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## TREATMENT

### Individual CPT outperforms group CPT in active military personnel

Cognitive Processing Therapy is often delivered in a group format, but had never been compared with CPT delivered in an individual format. Now, investigators from the STRONG STAR Consortium have reported the first study comparing group and individual CPT. Participants were 268 active-duty U.S. Soldiers (244 men, 24 women) seeking PTSD treatment after deployments to or near Iraq or Afghanistan. Servicemembers were randomized to receive 90 minutes of group CPT or 60 minutes of individual CPT twice a week for 6 weeks. Participants were assessed at baseline and at 2 weeks and 6 months posttreatment using the Posttraumatic Stress Symptom Scale-Interview (PSS-I). Although both groups showed significant improvement on the PSS-I at 2 weeks after treatment, individual participants improved about twice as much as group participants ( $d = 1.3$  for individual vs.  $d = .6$  for group). The proportion of participants meeting PTSD diagnostic criteria after treatment, however, did not differ between the individual (49%) and group (37%) conditions. Symptom improvement remained stable at the 6-month follow-up. The researchers suggest that advantages of individual treatment might include greater ability to reschedule missed sessions, more individualized attention, and greater opportunity to focus on multiple traumas. Although group therapy was effective for many, investing resources into individual therapy may result in greater symptom improvements in this population.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id45949.pdf>

Resick, P. A., Wachen, J. S., Dondanville, K. A., Pruiksma, K. E., Yarvis, J. S., Peterson, A. L., . . . Young-McCaughan, S. (2016). Effect of group vs individual Cognitive Processing Therapy in active-duty military seeking treatment for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*. PILOTS ID: 45949

### Study comparing antidepressants for PTSD in refugees finds small gains, few differences

Researchers from the Competence Centre for Transcultural Psychiatry in Denmark compared the effects of venlafaxine and sertraline on PTSD and comorbid symptoms in a sample of trauma-affected refugees. This kind of research is important because there have been few comparative effectiveness trials of medications for PTSD. Participants were 207 adult refugee outpatients diagnosed with PTSD and/or depression. Participants were randomized to receive venlafaxine ( $n = 98$ ) or sertraline ( $n = 109$ ) over 6-7 months and also were offered 10 sessions with a psychiatrist and 16 sessions of individual cognitive behavioral therapy with a psychologist. The primary outcome measure was self-reported PTSD symptoms assessed by the Harvard Trauma Questionnaire, which measures a range of symptoms typically present in traumatized refugees. Results showed statistically significant improvements in PTSD symptoms for both venlafaxine (pre-post effect size = .32) and sertraline (pre-post effect size = .54), with no significant differences between groups. However, the small-to-moderate improvements may not represent clinically important changes given that much larger pre-post change is typically observed for effective treatments. Notably, the study lacked a waitlist or placebo comparison condition, so it is not known whether improvements were due to the medications, psychotherapy, both, or neither. Additionally these findings may not generalize to other samples. Future head-to-head comparisons to examine the effects of different

pharmacological treatments in refugees and other traumatized populations are needed.

Read the article: <https://doi.org/10.1186/s12888-016-1081-5>

Sonne, C., Carlsson, J., Bech, P., Elklit, A., & Mortensen, E. L. (2016). Treatment of trauma-affected refugees with venlafaxine versus sertraline combined with psychotherapy - a randomised study. *BMC Psychiatry*, 16, 383-396. PLOTS ID: 45853

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## Brief intervention delivered by lay providers effective in a high conflict setting

There is a great need for mental health treatment in low-income countries that have limited mental health personnel. The implementation of interventions by lay health workers may be one solution. A team led by investigators from University of Liverpool tested the efficacy of a brief intervention for psychological distress delivered by lay providers in Pakistan. Participants were 346 adults (79% women) with psychological distress and functional impairment recruited from three primary care clinics in Pakistan. Patients were randomized to an intervention based on established problem-solving and behavioral techniques, Problem Management Plus ( $n = 172$ ), or an enhanced usual care condition ( $n = 174$ ) consisting of contact with a primary care physician trained in mental health issues. Lay health workers who had no previous mental health background delivered the intervention in 5 weekly 90-minute sessions. Participants were assessed 1 week and 3 months following treatment. Compared with enhanced usual care, participants who received the intervention had greater improvements in PTSD symptoms, depression, anxiety, and functioning (effect sizes at 3 months ranged from .6 to .9). By showing that lay workers can successfully implement effective psychological interventions even in a challenging, high-conflict environment, these findings offer hope for increased access to mental health care for trauma survivors around the world.

Read the article: <https://doi.org/10.1001/jama.2016.17165>

Rahman, A., Hamdani, S. U., Awan, N. R., Bryant, R. A., Dawson, K. S., Khan, M. F., . . . van Ommeren, M. (2016). Effect of a multicomponent behavioral intervention in adults impaired by psychological distress in a conflict-affected area of Pakistan: A randomized clinical trial. *JAMA*. Advance online publication. PLOTS ID: 45815

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## For patients with depression, comorbid PTSD linked with worse treatment outcome

Comorbid conditions typically do not prevent PTSD patients from benefitting from evidence-based PTSD treatments. However, a new study by investigators with the Cedars-Sinai Medical Center recently suggests that comorbid PTSD impairs response to treatment for depression. Investigators analyzed data from 2,280 participants in the Sequenced Treatment Alternatives to Relieve Depression trial (STAR\*D), a large effectiveness study in adults with longstanding major depressive disorder. All participants received the SSRI citalopram, a first-line treatment for depression (but not PTSD). Comparisons between participants with ( $n = 122$ ) and without ( $n = 2158$ ) comorbid PTSD revealed important differences in both impairment and treatment response. Relative to

those with depression only, participants with comorbid PTSD had more severe depression, worse functioning, and poorer quality of life before and after treatment. Although both groups responded to treatment, the comorbid PTSD group had smaller improvements in all domains. Participants with comorbid PTSD also were less likely to achieve remission. Results suggest that PTSD may complicate recovery from depression, at least when a medication that is not effective for PTSD is used to treat depression in PTSD patients.

Read the article: <https://doi.org/10.1097/WNF.0000000000000190>

Steiner, A. J., Boulos, N., Mirocha, J., Wright, S. M., Collison, K. L., & IsHak, W. W. (2016). Quality of life and functioning in comorbid posttraumatic stress disorder and major depressive disorder after treatment with citalopram monotherapy. *Clinical Neuropharmacology*. Advance online publication. PLOTS ID: 45932

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## More evidence of racial disparities in PTSD care

Previously, National Center for PTSD investigators found that black and Latino Veterans were less likely than white Veterans to receive an adequate dose of pharmacotherapy for PTSD, despite similar treatment needs and preferences (see the [December 2014 CTU-Online](#)). Using data from the same study, the investigators have now examined whether racial and ethnic disparities also exist in the receipt of psychotherapy. Participants were 6,884 male and female Veterans diagnosed with PTSD between 2008 and 2009. The investigators tracked Veterans' psychotherapy use for 6 months after diagnosis. Half the sample (46%) had at least one psychotherapy session, but not all groups were equally likely to access psychotherapy. Latino Veterans were less likely than white Veterans to receive psychotherapy, in part because Latino Veterans more often received care in settings that provided less psychotherapy in general. Among those who received psychotherapy, Latino and black Veterans were less likely than their white counterparts to receive individual psychotherapy (which is more resource-intensive than group therapy, but tends to produce larger effects). Because differences in psychotherapy use were not due to racial or ethnic differences in treatment needs, beliefs, or access, these findings represent disparities and indicate a need to identify and address factors contributing to the disparities. The authors suggest that better understanding how providers approach PTSD treatment decisions may be one place to start.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id45929.pdf>

Spoont, M. R., Sayer, N. A., Kehle-Forbes, S. M., Meis, L. A., & Nelson, D. B. (2016). A prospective study of racial and ethnic variation in VA psychotherapy services for PTSD. *Psychiatric Services*. Advance online publication. PLOTS ID: 45929

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## More care is not better if the care is not effective

Telephone care management, or TCM, is an effective strategy for enhancing healthcare delivery and improving patient outcomes. In PTSD, research has been limited to a few studies that have yielded conflicting findings. A recent study by investigators from the National Center for PTSD examined whether TCM could

enhance treatment engagement in Veterans transitioning from residential to outpatient care. The investigators randomized 358 Veterans who were discharged from a VA residential PTSD treatment program to receive either usual care or care that was enhanced by twice-monthly telephone calls for 3 months. As the investigators expected, TCM increased the number of visits during the 3 months of intervention, from 4.2 in usual care to 6.0 in telephone care management. However, the initial engagement did not translate into sustained engagement or better outcomes. The groups did not differ in visits and medication refills during a 9-month follow-up period or on measures of improvement in PTSD, depression, substance misuse, aggression, and quality of life across the 12 months of the study. In fact, none of the change over time was clinically meaningful or even statistically significant; for example, the mean change on the PTSD Checklist only dropped from 63.8 at baseline to 59.3 at 12 months. The investigators noted that few participants received an evidence-based treatment for PTSD and suggest that the effectiveness of TCM may depend on the effectiveness of the care that is being delivered.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id45661.pdf>

Rosen, C. S., Azevedo, K. J., Tiet, Q. Q., Greene, C. J., Wood, A. E., Calhoun, P., . . . Schnurr, P. P. (2016). An RCT of effects of telephone care management on treatment adherence and clinical outcomes among veterans with PTSD. *Psychiatric Services*. Advance online publication. PILOTS ID: 45661

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## Mixed results from two studies of telehealth for PTSD

Prior randomized trials suggest that telehealth delivery of trauma-focused psychotherapy is as good as traditional delivery (see the [June 2014 CTU-Online](#)). Two new studies examined just how far the benefits of telehealth may extend. The first study evaluated the effectiveness of telehealth in a VA clinic, and the second tested a telehealth model in which patients received therapy in the comfort of their own homes.

In the first study, investigators with the Cincinnati VA Medical Center compared the outcomes of VA patients who received PE or CPT either in person ( $n = 136$ ) or via video conferencing

linking a patient at a satellite clinic to a clinician at a larger facility ( $n = 85$ ). Though both groups showed significant and clinically meaningful decreases in PTSD and depression symptoms, in-person participants improved more than telehealth participants. This was true even when analyses accounted for several baseline differences between the groups (for example, the telehealth group had more severe PTSD symptoms at the start and a higher proportion of Vietnam Veterans).

Read the article: <https://doi.org/10.1037/ser0000106>

In the second study, investigators from the Ralph H. Johnson VA Medical Center conducted a randomized trial comparing two methods of delivering Prolonged Exposure: in-person ( $n = 76$ ) versus home-based telehealth ( $n = 74$ ). Participants in the home-based condition attended therapy sessions by video, using either their own computers or tablets provided by the study team. Participants showed similar improvements in PTSD symptoms, regardless of treatment condition. However, compared with in-person PE, home-based PE was not as good at reducing depression. Prior studies evaluating telehealth delivery of trauma-focused therapies have required patients to come to a satellite clinic for sessions, and this is the first randomized trial to demonstrate the effectiveness of home-based PE.

Read the article: <https://doi.org/10.1016/j.brat.2016.11.009>

The first study found an advantage for in-person delivery that was not observed in the second study. It may be that in-person and telehealth delivery are not comparable in all contexts or with all patients. The studies are consistent, however, in that they both found meaningful symptom improvement among telehealth participants, providing further support for telehealth as a viable method of PTSD treatment delivery.

Acierno, R., Knapp, R., Tuerk, P., Gilmore, A. K., Lejuez, C., Ruggiero, K., . . . Foa, E. B. (2017). A non-inferiority trial of Prolonged Exposure for posttraumatic stress disorder: In person versus home-based telehealth. *Behaviour Research and Therapy*, *89*, 57–65. PILOTS ID: 45948

Wierwille, J. L., Pukay-Martin, N. D., Chard, K. M., & Klump, M. C. (2016). Effectiveness of PTSD telehealth treatment in a VA clinical sample. *Psychological Services*, *13*, 373–379. PILOTS ID: 45950

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