



Veterans' Experienced Barriers to Evidence-Based Psychotherapies for PTSD

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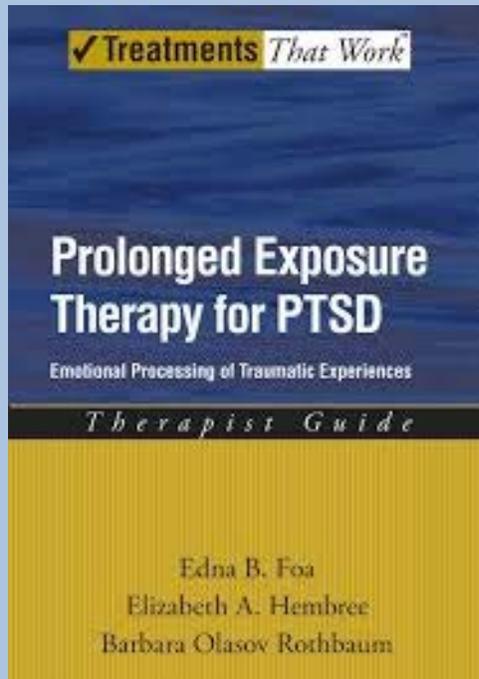
Poll Question 1

- What is your role with regards to PTSD?
- Choose all that apply:
 - Not a healthcare provider
 - Non-mental health provider
 - Mental health provider who does not routinely conduct psychotherapy
 - Provider who routinely conducts psychotherapy
 - Provider who conducts EBPs for PTSD (e.g., PE, CPT, EMDR)

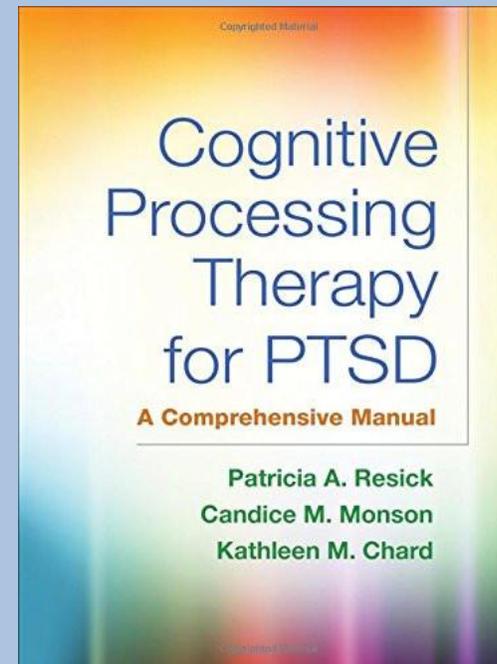
Introduction

○ Two evidence-based psychotherapies (EBP) for PTSD:

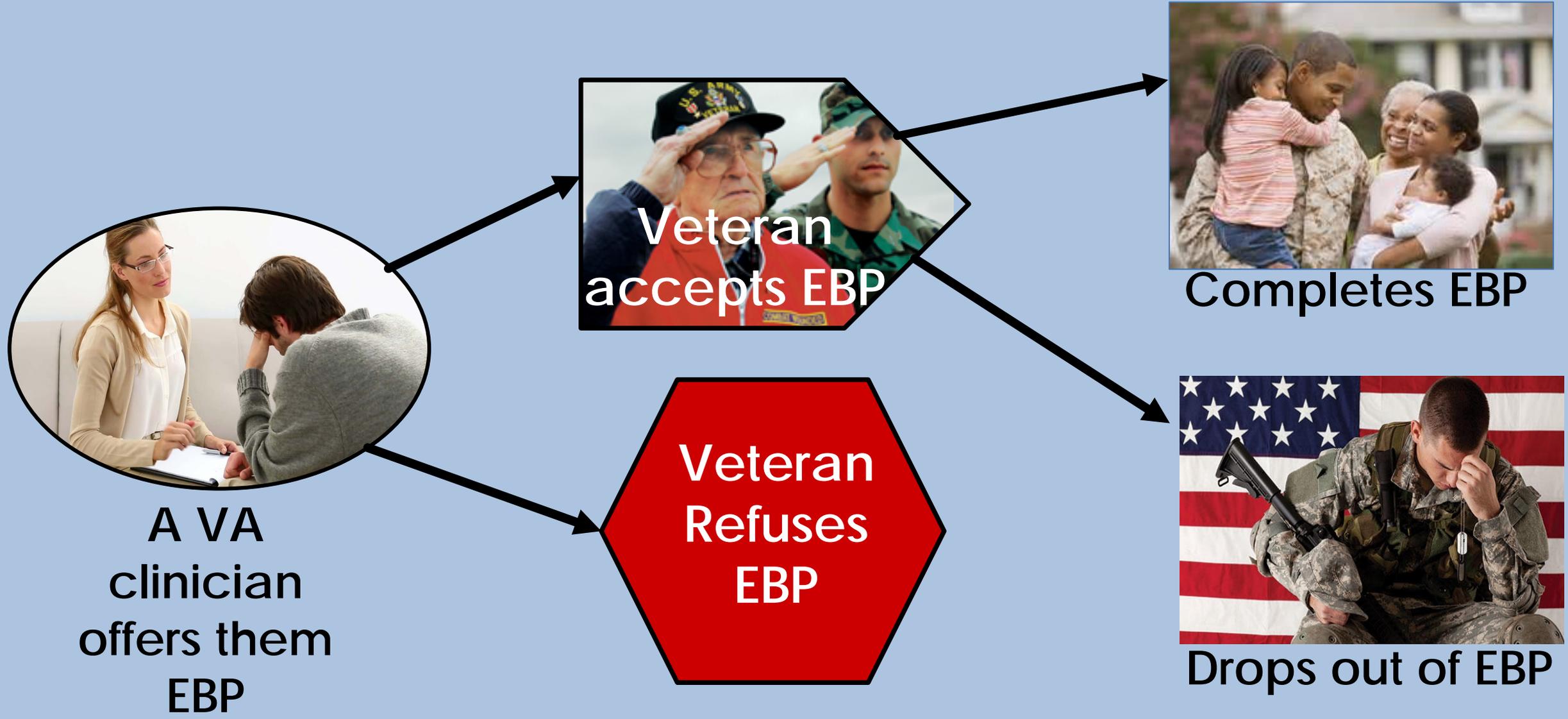
PE



CPT



A Veteran Walks into a PTSD Clinic....



Completes EBP



Drops out of EBP

The Focus of Today's Talk:

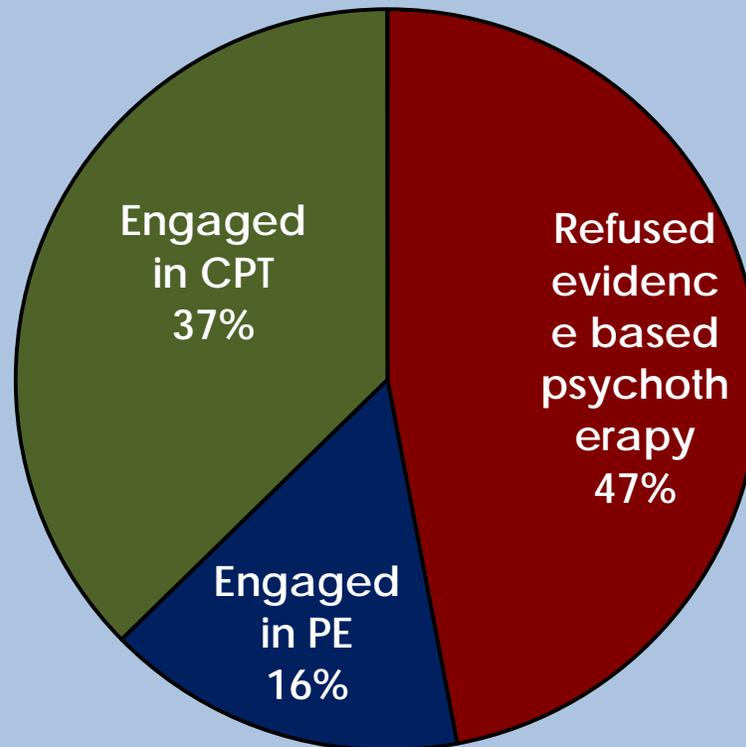
Veteran
Refuses
EBP



Drops out of EBP

Introduction

- Up to 50% of Veterans do not initiate EBP (Hundt et al., 2017)



Introduction

- Rates of dropout from EBP range from 13% to 40% in RCTs (e.g., Foa et al., 2005; Nacasch et al., 2011; Schnurr et al., 2007)
- And up to 50% in routine clinical settings (e.g., Miles & Thompson, 2016, Watts et al., 2014)

Introduction

- Prior work examined barriers to PTSD treatment in general (Sayer et al., 2009; Stecker, Shiner, Watts, Jones, & Conner, 2013)
 - Logistical barriers
 - Stigma
 - Beliefs that discourage treatment seeking
- Predictors of dropout vary across studies
- No prior qualitative studies of Veterans who refuse or drop out of PE & CPT in routine clinical practice

**Aim: To understand the reasons for
'refusal' and dropout from
PE and CPT**

Recruitment

- Patients who:
 - Came to a clinic intake assessment and were diagnosed with PTSD in a VA PTSD, EBP-focused clinic
 - Were deemed appropriate for/referred to PE or CPT
 - Did not engage in PE or CPT within the subsequent year
 - OR dropped out of PE or CPT
- Final sample: 52 Veterans

Participants

	N
Refusers	24
Dropouts	28
PE Dropouts	10
CPT Group Dropouts	7
CPT Individual Dropouts	11

Demographics		N = 52
Gender	Female	30%
	Male	70%
Race/ Ethnicity	Non-Hispanic White	22%
	African American	57%
	Hispanic/Latino	24%
Age	Mean Age	45
Index Trauma	OEF/OIF Combat	38%
	Vietnam Combat	4%
	Persian Gulf Combat	4%
	Military Sexual Trauma	20%
	Other trauma	34%

Procedures

- 30-60 minute qualitative interviews querying:
 - Attitudes, experiences, opinions
 - Why they entered mental health treatment
 - Experiences in mental health care
 - Why they refused/dropped

Procedures

- Audiorecorded
- Transcribed
- Coded using grounded theory approach
- Analyzed using Atlas.ti v.6
- Chart reviews

Results for Refuser Sample

Barriers to PE and CPT

- Mean = 4.2 barriers
- Split across 5 categories

Hundt et al., in press

Practical Barriers (46%)

- Work/college was the most prevalent:

“I didn’t want to leave work all the time to go get therapy”

– Male with OEF/OIF combat trauma

Practical Barriers	46%
Work/College	33%
Transportation/distance	17%
Other	13%



Knowledge Barriers (25%)

- A quarter of our sample had no recollection of PE, CPT, or exposure or cognitive principles
- Were unaware that evidence-based therapies existed for PTSD



Emotional Barriers (54%)

“The only thing that’s been holding me back is me and my insecurity, my fear. ...it’s nothing that I would want to do, but I know that I need to do something.”

– Female Veteran with OEF/OIF
combat trauma

Emotional Barriers	54%
Avoidance	54%
Trust	8%

Therapy-Related Barriers (54%)

Therapy-Related Barriers	54%
Lack of Buy-in	17%
Alliance with therapist	17%
Desires for alternative treatments	13%
Continuity of care/assessment process	21%

"It just doesn't make sense to me"

"I didn't feel comfortable with (my therapist)"

Art therapy, yoga, equine therapy

"It seemed like it lasted forever, and I felt like he kept asking me the same questions over and over"

VA System-Related Barriers (67%)

VA System-Related Barriers	67%
Negative experiences with VA medical provider	21%
Negative experiences with VA MH provider (non PCT)	25%

"Most of the doctors that I've encountered at the VA just rush you through you know just 'Um-hm, um-hm.'"

- Male OEF/OIF combat Veteran

VA System-Related Barriers (67%)

VA System-Related Barriers	67%
Negative experiences with VA staff/clerks	21%

"You'd better know where your doctor's appointment is. Because if you're going to ask information; for 1, they're acting like you're asking them for a kidney and 2, you're interrupting their personal phone call."

– Male Veteran with other military trauma

VA System-Related Barriers (67%)

VA System-Related Barriers	67%
Inefficiencies in care/'red tape' /lack of follow up	50%

"It takes forever to get anything done."

- Female Veteran with MST



VA System-Related Barriers (67%)

VA System-Related Barriers	67%
Experience of VA as a 'nontherapeutic environment'	25%

"I was the only female in there... (people) will come up and bother me... People talking and coughing on you and touching you and asking you questions... Usually I sit there with my purse clutched like I'm at the subway station in New York or something."

– Female Veteran with MST



VA System-Related Barriers (67%)

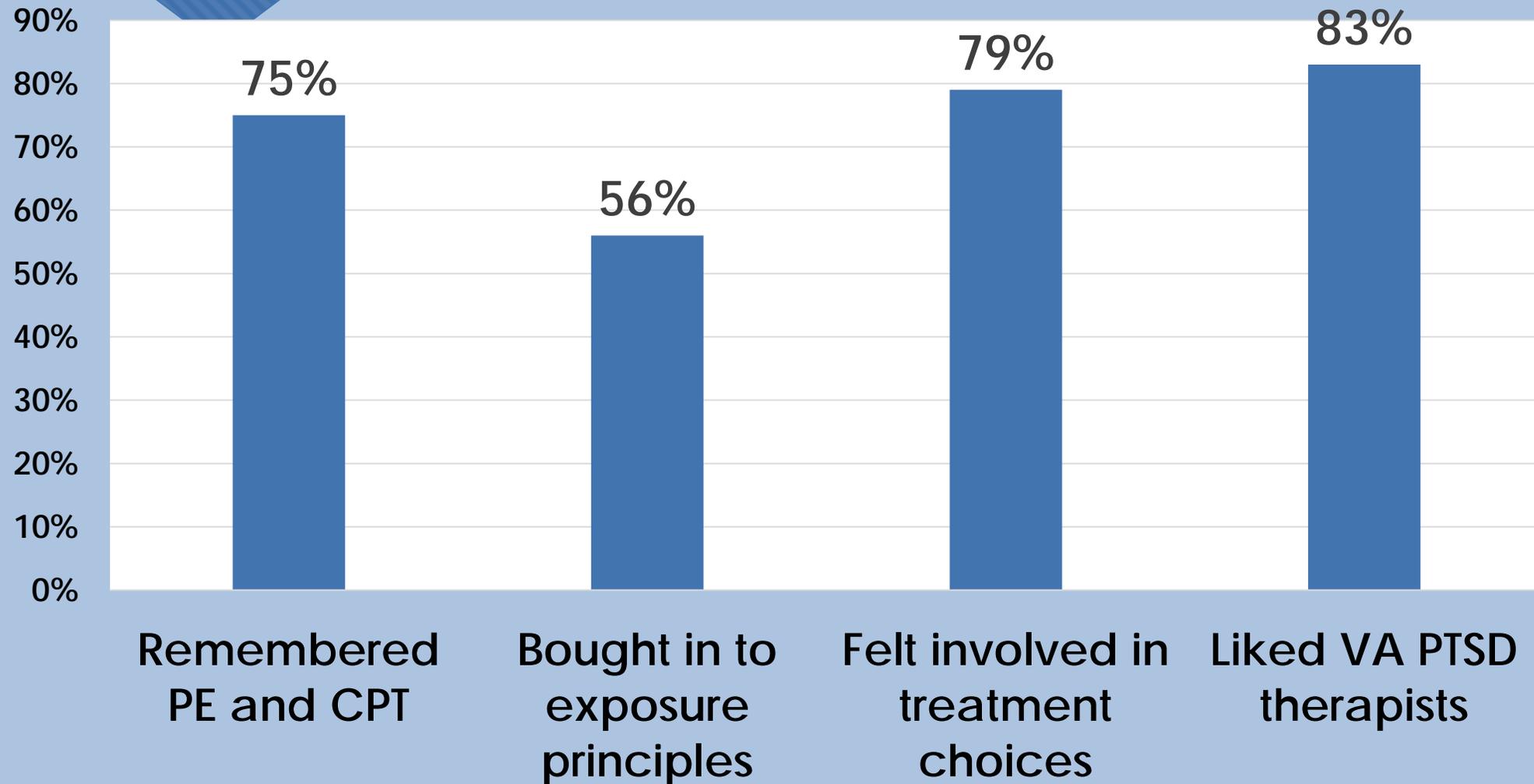
VA System-Related Barriers	67%
Difficulty navigating VA system	17%

"I was very confused when I first came here. I didn't know how it worked and nobody explained to me."

– Male OEF/OIF combat Veteran



Facilitators and Positive Experiences



Results for Dropout Sample

Results

- Mean number of expressed barriers was 2.5 (SD = 1.0)
- Few differences between PE and CPT

Practical Reasons (57%)

- Work/college was the most prevalent:

“When it came to the point where it was jeopardizing my job, you know, the therapy come later, man. I gotta get paid.”

– Male with OEF/OIF combat trauma in group CPT

Practical Barriers	57%
Work/College	25%
Family obligations	21%
Other	11%

Emotional Reasons (43%)

○ Therapy was 'too stressful'

"I just couldn't do it...it was too much, every time I played it (the recording of the trauma) back or heard it, I felt like I was in it again."

- Female veteran with MST in PE

*More common in PE (60%) than CPT (22%)

Therapy or Therapist-Related Reasons (71%)

- Buy in to EBP Rationale: (43%)

"They just want to go into the past, but what we need or what I need is how to cope with what I have right now, and then everyday civilian life, instead of just regressing and getting to the roots."

- Male with OEF/OIF combat trauma in individual CPT

- Issues with specific therapy tasks or homework: (11%)

"Confusing" and "repetitive"

Therapy or Therapist-Related Reasons (71%)

- Alliance issues: (18%)

"I couldn't...relate because they were never in the military"

- Male with OEF/OIF combat trauma in individual CPT

Therapy or Therapist-Related Reasons (71%)

- Felt pushed: (14%)

“They told me that I had other options, but they were like, well, this is kinda like the best for you, and I was like, uhh, well, I guess I’ll do it because I don’t want to do something that doesn’t fit me.”

- Female Veteran with MST in PE

Therapy or Therapist-Related Reasons (71%)

- Treatment 'didn't work' for them: (18%)

"I just gave up because it wasn't....I wasn't getting anywhere...They were trying to convince me that it's gonna happen. You've just got to give it a little more time, and it wasn't working."

- Male with other military trauma in group CPT

Therapy or Therapist-Related Reasons (71%)

- Referred to a different treatment: (25%)

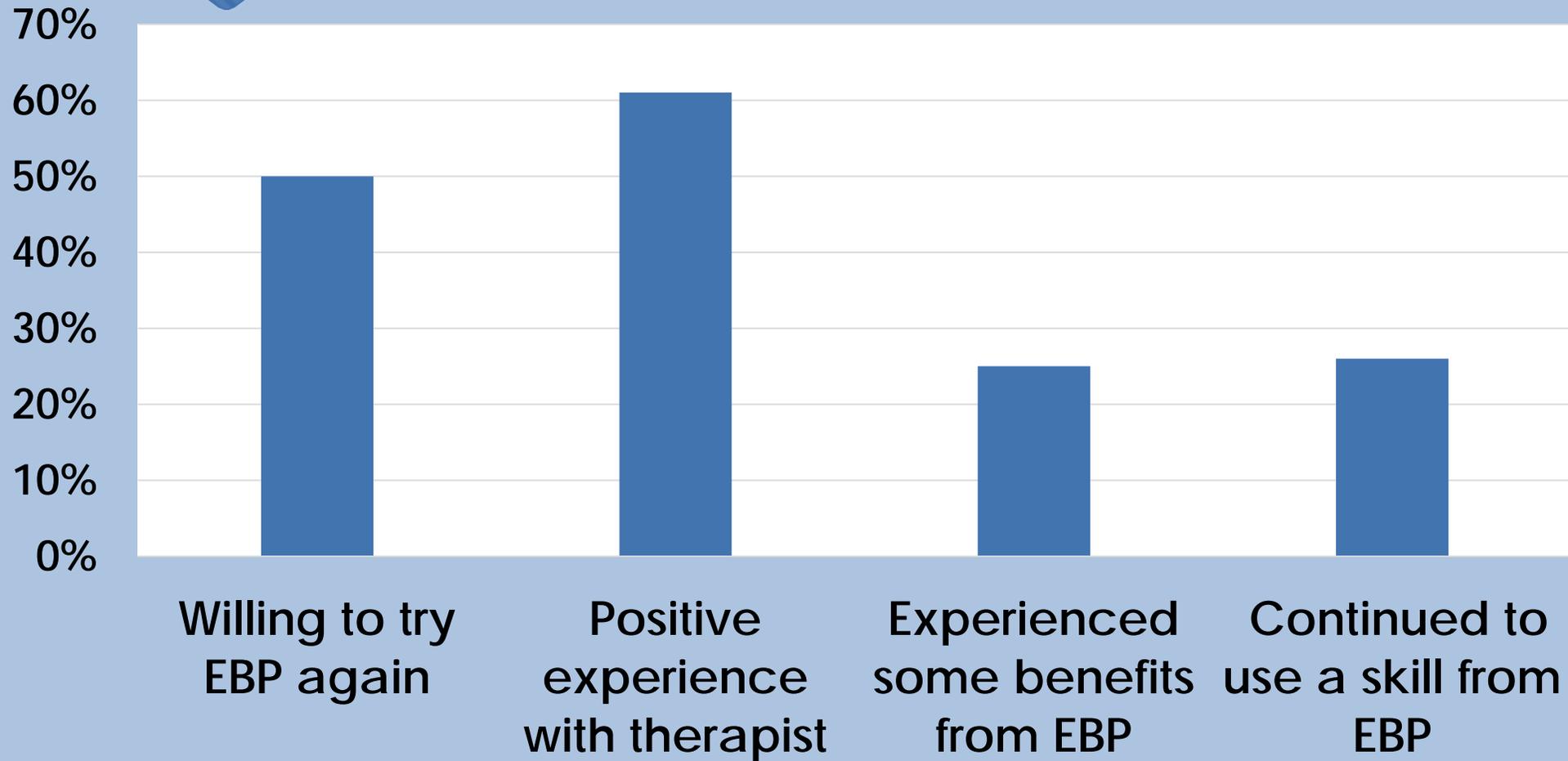
"They didn't think therapy once a week was good for me. It wasn't going to be helpful, and they recommended inpatient."

- Female with MST in group CPT

System-Related Reasons (14%)

- Scheduling, limited availability of appointments, negative experiences with the VA, etc.

Positives



Refusers vs. Drops

	Refuser	Dropout	Significant Difference
Practical Reasons	46%	57%	ns
Emotional Reasons	54%	43%	ns
Therapy-Related Reasons	54%	71%	ns
VA System-Related Reasons	67%	14%	$p < .01$

Discussion

- Practical barriers prevented both initiation and completion
 - Straightforward to address
 - Telehealth
 - Massed delivery formats/weekend treatment options

Discussion

- Frustrations with the VA prevented initiation
- Barriers 'owned' by mental health:
 - Increasing continuity of care
 - Shortening the assessment process
 - Getting patients into MH more quickly
- And those that are NOT:
 - Customer service
 - Patient centeredness
 - Quality of care in other departments
 - Patient on patient harassment

Discussion

- Frustrations with the treatment prevented completion
 - Examine the most effective ways to obtain buy-in
 - Better prediction of who is appropriate
 - Integrated treatment to address comorbid disorders that interfere with success

Limitations

- Small sample (n = 52)
- Limited to one geographic region
- Respondents may have self-selected for dissatisfied customers
- Self-report
- Retrospective reporting

Thank you!

- Hundt, N.E., Helm, A., Smith, T.L., Lamkin, J., Cully, J.A., & Stanley, M.A. (in press). Failure to Engage: A qualitative study of Veterans who decline evidence-based psychotherapies for PTSD. *Psychological Services*.
- Hundt, N.E., Harik, J.M., Thompson, K.E., Barrera, T.L., & Miles, S.R. (2017). Increased utilization of PE and CPT over time: A case example from a large Veterans Affairs PTSD Clinic. *Psychological Services*. doi: 10.1037/ser0000138.
- Hundt, N.E., Ecker, A.H., Thompson, K., Helm, A., Smith, T.L., Stanley, M.S., & Cully, J.A. "It didn't fit for me": A qualitative examination of dropout from prolonged exposure and cognitive processing therapy. Under review.
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