Implementing an Early Intervention for the Prevention of PTSD in Emergency Department Patients

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Disclosure

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Recognition and Description of Posttraumatic Stress Disorder
## DSM IV to 5 subcategories (4 to 5)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>DSM-IV</th>
<th>DSM-5</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Trauma</td>
<td>Trauma</td>
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<tr>
<td>B</td>
<td>reexperiencing</td>
<td>intrusion</td>
</tr>
<tr>
<td>C</td>
<td>Avoidance and numbing</td>
<td>avoidance</td>
</tr>
<tr>
<td>D</td>
<td>hyperarousal</td>
<td>Negative alterations in cognitions and mood</td>
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<tr>
<td>E</td>
<td>-</td>
<td>Marked alterations in arousal and reactivity</td>
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</tbody>
</table>
A Prospective Examination of PTSD in Rape Victims

Percent of Victims with PTS

Assessment

Rothbaum BO et al. J Traumatic Stress. 1992;5(3):463; NIMH Grant No. R01MH42178
Severity of PTSD Symptoms

Extinction and Habituation

• We view PTSD as a disorder of extinction

Evidence from Davis Lab (animals)

Extinction training conducted very shortly after fear conditioning (10 min) seems to prevent all the classic signs of relapse:

- reinstatement
- context specificity
- spontaneous recovery
Opportunity

Unlike other psychiatric disorders, the precipitant for adult PTSD is a known event, allowing for immediate intervention, presenting the potential to prevent, and ultimately eliminate for many, the occurrence of this most serious condition.
Early Interventions
Early Intervention Conclusions

• Early interventions may interfere with natural recovery

• No evidence for which early interventions help

• Need to have right amount of exposure and arousal for optimum response

• Later early interventions (ASD, weeks later) are effective at preventing the development of PTSD (Foa, Bryant)
“Effects of Early Psychological Intervention to Prevent PTSD”

Study Goals

Short-term Goal:

Can exposure therapy in the immediate aftermath of trauma prevent the development of PTSD?

National Institute of Mental Health, Grant No. R34 MH083078
“Effects of Early Psychological Intervention to Prevent PTSD” Study

Intervention Conditions:

Randomly assign 134 ER patients to:

**Immediate Treatment:**

3 total PE sessions:  
#1- in ED, #2-3 delivered 1-2 wks after ED;

or

**Assessment only** (4 & 12 wks post-trauma)
ED Protocol – Session 1

1) **introduction** outlining treatment components and rationale (5 min);

2) **Prolonged Imaginal Exposure** (reliving and retelling the traumatic event narrative and associated cognitions and emotions) (30-45 min);

3) **Processing “lite”** - identification of positive self-statements to reframe unhelpful cognitions resulting from the trauma (5 min);

4) identification of behavioral **in vivo exposures** to prevent avoidance of reminders of the trauma (5 min);
5) **psychoeducation** on normal reactions to trauma and identification of self-care activities for the coming week (5 min);

6) **breathing retraining** and instruction to use it when the participant feels overwhelmed by negative emotions or has difficulty sleeping (Session 1 only) (10 min)
1) Review homework

2) PE focusing on “hot spots” (the most distressing points of the trauma memory) (30 - 45 minutes)

3) Processing “lite” - identification of unhelpful thoughts and more positive self-statements

4) Behavioral in vivo exposures and self-care activities for the coming week
Replication of PACAP genotype and PSS at Week 4-12

PTSD, ADCYAP1r1 Genetic Risk, and Intervention

P<.05 3-way interaction