



Existing, Emerging, and Alternative Treatment Protocols

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Outline

- ▶ Standard and Emerging Protocols
 - ▶ What are they?
 - ▶ Which are most effective?
 - ▶ Recommendations by DOD and WHO
- ▶ Alternative Treatment Protocols
 - ▶ What are they?
 - ▶ How often are they used?
 - ▶ Why are they used?
- ▶ Future Research Needs



Standard and Emerging Protocols

- ▶ Exposure Therapy (ET)
- ▶ Cognitive Processing Therapy (CPT)
- ▶ Eye Movement Desensitization and Reprocessing (EMDR)
- ▶ Stress Management Training (SMT)
- ▶ Accelerated Resolution Therapy (ART)



Standard and Emerging Protocols

- ▶ Exposure Therapy (ET)
 - ▶ “Teaches you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since your trauma.”
 - ▶ Therapist and client make a list of all events that the client has been avoiding. They then systematically work through each event, recalling the event through in vivo exposure, or digital exposure.
 - ▶ Length 8 to 15 sessions
 - ▶ Individual sessions



Standard and Emerging Protocols

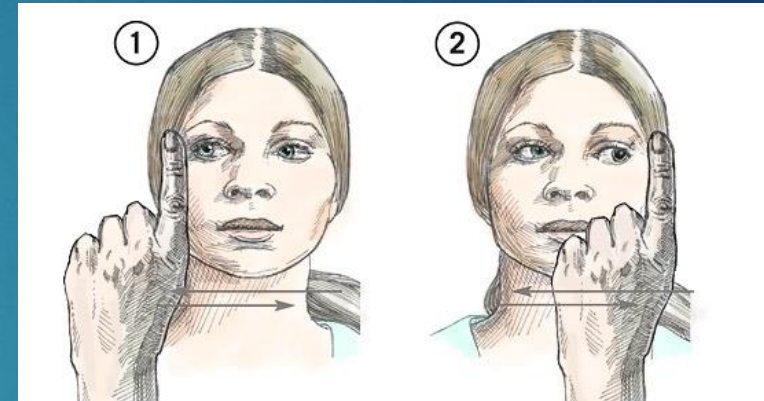
- ▶ Cognitive Processing Therapy (CPT)
 - ▶ CPT is a type of CBT
 - ▶ “CPT teaches you how to evaluate and change the upsetting thoughts you have had since your trauma. By changing your thoughts, you can change how you feel.”
 - ▶ Addresses self blame or that the world is a dangerous place
 - ▶ Create new ways to think about an event
 - ▶ Length 12 sessions
 - ▶ Individual or Group sessions



Standard and Emerging Protocols

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- ▶ Eye Movement Desensitization and Reprocessing (EMDR)
 - ▶ Reprogram memories to become less intense
 - ▶ The memories remain intact however; the neuro-network that holds the memory is reestablished and updated.
 - ▶ Remembering a traumatic memory, experiencing an external stimuli, and using cognitive, internal thought changes
 - ▶ Length 6 to 12 sessions
 - ▶ Individual sessions



Standard and Emerging Protocols

- ▶ Stress Management Training (SMT) or Stress Inoculation Training (SIT)
 - ▶ DOD Definition: Places more emphasis on breathing retraining and muscle relaxation, but also includes cognitive elements (self dialogue, thought stopping, role playing) and, often, exposure techniques (in vivo exposure, narration of traumatic event)
 - ▶ The training combines mental rehearsal, coping strategies, and relaxation techniques. It is especially useful in occupations where professionals need to stay calm under pressure (Wetzel et al., 2011).
 - ▶ SIT does not require individual to talk in detail about the trauma.
 - ▶ Length 12 sessions
 - ▶ Individual or Group sessions

Standard and Emerging Protocols

- ▶ Accelerated Resolution Therapy (ART)
 - ▶ A newer, upcoming technique
 - ▶ Combines the thought images of ET with the stimulation of EMDR
 - ▶ Works in as little as 3 sessions
 - ▶ Individual sessions



World Health Organization (WHO) Recommendations

- ▶ Acute Stress Symptoms
 - ▶ Recommendation: Cognitive Behavioral Therapy (CBT)
 - ▶ Low Effectiveness: Stand-alone Problem-Solving Counselling, EMDR, Relaxation or Psycho-Education
- ▶ Post Traumatic Stress Disorder (PTSD)
 - ▶ Recommendation: Individual CBT or EMDR sessions
 - ▶ Low Effectiveness: Group CBT or Stress Management Skills

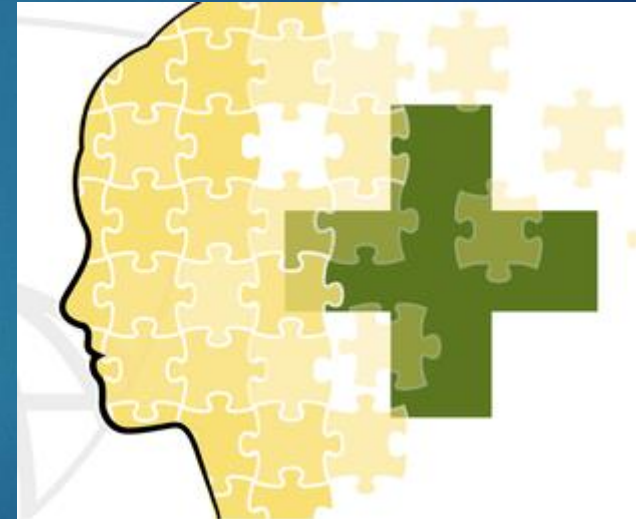


Department of Defense (DOD)

Clinical Practice Guidelines (2013)

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- ▶ Early Interventions After Exposure between 0 – 4 Days
 - ▶ Significant Benefit: None
 - ▶ Some Benefit: Psychological First Aid (PFA), Psychoeducation and Normalizing, and Social Support
 - ▶ Unknown Benefit: Spiritual Support
 - ▶ No Benefit/Harm: Psychological Debriefing

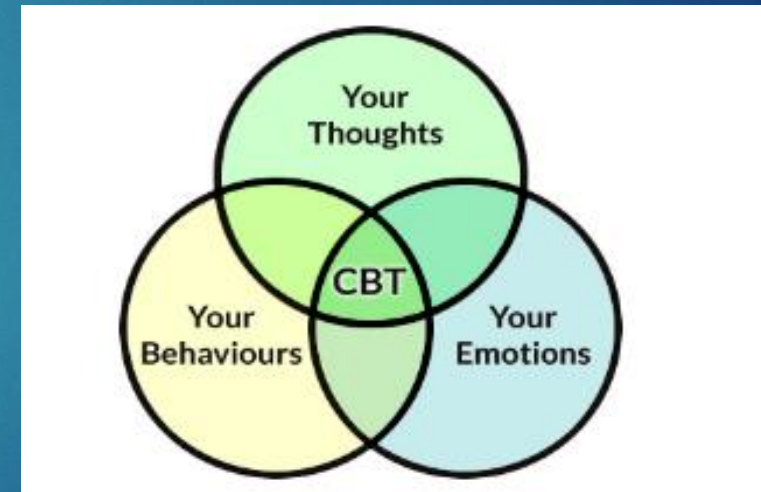


Department of Defense (DOD)

Clinical Practice Guidelines (2013)

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- ▶ Early Interventions After Exposure between 4 – 30 Days
 - ▶ Significant Benefit: Brief CBT (4-5 sessions)
 - ▶ Possible Benefits: Social Support
 - ▶ Unknown Benefit: Psychoeducation and Normalizing, Spiritual Support, and Psychological First Aid
 - ▶ No Benefit/Harm: Group or Individual Psychological Debriefing



Department of Defense (DOD)

Clinical Practice Guidelines (2013)

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- ▶ Post Traumatic Stress Disorder: > 1 Month
 - ▶ Significant Benefit: Trauma-Focused Psychotherapy that includes components of Exposure and/or Cognitive Restructuring. Stress Inoculation training
 - ▶ Little to No Benefits: Patient Education, Imagery Rehearsal Therapy, Psychodynamic Therapy, Hypnosis, Relaxation Techniques, and/or Group Therapy
 - ▶ Unknown Benefit: Web-based CBT, Acceptance and Commitment Therapy, and/or Dialectical Behavioral Therapy



Independent Research

- ▶ In a meta-regression analysis of 58 different studies by Haagen, Smid, Knipscheer, and Kleber (2015)
 - ▶ Exposure Therapy (ET) and Cognitive Processing Therapy (CPT) are more reliable than Stress Management Training (SMT) or Eye Movement Desensitization and Reprocessing (EMDR).
 - ▶ A caveat that EMDR studies do not have many direct comparisons and so results may be understated.

Independent Research

- ▶ Exposure Therapy (ET) Research
 - ▶ Of psychologists trained in exposure therapy, only 17% used the technique with PTSD patients and 59% of clinical practices believed that using ET would increase patients' desire to stop therapy (Becker, Zayfert, and Anderson, 2004)
 - ▶ ET can feel draining to the therapist (Becker, 2004)
 - ▶ Anxiety disorders treated in virtual reality ET and in vivo ET produced the same results (Anderson, 2013).

Alternative Treatment Protocols

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- ▶ *The National Institutes of Health defines complementary and alternative medicine (CAM) as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.”*
- ▶ 45% of military respondents reported using at least one type of CAM therapy in the last 12 months



Alternative Treatment Protocols

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- ▶ Prayer for Personal Health – 24.4%
- ▶ Massage Therapy – 14.1%
- ▶ Relaxation Techniques – 10.8%
- ▶ Herbal Medicine – 8.9%
- ▶ High-dose Megavitamins - 8.4%
- ▶ Art/Music therapy – 7.7%
- ▶ Exercise/Movement Therapy 6.8%
- ▶ Chiropractic – 5.2%



DOD on CAM

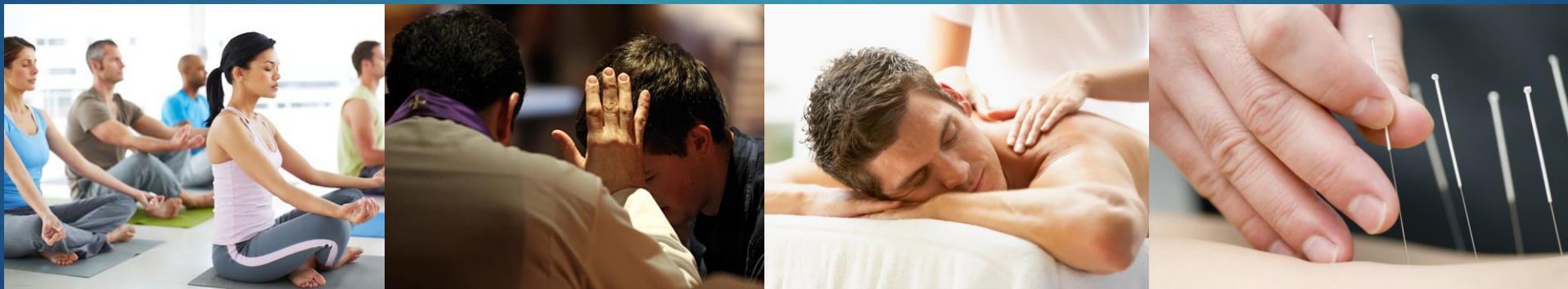
- ▶ Insufficient Evidence to use CAM at First-Line Response
- ▶ Consider approaches that facilitate a relaxation response (e.g., mindfulness, yoga, acupuncture, massage)
- ▶ May be used for comorbid issues such as pain
- ▶ Consider for some patients who refuse evidence-based treatments (EBT)
- ▶ Why would they refuse EBT?



Why do Service Members Use CAM?

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- ▶ Confidentiality?
- ▶ Working “Outside the System”
- ▶ Empowerment
- ▶ Non-Verbal



Future Research

- ▶ What works from 0 – 4 days?
- ▶ How to make therapy less painful for the client?
- ▶ Can CAM be fully integrated and not only as an alternative?
- ▶ How does spirituality influence recovery?
- ▶ What else?



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