CTU
CLINICIAN'S TRAUMA UPDATE
CTU-ONLINE | www.ptsd.va.gov

ISSUE 18(1)
FEBRUARY 2024

CTU-Online contains summaries of clinically relevant research articles.

Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles we provide a link to where you might be able to view or download the full text and a PTSDpubs ID for easy access. (What is PTSDpubs?)

If you have trouble accessing the full article, see the box at the bottom of the last page for help.

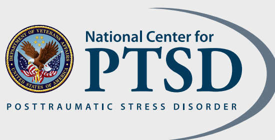
We welcome feedback from readers about content and format. Please email us at ncptsd@va.gov.

Subscribe to *CTU-Online*
Search past issues in PTSDpubs
Visit www.ptsd.va.gov

Editor
Paula P. Schnurr, PhD

Senior Associate Editor
Sadie E. Larsen, PhD

Associate Editors
Kristina L. Caudle, PhD
Paul E. Holtzheimer, MD
Erika M. Roberge, PhD
Lauren M. Sippel, PhD
Jennifer S. Wachen, PhD
Rachel Zelkowitz, PhD



***CTU-Online* is published 6 times per year by the National Center for PTSD, Executive Division.**

DIAGNOSIS

New work examines how trauma and PTSD are defined

Two recent articles by investigators at the National Center for PTSD and San Diego VA Medical Center address important questions about DSM-5 criteria for PTSD, which have evolved over time as the field has gained greater understanding of the disorder. The first article addresses how traumatic events are defined according to DSM's Criterion A, using examples based on events such as the COVID-19 pandemic and race-based events in which some, but not all, experiences fit the current definition of Criterion A. For example, a routine traffic stop by police does not meet Criterion A because the current definition requires exposure to death or threatened death, or actual or threatened serious injury or sexual violence. But what about for a person of color who perceives the threat of death to be high given the killings by police that have occurred during routine traffic stops? The authors suggest that Criterion A not be revised at this time and instead offer a framework for the kind of research needed to better characterize stressors and stress responses. The authors also recommend using diagnostic options such as "Other Stressor- and Trauma-Related Disorder" when an event does not meet Criterion A.

The second article addresses the question of how to define subthreshold PTSD, a categorization used since the 1980s when a trauma survivor does not meet all symptom criteria for PTSD. The investigators developed nine definitions of subthreshold PTSD that varied in terms of number of criteria that needed to be met (e.g., any 2, any 3, one symptom per criterion). Other definitions varied the requirement for meeting trauma-related criteria B (intrusion) and C (avoidance) to ensure that symptoms are likely to reflect true subthreshold PTSD versus another disorder. Using the CAPS-5 to diagnose PTSD in a sample of 1,082 veterans, the investigators compared full PTSD and no PTSD groups with each subthreshold group on measures of symptoms and functioning. Among the 217 participants who met criteria for at least one subthreshold definition, most met criteria for multiple definitions. Subthreshold groups differed from both full and no PTSD groups on most measures—indicating good discrimination—but there were exceptions, e.g., the definition requiring both B and C criteria failed to distinguish subthreshold from no PTSD on measures of functioning and suicidality. The investigators recommend the definition requiring any 3 criteria because it performed well on all outcomes and requires that at least one trauma-related criterion be met.

These articles reflect the kind of work needed to optimize the diagnosis of PTSD. Both offer guidance on decisions clinicians often struggle with when PTSD does not fit an individual's presentation, underscoring the need for expanded diagnostic language in order to optimally capture the full range of responses to significant stressors.

Read the articles:

https://www.ptsd.va.gov/professional/articles/article-pdf/id1628840.pdf

Marx, B. P., Hall-Clark, B., Friedman, M. J., Holtzheimer, P., & Schnurr, P. P. (2023). The PTSD Criterion A debate: A brief history, current status, and recommendations for moving forward. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1628840

https://www.ptsd.va.gov/professional/articles/article-pdf/id1627095.pdf

Klein, A. B., Schnurr, P. P., Bovin, M. J., Friedman, M. J., Keane, T. M., & Marx, B. P. (2023). An empirical investigation of definitions of subthreshold posttraumatic stress disorder. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1627095

Trial of Skills Training in Affective and Interpersonal Regulation

Skills Training in Affective and Interpersonal Regulation (STAIR) targets emotion regulation and interpersonal effectiveness. It was developed and has often been tested as part of a phase-based treatment package with narrative or other exposure, with unclear findings regarding the need for STAIR as an initial treatment phase (see the October 2010, June 2021 and December 2023 *CTU-Onlines*). But STAIR can also be used alone, as tested by investigators from the National Center for PTSD who compared STAIR in an RCT with Present-Centered Therapy (PCT), a non-trauma-focused treatment suggested in the 2023 VA/DoD Clinical Practice Guidelines for PTSD. In the trial, 161 women (85.7% full PTSD diagnosis; 58.4% White) who experienced military sexual trauma and had a score of at least 3 on the PC-PTSD-5 were randomized to receive 12 weekly sessions of STAIR or PCT. Both treatments led to significant reductions in clinician-rated PTSD symptoms through posttreatment (d = 1.1 and 0.8, respectively), with a greater reduction for STAIR than PCT (d = 0.4). Results were similar for emotion regulation, social support, and depression, but treatments did not differ in effects on functional impairment and self-reported PTSD symptoms. Dropout was relatively low in both treatments (STAIR = 19.0%; PCT = 12.2%). This study suggests that STAIR may be an effective non-trauma-focused treatment option for those who are not open to a first-line PTSD treatment. Future studies are needed in male Veterans and broader populations.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1629715.pdf

Cloitre, M., Morabito, D., Macia, K., Speicher, S., Froelich, J., Webster, K., . . . Morland, L. (2024). A home-based telehealth randomized controlled trial of skills training in affective and interpersonal regulation versus present-centered therapy for women veterans who have experienced military sexual trauma. *Journal of Consulting and Clinical Psychology.* Advance online publication. PTSDpubs ID: 1629715

Ibogaine shows preliminary benefit for the neuro-psychiatric consequences of traumatic brain injury

Traumatic brain injury (TBI) is associated with cognitive disturbances, depression, anxiety and PTSD. Treatments for the neuropsychiatric consequences of TBI are limited. Ibogaine is a psychedelic previously studied for addiction that may have benefit for other neuropsychiatric conditions. Investigators from Stanford and the Palo Alto VA Medical Center conducted a prospective, observational study of the effects of ibogaine on functioning and psychiatric outcomes in Veterans with predominantly mild TBI. Thirty male Veterans with TBI (77% with PTSD) were recruited from a clinic in Mexico where ibogaine can be legally prescribed. Neuropsychiatric assessments were performed at baseline, then 4-5 days and 1 month after ibogaine treatment. During treatment, oral ibogaine was administered over 2 hours, and participants were monitored for 12-16 hours. Magnesium was also given because ibogaine can be associated with fatal cardiac arrythmias (although this is rare). Participants received coaching from a licensed therapist before and after treatment, but no psychotherapy was provided during the ibogaine session. Participants showed statistically significant improvement in overall functioning, depression and PTSD immediately and 1 month after ibogaine treatment. Improvements in several cognitive measures were also observed, with unclear clinical significance. Ibogaine was generally well tolerated. This study provides preliminary support for ibogaine as a treatment for the neuropsychiatric consequences of TBI, although interpretation is limited by the small sample size, lack of blinding, and lack of a control group. More rigorous testing is warranted.

Read the article: https://doi.org/10.1038/s41591-023-02705-w

Cherian, K. N., Keynan, J. N., Anker, L., Faerman, A., Brown, R. E., Shamma, A., . . . Williams, N. R. (2024). Magnesium-ibogaine therapy in veterans with traumatic brain injuries. *Nature Medicine.* Advance online publication. PTSDpubs ID: 1629203

Suicide management plans during PTSD treatment

PTSD is associated with increased risk for suicidal ideation (SI), behaviors, and death. PTSD treatment is safe for those at heightened risk for suicide (see the April 2021 *CTU-Online*), but the best way to manage SI as part of PTSD treatment is unknown. To address this question, investigators at The Ohio State University and VA Center of Excellence for Suicide Prevention randomized 157 service members and Veterans to massed CPT with two different suicide management strategies. In Crisis Response Planning (CRP), clinicians utilized narrative assessment and collaboratively worked with patients to identify personal warning signs, self-management strategies, and social supports to cope with suicidal crises. The patient hand-wrote a Crisis Response Plan. CRP was compared to a self-guided Safety Planning (SP) intervention that had patients complete a worksheet to gather similar information, without clinician assistance. Of the 32.5% of participants who endorsed active SI at baseline, those in both groups reported reductions in SI through 1-year; however, those who created a CRP reported larger improvements in SI during treatment relative to the self-guided SP group. Although it is unclear which components of the collaborative CRP were most effective relative to self-guided SP, this study demonstrates the feasibility of integrating these tools into CPT for at-risk patients. Providers using SP are encouraged to take a collaborative approach to creating the plan and to ensure the client has an accessible paper copy.

Read the article: https://doi.org/10.1016/j.janxdis.2023.102824

Bryan, C. J., Bryan, A. O., Khazem, L. R., Aase, D. M., Moreno, J. L., Ammendola, E., . . . Baker, J. C. (2023). Crisis response planning rapidly reduces suicidal ideation among U.S. military veterans receiving massed cognitive processing therapy for PTSD. *Journal of Anxiety Disorders, 102,* Article 102824. PTSDpubs ID: 1629012

Trauma-sensitive yoga intervention shows promise, but more study is needed

Investigators at the Atlanta VA Medical Center and VA Portland Healthcare System conducted a randomized controlled trial comparing group Trauma Center Trauma-Sensitive Yoga (TCTSY) to group CPT. There is increasing interest in complementary and

alternative approaches to trauma treatment such as yoga, but little research has compared yoga to an evidence-based psychotherapy for PTSD. Participants were 131 female Veterans (mean age = 48.2; 72.6% Black, 19.1% White, 8.4% other race) with PTSD related to military sexual trauma recruited from two VA medical centers. Veterans were randomized to 10 weekly, 60-minute sessions of TCTSY or 12 weekly, 90-minute sessions of group CPT. Both TCTSY and CPT had significant reductions in clinician-rated and self-reported symptoms of PTSD from baseline through 3-months posttreatment ($d = .9$ and $d = 1.2$ for CAPS-5, respectively) with no differences between conditions. The TCTSY condition had higher rates of treatment completion (≥7 sessions; 65.3%) than CPT (≥8 sessions; 45.8%). Several limitations should be considered when interpreting these findings. CAPS-5 assessors were not blinded to treatment condition, which introduces risk of bias; fidelity ratings of CPT were not conducted; and a lack of difference between conditions does not mean the treatments were equivalent. TCTSY appears to be an acceptable option for treatment of PTSD, but further study is needed to establish its efficacy.

Read the article: https://doi.org/10.1001/jamanetworkopen.2023.44862

Zaccari, B., Higgins, M., Haywood, T. N., Patel, M., Emerson, D., Hubbard, K., . . . Kelly, U. A. (2023). Yoga vs cognitive processing therapy for military sexual trauma-related posttraumatic stress disorder: A randomized clinical trial. *JAMA Network Open, 6*(12), Article e2344862. PTSDpubs ID: 1628179

Treatment beliefs and reactions differ among Veterans who do and do not complete CPT and PE

Investigators at the National Center for PTSD recently examined treatment-related beliefs using qualitative interview data collected from Veterans who completed or discontinued PE or CPT. Beliefs and expectations about PTSD treatment may influence whether Veterans begin and complete episodes of care. The investigators identified themes in interviews conducted with 126 Veterans—51 completers and 66 dropouts—extending previous analyses of these data by comparing completers who did and did not screen positive for PTSD on the PCL-5 after treatment, and by examining reactions to treatment throughout treatment. The three groups' beliefs differed in several ways. For example, early in treatment, dropouts were more likely than completers (PTSD+ or PTSD-) to expect that treatment would help, whereas PTSD+ completers were the most skeptical about treatment. PTSD+ completers and dropouts expressed more anticipatory concerns about what could happen during treatment than PTSD- completers. Dropouts also described the most negative interpretations of ongoing symptoms and concerns about worsening symptoms. Future studies can examine whether addressing beliefs in these domains, such as setting realistic expectations about the likelihood and degree of symptom change and normalizing temporary increases in distress, lead to better engagement and response.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1629263.pdf

Alpert, E., Gowdy-Jaehnig, A., Galovski, T. E., Meis, L. A., Polusny, M. A., Ackland, P. E., . . . Kehle-Forbes, S. M. (2024). Treatment-related beliefs and reactions among trauma-focused therapy completers and discontinuers: A qualitative examination. *Psychological Services.* Advance online publication. PTSDpubs ID: 1629263

Self-reported personality disorder symptoms unrelated to PTSD treatment response

A common question among clinicians is how or whether to treat PTSD symptoms among diagnostically complex patients, such as those with personality disorders. A team based at Amsterdam University Medical Center in the Netherlands used clinical records to examine the impact of self-rated personality disorder symptoms on trauma-focused treatment. Participants were 1,174 patients with trauma-related psychological complaints (59% female; 77.8% clinician-rated PTSD as primary diagnosis) at a Dutch treatment center. The center specialized in evidence-based interventions (e.g., PE, EMDR, imagery rescripting, and narrative exposure therapy) but the specific type of treatment received by each participant was not available for analysis. Participants reported personality disorder symptoms at baseline via the Structured Clinical Interview for DSM-5 Screening Personality Questionnaire (SCID-5-PQ) and PTSD symptoms at baseline and follow-up via the PCL-5. Neither total personality symptoms nor probable personality disorder diagnoses based on the SCID-5-PQ predicted clinically significant change in PTSD severity or clinician-reported treatment dropout. The study offers further evidence that PTSD treatment is not contraindicated among patients with comorbid personality disorder symptoms (see the August 2021 *CTU-Online*). Future research should examine the impact of these symptoms on specific treatment outcomes (e.g., PE, CPT) and among Veterans.

Read the article: https://doi.org/10.1002/cpp.2933

van den End, A., Beekman, A. T. F., Dekker, J., & Thomaes, K. (2023). Self-rated personality disorder symptoms do not predict treatment outcome for posttraumatic stress disorder in routine clinical care. *Clinical Psychology & Psychotherapy, 30*(6), 1338-1348. PTSDpubs ID: 1627607

Take NOTE

Systematic review of interventions for populations under ongoing threat

Investigators from University of Oxford conducted a systematic review of 18 studies of psychological interventions for trauma-related distress in contexts of ongoing threat (e.g., living in an abusive relationship or high levels of community violence).

Read the article: https://doi.org/10.1177/15248380231156198

Yim, S. H., Lorenz, H., & Salkovskis, P. (2024). The effectiveness and feasibility of psychological interventions for populations under ongoing threat: A systematic review. *Trauma Violence & Abuse, 25*(1), 577-592. PTSDpubs ID: 1627670

Clinical recommendations regarding family accommodation of PTSD

Investigators at VA Boston Medical Center conducted a literature review to examine how family accommodation of PTSD symptoms is similar to accommodation with other disorders, then offered clinical recommendations to help manage such accommodation in PTSD.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1558144.pdf

Reuman, L., & Thompson-Hollands, J. (2023). Family accommodation in PTSD: Proposed considerations and distinctions from the established transdiagnostic literature. *Clinical Psychology: Science and Practice, 30*(4), 453-464. PTSDpubs ID: 1558144

Critique of the 2023 VA/DoD Clinical Practice Guidelines for PTSD

A team led by investigators from Walter Reed Army Institute of Research raised concerns about the recommendations included in—and the process of developing—the latest VA/DoD PTSD clinical practice guidelines.

Read the article: https://doi.org/10.1001/jamapsychiatry.2023.4920

Hoge, C. W., Chard, K. M., & Yehuda, R. (2024). US Veterans Affairs and Department of Defense 2023 clinical guideline for PTSD-devolving not evolving. JAMA psychiatry. Advance online publication. PTSDpubs ID: 1629498

Clinical overview of the 2023 VA/DoD Clinical Practice Guidelines for PTSD

Members of the workgroup for the latest VA/DoD clinical practice guideline for PTSD describe guideline development, discuss clinical implications, suggest how to introduce concepts in treatment decision discussions, and answer frequently asked questions about PTSD treatment.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1629192.pdf

Lang, A. J., Hamblen, J. L., Holtzheimer, P., Kelly, U., Norman, S. B., Riggs, D., . . . Wiechers, I. (2024). A clinician's guide to the 2023 VA/DoD Clinical Practice Guideline for Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Journal of Traumatic Stress. Advance online publication. PTSDpubs ID: 1629192

Network meta-analysis of RCTs for comorbid PTSD and alcohol and other drug use disorders

A team led by investigators at Rutgers University conducted a network meta-analysis of all RCTs and open trials of psychological and/or pharmacological treatments of comorbid PTSD and alcohol or other drug use disorder.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1627296.pdf

Hien, D. A., Papini, S., Saavedra, L. M., Bauer, A. G., Ruglass, L. M., Ebrahimi, C. T., . . . Morgan-López, A. A. (2023). Project harmony: A systematic review and network meta-analysis of psychotherapy and pharmacologic trials for comorbid posttraumatic stress, alcohol, and other drug use disorders. *Psychological Bulletin*. Advance online publication. PTSDpubs ID: 1627296

Meta-analysis of psychotherapies following exposure to single versus multiple traumatic events

A team led by investigators at the University of Munster, Germany conducted a meta-analysis of RCTs of psychosocial treatments for PTSD in which they compared outcomes among individuals with single-event-related PTSD to those with multiple-event-related PTSD.

Read the article: https://doi.org/10.1016/s2215-0366(23)00373-5

Hoppen, T. H., Meiser-Stedman, R., Kip, A., Birkeland, M. S., & Morina, N. (2024). The efficacy of psychological interventions for adult post-traumatic stress disorder following exposure to single versus multiple traumatic events: a meta-analysis of randomised controlled trials. *Lancet Psychiatry, 11*(2), 112-122. PTSDpubs ID: 1630037

Individual participant data meta-analysis of EMDR versus other psychotherapies for PTSD

A team led by investigators at Vrije Universiteit Amsterdam in the Netherlands conducted an individual participant data meta-analysis of 8 studies comparing EMDR to other active psychological treatments, and also examining moderators of treatment effects.

Read the article: https://doi.org/10.1017/s0033291723003446

Wright, S. L., Karyotaki, E., Cuijpers, P., Bisson, J., Papola, D., Witteveen, A., . . . Sijbrandij, M. (2024). EMDR v. other psychological therapies for PTSD: A systematic review and individual participant data meta-analysis. *Psychological Medicine*. Advance online publication. PTSDpubs ID: 1629232

Systematic review of interventions targeting depression and PTSD in Black women experiencing intimate partner violence

Investigators from Columbia University Irving Medical Center conducted a systematic review of 8 studies of interventions to address depression and/or PTSD in US Black women IPV survivors.

Read the article: https://doi.org/10.1177/15248380231206113

Waller, B. Y., Lee, S. J., Legros, N. C., Ombayo, B. K., Mootz, J. J., Green, M. C., . . . Wainberg, M. L. (2023). Interventions targeting depression and posttraumatic stress disorder in United States Black women experiencing intimate partner violence: A systematic review. *Trauma Violence & Abuse.* Advance online publication. PTSDpubs ID: 1627093

Veterans Health Administration

Trouble Getting the Full Text of an Article?

Articles authored by National Center for PTSD staff are available in full text. For other articles we provide a link to where you might be able to view or download the full text. VA clinicians might have privileges through their VA library or university affiliation; however, VA firewalls sometimes block permissions to access reference materials. If you cannot access the full text of any of these articles, we advise that you contact your local librarian or web/internet technical person.