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TREATMENT

Complexity of factors related to treatment engagement

Although CPT and PE are effective treatments for PTSD, some participants fail to achieve maximal benefit because they do not engage in treatment or drop out before receiving a sufficient dose. The question of what factors may contribute to dropout or promote improved engagement are an increasing area of focus. Several recent studies offer clues.

One study examined individual and facility-level predictors of completion of an adequate course of evidence-based psychotherapy (EBP). Investigators from the VA Center for Clinical Management Research used VA electronic medical record data to identify Veterans with a primary diagnosis of PTSD who began a course of CPT or PE during FY2015 and had an EBP note template in their record ($N = 16,559$). Overall, less than one-third (31.1%) of Veterans who initiated CPT or PE received 8 or more sessions within 14 weeks, and only 14.3% received 12 or more sessions within 6 months. Older age was associated with greater odds of completing 8 or more sessions, while comorbid bipolar or psychotic disorders were associated with lower odds of completion. The proportion receiving 8 or more sessions was greater for CPT (32.5%) than PE (26.9%). Men were less likely than women to complete 12 sessions within 6 months. Facility-related factors predicting treatment completion included a greater percentage of patients receiving EBPs and more EBP-certified providers. This finding suggests that a facility's commitment to providing EBPs creates a culture that supports patient engagement in treatment.

Read the article: <https://doi.org/10.1176/appi.ps.201800361>

Another study led by investigators from the San Francisco VA Healthcare System also used electronic medical record data to examine utilization of EBPs by Iraq and Afghanistan war Veterans who received VA care between 2001-2015. Receipt of EBP was identified using natural language processing of psychotherapy notes. Of 265,566 Veterans with PTSD who had an initial mental health visit and at least one psychotherapy visit note, 22.8% initiated an EBP (CPT or PE) and 9.1% completed treatment (8 or more sessions). As in the prior study, more Veterans completed CPT than PE. There were some differences between treatments in predictors of completion, but many common factors predicted completion of EBPs, including older age, history of military sexual trauma, multiple deployments, having service connected status, and comorbid conditions including pain, traumatic brain injury, depression, and suicidal ideation or attempt. Average time to treatment completion was about three years after the initial mental health visit. However, Veterans who engaged in more recent years received more timely care, suggesting that VA has made gains in successfully implementing EBPs.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51853.pdf>

A study led by investigators at VA Boston Healthcare System reported rates and predictors of attendance and dropouts in three randomized clinical trials of CPT, PE, and Present-Centered Therapy (PCT) in active duty service members ($N = 557$). CPT and PCT were delivered in group and individual formats; PE was delivered in individual massed or spaced sessions. Overall, 30.7% of service members dropped out of treatment, defined as failure to attend their last therapy session. Individual treatment was associated with greater attendance rates than

group treatment. PCT had lower dropout (12.3%) compared to PE (25.5%) and CPT (42.1%). Similar to previous studies, older age was related to higher attendance and treatment completion, while history of traumatic brain injury predicted dropout. Service members' perceptions of treatment credibility predicted attendance but was not related to dropout. Across all treatment types, service members who completed treatment were more likely to experience clinically significant gains ($d = .49$), underscoring the importance of increasing treatment retention to maximize symptom improvement.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51847.pdf>

Social factors may influence treatment engagement. Investigators from the Minneapolis VA Healthcare System examined the roles of social control (efforts by loved ones to encourage treatment participation or face distress) and symptom accommodation (changes in loved ones' behaviors to reduce PTSD-related distress) in predicting dropout from PE or CPT across four VA hospitals. The sample included 272 dyads of Veterans who initiated PE or CPT and a significant other (intimate partner, friend, or family member). Treatment dropout was coded via electronic medical records indicating a final treatment session or premature termination. Veterans who reported social control by a loved one encouraging them to approach distress were more than twice as likely to complete treatment than Veterans who did not report this encouragement, although this association was not significant in relationships where partners reported high strain. Surprisingly, social control related to encouragement to enter or remain in mental health treatment did not predict dropout. Symptom accommodation was related to treatment dropout but was not significant after including other support system factors and individual predictors. Findings suggest that assessing social factors and engaging significant others to encourage facing distress may improve therapy outcomes.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51846.pdf>

Taken together, the first two studies indicate relatively low rates of EBP completion within VHA. Older age was a consistent predictor of completion across both studies, while certain comorbidities predicted higher or lower rates of completion. It should be noted that these studies pulled data from the same large administrative source, so the sample is overlapping, and these results should not be considered replications. The clinical trials had higher rates of treatment completion, and also found older age to predict attendance and completion. No other variables consistently predicted completion across studies. It is important to recognize that differences in the samples, research methods, and definitions of dropout vary across each of these studies, making generalizations of the results difficult. However, these findings add to knowledge about treatment completion and suggest strategies, such as encouragement by a patient's support system, to improve receipt of adequate treatment.

Berke, D. S., Kline, N. K., Wachen, J. S., McLean, C. P., Yarvis, J. S., Mintz, J., . . . Litz, B. T. (2019). Predictors of attendance and dropout in three randomized controlled trials of PTSD treatment for active duty service members. *Behaviour Research and Therapy*, 118, 7-17. PTSDpubs ID: 51847

Hale, A. C., Bohnert, K.M., Ganoczy, D., & Sripada, R. K. (2019). Predictors of treatment adequacy during evidence-based psychotherapy for PTSD. *Psychiatric Services*. Advance online publication. PTSDpubs ID: 51850

Meis, L. A., Noorbaloochi, S., Hagel Campbell E. M., Erbes, C. R., Polusny, M. A., Velasquez, T. L., . . . Spont, M. R. (2019). Sticking it out in trauma-focused treatment for PTSD: It takes a village. *Journal of Consulting and Clinical Psychology*, 87, 246-256. PTSDpubs ID: 51846

Maguen, S., Li, Y., Madden, E., Seal, K.H., Neylan, T.C., Patterson, O.V., . . . Shiner, B. (2019). Factors associated with completing evidence-based psychotherapy for PTSD among veterans in a national healthcare system. *Psychiatry Research*, 274, 112-128. PTSDpubs ID: 51853

Systematic review of residual symptoms after trauma-focused psychotherapies for PTSD

A team led by investigators at the Milwaukee VA reviewed 51 RCTs of trauma-focused psychotherapies for symptoms that persisted after treatment. The authors found that 31% of participants reported clinical levels of residual PTSD symptoms, with 59% reporting subthreshold PTSD symptoms—particularly hyperarousal symptoms.

Read the article: <https://doi.org/10.1016/j.janxdis.2019.01.008>

Larsen, S. E., Bellmore, A., Gobin, R. L., Holens, P., Lawrence, K.A., & Pacella-LaBarbara, M. L. (2019). An initial review of residual symptoms after empirically supported trauma-focused cognitive behavioral psychological treatment. *Journal of Anxiety Disorders*, 63, 26-35. PTSDpubs ID: 51851

Review of novel PTSD treatment targets based on animal models

There are few evidence-based pharmacological treatments for PTSD. Investigators at the University of Illinois at Chicago College of Medicine published a review of animal models of PTSD and their implications for new medications, including neurosteroids and endocannabinoids.

Read the article: <https://doi.org/10.1097/FBP.0000000000000467>

Aspesi, D., & Pinna G. (2019). Animal models of post-traumatic stress disorder and novel treatment targets. *Behavioural Pharmacology*, 30, 130-150. PTSDpubs ID: 51845

Take
NOTE

Post-9/11 Veterans seek treatment sooner

It is the rule, rather than the exception, that people with PTSD delay seeking treatment, often for many years. A new study used data from a nationally-representative sample of Veterans and non-Veterans to investigate treatment-seeking in post-9/11 Veterans compare with other Veteran and non-Veteran cohorts. Because of increased efforts by VA to promote treatment-seeking in post-9/11 Veterans, the investigators expected that this cohort would have a shorter time to seek treatment—and that is what they found. The investigators used a sample of 14,219 participants in the 2012-2013 National Epidemiological Survey on Alcohol and Related Conditions-III to compare post-9/11 Veterans, pre-9/11 Veterans, and civilians on treatment-seeking for PTSD, major depression, and alcohol use disorder. Compared with the latter two groups, post-9/11 Veterans had shorter time to seek treatment for PTSD and depression, e.g., for PTSD, the median survival time (by which 50% of a group had sought treatment) was 2.5 years for post-9/11 Veterans, 16.0 years for pre-9/11 Veterans, and 15.0 years for non-Veterans. Groups did not differ in treatment-seeking for alcohol use disorder. Although these data do not prove that VA's efforts to encourage treatment seeking for post-9/11 Veterans are responsible for the shorter delay in this cohort, the findings are good news because early treatment-seeking is thought to promote the best chance of recovery.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51844.pdf>

Goldberg, S. B., Simpson, T. L., Lehavot, K., Katon, J. G., Chen, J. A., Glass, J.E., . . . Fortney, J. C. (2019). Mental health treatment delay: A comparison among civilians and veterans of different service eras. *Psychiatric Services*. Advance online publication. PTSDpubs ID: 51844

Providers' backgrounds shape their views of patient preferences for PTSD treatment

Providers' preferences for PTSD treatments are based on their training and theoretical orientation. But could these same factors also shape providers' perceptions of *patient* treatment preferences? A new study led by investigators with the VA Texas Valley Coastal Bend Veterans Health Care System suggests that the answer may be yes. The study enrolled 229 VA psychologists and social workers. Most worked in PTSD Clinical Teams (90%) and had a CBT theoretical orientation (79%). In an online survey, providers rated the statement "When given the option, my patients tend to choose CPT" on a scale from 1 (*never*) to 5 (*always*). They also rated identical statements pertaining to PE and "other psychotherapy." Regression analyses revealed that completion of VA CPT training and CBT orientation were linked with higher CPT ratings, whereas completion of VA PE training was linked with lower CPT ratings. PE ratings were higher among psychologists (compared with social workers) and those who had completed VA PE training. Having a non-CBT orientation was associated with higher ratings for "other psychotherapies." These results suggest that providers may perceive that patients choose the PTSD treatments with which the providers themselves are most familiar. It will be important for future studies to assess the

accuracy of these perceptions and investigate whether providers may be influencing patient preferences through how the treatments are presented.

Read the article: <https://doi.org/10.1037/tra0000442>

Garcia, H. A., DeBeer, B. R., Mignogna, J., & Finley, E.P. (2019). Treatments Veterans Health Administration PTSD specialty program providers report their patients prefer: The role of training and theoretical orientation. *Psychological Trauma*. Advance online publication. PTSDpubs ID: 51849

Talking about trauma is not associated with poorer therapeutic alliance

Strong therapeutic alliance predicts better outcomes in PTSD treatment (see the December 2010 [CTU Online](#)). But some providers worry that discussing trauma undermines therapeutic alliance and leads to poor engagement in treatment. A team led by investigators at VA Puget Sound compared therapeutic alliance in CPT to non-trauma-focused supportive psychotherapy. This study was a secondary analysis of data from a randomized effectiveness trial of telemedicine-based collaborative care for PTSD versus usual care. Veterans with *DSM-IV* PTSD were recruited through primary care at VA community-based outpatient clinics and received either CPT (now CPT-A; $n = 54$) or non-trauma-focused psychotherapy ($n = 73$). Veteran-reported therapeutic alliance during the previous month's treatment was measured with the Revised Helping Alliance Questionnaire at 6-months after study entry. Alliance was high in both groups, and as predicted, non-inferior in CPT ($M = 5.13$) compared to supportive psychotherapy ($M = 4.89$) according to the prespecified noninferiority margin (0.58 points on a 1-6 scale). Alliance in CPT remained non-inferior to supportive psychotherapy in analyses that accounted for improvement in PTSD symptoms and demographic and clinical characteristics. Although interpretation of the findings is limited by the fact that alliance was measured after treatment had been delivered, results do not support the premise that directly addressing trauma in psychotherapy interferes with therapeutic alliance.

Read the article: <https://doi.org/10.1037/ser0000329>

Chen, J. A., Fortney, J. C., Bergman, H. E., Browne, K. C., Grubbs, K. M., Hudson, T. J., & Raue, P. J. (2019). Therapeutic alliance across trauma-focused and non-trauma-focused psychotherapies among veterans with PTSD. *Psychological Services*. Advance online publication. PTSDpubs ID: 51848

Using Prolonged Exposure with Older Veterans

In general, older adults do not have substantially worse outcomes than younger adults in CBT or in psychotherapy overall, but age-related declines in physical health and cognitive functioning plausibly could lessen the impact of treatment. There have been too few older adults in PTSD trials to examine whether older age is associated with poorer treatment response, and no RCTs have focused exclusively on older adults—making the findings of a new study conducted at the San Diego VA Medical Center especially informative. Investigators randomized 87 male combat Veterans

who ranged from 60-89 years of age to receive 12 sessions of either PE or relaxation. CAPS PTSD symptoms improved in both treatment groups and did not differ between groups. The pre-post *d* was .89 for PE and .68 for relaxation. In contrast, PTSD symptoms on the PCL improved more in PE than in relaxation, but also returned toward baseline more in PE during follow-up. Depression did not improve in either treatment group. The failure of PE to outperform relaxation, a treatment rated as having insufficient evidence in the VA/DoD PTSD practice guideline, suggests that the effects of PE may be lessened in older adults. But this conclusion would be premature given that the pre-post effect size in PE was comparable to that observed in other Veteran studies.

Read the article: <https://doi.org/10.1016/j.janxdis.2019.02.003>

Thorp, S. R., Glassman, L. H., Wells, S. Y., Walter, K. H., Gebhardt, H., Twamley, E., . . . Wetherell, J. (2019). A randomized controlled trial of prolonged exposure therapy versus relaxation training for older veterans with military-related PTSD, *Journal of Anxiety Disorders*, 64, 45-54. PTSDpubs ID: 51843

Multiple factors associated with treatment response for Veterans receiving residential PTSD treatment

Investigators at the VA Ann Arbor Health Care System recently conducted an analysis of predictors of treatment response in a nationwide sample of Veterans receiving residential treatment in VA programs. Factors associated with response and nonresponse

to PTSD treatment are not well understood. Data were included for 2715 Veterans who completed a PCL prior to and four months after receiving residential PTSD treatment from 2012-2013. Overall, 36% had clinically significant improvement (≥ 10 points on the PCL). Younger age, female gender, more years of education, more protective factors against addiction and addiction relapse, and longer treatment stay were associated with greater PCL reduction and higher likelihood of clinically significant improvement. Black race, comorbid personality disorder, and greater pain severity were associated with poorer clinical outcomes. An important limitation of this study is the lack of detail regarding treatments provided for PTSD and other conditions. Additionally, diagnoses at some programs were determined by clinical judgment rather than a structured clinical interview. Finally, since this study was conducted using data on patients receiving residential treatment, who generally are more severely ill and have greater comorbidity, these findings may not generalize to outpatient Veterans with PTSD or non-Veterans. Still, these findings add to our understanding of factors predicting PTSD treatment response in Veterans and suggest modifiable targets that might enhance response, such as reducing pain.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id51852.pdf>

Sripada, R. K., Blow, F. C., Rauch, S. A. M., Ganoczy, D., Hoff, R., Harpaz-Rotem, I., & Bohnert, K. M. (2019). Examining the nonresponse phenomenon: Factors associated with treatment response in a national sample of veterans undergoing residential PTSD treatment. *Journal of Anxiety Disorders*, 63, 18-25. PTSDpubs ID: 51852



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