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SPECIAL FEATURE

Suggested readings on race and trauma

The recent murder of George Floyd and the protests that have followed have drawn national attention to the problem of racism. Although racism is often seen as a sociopolitical problem, it also is a health problem. Racial discrimination is associated with substantial and pervasive negative effects on physical and mental health, including PTSD. Racial minorities are more likely than Whites to have PTSD. Growing evidence also points to experiences with racial discrimination as a factor that increases the risk of PTSD for racial and ethnic minorities. Based on these known negative health effects of systemic racism and the racial disparities in PTSD, we are committed to promoting a focus on issues of race, racism, and cross-cultural competence in PTSD. Therefore, in this issue of the *Clinician's Trauma Update-Online*, we are providing a list of readings to help our readers learn more about the intersection of race and trauma. Unlike our typical offerings, these are not new articles, and only some have been covered in past issues. However, the articles are current and broadly reflective of a literature we encourage you to follow.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id41786.pdf>

Alegria, M., Fortuna, L. R., Lin, J. Y., Norris, F. H., Gao, S., Takeuchi, D. T., . . . Valentine, A. (2013). Prevalence, risk, and correlates of posttraumatic stress disorder across ethnic and racial minority groups in the United States. *Medical Care*, 51, 1114-1123. PTSDpubs ID: 41786

Read the article: <https://doi.org/10.2174/1573400512666160505150257>

Hall-Clark, B., Sawyer, B., Golik, A., & Asnaani, A. (2016). Racial/ethnic differences in symptoms of posttraumatic stress disorder. *Current Psychiatry Reviews*, 12, 124-138. PTSDpubs ID: 47144

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id1554318.pdf>

McClendon, J., Dean, K.E., & Galovski, T. (2020). Addressing diversity in PTSD treatment: Disparities in treatment engagement and outcome among patients of color. *Current Treatment Options in Psychiatry*. Advance online publication. PTSDpubs ID: 1554318

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id45682.pdf>

Onoye, J. M., Spont, M., Whealin, J. M., Pole, N., Mackintosh, M. A., Spira, J. L., & Morland, L. A. (2017). Improving assessment of race, ethnicity, and culture to further veteran PTSD research. *Psychological Trauma*, 9, 222-229. PTSDpubs ID: 45682

Read the article: <https://doi.org/10.1371/journal.pone.0138511>

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., . . . Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS One*, 10, Article e0138511. PTSDpubs ID: 1554591

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id51382.pdf>

Rosen, C. S., Bernardy, N. C., Chard, K. M., Clothier, B., Cook, J. M., Crowley, J., . . . Sayer, N. A. (2019). Which patients initiate cognitive processing therapy and prolonged exposure in department of Veterans Affairs PTSD clinics? *Journal of Anxiety Disorders*, 62, 53-60. PTSDpubs ID: 51382

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id43163.pdf>

Spoont, M. R., Nelson, D. B., Murdoch, M., Sayer, N. A., Nugent, S., Rector, T., & Westermeyer, J. (2015). Are there racial/ethnic disparities in VA PTSD treatment retention? *Depression and Anxiety*, 32, 415-425. PTSDpubs ID: 43163

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id48791.pdf>

Spoont, M., Nelson, D., van Ryn, M., & Alegria, M. (2017). Racial and ethnic variation in perceptions of VA Mental Health providers are associated with treatment retention among veterans with PTSD. *Medical Care*, 55, S33-S42. PTSDpubs ID: 48791

Read the article: <https://doi.org/10.3390/bs4020102>

Williams, M. T., Malcoun, E., Sawyer, B. A., Davis, D. M., Bahojb Nouri, L., & Bruce, S. L. (2014). Cultural adaptations of prolonged exposure therapy for treatment and prevention of posttraumatic stress disorder in African Americans. *Behavioral Sciences*, 4(2), 102-124. PTSDpubs ID: 51341

Read the article: <https://doi.org/10.1037/pri0000076>

Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM-5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242-260. PTSDpubs ID: 1541800

Practical guidance for delivering CPT via telehealth during the COVID-19 pandemic

Telehealth delivery of CPT is effective (see the [June 2014 CTU-Online](#)) and widely available in VA. But because of the COVID-19 pandemic, during which in-person contact has been necessarily limited, much more telehealth is being done, and by providers who are new to this mode of delivery. To support these efforts, a paper by a team of CPT and telehealth experts offers practical guidance for delivering CPT via telehealth. The guidance includes an overview of videoconferencing software options, how to maximize privacy and security, information about HIPAA-compliant platforms that can be used on different devices and with different operating systems, and strategies for optimally using the platforms to deliver CPT interventions. The authors also review aspects of telehealth that are not unique to CPT, such as clinical assessment, setting patients' expectations for telehealth, preparing for emergencies, sharing electronic materials between the patient and provider, and troubleshooting problems with technology. Lastly, the authors address clinical issues specific to the COVID-19 pandemic, such as differentiating recommended safety precautions from PTSD-related avoidance behavior and strategies for managing COVID-19-related stressors while remaining fidelity to the CPT protocol. With this guidance in hand, providers can be better equipped to deliver CPT during the COVID-19 pandemic.

Read the article:

<http://www.ptsd.va.gov/professional/articles/article-pdf/id1553411.pdf>

Moring, J. C., Dondanville, K. A., Fina, B. A., Hassija, C., Chard, K., Monson, C., . . . Resick, P. A. (2020). Cognitive processing therapy for posttraumatic stress disorder via telehealth: Practical considerations during the COVID-19 pandemic. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1553411

Strategies for using telepsychotherapy to prevent and treat PTSD

Investigators at the National Center for PTSD provide a roadmap for using telepsychotherapy technology for preventive intervention and treatment of trauma-related problems including PTSD.

Read the article:

<http://www.ptsd.va.gov/professional/articles/article-pdf/id1554320.pdf>

Rosen, C. S., Glassman, L. H., & Morland, L. A. (2020). Telepsychotherapy during a pandemic: A traumatic stress perspective. *Journal of Psychotherapy Integration*, 30, 174-187. PTSDpubs ID: 1554320

Systematic review and meta-analysis of psychiatric problems associated with coronavirus infections

A team led by investigators at University College London conducted a systematic review and meta-analysis of studies of psychiatric consequences of coronavirus infections, including SARS, MERS, and SARS coronavirus 2, the virus that leads to COVID-19.

Read the article: [https://doi.org/10.1016/s2215-0366\(20\)30203-0](https://doi.org/10.1016/s2215-0366(20)30203-0)

Rogers, J. P., Chesney, E., Oliver, D., Pollak, T. A., McGuire, P., Fusar-Poli, P., . . . David, A. S. (2020). Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: A systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry*. Advance online publication. PTSDpubs ID: 1553821

Systematic review of studies of mental health during the COVID-19 pandemic

Investigators at the Copenhagen Research Centre for Mental Health completed a systematic review of 43 studies examining mental health outcomes associated with COVID-19.

Read the article: <https://doi.org/10.1016/j.bbi.2020.05.048>

Vindegaard, N., & Eriksen Benros, M. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior and Immunity*. Advance online publication. PTSDpubs ID: 1554230

Longitudinal study of psychological impact of COVID-19

In a study of over 1700 individuals in China, investigators examined changes in depression, anxiety, and PTSD over four weeks of the COVID-19 pandemic.

Read the article: <https://doi.org/10.1016/j.bbi.2020.04.028>

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., McIntyre, R. S., . . . Ho, C. (2020). A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain, Behavior and Immunity*. Advance online publication. PTSDpubs ID: 1552390

Study of prevalence and predictors of PTSD symptoms among residents of Wuhan, China

A team led by investigators at the Naval Medical University measured PTSD symptoms with the PCL-5 among 285 residents of Wuhan, the initial epicenter of the COVID-19 pandemic, with the specific goal of examining differences in symptom severity among men and women.

Read the article: <https://doi.org/10.1016/j.psychres.2020.112921>

Liu, N., Zhang, F., Wei, C., Jia, Y., Shang, Z., Sun, L., . . . Liu, W. (2020). Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter. *Psychiatry Research*, 287, Article 112921. PTSDpubs ID: 1551870

Psychological and physical symptoms among healthcare workers at hospitals treating COVID-19

Investigators examined associations among symptoms of PTSD and depression and physical symptoms (e.g. headache) among 906 healthcare workers in 5 major hospitals working with COVID-19 patients in Singapore and India.

Read the article: <https://doi.org/10.1016/j.bbi.2020.04.049>

Chew, N. W. S., Lee, G. K. H., Tan, B. Y. Q., Jing, M., Goh, Y., Ngiam, N. J. H., . . . Sharma, V. K. (2020). A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior and Immunity*. Advance online publication. PTSDpubs ID: 1552602

Modifications to intensive CPT program improve outcomes for survivors of military sexual trauma

Modifying existing treatments to better meet needs for specific patient populations may improve outcomes. A previous study of an intensive outpatient PTSD treatment program that was conducted by investigators at Rush University Medical Center found that Veterans with MST did not experience as much benefit as those with combat trauma. In response to this finding, the team modified the program to improve outcomes for Veterans with MST. The sample included 181 Veterans with combat trauma and 103 with a history of MST who were enrolled in the Road Home Program, a 3-week intensive treatment program consisting of daily group and individual CPT combined with

wellness programming. Investigators compared Veterans' outcomes before and after the implementation of programmatic changes: the addition of 3 group sessions focused on increasing skills in emotion regulation and interpersonal domains, optional individual skills consultations, and staff development trainings on trauma-informed care for MST survivors. Following the changes, the MST and combat groups showed similar, and meaningful, reductions in PTSD symptoms over time as measured by the PCL-5. While not an RCT that could definitively isolate the causal effects of the specific program modifications, these findings suggest that identifying and addressing unique treatment needs, such as those of Veterans who experienced MST, can improve PTSD treatment outcome.

Read the article: <https://doi.org/10.1016/j.jad.2020.03.036>

Lofgreen, A. M., Tirone, V., Carroll, K. K., Rufa, A. K., Smith, D. L., Bagley, J., . . . Held, P. (2020). Improving outcomes for a 3-week intensive treatment program for posttraumatic stress disorder in survivors of military sexual trauma. *Journal of Affective Disorders*, 269, 134-140. PTSDpubs ID: 1552166

Messaging modality shows promise for the treatment of PTSD

Technology-based treatment delivery can remove barriers and increase access to care. Although telehealth via video has been shown to be effective, treatment delivery via messaging had not yet been tested for the treatment of PTSD. A team led by investigators from the NYU Grossman School of Medicine examined outcomes of treatment for PTSD delivered using two-way asynchronous messaging (text, photo, audio, or video content). The sample included 475 treatment-seeking individuals (87% female, 76% age 18-35) with probable PTSD (PCL-5 \geq 33). Using a HIPAA-compliant interface, therapists messaged patients at least once per day, 5 days a week. Patients could send any number of messages to their therapist. The PCL-5 was administered at baseline and every 3 weeks for 12 weeks. Fifty-nine percent of patients completed 12 weeks of treatment, and the mean PCL-5 scores of the sample decreased from 50.6 at baseline to 36.0 at 12 weeks. Nearly half (49%) of patients improved \geq 10 points on the PCL-5. Greater symptom reduction was associated with stronger therapeutic alliance, patients sending more video messages, and this being the patients' first experience of psychotherapy. Although future studies with more diverse patient populations and specific evidence-based treatments are needed, these findings suggest that delivery of therapy through messaging may be an effective treatment for some, particularly those entering care for the first time.

Read the article:

<http://www.ptsd.va.gov/professional/articles/article-pdf/id1552911.pdf>
Malgaroli, M., Hull, T. D., Wiltsey Stirman, S., & Resick, P. (2020). Message delivery for the treatment of posttraumatic stress disorder: Longitudinal observational study of symptom trajectories. *Journal of Medical Internet Research*, 22, Article e15587. PTSDpubs ID: 1552911

Take NOTE

Dropout from RCTs of psychotherapy for PTSD

Investigators at Cardiff University School of Medicine completed a systematic review and meta-analysis of rates of dropout from RCTs of psychotherapy for PTSD, finding a pooled rate of 16% and

significant heterogeneity across trials.

Read the article: <https://doi.org/10.1080/20008198.2019.1709709>

Lewis, C., Roberts, N. P., Gibson, S., & Bisson, J. I. (2020). Dropout from psychological therapies for post-traumatic stress disorder (PTSD) in adults: Systematic review and meta-analysis. *European Journal of Psychotraumatology*, 11, Article 1709709. PTSDpubs ID: 1552432

Prazosin for PTSD

A team led by investigators at the VAMC in Long Beach, CA conducted a systematic review and meta-analysis of 6 RCTs of prazosin for PTSD, nightmares, and sleep quality.

Read the article: <https://doi.org/10.1017/s1092852920001121>

Reist, C., Streja, E., Tang, C. C., Shapiro, B., Mintz, J., & Hollifield, M. (2020). Prazosin for treatment of post-traumatic stress disorder: A systematic review and meta-analysis. *CNS Spectrums*. Advance online publication. PTSDpubs ID: 1553221

Systematic review and meta-analysis of mindfulness-based interventions

A team led by investigators at the University of Sydney conducted a systematic review and meta-analysis of studies examining the effectiveness of mindfulness, yoga, tai chi, and qi gong for transdiagnostic consequences of trauma.

Read the article: <https://doi.org/10.1080/15299732.2020.1760167>

Taylor, J., McLean, L., Korner, A., Stratton, E., & Glozier, N. (2020). Mindfulness and yoga for psychological trauma: systematic review and meta-analysis. *Journal of Trauma & Dissociation*. Advance online publication. PTSDpubs ID: 1553699

Brain activity during emotional processing may predict which PTSD patients respond to treatment

There are no firmly established biomarkers to guide PTSD treatment selection. To help fill this gap, two complementary imaging studies assessed brain function during emotional processing and regulation in Veterans with PTSD enrolled in a large clinical trial comparing PE, sertraline and their combination. The PROGrESS trial randomized 223 Veterans with PTSD to PE plus placebo, sertraline plus enhanced medication management (as a psychotherapy control condition) or PE plus sertraline. This study found improvements in PTSD in all three groups but no difference between them (see the [December 2018 CTU-Online](#)). A subset of approximately 50 Veterans underwent functional magnetic resonance imaging (fMRI) at baseline and 3 months following the end of treatment. Approximately 27 trauma-exposed Veterans without PTSD were scanned at a single time point as a control group. Different tasks were used in the two studies to assess brain activity associated with emotional processing, reactivity and regulation. The investigators combined task data across the three treatment groups since the clinical trial showed no difference in outcomes with the different treatments. There were no differences in task-related brain activity at baseline between Veterans with PTSD and trauma-exposed controls on any of the three tasks. However, taken together, these studies found that, compared to non-responders, participants with a greater treatment response showed increased activity in brain regions associated with early processing of emotional information at baseline, as well as lower activity in prefrontal cortical regions responsible for emotion regulation at baseline. These findings contrast with prior imaging studies showing a nearly opposite pattern, and disparities could be related to different tasks used or different patient populations. Additionally, the sample size was too small to assess whether brain activity at baseline differentially predicted response to specific treatments, e.g., PE versus sertraline. Although more investigation is needed to identify clinically meaningful brain imaging patterns that predict treatment response in PTSD, and ideally predicting response to specific types of treatment, these studies help validate that such biomarkers might exist.

Read the articles:

<http://www.ptsd.va.gov/professional/articles/article-pdf/id1552362.pdf>

Duval, E. R., Sheynin, J., King, A. P., Phan, K. L., Simon, N. M., Martis, B., . . . Rauch, S. A. M. (2020). Neural function during emotion processing and modulation associated with treatment response in a randomized clinical trial for posttraumatic stress disorder. *Depression and Anxiety*. Advance online publication. PTSDpubs ID: 1552362

<https://doi.org/10.1016/j.psychresns.2020.111062>

Joshi, S. A., Duval, E. R., Sheynin, J., King, A. P., Phan, K. L., Martis, B., . . . Rauch, S. A. M. (2020). Neural correlates of emotional reactivity and regulation associated with treatment response in a randomized clinical trial for posttraumatic stress disorder. *Psychiatry Research: Neuroimaging*, 299, Article 111062. PTSDpubs ID: 1552109

RCT of yoga for PTSD shows short-term benefits, but long-term effects are less clear

Despite widespread interest in the mental health benefits of yoga, randomized controlled trials assessing the impact of yoga on PTSD are limited (see *Take Note* in this issue). A new study led by investigators at the Roudebush VAMC compared the effects of a yoga in a large sample of PTSD patients. Participants included 209 individuals with PTSD (91.4% Veterans, 66% male) who were randomized to either trauma-informed yoga (n = 108) or a wellness class control condition (n = 101). Both groups met weekly for 90 minutes for 16 weeks. The wellness class included psychoeducation about health plus walking to parallel the physical activity effects from yoga. Roughly 12% of participants in each group were concurrently engaged in an evidence-based psychotherapy for PTSD. Yoga led to greater improvement on the CAPS-5 by posttreatment (d = 0.43), but there were no significant differences between groups at 3-month follow-up. The investigators hypothesized that those in the yoga group may have had difficulty sustaining their practice after the treatment ended. Baseline PTSD severity was relatively low in both groups, however, so future studies could test the effects of yoga among those with more severe PTSD. Future studies could also test strategies to sustain the benefits of yoga over time.

Read the article: <https://doi.org/10.1037/tra0000564>

Davis, L. W., Schmid, A. A., Dagg, J. K., Yang, Z., O'Connor, C. E., Schalk, N., . . . Knock, H. (2020). Symptoms improve after a yoga program designed for PTSD in a randomized controlled trial with veterans and civilians. *Psychological Trauma: Theory, Research, Practice, Policy*. Advance online publication. PTSDpubs ID: 1552693

Malingering test shows poor validity among trauma-exposed Veterans

A study led by investigators at the National Center for PTSD examined validity of the Miller Forensic Assessment of Symptoms Test (M-FAST), a commonly used measure of malingering, among trauma-exposed Veterans. The scale's performance was disappointing. The M-FAST is a structured clinical interview that assesses domains such as extreme or rare combinations of symptoms and respondent suggestibility via 25 forced-choice questions. The investigators administered the M-FAST, along with other measures of psychopathology and response validity, to 209 Veterans (83.7% men, 57.9% with probable PTSD per the PCL-5). Several M-FAST subscales had poor internal consistency, and advanced statistical techniques indicated that certain items had limited precision. Eliminating poorly performing items did not improve the M-FAST's psychometric properties overall. The measure was also strongly associated with more severe psychopathology. The investigators interviewed Veterans about their M-FAST responses and identified multiple items for which factors other than malingering (e.g., question misinterpretation) may have contributed to over-endorsement. The authors caution against using the M-FAST in isolation to identify malingering in PTSD. The findings must be confirmed in a larger, more diverse sample but suggest the need for better instruments to screen and assess for malingering among Veterans with possible PTSD.

Read the article:

<http://www.ptsd.va.gov/professional/articles/article-pdf/id1552543.pdf>

Wolf, E. J., Ellickson-Larew, S., Guetta, R. E., Escarfulleri, S., Ryabchenko, K., & Miller, M. W. (2020). Psychometric performance of the Miller Forensic Assessment of Symptoms Test (M-FAST) in veteran PTSD assessment. *Psychological Injury and Law*. Advance online publication. PTSDpubs ID: 1552543

Further validation of 4- and 8-item PCL-5

Brief symptom measures are useful in clinical and research settings in which time is limited. A previous study validated 4- and 8-item versions of the 20-item PCL-5 against the MINI PTSD module in a mixed-trauma sample (see the [June 2016 CTU-Online](#)). A team led by investigators at the Medical College of Wisconsin tested the same version against the CAPS-5 in a sample of patients who experienced traumatic injury. The investigators administered the PCL-5 and CAPS-5 to 251 adults who had been admitted to a Level 1 trauma center inpatient unit for traumatic injuries (e.g., motor vehicle accidents and gunshots) 6.5 months earlier. The estimates of sensitivity of the 4- and 8-item versions were comparable to the total scale at their optimal cutpoints (0.99 and 0.96, respectively). However, specificity was lower for both the 4-item (0.83) and 8-item (0.90) versions. The authors argue that these brief versions of the PCL-5 may be most suitable for screening at-risk populations rather than for identifying individuals without PTSD. But, PTSD screening instruments such as the PC-PTSD-5 have already been validated for this purpose (see the [June 2016 CTU-Online](#)), and to date there is no evidence that brief version of the PCL-5 adequately measure symptom change over time--therefore calling into question the practical utility of these scales.

Read the article: <https://doi.org/10.1002/jts.22478>

Geier, T. J., Hunt, J. C., Hanson, J. L., Heyrman, K., Larsen, S. E., Brasel, K. J., & deRoos-Cassini, T. A. (2020). Validation of abbreviated four- and eight-item versions of the PTSD Checklist for DSM-5 in a traumatically injured sample. *Journal of Traumatic Stress, 33*, 218-226. PTSDpubs ID: 1552114



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