Zoe Grieder

Post-Traumatic Stress Disorder in Combat Veterans

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The treatment of PTSD in military populations is at a crossroads. Since 2008, the Department of Defense has given out over $25 million in grants to produce recommendations for screening, resiliency training, and treatment of PTSD in combat veterans. Thus far, this money has produced enormous amounts of data and relatively little knowledge. At the other end of the issue, the Department of Veteran's Affairs has come under fire for inadequate care specifically regarding this issue, most recently bring successfully sued by two veterans' associations for mistreatment of mentally ill veterans. They have begun attempts to reform the system, most notably with their current campaign to combat stigma and the Fall '10 relaxation of requirements to receive benefits. However, they too are in a scramble to find practical solutions to the myriad issues our soldiers face on the home front.

My thesis will aim to present a comprehensive understanding of these issues and provide practical recommendations. It will begin with a brief history of PTSD and its treatment in combat veterans, as well as an analysis of contemporary treatments specific to the combat trauma population (veterans only, from multiple conflicts), including cognitive-behavioral, psychodynamic, psychiatric, and alternative treatments. It will also include a review of several experimental treatments still being developed. The next chapter will look specifically at the VA's treatment of the disorder, including a brief history and extensive analysis of The Long Journey Home (2009), the VA's annual report on delivery and performance of treatment for PTSD. The VA is an obvious choice for analysis given their extraordinarily large sample, specificity to veterans (as opposed to active duty soldiers, the treatments for which can differ greatly), and role as a government organization.

The next portion will build upon a theoretical treatment-planning tool that I have been developing for the past three years. I am considering two possible directions in which to continue with it. The first is to begin developing the instruments necessary to bring it to a pilotable stage. The second option is look at how the tool would be used in a VA setting and discuss a preliminary plan for implementation.

Finally, I will include a review of the specific challenges currently facing retention and treatment at the VA (including but not limited to community, outreach, culture, stigma, and economic feasibility) and provide policy, treatment, and research recommendations.