Prolonged Exposure for Primary Care (PE-PC)

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Disclaimer: The views expressed in this presentation are solely those of the author(s) and do not reflect an endorsement by or the official policy or position of the U.S. Army, the U.S. Air Force, the Department of Defense, the Department of Veterans Affairs, or the U.S. Government.

Funding: This presentation includes work supported by DOD and other funders. Dr. Rauch has received grant funding from VHA and DOD, VA Ann Arbor Healthcare System and VA Atlanta Healthcare System support.
Trial Registration: Clinicaltrials.gov identifier: NCT02290639

Funding for this work was made possible by the U.S. Department of Defense through the U.S. Army Medical Research and Materiel Command, Congressionally Directed Medical Research Programs, Psychological Health and Traumatic Brain Injury Research Program awards W81XWH-08-02-109 (Alan L. Peterson) and W81XWH-08-02-0114 (Brett T. Litz).
Research Goals

- Increase efficacy, effectiveness, and access of PTSD treatment through research on:
  - Biomarkers of diseases process and change
  - Mechanisms of change in effective treatment
    - How can we make it work better, faster, for more people
    - How can we see response outside of self-report measures
  - Effectiveness of treatment
    - How does treatment work in practice
    - How much can we change to fit the setting, site, veteran before it breaks
    - System factors that can help or hinder practice
  - Flexible models of care for people where they want treatment
    - Home based telehealth
    - PC
Many veterans with PTSD never seek treatment, refuse treatment when offered, or drop out early.

- Increase reach with therapy option in PC
- Created to fit PC model for care and training
- Facilitated referral to specialty care
- Pilot and RCT show efficacy in Military Treatment facility
- VA PCMH Training currently underway
- VA PCMH Training with support from NCPTSD and CIH
- AF BHOP Training Program Underway
4 Sessions
Appointment 0

- Duration: thirty-minute appt
- Brief Assessment (PCL-M)
- Education
  - Normal recovery curve; “getting stuck”
  - Role of avoidance in maintaining symptoms
  - Evidence for exposure-based treatments
- Presentation of treatment options
  - Primary care vs Specialty care vs Self-care
Appointment 1

- “Confronting Uncomfortable Memories” workbook
  - Write narrative of traumatic experience
  - Answer emotional processing questions
- Prescribe as homework
  - Goal: 30 minutes write/review daily
  - Self-monitor SUD’s
- Problem-solve homework implementation
  - When/where of homework
  - Barriers to completion
Appointments Two to Four

- Discuss homework completion
  - Review SUD’s
- Read narrative out loud (at least once)
- Read answers to processing questions out loud
- Focused discussion of problematic beliefs and emotions
- Re-assign writing assignment as homework
- Encourage opportunities for in vivo exposure
Design and Methodology

• **Purpose:** Evaluate effectiveness of brief PTSD therapy adapted for use in military primary care settings
  
• **Study 1:** Pilot study (N = 24)
  
• **Study 2:** Randomized two-group design (N = 67)
  
  - Participants randomly assigned to immediate treatment or minimal contact (MC) condition.
  
  - *Brief Prolonged Exposure for Primary Care (PE-PC)*
    - Treatment delivered in 4 thirty-minute sessions over 6-weeks.
  
  - Participants first assigned to MC offered PE-PC at conclusion of initial 6 week period
Measures

- **Primary:**
  - PTSD Symptom Scale, (PSSI) Interview Version
    - 17-item clinical interview for DSM-IV PTSD symptoms
  - PTSD Checklist - Military Version (PCL-M)
    - 17-item self-report measure of PTSD symptoms over past month
- **Secondary:**
  - Patient Health Questionnaire-9 (PHQ-9)
    - 9-items self-report measure corresponding to the DSM-IV major depression criteria
  - Behavioral Health Measure (BHM).
    - 20-item self-report measure commonly used in integrated primary care to assessing general distress and life functioning
Treatment of Active-Duty Military With PTSD in Primary Care: Early Findings

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Brooke Army Medical Center

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Ann Hryshko-Mullen  
Wilford Hall Medical Center

Alan L. Peterson  
University of Texas Health Science Center at San Antonio

STRONG STAR Consortium

The study presents early findings from an ongoing pilot study of a cognitive–behavioral treatment for assisting active-duty military members with deployment-related posttraumatic stress disorder (PTSD) designed for use by psychologists working in an integrated primary care clinic. Treatment protocol is based primarily on Prolonged Exposure but also includes elements of Cognitive Processing Therapy that were adapted for use in primary care. Individuals were recruited from the population of patients consulted to the psychologist by primary care providers during routine clinical care. The 15 participants include active-duty or activated reserve Operation Iraqi Freedom and Operation Enduring Freedom veterans seeking help for deployment-related PTSD symptoms, with a PTSD Checklist-Military Version score 32, and interest in treatment for PTSD in primary care. Baseline and 1-month posttreatment follow-up evaluations were conducted by an independent evaluator. Five participants (33%) dropped out of the intervention after one or two appointments. Using the last observation carried forward for intent-to-treat analyses, the results showed that PTSD severity, depression, and global mental health functioning all significantly improved with the intervention. Fifty percent of treatment completers no longer met criteria for PTSD.
Treatment of active duty military with PTSD in primary care: A follow-up report

Jeffrey A. Cigrang, Sheila A.M. Rauch, Jim Mintz, Antoinette Brundige, Laura L. Avila, Craig J. Bryan, Jeffrey L. Goodie, Alan L. Peterson, the STRONG STAR Consortium

A R T I C L E  I N F O

Article history:
Received 31 July 2015
Received in revised form
25 September 2015
Accepted 8 October 2015
Available online 22 October 2015

Keywords:
PTSD
Military
Primary care

A B S T R A C T

First-line trauma-focused therapies offered in specialty mental health clinics do not reach many veterans and active duty service members with posttraumatic stress disorder (PTSD). Primary care is an ideal environment to expand access to mental health care. Several promising clinical case series reports of brief PTSD therapies adapted for primary care have shown positive results, but the long-term effectiveness with military members is unknown. The purpose of this study was to determine the long-term outcome of an open trial of a brief cognitive-behavioral primary care-delivered protocol developed specifically for deployment-related PTSD in a sample of 24 active duty military (15 men, 9 women). Measures of PTSD symptom severity showed statistically and clinically significant reductions from baseline to posttreatment that were maintained at the 6-month and 1-year follow-up assessments. Similar reductions were maintained in depressive symptoms and ratings of global mental health functioning.
Changes in PTSD (PSSI)

- Baseline (N=35): 26.58
- Post-tx (N=22): 16.53
- 6-month (N=21): 14.1

Cigrang et al., 2011; Brundige et al., 2012
Pilot Study Results

Table

Changes in Clinician-Rated PTSD Symptom Severity (PSS-I)

<table>
<thead>
<tr>
<th></th>
<th>EM Estimation (MIXED)</th>
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<tr>
<td></td>
<td>Mean</td>
<td>StdErr</td>
<td>ES</td>
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<tr>
<td>Baseline</td>
<td>26.58</td>
<td>1.76</td>
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<tr>
<td>Posttreatment</td>
<td>16.53</td>
<td>2.00</td>
<td>1.17</td>
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<tr>
<td>6-month follow-up</td>
<td>14.10</td>
<td>2.19</td>
<td>1.45</td>
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<tr>
<td>1-year follow-up</td>
<td>18.35</td>
<td>2.33</td>
<td>0.95</td>
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<tr>
<td>Average posttreatment and follow-up</td>
<td>16.33</td>
<td>1.86</td>
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Omnibus F-tests

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<th>F</th>
<th>df</th>
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<td>Time (Main Effect)</td>
<td>12.12</td>
<td>3, 23</td>
<td>&lt;.0001</td>
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<tr>
<td>Among post baseline</td>
<td>1.98</td>
<td>2, 23</td>
<td>0.16</td>
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Moving Effective Treatment for Posttraumatic Stress Disorder to Primary Care: A Randomized Controlled Trial With Active Duty Military

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For the STRONG STAR Consortium

Introduction: Many military service members with PTSD do not receive evidence-based specialty behavioral health treatment because of perceived barriers and stigma. Behavioral health providers in primary care can deliver brief, effective treatments expanding access and
Results

PCL-S Total

- **BASELINE MC**
  - 52.2
  - 49.8
  - 46.3
  - 45.6
  - 44.5
  - 38.9

- **BASELINE TX**
  - 49.8
  - 46.3
  - 45.6
  - 44.5
  - 38.9

- **POST MC / DELAYED TX**
  - 48.7
  - 46.8
  - 47.9
  - 45.2
  - 42.3

- **POST-TX**
  - 38.9
  - 38.9
  - 36.7
  - 37.7
  - 38.3

- **8WK & 6M FU**
  - 38.3
  - 38.1

- **MC**
  - Red

- **TX**
  - Yellow
Results

PTSD % from PSS-I

Baseline Post-MC / Post-Treatment 8-week 6-month
TX MCC

67% 59% 63% 37% 38% 38% 20% 20% 20% 20%
27% 25% 20% 20% 20% 20% 20% 20% 20% 20%

0% 10% 20% 30% 40% 50% 60% 70% 80%
Dissemination/Transition Plan

- Modified manual for VA PCMH
- Disseminated to VA PCMH providers for clinical application
  - VAAAHs (used since 2012)
  - Expanded to more VA providers based on over 100 requests for training after mention on a conference call
- Manual intended for quick dissemination within the training model
  - PE or CPT trained providers (read manual plus weekly phone consultation for 2 cases in 6 months)
  - PC providers without PE/CPT training model is in development
Dissemination/Transition Plan

- Training community partners at Federally Qualified Health Centers (grant in MI and another underway)
- Successful AF BHOP training pilot
- VA PCMH Training Underway- Wave One starting and expect Wave 2 in November 2018
- Ideal as a piece on a continuum of care with facilitated referral for specialty MH for those who partially or do not respond.
PE-PC Training Plan Overview (Part One)

- Trainees complete application and are selected for the program
  - Based on PE or CPT provider status or similar training as reviewed by Dr. Rauch
  - PCMH provider in VA with patients who can use the PE-PC protocol
  - Supervisor signed off support for all requirements
- Review the manuals on own
- Complete one of the Kick-Off Calls
- Attend 6 months of consultation calls with a Consultant Team
PE-PC Training Plan Overview (Part 2)

- Complete AT LEAST 2 cases of PE-PC.
- Send in training case data not including any PHI or PII for all cases (Training Program Case # and session # only)
- Complete the brief call with Ms. Margaret Venners to review barriers and facilitators and get feedback on the program
- Consultant Team rates level of competence in the model based on call cases and discussion (pass/fail/continue consultation)
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS
(866) 948-7880 or PTSDconsult@va.gov

Please enter your questions in the Q&A box and be sure to include your email address.

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(866) 948-7880
www ptsd va gov consult
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UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tr>
<td>June 20</td>
<td>What the Latest Research Tells Us about Treating PTSD Nightmares</td>
<td>Philip Gehrman, PhD</td>
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<tr>
<td>July 18</td>
<td>Balancing Clinical Flexibility while Preserving Efficacy in Delivering EBPs for PTSD</td>
<td>Tara Galovski, PhD</td>
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<td>August 15</td>
<td>The Continuum of Care for PTSD Treatment</td>
<td>Kelly Phipps Maieritsch, PhD</td>
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<td>September 19</td>
<td>PTSD and Women’s Mental Health</td>
<td>Suzanne Pineles, PhD</td>
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<tr>
<td>October 17</td>
<td>Dementia Risk in Veterans with PTSD and a History of Blast-Related TBI</td>
<td>David Cifu, MD</td>
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For more information and to subscribe to announcements and reminders go to www ptsd va gov consult