Open trial of exposure therapy for PTSD among patients with severe and persistent mental illness

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ABSTRACT

Objective: There are few empirical data regarding effective treatment of trauma-related symptoms among individuals with severe mental illness (SMI; e.g., bipolar disorder, schizophrenia). This underexamined clinical issue is significant because rates of trauma and PTSD are higher among individuals with SMI relative to the general population, and there are sufficient data to suggest that PTSD symptoms exacerbate the overall course and prognosis of SMI.

Method: 34 veterans with SMI received prolonged exposure (PE) for PTSD using an open trial study design.

Results: Data suggest that PE is feasible to implement, well-tolerated, and results in clinically significant decreases in PTSD severity in patients with SMI. Mean CAPS scores improved 27.2 points from baseline to immediate post [95% CI for mean change: -44.3, -10.1; p = 0.002, paired t-test, and treatment gains were maintained at 6 months [mean change from baseline to 6-months, -16.1; 95% CI: -31.0, -1.2; p = 0.034, paired t-test].

Conclusions: The current data support the use of exposure-based interventions for PTSD among individuals with SMI and highlight the need for rigorous randomized efficacy trials investigating frontline PTSD interventions in this patient population.

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Individuals with severe and persistent forms of mental illness are among the most vulnerable individuals in our society with regards to lifetime traumatic event exposure and the subsequent development of posttraumatic stress disorder (PTSD). That is, rates of trauma exposure and PTSD are significantly elevated among individuals with SMI (SMI; i.e., individuals with severe forms of a psychotic disorder, bipolar disorder, or major depressive disorder) relative to the general population (see Grubaugh, Zinzow, Paul, Egede, & Frueh, 2011 for review). More specifically, rates of current PTSD among individuals with SMI range from 13 to 46% and lifetime rates range between 14 and 53%, depending on the assessment measure used and the characteristics of the study sample (Grubaugh et al., 2011). Although outcomes are variable across studies, they collectively suggest that rates of current PTSD among individuals with SMI are consistently higher than lifetime rates in the general population (i.e., 7–12%; Kessler, 2000; Kessler et al., 2005) and are comparable to or higher than lifetime rates found in individuals with combat exposure (Richardson, Frueh, & Acierno, 2010). As in the general population, the presence of PTSD among individuals with SMI is strongly correlated with impaired functioning, decreased quality of life, and alcohol or drug use (e.g., Fan et al., 2008; Ford & Fournier, 2007; Grubaugh et al., 2011; Mueser, Essock, Haines, Wolfe, & Xie, 2004; Mueser, Salyers, et al., 2004). The presence of PTSD among individuals with SMI has also been linked to transient living conditions, homelessness, worse disability

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and illness severity indicators, suicidal ideation, and poorer psychosocial functioning across a variety of settings and samples (e.g., Mueser, Essock, et al., 2004; Mueser, Salyers, et al., 2004; Newman, Turnbull, Berman, Rodrigues, & Serper, 2010; Sautter et al., 1999; Strauss et al., 2006); as well as increased health services use (e.g., Calhoun, Bosworth, Stechuchak, Strauss, & Butterfield, 2006; Lu, Mueser, Rosenberg, & Jankowski, 2008; Rosenberg, Lu, Mueser, Jankowski, & Cournos, 2007; Thatcher, Marchland, Thatcher, Jacobs, & Jensen, 2007). Finally, there are also data to suggest that the presence of trauma and/or PTSD among individuals with SMI are associated with exacerbations in the primary symptoms of SMI (e.g., Kilcommons & Morrison, 2005; Lysaker & LaRocco, 2008; Lysaker, Beattie, Strasburger, & Davis, 2005; Meade et al., 2009; Schenkel, Spaulding, DiLillo, & Silverstein, 2005; Ucok & Bikma, 2007).

Despite high rates of trauma and PTSD among individuals with SMI, the literature on the efficacy of PTSD-specific interventions in this patient population is severely underdeveloped, as individuals with psychotic symptoms, recent histories of suicidal or unstable behavior, and severe illness burden have historically been excluded from PTSD clinical trials (Spinazzola, Blaustein, & van der Kolk, 2005). In research contexts, this exclusion has mostly been guided by the desire to limit the impact of confounding factors on outcomes (i.e., an emphasis on internal over external validity). However, in clinical settings, frontline clinicians also have hypothesized that PE would result in statistically significant decreases in PTSD severity from baseline to post-intervention. These data are timely as there is both a significant need for and growing movement within the trauma field to expand empirically supported PTSD interventions to more complicated, yet often times more representative patient populations (Grubaugh, Egede, Frueh, & Knapp, 2010; Spinazzola et al., 2005). This need is all the more striking among individuals with SMI who represent one of the highest risk patient populations with regard to trauma exposure and the subsequent development of PTSD.

1. Method

1.1. Overview of study

The current study was an open trial evaluation of an exposure-based intervention for PTSD among 34 veterans with a co-occurring diagnosis of a severe mental illness. Treatment included 10 to 15 weekly sessions of individual exposure therapy for PTSD consistent with Prolonged Exposure (PE), a widely disseminated manualized exposure-based intervention (Foa & Rothbaum, 1998). Participants completed a baseline assessment prior to enrollment, a post assessment immediately after treatment, and a final assessment 6 months after completing treatment.

1.2. Participants

Fifty-eight veterans were referred to the study and screened for eligibility. Thirty-six (36) veterans met study inclusion/exclusion criteria and were enrolled in the study. Of these, one participant was subsequently removed from the study protocol due to improbable PTSD and one never started treatment, yielding an intent-to-treat (i.e., analysis) sample of 34 veterans.

Enrolled patients had notable histories of psychiatric hospitalization and typically required assistance (either at the time of study participation or in the past) with independent living skills,
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