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## TREATMENT

### Growing evidence for the tolerability of trauma-focused psychotherapy

Although some patients experience symptom worsening during trauma-focused treatment, it typically resolves by the end of treatment. Two recent studies—one examining fluctuation in PTSD symptoms during treatment and the other looking at changes in suicide ideation—add to the growing literature showing the safety and tolerability of trauma-focused treatment.

Investigators from the Zablocki VA Medical Center pooled data from 192 participants who received PE, CPT, or a cognitive-only version of CPT (CPT-C) during two previous randomized controlled trials. They examined whether participants' PTSD symptoms got worse during treatment, defined as an increase of at least 6.15 points on the PTSD Symptom Scale or the Posttraumatic Diagnostic Scale. A minority of patients experienced symptom worsening, and treatments did not differ: PE (20.0%), CPT (28.6%), and CPT-C (14.7%). One important finding is that worsening was not associated with increased risk of dropout. Increases typically resolved within 1-2 weeks during the course of treatment, but participants who experienced worsening had a slower rate of improvement and were more likely to meet PTSD criteria at the end of treatment. On average, however, they had substantial improvements.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id44662.pdf>

A study led by investigators with the National Center for Veterans Studies examined whether trauma-focused psychotherapy leads to increased suicide ideation or attempts. Participants were 100 male and 8 female US Army personnel who received CPT-C or Present Centered Therapy in a prior randomized controlled trial. Suicide ideation significantly decreased in both treatment groups and there were no suicide attempts. Exacerbations in suicide ideation during CPT-C (defined as an increase of at least 8.16 points on the Beck Scale for Suicide Ideation) were rare and similar among those with (9.1%) and without (11.6%) suicide ideation at the start of treatment. There were no differences between the CPT-C and Present Centered Therapy groups on any suicide outcome, suggesting that trauma-focused interventions do not increase risk of suicide risk relative to non-trauma focused interventions.

Read the article: <http://dx.doi.org/10.1002/da.22456>

These studies show that symptom exacerbation is the exception, and not the rule, in trauma-focused treatment. Neither study examined how rates of symptom worsening in trauma-focused treatment compare to rates among people with PTSD who are not receiving treatment. It may be that periodic symptom exacerbation is even more common when survivors go untreated.

Bryan, C. J., Clemons, T. A., Hernandez, A. M., Mintz, J., Peterson, A. L., Yarvis, J. S., & Resick, P. A. (2015). Evaluating potential iatrogenic suicide risk in trauma-focused group cognitive behavioral therapy for the treatment of PTSD in active duty military personnel. *Depression and Anxiety*. Advance online publication. PILOTS ID: 44661

Larsen, S. E., Stirman, S. W., Smith, B. N., & Resick, P. A. (2016). Symptom exacerbations in trauma-focused treatments: Associations with treatment outcome and non-completion. *Behaviour Research and Therapy*, 77, 68-77. PILOTS ID: 44662

## Few advantages to treating sleep before starting trauma-focused psychotherapy for PTSD

If patients are struggling with sleep problems, it may be difficult for them to engage in or benefit from psychotherapy for PTSD. A recent randomized controlled trial by investigators at the National Center for PTSD examined whether there are advantages to targeting sleep by using hypnosis prior to starting Cognitive Processing Therapy. Participants were 108 female survivors of interpersonal assault with PTSD and sleep problems. During the first phase of the study, participants were randomized to three weeks of hypnosis or daily symptom monitoring. Hypnosis consisted of weekly sessions focusing on sleep and daily self-hypnosis practice. After this initial phase, participants in the hypnosis group showed an advantage on sleep ( $d = .71$ ) and depressive symptoms ( $d = .68$ ), but not PTSD symptoms. During phase two, all participants received CPT. Following a course of CPT, the hypnosis group continued to have greater improvements in depressive symptoms ( $d = .58$ ), but did not fare better than the symptom monitoring group on PTSD or sleep. Dropout was similar across the two treatment conditions. Although hypnosis did not enhance the effectiveness of CPT for PTSD or sleep, the authors suggest that hypnosis may be well suited for patients who want to resolve sleep symptoms prior to trauma-focused therapy.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id44664.pdf>

Galovski, T. E., Harik, J. M., Blain, L. M., Elwood, L., Gloth, C., & Fletcher, T. D. (2015). Augmenting Cognitive Processing Therapy to improve sleep impairment in PTSD: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 84*, 167-177. PILOTS ID: 44664

## Study examines whether emotion regulation improves with PTSD treatment

People with PTSD often have difficulty regulating their emotions. Clinicians may believe that specifically targeting emotion regulation is the only way to improve emotion regulation in PTSD patients. But a new study by investigators at the University of Washington suggests that two evidence-based PTSD treatments, Prolonged Exposure and sertraline, can improve emotion regulation on their own. Investigators used data from a randomized controlled trial comparing PE and sertraline in 200 men and women. All participants had chronic PTSD but varied in their emotion regulation abilities. Both PE and sertraline were associated with small- to medium improvements in emotion regulation at posttreatment ( $d$  for emotion regulation measures = .22 -.56). Participants with the most difficulty regulating emotions at the start of treatment showed the biggest gains. It is not clear whether PE and sertraline had a direct effect on emotion regulation or whether emotion regulation improved as a result of reductions in PTSD symptoms. Either way, these findings suggest that stand-alone evidence-based treatments like PE and ser-

## Take NOTE

### Journal supplement: Women in combat

The January 2016 supplement of *Military Medicine* features 15 papers summarizing presentations from a 2014 symposium on

health, leadership, and performance topics of concern for women in combat.

Read the supplement: <http://publications.amsus.org/toc/milmed/181/15>

Deuster, P. A., Van Arsdale, S. J., & Nindle, B. C. (2016). Women in combat [Special issue]. *Military Medicine, 181*(15).

### Journal special issue: Outcomes measurement in psychotherapy

A recent issue of *Psychotherapy Research* is devoted to research on issues related to monitoring patient progress to improve the practice of psychotherapy.

Read the issue: <http://www.tandfonline.com/toc/tps20/25/6>

Lutz, W., De Jong, K., & Rubel, J. (Eds.). (2015). Patient-focused and feedback research in psychotherapy [Special issue]. *Psychotherapy Research, 25*(6).

### Review of emerging PTSD treatments

A team led by investigators from the University of Melbourne offers a descriptive review of 15 emerging interventions for the treatment of PTSD.

Read the review: <http://dx.doi.org/10.1002/jts.22070>

Metcalfe, O., Varker, T., Forbes, D., Phelps, A., Dell, L., DiBattista, A., ... O'Donnell, M. (2016). Efficacy of fifteen emerging interventions for the treatment of posttraumatic stress disorder: A systematic review. *Journal of Traumatic Stress, 29*, 88-92. PILOTS ID: 44657

### Meta-analysis of online PTSD interventions

Investigators from the Free University of Berlin conducted a meta-analysis of 20 randomized controlled trials testing either internet-based CBT or expressive writing against active or passive conditions.

Read the meta-analysis: <http://dx.doi.org/10.1016/j.cpr.2015.11.004>

Kuester, A., Niemeyer, H., & Knaevelsrud, C. (2016). Internet-based interventions for posttraumatic stress: A meta-analysis of randomized controlled trials. *Clinical Psychology Review, 43*, 1-16. PILOTS ID: 44658

traline lead to improved emotion regulation and that clinicians do not need to delay PTSD treatment for patients with emotion regulation difficulties.

Read the article: <http://dx.doi.org/10.1016/j.brat.2015.12.002>

Jerud, A. B., Pruitt, L. D., Zoellner, L. A., & Feeny, N. C. (2016). The effects of Prolonged Exposure and sertraline on emotion regulation in individuals with posttraumatic stress disorder. *Behaviour Research and Therapy*, 77, 62-67. PILOTS ID: 44665

## Prazosin no better than placebo for comorbid PTSD and alcohol use disorders

Both PTSD and alcohol use disorder (AUD) are associated with increased activity of the noradrenergic system. Prazosin, a medication that reduces adrenergic activity, has shown consistent success treating nightmares in PTSD patients and decreasing drinking in AUD patients. A new randomized controlled trial led by investigators at the VA Connecticut Healthcare System examined whether prazosin is effective for comorbid PTSD and AUD. Ninety-six Veterans with PTSD and AUD were randomly assigned to receive prazosin (16mg) or placebo for 13 weeks. PTSD symptoms improved in both groups, with CAPS scores dropping by more than 30 points on average, as did sleep problems and alcohol use. But there were no differences between groups on any outcome, indicating that prazosin was no more effective than placebo. It is unknown why the results of this trial differ from other studies of prazosin. The authors suggest prazosin may be less effective when PTSD and AUD are comorbid. Also, many participants received other interventions for PTSD and AUD during the study, which may have contributed to the improvements seen in both groups and made it hard to detect any effect of prazosin.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id44663.pdf>

Petrakis, I. L., Desai, N., Gueorguieva, R., Arias, A., O'Brien, E., Jane, J. S., ... Ralevski, E. (2016). Prazosin for veterans with posttraumatic stress disorder and comorbid alcohol

dependence: A clinical trial. *Alcoholism: Clinical and Experimental Research*, 40, 178-186. PILOTS ID: 44663

## Clinical demonstration projects on the promises of meditation for PTSD

Meditation is one of the most widely-used types of complementary and integrative treatments in VA. Although the empirical evidence on meditation is growing (for example, see [August 2015 CTU-Online](#)), the relative benefits of different types of meditation are not known. To help address that gap, VA investigators conducted clinical demonstration projects at 6 VA sites to compare different types of meditation with usual care. Participants were 391 male and female Veterans with PTSD. Four sites randomized participants and 2 sites allowed participants to self-select into which type of treatment they received. Types of meditation included mindfulness, Transcendental Meditation, and mantra meditation. Usual care included two sites that used more rigorous comparison treatments: Prolonged Exposure and Present-Centered Therapy. There were small to medium effect sizes on clinician-rated and self-reported PTSD ( $g = .32-.39$ ) and on aspects of mindfulness ( $g = .37-.41$ ). Positive benefits were observed primarily for mindfulness and mantra programs, which, along with evidence from randomized trials, suggest that these approaches have the most promise for treating PTSD. As for next steps, the authors discuss how to optimally structure meditation programs to meet patient needs and how programs best fit within the structure of mental health care (e.g., as stand-alone or adjunctive services).

Read the article: <http://dx.doi.org/10.1037/tra0000106>

Heffner, K. L., Crean, H. F., & Kemp, J. E. (2016). Meditation programs for veterans with posttraumatic stress disorder: Aggregate findings from a multi-site evaluation. *Psychological Trauma: Theory, Research, Practice, and Policy*. Advance online publication. PILOTS ID: 44659

### ASSESSMENT

## Psychometric evaluations of three DSM-5 measures for PTSD

Since the release of *DSM-5* in 2013, clinicians and researchers have needed assessment measures reflecting the new PTSD diagnostic criteria. Four recent articles in *Psychological Assessment* provide psychometric data on the *DSM-5* versions of three of the most widely used PTSD scales: the PTSD Checklist (PCL-5), Posttraumatic Diagnostic Scale (PDS-5), and Posttraumatic Stress Disorder Symptom Scale Interview (PSSI-5).

One of two studies that examined the 20-item the PTSD Checklist (PCL-5) was conducted by investigators from the National Center for PTSD and represents the first validation of the PCL-5 against the gold standard CAPS-5. Within two independent samples of Veterans in VA care (total  $N = 468$ ), the PCL-5 had excellent internal consistency (Cronbach's  $\alpha = .96$ ) and 30-day test-retest

reliability ( $r = .86$ ). The convergent and discriminant validity of the PCL-5 was good and nearly identical to that of the PCL-C for *DSM-IV*. In terms of the latent structure of the PCL-5 symptoms, the 4-factor model of *DSM-5* provided an adequate fit but 6- and 7-factor models were better. Total scores between 31 and 33 on the PCL-5 were most efficient in detecting probable PTSD.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id44666.pdf>

The second validation study of the PCL-5 was conducted by investigators of the STRONG STAR Consortium, who examined data from Servicemembers enrolled in one of 3 randomized controlled psychotherapy trials; 765 with PTSD were randomized into treatment and 147 were used as comparison noncases. Psychometric results mirrored the above trial with Veterans, with the PCL-5 demonstrating high internal consistency, and convergent and discriminant validity. Similarly, a seven-factor *DSM-5* model of PTSD fit the PCL-5 data best and a cut-off score of 33 was optimal

for detecting PTSD. Preliminary analyses on data from a subset of 98 Servicemembers suggest that a 15 point change is best at identifying clinically meaningful change pre- to posttreatment.

Read the article: <http://dx.doi.org/10.1037/pas0000260>

The other two studies were conducted by investigators from the University of Pennsylvania, University of Texas at Austin, and the Ann Arbor VA Medical Center. One study focused on a self-report measure, the 24-item PDS-5, and the other on a semi-structured interview, the 17-item PSSI-5. Data from both studies were drawn from a sample of 242 community-dwelling adults, Veterans, and college students. Both scales had high internal consistency, test-retest reliability, and convergent and discriminant validity. The optimal cut-off score for a PTSD diagnosis was 23 on the PSSI-5 and 28 on the PDS-5. Interrater agreement on the PSSI-5 was excellent ( $\kappa = .84$ ), although agreement between the PSSI-5 and CAPS-5 was moderate ( $\kappa = .49$ ).

Read the PDS-5 article: <http://dx.doi.org/10.1037/pas0000258>  
and the PSSI-5 article: <http://dx.doi.org/10.1037/pas0000259>

Overall, the findings indicate that the PCL-5, PDS-5, and PSSI-5 are reliable and valid measures of PTSD as defined by *DSM-5*. Future research will help determine if the psychometric properties and cut-off scores found in these studies hold for the PCL-5 among civilian samples and for the PDS and PSSI-5 among military samples.

Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2015). Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (PCL-5) in veterans. *Psychological Assessment*. Advance online publication. PILOTS ID: 44666

Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Powers, M. B., Kauffman, B. Y., Rauch, S., Porter, K., & Knowles, K. (2015). Psychometric properties of the Posttraumatic Diagnostic Scale for *DSM-5* (PDS-5). *Psychological Assessment*. Advance online publication. PILOTS ID: 44668

Foa, E. B., McLean, C. P., Zang, Y., Zhong, J., Rauch, S., Porter, K., Knowles, K., Powers, M. B., & Kauffman, B. Y. (2015). Psychometric properties of the Posttraumatic Stress Disorder Symptom Scale Interview for *DSM-5* (PSSI-5). *Psychological Assessment*. Advance online publication. PILOTS ID: 44669

Wortmann, J. H., Jordan, A. H., Weathers, F. W., Resick, P. A., Dondanville, K. A., Hall-Clark, B., ... Mintz, J. (2016). Psychometric analysis of the PTSD Checklist-5 (PCL-5) among treatment-seeking military service members. *Psychological Assessment*. Advance online publication. PILOTS ID: 44667

## Study uses decision tree analysis to streamline the PTSD diagnosis

The Clinician Administered PTSD Scale—CAPS—is considered to be the gold standard for assessing and diagnosing PTSD. However, the CAPS is not routinely used in clinical practice because of the time it takes to administer. Investigators from the Medical University of South Carolina explored the feasibility of using decision tree analysis to create a brief but accurate version of the CAPS. The study used archival data from 1,517 Veterans who completed the CAPS for *DSM-IV* when they sought PTSD treatment at their local VA Medical Center. Investigators applied decision tree analysis, a statistical technique that identifies which sequence of items in a scale most strongly predicts the measured outcome. This allowed the investigators to determine which CAPS items provided the most efficient pathway to determining PTSD diagnosis and which items could be omitted without reducing validity. They developed a decision tree model of the CAPS in which the next item depended on the patient's score on the previous item. Whereas the CAPS for *DSM-IV* includes 17 items, the decision tree model included only 2 to 5 CAPS items, depending on responses. Compared with the full-length CAPS, the decision tree model correctly classified 92.4% of patients. This novel approach has the potential to reduce clinician and patient time, a key barrier to the use of structured interviews.

Read the article: <http://dx.doi.org/10.1037/ser0000069>

Stewart, R. W., Tuerk, P. W., Metzger, I. W., Davidson, T. M., & Young, J. (2015). A decision-tree approach to the assessment of posttraumatic stress disorder: Engineering empirically rigorous and ecologically valid assessment measures. *Psychological Services*, 13, 1-9. PILOTS ID: 44670

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