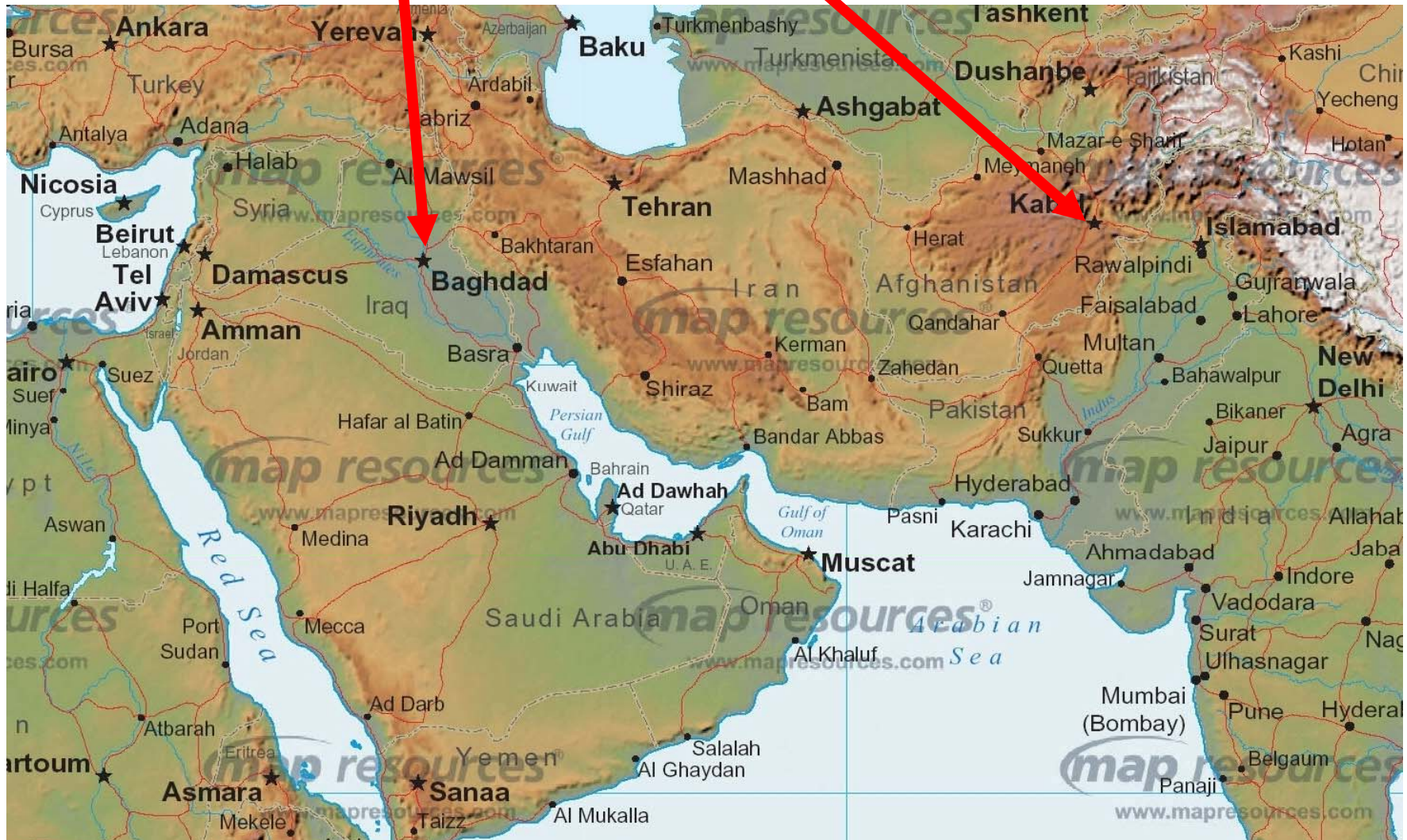




Combat PTSD: Trends & Treatment

Rebecca Townsend, Ed. S., SLPE
Founder & Director, SAFE: Soldiers and Families Embraced
September 2009

Where in the World are Iraq & Afghanistan?



O-What?

□ OIF – Operation Iraqi Freedom

- OIF I 2003
- OIF II 2004
- OIF III 2005
- OIF IV 2006
- OIF V 2007
- OIF VI 2008
- OIF VII 2009

□ OEF – Operation Enduring Freedom

- War in Afghanistan, began Nov/Dec 2001
- No distinction in years, as with OIF I-VI

Current Statistics

- Total Active Duty Military Personnel
1,464,156

- Army: 550,722
- Navy: 331,637
- Marine Corps: 204,274
- Air Force: 334,009
- Coast Guard: 43,514

(July 31, 2009, Department of Defense, www.defenselink.mil)

Activated Guard & Reserve Personnel

Currently Activated: 145,165*

9/11 - 8/09: 584,527

Total Served: 728,662

Number of TN Guard & Reserve

Currently Activated: 2,740

***As of Aug. 25, 2009 – DoD Data Center
Includes Guard & Reserve of all branches.**

Service Members in the Middle East (DoD, March 31, 2009)

Current Troop Strength

□ Iraq: 348,400

(rounded strength, including deployed Reserve/Nat'l Guard)

□ Afghanistan: 82,600

(rounded strength, including deployed Reserve/Nat'l Guard)

As of June 2008, the DoD reported that 1.64 million American service members had deployed to OIF & OEF. Over 550,000 of those have deployed more than once.

OEF: Casualties/Wounded

Oct. 7, 2001 through Sept.15, 2009 (Dept. of Defense)

□ Casualties

■ Hostile:	580
■ Nonhostile Total:	177
■ TOTAL:	757

□ Wounded In Action

■ Returned to Duty in 72 hrs:	1,506
■ Not Returned to Duty w/in 72 hrs:	2,389
■ TOTAL:	3,895

OIF: Casualties/Wounded

March 19, 2003 through Sept. 15, 2009

(Dept. of Defense)

□ Casualties

- Hostile: 3,473
- Nonhostile Total: 874
- TOTAL: 4,347

□ Wounded

- Returned to Duty in 72 hrs: 17,633
- Not Returned to Duty w/in 72 hrs: 13,861
- TOTAL: 31,494

A note about wounded service members in OIF/OEF

These numbers from DoD do not include injuries of mental health.

106,726 veterans of OIF/OEF have been diagnosed with mental health issues *after* leaving service.

It is unclear how many active service members may have mental health concerns and are undiagnosed and untreated.

How many invisibly wounded soldiers are there?

Currently it is estimated that 30-34% of OIF/OEF service members have invisible wounds related to mental health concerns.

RAND Study (2008) projects 300,000 soldiers have mental health disorders and 320,00 have a probable mTBI (mild Traumatic Brain Injury).



Video Clip

Traffic

A Numbers Game

Armed Forces Health Surveillance Center, 2008

■ Adjustment Disorders:	60,017
■ Mood Disorders:	48,003
■ Anxiety Disorders (including PTSD):	43,801
■ Substance Abuse Disorders:	32,199
■ Other mental health disorders:	43,801

Regardless of exact numbers, treatment options are limited for these service members.

Why the numbers are high

- ❑ Numerous service members are on 3rd/4th deployments – lasting up to 15 months
 - Normal deployment times
 - ❑ Army: 12-15 months
 - ❑ Navy: 6-9 months
 - ❑ Air Force: 6-9 months
 - ❑ Marines: 6-9 months
- ❑ Lack of equal time on homefront vs. in theater
- ❑ Lack of availability of mental health services in theater and on homefront
- ❑ Stress of home via technology of internet, cell phones
- ❑ Intense combat experiences

Combat Experiences

MHAT V (Mental Health Advisory Team, 2007)

Based on 2,994 soldiers in (2,295 OIF)/(699 OEF) Nov. 2007

Receiving incoming artillery, rocket or mortar fire	78.4%
Knowing someone seriously injured or killed	72.1%
Seeing destroyed homes & villages	61.1%
Seeing dead bodies or human remains	60.2%
Working in areas that were mined or had IEDs	59.8%
Receiving small arms fire	57.7%
Having a member of your unit become a casualty	55.6%
Being attacked or ambushed	51.7%
Seeing dead or seriously injured Americans	48.7%
IED/Booby trap exploded near you	48.5%
Witnessing an accident resulting in serious injury/death	35.2%
Handling or uncovering human remains	32.7%

Video Clip

Traffic IED

The Mission of Service Members

- ❑ War is about combat
- ❑ Combat is about fighting
- ❑ Fighting is about killing
- ❑ Killing is fundamentally against our nature
- ❑ It is not glorious or pleasurable
- ❑ Most are ashamed of what they had to do in order to survive some missions

From *On Combat* by Lt. Col. Dave Grossman

PTSD Defined DSM-IV-TR

- Exposed to traumatic event in which the following were present:
 - Experienced, witnessed or confronted w/ event involving threat of death or serious injury of self or others
 - Person's response involved intense fear, helplessness, or horror
- Traumatic event is persistently reexperienced in one or more of the following ways



The War Tapes

Close combat video

Reexperiences (one or more)

- ❑ Recurrent & intrusive distressing recollections of event
- ❑ Recurrent distressing dreams of event
- ❑ Acting/feeling as if traumatic event were recurring
- ❑ Intense psychological distress at exposure to internal or external cues which may symbolize aspect of event
- ❑ Physiological reactivity upon exposure to internal or external cues that symbolize/resemble aspect of event



Battlemind Video

Nightmares

- ❑ Often avoids sleep to avoid the nightmares
- ❑ May consume excessive alcohol in order to sleep at all
- ❑ Hypervigilance worsens with lack of sleep
- ❑ Lack of sleep may also cause hallucinations

Persistent avoidance of stimuli and numbing of responsiveness (3 of following)

- ❑ Efforts to avoid thoughts, feelings, conversations assoc. with trauma
- ❑ Efforts to avoid activities, places or people that arouse recollections of trauma
- ❑ Inability to recall important aspect of trauma
- ❑ Markedly diminished interest or participation in significant activities
- ❑ Feeling of detachment from others
- ❑ Restricted range of affect (emotionless)
- ❑ Sense of a foreshortened future (no expectations of a career, marriage, children, or normal life span)

Persistent Symptoms of Increased Arousal (2 or more)

- ❑ Difficulty falling or staying asleep
- ❑ Irritability or outbursts of anger
- ❑ Difficulty concentrating
- ❑ Hypervigilance
- ❑ Exaggerated startle response



Video Clip

Traffic

PTSD, Anxiety, Depression, Adjustment Disorder – What's Wrong with Me?

- ❑ Soldiers often worry they are going crazy
- ❑ It is not common for soldiers to share with one another their post war mental health concerns
- ❑ Soldiers may feel that they are weak because they are experiencing distress related to the job they were trained to complete

Treatment – Where?

- Active Duty Service Members
 - Military OneSource
 - Adult Behavioral Health
 - Active Duty does not have TriCare until they are assigned off-post for care
 - Private Pay
- Guard & Reserves
 - Military OneSource
 - Veterans Affairs
 - Adult Behavioral Health on military installation
 - TriCare benefits for limited time following deployment
 - Private Pay or through civilian employer insurance

Treatment Options

- DoD standard of care (Center for Deployment Psychology, Sept. 2008)
 - Cognitive Processing Therapy
 - Prolonged Exposure Therapy
- Other research based treatment
 - Eye Movement Desensitization & Reprocessing (EMDR)
 - Emotional Freedom Techniques Therapy (EFT)
 - Guided Imagery
 - The Counting Method

Cognitive Processing Therapy

CPT is a highly structured protocol in which the client learns the skill of recognizing and challenging dysfunctional cognitions, first about the worst traumatic event and then later with regard to the meaning of the events for current beliefs about self and others. Involves client writing/journaling.

Recommended minimum of 12 sessions

Prolonged Exposure Therapy

Clients imagine their trauma experience in as much detail as possible and to talk about all the details out loud in present tense during the therapy session. Clients also share thoughts, feelings and what sensations they experienced. Clients recount their trauma story in as complete form as they can manage repeatedly throughout the course of their therapy. They also record their trauma story and listen to it every day during their therapy.

Recommended minimum of 12 sessions

EMDR

- ❑ Client focuses on trauma event and therapist uses bi-lateral stimulation (EM, tapping, light strobe)
- ❑ EMDR utilizes an eight stage protocol that incorporates a detailed history, treatment planning and preparation, establishing resources, processing of information related to the targets being addressed, evaluation and follow up.
- ❑ Restructures trauma memory by opening left & right sides of brain to store memory correctly

EFT

- **EFT is a meridian energy therapy** - just like acupuncture, it works directly on the meridian system in the body. But instead of needles, you stimulate the major meridian points by tapping on them or massaging them lightly.
- **EFT is a true mind/body healing technique** because it combines the physical effects of meridian treatments with the mental effects of focussing on the pain or problem at the same time.
- **EFT is a self help protocol**, designed for ease of use and so everyone can benefit from Emotional Freedom Techniques without prior knowledge about meridians.

Guided Imagery

- ❑ Guided imagery is directed thoughts and suggestions that guide your imagination toward a relaxed, focused state. You can use an instructor, tapes, or scripts to help you through this process.
- ❑ Guided imagery is based on the concept that your body and mind are connected. Using all of your senses, your body seems to respond as though what you are imagining is real.

Counting Method

- ❑ The Counting Method is a newly devised brief treatment approach to the desensitization of PTSD symptoms. Type of Imaginal Exposure.
- ❑ The core of the method consists of a Preparation Phase, the Counting Phase where the therapist counts out loud from 1 to 100 as the client remembers the traumatic event, followed by a Review Phase.

My Protocol

□ First Session

- Thank soldier for service
- Acknowledge the difficulty of seeking treatment
- Educational information regarding combat stress and chemical changes in brain due to deployment
- Assess stability and support network

□ Second Session

- Review treatment options
- Encourage relaxation techniques
- Complete guided imagery
- Discuss/create a calm place

Where are we going from here?

- ❑ In Nov. 2005, Bureau of Labor reported that for the first 3 quarters of 2005, nearly 15% of veterans aged 20-24 were jobless – that's 3 times the national average.
- ❑ Alcohol abuse among soldiers rose from 13% prior to deployment to 21% one year after returning from OIF/OEF
- ❑ Anger and aggression issues rose from 11% predeployment to 22% after deployment

Role of Mental Health Professionals

- ❑ Set aside political views
- ❑ Work from client-centered perspective
- ❑ Validation of veteran's experiences and concerns is crucial
- ❑ Assess their support system
 - Connect veterans with each other for support
- ❑ Offer practical help – teach them tools to help get through the acute experience
 - Tactical/Deep Breathing
 - Tapping
 - Relaxation
 - Guided Imagery

Websites

- www.notalone.com
- www.veteransforamerica.org
- www.behavioralhealth.army.mil
- www.iraqwarveterans.org
- www.iava.org
- www.nvf.org (National Veterans Foundation)
- www.ncptsd.va.gov (National Center for PTSD)
- www.thesafenetwork.org

Heroes Need Heroic Help...



Rebecca G. Townsend, Director
townsend.rg@gmail.com or rgtownsend@thesafenetwork.org
Phone: 931.551.4640 Fax: 931.551.4641