A Trauma-Focused Intensive Outpatient Program Integrating Acceptance and Commitment Therapy with Elements of Exposure Therapy

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ABSTRACT

The effectiveness of exposure therapy for the treatment of Posttraumatic Stress Disorder (PTSD) is well-established. Despite its efficacy, exposure therapy has been associated with high drop-out rates ostensibly restricting successful outcomes. A Performance Improvement (PI) project was conducted within the Brooke Army Medical Center Trauma-Focused Intensive Outpatient Program to determine if integrating Acceptance and Commitment Therapy (ACT) with elements of exposure therapy would decrease the drop-out rate while maintaining high-quality PTSD treatment. Patients included 311 active duty service members who completed a 6-week, closed-cohort IOP consisting of both group (24-sessions) and individual (10-12 sessions) therapy. Reductions in PTSD symptoms as measured by the Posttraumatic Diagnostic Scale-5 (PDS-5) and PTSD Checklist for DSM-5 (PCL-5) at pre- and post-measure reached statistical significance. Moreover, the drop-out rate was well below the average observed for exposure therapy alone; differences in effectiveness were not observed. The results suggest integrating ACT with elements of exposure therapy in an IOP format may effectively treat PTSD while decreasing the drop-out rate.

RESULTS

| Student's t-test Results | | | | | | | |
|--------------------------|----------------------------|---------------------------------|---------------------------|-----|-------|---------|---------|
| Measure | Pre-treatment Mean (SD) | Post- treatment Mean (SD) | Mean Score Change (SD) | df | t | Cohen's | p |
| PDS-5 | 60.57 (11.49) | 41.58 (18.70) | -18.97 (16.45) | 302 | 20.08 | 1.22 | < 0.001 |
| PCL-5 | 59.67 (11.53) | 42.93 (18.03) | -16.75 (15.50) | 309 | 19.03 | 1.11 | < 0.001 |
| AAQ-II | 39.92 (6.96) | 33.65 (9.76) | -6.29 (10.13) | 249 | 9.82 | 0.74 | < 0.001 |
| CFQ | 40.55 (6.21) | 34.44 (9.62) | -6.14 (9.76) | 249 | 9.95 | 0.75 | < 0.001 |
| VLQ-Imp | 68.61 (17.67) | 72.53 (14.64) | 3.87 (16.29) | 221 | -3.54 | 0.24 | < 0.001 |
| VLQ-Do | 42.84 (18.94) | 50.41 (17.85) | 7.46 (19.08) | 221 | -5.83 | 0.41 | < 0.001 |

METHOD

All 311 patients were included in the PI project. Demographic data was collected on the following variables: age, gender, race and ethnicity, marital status, education level, rank, service branch, number of deployments, and total deployment length. The majority (68%) were men. Mean age was 38. patients were ethnically diverse. Most (69.1%) were married. Average education level was high school. The Army was the mostly widely represented branch at 80.7%. The mean time in service was 15 years with 86.2% having been deployed at least once. Traumatic events experienced include combat, military sexual assault, childhood abuse, and other. Of note, 97% percent experienced more than one trauma.

All patients completed the PDS-5, AAQ-II (Acceptance and Action Questionnaire-II), VLQ (Valued Living Questionnaire) and CFQ (Cognitive Fusion Questionnaire) on the first and last day of the program while the PCL-5 was completed weekly.

DISCUSSION

This IOP experienced a drop-out rate of only 9.3%. Overall, PDS-5 scores decreased by 18.97 points and PCL-5 scores decreased by 16.75 points. Program developers attribute favorable outcomes to the addition of ACT.

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