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Treatment

Good social support may enhance PTSD treatment outcome: Identifying factors that relate to better treatment outcome is important for optimizing patient care. Investigators from the United Kingdom recently reported new findings on this topic from a study of 77 male and female patients in treatment for chronic PTSD. Participants were randomly assigned to one of three evidence-based individual interventions (exposure therapy, cognitive restructuring, or a combination of these treatments), or to relaxation therapy delivered in group format. Despite the multitude of demographic and trauma-related variables examined, only perceived social support was related to PTSD improvement. Further, greater social support was more strongly related to improvement in the evidence-based treatments than in the relaxation intervention. The authors speculated that social support might be especially important to help patients manage the demands of evidence-based treatment (e.g., temporary increases in distress, homework). However, relaxation therapy was the only intervention offered in groups, so support from group members could have reduced the need for outside support. Clinicians should note, though, that despite the assumed increases in social support in the relaxation condition, participants in the relaxation groups had poorer outcomes relative to participants who received an evidence-based treatment. But the important message from this study is that facilitating social support may be able to help patients optimize the benefits of evidence-based treatment. Read the article...

<http://publications.cpa-apc.org/browse/documents/3>

Thrasher, S., Power, M., Morant, N., Marks, I., & Dalgleish, T. (2010). Social support moderates outcome in a randomized controlled trial of exposure therapy and (or) cognitive restructuring for chronic posttraumatic stress disorder. *Canadian Journal of Psychiatry*, 55, 187-90. PILOTS ID: 34070.

Can Prolonged Exposure be delivered in residential substance abuse settings? Authors of a new review article say yes, with a few adaptations. Despite beliefs among some clinicians that distress related to exposure therapy could impair recovery from substance abuse, research has convincingly shown otherwise. Not only are integrated interventions for PTSD and comorbid substance abuse effective, but reducing PTSD symptoms actually can lead to reductions in substance cravings. Given the empirical support for integrated treatment, as well as research showing that exposure therapy is effective for treating trauma-related symptoms in patients with comorbid substance abuse, the authors assert that Prolonged Exposure is clinically justified in residential substance abuse settings too. The article provides practical information for

implementing Prolonged Exposure in this context. The authors suggest content to be added to the treatment protocol and provide solutions to the constraints of delivery common at residential sites. For example, sessions can be bi-weekly due to shortened stays, patients can use headphones for homework when there is lack of privacy, and other trauma cues can be used in place of more direct *in vivo* exposures when patients cannot leave the facility. Although the authors focus only on residential substance abuse programs, it is exciting to consider how the solutions proposed might also apply to residential sites treating PTSD and/or other conditions (e.g., other addictions, severe mental illness). Read the article...

<http://dx.doi.org/10.1037/a0018235>

Henslee, A.M., & Coffey, S.F. (2010). Exposure therapy for posttraumatic stress disorder in a residential substance use treatment facility. *Professional Psychology- Research and Practice*, 41, 34-40. PILOTS ID: 33931.

Sudden gains in PTSD symptoms during Prolonged Exposure treatment: Progress in therapy is not always linear. Sometimes patients experience sudden, large decreases in symptoms between sessions. So what can clinicians learn from these sudden gains? Investigators at Case Western Reserve University explored the frequency of sudden gains, when they occur in treatment, and their impact on outcomes in 23 women enrolled in a Prolonged Exposure treatment outcome study. Although PTSD, depression, and social adjustment improved in all women by the end of treatment, the 12 women who experienced sudden gains in PTSD symptoms between sessions had better PTSD outcomes at post-treatment. The sudden gains occurred early in treatment: over half occurred between Sessions 3 through 5, and 27% occurred by Session 3. The components of the sessions prior to when the gains occurred included psychoeducation (Session 2 and 3), constructing a fear hierarchy (Session 3), *in vivo* exposure (Sessions 3 and 4), and imaginal exposure (Session 4). Now the question is whether there is something special about these components. Another question is whether some people may especially benefit from these components, or whether these people may have had early sudden gains regardless of the type of treatment received. These questions are important given that sudden gains related to better outcomes. However, despite the advantages that those with sudden gains may be afforded at post-treatment, it is unclear whether the advantages will persist in the long-term. Read the article...<http://dx.doi.org/10.1016/j.brat.2010.02.002>

Doane, L.S., Feeny, N.C., & Zoellner, L.A. (2010). A preliminary investigation of sudden gains in exposure therapy for PTSD. *Behaviour Research and Therapy*, Published online ahead of print. PILOTS ID: 33693.

OEF/OIF Veterans

Differences between women who served in OEF/OIF vs. women Veterans from prior eras: In 2008, investigators at VA Connecticut reported on how male OEF/OIF Veterans who sought VA specialized outpatient PTSD treatment differed from treatment-seeking Vietnam and Persian Gulf War Veterans. Now, again using data from VA's specialized outpatient PTSD programs, these investigators have found that there are also cohort differences among women, and between OEF/OIF women and men. Comparisons within the female cohorts were made two ways: using data collected between 2004-2006 for all cohorts, and using the 2004-2006 data for OEF/OIF Veterans and data from Persian Gulf and Vietnam War Veterans who sought care between 1992-1994. The investigators also made statistical adjustments for age. Overall, the OEF/OIF women had less severe symptoms than the other women. The OEF/OIF women had more social support relative to Vietnam era women, and less sexual and noncombat nonsexual trauma relative to Persian Gulf era women. Almost all of the differences between men and women were statistically significant, although sometimes the differences were small, e.g., 92% of the women vs. 96% of the men reported receiving fire, and 77% of the women vs. 80% of the men had PTSD. Among the most pronounced differences were lower likelihood of women being married (13% vs. 55% of men), ever having been married (68% vs. 26% of men), and

working at admission (51% vs. 62% of men). Women were more likely than men to have experienced sexual trauma and noncombat sexual trauma and to have comorbid mood and anxiety disorders. Although these data are important for program planning, the differences in marriage and employment have clinical implications, suggesting that women may be especially need interventions that enhance social and economic support. Read the article...

<http://dx.doi.org/10.1089/jwh.2009.1389>

Fontana, A., Rosenheck, R., & Desai, R. (2010). Female Veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male Veterans and female war zone Veterans of previous eras. *Journal of Women's Health*, 19, 1-7. PILOTS ID: 33691.

More evidence that PTSD may increase risk of physical illness: PTSD is associated with increased likelihood of medical problems. The causal connection between PTSD and poor physical health is not firmly established, and is likely to involve psychological, biological, and behavioral mechanisms. One problem is that most of the evidence comes from cross-sectional studies—which makes the results of a new investigation conducted using longitudinal administrative data from OEF/OIF Veterans particularly important. Investigators from the Center for Integrated Healthcare at the Syracuse VAMC examined the records of 4,416 OEF/OIF Veterans who received VA primary care services during a 6-year period, from September 11, 2001 through December 31, 2007. At baseline, 6% of the participants had received a diagnosis of PTSD, and 24.6% received a diagnosis during the study period. The average duration of follow-up was almost 18 months, and the range was 0-72 months. The investigators looked at the new onset of diagnosis of 8 different medical disorders; for each disorder, only people who did not have that disorder at baseline were included in the analysis. PTSD was associated with the new onset of hypertensive, circulatory, digestive, nervous system, and musculoskeletal disorders, and with ill-defined signs and symptoms. When interpreting the results, it is important to remember that the data reflect diagnosis, and not actual disease occurrence: for example, a Veteran could have been hypertensive for some time before receiving a diagnosis, and getting diagnosed with PTSD could have increased the chance that a Veteran received additional evaluation that would have increased the chances of other disorders being detected. Read the article... <http://dx.doi.org/10.1097/PSY.0b013e3181d969a1>

Andersen, J., Wade, M., Possemato, K., & Ouimette, P. (2010). Association between PTSD and primary care provider-diagnosed disease among Iraq and Afghanistan Veterans. *Psychosomatic Medicine*, published ahead of print. PILOTS ID: 33694.

Older Veterans

Mental health outcomes in Korean War Veterans: Approximately 10% of living US Veterans served during the Korean era. These 2.3 million Veterans, now mostly in their 80s, make up the nation's oldest cohort of Veterans. Yet few studies have specifically focused on trauma or PTSD in this cohort. Now researchers from the Army and Baylor University have reported on mental health outcomes in a nationally representative sample of 4,030 Korean era Veterans who were surveyed in 2001. The investigators explored differences between Veterans who served in the Korean theater (37%), a proxy for combat experience, and era Veterans who served elsewhere (63%). Not surprisingly, theater Veterans reported worse mental health outcomes than era Veterans. In fact, theater Veterans were twice as likely to have received treatment for PTSD and 1.3 times more likely to report taking less care in daily activities because of emotional problems, in line with prior research showing a strong relationship between combat exposure and negative mental health outcomes in other war cohorts. This study serves as a reminder of ongoing mental health needs among older war Veterans. Perhaps the most important finding is the percentage of surviving Veterans who reported having received treatment for PTSD—5.5%. However, the true prevalence of PTSD and other problems remains unknown because mental health problems were not specifically assessed using validated measures. Furthermore, the fact that the data were collected almost 10 years ago makes it

difficult to generalize the findings to Korean War Veterans who are still alive today. Read the article... <http://dx.doi.org/10.1080/13607860903046560>

Brooks, M.S., & Fulton, L. (2010). Evidence of poorer life-course mental health outcomes among Veterans of the Korean War cohort. *Aging and Mental Health*, 14, 177-183. PILOTS ID: 34166.

Comorbidity

PTSD and other psychiatric disorders related to military misconduct: Military discharges and demotions caused by misconduct can lead to serious consequences for Veterans, making them ineligible for certain government benefits and negatively affecting long-term career achievement. Research with Veterans of eras prior to OEF/OIF has shown that both combat exposure and mental health conditions, including PTSD, are related to military misconduct. Now investigators at the Naval Health Research Center in San Diego have found that these same factors relate to military misconduct in the newest generation of Veterans. The investigators used archival data from 20,746 OEF/OIF Marines to examine how pre-, peri-, and post-deployment variables related to misconduct discharges and demotions. The most common psychiatric diagnoses before and after deployment were substance use disorders, anxiety disorders, and mood disorders. Anxiety disorders, particularly PTSD, made up a higher proportion of diagnoses after deployment than before, suggesting that the onset of these conditions occurred during time spent in a combat zone. Veterans were 9 times more likely to be discharged for misconduct and 5 times more likely to be demoted if they had a psychiatric diagnosis at post-deployment than if they received no diagnosis. The implications of these findings underscore the importance of current efforts by DoD to enhance screening and treatment of mental health problems in Service Members. Early identification and intervention could help them avoid a downward spiral in individual functioning and prevent negative effects on their families and communities as well. Read the article...

<http://journals.lww.com/ionmd/pages/default.aspx>

Booth-Kewley, S., Highfill-McRoy, R., Larson, G., & Garland, C. (2010). Psychosocial predictors of military misconduct. *Journal of Nervous and Mental Disease*, 198, 91-98. PILOTS ID: 33904.

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