

Treating Posttraumatic Stress Disorder in Veterans

Kathleen M. Chard, PhD
Director, PTSD and Anxiety Disorders Division
Cincinnati VA Medical Center
Associate Professor of Clinical Psychiatry
University of Cincinnati

PTSD

- National study of American civilians conducted in 1995 estimated lifetime prevalence of PTSD was 5% men and 10% women.
- Most people who are exposed to a traumatic event experience symptoms in the days/weeks following exposure.
- Data suggest that about 8% men and 20% women develop PTSD, and roughly 30% of these develop a chronic disorder.
- About 20-30 percent of the men/women who have spent time in combat experience PTSD
- 7.8 percent of Americans will experience PTSD at some point in their lives

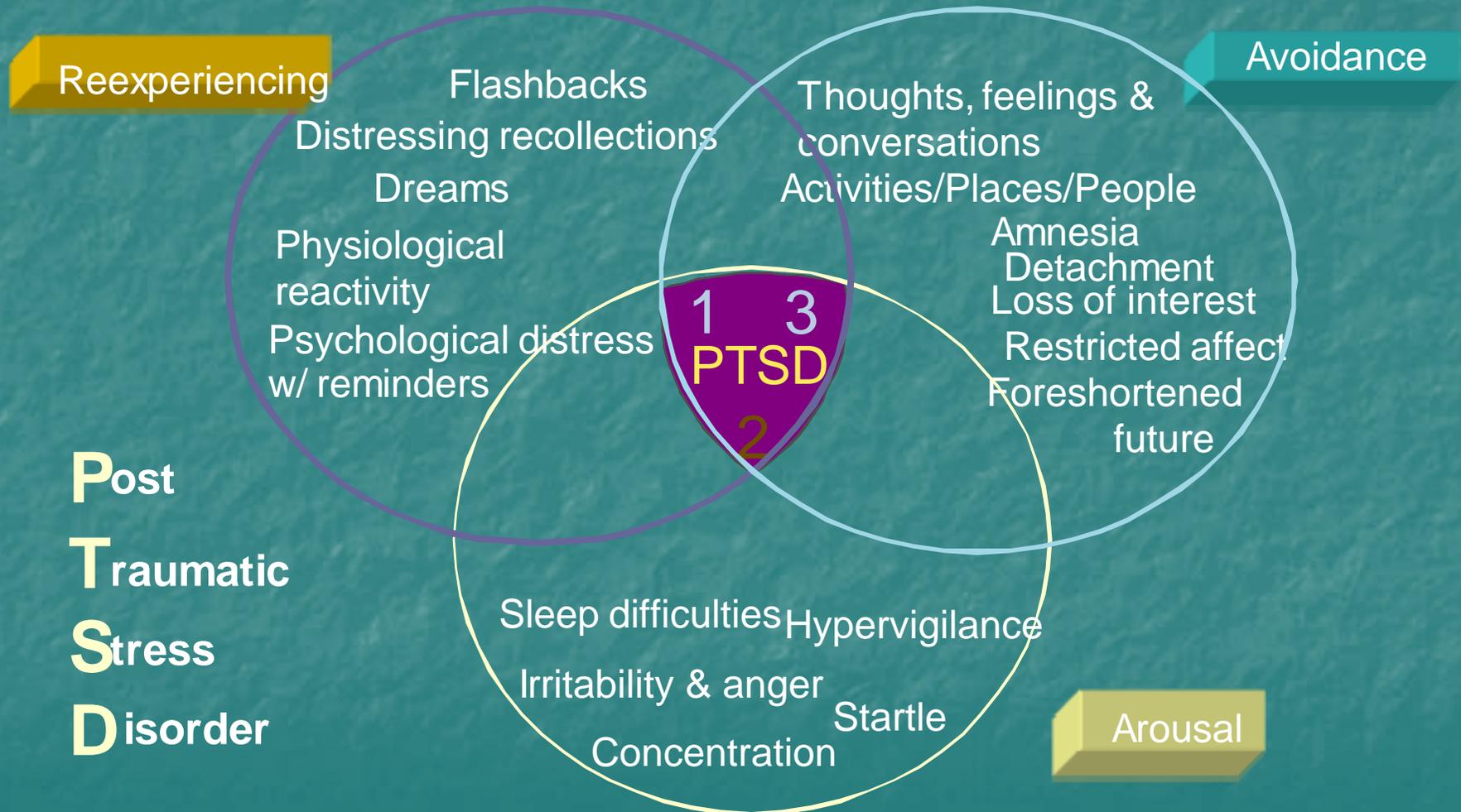
People can get PTSD from:

- Combat
- Violent personal assault: rape, mugging, physical assault
- Kidnapping
- POW and Concentration Camp survivors
- Terrorist Attacks
- Airplane Crashes
- Severe Auto Accidents
- Torture
- Natural Disaster
- Fires
- Hostage situations etc.

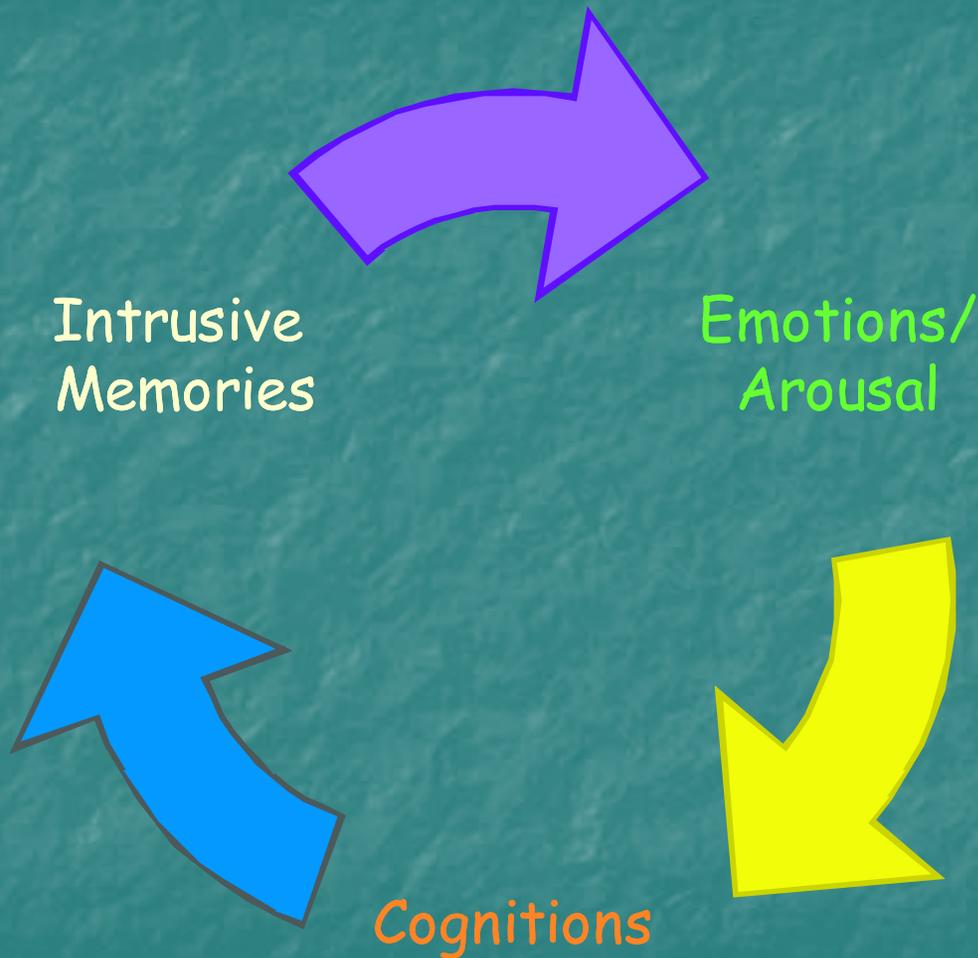
Let's start with the current criteria for PTSD

- A: Stressor Criterion
- B: Reexperiencing
- C: Avoidance
- D: Arousal
- E: Time Criterion
- F: Functional Impairment or Distress

Current criteria for PTSD



PTSD is not a Static Process



PTSD & Anxiety Disorders Division

- Outpatient clinic
 - Group – education, aftercare, supportive, DBT, anger management
 - Individual
 - Couple/Family therapy
- 12 bed, 7 week men's residential
- 10 bed, 7 week women's residential
- 10 bed, 8 week TBI residential

Women in the Military

- Women account for 1.7 million of the nation's veterans
- Approximately 350,000 women (almost 15 percent) are actively serving in the U.S. military
- 400,000 women served in World War II, 50,000+ served in Korea, 265,000 served in Vietnam and 33,000 served in the Gulf War
- One in every seven troops in Iraq is a woman
- Female veteran population is projected to increase an additional 72,000 between 2000 and 2020

Treatment Options for PTSD

Practice Guidelines for the Treatment of PTSD

- Expert Consensus Guideline Series (JCP, 1999)
- APA Practice Guideline
- Practice Guidelines from ISTSS
- United Kingdom's National Center of Clinical Excellence (NICE)
- VA/DoD Clinical Practice Guidelines
- Institute of Medicine Report

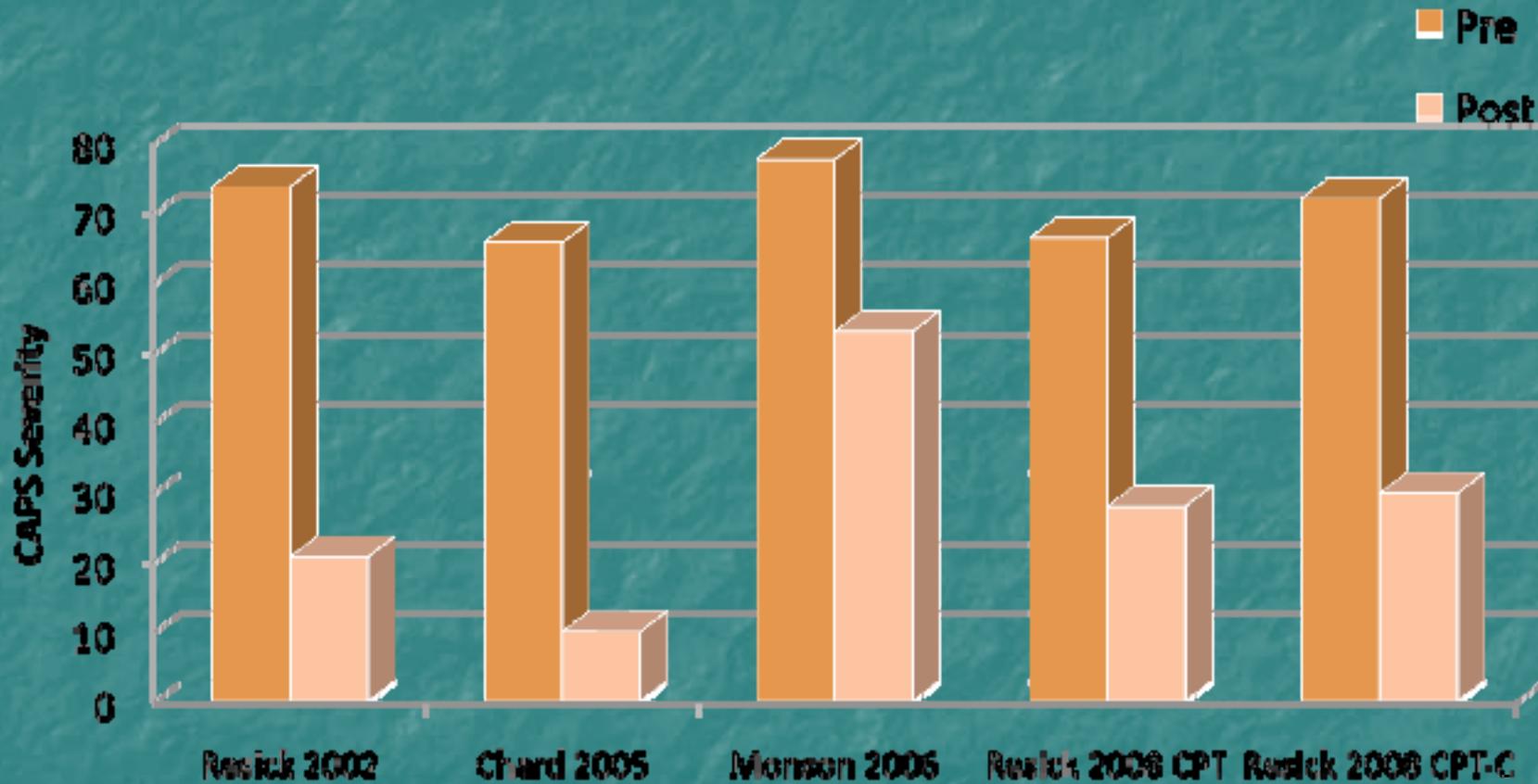
Evidenced Based Treatments

- VA/DoD Clinical Practice Guidelines for Behavioral Interventions
 - Exposure Therapy, Cognitive Therapy -1st line
 - EMDR, Stress Inoculation Training
 - Imagery Rehearsal Therapy, Psychodynamic Therapy, Seeking Safety
 - PTSD Psychoeducation
- Adjunctive Treatments
 - Dialectical Behavior Therapy (DBT)

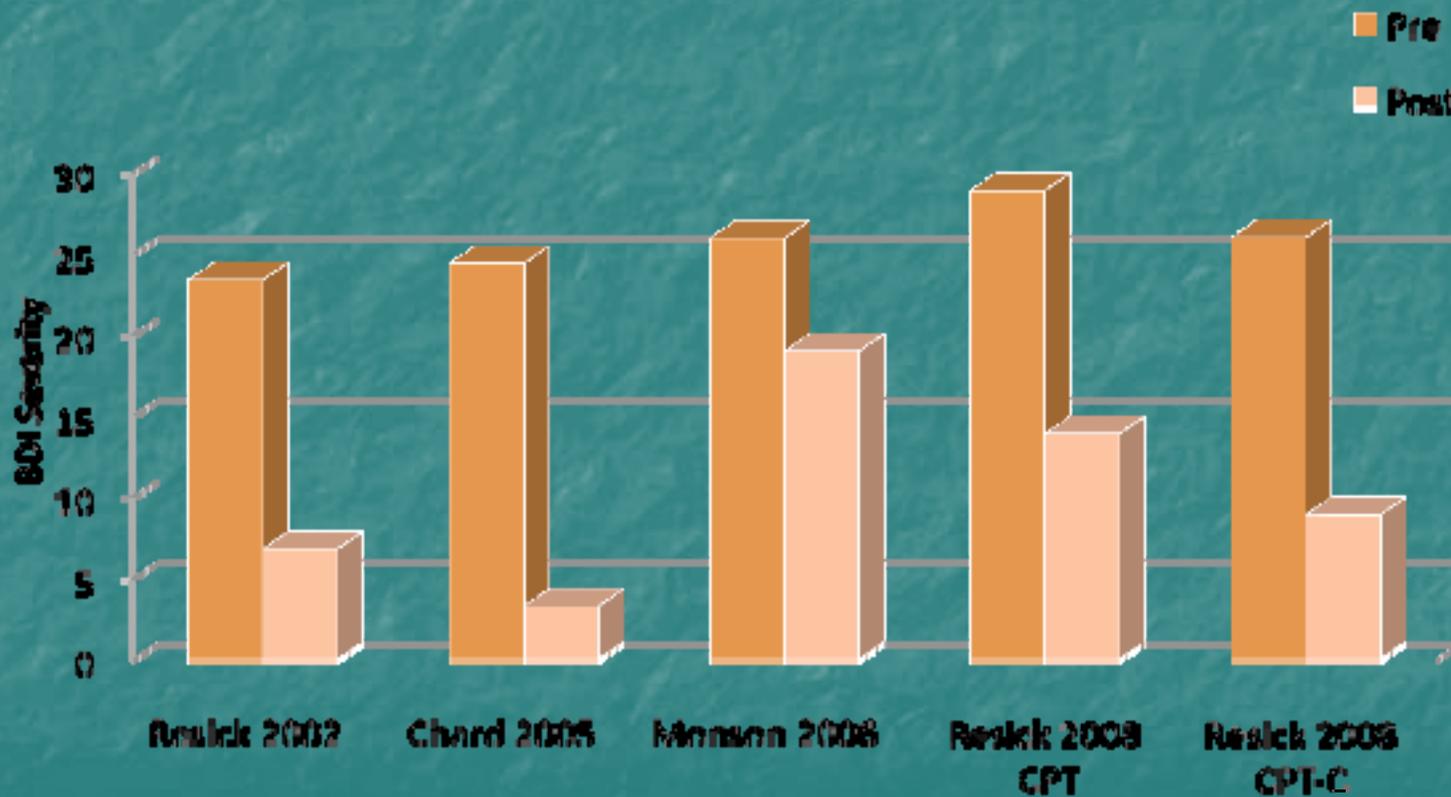
Research on CPT/PE

- There have been many randomized clinical trials of PE and CPT and several effectiveness studies.
- The treatments have been shown to be effective with child abuse, rape, combat, and assault.

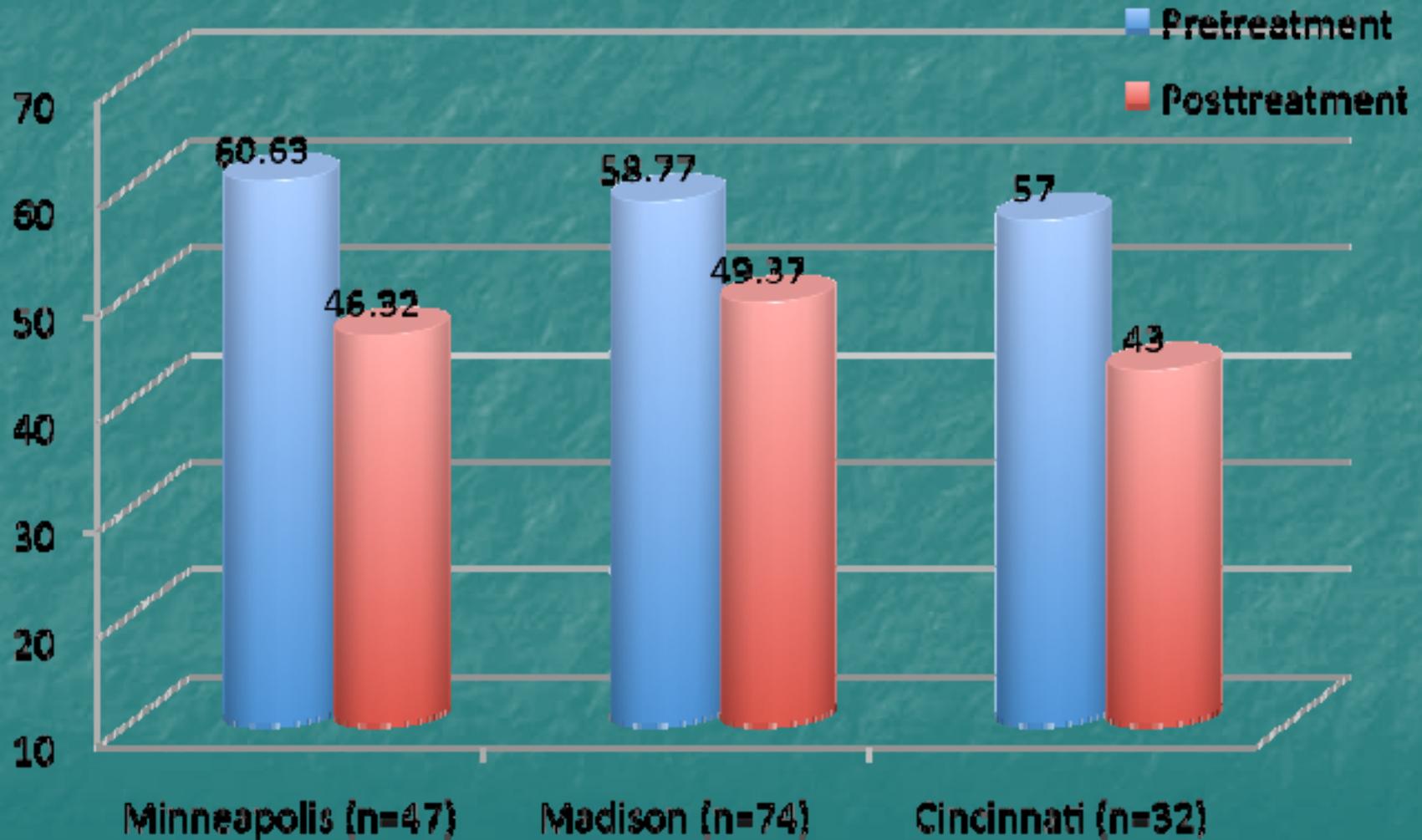
CAPS SEVERITY PRE- AND POST-TREATMENT (TREATMENT COMPLETERS)



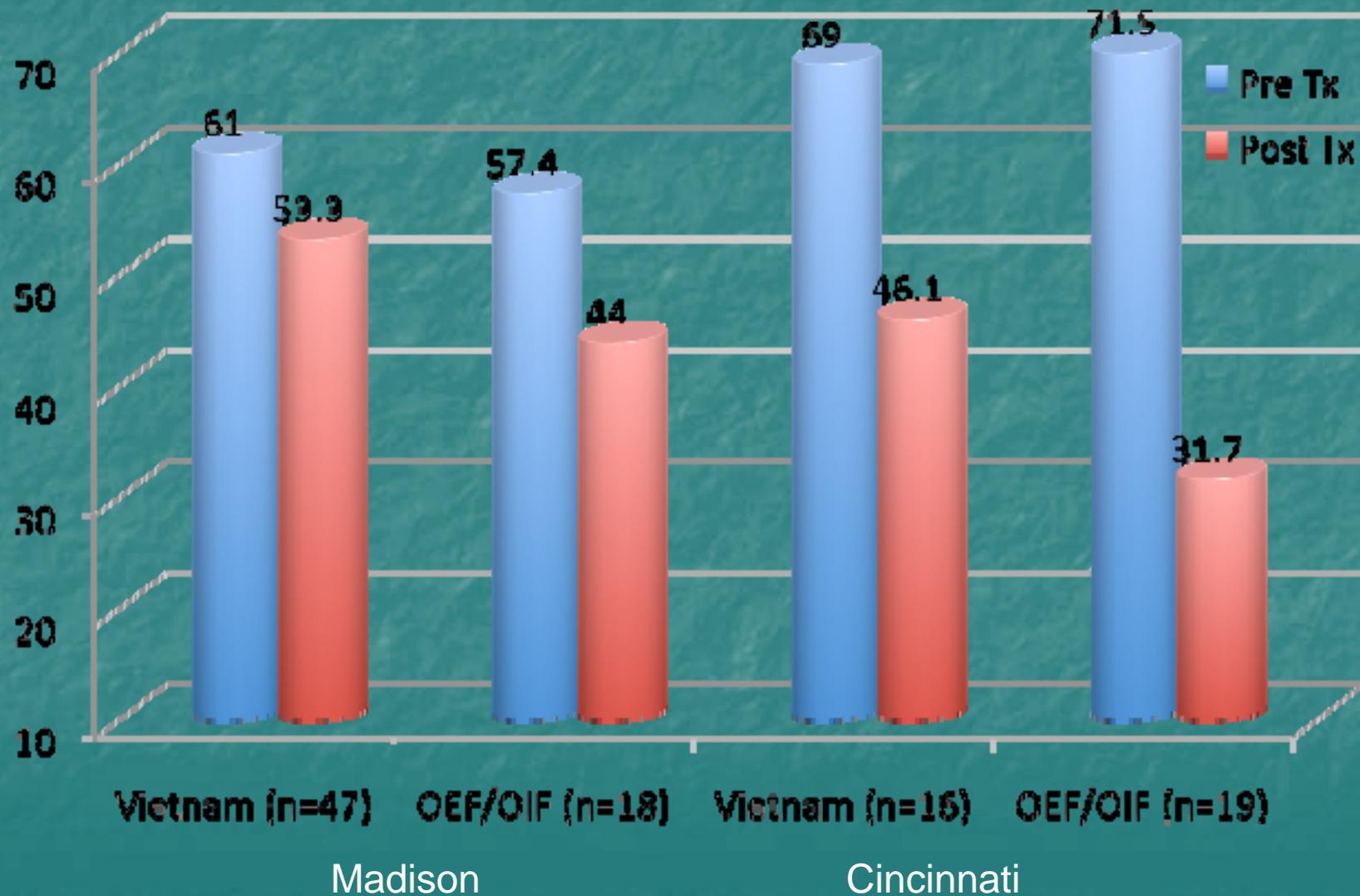
BDI SEVERITY PRE- AND POST-TREATMENT (TREATMENT COMPLETERS)



PCL SCORES OUTPATIENT VA TREATMENT



PCL (MADISON) AND CAPS (CINCINNATI) ACROSS ERAS

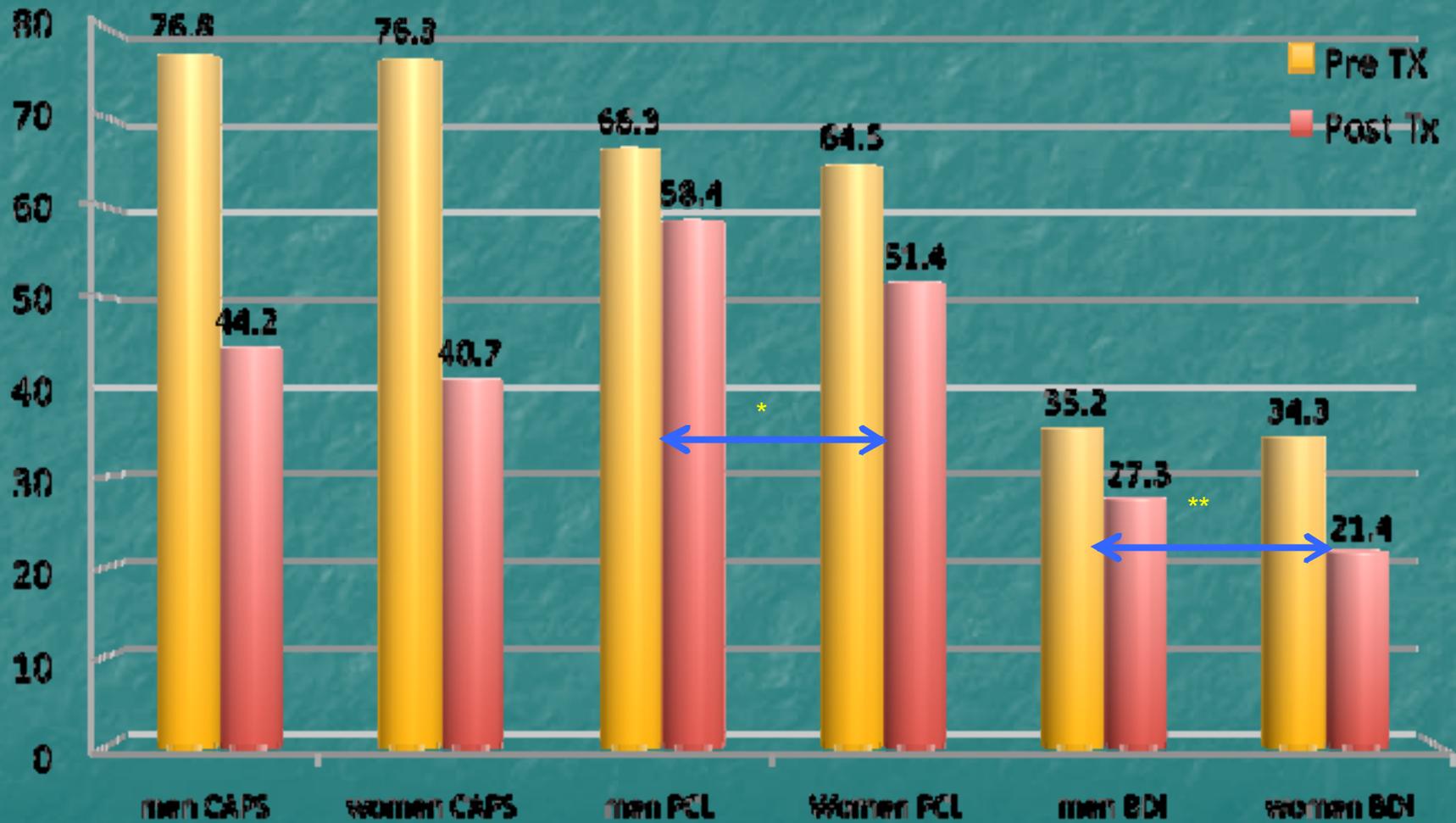


CHARD (2007): EFFECTIVENESS OF CPT IN VA RESIDENTIAL PROGRAM

- 7 week residential program
- CPT conducted twice a week in individual and group treatment
- 23 other hours of psych. programming
- Pre-post data on 154 residents, 122 men and 32 women admitted as cohorts of 12

Chard, Unpublished data

CINCINNATI RESIDENTIAL PROGRAM



N=

140

77

14261

13973

TBI and PTSD

- TBI is the most common type of physical injury sustained by Afghanistan and Iraq combatants (Stein & McAllister, 2009)
- Surveys of soldiers returning from Iraq show that being wounded/injured is associated with increased prevalence for PTSD (Hoge, et al., 2004)
- People with exposure to blasts have significantly higher levels of PTSD (Kennedy et al., 2007; Vasterling et al., 2009)

Cincinnati TBI PTSD Program

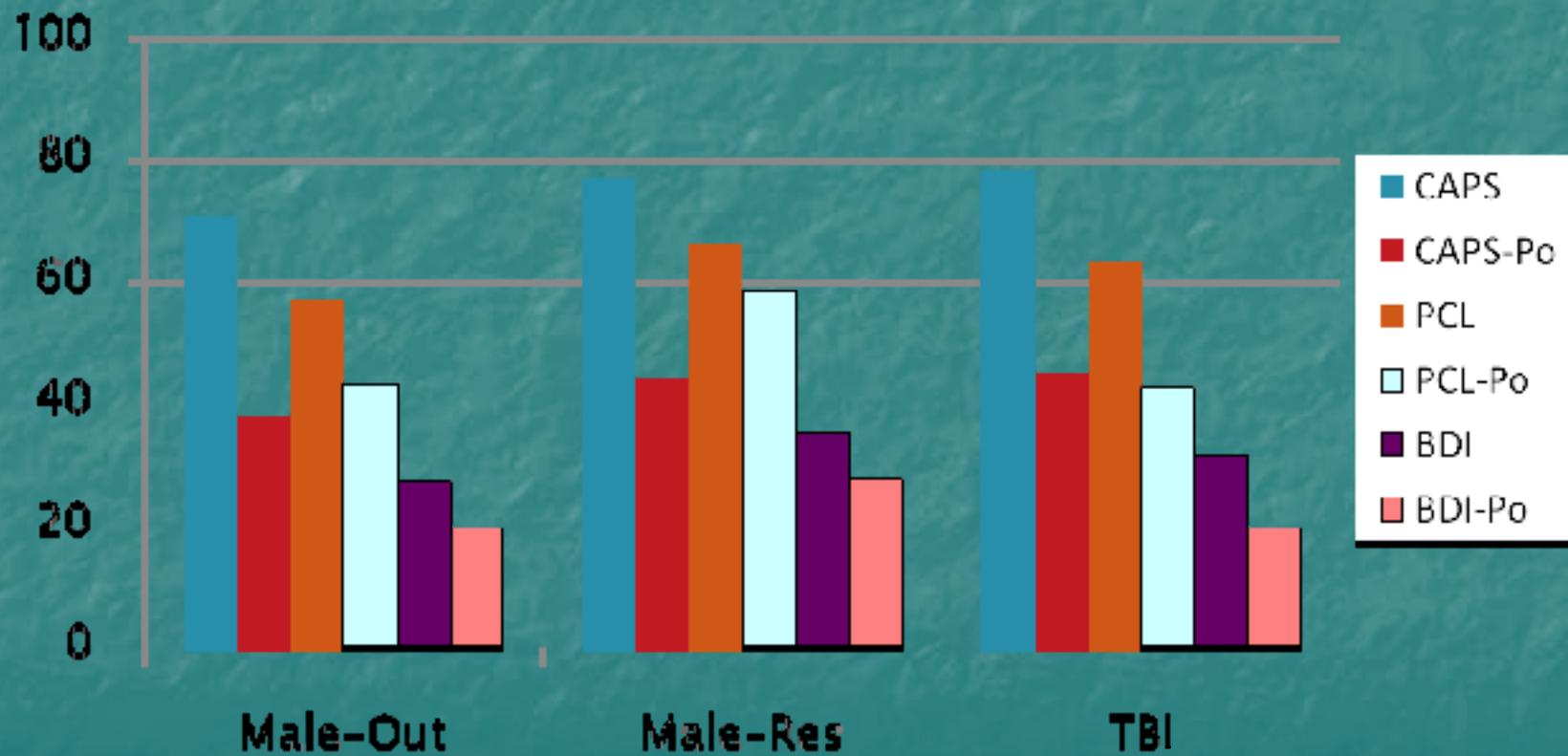
- Integrated staff with mental health, PM&R, speech, OT/PT
- Treatment was augmented by additional psychoeducational groups including CogSmart, Distress Tolerance, Anger management, Mindfulness, etc.
- Weekly visits with speech therapist and other specialty staff as needed on an individual basis

Preliminary Data

- Cincinnati VA Medical Center
- 8 week residential treatment program
- 10-beds opened 12/1/08
- Serves Active duty, Reserve, Guard and Veterans
- 43 Patients – 6 cohorts
- 30 mild, 12 Moderate, 2 Severe TBI
- Full assessment pre and post

Comparison to No-TBI

Res=140 Out pt=40, TBI=42



Where do we go from here?

- More research on TBI
- More research on women in the military both combat and MST
- Continuing to use research to inform clinical care
- Training clinicians in the armed forces as well to ease transition