CLINICIAN'S TRAUMA UPDATE

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TREATMENT

How does the community care for PTSD measure up?

For Veterans receiving VA mental health care in the community, the quality of such care is unclear because community care providers are not required to collect outcome data. In a recent study, investigators from the Southeast Louisiana VA Health Care System examined the coordination and quality of PTSD community care. The investigators examined all 123 PTSD-related community care psychotherapy consults at one VA health care system in 2022 and 2023 in which a Veteran attended at least one appointment. Information was drawn from electronic medical records. In 27.6% of cases, the community care provider did not submit any treatment records. Among the records of 57 Veterans with an intake documented, only 8.8% included the results of any self-report symptom measures. Only 3.5% of records indicated that more than one treatment option was offered (i.e., shared decision-making). Most records (56.1%) did not include documentation of suicide risk. Among 66 Veterans with psychotherapy records, those records indicated that 21.2% received EMDR; none received another guideline-recommended treatment. Some records documented suicide risk (31.8%). Very few (4.5%) indicated that a self-report measure of symptoms had been used. Although this study was based on a small sample at a single VAMC, results suggest that community care does not meet standards that would be expected of care within the VA: evidence-based psychotherapy supported by shared decision-making, measurement-based care, and consistent suicide risk assessment.

Read the article: https://doi.org/10.1002/jts.70012

Franklin, C. L., Raines, A. M., Ennis, C. R., Boffa, J. W., Bender, A. M., Ferrie, M. L., . . . Laborde, G. (2025). Evaluating coordination and quality of care among veterans receiving posttraumatic stress disorder care in the community. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1653990

Preliminary support for an online self-help couples intervention for PTSD

PTSD is associated with impaired intimate relationship functioning, which in turn may contribute to worse PTSD treatment outcomes. Accessible interventions aimed at improving relationship functioning may promote optimal PTSD recovery. An RCT led by investigators from York University tested Couple HOPES, a coach-guided online intervention for couples. Participants were 67 couples wherein one partner had a probable diagnosis of PTSD (PCL-5 ≥33) and was a service member/Veteran or had PTSD symptoms related to COVID-19. Couples were randomized to Couple HOPES or a waitlist control. Couple HOPES was delivered via video in seven interactive modules and included 4-5 scheduled brief videoconference calls with a coach. In the intervention group, couples completed a mean of 5.3 modules, and 66% completed the program. At posttreatment, Couple HOPES showed significantly greater improvement than waitlist for self-and partner-reported PTSD symptoms and for partner relationship satisfaction. At posttreatment, the relationship satisfaction of the participant with PTSD did not significantly differ from waitlist, although notably over 40% of participants and their partners reported being "satisfied" with their relationship at baseline. Both self- and partner-reported PTSD symptoms worsened over 3-month follow-up; however, self-reported symptoms remained improved from baseline. Findings support the preliminary efficacy of Couple HOPES as a low-cost, light-touch intervention for improving PTSD and for potentially improving relationship satisfaction for those with higher initial relationship distress.

Read the article: https://doi.org/10.1037/ccp0000965

Fitzpatrick, S., Crenshaw, A. O., Valela, R., Samonas, C., Earle, E. A., Goss, S., . . . Monson, C. M. (2025). A randomized controlled trial testing couple HOPES: An online, self-help couples' intervention for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 93*(8), 580-594. PTSDpubs ID: 1652515

N-Acetylcysteine did not increase the effectiveness of psychotherapy for PTSD/AUD

N-Acetylcysteine (NAC) is an antioxidant that may blunt the effects of oxidative stress via the glutamatergic system. PTSD and alcohol use disorder (AUD) are commonly comorbid, and preclinical work suggests NAC reduces alcohol intake. Trials of NAC for PTSD and/or AUD have been mixed (see the October 2023 *CTU-Online*). Investigators at the Medical University of South Carolina examined the effectiveness of NAC plus psychotherapy for comorbid PTSD/AUD in a double-blind RCT. 182 participants with PTSD/AUD (38.7% men, 77.4% White, average age 40.9) were randomized to NAC (1200 mg twice daily) or placebo for 12 weeks. Participants also received 12 weekly sessions of CBT for AUD. Both groups showed improvements in PTSD (12.8 point average decrease on CAPS-5), as well as alcohol use (drinks per day, days abstinent, days heavy drinking), and alcohol cravings. The NAC group did not improve significantly more than the placebo group on any measure. Despite minor recruitment and measurement issues due to COVID-19, this is an adequately powered and well-designed study suggesting that NAC does not enhance treatment response to psychotherapy in patients with PTSD and AUD.

Read the article: https://doi.org/10.4088/JCP.25m15803

Back, S. E., Gray, K., Jarnecke, A. M., Saraiya, T. C., Santa Ana, E. J., Killeen, T., . . . Brady, K. T. (2025). N-acetylcysteine for the treatment of co-occurring posttraumatic stress disorder and alcohol use disorder: A double-blind, randomized controlled trial. *Journal of Clinical Psychiatry, 86*(4) Article 25m15803. PTSDpubs ID: 1653113

Open trial supports safety and acceptability of psilocybin for PTSD

Psychedelic interventions are under investigation as treatments for PTSD. In a trial funded by Compass Pathfinder, investigators in the United Kingdom and United States conducted the first open trial of psilocybin for PTSD. The study focused on safety and tolerability of psilocybin, a psychedelic compound that increases serotonin, and included 22 adults (14 women) recruited from three sites across the UK and US. All participants had a PTSD diagnosis and CAPS-5 score of at least 25; several psychiatric disorders (including complex PTSD, primary major depressive disorder and substance use disorder) were exclusionary. The nine participants who were taking antidepressants underwent a washout period. Participants completed three preparatory sessions, one 6-8 hour medication session in which they received 25 mg of psilocybin, and three follow-up psychotherapy "integration" sessions. The treatment appeared safe and tolerable. All participants had at least one side effect (e.g., nausea, headache), but none were serious nor warranted withdrawal from the trial. CAPS-5 scores decreased by 29.9 points between baseline and week 4, with gains retained at week 12. Functional impairment and quality of life also improved (*d*'s of 1.8 and 1.2 at week 12, respectively). These findings are promising and support future investigation of psilocybin for PTSD using randomized controlled trial designs and more generalizable samples, such as those with co-occurring psychiatric disorders.

Read the article: https://doi.org/10.1177/02698811251362390

McGowan, N. M., Rucker, J. J., Yehuda, R., Agrawal, M., Modlin, N. L., Simmons, H., . . . Goodwin, G. M. (2025). Investigating the safety and tolerability of single-dose psilocybin for post-traumatic stress disorder: A nonrandomized open-label clinical trial. *Journal of Psychopharmacology*. Advance online publication. PTSDpubs ID: 1653038

Impact of hazardous drinking on PE outcomes

Hazardous drinking commonly co-occurs with PTSD, and clinicians may have concerns about how it impacts trauma-focused treatment. A team led by investigators at the University of Texas Health Sciences Center San Antonio examined the impact of hazardous drinking on outcomes of massed PE interventions. The team conducted a secondary analysis of data from an RCT of two types of massed PE, standard and augmented (see the February 2023 *CTU-Online*. Participants included 234 service members and Veterans (78% men); of these, 27% self-reported hazardous drinking. Both treatments consisted of 15 daily PE sessions delivered over three weeks, but the augmented format incorporated additional components, such as homework support, daily processing sessions, and optional booster sessions. Participants with hazardous drinking experienced significant reductions in PTSD symptoms. However, regardless of treatment arm, those with hazardous drinking experienced less improvement on the PCL-5 and CAPS-5 than those without hazardous drinking at 1-month (*d*s=.4) and 3-month follow-up (*d*s=.4-.5). They also experienced less improvement at 6-month follow-up on the PCL-5 (*d*=.3) but not CAPS-5 (*d*=.1). Participants with baseline hazardous drinking also reported reductions in several drinking-related outcomes following PTSD treatment (e.g., total drinks per week). Drinking was unrelated to dropout. The findings suggest that hazardous drinking is not a contraindication for PE, even though drinking may somewhat lessen the benefits of treatment.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1651913.pdf

Straud, C. L., Buccellato, K. H., Foa, E. B., Brown, L. A., McLean, C. P., Blount, T. H., . . . Peterson, A. L. (2025). Differential effects of hazardous drinking on post-traumatic stress disorder outcomes across two prolonged exposure treatment formats. *Behavioral Sciences, 15*(7), Article 954. PTSdpubs ID: 1651913

Intravenous ketamine may improve PTSD: A naturalistic study

Intravenous ketamine has emerged as an evidence-based treatment for major depression, though data supporting its use to treat PTSD are mixed. A large, naturalistic evaluation of intravenous ketamine for PTSD was sponsored and conducted by Osmind, Inc., which focuses on developing novel treatments for mental health conditions. Data were from 8136 adults with PTSD who received ketamine at one of 325 community-based clinics. The sample was predominantly white (95%) and female (66%), with an average age of 42.7 years. PTSD and depressive symptoms were assessed using the PCL-5 and PHQ-9, respectively. The majority of the sample (71%) completed at least six ketamine sessions, and 23% completed at least 10 sessions. Ketamine dose started at an average of 0.64 mg/kg, similar to the 0.5 mg/kg dosing used in most clinical trials, though dose increased to an average of 1 mg/kg by session 6. After 6 sessions, PTSD severity in the 1,340 participants who completed the PCL-5 at baseline and follow-up decreased 52%, and depression severity in the 4,220 participants who completed the PHQ-9 at baseline and follow-up decreased 51%; no notable improvement in average scores occurred beyond 6 sessions. Interpretation of these results is limited by the lack of a control group and significant heterogeneity in treatment protocols. However, these findings suggest that intravenous ketamine may have benefit for PTSD; up to 6 treatment sessions and higher ketamine doses may be needed.

Read the article: https://doi.org/10.1016/j.psychres.2025.116689

McInnes, L. A., Berman, R. M., Worley, M., & Shih, E. (2025). A retrospective analysis of ketamine intravenous therapy for post-traumatic stress disorder in real-world care settings. *Psychiatry Research, 352*, Article 116689. PTSDpubs ID: 1652776

ASSESSMENT

Perceived improvement in PTSD treatment

Understanding improvement during PTSD treatment is important, and assessments that measure PTSD symptoms may not tell the full story. A team led by researchers at Rush University Medical Center used the self-reported Patient Global Impression of Improvement (PGI-I), a single-item 7-point scale, to understand patients' holistic sense of global improvement (or worsening) after completing evidence-based PTSD treatment. 259 Veterans (55% male, 65% white) with PTSD treated in an intensive CPT program completed the PCL-5 before and after treatment and the PGI-I after treatment. Participants improved 20.9 points (d=1.3) on the PCL-5 from pre- to posttreatment; 87.7% of Veterans reported feeling at least "a little" better after treatment on the PGI-I. Greater reductions in PTSD symptoms were related to greater perceived improvement, with falling below the 33-point "probable PTSD" cutoff being the most predictive metric (18.9 greater odds of endorsing perceived improvement). These results do not suggest that a single-item measure like the PGI-I could replace the PCL-5. However, clinicians and researchers can consider asking patients about their perception of improvement in addition to asking about PTSD symptoms, especially because a subset of Veterans (12%) in the sample showed improvement on the PCL-5 but did not "feel better."

Read the article: https://doi.org/10.1007/s10608-025-10637-7

Patton, E. E., Mundle, R., Pridgen, S., & Held, P. (2025). Understanding veterans' perceived improvement in PTSD treatment: Examining its association with clinical predictors and clinically meaningful improvement thresholds. *Cognitive Therapy and Research*. Advance online publication. PTSDpubs ID: 1652960

Take NOTE

A meta-analysis of digital interventions for eight mental health problems

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

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1651576.pdf

Harrer, M., Miguel, C., Tong, L., Kuper, P., Sprenger, A. A., Furukawa, Y., . . . Cuijpers, P. (2025). Effectiveness of digital interventions for eight mental disorders: A meta-analytic synthesis. *Internet Interventions, 41*, Article 100860. PTSDpubs ID: 1651576

A meta-analysis of the effect of PTSD treatment on comorbid depression

Investigators from University of Munster, Germany conducted a meta-analysis of 136 RCTs of the effect of PTSD psychotherapy on comorbid depression, both short- and long-term. Moderators were also examined.

Read the article: https://doi.org/10.1192/bjp.2025.10345

Hoppen, T. H., Lindemann, A. S., Höfer, L., Kip, A., & Morina, N. (2025). Efficacy of psychological interventions for adult PTSD in reducing comorbid depression: systematic review and meta-analysis of randomised controlled trials. *British Journal of Psychiatry*. Advance online publication. PTSDpubs ID: 1652861

A systematic review of vagal nerve stimulation for trauma sequelae

A team led by investigators from McGill University conducted a systematic review of the effect of transcutaneous (non-invasive) vagal nerve stimulation on a range of trauma- and stressor-related disorders, finding only seven RCTs for PTSD available to summarize.

Read the article: https://doi.org/10.1192/bjo.2025.10057

Benzouak, T., Danyluck, C., Gunpat, S., Amougou, S. E., Hamoudeh, R. A., Prudencio-Brunello, M. A., . . . Rao, S. (2025). Transcutaneous vagal nerve stimulation for the treatment of trauma- and stressor-related disorders: Systematic review of randomised controlled studies. *BJPsych Open, 11*(5), Article e165. PTSDpubs ID: 1651815

A systematic review of Internal Family Systems therapy

An investigator from The University of Notre Dame Australia conducted a scoping review for Internal Family Systems therapy in general (not only PTSD), finding 27 total studies, of which most were case studies. Only two small RCTs were identified, neither with PTSD.

Read the article: https://doi.org/10.1080/13284207.2025.2533127

Buys, M. E. (2025). Exploring the evidence for internal family systems therapy: A scoping review of current research, gaps, and future directions. *Clinical Psychologist*. Advance online publication. PTSDpubs ID: 1652410

Clinical recommendations for comorbid pain and PTSD

An investigator from La Trobe University in Australia outlined the connections between PTSD and pain, as well as how to incorporate interoceptive awareness into evidence-based PTSD psychotherapies.

Read the article: https://doi.org/10.1037/int0000375

Putica, A. (2025). Integrating interoceptive interventions in posttraumatic stress disorder and chronic pain treatment: A clinical framework for psychotherapy integration. *Journal of Psychotherapy Integration*. Advance online publication. PTSDpubs ID: 1653417

Veterans Health Administration

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