# Evidence-based Treatments for Military-related Posttraumatic Stress Disorder in a Veterans Affairs Setting

Scott A. Driesenga, PhD*, Jessica L. Rodriguez, PhD, Thomas Picard, MD

**KEYWORDS**

• Veterans • Posttraumatic stress disorder • PTSD • Evidence-based treatment • Outcomes

**KEY POINTS**

- Posttraumatic stress disorder has a significant negative impact on the physical, emotional, and mental health of individuals.
- Posttraumatic stress disorder has a high prevalence in the Veteran population.
- Thorough assessment of posttraumatic stress disorder is essential, and evidence-based treatments for posttraumatic stress disorder are very effective.
- A collaborative approach between primary care and mental health providers is critical.
- Many posttraumatic stress disorder symptoms respond quite well to appropriate psychopharmacologic intervention.

## INTRODUCTION

Posttraumatic stress disorder (PTSD) is a debilitating disorder that impacts upwards of 30% of Veterans in their lifetimes. Fortunately, there are several effective treatments identified that have been shown to decrease symptoms and improve quality of life. Given that many Veterans with PTSD first present to primary care settings, it is important to consider the role of PCPs in the initial assessment of symptoms, delivery of care, and referral process. The purpose of this article is to describe the salient features of PTSD, the assessment and treatment of PTSD with a special focus on the military

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Psychology Service, VA Medical Center – Battle Creek, 5500 Armstrong Road, Battle Creek, MI 49037-7314, USA
* Corresponding author.
*E-mail address:* scott.driesenga@va.gov

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Veteran population in a Veterans Affairs Medical Center (VAMC) setting, and to discuss implications for a general medical setting.

## OVERVIEW OF POSTTRAUMATIC STRESS DISORDER AMONG VETERANS

Descriptions of a stress response syndrome to severe traumatic experiences have been documented since the beginning of time and have often been associated with warfare. The set of symptoms now typically identified as PTSD has previously been called shell shock, war neurosis, combat fatigue, battle stress, and gross stress reaction.[1] Following the terrorist attacks on September 11, 2001 and the subsequent wars in Iraq and Afghanistan, PTSD has become a common term within mainstream media and culture. The identification of a set of symptoms that were defined as a disorder in the psychiatric diagnostic manual nearly 35 years ago has generated a significant increase in research regarding PTSD.

It is well documented that PTSD has a significant negative impact on the physical, emotional, and mental health of individuals.[2–4] Furthermore, individuals with PTSD are more likely to be homeless, report increased marital instability and divorce, and in general, report reduced life satisfaction.[5] There is also a great deal of research and clinical experience that demonstrates the effectiveness of treatment of PTSD. The purpose of this article is to describe the salient features of PTSD, the assessment and treatment of PTSD with a special focus on the military Veteran population in a VAMC setting, and to discuss implications for a general medical setting.

## DESCRIPTION OF POSTTRAUMATIC STRESS DISORDER

The American Psychiatric Association revised the PTSD diagnostic criteria in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), released in 2013.[6] PTSD can occur after experiencing or witnessing an event that involved actual or threatened death, serious injury, or sexual violence. The individual must have directly experienced the traumatic event, witnessed the event as it occurred to others, learned that the event occurred to a close family member or friend, or experienced repeated or extreme exposure to aversive details of the trauma event (not through electronic media or pictures). Common types of traumatic situations include combat, child abuse, physical and sexual assault, motor vehicle accidents, and natural disasters.

There are 4 main symptom clusters associated with a diagnosis of PTSD. These main symptom clusters include intrusive symptoms, avoidance, negative changes in thoughts and mood, and changes in arousal and reactivity. Specific symptoms are required in each of these 4 clusters to meet diagnostic criteria. (Please see DSM-5 criteria for PTSD for full description of symptoms within each cluster.) Additional criteria include duration of symptom disturbance of more than 1 month, significant distress or functional impairment related to the symptoms, and the determination that the symptoms are not due to physiologic effects of substance use or medical conditions. Furthermore, providers specify the presence or absence of dissociative symptoms and whether the onset is delayed (equal to or greater than 6 months' duration before symptom presentation).

## PREVALENCE OF POSTTRAUMATIC STRESS DISORDER

The prevalence of exposure to trauma and resulting PTSD is relatively high in the general population (**Table 1**). The National Comorbidity Survey Replication (NCS-R) conducted interviews of a nationally representative sample of 9282 Americans aged