

NEWS RELEASE

AMERICAN PSYCHIATRIC ASSOCIATION

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Internet-Based Treatment for Posttraumatic Stress Disorder Shows Potential, Says *AJP* Study *Rapid delivery of effective PTSD treatment could be expanded to a large population.*

Arlington, Va. - An eight-week program of self-management cognitive behavior therapy (CBT) delivered over the Internet to U.S. military service members produced greater reductions in posttraumatic stress disorder (PTSD) and depression than did Internet-based supportive counseling.

In a pilot study involving the Department of Veterans Affairs and Walter Reed Army Medical Center, 25 percent of patients randomly assigned to online self-management CBT no longer had a PTSD diagnosis after treatment or at six month follow-up, compared to 5 percent after treatment and 3 percent at six months for patients in the counseling comparison group.

The findings appear in the November issue of *The American Journal of Psychiatry (AJP)*, the official journal of the American Psychiatric Association (APA).

Details of the program, including a sample page from the treatment web site, appear in the *AJP* study "A Randomized Controlled Proof of Concept Trial of an Internet-Based Therapist-Assisted Self-Management Treatment for Posttraumatic Stress Disorder" by Brett T. Litz, Ph.D., of the National Center for PTSD at the VA Boston Healthcare System and Boston University School of Medicine, Charles C. Engel, M.D., M.P.H., of Walter Reed Army Medical Center, and colleagues.

The patients were Department of Defense service members in the Washington, D.C., area who had PTSD as a result of the 9/11 Pentagon attack or combat in Iraq or Afghanistan. Each patient had an initial face-to-face interview with a therapist. Periodic contact during treatment was made through scheduled e-mail and telephone calls, however, patients could also call or e-mail as needed.

Two highly specialized web applications were developed to provide the online self-management CBT and supportive counseling, collect data, and monitor patient participation. The web programs included symptom ratings, therapeutic and educational content, and homework assignments.

In order to reduce stigma and to emphasize the self-care aspects of the CBT program, it was named DE-STRESS, for DELivery of Self-TRaining and Education for Stressful Situations. The DE-STRESS acronym was particularly well received in the military context and by patients.

AJP editor-in-chief Robert Freedman stated, "We felt that this web-based treatment was highly innovative and particularly well-suited for groups of people who have experienced a single highly traumatic event and want to resume their normal life as quickly as possible."

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CBT helps patients process traumatic memories therapeutically, understand and manage symptoms, and correct maladaptive thoughts and behavior. It has been shown to be effective, but requires substantial training and expertise to administer. It is also not widely available within the VA system of care. In addition, many military and emergency service personnel with PTSD do not receive evidence-based treatment.

These initial results for online self-management CBT point to a possible means to deliver rapid and effective PTSD treatment to a large population. One-third of the patients who completed the program were considered to have high end-state functioning six months after treatment, compared to none of those who completed counseling. However, patients in both groups showed significant declines in symptom ratings for both PTSD and depression at the end of treatment and at six months. In addition to extending treatment much more widely, online self-management CBT costs less than in-person treatment and may reduce the stigma of treatment perceived by some patients.

“We are very encouraged by the results, especially because we demonstrated that service members with PTSD, who may not have the time or inclination to seek formal therapy, can get the help they need. Because self-management CBT respects the ability of service members to help themselves with structure and encouragement, and because the program is private and framed as training, it has the promise for overcoming some of the barriers that prevent many service members from seeking and receiving mental health services,” said lead author Brett Litz, Ph.D.

This study was supported by a grant from the National Institute of Mental Health.

Note to Editors: Contact Jim Rosack at 703-907-7862 / jrosack@psych.org or the APA Office of Communications and Public Affairs at 703-907-8640 / press@psych.org for an embargoed copy of the article.

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