



# **Department of Defense Task Force on the Care, Management, and Transition of Recovering Wounded, Ill and Injured Members of the Armed Forces**

Center for Deployment Psychology Briefing

2:45-3:45

Wednesday 3 April 2013





# Proposed Agenda

- Overview of Center for Deployment Psychology Mission and History (10 minutes)
- Response to RWTF written questions and additional information regarding Evidence Based Therapies dissemination (30 minutes)
- Response to RWTF Member's questions (20 minutes)



# Center for Deployment Psychology

## Mission

Train military and civilian mental health providers to deliver high-quality deployment-related behavioral health services to military personnel, veterans and their families

## Goals

**Increase** the number of mental health providers prepared to treat military personnel and their families

**Train** providers to use evidence-based psychotherapy

**Educate** providers on the unique stress of deployment

**Prepare** civilian providers to treat military personnel





# CDP Courses/Products

- **2-week course for military providers\***
  - Deployment cycle and stress reactions
  - Deployment-related psychological health issues and TBI Military families' reactions during deployment
  - Treatment of PTSD/depression/suicide/sleep
  - Self-care for the military provider
- **1-week course for civilian providers\***
  - Military culture and terminology
  - Deployment cycle
  - Deployment-related psychological health issues and TBI
  - Treatment of PTSD/depression/suicide/sleep
- **Mobile Training Teams (Evidence-based therapy; EBT)\***
  - Treatment of PTSD
  - Treatment of sleep problems
  - Assessment and treatment of suicidal ideation and behavior
  - Treatment of chronic pain
  - Treatment of depression (in development)

\* Includes EBT workshop training in course





# CDP Courses/Products

- **University Counseling Center Core Competency (UC4) Program (\* UC4e)**
  - 1-day workshop aimed to help service members and veterans who are completing higher education programs
- **STAR Behavioral Health Providers (SBHP)\***
  - Train civilian providers to address the needs of service members and veterans
  - Partner with Military Family Research Institute and Indiana National Guard
- **Speakers Bureau (\* offered)**
  - Workshops, seminars and presentations covering a variety of deployment-related psychological health topics
- **Online courses**
  - Military culture and terminology
  - Introduction to PTSD
  - **Treatment of PTSD – Overview (2 courses)**
  - Military Families (2 courses)
  - Fundamentals of traumatic brain injury (TBI)
  - Provider resilience and self-care: An ethical issue
  - Depression in service members and veterans
  - Identification, prevention, and treatment of suicidal behavior

\* Includes EBT workshop training in course





# Questions 1-3

- What is CDP's assessment of the availability of evidence based treatments for RW with PTSD?
- Does evidence for the EBT's support latitude in delivery? To what extent does this impact quality of care?
- Which EBT's are DoD clinical staff trained to provide?



# Question 4

- How many EBTs are DoD clinical staff trained to provide? Do providers seek training in multiple EBTs or specialize in one?
  - CDP Training history/data
  - Other agency training history
  - CDP survey Data



# Evidence Based Psychotherapy

Clearly specified psychological treatments shown to be efficacious in controlled research with a delineated population

– **Currently offered by CDP**

- Cognitive Processing Therapy for PTSD
- Prolonged Exposure Therapy for PTSD
- Cognitive Behavioral Therapy for Insomnia
- Cognitive Behavioral Therapy for Pain
- Cognitive Behavioral Therapy for Depression
- Suicide Risk Assessment and Mitigation

– **In Planning Stages**

- Cognitive Behavioral Therapy for Anxiety
- Cognitive Behavioral Therapy for Substance Use Disorders
- Cognitive Behavioral Therapy for Relationships





# CDP Training Numbers

- More than 900 AD have completed the 2-week Military Course
- More than 2800 have completed the 1-week Civilian Course
- More than 8000 trained in EBT for PTSD (PE or CPT)
- More than 900 trained in CBT for Insomnia



# 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	<b>Prolonged Exposure, Cognitive Processing Therapy</b> EMDR, Stress Inoculation Therapy
Depression	Rates estimated at 7%-13% of those deployed into combat; Increased risk of first depression following combat	<b>Cognitive Therapy, Interpersonal Therapy,</b> Behavioral Activation
Sleep Disturbance	Increased sleep problems associated with deployment into combat	<b>CBT for Insomnia, Imagery Rehearsal Therapy</b>
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	<b>Cognitive Behavioral Therapy for Pain,</b> 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



# Question 5

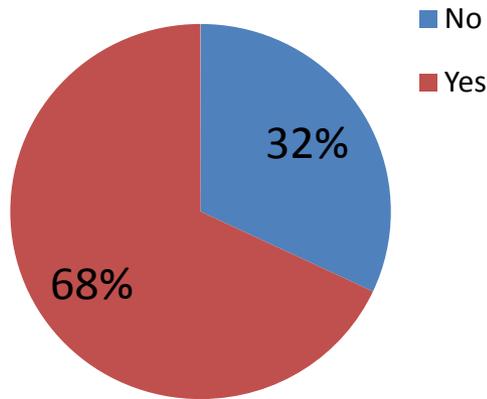
- How do you assess if providers are using evidence-based treatments
  - CDP Surveys
  - Air Force Study data
  - Army Study



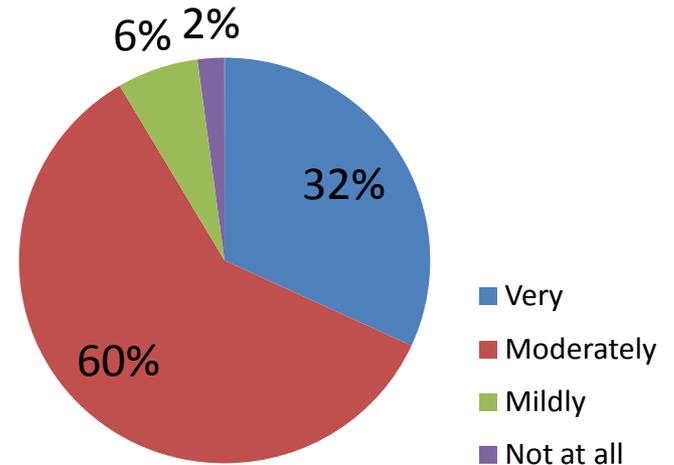
# Impact of EBP Training

Surveys conducted 6-12 months after workshop completion

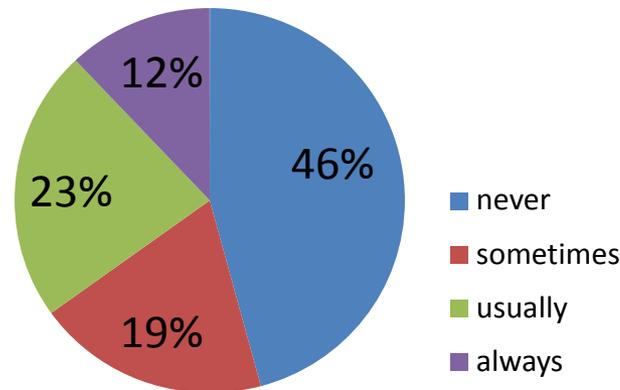
Have you used the EBP protocol to treat PTSD?



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



# Question 6

- What are the implications of changes in DSM-V including the expansion to four PTSD symptom clusters and the addition of the new diagnosis, trauma- or stress-related disorder for the type and amount of training you provide?
  - What are the changes
  - Numerous articles published on potential impact



# DSM-IV Definition of a Trauma: Criterion A (PTSD or ASD)

- A1 Experienced, witnessed, or been confronted with an event that involves actual or threatened death or injury, or a threat to the physical integrity of oneself or others.
  
- A2 Response involved intense fear, horror or helplessness



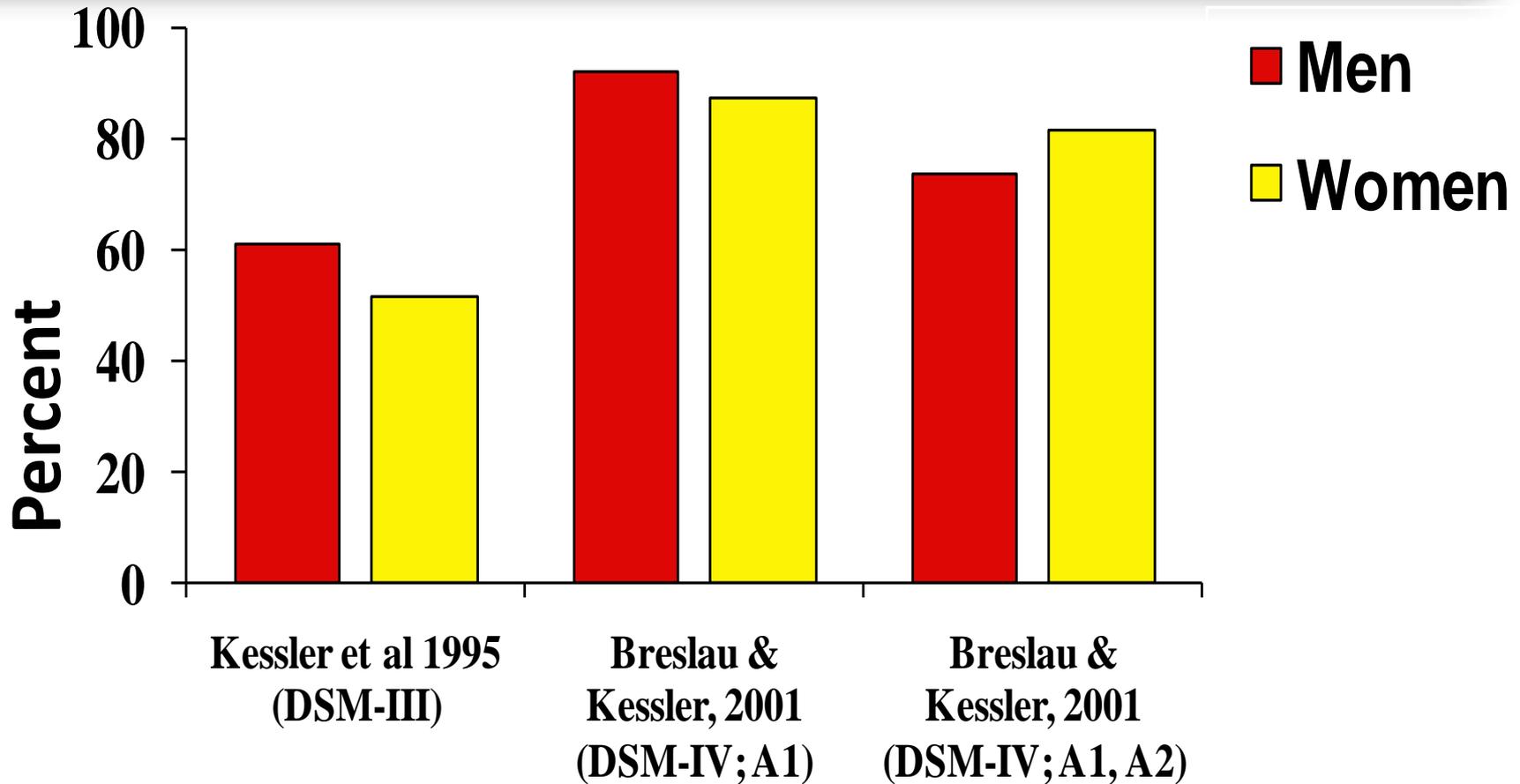
# DSM-V: PTSD Criterion A

- A The person was exposed to one or more of the following events: actual death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in one or more ways:
1. Experiencing the events him/herself
  2. Witnessing, in person, the event(s) as they occurred to others
  3. Learning that the event(s) occurred to a close relative or close friend; the actual or threatened death must have been violent or accidental
  4. Experiencing repeated or extreme exposure to aversive details of the event(s)

Examples: First responders exposed to body parts; police officers repeatedly exposed to details of child abuse



# Lifetime Prevalence of Trauma Exposure across DSM definitions





# DSM-V: Symptom Criteria for PTSD

$$1+3+1+3 = \text{PTSD}$$

## Re-experiencing

1

Dissociative Reactions  
Distressing Recollections  
Distressing Dreams  
Physiological Reactivity to Reminders  
Psychological Distress to Reminders

## Arousal

3

Sleep Difficulties  
Hypervigilance  
Irritable or Aggressive Behavior  
Exaggerated Startle Response  
Concentration Difficulties  
Reckless or Self-Destructive Behavior

## Avoidance

1

Avoidance of Internal Reminders  
(thoughts, feelings, and physical sensations)  
Avoidance of External Reminders  
(people, places, conversations, objects, situations, and activities)

## Negative Alterations in Cognitions and Mood

3

Traumatic Amnesia  
Detachment or Estrangement  
Diminished Interest  
Persistent Negative Expectations  
Persistent Inability to have Positive Emotions  
Persistent Distorted Blame



## Question 7-8

- What are the requirements for providers' continuing education/ongoing training in PTSD EBTs?
- What are new best promising practices in training providers, assessing the treatment provided, using clinical records to assess treatment provided, and addressing completion



# Promising Training/Clinical Practices

- Optional pre-EBP workshop training in basic cognitive-behavioral skills, assessment skills (including standardized outcome measures), and diagnosis
- Consistent post training survey of utilization
- **Available consultation post training (Discussion)**
- Fidelity checklists built in to AHLTA notes
- Champions to increase MTF Command, PCM and BH Clinic awareness and support
- Line Command briefing paper on expectations from treatment



# Background Slides





# Impact of EBP Training

- Providers attending CDP workshops increase knowledge test scores an average of over **60%** (almost **80%** among civilian providers)
- Approximately **70%** of military and almost **50%** of civilian providers who completed a CDP workshop have **used the evidence-based psychotherapy** for PTSD
- About **85%** reported that it was **helpful for the patients** that they treated
- CDP-trained providers use modified versions of these treatments to **treat personnel in deployed settings**



# **The “science of implementation” lags behind the science of therapeutic intervention.**

Fixen et al., (2005)

# **Effective implementation of evidence based practice involves culture change.**

Kitson et al., 1998





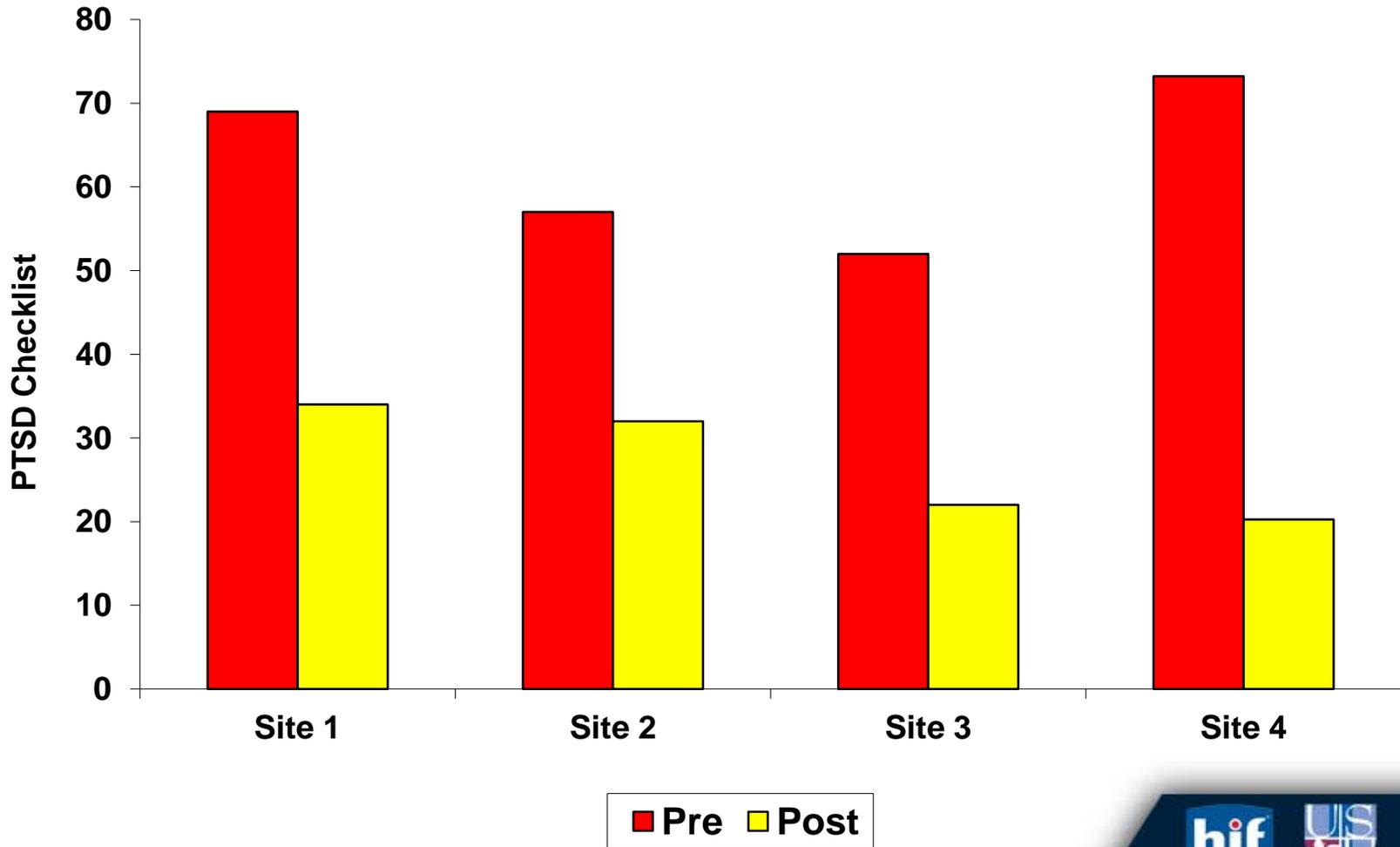
# Barriers to Systemic Implementation in DoD

- **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





# CDOIF/OEF Service Members Completing Treatment with Prolonged Exposure for PTSD





# CDP Achievements

- More than 900 completed 2-week military provider course
- More than 2700 completed 1-week civilian provider course
- More than 8000 trained in EBT for PTSD
- More than 800 trained in EBT for sleep disorders
- Consulted to more than 300 providers on use of EBTs
- UC4 attended by more than 2500 staff from 300+ institutions
- SBHP trained over 200 provider in Indiana to support Indiana NG
- SBHP launched in Michigan; anticipate programs in Georgia, Illinois, Maryland and California
- Workshops presented in 43 States, England, Germany, Japan attended by over 20,000
- More than 14,000 online courses accessed between April 2012 and December 2012
- CDP online courses included in Army One Source training





# CDP Impact

- CDP integrated with training of military psychologists
- Military psychologists using CDP training to address needs of service members while deployed and in garrison
- Increased knowledge and awareness of deployment-related psychological health issues
- > 60% of providers trained by CDP used EBP to treat PTSD
  - >80% report it was helpful for their patient(s)
  - Patients indicate reduced symptoms on PCL
- >2000 service member/veteran students treated by UC4 clinicians
  - >90% reported training was helpful for clinical care
- Increased preparedness of civilian providers to care for service members, veterans and their families