

Paul Simpson, Ed.D.

Forensic Psychologist, Listed in the National Register of Psychologists
2292 W. Magee Rd., Suite 220
Tucson, AZ 85742

Office: (520) 355-1000
FAX: (520) 355-2000

doc@ArizonaForensics.com / www.ArizonaForensics.com

7 June 2021

Peer Review Hearing Panel for TSGT Pamela Pumpernickel
Privileging Authority
00th Medical Group
Christmas Drive
Davis-Monthan AFB, Arizona

Affidavit Regarding Alcohol Relapse and Treatment

Greetings Peer Review Panel and Privileging Authority:

My Qualifications

1. I am Dr. Paul Simpson, Ed.D., a Forensic Psychologist. During the past 30 years I have provided inpatient and outpatient treatment for patients struggling with chemical and behavioral compulsions as well as conducting hundreds of psychological evaluations for State, Federal and Military courts. I am recognized by the Supreme Court of the State of Arizona and by Pima County Superior Court to conduct psychological evaluations. I have been licensed as a psychologist by the State of Arizona since 1991, am listed in the National Register of Psychologist, and a member in good standing with the American Psychological Association.

Factual Background

2. I have been informed that you are considering the impact of TSGT Pamela Pumpernickel's alcohol issues in recent years on her performance as a nurse, and that, after considering all evidence presented at her peer review hearing you will consider recommending to state licensing agencies that her license be revoked. I am informed TSGT Pumpernickel has been diagnosed with Alcohol Use Disorder, PTSD and Major Depressive Disorder, and is receiving appropriate treatment to address these conditions. I have been asked by her defense team to provide information for your consideration regarding alcohol use disorder and posttraumatic stress disorder (PTSD). There has been a large body of research published in the field of psychology regarding alcohol use disorder, PTSD, and the intersection between these two conditions.

3. I posit for your consideration that any relapses that TSGT Pumpernickel has already suffered with regards to alcohol abuse are a normal part of recovery for this disorder. The treatment I have been informed she is currently undergoing is precisely what she should be receiving for her conditions. Combined with the fact that since she has been on her current treatment she has been sober since 23 March 2022, and she has strong community support and accountability through her supervisor, AA meetings, and her state licensing program, it is clear that she is on the right track to recovery. I have provided an appendix including a variety of studies for your consideration and also draw your attention to relevant passages from the DSM-5. I also considered the following documents:

Treatment Summary		1 Page
Treatment Letter		1 Page
Character Letter		2 Pages
Personal Statement – TSGT Pumpernickel		7 Pages

4. I was not provided a copy of the notification of hearing memo as I understand its release is closely controlled, but TSGT Pumpernickel's ADC made me aware that you will be considering the following allegations against her:

- a. Impairment and Professional Misconduct. . . .
- b. Professional misconduct. That on . . .
- c. Professional Misconduct. . . .
- d. Professional misconduct. . . .

5. Scientific research demonstrates that relapse is a common feature for an individual struggling with alcohol despite increasingly negative life impact. But these setbacks do not equate to failure or lack of treatability. To the contrary, these setbacks are part of the normal recovery process – “two steps forward, one step back.” These conditions require prolonged treatment and the process of healing can be an iterative one which takes time to complete.

6. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is the taxonomic and diagnostic tool published by the American Psychiatric Association (APA). In the United States, the DSM serves as the principal authority for psychiatric diagnoses and treatment recommendations are often determined by DSM classifications.

7. The DSM-5 notes the following regarding general substance use disorders.

The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. An important characteristic of substance use disorders is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. . . The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug craving when the individuals are exposed to drug-related stimuli. These persistent drug effects may benefit from long-term approaches to treatment. (page 483, emphasis added)

Social impairment is the second grouping of criteria (Criteria 5–7). Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home (Criterion 5). The individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (Criterion 6). Important social, occupational, or recreational activities may be given up or reduced because of substance use (Criterion 7). . . Risky use of the substance is the third grouping of criteria (Criteria 8–9). This may take the form of recurrent substance use in situations in which it is physically hazardous (Criterion 8). The individual may continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (Criterion 9). The key issue in evaluating this criterion is not the existence of the problem, but rather the individual's failure to abstain from using the substance despite the difficulty it is causing. (page 483, emphasis added)

8. The DSM-5 notes the following regarding alcohol use disorder.

Because withdrawal from alcohol can be unpleasant and intense, individuals may continue to consume alcohol despite adverse consequences, often to avoid or to relieve withdrawal symptoms. Some withdrawal symptoms (e.g., sleep problems) can persist at lower intensities for months and can contribute to relapse. Once a pattern of repetitive and intense use develops, individuals with alcohol use disorder may devote substantial periods of time to obtaining and consuming alcoholic beverages. . . Craving for alcohol is indicated by a strong desire to drink that makes it difficult to think of anything else and that often results in the onset of drinking. School and job performance may also suffer either from the aftereffects of drinking or from actual intoxication at school or on the job; child care or household responsibilities may be neglected; and alcohol-related absences may occur from school or work. The individual may use alcohol in physically hazardous circumstances (e.g., driving an automobile, swimming, operating machinery while intoxicated). Finally, individuals with an alcohol use disorder may continue to consume alcohol despite the knowledge that continued consumption poses significant physical (e.g., blackouts, liver disease), psychological (e.g., depression), social, or interpersonal problems (e.g., violent arguments with spouse while intoxicated, child abuse). (page 492, emphasis added)

Alcohol use disorder has a variable course that is characterized by periods of remission and relapse. A decision to stop drinking, often in response to a crisis, is likely to be followed by a period of weeks or more of abstinence, which is often followed by limited periods of controlled or nonproblematic drinking. However, once alcohol intake resumes, it is highly likely that consumption will rapidly escalate and that severe problems will once again develop. Alcohol use disorder is often erroneously perceived as an intractable condition, perhaps based on the fact that individuals who present for treatment typically have a history of many years of severe alcohol-related problems. However, these most severe cases represent only a small proportion of individuals with this disorder, and the typical individual with the disorder has a much more promising prognosis. (page 493, emphasis added)

The diagnostic features of alcohol use disorder highlight major areas of life functioning likely to be impaired. These include driving and operating machinery, school and work, interpersonal relationships and communication, and health. (page 496)

9. There has been a large body of research published in the field of psychology regarding the intersection between posttraumatic stress disorder (PTSD) and substance abuse. Abstracts of these studies are provided in Appendix B of this document.

10. The Diagnostic and Statistical Manual – version 5 (DSM-5) cautions that “*Individuals with PTSD are 80% more likely than those without PTSD to have symptoms that meet diagnostic criteria for at least one other mental disorder (e.g., depressive, bipolar, anxiety, or substance use disorders). Comorbid substance use disorder and conduct disorder are more common among males than among females.*” (p.280)

11. Manhapra, Ajay, et al. (2015) state, “. . . attainment of abstinence at 4 months after treatment, irrespective of the substances abused, was strongly associated with improvement in PTSD symptoms, violence, suicidality and medical problems.” (attached to this affidavit)

Treatment outcomes for veterans with PTSD and substance use: Impact of specific substances and achievement of abstinence. Manhapra, Ajay, et al. Drug and Alcohol Dependence, Vol 156, Nov 1, 2015. pp. 70-77.

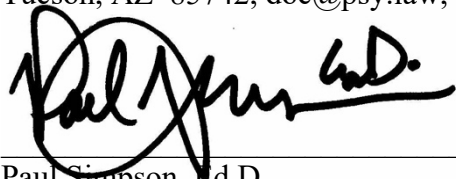
12. Cancio, Roberto (2020) examined unique differences between military and nonmilitary men in addressing mental health and other substance use disorders among military populations. His findings include, *“The evidence from this study supports the need to develop integrated prevention interventions that build emotional resilience and coping mechanisms of participants with military service.”*

Causal modeling of substance use and mental health among male military veterans.

Cancio, Roberto. Journal of Substance Use, Vol 25(3), Jun, 2020. pp. 271-276.

13. In summary, as noted by the DSM-5, there is a strong body of scientific literature that establishes the persistence of abusing alcohol despite mounting negative life consequences. The DSM-5 also notes the strong correlation between substance abuse and PTSD. But on an encouraging note, the DSM-5 states recovery efforts and treatment can have increasing benefit despite relapses in substance use. I have attached abstracts for relevant research studies regarding relapse in Appendix A and PTSD in Appendix B of this affidavit. It would be my pleasure to provide the full articles upon request.

14. I thank you for the opportunity to address the panel and privileging authority on these matters. I can be reached at (520) 355-1000 (office), (520) 355-2000 (Fax), 2292 W. Magee Rd., Suite 220, Tucson, AZ 85742, doc@psy.law, and www.psy.law.

A handwritten signature in black ink, appearing to read "Paul Simpson Ed.D.", written over a horizontal line.

Paul Simpson, Ed.D.
Arizona Psychologist, #1967

5 October 2022

Appendix A: Alcohol Abuse and Relapse

Relapse prevention for addictive behaviors.

Hendershot, Christian S., et al.

Substance Abuse Treatment, Prevention, and Policy, Vol 6, Jul 19, 2011. ArtID: 17

Abstract:

The Relapse Prevention (RP) model has been a mainstay of addictions theory and treatment since its introduction three decades ago. This paper provides an overview and update of RP for addictive behaviors with a focus on developments over the last decade (2000-2010). Major treatment outcome studies and meta-analyses are summarized, as are selected empirical findings relevant to the tenets of the RP model. Notable advances in RP in the last decade include the introduction of a reformulated cognitive-behavioral model of relapse, the application of advanced statistical methods to model relapse in large randomized trials, and the development of mindfulness-based relapse prevention. We also review the emergent literature on genetic correlates of relapse following pharmacological and behavioral treatments. The continued influence of RP is evidenced by its integration in most cognitive-behavioral substance use interventions. However, the tendency to subsume RP within other treatment modalities has posed a barrier to systematic evaluation of the RP model. Overall, RP remains an influential cognitive-behavioral framework that can inform both theoretical and clinical approaches to understanding and facilitating behavior change.

Alcohol use disorder relapse factors: A systematic review.

Sliedrecht, Wilco, et al.

Psychiatry Research, Vol 278, Aug, 2019. pp. 97-115.

Abstract:

A relapsing-remitting course is very common in patients with an Alcohol Use Disorder (AUD). Understanding the determinants associated with alcohol resumption remains a formidable task. This paper examines relapse determinants based on a systematic review of recent alcohol literature (2000–2019). Relevant databases were consulted for articles that contained information about specific relapse determinants and reported statistical significance of each relapse determinant in predicting relapse. Relapse was broadly defined based on the characterization in the included articles. From the initial identified 4613 papers, a total of 321 articles were included. Results encompass multiple relapse determinants, which were ordered according to biopsychosocial and spiritual categories, and presented, using a descriptive methodology. Psychiatric co-morbidity, AUD severity, craving, use of other substances, health and social factors were consistently significantly associated with AUD relapse. Conversely, supportive social network factors, self efficacy, and factors related to purpose and meaning in life, were protective against AUD relapse. Despite heterogeneity in different methods, measures, and sample characteristics, these findings may contribute to a better therapeutic understanding in which specific factors are associated with relapse and those that prevent relapse. Such factors may have a role in a personalized medicine framework to improve patient outcomes.

Review of individual placement and support employment intervention for persons with substance use disorder.

Harrison, Jennifer, et al.

Substance Use & Misuse, Vol 55(4), 2020. pp. 636-643.

Abstract:

Objectives: Work is a critical part of recovery for many people with chronic health conditions, including Substance Use Disorders (SUD). Individual Placement and Support (IPS) is an evidence-based practice designed initially for adults with mental illness. Although the evidence for using IPS with individuals with severe mental illness is well documented, less is known about the efficacy of using IPS with consumers with substance use disorders, and the results have yet to be systematically evaluated and organized. Key components of zero exclusion, rapid competitive job search, and incorporation with treatment services as well as benefits are components that make IPS a strong practice to incorporate into substance abuse treatment. This study aims to evaluate and organize the evidence base of using IPS with adults with substance use disorders. Results: A systematic review was conducted of meta-analyses, reviews, and individual studies from 2000 through 2019, measuring the efficacy of IPS with individuals with SUD or comorbid SUD. Databases searched were Scopus, PubMed, and PsychInfo. Experimental and quasi-experimental studies are reviewed and critiqued for their application to a SUD population. Then, barriers and facilitators of IPS implementation with this population are discussed. Conclusions/Importance: There is high evidence to support to application of IPS for persons with SUD, both singly and when combined with a mental health disorder. Barriers to IPS implementation including episodic treatment, risk of relapse, and housing or criminal justice instability make the IPS program a useful best practice to consider for this population.

APPENDIX B: Research regarding PTSD and Substance Abuse

Drug use and validity of substance use self-reports in veterans seeking help for posttraumatic stress disorder.

Calhoun, Patrick S., et al.

Journal of Consulting and Clinical Psychology, Vol 68(5), Oct, 2000. pp. 923-927.

Abstract:

The present study assessed drug use and the validity of self-reports of substance use among help-seeking veterans referred to a specialty clinic for the assessment of posttraumatic stress disorder (PTSD). Patients (n = 341) were asked to provide a urine sample for use in drug screening as part of an evaluation of PTSD. Self-reports of substance use were compared with same-day supervised urine samples for 317 patients who volunteered to participate in a drug screening. Results suggested that self-reports were generally quite valid. Only 8% of the cases involved patients not reporting substance use detected by urine screens. A total of 42% of the participants were identified as using drugs of abuse (excluding alcohol) through self-report and urine drug screens. Among participants using drugs, PTSD diagnosis was significantly associated with greater marijuana and depressant use as compared with stimulant (cocaine and amphetamines) use. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

The association of substance use disorders with trauma exposure and PTSD among African American drug users.

Johnson, Sharon D. et al.

Addictive Behaviors, Vol 31(11), Nov, 2006. pp. 2063-2073.

Abstract:

This study examines the association of traumatic exposure, PTSD and substance use among 1098 out-of-treatment African American drug users. Over 40% of the respondents experienced a DSM-III-R qualifying traumatic event with 44% of those developing PTSD. Early onsets of marijuana and heroin use, alcohol dependence and opiate dependence were each associated with exposure to a traumatic event for males and early onset alcohol use and alcohol dependence were associated with females' exposure to a traumatic event. Alcohol dependence and depression disorder were comorbid with PTSD in men, while the early onset of alcohol and alcohol dependence were associated with PTSD in women. In the 16% of the sample who reported trauma exposure and poly-substance use, the trauma occurred after the onset of all substance use, with the exception of crack cocaine use. Implications for multifaceted treatment which addresses multiple psychopathologies, PTSD, and risk for exposure are discussed.

Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population.

Khoury, Lamya. et al.

Depression and Anxiety, Vol 27(12), Dec, 2010. pp. 1077-1086.

Abstract:

Objective: Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence. SUDs are also highly comorbid with Posttraumatic Stress Disorder (PTSD) and other mood-related psychopathology. Most studies examining the relationship between PTSD and SUDs have examined veteran populations or patients in substance treatment programs. The present study further examines this relationship between childhood trauma, substance use, and PTSD in a sample of urban primary care patients. Method: There were 587 participants

included in this study, all recruited from medical and OB/GYN clinic waiting rooms at Grady Memorial Hospital in Atlanta, GA. Data were collected through both screening interviews as well as follow-up interviews. Results: In this highly traumatized population, high rates of lifetime dependence on various substances were found (39% alcohol, 34.1% cocaine, 6.2% heroin/opiates, and 44.8% marijuana). The level of substance use, particularly cocaine, strongly correlated with levels of childhood physical, sexual, and emotional abuse as well as current PTSD symptoms. In particular, there was a significant additive effect of number of types of childhood trauma experienced with history of cocaine dependence in predicting current PTSD symptoms, and this effect was independent of exposure to adult trauma. Conclusions: These data show strong links between childhood traumatization and SUDs, and their joint associations with PTSD outcome. They suggest that enhanced awareness of PTSD and substance abuse comorbidity in high-risk, impoverished populations is critical to understanding the mechanisms of substance addiction as well as in improving prevention and treatment.

Hippocampal volume differences in Gulf War veterans with current versus lifetime posttraumatic stress disorder symptoms.

Apfel, Brigitte A. et al.

Biological Psychiatry, Vol 69(6), Mar 15, 2011. pp. 541-548.

Abstract:

Background: Decreased hippocampal volume is described in posttraumatic stress disorder (PTSD) and depression. However, it is not known whether it is a risk factor for the development of PTSD or a consequence of PTSD. We sought to determine the effects of PTSD and depressive symptoms on hippocampal volume. Methods: Clinical and magnetic resonance imaging data were collected in a cross sectional study of 244 Gulf War veterans. Measures included lifetime and current Clinician Administered PTSD Scale, Hamilton Depression Scale, Life Stressor Checklist, and Lifetime Drinking History. Magnetic resonance imaging data were acquired with a 1.5-T scanner and analyzed with automated and semiautomated image processing techniques. Results: Eighty-two veterans had lifetime PTSD, 44 had current PTSD, and 38 had current depression. In the linear regression analysis, current PTSD symptoms (standardized coefficient $\beta = -.25$, $p = .03$) but neither lifetime PTSD symptoms nor current depression were associated with smaller hippocampal volume. Gender, age, history of early life trauma, education, lifetime and current alcohol use, current marijuana use, and treatment with antidepressants did not have independent effects. Participants with chronic PTSD had, on average, a smaller hippocampus compared with those with remitted PTSD. Conclusions: The finding that current but not lifetime PTSD symptom severity explains hippocampal size raises two possibilities: either a small hippocampus is a risk factor for lack of recovery from PTSD (trait) or PTSD effects on hippocampal volume are reversible once PTSD symptoms remit and the patient recovers (state).

Patterns of drug and alcohol use associated with lifetime sexual revictimization and current posttraumatic stress disorder among three national samples of adolescent, college, and household-residing women.

Walsh, Kate et al.

Addictive Behaviors, Vol 39(3), Mar, 2014. pp. 684-689.

Abstract:

Sexual revictimization (experiencing 2 or more rapes) is prevalent and associated with increased risk for posttraumatic stress disorder (PTSD) and substance use. However, no national epidemiologic studies have established the prevalence or relative odds of a range of types of substance use as a function of sexual victimization history and PTSD status.

Using three national female samples, the current study examined associations between sexual revictimization, PTSD, and past-year substance use. Participants were 1763 adolescent girls, 2000 college women, and 3001 household-residing women. Rape history, PTSD, and use of alcohol, marijuana, other illicit drugs, and non-medical prescription drugs were assessed via structured telephone interviews of U.S. households and colleges in 2005–2006. Chi-square and logistic regression were used to estimate the prevalence and odds of past-year substance use. Relative to single and non-victims: Revictimized adolescents and household-residing women reported more other illicit and non-medical prescription drug use; revictimized college women reported more other illicit drug use. Past 6-month PTSD was associated with increased odds of drug use for adolescents, non-medical prescription drug use for college women, and all substance use for household-residing women. Revictimization and PTSD were associated with more deviant substance use patterns across samples, which may reflect self-medication with substances. Findings also could be a function of high-risk environment or common underlying mechanisms. Screening and early intervention in pediatric, primary care, and college clinics may prevent subsequent rape, PTSD, and more severe substance use.

Treatment outcomes for veterans with PTSD and substance use: Impact of specific substances and achievement of abstinence.

Manhapra, Ajay, et al.

Drug and Alcohol Dependence, Vol 156, Nov 1, 2015. pp. 70-77.

Abstract:

Background: Scant longitudinal data exists about the interplay between specific substances of abuse, the achievement of abstinence, and clinical outcomes in the treatment of dually diagnosed Veterans with post-traumatic stress disorder (PTSD). Methods: As part of a national program evaluation, Veterans admitted from the community to specialized intensive PTSD programs were assessed at intake and 4 months after discharge. Seven mutually exclusive groups were identified from admission self-report data (N = 22,948): no substance use, exclusive use of alcohol, opiates, sedatives, cocaine, marijuana, and use of three or more substances. Analysis of covariance, adjusting for potentially confounding baseline variables was used to compare change among these seven groups in non-substance use outcomes (PTSD symptoms, violent behavior, suicidality, medical problems, and employment). The effect of abstinence on specific groups was evaluated as the interaction of group membership by abstinence. Results: All outcome measures except for employment showed significant improvement, with few differences between the groups. Although rate of abstinence differed markedly between the groups, abstinence achievement was associated with greater improvement on all the outcomes except employment in every group. No significant differences in the effect of abstinence across the substance abuse groups were observed. Conclusion: The specific type of substance used prior to entry into treatment among dually diagnosed PTSD patients seems to have limited effect on treatment outcomes. However, attainment of abstinence at 4 months after treatment, irrespective of the substances abused, was strongly associated with improvement in PTSD symptoms, violence, suicidality and medical problems.

Causal modeling of substance use and mental health among male military veterans.

Cancio, Roberto

Journal of Substance Use, Vol 25(3), Jun, 2020. pp. 271-276.

Abstract:

Objective: In order to understand the intersecting effects of race/ethnicity and military service on substance use and mental health, this study maps the unique differences between military and nonmilitary men in order to provide nuanced information for mental health

professionals and behavioral interventionists in order to address mental health and other substance use disorders among military populations. Methods: Using structural equation modeling to examine mental health and substance use among male military veterans, this study sample contains information about 449 male veterans from the National Longitudinal Study of Adolescent to Adult Health (1994–2008): Waves I and IV in-home interviews. Results: Models for substance use and mental health patterns were not similar between veterans and non-veterans and or racial/ethnic groups. Overall, Pre-9/11 veterans, depression and anxiety significantly predicted higher cocaine use and higher prescription drug use. Among Post- 9/11 veterans, depression and PTSD predicted greater use of marijuana, methamphetamine and prescription medications. Conclusions: Study findings highlight opportunities for potential interventions and have implications for the design of substance use programs. The evidence from this study supports the need to develop integrated prevention interventions that build emotional resilience and coping mechanisms of participants with military service.