CLINICIAN'S TRAUMA UPDATE

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ASSESSMENT

Estimating PCL-5 reliable change sizes in non-Veterans

A prior study examined how much change on the PCL-5 and CAPS-5 reflected reliable and clinically significant improvements among Veterans (see the February 2022 *CTU-Online*). A team led by investigators at the University of Washington in Seattle examined benchmarks of change in PCL-5 scores that would be both statistically reliable and noticeable to patients in a primarily non-Veteran sample.

The sample consisted of 971 adults (94.8% non-Veteran, 70.2% women) who screened positive for PTSD and were participating in a clinical trial across three U.S. federally qualified health centers. The investigators used several metrics to assess the minimal change score on the measure that would be both statistically reliable and clinically meaningful. Change scores ≥ 9-12 points reflected statistically reliable change and corresponded to participants' self-reported improvement in functioning and PTSD symptoms. In contrast, change scores of 5.1-7.5 were not linked to patient-reported outcomes.

These minimally important PCL-5 benchmarks were slightly lower than in the earlier study among Veterans (see the February 2022 *CTU-Online*), illustrating the importance of conducting this research in varied populations. Taken together, results show that PCL-5 change scores < 5 are likely not reliable or meaningful in either Veteran or non-Veteran samples. This study represents one approach among others examining what size change on PTSD measures corresponds to meaningful change in patients' lives (see the February 2023 *CTU-Online*).

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1626220.pdf

Blanchard, B. E., Johnson, M., Campbell, S. B., Reed, D. E., 2nd, Chen, S., Heagerty, P. J., . . . Fortney, J. C. (2023). Minimal important difference metrics and test-retest reliability of the PTSD Checklist for DSM-5 with a primary care sample. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1626220

TREATMENT

Institutional support for evidence-based practices linked to lower VA therapist burnout, greater satisfaction

A prior study found that therapists' perceptions of institutional support for evidence-based practices were linked to positive Veteran outcomes (see the October 2023 *CTU-Online*). A team led by investigators at the VA Ann Arbor Healthcare System has now examined whether institutional support for measurement-based care (MBC) and evidence-based psychotherapies (EBPs) are related to provider burnout and job satisfaction among VA therapists.

The investigators used data from 5,341 VA therapists (i.e., psychologists, social workers, and counselors) who completed the 2018 VA Mental Health Provider Survey, which assessed job satisfaction, burnout, workload reasonableness, and perceived institutional support for EBPs and MBC. Over 40% of therapists reported burnout; 67.1% reported high job satisfaction. Regardless of workload, therapists were less likely to experience burnout and more likely to be satisfied with their jobs when they reported less difficulty scheduling EBPs (OR=0.83 and OR=1.09, respectively) and less difficulty ending psychotherapy when goals were met (OR=0.89

and OR=1.12, respectively). Burnout and satisfaction were each associated with support for other aspects of EBP and MBC as well. This study shows that institutional support may enhance therapist satisfaction and reduce burnout, which could help sustain the VA mental health workforce.

Read the article: https://doi.org/10.1176/appi.ps.20230086

Sripada, R. K., Grau, P. P., Porath, B. R., Burgess, J., Van, T., Kim, H. M., . . . Zivin, K. (2023). Role of institutional support for evidence-based psychotherapy in satisfaction and burnout among Veterans Affairs therapists. *Psychiatric Services.* Advance online publication. PTSDpubs ID: 1627207

Phase-based treatment outcomes no better than trauma-focused treatments

Skills-based interventions, such as Skills Training in Affective and Interpersonal Regulation (STAIR), have been recommended to prepare patients for PTSD treatment. This phase-based approach to PTSD treatment is believed to address safety concerns, teach coping skills, and improve emotion regulation before trauma-focused treatment to improve acceptability and effectiveness. Given the robust effect sizes of trauma-focused treatments and the dropout rates observed in these treatments, adding additional preparatory therapy prior to addressing PTSD symptoms may be unnecessary, exacerbate dropout, and delay patients getting the most active portion of the treatment. Two recent randomized controlled trials compared the efficacy of phase-based treatment to trauma-focused treatment alone.

A team led by investigators in Norway randomly assigned 92 Norwegian adults in residential treatment diagnosed with both *DSM-5* PTSD and *ICD-11* Complex PTSD to receive PE, group STAIR, or STAIR plus individual Narrative Therapy. At post-treatment and 1-year follow-up, PE demonstrated superior outcomes of reduced PTSD symptoms and loss of diagnosis, depression symptoms, and interpersonal problems. The phase-based treatment, STAIR + Narrative Therapy, had poorer outcomes compared to PE or STAIR. Changes in Complex PTSD symptoms were largely comparable across treatments.

In another study, investigators from the Netherlands and United Kingdom recruited 121 Dutch adults with *DSM-5* PTSD related to repeated childhood abuse. Participants were randomly assigned to receive EMDR or STAIR followed by EMDR. They used a Personalized Advantage Index analysis to identify predictors of which treatment would lead to optimal outcomes for a given individual. Both treatments were equally effective regardless of whether patients received the treatment predicted by the Personalized Advantage Index to be their "optimal treatment."

Together, these studies confirm that trauma-focused treatments are effective for a range of clinical outcomes, including Complex PTSD symptoms, for individuals with PTSD and CPTSD. Although these studies may have been underpowered to detect small-to-medium differences, findings suggest that phase-based treatment does not significantly improve outcomes even for those for whom phase-based treatment may be "optimal."

Read the articles:

https://www.ptsd.va.gov/professional/articles/article-pdf/id1626426.pdf

Sele, P., Hoffart, A., Cloitre, M., Hembree, E., & Øktedalen, T. (2023). Comparing phase-based treatment, prolonged exposure, and skills-training for Complex Posttraumatic Stress Disorder: A randomized controlled trial. *Journal of Anxiety Disorders, 100,* Article 102786. PTSDpubs ID: 1626426

https://doi.org/10.1002/jts.22980

Bremer, S., van Vliet, N. I., Van Bronswijk, S., Huntjens, R., de Jongh, A., & van Dijk, M. K. (2023). Predicting optimal treatment outcomes in phase-based treatment and direct trauma-focused treatment among patients with posttraumatic stress disorder stemming from childhood abuse. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1626189

Exploring reasons for high mental health service utilization following trauma-focused treatment

Investigators at the National Center for PTSD and Minneapolis VA Medical Center reported on VA mental health service use following PTSD treatment completion. The reasons for this usage had been unexplored in prior research.

Data were extracted from the VA electronic medical record of 5,634 Veterans who completed at least 10 sessions of PE or 12 sessions of CPT in routine clinical care. In the 12 months following CPT/PE completion, Veterans attended an average of 28 VA mental health appointments. A subset of 49 Veterans (69% men, 67% White) were interviewed about their treatment needs following CPT/PE. Reported reasons for continued service use included the need to continue practicing skills; a goal of reengaging in valued activities; or a desire for accountability, emotional support, or a safety net. Some Veterans could not articulate specific treatment needs despite continued engagement in mental health services.

Results suggest widespread continued service use, even among Veterans who do not perceive a need for additional treatment. The study did not report whether utilization was related to post-PE/CPT symptom levels, and in many cases additional treatment may be indicated. For patients with low residual symptoms, providers may move toward episodic versus chronic care by monitoring Veterans' self-efficacy throughout treatment, encouraging use of external supports, and setting early expectations about the need and duration of mental health care.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1626681.pdf

Baier, A. L., Nugent, S., Horton, D. M., Salameh, H., & Kehle-Forbes, S. M. (2023). Rates and reasons for veteran mental health service utilization following completion of evidence-based trauma-focused treatment for PTSD. *Psychological Services.* Advance online publication. PTSDpubs ID: 1626681

How does Reconsolidation of Traumatic Memories compare to trauma-focused CBT?

Reconsolidation of Traumatic Memories (RTM) is a brief psychotherapy for PTSD. Prior trials have reported efficacy in

waitlist-controlled designs, but now researchers at King's College London have compared RTM to trauma-focused CBT.

Sixty Veterans (91% male; mean age = 54) with PTSD were randomized to RTM (two to four 90-minute sessions) or trauma-focused CBT (18 60- to 90-minute sessions). Therapists from a mental health clinic were randomized to be trained in RTM or CBT. The 29 patients who completed RTM treatment had a larger pre-to-post change on the PCL-5 than the 16 patients who completed CBT (18 vs. 8 points, respectively). This analysis did not include the 15 patients (9 in CBT and 6 in RTM) who either discontinued treatment or were lost to follow-up.

This first trial of RTM tested against an active control found that RTM reduced PTSD symptoms more than trauma-focused CBT. However, PTSD outcomes were self-reported and only reported for treatment completers, which did not include 25% of the original randomized sample. Also, the improvement in CBT was less than typically observed in a trial of treatments such as PE and CPT. These limitations suggest the need for more definitive research before conclusions can be drawn about comparative effectiveness.

Read the article: https://doi.org/10.1186/s40814-023-01396-x

Sturt, J., Rogers, R., Armour, C., Cameron, D., De Rijk, L., Fiorentino, F., . . . Greenberg, N. (2023). Reconsolidation of traumatic memories protocol compared to trauma-focussed cognitive behaviour therapy for post-traumatic stress disorder in UK military veterans: a randomised controlled feasibility trial. *Pilot and Feasibility Studies, 9*(1), Article 175. PTSDpubs ID: 1626031

Patient treatment decisions often made intuitively with little memory of treatment details

In order to understand patients' perspectives on shared decision-making for PTSD treatment, investigators from the National Center for PTSD interviewed Veterans about a recent treatment planning session.

Investigators interviewed 12 Veterans following a PTSD treatment planning session, then qualitatively analyzed interview transcripts. Patients appreciated being able to choose among treatment options and were satisfied with the process of shared decision-making and with their choice of treatment. Yet they remembered only a modest amount of information about the treatment options offered, and at times misremembered information such as which treatment they would do. Treatment decisions were often made intuitively, rather than systematically weighing pros and cons. At times, patients reported that they were comfortable with their choice of a treatment because they were comfortable with their provider and the process of deciding rather than *because* of specifics of a treatment.

Results suggest that trust and sharing decision-making were important to patients' sense of being engaged in the process of deciding on a treatment. Providers may wish to use written or standardized materials such as decision aids to enhance retention of treatment information, and to assess for mutual understanding of reasons for choosing a treatment after the decision has been made.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1626173.pdf

Larsen, S. E., Hooyer, K., Kehle-Forbes, S. M., & Hamblen, J. (2023). Patient experiences in making PTSD treatment decisions. *Psychological Services.* Advance online publication. PTSDpubs ID: 1626173

Further evidence that dissociation does not prevent exposure therapy benefit

Investigators at VA Puget Sound in Washington conducted a secondary analysis to examine how dissociation impacted response to two forms of exposure therapy. Dissociation has been hypothesized to impede optimal treatment response by interfering with emotional engagement, although evidence is lacking (see the August 2015 *CTU-Online*).

Participants included 108 active-duty servicemembers (96% male) who had been diagnosed with PTSD following combat exposure and were randomized to 10 sessions of either Virtual Reality Exposure (VRE) or PE. In VRE, imaginal exposures were accompanied by audiovisual displays of environments representative of the index trauma to promote multisensory engagement. PTSD symptoms were assessed with the CAPS-IV at baseline, mid-treatment, and post-treatment. The items for dissociative flashbacks (item 3) and psychogenic amnesia (item 8) were used as indicators of dissociation. Baseline dissociation predicted slightly less PTSD symptom relief over time, though PTSD symptoms still meaningfully improved with treatment. These associations did not differ by treatment. It is important to note that analyses included dissociation in the overall measure of PTSD symptoms. Dissociation was unrelated to dropout or session attendance.

The results replicate prior findings that dissociation does not prevent patients from benefitting from treatments such as PE (August 2015 *CTU-Online*). However, helping patients address dissociation may be important to promote the fullest recovery.

Read the article: https://doi.org/10.1016/j.jpsychires.2023.09.011

Verdi, E. K., Katz, A. C., Gramlich, M. A., Rothbaum, B. O., & Reger, G. M. (2023). Impact of dissociation on exposure therapy for PTSD outcomes and adherence among U.S. Military service members. *Journal of Psychiatric Research, 166,* 86-91. PTSDpubs ID: 1626118

Take NOTE

Meta-analysis compares CPT to CPT+A in Veterans and military personnel

Investigators at the Southeast Louisiana VA conducted a meta-analysis of studies of CPT and CPT+A in Veterans and military personnel.

Read the article: https://doi.org/10.1007/s10608-023-10429-x

Raines, A. M., Clauss, K., Schafer, K. M., Shapiro, M. O., Houtsma, C., Boffa, J. W., . . . Franklin, C. L. (2023). Cognitive processing therapy: A meta-analytic review among veterans and military personnel with PTSD. *Cognitive Therapy and Research.* Advance online publication. PTSDpubs ID: 1625494

Body- and movement-oriented interventions for PTSD

Investigators from Vrije Universiteit in the Netherlands conducted a meta-analysis of studies of body- and movement-oriented interventions for PTSD.

Read the article: https://doi.org/10.1002/jts.22968

van de Kamp, M. M., Scheffers, M., Emck, C., Fokker, T. J., Hatzmann, J., Cuijpers, P., & Beek, P. J. (2023). Body- and movement-oriented interventions for posttraumatic stress disorder: An updated systematic review and meta-analysis. *Journal of Traumatic Stress, 36*(5), 835-848. PTSDpubs ID: 1625146

Systematic review of initiatives to improve access to PTSD care

Investigators at VA Boston conducted a systemic review of interventions to improve access to mental healthcare for Veterans with PTSD.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1626025.pdf

Resnik, J., Miller, C. J., Roth, C. E., Burns, K., & Bovin, M. J. (2023). A systematic review of the Department of Veterans Affairs mental health-care access interventions for veterans with PTSD. *Military Medicine.* Advance online publication. PTSDpubs ID: 1626025

Meta-analysis of ketamine for PTSD

Investigators from the University of Connecticut conducted a meta-analysis of RCTs of ketamine in patients with PTSD.

Read the article: https://doi.org/10.1177/10600280231199666

Sicignano, D. J., Kurschner, R., Weisman, N., Sedensky, A., Hernandez, A. V., & White, C. M. (2023). The impact of ketamine for treatment of post-traumatic stress disorder: A systematic review with meta-analyses. *Annals of Pharmacotherapy.* Advance online publication. PTSDpubs ID: 1625646

Veterans Health Administration

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