National Center for PTSD
Posttraumatic Stress Disorder

CTU Online

CLINICIAN'S TRAUMA UPDATE

CTU-Online is an electronic newsletter produced by the VA National Center for PTSD. Subscribe at: www.ptsd.va.gov

ISSUE 7(2) April 2013

In This Issue:

Treatment
OEF/OIF/OND Veterans

CTU-Online contains summaries of clinically relevant research publications including links to the full article (Trouble accessing? See bottom of last page) and the PILOTS ID number for easy access. (What is PILOTS?)

Editorial Members:

Editor
Paula P. Schnurr, PhD

Senior Associate Editor
Barbara A. Hermann, PhD

U.S. Department of Veterans Affairs

Treatment

Dementia does not need to be a barrier to implementing Prolonged Exposure for PTSD

Understanding how to treat older Veterans is an increasing priority, particularly as the population of Vietnam Veterans ages. One potential challenge is how to address dementia—specifically, whether dementia is a barrier to delivering cognitive-behavioral therapies like Prolonged Exposure. The answer to this question appears to be *no*, according to a recent case study. The authors, based at the Ann Arbor VA Healthcare System, implemented PE with a 65-year-old Veteran who had PTSD and early-stage dementia. They describe several modifications that were necessary to accommodate the Veteran's impaired cognitive abilities, e.g., allowing his wife to participate in many of the sessions and homework assignments and spreading the content that is typically delivered in the first 2 sessions over 5 sessions. However, over 14 sessions, the authors helped the Veteran participate in typical imaginal and in-vivo exposure exercises; an interesting note regarding imaginal exposure is that the Veteran's memory for his trauma was good, despite his impaired short-term memory. The patient had substantial improvements in PTSD and depression. For example, scores on the Clinician-Administered PTSD Scale dropped from 101 to 52 after treatment and declined to 46 at 6-month follow-up. Of course, this article is based on only a single case. More rigorous study is needed. But by demonstrating the feasibility and potential effectiveness of using PE even with patients who have dementia, the study sends a hopeful message to clinicians and aging Veterans. Read the article... http://dx.doi.org/10.1016/j.cbpra.2012.02.001

Duax, J. M., Waldron-Perrine, B., Rauch, S. A. M., & Adams, K. M. (2013). Prolonged exposure therapy for a Vietnam Veteran with PTSD and early-stage dementia. *Cognitive and Behavioral Practice, 20*, 64-73. PILOTS ID: 38599

Adherence in Cognitive Processing Therapy for PTSD and mTBI

Research suggests that Cognitive Processing Therapy for PTSD can be used effectively with individuals who have traumatic brain injury. In the June 2011 *CTU-Online*, we reported

Special Notice

Dissemination of evidence-based treatments for PTSD: A new article reviews the evidence for cognitive-behavioral treatments for PTSD and discusses the barriers to widespread adoption of evidence-based treatments. The authors also identify initiatives to disseminate exposure therapies and offers suggestions to promote greater use of PE and other evidence-based therapies. Read the article... http://dx.doi.org/10.1177/1529100612468841

Foa, E. B., Gillihan, S. J., & Bryant, R. A. (2013). Challenges and successes in dissemination of evidence-based treatments for posttraumatic stress: Lessons learned from Prolonged Exposure Therapy for PTSD. *Psychological Science in the Public Interest, 14*, 65-111. PILOTS ID: 40258

on positive outcomes from a CPT-based residential PTSD/TBI treatment program at the Cincinnati VAMC. The same research team recently published treatment adherence findings from OEF/OIF Veterans with and without mTBI who received outpatient CPT for PTSD. Of the 136 study participants with combat-relayed PTSD, 44 (32%) had a documented mTBI. At pretreatment, Veterans with PTSD/mTBI did not differ from Veterans with PTSD on any demographic characteristics, comorbidity, or service connected disability rating, but the mTBI group had higher average PTSD severity on both self-reported and clinical interview measures (PCL = 61.3 vs. 57.1; CAPS = 74.1 vs. 67.9). Although Veterans with mTBI attended a slightly higher number of sessions (*M* = 9.6) than those without mTBI (*M* = 7.9), the groups did not differ in dropout (38% for PTSD only, 38.6% for PTSD/mTBI). However, there was some indication that patterns of dropout differed. Nearly all the Veterans with mTBI who dropped out (16 out of 17) did so before session 4, when trauma processing begins in CPT. In contrast, only 19 out of the 39 dropouts in the PTSD-only group dropped out before session 4. The study did not include analyses of treatment outcomes. The findings suggest that Veterans with mTBI may benefit from interventions that decrease the risk of early dropout from individual outpatient PTSD treatment. Read the article... http://dx.doi.org/10.1037/a0031525

Davis, J. J., Walter, K. H., Chard, K. M., Parkinson, R. B., & Houston, W. S. (2013). Treatment adherence in cognitive processing therapy for combat-related PTSD with history of mild TBI. *Rehabilitation Psychology, 58*, 36-42. PILOTS ID: 40081

Qualified optimism about the state of research and practice in psychotherapy for military-related PTSD

A new qualitative literature review indicates that knowledge about the treatment of military-related PTSD has come a long way in the past 10 years. Studies have demonstrated that Veterans can benefit from evidence-based treatment, but there are gaps in both knowledge and practice. Findings from randomized clinical trials show that trauma-focused therapies like Prolonged Exposure and Cognitive Processing Therapy are effective, more so than supportive or other therapies. However, there is room for improvement. Not enough Veterans experience a significant clinical response—at least in research studies that have used fixed protocols with a standardized number of sessions. Also, in practice, many Veterans do not get effective treatments because they fail to seek care or refuse it when offered, or because they drop out of treatment prematurely. The authors call for prospective observational research to document outcomes in the broadest possible range of patients with military-related PTSD. The authors also recommend comparative effectiveness trials that, such as a newly-funded VA Cooperative Study that will compare Prolonged Exposure with Cognitive Processing Therapy. Additional recommendations are for research on active-duty populations and treatment process and enhanced monitoring of practical outcomes such as remission and quality of life. Read the article... http://dx.doi.org/10.1016/j.cpr.2012.10.002

Steenkamp, M. M., & Litz, B. T. (2013). Psychotherapy for military-related posttraumatic stress disorder: Review of the evidence. *Clinical Psychology Review, 33*, 45-53. PILOTS ID: 39726

Gender differences in response to Cognitive Processing Therapy?

Nearly all studies of treatment for PTSD related to interpersonal trauma have focused on women. As a result, understanding of how men recover from this type of trauma is limited. A new study reports on gender differences in the only randomized clinical trial of Cognitive Processing Therapy for men and women with interpersonal trauma (see December 2012 *CTU-Online*). The study participants included 22 men and 47 women with sexual and/or physical assault trauma. Baseline assessments revealed no gender differences in PTSD and depression severity, comorbid diagnoses, or trauma histories, except that women reported a higher prevalence of adult sexual assault. Gender did not affect dropout or the number of sessions needed to achieve criteria for successful completion (on average, 11.4 for men and 10.6 for women). Intent-to-treat analyses showed no differences between men and women in improvement in posttraumatic stress and depression over the course of study. However, there was a trend toward a greater rate of change on both outcomes for women. Also, women experienced quicker treatment gains than men on overall guilt, guilt cognitions, anger and irritability, and dissociation. Overall, the findings indicate that men and women with interpersonal trauma respond equally well to Cognitive Processing Therapy in terms of PTSD and depression outcomes. The authors proposed that the observed differences in guilt, anger, and dissociation suggest that men may benefit from additional therapeutic attention to address these specific issues. Read the article... http://dx.doi.org/10.1016/j.brat.2013.02.002

Galovski, T. E., Blain, L. M., Chappuis, C., & Fletcher, T. (2013). Sex differences in recovery from PTSD in male and female interpersonal assault survivors. *Behaviour Research and Therapy, 51*, 247-255. PILOTS ID: 40259

Integrated CBT for PTSD and alcohol use disorder

In 2012, Australian researchers published the results of a large randomized controlled trial of an integrated treatment for comorbid PTSD and substance dependence. Although PTSD improved more in integrated treatment than in usual treatment, substance use outcomes improved similarly in both groups. This year several authors of that study reported the results of an RCT examining an integrated cognitive-behavioral therapy for PTSD and alcohol problems. Sixty-two participants received 12 sessions of either CBT for alcohol use disorder plus

supportive counseling or an integrated protocol combining CBT for alcohol use disorder with exposure and cognitive restructuring for PTSD. Although there were no between-group differences in PTSD symptoms from baseline through 5-month follow-up, the integrated treatment group was 2.5 times more likely to experience a meaningful decrease in PTSD symptoms. The beneficial effect of integrated therapy on PTSD occurred among participants who received exposure, which was only 55% of the group (because of dropout, refusal, or suicide risk requiring termination). During treatment, the integrated group reported more re-experiencing and consumed more drinks per week than the non-integrated group, especially during exposure. However, levels of alcohol use during treatment remained below baseline for both groups. The alcohol-alone treatment group did better on several alcohol use measures through the 5-month follow-up, but these participants also reported receiving additional substance use treatment during the follow-up. The study highlights the importance of adequate exposure in integrated treatment for PTSD and alcohol use disorder but suggests that there is a need for strategies to reduce the risk of drinking during treatment. Read the article... http://dx.doi.org/10.1111/add.12167

Sannibale, C., Teesson, M., Creamer, M., Sitharthan, T., Bryant, R. A., Sutherland, K., . . . Peek-O'Leary, M. (2013, April 4). Randomized controlled trial of cognitive behaviour therapy for comorbid posttraumatic stress disorder and alcohol use disorders. *Addiction.* Advance Online Publication. PILOTS ID: 40190

Pilot evaluation of AfterDeployment.org's workshop for posttraumatic stress

The DoD's AfterDeployment.org website was developed to increase reach of behavioral health resources, offering education, assessment, and self-help coping tools on many post-deployment-related topics. A new pilot study tested the effectiveness of the site's posttraumatic stress module. The study sample included 11 student Veterans who served in OEF/OIF and who scored at least 30 on the PTSD Checklist-Military version (M = 48.8). Veterans were randomized to either a 3-, 4-, or 5-week baseline period of weekly online assessments followed by 8 weekly online sessions on posttraumatic stress from AfterDeployment.org. Symptom reports during the baseline period varied highly across Veterans. Weekly assessments during the intervention phase indicated that 10 Veterans had decreases in posttraumatic stress symptoms, 6 had decreases in depression, 7 had improved overall functioning, and 8 had improved educational functioning. Satisfaction and usability ratings were generally positive. The two Veterans with the highest initial PCL scores and the one Veteran with the lowest score showed minimal engagement with, and improvement from, the online sessions. The authors suggest that the posttraumatic stress workshop modules may be best suited for Veterans with moderate levels of symptoms. A larger trial that includes a broader range of Veterans is needed to confirm this suggestion and strengthen the preliminary evidence of effectiveness offered by this study. Read the article... http://www.ptsd.va.gov/professional/articles/article-pdf/id40257.pdf

Bush, N. E., Prins, A., Laraway, S., O'Brien, K., Ruzek, J., & Ciulla, R. P. (2013, March 25). A pilot evaluation of the AfterDeployment.org online posttraumatic stress workshop for military Service Members and Veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance Online Publication. PILOTS ID: 40257

OEF/OIF/OND Veterans

Use of mental health care in a national sample of OEF/OIF Veterans

Various factors may contribute to nonuse of mental health treatment. A survey by VA researchers of a nationally-representative sample of OEF/OIF Veterans indicates that gender and type of presenting problem are two important factors that affect treatment attitudes and likelihood of treatment utilization. Using VA's roster of OEF/OIF Veterans, researchers surveyed 1,388 male and female Veterans: 20.0% screened positive for PTSD, 24.0% for depression, and 27.0% for alcohol misuse. Of Veterans with at least one positive screen, one-quarter reported a history of using outpatient mental health or substance use services. Of these Veterans, 45.6% had used only VA care and 39.0% had used only non-VA care. Women were more likely than men to seek mental health services from non-VA rather than VA facilities. Most Veterans with probable PTSD (69.0%) or depression (66.9%) used mental health services in the past year, whereas those with probable alcohol misuse were less likely to do so (44.8%). Negative opinions about mental health treatment were more common among Veterans with alcohol misuse comorbid with either PTSD or depression than among Veterans with PTSD or depression alone. Veterans who had not accessed care were more likely to believe that individuals need to solve their own problems and did not want to be prescribed medications. The survey findings indicate a need for strategies to engage more women in VA care and to motivate Veterans with alcohol misuse into care. Read the article... http://www.ptsd.va.gov/professional/articles/article-pdf/id39988.pdf

Elbogen, E. B., Wagner, H. R., Johnson, S. C., Kinneer, P., Kang, H., Vasterling, J. J., . . . Beckham, J. C. (2013). Are Iraq and Afghanistan Veterans using mental health services? New data from a national random-sample survey. *Psychiatric Services, 64*, 134-141. PILOTS ID: 39988

Gender differences in PTSD symptoms

The prevalence of PTSD appears to be similar in male and female Veterans of the wars in Iraq and Afghanistan. It is less clear whether there are differences in the types of symptoms reported. A study by researchers from the National Center for PTSD suggests more similarity than difference. The study sample included 1,139 men and 1,209 women from VA's OEF/OIF roster of separated Veterans who responded to a larger

survey on deployment and postdeployment experiences. There were no gender differences in item and total score means on the PCL-M. The prevalence of PTSD was 23.4% for men and 21.0% for women. Analyses based on item response theory indicated that men and women with the same total severity responded differently to 4 items on the PCL-M. Specifically, men had higher levels of nightmares and emotional numbing, whereas women had higher reminder-related distress and concentration problems. Men were also more likely to report more hypervigilance than women, but only when total PTSD severity was low to moderate. Although statistically significant, all gender differences were very small and did not affect how well the PCL-M measured PTSD for either gender. The findings indicate that, among OEF/OIF Veterans, gender-related differences on PTSD symptom expression are likely too small to be clinically meaningful and that the PCL-M is a reliable measure of posttraumatic stress severity for both men and women. Read the article... http://www.ptsd.va.gov/professional/articles/article-pdf/id87445.pdf

King, M. W., Street, A. E., Gradus, J. L., Vogt, D. S., & Resick, P. A. (2013). Gender differences in posttraumatic stress symptoms among OEF/OIF Veterans: An item response theory analysis. *Journal of Traumatic Stress, 26*, 175-183. PILOTS ID: 87445

Subscribe to the CTU-*Online*

Subscribe to the CTU-Online published 6 times per year and sent via email by the Executive Division of the VA National Center for PTSD in White River Junction, VT.

We welcome feedback from readers about content and format. Please email us at ncptsd@va.gov.

You can search past issues of CTU-Online at www.ptsd.va.gov

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 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.