



TRAUMA AND POSTTRAUMATIC STRESS DISORDER IN VETERANS

Vanessa Simiola, Psy.D. & Sonya Norman, Ph.D.

Common Types and Prevalence Estimates of Exposure to Traumatic Stressors

- According to a study of over 88,000 service members returning from deployment in Iraq, up to 70% of soldiers reported at least one combat exposure (Milliken et al., 2007), demonstrating even higher rates of combat exposure than those returning from the Afghanistan conflict (71-86% vs. 31%, respectively; Hoge et al., 2004).
- In a nationally representative sample of over 4,000 veterans from the National Survey of Veterans, approximately 47% of Vietnam veterans and 38% of Gulf War veterans were exposed to combat (Gade & Wenger, 2011).
- Prevalence rates of combat exposure in World War II and the Korean War are estimated to be 54% and 19% respectively (Spiro et al., 1994).
- In 2013, it was estimated that the amount of time on deployment increased by an average of 28% from 2008, suggesting more combat exposure for military personnel.
- Prevalence rates of military sexual trauma are between 20% to 43% (Suris & Lind, 2008).

Behavioral and Physical Health Impact of Trauma on Veterans

- In a recent study of service members deployed during the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) conflicts an estimated 7.6% met criteria for Posttraumatic Stress Disorder (PTSD; Smith et al., 2008).
- PTSD prevalence rate for Vietnam veterans is estimated between 15.2% to 30.9% (Kulka et al., 1990).
- Other mental health difficulties associated with traumatic exposure in veterans include depression, anxiety, and substance abuse (Ginzburg, Ein-Dor, & Aolomon, 2010).
- Veterans with combat-related PTSD or other mental health difficulties often face other significant issues:
 - Unemployment
 - Homelessness
 - Intimate partner violence
 - Divorce
- Exposure to sexual trauma during military service is associated with (Kimerling et al., 2010):
 - Depression
 - Substance use
 - Eating disorders
 - Risky sexual behavior



- Trust and intimacy problems
- Homelessness
- Suicidality

New Developments in Research on the Impact of Trauma on Veterans

- Prolonged Exposure (PE: Foa, Hembre, & Rothbaum, 2007), Cognitive Processing Therapy (CPT: Resick & Schnicke, 1996), Eye Movement Desensitization Reprocessing (EMDR: Shapiro, 2001), are evidence-based psychotherapies
- for PTSD Two of these treatments, PE and CPT, have been widely disseminated nationally in the Department of Veterans Affairs health care system (Karlin et al., 2010).
- Recent research has focused on the biological factors that may predispose someone to developing PTSD (for review see, Pitman et al., 2012).
- Research continues to need advancement in the areas of post-deployment adjustment. For example, veterans are at increased risk of unemployment and homelessness, suggesting that more can be done for individuals reintegrating into society.

Clinical Considerations for Practitioners Treating Traumatized Veterans

- High suicide rates exist among U.S. service members. It has been estimated that 22 veterans die by suicide each day (Kemp & Bossarte, 2012).
- In a study of roughly 1,700 veterans, 57% reported knowing someone who had died by suicide, and 53% reported losing a friend to suicide (Hom, Stanley, Gutierrez, & Joiner, 2016), highlighting the impact of suicide on veterans' lives either directly or indirectly and through survivor guilt.
- Veterans often suffer from debilitating physical injuries, long-term health problems, and chronic pain post-deployment (e.g., Schnurr & Spiro, 1999)
- Many veterans are also managing from blast injuries that lead to traumatic brain injuries. This may impact treatment and cognitive rehabilitative services may be needed in conjunction to treatment of other trauma-related disorders (Vasterling et al., 2012).

Information for Families and Friends of Traumatized Veterans

- Veterans Crisis Line: Veterans Crisis Line – 1-800-273-TALK (1-800-273-8255): <https://www.veteranscrisisline.net/>
- Coaching into Care (for family members who want to help a Veteran get treatment): <http://www.mirecc.va.gov/coaching/>
- Apps to help families manage PTSD: <http://www.ptsd.va.gov/public/materials/apps/PTSDFamilyCoach.asp>
- Information about PTSD for family and friends can be found here: <http://www.ptsd.va.gov/public/family/index.asp>
- Military traumas: <http://www.ptsd.va.gov/public/types/war/index.asp>
- Treatment: <http://www.ptsd.va.gov/public/treatment/therapy-med/index.asp>



- Effects of PTSD on family: <http://www.ptsd.va.gov/public/family/index.asp>
- Understanding PTSD Brochure: http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf
- Helping a loved one through Cognitive Processing Therapy: <http://www.ptsd.va.gov/public/treatment/therapy-med/cognitive-processing-loved-ones-help.asp>
- Helping a loved one through Prolonged Exposure Therapy: <http://www.ptsd.va.gov/public/treatment/therapy-med/prolonged-exposure-loved-ones-help.asp>
- Other helpful resources include:
 - <http://www.ptsd.va.gov/apps/AboutFace/>
 - <http://www.ptsd.va.gov/public/materials/videos/whiteboards.asp>

Resources for Professionals Seeking More Information about Traumatized Veterans

- More information can be accessed at The National Center for PTSD, www.ptsd.va.gov
- PTSD Consultation Program: <http://www.ptsd.va.gov/professional/consult/index.asp>

References

- Foa, E., Hembree, E., & Rothbaum, B. (2007). *Prolonged exposure therapy for PTSD: Therapist guide*. New York: OUP USA.
- Gade, D. M., & Wenger, J. B. (2011). Combat exposure and mental health: the long-term effects among US Vietnam and Gulf war veterans. *Health Economics*, 20, 401-416.
- Ginzburg, K., Ein-Dor, T., & Solomon, Z. (2010). Comorbidity of posttraumatic stress disorder, anxiety and depression: A 20-year longitudinal study of war veterans. *Journal of Affective Disorders*, 123, 249-257.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22.
- Hom, M. A., Stanley, I. H., Gutierrez, P. M., & Joiner, T. E. (2016). Exploring the association between exposure to suicide and suicide risk among military service members and veterans. *Journal for Affective Disorders*, 207, 327-335.
- Karlin, B. E., Ruzek, J. I., Chard, K. M., Eftekhari, A., Monson, C. M., Hembree, E. A., ... & Foa, E. B. (2010). Dissemination of evidence-based psychological treatments for posttraumatic stress disorder in the Veterans Health Administration. *Journal of Traumatic Stress*, 23, 663-673.
- Kemp, J., & Bossarte, R. (2013). *Suicide data report, 2012*. Washington, DC: Department of Veterans Affairs Mental Health Services Suicide Prevention Program.
- Kimerling, R., Street, A. E., Pavao, J., Smith, M. W., Cronkite, R. C., Holmes, T. H., & Frayne, S. M. (2010). Military-related sexual trauma among Veterans Health Administration



- patients returning from Afghanistan and Iraq. *American Journal of Public Health*, *100*, 1409-1412.
- Kulka, R. A., Schlenger, W. E., Fairbank, J. A., Hough, R. L., Jordan, B. K., Marmar, C. R., & Weiss, D. S. (1990). *Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment Study*. Philadelphia, PA: Brunner/Mazel
- Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, *298*, 2141-2148.
- Pitman, R. K., Rasmusson, A. M., Koenen, K. C., Shin, L. M., Orr, S. P., Gilbertson, M. W., ... & Liberzon, I. (2012). Biological studies of post-traumatic stress disorder. *Nature Reviews Neuroscience*, *13*, 769-787.
- Resick, P.A. & Schnicke, M. (1996). *Cognitive processing therapy for rape victims: A treatment manual*. Newbury Park: Sage Publications.
- Schnurr, P. P., & Spiro 3rd, A. (1999). Combat exposure, posttraumatic stress disorder symptoms, and health behaviors as predictors of self-reported physical health in older veterans. *Journal of Nervous and Mental Disease*, *187*, 353-359.
- Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures* (2nd edition). New York: Guilford Press.
- Smith, T. C., Ryan, M. A., Wingard, D. L., Slymen, D. J., Sallis, J. F., & Kritz-Silverstein, D. (2008). New onset and persistent symptoms of post-traumatic stress disorder self reported after deployment and combat exposures: prospective population based US military cohort study. *British Medical Journal*, *336*, 366-371.
- Spiro, A., Schnurr, P. P., & Aldwin, C. M. (1994). Combat-related posttraumatic stress disorder symptoms in older men. *Psychology and Aging*, *9*, 17-26.
- Surís, A., & Lind, L. (2008). Military sexual trauma a review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse*, *9*, 250-269.
- Vasterling, J. J., Brailey, K., Proctor, S. P., Kane, R., Heeren, T., & Franz, M. (2012). Neuropsychological outcomes of mild traumatic brain injury, post-traumatic stress disorder and depression in Iraq-deployed US Army soldiers. *The British Journal of Psychiatry*, *201*, 186-192.