CLINICIAN'S TRAUMA UPDATE

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TREATMENT

More evidence that combined Prolonged Exposure and relapse prevention reduces PTSD

A previous study found that concurrent treatment of PTSD and substance use disorders using Prolonged Exposure (COPE) led to greater improvements in PTSD than usual treatment and did not increase substance use. In a new randomized clinical trial, a team led by investigators at City College of New York of CUNY compared COPE directly to relapse prevention therapy, the gold standard substance use disorder (SUD) treatment. Participants with full or subthreshold PTSD and SUD were randomly assigned to an active monitoring control group (n = 28) or 12 weekly 90-minute sessions of either COPE (n = 39) or relapse prevention therapy (n = 43). As is typical in PTSD-SUD trials, mean attendance was low but did not differ between COPE (6 sessions) and relapse prevention therapy (7 sessions). Both treatment groups reported greater reductions in PTSD symptoms and fewer days of substance use than the control group. Relapse prevention therapy outperformed COPE for reducing days of substance use at end-of-treatment, but the difference was not maintained at follow-up. Participants with full, versus subthreshold, PTSD showed more improvement in COPE than relapse prevention therapy. In all treatment conditions, gains were sustained at the 3-month follow-up. This study adds to the emerging evidence base showing that patients with comorbid PTSD-SUD, even those who are not abstinent, can benefit from trauma-focused treatment targeting both disorders.

Read the article: https://doi.org/10.1159/000462977

Ruglass, L. M., Lopez-Castro, T., Papini, S., Killeen, T., Back, S. E., & Hien, D. A. (2017). Concurrent treatment with Prolonged Exposure for co-occurring full or subthreshold posttraumatic stress disorder and substance use disorders: A randomized clinical trial. *Psychotherapy and Psychosomatics*, *86*, 150–161. PILOTS ID: 48046

For sexually traumatized patients, IPT shows greater benefit than exposure or relaxation

A recent randomized trial found that PE and Interpersonal Therapy (IPT) were similarly effective for treating PTSD and outperformed relaxation (see the April 2015 *CTU-Online*). Taking a more detailed look at the data from this trial, investigators from New York State Psychiatric Institute found that the effectiveness of these three treatments differed depending on a patient's trauma type. Participants were 110 adult outpatients with PTSD. On the Life Events Checklist, 35% reported a history of sexual trauma, 62% reported physical trauma, and 93% reported interpersonal trauma (which included physical, sexual, and other interpersonal traumas). The investigators then separately compared the effects of treatment for those with and without each trauma type. In all analyses, the groups included participants who had the other trauma types, e.g., the sexual trauma group and the no sexual trauma group included participants who had physical, other interpersonal, and impersonal trauma. Sexual trauma, but not physical or interpersonal trauma, modified treatment effects. Participants who had sexual trauma showed greater PTSD symptom improvement in IPT compared with PE (d = 1.3) or relaxation (d = 1.7). In particular, IPT showed an advantage for reducing re-experiencing and arousal (but not avoidance) symptoms. The authors suggest that IPT's focus on trust and relationships may be particularly relevant for sexual trauma survivors. Results are surprising,

however, in light of the demonstrated efficacy of PE in sexually traumatized samples.

Read the article: https://doi.org/10.1002/da.22619

Markowitz, J. C., Neria, Y., Lovell, K., Van Meter, P. E., & Petkova, E. (2017). History of sexual trauma moderates psychotherapy outcome for posttraumatic stress disorder. *Depression and Anxiety*. Advance online publication. PILOTS ID: 48045

Study examines benefits of paying patients to attend Prolonged Exposure

For years, monetary incentives have been used successfully to motivate people with SUD to remain abstinent and attend treatment. Now, a randomized trial led by researchers at the University of Maryland has tested whether monetary incentives can also increase engagement in PTSD treatment among patients with comorbid PTSD-SUD. Participants were 58 men and women with PTSD and opioid use disorder (OUD) recruited from a methadone maintenance clinic. They were randomized to Prolonged Exposure with incentives (PE+I) or without incentives (PE). PE+I participants received a $30-$60 voucher for each session attended, whereas PE participants received free treatment but were not paid to attend sessions. Incentives were linked to improved outcome and attendance: PE+I participants showed significantly greater improvement in PTSD symptoms (odds ratio = 3.1) and attended more PE sessions (median = 9) than the non-incentivized group (median = 1). Although these results suggest that financial incentives may be one way to improve PTSD treatment attendance in this difficult to engage comorbid population, it is not known whether similar benefits would be observed among patients with PTSD only. Future studies will also need to evaluate potential drawbacks (for example, do incentives encourage patients to remain in treatment longer than needed?) and the overall cost-effectiveness of this strategy.

Read the article: https://doi.org/10.1037/ccp0000208

Schacht, R. L., Brooner, R. K., King, V. L., Kidorf, M. S., & Peirce, J. M. (2017). Incentivizing attendance to Prolonged Exposure for PTSD with opioid use disorder patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*. Advance online publication. PILOTS ID: 47904

Pilot study of intensive outpatient treatment for combat-related PTSD shows promising results

One potential strategy to reduce barriers to completing treatment is to modify existing therapies to be delivered in a shorter time frame. Recently, a team led by investigators from the University of Central Florida conducted a pilot study of Trauma Management Therapy, originally a 29-session, 17-week intervention, adapted to be delivered in a 3-week intensive outpatient setting. One hundred twelve returning Veterans and active duty personnel with combat-related PTSD received treatment, which consisted of virtual reality-augmented exposure therapy and a group treatment addressing social and emotional regulation in cohorts of 4-7 patients. There was a substantial decrease in CAPS scores (d = 2.06) following treatment as well as improvements in sleep, anger, guilt, depression, and social interaction (d's = .50-1.26). These treatment gains were maintained through 6-month follow-up. Notably, at posttreatment 66% of participants no longer met criteria for PTSD, and only 2 participants dropped out of treatment. These findings suggest that Trauma Management Therapy in an intensive outpatient format is feasible and may be a beneficial treatment for combat-related PTSD. Future randomized trials are needed to establish the effectiveness of Trauma Management Therapy and then compare the standard and intensive formats.

Read the article: https://doi.org/10.1016/j.janxdis.2017.05.001

Beidel, D. C., Frueh, B. C., Neer, S. M., & Lejuez, C. W. (2017). The efficacy of Trauma Management Therapy: A controlled pilot investigation of a three-week intensive outpatient program for combat-related PTSD. *Journal of Anxiety Disorders*, *50*, 23–32. PILOTS ID: 48044

Take NOTE

New PTSD Clinical Practice Guideline from VA/DoD

The Department of Veterans Affairs and Department of Defense have jointly released the 2017 Clinical Practice Guideline for the Management of PTSD and Acute Stress Disorder. The guideline includes new and updated recommendations based on a systematic evidence review and expert consensus. An 8-page pocket guide, a clinician summary, and a patient summary are also available.

Read the Guideline: https://www.healthquality.va.gov/guidelines/MH/ptsd/

Department of Veterans Affairs and Department of Defense. (2017). *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder*. Washington DC: Author. PILOTS ID: 88366

Consensus statement on status of pharmacotherapy for PTSD

This consensus statement from the Veterans Affairs PTSD Psychopharmacology Working Group describes the lack of advancement in the pharmacologic treatment of PTSD and offers specific recommendations on how future trials can move the field forward.

Read the article:

https://www.ptsd.va.gov/professional/articles/article-pdf/id48035.pdf

Krystal, J. H., Davis, L. L., Neylan, T. C., A. Raskind, M., Schnurr, P. P., Stein, M. B., . . . Huang, G. D. (2017). It is time to address the crisis in the pharmacotherapy of posttraumatic stress disorder: A consensus statement of the PTSD Psychopharmacology Working Group. *Biological Psychiatry*. Advance online publication. PILOTS ID: 48035

Prevalence of opioid use disorder increasing among Veterans with PTSD

A team led by investigators at the National Center for PTSD recently reported trends in OUD diagnosis and treatment in a sample of Veterans with PTSD. Despite a global opioid epidemic, high prevalence of pain and PTSD in Veterans, and potentially interconnected neurobiology underlying OUD and PTSD, little research has investigated the prevalence and characteristics of the PTSD-OUD comorbidity. National VA records were used to identify Veterans with a comorbid OUD who initiated PTSD treatment from 2004-2013 (n = 19,998; 2.7% of all Veterans receiving PTSD treatment). Of these, 30% (n = 5,913) also received pharmacologic intervention for OUD in the year following their initial PTSD diagnosis. Results indicated both increased prevalence of PTSD-OUD and pharmacologic treatment for OUD across the 10-year duration. Veterans with PTSD-OUD engaged in significantly more healthcare services than those with PTSD alone and generally had additional psychiatric comorbidities. Demographic factors predicted the pharmacologic intervention for OUD. Specifically, younger, rural, married, or white Veterans were more likely to receive buprenorphine whereas older, urban, unmarried, or racial/ethnic minority Veterans were more likely to receive methadone. These results support the need for additional studies to further inform the onset and course of PTSD-OUD as well as exploration into the factors contributing to demographically distinct pharmacologic treatment approaches.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id48040.pdf

Shiner, B., Leonard Westgate, C., Bernardy, N. C., Schnurr, P. P., & Watts, B. V. (2017). Trends in opioid use disorder diagnoses and medication treatment among Veterans with posttraumatic stress disorder. *Journal of Dual Diagnosis*. Advance online publication. PILOTS ID: 48040

Pretreatment pain related to traumatic injury predicts posttreatment re-experiencing symptoms

Many Veterans seeking treatment for PTSD have comorbid physical pain. Trauma-related pain in particular may serve as a trauma reminder and elicit re-experiencing symptoms. A research team led by investigators at the University of Illinois at Chicago examined whether trauma-related, versus unrelated, pain predicted response to trauma-focused psychotherapy. The study used data from the medical charts of 99 Veterans who reported pain and had engaged in at least 6 sessions of PE or CPT. The investigators extracted pre and posttreatment PTSD symptoms (measured with the PTSD Checklist for *DSM-IV*), pretreatment pain intensity, and Veterans' self-report of whether their pain was due to an injury that resulted from their trauma. About 41% of Veterans endorsed trauma-related pain. Greater intensity of pretreatment trauma-related pain was associated with more severe posttreatment re-experiencing symptoms, but not with other symptoms of PTSD. Trauma-related pain also indirectly predicted avoidance, numbing, and hyperarousal symptoms via re-experiencing symptoms—with the caveat that symptoms were all measured at the same time, leaving it unclear whether re-experiencing symptoms improved first. Most notably, pain unrelated to trauma was not associated with any posttreatment PTSD symptoms. Findings suggest the possibility that trauma-related pain serves as a trauma trigger that may necessitate more explicit focus in evidence-based treatments for PTSD.

Read the article: https://doi.org/10.1002/jts.22183

Bartoszek, G., Hannan, S. M., Kamm, J., Pamp, B., & Maieritsch, K. P. (2017). Trauma-related pain, reexperiencing symptoms, and treatment of posttraumatic stress disorder: A longitudinal study of Veterans. *Journal of Traumatic Stress*. Advance online publication. PILOTS ID: 48043

ASSESSMENT

Study finds link between postdeployment symptoms and VA usage in recently discharged Veterans

After deployment, Servicemembers are screened for symptoms of PTSD, depression, and alcohol misuse, but how many who screen positive seek treatment? Investigators from VA Palo Alto Healthcare System examined the association between positive screens on the Post-Deployment Health Reassessment (PDHRA) and use of VA services after discharge. The investigators analyzed data from a longitudinal study of Servicemembers who returned from OEF/OIF deployments during 2008-2011 and national enrollment and utilization data from the VA. The sample included 73,164 Army National Guard and Reserve Veterans who completed a PDHRA 3-6 months after discharge. For men, a positive screen on the PDHRA in each symptom area was related to greater use of VA services, except for those with the highest levels of alcohol misuse. For women, a positive PTSD screen was related to greater VA service use, a positive depression screen was related to greater VA use only for women in the Army Reserve, and a positive alcohol misuse screen was unrelated to VA service use. Among Veterans diagnosed with PTSD or depression in VA, 74-84% received specialty treatment, whereas only 11-25% of those with alcohol use disorder received specialty care. These findings emphasize the importance of outreach linking returning Veterans to needed treatment, particularly for women and for conditions such as substance abuse that may have more perceived stigma.

Read the article: https://doi.org/10.1176/appi.ps.201600259

Vanneman, M. E., Harris, A. H., Chen, C., Adams, R. S., Williams, T. V., & Larson, M. J. (2017). Postdeployment behavioral health screens and linkage to the Veterans Health Administration for Army Reserve Component Members. *Psychiatric Services*. Advance online publication. PILOTS ID: 48047

Computerized version of the PCL-5 may shorten administration time

The PTSD Checklist for *DSM-5* (PCL-5) is a 20-item self-report measure of PTSD symptoms typically administered in paper-pencil format. To decrease response burden, investigators with Tufts University School of Dental Medicine recently tested a comput-

er-based version of the PCL-5 that can customize the questionnaire to each respondent and determine whether it is necessary to administer additional items. The study recruited adults (*N* = 942) from New York neighborhoods affected by Hurricane Sandy. Participants completed all 20 items of the computer-based PCL-5. Investigators retrospectively analyzed the responses, comparing two methods of determining when each participant could have stopped the test. The first method, called curtailment, applies a stopping rule when the respondent has definitely achieved a provisional PTSD diagnosis. The second method, called stochastic curtailment, applies a stopping rule when the user is *likely* (99% chance or higher) to achieve a provisional diagnosis. Stochastic curtailment resulted in a more reduced test length (up to 88% reduction) than curtailment (up to 70% reduction), but as expected was less sensitive (92% compared with 100%). Customized administration may be especially valuable for epidemiologic studies or any context in which only diagnostic information, and not information about all symptoms or total severity, is needed. These methods will need to be evaluated prospectively and it will be important for future studies to consider how item ordering effects may influence results.

Read the article: https://doi.org/10.1037/tra0000226

Finkelman, M. D., Lowe, S. R., Kim, W., Gruebner, O., Smits, N., & Galea, S. (2017). Customized computer-based administration of the PCL-5 for the efficient assessment of PTSD: A proof-of-principle study. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*, 379–389. PILOTS ID: 46618

CAPS-5 demonstrates strong psychometric properties

The Clinician-Administered PTSD Scale has long been the recognized gold-standard for evaluating the diagnostic status and severity of PTSD. The recent release of the CAPS-5, revised to adhere to the new *DSM-5* criteria and to streamline administration and scoring, has left the clinical and research communities anxiously awaiting reports of its psychometrics and comparison to the CAPS for *DSM-IV*. A team led by investigators at Auburn University and the National Center for PTSD reported on this initial evidence. Data were collected from two Veteran samples (*N*s = 165, 207). The CAPS-5 diagnosis and severity score had strong interrater and test-retest reliability, in addition to strong internal consistency and good correspondence with diagnoses based on the CAPS for *DSM-IV*. There was also excellent convergent validity with both the CAPS for *DSM-IV* and PCL-5, as well as good convergent validity with measures of anxiety, depression, somatization, functional impairment, alcohol abuse, and psychopathology suggesting strong sensitivity and specificity. These results, though requiring replication in larger and more diverse samples, suggest the CAPS-5 is psychometrically strong. Importantly, the CAPS-5 diagnoses are highly congruent with diagnoses from the CAPS for *DSM-IV*. This compatibility allows for ongoing, long-term continuity of evidence-based assessment for PTSD diagnoses across the transition from *DSM-IV* to *DSM-5*.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id48027.pdf

Weathers, F. W., Bovin, M. J., Lee, D. J., Sloan, D. M., Schnurr, P. P., Kaloupek, D. G., … Marx, B. P. (2017). The Clinician-Administered PTSD Scale for *DSM–5* (CAPS-5): Development and initial psychometric evaluation in military Veterans. *Psychological Assessment*. Advance online publication. PILOTS ID: 48027

Veterans Health Administration

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