

Effective Treatments for Post-Traumatic
Stress Disorder and Recent Findings with
Female Veteran Returnees from Operation
Enduring Freedom/Operation Iraqi Freedom
FOR

NM Military and Veterans' Affairs
Committee

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Overview

- Post Traumatic Stress Disorder (PTSD)
Defined
- Treatments That Work for PTSD
 - Cognitive and Exposure Therapies
- Department of Defense (DoD) Grant at
NMVAHCS
 - Preliminary Findings

Post-traumatic Stress Disorder (PTSD)

- Trauma
- Three symptom categories (17 Total Symptoms):
 - Reexperiencing Symptoms (minimum 1)
 - Avoidance/Numbing Symptoms (minimum 3)
 - Hyperarousal Symptoms (minimum 2)
- Duration >1 month

Trauma

- Life threatening event
- Experienced personally
- Witnessed
- Emotions = horror, helplessness, fear

- Examples:
 - Combat: Iraq, Afghanistan, Vietnam
 - Rape, childhood/adult; Military Sexual Trauma (MST)
 - Natural Disasters, e.g., hurricane Katrina
 - Severe Auto Accidents

Reexperiencing (minimum 1)

- Intrusive memories during day
- Nightmares at night
- Flashbacks—intense daytime memory
- Anxiety with reminders
- Physical reaction with reminders

Avoidance/Numbing (minimum 3)

- Avoid thoughts/feelings/conversations
- Avoid reminders
- Memory loss for trauma event details
- Isolation
- Feelings of detachment
- Restriction of emotions--numbing
- Foreshortened future

Hyperarousal (minimum 2)

- Sleep difficulties
- Irritability/anger outbursts
- Poor concentration
- Hypervigilance
- Exaggerated startle response

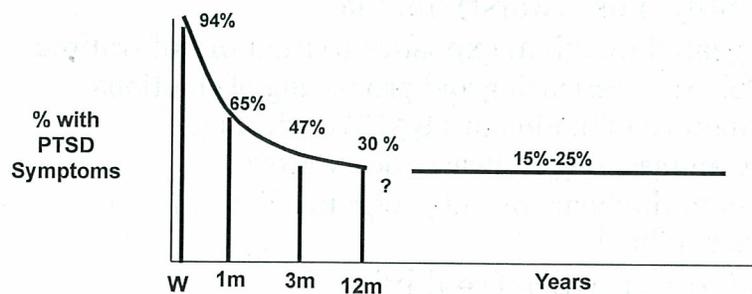
Other Symptoms with Trauma

- Anxiety
- Depression
- Substance Use
- Isolation
- Adjustment Problems (work, family)
- **Post-traumatic Stress Disorder (PTSD)**

Rates of PTSD in Veterans

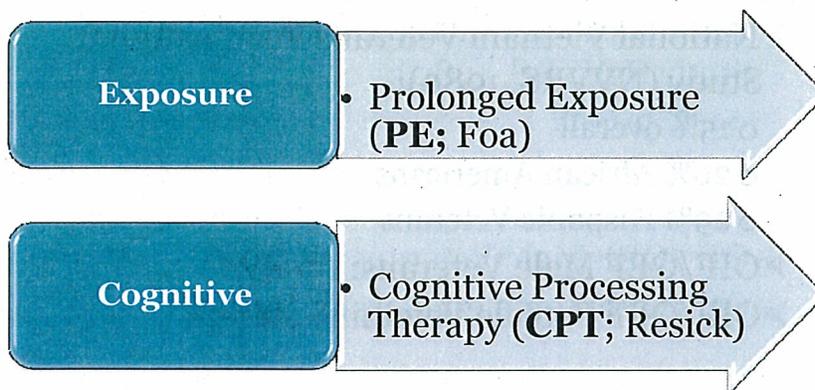
- National Vietnam Veterans Readjustment Study (NVVRS, 1980):
 - 15% overall
 - 20% African Americans
 - 29% Hispanic Veterans
- OIF/OEF Male Veterans: 15-20%
- OIF/OEF Female Veterans: 22-25%

Rate of Recovery After Rape



Data from Rothbaum et al., 1992

Most Effective Treatments for PTSD— 30 years:



Prolonged Exposure Therapy

- Imaginal Exposure:
 - Identify Index (worst) trauma
 - Repeated imaginal exposure to memory of trauma
 - Allows experiencing and processing of emotions
 - Allows habituation in a **SAFE** environment
 - Examples: Boy on Beach; Scary Movie
 - Gets to the heart of the problem--Trauma--in order to heal
- In-vivo Exposure (real life):
 - Repeated exposure to other situations (grocery store, basketball game)

Cognitive Processing Therapy

- Theory: thoughts create emotions
- “Distorted” thoughts cause problem emotions (e.g., “I’m a failure” → depression)
- Change thoughts to improve feelings (e.g., “I’m not a failure at everything; I’ve had some successes” → hope, positive)
- In PTSD:
 - Most common distortion--life/death from trauma applied to present
 - 5 themes: SAFETY, TRUST, POWER/CONTROL, ESTEEM, INTIMACY



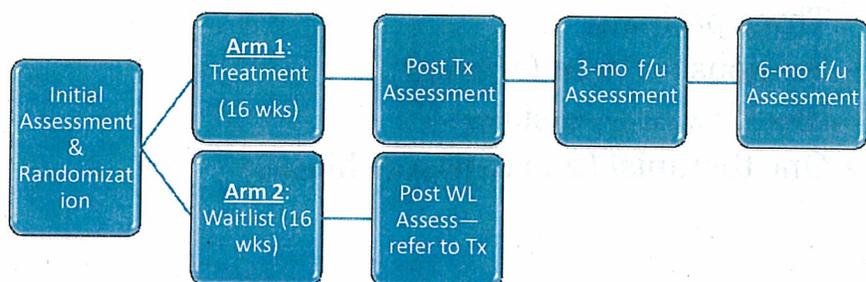
DoD Study

- Aims:
 - Examine effects of 16-week group with 3 blocks of treatment—cognitive, exposure, skills
- Hypotheses:
 - Group Tx > minimal attention wait-list
 - Exposure & Cognitive > Skills (PCL)

DOD Study—Design of RCT

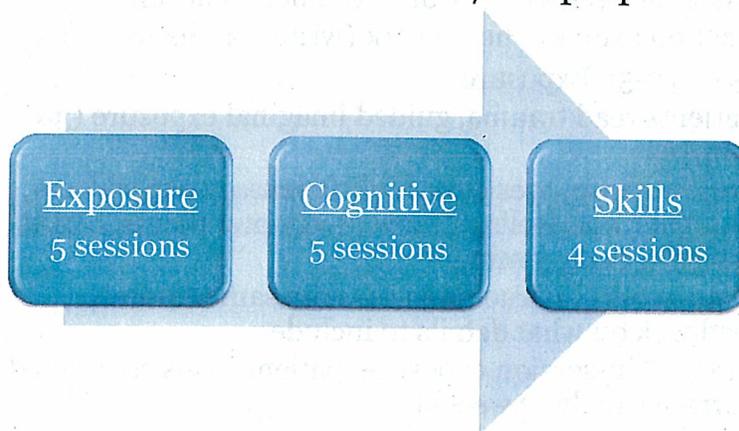
- Participants = 72 OEF/OIF female veterans with PTSD
- Assessment:
 - Descriptive: Demographics, LEC, MSEQ, SCID I/II
 - Outcome: CAPS: pre, post, 3-mo, & 6-mo. f/u
- Randomized ($n = 36/\text{arm}$):
 - 16-week treatment group (3 Tx Blocks, 3 Ss/group)
 - 16-wait-list (minimal attention)

DOD Treatment Study



Treatment Blocks

Session 1 and 16—Orientation/Wrap Up



Group Characteristics

- Three patients
- Sessions = 1½ hr (16 wks)
- Blocks: 4 or 5 sessions
- One therapist (2 in exposure block)

Exposure Block (5 session)

- Session 1: Description, Rationale, Dateline video (Foa), id safety nets, SUDs, id worst trauma, breathing relaxation exercise, homework (write trauma narrative)
- Sessions 2-5: Exposure
 - Patients read trauma, guided imaginal exposure (30 min/pt)
 - Present tense, eyes closed, elicit sensory experiences, thoughts, and feelings, slow pt at worst points, SUDs assessed every 5 min
 - Homework: Instructed to re-write same trauma, feedback on what details to include
 - After 3rd in-session exposure, patient reads completed narrative daily (2 weeks)

Cognitive Block (5 session)

- Session 1: Didactics on cognitive restructuring with SORC model (Kanfer), types of cognitive distortions, homework: 1 page on beliefs 1st of 5 themes—**safety**
- Session 2-5: Read aloud writings, challenges irrational/distorted beliefs on board, homework—writing 1 page on different theme each week
 - Common distortions=dualistic (life/death) thinking addressed with continuum
 - Same homework each week
- Each session writing/challenging beliefs on 5 themes: **safety, trust, power/control, esteem/intimacy** in 4 sessions

Skills Block (4 session)

- Session 1-2: Didactics
 - SORC model emphasis on assertiveness training (define passive, assertive, aggressive)
 - Relaxation training--teach/practice () in last 1/2 hr of session
 - Homework: observe self/other's behaviors, practice relaxation daily, & rate SUDs (1-100)
- Session 3-4: Practice
 - Videotaped role-play: practice/review in session
 - Passive, aggressive, assertive (fabricated situations)
 - Assertive only to personal situations (formula)
 - Homework: observe self/other's behaviors, practice relaxation daily, & rate SUDs (1-100)
- Relaxation training sessions 1-4:
 - Teach/practice (breathing, thought-stopping, sensory focusing, progressive deep muscle) in last 1/2 hr of session

Results

Demographics (n=46)

Age	M=36	Axis I	78%
Education (Years)	M=14.6	Axis II	22%
Race/Ethnicity	24% NHWhite	44% Hisp	24% Nat Am
Employment	50% empl	28% unempl	
Education	9% HS/GED	59% some coll	32% coll grad
Marital Status	37% marr/rel	24% single	27% div
Service Conn Status	59% SC Any	18% SC PTSD	

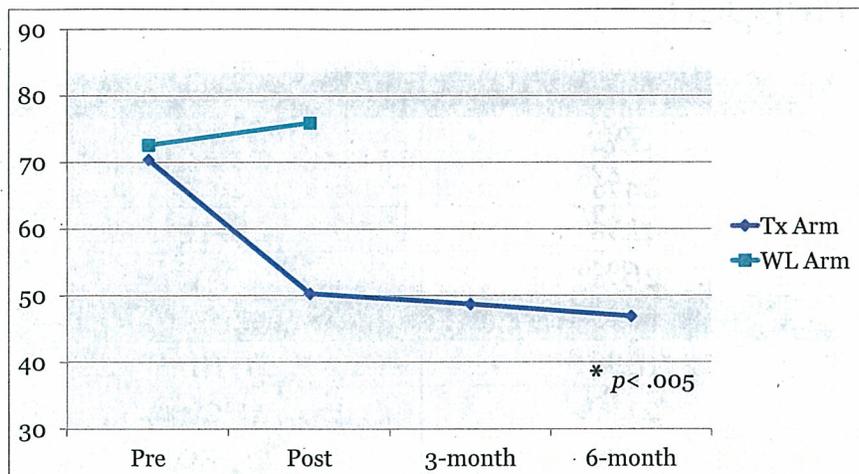
Life Event Checklist (LEC-- Happened)

Total Number of Trauma Types	
6%	1-3
24%	4-7
44%	8-12
26%	13-17
Number of Trauma Incidents	
10%	1-10X
21%	11-24X
20%	25-50X
49%	51+X

Military Stress Exposure Questionnaire (MSEQ)

Trauma	Experienced (min. 1x)
Threat of death, in danger (e.g., bombs)	72%
Knew someone or close to someone who was KIA, MIA, or wounded in action	67%
Witnessed stream casualties	52%
Evacuated the dead	30%
Assigned to combat patrol or dangerous duty	54%
Under enemy fire	54%
Fired at enemy	20%
Killed enemy troops	6%
Killed prisoners or civilians	2%
Verbal sexual harassment	89%
Physical sexual harassment	61%
Sexual assault	48%

CAPS—RM ANOVA



Tx Arm = 21; WL Arm = 13

Conclusion

- 30 years of research: Largest treatment effects for cognitive and exposure therapies
- Other Therapies (alternative, wellness, others) also effective and offer balance
- CPT and PE available for female and male Veterans at NMVAHCS in Women's Stress Disorder Treatment Team (WSDTT) and Military Trauma Treatment Program (MTTP)
- Contact information: 505-265-1711 or 1-800-465-8262 , ext. 5857 (women), ext. 2150 (men)