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Veteran satisfaction and treatment preferences in response to a posttraumatic stress disorder specialty clinic orientation group

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ABSTRACT

To maximize accessibility to evidence-based treatments for posttraumatic stress disorder (PTSD), the United States Department of Veterans Affairs (VA) has widely disseminated cognitive processing therapy (CPT) and prolonged exposure (PE) therapy to VA clinicians. However, there is a lack of research on veteran preferences when presented with a range of psychotherapy and medication options. This study uses a mixed-method approach to explore veteran satisfaction with a VA PTSD specialty clinic pre-treatment orientation group, which provides education about available PTSD treatment options. This study also tested differences in treatment preference in response to the group. Participants were 183 US veterans. Most were White, male, and referred to the clinic by a VA provider. Results indicated high satisfaction with the group in providing an overview of services and helping to inform treatment choice. Most preferred psychotherapy plus medications (63.4%) or psychotherapy only (30.1%). Participants endorsed a significantly stronger preference for CPT versus other psychotherapies. PE was significantly preferred over nightmare resolution therapy and present-centered therapy, and both PE and cognitive-behavioral conjoint therapy were preferred over virtual reality exposure therapy. Results suggest that by informing consumers about evidence-based treatments for PTSD, pre-treatment educational approaches may increase consumer demand for these treatment options.

Posttraumatic stress disorder (PTSD) is a prevalent psychiatric condition among civilians and military veterans (Norris & Sloane, 2014). Among veterans, approximately 22% of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans (Seal et al., 2009) and 19%–30% of Vietnam veterans (Dohrenwend et al., 2006) have met probable criteria for PTSD. These rates highlight the substantial number of military personnel and veterans that may require treatment to address PTSD. Fortunately, there are several evidence-based psychotherapies and medications that have demonstrated efficaciousness and effectiveness in treating PTSD symptoms (Cahill, Rothbaum, Resick, & Follette, 2009; Friedman, Davidson, & Stein, 2009). Less is known about preferences for evidence-based psychotherapies and medications among treatment-seeking individuals, including veterans.

Exploring treatment preferences is an important research endeavor that can highlight factors associated with the gap between the need for - and the use of - mental health services among veterans and service members (e.g., Tanielian & Jaycox, 2008). For example, efficacious treatments may be underutilized if individuals do not view these treatments as desirable options for psychological treatment. Understanding patient preferences for treatment may also improve clinical outcomes as matching patients to their preferred treatment may facilitate engagement in treatment. In addition, matching patients to their treatment of choice is associated with less likelihood of treatment drop out and better outcomes following treatment (Swift, Callahan, & Vollmer, 2011). Finally, addressing patient preference for treatment and educating patients about their treatment options is a central part of the informed consent process. For these reasons, it is essential that we further examine patient preferences for evidence-based treatments for PTSD.

Although there is a small, but growing literature in the area of treatment choice, there are several studies that provide an initial

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understanding of individual preferences for treatment. In a sample of college students in the United Kingdom who were presented with 14 options for psychotherapies, results demonstrated the strongest preferences for cognitive therapy, exposure therapy, or psychoeducation, whereas eye movement desensitization and reprocessing (EMDR), psychodynamic psychotherapy, and therapies involving novel technologies (i.e., virtual reality, e-therapy, and computer-based therapy) were the least preferred treatment options (Tarrier, Liversidge, & Gregg, 2006). Similar findings were shown among a sample of United States college student analogue sample in that exposure therapy and cognitive-behavioral therapy were the most preferred treatments (Becker, Darius, & Schaumberg, 2007).

Studies using clinical samples have also explored patient treatment preferences for PTSD, particularly regarding psychotherapy and medication. Consistent with the general public's preference for psychotherapy over medication (Barlow, 2004); empirical evidence suggests that victims of assault prefer psychotherapy over medication (Roy-Byrne, Berliner, Russo, Zatzick, & Pitman, 2003). Specifically, 80% of the sample indicated interest in treatment (i.e., psychotherapy or medication), with 76% expressing interest in counseling and 62% in medication. The study did not assess preference for a specific type of counseling or for specific medications, so more detailed comparisons could not be made. Zoellner, Feeny, Cochran, and Pruitt (2003) showed that among 273 women there was a significant preference for cognitive-behavioral therapies (i.e., prolonged exposure [PE]) for PTSD as compared to sertraline. Preference for PE as compared to sertraline has been replicated in other studies using various samples, such as trauma-exposed women (Feeny, Zoellner, Mavissakalian, & Roy-Byrne, 2009), undergraduate students naïve to treatment (Pruitt, Zoellner, Feeny, Caldwell, & Hanson, 2012), and a community sample with trauma histories (Angelo, Miller, Zoellner, & Feeny, 2008). Patients may have preference for psychotherapies over medication due to the perception that processing the trauma is necessary for recovery (Angelo et al., 2008; Jaeger, Echiverri, Zoellner, Post, & Feeny, 2009) or that psychotherapy appears more credible as a treatment option (Zoellner, Feeny, & Bittinger, 2009).

To date, the only research examining treatment choice and preference among military personnel or veterans is a study by Reger et al. (2013) of deployed US Army soldiers. Additionally, this study utilized a primarily male sample, which was a notable difference from prior studies examining treatment preference. Even with these differences, the findings were comparable to the results of non-military samples. Specifically, results showed Specifically, results showed greater preferences for PE and virtual reality exposure (VRE) compared to paroxetine or sertraline. Soldiers who preferred exposure therapies reported that they believed these medications to be less efficacious; whereas those who preferred medications were more concerned about stigma and negative repercussions associated with seeking treatment. These findings allude to the importance of beliefs regarding treatment efficacy in patient choice and preference. Particularly, understanding the mechanisms of treatment and perceived treatment efficacy are shown to be more robustly associated with treatment choice among patients seeking PTSD treatment than individual characteristics of the patient (Angelo et al., 2008; Chen, Keller, Zoellner, & Feeny, 2013; Zoellner et al., 2009). Thus, these findings support the importance of not only exploring treatment preferences, but educating patients seeking PTSD treatment about their treatment options.

The research literature has helped inform clinical understanding of preferences regarding PTSD treatment; yet there is a need for additional research on treatment choice for PTSD, especially within US Department of Veterans Affairs (VA). Currently, the VA mandates that patients be offered empirically-supported psychotherapies (i.e., cognitive processing therapy [CPT] and PE) for PTSD (US Department of Veterans Affairs, 2012). In order to make these treatments available to veterans, the VA has initiated an unprecedented dissemination program to train VA clinicians in evidence-based psychotherapies. However, researchers have noted that a top-down organizational approach to train clinicians and mandate that veterans are offered CPT and PE will have limited success unless there is also patient buy-in to engage in these treatments (Karlin & Cross, 2014). To obtain maximum uptake of empirically-supported psychotherapies, Karlin and Cross (2014) recommend a multi-level organization approach, which includes strategies to increase patient "pull" or motivation to receive empirically-supported therapies. However, strategies that target patient preferences have been one of the most neglected aspects of healthcare dissemination (Karlin & Cross, 2014). In addition, despite the availability of CPT and PE within VA clinics, there is a lack of research exploring veteran preferences for these and other PTSD treatment options. To our knowledge, no studies to date have examined treatment preferences when veterans seeking PTSD treatment are offered competing psychotherapies, choices for either psychotherapy or medication alone, or the option to receive psychotherapy combined with medication. Finally, clinic orientation groups are commonly used within VA settings as a method of educating and engaging veterans who are new to treatment (Karlin & Cross, 2014); yet there are no studies to examine veteran satisfaction with these groups or how these groups may affect veteran choice of treatments.

The first aim of this study was to examine veteran-reported satisfaction with a VA PTSD specialty clinic orientation group. The purpose was to increase the knowledge of consumer acceptability of a pre-treatment engagement strategy that is often used in VA clinics, but for which there is a lack of research (Karlin & Cross, 2014). A mixed-method approach was used to measure quantitative ratings of veterans' satisfaction and to explore qualitative themes that arose from veterans' written responses to an open-ended question inviting feedback about how to improve the orientation group.

The second aim of this study was to compare veteran preference ratings for treatments offered within the clinic. Given the lack of research on veteran preferences for PTSD options, the purpose was to improve the understanding of veteran-rated preferences for specific forms of evidence-based treatment for PTSD. Based upon findings from non-veteran samples (e.g., Roy-Byrne et al., 2003; Zoellner et al., 2003) and an active duty sample (Reger et al., 2013), we had the following hypotheses. First, veterans would more frequently endorse a preference for psychotherapy versus medication to address their PTSD. Second, veterans would indicate a stronger preference for CPT and PE versus other psychotherapies. This hypothesis is based upon prior studies of non-veterans who showed a preference for exposure-based and cognitive-behavioral psychotherapies versus other form of psychotherapy (Becker et al., 2007; Tarrier et al., 2006). Following prior research (Angelo et al., 2008; Chen et al., 2013), we expected that information regarding the strong efficacy and effectiveness of CPT and PE would persuade veterans to endorse a stronger preference for these psychotherapies in particular.

1. Method

1.1. Participants

Participants included 183 US military veterans who attended an outpatient VA PTSD clinic orientation group. Most veterans were male (89.13%; $n = 164$) and, on average, in their mid-40's ($M = 45.32$, $SD = 15.37$). Veteran service era was 43.48% ($n = 80$)