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## CLINICIAN'S TRAUMA UPDATE 3(5), OCTOBER 2009

### Treatment

**Off-label use of medications in PTSD treatment for Veterans:** Although the Food and Drug Administration has not granted a specific indication for antipsychotic medication as a treatment for PTSD, clinicians sometimes use antipsychotics to augment the effects of selective serotonin reuptake inhibitors. This practice appears to be quite common in the VA. New findings from the Northeast Program Evaluation Center indicate that 19.4% of VA patients with PTSD received antipsychotic medications in fiscal year 2007. A diagnosis of PTSD was associated with a 5-fold increased likelihood of receiving an antipsychotic medication according to multivariate analyses that adjusted for demographic factors as well as comorbid diagnoses in the sample of almost 170,000 Veterans. In contrast, a diagnosis of major depression was associated with only a 3-fold increase in likelihood. For aripiprazole, which is FDA-approved for major depression, the odds ratio was 3.67 in major depression and 4.06 in PTSD. The FDA allows "off-label" use of medications that have been approved for other disorders, but it is important to examine because these antipsychotics have not been conclusively demonstrated to be effective for PTSD and also have significant side effects. There have been only promising open-label findings on antipsychotic medications in PTSD, and a VA Cooperative Study of adjunctive risperidone for PTSD is underway. The results of that study could have important implications for PTSD treatment. Read the article... <http://dx.doi.org/10.1176/appi.ps.60.9.1175>

Leslie, D.L., Mohamed, S., & Rosenheck, R.A. (2009). Off-label use of antipsychotic medications in the Department of Veterans Affairs Health Care System. *Psychiatric Services*, 60, 1175-1181. PILOTS ID 33079.

**Numerous barriers to treatment initiation among Veterans with PTSD:** There has been increasing recognition of the importance of understanding what motivates individuals with PTSD to seek help, and what stops them. Many Veterans and non-Veterans alike wait years before seeking care. Some never do, even though effective treatments are available. Now a new study by investigators at the Minneapolis VAMC suggests that the decision to seek care is influenced by a range of individual, system, and social factors. The investigators conducted qualitative interviews with 44 male and female military Veterans who served in Vietnam or OEF/OIF. All had filed a disability claim, and half were receiving PTSD treatment. Barriers cited included avoidance of trauma-related reminders, conflicting values and priorities, discouraging beliefs about treatment, concerns about the VA healthcare system, lack of knowledge, access problems, and an invalidating socio-cultural environment. Facilitators included recognition and acceptance of PTSD, encouraging beliefs about treatment, system facilitation, and social network support. There were similar barriers cited regardless of treatment status. For some Veterans, system facilitation and social network support helped to overcome individual barriers. The investigators commented on the novelty of their findings regarding the barriers created by invalidating environmental conditions such as being discouraged by one's social network from seeking care. Overall, the study illustrates the complexity of factors that determine whether a Veteran seeks needed PTSD

treatment. The good news is that many existing VA and DoD programs seek to address the barriers and enhance the facilitators identified in this study. Read the article...

<http://www.ncbi.nlm.nih.gov/pubmed/19821647>

Sayer, N.A., Friedemann-Sanchez, G., Spont, M., Murdoch, M., Parker, L.E., Chiros, C., et al. (2009). A qualitative study of determinants of PTSD treatment initiation in veterans. *Psychiatry*, 72, 238-255. PILOTS ID 33323.

**Good outcomes of Prolonged Exposure in patients with high levels of dissociation:** As evidence-based treatments for PTSD are taking hold, researchers are attempting to understand what variables impede successful treatment. Investigators from the Netherlands recently examined dissociation and depression as predictors of treatment outcome and completion in 71 patients with PTSD enrolled in Prolonged Exposure treatment. The patients had experienced a range of trauma types and most, 83%, were women. Sixty patients completed treatment. The authors expected that pretreatment dissociation (measured as trait dissociation, depersonalization, numbing) and depression would predict poor outcomes, but this was not the case. It is difficult to interpret the lack of findings conclusively because the small sample size limited statistical power. However, there were other interesting findings. There were improvements not just in PTSD symptoms, but also in depression, depersonalization, and numbing. What's more, pretreatment levels of trait dissociation, depersonalization, and depression were related to higher fear ratings in a pretreatment exposure test in which patients imagined part of their traumatic event. The authors point out that their findings are consistent with literature documenting decreases in depression after PTSD treatment, but are more novel for dissociative symptoms. The results of the study are also relevant to clinicians because patients with high levels of dissociation and depression are just as likely as those with low levels to activate fear, an important component of Prolonged Exposure, and benefit from treatment. Read the article...

<http://dx.doi.org/10.1016/j.brat.2009.09.001>

Hagenaars, M.A., van Minnen, A., & Hoogduin, K.A.L. (2009). The impact of dissociation and depression on the efficacy of prolonged exposure treatment for PTSD. *Behaviour Research and Therapy*, article in press. PILOTS ID 33163.

**Veterans' preferences for family involvement in treatment:** Family support is an important component of successful reintegration for returning Veterans. As part of an initiative to match treatment delivery to the needs of Veterans with PTSD, investigators at the VA Maryland Health Care System surveyed 114 Veterans about their wishes for family participation in treatment. Most of the Veterans believed that PTSD was a source of stress within their family (86%), expressed interest in greater family involvement in treatment (79%), and believed a family member (most frequently a spouse or partner) would attend a couples or family support group (72%). Veterans were most interested in receiving information for themselves and family regarding the impact of PTSD on the family, and over half preferred that family support groups be held on evenings or weekends. Veterans who believed their PTSD was a source of stress in their family, compared with those who did not, rated family participation as more appealing, whereas Veteran perceptions about family interest were similar no matter the impact they believed their PTSD had on their family. Given these findings, the authors advocate for a paradigm shift in PTSD treatments to include routine assessment and treatment planning that consider family involvement, as well as making more family treatment options available. What's exciting is that recent changes in public law may make this shift possible within the VA system. Read the article...

<http://dx.doi.org/10.1037/a0015392>

Batten, S.V., Drapalski, A.L., Decker, M.L., DeViva, J.C., Morris, L.J., Mann, M.A., et al. (2009). Veteran interest in family involvement in PTSD treatment. *Psychological Services*, 6, 184-189. PILOTS ID 32833.

## Women Veterans

**Gender differences in the development of warzone-related PTSD in OEF/OIF Veterans:** Researchers from the National Center for PTSD at the Boston VA recently published a summary of the findings on potentially unique issues faced by women deployed to Iraq and Afghanistan. In prior conflicts, there have not been enough women exposed to combat in warzones to assess the similarities and differences between men's and

women's stressors during wartime, or to know if men and women differ in terms of how warzone experiences relate to the development of PTSD. The findings were mixed about how combat experiences affect men and woman. Only some studies found that women are more negatively affected than men. Findings were generally consistent regarding exposure to risk of sexual abuse and sexual harassment: women are at higher risk than men. Women also are at higher risk of pre-military and military interpersonal traumas and the PTSD symptoms that develop from them. Men and women differ in terms of sociodemographic factors that may affect risk of adverse outcome; women are 3 times more likely to be single parents, younger, and of lower economic status. The authors note that women may have particular difficulties with reintegration issues and parenting stress. For example, military women are 3 times more likely than military men to be single parents. Clinicians treating women who served in OEF/OIF need to recognize that this generation's experiences and issues may differ not just from the issues presented by men, but also from those presented by prior generations of women. Read the article... <http://dx.doi.org/10.1016/j.cpr.2009.08.007>

Street, A.E., Vogt, D., & Dutra, L. (2009). A new generation of women veterans: Stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review*, article in press. PILOTS ID 33169.

## Comorbidity

**Innovative treatment for co-occurring pain and PTSD:** A large number of Veterans experience chronic pain and PTSD. The co-occurrence can exacerbate both conditions and interfere with successful treatment. The standard approach is to provide separate treatments for pain and PTSD. This poses a dilemma for clinicians who must decide which condition to treat first, and may be experienced as fragmented by patients. In order to address these problems, researchers at the Boston VA have created and piloted a psychotherapy to provide integrated treatment for pain and PTSD. The 12-session treatment combines cognitive behavioral therapy for pain management and cognitive processing therapy for PTSD, and focuses on avoidance, exposure, cognitive restructuring, and increasing physical activity. Only 3 of the 6 patients in the pilot study finished the therapy—but 2 of them no longer met criteria for PTSD and had a lessening of chronic pain symptoms. Like many clinicians before them, the developers of this integrative treatment learned that establishing trust, securing regular attendance, and getting patients to complete homework challenge the feasibility of implementation in VA. We hope they succeed. The treatment is important because it addresses a problem that is common not just in older veterans but also in returning service members who have sustained polytrauma injuries. Read the article... <http://dx.doi.org/10.1111/j.1526-4637.2009.00715.x>

Otis, J.D., Keane, T.M., Kerns, R.D., Monson, C., & Scioli, E. (2009). The development of an integrated treatment for veterans with comorbid chronic pain and posttraumatic stress disorder. *Pain Medicine*, 10, 1300-1311. PILOTS ID 33272.

This paper was published in an issue of *Pain Medicine* that may be of interest to CTU readers. See Volume 10(7) at: <http://www3.interscience.wiley.com/journal/118499315/home?>

### **Disappointing findings on Seeking Safety for treating co-occurring PTSD and substance abuse:**

Seeking Safety has shown promising results for co-occurring PTSD and substance abuse. It is used in many programs across the VA as well as the civilian sector. A recent practical trial examined the effectiveness of Seeking Safety in a rigorous randomized controlled design that was conducted in real-world settings to enhance generalizability. The investigators randomized 353 women with co-occurring PTSD and substance use disorders to 12 sessions of group treatment, either a shortened Seeking Safety program or a women's health education program that included psychoeducation and a health curriculum not specific to trauma or PTSD. Patients in both programs had similar attendance and experienced comparable improvements in PTSD symptoms. Substance use did not improve for patients in either program. The authors were surprised by the findings, first, because Seeking Safety did no better than general health education, and second, because prior studies had found that Seeking Safety was effective for treating substance abuse. However, the authors acknowledge that patients in the current study had lower baseline rates of substance use than in earlier studies, which may have made it difficult to detect change over time. Nevertheless, the study reflected the naturalistic realities of community-based care. The investigators also speculated that the full effects of Seeking Safety were not demonstrated because the treatment was shortened from 25 to 12 sessions to fit with a time frame that is typical in community mental health care. Yet partial and full completers—those who attended 6 or

more sessions—fared similar to the intent-to-treat sample, so more may not always be better. Read the article... <http://dx.doi.org/10.1037/a0016227>

Hien, D.A., Wells, E.A., Jiang, H., Suarez-Morales, L., Campbell, A.N.C., Cohen, L.R., et al. (2009). Multisite randomized trial of behavioral interventions for women with co-occurring PTSD and substance use disorders. *Journal of Consulting and Clinical Psychology*, 77, 607-619. PILOTS ID 32857.

**Family functioning predicts future PTSD symptoms:** Many individuals with PTSD experience functional difficulties across a range of domains. While acknowledging the potential reciprocal influence of these variables on one another, clinicians and researchers alike typically view the primary causal pathway as one from PTSD to functioning, i.e., that PTSD causes functional problems. Results from a new study of Australian Veterans illustrate that the reverse pathway should not be forgotten. The 311 Veterans in the study had severe and chronic PTSD along with other comorbid conditions. After completing an intensive, integrated, cognitive-behavioral treatment program, the Veterans reported improvements in PTSD symptoms, but not family functioning, from pre-treatment to post-treatment and follow-up. The investigators used structural equation modeling to perform cross-lagged analyses, an analytic strategy that can be used with longitudinal data to draw inferences about the likely causal influence of one variable on another. Contrary to prevailing views, PTSD did not predict family functioning, whereas family functioning predicted PTSD. The findings were similar from pre- to post-treatment, and from post-treatment to follow-up, and did not vary whether a Veteran had a partner, problems with alcohol, or other mental health conditions. The results of this study are an important demonstration of how functional domains, particularly family functioning, can have notable impact on the recovery from PTSD. Read the article... <http://dx.doi.org/10.1037/a0015877>

Evans, L., Cowlshaw, S., & Hopwood, M. (2009). Family functioning predicts outcomes for veterans in treatment for chronic posttraumatic stress disorder. *Journal of Family Psychology*, 23, 531-539. PILOTS ID 32846.

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