

PTSD Treatment at the VA

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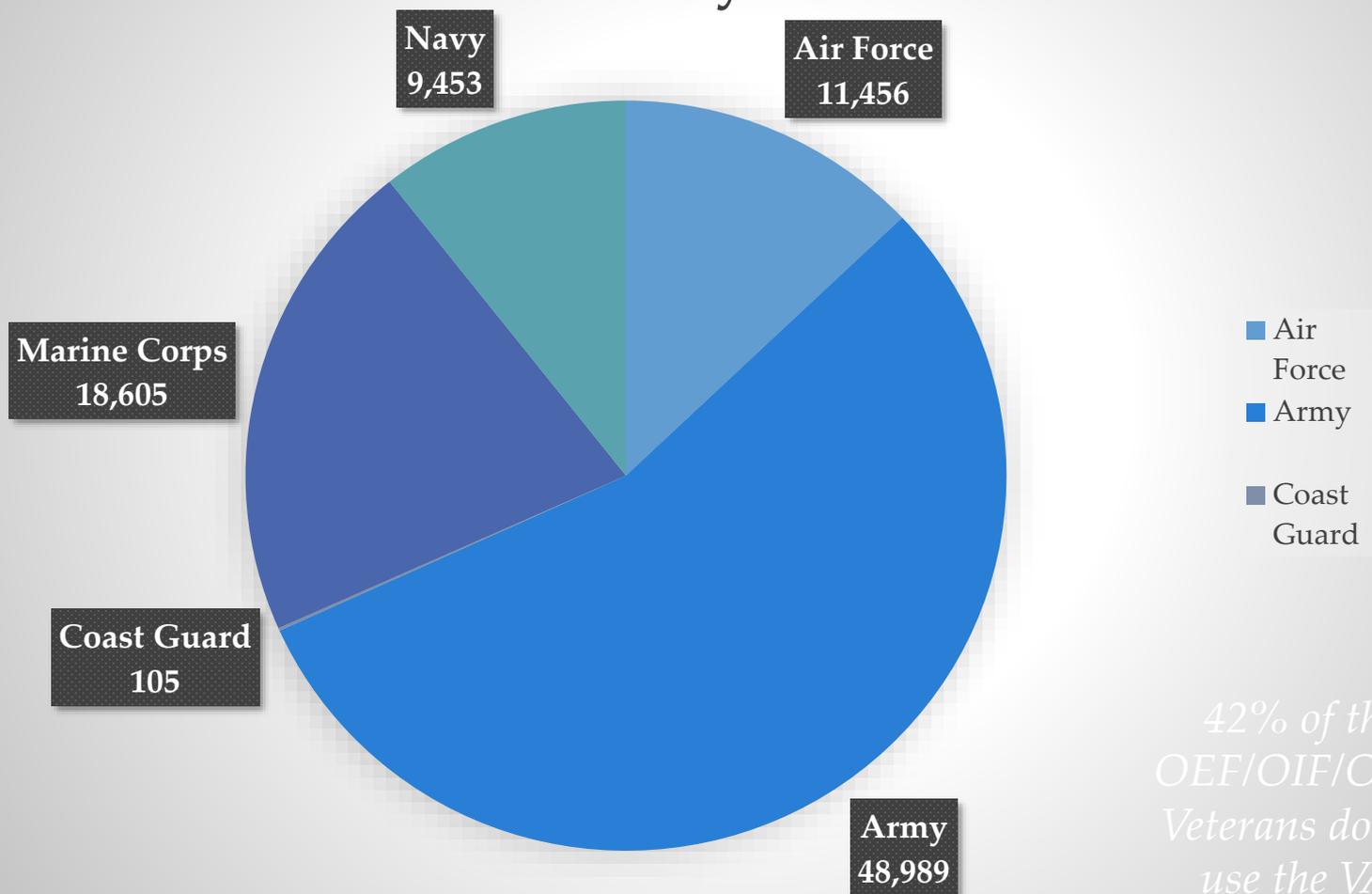
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Brief Overview of PTSD at the VA

1. Combat
2. MST (military sexual trauma)
3. Non-combat, non-MST
4. Non-military related trauma (child abuse, domestic violence, etc.)

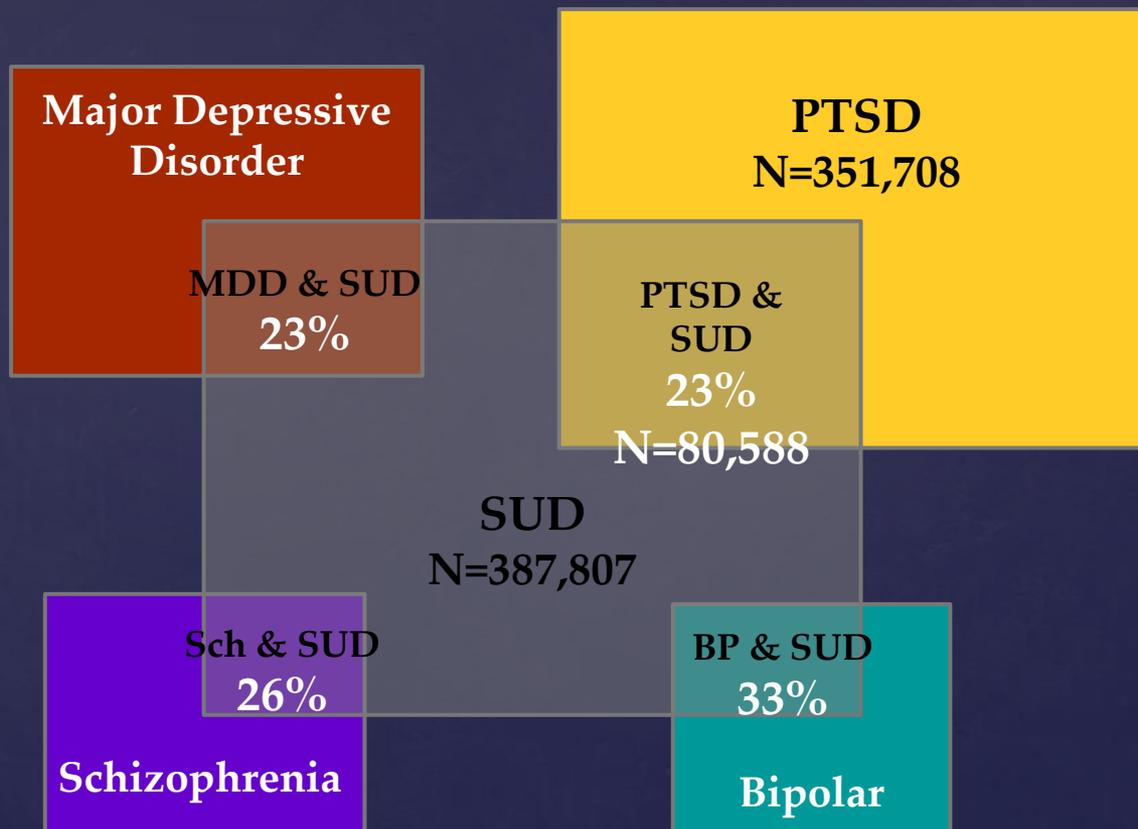
OEF/OIF/OND Veterans in North Carolina, as of May 2015



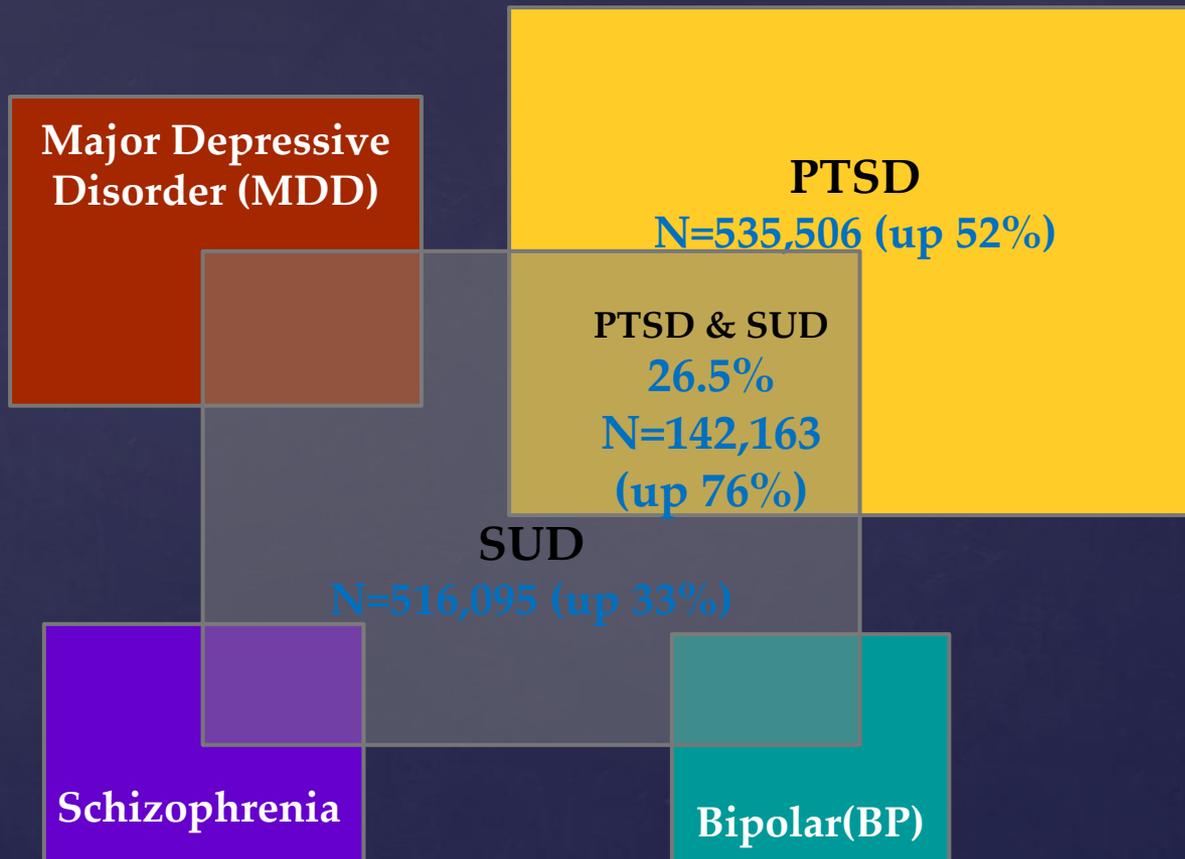
Substance Use and OEF/OIF/OND Veterans

- Among the 46,627 OEF/OIF/OND veterans seen at a VA facility in North Carolina since 9/11/01, substance use disorder present as:
 - Alcohol: 5,460 (11.7%)
 - Drug: 1,152 (2.5%)
 - Tobacco: 9,536 (20.5%)
- For comparison, PTSD: 13,386 (28.7%)

Fiscal Year (FY) 2008 Prevalence of Co-Occurring Conditions in Veterans Seeking Treatment in Veterans Health Administration (VHA)



Fiscal Year (FY) 2013 Prevalence of Co-Occurring Conditions in Veterans Seeking Treatment in Veterans Health Administration (VHA)



Post-deployment Health Assessments - Active Duty - N = 56,350

	PDHA (< 3-months)	PDHRA (6-months)
+ Depression screen	2674 (4.7%)	5831 (10.3%)
+ PTSD screen	6634 (11.8%)	9424 (16.7%)
Suicidal Ideation	651 (1.2%)	353 (0.6%)
Interpersonal conflict	1975 (3.5%)	7893 (14%)
MH risk	9581 (17%)	15264 (27.1%)

Post-deployment Health Assessments - National Guard and Reserves - N = 31,885

	PDHA (< 3-months)	PDHRA (6-months)
+ Depression screen	940 (2.9%)	2338 (7%)
+ PTSD screen	4052 (12.07%)	7815 (24.5%)
Suicidal Ideation	2.83 (0.9%)	463 (1.5%)
Interpersonal conflict	1342 (4.2%)	6724 (21.1%)
MH risk	5588 (17.5%)	11333 (35.5%)

All VA Data

- 1,318,510 OEF/OIF Troops had separated from the military
- 52% (683,521) had obtained VA care
 - (figures on Vet Centers and private care not known)
 - (about 7% of all individuals using VA care)
- Mental health disorders among 3 most common problems for which care was sought
 - Also musculoskeletal ailments and “symptoms, signs, and ill defined conditions”

Demographic Characteristics of OEF, OIF and OND Veterans Utilizing VA Health Care

	% OEF/OIF/OND Veterans* (n = 683,521)		% OEF/OIF/OND Veterans* (n = 683,521)
Sex		Unit Type	
Male	88.1	Active Duty	54.7
Female	11.9	Reserve/Guard	45.3
Birth Year Cohort†		Branch	
1980 – 1995	45.3	Air Force	12.3
1970 – 1979	26.3	Army	61.2
1960 – 1969	21.0	Marines	13.5
1950 – 1959	6.4	Navy	12.9
1926 – 1949	1.0		
		Rank	
		Enlisted	91.2
		Officer	8.8

* Percentages reported are approximate due to rounding.

† A range of birth years is now being reported rather than a range of ages to capture with greater precision the age distribution of OEF/OIF/OND Veterans utilizing VA health care. This began with the 3rd Qtr FY 2009 report.

Cumulative from 1st Quarter FY 2002 through 2nd Quarter
FY 2011

Frequency of Diagnoses* among OEF/OIF/OND Veterans

Diagnosis (Broad ICD-9 Categories)**	Frequency	Percent†
Infectious and Parasitic Diseases (001-139)	101,158	14.8
Malignant Neoplasms (140-209)	8,822	1.3
Benign Neoplasms (210-239)	41,121	6.0
Diseases of Endocrine/Nutritional/ Metabolic Systems (240-279)	207,196	30.3
Diseases of Blood and Blood Forming Organs (280-289)	23,096	3.4
Mental Disorders (290-319)	349,786	51.2
Diseases of Nervous System/ Sense Organs (320-389)	294,433	43.1
Diseases of Circulatory System (390-459)	139,318	20.4
Disease of Respiratory System (460-519)	173,560	25.4
Disease of Digestive System (520-579)	242,070	35.4
Diseases of Genitourinary System (580-629)	96,624	14.1
Diseases of Skin (680-709)	139,159	20.4
Diseases of Musculoskeletal System/Connective System (710-739)	377,205	55.2
Symptoms, Signs and Ill Defined Conditions (780-799)	341,019	49.9
Injury/Poisonings (800-999)	190,188	27.8

*Includes both provisional and confirmed diagnoses.

**These are cumulative data since FY 2002, with data on hospitalizations and outpatient visits as of March 31, 2011; Veterans can have multiple diagnoses with each health care encounter. A Veteran is counted only once in any single diagnostic category but can be counted in multiple categories, so the above numbers add up to greater than 683,521; percentages add up to greater than 100 for the same reason.

† Percentages reported are approximate due to rounding.

Reintegration Issues

- Civilian world is trite, superficial
- No one can be trusted
- Can't talk to anyone about what I've been through
- Can't concentrate at school, at work
- I don't fit into this world anymore
- Moral injury

Barriers to Mental Healthcare

- Mental health problems themselves
 - Depression leads to isolation and inactivity
 - PTSD leads to mistrust of others, irritability, discomfort around others, and impairment in concentration
- Scheduling conflicts
- Basic living problems housing; finances; transportation; unemployment
- Veteran and family misunderstanding about symptoms and treatment (e.g., stigma)

Treatment Options

Symptom Management

- More acceptable to many veterans
- Easy to “try out”
- Gives practical, “how to” skills and fast relief (e.g. with meds)
- Best approach for limited symptoms (e.g. nightmares)

Trauma Focused

- Research strongly indicates best choice for improvement (with Evidenced-Based Psychotherapies)
- Systematic
- Time limited (usually 12-15 sessions)

PTSD program locator:

http://www.va.gov/directory/guide/ptsd_flsh.asp

Outpatient PTSD Treatment

- Stages of Treatment Model

1. intake and assessment
2. PTSD Educational series (8 sessions)
3. Coping Skills
 1. DBT (16 sessions)
 2. Seeking Safety (12 sessions)
 3. ACT (12 sessions)
 4. Sleep and Dreams (6 sessions)
4. Trauma Processing
 1. Cognitive processing therapy (CPT) – individual or group (12 sessions)
 2. Prolonged exposure (PE) – individual (8-16 sessions)
5. Aftercare
 1. Moral Injury (14 sessions)
 2. CPT Booster (6 monthly sessions)
 3. Peer Support
 4. Caregiver support (ongoing)

Inpatient/Residential PTSD Treatment

- 6-week inpatient PTSD program for Veterans and active duty Soldiers and Marines
- Provides intensive trauma processing (CPT – group)
- Provides coping skills (anger management, ACT, Seeking Safety, DBT, dream rescripting, relationships groups,...)
- Provides alternative therapies (exercise, meditation, tai chi, equine therapy)

Hefner VAMC (Salisbury, NC) Specialized Inpatient PTSD Unit (SIPU)



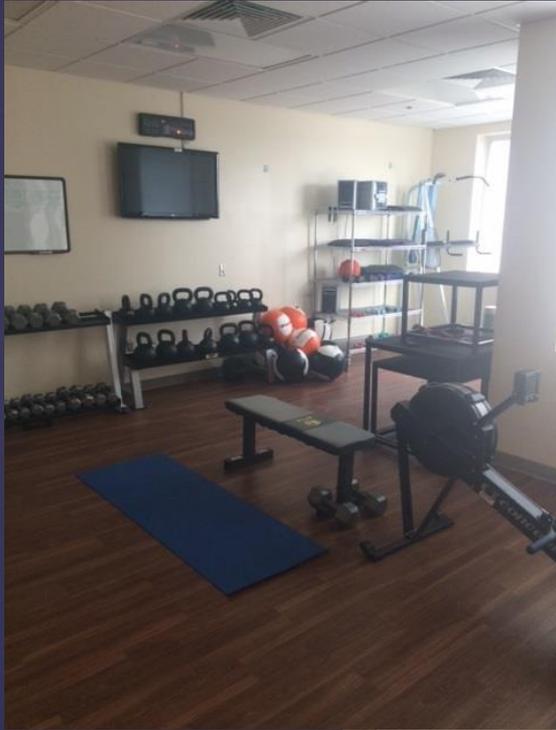
One sitting area



TV Room and Dining Area



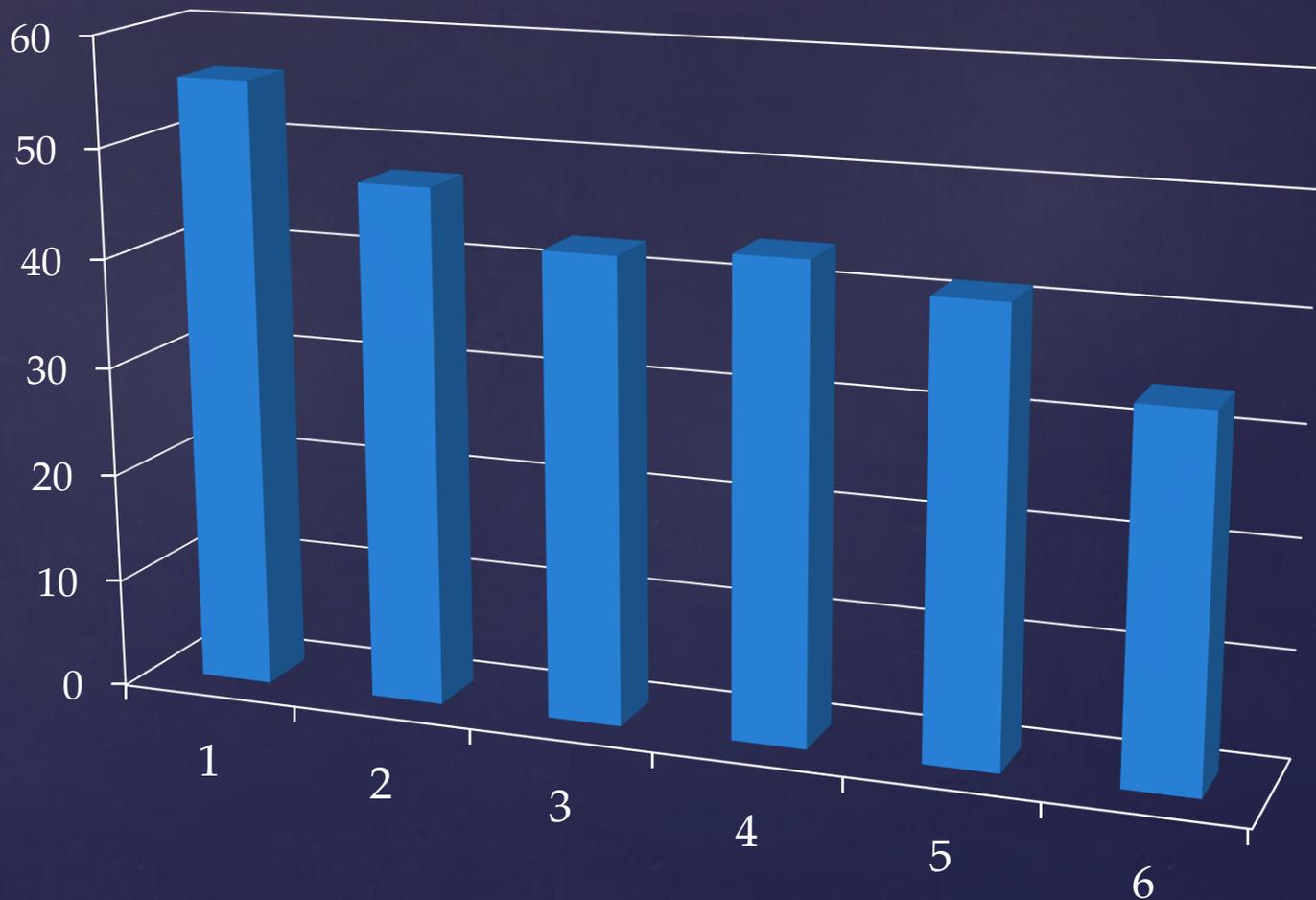
Recreation Areas



Veterans' Rooms



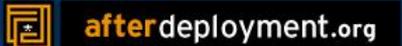
Salisbury SIPU Treatment Outcomes – PCL Scores



PCL at Week 1 = 55.87; Week 6 = 33.69

Afterdeployment.org

Service Members Veterans Families Providers



Wellness resources for the military community.

Search...

LOCATE CHAT CALL

Outreach Center 866-966-1020

National Suicide Hotline 800-273-TALK
(800-273-8255)

Home Topics Assessments Videos Community Resources

f t Feedback



Post-Traumatic Stress



Depression



Anger



Sleep



Families & Friendships



Anxiety



Alcohol & Drugs



Tobacco



Physical Injury



mild Traumatic Brain Injury



Life Stress



Stigma



Resilience



Military Sexual Trauma



Health & Wellness



Families with Kids



Spirituality



Work Adjustment



My Health...
It's about Living My Life.



Assess Yourself | [Assessment Video](#)

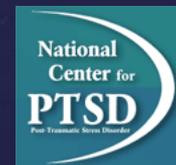
- Post-Traumatic Stress
- Depression
- Stress
- Anger
- Alcohol & Drug Use
- Social Support
- Post-Deployment Support
- Marital Satisfaction
- Friendship Scale
- Hope
- Caregiver Stress
- Physical Injuries
- Sleep
- Life Balance
- Spirituality
- Work Adjustment

Mind Flex

Which figure should be placed in the empty triangle?

[View Puzzle](#)

[View Answer](#)



Programs on Afterdeployment.org



New programs launched in March 2010

Contents for Each Topic

Validated assessments on related areas of functioning (e.g. PCL; PHQ-9)

Personal stories from real veterans and service members



Wellness resources for the military community.

Search...

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Home Topics Assessments Videos Community Resources Feedback



Overview Assessment Workshops Videos Related Resources

Overview

Post-traumatic stress is a common response to experiencing traumatic events. This program has been designed to provide a wide range of support for coping with post-traumatic stress. Take an assessment to get feedback on how you are doing or jump into the workshops to learn about how post-traumatic symptoms are triggered and what to do when this happens. Check out the videos of others who are dealing with post-traumatic stress, and explore the e-library for in-depth information.

Jump Into An Assessment

Jump Into a Workshop

E-library
Links & books
Forums

Multi-session
interactive
workshops

Guided Self-Help: Assessments

ADJUSTING TO WAR MEMORIES

How much have you been bothered ***in the last month*** by repeated, disturbing *memories, thoughts, or images* of deployment experiences?

Not at all

A little bit

Moderately

Quite a bit

Extremely

How much have you been bothered ***in the last month*** by repeated, disturbing *dreams* of a deployment experience?

Not at all

A little bit

Moderately

Quite a bit

Extremely

How much have you been bothered ***in the last month*** by suddenly *acting or feeling* as if deployment experiences were *happening again* (as if you were reliving it)?

Not at all

A little bit

How much have you been bothered ***in the last month*** by feeling *very upset* when *something reminded* you of deployment experiences?

Not at all

A little bit

How much have you been bothered ***in the last month*** by having *physical reactions* (e.g. heart pounding, trouble breathing, or sweating) when *something reminded* you of deployment experiences?

Not at all

A little bit

CONTINUE

MY CHECKS

MY WORKSHOPS

MY SETTINGS

PROGRAM	DATE	LOW	MODERATE	HIGH
Adjusting to War Memories	3/25/2009	<input checked="" type="radio"/>		
Dealing with Depression	3/25/2009	<input checked="" type="radio"/>		
Handling Stress	3/25/2009		<input checked="" type="radio"/>	
Improving Relationships	3/25/2009			<input checked="" type="radio"/>
Succeeding at Work	3/25/2009	<input checked="" type="radio"/>		
Overcoming Anger	3/25/2009	<input checked="" type="radio"/>		
Sleeping Better	3/25/2009			<input checked="" type="radio"/>
Controlling Alcohol and Drugs	3/25/2009	<input checked="" type="radio"/>		
Helping Kids Deal with Deployment	3/25/2009		<input checked="" type="radio"/>	
Seeking Spiritual Fitness	3/25/2009	<input checked="" type="radio"/>		
Living with Physical Injuries	3/25/2009	<input checked="" type="radio"/>		
Balancing Your Life	3/25/2009	<input checked="" type="radio"/>		

REAL WARRIORS ★ REAL BATTLES REAL STRENGTH

SEARCH:

GO

ACTIVE DUTY ★ NATIONAL GUARD & RESERVE ★ VETERANS ★ FAMILIES ★ HEALTH PROFESSIONALS



Reaching out makes a
REAL DIFFERENCE

Photo by Tech. Sgt. William Greer

FEATURED ARTICLES

- ▶ [Profile: Lt. Col. Mary Carlisle](#)
- ▶ [Tools to Use When Counseling Service Members](#)

>> [Read More](#)

24/7 HELP

DCoE Outreach Center

For Psychological Health and Traumatic Brain Injury Information and Resources
866-966-1020

National Suicide Prevention Lifeline

For Crisis Intervention
1-800-273-TALK (8255) Press "1"

afterdeployment.org

Wellness resources for the military community

LIVE CHAT

Get E-Mail Updates

Subscribe

CAMPAIGN MATERIALS



MESSAGE BOARDS



ABOUT US

The Real Warriors Campaign is an initiative launched by the Defense Centers of Excellence for

MULTIMEDIA



Real stories of strength and hope, along with other useful

IN THE NEWS

[Faster screening, treatment for TBI ahead](#), Military Times— 01/28/2010

<http://www.realwarriors.net>

DCoE Outreach Center



CHAT **CALL**

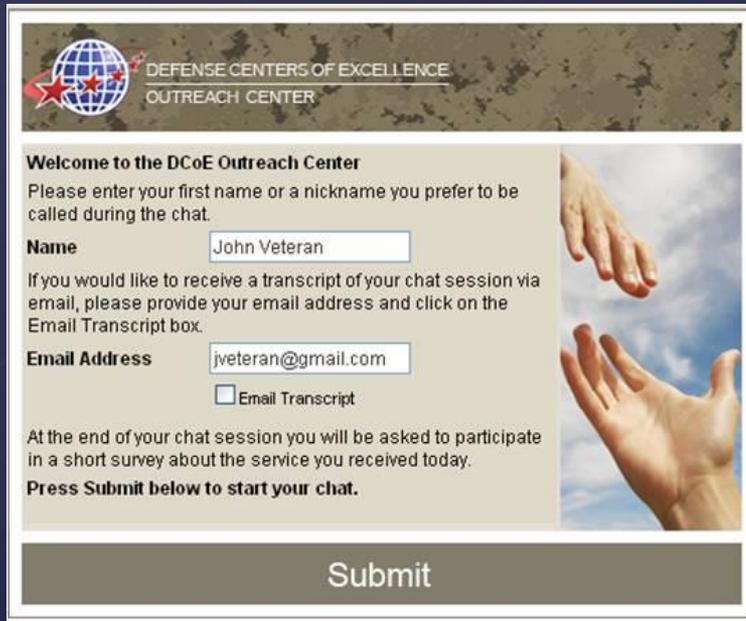
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National Suicide Hotline 800-273-TALK
(800-273-8255)

Discover real stories of courage in the battle against combat stress.

REAL WARRIORS • REAL BATTLES
REAL STRENGTH

Call



DEFENSE CENTERS OF EXCELLENCE
OUTREACH CENTER

Welcome to the DCoE Outreach Center

Please enter your first name or a nickname you prefer to be called during the chat.

Name

If you would like to receive a transcript of your chat session via email, please provide your email address and click on the Email Transcript box.

Email Address

Email Transcript

At the end of your chat session you will be asked to participate in a short survey about the service you received today.

Press Submit below to start your chat.

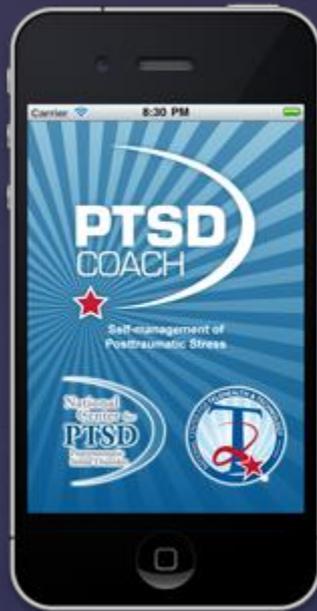
Submit

Chat

Or e-mail resources@dcoeoutreach.org

- Provides an authoritative source of information and resources on psychological health (PH) & traumatic brain injury (TBI) issues
- Helps service members, veterans, and their families by connecting them with the resources they need to promote their resilience, recovery, and reintegration
- Assists service members, veterans, families, leaders, healthcare providers navigate the system of care
- Responds to information requests about the DCoE
- Serves:
 - Service Members, Veterans, Families, Military Leaders, Clinicians, Researchers, Educators, Support personnel, Chaplains
- Capability/Availability:
 - 24/7 availability of Health Resource Consultants (most have masters or doctoral level degrees and healthcare experience)
 - Respond by phone, email, instant messaging, chat, fax
 - Respond to specific research requests

PTSD App for Smartphones



The PTSD Coach app can help you learn about and manage symptoms that often occur after trauma. Features include:

- Reliable information on PTSD and treatments that work
- Tools for screening and tracking your symptoms
- Convenient, easy-to-use tools to help you handle stress symptoms
- Direct links to support and help
- Always with you when you need it