietnam era veterans were also found to have problems with temporomandibular joint disturbances (Friedlander & Kreinik-Friedlander, 1989).

The development of these dental problems is thought to be related to neglect of oral hygiene and increased smoking and alcohol use. Clenching and bruxism have been found to worsen periodontal conditions and are present at a higher degree in individuals with anxiety disorders similar to PTSD.

It is also known that heavy alcohol consumption can lead to excessive bleeding, especially during dental procedures, with alcohol-induced liver damage. In a number of cases studied, individuals with PTSD presented with idiopathic orofa-

Figure 1.

cont'd on pg. 8

DRUG	TYPE	ADVERSE EFFECTS
Duloxetine Venlafaxine	SNRIs (serotonin-norepinephrine reuptake inhibitors)	Bleeding, blood dyscrasias, xerostomia, yawning
Citalopram Fluoxetine Paroxetine Sertraline	SSRIs (selective serotonin reuptake inhibitors)	Increased bleeding time due to impaired platelet aggregation, xerostomia, dysgeusia, stomatitis, glossitis, gingivitis, sialadenitis, clenching and grinding of the teeth
Lamotrigine	Mood stabilizer	Leukopenia, thrombocytopenia, pancytopenia, anemia
Topiramate	Mood stabilizer	Leukopenia, anemia, dysgeusia
Valproic Acid	Mood stabilizer	Acid-thrombocytopenia, anemia, bleeding, xerostomia, dysgeusia, glossitis
Clonidine	Alpha 1 agonist	Xerostomia
Prazosin	Alpha 2 blocker	No common adverse dental effects
Trazodone	Sleep agent	Neutropenia, anemia, xerostomia
Zolpidem	Sleep agent	Xerostomia



Research Update



Gretchen Gibson,
DDS, MPH
Dental Field Coordinator,
Oral Health Quality Group
VACO Office of Dentistry

DENTAL TREATMENT IMPROVES SELF-RATED ORAL HEALTH IN HOMELESS VETERANS

Previous studies through the VA have documented the high prevalence of missing and decayed teeth, oral pain and need for dental care among veterans in homeless rehabilitation programs. In 2002, the VA made veterans in homeless rehabilitation programs eligible for limited, but needed dental care.

The next logical step was to try to evaluate the impact of this care on homeless veterans. The recently published study, *Dental Treatment Improves Self-Rated Oral Health in Homeless Veterans – A Brief Communication*, published this year in the *Journal of Public Health Dentistry*, was the first attempt to evaluate the impact of the care VA Dentistry is providing to this population.

The two-center project (Bedford, MA and Dallas, TX) was a prospective study of the oral conditions, quality of life and use of dental care by veterans enrolled in two different homeless rehabilitation programs. The two groups were: veterans in the homeless Domiciliary Programs (DOM) who received one episode of dental care and veterans in the Compensated Work Therapy Program (CWT), who were not eligible for dental care, except for relief of oral pain and acute infection.

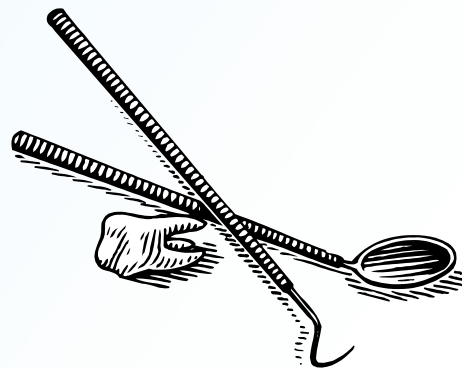
The primary outcomes evaluated in the study included various measures of both general and oral specific quality of life, in the form of self-administered questionnaires completed by the

veterans. These were administered at baseline and then again upon either the completion of dental care, if they were eligible, or the completion of their homeless rehabilitation program, if they were not eligible for dental care.

Several important findings were noted in this study. Those homeless veterans, who rated their oral health the poorest at baseline and had fewer teeth, were more likely to report significant improvement after the completion of their dental care. A much greater number of DOM participants reported an improvement in self-reported oral health quality of life compared to CWT participants (85% vs. 16%). This is significant because DOM clients are the ones who received comprehensive dental care.

The important take home message appears to be that the authors found significant improvement in homeless veterans' perceived oral health after receiving dental care, supporting the notion that dental care is an important aspect of the overall concept of homeless rehabilitation. As most of you already know, it says that we are making a significant positive difference in the lives of many homeless veterans who are working hard in their rehabilitative process. It should make us all smile.

For a complete copy of this article, you may contact Gretchen Gibson at gretchen.gibson@va.gov.



Grant and Per Diem Update



Roger Casey,
PhD, LCSW
Director, GPD Program
VACO MH Services

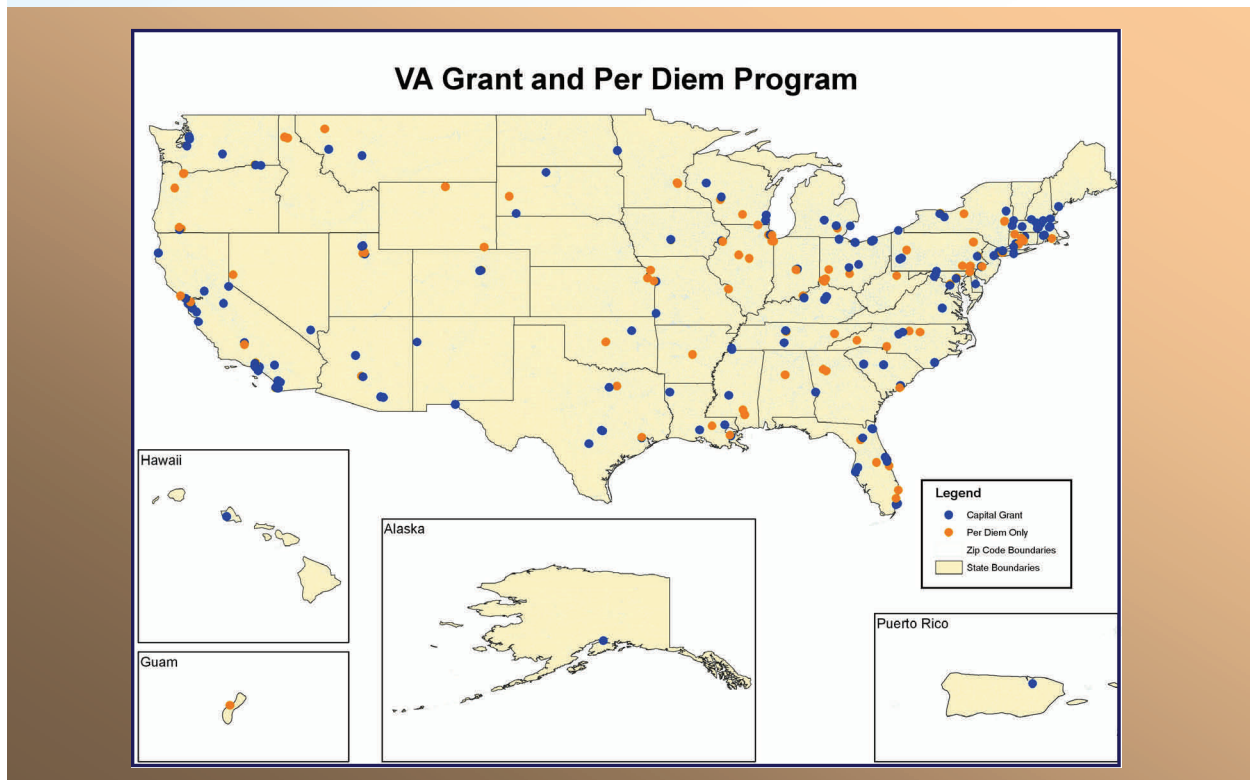
Beginning in 1994, VA has awarded grants on a yearly basis to assist community-based organizations create programs to help homeless veterans. These grants, awarded under the Homeless Providers Grant and Per Diem (GPD) Program, are utilized by organizations for the renovation, acquisition, or construction of facilities to offer homeless services to veterans.

Under the Grant and Per Diem umbrella of services, VA announced the awardees of the “per diem only” funding (operational funds for community providers that did not need capital grants to create transitional housing facilities). The “per diem only” funding, announced in July, will create approximately 1,000 transitional housing beds among 55 community-based organizations in 24 states. Before the end of this

fiscal year, it is expected that VA will announce the awardees of the 2008 capital grants round. As a result of this capital funding, more than 1,500 beds are expected to be created.

To support the mission of the GPD program, VA employs GPD Liaisons. These Liaisons offer case management services for veterans in the community-based programs that provide transitional housing for homeless veterans. An additional 75 GPD Liaisons were hired in FY 2008, for a total of 197 liaisons stationed at VA medical centers around the country. Also for FY 2008, the GPD Program hired two Project Development Specialists to monitor and facilitate grant-funded organizations’ progress in developing and operationalizing their programs.

Since its inception 14 years ago, the GPD Program has served over 72,000 homeless veterans. Below is a map indicating the locations of operational capital and “per diem only” GPD projects around the country as of the beginning of 2008.





Peer Specialist, Joe Berlin

by Carol Yakimo

Joe Berlin lives a satisfying life. He has two sons who adore him, writes children's stories, and enjoys drawing and reading. But his history tells the tale of a life that was far from ideal.

There was a time he became homeless when substances ruled him. Now he has been clean and sober for over 20 years.

Joe says that he had beautiful teeth when he was younger. He never needed braces or any major work, but dental problems started during his drinking days. Back then, his idea of a perfect mouthwash was vodka. After all, alcohol kills germs, right? It must be good for your gums. Needless to say, alcohol took its toll.

Snowbird – was the term Joe used to describe himself back then. Did you go north for the summer and south for the winter? “No,” he says, “I got off the alcohol and drugs long enough to fatten up and then I went right back to them again.”

In October 1987, Joe was on death's door when he woke up in a detox center after someone literally found him in the gutter. Having been in treatment 14 times previously, this was the last straw. Doctors told Joe that they had seen this happen before. This time, his body was so worn down that he would not be able to spring back again. His stomach and digestive system were in critical shape, and food would no longer stay down. Counselors warned him that he would have to quit *cold turkey* this time. Regulars have their own terminology. They call this method of detoxing *Shake and Bake*.

Joe realized that he had hit his physical and emotional bottom. To paraphrase him, the physical and emotional bottom is “that point at which the pain of living exceeds the pain of changing.”

The physical and emotional bottom is “that point at which the pain of living exceeds the pain of changing.”

Joe succeeded in his VA-sponsored rehabilitation program and continues to prosper. He names the Homeless Veterans Dental Program as an important step in his recovery by “taking social pressure away. His self-esteem is back and he smiles all the time. He also quit smoking at the same time. Best of all, he can eat thick-crust pizza and chew steak!

Last summer he participated in the Veterans Upward Bound Program in which he studied physics, math, English, Spanish and computers. Although Joe has only been working at the VA since May, as a Peer Specialist, he is already making a difference with others who are in the same predicament he was many years ago.

With his background in recovery, he knows firsthand how to get through to others who have sunken to the bottom of despair. What does he think about the VA? He says, “the Veterans Administration has literally saved my life – more than once!”



Joe Berlin takes a break from his work, as a VA Peer Specialist, to smile for the camera.



Nursing Assistant, Brian McComb

by Carol Yakimo

Brian spent 4 years in Spain during his stint in the Navy. That is where he met his ex-wife to whom he was married until she could no longer deal with the alcohol and drugs.

The downward spiral started when Brian was 9 years old. His neighbor had a moonshine still and Brian got an early start towards alcoholism.

Jobs came and went, but Brian found his niche as a bricklayer. He was so skillful that he could function even under the influence of alcohol and drugs. Although he worked regularly, it was not long before homelessness became a reality as he continued drinking and using methamphetamines. The addiction had such a stronghold on him that he even went so far as to create his own meth lab.

On his lowest day, while getting high and drinking, Brian attempted suicide. Fortunately, someone found him and called 911. The police came, but he refused to go until he finished his beer. Police sweet talked him into the cruiser by allowing him to take his beer with him. The ride in the police car was the beginning of his journey to sobriety.

Today, Brian leads a rewarding life. After completing the ADATP program, he was accepted into the 2 year Grant and Per Diem transitional housing program at the Agency for Community Treatment Services, Inc. (ACTS) in Tampa. The stable housing and supportive services, provided by ACTS, aided in his recovery and helped him reach his goals to move toward independence.

But when he first started the program, Brian relays that he was uncomfortable smiling or even speaking with people because of the condition of his teeth.

Emily Seales, Grant and Per Diem Liaison, led

Brian in the right direction for dental care. Through the Homeless Veterans Dental Initiative, Brian completed his treatment plan and gained back his self esteem. And his smiles prove it!

Presently, Brian works full-time as a Nursing Assistant for the Community Living Center (Haley's Cove) at the James A. Haley Veterans' Hospital in Tampa. Why is this the best job he has ever had? "I

love helping the veterans, and they are so appreciative," he says.

In addition to his *regular* job, Brian also volunteered at the Big Cat Rescue as a form of therapy and giving back to the community. To obtain more information about exotic cats and volunteer opportunities, visit <http://www.bigcatrescue.org/>.

Brian's future plans include sitting for the CNA exam in January and continuing his education to become an RN.

Way to go Brian, and best wishes in all your endeavors. Keep up the good work...and keep smiling!



**Veteran Brian McComb
and Emily Seales, LCSW, GPD Liaison**



**Volunteering at
The Big Cat Rescue**





cial pain, and, in almost all individuals, the most emotionally disabling traumatic event and the onset of orofacial pain coincided (Friedlander, et al, 2004).

As a provider in a dental clinic, when working with a veteran who has PTSD, it is recommended to introduce oneself and provide all instructions in a very clear and organized manner. Veterans with PTSD struggle with their sense of safety and their sense of trust with others, and it is crucial as a treating clinician to provide that sense of reassurance and confidence.

A comprehensive exam, which includes a temporomandibular joint assessment, is imperative. Once a dental treatment plan is ascertained, a clear explanation of all aspects of dental procedures can help reduce anxiety and help the veteran prepare for any possible physical discomfort. It is also important to review the medical record, with attention to the current prescribed psychiatric medications, given the potential adverse dental conditions that may be exacerbated by medications.

Preventive dental education is one of the most important pieces in the provision of a comprehensive dental examination. Use of artificial salivary products and dietary modification can help tackle problems with xerostomia. Dental cleanings and periodontal therapy can also prevent progression of gingival and periodontal disease.

The VA system of care endeavors to identify veterans who are struggling with PTSD and those who have not sought treatment. Through the development of a treating relationship in an outpatient dental clinic and through the dental providers having professional contacts with the PTSD treatment providers, it can be guaranteed that more veterans with PTSD will seek mental health services through this mutual collaboration.

Through corrective/cosmetic dental interven-

tions for veterans with PTSD, it is expected that confidence and self-esteem will also be greatly enhanced. This team approach can allow for rapid referral and collaboration in order to enhance the treatment of our veterans who have sacrificed and now struggle with combat-related PTSD.

It is important for dental providers to stay informed and educated about the difficulties faced by many of these veterans so referrals can be made for necessary psychiatric treatment with the goal to help improve their quality of life. Dentists who are familiar with the presentation of PTSD, the co-morbid illnesses, and the pharmacological interventions will also be able to manage these patients more comprehensively in the provision of a full array of dental service options.

References:

- Friedlander AH, Friedlander IK et al. Post-traumatic stress disorder: Psychopathology, medical management, and dental implications. *Oral Surg Oral Med Oral Pathol Oral Radiol Endo.* 2004;97:5-11.
- Friedlander AH, Kreinik-Friedlander I. Dento-facial pathology in patients with post-traumatic stress disorder (PTSD). *Refuat Hashinayim* 1989;7:3-6.
- Friedman, Matthew. *Post-Traumatic and Acute Stress Disorders.* Kansas City: Dean Psych Press Corp, 2006.
- North C, Smith E. Posttraumatic Stress Disorder Among Homeless Men and Women. North and Smith *Hosp Community Psychiatry.* 1992; 43: 1010-1016.
- Ouimette P and Brown P. *Trauma and Substance Abuse.* Baltimore: American Psychological Association, 2003.



NATIONAL HEALTH OBSERVANCES - 2008

OCTOBER

1 - 31
Healthy Lung Month
 American Lung Association
 61 Broadway, 6th Floor
 New York, NY 10006
 (800) LUNG-USA (586-4872)
 (212) 315-8700
info@lungusa.org
www.lungusa.org

1 - 31
National Dental Hygiene Month
media@adha.net
www.adha.org

1 - 31
National Disability Employment Awareness Month
www.dol.gov/odep

10
World Mental Health Day
info@wfmh.org
www.wfmh.org/00WorldMentalHealthDay.htm

20 - 24
National Health Education Week
ray@nche.org
www.nche.org

NOVEMBER

1 - 30
Jaw Joints - TMJ Awareness Month
info@tmj.org
www.tmj.org

1 - 30
Lung Cancer Awareness Month
info@lungcanceralliance.org
www.lungcanceralliance.org

20
Great American Smokeout
www.cancer.org

DECEMBER

1
World AIDS Day
unaids@unaids.org
www.unaids.org/en/default.asp

7 - 13
National Handwashing Awareness Week
dr.will@henrythehand.com
www.henrythehand.com

For more observances and information, check out the website at: <http://www.healthfinder.gov/library/nho/nho.asp#m8>

HOMELESS VETERANS' GROUPS ELIGIBLE FOR DENTAL CARE

PROGRAM NAME	PROGRAM DIRECTOR/ POINT OF CONTACT
Domiciliary Residential Rehabilitation Program	Ms. Lisa Pape VACO Office of Mental Health
Compensated Work Therapy/ Transitional Residence	Mr. Jamie Ploppert VACO Office of Mental Health
Health Care for Homeless Veterans Program	Mr. Robert Hallett VACO Office of Mental Health
Community Residential Care Program	Mr. Dan Schoeps VACO Office of Geriatrics and Extended Care
Grant and Per Diem Program	Dr. Roger Casey VACO Office of Mental Health





HAVE YOU HEARD???

OIF VETERAN HIKES FOR HOMELESS VETS



**Jarad Greeley
before the trip**

Photo by
Terry Karkos, Sunjournal

This summer, a young OIF veteran hiked the Appalachian Trail to raise awareness for the plight of homeless veterans. In late August, former SGT Jarad Greeley, 25, of North Jay, Maine, was nearing the end of the 2,000-plus-mile trail. His trek began in early March at the southern terminus of the trail on Springer Mountain, Georgia and ended at the northern terminus on Mt. Katahdin in Maine's Baxter State Park.

In an open letter, posted on the Departments of the Veterans of Foreign Wars of the US website, <http://vfwwebcom.org/homelessveterans>, Jared stated, "We are inviting you to join us on a journey, one that will benefit the homeless veterans in America. I will be hiking the Appalachian Trail, the distance of the east coast to raise awareness and resources for those that served their country and now need our help. I am also a veteran of the War on Terrorism. Having spent 15 months deployed in support on Operation Iraq Freedom, I understand the sacrifices that these people have given for us. Learning that one in every four homeless is a prior service member

was hard to believe. This is our way, and we hope yours' as well, to thank them for what they have done and help them now that they are in need."

Greeley, with help from his hometown VFW post, raised funds during his journey stating "Every penny we receive will be 100% returned to the veterans."

We thank you, Jared, for your sacrifices in the name of all veterans!

Editor



Photo courtesy of Carolyn Greeley
Former SGT Jarad Greeley at the finish on Mt. Katahdin, ME



**Elizabeth Nuñez,
DMD, MST
HVDP Director,
Editor**



**Elizabeth Nuñez, DMD, MST
Carol Yakimo, RDH, BA**
James A. Haley VAMC
10770 N. 46th Street, Suite A-400
Tampa, FL 33617
(813) 972-7060
(813) 972-7065

elizabeth.nunez@va.gov
carol.yakimo@va.gov



**Carol Yakimo,
RDH, BA
Assistant Director,
Publisher**

