



## ISSUE 9(1) February 2015

**CTU-Online** contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PILOTS ID for easy access. ([What is PILOTS?](#))

If you have trouble accessing the full article, see the box at the bottom of the last page for help.

[Subscribe to CTU-Online](#) and [search past issues](#) at [www.ptsd.va.gov](http://www.ptsd.va.gov).

We welcome feedback from readers about content and format. Please email us at [ncptsd@va.gov](mailto:ncptsd@va.gov).

Editor

**Paula P. Schnurr, PhD**

Senior Associate Editor

**Barbara A. Hermann, PhD**

Associate Editor

**Juliette M. Mott, PhD**

**CTU-Online** is published 6 times per year by the National Center for PTSD, Executive Division.

## Treatment

### Seeking Safety plus sertraline for PTSD and alcohol use disorder

Very little research has examined whether medication and psychotherapy have synergistic effects in treating PTSD (see [February 2012](#) issue of *CTU-Online*)—which makes the results of a new study especially relevant. Investigators from the City University of New York and the New York State Psychiatric Institute conducted a randomized clinical trial of Seeking Safety (SS), an integrated treatment for PTSD and substance misuse, with and without sertraline. Results were mixed. Sixty-nine participants were recruited from the community or provider referrals; all had full or subthreshold PTSD and nearly 90% were alcohol dependent. Following a one-week single-blind placebo lead-in phase and motivational enhancement session, participants were randomly assigned to 12-sessions of SS plus either sertraline or placebo. PTSD and drinking improved for both groups following treatment and at 6- and 12-month follow-up. Although there were no

between-group differences on any drinking outcome, participants who received sertraline reported greater posttreatment improvement in PTSD (CAPS between-group  $d = .83$ ), with large between-group effects maintained through follow-ups. Also, the percentage of participants who had at least a 15-point drop on the CAPS posttreatment was greater in the SS plus sertraline group (79%) versus the placebo group (48%). Because all participants received a brief version of SS, it is not clear whether medication would enhance a standard 25-session SS protocol. The findings suggest that sertraline can improve PTSD outcomes of brief SS treatment, but leave unanswered the question of how to improve drinking outcomes. Read the article... <http://dx.doi.org/10.1037/a0038719>

Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M.-C., Cohen, L. R., & Herron, A. (2015). Combining Seeking Safety with sertraline for PTSD and alcohol use disorders: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*. Advance online publication. PILOTS ID: 43301

## Special Notices

### Effectiveness review of mindfulness

Investigators from the VA Evidence-Based Synthesis Program examined systematic reviews and RCTs on mindfulness-based interventions for various conditions, including issues common among Veterans such as PTSD and depression. Their findings, including a map of the evidence, are now published. Read the report... [http://www.hsrd.research.va.gov/publications/esp/cam\\_mindfulness.cfm](http://www.hsrd.research.va.gov/publications/esp/cam_mindfulness.cfm)

Hempel, S., Taylor, S. L., Marshall, N. J., Miake-Lye, I. M., Beroes, J. M., Shanman, R., Solloway, M. R., & Shekelle, P. G. (2014). Evidence Map of Mindfulness. VA-ESP Project #05-226

### Journal issue covers epidemiological research on military personnel

The January 2015 issue of *Epidemiologic Reviews* includes 13 articles on physical and mental health issues, as well as health behavior, among Servicemembers and Veterans. Read the issue... <http://epirev.oxfordjournals.org/content/37/1?etoc>

Ibrahim, M. A. (Editor-In-Chief.) (2015). Epidemiologic approaches to veterans' health. *Epidemiologic Reviews*, 37.

## Are evidence-based PTSD treatments safe for patients with psychosis?

Many clinicians are reluctant to offer trauma-focused psychotherapy to patients with a current psychotic disorder due to safety concerns or uncertainty about whether the treatment will be effective in this population. Results of a randomized controlled trial of PE and EMDR suggest that these clinicians might want to reconsider. Investigators in the Netherlands examined whether patients with psychosis can tolerate and benefit from PTSD treatment. Participants were 155 patients with PTSD and comorbid psychosis recruited from Dutch outpatient clinics who were randomly assigned to receive PE or EMDR, or placed on a wait list; all patients were provided with treatment as usual for psychosis. Overall, PE and EMDR performed similarly; patients who received either treatment had significantly greater improvements on the Clinician-Administered PTSD Scale compared with patients in the wait list group. The treatments also had similar dropout (PE: 24.5%, EMDR: 20.0%). Although the investigators did not assess changes in psychotic symptoms, there were no group differences in changes in anti-psychotic treatment and PTSD treatment was well tolerated; there were 3 severe adverse events among treatment participants (2 in PE, 1 in EMDR) and 4 among participants who did not receive PTSD treatment. Results indicate that PE and EMDR are safe and effective in patients with psychosis. The authors suggest that there is no need to wait to begin PTSD treatment until psychotic symptoms are stabilized. Read the article... <http://dx.doi.org/10.1001/jamapsychiatry.2014.2637>

van den Berg, D. P., de Bont, P. A., van der Vleugel, B. M., de Roos, C., de Jongh, A., Van Minnen, A., & van der Gaag, M. (2015). Prolonged Exposure vs. Eye Movement Desensitization and Reprocessing vs. waiting list for posttraumatic stress disorder in patients with a psychotic disorder: A randomized clinical trial. *JAMA Psychiatry*. Advance online publication. PILOTS ID: 43279

## Prolonged Exposure debuts in group format

Unlike other PTSD treatments that can be delivered in group formats, PE has traditionally been an individual treatment—until now. Recently, investigators at VA Ann Arbor pilot-tested a new group model of Prolonged Exposure, Group PE. Participants were 67 Veterans enrolled in a VA PTSD clinic. Groups of 4-5 Veterans met for 12 weekly 60-minute sessions focused on psychoeducation and in-vivo exposure; Veterans did not talk in detail about their traumas with the group. To complete imaginal exposure, Veterans met separately with one of the two group therapists for 5 hour-long individual sessions. Most Veterans (73.1%) completed treatment, attending at least 6 group and 2 individual sessions. PTSD symptoms improved during treatment, with an average decrease of 14.9 points on the Clinician Administered PTSD Scale. These initial outcomes are promising, and there is no question that Group PE requires less provider time. To treat 5 patients, individual PE takes 72 provider hours whereas Group PE takes only 44. If future studies show that Group PE is an equally effective alter-

native to traditional PE, then this could drastically increase the reach of this evidence-based treatment. Read the article...

<http://dx.doi.org/10.1016/j.janxdis.2014.12.008>

Smith, E. R., Porter, K. E., Messina, M. G., Beyer, J. A., Defever, M. E., Foa, E. B., & Rauch, S. A. (2014). Prolonged Exposure for PTSD in a veteran group: A pilot effectiveness study. *Journal of Anxiety Disorders*, 30, 23-27. PILOTS ID: 43337

## Evidence-based treatment not the first course on the menu in VA PTSD programs

In the absence of conclusive research, there is debate about whether or not patients who present for PTSD treatment should begin evidence-based psychotherapies like CPT and PE right away, without any preparatory treatment to enhance “readiness.” Investigators from the National Center for PTSD conducted qualitative interviews with 38 directors of VA specialized PTSD outpatient programs in order to examine how these programs currently approach the issue. Every program offered both CPT and PE. Directors generally held positive attitudes about these treatments, but it was rare for Veterans to start CPT or PE right away. In 30 interviews, directors mentioned treatment readiness as a prerequisite; 90% of these 30 programs required Veterans to first attend preparatory groups (e.g., psychoeducational, skills-based, or orientation groups). Length ranged from 1 session (22% of programs) to 7-12 sessions (26% of programs), indicating wide variability in perceptions about what is needed to enhance readiness. Directors believed that preparatory groups increased readiness for CPT and PE by improving coping skills and motivation and helping Veterans make informed treatment decisions. Another perceived benefit was that preparatory groups allowed Veterans to show that they can attend regular sessions and complete homework. However, most directors did not have information on whether preparatory groups improved PTSD treatment engagement or outcomes. Although preparatory groups appear to be the norm, what benefits they confer and if they are a barrier to evidence-based PTSD treatment is unknown. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43299.pdf>

Hamblen, J. L., Bernardy, N. C., Sherrieb, K., Norris, F. H., Cook, J. M., Louis, C. A., & Schnurr, P. P. (2015). VA PTSD clinic director perspectives: How perceptions of readiness influence delivery of evidence-based PTSD treatment. *Professional Psychology: Research and Practice*. Advance online publication. PILOTS ID: 43299

## Do provider characteristics matter when it comes to PE outcomes?

With the recent increase in new mental health providers within VA, clinic administrators may wonder if some providers are more suited than others to deliver evidence-based PTSD treatment. Investigators from the National Center for PTSD and VA Central Office examined outcomes from VA's national PE train-

ing program and provide some surprising answers. Nearly all of the 1,105 mental health providers participating in the PE training were psychologists (57.3%) or social workers (37.1%) and treated a total of 3,133 Veterans. After accounting for patient-level factors, the investigators examined the impact of provider-level characteristics on patient outcomes. Study findings were contrary to hypotheses; Veterans treated by providers with a cognitive-behavioral orientation, previous PE training, more years treating PTSD, lower perceived burden of using PE, or positive attitudes toward PE were not more likely to complete the recommended 8 sessions of PE or to report greater symptom improvement. Only one factor made an impact on symptoms: Veterans treated by social workers (versus psychologists) had greater improvements in PTSD and depression, but the difference was not clinically meaningful. The findings highlight that providers do not have to come from a cognitive-behavioral background or have previous experience with PE to learn and deliver PE effectively. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43336.pdf>

Eftekhari, A., Crowley, J. J., Ruzek, J. I., Garvert, D. W., Karlin, B. E., & Rosen, C. S. (2015). Training in the implementation of Prolonged Exposure therapy: Provider correlates of treatment outcome. *Journal of Traumatic Stress*. Advance online publication. PILOTS ID: 43336

## Online training in CBT skills, with or without telephone consultation

Online training offers great potential to widely disseminate proven clinical practices. However, there is little information about how to conduct online training in order to help providers learn and implement new skills. Investigators from the National Center for PTSD and the New England Research Institutes report encouraging findings from a randomized controlled trial testing a web-based cognitive-behavioral skills training for PTSD providers. A total of 168 VA mental health providers were randomized to an online training covering three types of skills (motivational enhancement, behavioral task assignment, and goal setting) plus weekly telephone-based small-group consultation, the online training without consultation, or no training. Blind raters evaluated providers' skill acquisition in a unique and objective way, using role-plays with actors trained to perform a standardized patient encounter. Compared to the group that did not receive training, providers in both training conditions improved their motivational enhancement and behavioral task assignment skills, but not goal setting skills. Providers who received the additional consultation objectively performed better than those without consultation, but only on the motivational enhancement module. Secondary analyses sug-

gested that completion of at least 3 consultation sessions was superior to online only training across the modules. The investigators acknowledge that improvements in provider skills were moderate and the impact on patient outcomes is unknown. Nevertheless, online training has potential for large health care systems such as VA. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43202.pdf>

Ruzek, J. I., Rosen, R. C., Garvert, D. W., Smith, L. D., Sears, K. C., Marceau, L., Harty, B. & Stoddard, A. M. (2014). Online self-administered training of PTSD treatment providers in cognitive-behavioral intervention skills: Results of a randomized controlled trial. *Journal of Traumatic Stress*, 27, 703-711. PILOTS ID: 43202

## Suicide

### Unknown reasons for elevated suicide among deployed women

Findings from the Army STARRS study (Army Study to Assess Risk and Resilience in Servicemembers) show that the effect of deployment on suicide is three times greater among women than men. A new study from the Army STARRS team attempted to understand why, although with limited success. Data were extracted from records of 975,057 male and female Servicemembers who served between 2004-2009; 569 died by suicide. The investigators explored four variables that could account for the increased effect of deployment on suicide in women: (1) the proportion of women in a soldier's occupation; (2) the proportion of same-gender soldiers in that soldier's unit; (3) whether the soldier had experienced sexual assault in the past year, and (4) the soldier's history of psychiatric disorder before deployment. None of these factors accounted for the gender difference. The elevated impact of suicide in women remained, regardless of the inclusion of these variables in models that accounted for a range of covariates. The authors suggest that low statistical power may have limited their ability to find effects; despite the large sample size, there were relatively few women who deployed or who committed suicide. The authors offer suggestions about future research. For now, it is important for clinicians to be aware that deployment may have pronounced effects on suicide in women and to pay particular attention to suicidal thoughts and behaviors in female Servicemembers. Read the article... <http://www.ptsd.va.gov/professional/articles/article-pdf/id43338.pdf>

Street, A. E., Gilman, S. E., Rosellini, A. J., Stein, M. B., Bromet, E. J., Cox, K. L., ... & Kessler, R. C. (2014). Understanding the elevated suicide risk of female soldiers during deployments. *Psychological Medicine*, 45, 717-726. PILOTS ID: 43338

### Trouble Getting the Full Text of an Article?

Articles authored by National Center for PTSD staff are available in full text. For other articles we provide a link to where you might be able to view or download the full text. VA clinicians might have privileges through their VA library or university affiliation; however, VA firewalls sometimes block permissions to access reference materials. If you cannot access the full text of any of these article, we advise that you contact your local librarian or web/internet technical person.