CLINICIAN'S TRAUMA UPDATE

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TREATMENT

Preliminary effectiveness of massed delivery of EBPs in VA residential treatment

Delivering evidence-based psychotherapies (EBPs) for PTSD more frequently than weekly (i.e., massed delivery) is a promising strategy for increasing engagement in and effectiveness of PTSD treatment. A prior study found preliminary support for massed delivery of PE and CPT in a VA intensive outpatient program (see the April 2022 *CTU-Online*), but now investigators at the VA Pacific Islands Health Care System conducted a study of massed delivery of EBPs (CPT, PE, EMDR, and Written Exposure Therapy) in six VA residential treatment programs. Investigators compared outcomes for 260 Veterans who received massed EBPs (i.e., four sessions/week) versus 206 who received non-massed EBPs (i.e., 1-2 sessions/week), both delivered along with residential treatment as usual. Treatment frequency was selected via shared decision-making (not randomization). Veterans who received massed versus non-massed EBPs had shorter lengths of stay (28.3 days vs. 53.4 days) and higher completion rates (78.5% vs. 67.0%), with no difference in PTSD symptom improvement. The failure to find a difference in outcomes does not conclusively show that the models are equivalent, but the data overall suggest that massed treatment in PTSD residential programs could yield outcomes comparable to those in standard programs in much less time.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1655445.pdf

Holliday, R., Holder, N., Yamokoski, C., Burden, J., Sippel, L. M., Harpaz-Rotem, I., & Smith, N. B. (2025). A preliminary evaluation of the effectiveness of massed delivery of PTSD psychotherapy in VA residential treatment. *General Hospital Psychiatry, 97*, 126-129. PTSDpubs ID: 1655445

Tailored EBP implementation support cannot overcome system-level barriers

Many providers in military treatment facilities (MTFs) and VA are trained in evidence-based psychotherapies (EBPs) for PTSD, yet significant system-level barriers may impede delivery of these treatments. The Targeted Assessment and Context-Tailored Implementation of Change Strategies (TACTICS) Research Group conducted a trial at eight MTFs between 2018 and 2022 to determine if tailored implementation support would increase use of PE compared to training alone. After 212 therapists were trained in PE, site-tailored TACTICS strategies were implemented in stages. Electronic records of 3459 patients were examined to determine if therapists used PE or another EBP. Tailored implementation support was associated with 1.52 times higher use of PE than PE training only. However, use of all EBPs declined over time, which was largely accounted for by lack of weekly appointment availability. The authors identified inadequate staffing and system-level policies (e.g., lack of group therapy) as major barriers to weekly EBP sessions that TACTICS and training could not overcome. Consequently, patients received an inadequate dose of PE (6.9 - 7.3 sessions) and sessions were nearly three weeks apart on average across the TACTICS and PE training periods. These findings suggest that tailored implementation support may be more helpful in uptake of EBPs than training alone; however, sufficient staffing and system-level policies that allow for weekly sessions are needed to facilitate EBP implementation.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1656290.pdf

Rosen, C. S., Peterson, A. L., Riggs, D. S., Haddock, C. K., Fong, C., Young-McCaughan, S., . . . McLean, C. P. (2025). Tailored strategies to increase the use of an evidence-based psychotherapy for posttraumatic stress disorder: A stepped-wedge randomized trial in military clinics. *Journal of Anxiety Disorders, 116*, Article 103080. PTSDpubs ID: 1656290

Can training a service dog improve PTSD symptoms?

A new study by investigators at the University of Maryland reported on the benefits of a service dog training program as an intervention to treat PTSD in Veterans. Service dogs have not been shown to reliably reduce PTSD severity (see the February 2023 and August 2024 *CTU-Online*), but the benefits of training a service dog (vs. having a service dog) have received less attention. Sixty Veterans with PTSD (53% male, average age 47, average PCL-5=41.3) enrolled in an 8-week service dog training program, with half randomized to hands-on training with live dogs and half to online video training modules with no dog contact (these were conducted on-site until pandemic restrictions required at-home completion). For the 51 Veterans who completed the training, self-reported PTSD symptoms decreased by 8 points on the PCL-5 in both groups (*d*=0.5), with no between-group differences in post-intervention PTSD symptoms. Although this study did not find that training a service dog reduced PTSD symptoms more than a video training course, programs that allow Veterans with PTSD to interact with service dogs may be part of a whole health approach to mental health and wellbeing.

Read the article: https://doi.org/10.1080/08927936.2025.2568291

Friedmann, E., Krause-Parello, C. A., Yount, R., & Taber, D. (2025). Veterans with post-traumatic stress disorder (PTSD): Does participating in a service dog training program reduce their symptoms? *Anthrozoös, 38*(6), 1107-1119. PTSDpubs ID: 1656203

Comparing effectiveness of therapy versus medications for PTSD in primary care

Investigators at VA Puget Sound led a pragmatic comparative effectiveness trial testing Written Exposure Therapy (WET) versus pharmacotherapy for PTSD delivered in primary care. Participants (*n*=700, 62.1% men, 71.6% Veterans) were recruited from seven federally qualified healthcare centers and eight VAMCs and randomized to WET or an SSRI. For this study, WET was modified to be delivered in 6 30-minute sessions. Participants were required to screen positive for PTSD on the PC-PTSD-5, endorse a Criterion A trauma, and have a PCL-5 score≥33). Both groups experienced decreases in PTSD symptoms at 4-month follow-up (pharmacotherapy *d*=1.0; WET *d*=.8). Pharmacotherapy participants who did not respond by 4 months were re-randomized to either WET or venlafaxine, an SNRI. Those who were switched to venlafaxine subsequently reported greater decreases in PCL-5 scores than those assigned to WET, which suggests that medication nonresponders in primary care may benefit more from a medication change than switching to psychotherapy. Treatment dose was low in both groups: only 51.8% of the SSRI group received an adequate dose, and only 31.5% of WET participants completed treatment (much lower than the 74.7% who completed WET in another Veteran study; see the December 2021 *CTU-Online*). Because pragmatic trials are designed to demonstrate how treatments work in practice, not their actual efficacy, this study does not indicate that venlafaxine is superior to WET in SSRI nonresponders. But it does suggest that venlafaxine may improve response following partial response to an SSRI.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1655425.pdf

Fortney, J. C., Kaysen, D. L., Engel, C. C., Cerimele, J. M., Nolan, J. P., Jr., Chase, E., . . . Heagerty, P. J. (2025). Pragmatic comparative effectiveness of primary care treatments for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry, 82*, 1203-1215. PTSDpubs ID: 1655425

Brexpiprazole is not effective in combination with sertraline for the treatment of PTSD

Two prior flexible-dose studies, including a Phase 3 study and a smaller Phase 2 study, suggested efficacy for the antipsychotic brexpiprazole when used with sertraline to treat PTSD (see the February and April 2025 *CTU-Online*). Recently, a multi-site team completed an industry-sponsored, fixed-dose Phase 3 placebo-controlled trial of brexpiprazole combined with sertraline for PTSD. Community participants with PTSD were randomized to 11 weeks of sertraline 150 mg plus either brexpiprazole 2 mg (*n*=191), brexpiprazole 3 mg (*n*=185), or placebo (*n*=177). Dropout was similar across the groups (about 35%). CAPS-5 scores decreased by 16.5 points for the brexpiprazole 2 mg group, 18.3 points for the brexpiprazole 3 mg group and 17.6 points for the placebo group. These changes did not significantly differ between groups. Secondary measures of interpersonal functioning, anxiety and depression also did not differ between the groups, except that the Brief Inventory of Psychosocial Function improved more in the brexpiprazole 3 mg versus placebo group. Brexpiprazole was generally well tolerated, and about 50% of participants across all groups experienced at least one treatment emergent adverse event. No serious adverse events were attributable to study drug. Also, no demographic or clinical factors were associated with differential treatment response; the authors indicate that no study-related factors explain the difference in results versus prior trials. These results do not support the use of brexpiprazole in combination with sertraline for the treatment of PTSD.

Read the article: https://doi.org/10.1097/jcp.0000000000002076

Davis, L. L., Behl, S., Lee, D., Zeng, H., Skubiak, T., Weaver, S., . . . Hobart, M. (2025). Fixed-dose brexpiprazole and sertraline combination therapy for the treatment of posttraumatic stress disorder: A phase 3, randomized trial. *Journal of Clinical Psychopharmacology, 45*(6), 580-589. PTSDpubs ID: 1656121

Use of whole health care associated with increased completion of evidence-based psychotherapy (EBP)

Strategies to reduce treatment dropout are needed to maximize the potential for symptom improvement. A study led by investigators from the Dallas VA Medical Center examined if the use of VHA Whole Health care could promote retention in EBPs for PTSD. Data were drawn from VHA administrative records for 100,177 Veterans who initiated an EBP for PTSD from 2018-2022 (76% male, 62% White). A total of 9.8% had used whole health services (e.g., health and wellness coaching, education groups, personal health planning) and 3.6% had used complementary and integrative health (CIH) therapies (e.g., yoga, meditation, tai chi). In analyses that controlled for demographic and health-related variables, whole health care use was associated with increased odds of EBP completion. Veterans were more likely to complete an EBP when using whole health services both before EBP initiation and concurrent with EBP use (OR=1.4) and when using CIH both before and concurrent with EBP use (OR=1.3). These findings suggest that whole health can be used as an adjunct to EBPs to promote sustained engagement, perhaps by helping patients connect their health goals to their symptoms of PTSD and increasing motivation for PTSD treatment. However, given the observational design, it is possible that the results are attributable to certain patients being more likely to engage in services in general. Using a randomized controlled design would yield more definitive information about the outcomes of engaging in whole health.

Read the article: https://doi.org/10.1002/jts.70013

Etingen, B., Douglas, J. H., Coggeshall, S., Reed, D. E., Engel, C. C., Hogan, T. P., . . . Zeliadt, S. B. (2025). Use of whole health care is associated with increased completion of evidence-based psychotherapy for posttraumatic stress disorder among veterans receiving care within the Veterans Health Administration. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1655654

Doxazosin shows mixed effects on nightmares and sleep quality in PTSD

Poor sleep and nightmares are common for individuals with PTSD. The VA/DoD Clinical Practice Guideline suggests prazosin, an alpha-1 antagonist, for the treatment of PTSD nightmares; however, the supporting clinical data are mixed. Doxazosin is also an alpha-1 antagonist but has a longer half-life and increased time to peak action. Investigators at the San Francisco VA Health Care System conducted a placebo-controlled trial of doxazosin for treating distressing dreams and poor sleep quality in PTSD. Participants (*n*=65; 92% veterans, 32% women) with nightmares and full or subclinical PTSD were randomized to 8 weeks of doxazosin (maximum 10 mg) or placebo. Assessments included the CAPS-IV nightmare item, the Pittsburgh Sleep Quality Index (PSQI) and a sleep diary. There were no differences between the groups in primary outcomes: the CAPS-IV nightmare item, PSQI or PTSD severity. From sleep diary data, there were also no between-group differences in number of nightmares, total sleep time or sleep latency, although the doxazosin (versus placebo) group showed lower severity of worst nightmare, improved sleep maintenance and decreased wakening after sleep onset. Exploratory analyses suggested that higher orthostatic systolic blood pressure at baseline was associated with greater improvements in worst dream severity and sleep maintenance. Overall, these findings do not support the use of doxazosin for PTSD-related nightmares, although some positive subjective findings suggest further investigation may be warranted.

Read the article: https://doi.org/10.5664/jcsm.11908

Richards, A., Santistevan, A., Yack, L., West, A. C., Berg, E., Pracar, S., . . . Neylan, T. C. (2025). A double-blind, randomized, placebo-controlled trial of doxazosin for posttraumatic distressing dreams and sleep disturbance in men and women with posttraumatic stress. *Journal of Clinical Sleep Medicine, 21*, 2165-2179. PTSDpubs ID: 1654700

Can an online intervention increase PTSD treatment engagement?

Investigators from the National Center for PTSD tested whether engagement in PTSD treatment could be enhanced by use of AboutFace, a website including videos of Veterans with PTSD talking about how treatment helped them. Three hundred thirty Veterans (69% male, 49% Black) who attended an intake session at one VA PTSD specialty clinic were randomized to review either the AboutFace website or a brochure describing PTSD and its treatment. In the intent-to-treat analyses, use of the AboutFace website was not related to increased likelihood of treatment initiation nor total number of treatment sessions received, based on chart review. However, when comparing those who actually accessed the AboutFace website to all others, the AboutFace group was more likely to initiate treatment (87.5% versus 77.7%). Moreover, those who used the site for at least 15 minutes received more treatment sessions in total (8.0 sessions versus 6.8 sessions). These results suggest that an intervention that seeks to connect with Veterans through learning about peers' treatment may positively affect treatment engagement among those who make use of it. This is a small effect, but a low-burden intervention for both patients and providers. Future research can examine best practices for encouraging Veterans to interact meaningfully with the site, which could then help with treatment engagement.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1656526.pdf

Grubaugh, A. L., Davidson, T., Ruggiero, K., Kelley, M. E., & Hamblen, J. L. (2025). AboutFace: A randomized controlled evaluation of an online peer-based intervention to increase PTSD treatment engagement. *Psychological Services*. Advance online publication. PTSDpubs ID: 1656526

ASSESSMENT/DIAGNOSIS

Computerized adaptive measures do not outperform traditional PTSD assessments

Pilot work suggested that computerized adaptive testing (a type of algorithmic assessment in which previous responses determine subsequent questions to maximize efficiency) may effectively assess PTSD with fewer questions than traditional assessments (see the August 2021 CTU-Online). A team led by investigators from the National Center for PTSD conducted psychometric testing to better understand diagnostic and symptom severity adaptive PTSD assessments. One hundred and fifty-six Veterans (32% women, 36% Black, 66% with PTSD) completed computerized adaptive diagnostic and severity tests along with the CAPS-5, PCL-5, and PC-PTSD-5; 53 participants repeated these measures within a week of their initial assessment. Median completion time for the adaptive assessment was 7 seconds faster than the PCL-5, and much longer than the PC-PTSD-5. The computerized adaptive diagnostic measure was less sensitive to positive PTSD diagnosis (i.e. more false negatives) than the PCL-5 or PC-PTSD-5, with comparable accuracy identifying positive cases. It also had worse test-retest performance (κ=.3 vs .7 for the PCL-5). The computerized adaptive symptom severity measure performed comparably with the PCL-5. Despite the initial encouraging work, this more extensive psychometric testing suggests that a computerized adaptive approach to assessing PTSD is not faster, does not outperform traditional PTSD questionnaires such as the PCL-5 in assessing severity, and is worse for diagnosis. More work is needed to develop computerized adaptive measures that outperform traditional measures for research and clinical care.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1656375.pdf

Lee, D. J., Crowe, M. L., Weathers, F. W., Bovin, M. J., Acierno, R., Arenson, M. B., . . . Marx, B. P. (2025). A psychometric examination of computerized adaptive measures of posttraumatic stress disorder among military veterans. *Psychological Assessment*. Advance online publication. PTSDpubs ID: 1656375

Take NOTE

Comparison of Veteran and civilian outcomes for PTSD and substance use

Using meta-analytic data from Project Harmony, a team led by investigators from RTI International examined whether Veterans and civilians with comorbid PTSD and substance use disorders had differential response to psychotherapies in terms of PTSD, alcohol, and drug use outcomes.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1655729.pdf

Blakey, S. M., Morgan-López, A. A., Kline, A. C., Shevorykin, A., Norman, S. B., Killeen, T. K., . . . Hien, D. A. (2025). Treatment for co-occurring posttraumatic stress disorder and substance use disorders among veterans and civilians: A test of causally moderated comparative effectiveness. *Psychological Trauma*. Advance online publication. PTSDpubs ID: 1655729

Meta-analysis of RCTs of treatment of PTSD in older adults

A team led by investigators from University College London conducted a meta-analysis of 10 studies of treatment for adults over age 60 with PTSD or trauma-related distress.

Read the article: https://doi.org/10.1016/j.jad.2025.120433

Gómez-Bautista, D., Lye, V., Zabihi, S., Beenakker, M., Günak, M. M., Roche, M., . . . Orgeta, V. (2026). Effectiveness of treatments for post-traumatic stress disorder for older people: A systematic review and meta-analysis of randomized controlled trials. *Journal of Affective Disorders, 394*, Article 120433. PTSDpubs ID: 1657109

Meta-analysis of rTMS for PTSD

A team led by investigators from the Affiliated Hospital of North Sichuan Medical College in China conducted a meta-analysis of 15 RCTs of repetitive transcranial magnetic stimulation (rTMS) for PTSD. The study also examined the effectiveness of various rTMS treatment parameters.

Read the article: https://doi.org/10.2147/ndt.S532443

Wang, Y. X., Lin, J. Y., Zhang, C. Y., Liu, J. J., Hou, B. Q., Nie, Q., . . . Xie, Y. L. (2025). The effects of repetitive transcranial magnetic stimulation on post-traumatic stress disorder and parameter discussion: A meta-analysis based on randomized controlled trials. *Neuropsychiatric Disease and Treatment, 21*, 2145-2163. PTSDpubs ID: 1654562

Side effect reporting in psilocybin-assisted psychotherapy trials

A team led by investigators from the University of Melbourne, Australia conducted a systematic review on the quality of reporting of side effects in trials of psilocybin-assisted psychotherapy for psychiatric conditions, including PTSD.

Read the article: https://doi.org/10.1192/bjo.2025.10847

Marinis, J., Clarke, S. T., Guerin, A. A., Guastella, A. J., & Bedi, G. (2025). Reporting of side-effects in clinical trials of psilocybin-assisted psychotherapy for psychiatric conditions: Systematic review. *BJPsych Open, 11*(6), e261. PTSDpubs ID: 1655915

Living systematic review of efficacy. discontinuation and safety of psychedelics and MDMA to treat mental disorders

An international team led by investigators from the University of Southern Denmark have created a living systematic review to document current and future RCTs of psychedelics and MDMA for mental disorders including PTSD. This review documented efficacy, discontinuation, safety, and adverse events.

Read the article: https://doi.org/10.1016/j.euroneuro.2025.09.011

Højlund, M., Kafali, H. Y., Kırmızı, B., Fusar-Poli, P., Correll, C. U., Cortese, S., . . . Solmi, M. (2025). Efficacy, all-cause discontinuation, and safety of serotonergic psychedelics and MDMA to treat mental disorders: A living systematic review with meta-analysis. European *Neuropsychopharmacology, 101*, 41-55. PTSDpubs ID: 1656279

Veterans Health Administration

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