CLINICIAN'S TRAUMA UPDATE

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TREATMENT

Does sequenced treatment lead to trauma-focused treatment initiation/ retention?

Investigators from the San Francisco VA examined whether psychotherapy sessions prior to CPT/PE would influence the likelihood of initiating or completing CPT/PE in VA. Investigators included data from 490,097 Veterans who entered PTSD treatment between 2014 and 2020. "Sequenced psychotherapy" (individual or group) was defined as psychotherapy sessions attended in the two years before initiation of CPT or PE, if that occurred. CPT/PE initiation (attending ≥1 sessions) and retention (attending ≥8 sessions) was compared between Veterans who had 0-1 sessions or ≥8 sessions of any other psychotherapy prior to CPT/PE. Having a prior course of ≥8 sessions of individual psychotherapy was associated with an increase in CPT (4.6%) and PE (1.6%) initiation, with smaller increases for group psychotherapy (no increase for PE). Likewise, having prior individual psychotherapy was associated with an 8% (CPT) and 8.2% (PE) increase in retention (3.4% and 8.7% for group). The investigators interpret these findings as promoting sequenced therapy; however, the initial therapy could have been unrelated and much earlier, which prevents any conclusions about whether the prior therapy was sequenced or preparatory in any way. Additional research that specifically identifies the prior treatment as part of a sequence of care is needed in order to better understand the potential value of sequenced care.

Read the article: https://doi.org/10.1016/j.psychres.2025.116612

Wolfe, W. R., Staudenmeyer, A., Cloitre, M., Hubbard, A., Schmitz, M., Mohlenhoff, B., Maguen, S., & Neylan, T. C. (2025). Sequenced psychotherapy improves evidence-based trauma-focused psychotherapy initiation and retention in a national sample of veterans. *Psychiatry Research, 351*, Article 116612. PTSDpubs ID:1650771

Veterans more likely to complete trauma-focused treatment than other treatments

Concerns persist about Veterans' willingness and ability to engage in trauma-focused psychotherapies in naturalistic settings (versus in research studies). A team led by investigators at the Washington DC VA Medical Center used VA administrative data to compare Veteran engagement in recommended trauma-focused psychotherapies versus non-trauma-focused treatments. The investigators extracted electronic medical record data for 480 Veterans seen in PTSD specialty care at the Washington DC VA. They compared engagement (defined as attending at least two sessions) in trauma-focused psychotherapies (CPT, PE, EMDR, Written Exposure Therapy) to non-trauma-focused interventions (Skills Training in Affective and Interpersonal Regulation, Acceptance and Commitment Therapy, Mindfulness-Based Stress Reduction, Dialectical Behavior Therapy, race-based stress and trauma group, coping skills, supportive therapy). The likelihood of engagement in trauma-focused (80.5%) versus non- trauma-focused (76.7%) interventions did not differ, but Veterans who started a trauma-focused treatment were more likely to get a full dose (i.e., 8 sessions, or 3 sessions for WET; OR=1.4) and received more sessions within their episode of care compared to those who participated in non-trauma-focused interventions (7.6 versus 6.0, respectively). Because the data came from one clinic, it is difficult to generalize the findings more broadly. However, these findings that trauma-focused psychotherapies are well-tolerated, even relative to non-trauma-focused therapies, are encouraging.

Read the article: https://doi.org/10.4088/JCP.24m15567

Arenson, M., Crone, B., Cortell, R., & Carlin, E. (2025). Evidence-based and evidence-informed treatments: A naturalistic study of the impact of treatment type on engagement in posttraumatic stress disorder. *Journal of Clinical Psychiatry, 86*(2), Article 24m15567. PTSDpubs ID: 1648973

Treating PTSD and insomnia in one episode of care

Previous studies have found that sleep disturbance is one of the most likely residual symptoms after treatment for PTSD, even when PTSD symptoms improved (see February 2019 *CTU- Online*). A team led by investigators at VA San Diego tested whether integrated Cognitive Behavioral Therapy for Insomnia (CBT-I) and PE (CBTI-PE) would more effectively treat PTSD and insomnia than two sessions of sleep hygiene followed by PE. Participants were 94 Veterans who had PTSD (per CAPS-5) and screened positive on a self-report measure of insomnia. They were randomly assigned to CBTI-PE or sleep hygiene + PE. CBTI-PE was delivered in 12-16 90-minute sessions: two sessions of CBT-I with psychoeducation about PTSD and sleep, followed by 4 combined PE and CBT-I sessions, and in vivo exposure starting in session 6. On average, Veterans received about 12 (CBTI-PE) and 11 (sleep hygiene + PE) sessions and reported large pre-post CAPS-5 reductions (*d*=1.2), with no group differences. Dropout was minimal in both conditions (10 and 14%, respectively). However, CBTI-PE had superior outcomes on several sleep and quality of life domains including sleep efficiency (27.8% improvement), total sleep time (1.9 more hours of sleep per night), self-reported insomnia severity, perceived quality of life, and physical functioning. Like the findings from other studies (see the February 2016 *CTU-Online*), these findings do not indicate that treating insomnia makes PTSD treatment more effective. However, the data suggest that PTSD and insomnia symptoms can be efficiently and effectively treated in one integrated episode of care.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1649937.pdf

Colvonen, P. J., Hunt, C., Park, J., Angkaw, A. C., Gehrman, P., Clare, K., & Norman, S. B. (2025). Cognitive behavioral therapy for insomnia with prolonged exposure compared to sleep hygiene and prolonged exposure: A randomized controlled trial. *Journal of Clinical Psychiatry, 86*(3), Article 24m15584. PTSDpubs ID: 1649937

Effectiveness of in-person vs. telehealth EMDR among Veterans

CPT and PE are equally effective in person versus telehealth, but no studies have tested how modality impacts outcomes for EMDR among Veterans. A team led by a VA Tampa investigator examined whether self-reported PTSD outcomes differed among Veterans who received EMDR in person vs. telehealth. Charts were reviewed from 256 Veterans (69% men) across multiple VA sites who had a PTSD or trauma-related diagnosis, completed a course of EMDR between October 2018 and September 2023 with no more than eight weeks between sessions, and had a recorded PCL-5 at baseline. Veterans chose their preferred treatment modality (130 telehealth and 126 in person). The groups differed on certain demographic and clinical characteristics, which were adjusted for in analyses. The number of sessions attended ranged from 1-60 (average 9.8), and 48.7% of patients were rated as successfully completing treatment by their clinician. Veterans in both the in-person and telehealth groups showed decreased PCL-5 scores from initial to final PCL-5 (overall *d*=.8). Decreases were significantly greater for those attending in person (*d*=.9 vs *d*=.7), but outcomes such as treatment completion, reliable symptom change and clinically significant change did not differ across modalities. The findings suggest that both in-person and telehealth EMDR may help Veterans, but randomization and specifically designed analyses are required to determine how the modalities compare with one another.

Read the article: https://doi.org/10.1037/tra0001917

Fairbanks, C. L. D., Penix-Smith, E. A., Glitsos, S. C., Keener, K. D., Giorgio, J. M., Poulos, K. H., ...Wisniewski, S. P. (2025). A multisite retrospective review exploring the delivery of eye movement desensitization and reprocessing (EMDR) therapy to veterans via telehealth (TH) versus in person (IP). *Psychological Trauma*. Advance online publication. PTSDpubs ID: 1649372

PE may still be effective with less than weekly sessions

Evidence-based psychotherapies for PTSD are recommended to be delivered at least once weekly, yet this frequency may not always occur in clinical practice for reasons related to patient or clinician availability. Investigators from the Wichita VA Medical Center examined the impact of PE session frequency on treatment outcomes in a VA sample. The sample included 648 Veterans with PTSD (average age=55.7, 85% male, 58% White) who completed 8-15 sessions of in-person PE in any VA outpatient mental health clinic in 2017-2018. Veterans attended an average of 10.9 sessions, with an average of 10.8 days between sessions. Session frequency was not significantly related to change in PCL-5 score from initial to final session. Notably, only 4% of the sample had mean session frequencies greater than 3 weeks apart, and the sample was restricted to treatment completers (8 or more sessions). It is possible that Veterans receiving less frequent sessions were more likely to drop out of treatment and would not be reflected in the current analysis. Although some previous research suggests that more frequent sessions are related to less dropout, these results provide preliminary evidence that among treatment completers, PE may be effective even when sessions cannot be completed as often as recommended.

Read the article: https://doi.org/10.1080/08995605.2025.2502182

Hayes, C. A., Bieu, R. K., & Schroeder, R. W. (2025). Examining prolonged exposure outcomes when session frequency is limited: Preliminary findings from a veteran sample. *Military Psychology.* Advance online publication. PTSDpubs ID: 1648644

Symptom exacerbations in clinical practice

In RCTs, 15-29% of patients experience symptom exacerbation during PTSD treatment (see the February 2016 *CTU-Online*). One recent article reported on a massed CPT program, finding that most patients who experienced exacerbation still showed significant improvement by the end of treatment (see the June 2025 *CTU-Online*). A team led by investigators from the San Francisco VA examined the frequency and predictors of symptom exacerbations in a national sample of Veterans who had received CPT or PE in VA. Investigators identified symptom exacerbation as any 10-point increase on the PCL-5 from pre-treatment initiation to three months post-treatment. Among 25,768 post-9/11 Veterans who received at least one session of individual PE or CPT between 2018-2023 and who completed at least two PCL-5s, 23% experienced a symptom exacerbation. Those who started CPT or PE while in residential treatment were less likely to experience symptom exacerbation; no other clinical or service-related variables significantly predicted exacerbations. This study suggests that symptom exacerbations are roughly as likely in clinical practice as in clinical trials. However, it is not possible to say whether exacerbations occurred during treatment since Veterans could have had only 1 session, and since PCL-5s were included up to 3 months after treatment ended. Investigators did not examine whether these in-treatment exacerbations were related to outcomes; prior studies have found that not to be the case. Like other studies, extremely few variables predict symptom exacerbations, indicating that clinically we likely cannot predict who will experience them.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1649250.pdf

Holder, N., Batten, A., Shiner, B., Neylan, T. C., & Maguen, S. (2025). Reliable symptom worsening among veterans receiving cognitive processing therapy or prolonged exposure therapy for posttraumatic stress disorder in routine Veterans Health Administration care. *Journal of Affective Disorders,* 387, Article 119472. PTSDpubs ID: 1649250

VA providers reflect on their experiences providing PTSD treatment to Black Veterans

Some studies (though not all) find that Black Veterans do not improve as much as White Veterans in PTSD treatment (see the August 2020 *CTU-Online*). Experiences of racism and discrimination, and how those experiences are addressed in treatment, may play a role in this disparity. Researchers at the San Francisco VA Healthcare System interviewed 15 providers (67% female, 87% White, 0% Black) about their experiences providing PTSD therapy to Black Veterans. Providers reported that experiences of racism and discrimination are reported by Black Veterans during PTSD treatment, and providers were generally comfortable discussing identity and racism. Adaptations made to improve care delivery for Black Veterans included validating experiences of racism, modifying language and worksheets to connect with a range of Veterans, and recognizing that discrimination is real and may not reflect a stuck point. The authors suggest that clinicians may benefit from consultation and training to manage discomfort or inexperience addressing racism and identity during PTSD treatment to provide better therapy to Black Veterans. Future work can explore attitudes in a larger, more diverse group of providers and should also seek to understand the experiences of Black and other minoritized Veterans during PTSD treatment, as well as the relationship between provider-level factors and symptom improvement.

Read the article: https://doi.org/10.1037/ser0000982

Ranney, R. M., Jun, H., Cottonham, D., Hubbard, A., Huggins, J., Purcell, N., Burkman, K., & Maguen, S. (2025). Experiences of providers delivering evidence-based psychotherapy for PTSD to Black veterans: A qualitative study. *Psychological Services*. Advance online publication. PTSDpubs ID: 1651065

More support for financial incentives to promote PE attendance

Dropout from PTSD treatment is higher among individuals with a comorbid substance use disorder. A pilot study by investigators at the University of Vermont showed financial incentives increased participation in PE among participants with co-occurring PTSD and opioid use disorder (see the June 2023 *CTU-Online*). These investigators recently tested this intervention in a larger sample and with more rigorous substance use assessment. Community participants (*n*=52) were randomized to 12 weeks of standard PE, PE with financial incentives (PE+; up to total of $920 with increasing incentives as sessions were attended consecutively), or medication treatment as usual for OUD (buprenorphine or methadone). Both PE groups also continued medication treatment as usual. The PE sessions were 60 minutes and offered in-person or via telehealth. PE+ participants attended more sessions (10.5) than standard PE participants (3.9 sessions). Clinician-assessed PTSD symptom severity improved in all three groups and did not differ by condition, but more PE+ participants no longer met criteria for PTSD (83.3%) than the other groups (PE=23.5%, medication=35.3%). As in the pilot study, neither PE condition exacerbated non-prescribed substance use—a concern sometimes raised about delivering trauma- focused treatment to this population. Results provide further evidence that financial incentives improve engagement in PE, including via telehealth, among individuals with OUD who are at high risk for drop-out.

Read the article: https://doi.org/10.1016/j.drugalcdep.2024.112507

Peck, K. R., Giannini, J., Badger, G. J., Cole, R., & Sigmon, S. C. (2025). A novel prolonged exposure therapy protocol for improving therapy session attendance and PTSD symptoms among adults receiving buprenorphine or methadone treatment. *Drug and Alcohol Dependence, 266*, Article 112507. PTSDpubs ID: 1642153

Take NOTE

A meta-analysis of therapy outcomes across 12 mental health problems

An international team led by investigators from Vrije Universiteit in the Netherlands conducted a meta-analysis of psychotherapy outcomes for PTSD and 11 other mental health problems using a "meta-analytic research domain" methodology.

Read the article: https://doi.org/10.1037/bul0000465

Harrer, M., Miguel, C., van Ballegooijen, W., Ciharova, M., Plessen, C. Y., Kuper, P., . . . Cuijpers, P. (2025). Effectiveness of psychotherapy: Synthesis of a "meta-analytic research domain" across world regions and 12 mental health problems. *Psychological Bulletin, 151*(5), 600-667. PTSDpubs ID: 1649688

A systematic review of Seeking Safety RCTs

A team led by investigators from Florida State University conducted a systematic review of RCTs of Seeking Safety for comorbid PTSD and substance use disorders.

Read the article: https://doi.org/10.1080/10911359.2025.2499657

Howry, S. K., Vogt, M. L., Kim, B. L., Bennett Iv, E., Cain, M., & Thyer, B. A. (2025). A review of Seeking Safety's effects on reducing PTSD symptoms and substance use: A best practice, but not a better one? *Journal of Human Behavior in the Social Environment.* Advance online publication. PTSDpubs ID: 1649381

A meta-analysis of pharmacotherapy for PTSD

A team led by investigators from Beijing Huilongguan Hospital conducted a meta-analysis of RCTs of medications for PTSD.

Read the article: https://doi.org/10.1177/20451253251342628

Jia, Y., Ye, Z., Yang, F., Chai, J., Xu, H., Yang, J., Liang, W., & Wu, L. (2025). Pharmacotherapy for post-traumatic stress disorder: Systematic review and meta-analysis. *Therapeutic Advances in Psychopharmacology,* 15. PTSDpubs ID: 1650174

A virtual clinical trial using PTSD and substance use disorder treatment from multiple RCTs

As part of Project Harmony, a team led by investigators from Rutgers University conducted a virtual clinical trial by combining data from 36 RCTs of treatments for PTSD and substance use disorders to examine whether changes in PTSD symptoms mediate changes in substance use.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1651068.pdf

Hien, D. A., Gette, J. A., Blakey, S. M., Piccirillo, M. L., Back, S. E., Bauer, A. G., & Morgan- López, A. A. (2025). How changes in posttraumatic stress disorder (PTSD) severity mediate substance use disorder (SUD) severity during and after treatment for co-occurring PTSD and SUD: Results from Project Harmony. *Addiction*. Advance online publication. PTSDpubs ID: 1651068

An individual patient data meta-analysis of dropout from drug trials for PTSD

A team led by investigators at Stellenbosch University in South Africa conducted an individual participant data meta-analysis of dropout from 43 RCTs comparing drug monotherapy to placebo.

Read the articles: https://doi.org/10.1080/20008066.2025.2504839

Wright, S. L., Kessler, A., Sijbrandij, M., Karyotaki, E., Cuijpers, P., Bisson, J., ...Seedat, S. (2025). Exploring study dropout in drug trials for adults with PTSD: insights from a conventional and individual participant data meta-analysis. *European Journal of Psychotraumatology, 16*(1), Article 2504839. PTSDpubs ID: 1649178

Meta-analysis of dropout from psychotherapy among military and Veterans

Investigators from Idaho State University conducted a meta-analysis examining premature ending of psychotherapy in service members and Veterans across PTSD and other mental health diagnoses.

Read the articles: https://doi.org/10.1037/amp0001320

Penix-Smith, E. A., Swift, J. K., Li, A., Bingham, J., & Hapke, G. (2025). No client left behind: A meta-analysis of premature termination from psychotherapy in U.S. service members and veterans. *American Psychologist, 80*(5), 712–728. PTSDpubs ID: 1651532

Commentary on the discrepancy between real-world and RCT prazosin prescribing

An investigator from the Philadelphia VA described the findings of clinical trials of prazosin for PTSD and nightmares and noted that doses in clinical practice are dramatically lower than those in RCTs.

Read the articles: https://doi.org/10.1007/s40501-025-00353-0

Kennedy, K. P. (2025). Evidence-based prescribing of prazosin in post-traumatic stress disorder. *Current Treatment Options in Psychiatry, 12*(1), Article 13. PTSDpubs ID: 1650269

CAPS-5 administration training with virtual patients

Investigators from the National Center for PTSD described feasibility data for training providers to administer the CAPS-5 using three virtual standardized patients.

Read the articles: https://www.ptsd.va.gov/professional/articles/article-pdf/id1651321.pdf

Hamblen, J. L., Merrick, C., Marx, B. P., & Bovin, M. J. (2025). Acceptability and feasibility of the Clinician-Administered PTSD Scale for DSM-5 training simulator. *Psychological Trauma*. Advance online publication. PTSDpubs ID: 1651321

Veterans Health Administration

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