CLINICIAN'S TRAUMA UPDATE

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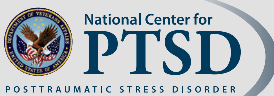

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TREATMENT

Stellate ganglion block shows short-term efficacy for PTSD

Stellate ganglion block (SGB) involves injecting a small amount of local anesthetic into a group of nerves in the right side of the neck called the stellate ganglion. Open-label case series have suggested SGB is beneficial for PTSD, but a previous randomized, placebo-controlled trial was negative. Based on these mixed data, a larger, randomized, double-blind, placebo-controlled multi-site study of SGB for PTSD was conducted at three Department of Defense sites. In the current study, 113 active duty military personnel with PTSD were randomized on a 2:1 basis to receive an injection of anesthetic versus placebo (saline) in the stellate ganglion. Each participant received one injection at baseline and a second injection two weeks later. Outcomes were measured eight weeks after baseline (i.e., six weeks after the second injection) using the CAPS-5. Improvement in PTSD severity was greater following SGB (-12.6 points) compared to placebo (-6.1 points). SGB was well-tolerated and dropout was low (<5%). Although SGB is associated with specific side effects in most patients, adequate blinding was maintained. This study offers encouraging results for SGB for PTSD. However, in the context of a prior negative controlled trial and the very short follow-up period, SGB should still be considered an experimental treatment for PTSD.

Read the article: https://doi.org/10.1001/jamapsychiatry.2019.3474

Rae Olmsted, K. L., Bartoszek, M., Mulvaney, S., McLean, B., Turabi, A., Young, R., . . . Walters, B. B. (2019). Effect of stellate ganglion block treatment on posttraumatic stress disorder symptoms: A randomized clinical trial. *JAMA Psychiatry*, Advance online publication. PTSDpubs ID: 1546434

Mantram Repetition Program may improve PTSD by reducing hyperarousal

Mantram Repetition Program (MRP) is a meditation intervention that previously demonstrated benefit for PTSD (see the August 2018 *CTU-Online*). Investigators at the VA San Diego Healthcare System performed a secondary analysis of their controlled trial of MRP to examine the intervention's effects on PTSD symptom clusters. In the original study, among 173 Veterans with PTSD randomized to either MRP or PCT, MRP was better than PCT for improving PTSD symptoms. In the current analysis, MRP showed a greater improvement in the hyperarousal symptom cluster compared to PCT; there were no sustained difference between the treatments for the other symptom clusters. Reductions in hyperarousal symptoms in the MRP condition mediated the overall change in PTSD severity. These findings suggest that MRP may be helpful for PTSD by specifically ameliorating hyperarousal symptoms, consistent with prior studies. Overall, these findings suggest a potential mechanism for how MRP may work in treating PTSD, but larger, well-controlled studies are needed to confirm these results.

Read the article: https://doi.org/10.1080/20008198.2019.1665768

Crawford, J. N., Talkovsky, A. M., Bormann, J. E., & Lang, A. J. (2019). Targeting hyperarousal: Mantram repetition program for PTSD in US veterans. *European Journal of Psychotraumatology, 10*(1). PTSDpubs ID: 1546001

Take NOTE

Cochrane systematic review of present-centered therapy

A team led by investigators at the Defense Health Agency conducted a systematic review of RCTs of Present-Centered Therapy for PTSD. Results from the 12 studies indicated moderate-quality evidence that PCT is more effective than control conditions for PTSD.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1546436.pdf

Belsher, B.E., Beech, E., Evatt, D., Smolenski, D.J., Shea, M.T., Otto, J.L.,. . . Schnurr, P.P. (2019). Present-centered therapy (PCT) for post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews*, 2019 (11), CD012898. PTSDpubs ID:1546436

Trajectories and predictors of response to psychotherapy for PTSD

A systematic review conducted by investigators at the University of Quebec and University of Ottawa examined trajectories and predictors of response to psychotherapy for PTSD, finding the most evidence for three trajectories: response, non-response, and subclinical response.

Read the article: https://doi.org/10.1177/0706743719875602

Dewar, M., Paradis, A., & Fortin, C. A. (2019). Identifying trajectories and predictors of response to psychotherapy for post-traumatic stress disorder in adults: A systematic review of literature. *The Canadian Journal of Psychiatry*, Advance online publication. PTSDpubs ID: 1545015

Systematic review and meta-analysis of long-term outcomes of CBT for anxiety

A team led by investigators at Utrecht University in the Netherlands reviewed and analyzed 69 RCTs of CBT for anxiety, with an focus on outcomes 12 months after treatment.

Read the article: https://doi.org/10.1001/jamapsychiatry.2019.3986

van Dis E.A.M., van Veen S.C., Hagenaars M.A., Batelaan, N. M., Bockting, C. L. H., van den Heuvel, R. M., . . . Engelhard, I. M. (2019). Long-term outcomes of cognitive behavioral therapy for anxiety-related disorders: A systematic review and meta-analysis. *JAMA Psychiatry*, Advance online publication. PTSDpubs ID: 1547892

Systematic review and meta-analysis of narrative exposure therapy

Narrative exposure therapy is included as a first-line trauma-focused psychotherapy in the 2017 VA/DoD Clinical Practice Guideline for PTSD. Investigators at the University of Malta reviewed 10 RCTs of narrative exposure therapy and concluded that narrative exposure therapy was superior to non-trauma-focused psychotherapies.

Read the article: https://doi.org/10.1080/01612840.2019.1650853

Grech, P., & Grech, R. (2019). A comparison of narrative exposure therapy and non-trauma-focused treatment in post-traumatic stress disorder: A systematic review and meta-analysis. *Issues in Mental Health Nursing*, Advance online publication. PTSDpubs ID: 1546432

Systematic review of PTSD treatment for patients with traumatic brain injury

PTSD and traumatic brain injury frequently co-occur. A team of investigators at Erasmus University Medical Center in the Netherlands reviewed 23 studies of treatments for PTSD among patients who sustained traumatic brain injuries. The authors concluded that CBT is appropriate for these patients, while evidence for other treatments is promising but based on poor quality studies.

Read the article: https://doi.org/10.1016/j.cpr.2019.101776

Mikolic, A., Polinder, S., Retel Helmrich, I. R. A., Haagsma, J. A., & Cnossen, M. C. (2019). Treatment for posttraumatic stress disorder in patients with a history of traumatic brain injury: A systematic review. *Clinical Psychology Review*, 73. PTSDpubs ID: 1546233

Body- and movement-oriented interventions for PTSD

Investigators at the Specialized Centre for Trauma Treatment of PsyQ in the Netherlands conducted a systematic review and meta-analysis of studies of body- and movement-oriented therapies for PTSD. The mean effect size was of medium magnitude, but the study methodologies were highly heterogenous.

Read the article: https://doi.org/10.1002/jts.22465

van de Kamp, M. M., Scheffers, M., Hatzmann, J., Emck, C., Cuijpers, P., & Beek, P. J. (2019). Body- and movement-oriented interventions for posttraumatic stress disorder: A systematic review and meta-analysis. *Journal of Traumatic Stress*, Advance online publication. PTSDpubs ID: 1546137

Systematic review and meta-analysis of head-to-head studies of medications and trauma-focused psychotherapies for PTSD

Investigators at UNC Chapel Hill and Yale University re-

Take NOTE

viewed studies comparing trauma-focused psychotherapies and medications (SSRI or SNRI) for PTSD. They then conducted a meta-analysis on the 4 relevant studies. The authors concluded that the evidence for which treatment approach is superior is insufficient.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1546435.pdf

Sonis, J., & Cook, J. M. (2019). Medication versus trauma-focused psychotherapy for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Psychiatry Research*, Advance online publication. PTSDpubs ID:1546435

Cannabinoids for treating mental health disorders

Investigators at the University of New South Wales examined studies of cannabinoids for a variety of psychiatric disorders, including 12 studies of PTSD (1 of which was an RCT). To date the evidence for the use of cannabinoids to treat mental health disorders is scare and low quality.

Read the article: https://doi.org/10.1016/s2215-0366(19)30401-8

Black, N., Stockings, E., Campbell, G., Tran, L. T., Zagic, D., Hall, W. D., . . . Degenhardt, L. (2019). Cannabinoids for the treatment of mental disorders and symptoms of mental disorders: A systematic review and meta-analysis. *Lancet Psychiatry*. Advance online publication. PTSDpubs ID: 1546431

Systematic review of barriers and facilitators of help-seeking in PTSD

In a systematic review of 21 studies, investigators at the University of Ottawa identified 10 themes pertaining to barriers and facilitators of help-seeking among adults with PTSD.

Read the article: https://doi.org/10.1002/jts.22456

Smith, J. R., Workneh, A., & Yaya, S. (2019). Barriers and facilitators to help-seeking for individuals with posttraumatic stress disorder: A systematic review. *Journal of Traumatic Stress*, Advance online publication. PTSDpubs ID: 1546284

Consultation associated with increased use of CPT and PE among community providers

Many Veterans receive their care in the community, where access to EBPs for PTSD is limited. To address this issue, investigators at the Massachusetts General Hospital and Red Sox Foundation Home Base Program developed a protocol to train community providers to deliver PE and CPT and explored whether consultation increased uptake. Community clinicians (N = 170) received 2-day trainings in PE or CPT. A subset of 42 providers chose to participate in 6 months of consultation, consisting of group telephone consultation and audio review of 3 treatment sessions. Clinicians completed self-report questionnaires prior to and immediately following the training, and at 3- and 6-month follow-up. At post-training, all clinicians reported increased knowledge and preparedness in using EBPs and in treating service members and Veterans. At 3 and 6 months, providers who received consultation were more likely than those with workshop training alone to report implementing an EBP and using an EBP with significantly more patients (M = 2.9 vs. 1.3 at 6 months). Consultation participants also were more likely to have completed an EBP than those with training alone (66% vs. 25%). When interpreting the findings, it is important to remember that providers were not randomized to consultation, so it is possible that the positive findings could be explained by systematic differences between providers who did and did not choose consultation. However, the findings are in line with other evidence that consultation promotes the implementation of EBPs (see the October 2018 *CTU-Online*).

Read the article: https://doi.org/10.1037/tra0000427

Charney, M. E., Chow, L., Jakubovic, R. J., Federico, L. E., Goetter, E. M., Baier, A. L., . . . Simon, N. M. (2019). Training community providers in evidence-based treatment for PTSD: Outcomes of a novel consultation program. *Psychological Trauma, 11*, 793-801. PTSDpubs ID: 51834

Phased versus integrated treatment for comorbid PTSD and substance use disorders

Clinical practice guidelines recommend treating comorbid PTSD and substance use disorders (SUD) within the same treatment episode. But should PTSD and SUD treatments be delivered concurrently in an integrated manner (see the June 2019 *CTU Online*) or should SUD treatment precede PTSD treatment? A team led by investigators at the Minneapolis and Philadelphia VAMCs conducted a comparative effectiveness study of integrated treatment versus phased treatment for comorbid PTSD and SUD. Veterans with PTSD and SUD (N = 183) recruited from two VA Medical Centers were randomized to receive PE and Motivational Enhancement Therapy (MET) in one of two formats: phased (4 sessions of MET followed by 12 sessions of PE) or integrated (16 sessions of MET and PE delivered within the same sessions). Both groups improved over time, but contrary to hypotheses, non-inferiority analyses indicated that phased treatment was not inferior to integrated treatment. Across both groups, mean percentage days of drug use or heavy drinking reduced by 25.8 and PCL scores reduced by 8.1 points. As in many previous studies of this population, completion rates were low (integrated = 23.2%, vs. phased = 36.4%, p = .05). Given the lack of differential outcomes, the authors suggest that providers and Veterans engage

in shared decision-making when considering treatment delivery options for PTSD and SUD—which could promote treatment engagement in this challenging population.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1546433.pdf

Kehle-Forbes, S. M., Chen, S., Polusny, M. A., Lynch, K. G., Koffel, E., Ingram, E., . . . Oslin, D. W. (2019). A randomized controlled trial evaluating integrated versus phased application of evidence-based psychotherapies for military veterans with comorbid PTSD and substance use disorders. *Drug and Alcohol Dependence, 205*. PTSDpubs ID: 1546433

Individuals who improve faster attend more CPT sessions

Many investigators are working to determine why some patients do not complete a full course of an effective treatment for PTSD (see the October 2019 *CTU-Online*). Using data from a CPT implementation trial, a team led by investigators at Yale School of Medicine examined patterns of completion and dropout, with some unexpected findings. The sample was composed of 188 patients recruited in Canada for an RCT comparing CPT consultation strategies (see the October 2018 *CTU-Online*). PTSD symptoms were measured at every session with the PCL. The investigators used multilevel growth curve models to test trajectories of change during CPT. They hypothesized that patients' change would reflect the "good enough level" model, such that patients who attended fewer sessions would show improvement at a faster rate. About 42% of patients dropped out of CPT, defined as not completing all 12 sessions. Most dropouts occurred between sessions 2-5. Contrary to expectations, the data did not fit the "good enough level" model, instead revealing that patients who improved faster attended more sessions. Patients who completed 12 sessions had the best outcomes for PTSD and functioning. These findings are consistent with recent evidence that initial response to CPT and PE predicted overall benefit among Veterans (see the October 2019 *CTU-Online*). They also reinforce the importance of identifying patients who are at risk of discontinuing treatment and working with them to stay engaged.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1545561.pdf

Holmes, S. C., Johnson, C. M., Suvak, M. K., Sijercic, I., Monson, C. M., & Wiltsey Stirman, S. (2019). Examining patterns of dose response for clients who do and do not complete cognitive processing therapy. *Journal of Anxiety Disorders*. Advance online publication. PTSDpubs ID: 1545561

Predicting treatment outcome in active duty service members

Evidence-based psychotherapies (EBPs) are effective for many patients, but clinical and demographic factors may influence how well these treatments work for a given individual. Investigators from the STRONG STAR Consortium examined patterns and predictors of treatment response in service members receiving CPT, PE, or Present-Centered Therapy (PCT). Data from three randomized clinical trials were combined (*N* =703) for the analysis. Participants received either 12 sessions of group or individual CPT or group PCT, or 10 sessions of individual PCT or individual PE delivered in a massed (2-week) or spaced (8-week) format. Clinician-rated PTSD symptoms were assessed at baseline, posttreatment, and 6- and 12-months posttreatment. Investigators examined trajectories of symptom change, but no clear patterns emerged. This contrasts with studies that have identified specific trajectories (see Take Note in this issue of *CTU-Online*). There also were no group differences in PTSD symptom change between PCT compared with CPT or PE. Lower baseline PTSD and depression symptoms, younger age, and higher ratings of treatment credibility and expectancy for change were related to greater improvement. These findings suggest that regardless of treatment type, promoting positive expectancies of treatment success may improve treatment outcomes. Additionally, these results support recent evidence that PCT is an efficacious treatment for PTSD that may be offered as an alternative to trauma-focused treatments (see Take Note in this issue of *CTU-Online*).

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1545342.pdf

Litz, B. T., Berke, D. S., Kline, N. K., Grimm, K., Rusowicz-Orazem, L., Resick, P. A., . . . Peterson, A. L. (2019). Patterns and predictors of change in trauma-focused treatments for war-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 87*(11), 1019-1029. PTSDpubs ID: 1545342

ASSESSMENT

Veterans' perspectives on discussing military sexual trauma with providers

The Veterans Health Administration (VHA) mandates screening for military sexual trauma (MST), but providers may be reluctant to engage with Veterans around this difficult topic due to concerns about upsetting their patients. Investigators led by a team at the National Center for PTSD interviewed Veterans about their perceptions of MST-related communication with VHA providers. The investigators asked 55 Veterans who had recently been screened for MST about the setting in which screening took place, satisfaction with the discussions, and factors associated with satisfaction. Veterans reported high satisfaction with MST-related discussions overall, although male Veterans had more

variable satisfaction than women and a few reported inherent discomfort with the topic. Unexpectedly, some Veterans (both male and female) reported themselves initiating conversations about their MST histories with providers. This more frequently occurred in specialty mental health settings and in established Veteran-provider relationships. Veterans said that hearing a non-technical definition of MST helped them describe their experiences. Being able to choose which details to share enhanced satisfaction, as did receiving treatment referrals after disclosure. The findings show that Veterans are generally satisfied with MST-related communications with VHA providers, but providers may need to be particularly attuned to the challenges faced by male Veterans discussing MST in order to enhance their comfort and potential engagement in care.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1545851.pdf

Street, A. E., Shin, M. H., Marchany, K. E., McCaughey, V. K., Bell, M. E., & Hamilton, A. B. (2019). Veterans' perspectives on military sexual trauma-related communication with VHA providers. *Psychological Services*. Advance online publication. PTSDpubs ID: 1545851

A tool for translating PCL scores based on DSM-IV versus DSM-5 PTSD criteria

The revised criteria for PTSD in DSM-5 created challenges for clinicians and researchers assessing PTSD severity longitudinally in the same patient population. To address this problem, researchers at the National Center for PTSD created a "crosswalk" tool for translating scores between the PCL-5 and an earlier version of the scale (PCL-C). In this study, 1003 Veterans (59% with PTSD) completed both the PCL-5 and PCL-C as part of Project VALOR, a longitudinal registry of VA mental health care users who had served in Iraq and/or Afghanistan. A crosswalk algorithm that predicted PCL-5 scores based on PCL-C scores was created in a random sample of 800 participants. Among the remaining 203 participants, the algorithm had very high prediction accuracy (ICC = .96). The article provides a table that allows conversion of a PCL-C score to a PCL-5 score. Strengths of this study include the large sample, allowing the investigators to create and validate the tool in separate cohorts, and the high percentage of women (51%). However, because the sample was comprised only of Veterans with a high rate of combat exposure, the findings may not generalize to nonveterans. Still, this study provides a useful tool for combining data from DSM-IV and DSM-5 versions of the PCL.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1544985.pdf

Moshier, S. J., Lee, D. J., Bovin, M. J., Gauthier, G., Zax, A., Rosen, R. C., . . . Marx, B. P. (2019). An empirical crosswalk for the PTSD Checklist: Translating DSM-IV to DSM-5 using a veteran sample. *Journal of Traumatic Stress, 32*(5), 799-805. PTSDpubs ID: 1544985

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