A Comparison of Eye Movement Desensitization and Reprocessing and Progressive Counting Among Therapists in Training

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The objective of this study was to compare EMDR and Progressive counting (PC). Therapists in either EMDR or PC training programs worked on several of their own upsetting memories in practicums during the course of the training. For each treated memory they recorded treatment time as well as pre/post memory-related distress ratings; ratings were repeated at 2 and 10 weeks posttreatment via e-mail. Participants also rated the perceived difficulty of the treatment they experienced. Participants in both conditions reported large and significant reductions in memory-related distress, which persisted at 2 weeks and 10 weeks posttreatment. There were no differences in effect size or maintenance of gains. PC was more efficient than EMDR, and was rated as being less difficult. Participants were therapists, not distressed individuals; allocation to group was natural and not randomized; and there was no evaluation of treatment fidelity. PC is less resource-intensive than EMDR to disseminate. In this study, PC was as effective as EMDR, more efficient, and perceived as less difficult. If these findings are replicated with distressed participants, PC will become a preferred trauma treatment.

Juggling-Exposure Therapy: An Innovation in Trauma Treatment

Ken Welburn

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Three case studies are presented illustrating an innovative treatment approach that integrates a juggling task with exposure therapy, for clients who had benefited from trauma therapy but had residual trauma symptoms. All three clients reported benefiting considerably from adding the juggling task to the exposure therapy. The effects appeared to be rapid, minimally stressful and generalized to in vivo situations. The author suggests that the treatment may have enhanced the response flexibility in brain circuitry involved with pre-conscious threat detection.

Treatment of Complex Dissociative Disorders: A Comparison of Interventions Reported by Community Therapists Versus those Recommended by Experts

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This study compared interventions used by a sample of international, outpatient therapists treating complex dissociative disorder (DD) clients in the first two stages of treatment with those recommended by expert DD therapists. There were many similarities between therapists’ and experts’ interventions, including use of several emotion regulation and dissociation-
focused interventions. However, community therapists reported significantly less focus on relationally-oriented interventions, teaching and using grounding and containment skills, and stabilizing patients after revictimization by alleged perpetrators. This study has important implications for the development and implementation of training opportunities for DD therapists.

The Effectiveness of Art Therapy in the Treatment of Traumatized Adults
A Systematic Review on Art Therapy and Trauma
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Trauma, Violence & Abuse
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http://tva.sagepub.com/content/early/2014/11/14/1524838014555032.abstract

The aim of this systematic review is to identify and evaluate empirical evidence of the effectiveness of art therapy for trauma treatment. As a result of the systematic review, six controlled, comparative studies on art therapy for trauma in adult patients were found. In half of the included studies, a significant decrease in psychological trauma symptoms was found in the treatment groups, and one study reported a significant decrease in depression. Although there are limitations in the number of included studies, the number of participants, the heterogeneity of included studies, and their methodological quality, the results contribute to insight into the effectiveness of art therapy in trauma treatment and form an evidence base for the urgent need for further research on art therapy and trauma treatment.

Resilience in Survivors of Child Sexual Abuse
A Systematic Review of the Literature
Matthias Domhardt, Annika Münzer, Jörg M. Fegert, Lutz Goldbeck

Trauma, Violence & Abuse
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This review article summarizes empirical research on resilience in survivors of child sexual abuse (CSA) and discusses protective factors that are associated with adaptive functioning in spite of sexual victimization. A literature search to identify studies published up to November 2013 was performed. In the studies included in this review, the percentage of CSA survivors who were found to have a normal level of functioning despite a history of sexual abuse ranged from 10% to 53%. The protective factors that had the best empirical support were found to be education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame, and most importantly, support from the family and the wider social environment. Preventive and clinical interventions for survivors of CSA should utilize psychoeducation and cognitive strategies that are adapted to the developmental level of the victim and that seek to enhance social support from significant others. Future research should focus on longitudinal research designs considering resilience rather as a dynamic process with multiple dimensions in a social and developmental context.

Structured approach therapy for PTSD in returning veterans and their partners: Pilot findings.
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Psychological Trauma: Theory, Research, Practice, and Policy
Seven married couples, each consisting of a veteran who had been deployed to Operation Iraqi Freedom and a cohabiting female spouse, participated in an uncontrolled trial of structured approach therapy (SAT), a couple-based treatment for PTSD. After completing treatment, the group of 7 returning veterans showed significant reductions in both self- and clinician-related PTSD with posttreatment indicating an extremely high magnitude of change in posttraumatic stress. Paired t-tests also indicated significant decreases in spousal anxiety, with a trend toward a significant decrease in spousal depression. Analyses of reliable change on the individual level indicated that 4 of 5 veterans and 3 of 4 spouses with dyadic adjustment scores in the distressed range prior to treatment showed reliable decreases in distress over the course of SAT placing them in the nondistressed range at posttreatment. Five of 7 spouses showed reliable decreases in depression, and 4 of 7 spouses showed reliable decreases in anxiety over the course of treatment with SAT. These results support the hypothesis that participation in SAT reduces PTSD in returning veterans while reducing relationship problems and distress in their spouses. More extensive research is being conducted with a larger sample in a randomized clinical trial.

An evaluation of the DSM-5 factor structure for posttraumatic stress disorder in survivors of traumatic injury

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This study evaluated the fit of the DSM-5 four-factor model and an alternative four-factor model in injury survivors six years post-injury using the Clinician Administered PTSD Scale, updated to include items measuring new DSM-5 symptoms. While both four-factor models fitted the data well, very high correlations between the ‘Intrusions’ and ‘Avoidance’ factors in both models and between the ‘Negative Alterations in Cognitions and Mood’ and ‘Arousal and Reactivity’ factors in the DSM-5 model and the ‘Dysphoria’ and ‘Hyperarousal’ factors in the alternative model were evident, suggesting that a more parsimonious two-factor model combining these pairs of factors may adequately represent the latent structure. Such a two-factor model fitted the data less well according to χ² difference testing, but demonstrated broadly equivalent fit using other fit indices. Relationships between the factors of each of the four-factor models and the latent factors of Fear and Anxious-Misery/Distress underlying Internalizing disorders were also explored, with findings providing further support for the close relationship between the Intrusion and Avoidance factors. However, these findings also suggested that there may be some utility to distinguishing Negative Alterations in Cognition and Mood symptoms from Arousal and Reactivity symptoms, and/or Dysphoria symptoms from Hyperarousal symptoms. Further studies are required to assess the potential discriminant validity of the two four-factor models.

Failings of Trauma-Specific and Related Psychological Tests in Detecting Post-Traumatic Stress Disorder in Forensic Settings

Stuart B. Kleinman, Daniel Martell

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Judges and juries tend to be particularly impressed by test data, especially quantitative test data. Psychometric tests specific for assessing the presence of PTSD are commonly employed by forensic mental health evaluators. Most of these instruments, however, have been designed to detect PTSD in treatment or research, and not forensic, settings. Those who rely on these measures without adequate awareness of their often significant limits in correctly identifying malingering may induce finders of fact to inordinately confidently accept the presence of PTSD. This article reviews problematic structural and content components of trauma-specific and related instruments used to evaluate PTSD and discusses the utility of specific techniques liable to be used in forensic settings to “fool” these measures.

Narrative Exposure Therapy for Treating PTSD With Psychotic Features
A Case Study

Ioanna Katsounari

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This case study presents the treatment of a survivor of torture with severe PTSD and concomitant psychotic features using the psychosocial approach as a theoretical framework of the clinical presentation and narrative exposure therapy (NET) as a psychotherapeutic intervention. NET could be a useful psychotherapeutic tool in relieving symptoms related to severe PTSD with secondary psychotic features. The overall implications involved in working with survivors of torture are also discussed.

Dimensional structure of DSM-5 posttraumatic stress symptoms: Support for a hybrid Anhedonia and Externalizing behaviors model

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The current study conducted confirmatory factors analyses of DSM-5 PTSD symptoms assessed using the PTSD Checklist for DSM-5 (PCL-5) in two independent and diverse trauma-exposed samples of a nationally representative sample of U.S. veterans and a sample of Midwestern U.S. university undergraduate students. Relative fits of the DSM-5 model, the DSM-5 Dysphoria model, the DSM-5 Dysphoric Arousal model, the two 6-factor models, and a newly proposed 7-factor Hybrid model, which consolidates the two 6-factor models, were evaluated. Results revealed that, in both samples, both 6-factor models provided significantly better fit than the 4-factor DSM-5 model, the DSM-5 Dysphoria model and the DSM-5 Dysphoric Arousal model. Further, the 7-factor Hybrid model, which incorporates key features of both 6-factor models and is comprised of re-experiencing, avoidance, negative affect, anhedonia, externalizing behaviors, and anxious and dysphoric arousal symptom clusters, provided superior fit to the data in both samples. Results are discussed in light of theoretical and empirical support for the latent structure of DSM-5 PTSD symptoms.
Telemedicine-Based Collaborative Care for Posttraumatic Stress Disorder
A Randomized Clinical Trial

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The objective of this study was to test a telemedicine-based collaborative care model designed to improve engagement in evidence-based treatment of PTSD. Outpatients were recruited from Department of Veterans Affairs (VA) community-based outpatient clinics serving predominantly rural veterans. Off-site PTSD care teams located at VA medical centers supported on-site community-based outpatient clinic providers. Off-site PTSD care teams included telephone nurse care managers, telephone pharmacists, telepsychologists, and telepsychiatrists. Nurses conducted care management activities. Pharmacists reviewed medication histories. Psychologists delivered cognitive processing therapy via interactive video. Psychiatrists supervised the team and conducted interactive video psychiatric consultations. During the 12-month follow-up period, 73 of the 133 patients randomized to Telemedicine Outreach for PTSD (TOP) (54.9%) received cognitive processing therapy compared with 16 of 132 randomized to usual care (UC) (12.1%). Patients in the TOP arm had significantly larger decreases in Posttraumatic Diagnostic Scale scores compared with those in the UC arm at 6 and 12 months. Patients in the TOP arm also had significantly larger decreases in Posttraumatic Diagnostic Scale scores compared with those in the UC arm at 12 months. There were no significant group differences in the number of PTSD medications prescribed and adherence to medication regimen were not significant. Attendance at 8 or more sessions of cognitive processing therapy significantly predicted improvement in Posttraumatic Diagnostic Scale scores and fully mediated the intervention effect at 12 months. Telemedicine-based collaborative care can successfully engage rural veterans in evidence-based psychotherapy to improve PTSD outcomes.

Randomized effectiveness trial of a brief course of acupuncture for posttraumatic stress disorder

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Acupuncture appears to be a safe, potentially nonstigmatizing treatment that reduces symptoms of anxiety, depression, and chronic pain, but little is known about its effect on PTSD. Service members meeting research diagnostic criteria for PTSD were randomized to usual PTSD care (UPC) plus eight 60-minute sessions of acupuncture conducted twice weekly or to UPC alone. Outcomes were assessed at baseline and 4, 8, and 12 weeks post randomization. Mean improvement in PTSD severity was significantly greater among those receiving acupuncture than in those receiving UPC. Acupuncture was also associated with significantly greater improvements in depression, pain, and physical and mental health functioning. Pre-post effect-sizes for these outcomes were large and robust. Acupuncture was effective for reducing PTSD symptoms. Limitations included small sample size and inability to parse specific treatment mechanisms. Larger multisite trials with longer follow-up, comparisons to standard PTSD treatments, and assessments of treatment acceptability are needed. Acupuncture is a novel therapeutic option that may help to improve population reach of PTSD treatment.
Development and application of a diagnostic algorithm for posttraumatic stress disorder

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Intact cognitive functions rely on synchronous neural activity; conversely, alterations in synchrony are thought to underlie psychopathology. We recently demonstrated that anomalies in synchronous neural interactions (SNI) determined by magnetoencephalography represent a putative PTSD biomarker. Here we develop and apply a regression-based diagnostic algorithm to further validate SNI as a PTSD biomarker in veterans. Correlation coefficients served as proximities in multidimensional scaling (MDS) to obtain a two-dimensional representation of the data. In addition, least absolute shrinkage and selection operator (LASSO) regression was used to derive a diagnostic algorithm for PTSD. Performance of this algorithm was assessed by the area under the receiver operating characteristic (ROC) curves, sensitivity, and specificity in 1000 randomly divided testing and validation datasets and in independent samples. MDS revealed that individuals with PTSD, regardless of comorbid psychiatric conditions, are highly distinct from controls. Similarly, application of the LASSO regression-derived prediction model demonstrated remarkable classification accuracy. Neural functioning in individuals with PTSD, regardless of comorbid psychiatric diagnoses, can be used as a diagnostic test to determine patient disease status, further validating SNI as a PTSD biomarker.

A Quantitative Meta-Analysis of Neurocognitive Functioning in Posttraumatic Stress Disorder.

J. Cobb Scott, Georg E Matt, Kristen M Wrocklage, Cassandra Crnich, Jessica Jordan, Steven Southwick, John H Krystal, Brian C Schweinsburg

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PTSD is associated with regional alterations in brain structure and function that are hypothesized to contribute to symptoms and cognitive deficits associated with the disorder. We present here the first systematic meta-analysis of neurocognitive outcomes associated with PTSD to examine a broad range of cognitive domains and describe the profile of cognitive deficits, as well as modifying clinical factors and study characteristics. Effect-size estimates were calculated using a mixed-effects meta-analysis for 9 cognitive domains: attention/working memory, executive functions, verbal learning, verbal memory, visual learning, visual memory, language, speed of information processing, and visuospatial abilities. Analyses revealed significant neurocognitive effects associated with PTSD, although these ranged widely in magnitude, with the largest effect sizes in verbal learning, speed of information processing, attention/working memory, and verbal memory. Effect-size estimates were significantly larger in treatment-seeking than community samples and in studies that did not exclude participants with attention-deficit/hyperactivity disorder, and effect sizes were affected by between-group IQ discrepancies and the gender composition of the PTSD groups. Our findings indicate that consideration of neuropsychological functioning in attention, verbal memory, and speed of information processing may have important implications for the effective clinical management of persons with PTSD. Results are further discussed in the context of cognitive models of PTSD and the limitations of this literature.