

# 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

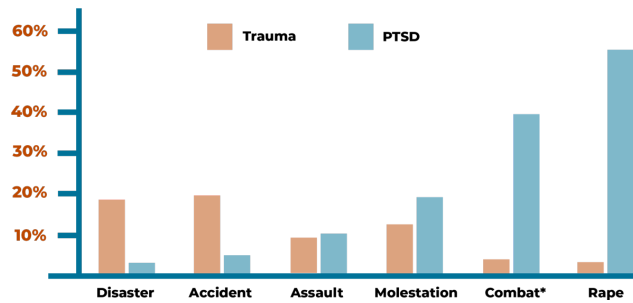
Either happening to yourself, witnessing the trauma, or learning about someone close.



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# 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



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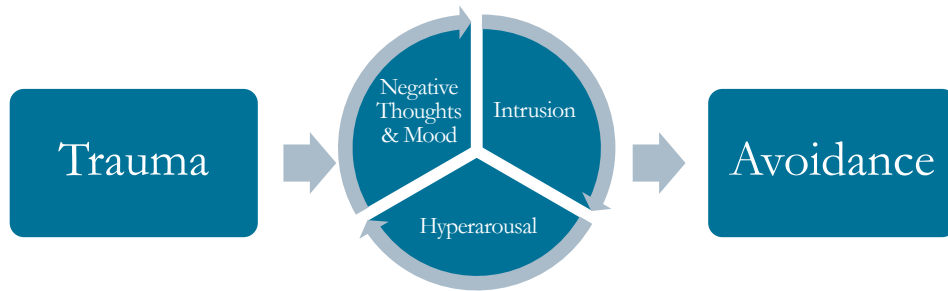


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(Schnurr et al., 2022)

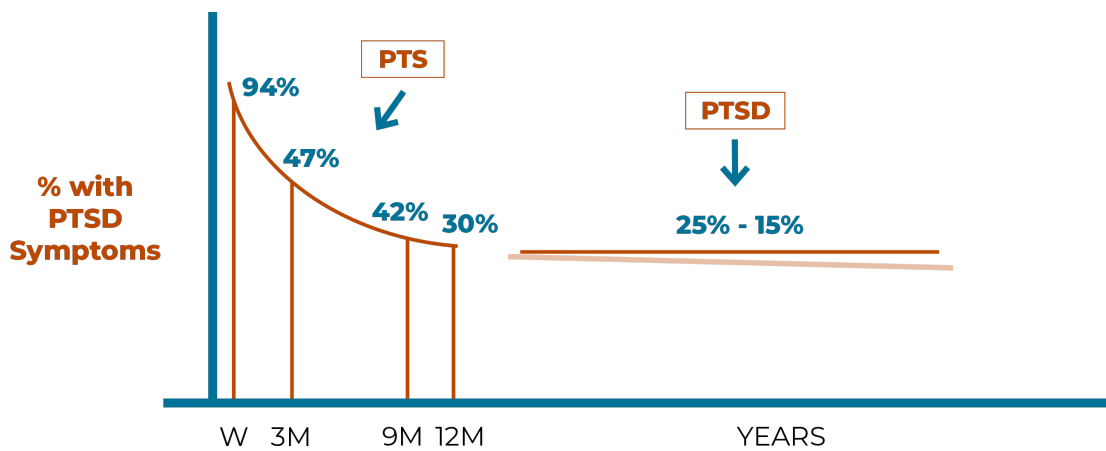
## What are the symptoms of PTSD?

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



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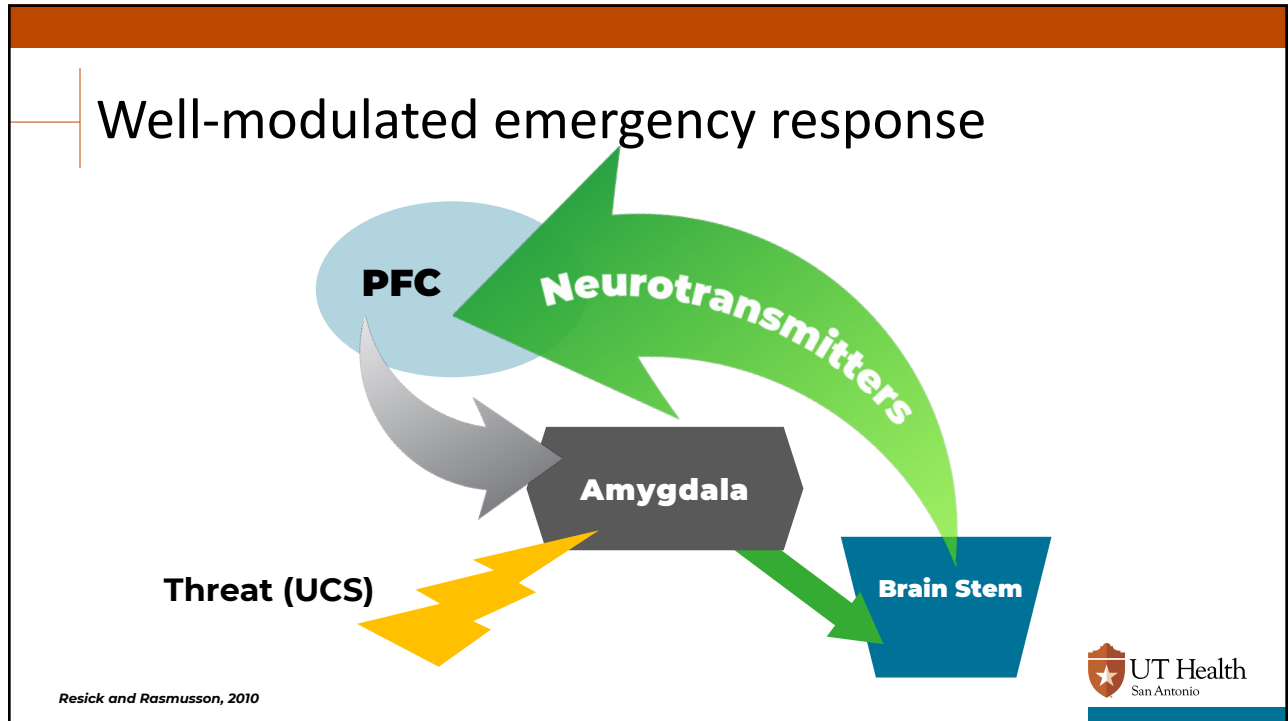
## Rate of recovery after trauma



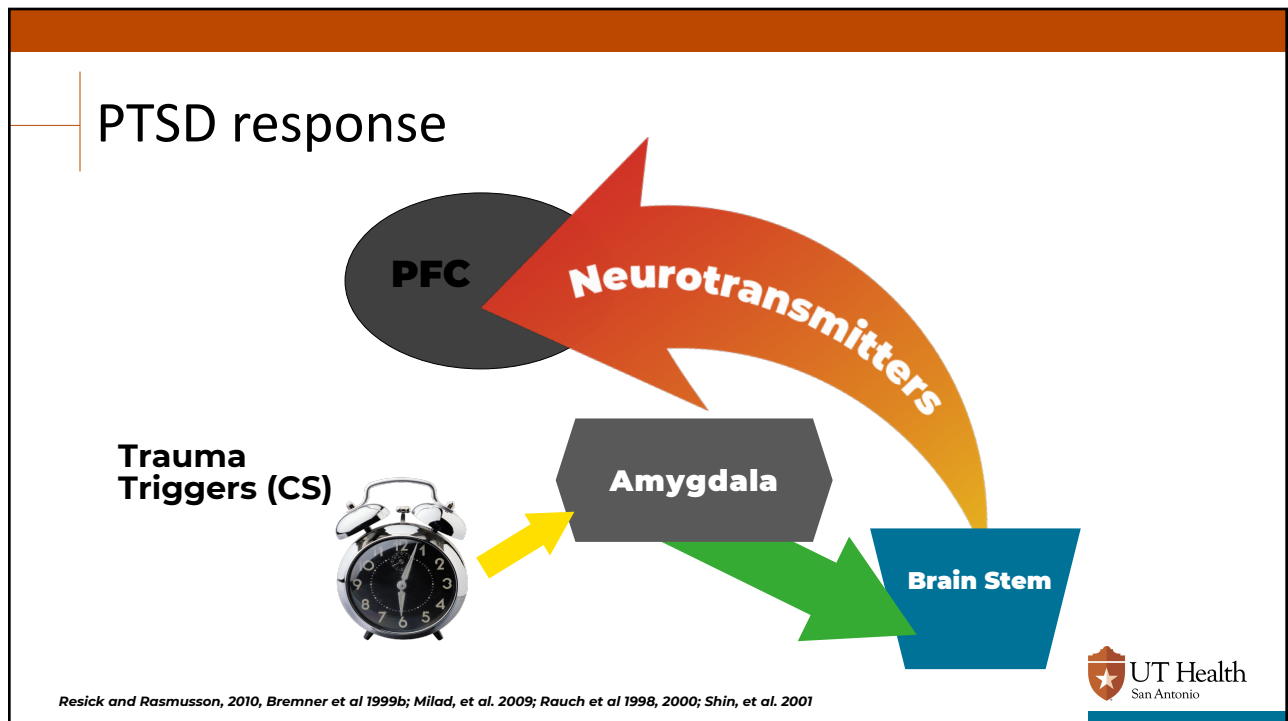
(Rothbaum et al., 1992)



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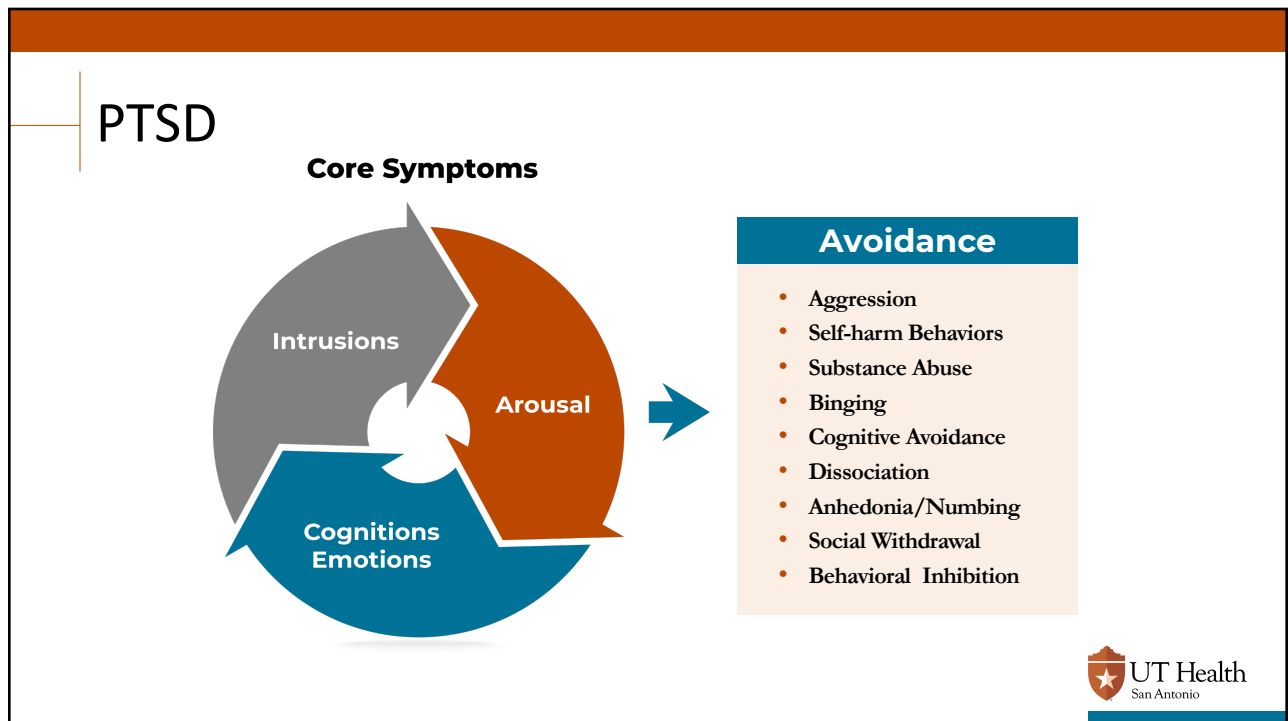
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## Emotional numbing & relationships

### 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



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## 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)



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# Assessment



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## 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



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# Underreporting

## Why would someone underreport their symptoms?

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



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## Differentiating Snake Oil from Penicillin: Evidence-Based Treatments for PTSD



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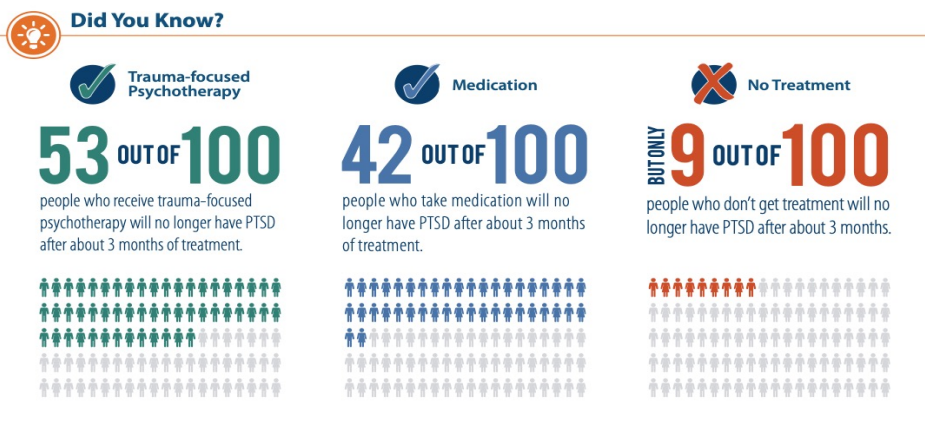
## Evidence-based treatment

- 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



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## The best treatment for PTSD



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### Cognitive Processing Therapy (CPT)


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

### Prolonged Exposure (PE)

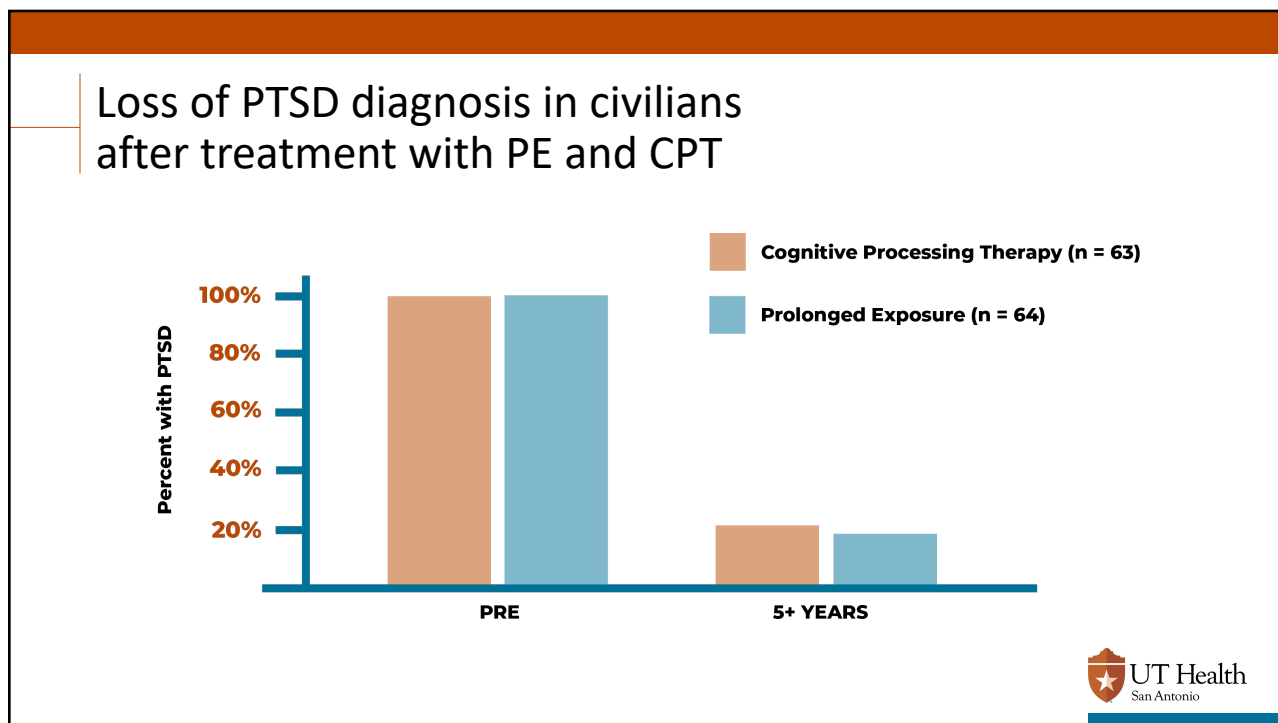
**PE** teaching you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since the trauma.

### 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).



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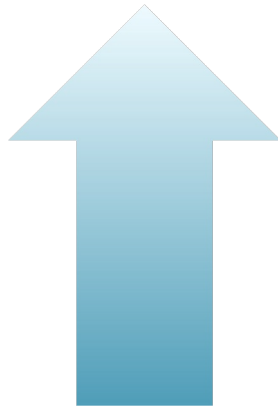


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## When PTSD improves, we see improvements in

### Mental Health

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



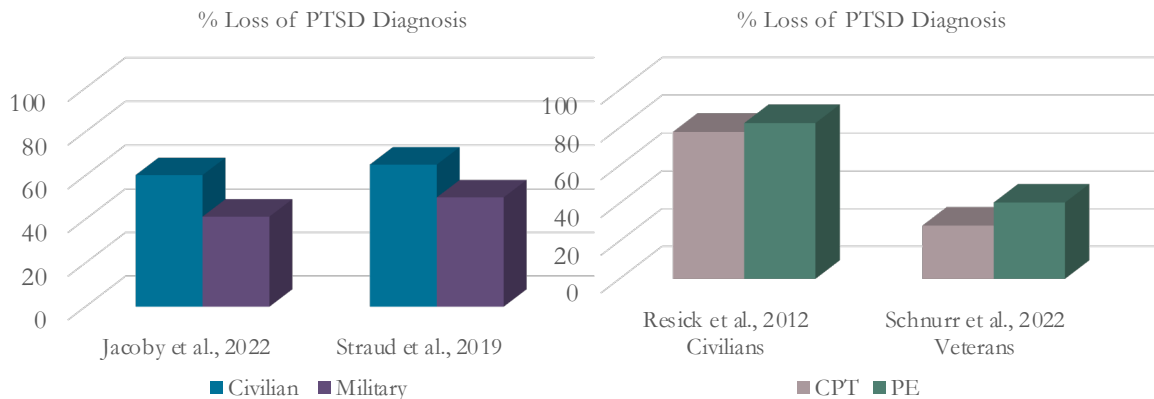
### Functioning

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



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## Military vs Civilian Response to Treatment



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(Schnurr et al., 2015)

## 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)

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## 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)



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# Cognitive Processing Therapy

Education Regarding PTSD, Thoughts, and Emotions

```

    graph TD
      A[Education Regarding PTSD, Thoughts, and Emotions] --> B[PROCESSING THE TRAUMA]
      B --> C[LEARNING TO CHALLENGE]
      C --> D[TRAUMA THEMES]
      D --> E[FACING THE FUTURE]
    
```

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

*(Resick et al., 1992)*

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# Prolonged Exposure Therapy

```

    graph TD
      PE((PE)) --- A[PSYCHOEDUCATION  
Rationale for treatment and procedures, common reactions to trauma, breathing retraining]
      PE --- B[IN VIVO EXPOSURE  
Repeated and gradual  
To safe situations that are avoided because of trauma-related fear]
      PE --- C[IMAGNIAL EXPOSURE  
Repeated  
To the trauma memory (recounting the memory)]
      PE --- D[PROCESSING  
The trauma memory (discussing new learning or changed beliefs about the trauma)]
    
```

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

*(Foa et al., 2007)*

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## 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)



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## 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



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## Resources: National Center for PTSD

What is PTSD?

Treatment: Know Your Options

"Evidence-based" Treatment

Cognitive Processing Therapy

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>



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## 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



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## Military Suicide

- Suicide was the 13<sup>th</sup> 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)




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## 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.




(Barry et al., 2018; Holliday et al., 2021)



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

SERVICE MEMBER BELIEFS	RESEARCH FINDINGS
<p><b>✗ 66%</b> of active duty members <b>DISAGREED</b> that the way firearms are stored has an impact on suicide risk.</p>	<p><b>✓</b> Data have shown that firearms stored unlocked and/or loaded in the home are related to an <b>increased risk for suicide.</b><sup>1,2</sup></p> 
<p><b>✗ 58%</b> of active duty members <b>AGREED</b> that if somebody wants to die by suicide and you prevent them from using a firearm, they will simply find another way to die.</p>	<p><b>✓</b> Research has shown that, when no longer able to access their preferred method, a person <b>will not replace it with another.</b><sup>3,4</sup></p> 
<p><b>✗ 56%</b> of active duty members <b>DISAGREED</b> that having a firearm in the home raises the risk of suicide.</p>	<p><b>✓</b> Research has suggested that having a firearm in the home may make the risk of <b>dying by suicide four to six times greater.</b><sup>2,5</sup></p> 

<sup>1</sup> 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.  
<sup>2</sup> Dampsey, C. L., Benedek, D. M., Zaromski, K. L., Riggo-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(6), 1-10.

**Misconceptions About Suicide**



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# Resources



**Veterans  
Crisis Line**  
DIAL 988 then **PRESS 1**  
or Text 838255

<b>Firearm Safety Tip #1</b>  <b>CABLE LOCKS:</b> Prevents a firearm from being loaded and fired.	<b>Firearm Safety Tip #2</b>  <b>GUN CASE:</b> Storage solution to secure, conceal, protect, and legally transport a firearm.
<b>Firearm Safety Tip #3</b>  <b>LOCK BOX:</b> Provides reliable protection for firearms. 920 x 813	<b>Firearm Safety Tip #4</b>  <b>FULL SIZE GUN SAFE:</b> Allows you to store multiple firearms in one place.



844-235-2764



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Thank you

Questions

