

CLINICIAN'S TRAUMA UPDATE

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TREATMENT

Promising findings for couples therapy for PTSD delivered in a weekend retreat

Novel delivery formats such as massed treatment over a short duration of time may help improve engagement in psychotherapies for PTSD (see the [February 2018 CTU-Online](#)). In a study funded by the Consortium to Alleviate PTSD, a team led by investigators at Penn State University tested the effectiveness of Cognitive Behavioral Conjoint Therapy (CBCT) delivered in a weekend retreat format to Servicemembers and Veterans with PTSD and their intimate partners. In this open trial, 24 couples completed an abbreviated, intensive, multi-couple group version of CBCT (AIM-CBCT for PTSD) delivered in 12 hours over 2 days. All couples completed the treatment. Follow-up assessments at 1 and 3 months post-treatment revealed reductions in PTSD patients' CAPS-5 scores from baseline ($d_s = -0.77$ and -0.98 , respectively), as well as in secondary outcomes including depression, anxiety, and anger ($d_s = -0.45$ to -0.75). At 3-month follow-up, partners reported improvements in their own depression symptoms ($d = -0.47$), anxiety ($d = -0.60$), and relationship satisfaction ($d = 0.53$). While randomized clinical trials of AIM-CBCT with longer periods of follow-up are needed, these findings suggest that AIM-CBCT may have meaningful, durable effects on many problems faced by military couples and may increase their ability to complete treatment.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1549472.pdf>

Fredman, S. J., Macdonald, A., Monson, C. M., Dondanville, K. A., Blount, T. H., Hall-Clark, B. N., . . . Peterson, A. L. (2019). Intensive, multi-couple group therapy for PTSD: A nonrandomized pilot study with military and veteran dyads. *Behavior Therapy*. Advance online publication. PTSDpubs ID: 1549472

Delivering PE in Veterans' homes increases treatment retention

Delivery of EBPs via telehealth has been shown to be effective (see the [December 2016 CTU-Online](#)), but telehealth delivery had not yet been compared to treatment delivered in person within the patient's home. Investigators from the VA San Diego Healthcare system conducted an RCT to compare PE delivered in telehealth and in-home modalities. Veterans ($N = 175$) were randomized to receive PE delivered in-home-in-person (IHIP), through home-based telehealth (HBT), or office-based telehealth (OBT). Veterans received 6-15 90-minute sessions, dependent on treatment response. Veterans in all conditions reported significant reductions in clinician-rated and self-reported symptoms of PTSD at posttreatment and at 6-month follow-up, with no differences between delivery modalities ($d = .84 - 1.08$). Those receiving IHIP treatment were less likely to drop out than Veterans in either telehealth condition. Veterans in the IHIP condition also received more sessions of PE (9.8 vs. 7.0) and completed PE at a higher rate (79% vs. 46%) than those receiving OBT. These findings add to the support for telehealth interventions to treat PTSD and suggest that in-home delivery of PE is an effective modality that may improve treatment retention. However, it is unknown how the effectiveness of IHIP compares to traditional office-based delivery of PE.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1549280.pdf>

Morland, L. A., Mackintosh, M. A., Glassman, L. H., Wells, S. Y., Thorp, S. R., Rauch, S. A. M., . . . Acierno, R. (2019). Home-based delivery of variable length Prolonged Exposure therapy: A comparison of clinical efficacy between service modalities. *Depression and Anxiety*. Advance online publication. PTSDpubs ID: 1549280

Examining probabilities of symptom improvement and dropout in CPT

Lack of improvement during treatment can increase the likelihood of dropout. Knowing when the probability of dropout exceeds the probability of improvement could help providers and patients decide whether to change the treatment plan. Investigators from the Cincinnati VAMC examined the probability of symptom change and dropout at each session of CPT in a sample of military Veterans. The sample included 194 Veterans (89% male) receiving CPT-A (CPT with the written account) at a VA outpatient clinic. Survival analyses were conducted to examine diagnostic remission (PCL-5 <33), reliable symptom change (reduction of 10 points), and likelihood of dropout over the course of treatment. Dropout was defined as attending <12 sessions and having a PCL-5 >24 at last session (suggesting that termination was not due to early response). After session 6, Veterans were more likely to drop out than show symptom reduction in subsequent sessions. Findings were consistent across trauma type (combat vs. non-combat) and service era. This suggests that clinicians may consider a change in treatment approach if patients do not show meaningful improvement midway through CPT—consistent with previous findings in Veterans (see the [October 2019 CTU-Online](#)). However, these findings may not generalize to women or non-Veteran samples, or to CPT without the written account, which may demonstrate different patterns of symptom change and dropout.

Read the article: <https://doi.org/10.1016/j.brat.2019.103483>

Byllesby, B. M., Dickstein, B. D., & Chard, K. M. (2019). The probability of change versus dropout in veterans receiving Cognitive Processing Therapy for posttraumatic stress disorder. *Behaviour Research and Therapy*, 123, Article 103483. PTSDpubs ID: 1546522

Increases in reach of CPT and PE following national implementation effort

Lack of improvement during treatment can increase the In 2005, VA kicked off nationwide initiatives to implement EBPs for PTSD, involving training and consultation in CPT and PE for thousands of providers. Research led by investigators at the San Francisco VA Healthcare System examined the national impact of these efforts. The investigators used machine learning to analyze text from psychotherapy notes for 181,620 post-9/11 Veterans with a PTSD diagnosis who had at least one outpatient psychotherapy visit between 2001 and 2014. The algorithm looked for the EBP names and characteristic phrases (e.g., “impact statement,” “hot spots”) to code notes for either PE or CPT. Of the patients engaged in psychotherapy each year, the number receiving CPT climbed steadily from less than 1% before the initiative to 14.6% in 2014. Those receiving PE increased from less than 0.5% before the initiative to 5% in 2010, but then declined slightly. Notably, only 7.8% and 2.1% of patients received minimally adequate doses of CPT or PE, respectively (at least 8 sessions over 24 weeks). The investigators concluded that findings show modest impact of the EBP implementation initiative, with greater effects for CPT. When interpreting these findings, it is necessary to remember that the study reported data through 2014, and numbers are likely to be

higher now in 2020.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1548772.pdf>

Maguen, S., Holder, N., Madden, E., Li, Y., Seal, K. H., Neylan, T. C., . . . Shiner, B. (2019). Evidence-based psychotherapy trends among posttraumatic stress disorder patients in a national healthcare system, 2001–2014. *Depression and Anxiety*. Advance online publication. PTSDpubs ID: 1548772

Less anger and aggression among Servicemembers after PTSD treatment

Elevated levels of anger and aggression are part of the diagnostic criteria for PTSD and common problems for Servicemembers with PTSD. However, few studies have examined whether PTSD treatment reduces anger and aggression. A team led by an investigator at the VAMC in Tampa analyzed changes in anger and aggression among active-duty Servicemembers engaged in treatments for PTSD. The data were from two RCTs conducted by the STRONG STAR Consortium in which treatments (group CPT vs. group Present-Centered Therapy and group CPT vs. individual CPT) were delivered to 374 active-duty Servicemembers (91% male) who had experienced combat. The PCL-5, the state anger subscale of the State-Trait Anger Expression Inventory, and the Revised Conflict Tactics Scale (which was revised to include aggression against anyone, not only intimate partners) were administered at pretreatment and posttreatment. Pre-post changes in anger and aggression did not differ for the treatment groups, so the participants were combined. The authors detected small changes in anger, medium changes in psychological aggression, and small changes in physical aggression. However, most participants continued to endorse anger (78%) and psychological aggression (93%) at posttreatment. The authors point out that the effect sizes were on par with those in studies of interventions for anger and aggression, but also that the prevalence of posttreatment anger and aggression suggests that intervention beyond PTSD treatment may be helpful.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1548219.pdf>

Miles, S. R., Dillon, K. H., Jacoby, V. M., Hale, W. J., Dondanville, K. A., Wachen, J. S., . . . Resick, P. A. (2019). Changes in anger and aggression after treatment for PTSD in active duty military. *Journal of Clinical Psychology*. Advance online publication. PTSDpubs ID: 1548219

PTSD symptom improvement is associated with antidepressant medication adherence

In depression, medication adherence is linked to symptom improvement, but this relationship has received little attention in PTSD. A team led by investigators at Saint Louis University and the Harry S. Truman Memorial Veterans' Hospital conducted a retrospective study testing the relationship between PTSD symptom improvement and antidepressant medication adherence in Veterans with PTSD and depression. Electronic medical record data were reviewed for 742 Veterans with

Take NOTE

Treating PTSD in active-duty Servicemembers and Veterans

A team of investigators at Cardiff University School of Medicine in the UK conducted a systematic review and meta-analysis of treatment response and dropout in psychotherapies for PTSD among active-duty and

Veteran samples.

Read the article: <https://doi.org/10.1080/20008198.2019.1684226>

Kitchiner, N. J., Lewis, C., Roberts, N. P., & Bisson, J. I. (2019). Active duty and ex-serving military personnel with post-traumatic stress disorder treated with psychological therapies: Systematic review and meta-analysis. *European Journal of Psychotraumatology*, 10, Article 1684226. PTSDpubs ID: 1548123

Systematic review of approaches to treatment augmentation in PTSD

A team led by investigators at the University of Melbourne in Australia reviewed 34 studies that tested strategies for augmenting first-line PTSD treatments.

Read the article: <https://doi.org/10.1111/cpsp.12310>

Metcalfe, O., Stone, C., Hinton, M., O'Donnell, M., Hopwood, M., McFarlane, A., Forbes, D., Kartal, D., Watson, L., Freijah, I., & Varker, T. (2019). Treatment augmentation for posttraumatic stress disorder: A systematic review. *Clinical Psychology: Science and Practice*. Advance online publication. PTSDpubs ID: 1549284

Clinician-related barriers and facilitators of delivering EBPs for PTSD

Investigators at the University of East Anglia in the UK conducted a systematic review of 34 qualitative and quantitative studies of clinicians' barriers and facilitators of delivering EBPs for PTSD.

Read the article: <https://doi.org/10.1016/j.jad.2019.11.143>

Finch, J., Ford, C., Grainger, L., & Meiser-Stedman, R. (2020). A systematic review of the clinician related barriers and facilitators to the use of evidence-informed interventions for post traumatic stress. *Journal of Affective Disorders*, 263, 175-186. PTSDpubs ID: 1548687

Systematic review and meta-analysis of MDMA-assisted psychotherapy for PTSD

A team led by investigators at Queen's University in Canada reviewed 5 randomized and quasi-randomized clinical trials of MDMA-assisted psychotherapy for PTSD.

Read the article: <https://doi.org/10.1016/j.pnpbp.2019.109735>

Bahji, A., Forsyth, A., Groll, D., & Hawken, E. R. (2020). Efficacy of 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy for posttraumatic stress disorder: A systematic review and meta-analysis. *Progress in Neuropsychopharmacology and Biological Psychiatry*, 96, Article 109735. PTSDpubs ID: 1512110

Imagery Rehearsal Therapy and prazosin for trauma-related nightmares

Investigators at the University of Amsterdam conducted a meta-analysis of RCTs testing Imagery Rehearsal Therapy (IRT; 8 studies) and prazosin (7 studies) for treating trauma-related nightmares.

Read the article: <https://doi.org/10.1016/j.smrv.2019.101248>

Yucel, D. E., van Emmerik, A. A. P., Souama, C., & Lancee, J. (2020). Comparative efficacy of imagery rehearsal therapy and prazosin in the treatment of trauma-related nightmares in adults: A meta-analysis of randomized controlled trials. *Sleep Medicine Reviews*, 50, Article 101248. PTSDpubs ID: 1548746

Preventive interventions for PTSD

Two systematic reviews and meta-analyses conducted by teams led by investigators at Cardiff University address early interventions after exposure to trauma.

Read the article: <https://doi.org/10.1080/20008198.2019.1695486>

Roberts, N. P., Kitchiner, N. J., Kenardy, J., Lewis, C. E., & Bisson, J. I. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *European Journal of Psychotraumatology*, 10, Article 1695486. PTSDpubs ID: 1548762

Read the article: <https://doi.org/10.1038/s41398-019-0673-5>

Wright, L. A., Sijbrandij, M., Sinnerton, R., Lewis, C., Roberts, N. P., & Bisson, J. I. (2019). Pharmacological prevention and early treatment of post-traumatic stress disorder and acute stress disorder: A systematic review and meta-analysis. *Translational Psychiatry*, 9, Article 334. PTSDpubs ID: 1548681

Systematic review of the effects of clinical practice guidelines on prescribing practices

A team of investigators at the National Centre of Excellence in Youth Mental Health in Australia conducted a systematic review of studies examining the effects of clinical practice guidelines on prescribing for a variety of psychiatric conditions, including PTSD.

Read the article: <https://doi.org/10.1016/j.psychres.2019.112671>

Nguyen, T., Seiler, N., Brown, E., & O'Donoghue, B. (2019). The effect of Clinical Practice Guidelines on prescribing practice in mental health: A systematic review. *Psychiatry Research*. Advance online publication. PTSDpubs ID: 1546936

diagnoses of PTSD and depression, an initial PCL ≥ 50 , a second PCL at least 8 weeks later and within 1 year of the initial PCL, and documentation of filling at least 1 antidepressant medication prescription within the same year. Medication adherence was calculated as the proportion of days when an antidepressant medication was prescribed to the number of days since the first PCL; $\geq 80\%$ of days was considered high adherence. Overall, only 42% of patients were highly adherent, but 54% of patients with greater PTSD improvement (20 point change) were highly adherent. When interpreting these findings, it is important to remember that “adherent” patients might not have been taking their medications. Also, these findings showing a positive association between PTSD symptom improvement and antidepressant medication adherence cannot prove whether improvement in PTSD results in greater medication adherence or whether greater medication adherence leads to PTSD improvement; prospective studies with more detailed assessment would help to determine the directionality of this relationship.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1546898.pdf>

Salas, J., Scherrer, J. F., Tuerk, P., van den Berk-Clark, C., Chard, K. M., Schneider, F. D., . . . Lustman, P. (2020). Large posttraumatic stress disorder improvement and antidepressant medication adherence. *Journal of Affective Disorders*, 260, 119-123. PTSDpubs ID: 1546898

Messaging about CPT and PE not always received as intended

Educating patients about EBPs for PTSD is essential for promoting treatment engagement. But how do patients perceive these messages? A team of VA investigators asked Veterans about preferences for learning about PTSD treatments, along with perceptions of educational materials developed early in the VA EBP rollout initiative. The investigators interviewed 31 Veterans with PTSD who were not currently receiving psychotherapy and had never received CPT or PE about knowledge and expectations of these treatments. The Veterans were also randomized to watch an informational video on either EBP. The Veterans later provided feedback on interview themes and reviewed marketing materials developed by the investigators. The Veterans said they perceived the treatments as effective and valued hearing other Veterans’ experiences with them. Many Veterans were skeptical of statements they perceived as overly positive, however. They reacted negatively to references to “curing” PTSD in the marketing

materials, suggesting this felt invalidating of their trauma histories and the impact of those experiences. Women Veterans raised concerns about limited representation of women in the videos. Although these findings suggest not all messages of hope are received as such, it is important to note that the current VA patient education videos for PE and CPT already address many of the concerns identified in this study. Next steps could include formal evaluation of these updated materials.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1549822.pdf>

Kehle-Forbes, S.M., Gerould, H., Polusny, M.A., Sayer, N.A., & Partin, M.R. (2020). “It leaves me very skeptical” messaging in marketing prolonged exposure and cognitive processing therapy to veterans with PTSD. *Psychological Trauma*. Advance online publication. PTSDpubs ID: 1549822

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