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What you believe is what you want: Modeling PTSD-related treatment preferences for sertraline or prolonged exposure

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ABSTRACT

Despite the known efficacy of various psychotherapies and pharmacotherapies for posttraumatic stress disorder (PTSD), we know little about what factors predict treatment preference. In the present study, we first developed exploratory path models of treatment preference for a psychotherapy or pharmacotherapy ($n = 273$) and then conducted confirmatory analyses of these models in a second sample ($n = 324$) and in a third generalization sample of trauma-exposed women ($n = 105$). We examined demographic and psychopathology factors and treatment-related beliefs (i.e., credibility and personal reactions). Across all samples, treatment-related beliefs were the strongest predictors of treatment preference. Further, severity of depression directly reduced the likelihood of choosing psychotherapy, and severity of PTSD directly increased the likelihood of choosing pharmacotherapy. These results underscore the importance of better understanding individual's beliefs regarding treatments. With a clearer understanding of these factors, we may be able to reduce barriers to treatment and increase access to effective treatments for those with trauma-related symptoms.

1. Introduction

Findings from the National Comorbidity Survey-Replication (NCS-R) highlight that many individuals with posttraumatic stress disorder (PTSD) do not seek treatment and that those who do wait a long

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time to do so (a median of 12 years from onset of the disorder to treatment contact; Kessler et al., 2005; Wang, Berglund, et al., 2005). In fact, only 7.1% made contact within the first year and projected proportions of those who eventually made treatment contact only reached 65.3% (Wang, Berglund, et al., 2005). When considering mental health service utilization only, these numbers further decrease (Wang, Lane, et al., 2005). Poor access to mental health services is one contributor to lack of treatment, but alone does not explain low rates of treatment seeking and service utilization. Accordingly, in a recent review of mental health service utilization, Gavrilovic, Schutzwohl, Fazel, and Priebe (2005) highlighted sociodemographic variables such as female gender, higher severity of current psychopathology, and more severe event-related characteristics as facilitating treatment seeking following trauma exposure.

One key to potentially enhancing treatment seeking may be better understanding patients' treatment preferences and identifying factors that account for or influence these preferences. Clients in routine clinical practice often see a treatment provider after active shopping for a type of treatment (Seligman, 1995). Along these lines, a NIMH workshop report on greater public health relevance for psychotherapeutic intervention research (Street, Niederehe, & Lebowitz, 2000) has called for the specific study of patient attitudes, knowledge, and beliefs about treatment as they pertain to the treatment preferences. Accordingly, in recent years, studies examining preferences for mental health treatments, specifically psychotherapy and/or pharmacotherapy, have begun to emerge.

Across a variety of disorders and studies, when given a choice, there is a general preference for psychological interventions over pharmacological ones (Barlow, 2004). To date, four studies have explored treatment preferences regarding psychological reactions associated with trauma exposure (Becker, Darius, & Schaumberg, 2007; Roy-Byrne, Berliner, Russo, Zatzick, & Pitman, 2003; Tarrier, Liversidge, & Gregg, 2006; Zoellner, Feeny, Cochran, & Pruitt, 2003), with two studies directly examining and finding a preference for psychotherapy alone over pharmacotherapy alone (Roy-Byrne et al., 2003; Zoellner et al., 2003). With this emerging data, what we now need to better understand is what factors shape such preferences; in other words, why do people have the preferences they have?

Along these lines, some work has begun to explore potentially important demographic and psychopathology predictors of treatment preferences. Similar to findings from the service utilization literature, demographic factors such as age, education, ethnic minority status, and the presence or severity of psychopathology are emerging as promising predictors of treatment preference for mood and anxiety disorders (e.g., Angelo, Miller, Zoellner, & Feeny, 2008; Bedi et al., 2000; Hazlett-Stevens et al., 2002; Roy-Byrne et al., 2003; Zoellner et al., 2003). For example, when examining a sample of primary care individuals with anxiety disorders, Hazlett-Stevens et al. (2002) reported that among individuals with panic, older age, less education, and poorer health status were associated with willingness to consider medication. Minority status, however, was associated with less receptivity to medication. In Roy-Byrne et al.'s (2003) study of emergency room patients, being female and being sexually assaulted were predictive of preference for medication and for counseling; and, previous psychiatric treatment and perceived life threat during assault were predictive of a preference for counseling. Similarly, a recent study from Angelo et al. (2008) found that in a community sample of trauma-exposed women, more education was associated with an increased likelihood to choose psychotherapy over pharmacotherapy. Thus, demographic factors such as socioeconomic status and education may play a role in shaping treatment preferences and warrant further exploration.

In contrast, we know much less about the role of psychopathological predictors of preference. Hazlett-Stevens et al. (2002) reported that the presence of social phobia and/or PTSD symptoms was associated with preference for medication and psychosocial interventions, suggesting that these factors might reflect a more general preference for treatment in general. In Zoellner et al.'s (2003) analogue study, higher state anxiety was slightly related to less positive personal reaction rationales providing information about psychotherapy, suggesting that these individuals may be less inclined to participate in a therapy that may cause some distress. Clearly, the presence of more severe psychopathology may serve as a motivator toward treatment of any form but may also impact the type of treatment preferred.

Finally, an individual's beliefs about, or attitudes toward, particular interventions may also influence his or her willingness to consider a treatment. Indeed, some studies have started to go beyond demographics and psychopathology factors to investigate actual *beliefs* about specific interventions (e.g., Wagner et al., 2005). Such beliefs include the patient's perception of the scientific credibility of