ESSAY REVIEW

M. Benedek & G.H. Wynn. (2016). Complementary and Alternative Medicine for PTSD. Oxford & New York: Oxford University Press. ISBN 978-01902-0595-9

Margot Lindsay RGN BA MPhil MCLIP PhD

Former Research Officer, London Centre for Dementia Care, University College London, London, UK

Correspondence address
Dr. Margot Lindsay, Division of Psychiatry, Maple House, 149 Tottenham Court Road, London, WIT 7NF, UK.
E-mail: rejumev@ucl.ac.uk

Accepted for publication: 13 January 2017

Introduction

This volume describes emerging treatments that have demonstrated varying degrees of promise in terms of relieving the suffering associated with post-traumatic stress disorder (PTSD) approaches that may target core symptoms or frequently associated comorbidity, or both. It is hoped that such descriptions will augment future research and encourage reactive treatment approaches tailored to individual patients in the context of a growing population searching for non-traditional treatment options and an expanding evidence basis for choosing such alternatives. The aim of the authors is to encourage creative treatment approaches tailored to individual patient needs and desires based on a mutual understanding of the potential benefits and limitations of available alternatives. Although anti-stigma efforts and public awareness campaigns have a place, so too, must there be a place for non-pharmacological (and even non-traditional psychotherapeutic) treatment approaches seen as less stigmatizing. Such treatments will allow providers to "meet the patient where he or she is at" in terms of developing a plan in which the patient may be most likely to engage initially and remain engaged.

The editors and authors of 'Complementary and Alternative Medicine for PTSD' encourage students, residents, clinicians of all levels of experience - and their patients - to remain alert to the possibility of these and other opportunities to reduce the suffering and improve the quality of life for those persons whose intimate relationships, educational and occupational function and capacity for building meaningful relationships are impacted by the burden of PTSD.

The thesis of the text is person-centered healthcare

The limited efficacy of conventional therapies to provide long-term relief from the symptoms of combat trauma, combined with the increased danger of pharmaceutical use and abuse and the devastating social and economic cost to military families, have increased support from military leadership for the use of alternative medical interventions, including Animal Assisted Therapies (AAA). As the volume explains, although traditional pharmacotherapy and cognitive therapy-based approaches have sufficient evidence bases for continued use in the treatment of PTSD, the facts that medications may cause side effects, that many persons believe they should be able to recover without the use of medications, that some people refuse medications regardless of whether they believe other treatments are effective, coupled with the reality that still others refrain from seeking traditional psychotherapy as a result of stigma, all result in a significant population of PTSD sufferers not receiving even minimally adequate treatment for the disorder. The complementary and alternative modalities represent those emerging interventions for which there is the most emerging evidence or for which mounting clinical experience suggests efficacy.

The fact that there are hundreds of thousands of potential combinations of symptoms that may define any given case of PTSD makes it clear that PTSD is, in fact and as the book clearly illustrates, a highly individualized disorder. It follows logically that no single treatment may be effective for all combinations that comprise the illness. A careful and thorough history is thus the first step toward creating a thoughtful and targeted treatment approach. However, even after a patient's history of current illness, associated symptoms, pertinent "positives" and "negatives"; past psychiatric, medical/surgical and developmental history; current social, occupational, educational and interpersonal functioning and individual

preferences are carefully assessed, the current guidelines and 'gold standard' scientific evidence limit patient and provider choices at two classes of medications, two or three varieties of psychotherapy and eye movement desensitization and reprocessing. But where does a provider (or a treatment team) turn after those are exhausted or if patient preference dictates something else?

Following a brief discussion of phenomenology of PTSD, the current guidelines and clinical consensus surrounding treatment and the limitations of available treatment supported by sufficient evidence necessary to receive endorsement in practice guidelines, the authors collectively describe emerging treatments that demonstrate varying degrees of promise for relieving the suffering associated with PTSD. This Essay Review will consider these, chapter by chapter.

Complementary and alternative medicine (CAM) is defined in the Introduction

CAM, in the context of the current volume, divides the concept into its component parts: complementary medicine and alternative medicine. Alternative medicine is divided further into alternative treatments and alternative delivery methods. Complementary treatments are those that augment more traditional approaches, but are not likely to replace standard practices. Yoga and recreational therapy are good examples of complementary treatments. Yoga offers a unique and ancient system to manage the mind and emotions. Many clinicians have recommended a patient consider yoga in addition to the work being done in therapy or through medication management. Some forward-thinking healthcare organizations have included yoga and other complementary modalities into treatment protocols and into staff wellness programs. It is likely, though, that the majority of providers and healthcare organizations will not recommend yoga as a stand-alone treatment option for PTSD. The probable long-term role for yoga, recreational therapy and similar treatments, will be to complement the benefits made through other more traditional clinical interventions.

The use of CAM specifically for the treatment of PTSD has, as the volume shows, increased greatly during the past decade. The reasons for this expanded use are myriad, but high among them are the lack of sufficient effective traditional pharmacological and psychotherapeutic treatment options, continued stigma associated with participating in mental healthcare and increased societal interest in options beyond traditional Western medicine approaches to treatment.

Alternative treatments are non-mainstream approaches that are either already being used or have the potential to be used as "monotherapy," or the primary treatment modality within typical Western medical practice. Acupuncture and neurostimulation are excellent examples. Both acupuncture and neurostimulation are provider-centric modalities with a growing body of evidence supporting use in PTSD treatment as well as other mental health and medical disorders. It is not difficult to see how these interventions could be prescribed as a stand-alone course of treatment for PTSD in lieu of psychotherapy or pharmacotherapy. These and other similar treatments can and in some cases most likely will, replace current primary treatment approaches for some portion of those seeking care for PTSD.

Evidence supports the effectiveness of brief psychotherapeutic approaches (four to five sessions) immediately after trauma in sometimes preventing the development of PTSD. Cognitive behavioural therapy (CBT) attempts to correct cognitive distortions (e.g., overgeneralization of threat levels) and reduce the frequency and symptomatology associated with traumatic memories by re-exposure (imagined or *in vivo*) in a controlled setting. Studies of CBT with individuals who have suffered a variety of trauma types suggest that CBT delivered over a few sessions during the weeks after trauma may speed recovery and prevent the development of PTSD.

Chapter 2 defines post-traumatic stress disorder (PTSD)

People acquire PTSD after exposure to a traumatic event (or events) such as interpersonal violence, disasters, war, or terrorism. PTSD is characterized by specific symptoms organized into core clusters, including re-experience, hyperarousal, avoidance and negative alterations in mood and cognition. Although these symptoms may resolve without any intervention, they may also progress to a chronic and debilitating state. Importantly, persons with PTSD experience a greater prevalence of other psychiatric and physical co-morbid conditions, including mood, substance use and pain disorders. The primary outcome measure for the study descriped in this particular chapter was change in PTSD symptoms based on the Post-traumatic Symptom Scale-Self Report.

Chapter 3 explains acceptance and commitment therapy (ACT)

ACT is an exciting new alternative to existing therapies, many of which, although effective, do not meet all the needs of patients with PTSD. ACT provides an alternative to the narrow focus on symptom elimination. Through its six core processes, ACT explores acceptance and an openness to internal events as an alternative to experiential avoidance. Willingness to experience in turn frees the patient to act on personally chosen values. The ultimate goal is to live mindfully while remaining actively engaged in creating a vital life. ACT is a psychotherapy that encourages the pursuit of one's values and goals even in the presence of psychological and emotional challenges that potentially interfere with healthy behaviour. Trauma and its aftermath can be one of those challenges. For those

suffering with PTSD, pursuit of personal values is often disrupted and finding meaning in life can be lost with the fear and memories that follow a traumatic event. An intervention that supports re-engagement in values-based living, such as ACT, may serve to encourage recovery and restoration of functioning.

ACT, as this chapter explains, is considered a behavioural intervention that focuses on the function of behaviour rather than its form. ACT incorporates a behavioural understanding of cognition and emotion with a focus on acceptance, mindfulness and taking meaningful actions in the service of one's personal values. ACT focuses on changing the function of the thought or the context in which thoughts occur (e.g., a thought can be viewed as an inherently meaningless momentary experience). Throughout the course of the therapy, patients are invited to practise acceptance by remaining open to and by observing thoughts and emotions as they occur. In addition, acceptance is couched as a stance taken; it is an active and open process, rather than one of resignation or tolerance. A number of different exercises are applied during the session to help establish acceptance as an alternative to control.

On occasion, patients can misinterpret acceptance, believing that it means that what they endured (e.g., sexual assault) is acceptable or they need to somehow learn to be okay with what happened. In fact, this is not the case, because acceptance does not refer to condoning or "getting over" the painful event; rather, it refers to an openness to experiencing the internal events that have arisen from the trauma. It is very important to clarify this distinction early in therapy and throughout treatment as needed. Individuals who no longer need to try to control their PTSD symptoms often experience the freedom to engage in values-driven actions. The thought itself seems to be causing the problem; it is functioning to keep the patient isolated. An ACT-oriented therapist works with the patient to change the function of the thought. This is done by teaching the patient to observe that a thought occurred and to notice that, although the thought was experienced, the patient does not need to react to it or allow it to influence behaviour. From this perspective, there is no need to change the thought. It can simply be witnessed as part of the ongoing process of thinking. The thought is allowed to "pass" through the mind, just as other thoughts do. Indeed, from the ACT perspective, thoughts are viewed as highly associated with behaviours and feelings, but they need not cause either.

ACT's emphasis is on producing, as this chapter explains, a meaningful and functional change in the relationship patients have with their symptoms, rather than on the symptoms themselves. Being present in the here and now, or mindfulness, assists in building acceptance further. When one is focussing, without judgment, on the present moment, one is free from dwelling on the past or worrying about the future. After a traumatic event, many patients become "stuck" in the past by replaying the traumatic experience (e.g., remembering the loss of a life) or becoming overwhelmed with worry about the future, (e.g., wondering if these symptoms will persist). As a result, the "if-only" and "what-if" scenarios are played frequently, over and over again. This kind of activity can result in increased suffering because the struggling becomes about what was or what might be. This lack of awareness of the moment is part of the suffering. Being aware of the moment can be the antidote to being overly focussed on the past or future. Practising awareness teaches patients to observe their experiences in the here and now. Thoughts, sensations, emotions and urges can all be experienced without any need to make them different. All experience is encountered as an ongoing process, rather than an outcome.

People who have experienced trauma may lose contact with their values for a number of reasons. First, they may believe they need to "fix what is broken" as a result of the trauma (i.e., their thoughts and feelings) before they can move forward with values-based behaviour. Values are abandoned in the service of symptom relief. Second, during trauma, people might experience an event that is in direct conflict with their personal values. For example, if a veteran killed another human being in combat, this event might be directly counter to his or her values of compassion and love of humanity. This conflict might lead to feelings of guilt and shame of problematic trauma experiences. Patients might then evaluate themselves as "evil" and not deserving of happiness or a rich life. They, consequently, might work to eliminate the thoughts and feelings associated with this experience and begin to withdraw from others or even consider suicide. Working with veterans to reconnect with their value of love of humanity may assist them on the path to recovery.

While participating in ACT, patients are reconnected to their values in a number of different ways. They can engage in exercises designed to explore values, or complete questionnaires that assess values. When the patient identifies her values (e.g., being loving) and the domains in which she would like to apply these values (e.g., mother-daughter relationship), she is assisted in identifying specific actions and/or goals she can undertake or pursue during the service of those values (e.g., attending her daughter's dance recital). For patients with a trauma history, identifying values and living according to them can, potentially, be a powerful and healing experience.

Chapter 4 explains the use of Meditation

Meditation, as discussed in Chapter 4 in its various forms, appears to be a safe, easy-to-learn, portable and cost-effective self-management approach to PTSD. Mantram repetition and mindfulness-based forms have been demonstrated to reduce PTSD symptoms on the Clinician-Administered PTSD Scale and Checklist. Although currently there is insufficient evidence to support meditation as a first-line treatment for post-traumatic stress disorder (PTSD), the evidence base for meditation used alongside other approaches is expanding rapidly. Meditation may help reduce intrusive memories, avoidance and anger and may increase self-esteem, pain tolerance, energy and ability to relax and the ability to cope with

stress. It has been found that mindfulness meditation is beneficial in reducing psychological stress consequences such as depression and pain and in increasing mental with health-related quality of life.

Chapter 6 considers acupuncture for PTSD and associated conditions

Acupuncture is a safe, accessible and non-stigmatizing treatment practice that has endured multiple millennia and, in recent years, has augmented modern medical treatment as well. Medical consumers, empowered by ready access to medical information and peers, have influenced this evolution with demands for new and effective treatments. Patients who experience trauma and anxiety spectrum disorders also experience a high degree of co-morbid mood, substance and pain disorders. Medical acupuncture, the hybrid practice of acupuncture by physicians trained in western medicine, engages the patient as a whole and provides an alternative treatment approach for those who decline medication or who have failed to respond to it. Acupuncture fosters and facilitates a trusting relationship between patient and provider and, at times, catalyses emotional release as part of healing.

Alternative treatments are non-mainstream approaches that are either already being used or have the potential to be used as "monotherapy", or the primary treatment modality within typical Western medical practice. Several randomized controlled trials provide support for its use. Moreover, populations of patients at high risk for PTSD, including military service members and law enforcement personnel, have engaged in treatment for PTSD actively, as well as multiple other psychiatric and physical health conditions. Various forms of acupuncture appear to be viable complements or even alternative PTSD treatments endorsed by current practice guidelines. Acupuncture is recognized by patients and professionals to be an effective augmenter to Western medical treatments for PTSD and associated symptoms.

As this chapter discusses, body acupuncture is a complex and elegant discipline that requires the professional to evaluate the patient and then implement an individualized treatment plan. There are a number of classic point combinations that are commonly used for patients with acute and chronic psycho-emotional symptoms. From an acupuncture perspective, an individual's constitution is impacted and reflected by the balance of energy that flows continually through channels coursing through muscles and to and from organs. This, at least, is the theory. When acupuncture practitioners needle a specific acupuncture point, they activate the energy in that point and influence energy circulation in the channel where the point is located. Psychologically traumatized patients can experience a rapid sense of calming and centring. This procedure has been used in a multitude of clinical and military settings, including primary care clinics, hospital wards, battalion aid stations, tactical vehicles and passenger terminals.

Chapter 7 discusses alternative medicine pharmacology

Discussion in this chapter includes massage and cupping. A researcher who examined the recent evidence base of articles supporting use of acupuncture in the treatment of anxiety-related disorders by conducting a literature review of all English-language articles published after 2000 concluded, despite variability in a number of treatment factors, there were very real, positive outcomes obtained for patients with anxiety who were resistant to conventional interventions. When treating patients with psycho-emotional disturbances in general and when clinically managing PTSD patients in particular, practitioners have their best successes when care is informed by current Western medical treatment guidelines and then augmented with acupuncture approaches that integrate patient needs and clinical responses.

Chapter 8 reviews the use of animal-assisted therapies (AAT)

Both equine and canine-assisted therapy have gained widespread popularity - particularly within the military community. In the USA, various animal-assisted intervention programs are operating at a number of military medical centres. The majority of them focus on dogs, but there also some equine (horse) programs. Such programs are supported by the local medical commands and operate with a core of Red Cross and other volunteers. The military has long employed dogs for emotional and tactical support. A high percentage of military personnel have experienced a close, supportive relationship with a dog and may benefit from AAT. The common purpose of these programs is to bring smiles to the patients, family members and hospital staff and thus promote an increased sense of wellbeing in a more positive healing environment.

Having a therapy dog in session with service members makes the clinic atmosphere feel immediately more homelike. This environment may make them feel comfortable, may hasten patient-provider rapport building and may enhance patients' disclosure to the therapist. Military males, in general, may feel more awkward or uncertain when talking to a therapist initially. Having a therapy dog present can facilitate relaxation and raise comfort levels to improve therapeutic outcomes. An AAT interaction could give service members their first opportunity to experience unconditional love. It can also provide an opportunity for physical affection (animal and patient) without worrying about boundary violations in the therapeutic relationship. The human-animal relationship can be beneficial in numerous ways, but the population that self-selects for military service may especially gain benefits from work with animal therapy.

The benefits of human-animal interaction are achieved by the young and the old, regardless of age, gender, or ethnicity. Over time, certain age populations have been studied with regards to AAT benefits. The older adolescent

or young adult population (specifically, age 18-25 years) is the largest percentage of the military demographic. For some young service members, it may be their first time ever leaving home. They may experience loneliness, loss, sadness, or countless other financial, or interpersonal stressors. Although methodological flaws preclude any conclusions regarding efficacy for specific PTSD symptoms, models suggesting the mechanisms by which animal-patient bonding may enhance treatment have been identified and the anecdotal evidence supporting growth of this augmentation strategy is impressive. The military has long employed dogs for emotional and tactical support. A high percentage of military personnel have experienced a close, supportive relationship with a dog and may benefit from AAT. The authors report that the most prevalent outcomes were reduced depression, PTSD symptoms and anxiety and conclude that AAT shows promise as a complementary intervention for trauma.

Chapter 9 explores family-focussed interventions for PTSD

We are reminded in Chapter 9 that, like other chronic and debilitating illnesses, the presence of PTSD in a family member has ripple effects for significant others, including spouses and children living in the same household. PTSD can affect parenting style negatively and caregiver burden has been well documented and rates of psychological distress, depression and other indices of impaired social function are elevated in children with a parent with PTSD. Family-focussed strategies may help to build shared understanding, develop and master interpersonal skills, such as conflict resolution and problem solving, reduce caregiver burden and enhance safety in households that include a person suffering from PTSD.

Chapter 10 reviews recreational therapy for PTSD

This discussion in Chapter 10 acknowledges that recreational or adventure therapy for persons with PTSD (including hiking, skiing, climbing and fishing) have gained popularity, particularly in veteran groups, perhaps because they appeal to the traditional interests and values of veterans. Although small sample size and methodological flaws limit the evidence supporting any such program, the fact that these programs are often offered to veterans for free and there have been no demonstrated negative effects suggest that clinicians should consider encouraging their patients to participate if and when their patients voice interest. Further research may help identify the mechanisms by which such participation reduces specific symptoms or enhances functioning.

Chapter 11 discusses yoga-based interventions for the treatment of PTSD

There is clear evidence, as this chapter points out, that specific yoga interventions can alleviate symptoms of PTSD including anxiety, depression and avoidance and that these modalities may lead to enhanced quality of life. Because yoga incorporates elements of meditation, mindfulness, positivity, social cohesion and cognitive appraisal, the potential mechanisms contributing to symptom relief are varied. Moreover, because there have been no significant side effects and efficacy across multiple domains has been apparent in small and otherwise limited studies, yoga appears to be a safe and well-accepted augmentation strategy in patients who are only partially responsive to other treatments. When treating patients with psycho-emotional disturbances in general and when clinically managing PTSD patients in particular, practitioners have their best successes when care is informed by current Western medical treatment guidelines and then augmented with acupuncture approaches that integrate patient needs and clinical responses.

Conclusion

It is essential that all healthcare professionals who have any contact with combat veterans or other individuals with PTSD have access to this invaluable text on current and future practices. The book is instructive and highly recommended to practitioners committed to concepts which focus on whole person-centered healthcare. The AAT chapter can be readily appreciated by those of us who have regular involvement with animals. With repeated practice and guidance, a yoga practice can bring long-term relief perspectives on life for PTSD sufferers. The self-care quality of meditation is particularly valuable. It allows people to feel more in control of their symptoms and empowers them to take charge of their healing process. This approach is also cost-effective and may help to reduce long-term personal and societal costs. There is an excellent bibliography and a very helpful index in this text which, overall, is highly recommended.

Conflicts of Interest

The author declares no conflicts of interest.