

Increasing the Effectiveness of Evidence-Based Treatments for PTSD

Presented by

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National
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PTSD
Posttraumatic
Stress Disorder



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Introduction

- ▶ Cognitive-behavioral therapies (CBT), especially prolonged exposure (PE) and cognitive processing therapy (CPT), have consistently been proven as effective treatments for PTSD
- ▶ Numerous practice guidelines confirm the effectiveness of CBTs:
 - The Institute of Medicine (IOM) Report, VA/DoD Guidelines, and ISTSS Clinical Practice Guidelines unanimously recommend CBT for PTSD

Learning Objectives

- I. Understand limitations of evidence-based therapies (EBTs) for PTSD
- II. Identify and address potential treatment-interfering behaviors
- III. Develop strategies for managing complex cases

A woman with dark hair, wearing a pink button-down shirt, is sitting at a desk in an office. She is looking towards the camera with a thoughtful expression, her hand resting on her chin. The desk in front of her has a laptop, some papers, and a pen. In the background, there is a large window with a view of a city, and another desk with a computer monitor and papers. The overall scene is a professional office environment.

Objective I: Limitations

**Assessing who is
appropriate for
EBT**

Why Use Assessments?

- ▶ Give a comprehensive view of patient beyond PTSD symptoms
 - Depression
 - Hopefulness
 - Motivation
 - Anger
 - Pain
 - Traumatic Brain Injury (TBI)
 - Medical complications

Why Use Assessments?

- ▶ Identify problem areas at the start of treatment
- ▶ Track improvement during therapy
- ▶ Isolate areas that need more intervention



Why Use Assessments?

- ▶ Determine if therapy is effective
 - Identify if person has reached a maximum level of improvement
 - Address avoidance
 - Consider switching to alternate treatment

Areas of Assessment

Select an assessment area to learn more

Medical

Psychological

Substance Use

Motivation



Medical Evaluation

- ▶ Medical history is equally as important as psychological history
- ▶ Consider medical conditions
 - Seizures
 - Eating disorder complications
 - Other acute diagnoses
 - Disabilities or other aspects that could interfere with treatment
- ▶ Adjust therapy so it can still be effective

Medical Evaluation

► Traumatic Brain Injury

- Different levels of injury affect ability to do EBT
- Use neuropsychologist or neurology team if necessary



Medical Evaluation

- ▶ Use of medications
- ▶ Medication contraindications
- ▶ Collaborate with medication prescribers

Select an assessment area to learn more

Medical

Psychological

Substance Use

Motivation

Or advance to:

Objective 2

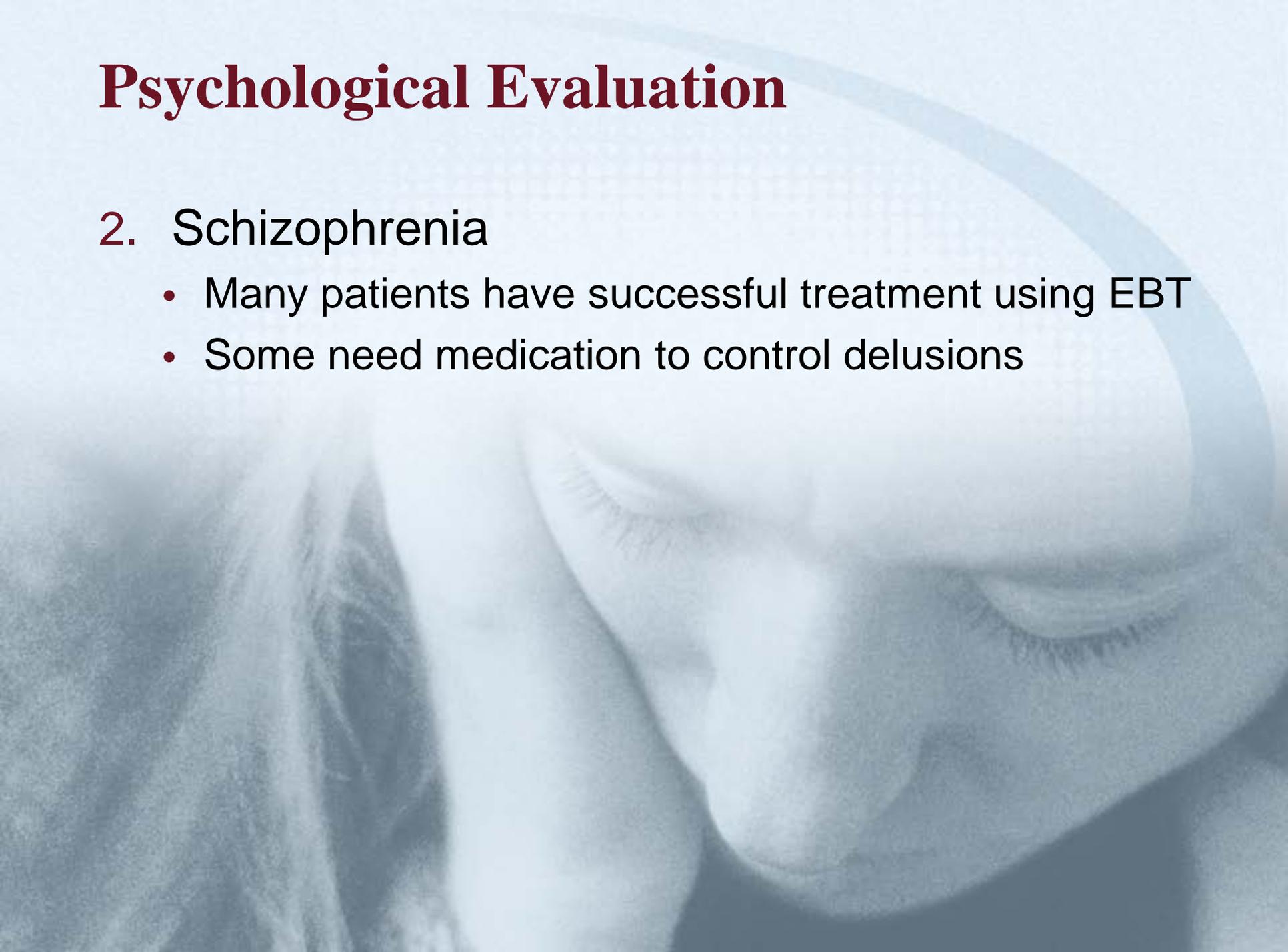
Psychological Evaluation

- ▶ Many PTSD patients have a comorbid psychological disorder
 1. Bipolar – manic episode
 - Difficulty in focusing
 - Must get under control before starting active trauma treatment

Psychological Evaluation

2. Schizophrenia

- Many patients have successful treatment using EBT
- Some need medication to control delusions



Psychological Evaluation

3. Suicidal intent and suicidal ideation

- Many think about suicidality or homicidality
- Very different from full intent to harm
- Use assessment measures

Psychological Evaluation

4. Dissociation

- Is there a history?
- Do they have control?
- If not, consider skill building therapies
 - Dialectical behavior therapy
 - Stress inoculation training

Psychological Evaluation

5. Personality Disorders

- Some people with comorbid personality disorders do well in therapy
- Some do not
 - Provide structure
 - Be consistent
 - Use skill therapies and coping mechanisms

Select an assessment area to learn more

Medical

Psychological

Substance Use

Motivation

Or advance to:

Objective 2

Substance Use Evaluation

- ▶ Motivation to decrease/quit
- ▶ Concern over withdrawal
- ▶ Self-medicating dilemma
- ▶ Substance use often decreases during treatment

Select an assessment area to learn more

Medical

Psychological

Substance Use

Motivation

Or advance to:

Objective 2

Motivation Evaluation

- ▶ Desire to change
- ▶ Change in therapy structure
- ▶ Motivation to attend weekly sessions
- ▶ Willingness to complete out-of-session practice assignments

Select an assessment area to learn more

Medical

Psychological

Substance Use

Motivation

Or advance to:

Objective 2

Objective II

**Identify and
address
treatment-
Interfering
Behaviors**



Avoidance Behaviors

- ▶ Patient's own avoidance behaviors get in the way of their care
 - No shows/late cancellations
 - Late to appointments
 - Not completing assignments

Avoidance Behaviors



- ▶ Intellectualizing
- ▶ Crisis of the Week
- ▶ Storytelling

Managing Avoidance

- ▶ Provide education about the treatment
- ▶ Explain/reiterate the rationale
- ▶ Use motivational enhancement techniques
 - Detect the current struggles
 - Revisit the struggles as necessary

Managing Avoidance

- ▶ Set an agenda
- ▶ Stay in the protocol
- ▶ Avoid deviations

Personality Disorders

- ▶ Explain treatment rationale and provide overview of protocol
- ▶ Use the treatment to address interfering behaviors
 - Focus on the imaginal exposure
 - Use ABC sheets



Personality Disorders

- ▶ If necessary, build coping skills prior to treatment
 - Dialectical behavior therapy sessions
- ▶ Be aware of the impact of your behavior
 - Be on time
 - Be prepared
 - Keep promises

Objective III

**Develop strategies
to manage complex
cases**



Potential Difficult Issues

- ▶ Religiosity
- ▶ Traumatic Brain Injury
- ▶ Perpetration
- ▶ No/limited improvement

Religiosity

- ▶ Stay in the model
 - Look for extreme/exaggerated concepts
- ▶ Be Socratic
 - Have them explain the rationale for their beliefs
- ▶ Avoid argument and philosophical banter



Traumatic Brain Injury

- ▶ VA/DoD Consensus Conference recommends PE and CPT for treatment of mild TBI and PTSD
- ▶ Individual presentation will differ depending on where the damage occurred
- ▶ PE and CPT manuals outline recommend protocol changes for a variety of presenting concerns such as auditory vs. visual learning deficits

Traumatic Brain Injury

- ▶ Repetition may be needed
 - Repeat the story
 - Repeat cognitive challenging techniques
- ▶ Involve other disciplines
 - Pain management
 - Speech therapy
 - Occupational therapy
 - Physical therapy

Perpetration

- ▶ People get stuck in the details of the event
 - “It’s my fault”
- ▶ Easy to be misled
 - Miss the core underlying issue or belief, e.g., “I am bad”.
- ▶ Help them look beyond the event
 - “I did a bad thing but that does not mean I am a bad person.”
- ▶ Examine the context that may have impacted decision making at the time

No/Limited Improvement

■ Evaluate commitment

- Attendance
- Out-of-session practice
- Motivation
- Assessment responses

■ Revisit treatment rationale

- Are you really invested in this therapy?
- Do you understand why we are doing this therapy?
- Can I explain it better?

No/Limited Improvement

- ▶ Competing agendas
 - Disability
 - Redeployment
- ▶ Consider the timing of the therapy
- ▶ Consider alternate treatments
 - “Carrying” the sessions is detrimental
 - Better to change the therapy midstream

Common Questions



Common Question 1

How do I know if my client is ready for trauma-focused therapy?



Hear the Answer

Common Question 1

How do I know if my client is ready for trauma-focused therapy?

► Use assessments

► Look for:

- Solid coping skills
- Good social support network

Next Question

Common Question 2

Can I combine treatments? Like can I put PE and CPT together?



Hear the Answer

Common Question 2

Can I combine treatments? Can I put PE and CPT together?

- ▶ Follow the manual
- ▶ Don't add to or delete from protocols

Next Question

Common Question 3

Can evidence-based practices work for moderate or severe TBI? I feel like I can't get a solid answer on that.



Hear the Answer

Common Question 3

Can evidence-based practices work for moderate or severe TBI? I feel like I can't get a solid answer on that.

- ▶ Preliminary evidence says yes for mild TBI
- ▶ Not much data regarding moderate or severe
- ▶ Focus on the exact symptom and make alterations as outlined in the manual

Next Question

Common Question 4

What do I do if I have a situation that is not covered in the manual? Where else can I look?



Hear the Answer

Common Question 4

What do I do if I have a situation that is not covered in the manual? Where else can I look?

- ▶ ptsd.va.gov
- ▶ Online training
- ▶ Dissemination team consultants
- ▶ Peer consultation

Conclusion

- ▶ Evidence-based practices do not work for all clients all the time
- ▶ There are techniques you can perform before and during the treatment to increase the likelihood of successful implementation
 1. Assessment
 2. Motivational enhancement
 3. Explaining rationale
 4. Use consultation