Focusing on the Fundamentals in Treating PTSD: An Innovative Approach

Evidence Based Care

The Quadruple Aim: Learning & Growth, Readiness, Experience of Care

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PTSD: Clinical Definition/ Diagnosis

- Complex disorder associated with significant co-morbidity, disability, and impairment of daily living following exposure to a traumatic event

- Diagnosis includes: (1) Event; (2) Reaction; (3) Symptoms; (4) Impairment; (5) Time course

- Symptoms fall into three clusters:
  - Intrusive recollection of event in some way
  - Avoidance of reminders of the event or numbing
  - Hyper-aroused state
Two Models of PTSD

**Victim Model of PTSD**

- **Traumatic Event**
  - (Unexpected)
  - (Discrete)

- **Reaction**
  - Helplessness
  - Horror
  - Fear

- **Symptoms**
  - (Maladaptive)
  - Re-experience
  - Avoidance
  - Arousal

- **Functional Impairment**
  - Social
  - Work
  - Other Relationships

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**Military Occupational Model of PTSD**

- **Military Training/Preparation**
  - Symptoms
    - Adaptive
    - Maladaptive

- **Context/Performance**
  - **Traumatic Event**
    - Expected
    - Varied
    - Multiple Events
    - Repeated
  - **Reaction**
    - Training Kicks In
    - “Autopilot”
    - Adequate Performance

- **Military Culture and Structure**
  - **Symptoms Plus Others**
    - Grief
    - Betrayal
    - Second Guessing
    - Risk Taking
    - Dominating Symptom(s)
    - (Moral Injury)

- **Impacts the cognitive processing of the event(s)?**

- **Masked Impairment**
  - Functioning Enabled
  - Suffering while “functioning”

*Source: Castro & Adler, in press*

2011 MHS Conference
PTSD Care Continuum Determines Research Approach

Continuing Education and Reinforcement for Soldiers, Leaders and Service Providers

**Research Needs**

- Epidemiology / Basic Science / Neurobiological Mechanisms: $49M, 56 studies
  - Training
  - Risk Screen
  - Stress/Trauma Coping Skills

- Combat/Trauma Exposure: $7M, 5 studies
  - In-theater Debriefing
  - Decompression
  - Identification & Referral Screening

- Prevention, Education & Training: $11M, 7 studies
  - Skills-based Strategies
  - Stigma Reduction
  - Self/Other Identification
  - Protective & Risk Factors

- Early Screening/Intervention: $50M, 38 studies
  - Individual/Group Format
  - Best Practices
  - Screening Assessment

- Assessment: $74M, 49 studies
  - Clinical Assessments
  - Imaging
  - Biomarkers
  - Validated Protocol

- Treatment: $74M, 49 studies
  - Cognitive & Behavioral
  - Medications
  - Novel Treatment Approaches
  - Tele-Health

- Recovery: $17M, 3 studies
  - Recovery Protocols
  - Continuity of Care Models
  - RTD Standards

- Return to Duty/MOS Change/Discharge: $11M, 7 studies
  - Follow-up Care Model
  - Periodic Rescreening
  - Chronic & Refractory Care

- Long-term Care/Followup: Solutions
  - Evaluation/Measurement
  - Refractory care protocols
  - Systems based-approaches

**Research Highlights**

- Stigma
  - Training
  - Risk Screen
  - Stress/Trauma Coping Skills

- Cognitive Disclosure
- Differential Diagnosis Tool
- Virtual Reality
- Stepped Care Model

2011 MHS Conference
Veterans have poorer treatment response than survivors of other traumas

Stigma prevents/impedes seeking care

Current evidence-based psychotherapies are <50% effective and do not address co-morbidities

FDA approved PTSD medications (paroxetine and sertraline) are modestly effective (<40%)
Existing processes insufficient to ensure use of evidence-based clinical practice

- No accepted provider/treatment norms
- Provider selects treatment based upon:
  - Personal experience/comfort level
  - Artistry
  - Patient variables MAY be considered
- Eclectic-**NOT** manualized
  - Technique variations
  - Lacks empirical validation
  - Absence of progress standards
Current PTSD Treatments

Evidence-Based?

- CBSR
- CBT
- PET
- ADT
- CPT
- ACT
- VRET
- TMT

Medications
Innovations

- Broad-spectrum approach to treatment
- Targeting multiple symptom groups
- Non-reductionistic (pharmacologic)
- Neurogenesis focus
- Evidenced Based, Manualized Treatment Protocols
  - PET
  - CPT
  - VRET
Group or couples based:
  – PE delivered in a more compact/efficient format
  – Shortened Treatment Protocol
    • Massed versus Spaced
  – May improve treatment outcome
  – Strengthen soldiers’ spouse/peer supportive relationships
Virtual Reality Enhanced PET

- Adds multi-sensory component to PET
- More effectively activates fear structures
- Better facilitates the necessary emotional engagement in treatment
- Computer-based administration facilitates
  - Primary care use or self-administration
  - Enhanced receptivity and adherence to treatment
  - Stigma reduction via at home treatment
Cognitive Processing Therapy (CPT)

- Group-based
  - More efficiency/great numbers treated
  - Potentially more effective with peer-group administration
  - More economical

- Individual-based Adaptive Disclosure Therapy
  - Combines imaginal exposure therapy with cognitive therapy to reframe/reinterpret disturbing combat/operational experiences
Psychopharmacology

- 2 FDA-approved medications for PTSD
- Current PTSD-drug RFP
- Research targeting specific neural circuitry for limited tailored relief:
  - Hydrocortisol, Propranolol, Prazosin, Nepicastat
- Proposed Neuro-cranial Stimulation Research
In order to be innovative, you must understand the fundamentals

Calling something innovative doesn’t make it innovative

Innovation can take many forms

There are no short cuts

Innovative ideas still must pass scientific and programmatic review