Posttraumatic Stress Disorder in Veterans and Active Duty Military

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Agenda

• Discussion of stressors, trauma and PTSD – Dr. Friedman
• Treatment overview and outcomes – Dr. Friedman
• VA Veterans Justice Outreach Program – Dr. Bernardy
Types of stressors

• Daily hassles
  – e.g., Home maintenance, misplaced something, too many things to do, concerns about weight

• Stressors (major life events)
  – e.g., divorce, job loss, death of a loved one,
  – positive events too such as getting married, going to college

• Traumatic events
Traumatic stressors

- Defined by injury or life threat, e.g., warzone exposure, physical or sexual assault, serious accidents, disasters, torture
  - Can be experienced directly or witnessed
  - Also may be experienced by learning about a traumatic stressor happening to a loved one, e.g., death by suicide or homicide
Trauma exposure is common

61% of men and 51% of women experience at least 1 traumatic event in their lifetime; 34% of men and 25% of women experience more than 1 traumatic event. 

Kessler et al., 1995
### Exposure higher in Iraq/Afghanistan Veterans

<table>
<thead>
<tr>
<th></th>
<th>Milliken et al., 2007</th>
<th>Maguen et al., 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active Duty (n=56,350)</td>
<td>Guard &amp; Reserve (n=31,885)</td>
</tr>
<tr>
<td>Witnessed someone wounded or killed</td>
<td>54%</td>
<td>54%</td>
</tr>
<tr>
<td>Discharged weapon</td>
<td>25%</td>
<td>24%</td>
</tr>
<tr>
<td>Felt in danger of being killed</td>
<td>49%</td>
<td>55%</td>
</tr>
<tr>
<td>Injured</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Exposure to death</td>
<td></td>
<td>66%</td>
</tr>
<tr>
<td>Witnessing killing</td>
<td></td>
<td>45%</td>
</tr>
<tr>
<td>Killed others in combat</td>
<td></td>
<td>36%</td>
</tr>
<tr>
<td>Military sexual trauma</td>
<td>.5%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Stressors are a fact of life

- Humans (and animals) are designed to cope effectively with stressors

- Stressors can exhaust an individual’s ability to cope, resulting in severe distress, psychological disorder, and medical illness

- **Traumatic stressors also can lead a distinctive set of symptoms:** PTSD
Most people have some symptoms of posttraumatic stress after experiencing a traumatic event, e.g.:

- Re-experiencing the event through upsetting memories or nightmares
- Avoiding reminders of the event
- Feeling numb or cut off from others
- Feeling keyed up or easily startled
Symptoms decrease in the weeks following the event

• By 1 month, symptoms usually are no longer present or are more manageable

• PTSD results when normal recovery processes are interrupted

• PTSD is defined by persistence of a severe and characteristic pattern of symptoms
Common Patterns of Reactions to Traumatic Stressors

Other reactions include delayed onset and non-response.
Trauma Exposure & PTSD in the General Population

- PTSD is not the only outcome that is a possible psychiatric outcome to stress

- Lifetime US PTSD prevalence 6.8%
  - 10% women and 5% men

- In countries torn by war & internal strife (and certain parts of the US)
  - Trauma exposure may be >80-95%
  - PTSD prevalence: 25-35%
PTSD is a Common Consequence of War
About 15% of Returning Veterans Have PTSD

Hoge et al., 2004
PTSD Varies as a Function of Type of Trauma

Striped bars indicate a difference between men and women

Kessler et al., 1995
Medical Consequences of PTSD

• Higher mortality rates (NVVLS)
  • cancer & external causes (suicide, accidents)

• Higher risk for medical disorders
  • nervous system/sensory organ; circulatory & genitourinary

• Higher utilization rates of clinical care
  • primary/specialty medical & mental health
Psychiatric Co-morbidity

• 80% of individuals with PTSD have at least one other psychiatric disorder
• Co-morbid psychiatric diagnoses
  • Depression
  • Anxiety disorders
  • Substance use disorders
  • Traumatic brain injury
Co-occurring Problems

• Co-occurring clinical problems
  • Suicidal behavior
  • Anger
  • Insomnia
  • Pain

• Co-occurring social problems
  • Marital/family disruption
  • Impaired occupational functioning
  • Social withdrawal/disengagement
PTSD Treatment Options

**Psychotherapy**
- Exposure therapy
- Cognitive therapy
- Anxiety management
- Desensitization
- EMDR

**Pharmacotherapy**
- SSRIs
- Other antidepressants
- Anticonvulsants
- Atypical antipsychotics
- Anti-adrenergic agents
Both medication and psychotherapy are effective, but psychotherapy is more effective

Watts, Schnurr et al., 2011
Recommended Psychotherapy for PTSD

**Cognitive-Behavioral Therapy**
- **Exposure Therapy**
  Focus on memory processing through repeated exposure to trauma memories
- **Cognitive Therapy**
  Focus on changing beliefs about self and the world
- **Stress Inoculation Training**
  Focus on skills for anxiety management

**Eye Movement Desensitization and Reprocessing**
Focus on mental images of trauma while making eye movements, then installing positive images to replace the distressing images
Treatment works

Resick et al., 2002
CAPS PTSD Scores in Military Veterans Treated with CPT

Monson et al., 2006
CAPS PTSD Scores in Veteran and Active Duty Women Treated With PE

Intention to Treat Sample

Completer Sample

Overall $d = .27^*$

Overall $d = .46^*$

$^{*}p<.05$

Schnurr et al., 2007
PTSD Diagnosis Before Treatment and at 5+ Years in CPT and PE

Long term benefits in PE and CPT

Important because patients often relapse when taken off medication
Nancy Bernardy, Ph.D.
Why should this Matter?

• Less than 1% Americans serve in the military
• Over 2.5 million were deployed OEF/OIF/OND
  • 1/3 deployed multiple times (many > 5 times)
• Approximately half were reservists
  • higher risk than active duty troops for MH problems
• Only half have sought VA care
  • @ 33% of VA treatment seekers receive MH care
  • @ 50% MH treatment seekers receive PTSD care
• Spouses & children often have Mental Health needs
What New Hampshire is Doing

• Veterans often report feeling misunderstood by medical doctors, police officers, and school personnel
• Barrier to the care and services that they need
• New Hampshire has 113,000 Veterans and just under 30,000 receive services at the VA
• New Hampshire does not have a full service VA —
  — closest facility is White River Junction, VT
• To strengthen service structure across military and civilian sectors in the state, NH is developing a military culture course for community providers
What VA Has Done

• Developed Veteran Justice Outreach Program in 2009—avoid unnecessary incarceration of Veterans deployed to war with mental health issues
• Partner with criminal justice system to identify Veterans who would benefit from treatment as an alternative to incarceration
• Links Veterans to VA and community services to prevent homelessness, improve outcomes, facilitate recovery and end contact with the criminal justice system
Why should we do this?

• A large number of Veterans have contact with the criminal justice system, are eligible for VA services, and have significant risk factors and unmet clinical needs.
• PTSD symptoms can indirectly lead to criminal behavior (i.e., self-medication or acts related to hypervigilance) or through direct links of a traumatic incident to a specific crime.
• We owe it to these Veterans to help them.
VHA Justice Outreach Services

**Justice Outreach**
- Gain access to the jail
- Identify Veterans and Determine Eligibility
- Conduct outreach, assessment, and case management for Veterans in local courts and jails
- Provide/coordinate training for law enforcement personnel
- Linkage to VA and Community Services/Resources

- Number of VJO Specialists funded: 248
- Number of local jail facilities serviced: 1284 (39%) of 3322 US jails
- Number of Veterans receiving VJO services (Oct. 2009 – present): 89,843

**Prison Re-Entry**
- Gain access to the prison
- Educate Veterans’ groups about VA and VA services
- Identify Veterans and Determine Eligibility
- Reentry Planning
- Linkage to VA and Community Services

- Number of HCRV Specialists funded: 44
- Number of state and federal prisons serviced: 998 (81%) of 1,234 US prisons
- Number of incarcerated Veterans receiving reentry services (Aug. 2007- present): 64,353
Who are the Veterans using the VJO Program?

• 2014 Research study examined one year period after VJO outreach visit - Total=36,358 Veterans
  – 96% male
  – 60% over 45 years of age
  – 60% Caucasian
  – 77% single or divorced
  – 79% urban residence
  – 77% housed
  – 55% no service disability rating
## Prevalence of Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>No mental health or substance use disorders</td>
<td>10%</td>
</tr>
<tr>
<td>Mental health disorder</td>
<td>77%</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>71%</td>
</tr>
<tr>
<td>Dual (mental health + substance use disorders)</td>
<td>58%</td>
</tr>
</tbody>
</table>

N= 32,012 (88% of the initial sample)
Mental health disorders: Depressive disorders, PTSD, anxiety, bipolar, schizophrenia, personality disorders.
Substance use disorders: Alcohol, opioid, cocaine, amphetamine, cannabis, sedative, and other drug use disorders.
Mental Health Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>% of Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>55%</td>
</tr>
<tr>
<td>PTSD</td>
<td>37%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>22%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>11%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>8%</td>
</tr>
<tr>
<td>Personality dis.</td>
<td>10%</td>
</tr>
</tbody>
</table>
Substance Use Disorders

- Alcohol UD: 57%
- Opioid UD: 13%
- Cocaine UD: 25%
- Amphetamine UD: 6%
- Cannabis UD: 20%
- Sedative UD: 3%
- Other drugs UD: 36%
## VJO Treatment Entry and Engagement

<table>
<thead>
<tr>
<th>Mental Health Treatment</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry</td>
<td>97%</td>
</tr>
<tr>
<td>Engagement</td>
<td>78%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Use Disorder Treatment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry</td>
<td>72%</td>
</tr>
<tr>
<td>Engagement</td>
<td>54%</td>
</tr>
<tr>
<td>Pharmacotherapy for alcohol use disorder</td>
<td>11%</td>
</tr>
<tr>
<td>Pharmacotherapy for opioid use disorder</td>
<td>20%</td>
</tr>
</tbody>
</table>

Research Study Summary

- Mental health and substance use disorder treatment needs are substantial
- VJO program is linking a majority of Veterans with health care treatment
- Entry and engagement in substance use disorder treatment could be increased
- Need to look more closely at whether Veterans are receiving treatment for their specific diagnoses
What do we know about Gender Differences in those involved with VJO?

- Women have a higher prevalence of mental health disorders, particularly depression.
- Men have a higher prevalence of substance use disorders, explained by the difference in alcohol use disorder and cannabis use disorder.
- Women enter and engage in mental health and substance use disorder treatment at higher rates than men.
- Entry and engagement in substance use disorder treatment could be increased for both women and men.
### Justice-Involved Veterans: National Estimates from Bureau of Justice Statistics

<table>
<thead>
<tr>
<th>Criminal justice involvement</th>
<th>Number of U.S. residents, 2007</th>
<th>Percent reporting prior military service</th>
<th>Estimated number of military veterans, 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation supervision(^a)</td>
<td>4,293,200</td>
<td>9.3%</td>
<td>399,300</td>
</tr>
<tr>
<td>Parole or supervised release(^a)</td>
<td>824,400</td>
<td>9.1%</td>
<td>75,000</td>
</tr>
<tr>
<td>Local jail custody(^b)</td>
<td>780,600</td>
<td>9.3%</td>
<td>72,600</td>
</tr>
<tr>
<td>State prison custody(^c)</td>
<td>1,315,300</td>
<td>10.4%</td>
<td>136,800</td>
</tr>
<tr>
<td>Federal prison custody(^c)</td>
<td>197,300</td>
<td>9.8%</td>
<td>19,300</td>
</tr>
<tr>
<td>Total, correctional supervision(^d)</td>
<td>7,328,200</td>
<td>9.6%</td>
<td>703,000</td>
</tr>
</tbody>
</table>

| Adults Arrested\(^e\)                | 12,078,000                      | 9.6%                                   | 1,159,500                                |

Note: All counts are estimates, rounded to the nearest thousand.
\(^a\) Probation and parole population counts based on BJS Annual Probation and Parole Surveys, 2007; percentage of veterans based on SAM HSA’s National Survey on Drug Use and Health, 2007.
\(^b\) Local jail population counts based on BJS’ Annual Survey of Jails, 2007; percentage of veterans based on BJS’ Survey of Inmates in Local Jails, 2002.
\(^d\) Because some offenders may have multiple statuses, this total is less than the combined populations.
\(^e\) Arrest count is taken from the FBI’s Uniform Crime Reporting Program, 2007; percentage of veterans based on SAM HSA’s National Survey on Drug Use and Health, 2007.

Source: Mumola and Noonan, BJS
# Incarcerated Veteran Offense Type

(sources: Bureau of Justice Statistics, 2000 [Jails], 2004 [Prisons])

<table>
<thead>
<tr>
<th>Type of Offense</th>
<th>State Prison</th>
<th>Federal Prison</th>
<th>Jail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Offenses</td>
<td>57%</td>
<td>19%</td>
<td>27%</td>
</tr>
<tr>
<td>Property Offenses</td>
<td>16%</td>
<td>11%</td>
<td>25%</td>
</tr>
<tr>
<td>Drug Offenses</td>
<td>15%</td>
<td>46%</td>
<td>17%</td>
</tr>
<tr>
<td>Public-order Offenses</td>
<td>12%</td>
<td>23%</td>
<td>31%</td>
</tr>
<tr>
<td>Other/unspecified</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Important Context with BJS data

- Among adult males, the incarceration rate of Veterans (630 prisoners per 100,000) was less than half that of nonveterans (1,390 prisoners per 100,000)

- The calculated male violent offender rate for Veterans was 338 prisoners per 100,000 and for non-veterans was 595 per 100,000

- The non-veteran violent offender rate per 100,000 population is one and three quarters times higher than the Veteran rate

- This data DOES NOT support a view of Veterans as more violent population than non-veterans; in fact, the data supports the opposite view.
VA Partnership with Veterans Treatment Courts

Veterans Treatment Courts:
- Hybrid Drug and Mental Health Treatment Courts, serving Veteran defendants
- Volunteer Veteran Mentors
- 238 courts operating (up from 50 courts in January 2011)

VA Contributions:
- VJO Specialist on treatment team; in courtroom when in session
- Linkage to health care services at VA medical centers
- Benefits assistance: VBA participation (both in and out of court)
- Partner with National Association of Drug Court Professionals to spread the model and established best practices
Limits on VA Authorization

- Can provide:
  - Outreach, assessment, referral and linkage to services
  - Treatment for justice-involved Veterans who are not incarcerated

- Title 38 CFR 17.38 (c)(5) does not allow VHA to provide:
  - Hospital and outpatient care for a Veteran who is
    - Either a patient or inmate in an institution of another government agency
    - If that agency has a duty to give that care or services
Incarceration as an adult male is the single highest risk factor of ever being homeless (NSHAPC/Burt, 1996)

“Lengthy periods of incarceration in remote locations often attenuate the social and family ties that are crucial for successful reentry into the community.” (p. 9-5).

“(E)ven short term incarcerations may disrupt lives and interfere with the ability to maintain employment and housing.” (p. 9-6).
Developments: Access to Legal Services

- VHA Directive 2011-034: VA medical centers making office space available for legal service providers to work with Veterans

- Legal services for homeless and at-risk Veterans through VHA Supportive Services for Veteran Families (SSVF) program

- Promoting legal service providers’ participation in SSVF as subcontractors (example: DoJ Access to Justice Initiative webinar)
Developments: Police Training Initiative

• VA Police Training Initiative
  – Partnership between Veterans Justice Programs, VA Law Enforcement Training Center, VA mental health providers
  – Topics: verbal crisis de-escalation skills, mental health and other clinical issues, VA resources for justice-involved Veterans
  – Goal: train all VA Police officers by end of FY 2015
Veterans Reentry Search Service (VRSS)

Goal: Build a system to identify all Veterans currently incarcerated/in courts

Data source:
• VA/DoD Identity Repository (VADIR)
• Universal data source on Veterans (25 million + entries)

Status:
• 49 active users, including most (27) state prison systems
• VRSS identifying approximately 8% of inmates with history of military service; improvement over self-report response rates of 2-5%

Next Steps:
• Add new users, particularly from jails and courts
• National implementation
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

(866) 948-7880 or PTSDconsult@va.gov
PTSD Consultation Program
 FOR PROVIDERS WHO TREAT VETERANS

Who can contact us?
Any provider treating Veterans with PTSD.

Who are the consultants?
Experts at the National Center for PTSD including psychologists, social workers, physicians, and pharmacists.

Ask us about
- Evidence-Based Treatment
- Medications
- Clinical Management
- Resources
- Assessment
- Referrals
- Educational Opportunities
- Improving Care
- Transitioning Veterans to VA Care

What can you expect?
- It's easy to make a request
- Responses are quick
- Questions are answered by email or phone
- Calls are scheduled at your convenience

(866) 948-7880 or PTSDconsult@va.gov

There is no charge for these services.

WWW.PTSD.VA.GOV
QUESTIONS?

For more information
Visit the National Center for PTSD (NCPTSD) Website
www.ptsd.va.gov