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Commentary on Three American Troops in Iraq:
Evaluation of a Brief Exposure Therapy Treatment
for the Secondary Prevention of Combat-Related PTSD

Bringing Home the Psychological Immediacy of the Iraqi Battlefield

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ABSTRACT

The case report by Cigrang, Peterson, and Schobitz (2005) serves two functions. It describes serious combat-induced psychopathology in a sample of three veterans of the Iraq war, and it tests the efficacy of a method for preventing chronic PTSD that might be more efficient than current methods. Thus, exposure therapy in these three cases appears to have alleviated the intense early symptoms of PTSD, perhaps thereby heading off a chronic debilitating condition. While the Cigrang et al. report does not constitute a definitive demonstration of the efficacy of exposure to abort chronic PTSD, it does convey with great immediacy the Iraq battlefield context as well as the demanding decisions front-line mental health professionals must make about combat-induced psychopathology. Of course, additional research is needed to establish the efficacy and effectiveness of this approach to psychopathology generated by battlefield conditions.

Key words: Post Traumatic Stress Disorder (PTSD), exposure therapy prevention

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It doesn't often happen that a report on the effectiveness of a psychotherapeutic intervention has as much immediacy as this one does. That is because, by now, regardless of their views on the war in Iraq, most of the American psychologists who will read this report know well the physical and psychological risks our military runs as it seeks to bring order to chaos in that country. Could we ever have imagined, in the months before our country attacked Iraq, that we would be able to recognize the acronyms "IED" and "VBED" or to sort out the doctrinal and political difference among members of the Kurdish, Sunni, and Shia communities in Iraq? Or to know as well as we do the extraordinary life circumstances with which both our troops and the citizens of Iraq must deal?

It would have to be a deliberately unenlightened psychologist who remains unaware that one of the most common psychological consequences of the war the Americans are fighting in

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Iraq (and in Afghanistan, for that matter) is post-traumatic stress disorder (PTSD). The uncontrollability of the violence to which our soldiers are exposed, perpetrated by terrorists who cannot be distinguished from those of their fellows who wish the violence and bloodshed in Iraq to end, is clearly a causal factor in the psychological stress combat in Iraq entails. As in Vietnam, to which the Iraq war bears distressing parallels, this war exacts a terrific toll from both sides on life, limb, and psyche.

We read in this article by Cigrang, Peterson, and Schobitz (2005) of exposure treatment for the early symptoms of PTSD (frequently associated with Acute Stress Disorder), developed for and tested initially on victims of sexual assault, extended later to survivors of motor vehicle and industrial accidents. We also read of growing concern, based on substantial efficacy research, about the ineffectiveness of Critical Incident Stress Management (CISM), for many years the early intervention of choice for symptoms of PTSD in U.S. military in combat. We are also told of the documented advantages of multi-component, cognitive-behavior therapy (CBT) interventions for chronic PTSD, of which a crucial element is exposure. The question that remains – and that represents the focus of this case report -- is whether multi-component CBT or exposure therapy alone is most effective in the treatment of the initial symptoms of PTSD, during the immediate post-traumatic period when resolution of the trauma might head off development of chronic PTSD.

In essence, then, this paper deals with the circumstances surrounding the development of serious psychopathology in an American war that generates high levels of PTSD precursors. Its particular intent is to test the efficacy, in three individuals subjected to extraordinary physical and psychological stress, of what might turn out to be a more efficient method for preventing chronic PTSD. The bottom line is that exposure therapy, at least in these three trials, appears to have alleviated the intense early symptoms of PTSD.

This article doesn't report the results of a randomized clinical trial of exposure therapy and some comparison treatment -- perhaps CBT, or CBT and CISM – to confront the symptoms of PTSD following a traumatic stressor involving the risk and/or the reality of physical harm to self and others. So, while as the authors point out that there is substantial evidence that CISM is not effective in dealing with early PTSD, we cannot be certain that what is reported after three or four sessions of exposure treatment – alleviation of symptoms and return to duty – is due to the specific procedures employed (as opposed to, say, nonspecific factors). Also, we cannot be certain of the degree of generalizability of the treatments beyond these three individual cases, although these cases do seem on their face to be representative. Definitive, controlled studies utilizing random assignment of subjects to intervention modes, manualized treatments, homogeneous treatment groups, and the other hallmarks of well-designed efficacy trials would be required to enable us to reach a more definitive conclusion. Moreover, longer-term follow-ups would be required to assess the lasting power of the treatment reports. But what we do read here provides something else that is also of importance: a sense of the extraordinary psychological burdens under which these men had to perform their duties, the nature of the violent incidents that cost them the lives of friends and comrades, and the array of physical and psychological sequelae they experienced. We are also told something of the military system that led to their

referral to a frontline psychologist, and the interventions the psychologist then undertook. The immediacy of what we read gives us a sense of both what needed to be done and how it was done.

As a definitive demonstration of the efficacy of exposure to abort chronic PTSD, this extended case history falls short. But as an n=3 test of effectiveness -- of real-world intervention designed additionally to convey the context of the battlefield and the nature of the decisions mental health professionals must make in the din of battle, this case report has an immediacy that is compelling.

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