



Cognitive-behavioral Research in the Marine Corps

Brett Litz

**Behavioral Sciences Division,
National Center for PTSD, VA
Boston Healthcare System, Boston
University School of Medicine**

What is Cognitive-Behavioral Therapy (CBT)?

- **Based on science and evidence**
- **Action-oriented, experiential, and problem-focused**
- **Systematic: assessment, homework, monitoring**
- **Typically short-term**
- **Collaborative**

What Is Injurious About Trauma?

- **Shatters** adaptive illusions and sustaining beliefs
- **Floods** us with intense emotion and arousal
- **Endangers** our sense of agency and control
- **Renders** us a stranger to ourselves and our world a stranger to us
- **Threatens** building blocks (sustaining elements) of self

The Struggle to Make it Fit

- Serious sustained trauma and traumatic loss forces reconciliation
 - ❑ *"The process of making consistent or compatible"*
- No one is immune; takes time; no easy way
- *Assimilation* is initially nearly impossible
- *Accommodation* and *Assimilation* are necessary: Integration is goal
- *Over-accommodation* is worst outcome

CBT for Posttraumatic Stress Disorder

- Designed to:
 - Promote stress and affect management
 - Process meaning and implication of trauma, and
 - Process emotional residue of trauma
- Multi-session, sustained, intensive
- *Excellent evidence, however,*
- We have work to do to make it fit

Prevailing Models of Posttraumatic Stress versus Military Context

POST-Traumatic Stress World

Combat / Military World

INTERVENTION CONTEXT

Presumption of / Requires Safety

Unsafe, Severe Ongoing Adversity

CULTURE

None, Disconnected, Stigmatized

Meaning, Purpose, Supports....

PREVAILING CULTURE

Blamed, Discarded

Honor, Acceptance, Support..

TRAUMATIC EVENT(S)

Discreet / Fear / Distal

Many / More Than Fear / Recent

CLINICIAN CONTRACT

Client-Focused

Readiness, Retention, Fitness

PROFESSIONAL ROLE

Helper, Advocate, Change Agent

Patch-, Sure-up, Commander needs

CLIENT / PATIENT

Time, Inclination, Focus, Reflective

No-Time, Not Inclined, Rejection

LABELS

PTSD as Symbol / Validation

Insult, Stigma, Inappropriate

Necessary Modifications to CBT

- Know and respect the culture
- Frame as training / learning
- Goals: Enhancing / improving performance, being a better team member, being a good leader / model to others, being a better family member...
- Shorter, less demanding, multi-media
- Need a menu or tiered system
- Recognize the enormity and breadth of combat experiences
- Provide tools, plant seeds for long haul

Two CBT Projects in Marine Corps

**Enhanced
CBT for
Recently
Deployed
Marines**

**Coach-
assisted,
Internet-
based
Self-
Management
CBT**

Enhanced CBT for Recently Deployed Marines

- Four-session exposure therapy (Narrative re-telling)
- Life-threat, loss, and moral conflict
- Target expectations of: shame, "going crazy," not being understood, not worth it, negatively impact readiness
- Plant seed, kick-start process
- Ensure rhetoric is consistent with Marine Corps ethic and culture

Self-management CBT

Delivery of Self-training and Education for Stressful Situations (DESTRESS)

- Self-paced, self-care
- Virtually eliminates stigma / access problems
- Training not “therapy” or “treatment”
- 6-week, 3x week logons with homework
- “Coach” acts as guide and motivator
- Uses the Internet to promote, prompt, and monitor self-help CBT
- Targets **coping and management** of triggers
- Promotes self-efficacy, symptom reduction, maintenance of functioning
- Two NIMH funded RCT's

DESTRESS Pilot RCT in Army

- On-line ratings: SM-CBT sharper decline in:
 - Total PTSD symptom severity, avoidance and hyperarousal symptoms, and global depression
- Formal Outcome Data:
 - SM-CBT group had:
 - Lower PTSD interview scores (**d=.95**)
 - Lower Depression (**d=1.03**) and Anxiety (**d=1.01**)
 - *High end state functioning in ITT*, the two arms differed at post-treatment (SM-CBT=29% vs. SC=0% and at the 6 month follow up (SM-CBT=33% vs. SC=0%))