Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults

Jonathan I Bisson, Neil P Roberts, Martin Andrew, Rosalind Cooper, Catrin Lewis

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The objective of this review was to assess the effects of psychological therapies for the treatment of adults with chronic PTSD. We found that there is continued support for the efficacy of individual trauma-focused cognitive behavioural therapy (TFCBT), EMDR, non-TFCBT and group TFCBT in the treatment of chronic PTSD in adults. Other non-trauma-focused psychological therapies did not reduce PTSD symptoms as significantly. There was evidence that individual TFCBT, EMDR and non-TFCBT are equally effective immediately post-treatment in the treatment of PTSD. There was some evidence that TFCBT and EMDR are superior to non-TFCBT between one to four months following treatment, and also that individual TFCBT, EMDR and non-TFCBT are more effective than other therapies.

Game-Based Cognitive–Behavioral Therapy Individual Model (GB-CBT-IM) for Child Sexual Abuse: A Preliminary Outcome Study

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This preliminary outcome study examined the effectiveness of a game-based cognitive–behavioral therapy individual model (GB-CBT-IM) for children ages 4 to 17 years who have experienced child sexual abuse (CSA). The model targets a number of behavioral difficulties and symptoms commonly associated with CSA. Additionally, children are provided with psychoeducation to improve their knowledge of abuse and personal safety skills. Results indicated that GB-CBT-IM was effective in improving behavioral problems and difficulties, trauma-specific symptoms, and sexually inappropriate behaviors, and enhancing children’s knowledge of abuse and personal safety skills. Clinical significance testing also revealed that the majority of participants exhibited meaningful improvements. Furthermore, additional findings indicated high levels of attendance, satisfaction, and cultural competency. Overall, GB-CBT-IM represents a promising intervention for treating children and families impacted by CSA.

Risk Factors for Traumatic Exposure and for Posttraumatic Stress Symptoms (PTSS)

Sharon Gil

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In this study, we explored the role of personality traits in the risk for exposure to a traumatic event and the development of posttraumatic stress symptoms (PTSS). We also measured the contribution of subjective experience of the traumatic event to PTSS. The findings of the study indicate that individuals who scored high on Neuroticism, while making the effort to avoid
traumas, perceived and experienced traumatic exposures as a threat, and hence, were more susceptible to developing PTSS. In contrast, individuals who scored high on Extraversion might be more prone to occurrences with a traumatic potential due to their tendency to undertake challenges, but were less apt to react in a posttraumatic manner.

**Responding to the Sociopolitical Complexity of Trauma: An Integration of Theory and Practice**

Laura Quiros, Roni Berger

*Journal of Loss and Trauma: International Perspectives on Stress & Coping*

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This article calls attention to the complexity of trauma by enhancing the awareness of the intersectionality of race, class, and gender among oppressed groups, specifically women from marginalized populations, and underscores that consideration of such is essential for the creation of systems of care that are truly trauma-informed. Advancing the integration of theory and practice, we provide a rationale for adopting a postmodern feminist perspective to facilitate the creation of trauma informed systems of care that take into account the complexity of trauma among this population leading to comprehensive treatment that furthers the social work mission of social justice.

**Potentially Perilous Pedagogies: Teaching Trauma Is Not the Same as Trauma-Informed Teaching**

Janice Carello, Lisa D. Butler

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This article explores why and how trauma theory and research are currently used in higher education in non-clinical courses such as literature, women's studies, film, education, anthropology, cultural studies, composition, and creative writing. In these contexts, traumatic material is presented not only indirectly in the form of texts and films that depict traumatic events, but also directly in the form of what is most commonly referred to in non-clinical disciplines as trauma studies, cultural trauma studies, and critical trauma studies. Within these areas of study, some instructors promote potentially risky pedagogical practices involving trauma exposure or disclosure despite indications that these may be having deleterious effects. After examining the published rationales for such methods, we argue that given the high rates of trauma histories (66%-85%), posttraumatic stress disorder (9%-12%), and other past event-related distress among college students, student risk of retraumatization and secondary traumatization should be decreased, rather than increased. To this end, we propose that a trauma-informed approach to pedagogy—one that recognizes these risks and prioritizes student emotional safety in learning—is essential, particularly in classes in which trauma theories or traumatic experiences are taught or disclosed.

**Web-Based PTSD Training for Primary Care Providers: A Pilot Study.**

Kristin W. Samuelson, Christopher J. Koenig, Nicole McCamish, Gerard Choucroun, Gary Tarasovsky, Daniel Bertenthal, Karen H. Seal

*Psychological Services*
We developed a 70-min Web-based training that focused on military-related PTSD for primary care providers (PCPs) practicing in Veterans Affairs (VA) hospitals, but was applicable to PCPs treating veterans and other trauma-exposed patients outside VA settings. After the training, mean knowledge score improved from 46% to 75% items correct, with sustained improvement at 30 days. Thirty days posttraining, PCPs reported significantly greater comfort regarding PTSD-related skills assessed; 47% reported using training content in their clinical practice. Qualitatively, PCPs appreciated the flexibility of asynchronous, self-paced online modules, but suggested more interactive content. Given the numerous barriers to specialty mental health treatment, coupled with a preference among veterans with PTSD for accessing treatment through primary care, improving PTSD competency among PCPs may help better serve veterans' mental health needs.

Perceived Organizational Support, Posttraumatic Stress Disorder Symptoms, and Stigma in Soldiers Returning From Combat.

Christie L. Kelley, Thomas W. Britt, Amy B. Adler, Paul D. Bliese

Research has shown that perceived organizational support (POS), or how much employees believe their organizations value their contributions and well-being, is an important predictor of employee mental health outcomes. To support employee mental health in high-risk occupations, organizations may want to identify variables that explain the relationship between POS and PTSD. Using a longitudinal design and a military sample, the present study found a relationship between POS and stigma as well as PTSD symptoms. Stigma partially mediated the relationship between POS at Time 1 and PTSD symptoms at Time 2. The partial mediation indicates that a supportive environment may also create a climate of reduced stigma in which soldiers may be comfortable addressing PTSD symptoms. Both results suggest positive actions that organizations can take to support employee mental health.

A Comparison of the Types of Screening Tool Administration Methods Used for the Detection of Intimate Partner Violence

A Systematic Review and Meta-Analysis

Nasir Hussain, Sheila Sprague, Kim Madden, Farrah Naz Hussain, Bharadwaj Pindiprolu, Mohit Bhandari

The objective of this systematic review and meta-analysis was to assess the rate of intimate partner violence (IPV) disclosure in adult women with the use of three different screening tool administration methods: computer-assisted self-administered screen, self-administered written screen, and face-to-face interview screen. No significant differences were observed when women were screened in face-to-face interviews or with a self-administered written screen; however, a computer-assisted self-administered screen was found to increase the odds of IPV disclosure in comparison to a face-to-face interview screen. Disclosure of IPV was also higher for computer-assisted self-administered screen in comparison to
self-administered written screen. The results of this review suggest that computer-assisted self-administered screens leads to higher rates of IPV disclosure in comparison to both face-to-face interview and self-administered written screens.

**Constellations of Interpersonal Trauma and Symptoms in Child Welfare: Implications for a Developmental Trauma Framework**

Cassandra L. Kisiel, Tracy Fehrenbach, Elizabeth Torgersen, Brad Stolbach, Gary McClelland, Gene Griffin, Kristine Burkman

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Patterns of trauma exposure and symptoms were examined in a sample of 16,212 children in Illinois child welfare. Data were collected on trauma histories, child and caregiver needs and strengths, and analyzed in light of the proposed Developmental Trauma Disorder diagnostic criteria. Youth exposed to both interpersonal violence and attachment-based (“non-violent”) traumas within the caregiving system had significantly higher levels of affective/physiological, attentional/behavioral, and self/relational dysregulation in addition to posttraumatic stress symptoms compared to youth with either type of trauma alone or in relation to other trauma experiences. These complexly traumatized children exhibited higher levels of functional impairment and were more likely to have placement disruptions and psychiatric hospitalizations. Findings suggest a developmental trauma framework can more adequately capture the spectrum of needs of these multiply traumatized youth than existing diagnostic formulations. Utilizing this framework for assessment, treatment planning, and intervention can lead to more targeted and effective services for these children.

**Specific and Nonspecific Psychological Interventions for PTSD Symptoms: A Meta-Analysis With Problem Complexity as a Moderator**

Heike Gerger, Thomas Munder, Jürgen Barth

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The objective of this study was to investigate the complexity of clinical problems as a moderator of relative effects between specific and nonspecific psychological interventions. We included 18 randomized controlled trials, directly comparing specific and nonspecific psychological interventions. We conducted moderator analyses, including the complexity of clinical problems as predictor. Our results have confirmed the moderate superiority of specific over nonspecific psychological interventions; however, the superiority was small in studies with complex clinical problems and large in studies with noncomplex clinical problems. For patients with complex clinical problems, our results suggest that particular nonspecific psychological interventions may be offered as an alternative to specific psychological interventions. In contrast, for patients with noncomplex clinical problems, specific psychological interventions are the best treatment option.

**The 5-HT3A receptor is essential for fear extinction**

Makoto Kondo, Yukiko Nakamura, Yusuke Ishida, Takahiro Yamada, Shoichi Shimada
The 5-HT3 receptor, the only ionotropic 5-HT receptor, is expressed in limbic regions, including the hippocampus, amygdala, and cortex. However, it is not known whether it has a role in fear memory processes. Analysis of 5-HT3A receptor knockout mice in fear conditioning paradigms revealed that the 5-HT3A receptor is not required for the acquisition or retention of fear memory but is essential for the extinction of contextual and tone-cued fear. Our data suggest that the 5-HT3A receptor could be a key molecule regulating fear memory processes and a potential therapeutic target for fear disorders.

Alterations in White Matter Microstructure as Vulnerability Factors and Acquired Signs of Traffic Accident-Induced PTSD

Yawen Sun, Zhen Wang, Weina Ding, Jieqing Wan, Zhiguo Zhuang, Yong Zhang, Yijun Liu, Yan Zhou, Jianrong Xu

The current study aimed to identify susceptibility factors relating to the development of PTSD and to examine the ability of these factors to predict the course of longitudinal PTSD. Victims who had experienced traffic accidents underwent diffusion tensor imaging using a MRI system within 2 days after their accidents. Of these, 21 were diagnosed with PTSD at 1 or 6 months using the Clinician-Administered Ptsd Scale (CAPS). Then, 11 trauma-exposed victims with PTSD underwent the second MRI scan. Compared with the victims without PTSD, the victims with PTSD showed decreased fractional anisotropy (FA) in WM of the anterior cingulate cortex, ventromedial prefrontal cortex (vmPFC), temporal lobes and midbrain, and increased mean diffusivity (MD) in the vmPFC within 2 days after the traumatic event. Importantly, decreased FA of the vmPFC in the acute phase predicted greater future CAPS scores. In addition, we found decreased FA in the insula in the follow-up scan in the victims with PTSD, which correlated with the decreased FA of the vmPFC in their baseline scan. These results suggested that the WM might have changed within 2 days after the traumatic event in the individuals who would later develop PTSD. Furthermore, decreased FA of the vmPFC could be a possible vulnerability marker predicting future development of PTSD and may provide an outcome prediction of the acquired signs.

Psychological Trauma and Functional Somatic Syndromes: A Systematic Review and Meta-Analysis

Niloofar Afari, Sandra M. Ahumada, Lisa Johnson Wright, Sheeva Mostoufi, Golnaz Gohnari, Veronica Reis, Jessica Gundy Cuneo

Our goals were to determine the overall effect size of the association of reported psychological trauma and PTSD with functional somatic syndromes including fibromyalgia, chronic widespread pain, chronic fatigue syndrome, temporomandibular disorder, and irritable bowel syndrome, and to examine moderators of the relationship. Individuals who reported exposure to trauma were 2.7 times more likely to have a functional somatic syndrome. This association was robust
against both publication bias and the generally low quality of the literature. The magnitude of the association with PTSD was significantly larger than that with sexual or physical abuse. Chronic fatigue syndrome had a larger association with reported trauma than did either irritable bowel syndrome or fibromyalgia. Studies using nonvalidated questionnaires or self-report of trauma reported larger associations than did those using validated questionnaires. Findings highlight the limitations of the existing literature and emphasize the importance of conducting prospective studies, further examining the potential similarities and differences of these conditions and pursuing hypothesis-driven studies of the mechanisms underlying the link between trauma, PTSD, and functional somatic syndromes.

Enhancing EMDR Clinical Supervision through the utilisation of an EMDR Process Model of Supervision and an EMDR Personnel Development Action Plan

Derek Farrell, Paul Keenan, Lorraine Knibbs, Tim Jones

EMDR Clinical Supervision offers the opportunity for the EMDR Supervisee to engage in a number of important aspects in relation to exploring their EMDR practice and professional development. This paper will outline models of clinical supervision and how they relate to EMDR. It will propose an EMDR Clinical Supervision Process Model that captures both the micro and macro elements of EMDR as an eight phase psychological treatment intervention for psychological trauma. An EMDR Personal Development Action Plan (EMDR PDAP) will also outline how this could be incorporated within EMDR clinical supervision in the promotion of theory and practice integration in EMDR.

Emotional Disclosure and Posttraumatic Stress Symptoms: Veteran and Spouse Reports.

Tim Hoyt, Keith D. Renshaw

Recent research has shown a relationship between self-disclosure and symptoms of posttraumatic stress in combat veterans. However, previous research has not controlled for PTSD symptoms prior to disclosure, leaving the directionality of this association in question. Veteran service members from the Utah National Guard and Reserves and partners of service members completed survey measures of combat exposure, PTSD symptoms, social support, and emotional disclosure at two separate time points after deployment. Greater disclosure of positive emotions regarding combat deployment to support figures without shared combat exposure predicted lower symptoms of PTSD, even when controlling for prior symptoms of PTSD and perceived social support. In contrast, greater disclosure to support figures who also experienced combat predicted greater symptoms of PTSD, even when controlling for prior PTSD symptoms. Disclosure of positive emotions associated with combat deployment may serve as a protective factor against the development and maintenance of posttraumatic stress symptoms, particularly when that disclosure includes individuals without shared deployment experiences.
Connecting the pathology of posttraumatic stress and substance use disorders: Monoamines and neuropeptides

Nicole M. Enmana, Yong Zhangb, Ellen M. Unterwald

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PTSD co-occurs highly with substance use disorders (SUDs), yet the neurobiological basis for this comorbid relationship remains unclear. PTSD and SUDs result in similar pathological states including impulsive behavior, reward deficiency, and heightened stress sensitivity. Hence, PTSD and SUD may depend on overlapping dysfunctional neurocircuitry. Here we provide a short overview of the relationship between comorbid PTSD and SUD, as well as the potential role of select neurotransmitter systems that may underlie enhanced vulnerability to drug abuse in the context of PTSD.

Trauma Group Therapy: The Role of Attachment and Therapeutic Alliance

Karina P. M. Zorzella, Robert T. Muller, Catherine C. Classen

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This study examined clients’ ratings of their relationship with the therapist as well as their ratings of group climate at multiple discrete points during treatment. These variables were examined in relation to attachment classification prior to therapy. Participants were women attending the Women Recovering from Abuse Program (WRAP), a primarily group-based day-treatment program for childhood interpersonal trauma. Results demonstrated that clients’ perceptions of relationships in group therapy varied as a function of attachment classification.

From Pavlov to PTSD: The extinction of conditioned fear in rodents, humans, and anxiety disorders

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Neurobiology of Learning and Memory
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In this review, we use fear conditioning and extinction studies to draw a direct line from Pavlov to PTSD and other anxiety disorders. We explain how rodent studies have informed neuroimaging studies of healthy humans and humans with PTSD. We describe several genes that have been linked to both PTSD and fear conditioning and extinction and explain how abnormalities in fear conditioning or extinction may reflect a general biomarker of anxiety disorders. Finally, we explore drug and neuromodulation treatments that may enhance therapeutic extinction in anxiety disorders.
Solving the mystery of intrusive flashbacks in posttraumatic stress disorder: Comment on Brewin (2014).

Lia Kvavilashvili

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In this commentary, I briefly summarize and discuss key points made by Brewin and elaborate on some of the reasons behind the controversy. For example, the terms involuntary autobiographical memories, intrusive memories, and flashbacks are often used interchangeably. I propose a taxonomy revealing the key differences across these forms of memory. If flashbacks are characteristic of patients with PTSD only, it is essential that more research targeting this population is conducted with a variety of methods. Finally, some new avenues for research to study intrusive memories and flashbacks in PTSD, using a diary method and modified trauma film paradigm, are described.

The Evolving Construct of Posttraumatic Stress Disorder (PTSD): DSM-5 Criteria Changes and Legal Implications

Lori A. Zoellner, Michele A. Bedard-Gilligan, Janie J. Jun, Libby H. Marks, Natalia M. Garcia

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The evidence or lack thereof behind each of the changes to the PTSD diagnosis in the DSM-5 is briefly reviewed. These changes, although not likely to change overall prevalence, have the potential to increase the heterogeneity of individuals receiving a PTSD diagnosis both by altering what qualifies as a traumatic event and by adding symptoms commonly occurring in other disorders such as depression, borderline personality disorder, and dissociative disorders. Legal implications of these changes include continued confusion regarding what constitutes a traumatic stressor, difficulties with differential diagnosis, increased ease in malingering, and improper linking of symptoms to causes of behavior. These PTSD changes are discussed within the broader context of DSM reliability and validity concerns.