Increasing Client Engagement in Evidence-Based Psychotherapy for PTSD during a Pandemic

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Presentation Outline

• Overview of Evidence-Based Psychotherapies for PTSD

• Unique Challenges to Implementation Posed by the Pandemic

• Possible Responses to these Challenges

• Questions?
Overview of Evidence-Based Psychotherapies for PTSD

Julie Mastnak, Ph.D.
PTSD Diagnostic Criteria in DSM-V:

• **Exposure to actual or threatened death, serious injury, or sexual violence:**
  - Directly experiencing the event
  - Witnessing the event occur to others
  - Learning that the event happened to a close family member or friend
  - Experiencing repeated/extreme exposure to aversive details of the event (e.g., first responders)

• **Four clusters of symptoms:**
  - Intrusion symptoms
  - Persistent avoidance of stimuli associated with the traumatic event
  - Negative alterations in cognitions and mood
  - Marked alterations in arousal and reactivity

Recovery from PTSD

• Most people who are exposed to trauma develop some symptoms of PTSD, but often those symptoms remit over time, even without treatment. We call this process “natural recovery.”

• If a person has developed PTSD, something has interfered with the natural recovery process. Often, this is some form of avoidance or cognitive distortion.

• There are very effective treatments for PTSD, which confront avoidance and challenge cognitive distortions, allowing the natural recovery process to take place.
Psychotherapies with the strongest evidence

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Eye Movement Desensitization and Reprocessing (EMDR)

Citation: https://www.ptsd.va.gov/understand_tx/tx_basics.asp
Cognitive Processing Therapy

• “CPT provides a way to understand why recovery from traumatic events is difficult and how symptoms of PTSD affect daily life. The focus is on identifying how traumatic experiences change thoughts and beliefs, and how thoughts influence current feelings and behaviors. An important part of the treatment is addressing ways of thinking that might keep individuals “stuck” and get in the way of recovery from symptoms of PTSD and other problem”.

Citation: https://cptforptsd.com/about-cpt/
Overview of CPT

- Evidence-based treatment for PTSD
- Recovery-focused
- Cognitive therapy interventions are given primacy
- Time-limited (12 sessions); 50-minute sessions
- Conducted in individual or group therapy formats
Main Components of CPT

• Psycho-education about PTSD symptoms
• Learning to identify thoughts and feelings
• Learning to challenge unhelpful beliefs
On-Line Resources


- National Center for PTSD website: [https://www.ptsd.va.gov/professional/treat/txessentials/cpt_for_ptsd_pro.asp](https://www.ptsd.va.gov/professional/treat/txessentials/cpt_for_ptsd_pro.asp)

- NCPTSD Whiteboard Video: [https://www.ptsd.va.gov/appvid/video/](https://www.ptsd.va.gov/appvid/video/)

- Cognitive Processing Therapy (CPT) for PTSD in Veterans and Military Personnel: [http://www.deploymentpsych.org/online-courses/cpt](http://www.deploymentpsych.org/online-courses/cpt)

- CPT Web: A web-based learning course for Cognitive Processing Therapy for PTSD: [https://cpt.musc.edu/](https://cpt.musc.edu/)
Prolonged Exposure

• “Prolonged Exposure (PE) teaches you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since your trauma. By confronting these challenges, you can decrease your PTSD symptoms.”

Citation: https://www.ptsd.va.gov/understand_tx/prolonged_exposure.asp
Overview of PE

- Evidence-based treatment for PTSD
- Recovery-focused
- Time-limited (8-15 sessions); 90-minute sessions
- Conducted in individual therapy
Main Components of PE

- Education
- Breathing Retraining
- In-Vivo Exposures
- Imaginal Exposures
On-Line Resources

• NCPTSD Whiteboard Video: https://www.ptsd.va.gov/appvid/video/

• National Center for PTSD Website: https://www.ptsd.va.gov/understand_tx/prolonged_exposure.asp

• Prolonged Exposure (PE) Therapy for PTSD in Veterans and Military Personnel: http://www.deploymentpsych.org/online-courses/pe

• PE Web: A web-based learning course for Prolonged Exposure for PTSD: http://pe.musc.edu/
Key Challenges to Implementation During a Pandemic

Megan Keyes, Ph.D.
Challenges of Engaging Clients in Trauma-Focused Psychotherapy

• Some of the barriers to engaging clients in trauma-focused therapy are also common barriers to engaging clients in other forms of psychotherapy.

• Various suggestions for overcoming these barriers may also be applied to other forms of psychotherapy.

• When engaging clients with PTSD in trauma-focused psychotherapy, it is important to understand how these variables may uniquely impact trauma survivors in order to best address the barriers and enhance treatment engagement.
Common Barriers to Trauma-Focused Psychotherapy:

- Logistical: time and commitment, co-morbid clinical issues
- Stigma: shame, self-blame, fear of judgment or rejection
- Lack of knowledge about PTSD and impact of trauma on current functioning

(Zayfert & Becker, 2007)
Key Barrier to Trauma-Focused Psychotherapy:

AVOIDANCE

• Concern about inability to tolerate internal and/or external reminders of trauma

• Removing current coping mechanism, thus worry about symptom exacerbation

• Fear of loss of control: multi-dimensional

(Zayfert & Becker, 2007)
Challenges of Engaging Clients with PTSD During a Pandemic

- Engaging clients in psychotherapy in the context of a chronic stressor such as COVID-19 poses some additional challenges including determining if the individual is capable and willing to participate and/or progress psychotherapy at the given time.

- Potential pandemic-related barriers to effectively engaging in psychotherapy include logistical issues, the individual’s emotional and behavioral reactions to the stressor itself, and potential exacerbation of current mental health symptoms.

- While many of these issues may impact most people dealing with the current pandemic, it is important to understand how these issues may be experienced in the context of someone living with PTSD when considering trauma-focused therapy.
Logistical Issues Associated with the Pandemic:

- Impact on family: childcare, caregiving
- Work-related stressors and fiscal concerns: unemployment, remote, essential
- Restraints due to social distancing
- Disruption of routine
- Inability to engage in typical coping activities (e.g., hobbies, exercise, religious services)

(Norman et al., 2020)
Emotional & Behavioral Issues Associated with the Pandemic:

- Enhanced concerns about safety (health, loved ones, society)
- Dealing with chronic uncertainty
- Potential negative impact of social distancing/quarantine: interpersonal conflicts, loneliness, boredom
- Loss and grief
- Symptom exacerbation: PTSD, co-morbid mood or anxiety symptoms, substance use

(Norman et al., 2020)
Challenges of Engaging Clients with in Tele-health

• Key technical issues to consider include ensuring client has means to participate (e.g., smartphone, computer) and an alternative form of communication (e.g., phone) should internet connectivity be disrupted.

• Key clinical issues to consider include ongoing risk assessment and established safety plan, creating a safe and trusted therapy setting, and managing a client’s potential distress during sessions.

• Key logistical issues include maintaining privacy, minimizing distractions, and an agreed upon means of securely sharing written information.

Citation: https://www.ptsd.va.gov/professional/treat/txessentials/telemental_health.asp
PTSD Treatment via Tele-Health:

- Most clients are willing to use tele-health and grow to like it over the course of treatment.

- Several key factors are similar to in-person delivery:
  - Therapy “process” variables (e.g., therapeutic alliance, attendance, treatment compliance)
  - Drop out rates
  - PTSD symptom reduction

- Clinicians are able to maintain fidelity when delivering manualized treatment protocols via tele-health.

- CPT & PE have been effectively delivered via tele-health with similar symptom reduction to in-person delivery.

Citation: https://www.ptsd.va.gov/professional/treat/txessentials/telemental_health.asp
Challenges of Engaging Clients in a Trauma-Focused EBP During a Pandemic via Tele-Health

“How do you treat PTSD when anxiety, isolation, avoidance and hypervigilance are the norm?”

• Overarching issue to consider when engaging new clients or progressing current clients in PTSD treatment
• Discern if current reactions to pandemic are rooted in trauma and how PTSD may be contributing to these reactions
• Discern if pandemic-related stress is exacerbating PTSD symptoms and contributing to overall levels of anxiety
• Maintain awareness that pandemic is a collective experience shared by clinician and client and be cognizant of how this may impact therapy process

(Norman et al., 2020)
Strategies to Consider for Overcoming These Challenges
Key Issues in Treatment Planning:

• What are the client’s presenting concerns and primary reasons for seeking treatment at this time?

• Is it feasible for client to currently participate in a trauma-focused EBP?

• Prioritize shared decision-making WITH contingency plans due to rapidly shifting circumstances

• **REMEMBER**: EBP’s are the most effective means we have for treating PTSD and provide skills that may be utilized when dealing with real life difficulties

• Ongoing observation, assessment of symptoms and/or needs, and use of measurement-based care

(Norman et al., 2020)
Key Issues Throughout Treatment:

- How can the client apply skills and tools learned in treatment to current pandemic-related stressors?
- How is current pandemic impacting core trauma-related beliefs (e.g., safety, self-competence)?
- Address fundamental issues related to safety, interpersonal connection, and coping skills in context of current pandemic
- Ongoing evaluation of client’s circumstances, needs, and symptoms
- Encourage use of self-help tools including mobile apps

(Norman et al., 2020)
Practical Strategies

• Patient Safety

• Creating an appropriate therapy setting

Citation: https://www ptsd va gov/professional/treat/txessentials/telemental_health.asp
Patient Safety

- Identify a personal emergency contact (and obtain permission for Release of Information) prior to starting treatment
- Confirm the patient’s location at every appointment
- Collaboratively create an Emergency Plan in advance

Citation: https://www.ptsd.va.gov/professional/treat/txessentials/telemental_health.asp
Strategies for creating an appropriate therapy setting

- Set boundaries and expectations
- Encourage patients to think about tele-mental health appointments just as they would face-to-face appointments

Citation: https://www.ptsd.va.gov/professional/treat/txessentials/telemental_health.asp
Motivational Enhancement

• Important to assess motivation pre-treatment but may also revisit throughout therapy

• Key components:
  • Identify primary ways trauma has disrupted the client’s life (“What’s wrong?”)
  • Identify potential positive changes that may result from therapy/symptom reduction (“What could be better?”)
  • Identify and troubleshoot potential barriers to successful participation in therapy (“What could get in the way?”)
  • Enhance motivation by reflecting client’s goals (“Why is this important?”)

(Foa, Hembree & Rothbaum, 2007)
Strategies for Acknowledging Health Concerns

• Remember that some of the over-arching goals of trauma-focused psychotherapy are to confront avoidance and challenge unhelpful cognitions

• There are nuances to these therapeutic tasks during the pandemic
Considerations - In-Vivo Exposures

• Often, targets for in-vivo exposures include going to crowded places

• The current pandemic limits the ability to engage in such exposures

• It is important to consider alternatives
Cognitive Restructuring

- It is possible that the pandemic may reinforce unhelpful cognitions (Stuck Points):
  - “The world is not safe”
  - “If I get close to others, I will be hurt”

- The goal of cognitive restructuring is to help the client develop accommodated beliefs, about the trauma, as well as current stressors.
• It’s important to help client delineate general distress or pandemic-related stress from trauma-specific stress (e.g., self-report measures, SUDS ratings).

• If significant stressor needs to be addressed, utilize shared decision-making to consider best options for meeting client’s needs while maintaining treatment focus and progress.

• If off-protocol session is needed, prioritize problem-solving to ensure imminent needs are met but also include homework review and assignment to continue to progress skills development.

• If trauma-focused treatment must be paused or discontinued, emphasize skills learned and how to continue to utilize those skills to maintain treatment gains.

(Normal et al., 2020)
Take-Home Messages
Take-Home Messages

• Psychotherapy for PTSD is effective

• It is possible to continue to safely and effectively deliver these treatments (when clinically appropriate), even with the challenges posed by the current pandemic
Clinical Resource for Healthcare Providers

- National Center for PTSD: PTSD Consultation Program
  [www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)
- Monthly webinar lecture series
- Online PTSD resources for providers
- Currently available to consult with providers who have questions about treating the mental health effects of COVID-19 with Veteran and non-Veteran patients

Consultation services:
- All services are free
- Any provider treating a veteran (or treating anyone with mental health effects from the pandemic) can use the program
- Requests happen simply by emailing or calling (there’s no form to fill out)
- The usual response time is within 24 hours
- No question is too big or too small
Interested in learning more??

Questions?
References


• Some of the material for this presentation was taken directly or adapted from materials from the National Center for PTSD.
  • https://www.ptsd.va.gov/understand_tx/tx_basics.asp
  • https://www.ptsd.va.gov/professional/treat/txessentials/cpt_for_ptsd_pro.asp
  • https://www.ptsd.va.gov/professional/treat/txessentials/prolonged_exposure_pro.asp
  • https://www.ptsd.va.gov/professional/treat/txessentials/telemental_health.asp