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ISSUE 4(6) December 2010

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U.S. Department of Veterans Affairs

Treatment

Promising findings on VA's rollouts of evidence-based treatment

VA is promoting the use of evidence-based therapy for mental disorders. By May 2010, over 2,700 clinicians had been trained in one of the two treatments being disseminated for PTSD, Cognitive Processing Therapy and Prolonged Exposure. An article by leaders in the rollouts reports that 96% of VA facilities are offering CPT or PE, and 72% are offering both. Findings on a group of 93 Veterans who completed CPT and 381 who completed PE show comparable and meaningful results: 28% in CPT and 33% in PE had reductions of 30% or more in PTSD severity. The authors note that one of the most significant barriers to promoting the use of CPT and PE has been the belief among some patients and therapists that PTSD is a lifelong disorder from which recovery is not possible. Educational efforts aimed at both audiences and word-of-mouth about initial successes have helped to counter this belief. The authors also note that the most important lesson learned is the need to provide structured case consultation in order to help therapists acquire the skills to implement these treatments. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id84302.pdf>

Karlin, B. E., Ruzek, J. I., Chard, K. M., Eftekhari, A., Monson, C. M., Hembree, E. A., Resick, P. A., & Foa, E. B. (2010). Dissemination of evidence-based psychological treatment for posttraumatic stress disorder in the Veterans Health Administration. *Journal of Traumatic Stress*, 23, 663-673. PILOTS ID: 84302

Integrated smoking cessation treatment reduces smoking in Veterans with PTSD

By some estimates, 2 out of every 5 Veterans with PTSD smoke. PTSD is associated with difficulty quitting and with smoking heavily. But a new study, led by investigators at the Seattle VA, shows that mental health providers can help. The investigators recruited 943 male and female smokers who were receiving outpatient PTSD treatment at one of 10 VA facilities across the country. Participants were randomized to receive integrated smoking cessation treatment from their PTSD clinicians or were referred to a separate smoking cessation clinic (usual care). The simple evidence-based intervention delivered by mental health clinicians, consisting of 5 education and counseling sessions and 3 follow-up sessions, was highly effective. Veterans who received integrated care were over twice as likely as Veterans who received usual care—8.9% vs. 4.5%—to achieve prolonged abstinence, defined as a 12-month period of biologically-verified abstinence beginning 6 months after study entry. Veterans who received integrated care also were more likely to be abstinent at shorter intervals of time throughout the study. Almost 40% of the benefits of integrated care were explained by greater participation in counseling and use of medication in the integrated care group. The implications of this study are clear: It is feasible and beneficial to integrate brief smoking cessation treatment into mental health care for Veterans with PTSD who smoke. Read the article...<http://dx.doi.org/10.1001/jama.2010.1769>.

McFall, M., Saxon, A. J., Malte, C. A., Chow, B., Bailey, S., Baker, D. G., Beckham, J. C., Boardman, K. D., et al., for the CSP 519 Study Team. (2010).

Prolonged Exposure helps OEF/OIF Veterans

Many people believe that returning Veterans may respond well to evidence-based therapy but there have been few studies specifically examining treatments such as PE in this cohort. A study by investigators from the Charleston VA suggests that PE is effective for treating OEF/OIF Veterans and in fewer sessions than the manual prescribes. The investigators examined data from 65 OEF/OIF Veterans with combat-related trauma who were treated at one PTSD Clinical Team. Based on clinical experience indicating many OEF/OIF patients respond rapidly after starting, the researchers defined treatment completion as engagement in at least 6 sessions; 66% of the sample met this criterion. There were large effects for both depression ($d = 0.72$) and PTSD ($d = 1.19$) at post-treatment for the entire intent-to-treat sample. There was a more rapid decline in symptoms through the 5th session, followed by slower continued improvement. Neither age, gender, nor service-connected disability predicted outcomes or treatment completion. Although these findings show that PE can be a good treatment-as-usual for OEF/OIF Veterans, several characteristics of the study clinic may not be routine in many VAs. These included highly trained therapists with control over their clinic scheduling and supervision by a national PE trainer for the VA. Studies of additional clinics are needed to show how critical such support is to positive and rapid therapy outcomes. Read the article...<http://dx.doi.org/10.1016/j.janxdis.2010.11.002>.

Tuerk, P. W., Yoder, M., Grubaugh, A., Myrick, H., Hamner, M., & Acerno, R. (in press). Prolonged exposure therapy for combat-related posttraumatic stress disorder: An examination of treatment effectiveness for veterans of the wars in Afghanistan and Iraq. *Journal of Anxiety Disorders*. PILOTS ID: 35452

Clinicians weigh in on virtual reality

Clinicians' concerns about the safety of exposure therapy and lack of training in its use have been noted as barriers to its implementation in the field. A new study of virtual reality (VR) for PTSD indicates that clinicians who have not used VR hold similar perceptions. A convenience sample of 18 VA clinicians participated in four focus groups to discuss VR not only as a treatment, but also as a symptom assessment tool, given that psychophysiological reactivity can be monitored during VR. Clinicians most frequently identified the current popularity of computer technology as the factor that would encourage VR use. However, they questioned the use of VR as an assessment method, citing the lack of a known reactivity threshold to differentiate PTSD from non-PTSD. Clinicians were also skeptical about whether VR would enhance the effectiveness of exposure therapy, suggested that it may actually hamper the therapeutic relationship, and thought it would be contraindicated

among Veterans with comorbid conditions. Clinicians expressed concern regarding the potential of VR to exacerbate symptoms even though they also questioned whether VR scenes are realistic enough to trigger and extinguish combat-related anxiety. As is the case for prolonged exposure, clinically relevant research and clinician training may alter perceptions about VR, provide greater validation of its benefits, and make successful implementation of VR a more likely reality. Read the article...<http://dx.doi.org/10.1176/appi.ps.61.11.1153>

Kramer, T. K., Pyne, J. M., Kimbrell, T. A., Savary, P. E., Smith, J. L., & Jegley, S. M. (2010). Clinician perceptions of virtual reality to assess and treat returning Veterans. *Psychiatric Services*, 61, 1153-1156. PILOTS ID: 35282

Therapeutic alliance in PTSD treatment

Therapeutic alliance is a strong predictor of treatment completion and outcome in psychotherapy. With the aim of understanding what drives early alliance and its effects, a new study examined specific patient and treatment variables underlying alliance in both psychotherapy and pharmacotherapy for PTSD. Participants ($n = 188$) received either 10 weeks of PE or sertraline with psychiatric monitoring. Therapeutic alliance was stronger for PE, and was related to positive trauma-related social support. Despite the authors' predictions and in contrast to clinical lore, a history of childhood sexual abuse and higher psychopathology were not associated with alliance in either treatment group. The investigators found that alliance predicted PE adherence (i.e., homework completion) but not medication adherence. Alliance was related to treatment completion for both therapy types. Although these findings are promising, they do not provide information about whether treatment adherence and completion translated into patients getting better. Nevertheless, the data suggest that patients with positive social support may more readily form a therapeutic alliance, while those without such support may have a more difficult time connecting with their therapist. Read the article...<http://psycnet.apa.org/doi/10.1037/a0020758>.

Keller, S. M., Zoellner, L. A., & Feeny, N. C. (2010). Understanding factors associated with early therapeutic alliance in PTSD treatment: Adherence, childhood sexual abuse history, and social support. *Journal of Consulting and Clinical Psychology*, 78, 974-979. PILOTS ID: 35447

Women Veterans

Suicide in women with military service

Public and governmental concern about suicide in military personnel has increased since the wars began in Iraq and Afghanistan. A prospective study of a small sample previously found women with past military service were more likely to complete suicide than female nonveterans. Now, a larger study by the same research team confirms those findings and

suggests that young female Veterans may be particularly vulnerable. In the new study, the authors calculated standardized mortality ratios (SMRs) for nearly 6,000 women age 18 to 64 who completed suicide by using 2004-2007 data from the National Violent Death Reporting System. An SMR is a ratio of the number of deaths observed in a specified population to the number that would be expected if that population had the same mortality rate as a standard population. Findings indicated that women with military service, including Veterans, active duty, reserve, and National Guard, were more likely than female nonveterans to complete suicide. Women Veterans age 18-34 had the highest risk, with an SMR of 3.05, meaning they were 3 times more likely to complete suicide than would have been expected. Such findings not only echo the importance of disseminating suicide prevention resources by VA and military clinicians but also remind clinicians outside VA and DoD healthcare systems to assess history of military service in their female patients. Read the article...<http://ps.psychiatryonline.org/cgi/reprint/ps;61/12/1177>.

McFarland, B. H., Kaplan, M. S., & Huhuet, N. (2010). Datapoints: Self-inflicted deaths among women with U.S. military service: A hidden epidemic? *Psychiatric Services*, 61, 1177. PILOTS ID: 35451

Pregnancy and mental health in Veterans

VA has expanded gynecological and obstetric care in order to meet the needs of the increasing number of women Veterans who seek VA care. Findings from a study at the West Haven VA and Yale University suggest that women who use VA prenatal care are a unique group that may need special attention in order to get the health care they need. The investigators examined administrative data of 43,078 OEF/OIF women who received care at the VA between 2001 and 2008. The 7% of Veterans who sought prenatal care were twice as likely as those who did not to have a diagnosis of mental disorders such as PTSD, depression, and anxiety; 21% of Veterans receiving pregnancy-related services had PTSD compared with 9% of their counterparts. The women who sought prenatal care also differed demographically from women who used other services only on several factors that relate to poorer birth outcomes in civilians; users of prenatal care were more likely to be young, unmarried, and have lower education. These findings have significant implications for service delivery. First, women who use VA prenatal care may need additional support or services to reduce their risk of adverse pregnancy outcomes. And second, because women who use VA prenatal services have in-

creased prevalence of PTSD and other mental disorders, collaborative care may be the optimal approach to comprehensively meeting their health care needs. Read the article...<http://www.ptsd.va.gov/professional/articles/article-pdf/id35449.pdf>

Mattocks, K. M., Skanderson, M., Goulet, J. L., Brandt, C., Womack, J., Krebs, E., Desai, D., Justice, A., Yano, E., & Haskell, S. (2010). Pregnancy and mental health among women veterans returning from Iraq and Afghanistan. *Journal of Women's Health*, 19, 2159-2166. PILOTS ID: 35449.

Gender differences in OEF/OIF Veterans

Heightened exposure to combat among women serving in OEF/OIF has created an unprecedented opportunity to compare how men and women respond to warzone trauma. New findings based on VA administrative data from over 300,000 OEF/OIF Veterans seeking VA care show differences from how men and women respond to civilian trauma. Women made up 12.4% of the sample. Compared with men, women were more likely to be young, single, Black, and Air Force members, and to have been deployed only once. As in civilian samples, depression was more common in women, whereas substance abuse was more common in men. PTSD prevalence was higher in men than in women too (22% vs. 17%), which is inconsistent with findings from studies of civilians and some studies of OEF/OIF personnel. A possible explanation is the higher number of deployments among men. Other analyses showed gender differences in how demographic and military variables affected risk of PTSD. Most of these differences were in the strength of an effect, but not the direction, although older age was associated with increased risk in women and decreased risk in men. The implications of these findings are primarily scientific at this point, but the hope with such research is that the findings will help us understand why some people develop PTSD and others are resilient to the effects of trauma. Read the article...<http://dx.doi.org/10.2105/AJPH.2009.166165>.

Maguen, S., Ren, L., Bosch, J. O., Marmar, C. R., & Seal, K. H. (2010). Gender differences in mental health diagnoses among Iraq and Afghanistan Veterans enrolled in Veterans Affairs Health Care. *American Journal of Public Health*, 100, 2450-2456. PILOTS ID: 35448

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