

# Innovations in Cognitive Behavioral Therapy



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# Treatment Barriers for Returning Veterans

- Difficulty getting time off work
- Family, work, school commitments
- Reliable means of transportation
- Stigma of mental illness
- Denial / poor understanding of symptoms

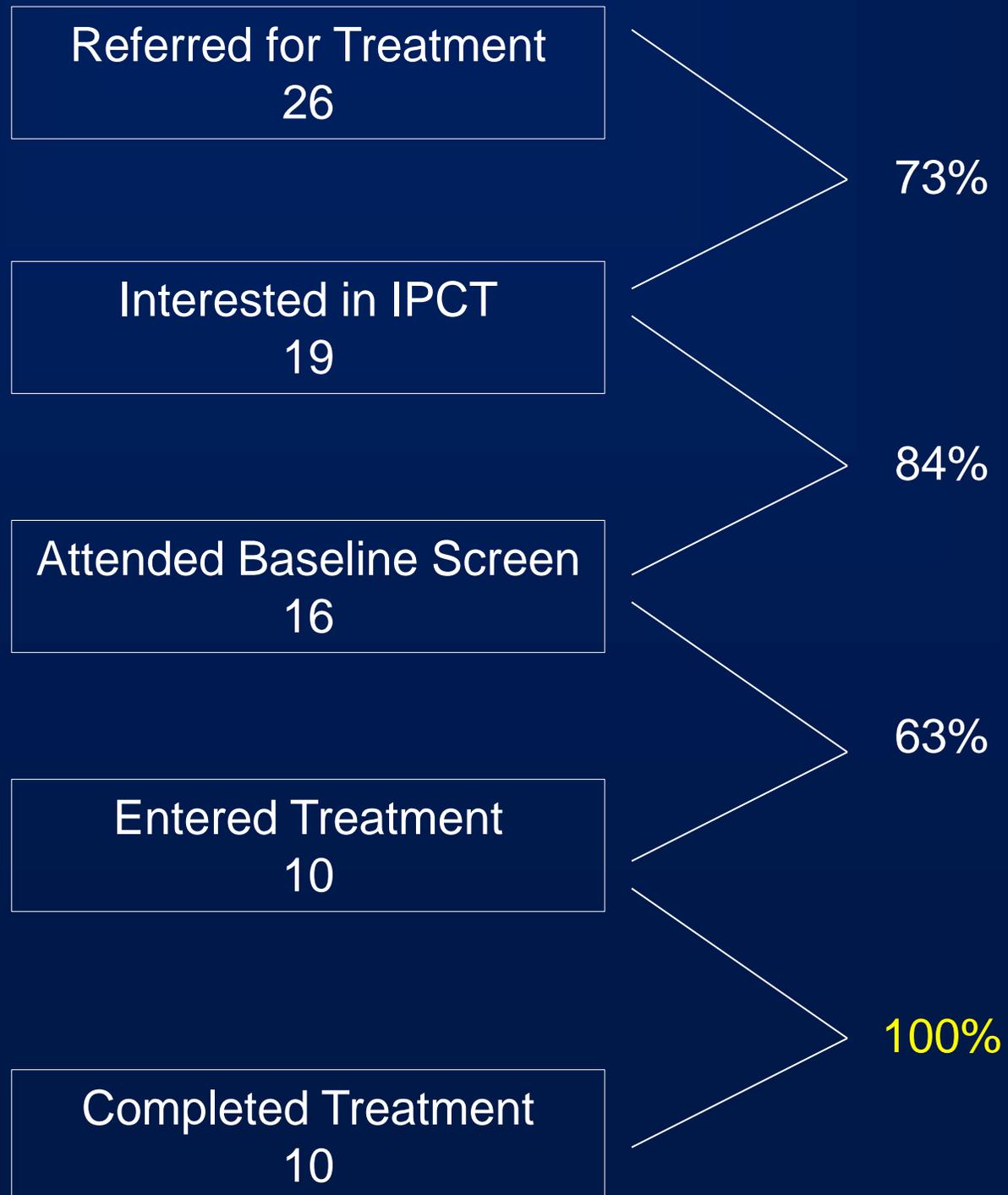
# Intensive Panic Control Treatment (IPCT)

- Evidence-based cognitive-behavioral treatment (CBT) for panic disorder reformatted into an intensive two-day treatment
- Offered over the weekend
- Structured and presented like a class
- Small cohort of Veterans

# Patient Characteristics (N=10)

- **Mean age:** 28.8 years (4.39)
- **Gender:** 60% men; 40% women
- **Education**
  - Some College 80%
  - Graduated H.S. 20%
- **Partnership Status**
  - Single 10%
  - Married 60%
  - Separated 10%
  - Divorced 10%
  - Cohabiting 10%
- **Race**
  - Caucasian 60%
  - Hispanic 30%
  - African American 10%
- **Service Connection:** 20% (Anxiety related diagnoses)

# Recruitment & Retention



# Intensive Panic Control Treatment (IPCT)

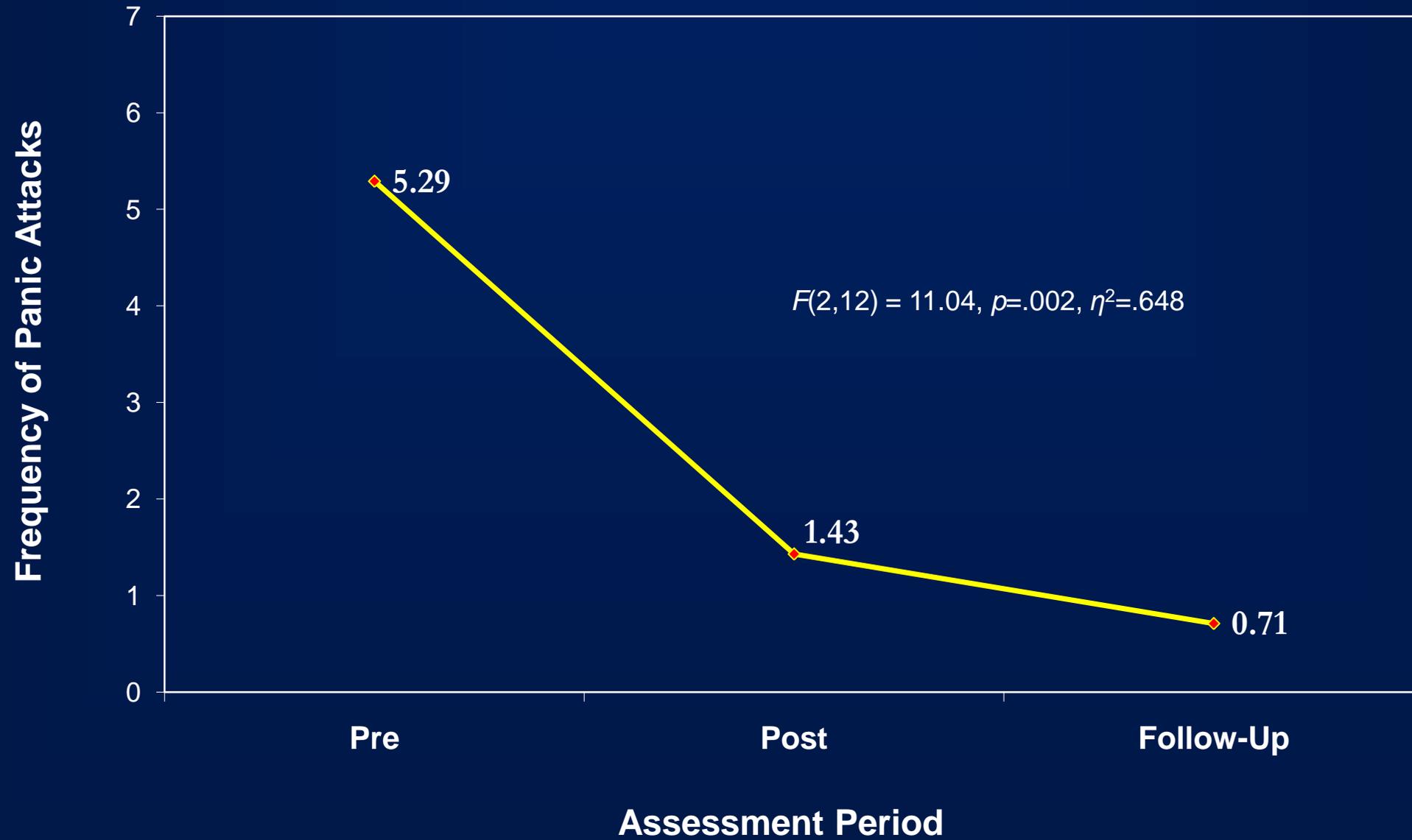
## SATURDAY

|       |  |
|-------|--|
| 9:00  | Introduction and Overview                |
| 9:30  | Causes of Panic and Treatments           |
| 10:30 | Tracking Panic Attacks                   |
| 11:00 | Break                                    |
| 11:15 | Cycle of Panic                           |
| 12:00 | Lunch                                    |
| 12:30 | Fight/Flight Response & Mistaken Beliefs |
| 1:30  | Breathing Retraining                     |
| 2:00  | Break                                    |
| 2:15  | Examining Your Thoughts                  |
| 3:30  | Wrap Up                                  |

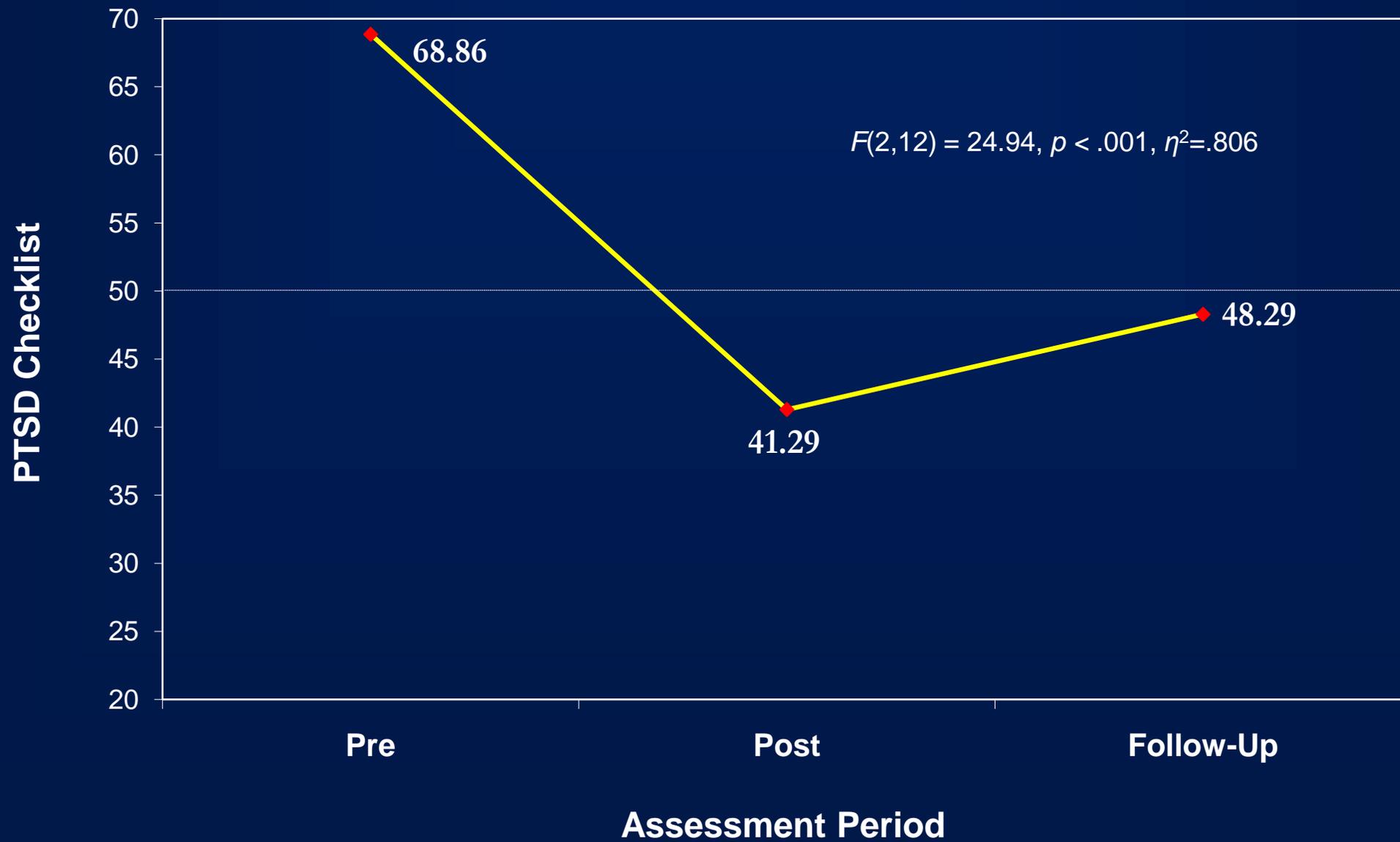
## SUNDAY

|       |   |
|-------|---|
| 9:00  | Review Thought Records                    |
| 9:30  | Testing Scary Thoughts & Facing Your Fear |
| 11:15 | Break                                     |
| 11:30 | Facing Situations                         |
| 12:15 | Lunch                                     |
| 12:45 | Overcoming Agoraphobia                    |
| 1:30  | Relapse Prevention                        |
| 2:15  | Break                                     |
| 2:30  | Complete Forms                            |
| 3:00  | Wrap Up                                   |

# Results



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## *Acceptability & Satisfaction of IPCT:*

Treatment Evaluation Inventory (range: 9-45)

- M=39 (4.78)

Client Satisfaction Questionnaire (range: 8-32)

- M=30.9 (2.28)

# Patient Feedback

- "There is no comparison to other treatments. This is a very good treatment."
- "I believe this treatment will be more beneficial to me than taking medications."
  
- Like most about treatment
- "I had time to ask as many questions; had enough time to take notes. Using our examples rather than outside examples helped me."
- "The input of other people in the group."
- "I like the idea of facing my fear with the knowledge given so that I can again regain my freedom and independence."
  
- Like least about treatment
- "I don't think I was completely ready for what to expect during the exposure exercises."
- "Spinning in the chair."
- "I felt everything we did was necessary whether I felt uncomfortable or not. It was all very empowering."

# Implications

## The brief intensive weekend treatment...

- was rated high in acceptability & satisfaction
- can be safely and effectively delivered
- is a potentially effective treatment for PD and related symptoms
  - Using patient-specific examples
  - Strategic ordering of modules
  - Providing lunch
- is a portable treatment that can be delivered to rural and other underserved patient populations

# Providing Treatment Maintenance for Panic through Smart Phone Technology

- *Guide View* - Program developed at NASA
- SC MIRECC Pilot Project:
  1. Content Development
  2. Application Development
  3. Evaluation
- Panic Application will contain 3 modules
  - Psychoeducation
  - Coping Techniques
  - Symptom Monitoring

# Potential Implications

- Integrating technology with an effective brief treatment overcomes many barriers rural Veterans face by increasing access to treatment and improving continuity of care

