Clinical Considerations for Working With Our Returning Vets
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• Overview of PTSD
• Standards of care in treating PTSD
• Impact of PTSD on families
• Snapshot of Emory Healthcare Veterans Program
What are some misconceptions about PTSD?
Common Misconceptions

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• Anyone with a trauma history has PTSD.
  • Many do not develop PTSD symptoms.
• On the other hand, PTSD signals weakness.
  • Susceptibility to PTSD is complex and involves biological, social, and historical factors.
• PTSD occurs instantly following trauma.
  • Delayed expression of PTSD symptoms is not infrequent.
• Recovery from PTSD is not possible.
  • Several forms of effective treatment are available.

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What might we expect of someone posttrauma?
Besides PTSD...

- Adjustment reactions
- Depression
- Anxiety
- Substance use
What is PTSD then?
PTSD Symptoms

- Nightmares
- Unwanted thoughts
- Avoidance
- Hypervigilance

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PTSD Symptoms

- Startle response
- Detachment
- Irritability
- Guilt
- Sleep problems
- Social isolation

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How do we treat PTSD?
Treatment of PTSD

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Evidence-Based Psychotherapy for PTSD:
• Prolonged Exposure (PE)
• Cognitive Processing Therapy (CPT)
• Eye Movement Desensitization and Reprocessing (EMDR)
• Virtual Reality Exposure Therapy (VRET)
Prolonged Exposure

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Key elements:
- Psychoeducation
- In vivo exposure
- Imaginal exposure

Directly targets *avoidance*
- Clients fully process trauma memory
- Approximately ten 90-minute sessions

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Cognitive Processing Therapy

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Key elements:
- Psychoeducation
- Identification of “stuck points”
- Cognitive restructuring
- Directly targets *posttraumatic cognitions*
- 12 sessions; can be done in group format

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EMDR

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• Key elements:
  • Focusing on images from index trauma
  • Repetitive eye movements
  • Body scan
• Directly targets posttraumatic cognitions
  • Approximately 4 to 12 sessions

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Virtual Reality Exposure Therapy

- Based on Prolonged Exposure Therapy
- Virtual reality boosts level of engagement
- Therapist matches in VR scene the content of client’s memory
- https://www.youtube.com/watch?v=c-jq36RKVa8

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Psychopharmacology for PTSD

- Sertraline (Zoloft)
- Paroxetine (Paxil)
- Fluoxetine (Prozac)
- Venlafaxine (Effexor)
- Prazosin for nightmares

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The family is a unit of moving parts and countless components that work collectively creating good/bad synergy, whereby each individual is searching for some form of equilibrium.
Veterans by the numbers—how many?

19.3 Million—U.S. In 2014

1.6 Million—Females U.S. In 2014

Factfinder2.census.gov

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Family Impact & Interventions

2010 NSV National Survey Veteran Reports

• Most Veterans are 55 years of age or older (63.9%)

• Veterans are generally non-Hispanic (94.9%), White-only (84.7%) males (91.9%)

• Marital Status and Dependent Children- About 31 percent of Veterans reported that they have dependent children (either minors or young adults attending school). The majority of Veterans reported that they were married (69.7%)

• In terms of military experience, about one-third (33.9%) report having served in combat or a war zone and a similar percentage (33.9%) report having been exposed to dead, dying, or wounded.
PTSD Impact on Family Members

Fear & Worry
Depression
Sleep problems
Substance use
Anger
Sympathy/negative feelings
Guilt and Shame

http://www ptsd.va.gov/professional/treatment/family/ptsd-and-the-family.asp
Impact on Children When Parent Has PTSD

- Social and Behavioral Problems
- Emotional problems
- Withdrawal/loneliness/pulling away
- School problems
- Getting into trouble
- Anger/acting out
- Mood changes/irritability
- Taking on adult roles within the family
- Diet changes
Psychoeducation & Family Skill Building

• Building resilience in veteran/military families
• Couples skills building, spouses, partners
• Parenting tools
• Learn to identify individual and family strengths
• Craft conversations to help manage emotions
Psychoeducation & Family Skill Building

• Talk about difficult subjects
• Clarify misunderstandings in communication
• Respect individual points of view
• Improve family communication
• Gain practical skills to manage family transitions
• Problem solving in safe environments
Psychoeducation & Family Skill Building

What are the benefits of family involvement?

https://www.youtube.com/watch?v=PA56dcdBLKw&index=27&list=PL8FBF506DEC670ADF

Veterans Health Administration

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Philosophy of Family Intervention & Family FOCUS (UCLA)

8 Session program
Can be implemented prior to, or concurrent with, other MH treatment
Serves couples and families with children > 5 years

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Philosophy of Family Intervention & Family FOCUS (UCLA)

Creating your narrative timeline
Help family to identify their goals/home family activities
Feeling thermometer/degrees of functioning help family to track progress
Our Program

Veterans Program

- Open to post-9/11 veterans and service members
- Treating PTSD, TBI, and related conditions
- Treatment is at no cost to veteran/service member

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Program Statistics

Veterans Program

Opened our doors September 1, 2015

September 2015-January 2016

New Patient Visits  59
Web Form Completions  91
Call Volumes  120

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Veterans Program

Additional Services We Offer

- Family support/Psychoeducation/family FOCUS model/family workshops
- Employment support
- Case Management
- Training of community mental health providers

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