Treating Post-Traumatic Stress Disorder (PTSD)



Contributions of Behavioral and Social Sciences Research (BSSR)

The Public Health Problem

>8M Approximately 8 million Americans experience PTSD each year.¹

>2x Veterans are more than twice as likely to develop PTSD (13.8%) compared to the general population (6.8%).²

9.7% Lifetime prevalence of PTSD among women (9.7%) is more than twice that among men (3.6%),³ possibly due to higher rates of exposure to sexual assault or child sexual abuse.

People suffering from PTSD are at increased risk for a wide range of mental health conditions and situational stressors, including the following:

- Depression
- Anxiety
- Alcohol abuse
- Suicide
- Insomnia
- Sleep apnea
- Heart disease
- Divorce
- Domestic violence

BSSR Health Impacts

Cognitive Behavioral Therapy (CBT)

Among people with PTSD, up to 70% who receive either cognitive processing or prolonged exposure therapy (both forms of CBT)⁴ experience clinically meaningful symptom improvement.⁵ Cognitive processing therapy by itself can reverse PTSD diagnoses for up to 10 years post treatment.⁶



Seeking Safety: PTSD and Comorbidities

"Seeking Safety" I treatment can reduce symptoms of both PTSD and alcohol use disorder across diverse populations and in both genders and can increase rates of treatment adherence. It has improved trauma symptoms by an average of 55% in some studies.



The PTSD Checklist

Development of the PTSD Checklist (PCL)¹⁰ has accelerated Measurement-Based Care approaches for treating PTSD. PCL is an assessment tool that enables researchers and clinicians to monitor how symptoms change in response to treatment, which aids development and optimization of new therapies. One study, for example, used PCL to find that the intervention Overcoming Adversity and Stress Injury Support (OASIS)¹¹ reliably decreased military veterans' symptom scores by 12 points on a 100-point scale.¹²



Group-Based CBT Approaches

Studies indicate that 2 to 3 weeks of individual and group-based CBT (either prolonged exposure or cognitive processing therapy) can each decrease patients' PCL scores by 20 points on a 100-point scale, and that 95% of PTSD patients enrolled complete the full treatment course.¹³



Reducing Stigma

People suffering from PTSD sometimes feel stigmatized, which can interfere with treatment seeking. Anti-stigma public education campaigns informed by BSSR, such as the National Institute of Mental Health's *Real Men, Real Depression* campaign, can reduce stigma related to PTSD and increase patients' willingness to seek treatment.¹⁴



References and Definitions

- National Center for PTSD. (2019, October). <u>How Common is PTSD in Adults?</u> U.S. Department of Veterans Affairs. [Back]
- National Center for PTSD. (2020, August). <u>Epidemiology</u> of PTSD. U.S. Department of Veterans Affairs. [Back]
- National Center for PTSD. (2020, August). <u>Epidemiology</u> of PTSD. U.S. Department of Veterans Affairs. [Back]
- 4 Cognitive processing is a 12-session treatment that helps people create a new conceptualization of a traumatic event that reduces its ongoing negative effects on current life.
 - Cognitive exposure therapy uses repeated controlled exposures to an anxiety-producing situation or object to build feelings of control.
 - —Definitions adapted from the American Psychological Association [Back]
- 5 Steenkamp, M.M., Litz, B.T., Hoge, C.W., & Marmar, C.R. (2015). Psychotherapy for military-related PTSD: A review of randomized clinical trials. JAMA, 314(5), 489-500. [Back]
- Hoffman, V., Middleton, J.C., Feltner, C., Gaynes, B.N., Weber, R.P., Bann C., Viswanathan, M., Lohr, K.N., Baker, C., & Green, J. (2018). Psychological and pharmacological treatments for adults with posttraumatic stress disorder:

 A systematic review update.
 (AHRQ Publication No. 18-EHC011-EF). Agency for Healthcare Research and Quality.
 (PCORI Publication No. 2018-SR-01). Patient-Centered Outcomes Research Institute.
 [Back]
- 7 "Seeking Safety" is an evidence-based approach for treating PTSD and substance use, which often occur together when traumatized people turn to alcohol or drugs to manage pain. Seeking Safety teaches 25 coping skills for the present without requiring patients to relive their past traumas in emotionally overwhelming detail.
 - —Definition adapted from the California Evidence-Based Clearinghouse for Child Welfare [Back]

- 8 Flanagan, J.C., Jones, J.L., Jarnecke, A.M., & Back, S.E. (2018). Behavioral treatments for alcholol use disorder and post-traumatic stress disorder. Alcohol Research: Current Reviews, 39(2), 181-192. [Back]
- 9 Marsh, T.N., Young, N.L., Cote-Meek, S., Najavits, L.M., & Toulouse, P. (2016). <u>Impact of indigenous healing and seeking safety on intergenerational trauma and substance use in an aboriginal sample</u>. *Journal of Addiction Research and Therapy*, 7(3). [Back]
- 10 The PTSD Checklist is a self-report questionnaire designed to help clinicians and researchers to diagnose individuals with PTSD and to monitor how their symptoms change over time.
 - —Definition adapted from the U.S. Department of Veterans Affairs [Back]
- 11 OASIS is an intervention designed to reduce PTSD symptoms and enhance social and occupational functioning for individuals who have experienced combat/ operationally related trauma. It incorporates various BSSR evidence-based group and individual therapy approaches, including prolonged exposure, cognitive processing, dialectical behavioral, and brief behavioral therapy.
 - —Definition adapted from the Psychological Health Center of Excellence [Back]
- 12 Institute of Medicine. (2014). <u>Treatment for Posttraumatic Stress Disorder in Military and Veteran Populations: Final Assessment.</u> Washington, DC: The National Academies Press. [Back]
- 13 Stein, M.B., & Rothbaum, B.O. (2018). 175 years of progress in PTSD therapeutics: learning from the past. American Journal of Psychiatry, 175(6), 508-516. [Back]
- 14 National Institute of Mental Health. (n.d.). <u>NIMH's 'Real Men. Real Depression.' Campaign.</u> U.S. Department of Health and Human Services, National Institutes of Health. [Back]







Phone: 301-402-1146 Email: OBSSRNews@mail.nih.gov Web: obssr.od.nih.gov