

2025

ON THE DOUBLE: VETERAN-DRIVEN DISSEMINATION CAMPAIGN TOOLKIT

This project was funded through a Patient-Centered Outcomes Research Institute® (PCORI) Eugene Washington PCORI Engagement Award (EADI-29003). The statements presented in this work are solely the responsibility of the author(s) and do not necessarily represent the views of PCORI, its Board of Governors or its Methodology Committee.



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PROJECT OVERVIEW

***On the Double* was a dissemination project with the goal of sharing findings from patient-centered research on posttraumatic stress disorder (PTSD) treatments to help veterans and clinicians better understand, access, and use this information to make more informed healthcare decisions.**

PTSD is a prevalent issue among veterans that frequently goes untreated. Many with PTSD are either unaware of treatment options or unsure how to decipher research regarding treatment options. The aim of this project was to share findings from patient-centered research on PTSD treatments in a clear and concise way to increase the reach, motivation, and capability of veterans and clinicians to utilize and apply this evidence to make more informed healthcare decisions. This toolkit contains all materials, methods, lessons learned and other useful information about the project. Members of the team are pictured above. Pictured left to right: Dr. Pratt, Dr. Nguyen-Feng, Dr. Schuman, Dr. Peterson, Mr. Siebert, Mr. Hibler, Dr. Krause-Parello, Ms. Baldwin, Dr. Rossiter, and Dr. Garvin.

DISSEMINATION VARIABLES



AUDIENCE

Veterans, family, friends, clinicians, sponsors & supporters, volunteers, researchers, policymakers, educators, and other stakeholders



CONTENT TO DISSEMINATE

Systematic review and review summaries, infographics created using material from the review (example shown to the right), workshop presentations, newsletters, videos



Dissemination methods/Channels

Social media posts, email, handouts, workshops, community meetings, radio/podcasts, word of mouth



TIMELINESS

Use scheduling tools for timely release and consistency; evaluate best time periods for maximized reach



TRACKING AND MONITORING

Provide a checklist and platform specific training for collecting analytic data

DISSEMINATION STRATEGIES

We assembled a dissemination team (PCOR-DT; N=10) of veterans, clinicians, and community stakeholders with established ties to the veteran community

Workshops

DT members hosted for veterans and clinicians. Each DT member hosted 2 workshops with a goal of 10 participants in each. During workshops, team members presented slide decks prepared by the team regarding evidence-based PTSD treatment options. Half the team gave presentations to veterans and the other half to clinicians, with different versions of the slide deck tailored to each. Pre- and post-tests were administered before and after the presentations to assess knowledge of PTSD treatment options. Workshop participants were given a custom-made challenge coin as a token of appreciation for the time and effort they put into the project. Challenge coins are often used in the military to commemorate events, achievements, or membership. See the On the Double Challenge Coin below.

Social Media/Other Dissemination

Throughout the project, the DT disseminated through platforms such as social media, various veteran-vetted websites, and direct sharing such as emails. Materials disseminated are listed on the next page. Dissemination efforts were tracked using a social media/dissemination report form turned in monthly by each DT member.



DISSEMINATION MATERIALS

Dissemination materials included:

- PCORI's *Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder (PTSD): A Systematic Review Update*
 - <https://www.pcori.org/node/12797>
- One-page evidence updates for the systematic review
- Infographics (5): Easy to understand; created based on information presented in the systematic review; pictured on the next pages
 - Cognitive Processing Therapy (CPT)
 - Cognitive Behavioral Therapy (CBT)
 - Breathing Retraining
 - Exposure Therapy
 - Relaxation Training
- Workshop slide decks (2): including pre/post tests; shown on pages 18-44

INFOGRAPHIC #1

CPT

What is CPT?

A type of cognitive behavioral therapy (CBT)



CPT increases awareness of dysfunctional or distorted trauma-related thoughts



Cognitive Processing Therapy (CPT) for PTSD

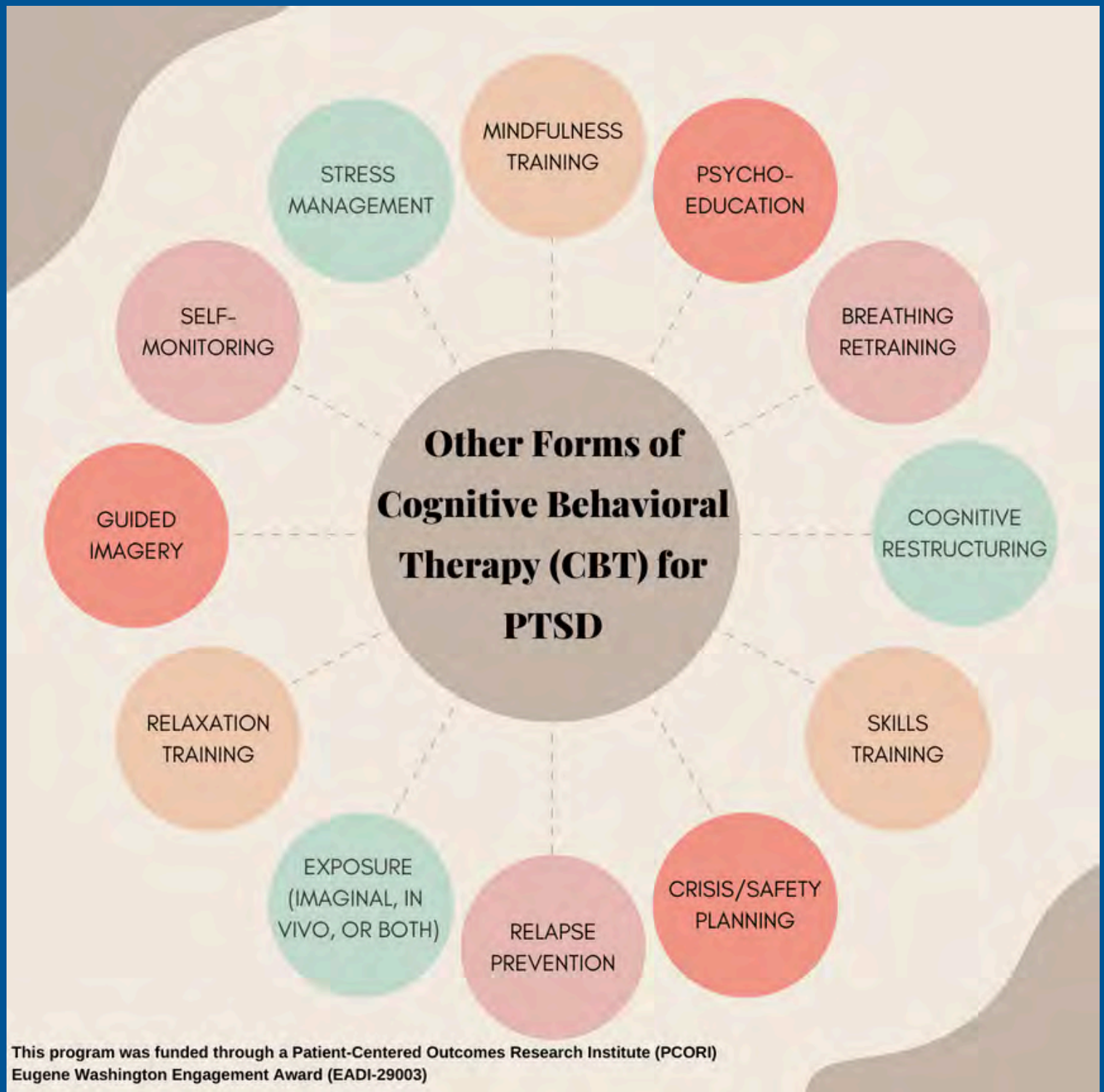
CPT helps patients correct or replace dysfunctional or distorted trauma-related thoughts with more adaptive or rational thoughts and beliefs



This program was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington Engagement Award (EADI-29003)

INFOGRAPHIC #2

CBT



INFOGRAPHIC #3

BREATHING RETRAINING

Breathing Retraining Examples



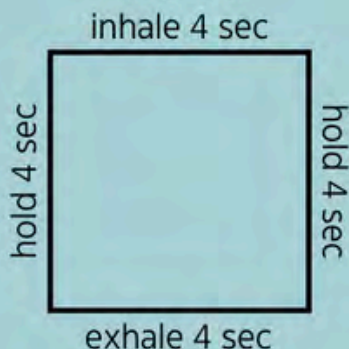
Diving deeper into cognitive behavioral therapy (CBT) practices that may help improve PTSD symptoms



Box Breathing

Inhale slowly through your nose for 4 seconds, hold for 4 seconds, exhale slowly through your mouth for 4 seconds, hold for 4 seconds.

Repeat.



Slow Diaphragmatic Breathing

- Sit or lie in a comfortable position
- Place one hand on your chest and one hand on your stomach
- Slowly inhale through your nose for about 4 seconds, feeling your stomach expand
- Hold for about 2 seconds
- Exhale slowly through your mouth for about 6 seconds

This program was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington Engagement Award (EADI-29003).

INFOGRAPHIC #4

EXPOSURE THERAPY

Exposure Therapy for PTSD



What is exposure therapy?

a type of cognitive behavioral therapy (CBT)



What is the goal?

to lessen the conditioned responses to traumatic stimuli



How is this achieved?

through addressing traumatic memories by doing things you avoid due to this past trauma



This program was funded through a Patient-Centered Outcomes Research Institute (PCORI)
Eugene Washington Engagement Award (EADI-29003)

INFOGRAPHIC #5

RELAXATION TRAINING

Relaxation Training Examples

Diving deeper into cognitive behavioral therapy (CBT) practices that may help improve PTSD symptoms

1

5-4-3-2-1 Grounding Exercise

Identify 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste

2

Progressive Muscle Relaxation

Lie or sit down, inhale and flex/contract one part of the body (ex: upper thighs) for 5-10 seconds, then exhale and release tension. Continue this process moving up the body.

3

Autogenic Training

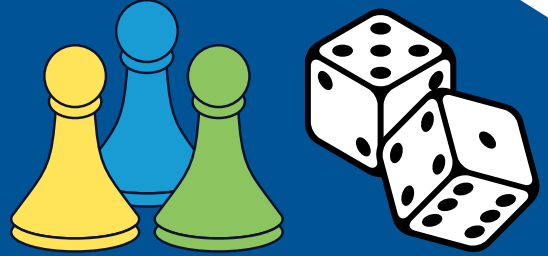
Lay or sit in a comfortable position, close your eyes and slowly repeat phrases with a focus on the following:

1. Heaviness in your muscles
2. Warmth in your arms, legs, and other body areas
3. Slower and more relaxed heartbeat
4. Slower and more relaxed breathing
5. Relaxation of the belly
6. Coolness of the forehead

Ex: My arms and legs are heavy and warm. I feel calm. My heartbeat is calm and regular. My breathing relaxes me. My stomach is soft and warm. My forehead is cool.

This program was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington Engagement Award (EADI-29003).

GUIDE TO VETERAN-CENTERED DISSEMINATION



START

1. CLARIFY YOUR MISSION: Create clear goals, a plan to achieve these goals, and a defined and unanimously agreed upon method to measure progress



3. MULTIPLE MODES OF DELIVERY: Use channels that the veteran community already trusts/uses as well as open access platforms to increase your reach.

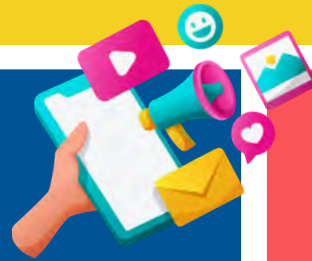


2. GET FAMILIAR WITH THE VETERAN POPULATION: Know the culture, be culturally congruent with language, & assemble a team of relevant and credible stakeholders with lived experience in the veteran community



4. USE A VARIETY OF DISSEMINATION

MATERIALS: Have a variety of dissemination materials to cycle through. Keep the materials concise, easy to understand, and attention-catching.



5. ENGAGE RATHER THAN ONLY

POSTING: Engage with the veteran community through workshops, face to face, sharing directly, comments, etc.



6. CONSISTENT TEAM MEETINGS TO EVALUATE & BRAINSTORM: Coordinate with key community stakeholders (patients, caregivers, clinicians/providers, industry, payers/purchasers, researchers, and other stakeholders).

FINISH

ON THE DOUBLE WORD SEARCH

W	E	I	S	D	F	I	N	F	O	G	R	A	P	H	I	C	S	E	P	O	H	O
B	W	G	D	L	L	P	Y	R	B	Z	I	D	X	G	D	A	S	X	C	N	H	M
K	D	H	O	D	E	P	G	O	P	H	X	L	S	K	O	A	O	P	N	P	D	Y
X	U	A	H	P	R	E	S	E	N	T	A	T	I	O	N	K	Z	O	S	R	I	D
L	F	I	T	E	S	P	O	T	C	T	S	E	Y	T	D	P	I	S	N	E	S	X
D	L	D	E	O	K	X	Z	Y	W	A	U	D	M	O	D	Y	X	U	O	L	S	M
W	Y	E	M	F	S	N	A	R	E	T	E	V	X	A	U	H	Y	R	I	A	E	W
I	E	M	G	I	R	E	R	J	H	Z	J	T	X	C	I	O	A	E	T	X	M	O
Q	R	L	N	S	C	P	F	Y	E	B	E	B	J	H	P	L	I	T	A	A	I	R
S	Y	A	I	T	W	R	G	M	F	W	Q	C	A	M	U	T	P	H	Z	T	N	K
S	Q	I	H	S	N	M	E	N	T	A	L	H	E	A	L	T	H	E	I	I	A	S
I	X	C	T	A	A	D	O	W	K	O	R	J	Y	S	B	M	U	R	N	O	T	H
I	Z	O	A	C	W	O	R	D	O	F	M	O	U	T	H	Y	A	A	A	N	I	O
O	Q	S	E	D	U	C	K	S	T	N	E	M	T	A	E	R	T	P	G	R	O	P
W	B	P	R	O	L	Z	S	U	F	W	S	L	O	C	Z	L	N	Y	R	Y	N	W
I	A	Q	B	P	A	K	R	L	F	W	E	L	L	B	E	I	N	G	O	N	K	F

PTSD
MENTAL HEALTH
WELL-BEING
VETERANS
TREATMENTS
CBT
CPT

EXPOSURE THERAPY
BREATHING METHODS
RELAXATION
DISSEMINATION
SOCIAL MEDIA
FLYER
PRESENTATION

WORKSHOP
EMAIL
PODCAST
WORD OF MOUTH
ORGANIZATIONS
INFOGRAPHICS



WORKSHOP TEST RESULTS

Tests

Two sets of pre- and post-tests were created by the team using information presented during the workshops, one for the veteran presentation and one for the clinician presentation. These tests were administered before and after the workshop presentation depending which presentation they received.

Results

Veterans ($n = 78$) scores showed significant improvement from pre-test ($M = 4.72$, $SD = 1.77$) to post-test ($M = 6.82$, $SD = 1.66$), $t(77) = 8.55$, $p < .001$, $d = 1.23$. Clinicians ($n = 85$) scores also showed significant improvement from pre-test ($M = 4.12$, $SD = 2.11$) to post-test ($M = 6.39$, $SD = 1.95$), $t(84) = 8.36$, $p < .001$, $d = 1.17$.

Conclusion

Workshop pre- and post- tests showed an increase in knowledge after presentations, suggesting that presentations are a promising strategy for dissemination.

VETERAN PRESENTATION

PTSD Review Workshop

Understanding and
Navigating Newly Reviewed
PTSD Treatment Option
Recommendations

Systematic review: <https://www.pcori.org/node/12797>

Healthcare consumers one pager:
<https://www.pcori.org/sites/default/files/PCORI-Evidence-Update-for-Healthcare-Consumers-Posttraumatic-Stress-Disorder-PTSD.pdf>

Clinicians one pager:
<https://www.pcori.org/sites/default/files/PCORI-Evidence-Update-for-Clinicians-Treatment-Options-for-People-with-Posttraumatic-Stress-Disorder-PTSD.pdf>



Please
complete
the pre-test.



VETERAN PRESENTATION

PTSD Review Workshop

Why are we doing this?

- There has been a recent update of to the systematic review on research regarding psychological and pharmacological treatments for PTSD in adults.
- This scientific review of research found that several kinds of therapy and medicines can reduce or stop symptoms for people with PTSD.
- The review reports on 207 articles from 193 studies published before 2018 updating a 2013 review on PTSD treatment options.
- This new review may lead to changes in the common practice of treatments for PTSD.

PTSD Review Workshop

Defining PTSD

- If you feel upset or unsafe after experiencing or seeing something dangerous or scary and that feeling continues, you may have posttraumatic stress disorder (PTSD).

Who may develop PTSD?

VETERAN PRESENTATION

PTSD Review Workshop

Defining PTSD

- People may develop PTSD if they experience or witness:

Violent crime

Serious illness or injury

Military combat

Domestic violence

Sexual assault or rape

Car crashes

Natural or manmade disasters

PTSD Review Workshop

Signs & Symptoms

- People with PTSD may:

Have nightmares
or flashbacks

(how do I recognize it)

Have more negative
feelings and beliefs
about life in general

Avoid situations
that bring up
memories of the
event

Feel uncomfortable or
unsafe in places that
remind them of scary or
dangerous situations

Feel more irritated or
angry in general, or
when reminded of scary
or dangerous situations

Have effects on both
biological (the physical
affects on the body) and
mental homeostasis

VETERAN PRESENTATION

PTSD Review Workshop

Treatment Options

Two Types

Therapies



Medications



PTSD Review Workshop

Treatment Options

Therapies

For 8 to 12 weeks

Therapy sessions usually
take place every week
(once a week)

Cognitive Behavioral
Therapy (CBT)

CBT-Exposure
Therapy

Cognitive Processing
Therapy

Each session lasts
between 50 and
90 minutes

Other therapies that were reviewed
such as Seeking safety (SS), Brief
eclectic psychotherapy (BEP), and
trauma effect regulation (TAR), were
found to have the **WEAKEST** evidence
for reducing symptoms of PTSD

Cognitive Exposure
Therapy

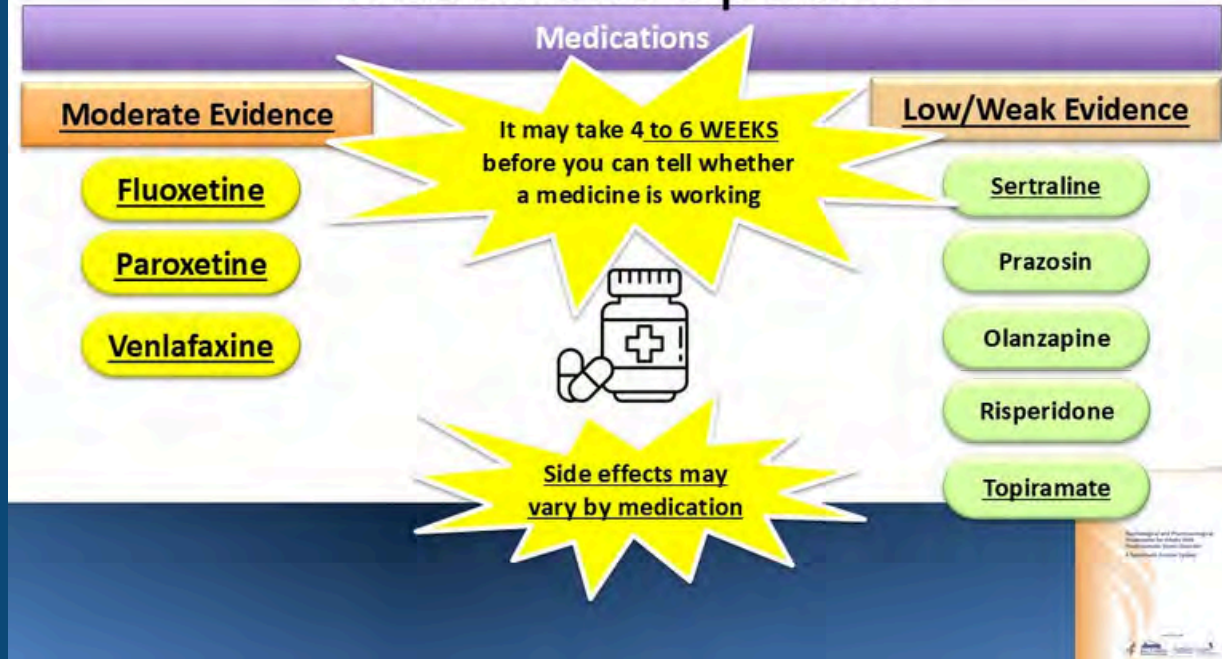
Eye Movement
Desensitization
(EMDR)

CBT-exposure and CBT-
mixed have the **STRONGEST**
evidence for reducing
symptoms of PTSD

VETERAN PRESENTATION

PTSD Review Workshop

Treatment Options



PTSD Review Workshop

How can I talk to my Healthcare Provider?

- If you think you might have symptoms of PTSD, you might want to talk with your primary healthcare provider or someone else you trust about getting help to feel better.
- Here are a few questions you might ask:



VETERAN PRESENTATION

**Please complete
the post-test.**



**Review
Post-Test
Questions**



VETERAN PRESENTATION

Post-Test Questions

Therapy



1. Which therapies have the strongest evidence for reducing symptoms of PTSD?
 - a. Cognitive behavioral therapy-exposure (CBT-exposure) and -mixed (CBT-mixed)
 - b. Cognitive processing therapy (CPT) and cognitive therapy (CT)
 - c. Eye movement desensitization and reprocessing (EMDR) and narrative exposure therapy (NET)
 - d. Seeking safety (SS), Brief eclectic psychotherapy (BEP), and trauma effect regulation (TAR)



Post-Test Questions

Therapy



2. Which therapies have the weakest evidence for reducing symptoms of PTSD?
 - a. Cognitive behavioral therapy-exposure (CBT-exposure) and -mixed (CBT-mixed)
 - b. Cognitive processing therapy (CPT) and cognitive therapy (CT)
 - c. Eye movement desensitization and reprocessing (EMDR) and narrative exposure therapy (NET)
 - d. Seeking safety (SS), Brief eclectic psychotherapy (BEP), and trauma effect regulation (TAR)



VETERAN PRESENTATION

Post-Test Questions

Therapy



3. How long do therapy sessions usually last?

- a. 15 to 30 minutes
- b. 30 to 45 minutes
- c. **50 to 90 minutes**
- d. 60 minutes



Post-Test Questions

Therapy



4. How often should you expect therapy sessions?

- a. Daily
- b. Every other week
- c. **Once a week**
- d. Twice a week



VETERAN PRESENTATION

Post-Test Questions

Therapy



5. How long does therapy usually last?

- a. Two to four weeks
- b. Four to six weeks
- c. Six to ten weeks
- d. **Eight to twelve weeks**



Post-Test Questions

Medications



6. Which studied medications have the strongest evidence for reducing symptoms with PTSD?

- a. Olanzapine, risperidone, and topiramate
- b. **Paroxetine, venlafaxine, and fluoxetine** *which was moderate*
- c. Prazosin and sertraline
- d. Topiramate, acetaminophen, and bupropion



VETERAN PRESENTATION

Post-Test Questions

Medications



7. Which studied medications have weak evidence for helping people with PTSD?

- a. Acetaminophen and naproxen
- b. Fluoxetine and paroxetine
- c. **Sertraline and topiramate**
- d. Venlafaxine and fluoxetine



Post-Test Questions

Medications



8. Which studied medication had weaker evidence than previously thought?

- a. Fluoxetine
- b. Paroxetine
- c. **Sertraline**
- d. Venlafaxine



VETERAN PRESENTATION

Post-Test Questions

Medications



9. How long may it take before you can tell if a medicine is working?

- a. One week
- b. Two weeks
- c. Three weeks
- d. **Four to six weeks**



Post-Test Questions

Medications



10. What is known about common side effects of medications for PTSD?

- a. Nausea, vomiting, and diarrhea
- b. Suicide, depression, and mania
- c. **Side effects vary by medication**
- d. Various heart problems



Thank you For Your Time and Participation.

Any Questions?



PTSD Review Workshop

Understanding and
Navigating Newly Reviewed
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Clinicians one pager:
<https://www.pcori.org/sites/default/files/PCORI-Evidence-Update-for-Clinicians-Treatment-Options-for-People-with-Posttraumatic-Stress-Disorder-PTSD.pdf>



CLINICIAN PRESENTATION

PTSD TREATMENT

EVIDENCE UPDATE

FOR CLINICIANS



On the double: A Veteran-driven dissemination campaign spreading awareness on PTSD treatment options.

Eugene Washington Patient-Centered Outcomes Research Institute Engagement Award. PIs: C. Krause-Parello & B. Pratt; Project Coordinator: J. Baldwin, Florida Atlantic University.

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Alan Peterson, PhD, ABPP (Lt Col, USAF, Ret.)

Donna Schuman, PhD, LCSW, LPC

Date :

2024



1/30

Pre-Assessment
<https://redcap.link/ClinicianPretest2>



2/30

Learning Points

For Post-Assessment

Nonpharmacological

1. Which of the following are evidence-based psychotherapy for PTSD?
2. The following statement describes components of which psychotherapy approach?: "Involves confronting feared stimuli and using imagery to extinguish the conditioned emotional response (usually anxiety) to traumatic stimuli."
3. The following statement describes components of which psychotherapy approach?: "...the therapist may use exposure, cognitive restructuring, and/or various coping skills."
4. The following statement describes components of which psychotherapy approach?: "Increases awareness of dysfunctional or distorted trauma-related thoughts and helps patients correct or replace those thoughts with more adaptive or rational thoughts and beliefs."
5. Which of the following are symptom criteria of PTSD?

Pharmacological

1. Which two medications are approved by the FDA for the treatment of PTSD?
2. Which antipsychotic medications met criteria for inclusion in this study?
3. Which antidepressant has less support in the most recent evidence update review than in the 2013 review?
4. According to this review, which medication had moderate strength of evidence for reduction of PTSD symptoms but low strength of evidence for depressive symptoms?
5. Which medication had no studies that met inclusion criteria for the most recent evidence update review?

3/30

INTRODUCTION

POSTTRAUMATIC STRESS DISORDER

What is it?

- Traumatic experiences change your brain and body
- Those changes can make it uncomfortable and difficult to function

What can we do?

- Group and Individual Therapy
- Medications
- Complimentary Treatments

4/30

CLINICIAN PRESENTATION

Journal of Community Health
https://doi.org/10.1007/s10999-020-01014-8

ORIGINAL PAPER

Mission Alliance Community Engagement Project: Exploring the Impact of COVID-19 on Social Isolation, Loneliness, Mental Health and Wellbeing in Veterans

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Accepted: 4 December 2020
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Abstract

During the Coronavirus disease pandemic, many U.S. veterans with posttraumatic stress disorder (PTSD) experienced diminished symptomatology and worsened mental health and well-being due to social isolation and loneliness. The Mission Alliance project explored these ramifications and provided critical issues expressed by U.S. veterans and stakeholders (N = 182) during virtual regional meetings (N = 32). Field notes created specifically for this project were reviewed and the data analyzed. Emerging themes included: (1) social isolation, missed opportunities, collapsed social circles, work-life balance, changing relationships, and evolving health care delivery; (2) loneliness, deteriorated mental health, affected with PTSD symptoms but alone, linked out for each other, ambivalence toward technology, and virtual and broken systems; (3) mental health: sense of loss, increased demand and decreased access, aggravated, implementation of tools, innovative solutions, fear and loss, and availability of resources; (4) wellbeing, sense of purpose, holistic perspective on well-being, recognition of balance, perceiving progress, individual pressures, freedom to direct treatment, and reconstruction and dissemination. A PTSD-related patient-centered outcomes research (PCOR) comparative effectiveness research (CER) agenda was developed from these themes. Establishment of a veteran and stakeholder network is suggested to support, facilitate, and promote the PTSD-related PCOR/CER agenda. Furthermore, endorsement of opportunities for veterans with PTSD and stakeholders to partner in PCOR/CER is suggested to develop and conduct projects that lead to PTSD-related comparative care of veterans affected by traumatic events with the potential to translate findings to other populations.

Keywords Community engagement · Veterans · Posttraumatic stress disorder · PTSD · Patient-centered outcomes research

There are 17.4 million United States (US) military veterans, of which 1.7 million receive care at the Veterans Health Administration (VA) facilities for mental health conditions such as posttraumatic stress disorder (PTSD) (1). To the US adult population, PTSD has a lifetime prevalence rate

of 6.8% (2). In contrast, approximately 11.8% of Operation Enduring Freedom/Operation Enduring Freedom veterans (OEF/OEF) War veterans, and up to 30.9% of Vietnam veterans have PTSD (3). Veterans with PTSD were significantly affected by the catastrophic impact of the Coronavirus

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Springer

5/30

PSYCHOTHERAPY TREATMENTS

SYSTEMATIC REVIEW

"Cognitive behavioral therapy (CBT) can improve PTSD symptoms to the point where the PTSD diagnosis is no longer substantiated. Although the harms of CBT were not well studied, they are likely minimal."



Forman-Hoffman et al. (2018). Psychological and pharmacological treatments for adults with posttraumatic stress disorder: A systematic review update.



6/30

CLINICIAN PRESENTATION

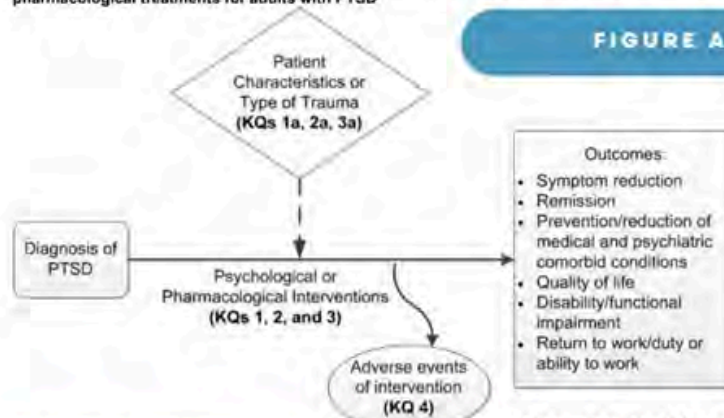


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RESEARCH METHODS

"An update of a systematic review, supported by PCORI through a research partnership with AHRQ, informs clinicians on psychological and pharmacological treatments for PTSD in adults. The review reports on 207 articles from 193 studies published before 2018, updating a 2013 review."

Figure A. Analytic framework for the comparative effectiveness of psychological treatments and pharmacological treatments for adults with PTSD



KQ = Key Question; PTSD = posttraumatic stress disorder.

Forman-Hoffman et al. (2018)

8/30

CLINICIAN PRESENTATION



Table 3. Definitions of the grades of overall strength of evidence³⁷

Grade	Definition
High	High confidence that the evidence reflects the true effect. Further research is very unlikely to change our confidence in the estimate of effect.
Moderate	Moderate confidence that the evidence reflects the true effect. Further research may change our confidence in the estimate of the effect and may change the estimate.
Low	Low confidence that the evidence reflects the true effect. Further research is likely to change our confidence in the estimate of the effect and is likely to change the estimate.
Insufficient	Evidence either is unavailable or does not permit estimation of an effect.

9/30

CBT- EXPOSURE

**COGNITIVE
BEHAVIORAL THERAPY**



TREATMENT 1

**High Strength of Evidence (SOE) for
reduction in PTSD and depressive
symptoms and loss of PTSD diagnosis**

What is it?

"Involves confronting feared stimuli and using imagery to extinguish the conditioned emotional response (usually anxiety) to traumatic stimuli."

10/30

CLINICIAN PRESENTATION

TREATMENT 2

CBT-MIXED

High Strength of Evidence (SOE) for reduction in PTSD and depressive symptoms and loss of PTSD diagnosis



Studies included evidence of:

- breathing retraining,
- cognitive restructuring,
- crisis/safety planning,
- exposure (imaginal, in vivo, or both),
- guided imagery,
- mindfulness training,
- psychoeducation,
- relapse prevention,
- relaxation training,
- self-monitoring,
- skills training, and
- stress management

What is it? "A broad category of therapies that includes components of both cognitive and behavioral therapies. In using CBT to treat patients with PTSD, the therapist may use exposure, cognitive restructuring, and/or various coping skills."



11/30

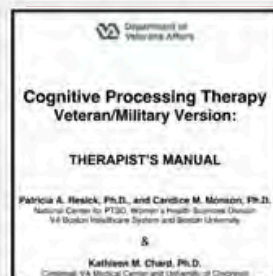
CPT & CT

**COGNITIVE
PROCESSING
THERAPY
&
COGNITIVE THERAPY**

Moderate SOE for reduction in PTSD and depressive symptoms and loss of PTSD diagnosis

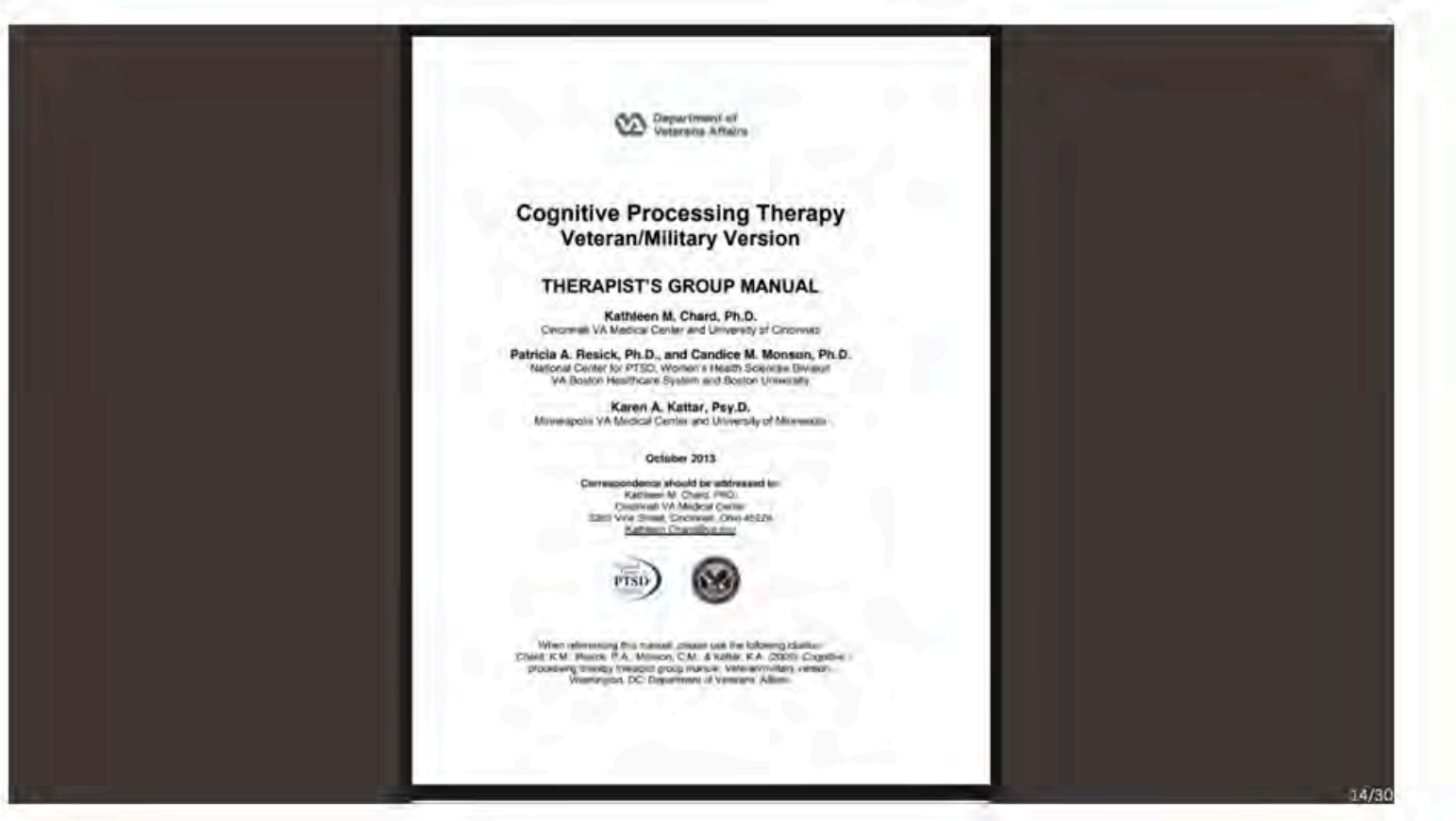
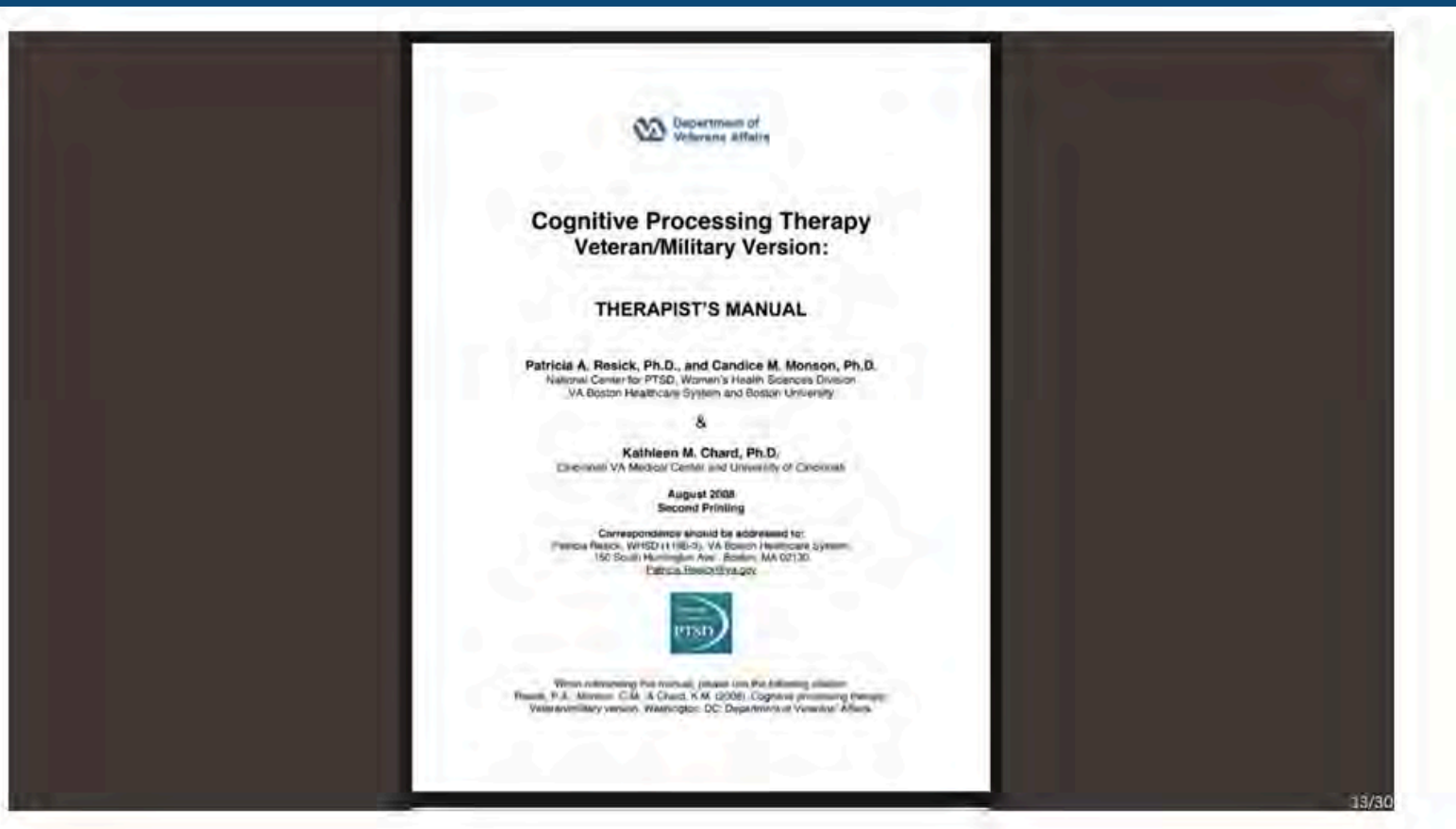
What is it? "Increases awareness of dysfunctional or distorted trauma-related thoughts and helps patients correct or replace those thoughts with more adaptive or rational thoughts and beliefs."

TREATMENT 3



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CLINICIAN PRESENTATION



CLINICIAN PRESENTATION

Cognitive Processing Therapy Veteran/Military Version:

THERAPIST AND PATIENT MATERIALS MANUAL

Patricia A. Resick, Ph.D. and Candice M. Monson, Ph.D.
Duke University & Ryerson University

Kathleen M. Chard, Ph.D.
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May 2014

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Cognitive
Processing Therapy



VA
HEALTH CARE
Outcomes
EXCELLENCE
In the 21st Century

Writer referencing this manual, please use the following citation:
Resick, P. A., Monson, C. M., & Chard, K. M. (2014). *Cognitive processing therapy:
Veteran/military version: Therapist and patient materials manual*. Washington, DC: Department
of Veterans Affairs.

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EMDR

Eye Movement Desensitization Reprocessing



ADDITIONAL PSYCHOTHERAPY TREATMENTS

NET

Narrative Exposure Therapy

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CLINICIAN PRESENTATION

PHARMACOLOGIC TREATMENTS

Three medications

had moderate evidence for effectiveness for lowering overall PTSD symptoms and relatively low risk of side effects



- Paroxetine (FDA indication)
- Venlafaxine
- Fluoxetine (**antidepressant, low strength of evidence**)



17/30

LESS EFFECTIVENESS

Two medications

have shown less effectiveness than previous estimates

- **Topiramate**
- **Sertraline*** (**antidepressant**)

*FDA indication; data for improved quality of life

18/30

CLINICIAN PRESENTATION

3

OTHER MEDICATIONS

Reduced PTSD symptoms

- Prazosin
- Risperidone and olanzapine (**antipsychotics**)

No included studies

- Clonazepam

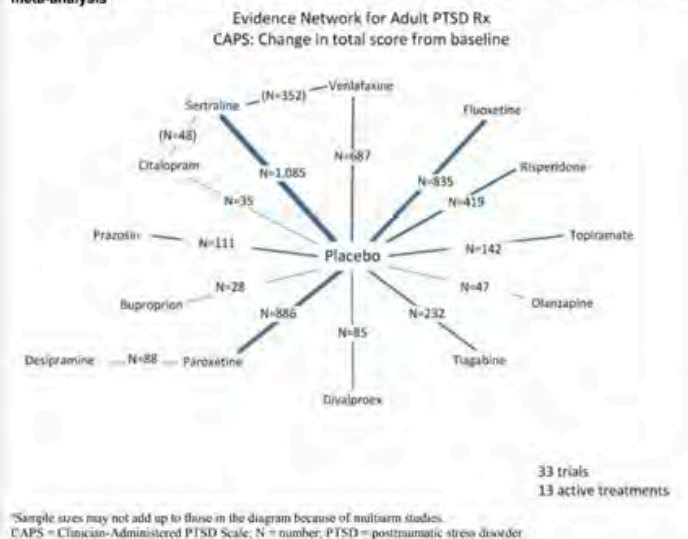


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SUMMARY



Figure 25. Evidence network: comparisons, and number of subjects for each, included in network meta-analysis^a



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CLINICIAN PRESENTATION



Research gaps

- Customizing treatments
- Comparative efficacy data



SUMMARY

CONTINUED



What about other treatments?

- "no evidence of studies that met our inclusion/exclusion criteria that tested any of the newly added treatment types (energy psychology/emotional freedom techniques, and the three atypical antipsychotics, ziprasidone, aripiprazole, and quetiapine)."
- For benzodiazepines: "no studies with low or medium risk of bias meeting our inclusion criteria"
- "We did not find any trials comparing tricyclic antidepressants with placebo or other medications that had low or medium risk of bias"

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Systematic Review Update

SEPTEMBER 2016

Treatment Options for People with Posttraumatic Stress Disorder (PTSD)

A recent update of a systematic review, supported by PCORI through a research partnership with AHRQ, informs clinicians on psychological and pharmacological treatments for PTSD in adults.¹ The review reports on 207 articles from 193 studies published before 2016, updating a 2013 review.

Posttraumatic Stress Disorder (PTSD) affects about 6% of U.S. adults. It is more common in groups including women, younger people, and those who did not complete high school or who have lower incomes.² PTSD can affect military personnel serving in combat, but it may also develop after a person experiences or witnesses intimate partner violence, sexual violence, physical abuse or assault, a motor vehicle crash, natural disaster, violent crime, or other traumatic event.



The Findings

Cognitive behavioral therapy (CBT) can improve PTSD symptoms to the point where the PTSD diagnosis is no longer substantiated. Although the harms of CBT were not well studied, they are likely minimal.

Cognitive Behavioral Therapy

- A specific form of CBT called exposure therapy and a group of other treatments that included elements of CBT had high strength of evidence (SOE) of effectiveness for improving PTSD symptoms. The SOE increased from the 2013 review.
- Other forms of CBT (cognitive processing therapy, cognitive therapy, and narrative exposure therapy) and eye movement desensitization and reprocessing (EMDR) had moderate SOE for effectiveness of treating PTSD.

Medication

- Three medications (fluoxetine, paroxetine, and sertraline)³ had moderate SOE of effectiveness for treating PTSD. The SOE for these medications having side effects such as nausea was low to medium. Side effects vary by medication.
- Due to mixed findings in the existing evidence, the SOE of the effectiveness of both venlafaxine and agoraphobia for treating PTSD was reduced from moderate to low in the updated review.

¹Fluoxetine – brand names include Prozac®, Prozac Weekly®, Rapiflu®, Sarafem®, and Selfemra®
²Paroxetine – brand names include Bravelle®, Paxil®, Paxil® CR, and Fereve®
³Sertraline – brand names include Zoloft® and Effercet® SR

Read more about this study at: www.pcori.org/reviews-PTSD

EVIDENCE UPDATE FOR CLINICIANS

WWW.PCORI.ORG | INFO@PCORI.ORG | FOLLOW US @PCORI

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CLINICIAN PRESENTATION

Table B. Summary of efficacy and strength of evidence of PTSD psychological treatments

Treatment	Symptom	N Trials (Subjects)	Findings	SOE
Cognitive processing therapy (CPT)	PTSD Symptoms ^a	5 (399) ¹	Reduced PTSD symptoms	Moderate
			SMD -1.35 (95% CI, -1.77 to -0.94)	
	Loss of PTSD Diagnosis	4 (299) ¹⁻⁴	Greater loss of PTSD diagnosis	Moderate
Cognitive therapy (CT)	PTSD Symptoms ^a	4 (283) ^{5, 7-9}	Reduced PTSD symptoms	Moderate
			SMD of individual studies ranged from -2.0 to -0.3	
	Loss of PTSD Diagnosis	4 (283) ^{5, 7-9}	Greater loss of PTSD diagnosis	Moderate
Cognitive behavioral therapy-exposure (CBT-exposure)	PTSD Symptoms ^a	13 (885) ^{1, 10-21}	Reduced PTSD symptoms	High
			SMD -1.23 (95% CI, -1.50 to -0.97)	
	Loss of PTSD Diagnosis	6 (409) ^{3, 13, 14, 16, 17, 21}	Greater loss of PTSD diagnosis	High ^c
Cognitive behavioral therapy-mixed (CBT-mixed)	PTSD Symptoms ^a	21 (1,349) ^{12, 14, 22-40}	Reduced PTSD symptoms	High ^c
			SMD -1.01 (95% CI, -1.28 to -0.74)	
	Loss of PTSD Diagnosis	9 (474) ^{23, 24, 30-34, 39, 41}	Greater loss of PTSD diagnosis	High ^c
Eye movement desensitization and reprocessing (EMDR)	PTSD Symptoms ^a	8 (449) ^{13, 16, 43-48}	Reduced PTSD symptoms	Moderate ^d
			SMD -1.08 (95% CI, -1.82 to -0.35)	
	Loss of PTSD Diagnosis	7 (427) ^{13, 16, 43-45, 47, 48}	Greater loss of PTSD diagnosis	Moderate
Brief eclectic psychotherapy (BEP)	PTSD Symptoms ^a	3 (96) ⁴⁹⁻⁵¹	Reduced PTSD symptoms	Low
			SMD -0.91 (95% CI, -1.58 to -0.24)	
	Loss of PTSD Diagnosis	3 (96) ⁴⁹⁻⁵¹	Greater loss of PTSD diagnosis	Low
Imagery rehearsal therapy (IRT)	PTSD Symptoms ^a	1 (168) ⁵²	Reduced PTSD symptoms	Low
			Between-group mean difference -21.0; p<0.05	
	Loss of PTSD Diagnosis	2 (198) ^{53, 54}	Greater loss of PTSD diagnosis	Low
Narrative exposure therapy (NET)	PTSD Symptoms ^a	3 (232) ⁵⁵⁻⁵⁷	Reduced PTSD symptoms	Moderate
			SMD ranged from -1.95 to -0.79 across 3 individual studies (3 of 3 studies p<0.05)	
	Loss of PTSD Diagnosis	2 (198) ^{53, 54}	Greater loss of PTSD diagnosis	Low
Seeking Safety (SS)	PTSD Symptoms ^a	3 (232) ⁵⁸⁻⁶⁰	Reduced PTSD symptoms	Low for no difference
			SMD of individual trials ranged from -0.22 to 0.04	
	Loss of PTSD Diagnosis	2 (198) ^{53, 54}	Greater loss of PTSD diagnosis	Low

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Table C. Summary of efficacy and strength of evidence of PTSD pharmacological treatments

Treatment	Symptom	N Trials (Subjects)	Findings	SOE
Fluoxetine (SSRI)	PTSD Symptoms ^a	4 (835) ^{61, 62}	Reduced PTSD symptoms	Moderate
			SMD -0.28 (95% CI -0.42 to -0.14)	
	Depression Symptoms ^b	3 (771) ^{61, 62}	Similar reduction in depression symptoms	Low for no difference ^c
Paroxetine (SSRI)	PTSD Symptoms ^a	2 (348) ^{64, 65}	Reduced PTSD symptoms	Moderate
			SMD of -0.56 to -0.44 in individual studies	
	Loss of PTSD Diagnosis	2 (348) ^{64, 65}	Greater loss of PTSD diagnosis	Moderate
Sertraline (SSRI)	PTSD Symptoms ^a	7 (1,085) ⁶⁶⁻⁷²	Reduced PTSD symptoms	Low ^d
			SMD -0.20 (95% CI: -0.36 to -0.04)	
	Depression Symptoms ^b	7 (1,085) ⁶⁶⁻⁷²	Similar reduction in depression symptoms	Low for no difference ^e
Venlafaxine (SNRI)	PTSD Symptoms ^a	2 (687) ^{73, 74}	Reduced PTSD symptoms	Moderate
			SMD of -0.35 and -0.26 for two individual studies	
	Loss of PTSD Diagnosis	2 (687) ^{73, 74}	Greater loss of PTSD diagnosis	Moderate ^f
Prazosin (alpha blocker)	PTSD Symptoms ^a	3 (117) ⁷⁵⁻⁷⁷	Reduced PTSD symptoms	Low
			SMD -0.52 (95% CI, -0.90 to -0.14)	
	Loss of PTSD Diagnosis	2 (687) ^{73, 74}	Greater loss of PTSD diagnosis	Moderate ^f
Topiramate (anticonvulsant)	PTSD Symptoms ^a	3 (142) ⁷⁸⁻⁸⁰	Reduced PTSD symptoms	Low ^h
			SMD ranged from -1.85 to -0.38 across individual studies	
	Loss of PTSD Diagnosis	2 (687) ^{73, 74}	Greater loss of PTSD diagnosis	Moderate ^f
Olanzapine (antipsychotic)	PTSD Symptoms ^a	2 (47) ^{81, 82}	Reduced PTSD symptoms	Low
			SMD of -1.15 and -0.96 across individual studies, both significantly favored treatment, N=47	
	Loss of PTSD Diagnosis	2 (47) ^{81, 82}	Greater loss of PTSD diagnosis	Low
Risperidone (antipsychotic)	PTSD Symptoms ^a	4 (422) ⁸³⁻⁸⁶	Reduced PTSD symptoms	Low
			SMD -0.26 (95% CI, -0.52 to -0.01)	
	Loss of PTSD Diagnosis	2 (47) ^{81, 82}	Greater loss of PTSD diagnosis	Low

NOTE: Outcomes graded as insufficient are not included in this table. Insufficient evidence was provided for divalproex (anticonvulsant), tiagabine (anticonvulsant), citalopram (SSRI), all TCAs, bupropion (other second-generation antidepressant [SGA]), and mirtazapine (other SGA). No studies that met inclusion criteria rated as having low or medium risk of bias evaluated lamotrigine (anticonvulsant), any benzodiazepine, desvenlafaxine (SNRI), duloxetine (SNRI), nefazodone (other SGA), or trazodone (other SGA).

^aSMD from Clinician-Administered PTSD Scale or from various other PTSD symptom scales.

^bSMD from the Beck Depression Inventory or from various other depression symptom scales.

^cStrength of evidence changed from moderate in the prior review to low for no difference in the updated review. Only 2 of 3 studies favored treatment, one favored placebo. Imprecision, inconsistency, and effect sizes near the null prompted the change in grade.

^dStrength of evidence changed from moderate in the prior review to low in the updated review. The studies were inconsistent in whether findings favored treatment or the inactive comparator group and findings were imprecise.

^eStrength of evidence changed from low to low for no difference in the updated review. The studies were inconsistent in whether findings favored treatment or the inactive comparator group, findings were imprecise, and most individual study estimates were close to the null.

^fStrength of evidence changed from insufficient to moderate in the updated review because of consistent evidence across two studies of adequate sample sizes.

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CLINICIAN PRESENTATION

ADDITIONAL STEPS

Management of Posttraumatic Stress Disorder and Acute Stress Disorder 2023 - VA/DoD Clinical Practice Guidelines

American Psychological Association's Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults (2017)



ADDITIONAL RESOURCES AND PROFESSIONAL GUIDELINES

Communicating with Patients about PTSD and Treatment

"A patient version of this evidence update is available. You can use it when talking with patients about treatment options."

"Current evidence does not suggest which patients would benefit most from particular treatments. Clinicians should consider evidence-based guidelines and patient preference in selecting a treatment."



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QUESTIONS?

BEFORE POST-ASSESSMENT

26/30

CLINICIAN PRESENTATION



2

Post-Assessment

<https://redcap.link/ClinicianPosttest>

27/30

Answers

Post-Assessment

Nonpharmacological

1. Which of the following are evidence-based psychotherapy for PTSD? **Cognitive behavioral therapy approaches, cognitive processing therapy, and prolonged exposure**
2. The following statement describes components of which psychotherapy approach?:
"Involves confronting feared stimuli and using imagery to extinguish the conditioned emotional response (usually anxiety) to traumatic stimuli;" **Prolonged exposure**
3. The following statement describes components of which psychotherapy approach?:
"...the therapist may use exposure, cognitive restructuring, and/or various coping skills;" **Cognitive behavioral therapy approaches**
4. The following statement describes components of which psychotherapy approach?:
"Increases awareness of dysfunctional or distorted trauma-related thoughts and helps patients correct or replace those thoughts with more adaptive or rational thoughts and beliefs;" **Cognitive processing therapy**
5. Which of the following are symptom criteria of PTSD? **Avoidance, intrusion, marked alterations in arousal and reactivity, negative alterations in cognitions and mood**

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CLINICIAN PRESENTATION

Answers

Post-Assessment

Pharmacological

1. Which two medications are approved by the FDA for the treatment of PTSD? **Sertraline and paroxetine**
2. Which antipsychotic medications met criteria for inclusion in this study? **Risperidone and olanzapine**
3. Which antidepressant has less support in the most recent evidence update review than in the 2013 review? **Sertraline**
4. According to this review, which medication had moderate strength of evidence for reduction of PTSD symptoms but low strength of evidence for depressive symptoms? **Fluoxetine**
5. Which medication had no studies that met inclusion criteria for the most recent evidence update review? **Clonazepam**

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THANK YOU

FOR YOUR ATTENTION

...



Open Discussion

Clinician Team Members:

Khaled Deeb, PhD, MBA, MD
Brian Mohlenhoff, MD
Viann Nguyen-Feng, PhD, MPH, LP
Alan Peterson, PhD, ABPP (Lt Col, USAF, Ret.)
Donna Schuman, PhD, LCSW, LPC



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RESULTS DISSEMINATION REPORTS

Social media/dissemination reports were collected monthly from members of the PCOR-DT

Platforms

Platforms used included Instagram, Facebook, LinkedIn, X, Tillman Connect, direct sharing methods such as email, and other platforms used by the veteran and clinician communities.

Analytics



6,802
Likes



402
Comments



754
Reposts



516
New Followers



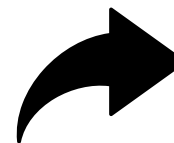
8,815
Engagements



46,917
Impressions



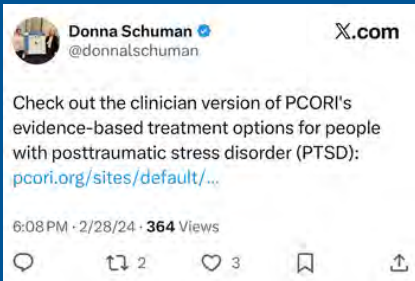
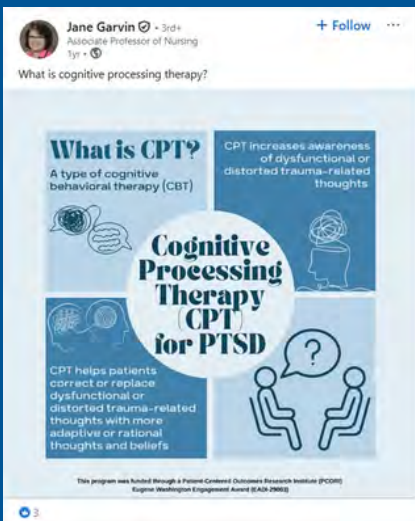
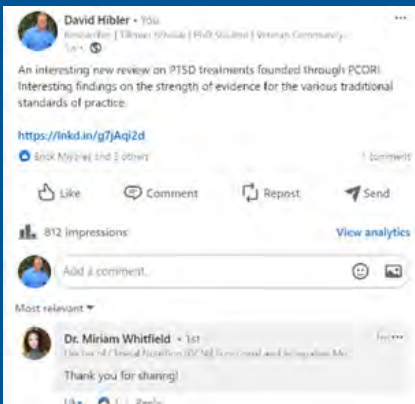
817
Interactions



178
Shares



3,999,966
Other (reach, views,
bookmarks, etc.)



PTSD RESOURCES

- VA PTSD Treatment Basics
 - https://www.ptsd.va.gov/understand_tx/tx_basics.asp
- PTSD Foundation of America
 - <https://ptsdusa.org/>
- Veterans and PTSD: Understanding Causes, Signs, Symptoms and Treatment
 - <https://www.woundedwarriorproject.org/programs/mental-wellness/veteran-ptsd-treatment-support-resources>
- American Psychological Association Treatments for PTSD
 - <https://www.apa.org/ptsd-guideline/treatments>

Training Resources:

- Cognitive Processing Therapy (CPT) Trainings:
 - https://ptsd.va.gov/professional/continuing_ed/cognitive_processing_therapy101.asp
 - <https://cpt2.musc.edu>
 - <https://cptforptsd.com/cpt-resources/>
- Exposure Therapy Training:
 - https://ptsd.va.gov/professional/continuing_ed/peweb.asp
- The STRONG STAR Training Initiative provides training to civilian behavioral health providers in Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), and Crisis Response Training:
 - <https://strongstartraining.org/>

CONNECT WITH C-P.A.W.W.

Canines Providing Assistance to Wounded Warriors (C-P.A.W.W) is a health initiative established to advance the health and well-being of members of the armed forces. Find more information about us below!

<https://www.fau.edu/i-health/c-paww/>
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<https://www.facebook.com/cpawwinitiative/>

https://www.instagram.com/cpaww_fau/

https://x.com/CPAWW_FAU



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