

ISSUE 7(3) June 2013

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U.S. Department of Veterans Affairs

Treatment

Cognitive Processing Therapy is feasible even in low resource environments

Considerable evidence exists showing that CPT is effective in specialized PTSD programs and research studies. A question for all manualized treatments is how well they can be used in settings with fewer resources—ranging from clinical practice in the community to environments with few advanced mental health care practitioners. A recent study indicates the CPT can be delivered successfully in settings that have limited mental health resources and by clinicians who do not have advanced training. Investigators at Johns Hopkins University led a team that randomized sexual assault survivors from 15 villages in the Democratic Republic of Congo to receive either Individual Support ($n = 248$) or Group CPT with the cognitive component only ($n = 157$). A total of 65% of CPT participants and 52% of Individual Support participants completed therapy. Compared with the Individual Support group, the CPT group had greater improvements in anxiety, depression, PTSD, and functional impairment, both after treatment and at 6-month follow-up. Although the

setting and the patient population differ in many ways from the settings in which US Veterans and Service Members receive treatment, the fact that this study demonstrated both feasibility and effectiveness indicates that it should be possible to deliver CPT and other manualized treatments outside of specialized PTSD programs, such as general mental health clinics and CBOCs. Read the article...<http://dx.doi.org/10.1056/NEJMoa1211853>

Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., . . . Bolton, P. A. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *New England Journal of Medicine*, 368, 2182-2191. PILOTS ID: 40510

A new take on skills training before CBT for PTSD

A 2010 study found that Skills Training in Affect and Interpersonal Regulation (STAIR), relative to supportive counseling, before exposure therapy led to better retention and outcomes (see the [October 2010 issue of CTU-Online](#)). Recently, Australian researchers reported an RCT of another phased approach for PTSD, but important questions about augmenting PTSD treatment with preparatory

Special Notices

Evidence reviews of PTSD prevention and treatment: The Agency for Healthcare Research and Quality recently released two research synthesis reports. Each covers the efficacy, comparative effectiveness, and harms of interventions for PTSD in adults, with one focused on approaches for prevention and the other on treatment. The reports can be found at www.effectivehealthcare.ahrq.gov/reports/final.cfm

Special journal issue on returning Veterans: A recent issue of *Psychological Services* focuses on challenges faced by Veterans who served in OEF/OIF/OND and interventions that may help. Topics covered include readjustment, homelessness, barriers to and use of health care, and parenting. The issue is available at <http://psycnet.apa.org/journals/ser/10/2/>. DeLeon, P. H. (Ed.). (2013). Returning Veterans [Special Issue]. *Psychological Services* 10(2).

training remain. A total of 70 adults who self-referred to a traumatic stress clinic were assigned to either 12 sessions of emotion regulation skills training followed by CBT or supportive counseling followed by CBT. CBT involved 7 sessions of exposure and cognitive restructuring. Results indicated that patients in the Skills/CBT group completed more CBT sessions ($M = 5.97$) than patients in Support/CBT ($M = 4.24$) and reported less distress during 3 of the 6 sessions that followed the start of exposure. However, there were no differences between groups in PTSD or other outcomes at posttreatment. The lack of difference is unexpected given the greater CBT dosage in the Skills/CBT group. At 6-month follow-up, the Skills/CBT group had lower PTSD severity (CAPS $d = .41$) and had fewer patients with a PTSD diagnosis (28% vs. 50% in Support/CBT). Due to its design, this study, like the STAIR trial, cannot answer two related questions; if preparatory training before CBT adds any benefit beyond that of CBT alone and, if so, which patients do better with a phased PTSD treatment versus CBT alone. Read the article...<http://dx.doi.org/10.1017/S0033291713000068>

Bryant, R. A., Mastrodomenico, J., Hopwood, S., Kenny, L., Cahill, C., Kandris, E., & Taylor, K. (2013). Augmenting cognitive behavior therapy for posttraumatic stress disorder with emotion tolerance training: A randomized controlled trial. *Psychological Medicine, FirstView*, 1-8. PILOTS ID: 40045

Patterns of sudden gains in Prolonged Exposure and sertraline treatment

Large, rapid improvements in symptoms during treatment, termed sudden gains, are linked to better outcomes. Now, the first study to compare sudden gains from Prolonged Exposure and sertraline for PTSD examined not only if both treatments yield gains but when. The study sample included 200 treatment-seeking women (75.5%) and men (24.5%) with chronic PTSD, assigned to 10 weeks of either PE or sertraline. Half the sample reported childhood or adult sexual assault as their target trauma. Sudden gains were defined using previously established criteria for large, rapid, and stable decreases in self-reported PTSD symptoms from one session to the next. Although the percentage of participants who experienced sudden gains did not differ between PE (42.2%) and sertraline (31.0%), participants in the PE group were more likely to experience multiple sudden gains. There were also differences between groups in the patterns of gains. Sudden gains were more likely to occur in the PE group during the later stage of treatment, whereas gains were larger in the sertraline group, but only early in treatment. The sertraline group was also more likely than the PE group to lose gains. Across the groups, the occurrence of sudden gains was associated with greater PTSD improvement at posttreatment. These findings suggest that clinicians and patients may see symptom improvements earlier in treatment with sertraline but later and better maintained improvements from PE. Read the article...<http://dx.doi.org/10.1002/da.22119>

Jun, J. J., Zoellner, L. A., & Feeny, N. C. (2013, April 30). Sudden gains in prolonged exposure and sertraline for chronic PTSD. *Depression and Anxiety*. Advance online publication. PILOTS ID: 40512

Reduced suicidal ideation following trauma-focused treatment

VA has increased efforts at suicide prevention as part of continuing efforts to enhance mental health care for Veterans. A study by researchers from the National Center for PTSD suggests that PTSD treatment itself may help address suicidal ideation. The study sample consisted of 163 women with PTSD related to sexual assault who participated in a randomized clinical trial of Cognitive Processing Therapy and Prolonged Exposure. Suicidal ideation was assessed via one item of the BDI. Results indicated that the greater the PTSD improvement, the greater the reduction in suicidal ideation during treatment, even after taking changes in hopelessness and baseline diagnosis of major depression into account. Furthermore, the decline in suicidal ideation was maintained over a follow-up period of 5 to 10 years. Although the original trial found CPT and PE to be equally effective for PTSD and both treatments reduced risk of suicidal ideation in the present analyses, CPT reduced suicidal ideation slightly more than PE did. In addition, improvement in PTSD was associated with reduced suicidal ideation only for CPT and not PE. The authors suggest that the relative advantage of CPT may be related to its specific targeting of certain types of thoughts and beliefs, such as guilt, that may fuel suicidal ideation. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id40514.pdf>

Gradus, J. L., Suvak, M. K., Wisco, B. E., Marx, B. P., & Resick, P. A. (2013, May 1). Treatment of posttraumatic stress disorder reduces suicidal ideation. *Depression and Anxiety*. Advance online publication. PILOTS ID: 40514

Mindfulness-based treatment for combat-related PTSD

Mindfulness-based cognitive therapy has been shown to reduce depression episodes but has not been studied as a PTSD treatment, until recently. Investigators from the Ann Arbor VA Medical Center evaluated MBCT adapted for PTSD among Veterans with combat-related trauma. Patients seeking care from a PTSD outpatient clinic were consecutively referred to 1 of 3 types of group interventions: 8 weeks of MBCT, 8 weeks of PTSD psychoeducation and skills, or 6 weeks of imagery rehearsal therapy. The psychoeducation and the IRT groups were combined for analyses. All 37 patients had chronic (>10 years) combat-related PTSD, and most had a long history of mental health care. Veterans in MBCT ($n = 20$) and in psychoed/IRT ($n = 17$) did not differ on demographic characteristics, baseline clinical variables, or dropout (MBCT = 25%; psychoed/IRT = 29%). Intent-to-treat analyses indicated that MBCT, but not psychoed/IRT, significantly reduced clinician-

rated PTSD (between-group $g = .67$), with an average drop of 11 points on the CAPS in the MBCT group that was largely due to reduced avoidance symptoms. Self-reported PTSD and negative posttraumatic thoughts and beliefs, assessed only in the MBCT group, also improved. These pilot results suggest MBCT is feasible and promising for chronic combat-related PTSD. However, the effect size for PTSD change is lower than individual evidence-based treatments and may have been even smaller if the analyses accounted for the group-based nature of the data. The authors note that a larger trial using random assignment is underway. Read the article...<http://dx.doi.org/10.1002/da.22104>

King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A. M., Robinson, E., . . . Liberzon, I. (2013, April 17). A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depression and Anxiety*. Advance online publication. PILOTS ID: 40415

Another look at eye movements in EMDR

Research findings are mixed on whether the eye movements in Eye Movement Desensitization and Reprocessing are necessary for patient improvement. A new meta-analysis of EMDR studies suggests eye movements do make a difference, although the outcomes analyzed limit generalizing the findings to PTSD specifically. The investigators examined pre- to post-treatment outcomes in 10 one-session laboratory studies and 14 RCTs that compared EMDR protocols with and without eye movements. The effect of eye movements was significant among the lab studies ($d = .74$), based almost exclusively on subjective ratings of distress (SUDs) or memory vividness. The average effect size among the RCTs was significant but smaller ($d = .41$). The average effect for the 4 RCTs with PTSD as an outcome was $d = .60$, but the average is difficult to interpret because the effects differed substantially across these 4 trials (d s = 0, .30, .42, and 2.65). Thus, although eye movements did have a clear impact on ratings of immediate distress and memory vividness, the clinical impact on PTSD is much less certain. Read the article...<http://dx.doi.org/10.1016/j.jbtep.2012.11.001>

Lee, C. W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 44, 231-239. PILOTS ID: 40511

Preliminary support for CBT-I plus imagery rehearsal

Many Veterans who benefit from PTSD treatment continue to suffer from sleep problems. One treatment with solid evidence is cognitive-behavioral therapy for insomnia (CBT-I). Another treatment, imagery rehearsal therapy, has more mixed support. A new randomized controlled trial tested a combination of the two approaches for treating sleep outcomes and PTSD among

OEF/OIF Veterans. A total of 40 Veterans were assigned to either 4 sessions of CBT-I plus IRT over 6 weeks or to a waitlist. During the study, 65% of the Veterans were also engaged in group and individual treatment for PTSD. Dropout did not differ between the study groups (20% for CBT-I plus IRT vs. 30% for waitlist). Intent-to-treat analyses indicated that the CBT-I plus IRT group had better self-reported sleep outcomes at posttreatment, with medium to large effects. Actigraph-measured sleep data gathered on 10 of the 16 treatment completers also showed improvement. The results must be interpreted with caution because the sample was small, there was only a single therapist who also recruited and enrolled participants, and the last observation carried forward method was used for missing sleep data. And although these results are promising, the benefit of the treatment may not be due to the inclusion of IRT; a large RCT failed to find IRT more effective than a standard sleep/nightmare intervention for sleep and PTSD among Vietnam Veterans (see [October 2010 issue of CTU-Online](#)). Read the article...<http://dx.doi.org/10.1002/jclp.21970>

Margolies, S. O., Rybarczyk, B., Vrana, S. R., Leszczyszyn, D. J., & Lynch, J. (2013, April 29). Efficacy of a cognitive-behavioral treatment for insomnia and nightmares in Afghanistan and Iraq veterans with PTSD. *Journal of Clinical Psychology*. Advance online publication. PILOTS ID: 40515

OE/OIF/OND Veterans

Differing clinical needs of OEF/OIF/OND Veterans

It has become increasingly clear that men and women who served in the wars in Iraq and Afghanistan differ from Veterans of prior eras in the way they present and the way they interact with the VA healthcare system. A study by investigators from the National Center for PTSD indicates that clinicians working in VA PTSD inpatient programs perceive the differences to be substantial. The investigators interviewed 267 clinicians in 38 VA specialized PTSD inpatient programs as part of a quality improvement initiative. One of the primary differences between new Veterans and those with more chronic PTSD was perceived to be a greater likelihood of presenting with “raw” PTSD in the new Veterans, complicated by extreme anger, anxiety, lability, hypervigilance, and concentration difficulties. Treatment readiness was another issue, with newer Veterans perceived to be less ready than older Veterans. The programs used a variety of strategies to address the unique needs of the newer Veterans, including more flexibility in length of stay and structure, inclusion of physical exercise, and motivational interviewing to increase acceptance of the need for treatment. The investigators offer a range of recommendations for using the findings to enhance care in both VA and non-VA settings. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id40513.pdf>

Cook, J., Dinnen, S., O'Donnell, C., Bernardy, N., Rosenheck, R., & Hoff, R. (2013). Iraq and Afghanistan veterans: National findings from VA residential treatment programs. *Psychiatry*, 76, 18-31. PILOTS ID: 40513

Symptoms of PTSD have differential associations with family violence and stranger violence

PTSD is associated with an elevated risk of aggressive behavior, although extreme violence is rare. But PTSD is a disorder comprised of many symptoms, and now findings show specific linkages between particular symptoms and different types of violence. Investigators at the University of North Carolina and the Durham VA Medical Center examined how PTSD symptoms were related to physical aggression (e.g., kicking or slapping) and severe violence (beating up another person, using a knife or gun) against family members and strangers. The sample consisted of 1,090 OEF/OIF/OND Veterans who were studied over a 1-year interval. Eighty-four percent of the Veterans were male; their average age was 34 years. Whereas baseline anger predicted subsequent aggression and severe violence against family members, baseline flashbacks predicted subsequent aggression and severe violence against strangers. Other analyses showed that women were 2.8 times more likely than men to engage in severe family violence and men were 3.4 times more likely than women to engage in aggression against strangers. Combat exposure and substance abuse were other important predictors. The findings suggest that it may be particularly important to target high levels of flashbacks and anger when treating Veterans with PTSD. Read the article... <http://dx.doi.org/10.1037/lhb0000035>

Sullivan, C. P., & Elbogen, E. B. (2013, May 6). PTSD symptoms and family versus stranger violence in Iraq and Afghanistan veterans. *Law and Human Behavior*. Advance online publication. PILOTS ID: 40516

PTSD is associated with sexual dysfunction in returning male Veterans

Individuals with PTSD often experience a range of functional difficulties. The focus of most research has been on occupational and psychosocial domains, but studies have also shown that sexual functioning is an area of concern for both men and women with PTSD. A recent study by investigators at the University of California in San Francisco and the San Francisco VA Medical Center replicates prior findings and suggests that

the association between PTSD and sexual dysfunction is especially pronounced. The investigators used VA administrative data to examine sexual dysfunction diagnoses in over 400,000 male Veterans of the Wars in Iraq and Afghanistan. The Veterans had entered VA healthcare between October 2001 and September 2009 and were followed for 2 years. Although their average age was just 28 years, 5.3% of the Veterans had a diagnosis of sexual dysfunction or a prescription for erectile dysfunction. PTSD had a stronger association than other mental disorders with sexual dysfunction, even when potentially confounding variables were taken into account. Further analyses indicated that the findings could not be explained by medications likely to cause erectile dysfunction, but also showed that Veterans with PTSD, other mental disorders, and a psychotropic medication had the highest risk of dysfunction—4.5 times greater than Veterans with none of these risk factors. The investigators suggest that attention to medication side effects may be particularly important for helping retain young Veterans in treatment. Read the article...<http://dx.doi.org/10.1111/jsm.12201>

Breyer, B., Cohen, B., Bertenthal, D., Rosen, R., Neylan, T., & Seal, K. (2013, May 16). Sexual dysfunction in male Iraq and Afghanistan war veterans: Association with posttraumatic stress disorder and other combat-related mental health disorders: A population-based cohort study. *The Journal of Sexual Medicine*. Advance online publication. PILOTS ID: 40517

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