VETERANS with POST-TRAUMATIC DDISORDER

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Topic Area Description and Summary

• **What is the research problem or issue?**

The present evaluation will focus on treatment intervention outcomes for veterans affected by post-traumatic stress disorder (PTSD). With over a decade of war in the Middle East, PTSD has been pushed to the forefront of public health problems. PTSD has dramatically increased in the recent past owing to an increase in Iraq and Afghanistan war veterans. With the influx of veterans seeking care for PTSD, the condition has received attention in the recent past, with research questions focusing on appropriate treatment and intervention and consequent outcomes.

• **Who or what is affected by this problem or issue?**

Although PTSD is prevalent among veterans, it affects over eight million adult annually according to Reisman, (2016). Recent veterans are highly susceptible to PTSD compared to the general population and are affected by unique barriers to sufficient treatment. There are less than half returning veterans who require treatment who receive it and for those who can access treatment, according to Reisman, (2016), less than a third receive evidence-based care.

**• What are some specific examples of research studies, evaluations, reports, literature reviews, etc. that address it?**

Ruzek et al., provide insight into treatment of veterans evacuated from combat owing to combat stress who receive treatment at the VA for issues of mental health and Iraq War Veterans who seek care at VA centers. Murphy et al., (2015) investigate UK veterans who accessed care at a national charity within 4 years and observed reduction in PTSD scores and functional impairment after treatment. Murphy et al., (2016) look at long term responses to treatment and identify the individuals in need of additional support. Forbes et al. (2010) observe treatment outcome data for peacekeepers diagnosed with PTSD. Manhapra, Stefanovics, & Rosenheck, (2015) assess veterans admitted to specialized PTSD programs during intake and after four months.

**• What are the findings of these sources, and what are their implications on the health and human services field?**

The outcome of Manhapra, Stefanovics, & Rosenheck, (2015) was that there was significant improvement and there was abstinence from substances used prior to entry into programs. Manhapra, Stefanovics, & Rosenheck, (2015) could be useful for health and human services as substance abuse abstinence among PTSD patients was associated with improved PTSD symptoms.

**Outline**

**Introduction**

**Definition**

Reisman, (2016) defines PTSD according to the definition offered by the VA as emergence of characteristic and persistent symptoms accompanied by difficulty functioning following a life-threatening experiences or an occurrence characterized by threat to life or injury. PTSD is a trauma and stressor related disorder according to the American Psychiatry Association (Reisman, 2016).

**Statistics**

Murphy et al., (2016) shows that owing to the wars in Afghanistan and Iraq, the number of individuals deployed have shown increased levels of PTSD.

**Forms of Interventions**

**Evidence Based Care**

According to Hamblen, Schnurr, Rosenberg, & Eftekhari, (2010) outline some of the most prevalent forms of treatment like cognitive behavioral treatments ranging from Prolonged Exposure to Cognitive Processing Therapy. According to Reisman, (2016), some non-pharmacological interventions include eye movement desensitization reprocessing while pharmacotherapy includes serotonin reuptake inhibitors.

**New Technologies**

Hamblen, Schnurr, Rosenberg, & Eftekhari, (2010) outline virtual reality therapy, the Internet, videoconferencing, engagement techniques, combining therapies and flexible delivery as some emergent treatment options available to supplement evidence based care

**Literature Review**

This will involve a look at present forms of care according to Hamblen, Schnurr, Rosenberg, & Eftekhari, (2010), Reisman, (2016), Vitzthum et al., (2009) and literature from studies according to Murphy et al, (2015, 2016).

**Outcomes**

In Forbes et al., (2010), Manhapra, Stefanovics, & Rosenheck, (2015), Murphy et al, (2015, 2016), research studies showed improvement in PTSD symptoms after treatment and abstinence from substances

**Implication for Practice**

Evidence from Forbes et al., (2010), Manhapra, Stefanovics, & Rosenheck, (2015), Murphy et al, (2015, 2016) could be applied in treatment facilities to ensure successful outcomes.

References

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