



CENTER FOR
DEPLOYMENT PSYCHOLOGY
Preparing Professionals to Support Warriors and Families

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Disclaimer

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Psychological Health Issues of Interest

Evidence-Based Psychotherapies - Clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population

Psychological Health Issues	Significance of Problem for Military and Veterans	Evidence-Based Treatments (Examples)
PTSD	Rates estimated at 10%-15% of those deployed into combat; Higher in some sub-populations	Prolonged Exposure, Cognitive Processing Therapy, EMDR, Stress Inoculation Therapy
Depression	Rates estimated at 7%-13% of those deployed into combat; Increased risk of first depression following combat	Cognitive Therapy, Interpersonal Therapy, Behavioral Activation
Sleep Disturbance	Increased sleep problems associated with deployment into combat	CBT for Insomnia, Imagery Rehearsal Therapy
Relationship Difficulties	Increased relationship distress associated with repeated separations; increased divorce rates	Cognitive-behavioral Couples Therapy, Integrated Behavioral Couple Therapy, Emotion Focused Therapy
Stress	Stress associated with increased operational activities and deployment	Stress Inoculation Therapy, Problem Solving Therapy, Relaxation Training,
Chronic Pain	Chronic pain associated with combat and non-combat injuries	Cognitive Behavioral Therapy for Pain, Biofeedback, Relaxation Training
Substance Use	Increased risk of alcohol and prescription drug misuse following combat deployment	Motivational Interviewing, Motivational Enhancement, Behavioral Couples Therapy for SUD



Historically, use of EBPs for PTSD has not matched recommended practice

In DoD: (Russell & Silver, 2007)

- Less than 10% of clinicians are fully trained in CPG-recommended PTSD protocols
- Less than 8% of clinicians treat PTSD in accord with CPGs

In VHA: (Rosen et al., 2004)

- Less than 25% of clinicians directly address trauma experiences (e.g., used exposure strategies) with patients suffering with PTSD
- Less than 10% of VHA clinicians used manualized PTSD treatments (Rosen et al., 2004)

Due to effective Dissemination and Implementation efforts, things have changed...

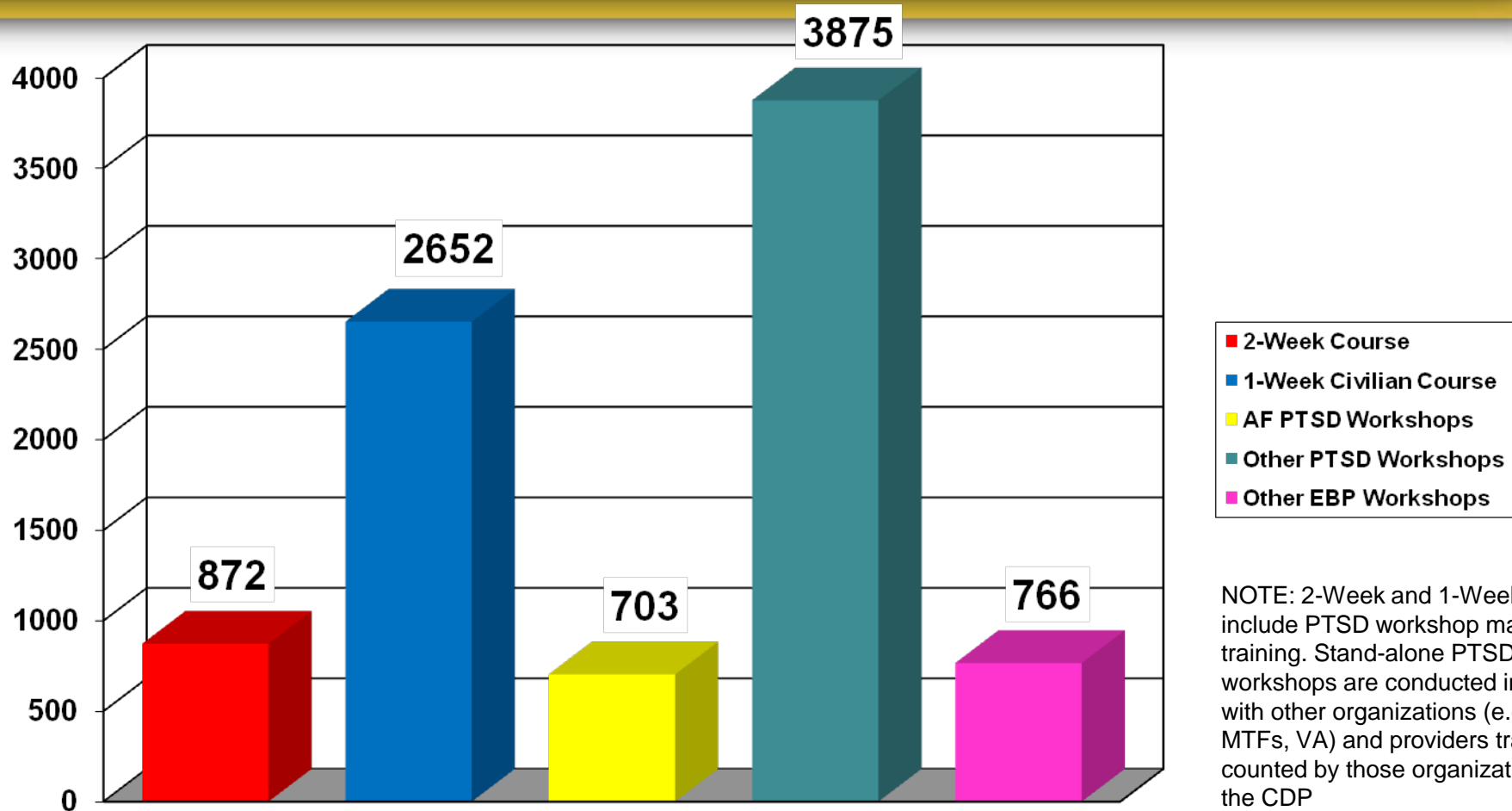
Availability of EBPs (Karlin et al., 2010)

- 96% of VA facilities now offer an EBP for PTSD (i.e., PE or CPT); 72% offer both





Providers Trained in Evidence-based Psychotherapy through CDP Training Programs



NOTE: 2-Week and 1-Week courses include PTSD workshop material and training. Stand-alone PTSD and EBP workshops are conducted in partnership with other organizations (e.g., Services, MTFs, VA) and providers trained may be counted by those organizations as well as the CDP

Total in PTSD training programs N = 8102
Total in all training programs N = 8868

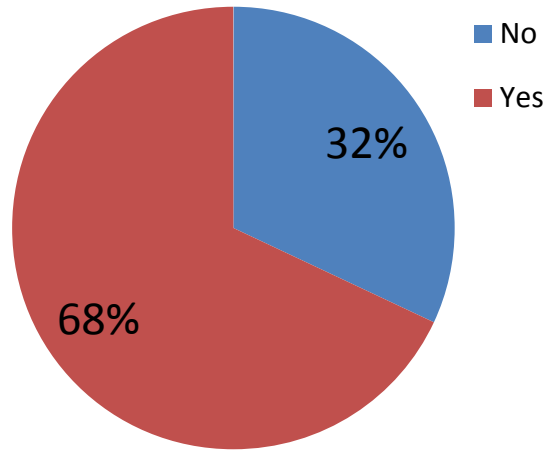




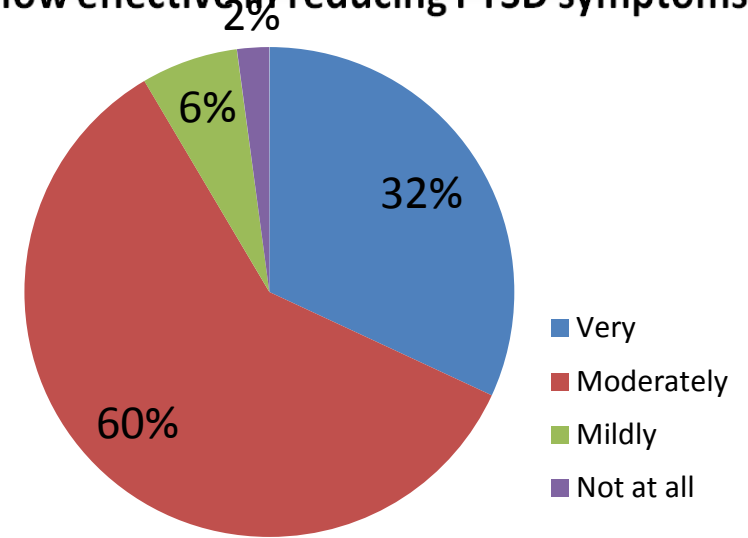
Impact of EBP Training

Surveys conducted 6-12 months after workshop completion

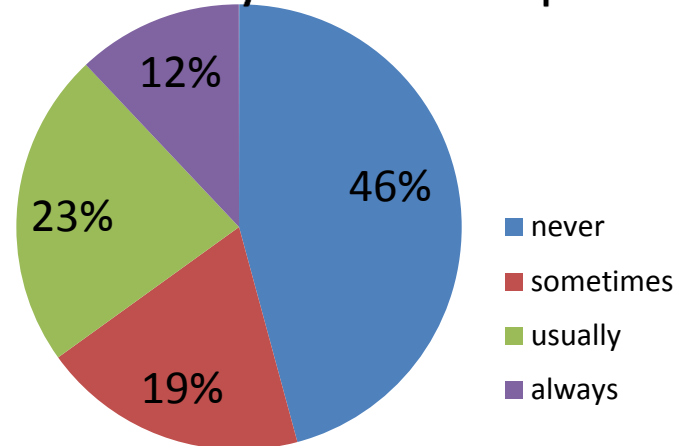
Have you used the EBP protocol to treat PTSD?



How effective in reducing PTSD symptoms?



How often do you use the full protocol?





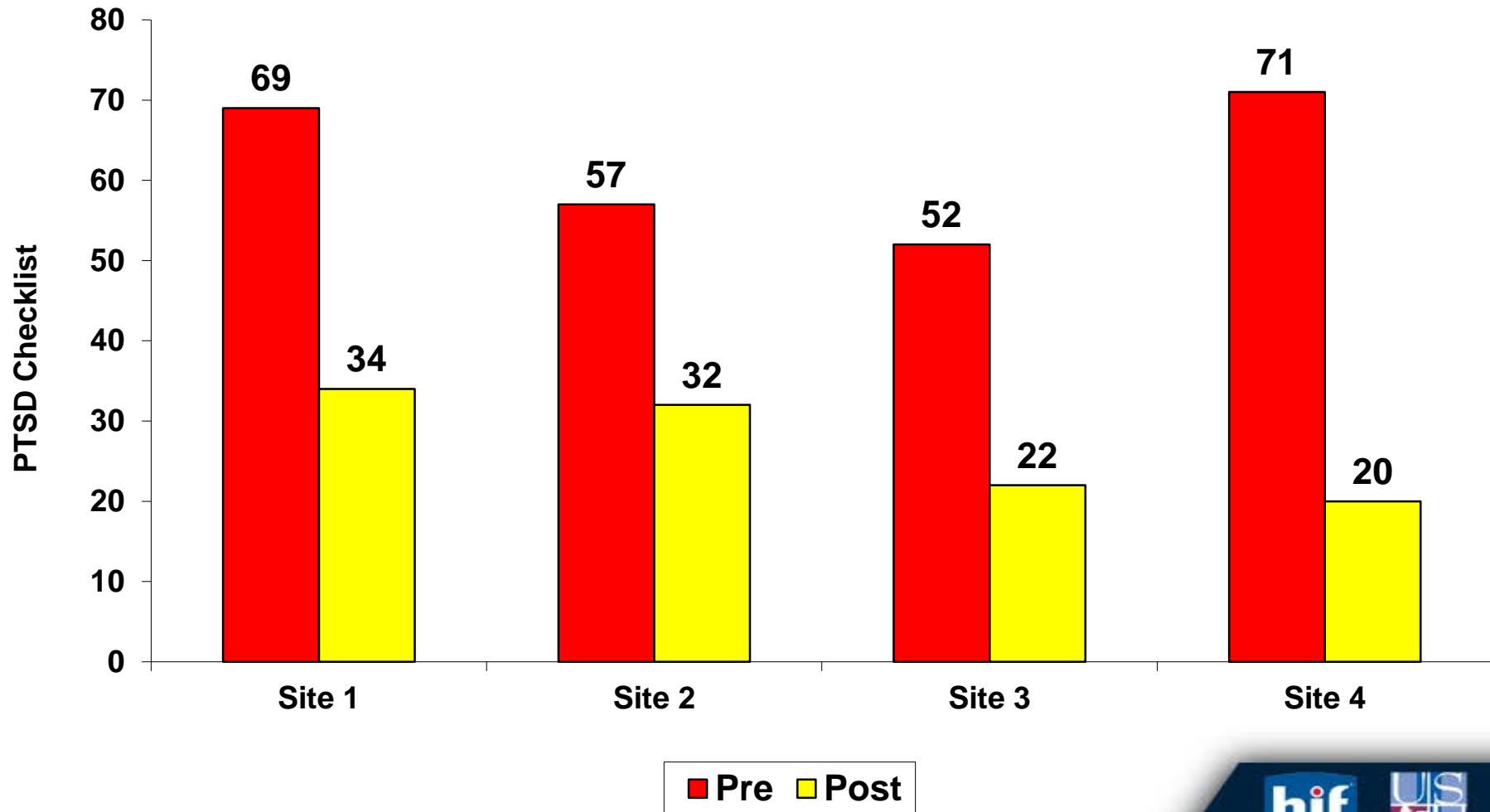
Impact of EBP Training

- Air Force (Borah et al., *under review*)
 - 103 providers who completed EBP workshop (PE or CPT) surveyed 6-18 months after the training workshop
 - 77% of those who had seen PTSD cases had used the EBP in which they had trained
 - 81% CPT
 - 70% PE
 - On average treated 3-6 PTSD cases with the EBP
- Army (Wilk et al., *under review*)
 - 543 Behavioral Health Providers throughout Army
 - 86% of the 110 treating PTSD cases were using an EBP (PE, CPT, EMDR, SIT)
 - 90% of those using EBP for PTSD (78% of those treating PTSD) had received formal training in an EBP



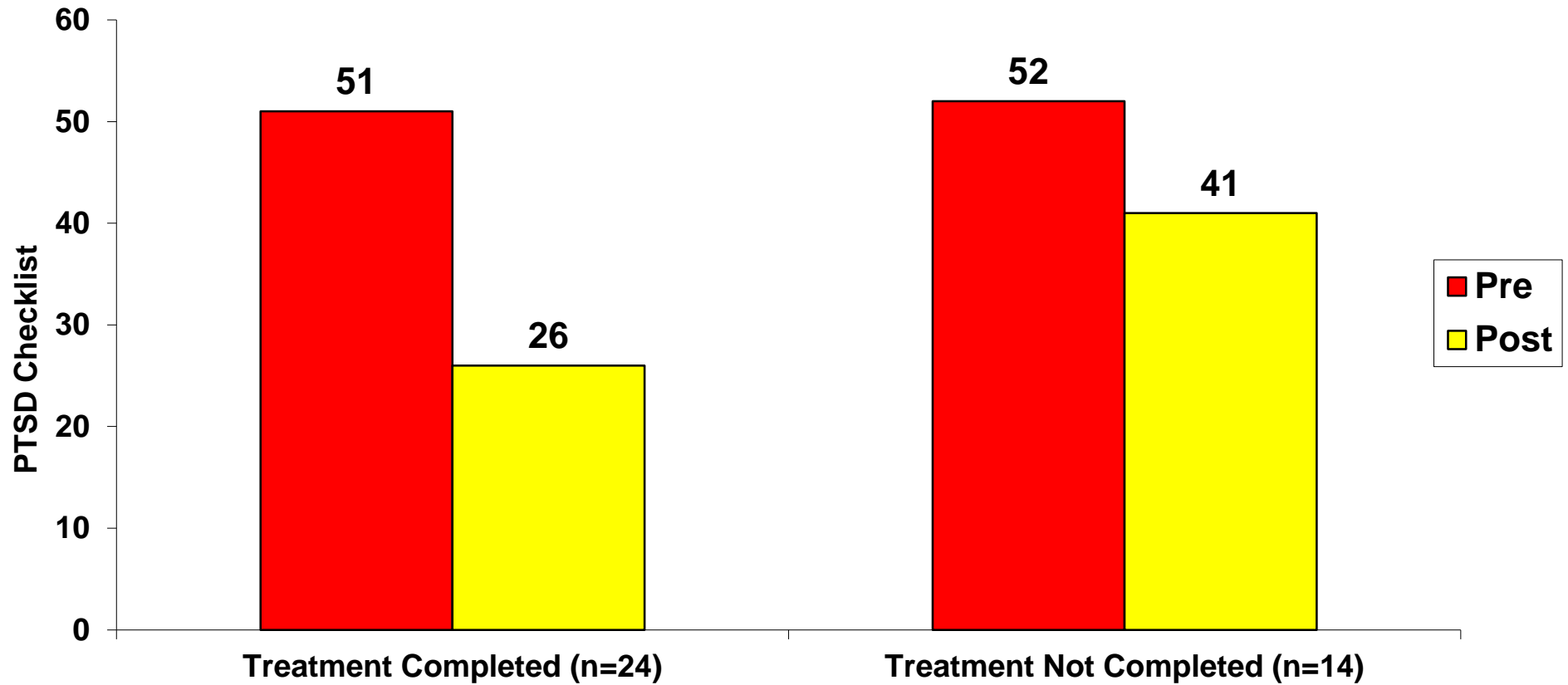
OIF/OEF Service Members Completing Treatment with Prolonged Exposure for PTSD

(Total N = 35)



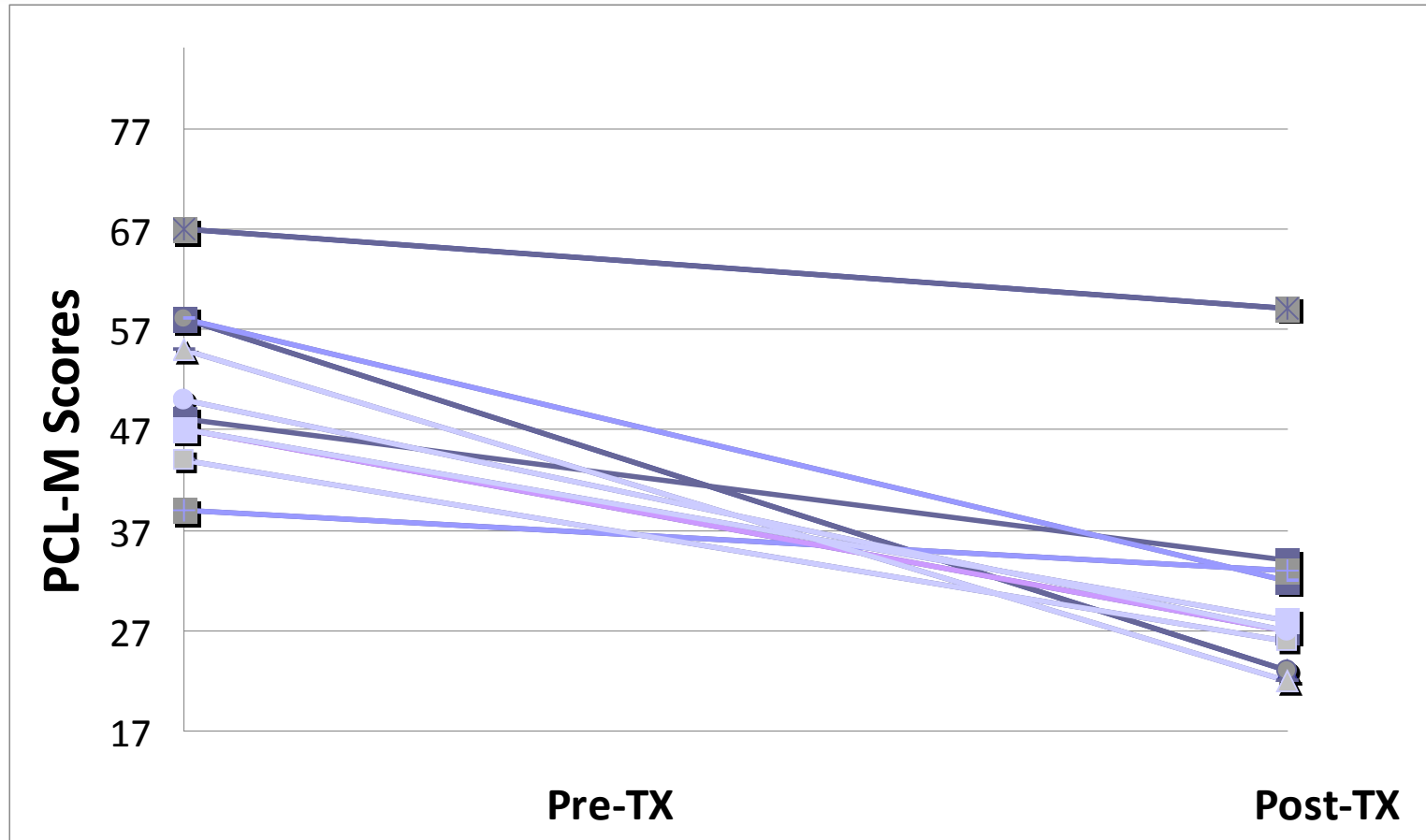


Service Members Completing PE Treatment vs. Not Completing PE Treatment



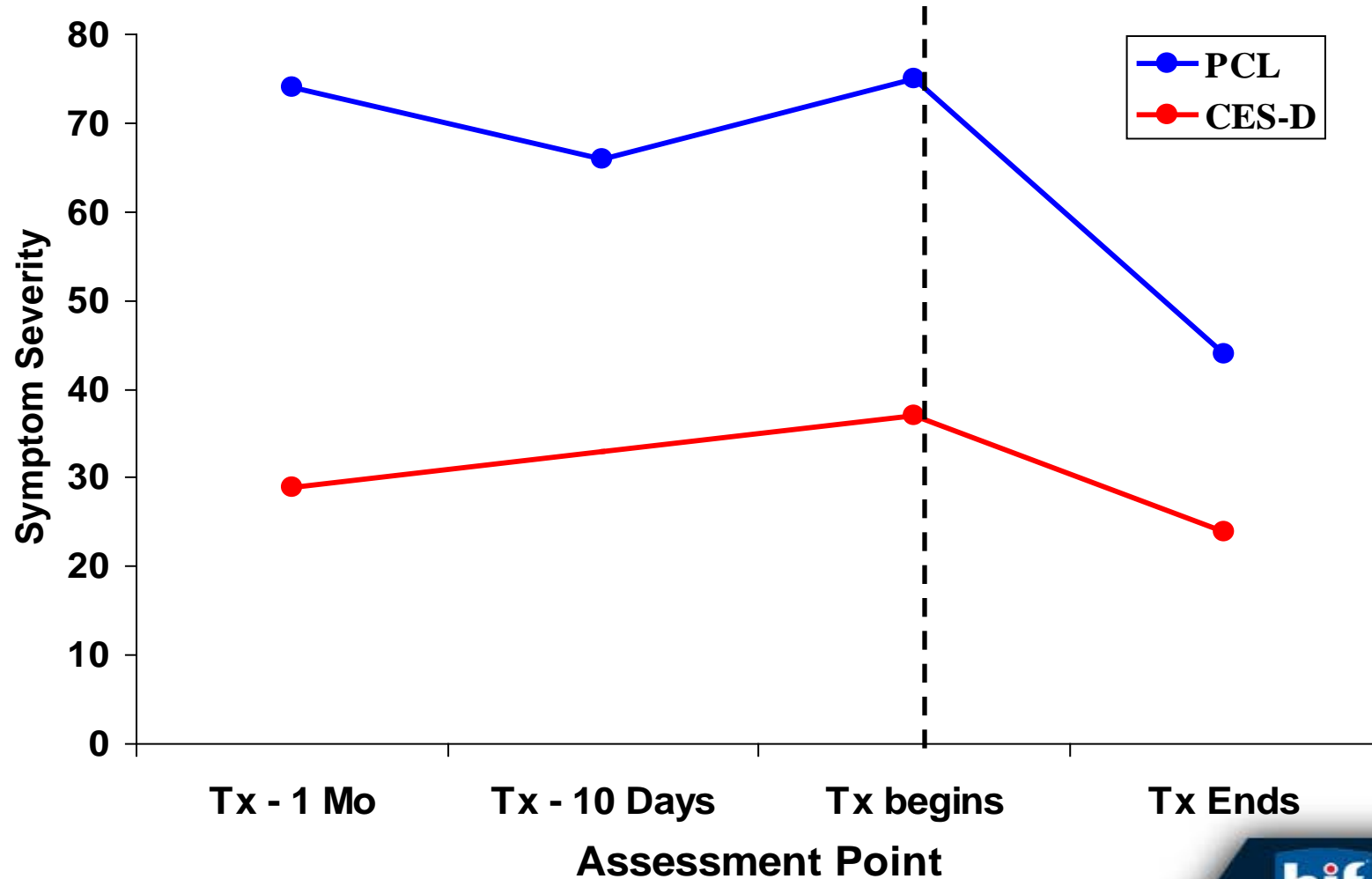


10 Service Members Referred for TBI Assessment Treated Daily with PE at Hospital in Balad, Iraq





Service Member Treated Daily for 2 Weeks PE Conducted by “Tag Team” Therapists





Barriers to Systemic Implementation of Evidence-Based Psychotherapy in DoD

- **Transitory nature of military lifestyle**
 - Trained providers may leave facility or military service
 - Clients in need of treatment may be transferred to new duty station or leave military
- **Systemic/organizational barriers**
 - Command structure “buy-in”
 - Organizational metrics do not always align with EBP requirements
- **High op tempo**
 - Competing demands for clinician time/resources
 - Competing demands for client time/resources
- **Deployments**
 - Provider deployments
 - Client deployments
- **Other military demands**
 - Duty requirements
 - Training assignments
- **Service specificity**
 - Differing personnel requirements across Armed Services
 - Differing rules and regulations across Armed Services





Conclusions

- **DoD offers opportunities to promote use of EBPs**
- **Initial attempts at training appear successful**
- **Treatments appear effective**
- **Full implementation faces challenges**
- **Barriers to systemic implementation exist**
- **The nature of treatment in the context of war**
 - **complicates delivery in “strict” compliance with protocols**
 - but**
 - **provides an opportunity for adaptations that can be studied**