CLINICIAN'S TRAUMA UPDATE

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TREATMENT

Therapists often add sessions to WET but it may not help

Written Exposure Therapy (WET) is intended to be delivered in five sessions. However, an implementation project showed that about 28% of Veterans received additional sessions. A team led by investigators at the National Center for PTSD conducted a mixed-method study to determine providers' reasons for adding sessions and to examine whether additional sessions were associated with better outcomes. Investigators conducted a secondary analysis of data from 77 Veterans who completed WET as part of an RCT comparing WET to PE. Most Veterans received more than five sessions of WET (22.0% six sessions, 48.1% seven sessions). Of the 54 Veterans who received more than five sessions, most (72.5%) had no meaningful change in symptoms between sessions 5 and 7, some Veterans' (15.7%) symptoms improved (by ≥ 9 PCL- 5 points) and others' (11.8%) got worse. Investigators also interviewed nine therapists who had delivered WET to at least three Veterans during the study. Therapists described adding sessions when Veterans avoided writing in detail about their trauma during early sessions and when the index trauma was especially complex and difficult to write about. They preferred to have flexibility to add sessions when it appeared warranted. Findings suggest that providers prefer to be able to add sessions to WET, but that adding sessions does not typically further improve treatment outcome.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1646310.pdf

Sloan, D. M., DeJesus, C., Marx, B. P., Acierno, R., Messina, M., & Thompson-Hollands, J. (2025). Examining why therapists add sessions to the written exposure therapy protocol and whether it improves treatment outcome: A mixed-methods analysis. *Psychological Services*. Advance online publication. PTSDpubs ID: 1646310

Perceived helpfulness of CPT assignments is related to PTSD improvement

Practice assignments are a key component of cognitive behavioral therapies for PTSD and depression, but there is limited research on their effect on treatment outcomes. Investigators from the Naval Health Research Center examined the role of practice assignment adherence and perceived helpfulness on PTSD and depression outcomes in a sample of service members with comorbid PSTD and major depressive disorder. The 83 participants (mean age = 28.5, 55% female, 69% White) were drawn from a larger clinical trial comparing CPT to CPT + Behavioral Activation (BA+CPT). BA+CPT included BA content (e.g., activity tracking, values assessment, identifying behavioral goals) integrated with CPT. Although participants in BA+CPT adhered more to practice assignments than those in CPT, this was mainly driven by greater adherence to the BA assignments than to the CPT assignments. Those in the CPT condition were more adherent to the CPT assignments than those in BA+CPT. Overall, adherence was unrelated to PTSD and depression outcomes. Perceived helpfulness did not differ between treatment conditions, and higher perceived helpfulness was related to greater improvements in PTSD and higher treatment completion. Findings underscore the importance of providing rationale for practice assignments and assessing patients' understanding and perceptions of the utility of the assignments throughout treatment to promote improved outcomes.

Read the article: https://doi.org/10.1080/16506073.2025.2482155

Walter, K. H., Otis, N. P., Kline, A. C., Miggantz, E. L., Hunt, W. M., & Glassman, L. H. (2025). Was it helpful? Treatment outcomes and practice assignment adherence and helpfulness among U.S. service members with PTSD and MDD. *Cognitive Behaviour Therapy*. Advance online publication. PTSDpubs ID: 1646642

Symptom exacerbations in massed treatment similar to earlier studies

In clinical trials, a substantial minority of patients experience symptom exacerbations during the course of treatment, though even those with an exacerbation improve by the end of treatment (see the February 2016 and April 2021 *CTU-Online*). Investigators from Rush University Medical Center examined symptom exacerbations in two samples of patients who received massed CPT. Participants were 499 Veterans in a 2-week CPT community-based clinical program and 69 community members in a 1-week CPT clinical trial. PCL-5s were given every 2 days in the 2-week program and every day in the 1-week program. A symptom exacerbation was defined as a PCL-5 increase ≥ 8.8 points. In the 2-week program, 27% of Veterans had a symptom exacerbation, though both those with and without exacerbations improved significantly by the end of treatment. In the 1-week trial, 21.7% of participants had a symptom exacerbation; those with an exacerbation did not improve on average, whereas those without an exacerbation did. Overall, only 1.4% of the Veteran sample and 5.7% of the community sample had a symptom increase of at least 8.8 pre-post treatment. Like others, this study suggests that a substantial minority of patients will experience symptom exacerbations, whether in massed or weekly treatment, though most often those with temporary exacerbations will show significant improvement by the end of treatment.

Read the article: https://doi.org/10.1002/jts.23158

Szoke, D., Ptak, M., Pridgen, S., Smith, D. L., & Held, P. (2025). Low rates of symptom exacerbation during and after massed cognitive processing therapy across veteran and community samples. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1647193

Providers' perceptions of starting an EBP for PTSD after other mental health treatment

Previous work led by investigators at the San Francisco VA Health Care System examined Veterans' perspectives on barriers and facilitators of transitioning to a trauma-focused evidence-based psychotherapy (EBP) after other mental health treatment (see the December 2024 *CTU-Online*). New work by the team investigated how clinicians perceive and approach this transition. Investigators interviewed 20 clinicians who had varying levels of experience providing EBPs for PTSD within VA. Several themes emerged: clinicians generally reported that previously participating in unstructured therapy was a barrier to engagement in EBPs and described a range of strategies to help socialize Veterans to structured treatment. Other barriers included Veterans (or their referring providers) not fully understanding their PTSD diagnoses or what an EBP involved (e.g., discussing the trauma). Most clinicians advocated for EBP initiation as soon as possible, unless there were severe stressors or contraindications (e.g., acute suicidality). The authors noted that the Veterans' internal motivation to begin these treatments was critical. The clinician participation rate was low (13%) and thus the data may not be representative of VA providers. However, the findings suggest the importance of early education and orientation to EBPs for PTSD, both for patients and all types of clinicians.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1646668.pdf

Holder, N., Ranney, R. M., Delgado, A. K., Purcell, N., Iwamasa, G. Y., Batten, A., . . . Maguen, S. (2025). Transitions to trauma-focused evidence-based psychotherapy for posttraumatic stress disorder from other treatments: a qualitative investigation of clinicians' perspectives. *Cognitive Behaviour Therapy*. Advance online publication. PTSDpubs ID: 1646668

Comparing patients' perceived improvement with standardized measures of symptoms and quality of life following CPT

Standardized assessments of symptoms are important in measurement-based care but may not fully align with patients' perceptions of their improvements as a result of PTSD treatment (see February 2025 *CTU-Online)*. Investigators from the National Center for PTSD compared patients' global reports of improvement across life domains to standardized measures following CPT. Participants included 254 adults with PTSD (mean age=38.2, 90.2% female, 49.6% Black, 45.7% White) who received CPT as part of two randomized clinical trials. Following treatment, participants completed the Treatment Outcomes Questionnaire, a self-report measure assessing patients' global ratings of improvement during treatment, as well as standardized symptom and functioning assessments (e.g., Posttraumatic Diagnostic Symptom Scale, Social Adjustment Scale, Quality of Life Inventory). Across all domains, patients' global ratings of improvement were correlated with the corresponding standardized measures. Effect sizes were small for the correlations for health functioning, sexual functioning, and school/work functioning (r's = -.22 to -.29), medium for relationship functioning and overall quality of life (r's = .34 to .43), and large for PTSD (r = -.64). Findings suggest that standardized measures do not fully capture how patients perceive their treatment outcome, so both are valuable for assessing treatment progress. Assessing patients' perceived improvement may highlight changes in the domains of functioning most important to the individual, providing a more personalized assessment of improvement.

Read the article:

https://www.ptsd.va.gov/professional/articles/article-pdf/id1648578.pdf

Alpert, E., Fox, A. B., & Galovski, T. E. (2025). Who defines improvement? Patients' global reports of improvement compared to standardized measures of improvement in cognitive processing therapy for posttraumatic stress disorder. *Journal of Anxiety Disorders, 113*, Article 103027. PTSDpubs ID: 1648578

ASSESSMENT

Screening older Veterans for PTSD with the PC-PTSD-5 and PCL-5

In a new study, investigators from the Yale School of Medicine and National Center for PTSD examined whether cutoff scores for probable PTSD on the PCL-5 and PC-PTSD-5 would differ for older vs. younger adults. Older adults (65+) generally report less severe PTSD symptoms relative to younger adults, which may require lower cutoffs to be used for making a probable diagnosis. Veterans in VA primary care clinics (n=380) completed the PC-PTSD-5, PCL-5, and CAPS-5. About 9% of older Veterans and 26% of younger Veterans met criteria for PTSD per the CAPS-5. With the CAPS-5 as a reference, the optimal PC-PTSD-5 cutoff score was 4 for both groups, and the PC-PTSD-5 was more accurate for detecting PTSD in older Veterans. Similar PCL-5 cutoff scores were identified: 34 for younger Veterans, and 36 for older Veterans. These cutoff scores did not significantly differ from each other nor from the typically recommended cutoff score of 33. This study confirmed that the PC-PTSD-5 and PCL-5 perform well with Veterans of all ages. Future research can determine the generalizability of these cutoff scores.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1646381.pdf

Cook, J.M., Pietrzak, R.H., Kimerling, R., Schnurr, P. P., Bovin, M.J. (2025) Diagnostic accuracy and psychometric performance of two self-report measures of posttraumatic stress disorder in older veterans. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1646381

Take NOTE

An individual patient data meta-analysis of trauma-focused CBT

A team led by investigators at Stellenbosch University in South Africa conducted an individual participant data meta-analysis of 12 studies comparing trauma-focused cognitive behavioral therapy to control treatments, and also examining moderators of treatment effects.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1648868.pdf

Wright, S. L., Karyotaki, E., Sijbrandij, M., Cuijpers, P., Bisson, J. I., Papola, D., . . .Seedat, S. (2025). Efficacy of cognitive behavioral therapies with a trauma focus for posttraumatic stress disorder: An individual participant data meta-analysis. *Journal of Consulting and Clinical Psychology, 93*(6), 401-426. PTSDpubs ID: 1648868

A meta-analysis of nonresponse to psychotherapy for PTSD

Investigators from Ludwig-Maximilians-University in Germany conducted a meta-analysis of prevalence and predictors of nonresponse to guideline-recommended PTSD psychotherapy.

Read the article: https://doi.org/10.1155/2024/9899034

Semmlinger, V., Leithner, C., Klöck, L. M., Ranftl, L., Ehring, T., & Schreckenbach, M. (2024). Prevalence and predictors of nonresponse to psychological treatment for PTSD: A meta- analysis. *Depression & Anxiety.* Advance online publication. PTSDpubs ID: 1638537

An initial report of a living systematic review of the effect of exercise on PTSD

An international team of investigators has developed a living systematic review of the effects of exercise on PTSD (in humans) and on modelled PTSD (in non-humans).

Read the article: https://doi.org/10.12688/wellcomeopenres.23033.4

Wright, S., Chiocchia, V., Elugbadebo, O., Simple, O., Furukawa, T. A., Friedrich, C., . . . Seedat, S. (2024). The therapeutic potential of exercise in post-traumatic stress disorder and its underlying mechanisms: A living systematic review of human and non-human studies. *Wellcome Open Research, 9*, 720. PTSDpubs ID: 1646924

Meta-analysis of loss of diagnosis after PTSD evidence-based psychotherapies

Investigators from the Defense Health Agency conducted a meta-analysis of the proportion of patients who no longer met criteria for a PTSD diagnosis in 34 RCTs of evidence-based psychotherapies for PTSD.

Read the article: https://doi.org/10.1001/jamapsychiatry.2025.0695

Milligan, T., Smolenski, D., Lara-Ruiz, J., & Kelber, M. S. (2025). Loss of PTSD diagnosis in response to evidence-based treatments: A systematic review and meta-analysis. *JAMA Psychiatry*. Advance online publication. PTSDpubs ID: 1648869

Systematic review of structural adaptations of CPT

Investigators from Flinders University in Australia conducted a meta-analysis of the effectiveness of various structural adaptation to CPT, such as varying formats and session frequencies.

Read the article: https://doi.org/10.1016/j.beth.2025.03.003

Sandanapitchai, P., & Nixon, R. D. V. (2025). Exploring structural adaptations to cognitive processing therapy: A systematic review and meta-analysis. *Behavior Therapy.* Advance online publication. PTSDpubs ID: 1648537

Three new articles comment on the science of moral injury

Three articles recently reviewed the "state of the science" regarding moral injury, including summarizing research to date, critiquing how moral injury is conceptualized and studied, and suggesting various ways forward.

Read the articles:

https://doi.org/10.1002/jts.23125

Litz, B. T. (2025). Moral injury: State of the science. *Journal of Traumatic Stress, 38*(2), 187-199. PTSDpubs ID: 1647028

https://doi.org/10.1146/annurev-clinpsy-081423-022604

Litz, B. T., & Walker, H. E. (2025). Moral injury: an overview of conceptual, definitional, assessment, and treatment issues. *Annual Review of Clinical Psychology, 21*(1), 251–277. PTSDpubs ID: 1648432

https://doi.org/10.3389/fpsyg.2025.1422441

VanderWeele, T. J., Wortham, J. S., Carey, L. B., Case, B. W., Cowden, R. G., Duffee, C., . . . Koenig, H. G. (2025). Moral trauma, moral distress, moral injury, and moral injury disorder: Definitions and assessments. *Frontiers in Psychology, 16*, Article 1422441. PTSDpubs ID: 1646315

Veterans Health Administration

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