Questions Asked During the Live Webinar Broadcast on 10/17/12

Q: Can you recommend any resources which address/discuss traumatic brain injuries (TBI) and PTSD?
A: I’d recommend looking at the National Center of PTSD resources. http://www.ptsd.va.gov/

Q: Do you know of any mobile apps that have been in clinical trials for PTSD treatment? If so, do you care to share which they are and why or why not they were efficacious?
A: The VA has created a “PTSD Coach” App for smartphones.

Q: Could you comment on the UCLA Screening Tool for PTSD symptoms?
A: I’m not familiar with this screener.

Q: How many alcoholics/addicts have PTSD?
A: Generally it’s 1/3 to 2/3 depending on the nature of the sample.

Q: Do you think that the DSM-5 will help with the over-diagnosing of PTSD?
A: Yes, I think it will help clarify the “A1” criteria – i.e., what traumatic events “count” for a PTSD diagnosis.

Q: Is EMDR use for PTSD helpful?
A: There has been evidence for the use of EMDR with PTSD, however not necessarily with co-occurring substance use problems. I’d have to direct you to look at the EMDR literature.

Q: How can we obtain the PTSD screening or diagnostic devices that were mentioned?
A: The National Center for PTSD created a screener called the PTSD Checklist (PCL), and is included in the Hazelden manual. The assessment we use is the Clinician Administered PTSD Scale (CAPS), also put out by the National Center for PTSD.

Q: Where can we learn more about the COPE interventions regardless of its evidence-based status?
A: Medical University of South Carolina is conducting research on the COPE.

Q: How effective would you say DBT is for individuals with PTSD?
A: There is good evidence for the use of DBT with borderline personality disorder, and some recent literature on it’s use with addiction. I’m not certain of support for the use with PTSD. I’d have to direct you to look at the DBT literature.

Q: Are there any medications that are helpful for nightmares?
A: The only FDA approved medications for PTSD (that I know of) are Paxil and Zoloft.

Q: How is this applied to the adolescent population within the context of family therapy, especially with adolescents on probation?

Q: In a military setting, what is the success rate?
A: Success rate for ICBT with the veteran population? We’re still in active recruitment phase of this research and have not published the data yet.

Q: Is it possible to implement this curriculum for people who have experienced general trauma?
A: Yes, we’ve been testing this ICBT curriculum for mild to severe PTSD symptom severity.

Q: Is trauma focused CBT or cognitive restructuring more effective?
A: Sorry, I’m not sure I understand this question.

Q: On an average, what is the minimum ideal number of sessions?
A: Minimum would be 8 sessions. The range of session is generally 8-12 sessions in community treatment.

Q: Please identify the screening tools you referenced earlier.
A: PTSD Checklist (PCL) and Clinician Administered PTSD Scale (CAPS)

Q: What about Seeking Safety, has it shown to be effective for this population long term?
A: Seeking Safety has been marketed to be an effective intervention with this population, however when you look at the research it hasn't faired any better than control conditions for outcomes (i.e. relapse prevention group or a women’s group).

Q: What does "A" stand for in the ABC model?
A: “A” stands for “Activating Situation” – the event or thing that got the cycle going.

Q: Where can I get training in CBT and Motivational Interviewing?
A: You could contact our group at the Dartmouth Psychiatric Research Center if you were interested in training in the ICBT intervention at your agency.

Q: Can this be used in a group setting?
A: Yes

Q: Where can we go to receive a copy of the manual mentioned in the webinar?

Q: You mentioned several sites doing an IOP program using this approach. Do you know of any publications that describe their approach or results?
A: We are still actively recruiting for this randomized controlled trial, however we have published results from our pilot trial. The citation is: