

Posttraumatic Stress Disorder in Veterans & Service Members

Assessment, Treatment, & Research

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trauma vs. Trauma



DSM-5: Criterion A

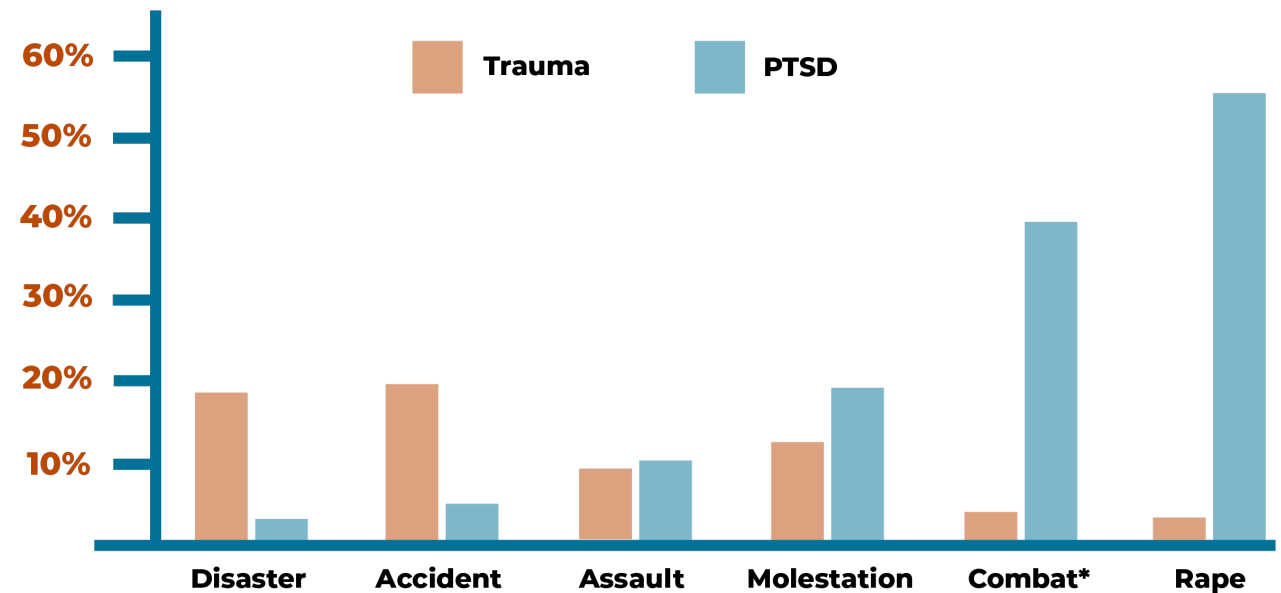
Being exposed to

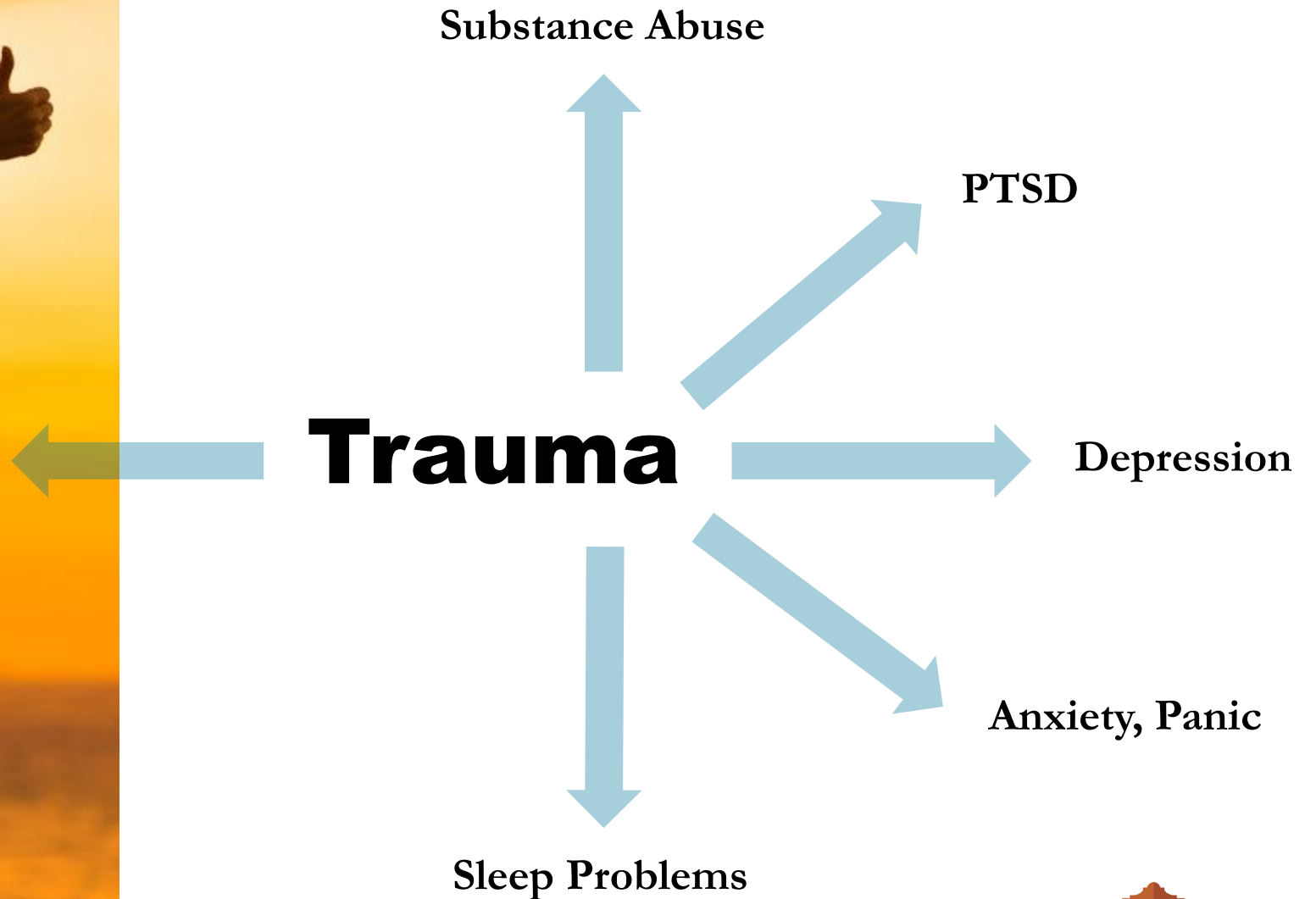
- Actual or threatened death
- Severe injury
- Sexual violence

Either happening to yourself, witnessing the trauma, or learning about someone close.

Trauma and Posttraumatic Stress Disorder

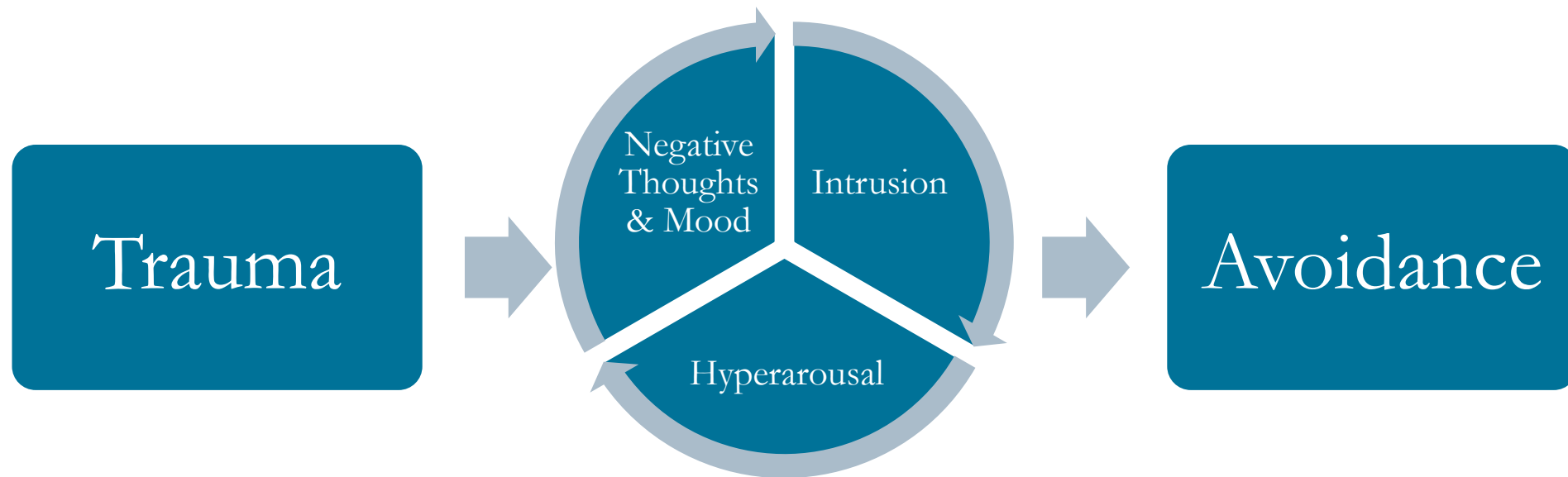
- > 70% of people experience at least one potentially traumatic event in their lives.
- Most people experience multiple traumas.
- Lifetime PTSD
 - 6.8% in US Adults
 - 3.6% men
 - 9.7% women
 - 11-36% US military members and veterans who served in Iraq or Afghanistan



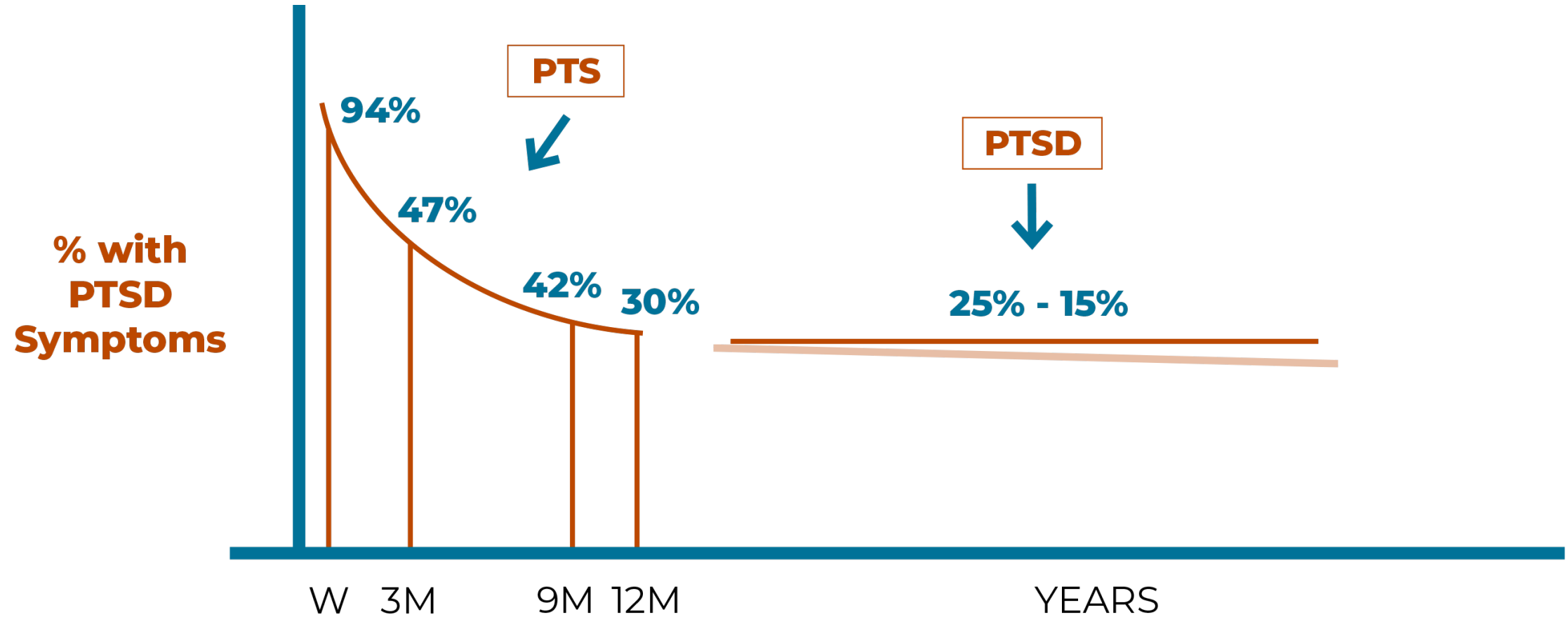


What are the symptoms of PTSD?

- Intrusion or “Reliving”
- Negative changes in beliefs and feelings
- Hyperarousal or “Being on Guard”
- Avoidance

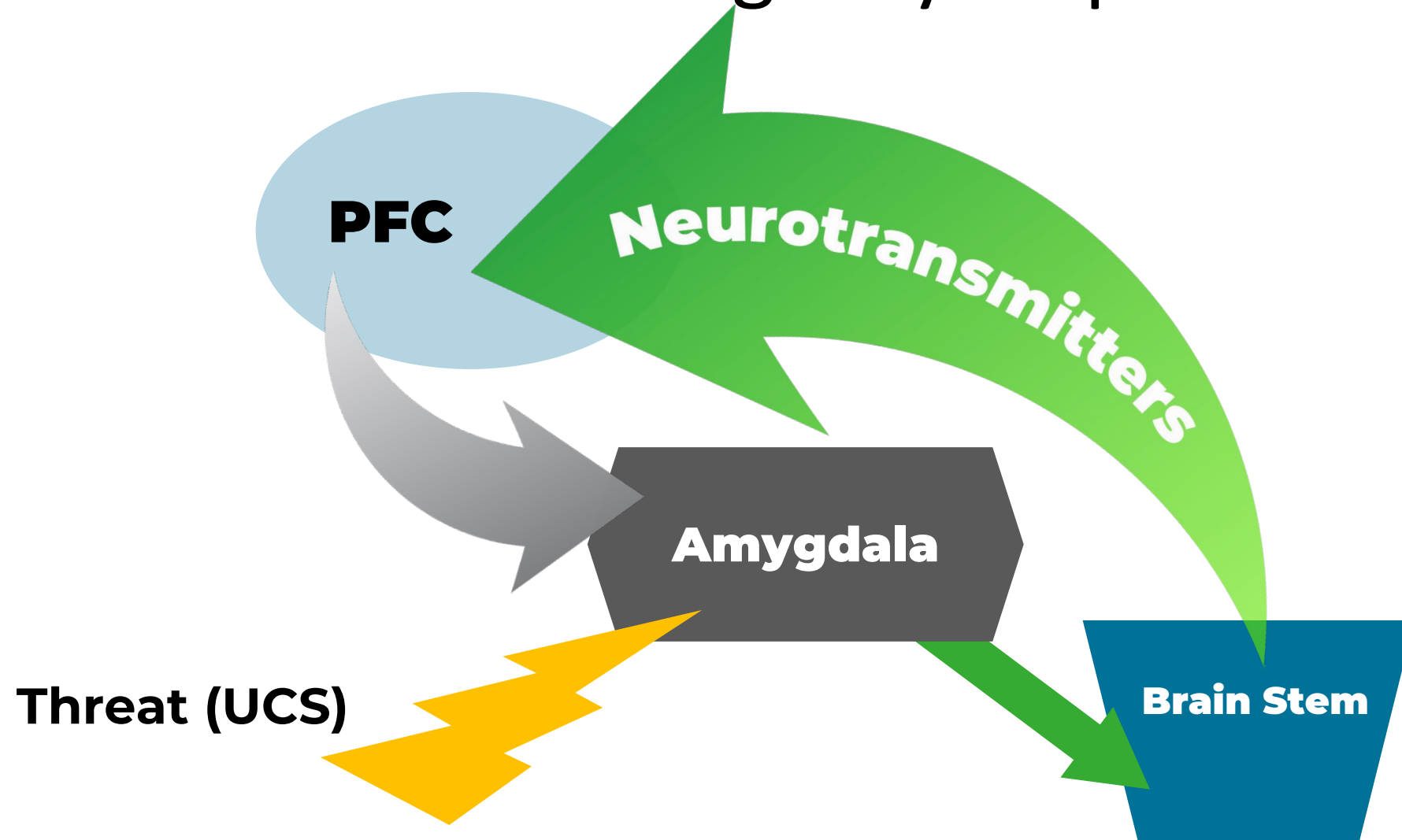


Rate of recovery after trauma

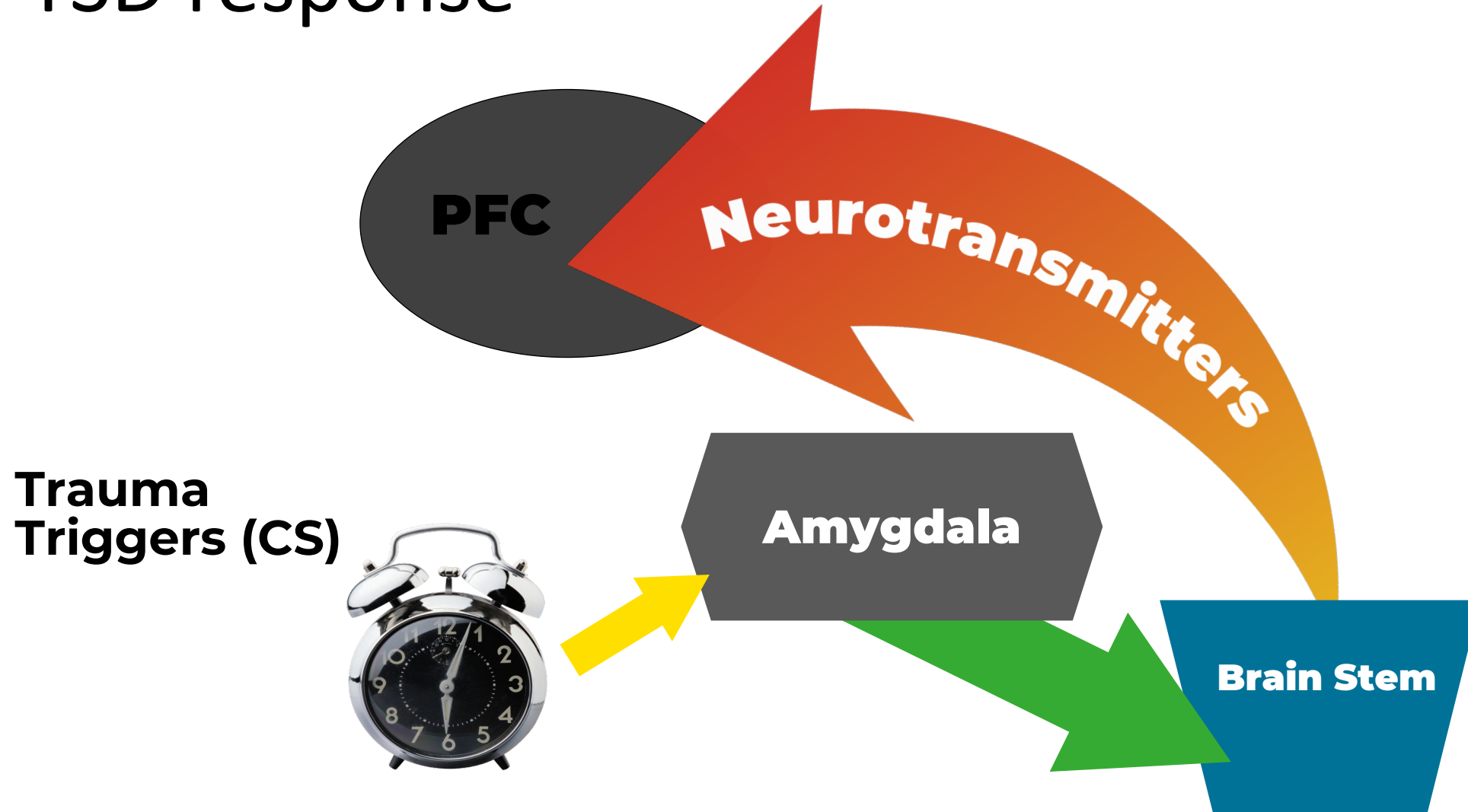


(Rothbaum et al., 1992)

Well-modulated emergency response



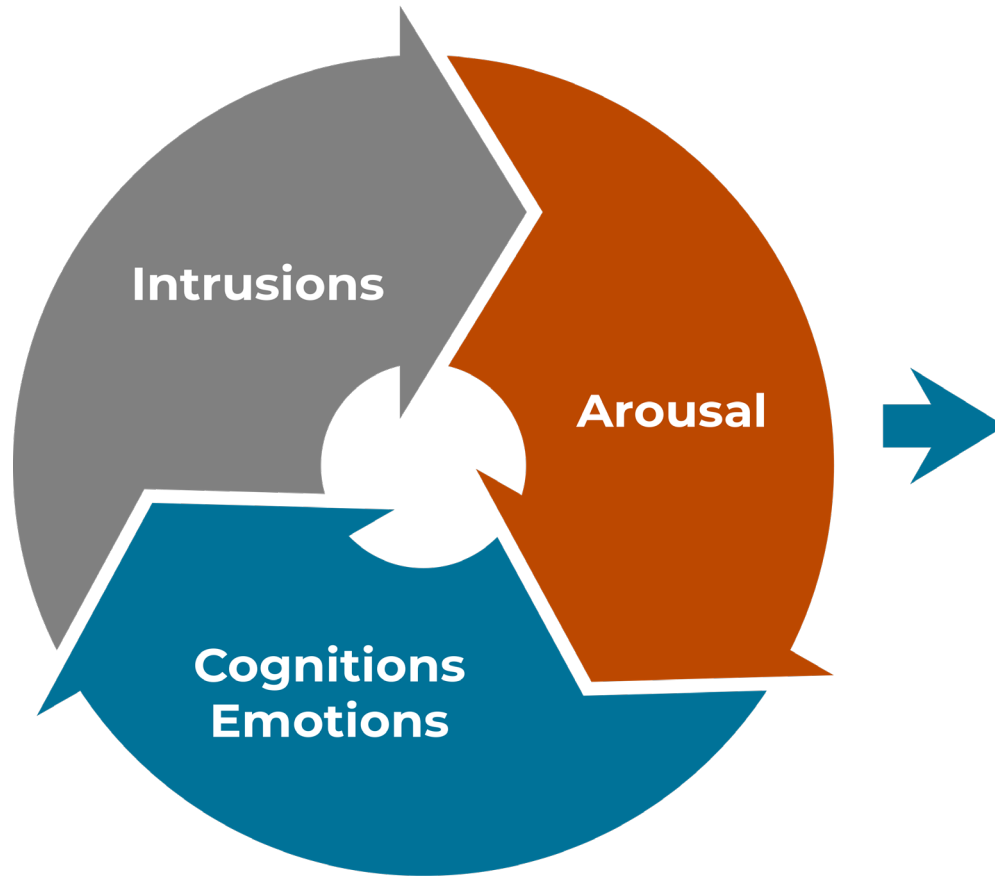
PTSD response



Avoidance

PTSD

Core Symptoms



Avoidance

- Aggression
- Self-harm Behaviors
- Substance Abuse
- Binging
- Cognitive Avoidance
- Dissociation
- Anhedonia/Numbing
- Social Withdrawal
- Behavioral Inhibition

Emotional numbing & relationships

What does it look like?

- Difficulty feeling a range of emotions (colors & hues)
- Loss of interest in activities
- Emotional and sexual intimacy

How do emotions protect us?

- Value of both positive and negative emotions in helping people to learn and make sense of themselves, the world, and other people
- Emotional expression (positive and negative) is the “glue” of close relationships

Substance Use and Abuse

How common?

- Rates of PTSD and SUD are 2-4 times higher than in general population
- 41.4 % of Veteran's diagnosed with PTSD had co-occurring substance use disorder
- 75% of combat veterans with lifetime PTSD also met criteria for lifetime alcohol abuse or dependence

(Back et al., 2019; Petrakis, Rosenheck, & Desai, 2011; Schäfer, & Najavits, 2007)

Implications

- Higher rates of psychosocial and medical problems, relapse and inpatient admissions
- Comorbid PTSD and SUD associated with more severe PTSD symptoms, particularly avoidance and arousal

(Dworkin et al., 2018; Jacobsen et al., 2001)

Assessment

PTSD Assessment

Primary-Care PTSD (PC-PTSD)

Screener

Does not diagnose PTSD

Assesses exposure to
Criterion A trauma

5 questions about trauma
symptoms

3/5 indicate further
assessment warranted

PTSD Checklist for DSM-5 (PCL-5)

Self-Report Assessment

20 items

Timeframe: Week or past
month

Self-Report measure of
PTSD symptoms

~scores over 30/33
indicative of PTSD

Clinician Administer PTSD Scale (CAPS-5)

Diagnostic Assessment

Clinician Administered

Requires clinician training
~1 hour

Severity Score + Diagnosis

Underreporting

Why would someone underreport their symptoms?

- Stigma/Military culture
- Implications for readiness
- Consequences for profiles
- Career
- Inability to recognize symptoms

Evidence-Based Treatments for PTSD

Evidence-based treatment

- Best practices and preferred approaches
- Determined by randomized control trials (RCTs)
- In practice guidelines:
 - Institute of Medicine
 - American Psychological Association
 - Department of Defense
 - Veteran Health Administration

The best treatment for PTSD



Did You Know?



Trauma-focused
Psychotherapy

53 OUT OF **100**

people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.



Medication

42 OUT OF **100**

people who take medication will no longer have PTSD after about 3 months of treatment.



No Treatment

BUT ONLY 9 OUT OF **100**

people who don't get treatment will no longer have PTSD after about 3 months.



Cognitive Processing Therapy (CPT)

CPT teaches you how to change the upsetting thoughts and feelings you have had since your trauma.

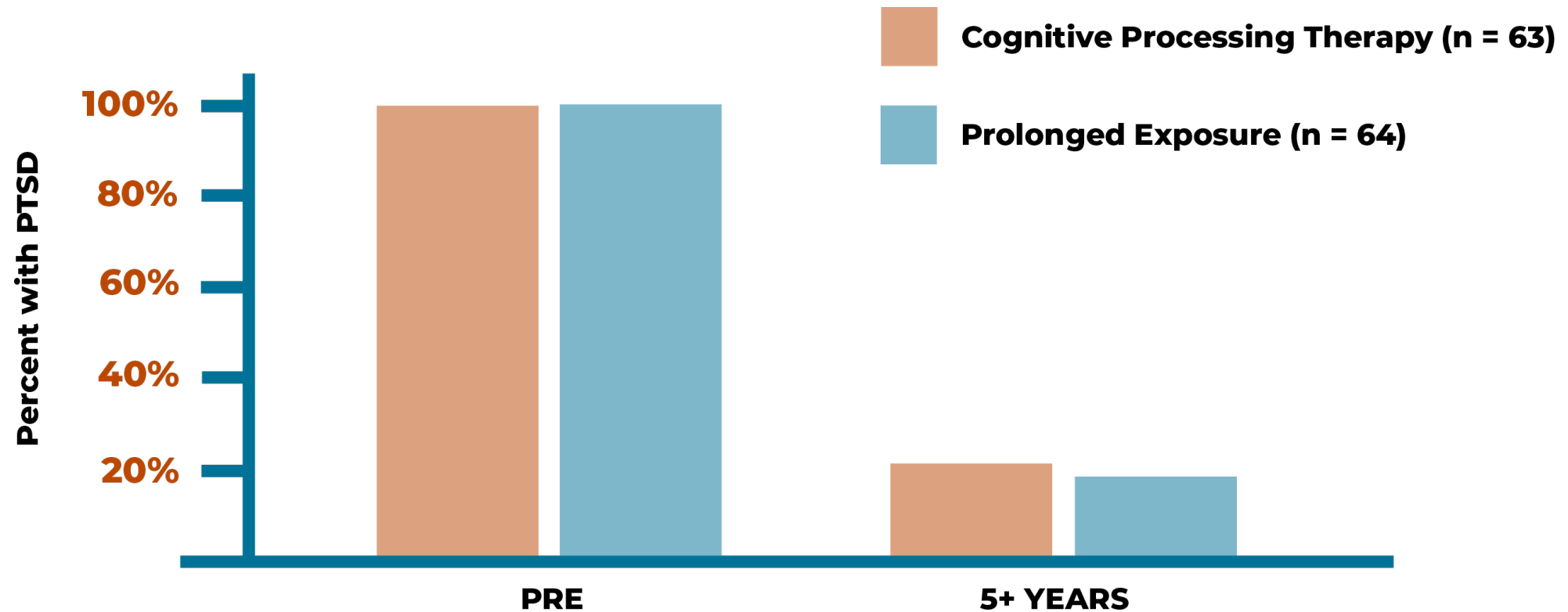
Prolonged Exposure (PE)

PE teaching you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since the trauma.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR helps you process and make sense of your trauma while paying attention to a back-and-forth movement or sounds (like a finger waving side to side, a light, or a tone).

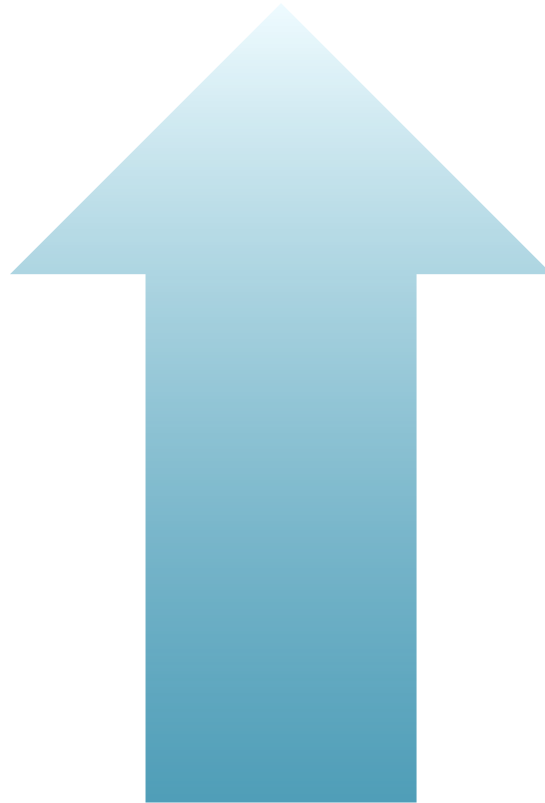
Loss of PTSD diagnosis in civilians after treatment with PE and CPT



When PTSD improves, we see improvements in

Mental Health

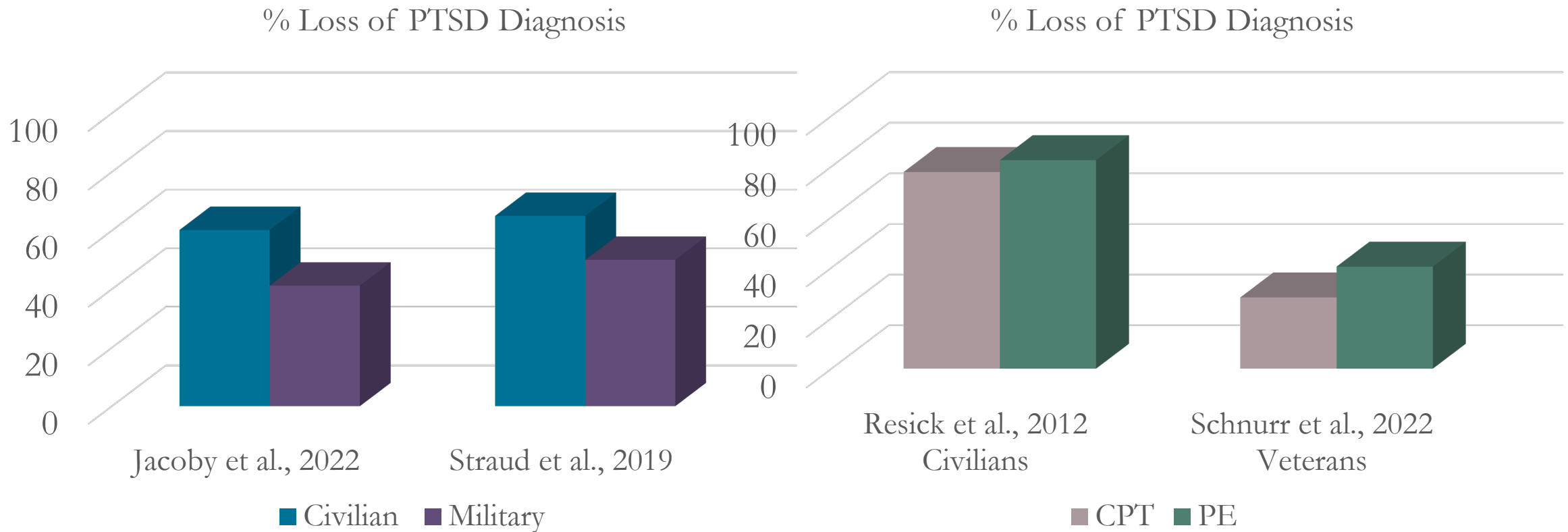
- Depression
- Substance Abuse
- Suicidal Ideation
- Hopelessness
- Guilt
- Anger
- Health Concerns



Functioning

- Parenting
- Relationships
- Occupational Functioning
- Economic Status
- Social & Leisure Involvement
- Intimacy & Sexual Concerns

Military vs Civilian Response to Treatment



Comparison of PE vs CPT among US Veterans

Outcome	CPT		PE	
Substantial improvement in clinician- and self-rated PTSD severity	✓		✓	
Moderate improvement in depression	✓		✓	
Small but significant improvement in abilities and quality of life	✓		✓	
Treatment Satisfaction	High		High	
Most likely to:	CPT		PE	
Respond to treatment		60.1%	✓	73%
Complete treatment early		4.8%	✓	12.1%
Lose PTSD Diagnosis		28.2%	✓	40.4%
Experience Remission (CAPS < 12)		12.6%	✓	20.4%
Less likely to drop out of treatment	✓	46.6%		55.8%
Attended more sessions	✓	9.1 (8.7-9.5)		8.2 (7.8-8.6)



Treatment Resistant Symptoms

Hyperarousal:

Improvement in Treatment 69%	No longer Meeting Criteria for PTSD 26%
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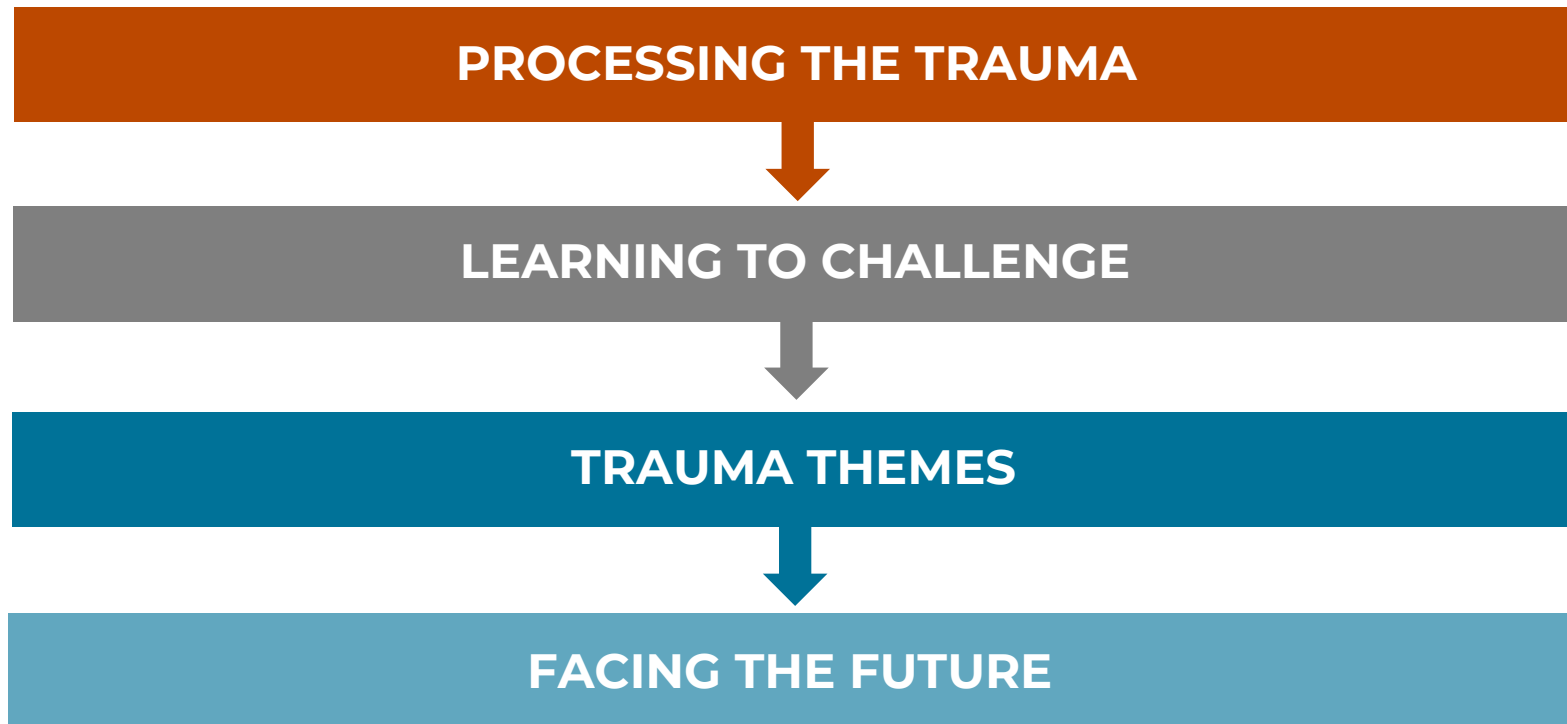
Sleep Disturbance:

Symptom	Prior to Starting EBT	After Treatment	After Treatment & No longer met criteria for PTSD
Insomnia	92%	75-90%	57%
Nightmares	69%	49-55%	13%

(Miles et al., 2022; Pruiksma et al., 2016; Taylor et al., 2020)

Cognitive Processing Therapy

Education Regarding PTSD, Thoughts, and Emotions



Treatment consist of an average of 8-15 50-minute sessions

(Resick et al., 1992)

Prolonged Exposure Therapy

PYSCHOEDUCATION

Rationale for treatment and procedures, common reactions to trauma, breathing retraining

Repeated and gradual **IN VIVO EXPOSURE**

To safe situations that are avoided because of trauma-related fear

PE

Repeated **IMAGNIAL EXPOSURE**

To the trauma memory
(recounting the memory)

PROCESSING

The trauma memory
(discussing new learning or
changed beliefs about the
trauma)

(Foa et al., 2007)

Treatment consist of an average of 8-15 90-minute sessions

Evaluating Quality of EBT

Reviewing Medical Records and Talking with your Client

CPT

- ✓ Identifying Stuck Points
- ✓ Stuck Point Log
- ✓ Practice worksheets
 - ✓ ABC
 - ✓ Challenging Questions
 - ✓ Patterns of Problematic Thinking
 - ✓ Challenging Beliefs Worksheets

PE

- ✓ SUDs- “Subjective Units of Distress”
- ✓ In-vivo Exposure
 - ✓ Going places objectively safe and staying for period of time or until SUDs reduce
- ✓ Imaginal Exposure
 - ✓ Recording and listening to recording daily out of session

Adequate Dose = 8 Sessions

(Spoont et al., 2010)

Barriers to Treatment

Access to Evidence-Based Care

- Of patients seeking treatment for PTSD, 6.3-8.5% receive at least one session of EBT

Knowledge

- May not know signs and symptoms of PTSD

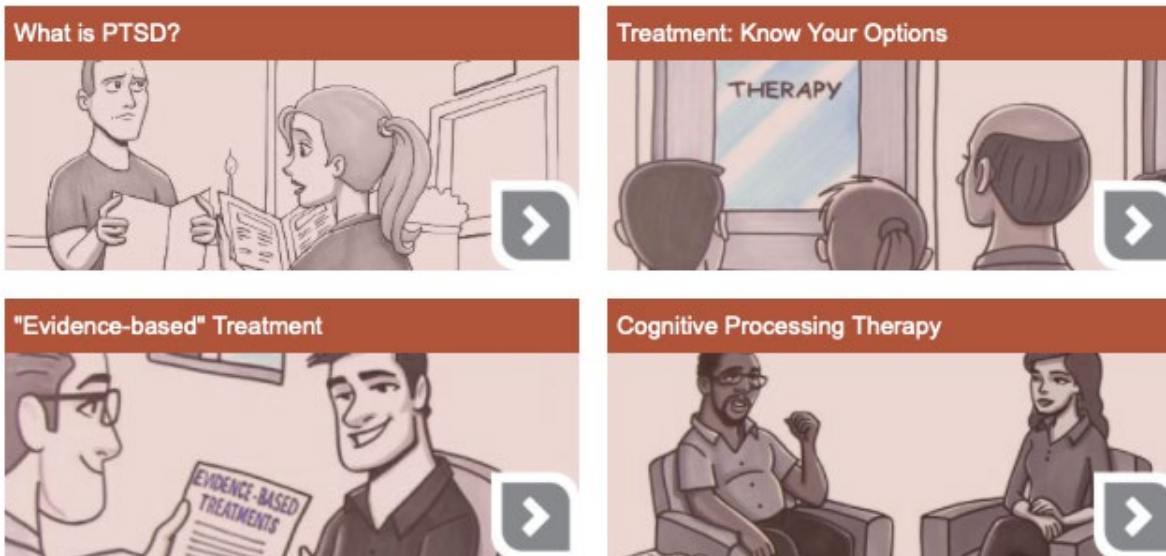
Belief

- May not believe they can get better or PTSD can be treated

Support

- Social networks may not be supportive of seeking treatment

Resources: National Center for PTSD



PTSD TREATMENT DECISION AID

Know Your
Treatment Options

[Get started](#)

ABOUTFACE

Treatment Can Turn
Your Life Around

[Learn more](#)

MOBILE APPS

Explore PTSD Coach
and More

[Download now](#)

<https://www.ptsd.va.gov>

Evidence-Based Treatment Resources

Veterans, Service Members, Guard, Reservists

- VA & Vet Centers*
- MTFs*
- Cohen Veteran Network
- Headstrong
- Stop Soldier Suicide

- STRONG STAR Network
- STRONG STAR Research
- Warrior Care Network
 - Road Home Program-Rush
 - Homebase- Harvard/Mass Gen
 - Emory Veteran Program

Military Suicide

Suicide was the 13th leading cause of Veteran deaths in 2020 (2022 VA Suicide Report)

Average number of Veteran suicides per day in 2020: 16.8 (2022 VA Suicide Report)

Average number of active duty suicide rate: 36.18 per 100,000. (DoD 2021)

71% of suicide deaths were by firearm (2022 VA Suicide Report)

Military Suicide

Justice-involved Veterans are over 3 times more likely to have attempted suicide.

Veterans on probation or parole were more than four times more likely to report a lifetime suicide attempt than justice-involved Veterans not on probation or parole.

Prison release is a risk factor for near-term suicide attempt. Among older veterans who were released from correctional facilities in later life had elevated rates of suicide attempts at 30 days, six months, and one year when compared to Veterans who were never incarcerated.

THERE ARE CERTAIN BELIEFS ABOUT FIREARMS THAT CAN POSE A RISK TO THOSE WHO OWN THEM AND THEIR LOVED ONES.

SERVICE MEMBER BELIEFS

✗ 66% of active duty members
DISAGREED that the way firearms are stored
has an impact on suicide risk.

✗ 58% of active duty members
AGREED that if somebody wants to die by suicide and
you prevent them from using a firearm, they will
simply find another way to die.

✗ 56% of active duty members
DISAGREED that having a firearm in the home raises
the risk of suicide.

RESEARCH FINDINGS

✓ Data have shown that firearms stored unlocked
and/or loaded in the home are related to an
increased risk for suicide.^{1,2}



✓ Research has shown that, when no longer able
to access their preferred method, a person
will not replace it with another.^{3,4}



✓ Research has suggested that having a firearm
in the home may make the risk of dying by
suicide four to six times greater.^{2,5}



¹ Conwell, Y., Duberstein, P. R., Connor, K., Eberly, S., Cox, C., & Calne, E. D. (2002). Access to firearms and risk for suicide in middle-aged and older adults. *American Journal of Geriatric Psychiatry*, 10(4), 407-416.

² Dempsey, C. L., Benedek, D. M., Zurofski, K. L., Riggs-Donovan, C., Ng, T. H. H., Nock, M. K., ... & Ursano, R. J. (2019). Association of firearm ownership, use, accessibility, and storage practices with suicide risk among US Army soldiers. *JAMA Network Open*, 2(1), 1-10.

Misconceptions About Suicide

Resources



844-235-2764

Thank you

Questions