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Evidence-Based Treatment of PTSD in a College Population

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There are many compelling reasons for assessment and treatment of Post-Traumatic Stress Disorder (PTSD) in university counseling center (UCC) settings. While sexual assault at college campuses has been a frequent topic in the popular press recently, scholarly literature about evidence-based treatment of PTSD in UCCs is scant. In a recent survey conducted at 27 universities, more than 20 percent of undergraduate, female respondents reported having experienced some type of sexual assault (Anderson, Svriuga & Clement, 2015). In addition to rape, college students may present for treatment after other traumatic life events such as childhood abuse, serious accidents, and natural disasters. In a study of student veterans, Rudd et al. (2011) found that 45.6% of respondents in their sample endorsed symptoms of PTSD. Veterans may present in UCCs with PTSD related to combat trauma. Veterans with PTSD have been shown to be high utilizers of both medical and mental health services (Marmar, 2009); the same may be true for students with untreated PTSD. Additionally, research has indicated that survivors of traumatic events may be at an elevated risk for suicide (Hudenko, Homaifar & Wortzel, n.d.). Untreated PTSD can result in serious, chronic medical conditions (Frayne et al., 2010). Assessment for PTSD and use of an evidence-based therapy in the UCC setting could potentially have a lasting impact on the quality of life for students who might not otherwise graduate and may be at higher risk for suicide, long term health and relationship problems.

In their 2011 study, Read, et al. found that 66% of respondents who were new college graduates endorsed having experienced a Criterion A traumatic event and 9% of these respondents met criteria for PTSD. Students may not know that they have a PTSD diagnosis and present instead for related sequela such as substance abuse problems, anxiety, depression, sleep disturbance or difficulty in relationships. What's more, the PTSD symptoms of avoidance, self-blame or shame may result in the traumatic events not being revealed at first assessment or during the course of treatment if clinicians do not ask (Department of Veterans Affairs, 2002). This is why it is imperative that clinicians ask directly about traumatic events. Additionally, when seeing a student after a recent traumatic event, it is vital that emergency mental health providers be fully equipped with knowledge about campus/community resources to help assist these students in decision making and connection to additional relevant services, if they so choose.

Two treatments, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) have been recommended by the Institute of Medicine as gold-standard for PTSD. Both of these therapies were originally created for use with rape survivors but have since been used for a variety of trauma etiologies including combat trauma, accidents, and childhood abuse with robust results. Both PE and CPT have been disseminated in the VA medical system and as of 2010 over 6,000 VA providers had received training (Karlin et al., 2010). Gains from these treatments have been shown to be maintained at 10-year follow up (Resick et al., 2012). Research has also shown a reduction in health related complaints for people with PTSD who received an evidence based treatment (Galovski, Monson, Bruce & Resick, 2009; Rauch et al., 2009). These therapies are manualized and are time-limited, making their application in a UCC setting ideal.

PE lasts for 9 – 12 sessions (Hembree, Rauch & Foa, 2003). Sessions take from 90 – 120 minutes. A study is currently underway with Active Duty Military Personnel examining the effectiveness of delivering PE in a massed format, meaning daily sessions for a 2 week period of time, for a total of 10 sessions (StrongStar PTSD Research Consortium). This type of treatment may also helpful for balancing high case-loads within a semester system.

CPT is a 12 session, trauma-focused therapy that can be used in either a group of individual format. Group lends itself to UCC settings which are often coping with a high-volume therapeutic needs. Galovski et al. (2012) demonstrated the effectiveness of a variable-length format for CPT in which participants were given either few or more sessions based on their response to treatment. This may also be helpful for centers that are lacking resources.

Assessment and the use of evidence-based treatment for PTSD in UCC settings could have the potential to dramatically improve the lives of students who are survivors of trauma and also to help clinicians who may be struggling to see a high volume of patients while feeling unsure of the best course of therapeutic action. Research assessing the effectiveness of both CPT and PE in College Counseling settings is needed as treating PTSD early in life may have impact on every area of the lives of students including their future careers, health, relationships and general well-being.

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REFERENCES

Anderson, N., Svriuga, S., & Clement, S. (2015). Survey: More than 1 in 5 female undergrads at top school suffer sexual attacks. *The Washington Post*. Retrieved from: https://www.washingtonpost.com/local/education/survey-more-than-1-in-5-female-undergrads-at-top-schools-suffer-sexual-attacks/2015/09/19/c6c80be2-5e29-11e5-b38e-06883aacba64_story.html

Department of Veterans Affairs Employee Education System and The National Center for PTSD (2002). *Post-traumatic stress disorder: Implications for primary care*. Retrieved from: http://www.publichealth.va.gov/docs/vhi/posttraumatic.pdf.

Frayne, S.M., Chiu, V.Y., Iqbal, S., Berg, E.A., Laungani, K.J., Cronkite, R.C., et al. (2010). Medical care needs of returning veterans with PTSD: Their other burden. *Journal of General Internal Medicine*, *26*(1) 33-39.

Galovski, T.E., Blain, L.M., Mott, J.M., Elwood, L., & Houle, T. (2012). Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy, *Journal of Consulting and Clinical Psychology*, *80*(6), 968-981.

Galovski, T.E., Monson C., Bruce S.E., & Resick, P.A. (2009). Does cognitive-behavioral therapy for PTSD improve perceived health and sleep impairment? *Journal of Traumatic Stress, 22*(3), 197-204.

Hembree, E.A., Rauch, S.A., & Foa, E.B. (2003). Beyond the manual: The insider's guide to prolonged exposure therapy for PTSD, *Cognitive and Behavioral Practice*, *10*, 22-30.

Hudenko, H., Homaifar, B., & Wortzel, H. (n.d.). *The Relationship Between PTSD and Suicide*. Retrived from: http://www.ptsd.va.gov/professional/co-occurring/ptsd-suicide.asp

Karlin, B.E., Ruzek, J.I., Chard, K.M., Eftekhari, A., Monson, D.M., Hembree, E.A., et al. (2010). Dissemination of evidence-based psychological treatments for posttraumatic stress disorder in the Veterans Health Administration. *Journal of Traumatic Stress*, *23*(6), 663-673.

Marmar, C. (2009). Mental health impact of Afghanistan and Iraq deployment: Meeting the challenge of a new generation of veterans. *Depression and Anxiety, 26*, 493-497.

Rauch, S., Grunfeld, T.E., Yadin, E., Cahill, S.P., Hembree, E. & Foa, E.B. (2009). Changes in reported physical health symptoms and social function with prolonged exposure therapy for chronic posttraumatic stress disorder. *Depression and Anxiety, 26*(8), 732-738.

Read, J.P., Ouimette, P., White, J., Colder, C., & Farrow, S. (2011). Rates of *DSM–IV–TR* trauma exposure and posttraumatic stress disorder among newly matriculated college students. *Psychological Trauma: Theory, Research, Practice, and Policy*, *3*(2), 148-156.

Resick, P.A., Williams, L.F., Suvak, M.K., Monson, C.M., & Gardus, J.L. (2012). Long-term outcome of cognitive behavioral treatment for posttraumatic stress disorder among female rape survivors. *Journal of Consulting and Clinical Psychology, 80*(2), 201-210.

Rudd, M.D., Goulding, J., & Bryan, C.J. (2011). Student veterans: A national survey exploring psychological symptoms and suicide risk, *Professional Psychology: Research and Practice, 42*(5), 354-360.

StrongStar PTSD Research Consortium (n.d.). *Prolonged exposure for PTSD among OIF/OEF/OND personnel: Massed vs. spaced trials*. Retrieved from: https://tango.uthscsa.edu/strongstar/subs/rpinfo.asp?prj=1