



# CTU-ONLINE

*Clinician's Trauma Update*

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## CLINICIAN'S TRAUMA UPDATE, 1(6), DECEMBER 2007

### *Treatment*

#### **Patients with PTSD might be more receptive to exposure therapy than we think.**

Despite scientific support for the efficacy of exposure therapies to treat PTSD, the use of these therapies is low. There are many possible reasons for this underutilization. One often mentioned by clinicians is their belief that patients fear the exposure to traumatic memories. Although this belief has not been adequately studied in patient populations, a new analog study using college students sheds light on an important dissemination dilemma in PTSD treatment. One hundred and sixty students read a trauma scenario and were asked to imagine they developed PTSD from this event. They then read a broad range of treatment descriptions (e.g., CBT, Exposure, medication, EMDR) and rated the descriptions in order of preference and credibility. Contrary to the investigators' predictions, exposure therapy was consistently rated as the most preferred form of therapy. EMDR and Thought Field Therapy (TFT) were chosen as some of the least preferred forms of therapy. A study of college students imagining they have PTSD limits generalizing results to populations of actual patients, especially since impressions of treatment may be significantly altered for patients with PTSD. However, this study does highlight the

assumptions we make about patient attitudes towards treatment, and should encourage researchers and clinicians alike to challenge and test these assumptions. Patients might find exposure therapies welcoming rather than abhorrent, and this could break down at least one of the barriers to using these empirically validated therapies, and provide the best possible care for patients with PTSD.

**Read the article...** <http://dx.doi.org/10.1016/j.brat.2007.05.006>

Becker, C.B., Darius, E., & Schaumberg, K. (2007). An analog study of patient preferences for exposure versus alternative treatments for posttraumatic stress disorder. *Behaviour Research & Therapy*, 45, 2861-2873. PILOTS ID 30102.

**Web-based intervention for treating PTSD in veterans is feasible—and effective.** The internet offers a potential strategy for providing treatment to veterans with PTSD. In a recent proof-of-concept trial, investigators randomized 24 military service members who had PTSD related to the 9/11 attack on the Pentagon or the Iraq War to one of two online interventions: self-management CBT (DE-STRESS) and supportive counseling (SC). Both treatments lasted 8 weeks. DE-STRESS included graduated in-vivo exposure and trauma writing sessions. SC included reading about stress management and writing about current concerns. Participants with complex problems, low social support, or ongoing stress were excluded from the study for safety reasons. SC patients logged onto the internet more frequently and were more likely to complete treatment relative to DE-STRESS patients; the two treatments were comparable in the time patients spent in treatment and the average number of days between sessions. During treatment, symptoms declined more rapidly in the DE-STRESS group. According to intention-to-treat analyses, the groups had comparable symptom severity outcomes after treatment. However, DE-STRESS patients were more likely to have clinically significant responses, e.g., 25% of DE-STRESS patients versus 3% of SC patients no longer met PTSD diagnostic criteria 6 months later. These results suggest that DE-STRESS can facilitate the delivery of effective treatment to a large number of patients with PTSD. The online format may be valuable for reaching out to individuals who avoid care because of concerns about the stigma of receiving mental health treatment.

**Read the article...** <http://dx.doi.org/10.1176/appi.ajp.2007.06122057>

Litz, B.T., Engel, C.C., Bryant, R.A., & Papa, A. (2007). A randomized, controlled proof-of-concept trial of an internet-based, therapist-assisted self-management treatment for posttraumatic stress disorder. *American Journal of Psychiatry*, 164, 1676-1684. **PILOTS ID 30116.**

**Couples therapy helps veterans with substance use disorder and PTSD.** A high percentage of veterans with PTSD also have a substance use disorder, and past research has suggested that PTSD hinders positive outcomes of substance use disorder treatment. Adding to this mix is that veterans with PTSD have more relationship problems than veterans without PTSD, and so could benefit especially from couples therapy. Behavioral Couples Therapy (BCT) has had good results treating couples in which a member of the couple has a substance use disorder, but until recently, had not been tested with couples in whom the substance abuser also has PTSD. The investigators tested BCT among veterans

diagnosed with PTSD and substance use disorder, or substance use disorder alone. Thirty-eight couples were treated with BCT (19 with PTSD, 19 with SUD only). Treatment focused on substance use and relationship functioning. Unexpectedly, the dually diagnosed couples complied well with the therapy, and reported increased relationship satisfaction, less psychological distress, and a reduction in drinking. Although the PTSD and no PTSD couples did not differ in response to treatment, conclusions should be tempered by the small sample size. Despite this and other limitations of the study, the inclusion of dually diagnosed couples in an empirical study is a useful step in clarifying the challenges of treating the complicated interaction between couples, PTSD and substance use. It also might allow clinicians to reconsider the potential for patients with both PTSD and a substance use disorder to benefit from treatment.

**Read the article...** <http://dx.doi.org/10.1016/j.addbeh.2007.06.001>

Rotunda, R.J., O'Farrell, T.J., Murphy, M., & Babey, S.H. (2008). Behavioral couples therapy for comorbid substance use disorders and combat-related posttraumatic stress disorder among male veterans: An initial evaluation. *Addictive Behaviors*, 33, 180-187. **PILOTS ID 30123.**

### ***OIF/OEF Veterans***

**More evidence that data from immediate post-deployment assessment underestimates future problems:** Recent evidence (reported in the October issue of *CTU-Online*) indicates that the level of problems reported by OIF/OEF veterans is higher several months after returning from the warzone relative to the level reported on the Post-Deployment Health Assessment (PDHA) immediately after return. A new study by the same group of investigators has confirmed these findings in a cohort of 88,235 male and female soldiers who received the Post-Deployment Health Reassessment (PDHRA) approximately 6 months after the PDHA. As in the prior study, problems such as PTSD, depression, and interpersonal conflict increased over time and were higher among Guard and Reserve troops relative to active duty personnel. For example, PTSD prevalence increased from 11.8% to 16.7% in active component soldiers and from 12.7% to 24.5% among Guard and Reserve soldiers. Only a minority of mental health cases were referred for treatment, and relatively few of them accessed care. Referrals for alcohol problems were especially low. There were paradoxical findings regarding the relationship between amount of treatment and PTSD prevalence on the PDHRA: prevalence was highest among the group that received the most care. The investigators suggest that these findings may result from soldiers receiving an inadequate amount of treatment or ineffective care. The study was not designed to specifically evaluate these possibilities, however, so it would be premature to draw such conclusions. Overall, the findings underscore the importance of DoD and VA efforts to engage OIF/OEF veterans in mental health care—there is substantial unmet need.

**Read the article...** <http://dx.doi.org/10.1001/jama.298.18.2141>

Milliken, C.S., Auchterlonie, J.L., & Hoge, C.W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq War. *Journal of the American Medical Association*, 298, 2141-2148. **PILOTS ID 30120.**

## ***Comorbidity***

**Surprising findings on the risk of suicide among veterans with PTSD.** VA patients may have an elevated risk of suicide because of their high rates of depression and other co-occurring mental disorders, including PTSD. Investigators in a recent study examined suicide in VA patients by using the VA's National Registry for Depression, a dataset on 807,694 VA patients treated for depression. The investigators used data collected from 1999-2004 to calculate the associations of suicide with demographic and clinical characteristics. In contrast to previous studies, PTSD appeared to have a protective effect: the rate of suicide in PTSD patients was lower than the rate in patients with other disorders. The investigators performed additional analyses to understand this unexpected result. They found that the protective effect of PTSD increased with older age; the oldest veterans with PTSD (age 65 or older) had the lowest rate, whereas the youngest veterans with PTSD (age 18-44) had the highest rate and did not differ from other patients. Service-connected disability also was associated with a lower risk of suicide. The investigators suggested that the findings regarding PTSD may be due to VA efforts to enhance mental health treatment for PTSD. They also suggested that service connected veterans may be at lower risk because of greater access to VA healthcare and consistent income. It is important to remember that the study included only patients who were specifically treated for depression. The effect of PTSD may be different in other veterans. Nevertheless, the study offers new insights that can help clinicians identify patients who are at risk for suicide.

**Read the article...** <http://dx.doi.org/10.2105/AJPH.2007.115477>

Zivin, K., Kim, M., McCarthy, J.F., Austin, K.L., Hoggatt, K.J., Walters, H., & Valenstein, M. (2007). Suicide mortality among individuals receiving treatment for depression in the Veterans Affairs Health System: Associations with patient and treatment setting characteristics. *American Journal of Public Health, 97*, 2193-2198. **Note:** PILOTS ID will be available in January 2008; for DOI link, see: "Read the article".

## ***Utilization***

**Disability compensation for PTSD does not impede symptom response:** Secondary gain is often voiced as a concern among clinicians and administrators who deal with PTSD compensation issues. Specific questions are whether individuals who receive compensation fail to report improvement for fear of losing the award, and whether treatment participation drops off once an award is made. A group of investigators found surprising answers when they reviewed the disability compensation literature on PTSD to examine how compensation status relates to treatment outcome and participation. The investigators identified 7 studies of veterans and 5 studies of motor vehicle accident survivors. There are inconsistent findings on whether having or seeking compensation is associated with poor treatment response. The majority of studies showed no differences due to compensation status—meaning, there is no conclusive evidence that compensation is associated with poor outcome. Findings on treatment participation are consistent in showing that participation does not differ as a function of compensation status. In fact, two studies of compensation-seeking veterans found that veterans whose claims were awarded

had *increased* participation in treatment relative to the period before filing a claim. Secondary gain may be a significant factor in individual compensation cases, but overall, the evidence suggests that gain may not play as significant a role as previously thought in affecting either treatment participation or treatment outcome.

**Read the article...**

<http://www.ingentaconnect.com/content/amsus/zmm/2007/00000172/00000010/art00013>

Laffaye, C., Rosen, C.S., Schnurr, P.P., & Friedman, M.J. (2007). Does compensation status influence treatment participation and course of recovery from post-traumatic stress disorder? *Military Medicine*, 172, 1039-1045. **PILOTS ID 81393**.

### ***Military Sexual Trauma***

**New findings on military sexual trauma (MST) in male and female veterans:** VA has implemented mandatory screening for MST because detection is a critical first step in helping veterans receive appropriate care for problems related to the trauma. A study by VA investigators provides valuable insights into the prevalence of MST in VA patients and to the problems associated with MST. The investigators studied the records of 134,894 women and 2,925,615 men who had at least one VA outpatient visit during fiscal year 2003. Seventy percent of the patients were screened for MST. Only 1% of the men, but 22% of the women, reported MST. However, as a result of the lower proportion of women than men in the military, more men were identified as having experienced MST: 31,797 men versus 29,418 women. The MST-positive patients were 2.5-3.0 times more likely than MST-negative patients to have a mental disorder. MST also was associated with having medical problems, although the magnitude of the effect was smaller than for mental disorders. There were gender differences in the association between MST and some diagnoses. The most striking difference was for PTSD. MST-positive men were 3 times more likely than MST-negative men to have PTSD, whereas MST-positive women were 9 times more likely than MST-negative women to have PTSD. By documenting the scope of problems associated with MST and showing that the problems are substantial in both women and men, the findings of this study underscore the need for continued attention on MST as a health care issue for veterans.

**Read the article...** <http://dx.doi.org/10.2105/AJPH.2006.092999>

Kimerling, R., Gima, K., Smith, M.W., Street, A., & Frayne, S. (2007). The Veterans Health Administration and military sexual trauma. *American Journal of Public Health*, 97, 2160-2166. *Note:* PILOTS ID will be available in January 2008; for DOI link, see: "Read the article".

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