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TREATMENT

Surprising results from study of PE, sertraline, and their combination

The VA/DoD Clinical Practice Guideline for PTSD recommends trauma-focused psychotherapy above selective serotonin reuptake inhibitors. There has been only one prior large, well-designed study directly comparing these two types of treatments, and it found comparable effects of PE and sertraline on symptom severity, but better clinically meaningful and long-term outcomes in PE (see the [October 2018 CTU-Online](#)). A new large study also compared PE and sertraline, along with their combination. Investigators at the VA Atlanta Healthcare System randomized 233 Veterans with combat-related PTSD to receive PE plus sertraline, PE plus placebo, or sertraline plus 30 minutes of enhanced medication management. PE was delivered in 13 weekly 90-minute sessions; medication was continued for 24 weeks. PTSD symptom severity on the CAPS was reduced in all three conditions at week 24, with 52% (PE plus placebo), 56% (PE plus sertraline), and 62% (sertraline plus medication management) showing clinically meaningful change of a 20-point reduction in CAPS scores. Contrary to expectations, the groups did not differ, suggesting that there is no additional benefit of adding medication to PE. The lack of difference between PE and sertraline in this and the prior trial raises a question about whether trauma-focused psychotherapy should be the initial treatment option, as indicated in the VA/DoD guideline. However, the investigators note that the enhanced delivery of sertraline alone may have led to improved outcomes in this condition compared to previous medication trials; enhanced medication management also was used in the prior trial. Replication of these findings may inform future treatment guidelines.

Read the article: <https://doi.org/10.1001/jamapsychiatry.2018.3412>

Rauch, S. A. M., Kim, H. M., Powell, C., Tuerk, P. W., Simon, N. M., Acierno, R., . . . Hoge, C. W. (2018). Efficacy of Prolonged Exposure therapy, sertraline hydrochloride, and their combination among combat veterans with posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*. Advance online publication. PTSDpubs ID: 51290

Group CBT and Group Present-Centered Therapy both effective for treating PTSD

Group therapy approaches are often used to treat PTSD in clinical practice, but so few have been tested that no specific group approaches were recommended in the recent VA/DoD Clinical Practice Guideline for PTSD. A team led by investigators at the National Center for PTSD compared the efficacy of group CBT (GCBT) for PTSD to group Present-Centered Therapy (GPCT). A total of 198 male Veterans with PTSD were recruited from VA facilities and randomly assigned to 14 sessions of either GCBT ($n = 98$) or GPCT ($n = 100$). PTSD was measured with the CAPS-5 and PCL-5 at baseline, midtreatment, posttreatment, and 3-, 6-, and 12-month posttreatment. Both treatments resulted in lower PTSD severity (GCBT, $d = 0.97$; GPCT, $d = 0.61$) and fewer PTSD diagnoses, with no difference between the groups. Depression, anxiety, and impairment were also improved in both groups. Treatment effects lasted through the 12-month follow-up. Lastly, Veterans reported being satisfied with both treatments. However, 70% of participants still met criteria for PTSD after treatment, with only 40% of participants reporting reliable decreases in symptoms. The lack of difference between GCBT and GPCT on clinician-rated PTSD is consistent with a previous trial comparing GPCT to group CPT (see

the [June 2015 CTU-Online](#)). This growing literature suggests that group therapies with and without an explicit trauma focus can be helpful for PTSD.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51291.pdf>

Sloan, D. M., Unger, W., Lee, D. J., & Beck, J. G. (2018). A randomized controlled trial of group cognitive behavioral treatment for veterans diagnosed with chronic posttraumatic stress disorder. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 51291

Transcendental meditation for PTSD

Transcendental meditation (TM) is a form of meditation that involves 15-20 minutes of silent repetition or use of a mantra, which can be a sound, syllable or phrase. TM has been shown to reduce anxiety in earlier studies, and two recent studies have investigated the use of TM as a potential non-trauma focused intervention for PTSD.

Investigators at the VA San Diego Healthcare System compared 12 weekly sessions of transcendental meditation (TM; $n = 68$) to PE ($N = 68$) and a control condition (health education [HE]; $n = 67$) for Veterans with PTSD. Both TM and PE were associated with greater reduction in CAPS scores over three months compared to HE, and TM was non-inferior to PE. There was no difference in dropout between the groups. When interpreting these findings, it is important to consider that the clinically significant response to PE in this study (42%) is lower than that seen in many prior studies (>50%). Additionally, PE was provided by two novice therapists, with one therapist providing 80% of the PE treatments, while TM training was mostly provided by two individuals with substantial training in TM. The difference in experience between therapists in each group may have affected the outcomes, and the small number of therapists in each group limits the generalizability of these findings. Finally, no long-term outcomes are reported, so the comparative durability of response is unknown.

Read the article: [https://doi.org/10.1016/S2215-0366\(18\)30384-5](https://doi.org/10.1016/S2215-0366(18)30384-5)

In a second study, investigators, based at the Minneapolis VA Healthcare System, assessed acceptability, efficacy, and neurophysiological response (measured with electroencephalography, or EEG) of 8 weeks of TM in 29 Veterans with PTSD. Immediately following treatment, PTSD severity was significantly reduced, as measured by the CAPS-IV and PCL. These improvements were either maintained or even greater at a 2-month follow-up assessment. Seventy-nine percent (79%) of participants completed the 8-week protocol. EEG data collected at rest and during TM suggested an increase in low frequency spectral power associated with TM, especially over midline frontal and parietal brain regions. These changes have been previously associated with increased internal attentional monitoring. Importantly, there was no control group for this study, and expectations for improvement were high. This increases the likelihood that at least some of the observed changes were related to nonspecific factors (and not necessarily TM).

Read the article: <https://doi.org/10.1037/tra0000346>

Together, these studies support further testing of TM as a non-trauma-focused intervention for PTSD and suggest a potential neural mechanism through which it might operate. However, the current data are far from conclusive, so caution should be used when interpreting the findings.

Kang, S. S., Erbes, C. R., Lambert, G. J., Thuras, P., Sponheim, S. R., Polusny, M. A., ... Lim, K. O. (2018). Transcendental meditation for veterans with post-traumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10, 675–680. PTSDpubs ID: 50654

Nidich, S., Mills, P. J., Rainforth, M., Heppner, P., Schneider, R. H., Rosenthal, N. E., ... Rutledge, T. (2018). Non-trauma-focused meditation versus exposure therapy in veterans with post-traumatic stress disorder: A randomised controlled trial. *The Lancet Psychiatry*, 5, 975–986. PTSDpubs ID: 51386

Take NOTE

Meta-analysis of randomized clinical trials of CPT

A team led by investigators at the University of Regina conducted a meta-analysis of 11 randomized clinical trials of CPT. Overall, CPT performed better than both active and inactive control conditions on PTSD and secondary outcomes.

Read the article: <https://doi.org/10.1080/16506073.2018.1522371>

Asmundson, G. J. G., Thorisdottir, A. S., Roden-Foreman, J. W., Baird, S. O., Witcraft, S. M., Stein, A. T., ... Powers, M. B. (2019). A meta-analytic review of cognitive processing therapy for adults with posttraumatic stress disorder. *Cognitive Behaviour Therapy*, 48, 1–14. PTSDpubs ID: 51192

Systematic review of creative arts therapies for PTSD

A team of investigators at the University of Melbourne reviewed seven studies of art therapy, music therapy, and drama therapy. They concluded that the quality of the studies was very poor and that better designed trials are needed to determine whether creative arts therapies are helpful for PTSD.

Read the article: <https://doi.org/10.1037/tra0000353>

Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10, 643–651. PTSDpubs ID: 49516

Potential disparities in Veterans' initiation of CPT and PE

VA strives to make CPT and PE available to all Veterans with PTSD. But according to a recent study led by investigators at the National Center for PTSD, some Veterans are more likely than others to get these treatments. Using patient medical records, investigators identified Veterans ($N = 6,251$) who received psychotherapy at one of nine VA PTSD clinics within a 1-year period. Only 35% of these patients received at least one CPT/PE session. There were differences between Veterans who received CPT/PE versus other psychotherapy. Although most Veterans who received CPT/PE had two or more comorbidities, Veterans with more mental health diagnoses were less likely than those with fewer diagnoses to receive CPT/PE ($OR = .88$). Hispanic, male, older, and divorced Veterans were also less likely to receive CPT/PE ($ORs = .74-.95$), as were those who had a prior psychiatric hospitalization ($OR = .61$) or lived further from their VA facility ($OR = .98$). This study did not examine *why* patients did or did not receive CPT/PE, so results could represent variation in patient needs and preferences or clinician judgment. An important next step will be to examine reasons underlying CPT/PE initiation (or lack of initiation) so evidence-based treatments are received by all patients who might want and benefit from them.

Read the article: <https://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. (2018). Which patients initiate Cognitive Processing Therapy and Prolonged Exposure in Department of Veterans Affairs PTSD clinics? *Journal of Anxiety Disorders*. Advance online publication. PTSDpubs ID: 51382

First COPE vs. relapse prevention trial in Veterans

A prior RCT found that both COPE (short for Concurrent Treatment of SUD and PTSD using Prolonged Exposure) and relapse prevention were effective for treating concurrent PTSD and substance use, with neither treatment outperforming the other (see the [June 2017 CTU-Online](#)). Now, a trial comparing these same two treatments in a Veteran sample suggests that COPE may have an edge. The study enrolled 81 Veterans (90% male) who had current SUD and PTSD. Participants were randomized to 12 sessions of COPE or relapse prevention. Both COPE and relapse prevention led to significant improvement in PTSD, but participants who received COPE had greater reductions in PTSD severity on both the CAPS and PTSD Checklist ($ds = 1.3-1.4$). COPE participants were also more likely to achieve PTSD remission ($OR = 5.3$). SUD improved in both arms, with no group differences at posttreatment. This changed, however, at 6-month follow-up, when COPE showed an advantage on one SUD outcome: drinks per drinking day (COPE $M = 4.5$ vs. RP $M = 8.3$). COPE may promote skills that continue to positively impact drinking behavior even after treatment ends. One conclusion from this study is that dually diagnosed patients can see improvement in PTSD when treatment focuses solely on SUD—but treatment targeting both problems simultaneously may lead to better outcomes.

Read the article: <https://doi.org/10.1016/j.addbeh.2018.11.032>

Back, S. E., Killeen, T., Badour, C. L., Flanagan, J. C., Allan, N. P., Ana, E. S., . . . Brady, K. T. (2018). Concurrent treatment of substance use disorders and PTSD using prolonged exposure: A randomized clinical trial in military veterans. *Addictive Behaviors*. Advance online publication. PTSDpubs ID: 51384

Initial response to PE predicts who is most likely to benefit from additional sessions

Although it is common practice to add sessions to evidence-based psychotherapies for PTSD in order to maximize patient response, there is little research exploring the benefit of extending treatment. Investigators from the Atlanta VA Medical Center examined predictors of clinically meaningful benefit of extending PE in a VA clinic sample. Among 451 Veterans diagnosed with PTSD who received at least 4 sessions of PE, 33% experienced clinically meaningful change, defined as a 50% reduction in PTSD symptoms on the Posttraumatic Symptom Scale-Self Report questionnaire. Younger Veterans and Veterans who served during more recent service eras were most likely to report meaningful change during PE. Survival analyses were completed to examine when meaningful change occurred. Although the median number of PE sessions needed was between 14 and 16, most Veterans who achieved meaningful change did so within 9 sessions. In a subsample of 156 Veterans who completed 9 or more sessions and did not report meaningful change by session 8, the percentage who achieved meaningful change was much higher among those who had at least a 10% reduction in symptoms by session 8 (42%) versus those who had less improvement by session 8 (7%). Findings suggest that alternative treatment strategies might be considered for Veterans who have shown little change by session 8 in PE.

Read the article: <https://doi.org/10.1037/ser0000309>

Ready, D. J., Lamp, K., Rauch, S. A. M., Astin, M. C., & Norrholm, S. D. (2018). Extending prolonged exposure for veterans with posttraumatic stress disorder: When is enough really enough? *Psychological Services*. Advance online publication. PTSDpubs ID: 51387

Early response to sertraline predicts good long-term outcomes in PTSD patients

For most evidence-based PTSD interventions, the standard treatment course is at least eight weeks. However, some patients show notable improvement early in treatment. Investigators at University of Washington and Case Western Reserve University examined whether early response to sertraline or PE predicted long-term outcomes. In a two-site RCT, 200 patients with PTSD were randomized to 10 weeks of either sertraline (titrated up to 200 mg/day) or PE, and 134 patients completed at least seven weeks of treatment. Participants were assessed for up to two years. The rate of early response (defined as $\geq 20\%$ reduction in self-reported PTSD severity by session 2) was approximately 40% in both groups. Early response predicted good end-state functioning in the sertraline group but not the PE group. In the sertraline group, higher expectation of a therapeutic outcome was associated with early response. Importantly, this study had no placebo group, so it is unclear the degree to which a placebo response contributed

to these findings. Still, these results suggest that for sertraline, but not PE, higher expectancy for a favorable outcome predicts an early response to treatment, and this in turn predicts good long-term outcomes. If replicated, this may help guide treatment planning for the medication management of PTSD patients.

Read the article: <https://doi.org/10.1192/bjp.2018.211>

Graham, B., Garcia, N. M., Burton, M. S., Cooper, A. A., Roy-Byrne, P. P., Mavissakalian, M. R., . . . Zoellner, L. A. (2018). High expectancy and early response produce optimal effects in sertraline treatment for post-traumatic

Preparatory groups do not improve PTSD treatment outcomes

Preparatory treatment is often assumed to improve readiness for trauma-focused psychotherapy, which some think may be especially important for individuals with comorbid problems like substance use. However, definitive data are lacking. A team led by investigators at the Edward Hines Jr. VAMC in Chicago examined whether preparatory treatment increased the likelihood of completing and benefitting from trauma-focused psychotherapy, and whether substance-related problems influenced whether Veter-

ans chose to engage in preparatory treatment versus start TFP. The investigators used archival data from 737 Veterans referred for outpatient PTSD treatment. After attending an orientation class, Veterans chose to engage in CPT or PE or to first engage in a preparatory group (i.e., general coping skills, anger management, or emotion management). PCL scores and substance-related problems were derived from medical charts. Of the 614 Veterans who initiated services after orientation, 342 (55.7%) initiated CPT or PE, whereas 272 (44.2%) chose a preparatory group. This choice was not related to baseline PTSD severity or substance-related problems. Veterans who completed a preparatory group were not more likely to complete CPT or PE. Neither severity of substance problems nor preparatory group participation affected PTSD symptom outcomes. Findings suggest that while some Veterans with PTSD may prefer preparatory treatment initiating CPT or PE, preparatory treatment does not improve outcomes.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51383.pdf>

Wiedeman, L. D., Hannan, S. M., Maieritsch, K. P., Robinson, C., & Bartoszek, G. Treatment choice among veterans with PTSD symptoms and substance-related Problems: Examining the role of preparatory treatments in trauma-focused therapy. Advance online publication. PTSDpubs ID: 51383



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