Assessing and Treating Combat Stress and PTSD in Veterans: What You Need to Know

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Disclaimer

The views expressed in this presentation are solely those of the presenter and do not represent those of the Veterans Health Administration or the United States government.
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Some Helpful Background Information
Why You Should Care

- There are almost 21.4 million Veterans in the US
- There are 726,000 Veterans in Virginia
  - Virginia ranks 7th in the number of Veterans in the US
  - Virginia ranks 4th in per capita number of Veterans
- 13.6% of Virginia’s Veterans are women, ranking 2nd in the country
- Only 21% use VA health care

U.S. Census Bureau, 2015
Some Helpful Facts

- The median age of male Veterans in the US is 65
- VISN 6 (Virginia and North Carolina) have the highest rate of newly registered Veterans in the nation
  - The Fredericksburg region is the fastest-growing area
- McGuire VAMC in Richmond has ranked between #1 and #3 in the country in Veterans with a first-time diagnosis of PTSD over the past three years
The Veteran View of Civilians

"America is not at war. The Marine Corps is at war; America is at the mall."
Who Are We Kidding?
Traumatic Stress and the Brain
High Prevalence of Prior Child Maltreatment

Studies of Army soldiers:

Rosen & Martin, 1996:
- 17% of males and 51% of females reported childhood sexual abuse
- 50% of males and 48% of females reported physical abuse
- 11% of males and 34% of females experienced both

Seifert et al., 2011 (combined males and females):
- 46% reported childhood physical abuse
- 25% reported both physical and sexual abuse
- Soldiers with both reported more severe PTSD symptoms and more problem drinking
Prior Child Maltreatment Increases Military PTSD

- Two or more adverse childhood experiences (ACEs) are associated with increased risk of PTSD, beyond combat exposure (Cabrera et al., 2007)

- Veterans with PTSD are more likely to have been physically abused as children than those without PTSD (Bremner et al., 1993; Zaidi and Foy, 1994)
  - Physical abuse as a child also associated with greater severity of PTSD (Zaidi and Foy, 1994)

- Childhood physical abuse and combat-related trauma both increase later anxiety, depression, and PTSD (Fritch et al., 2010)
Pre-military Trauma in Women

- Female service members and veterans report more premilitary trauma than servicemen and female civilians.
- More than half of female veterans experienced premilitary physical or sexual abuse.
- 1/3 of female veterans report a history of childhood sexual abuse, compared to 17-22% of civilian women.
- 1/3 of female veterans report a history of adult sexual assault, compared to 13-22% of civilian women.

Zinzow et al., 2007; Merrill et al., 1999
Military Sexual Trauma

- Military Sexual Trauma is sexual assault or sexual harassment that is threatening
- Among active duty personnel:
  - 3% of women and 1% of men reported attempted or completed sexual assault in the previous year
  - 54% of women and 23% of men reported sexual harassment in the previous year (DOD, 2002)
- Among veterans using VA health care:
  - 23% of women reported being sexually assaulted while in the military
  - 55% of women and 38% of men reported sexual harassment (VA, 2009)
Military Sexual Trauma

- 37% of women reporting MST had been raped at least twice during military service (Sadler et al., 2003)
- Female veterans experience sexual assaults (30%), physical assaults (35%), or both (16%) (Sadler et al., 2000)
- 80% of sexual assaults in the military go unreported (Department of Defense studies quoted by Whitley in testimony before Congress, 2010)
- Female veterans with MST are more likely to develop PTSD than those who have experienced other traumas (60% vs. 43%) (Yaeger et al., 2006)
Civilian and Military Trauma
Make Each Other Worse
Co-Occurrence of PTSD and Substance Abuse

Co-occurring disorders are the rule rather than the exception.

(SAMHSA, 2002)
Figure 1

COMORBID DISORDERS ARE THE RULE, RATHER THAN THE EXCEPTION FOR PTSD

Kessler et al., 1995
Combat Stress and PTSD
Multiple and Repeated Types of Trauma in the Military

- Combat and war-zone trauma
- Traumatic grief/loss
- Military sexual trauma
- Accidents

Among veterans presenting to a VA PTSD clinic (Jakob et al., 2017):
- The mean number of traumas was 6.9
- 76% had more than 4
Trauma Exposure among OEF/OIF Veterans

- 50% had a friend seriously wounded or killed
- 45% saw dead or seriously wounded civilians
- 10% required hospitalization for injury

Tanelian & Jaycox, RAND, 2008
Trauma and PTSD

- Not all trauma leads to PTSD
- Depending on the study, the type of trauma, and the group studied, 3%-58% get PTSD
Military and Combat Reinforcement of PTSD Symptoms

These are all adaptive in a war zone and, in some cases, trained:

- Reactivity to reminders
- Avoidance of felt danger
- Distrust of outsiders
- Negative expectations of world
- Anger
- Aggressive behavior
- Numbness
- Hypervigilance
- Startle responses
- Risk-taking
- Insomnia
The Effects of Combat

- Regardless of whether a veteran develops PTSD or not, the experience of combat is transformative
- “I came back a different person”
- “I want my son back”
The Invisible Traumatic Aftereffects of Combat

<table>
<thead>
<tr>
<th>PTSD</th>
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<tbody>
<tr>
<td>TBI</td>
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<tr>
<td>Traumatic grief</td>
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<tr>
<td>Survivor guilt</td>
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<tr>
<td>The impact of killing</td>
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<tr>
<td>Moral injury</td>
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</tbody>
</table>

All of these prevent PTSD from healing
Combat Exposure and PTSD

- Combat exposure increases PTSD (Kulka et al., 1990; Prigerson et al., 2002)
- High war zone stress associated with greater levels of PTSD, both current and lifetime, than low and moderate war zone stress in Vietnam era veterans (Jordan et al., NVVRS, 1991)
- Up to 58% of soldiers in heavy combat
- Combat and sexual trauma result in more PTSD in veterans (Jakob et al., 2017)
  - Sexual trauma results in more severe PTSD
- 50-75% of POWs and torture victims
The Problem of Repeated Deployments

- The Persian Gulf war was the longest war in American history, with the most repeated deployments
- Repeated deployments wear down resiliency
- 36% of servicemen and women were deployed twice or more (Department of Defense, 2008)
- More than 400,000 servicemen and women were deployed at least 3 times (Rosenbloom, 2013)
- 50,000 servicemen and women had at least four deployments (Army Secretary John McHugh, testifying before Congress, 3/21/12)
Repeated Deployments Increase PTSD

- Mental health problems increase with repeated deployments: 14.3% of those with one deployment, 21.8% of those with two, and 32.5% of those with three or four (Mental Health Advisory Team-VII, 2011)

- Army soldiers deployed twice have 1.6 times greater chance of developing PTSD than those deployed once (Reger et al., 2009)

- Active duty military with PTSD may be sent back into combat

- Shorter dwell times increase risk of PTSD (MacGregor et al., 2012)
Problems after Multiple Deployments

FIGURE 4.5 Number of deployments and selected outcomes. SOURCE: MHAT-VII, 2011.
Military Trauma in Women

- 2/3 of female OIF veterans report at least one combat experience (Milliken et al., 2007)
- 38% of OIF servicewomen are in firefights, and 7% report shooting at an enemy (Hoge et al., 2007)
- OIF servicewomen handle human remains more often than servicemen: 38% vs. 29% (Hoge et al., 2007)
- 21% of female veterans of Iraq and Afghanistan have been diagnosed with PTSD (VA, 2010)
Increasing Numbers of Veterans with PTSD in the VHA
Increasing OEF/OIF/OND Veterans in VHA with PTSD Diagnosis 2002-2012
Not All Wars Are the Same

- Length of war
- Number of deployments
- Who deploys together
- Symmetric vs. asymmetric warfare
- National view of war’s morality
- Who won?
- Length of time spent returning
- Reception upon return

History teaches us that in asymmetric warfare the most heavily armed do not always win.
Variable Rates of PTSD in Different Conflicts

- Vietnam veterans: lifetime prevalence 30.9% for males and 26.9% for females (NVVRS, Kulka, Schlenger, et al., 1990)
  - This is equivalent to more than 1 million veterans
  - Current combat prevalence is 6.3% and all-cause prevalence is 12.2% (Marmar et al., 2015)
- First Gulf War veterans: 10.1% (Kang, Natelson, et al., 2003)
  - This is equivalent to 75,000 veterans
Variable Rates of PTSD in Different Conflicts

- OEF/OIF/OND veterans after 9/11/01: 13.8-21.8% (Seal, Metzler, et al., 2009; Tanielian & Jaycox, 2008)
  - 32.3% of OEF/OIF/OND veterans treated in VHA have PTSD (VHA, 2017)
    - This is equivalent to 393,000 veterans
    - But 38% of younger veterans do not receive medical and mental health services from the VHA, so the actual number is greater
  - Future estimates as high as 35% lifetime prevalence (Atkinson, Guetz, & Wein, 2009)
    - This would be equivalent to 735,000 veterans
Frequency of Mental Disorders among OEF/OIF/OND Veterans Seen at VAMCs since 2002

<table>
<thead>
<tr>
<th>Disease Category (ICD code)</th>
<th>Total Number of OEF/OIF/OND Veterans*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD (ICD-9CM 309.81)</td>
<td>393,139 (32.3%/55.5%)</td>
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<tr>
<td>Depressive Disorders (311)</td>
<td>321,365</td>
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<tr>
<td>Neurotic Disorders (300)</td>
<td>309,232</td>
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<tr>
<td>Affective Psychoses (296)</td>
<td>202,705</td>
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<tr>
<td>Alcohol Dependence Syndrome (303)</td>
<td>92,197</td>
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<tr>
<td>Non-Dependent Abuse of Drugs (ICD 305.2-9)</td>
<td>72,677</td>
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<tr>
<td>Drug Dependence (304)</td>
<td>54,269</td>
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<tr>
<td>Specific Nonpsychotic Mental Disorder due to Organic Brain Damage (310)</td>
<td>37,970</td>
</tr>
</tbody>
</table>

N = 708,062, or 58.1%

*Not including PTSD from VA’s Vet Centers or data from Veterans not enrolled for VA health care
Cumulative from 1st Quarter FY 2002 through 3rd Quarter FY 2015 (VA, 2017)
Trauma Adjustment Disorders

Other Trauma and Stressor-Related Disorders

PTSD

Complex PTSD

Borderline and Antisocial Personality Disorders

Dissociative Identity Disorder

Trauma
Clinical Assessment of PTSD
Starting off on the Right Foot

- You have seven seconds to make a first impression
  - 93% of it is nonverbal
- Walk a half-step in front of the Veteran
- Go into your office first
- Place your desk against the wall
- Keep your hands where they can be seen
- Leave the Veteran an exit
Seven Questions to Ask at the Start to Assess PTSD in Veterans

1. Were you ever in combat or a war zone?
2. How many times were you deployed and where?
3. What was your MOS?
4. As a child, were you ever harmed or touched in a way you found uncomfortable?
Seven Questions to Ask at the Start to Assess PTSD in Veterans

5. Are you thinking about or feeling like harming yourself or someone else?

6. Do you drink alcohol, use illegal substances, or use prescription medication other than the way it is prescribed?

7. Do you ever lose track of time, have periods where you don’t know what happened, or have gaps in your memory?
Post-Traumatic Responses Occur on a Continuum

**Ready**
- Adaptive coping
  - Optimal functioning
  - Wellness
- FEATURSES
  - Well trained and prepared
  - Fit and focused
  - In control
  - Optimally effective
  - Behaving ethically
  - Having fun

**Reacting**
- Mild and transient distress or loss of optimal functioning
  - Always goes away
  - Low risk for illness
- FEATURSES
  - Irritable, angry
  - Anxious or depressed
  - Physically too pumped up or tired
  - Reduced self control
  - Poor focus
  - Poor sleep
  - Not having fun

**Injured**
- More severe and persistent distress or loss
  - Leaves a “scar”
  - Higher risk for illness
- CAUSES
  - Life threat
  - Loss
  - Inner conflict
  - Wear and tear
- FEATURSES
  - Panic or rage
  - Loss of control of body or mind
  - Can’t sleep
  - Recurrent nightmares or bad memories
  - Persistent shame, guilt, or blame
  - Loss of moral values & beliefs

**Ill**
- Persistent and disabling distress or loss of function
  - Clinical mental disorder
  - Unhealed stress injuries
- TYPES
  - PTSD
  - Depression
  - Anxiety
  - Substance abuse
- FEATURSES
  - Symptoms and disability persist over many weeks
  - Symptoms and disability get worse over time
Post-Traumatic Stress Disorder in DSM 5

PTSD is characterized by:

- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the event
- Avoidance of stimuli associated with trauma
- Negative moods and cognitions
- Increased arousal
The Catalyzing Effects of Trauma

- Traumatic Experiences
- Mental Health Problems
- Substance Abuse Problems
- Relationship Problems
- Employment Problems
- Criminal Behavior
- Health Problems
Do not use brief PTSD screens. They significantly overestimate the likelihood of PTSD.
### The Life Events Checklist 5

**Instructions:** Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally; (b) you *witnessed* it happen to someone else; (c) you *learned about it* happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you’re *not sure* if it fits; or (f) it doesn’t apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

<table>
<thead>
<tr>
<th>Event</th>
<th>Happened to me</th>
<th>Witnessed it</th>
<th>Learned about it</th>
<th>Part of my job</th>
<th>Not sure</th>
<th>Doesn’t apply</th>
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<tbody>
<tr>
<td>1. Natural disaster (for example, flood, hurricane, tornado, earthquake)</td>
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<td>2. Fire or explosion</td>
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<td>3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)</td>
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<td>4. Serious accident at work, home, or during recreational activity</td>
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<td>5. Exposure to toxic substance (for example, dangerous chemicals, radiation)</td>
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<td>6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)</td>
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<td>7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)</td>
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<td>8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)</td>
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<td>9. Other unwanted or uncomfortable sexual experience</td>
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<td>10. Combat or exposure to a war zone (in the military or as a civilian)</td>
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<td>11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)</td>
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<td>12. Life-threatening illness or injury</td>
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<td>13. Severe human suffering</td>
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<td>14. Sudden violent death (for example, homicide, suicide)</td>
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<td>15. Sudden accidental death</td>
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<td>16. Serious injury, harm, or death you caused to someone else</td>
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<td>17. Any other very stressful event or experience</td>
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</table>

- **Self-report measure**
- **17 categories of traumatic events**
  - Happened to me
  - Witnessed it
  - Learned about it
  - Part of my job
  - Not sure
  - Doesn’t apply
The LEC 5

- The LEC 5 measures trauma load
  - How many different kinds of trauma have they experienced?
- Does not compare impact of different traumas (e.g., physical assault vs. sexual abuse)
ACERs = Adverse Childhood Experiences

The three types of ACERs include:

- **ABUSE**
  - Physical
  - Emotional
  - Sexual

- **NEGLECT**
  - Physical
  - Emotional
  - Mother treated violently

- **HOUSEHOLD DYSFUNCTION**
  - Mental Illness
  - Incarcerated Relative
  - Substance Abuse
  - Divorce

Felitti & D'Anda, 1998
Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes  No  If yes enter 1  _____

2. Did a parent or other adult in the household often or very often...
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes  No  If yes enter 1  _____

3. Did an adult or person at least 5 years older than you ever...
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Attempt or actually have oral, anal, or vaginal intercourse with you?
   Yes  No  If yes enter 1  _____

4. Did you often or very often feel that ...
   No one in your family loved you or thought you were important or special?
   or
   Your family didn’t look out for each other, feel close to each other, or support each other?
   Yes  No  If yes enter 1  _____

5. Did you often or very often feel that ...
   You didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes  No  If yes enter 1  _____

6. Were your parents ever separated or divorced?
   Yes  No  If yes enter 1  _____

7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
   Yes  No  If yes enter 1  _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes  No  If yes enter 1  _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
   Yes  No  If yes enter 1  _____

10. Did a household member go to prison?
    Yes  No  If yes enter 1  _____

Now add up your “Yes” answers:  _____  This is your ACE Score.
The PTSD Checklist 5

- 20 item self-report questionnaire, 1 per symptom
- Rates how much a person has been bothered by a symptom in the past month
- Scored 0-4
- Takes 10 minutes
The PCL 5

- Self-report measures are vulnerable to both minimization and inflation
- Suggested cutoff is 33
- It should not be used to make a diagnosis
  - Only a clinician can make a diagnosis
  - Both score information and clinical interview are needed to make a diagnosis
- May be helpful to quickly measure change over time
The Clinician-Assisted PTSD Scale 5

- Semi-structured interview
- Uses one index trauma
- 30 items
- CAPS 5 has 20 symptoms rated 0-4 in severity
  - Plus dissociation
  - Severity is a combination of frequency and intensity
- Scored by summing individual item severity scores
The Clinician-Assisted PTSD Scale 5

- Clinician administered
- Takes 45-60 minutes to administer
- Past week, past month, and worst month versions
  - Use past month for current diagnosis
- The CAPS is considered the “gold standard” of PTSD assessment
In the past month, have you had any unwanted memories of (EVENT) while you were awake, so not counting dreams?

How does it happen that you start remembering (EVENT)?

[If not clear:] (Are these unwanted memories, or are you thinking about [EVENT] on purpose?)

How much do these memories bother you?

Are you able to put them out of your mind and think about something else?

How often have you had these memories in the past month?
Clinician-Assisted PTSD Scale Severity for Different Traumas

- Resick et al. (2002)
- Chard (2005)
- Monson et al. (2006)
- Resick et al. (2008; CPT)
- Forbes et al. (2012)
- Galovski et al. (2012)
- Suris et al. (2013)

Type of Trauma:
- Rape
- Child Sexual Abuse
- Combat U.S.
- Rape and Assault
- Combat Australia
- Rape, Assault, Child Abuse, Domestic Violence
- Military Sexual Trauma

Healy, 2014
Treatment of PTSD in Veterans
The Treatment Alliance

- Develop military cultural competence
- The bottom line:
  - Respect
  - Caring
  - Competence
  - Communication
  - Be real
Treatment of PTSD: Medication

Medication for trauma symptom management and co-morbid disorders

- Antidepressants
- Mood stabilizers
- Atypical antipsychotics no longer
- Anticonvulsants
- Anxiolytics not benzodiazepines
- Sleep aids

There is no medication that specifically treats PTSD; only Prozac, Paxil, and Prazosin have been approved.
Provide Psychoeducation about PTSD

- What is PTSD?
  - NCPTSD materials on Understanding PTSD
- How traumatic stress affects the brain
- PTSD is a normal response to abnormal events
- Metaphor of PTSD as an injury
- Some aspects of PTSD are survival-based and therefore congruent with war zone service
  - Hypervigilance
  - Avoidance of external reminders
  - Numbness
  - Startle responses
  - Insomnia
Four Skills You Must Teach

- Mindful Breathing (or Diaphragmatic Breathing)
- Grounding  
  - Particularly for people who dissociate
- Cognitive reappraisal  
  - Is there a genuine threat to my safety right now?
- Self-talk  
  - “I’ve been through worse than this.”
  - “I can handle this.”
  - “There is no real threat here.”
- Sayings
Evidence-Based Treatments for PTSD

- Cognitive Processing Therapy
- Prolonged Exposure
- Eye Movement Desensitization and Reprocessing
Cognitive Processing Therapy

- A cognitive intervention to change the way a traumatized person thinks
- 12 weekly sessions delivered in a structured, manualized protocol
  - Number of sessions can be expanded
- May or may not include a trauma narrative
- Can be delivered individually and/or in groups
- Homework worksheets between sessions
Cognitive Processing Therapy

- Central techniques:
  - Identifies stuck points
  - Examines evidence for thoughts and beliefs
  - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)
Prolonged Exposure

- A behavioral intervention that repeatedly exposes patients to distressing stimuli in order to decrease their anxiety in response to those stimuli
- 10 weekly sessions
- First part involves *in vivo* exposure to places that increase anxiety (e.g., public places)
- Uses an anxiety hierarchy
Prolonged Exposure

- Second part involves writing and dictating a trauma narrative focusing on one traumatic experience
  - The patient listens to the narrative over and over for an hour each day
  - Repeated and prolonged exposure decreases their anxiety
- Prolonged exposure is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
Eye Movement Desensitization and Reprocessing

- Patient focuses on distressing image
  - States a belief that goes with it
  - Notices feelings that go with it
  - Identifies body sensations that go with it
- Therapist passes fingers back and forth, guiding the eyes
- As this occurs, the images, thoughts, feelings, and body sensations change
- Adaptive information processing results
EMDR

- Auditory and tactile alternatives to eye movements using bilateral stimulation
- Additional exercises:
  - Safe Place
  - Resource-building
  - Lockbox
- EMDR works for PTSD and Complex PTSD (Davidson & Parker, 2001; Foa et al., 2009; Maxfield & Hyer, 2002; Seidler & Wagner, 2006)
Important note:
The general success rate for CPT, PE, and EMDR in treating PTSD are approximately 70%. In combat Veterans, the general success rate is 53%.
Promising Treatments: CBCT for PTSD

- Four studies of Conjoint Behavioral Couples Therapy for PTSD in Veterans from different eras (Monson et al., 2004; Monson et al., 2011; Monson et al, 2012; Schumm et al., 2013) show:
  - Decreased PTSD symptom severity
  - Decreased depression, anxiety, and anger
  - Increased relationship satisfaction
  - Improved well-being of partners
Promising Treatments: Mindfulness Meditation

- Mindfulness is focusing on the present moment without judging it
- Meditation exercises
  - Mindful breathing
  - Body scan
  - Thought diffusion
- Mindfulness shifts the brain into a state of calm
- Regular practice shifts the nervous system baseline
Promising Treatments: Mindfulness-Based Stress Reduction

- Combines mindfulness meditation and gentle yoga
- Eight 2.5 hour weekly group sessions
  - Sometimes includes a full-day meditation retreat
- Groups of up to 25 people
- MBSR reduces PTSD symptoms in Veterans (Kearney et al., 2012; Kluepfel et al., 2013)
Assessment Resources for PTSD

- ACE questionnaire
  http://www.ncjfcj.org/sites/default/files/Finding_Your_ACE_Score.pdf

- Life Events Checklist 5

- PCL 5
Resources for PTSD

- *Handbook of PTSD, 2nd ed.* (2014), Matthew Friedman, Terence Keane, and Patricia Resick
- *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (2014), Bessel van der Kolk
- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms, 2nd ed.* (2013), Mary Beth Williams and Soili Poijula
Resources for PTSD

- National Center for PTSD:  [www.ptsd.va.gov](http://www.ptsd.va.gov)
- International Society for Traumatic Stress Studies:  [www.istss.org](http://www.istss.org)
- International Society for the Study of Trauma and Dissociation:  [www.isst-d.org](http://www.isst-d.org)
- PTSD 101 courses:  [www.ptsd.va.gov/professional/ptsd101/course-modules.asp](http://www.ptsd.va.gov/professional/ptsd101/course-modules.asp)
What It Is Like to Have Combat PTSD

- *What It Is Like to Go to War* (2012), Karl Marlantes
- *The Things They Carried* (2009), Tim O’Brien
- *On Killing: The Psychological Cost of Learning to Kill in War and Society* (2009), Dave Grossman
Military Culture Courses

- http://www.deploymentpsych.org/military-culture
- http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/index.html
Online Courses

- PTSD 101 courses:
  www ptsd va gov professional ptsd101 course-modules asp
- http://mghcme.org/courses/course-detail/from_the_war_zone_to_the_home_front_supporting_the_mental_health_of_veteran
Veteran Resources for PTSD

- *Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI* by Charles Hoge

- *The PTSD Workbook: Simple, Effective Techniques for Overcoming Traumatic Stress Symptoms* by Mary Beth Williams and Soili Poijula

- *After the War Zone: A Practical Guide for Returning Troops and Their Families* by Matthew Friedman and Laurie Slone
  - Free podcast available at [https://itunes.apple.com/eg/podcast/returning-from-the-war-zone/id657517343](https://itunes.apple.com/eg/podcast/returning-from-the-war-zone/id657517343)
Veteran Resources for PTSD

- Adjustment after deployment
  - [www.afterdeployment.org](http://www.afterdeployment.org)
  - [http://maketheconnection.net](http://maketheconnection.net)
- PTSD treatment can help:
  - [www.ptsd.va.gov/apps/AboutFace](http://www.ptsd.va.gov/apps/AboutFace)
Online Veteran Resources

- Self-assessment Mental Health screening
  http://www.militarymentalhealth.org/
- Veteran training
  - Anger and Irritability Management Skills
  - Moving Forward problem-solving skills
  - Veteran Parenting
  - Path to Better Sleep
  https://www.veterantraining.va.gov/index.asp
- Wellness resources
  http://afterdeployment.t2.health.mil/
Family Resources

- Helping family members get veterans into treatment: Coaching Into Care

- *When Someone You Love Suffers from Posttraumatic Stress: What to Expect and What You Can Do* by Claudia Zayfert and Jason Deviva

- *Finding My Way: A Teen’s Guide to Living with a Parent Who Has Experienced Trauma* (2005), Michelle Sherman and DeAnneSherma

Prolonged Exposure

- Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences Therapist Guide (2007), Edna Foa, Elizabeth Hembree and Barbara Olaslov Rothbaum
- Reclaiming Your Life from a Traumatic Experience: A Prolonged Exposure Treatment Program Workbook (2007), Barbara Rothbaum, Edna Foa and Elizabeth Hembree
- Online courses: http://wwwdeploymentpsych.org/online-courses/pe
Cognitive Processing Therapy


- Online courses:
  https://cpt.musc.edu
  http://wwwdeploymentpsych.org/online-courses/cpt
EMDR

- *Light in the Heart of Darkness: EMDR and the Treatment of War and Terrorism Survivors* (2001), Steven Silver & Susan Rogers
- *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (2013), Francine Shapiro

- [www.emdr.com](http://www.emdr.com)
- [www.emdria.org](http://www.emdria.org)
- [www.emdrhap.org](http://www.emdrhap.org)
Cognitive-Behavioral Conjoint Therapy for PTSD

- [https://www.ptsd.va.gov/professional/continuing_ed/cognitive_behavioral_conjoint_tx.asp](https://www.ptsd.va.gov/professional/continuing_ed/cognitive_behavioral_conjoint_tx.asp)
- [https://www.coupletherapyforptsd.com/therapy/](https://www.coupletherapyforptsd.com/therapy/)
Mindfulness

- *Mindfulness for Beginners: Reclaiming the Present Moment - and Your Life (Book and CD)* (2011), Jon Kabat-Zinn
- *Guided Mindfulness Meditation Series 1 (CD)* (2005), Jon Kabat-Zinn
- Mindfulness-Based Stress Reduction: [www.umassmed.edu/cfm/stress/index.aspx?id=41252](http://www.umassmed.edu/cfm/stress/index.aspx?id=41252)
- [www.fammed.wisc.edu/mindfulness](http://www.fammed.wisc.edu/mindfulness)
- [www.marc.ucla.edu](http://www.marc.ucla.edu)
Mindfulness

- The Mindfulness Solution: Everyday Practices for Everyday Problems (2009), Ron Siegel
- A Mindfulness-Based Stress Reduction Workbook (2010), Bob Stahl, Elisha Goldstein, Saki Santorelli and Jon Kabat-Zinn
Self-Help Mobile Applications

http://www.t2health.org/mobile-apps

- PTSD Coach
- PTSD Family Coach
- Breathe 2 Relax
- Tactical Breather
- LifeArmor (includes family section)
Mobile Applications That Assist Psychotherapy

- PE Coach
- CPT Coach
- CBT-I Coach
- Mindfulness Coach
Self-Help Mobile Applications

- Positive Activity Jackpot
  [http://www.militarymentalhealth.org/articles/media/](http://www.militarymentalhealth.org/articles/media/)

- Virtual Hope Box

- Provider Resilience

- More to come!
THANK YOU

VETERANS
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