

CLINICIAN'S TRAUMA UPDATE

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TREATMENT

More improvement in PTSD treatment when patient chooses the type

Investigators from the University of Washington and Case Western Reserve University conducted the first study examining whether treatment preferences in a PTSD sample predict better response to psychotherapy versus medication. The study is important because evidence suggests that individuals with PTSD want an active role in their treatment decisions (see the [June 2016 CTU Online](#)). A total of 200 participants with DSM-IV PTSD were randomized to choice ($n = 97$) versus no choice ($n = 103$) of treatment. Among the choice participants, 61% chose PE and only 39% chose sertraline. Both treatments were 10 weeks long, with long-term follow-up at 24 months. Patients in both treatments showed large gains at post-treatment and at long-term follow-up, with no group difference in PTSD severity. However, PE was associated a higher likelihood of loss of PTSD diagnosis and meeting responder criteria. Among those in the no choice condition, patients who received their preferred treatment had better outcomes on measures of PTSD and related outcomes, as well as better adherence and rates of completion. This uniquely designed study offers evidence that accommodating patient preferences when deciding between evidence-based treatment options can promote treatment adherence and response.

Read the article: <https://doi.org/10.1176/appi.ajp.2018.17090995>

Zoellner, L. A., Roy-Byrne, P. P., Mavissakalian, M., & Feeny, N. C. (2018). Doubly randomized preference trial of Prolonged Exposure versus sertraline for treatment of PTSD. *American Journal of Psychiatry*. Advance online publication. PTSDpubs ID: 51049.

Multisite RCT compares MBSR to Present-Centered Group Therapy

Mindfulness-based protocols are among the most frequently tested complementary and alternative treatments for PTSD. A previous RCT showed that Mindfulness-Based Stress Reduction (MBSR) reduced self-reported PTSD severity more than Present-Centered Group Therapy (PCGT) in Veterans (see the [August 2015 CTU-Online](#)). A team led by investigators at the Tuscaloosa VA Medical Center recently conducted a multisite trial comparing these two treatments. The investigators randomized 214 Veterans with PTSD to 8 weekly 90-minute sessions of MBSR or PCGT, and compared the treatments using a modified intention-to-treat analysis that included Veterans who attended at least one treatment session. Veterans in both groups showed clinically significant reductions in PTSD symptoms measured with the CAPS, the primary outcome, with no difference between the treatments. PCL scores were lower in MBSR than PGCT at week 9 but not week 16. The authors describe methodological differences between this study and the previous RCT in Veterans that may have contributed to the more

Special NOTICE

The Published International Literature on Traumatic Stress (PILOTS) database is now PTSDpubs. The staff at the National Center for PTSD hope that this name change will more clearly communicate both the subject matter and content covered by the database. If you have any questions about PTSDpubs, please contact the [library staff](#) at the National Center for PTSD.

modest results. For example, the MBSR sessions were shorter, the attrition higher, and the Veterans' PTSD more severe at baseline (although, unlike the previous RCT, the treatment groups did not differ at baseline, which could have contributed to the positive findings in that trial). Taken together, the findings of these two well-done studies do not support MBSR as a primary treatment for PTSD, leaving open the question of how to optimally use mindfulness in PTSD care.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51046.pdf>

Davis, L. L., Whetsell, C., Hamner, M. B., Carmody, J., Rothbaum, B. O., Allen, R. S., . . . Bremner, J. D. (2018). A multisite randomized controlled trial of Mindfulness-Based Stress Reduction in the treatment of posttraumatic stress disorder. *Psychiatric Research and Clinical Practice*. Advance online publication. PTSDpubs ID: 51046

Long-lasting effects shown for brief Written Exposure Therapy for PTSD

Written Exposure Therapy (WET), a five-session trauma-focused treatment for PTSD, was non-inferior to CPT in a recent randomized controlled trial (see the [February 2018 CTU-Online](#)). But can symptom improvements from such a brief treatment be sustained? Investigators from the National Center for PTSD examined longer-term outcomes from the original RCT. The original study compared WET, in which patients write about their index trauma for 30 minutes at 5 weekly sessions, to CPT (with the trauma account) delivered in 12 weekly sessions to 126 Veterans and non-Veterans. At the 60-week assessment, the difference in total CAPS-5 scores between groups was 2.81, indicating that WET remained non-inferior to CPT over time, with large pre-post effect sizes in both conditions. Both groups reported similar reductions in PTSD (WET $d = 1.23$; CPT $d = 1.38$) and depression measured with the Beck Depression Inventory-II (WET $d = 0.51$; CPT $d = 0.68$), although the CPT group showed a more rapid improve-

ment in depression. Notably, the number of participants who met criteria for PTSD declined from the 36 week follow-up to 60 week follow-up in both groups (48% to 32% for WET; 39% to 26% for CPT), suggesting that the effects of both interventions continue over time. This study lends support to the growing literature that brief treatments for PTSD can be effective with long-lasting benefits.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id50980.pdf>

Thompson-Hollands, J., Marx, B. P., Lee, D. J., Resick, P. A., & Sloan, D. M. (2018). Long-term treatment gains of a brief exposure-based treatment for PTSD. *Depression and Anxiety*, 35, 985–991. PTSDpubs ID: 50980

How low can we go with the duration of imaginal exposure?

The [June 2015 issue of CTU-Online](#) reported on a randomized trial showing that exposure therapy was equally effective when imaginal exposure was done for 20 minutes or 40 minutes. Now, investigators from the University of New South Wales have tested an even smaller dose of imaginal exposure – only 10 minutes – to see if it can produce comparable results. The trial enrolled 100 emergency service personnel (e.g., police officers, firefighters, and paramedics) with PTSD. Participants were randomized to 12 weeks of cognitive behavioral therapy with brief exposure (CBT-B), long exposure (CBT-L), or waitlist. CBT-B sessions were 50 minutes with 10-minute imaginal exposure; CBT-L sessions were 90 minutes with 40-minute imaginal exposure. Investigators predicted that both CBT interventions would outperform waitlist, and that CBT-B would not be less effective than CBT-L. Investigators concluded that both hypotheses were supported. At posttreatment, CBT-B and CBT-L participants improved by more than 40 points on the CAPS, whereas waitlist participants improved by 12 points ($ds = 1.6-1.7$). Differences between the two CBT conditions were small ($d = .3$) and nonsignificant. That

Systematic review of EMDR studies aims to explain how it works

A team led by investigators at the University of Sydney in Australia conducted a systematic review of 87 studies of EMDR that examined or interpreted their findings in light of proposed mechanisms of action. They provide recommendations for designing future trials to more definitely test the proposed psychological, psychophysiological, and neurobiological models.

Read the article: <https://doi.org/10.3389/fpsyg.2018.01395>

Landin-Romero, R., Moreno-Alcazar, A., Pagani, M., & Amann, B. L. (2018). How does Eye Movement Desensitization and Reprocessing therapy work? A systematic review on suggested mechanisms of action. *Frontiers in Psychology*, 9. PTSDpubs ID: 51047

Review of 15 VA mobile apps for PTSD

Investigators at the National Center for PTSD describe 15 mobile apps designed to address the needs of individuals with PTSD, either as stand-alone self-help or in conjunction with psychotherapy.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id50978.pdf>

Owen, J. E., Kuhn, E., Jaworski, B. K., McGee-Vincent, P., Juhasz, K., Hoffman, J. E., & Rosen, C. (2018). VA mobile apps for PTSD and related problems: Public health resources for veterans and those who care for them. *MHealth*, 4, 28–28. PTSDpubs ID: 50978

Take
NOTE

such a small amount of exposure can lead to improvement has important practical implications. In exposure therapies, patients often listen to imaginal exposure recording daily, so reducing exposure length can potentially save them many hours over the course of treatment.

Read the article: <https://doi.org/10.1017/S0033291718002234>

Bryant, R. A., Kenny, L., Rawson, N., Cahill, C., Joscelyne, A., Garber, B., . . . Nickerson, A. (2018). Efficacy of exposure-based cognitive behaviour therapy for post-traumatic stress disorder in emergency service personnel: A randomised clinical trial. *Psychological Medicine*. Advance online publication. PTSDpubs ID: 51039.

PTSD treatment associated with increased buprenorphine adherence

Maintenance treatment with buprenorphine is effective in opioid use disorder (OUD). However, dropout is common and may be associated with comorbid conditions such as PTSD. Investigators at the VA Connecticut Healthcare System assessed retention in buprenorphine treatment for OUD in Veterans with and without PTSD and whether receiving concurrent treatment for PTSD affected retention. Among 140 Veterans seeking buprenorphine treatment, 48% had a chart diagnosis of PTSD. Less than a third of these patients were receiving treatment for PTSD, with only 12% receiving an evidence-based psychotherapy (PE or CPT). However, more than 90% of Veterans in PTSD treatment remained in buprenorphine maintenance for at least 6 months compared to only 24% of Veterans with PTSD not receiving PTSD treatment and 47% of Veterans without PTSD. The lack of randomized assignment to PTSD treatment versus no treatment is a limitation of this study and means there could be other differences between patients who did and did not receive PTSD treatment that explained the differences in retention rates. The use of retrospective chart reviews also means that the PTSD diagnosis could not be confirmed. Still, these data suggest that treatment of comorbid PTSD during buprenorphine maintenance for OUD is feasible and may lead to greater long-term retention in OUD treatment.

Read the article: <https://doi.org/10.1016/j.addbeh.2018.09.010>

Meshberg-Cohen, S., Black, A. C., DeViva, J. C., Petrakis, I. L., & Rosen, M. I. (2019). Trauma treatment for veterans in buprenorphine maintenance treatment for opioid use disorder. *Addictive Behaviors*, 89, 29–34. PTSDpubs ID: 51048

Therapist consultation improves patient outcomes from CPT

To maximize the fidelity, effectiveness, and reach of evidence-based psychotherapies for PTSD, it is important to understand how to best train clinicians to deliver these treatments. Follow-up consultation is essential, but the optimal type of support had not been studied. Investigators from Ryerson University tested the effect of three different levels of support for clinicians following CPT training on patient outcomes. In this randomized controlled hybrid implementation/effectiveness trial, 134 therapists were randomized into one of three conditions

following a standard CPT training: No consultation; standard consultation involving discussion and conceptualization of cases; and consultation including audio review of brief segments of CPT sessions. Both consultation conditions received 6 months of weekly 1-hour group consultation. Across conditions, the 188 patients treated by these therapists showed reductions in PTSD symptoms measured by the PCL ($d = -0.95$ to -1.78). However, participants in the standard consultation condition showed greater improvements than both no consultation ($d = .83$) and consultation including audio review ($d = .69$), with no difference between the latter two conditions. The investigators suggest that listening to audio recordings during consultation reduced the time spent discussing and conceptualizing cases, which made consultation less effective. These findings support the continued use of standard consultation following CPT training to optimize patient outcomes, but suggest that audio review may be unnecessary in group consultation.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51018.pdf>

Monson, C. M., Shields, N., Suvak, M. K., Lane, J. E. M., Shnaider, P., Landy, M. S. H., . . . Stirman, S. W. (2018). A randomized controlled effectiveness trial of training strategies in cognitive processing therapy for posttraumatic stress disorder: Impact on patient outcomes. *Behaviour Research and Therapy*, 110, 31–40. PTSDpubs ID: 51018

CPT patients who complete more homework see payoff

For PTSD patients who receive PE, homework completion is linked to better outcomes (see the [April 2016 CTU-Online](#)). Investigators from the National Center for PTSD recently reported comparable findings for CPT. Pooling data from 140 female participants in two prior randomized trials of CPT, this secondary study examined homework review forms (completed each session) and scores on either the PTSD Symptom Scale or the PTSD Diagnostic Scale (completed every other session). The goal was to see whether homework completion at any particular session predicted subsequent improvement in PTSD symptoms. Significant effects of homework completion emerged at two time points. Greater homework completion after sessions 2 and 3 was linked with smaller gains in PTSD symptoms immediately after ($d = .48$), but larger gains as therapy progressed ($d = -.48$). Greater homework completion at sessions 8 and 9 predicted greater improvement in PTSD symptoms through the remainder of treatment ($d = -.46$). These results identify specific points in therapy where homework completion may be key, and also suggest that good homework compliance may improve outcomes for cognitive-based therapy, just as it does for exposure therapy. For CPT therapists, the investigators stress the importance of encouraging homework completion and explaining that it is linked with better results.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id49875.pdf>

Stirman, S. W., Gutner, C. A., Suvak, M. K., Adler, A., Calloway, A., & Resick, P. (2018). Homework completion, patient characteristics, and symptom change in Cognitive Processing Therapy for PTSD. *Behavior Therapy*, 49, 741–755. PTSDpubs ID: 49875

A better way to identify self-reported exposure to a traumatic event

Stressful life events such as infidelity do not meet the *DSM-5* definition of trauma, which necessitates exposure to actual or threatened death, serious injury, or sexual violence (Criterion A). But people may still self-report events that do not meet Criterion A as their worst life event. Investigators at Auburn University compared two assessment strategies to determine which led to more accurate identification of traumatic exposure. The Life Events Checklist-5 Extended Version (LEC-5) assesses exposure to 17 potentially traumatic events and includes follow-up questions to determine whether the respondent's worst life event meets Criterion A. The investigators administered the LEC-5-Extended Version to two samples of adults using an internet survey. Sample 1 ($n = 579$) answered questions about their worst event only,

whereas Sample 2 ($n = 569$) answered questions about all reported events but also reported which event they considered the worst. The worst event reported by over 50% of each sample met Criterion A. However, of the 201 (35.5%) Sample 2 participants whose worst event did not meet Criterion A, nearly 70% ($n = 140$) reported experiencing other events that did in fact meet Criterion A. In other words, assessing whether a single worst event meets Criterion A led to trauma-exposed individuals not being identified. Results suggest that when time and resources allow, it is optimal to assess whether *all* self-reported potentially traumatic events meet Criterion A.

Read the article: <https://doi.org/10.1037/tra0000398>

Bardeen, J. R., & Benfer, N. (2018). Methodological considerations for assessing trauma history via self-report. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. PTSDpubs ID: 50921



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