

ADDRESSING PTSD VIA GROUP ENGAGEMENT IN THE VA SYSTEM



INTRODUCTION

PTSD and challenges in
the VA system

Solutions to the problems
of treatment engagement

Group based treatments
for PTSD (CPT and PE)

Exercise
interventions/mindfulness
interventions

Conclusions and future
directions



PTSD AND THE VETERANS AFFAIRS (VA) SYSTEM

- Overall, addressing PTSD symptoms in veterans within the VA system is a major public health challenge.
- PTSD symptoms can be extremely distressing, and PTSD symptoms can negatively affect quality of life and engagement in meaningful activities.
- As providers, it is important to be aware of challenges in treatment.
- It is also imperative that we understand the current treatment options that are available to the veterans that we serve.
- The information in this presentation may help with the development of new evidence-based interventions for veterans with PTSD.

CHALLENGES AND SOLUTIONS

- According to DeViva et al., (2017), despite the high rates of PTSD among veterans, very few engage in evidence-based therapies within the VA system.
- This presents a major challenge for clinicians who are attempting to address PTSD symptoms. This also places a financial strain on the VA system.
- These researchers developed a group-based program to help address the problem of readiness for engagement in evidence-based practices.
- Specifically, they developed a four-session education group that focused on treatment planning and treatment choices.
- Interestingly, they found that engaging in the educational sessions increased the likelihood of engaging in an evidence-based practice later; however, it was not related to completing the treatment.
- Overall, this research suggests preparation may be helpful for engagement; however, the issue of retention and completion of treatment needs to be addressed.

CHALLENGES AND SOLUTIONS

- Other researchers have also investigated orientation groups to help address the issue of engagement in evidence-based therapies within the VA system.
- Schumm and colleagues (2015) investigated satisfaction with an orientation group and these researchers also tracked veterans' preferences.
- They found that the veterans were highly satisfied with a group-based orientation that provided information about the types of treatments available for PTSD.
- They found that most of these veterans chose psychotherapy plus medications (over 63%), and approximately 30% chose psychotherapy alone.
- Overall, individuals in this orientation group were more likely to choose cognitive processing therapy (CPT).
- Both prolonged exposure therapy and cognitive-behavioral therapy were more preferred compared to virtual reality exposure therapy.

CHALLENGES AND SOLUTIONS

- Murphy and Rosen (2006) developed a PTSD Motivation Enhancement Group to help address the problems with treatment engagement among veteran populations.
- This group is manualized and it is based on the Stages of Change Model.
- There is also integration of Motivational Interviewing components.
- According to the researchers, the goal was to reduce ambivalence regarding treatment.
- We will review the contents of this seven-session group-based treatment on the next slide.

CHALLENGES AND SOLUTIONS

- The following has been adapted from Murphy and Rosen (2006):
- Session One
 - Group Overview
 - Discuss the purposes and potential value of the group
 - Generate a problem list in the categories of “Definitely Have,” “Might Have,” and “Don’t Have.”
- Session Two and Session Three
 - Comparisons to “the average guy.”
 - Review the purpose of the group. Discuss the value of the group.
 - Continue to generate a problem list. Divide the items into the three different categories.
 - Compare behaviors to estimated age-appropriate normative behaviors to decide how problematic certain behaviors may be

CHALLENGES AND SOLUTIONS

- The following has been adapted from Murphy and Rosen (2006)
 - Session Four and Session Five
 - Pros and Cons
 - Review the purpose of the group
 - Continue generating possible problem areas.
 - Used a decision-balance technique to help the participants decide about what behaviors may need to be moved to the “Might Be a Problem” category
 - Session Six
 - Discuss roadblocks
 - Review the purpose of the group.
 - Continue generating possible problem areas.
 - Continue deciding on the category in which to divide the possible problem behaviors
 - Identify the fears, possible cognitive distortions, and stereotypes which may be a roadblock in identifying problem areas
 - Session Seven
 - Rolling admissions. Patient can repeat the group.

COGNITIVE-BEHAVIORAL GROUP TREATMENT

- Sloan and colleagues (2016) examined the utility of a cognitive-behavioral group treatment for PTSD compared to a supportive group counseling technique
- They used random assignment to the CBT versus counseling group.
- Both treatments lasted for 14 sessions.
- The CBT group involved psychoeducation, goal-setting, homework exercises, and the identification of skills and coping mechanisms.
- The major outcome was PTSD symptoms.
- The researchers found that the CBT group was more effective in reducing PTSD symptoms relative to the supportive counseling group.

GROUP COGNITIVE PROCESSING THERAPY

- Resick and colleagues (2015) conducted a randomized trial of group-based cognitive processing therapy and group-based present-centered therapy to address PTSD symptoms.
- This was conducted in active-duty members of the military who were seeking treatment specifically for PTSD at a military base after their deployments to the Middle East.
- The group cognitive processing therapy method was cognitive processing therapy-cognitive (CPT-C). This type of therapy is based on challenging thoughts, labeling events, and addressing emotions. This is a worksheet-based method.
- In contrast, present-centered therapy focuses on PTSD but does not involve a discussion of the trauma. It focuses mostly on problem-solving and symptom management.
- Overall, the researchers found support for both treatment approaches; however, CPT-C resulted in a faster rate of improvement and reductions in depression symptoms.

GROUP PROLONGED EXPOSURE THERAPY

- Ready and colleagues (2012) conducted a pilot study to explore group based exposure therapy with components of prolonged exposure therapy in an effort to address the high dropout rates that are often seen in prolonged exposure therapy treatments.
- These researchers explored the treatments in Vietnam veterans
- Sessions were held twice per week for 12 weeks.
- The intervention included two within-group war trauma presentations (per participant), and six prolonged exposure therapy style imaginal exposures (per participant). This also incorporated listening to the recorded imaginal exposures (daily) and daily in-vivo exercises.
- Everyone completed the treatment
- There were reductions in all PTSD symptoms
- Seven participants no longer met diagnostic criteria.

PROLONGED EXPOSURE THERAPY IN A GROUP SETTING

- Smith and colleagues (2015) investigated effectiveness of Prolonged Exposure therapy in a group setting.
- These researchers argued that because of the growing demands on VA systems, group-based treatment of PTSD may be an area worth investigating.
- This treatment involved 12 one-hour group sessions that focused on in-vivo exposures to address PTSD symptoms. This was combined with an average of approximately 5 one-hour long imaginal exposure sessions.
- The researchers found reductions in PTSD symptoms and depression symptoms.
- Overall, this suggests a hybrid model of group and individual therapy may be of interest to veteran populations.

GROUP COGNITIVE/EXPOSURE THERAPY IN WOMAN VETERANS

- Castillo and colleagues (2016) explore the efficacy of a three-module group treatment for woman veterans
- The three modules included cognitive components, exposure, and skills training
- This involved repeated in-session imaginal exposures.
- This was a 16-week program, and each group had three members.
- They compared the effects to a waitlist condition.
- Overall, they found that in the treatment group, there were reduced PTSD symptoms, improved quality of life, and higher ratings of physical and mental functioning.
- Interestingly, 77% no longer met criteria for PTSD at the end of the study.

PHYSICAL HEALTH AND PTSD: EXERCISE TRAINING

- Goldstein and colleagues (2018) took an innovative approach to addressing PTSD symptoms by developing an integrative group exercise and mindfulness class for veterans with PTSD
- These researchers randomly assigned the veterans to the intervention group or to a waitlist control group.
- The sessions involved three, one-hour group exercise classes for 12 weeks.
- Overall, those in the intervention group reported greater PTSD symptom reduction, better quality of life, and a smaller improvement in physical quality of life.
- Overall, the veterans viewed the intervention favorably.
- The researchers argue that this treatment may be good for those who may not be as open to medication and/or traditional psychotherapy.

CONCLUSIONS

- Overall, many researchers have been investigating group-based treatment ideas for veterans with PTSD
- Treatments range from orientation/educational sessions to group-based exercises, to group-based interventions using standard evidence-based methods like cognitive processing therapy and prolonged exposure therapy
- Based on these findings, there are many new treatments that may be helpful for different veteran populations.
- Overall, group based treatments may be helpful, but more research needs to be done to examine the active components that lead to the positive outcomes.

CONCLUSIONS

- Orientation groups appear to be helpful
 - These help to address problems of enrollment in prolonged exposure therapy and cognitive processing therapy
 - Veterans appear to enjoy these groups
 - These groups can help providers better understand desires for treatment
 - This can help with triaging veterans to different treatment modalities
 - These may save time because the educational component has been addressed
 - These may be helpful because they provide the veterans with options and choices
 - In the studies presented today, the veterans felt positively about these groups

CONCLUSIONS

- Group-based mindfulness/exercise, cognitive processing therapy, and prolonged exposure therapy are all options that led to reductions in PTSD symptoms among the veterans discussed in the studies today.
 - The reasons for the benefits are uncertain, but it is possible that the social support provided by the group based nature helps veterans engage in these exercises.
 - It would be interesting to study attrition rates in group versus individual therapies.
 - The group nature could be helpful from an administrative perspective as well since multiple veterans are being treated.
 - Overall, there were a number of positive outcomes as a result of the group treatments for PTSD that were discussed today.

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