National Center for PTSD
Posttraumatic Stress Disorder

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CLINICIAN'S TRAUMA UPDATE

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Assessment

PTSD according to *DSM-5*

New diagnostic criteria for PTSD will be released in May 2013. A study led by the National Center for PTSD tested the proposed diagnostic criteria and suggests how the new criteria will affect prevalence. The criteria for PTSD in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* include 3 new symptoms (for a total of 20) categorized into 4 clusters. Criterion A2 has been deleted. In addition to A1, diagnosis requires one Criterion B ("intrusions"), one Criterion C ("persistent avoidance of stimuli"), two Criterion D ("negative alterations in cognitions and mood"), and two Criterion E ("arousal and reactivity") symptoms. The research team found that the new criteria yielded a 12-month PTSD prevalence of 9.1% in a national community sample, nearly identical to the rate based on *DSM-IV* criteria (9.8%). Data from a clinical sample of trauma-exposed Veterans yielded a similar concordance between *DSM-5* (38.7%) and *DSM-IV* (39.9%). Confirmatory factor analysis and item response theory indicated that the four-cluster symptom organization fit the data from both samples adequately. In addition, the 2 new Criterion D items, "negative expectations" and "distorted blame," aligned well with other symptoms of this cluster. However, the new Criterion E item, "reckless/self-destructive behavior," had poorer alignment with its cluster. Overall, the findings suggest that *DSM-5* criteria correspond well to the structure of data from community and clinical samples and yield prevalence estimates of PTSD comparable to those of *DSM-IV*. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id39382.pdf

Miller, M. W., Wolf, E. J., Kilpatrick, D., Resnick, H., Marx, B. P., Holowka, D. W., Keane, T. M., Rosen, R. C., & Friedman, M. J. (2012, September 3). The prevalence and latent structure of proposed DSM-5 posttraumatic stress disorder symptoms in U.S. national and veteran samples. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. PILOTS ID: 39382

Treatment

Much variability in benzodiazepine prescribing across VA

Benzodiazepines are frequently prescribed for PTSD patients, despite recommendations in the VA/DoD Practice Guideline (and other guidelines) that these medications are not helpful—and even may be harmful—in this population. A team led by investigators at the Iowa City VAMC recently reported that prescription practices for benzodiazepines in the VA vary substantially by geographic location. The investigators examined VA pharmacy data from 1999 through 2009, finding an overall decrease in benzodiazepine prescriptions from 36.5% in 1999 to 30.4% in 2009. Regional variation decreased over this time period as well, from 12.2% to 4.0%. Rural Veterans were more likely than urban Veterans to receive a benzodiazepine prescription, but the difference was primarily confined to those living in the Midwest and South. Rural-urban differences also varied across VAMCs versus community-based outpatient clinics. The authors speculate that the overall decrease since 1999 is due to the release in 2004 of the VA/DoD Practice Guideline, which was updated in 2010 but did not change the recommendations regarding benzodiazepines. They also suggest that the variability across regions and settings reflects uncertainty. Regardless

of the reasons, unwarranted variation in healthcare delivery typically results in poorer outcomes and increased costs. Guideline implementation could help to prevent these problems. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id39380.pdf

Lund, B. C., Abrams, T. E., Bernardy, N. C., Alexander, B., & Friedman, M. J. (2012, October 15). Benzodiazepine prescribing variation and clinical uncertainty in treating posttraumatic stress disorder. *Psychiatric Services*. Advance online publication. PILOTS ID: 39380

Challenges in engaging returning Veterans in VA mental health care

VA has implemented a number of initiatives to help returning Veterans access care for mental health problems. However, a new study led by researchers from the San Francisco VA indicates that many of these Veterans may not be getting all of the care they need. Participants were 314,717 OEF/OIF/OND Veterans who were new users of VA care, had received at least one of six common psychiatric diagnoses, and had either a primary care or mental health outpatient visit between October 2001 and September 2011. By end of the study, less than 35% of Veterans who had been in the VA at least a year had initiated minimally adequate mental health care, defined as at least 8 sessions within 12 months. Only 30% of the Veterans who had at least one outpatient mental health appointment went on to receive minimally adequate care within the year of that visit. The median time between first mental health visit and start of minimally adequate care was 8 years for men and nearly 6 years for women. Delay in care initiation was associated with patient characteristics such as younger age and active duty status, as well as greater distance from the nearest VA. Motivational interventions, particularly for younger male Veterans, along with the rising use of telehealth and outreach by VA, may help close the time gap to mental heath treatment. Read the article...http://dx.doi.org/10.1176/appi.ps.201200051

Maguen, S., Madden, E., Cohen, B. E., Bertenthal, D., Seal, K. H. (2012, October 15). Time to treatment among veterans of conflicts in Iraq and Afghanistan with psychiatric diagnoses. *Psychiatric Services*. Advance online publication. PILOTS ID: 39381

Interventions to increase therapy attendance

Clinicians who treat patients with PTSD know that many do not complete an adequate course of psychotherapy. Recently, British researchers conducted the first quantitative meta-analysis of interventions to increase attendance, focusing on randomized controlled trials that objectively measured attendance. The researchers reviewed 31 studies that evaluated a total of 33 interventions. The mean effect size for attendance was small (d = 0.38), with significant variation across studies. Moderator analyses indicated that the top three most effective interventions were providing choice of appointment times, motivational interviewing, and preparing patients for psychotherapy (ds = 0.64, 0.61, and 0.50). Less intensive strategies, such as telephone/mail reminders, also had a modest impact (d = 0.42). Effect sizes did not differ significantly between group versus individual interventions, nor between trials using an active versus a passive control condition. The results of this review suggest that expanding clinic hours to include nights and weekends, training in motivational interviewing, developing a preparatory patient course, and session reminders may improve therapy attendance. Read the article...http://dx.doi.org/10.1037/a0029630

Oldham, M., Kellett, S., Miles, E., & Sheeran, P. (2012). Interventions to increase attendance at psychotherapy: A meta-analysis of randomized controlled trials. *Journal of Consulting and Clinical Psychology, 80*, 928-939. PILOTS ID: 39413

Seeking PTSD disability compensation is not associated with poorer treatment outcome

Although some authors have raised concerns about disability compensation for PTSD as a disincentive to engage in or benefit from treatment, prior research has failed to substantiate the concern. A new study of almost 800 Veterans treated at 5 VA Specialized Inpatient programs has found that neither seeking PTSD disability compensation nor seeking an increase in compensation was associated with treatment outcome. Participants were 100 female and 666 male Veterans, including 52% Vietnam Veterans and 27% OEF/OIF/OND Veterans. Of the total, 21% were receiving PTSD disability compensation, 30% were seeking compensation, and 49% were seeking an increase in compensation. PTSD and depression outcomes did not differ among the 3 groups. The investigators had expected that OEF/OIF/OND Veterans would have better outcomes than Veterans of other eras, but this was not the case. These newest Veterans had lower treatment expectations, however, something that was independently linked to poorer outcomes. Given that all Veterans might have been concerned that improvement would result in loss of or failure to obtain compensation, this study does not address the question of whether compensation is a disincentive to actual or reported improvement. However, it does show that Veterans who are pursuing a claim are not less likely than Veterans who have a stable claim to benefit from inpatient care. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id87057.pdf

Belsher, B. E., Tiet, Q. Q., Garvert, D. W., & Rosen, C. S. (2012). Compensation and treatment: Disability benefits and outcomes of U.S. veterans receiving residential PTSD treatment. *Journal of Traumatic Stress, 25*, 494-502. PILOTS ID: 87057

Co-Occurring Problems

Factors associated with arrests among OEF/OIF Veterans

Various demographic, family history, and social characteristics have been linked to criminal behavior in the general population.

A new VA study shows that these kinds of characteristics also increase the risk of arrest among OEF/OIF Veterans. The study's findings also help to clarify the role of irritability, substance use, and TBI in addition to the effects of PTSD. Of the 1,388 OEF/OIF Veterans who completed the National Post-Deployment Adjustment Survey, 9.0% reported at least one arrest since returning home. In multivariate analysis, witnessing family violence was the strongest predictor of arrest, increasing the risk over four-fold (OR = 4.06), followed by current substance misuse (OR = 3.37). Male gender (OR = 3.22), previous arrests (OR = 2.31), and younger age (OR = 0.93) were also associated with postdeployment arrest. Veterans with PTSD were more likely than those without PTSD to have been arrested, but only if they had high levels of irritability (OR = 2.12). A history of traumatic brain injury was not a significant predictor. Given the findings, thorough assessments of family and social history, as well as substance misuse, may help identify those at greater risk for involvement in the criminal justice system. Further, the authors recommend assessment and clinical interventions specifically targeting anger and irritability for returning Veterans. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id39353.pdf

Elbogen, E. B., Johnson, S. C., Newton, V. M., Straits-Troster, K., Vasterling, J. J., Wagner, H. R., & Beckham, J. C. (2012, October 1). Criminal justice involvement, trauma, and negative affect in Iraq and Afghanistan war era veterans. *Journal of Consulting and Clinical Psychology*. Advance online publication. PILOTS ID: 39353

Treatment and work outcomes in female Veterans

PTSD researchers and clinicians are often interested to learn how treatment affects functioning, not just symptoms. Historically, PTSD interventions have led to improvements in various co-occurring problems, including work-related issues. New analyses from VA Cooperative Study #494, a randomized clinical trial comparing Prolonged Exposure and Present-Centered Therapy, provide further information about the effect of treatment on work-related outcomes. Examining data from 218 female Veterans, the study investigators found significant and similar decreases in occupational impairment, but not job satisfaction, following both treatments. Loss of PTSD diagnosis following treatment was a key factor in improved work functioning. Veterans without PTSD after treatment showed more improvement on occupational impairment and job satisfaction than those who retained their diagnosis, no matter their current work status or level of depression. However, the effect attenuated over time for self-rated, but not clinician-rated, impairment. Work-related outcomes did not differ by service-connected disability status. In the original trial, Prolonged Exposure outperformed Present Centered Therapy in decreasing PTSD symptoms. The authors had expected the same results for work-related outcomes. One explanation they offer for the discrepant findings is that although Prolonged Exposure decreased PTSD, the effect was too modest to translate into gains for work outcomes. Whatever the reason, the fact that outcomes improved among women who no longer met diagnostic criteria highlights the importance of continuing treatment until clinically meaningful improvement, if not remission, is achieved. Read the article...http://www.ptsd.va.gov/professional/articles/article-pdf/id39410.pdf

Schnurr, P. P. & Lunney, C. A. (2012). Work-related outcomes among female veterans and service members after treatment of posttraumatic stress disorder. *Psychiatric Services*, *63,* 1072-1079. PILOTS ID: 39410

Encouraging findings on VA CBT-D training

Cognitive-behavioral therapy is highly effective for treating depression, one of the most prevalent PTSD comorbidities. As part of its initiative to disseminate evidence-based treatments, VA implemented a national clinical training program in CBT for depression (CBT-D). Now, the program's leaders report on its training and clinical outcomes. A total of 182 VA mental health therapists completed the training, which consists of a 3-day workshop followed by 6 months of weekly telephone consultation on 1-2 patients. Based on ratings of session recordings, 87% of therapists reached the criterion for competence during the consultation period. The therapists treated a total of 356 patients. Intent-to-treat analysis using the last observation carried forward indicated a 30% average decline in depression on the Beck Depression Inventory-II. The decrease was 39% among the 227 Veterans who completed at least 10 sessions. Treatment completers also reported improved quality of life. The findings indicate that CBT-D can be effectively disseminated and improve patient well-being in real-world clinics. This study also highlights the importance of consultation and performance-based assessment for skills change. Read the article...http://dx.doi.org/10.1037/a0029328

Karlin, B. E., Brown, G. K., Trockel, M., Cunning, D., Zeiss, A. M., & Taylor, C. (2012). National dissemination of cognitive behavioral therapy for depression in the Department of Veterans Affairs health care system: Therapist and patient-level outcomes. *Journal of Consulting and Clinical Psychology*, *80*, 707-718. PILOTS ID: 39391

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