

Alternative to exposure therapy: a real world trial



When it comes to treating PTSD, by far the most validated treatment with proven effectiveness is imaginal exposure therapy.

However, just as trauma affects everyone differently, so do people with PTSD respond differently to this type of treatment. Researchers and practitioners have long recognised that imaginal exposure, while effective, may not work for everyone.

"That's why we're so pleased to have begun our cognitive processing therapy trial together with the University of NSW and the Veterans and Veterans Families Counselling Service, WVCS," Associate Professor David Forbes said.

Cognitive processing therapy (CPT) is a manualised twelve session cognitive behavioural treatment for PTSD. With its smaller exposure component, CPT can

be an effective treatment alternative to imaginal exposure.

"CPT is often chosen by therapists who prefer to deliver cognitively-based interventions," Dr Forbes said.

"It offers a systematic approach to helping the person affected by PTSD identify and resolve negative or maladaptive beliefs and interpretations about the trauma which have got "stuck", hampering their recovery," Dr Forbes explained.

"CPT also has the advantage of being able to more directly target trauma-related depression, guilt and anger."

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Director's Message



Our final edition of TraumaNews for 2007 highlights an exciting research project, the cognitive processing therapy (CPT) trial. The results will have the potential to inform future treatment of Australia's veterans and will be of great interest to practitioners working with PTSD throughout the world.

Over the page you'll see that our work on the Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder has continued apace. We've managed to spread the message in person to practitioners and people affected by these complex conditions, with the kind assistance of members of the Guidelines Working Party. I'd like to express my thanks to Professors Sandy MacFarlane, Richard Bryant and Grant Devilly for joining us at the information sessions.

On the back page, you'll get an idea of the nature of our rewarding work with trauma patients who agree to participate in the many studies that make up our Traumatic Injury Research program.

Finally, thank you for your continued interest in the work of ACPMH and for your support throughout what has been a momentous year for our organisation. It's a tad early to wish you a Merry Christmas so I'd like to simply wish you all the best for the remaining few months of this year.



Professor Mark Creamer

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Some veterans with PTSD may also find CPT more acceptable than exposure therapy. While CPT is still a trauma-focussed therapy, it places less emphasis on repeatedly re-invoking the sensory and perceptual cues associated with the memory of the traumatic event. This can be less distressing for some veterans than imaginal exposure therapy.

Since its development in the US 14 years ago, CPT's effectiveness has been proven through a number of randomised controlled trials (RCTs).

However, it has never been put to the test in a naturalistic setting.

"This is a real world trial; with practitioners from an existing community clinical service treating clients with PTSD who, of their own volition, seek help at that clinical service," Dr Forbes explained.

"The differences between this trial and a laboratory-based RCT are significant. The trial has the potential to inform us not only about the effectiveness of CPT in naturalistic clinical settings, but also about the actual conduct of real world clinical trials," Dr Forbes said.

Researchers regularly hear from practitioners about the difficulty of applying therapies and methods used successfully in laboratory-based RCTs. Regardless of the findings, the reality of community mental health settings, for example, can make it difficult for practitioners to apply the findings of such trials.

"Ideally, this will be one of the main benefits of our trial," Dr Forbes said.

"We hope to demonstrate that practitioners from an existing real world clinical service were able to use CPT to effectively treat veterans attending that service, with the back up of appropriate training and supervision," Dr Forbes explained.

VVCS could use this trial as a training and supervision model through which the service introduces future evidence-based treatments.

Given the varied experience of the practitioners involved, the trial also provides an opportunity to examine the



CPT Trial Project Coordinator Del Lloyd and Primary Investigator Associate Professor David Forbes.

A real world trial

3 VVCS centres

18 practitioners

60 veterans with combat-related PTSD

CPT for half
12 x twice weekly
60-90 minutes

Treatment
as usual
for half

effectiveness of CPT training. How long should the training be? Who should offer it? What supervision is needed?

The trial involves 18 participating therapists, with nine delivering CPT and nine delivering treatment as usual. A two-day CPT training workshop and weekly expert CPT supervision is provided for the nine therapists providing the CPT treatment.

The CPT trial began in July 2007 and will be completed at the end of 2009 and is being funded by the Department of Veterans' Affairs.

References

Gillespie, K., Duffy, M., Hackmann, A., & Clark, D. M. (2002). Community based cognitive therapy in the treatment of posttraumatic stress disorder following the Omagh bomb. *Behaviour Research & Therapy*, 40(4), 345-357.

Monson, C.M., Schnurr, P.P., Resick, P.A., Friedman, M.J., Young-Xu, Y., & Stevens, S.P. (2006). Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 74(5), 898-907.

Resick, P. A., & Schnicke, M. K. (1993). *Cognitive processing therapy for sexual assault victims: a treatment manual*. Newbury Park CA: Sage Publications.

On the road with the Guidelines

Information sessions

As TraumaNews went to press, more than 1,600 people had attended free information sessions about the Guidelines held around the country during August to October.

“We were absolutely thrilled by the response to the information sessions,” Associate Professor David Forbes said.

“We made an educated guess about attendance but I don’t think any of us thought that the sessions for health practitioners would fill so rapidly, nor that we’d attract quite so many to the community sessions,” Dr Forbes added.

Dr Forbes believes that ACPMH may have only scratched the surface and that there remains a substantial demand for information and knowledge about PTSD among health practitioners and people affected by trauma.

These information sessions were supported by the Department of Health and Ageing, with the William Buckland Foundation supporting community sessions in Victoria.

Please visit our website for updates on the planned sessions for Darwin and Townsville and for any possible additional information sessions: www.acpmh.unimelb.edu.au

Trauma-focussed training package

The Guidelines have led to an increased demand for ACPMH’s training package ***Treating traumatic stress: conducting imaginal exposure in PTSD.***

“This package is a valuable accompaniment to the Guidelines and is helping practitioners use imaginal exposure therapy, which is by far the most validated treatment for PTSD,” explained Professor Mark Creamer, ACPMH Director.

Internationally endorsed, the training package includes a manual with key learning activities and an accompanying video and CD-Rom modelling therapy demonstrations.

Due to increased demand, only a limited number of packages in this format remain and can be ordered from our website.

“Meanwhile, we are updating the package to a DVD format which will be available towards the end of the year,” Professor Creamer said.

Practitioners can pre-order the training package in DVD format on our website: www.acpmh.unimelb.edu.au

“This training package is a very welcome resource for clinicians... it is relevant, practical and provides clinicians with the exact training that they have been asking for.”
Professor Richard Bryant, University of NSW.

Increasing understanding

Upcoming publications

In press:

The first article listed below discusses a health system model of early psychological intervention for people who have experienced traumatic injury. The second article features the first confirmatory factor analysis of acute stress disorder symptoms from a study of 587 seriously injured patients in five Australian hospitals. The third article indicates that the same pathways in the brain which are important in smell may also play a role in aggressive behaviour resulting from trauma. The final article is a review of the literature about dreams and nightmares following a traumatic event.

O’Donnell, M.L., Bryant, R.A., Creamer, M. & Carty, J. Mental health following traumatic injury: toward a health system model of early psychological intervention. *Clinical Psychology Review*. Accepted July 2007.

Brooks, R., Bryant, R.A., Silove, D., Creamer, M., O’Donnell, M.L. & McFarlane, A.C. A confirmatory factor analysis of acute stress disorder. *Journal of Traumatic Stress*. Accepted June 2007.

Dileo, J.F., Brewer, W.J., Hopwood, M., Anderson, V., & Creamer, M. Olfactory identification, aggression and impulsivity in war veterans with posttraumatic stress disorder. *Psychological Medicine*. Accepted July 2007.

Phelps, A.J., Forbes, D. & Creamer, M. Understanding posttraumatic nightmares: an empirical and conceptual review. *Clinical Psychology Review*. Accepted June 2007.

O’Donnell, M., Creamer, M., & Ludwig, G. Psychological conditions associated with motor vehicle collisions. In M. Duckworth, T. Iezzi & W. O’Donohue (Eds.), *Motor Vehicle Collisions: medical, psychosocial and legal consequences*. New York: Elsevier Inc. Accepted July 2007.

Recent and upcoming contributions by ACPMH:

In July, Associate Professor John Pead attended a special mental health forum organised by the United States Department of Veterans Affairs (VA) entitled Transforming VA mental health care: promoting recovery and integrated care. The Secretary, Jim Nicholson, announced significant reforms and expansion of VA mental health at the conference which encompass the following strategic mental health themes: Access, Quality, Integration with primary care, Functional outcomes.

Conference stalls

The Department of Health and Ageing has also supported our stalls to promote the Guidelines at the following conferences:

The Mental Health Services Conference Inc. of Australia and New Zealand 4 to 7 September, Melbourne.

Australasian Society of Traumatic Stress Studies Annual Conference 20 to 23 September, Ballarat.

Australian Psychological Society Annual Conference 25-29 September, Brisbane.

Australian Military Medicine Conference 19 to 21 October, Melbourne.

General Practitioner Conference and Exhibition 16 to 18 November, Melbourne.

World Psychiatric Association International Congress 28 November to 2 December, Melbourne.

Work with us to reduce the effects of trauma

Visit: www.acpmh.unimelb.edu.au
Phone: (03) 9496 2922
Email: acpmh-info@unimelb.edu.au

Australian Centre for Posttraumatic Mental Health Inc
ABRN: 095 202 994

A privileged ear

Greta Ludwig has met hundreds of seriously injured people at the Alfred and Royal Melbourne Hospitals over the past seven years, talking to them about mental health following injury, and gauging their interest in taking part in one of the studies in ACPMH's Traumatic Injury Research Program.

"It's been a very rewarding experience and I feel an enormous sense of privilege when the people I interview share their thoughts and feelings with me," Greta reflected.

Greta has drawn on years of experience as a psychiatric nurse when interviewing and following up with people struggling with the psychological impact of their injuries.

"Of course, not everyone we interview in hospital goes on to develop mental health problems. Most people who are seriously injured recover on their own, with the help of families and friends and by doing the things they usually do to cope with problems and stress," Greta explained.

"However, up to a quarter will go on to develop mental health problems such as posttraumatic stress disorder or depression."

According to Dr Meaghan O'Donnell

who is leading the research program, approximately 2,000 people who have been seriously injured have participated in one of its many studies. Each has talked to Greta or one of her colleagues, who are clinically trained researchers.

"It's been great to have been involved with a research program which has a comprehensive approach to mental health after injury. We've identified the prevalence of mental health disorders after injury and what factors increase vulnerability to mental health problems, as well as developed new methods for screening for people at risk of experiencing these problems," Greta said.

"And now we've reached a really practical stage, where we're testing best practice models of delivering posttraumatic mental health care," she added.

Increasing understanding

Recent and upcoming contributions by ACPMH:

PTSD Guidelines

- Free information sessions: held from August until early October for health practitioners and people affected by trauma in most capital cities.
- Conference symposia and presentations: Australasian Society of Traumatic Stress Studies Annual Conference 20 to 23 September, Ballarat.

Australian Psychological Society Annual Conference 25 to 29 September, Brisbane.

Australian Military Medicine Conference, 19 to 21 October, Melbourne.

General Practitioner Conference and Exhibition 16 to 18 November, Melbourne.

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Please see page 3 for more information about Guidelines information and education resources.

In November, ACPMH speakers will present several papers at the 23rd Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) Preventing Trauma and its Effects: *A Collaborative Agenda for Scientists, Practitioners, Advocates and Policy Makers*. Papers from ACPMH include:

- Secondary prevention following trauma: successes and challenges in the real world
- Predicting resistance and resilience following traumatic injury
- The latent structure of PTSD: fear, anxious misery and implications for a reformulation in DSM-V

Visit the conference website for more information <http://www.istss.org/meetings/index.cfm>



Greta Ludwig interviews a patient in the trauma ward at the Alfred Hospital, Melbourne.