Tackling clinician barriers to evidence-based practice

The strong research support behind cognitive-behavioral interventions has led VA to nationally disseminate Prolonged Exposure and Cognitive Processing Therapy for PTSD. However, some clinicians, both within and outside the VA, remain hesitant to embrace evidence-based assessment and treatment or need training in order to implement these practices. Three recent studies examine providers’ knowledge, attitudes, and utilization of these approaches and offer guidance for how best to bridge the gap between dissemination and implementation. The first study indicates that although clinical psychologists report frequent use of evidence-based practices, there is a need to encourage use of newer online resources offering information on research evidence. The study also suggests targeting educational efforts at non-academic psychologists who have had limited training in research or evidence-based practices. The second study shows the promise of online training as a strategy for reaching clinicians. The investigators found that a brief multimedia online training improved knowledge and attitudes about exposure therapy, and increased efforts to adopt exposure therapies. The third study addressed the need to expand access to these treatments in areas where trained clinicians are unavailable. Videoconferencing offers an alternative to in-person treatment. Findings indicate clinicians are able to maintain high fidelity to a manual when using this method of delivery.
Online training improves clinician knowledge and attitudes towards exposure therapy

Despite the fact that cognitive-behavioral therapy is recommended as a front-line treatment in all practice guidelines for PTSD, some clinicians report limited use of treatments such as Prolonged Exposure and Cognitive Processing Therapy. It is therefore important to find ways to address knowledge, attitudes, and training needs that prevent therapists from using cognitive-behavioral treatments. A new study from the University of Washington reports promising results for an online multimedia course addressing these barriers to use of exposure therapy. The investigators drew a convenience sample of 46 clinicians who had minimal experience with exposure therapy from a Dialectical Behavior Therapy email listserv and randomized them to either applied relaxation training, an online course on exposure therapies, or an online course on Dialectical Behavior Therapy, which served as an attention control. Compared with those in the other two conditions, clinicians who viewed the exposure course had significantly greater increases in knowledge of exposure therapies, confidence in their ability to use exposure, and efforts to learn and use these treatments. Given that clinicians in the study were motivated to learn about exposure and saw it as a credible therapeutic option even prior to taking the course, a helpful next step would be to evaluate the course among more skeptical providers. Read the article... http://dx.doi.org/10.1016/j.janxdis.2010.08.015.


In-person or via videoconference, adherence to therapy manual for treating anger is high

Researchers from the National Center for PTSD had previously reported the results of a randomized clinical trial showing that clinical outcomes for videoconferencing format were as good as those for in-person delivery of group anger management treatment for Veterans. The same team recently examined therapist’s adherence to the treatment protocol across the two formats. Adherence was very high (M = 96%) across delivery formats, therapists, and sessions, and there were no differences as a function of whether Veterans had comorbid PTSD. Patients in both treatment groups improved, but those who received CBT did no better than those who received usual care. Outcomes did not differ as a function of whether Veterans had comorbid PTSD.

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Culturally-adapted cognitive-behavioral therapy for PTSD in Latino women

Much of the evidence on cognitive-behavioral therapy for PTSD has come from trials that used culturally nonspecific treatment protocols and enrolled predominantly English-speaking samples. Now, investigators have reported preliminary outcomes showing the efficacy of culturally-adapted Spanish-language CBT (CA-CBT). CA-CBT was designed to be easily understood by individuals with little formal education or familiarity with Western psychological concepts. It uses culturally-relevant analogies, imagery, and idioms of distress. The protocol emphasizes emotion regulation skills in order to increase tolerance to exposure, based on the investigators contention that ethnic minorities and refugees are more likely to have an increase in symptoms or drop out during exposure. The 24 Latino women in the study, who spoke minimal English and had, on average, an 8th grade education, were randomly assigned to either CA-CBT or applied muscle relaxation. They had previously been treated for at least 6 months with a combination of supportive counseling and an SSRI, yet continued to meet PTSD diagnostic criteria. Compared with applied muscle relaxation, CA-CBT was more effective, especially for PTSD (between-group d = 1.6) and emotion regulation (between-group d = 2.0). Although clinicians may first wish to see if their English-speaking Latino patients respond to existing CBTs, CA-CBT may be a good choice for Spanish-speaking patients of low education. Read the article... http://dx.doi.org/10.1016/j.brat.2011.01.005.


Study of telephone cognitive-behavioral therapy shows disappointing results

VA has expanded service to Veterans by creating a system of over 700 community-based outpatient clinics—CBOCs. Unfortunately, not all CBOCs offer mental health care on site. Although telehealth is being used successfully at some CBOCs to provide mental health care, a new study led by Northwestern University and the HINES VAMC raises questions about using the phone to deliver CBT for depression. The investigators recruited 85 Veterans with depression from 6 rural CBOCs, randomizing the Veterans to receive CBT by telephone or to receive usual care. CBT consisted of 16 45-to-50 minute sessions. Almost 80% of the participants completed all 16 sessions of treatment and fidelity checks showed that therapist competence in delivering CBT was high. Patients in both treatment groups improved, but those who received CBT did no better than those who received usual care. Outcomes did not differ as a function of whether Veterans had comorbid PTSD.
The groups also did not differ in amount of additional treatment and medication use. Nonsignificant findings like these are always difficult to interpret. The lack of difference could be a Type II error. Treatment effects were small-to-medium, but the sample size gave the investigators adequate power to detect only larger effects. If the true benefit of this much psychotherapy is small or medium, cost effectiveness is another factor to consider. The often-used phrase, "more research is needed," applies here to answer the questions raised by this study. Read the article...http://dx.doi.org/10.1037/a0022395.


Comorbidity

PTSD and intimate relationships

Relationships in which one partner has PTSD can be less satisfying and involve more conflict and intimate partner violence than relationships in which PTSD is not present. Three recent studies offer new findings and clinical implications. Although knowledge about the connection between PTSD, intimate relationship problems, and other factors has grown substantially in recent years, greater understanding of the evidence is needed in order to enhance knowledge about etiology and treatment. The first is a meta-analysis summarizing the evidence and illustrating how effects vary across samples and study characteristics. The two other studies focused on treatment. One evaluated the effect of a conjoint treatment for individuals with PTSD and their partners. The other evaluated how improvements in PTSD symptoms among women who received Cognitive Processing Therapy were related to levels of subsequent interpersonal violence. Both studies report optimistic findings.

Quantifying knowledge about PTSD and relationships

In a new meta-analysis, investigators from the National Center for PTSD reviewed 31 studies of PTSD and relationship problems in military and civilian samples. There were moderate correlations between PTSD and intimate relationship discord (.38), physical aggression (.42), and psychological aggression (.36). Further analyses revealed that the associations with PTSD were higher in military than in civilian samples for both relationship discord and physical aggression. Other variables also moderated the association between PTSD and relationship problems, e.g., the effect for relationship discord was larger in the US than in other countries and the effect for physical aggression was larger if the perpetrator was male (vs. female). The fact that the associations were especially strong in military samples provides important justification for targeting relationship problems when treating Veterans and Service Members with PTSD. Read the article...http://www ptsd va gov/professional/articles/article-pdf/id35985.pdf.


Support for Cognitive-Behavioral Conjunct Therapy for PTSD extended to non-Veterans

One implication of the consistent associations between PTSD and relationship problems is it may be helpful to treat couples rather than individuals. A previous pilot study showed effectiveness of Cognitive-Behavioral Conjunct Therapy for PTSD in a sample of male Veterans and their spouses. In a new study, the same researchers have demonstrated the effectiveness of the treatment in a small sample of non-Veterans. Six of the 7 enrolled couples completed treatment, and 5 of the identified patients reported reliable decreases in PTSD symptoms. There were also reliable changes in relationship satisfaction. Both this study and the prior study in Veterans suggest that conjoint treatment has promise. Now it is important to determine whether conjoint treatment offers greater benefits than individual treatment to individuals with PTSD and their partners. Read the article...http://www ptsd va gov/professional/articles/article-pdf/id84556.pdf.


Cognitive Processing Therapy may reduce risk of future interpersonal violence in women with PTSD

Women who experience interpersonal traumas are at increased risk for further interpersonal violence. Some investigators have hypothesized that this may be due to the effects of mental health symptoms on judgment, causing risky decisions. It therefore makes sense to see if treating mental health problems can decrease the risk of future victimization. The answer appears to be yes. The study reported secondary analyses of a randomized clinical trial to compare different variations of Cognitive Processing Therapy in 150 non-Veteran women who had PTSD related to physical or sexual assault. Improvements in PTSD and depression following treatment were related to decreased likelihood of interpersonal violence 6 months later. Moreover, the better the treatment response, the less likely the women were to experience interpersonal violence at follow-up. Although the study was conducted in a female civilian sample, these findings have immediate clinical relevance to Veterans and Service Members because so many of these men and women have been victims of interpersonal violence. Read the article...http://www ptsd va gov/professional/articles/article-pdf/id36112.pdf.
Assessment

Screening reduces mental health problems in deployed Soldiers

Department of Defense standards for predeployment screening stipulate the conditions (e.g., psychosis or bipolar disorder) and medications (e.g., antipsychotics or those requiring monitoring) that prevent Service Members from deploying or that require stabilization prior to deployment. Results of a program evaluation conducted in 2007 indicate that behavioral health screening to implement these standards reduces the likelihood that Soldiers seek care for mental health problems or suffer adverse outcomes during a deployment. The investigators, who were from Fort Leavenworth and other Army installations across the country, compared 10,678 Soldiers from three infantry brigades what received predeployment screening with 10,353 Soldiers from 3 infantry brigades in which screening had not yet been implemented due to logistic factors. The brigades had comparable warzone exposure in Iraq and were demographically similar. However, Soldiers from the screened brigades had a lower risk of seeking care for psychiatric problems and were less likely to have occupational duty restrictions or evacuations for mental health problems. For example, screening was associated with a 29% reduction in risk of seeking care for a combat operational stress reaction and a 55% reduction in risk of evacuation. The authors suggest that the screening program appears to be successful because it involves primary care screening of all Soldiers, standardized criteria for decision making, immediate mental health assessment of Soldiers who are at risk, prevention of the highest-risk Soldiers from being deployed, comprehensive tracking, and relevant measures of effectiveness. Read the article... http://dx.doi.org/10.1176/appi.ajp.2010.10091303.