

Award Number:  
W81XWH-10-1-0810

TITLE:  
Adaptive Disclosure: A Combat-Specific PTSD Treatment

PRINCIPAL INVESTIGATOR:  
Brett Litz, Ph.D.

CONTRACTING ORGANIZATION:  
Boston VA Research Institute, Inc.

Boston, MA 02130

REPORT DATE: October 2014

TYPE OF REPORT:  
Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;  
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

# REPORT DOCUMENTATION PAGE

*Form Approved*  
*OMB No. 0704-0188*

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

<b>1. REPORT DATE</b> October 2014		<b>2. REPORT TYPE</b> Annual		<b>3. DATES COVERED</b> 30 Oct 2013 – 29 Oct 2014	
<b>4. TITLE AND SUBTITLE</b> Adaptive Disclosure: A Combat-Specific PTSD Treatment				<b>5a. CONTRACT NUMBER</b>	
				<b>5b. GRANT NUMBER</b> W81XWH-10-1-0810	
				<b>5c. PROGRAM ELEMENT NUMBER</b>	
<b>6. AUTHOR(S)</b> Brett Litz, Ph.D. Jennifer Wortmann, Ph.D.  E-Mail: <a href="mailto:brett.litz@va.gov">brett.litz@va.gov</a> ; <a href="mailto:jennifer.wortmann@va.gov">jennifer.wortmann@va.gov</a>				<b>5d. PROJECT NUMBER</b>	
				<b>5e. TASK NUMBER</b>	
				<b>5f. WORK UNIT NUMBER</b>	
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b>  Boston VA Research Institute, Inc.  Boston, MA 02130				<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>	
<b>9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)</b> U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				<b>10. SPONSOR/MONITOR'S ACRONYM(S)</b>	
				<b>11. SPONSOR/MONITOR'S REPORT NUMBER(S)</b>	
<b>12. DISTRIBUTION / AVAILABILITY STATEMENT</b> Approved for Public Release; Distribution Unlimited					
<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b> Many service members exposed to combat and operational stressors develop posttraumatic stress disorder (PTSD). Evidence-based interventions for treating PTSD, however, were not developed for military trauma and thus may be suboptimal for this population. This study compares Adaptive Disclosure, an intervention for Marines and Sailors with PTSD stemming from deployment experiences, to an empirically supported PTSD treatment. The report details the fourth year of work on this trial in which we continued recruitment. The Boston team has principally been involved in conducting pre- and post-treatment psychosocial assessments that will be used to determine treatment efficacy.					
<b>15. SUBJECT TERMS</b> Active-duty, Marine Corps, Posttraumatic stress disorder, Cognitive Therapy					
<b>16. SECURITY CLASSIFICATION OF:</b>			<b>17. LIMITATION OF ABSTRACT</b>	<b>18. NUMBER OF PAGES</b>	<b>19a. NAME OF RESPONSIBLE PERSON</b>
<b>a. REPORT</b>	<b>b. ABSTRACT</b>	<b>c. THIS PAGE</b>			<b>19b. TELEPHONE NUMBER</b> (include area code)
U	U	U	UU	5	USAMRMC

## Table of Contents

	<u>Page</u>
Introduction	4
Body	4
Key Research Accomplishments	4
Reportable Outcomes	4
Conclusion	5
References	5
Appendices	5
Supporting Data	n/a

## **INTRODUCTION:**

More than 2 million U.S. troops have served in the wars in Afghanistan and Iraq. Findings from epidemiologic studies of infantry troops in the early stages of the wars suggest that 10-18% of combat troops experience deployment-related psychological health problems, such as posttraumatic stress disorder (PTSD; e.g., Hoge et al., 2004; see Litz & Schlenger, 2009). Once service members and new Veterans develop sustained mental health problems related to combat and operational stress, many are at risk to remain chronic across the lifespan (e.g., Kessler et al., 1995; Kulka et al., 1990; Prigerson et al., 2001). Thus, primary and secondary prevention of PTSD is a critical challenge for the military and the VA (e.g., Litz & Bryant, 2009). We have developed a novel intervention, *Adaptive Disclosure (AD)*, to address these needs. AD is a hybrid and extension of evidence-informed cognitive-behavioral therapy strategies packaged and sequenced to target the three high base-rate combat and operational traumas, namely, life-threat trauma, loss (principally traumatic loss), and experiences that produce inner moral conflict (Steenkamp et al., 2011). AD employs a Prolonged Exposure (PE) strategy (imaginal emotional processing of an event) and cognitive-therapy-based techniques used in Cognitive Processing Therapy (CPT), but also includes gestalt-therapy techniques designed to target loss and moral injury. In our open pilot trial, we demonstrated treatment acceptability among Marines and large reductions in PTSD and comorbid symptoms. The primary objective of the current randomized control non-inferiority trial is to determine whether AD is as least as effective as CPT, cognitive only version (CPT-C), in terms of its impact on deployment-related psychological health problems (specifically PTSD and depression) and functioning.

## **BODY:**

### Preparatory Phase (Months 1 – 6)

- Regulatory Review and IRB Approval (Months 1-6): All necessary IRB approvals have been obtained.
- Database Development (Months 4 – 6): A study database has been established.
- Hire and Train Study Personnel (Months 1-6): All necessary hiring, credentialing, training, and certification of study personnel is complete.
- Miscellaneous Preparatory Tasks (Months 1-6): All miscellaneous preparatory activities have been successfully completed.

Patient Recruitment & Enrollment (Months 7 – 36): Through year three, the Boston site conducted 62 pre-treatment assessments, and 14 post-treatment assessments (76 total). No adverse events occurred. These assessments were audio-recorded and a random subsample was sent to Dr. Matt Gray, University of Wyoming, for adherence monitoring. We provided ongoing therapy supervision to study therapists. We also received and stored de-identified data from San Diego.

Follow-Up Data Collection & Patient Closeout (Months 37 - 42): Data collection is ongoing. To date, the Boston site conducted 91 pre-treatment assessments, and 44 post-treatment assessments (135 total). No adverse events have occurred. These assessments are audio-recorded and a random subsample has been sent to Dr. Matt Gray, University of Wyoming, for adherence monitoring. We are providing ongoing therapy supervision to study therapists. We are receiving and storing de-identified data from San Diego. We created a study database and are entering data for the currently enrolled participants.

Data Analysis & Report Writing, Dissemination (Months 43-48): N/A

**KEY RESEARCH ACCOMPLISHMENTS:** We are currently enrolling participants in this protocol and are entering the data into the study database.

**REPORTABLE OUTCOMES:** None in this period.

**CONCLUSION:** The Boston site is actively assessing study participants and entering data.

**REFERENCES:**

- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22.
- Kessler, R.C., Sonnega, A., & Bromet, E. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Kulka, R. A., Schlenger, W. E., & Fairbank, J.A. (1990). Trauma and the Vietnam War generation: Report of findings from the National Vietnam Veterans Readjustment Study. Philadelphia: Brunner/Mazel.
- Litz, B. T., & Bryant, R. A. (2009). Early cognitive-behavioral interventions for adults. In E. B. Foa, T. M. Keane, M. J. Friedman, J. A. Cohen, E. B. Foa, T. M. Keane, ... J. A. Cohen (Eds.) , *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies (2nd ed.)* (pp. 117-135). New York, NY US: Guilford Press
- Litz, B. T., & Schlenger, W. E. (2009). PTSD in service members and new veterans of the Iraq and Afghanistan wars: A bibliography and critique. *PTSD Research Quarterly*, 20, 1–8.
- Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2001) Combat trauma: Trauma with highest risk of delayed onset and unresolved posttraumatic stress disorder symptoms, unemployment, and abuse among men. *Journal of Nervous and Mental Disease*, 189, 99-108.
- Steenkamp, M., Litz, B. T., Gray, M., Lebowitz, L., Nash, W., Conoscenti, L., Amidon, A., & Lang, A., (2011). A Brief Exposure-Based Intervention for Service Members with PTSD. *Cognitive and Behavioral Practice*, 18, 98-107.

**APPENDICES:** None