Acceptance and Commitment Therapy for Treatment of Post-Traumatic Stress Disorder (PTSD):

Veteran PTSD Checklist-Civilian Version (PCL-C) Pre- and Post-Treatment Differences Based on Military Era and Age

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Background Information

Togus Veterans Affairs Medical Center

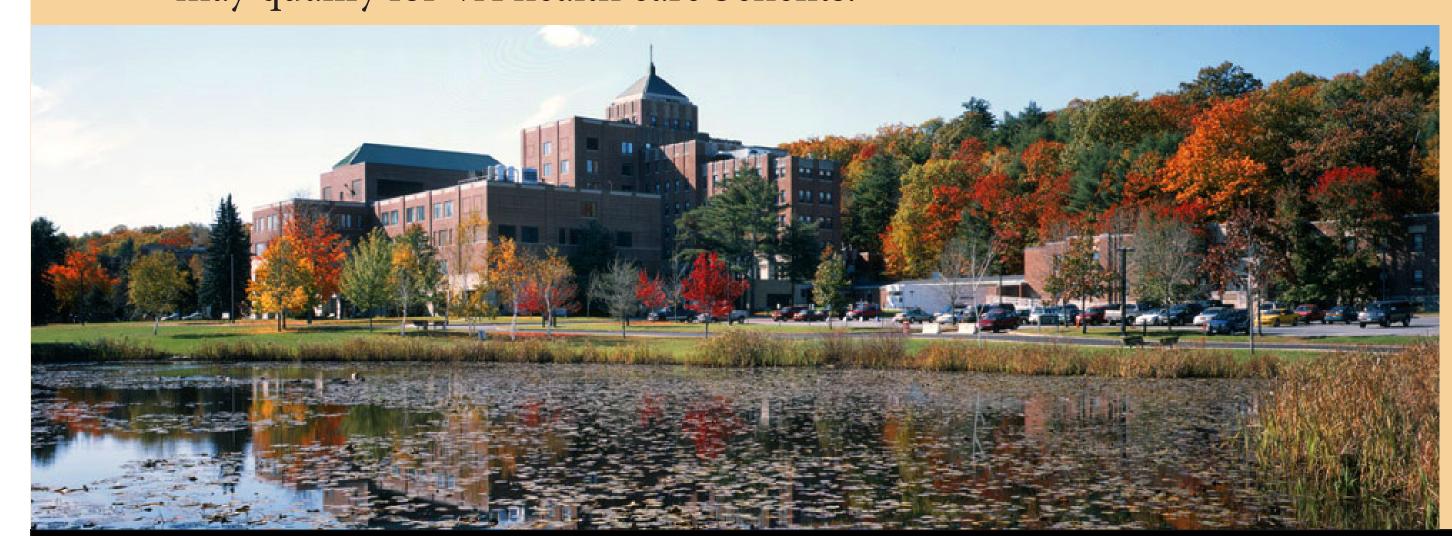
One of the nation's 153 Veterans Affairs Medical Centers that serve 5.5 million veterans every year.

A 67-operating bed facility with general medical, surgical, intermediate, and mental health beds.

Opened in the fall of 1866 and is the oldest veterans' facility in the country. Care at the VA:

The VHA is the nation's largest integrated health care system. Eligibility for care:

A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits.



Post-Traumatic Stress Disorder

DSM-IV-TR (2000) criteria for PTSD:

require that an individual must experience a traumatic event and further:

the trauma must involve actual or threatened death or serious injury to the individual, or someone else known to the individual.

the individual must elicit a response involving fear, helplessness, or horror.

the individual must display the following behaviors in regard to the trauma or stimuli associated with the trauma:

persistent reexperiencing

persistent avoidance

symptoms of increased arousal

The lifetime prevalence of PTSD among adult Americans is estimated to be 6.8%.

Estimations of PTSD prevalence among veterans:

Vietnam: 30.9% lifetime prevalence for males

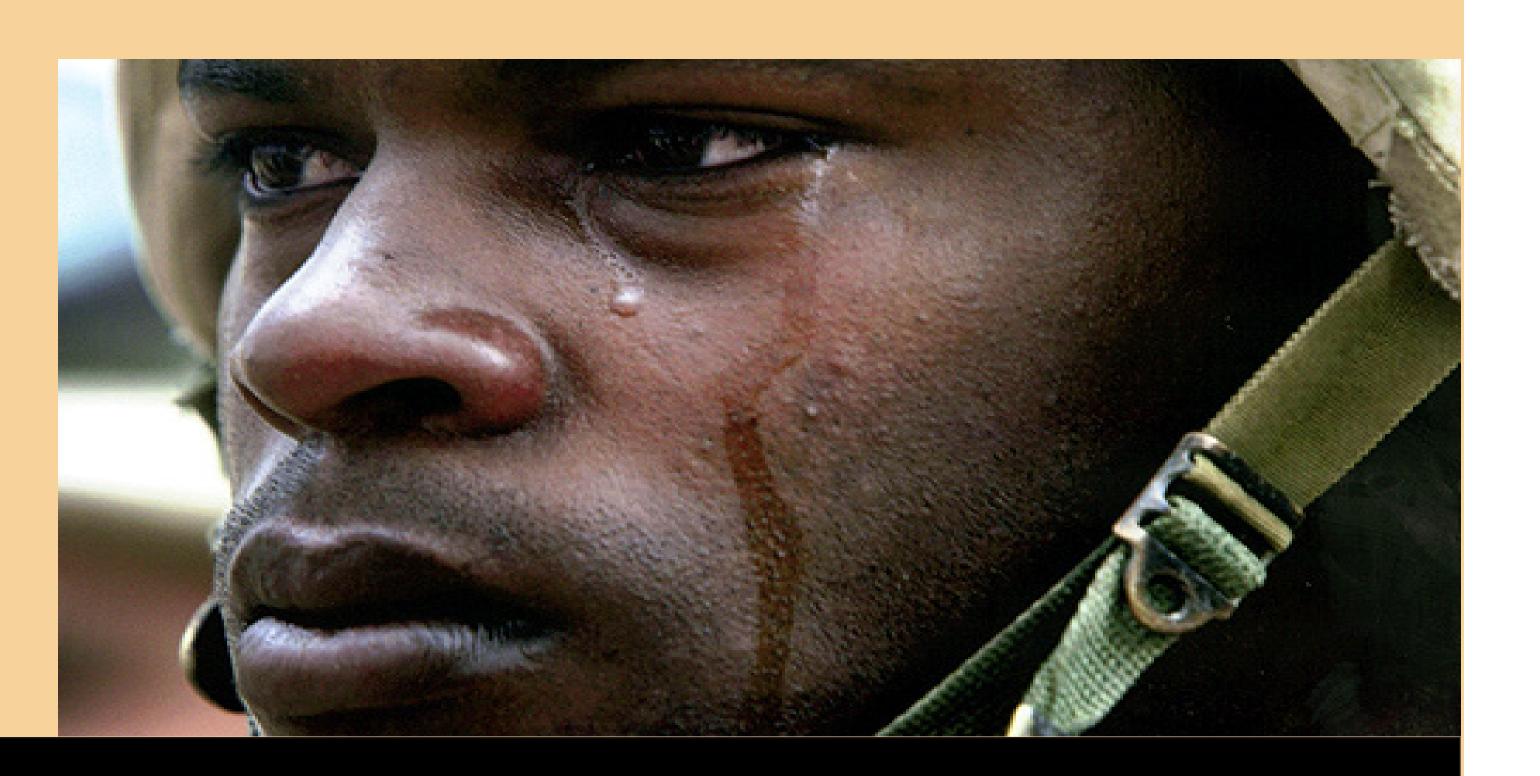
Gulf War: 10.1% OEF/OIF: 13.8%

Acceptance and Commitment Therapy

The main goal of ACT is to help patients move towards a life of less struggling with suffering and increased valued living.

This goal is achieved by establishing psychological flexibility and reducing experiential avoidance.

The six core processes of ACT are: acceptance, cognitive diffusion, being present, self as context, values, and committed action.



My Research

Background

Little research has been conducted to investigate the efficacy of ACT for those suffering from PTSD.

At this time, the only support for ACT as a treatment of PTSD comes from case studies.

However, ACT has been demonstrated to be an effective treatment for other anxiety disorders including: Obsessive Compulsive Disorder (OCD), Generalized Anxiety Disorder (GAD), Panic Disorder and Social Phobia.

ACT has also been shown to be a successful intervention for patients with combinations of depressive disorder, anxiety disorders, and adjustment disorders.

The VHA endorses ACT as an evidence-based treatment for mood disorders. Objectives of the current study:

To add to the small body of research on the impact of ACT as a treatment for PTSD in combat veterans.

To assess pre- and post-treatment changes on the

PTSD Checklist-Civilian Version (PCL-C) depending on military era or age.



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Preliminary Results

Participants

N = 180

Military Era

Vietnam: N = 75 Gulf War: N = 11

= 11 OEF/OIF: N = 47

Mean Age = 54 years

Assessment

The Post-Traumatic Stress Disorder Checklist-Civilian Version (PLC-C) includes seventeen Likert scale items and is administered in order to evaluate symptoms of PTSD.

Procedure

A retrospective chart review study based on archival data collected on veterans with PTSD who attended an ACT Intensive Outpatient Program.

Preliminary results:

There was a significant change in PCL-C scores from pre-treatment to post-treatment, t(179) = 9.67, p < .0001, with an mean decrease of 7.3 points.

There was no difference in the change in PCL-C score from pre-treatment to post-treatment depending on military era while controlling for age F(2, 132) = 2.12, p > .05 or veteran age r(178) = .058, p > .05. These preliminary results indicate that the Togus ACT IOP is effective in reducing the symptoms of PTSD as measured by the PCL-C. However, a

limitation of the study is the absence of a randomized control group.