

CLINICIAN'S TRAUMA UPDATE

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TREATMENT

Jury still out on Imagery Rehearsal Therapy for nightmares in PTSD

Evidence-based psychotherapies for PTSD have limited effects on sleep problems (see the [August 2018 CTU-Online](#) and [February 2019 CTU-Online](#)), suggesting the need for new approaches. In two studies, investigators tested imagery rehearsal therapy (IRT), a cognitive-behavioral therapy for posttraumatic nightmares, in combination with evidence-based therapies for PTSD and insomnia.

A team led by investigators at Monash University tested the effect of PE on sleep, and whether adding IRT and CBT for Insomnia (CBT-I) to PE led to greater improvements in sleep problems than in PE alone. Veterans and Servicemembers with PTSD, insomnia, and nightmares completed 12 sessions of twice-weekly PE and were then randomized to IRT (5 weeks) followed by CBT-I (7 weeks) or 12 weeks of supportive care therapy (SCT). Of 55 consented participants, 23 (42%) completed PE. The IRT + CBT-I and SCT conditions each had 8 completers. ITT analyses showed that PE alone reduced PTSD symptoms and nightmares; however, PE did not improve insomnia and nightmare frequency remained clinically significant. Adding IRT and CBT-I to PE led to large reductions in insomnia compared to PE + SCT ($d = 1.07$), although this effect was not statistically significant ($p = .068$)—potentially due to the small sample size.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id52102.pdf>

The previously described study delivered IRT before CBT-I. An earlier waitlist-controlled RCT showed that combined IRT and CBT-I led to improvements in sleep (see the [June 2013 CTU-Online](#)). In a dismantling RCT intended to test whether IRT improves sleep and nightmares above and beyond the effects of CBT-I, investigators at the Corporal Michael J. Crescenz VA in Philadelphia compared the effects of IRT plus CBT-I ($n = 55$) to CBT-I alone ($n = 53$) on nightmares among combat Veterans with PTSD who had nightmares and global sleep disturbance. Nightmares were measured with the Nightmare Frequency Questionnaire. Nightmare frequency and distress were reduced in both treatment groups, with no difference between them. Improvements persisted through the 6-month follow-up, at which point participants reported approximately 2.5 nightmares per week versus 3.6 nightmares per week at baseline.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id52095.pdf>

These studies suggest that CBT-I is effective for improving both insomnia and nightmares in PTSD in spite of the treatment's sole focus on insomnia. However, it remains unclear whether IRT, which targets nightmares, adds benefit beyond CBT-I. Future research can examine whether CBT-I delivered in combination with trauma-focused psychotherapies leads to better long-term sleep outcomes.

Harb, G. C., Cook, J. M., Phelps, A. J., Gehrman, P. R., Forbes, D., Localio, R., . . . Ross, R. J. (2019). Randomized controlled trial of imagery rehearsal for posttraumatic nightmares in combat veterans. *Journal of Clinical Sleep Medicine*, 15, 757-767. PTSDpubs ID: 52095

Walters, E. M., Jenkins, M. M., Nappi, C. M., Clark, J., Lies, J., Norman, S. B., & Drummond, S. P. A. (2019). The impact of prolonged exposure on sleep and enhancing treatment outcomes with evidence-based sleep interventions: A pilot study. *Psychological Trauma: Research, Practice, and Policy*. Advance online publication. PTSDpubs ID: 52102

Take NOTE

Clinical trials of PTSD treatments

The National Center for PTSD recently partnered with the Agency for Healthcare Research and Quality to create the PTSD Trials Standardized Database Repository (PTSD-Repository), a large database of PTSD clinical trials. The PTSD-Repository

includes more than 70 variables extracted from 318 published randomized controlled trials of PTSD interventions. Data are freely available to researchers, clinicians, and other stakeholders.

For more information: <https://www.ptsd.va.gov/ptsdrepository/index.asp>

O'Neil, M., McDonagh, M., Hsu, F., Cheney, T., Carlson, K., Holmes, R., ... Chou, R. (2019, May). *Pharmacologic and nonpharmacologic treatments for posttraumatic stress disorder: groundwork for a publicly available repository of randomized controlled trial data*. (Technical Brief No. 32). Rockville, MD: Agency for Healthcare Research and Quality. PTSDpubs ID: 52100

Special journal issue on PTSD

The most recent issue of *Current Treatment Options in Psychiatry* focuses on scientific advances in treating PTSD. Topics include brief novel therapies, adapting evidence-based psychotherapies, medication-enhanced psychotherapies, and transdiagnostic treatments.

Read the issue: https://link.springer.com/journal/40501/topicalCollection/AC_f64bde29547dc193bcdb8cf051d882f9/page/1

Creech, S., & Sippel, L. (Eds.). (2019) Topical Collection on PTSD [Special issue]. *Current Treatment Options in Psychiatry*.

Special journal issue on moral injury

The June issue of *Journal of Traumatic Stress* focuses on moral injury. Articles include an integrative review and studies of measurement of moral injury, moral injury-related cognitions, and associations between moral injury and spiritual struggles, substance use, and suicidal ideation.

Read the issue: <https://onlinelibrary.wiley.com/toc/15736598/current>

Litz, B. T., & Kerig, P. K. (Eds.). (2019) Moral Injury [Special issue]. *Journal of Traumatic Stress*, 32.

Systematic review and meta-analysis of psychological interventions for PTSD and pain

A team led by investigators at the University of Wisconsin-Madison School of Medicine conducted a systematic review

and meta-analysis of studies that examined interventions for PTSD and pain symptoms. The authors concluded that most of the treatments more effectively treated PTSD than pain.

Read the article: <https://doi.org/10.1097/ajp.0000000000000730>

Goldstein, E., McDonnell, C., Atchley, R., Dorado, K., Bedford, C., Brown, R. L., & Zgierska, A. E. (2019). The impact of psychological interventions on posttraumatic stress disorder and pain symptoms: a systematic review and meta-analysis. *Clinical Journal of Pain*, 35(8), 703-712. PTSDpubs ID: 52092

Network meta-analysis of treatments for PTSD

Investigators at the University of Basel in Switzerland conducted a network meta-analysis of 12 trials of psychotherapy, pharmacological, and combination treatments for PTSD. An editorial addressed the strengths and limitations of the network meta-analysis approach.

Read the article: <https://doi.org/10.1001/jamapsychiatry.2019.0951>

Merz, J., Schwarzer, G., & Gerger, H. (2019). Comparative efficacy and acceptability of pharmacological, psychotherapeutic, and combination treatments in adults with posttraumatic stress disorder: A network meta-analysis. *JAMA Psychiatry*. Advance online publication. PTSDpubs ID: 52098

Read the editorial: <http://www.ptsd.va.gov/professional/articles/article-pdf/id52103.pdf>

Stein, M. B., & Norman, S. B. (2019) When does meta-analysis of a network not work? Fishing for answers. *JAMA Psychiatry*. Advance online publication. PTSDpubs ID: 52103

Review of RCTs testing treatments for PTSD that are delivered in primary care

A team led by investigators at the University of Washington School of Medicine reviewed studies of PTSD treatments that can be delivered in primary care settings. Findings further support the use of collaborative care to address PTSD in primary care (see the [August 2016 CTU-Online](#)).

Read the article: <https://doi.org/10.1016/j.genhosppsych.2019.05.008>

Hoeft, T. J., Stephens, K. A., Vannoy, S. D., Unützer, J., & Kaysen, D. (2019). Interventions to treat posttraumatic stress disorder in partnership with primary care: A review of feasibility and large randomized controlled studies. *General Hospital Psychiatry*. Advance online publication. PTSDpubs ID: 52096

New evidence further supports use of CPT in Veterans with mild traumatic brain injury

Some providers may be reluctant to provide trauma-focused treatment to individuals with a history of mild traumatic brain injury (mTBI) due to concerns that cognitive deficits may interfere with treatment response. A recent study found CPT was effective for PTSD symptoms in Veterans with a history of mTBI (see the [February 2019 CTU Online](#)), but the role of injury characteristics on treatment outcome has never been explored. Investigators from the VA San Diego Healthcare System examined the role of mTBI characteristics on treatment attendance and outcome in 88 Iraq/Afghanistan-era Veterans with PTSD and history of mTBI who were randomized to receive 12 weeks of standard CPT or SMART-CPT, a novel hybrid treatment that combines compensatory cognitive training strategies with CPT. Veterans reported injury characteristics for any mTBI experienced. None of the injury characteristics, including number of lifetime mTBIs, years since most recent mTBI, loss of consciousness, and mechanism of injury (blast or other), were related to number of sessions attended or to changes in self-reported PTSD or depression symptoms over time. Findings suggest that Veterans with mTBI may benefit from CPT regardless of the characteristics of their injuries.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id52089.pdf>

Crocker, L. D., Jurick, S. M., Thomas, K. R., Keller, A. V., Sanderson-Cimino, M., Hoffman, S. N., . . . Jak, A. J. (2019). Mild traumatic brain injury characteristics do not negatively influence cognitive processing therapy attendance or outcomes. *Journal of Psychiatric Research*, 116, 7-13. PTSDpubs ID: 52089

Study examines how VA providers make PTSD treatment decisions

Most VA Medical Centers offer a variety of psychotherapies for PTSD, leaving it to the discretion of the Veteran and provider to select a treatment from the menu of available options. A new study led by investigators with the South Texas Veterans Health Care System describes how VA providers approach decisions about patient-treatment matching. VA PTSD providers (N = 219; mostly psychologists and social workers) completed an anonymous online survey that included the following open-ended question: "briefly describe your primary reasons for deciding to use CPT, PE, or any other psychotherapy for PTSD." The investigators analyzed the responses qualitatively, identifying four key domains: (1) provider factors (preferences, prior training), (2) perceived characteristics of the intervention (research evidence, dropout), (3) patient factors (preferences, symptom presentation), and (4) organizational context (VA policy, scheduling and availability). Some of these themes align with research-supported best practices; for example, providers' consideration of patient preference is consistent with the VA/DoD PTSD Clinical Practice Guideline, which recommends shared decision making. Others are not supported by empirical research; for instance, some providers avoided evidence-based psychotherapies with patients perceived as "unready" (a finding observed previously; see the [February 2015 issue of CTU-Online](#)).

An important next step will be to examine how these factors are associated with treatment engagement and outcomes.

Read the article: <https://doi.org/10.1037/tra0000477>

Finley, E. P., Garcia, H. A., Ramirez, V. A., Haro, E. K., Mignogna, J., DeBeer, B., & Wiltsey-Stirman, S. (2019). Treatment selection among posttraumatic stress disorder (PTSD) specialty care providers in the Veterans Health Administration: A thematic analysis. *Psychological Trauma*. Advance online publication. PTSDpubs ID: 52091

Further evidence of efficacy of CPT delivered by videoconferencing

Telemedicine offers a solution for increasing access to care for Veterans in rural areas or those with other barriers to receiving treatment in traditional office settings. Several studies have shown CPT delivered via videoconferencing to be effective in treating PTSD (see the [June 2014](#) and [August 2015 CTU-Online](#)). Investigators from the VA San Diego Healthcare System extended this research in a noninferiority RCT with a large sample of male and female Veterans with diverse trauma histories. Veterans with a primary diagnosis of PTSD were randomized to receive 12 sessions of individual CPT either in-person at a VA Medical Center (n = 104) or via videoconferencing at a VA community-based outpatient clinic (n = 103). Intention-to-treat analyses found that the videoconferencing group had smaller improvements than the in-person group in CAPS scores at posttreatment, but was noninferior to the in-person group at 6-month follow-up. The lack of difference at follow-up was due to a continued drop in scores for the videoconferencing group and increase in the in-person group. These results contrast with previous telehealth RCTs that found noninferiority across all time points. Although this study lends further support to the efficacy of VC to treat PTSD, findings suggest that greater understanding is needed to examine differences in the timing of treatment response in diverse samples.

Read the article: <https://doi.org/10.1177/1357633x19853947>

Liu, L., Thorp, S. R., Moreno, L., Wells, S. Y., Glassman, L. H., Busch, A. C., . . . Agha, Z. (2019). Videoconferencing psychotherapy for veterans with PTSD: Results from a randomized controlled non-inferiority trial. *Journal of Telemedicine and Telecare*. Advance online publication. PTSDpubs ID: 52097

A new form of transcranial magnetic stimulation shows potential benefit for PTSD

Transcranial magnetic stimulation (TMS) is effective for depression and may have benefit for PTSD (see the [August 2018 CTU-Online](#)). Standard TMS protocols require 20-30 daily, nearly hour-long treatments. Investigators at the Providence VA Medical Center tested a novel form of TMS, called intermittent theta burst stimulation (iTBS), that appears to require much less time and may have unique physiological properties. Fifty Veterans with PTSD were randomized to receive 10 daily sessions of iTBS or sham stimulation delivered to the right dorsolateral prefrontal cortex. Participants, treaters, and raters were blind to treatment

allocation. Following the blinded phase, participants could receive 10 daily sessions of open label iTBS. There was no difference in efficacy between active and sham iTBS. However, participants who received more than 10 daily iTBS treatments continued to show improvement in PTSD. Treatments were well-tolerated with less than 10% dropout during the blinded phase. Brain imaging suggested that connectivity within resting state neural networks predicted response to iTBS. Although this was a negative study, the results suggest that testing in a larger sample may be worthwhile.

Read the article: <https://doi.org/10.1176/appi.ajp.2019.18101160>

Philip, N. S., Barredo, J., Aiken, E., Larson, V., Jones, R. N., Shea, M. T., . . . van 't Wout-Frank, M. (2019). Theta-burst transcranial magnetic stimulation for posttraumatic stress disorder. *American Journal of Psychiatry*. Advance online publication. PTSDpubs ID: 52101

Exercise for older Veterans with PTSD

Exercise is associated with better psychological well-being and may have benefit for PTSD symptoms (see the [December 2017 CTU-Online](#)). Older Veterans with PTSD have a relatively high rate of physical inactivity, suggesting that an exercise-based intervention might be especially helpful for this group. Investigators at the VA Durham Healthcare System conducted a pilot study of exercise training versus treatment-as-usual in

older Veterans with PTSD. Fifty-four older Veterans with PTSD (≥ 60 years of age) were randomized in a 2:1 ratio to a 12-week multimodal exercise training program that incorporated cognitive behavioral strategies to enhance self-efficacy versus a treatment-as-usual condition. The sample was predominantly male (91%) and African American (85%). The study was primarily focused on feasibility and acceptability, so it was not powered to assess efficacy. No adverse events related to the study occurred, and 82% of Veterans adhered to the exercise program; among those that completed the program, satisfaction with the program was high. Completer analyses ($n = 48$) showed that exercise was associated with improvements in PTSD severity and associated conditions (e.g., depression), but did not statistically differ from treatment-as-usual. The 12-week effect size for exercise versus treatment-as-usual was moderate ($d = 0.38$ for the PCL-5 and $d = 0.57$ for the PHQ-9), but further testing in older Veterans with PTSD would be needed to determine if this is an effective intervention.

Read the article: <https://doi.org/10.1007/s10865-019-00073-w>

Hall, K. S., Morey, M. C., Bosworth, H. B., Beckham, J. C., Pebole, M. M., Sloane, R., & Pieper, C. F. (2019). Pilot randomized controlled trial of exercise training for older veterans with PTSD. *Journal of Behavioral Medicine*. Advance online publication. PTSDpubs ID: 52094

ASSESSMENT

Reporting military sexual trauma depends on how it is assessed

Military sexual trauma (MST) can be difficult for Veterans to disclose due to concerns about stigma and privacy. Because willingness to disclose may depend on how MST is queried, a team led by investigators at the National Center for PTSD compared three methods for assessing MST. The investigators analyzed data from 697 Veterans (50.2% women) enrolled in the Veterans' After-Discharge Longitudinal Registry (Project VALOR). Results from VA's two-item MST screen were drawn from the Veterans' electronic medical records. As part of the study, Veterans completed telephone interviews including the same questions as the VA screen and a self-report questionnaire (Deployment Risk and Resilience Inventory-2). Across the three assessment modalities, women were more likely than men to

report MST. But men and women differed in their reports across modalities, with differences being less pronounced among women. Whereas women were 1.5 times as likely to report MST on the interview and questionnaire than on the VA screen, men were 11.0 and 2.5 times more likely to report MST on the *questionnaire* than on the screen and the *interview*, respectively. Results suggest that the VA screen is under-identifying MST, especially among men, and that using more than one assessment method may be needed to accurately identify Veterans who have experienced MST.

Read the article: <http://www.ptsd.va.gov/professional/articles/article-pdf/id52088.pdf>

Bovin, M. J., Black, S. K., Kleiman, S. E., Brown, M. E., Brown, L. G., Street, A. E., . . . Marx, B. P. (2019). The impact of assessment modality and demographic characteristics on endorsement of military sexual trauma. *Women's Health Issues*, 29 (Supp. 1), S67-S73. PTSDpubs ID: 52088

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