Treating Posttraumatic Stress Disorder in Veterans

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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
Thoughts, feelings & conversations
Activities/Places/People
Amnesia
Detachment
Loss of interest
Restricted affect
Foreshortened future

Flashbacks
Distressing recollections
Dreams
Physiological reactivity
Psychological distress w/ reminders

Sleep difficulties
Hypervigilance
Irritability & anger
Concentration
Startle

Reexperiencing
Avoidance

Post
Traumatic
Stress
Disorder

Current criteria for PTSD
PTSD is not a Static Process

Intrusive Memories

Cognitions

Emotions/Arousal
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 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.
BDI SEVERITY PRE- AND POST-TREATMENT (TREATMENT COMPLETERS)
PCL SCORES OUTPATIENT VA TREATMENT

- Minneapolis (n=47): Pretreatment 60.63, Posttreatment 46.32
- Madison (n=74): Pretreatment 58.77, Posttreatment 49.37
- Cincinnati (n=32): Pretreatment 57.00, Posttreatment 43.00
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

- Pre TX
- Post TX

N= 140 77 14261 13973

- men CAPS: 76.8 44.2
- women CAPS: 76.3 40.7
- men PCL: 66.9 58.4
- women PCL: 64.5 61.4
- men BDI: 35.2 27.3
- women BDI: 34.3 21.4

* p < 0.05
** p < 0.01
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