

Treatment for Posttraumatic Stress Disorders in Military and Veteran Populations, Final Assessment (IOM, 2014)

RECOMMENDATIONS

PTSD Management Strategies

Recommendation A: DoD and VA should develop an integrated, coordinated, and comprehensive PTSD management strategy that plans for the growing burden of PTSD for service members, veterans, and their families, including female veterans and minority group members.

Leadership and Communication

DoD and VA leaders at the national and local levels set the priorities for PTSD care for their respective organizations. Authority, responsibility, and accountability for PTSD management needs to begin at the central office level—at the level of the assistant secretary of defense for health affairs and the VA under secretary for health—and extend down to facility leaders and unit leaders. Leadership accountability can help ensure that information on PTSD programs and services is collected and that their success is measured and reported. Effective leadership extends to supporting innovation in new processes and approaches for treatment for PTSD.

Recommendation B: DoD and VA leaders, who are accountable for the delivery of high-quality health care for their populations, should communicate a clear mandate through their chain of command that PTSD management, using best practices, has high priority.

Performance Measurement

To better assess the success of their PTSD programs and services, DoD and VA should have a performance management system that includes:

- The use of standard metrics to screen for, measure, and track PTSD symptoms and outcomes throughout DoD and VA. The departments should work with the National Quality Forum to endorse consensus performance measures for both clinical measures and quality indicators.
- Health information technology that documents a patient's PTSD treatments and progress such that the data can be aggregated at the provider, program, facility, service, regional, and national levels.
- Performance measures to inform and improve the system via integrated feedback loops, which should be used by leaders at all levels to evaluate and improve PTSD management.

Recommendation C: DoD and VA should develop, coordinate, and implement a measurement-based PTSD management system that documents patients' progress over the course of treatment and long-term follow-up with standardized and validated instruments.

Workforce and Access to Care

Recommendation D: DoD and VA should have available an adequate workforce of mental health care providers—both direct care and purchased care—and ancillary staff to meet the growing demand for PTSD services. DoD and VA should develop and implement clear training standards, referral

procedures, and patient monitoring and reporting requirements for all their mental health care providers. Resources need to be available to facilitate access to mental health programs and services.

Evidence-Based Treatment

Recommendation E: Both DoD and VA should use evidence-based treatments as the treatment of choice for PTSD, and these treatments should be delivered with fidelity to their established protocols. As innovative programs and services are developed and piloted, they should include an evaluation process to establish the evidence base on their efficacy and effectiveness.

Family Involvement

Recommendation G: DoD and VA should increase engagement of family members in the PTSD management process for service members and veterans.

Research Priorities

The committee identified the following as major foci of future PTSD-related research:

- Increasing knowledge of how to overcome barriers to implementation, dissemination, and use of evidence-based treatments to improve their accessibility, availability, and acceptability for patients and their families.
- Increasing understanding of basic biological, physiological, psychological, and psychosocial processes that lead to the development of more and better treatments for PTSD.
- Developing markers to identify better approaches for PTSD prevention, diagnosis, and treatment.

- Understanding the heterogeneity of PTSD presentations and predicting responses to treatment for them in different populations and at different times in the course of the disorder.
- Preventing the development of PTSD before and after trauma exposure.
- Developing and rigorously assessing new interventions and delivery methods (pharmacological, psychological, somatic, technological, and psychosocial) for both PTSD and comorbidities.
- Identifying effective care models, establishing evidence-based practice competences, and developing methods to enhance effective training in and implementation and dissemination of them.

Recommendation H: PTSD research priorities in DoD and VA should reflect the current and future needs of service members, veterans, and their families. Both departments should continue to develop and implement a comprehensive plan to promote a collaborative, prospective PTSD research agenda.