National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

CTU Online
CLINICIAN'S TRAUMA UPDATE

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

ISSUE 9(2)
April 2015

CTU-Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PILOTS ID for easy access. (What is PILOTS?)

If you have trouble accessing the full article, see the box at the bottom of the last page for help.

Subscribe to *CTU-Online* and **search past issues** at **www.ptsd.va.gov**

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

Treatment

Does interpersonal therapy measure up to PE?

Trauma-focused psychotherapies are consistently recognized as among the most effective PTSD treatments. However, results from a recent randomized controlled trial led by investigators at the New York State Psychiatric Institute suggest that targeting the trauma may not be necessary for PTSD improvement. In the study, 111 adults with PTSD were randomized to 14 weeks of Prolonged Exposure (PE), interpersonal therapy (IPT), or relaxation therapy. IPT and relaxation therapy do not include exposure to the trauma memory; instead, IPT focuses on the interpersonal aftermath of the trauma and relaxation involves several scripted strategies to reduce tension and arousal. All treatments resulted in improvements in PTSD symptoms. IPT participants demonstrated gains on the Clinician-Administered PTSD Scale (d = 1.66) that were similar to gains made by PE participants (d = 1.88) and significantly greater than that of relaxation participants (d = 1.32). PE and IPT were superior to relaxation in other domains, including quality of life, social functioning, and interpersonal problems. Dropout did not differ across treatments (PE: 28.9%, IPT: 15.0%, relaxation: 34.0%), although this may have been due to the small sample size in each treatment group. Overall, IPT was not inferior to PE, but PTSD symptoms did improve more rapidly in the PE condition. The authors suggest that IPT may be an effective alternative to exposure therapy for individuals with PTSD who are not willing to talk about the trauma, or who have not responded to a prior course of exposure. Read the article… http://dx.doi.org/10.1176/appi.ajp.2014.14070908

Markowitz, J. C., Petkova, E., Neria, Y., Van Meter, P. E., Zhao, Y., Hembree, E., ... & Marshall, R. D. (2015). Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD. *American Journal of Psychiatry*. Advance online publication. PILOTS ID: 43409

Two New Systematic Reviews

Telehealth for PTSD

A research team from Australia surveyed the literature for studies of evidence-based psychotherapies delivered through telephone, videoconferencing, or the Internet to samples that included participants with PTSD. Their review of 11 trials indicates short-term effectiveness for PTSD and other outcomes but mixed findings at follow-up, and few studies comparing telehealth with face-to-face approaches. Read the review… http://dx.doi.org/10.1177/1357633X15571996

Bolton, A. J., & Dorstyn, D. S. (2015). Telepsychology for posttraumatic stress disorder: A systematic review. *Journal of Telemedicine and Telecare*. Advance online publication. PILOTS ID: 43412

Psychotherapy for PTSD/SUD

A review by investigators from the United Kingdom included 14 studies of psychotherapy for comorbid PTSD and substance use disorder. For PTSD outcomes, individual trauma-focused cognitive-behavioral approaches delivered alongside SUD interventions outperformed treatment as usual at both posttreatment and follow-up; effects for SUD were only evident at follow-up. Read the review… http://dx.doi.org/10.1016/j.cpr.2015.02.007

Roberts, N. P., Roberts, P. A., Jones, N., & Bisson, J. I. (2015). Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis. *Clinical Psychology Review*, *38*, 25-38. PILOTS ID: 42138

A strategy to increase telehealth delivery of evidence-based psychotherapy for PTSD

Although video telehealth (VTel) can make it easier for patients to access care, providers may be reluctant to use VTel because of concerns about the therapeutic relationship or lack of familiarity with the equipment. A study by investigators at the Houston VA suggests that a strategy called facilitation may increase providers' use of VTel to deliver evidence-based psychotherapy for PTSD. An external facilitator (an expert who could help problem solve and provide support around the use of VTel) worked with five VA medical centers to develop unique implementation plans. Providers could also attend weekly calls with the facilitator to discuss logistical, technical, or clinical issues related to VTel. Sites that chose to have more facilitator contact had more limited use of VTel at study start, so it may not be surprising that they also showed the most growth in VTel use. Across all sites, the average number of Veterans with PTSD who received evidence-based therapy via VTel increased more than three-fold over a two-year period. Although it is not clear whether the increased VTel use was due to facilitation or other factors (for example, all sites hired additional telehealth staff), facilitation may be particularly useful for clinics that are trying to build VTel programs from the ground up. Read the article… http://dx.doi.org/10.1089/tmj.2014.0114

Lindsay, J. A., Kauth, M. R., Hudson, S., Martin, L. A., Ramsey, D. J., Daily, L., & Rader, J. (2015). Implementation of video telehealth to improve access to evidence-based psychotherapy for posttraumatic stress disorder. *Telemedicine and e-Health*. Advance online publication. PILOTS ID: 43567

Motivational strategies and peer support enhance online training in exposure therapy

Providers may not use exposure therapy for PTSD for various reasons. Investigators at Behavioral Tech Research, Inc. developed online training components that addressed different potential barriers to PE implementation and then examined the additive benefit of each. Providers (N = 181) were randomized to receive introductory training in exposure therapy, training plus motivational enhancement to increase provider interest, or training, motivational enhancement, and access to a learning community to connect with other providers. Over the next 18 weeks, providers in all study conditions more than tripled their self-reported delivery of the therapy. Providers who received the combined basic training and motivational enhancement reported the greatest proficiency and most positive attitudes about exposure. Providers who received all three training components had the highest knowledge of exposure. The results suggest that a basic online training may be sufficient to increase use of exposure therapy. Adding strategies that encourage provider openness to exposure and promote ongoing support and consultation may help to ensure that therapists are knowledgeable, proficient, and believe in the treatment—which may in turn increase the quality of the therapy being delivered. Read the article… http://dx.doi.org/10.1016/j.beth.2014.04.005

Harned, M. S., Dimeff, L. A., Woodcock, E. A., Kelly, T., Zavertnik, J., Contreras, I., & Danner, S. M. (2014). Exposing clinicians to exposure: A randomized controlled dissemination trial of exposure therapy for anxiety disorders. *Behavior Therapy*, *45*, 731-744. PILOTS ID: 43568

Innovative approaches to PTSD care

Three pilot studies illustrate the great interest in increasing the range of effective treatments for PTSD and in enhancing existing evidence-based psychotherapies. First, investigators from Florida Atlantic University reported on Equine Partnering Naturally©, an equine-assisted therapy for PTSD. Second, a research team from the Cincinnati VA and Ryerson University tested a present-centered version of cognitive-behavioral conjoint therapy (CBCT). Lastly, a study led by investigators from the University of Texas focused on enhancing exposure therapy, but unlike previous trials that augmented psychotherapy with medication (see the December 2013 and October 2014 *CTU-Online*), this trial examined exercise.

Participants in the open trial of Equine Partnering Naturally© were 12 women and 4 men with moderate levels of PTSD (PTSD Checklist M = 50.93). Participants met in groups of 5-6 for 2 hours a week for 6 sessions. Sessions focused on specific tasks between each participant and his or her horse, with no horse riding. Skills addressed included self-awareness, listening, nonverbal communication, relationship boundaries, dealing with stress, and staying focused. The program was associated with large pre-post improvements in PTSD (d = 1.21) and anxiety (d = 1.01), and medium-sized improvements in depression (d = .54) and alcohol use (d = .58). Mindfulness, a hypothesized mediator of the therapy's effects, increased (d = 1.28). Since the average baseline level of PTSD in this sample was lower than what patients in most PTSD trials report, the results may not generalize to patients with more severe PTSD. Read the article… http://dx.doi.org/10.1002/jts.21990

Seven couples from the community participated in the study of present-centered CBCT; one partner in each couple had PTSD. Present-centered CBCT for PTSD focuses on (a) psychoeducation and safety, (b) relationship satisfaction and communication, and (c) maladaptive beliefs that may or may not be trauma-related. The therapist encourages discussion of the trauma only as it currently affects the couple. Six couples completed the full 15-session protocol. Similar to findings of the controlled trial of trauma-focused CBCT (see the August 2012 *CTU-Online*), clinician-rated, self-reported, and partner-reported PTSD decreased following present-centered CBCT (gs = .78, 1.26, and 1.85, respectively). Partner-rated relationship satisfaction increased and levels of partner accommodation, thought to help maintain PTSD, decreased. Read the article… http://dx.doi.org/10.1002/jclp.22166

Investigators of the PE augmentation study hypothesized that exercise may improve the effects of exposure by enhancing brain-derived neurotrophic factor (BDNF), a protein shown to play a role in learning and fear extinction. Nine participants

with PTSD recruited from the community were randomly allocated to either 12 sessions of PE alone or with 30-minutes of moderate intensity treadmill exercise immediately prior to each session. Participants who received the exercise-augmented PE reported greater improvement in PTSD than participants in the PE only group. With only an 8-point difference between groups in the mean change on the PTSD Symptom Scale-Interview, the very large between-group effect size (*d* = 2.65) is surprising and may be due to low variability in the data (*SD*s were small). Only the PE plus exercise group showed an increase in BDNF, but the investigators did not report whether changes in BDNF were related to changes in PTSD. Read the article… http://dx.doi.org/10.1080/16506073.2015.1012740

Although these treatments may have promise for treating PTSD, the lack of a control group in the studies of equine-assisted therapy and present-centered CBCT prevents conclusions about whether the therapies themselves, rather than factors such as passage of time or completing assessments, led to improved outcomes. Lack of long-term follow-up in all three studies raises the possibility that gains may not be maintained and reliance on community samples limits generalizability. In addition to more rigorous trials, research is needed to help understand which patients may benefit from these novel approaches relative to existing evidence-based PTSD treatments.

Earles, J. L., Vernon, L. L., & Yetz, J. P. (2015). Equine-assisted therapy for anxiety and posttraumatic stress symptoms. *Journal of Traumatic Stress, 28,* 149-152. PILOTS ID: 88243

Pukay-Martin, N. D., Torbit, L., Landy, M. S., Wanklyn, S. G., Shnaider, P., Lane, J. E., & Monson, C. M. (2015). An uncontrolled trial of a present-focused cognitive-behavioral conjoint therapy for posttraumatic stress disorder. *Journal of Clinical Psychology*, *71*, 302-312. PILOTS ID: 43570

Powers, M. B., Medina, J. L., Burns, S., Kauffman, B. Y., Monfils, M., Asmundson, G. J. G., Diamond, A., McIntyre, C. & Smits, J. A. J. (2015). Exercise augmentation of exposure therapy for PTSD: Rationale and pilot efficacy data. *Cognitive Behaviour Therapy*. Advance online publication. PILOTS ID: 43517

For older Veterans, odds of getting PTSD treatment decreases with age

Older Veterans are the fastest growing group of VA health care users, making it increasingly important to understand their service use patterns. Investigators at the National Center for PTSD examined how age impacts the likelihood of receiving PTSD treatment, and which PTSD treatments older Veterans receive. The study included 96,249 Veterans aged 50 or older diagnosed with PTSD between 2008-2011. In the following year, about three quarters (73.9%) of the sample received mental health treatment: 44.3% received both psychotherapy and medication, 22.7% received psychotherapy only, and 6.9% received medication only. Most Veterans who received medication were prescribed antidepressants, but it is not clear which specific interventions psychotherapy users received. Veterans aged 65 or older had lower odds of getting mental health treatment compared with Veterans aged 50-64 years. Older age was also linked to greater use of antipsychotics, which are not a first line PTSD treatment. The study didn't include Veterans under 50, so the investigators could not compare service use of older Veterans to that of younger Veterans. An important next step is to investigate why increasing age is associated with lower odds of PTSD treatment (at least among older Veterans). Read the article… http://www.ptsd.va.gov/professional/articles/article-pdf/id43569.pdf

Smith, N. B., Cook, J. M., Pietrzak, R., Hoff, R., & Harpaz-Rotem, I. (2015). Mental health treatment for older veterans newly diagnosed with PTSD: A national investigation. *The American Journal of Geriatric Psychiatry*. Advance online publication. PILOTS ID: 43569

Barriers to care and treatment preferences among OEF/OIF Veterans

Studies into factors that impact mental health treatment engagement among returning Veterans have largely focused on VA users and assessed barriers to care rather than which services Veterans—VA users and nonusers—prefer to receive. Investigators at the Durham VA addressed these limitations in their survey of OEF/OIF Veterans. Iraq and Afghanistan Veterans (*N* = 279) with current PTSD symptoms or a self-reported prior PTSD diagnosis completed the survey; 57.3% had received mental health care in the past year, but not necessarily at a VA. Veterans said they would be more likely to seek VA care for career, financial, or physical issues than for mental health problems. The most common barriers to care were negative biases about treatment: Veterans did not want to take medications or talk about war. Other barriers included stigma and practical concerns, like cost. Overall, Veterans who had received mental health treatment described similar barriers as those who had not received treatment, with the exception that treatment-seeking Veterans had fewer privacy concerns. Because the investigators did not examine the effect of enrollment in VA care, it is not clear whether users of VA report different barriers or preferences than Veterans who receive care elsewhere. Read the article… http://dx.doi.org/10.1002/jts.21993

Crawford, E. F., Elbogen, E. B., Wagner, H. R., Kudler, H., Calhoun, P. S., Brancu, M., & Straits-Troster, K. A. (2015). Surveying treatment preferences in U.S. Iraq–Afghanistan Veterans with PTSD symptoms: A step toward Veteran-centered care. *Journal of Traumatic Stress, 28,* 118-126. PILOTS ID: 88244

Trouble Getting the Full Text of an Article?

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 VA library or 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.