Veterans in Treatment:

Providing Evidenced-Based PTSD Intervention

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NASW – White House Joining Force Initiative

Service Members and Veterans in Treatment: Evidenced-Based Interventions

Credit Hours: 2 CEUs

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Website: http://www.socialworkers.org/ce/online/lunchtime/lCourses/Default.aspx?courseID=ec532e04-0aeb-435d-9680-abd7824c895d&header=OFF
Objectives

- Gain a basic understanding of post-traumatic stress (PTSD) and how it negatively impacts returning veterans.

- Develop knowledge of evidenced-based PTSD interventions that are designed to address the unique needs of this high-risk population and their family members.
PTSD is the most common mental health issue experienced by combat veterans

- 56% are diagnosed with PTSD
- 25% are diagnosed with Depressive Disorder
- 20% are diagnosed with Anxiety Disorder
- 18% are diagnosed with Adjustment Disorder
- 1% are diagnosed with Substance Abuse
  - It is not uncommon for some veterans to abuse substances to alleviate distress or prevent PTSD related symptoms

(U.S. Department of Veterans Affairs, 2010d)
Posttraumatic Stress Disorder (PTSD)

- PTSD is an anxiety disorder that develops after an individual experiences or witnesses a traumatizing event that is life-threatening. The event or trauma has to be severe enough to create or cause disturbance in normal functioning.

- Individuals who have experienced military combat or have lived through natural disasters, terrorist incidents, serious accidents, or physical or sexual assault, are more likely to develop PTSD.

(U.S. Department of Veterans Affairs, 2010d)
Posttraumatic Stress Disorder (PTSD)

- Three types of persistent PTSD symptoms:

  1) Symptoms that involve reliving or re-experiencing the trauma either through dreams, nightmares, and flashbacks; or by feeling distressed when exposed to the trauma

  2) Symptoms that involve avoidance of places or people that remind them of the trauma

  3) Symptoms that involve increased arousal such as hypervigilance, irritability, increased heart rate, and muscular tension

(U.S. Department of Veterans Affairs, 2010d)
Posttraumatic Stress Disorder (PTSD)

- PTSD is more prevalent among individuals who have served in combat, and research indicates that about 30% of the men and women who served in Vietnam experienced PTSD.

- PTSD has also been detected among veterans of other wars.
  - From the Gulf War are as high as 10%
  - From the war in Afghanistan are between 6 and 11%
  - From the war in Iraq 12% to 20%

(U.S. Department of Veterans Affairs, 2010d)
Evidenced-base PTSD Interventions

- Currently, a wide variety of psychotherapy interventions are used to treat PTSD; however, the largest number of studies on psychotherapy for PTSD indicates that cognitive-behavioral therapy is the most effective (Schnurr & Friedman, 2008).

- Other psychotherapies that have been used to treat returning veterans with PTSD include group psychotherapy and family psychotherapy.
Cognitive-Behavioral Therapy (CBT)

- Cognitive-Behavioral Therapy is effective for not only altering overt behavior, but also the thoughts that cause or contribute to such behavior.
  
  - Cognitive-behavioral therapy’s primary goal is to help people change distorted and harmful thoughts and replace them with healthier ones (Encyclopedia of Mental Disorders, 2010).

- There are eight different cognitive-behavioral treatments for PTSD — exposure therapy, systematic desensitization, stress inoculation training, cognitive processing therapy, cognitive therapy, assertiveness training, biofeedback and relaxation training.
Of the various types of cognitive-behavioral therapy, exposure therapy has proven to be the most effective in treating PTSD in returning veterans.

- Exposure therapy was tested in 12 studies with all positive results.

Exposure therapy is designed to help patients with anxiety symptoms confront fear-evoking stimuli with the intent of reducing the irrational fear of anxiety (Rothbaum & Foa, 1999).
Although there are several types of exposure therapy that have worked for veterans with PTSD, prolonged exposure therapy has been very effective in addressing PTSD (U.S. Department of Veterans Affairs, 2010b).

Prolonged therapy offers four interventions:
1) Education
2) Breathing
3) Real work practice
4) Talking through the trauma
Cognitive-Behavioral Therapy (continued)

- The evidence for treating PTSD through exposure therapy is quite compelling, supported by many well-controlled trials with a variety of trauma survivors including veterans.

- It has been tested in a wider range of trauma populations and more studies than any other treatments. In fact, no other treatment modality has such strong evidence of its efficacy (Foa et al., 2000).
Family Psychotherapy

- Intense and unresolved PTSD may negatively affect those close to veterans, thus creating a stressful environment that affects everyone else in the family (Carlson & Ruzek, 2010).

- Family treatment is typically seen as a time-limited problem-focused intervention.
  - The primary goal of family therapy is to foster communication and mutual support around the post-traumatic reactions and symptoms (Foa et al., 2000).
• Including family members in treatment is vital, given that family members can provide critical emotional support to the veteran and assist in facilitating an optimal clinical outcome.

• In family therapy, family members and veterans can express their concerns and fears, and listen to others.

• Feelings of sympathy, fear, worry, avoidance, guilt, shame, anger, and negative feelings can be openly shared.
  
  – In turn, veterans can talk about their PTSD symptoms and what triggers them. Veterans can also discuss the important parts of their treatment and recovery (Carlson & Ruzek, 2010).
Group Psychotherapy

- Group therapy for PTSD offers cohesion, encouragement, and support from other members (Foa et al., 2000).
  - One of the primary goals of group psychotherapy is to help patients alleviate and cope with feelings of isolation and avoidance, which are typically associated with fear and invalidation of their experiences.

- This intervention would be effective with veterans because many do not talk about their trauma due to fear that family members or others won’t understand or will judge them (U.S. Department of Veterans Affairs, 2010d).
Group therapy helps minimize veterans’ discomfiture about their uniqueness and can serve as a powerful source of support.

Story sharing is a powerful healing tool used by many veterans because it provides first-person perspectives of the realities of war and the impact on troops (Wilson, Leary, Mitchell, & Ritchie, 2009).

Also, story sharing in group therapy enables veterans to disclose and listen to concerns or issues similar to their own, which in turn can facilitate feelings that include being a part of and in touch with the world and human race (Yalom, 1995).
Conclusion

- PTSD is the most prevalent mental disorder arising from military combat; in light of the current military conflicts in Iraq and Afghanistan, with approximately 1.5 million Active Duty, Reserve and National Guard service members serving in the theater since 2001, it is poised to be a considerable health risk for the country (Nayback, 2008).

- Mental Health providers must not only advocate for and provide outstanding mental health and case management services to veterans, but must also work to alleviate the distress of family members and communities alike, that are affected by this unfortunate phenomenon.
Questions???