

Implementation of Three PTSD Treatments with a Military Population

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Description:

This presentation will focus on the implementation of three evidence based treatments (EBTs) for PTSD: Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR) in an active duty military mental health clinic. All three treatments involve homework, exposure to trauma memories, practicing skills outside of clinical sessions and the potential for decompensation due to exposure to trauma memories. Each treatment is best suited for specific traumas: PE for a single event trauma where the images replaying in the brain are the most significant complaint, CPT for single or multiple traumas where feelings of guilt and responsibility are most prevalent and EMDR for patients with complex PTSD where feelings of guilt are rooted in core beliefs of being defective or unlovable.

Furthermore, each treatment has stumbling blocks for patients that can cause patient attrition or poor efficacy. These stumbling blocks include: for PE the repeated graphic exposure to details surrounding the exposure, for CPT many patients struggle with written homework and for EMDR some patients aren't open to non-traditional treatments. Choosing the right PTSD treatment for the military patient can reduce time in treatment and thus return warriors back to the mission sooner. Also, choosing the right treatment decreases the dropout rate and reduces the number of warriors who require disability boards and pensions from the Veteran's Administration.

Learning Objectives:

- Describe the three EBTs: PE, CPT and EMDR.
- Determine the best treatment protocol based on the patient's presenting issues using case studies.
- Describe unique issues for treating trauma in active duty populations (deployment, functional impairment and working with commanders).

Duration: 1:29:30