Veterans' Disability Benefits Commission

Commentary for:
Institute of Medicine

Committee on Treatment of PTSD

January 16, 2007

The Veterans' Disability Benefits Commission, created by Public Law 108-136, was chartered to study the benefits provided to compensate and assist veterans for disabilities and deaths attributable to military service. The Commission will evaluate and assess:

- The appropriateness of benefits provided under US law,
- The appropriateness of the level of those benefits, and
- The appropriate standard(s) for determining whether the disability should be compensated.

The Commission was mandated to consult with the Institute of Medicine (IOM). In consulting with IOM, the Commission has partnered with the Veterans Health Administration (VHA) to study the ramifications of Posttraumatic Stress Disorder (PTSD) within the veteran population. IOM established three Committees to deal with the various aspects of PTSD: a Committee on PTSD Diagnosis and Assessment which submitted its report in June 2006; the Committee on Compensation for PTSD; and your Committee on PTSD Treatment. There are two other IOM Committees that have been dealing with the VA Rating Schedule and Presumptions. The Commission encourages your Committee to collaborate with these other IOM Committees as there are areas of cross-over that might be pertinent to treatment issues, such as those involving initial diagnosis, recovery, and compensation. The Commission realizes that the IOM Committees on PTSD Compensation, Medical Evaluations, and Presumptions are scheduled to complete their reports by the end of April while your Committee has a later due date.

Our Commission has a due date of October 1, 2007, for its report. Therefore, it is crucial for your Committee to meet its scheduled completion date of July 2007 in order for our report to reflect your findings and advice as appropriate.

Our Commission is interested in the views of your Committee on whether PTSD should be considered a lifetime disability at one level of severity, or as a disability that can be improved or even cured through medication and treatment. Should rehabilitation be a primary goal? Should treatment be encouraged or even required as a condition of continued compensation?

Should veterans with PTSD be re-evaluated at specific intervals during their course of treatment and compensation ratings adjusted accordingly? What criteria should be used to decide when re-evaluation is appropriate in individual cases? Should the Global

Assessment of Functioning (GAF), MMPI, or some other standardized assessment be used to measure the success of treatment and assess the appropriateness of re-evaluation?

Our Commission has visited eight locations with VA Regional Offices, VA Medical Centers, and DoD facilities, has heard testimony from VA and DoD experts on PTSD, and has heard varying opinions on treatment and recovery. Our Commission would like your Committee to evaluate the multitude of available treatment options from the more traditional "talk therapies," such as Cognitive-Behavioral Therapy (CBT) or group therapy to the more innovative techniques, such as Eye Movement Desensitization and Reprocessing (EMDR), Thought Field Therapy (TFT), Traumatic Incident Reduction (TIR), and Motivation Enhancement Group Therapy. Our Commission would also like your opinion on the success of various treatment modalities – whether they are inpatient versus outpatient or individual versus group treatment. Is delay in seeking treatment a contributing factor to more severe or chronic PTSD? The role of psychopharmacology in the treatment of PTSD is significant and recommendations in this area would also be of interest.

In relation to the frequency of PTSD cases among OIF/OEF service members and veterans, the Commission is interested in screening, early detection, and treatment being provided by DoD. Screening, early detection, and prompt treatment are thought to be most effective and even result in fewer incidences of PTSD diagnoses. Does the evidence support this conclusion? Is DoD treating PTSD in the same manner as VA? Does DoD and VA use the same treatment guidelines and intervention techniques? DoD appears to have a great interest in the prevention of PTSD and has created programs such as the BattleMind training. How successful is this intervention? Is Critical Incident Stress Management (CISM) in use and, if so, how successful is the Debriefing model? If treatment is being conducted by active duty medical service officers, DoD civilian employees, contractors, and/or TRICARE providers, how is DoD ensuring consistent quality care? How does VA ensure consistent quality of care among VA staff, contract, and fee-basis providers?

After reviewing the IOM proposal for "PTSD: An Evidence-Based Review of Treatment of Individuals with PTSD" (November 2006) there are several additional issues not clearly stated that are a concern to our Commission.

First, there is no mention of comparing the effectiveness of VA and DoD treatment with treatment in the private sector. It is also not clear how the study will capture the differences in the level and types of treatment provided in inpatient or outpatient settings. IOM may intend to do this, but it is not clearly stated in the proposal. VA offers PTSD treatment in different modalities: Vet Centers, inpatient wards, outpatient psychiatric sessions, and group therapy. The proposal discusses treatment modalities, but does not specifically outline the differences in outpatient care and hospitalization. Our Commission would like your Committee to address all of these modalities, especially to include the Vet Centers.

Second, Question 3 deals with how long treatment should continue, but does not discuss treatment termination criteria. PTSD can relapse and remit, so when might it be appropriate to terminate or resume the therapeutic relationship? Is there a difference between being symptom free and having symptoms under control? What are the implications for compensation?

Finally, the study does not address who should provide the treatment. The expertise and experience of the provider may be as important as the efficacy of the treatment methodology. Should trauma therapists be certified? If so, by whom?

Our Commission recognizes the challenges that IOM faces in dealing with these questions. However, with the grave impact PTSD can have on the quality of life of veterans, it is a primary concern for this Commission that they are given the best possible treatment that fosters resiliency, and if at all possible, recovery.