CLINICIAN'S TRAUMA UPDATE

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ASSESSMENT

Establishing benchmarks for moral injury distress

The recently developed Moral Injury and Distress Scale (MIDS) was designed to disentangle potentially morally injurious events from their consequences (see August 2023 *CTU-Online*). A team led by investigators from the San Francisco VA and National Center for PTSD conducted new analyses to delineate a cutoff on this measure for identifying clinically significant concerns. Analyses included 645 participants (34% combat Veterans, 36% healthcare workers, 30% first responders) who endorsed potentially morally injurious events on the MIDS. There is no gold standard assessment for moral injury, so the investigators examined the correspondence of self-reported moral injury distress with positive screens for PTSD and depression, as well as trauma-related guilt and functioning difficulties. Across outcome measures, MIDS cutoff scores of 24-27 performed the best on metrics reflecting criteria such as sensitivity and specificity. The investigators recommended 27 as a cutoff score; 10.2% of the sample met this cutoff for clinically meaningful moral injury distress. Notably, participants who identified with a minoritized race or ethnicity (17.9%) were 2.5 times more likely than White, non-Hispanic participants to meet or exceed the cutoff score. When interpreting the study's findings, it is important to remember that optimal cutoff scores may vary across populations. Understanding how systemic marginalization and other relevant experiences contribute to moral injury distress is also critical.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1633496.pdf

Maguen, S., Griffin, B. J., Pietrzak, R. H., McLean, C. P., Hamblen, J. L., & Norman, S. B. (2024). Using the Moral Injury and Distress Scale to identify clinically meaningful moral injury. *Journal of Traumatic Stress.* Advance online publication. PTSDPubs ID: 1633496

TREATMENT

How providers "pitch" PTSD treatments

A team led by investigators at the National Center for PTSD and the Medical College of Wisconsin examined recordings of PTSD treatment planning sessions to learn how providers can best encourage uptake of evidence-based psychotherapies (EBP). Session recordings from 10 VA providers and 25 of their patients were qualitatively analyzed. Five themes emerged from sessions leading to choice of an EBP. Providers used rich description of treatments and their rationales, and they used questions to engage patients in conversation to help patients envision themselves doing the treatments. Providers shared prior patient success stories and tailored their description of the treatments to best fit patients' presenting concerns, goals, and learning styles. Finally, providers used both inviting and direct language; that is, though they were direct about what would be challenging about these treatments, they also used inviting language to convey that they would support patients through the process when difficult. In contrast, the few sessions leading to choice of a non-PTSD EBP tended to be briefer and not fully convey PTSD EBP efficacy and rationale. When providers have less knowledge about a given treatment option, they may want to use other resources, such as decision aids or videos, to help them fully convey the rationale for a treatment.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1634743.pdf

Hooyer, K., Hamblen, J., Kehle-Forbes, S. M., & Larsen, S. E. (2024). "Pitching" posttraumatic stress disorder treatment: A qualitative study of how providers discuss evidence-based psychotherapies with patients. *Journal of Traumatic Stress,* Advance online publication. PTSDpubs ID: 1634743

Pilot trial of newer version of STAIR

In contrast to DSM-5, the ICD-11 has both a narrower definition of PTSD as well as a diagnosis of complex PTSD that includes symptoms of PTSD and symptoms of dysregulation of affect, self-concept, and relationships. In a pilot RCT, a team led by investigators from Edinburgh Napier University examined the efficacy and feasibility of an enhanced version of Skills Training in Affective and Interpersonal Regulation (ESTAIR) for treating complex PTSD. STAIR was originally developed as a phase-based treatment for people with PTSD following childhood sexual abuse (see the February 2024 *CTU-Online*). ESTAIR involves up to 25 sessions, with 4 modules focusing on affective dysregulation, disturbances in relationships, negative self-concept, and emotional processing of trauma memories. UK Veterans who met criteria for complex PTSD were randomized to treatment as usual (TAU; n = 28) or ESTAIR (n = 28). Dropout was low in both conditions (ESTAIR 18%; TAU 11%). Complex PTSD symptoms decreased in both treatments, but showed a larger decrease in ESTAIR compared to TAU. Prior studies have found that PTSD therapies work for those with PTSD or complex PTSD (see the June 2021 *CTU-online*), so future studies will need to directly compare ESTAIR to a validated PTSD treatment to assess whether a modular approach is comparable to existing PTSD treatments for complex PTSD.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1633817.pdf

Karatzias, T., Shevlin, M., Cloitre, M., Busuttil, W., Graham, K., Hendrikx, L., . . . Murphy, D. (2024). Enhanced skills training in affective and interpersonal regulation versus treatment as usual for ICD-11 complex PTSD: A pilot randomised controlled trial (the RESTORE trial). *Psychotherapy and Psychosomatics, 93*(3), 203-215. PTSDpubs ID: 1633817

New 5-session integrated treatment for PTSD and harmful alcohol use shows promise

PTSD is often co-morbid with harmful alcohol use. Barriers to accessing specialty care may be addressed by brief, integrated interventions in primary care settings (see the August 2023 *CTU-Online*). A team led by investigators at the VA Center for Integrated Healthcare tested a novel, brief integrated treatment for PTSD and harmful alcohol use, Primary Care Treatment Integrating Motivation and Exposure Treatment (PC-TIME). PC-TIME consists of 5, 30–50-minute sessions with motivational interviewing, personalized drinking feedback and change plans, and trauma exposure via between-session written trauma narratives. Sixty-three Veterans who screened positive for PTSD (PCL-5 ≥ 33) and had elevated AUDIT scores were randomly assigned to PC-TIME or treatment as usual. PC-TIME was well-tolerated (70% completion rate) and recipients reported significantly more and faster improvement of PTSD symptoms (PCL-5 decrease=16.0) and heavy drinking as compared to those who received treatment as usual (PCL-5 decrease=11.35) after 20 weeks. Although PC-TIME requires further study with a larger sample, these results are promising and suggest that PC-TIME may be a brief, effective intervention to increase access to care for co-morbid PTSD and harmful alcohol use in primary care settings.

Read the article: https://doi.org/10.1016/j.beth.2023.08.011

Possemato, K., Mastroleo, N. R., Balderrama-Durbin, C., King, P., Davis, A., Borsari, B., & Rauch, S. A. M. (2024). A randomized controlled pilot trial of Primary Care Treatment Integrating Motivation and Exposure treatment (PC-TIME) in veterans with PTSD and harmful alcohol use. *Behavior Therapy, 55*(3), 570-584. PTSDpubs ID: 1633529

Head-to-head study of CBCT vs. PE faced challenges

Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT) is a trauma-focused treatment delivered to dyads that improves PTSD and relationship satisfaction (see the February 2022 *CTU-Online* and August 2012 *CTU-Online*). But are CBCT's effects comparable to those of individual-focused first-line treatments for PTSD? Investigators at Toronto Metropolitan University and the STRONG STAR Consortium conducted an RCT to directly compare CBCT to PE. Investigators randomized 32 Veterans or Servicemembers with PTSD and their intimate partners to CBCT or PE (in which partners joined session 2). Dropout was much higher in PE than CBCT (65% vs. 27%, respectively), which exploratory analyses suggested might have been due to relationally distressed couples preferring to have been randomized to CBCT. The differential dropout compromised the investigators' plan to examine between-group differences in outcomes. Within-group analyses among completers revealed large improvements in PTSD symptoms in both conditions and greater improvement in both partners' relationship satisfaction in CBCT than PE. This study adds to the growing literature supporting CBCT for individuals with PTSD who want partner involvement in PTSD care, which can promote treatment engagement and response. Unfortunately, however, it was not able to definitively determine CBCT's efficacy relative to PE.

Read the article: https://doi.org/10.1080/20008066.2024.2330305

Monson, C. M., Pukay-Martin, N. D., Wagner, A. C., Crenshaw, A. O., Blount, T. H., Schobitz, R. P., . . . Peterson, A. L. (2024). Cognitive-behavioural conjoint therapy versus prolonged exposure for PTSD in military service members and veterans: Results and lessons from a randomized controlled trial. *European Journal of Psychotraumatology, 15*(1), Article 2330305. PTSDPubs ID: 1633101

Therapist burnout may impact outcomes of patients receiving evidence-based psychotherapies

Burnout among mental healthcare professionals could affect their ability to effectively deliver evidence-based psychotherapies (EBPs) for PTSD, but this possibility has not been well-studied. To evaluate the association between burnout and EBP effectiveness, a team led by investigators from the Minneapolis VA Medical Center conducted a secondary analysis of a prospective cohort study examining factors impacting treatment outcome in VA clinics (see October 2023 *CTU-Online*). The nationally representative sample included 165 VA therapists who provided individual EBPs (CPT or PE) and 1,268 of their patients who initiated an EBP over the following year. Therapists completed a self-report survey; patient outcome data were obtained from the medical record. Thirty-five percent of therapists reported burnout, defined as a score of 3 or more on a single-item 5-point scale. Therapists reporting burnout had significantly lower odds of

having patients later experience clinically meaningful improvement (a reduction of 15 or more on PCL-5) compared with therapists without burnout (OR = 0.63). Burnout was not associated with patient dropout, therapist adherence, or session spacing, suggesting that burnout plays an independent role in treatment outcome. Attending to factors such as institutional support (see December 2023 *CTU-Online*) that increase provider wellbeing and reduce burnout could serve to improve patient outcomes.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1633289.pdf

Sayer, N. A., Kaplan, A., Nelson, D. B., Wiltsey Stirman, S., & Rosen, C. S. (2024). Clinician burnout and effectiveness of guideline-recommended psychotherapies. *JAMA Network Open, 7*(4), e246858. PTSDPubs ID: 1633289

Session-by-session symptom change in PE and CPT

Although PE and CPT both effectively treat PTSD, the mechanism and timing of symptom changes are not well characterized. Investigators at Emmanuel College and the National Center for PTSD conducted a secondary analysis of a large RCT of PE and CPT (see the February 2022 *CTU-Online*) to compare symptom change timing and magnitude. A sample of 802 Veterans (79.4% men, mean age 46 years) who had PCL-5 data for at least two consecutive sessions were included in this analysis. Session-by-session symptom change unique to each treatment was assessed using paired t-tests and network intervention analysis. Ten (of the 20) individual PTSD symptoms showed greater reduction in PE than CPT from the first to final session, consistent with the original study findings that PE was slightly more effective in treating PTSD than CPT; no individual symptoms showed greater reduction in CPT than PE. In the network analysis, session-by-session comparison of changes in each symptom revealed differences between the two treatments as early as Session 1. Avoidance improved more in PE after sessions 3 and 5. Although CPT had a greater reduction in blame after session 6, PE had a greater reduction in blame after session 3. Because PE and CPT are both strongly recommended in the VA/DoD PTSD practice guideline and are available throughout VA, understanding what symptoms are most impacted by each treatment could help Veterans and their clinicians determine which treatment might work best for a particular Veteran.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1632363.pdf

Moshier, S. J., Mahoney, C. T., Bovin, M. J., Marx, B. P., & Schnurr, P. P. (2024). Session-level effects of cognitive processing therapy and prolonged exposure on individual symptoms of posttraumatic stress disorder among U.S. veterans. *Journal of Consulting and Clinical Psychology.* Advance online publication. PTSDPubs ID: 1632363

Who sustains improvement after VA residential PTSD care?

It is important to understand the long-term efficacy of residential PTSD treatment because these programs are effective at treating PTSD (see the June 2023 *CTU-Online*) yet relatively expensive per patient. Investigators from the University of Michigan Ann Arbor and VA's Northeast Program Evaluation Center used medical record data to examine factors related to post-residential discharge maintenance of gains. Analyses included 1,872 Veterans (88.6% male, mean age 49 years) who completed VA residential PTSD treatment. Eighty percent showed improved PCL-5 scores from admission to discharge, and 36.3% maintained or improved their symptoms from discharge to 4-month follow-up. In Veterans with a clinically significant response, post-discharge individual psychotherapy and 1-3 sessions of CPT were associated with maintaining gains, but psychotherapy outside of PTSD specialty care was associated with decreased odds of symptom maintenance. Conversely, in Veterans with marginal response, 1-3 sessions of post-discharge CPT was associated with symptom worsening but more mental health visits were associated with maintaining gains. These data suggest a complex relationship between post-discharge mental health care and long-term symptom improvement. Interpretation of these results is hampered by the relatively short follow-up time frame and limited reporting on factors that might contribute to post-discharge well-being (e.g., social support, life circumstances). Future work is needed to better understand how to help Veterans maintain the gains obtained in residential treatment.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1632400.pdf

Grau, P. P., Harpaz-Rotem, I., Ilgen, M. A., Ganoczy, D., & Sripada, R. K. (2024). What happens next? Maintenance of gains after discharge from VA residential PTSD treatment. *Journal of Nervous and Mental Disease, 212*(4), 197-204. PTSDpubs ID: 1632400

Take NOTE

Overview of the VA/DoD Clinical Practice Guideline development process

A team led by the National Center for PTSD outlined the rationale for the process of developing the VA/DoD Clinical Practice Guidelines, along with improvements to that process over time.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1634755.pdf

Schnurr, P. P., Sall, J. A., & Riggs, D. (2024). VA/Department of Defense clinical practice guideline for PTSD and ASD: A tool to optimize patient care for trauma survivors. *JAMA Psychiatry.* Advance online publication. PTSDpubs ID: 1634755

State of the science of several treatments recommended by the VA/DoD Clinical Practice Guideline for PTSD and ASD

Several articles recently reviewed the "state of the science" for some validated PTSD treatments, including Cognitive Processing Therapy, Prolonged Exposure, and Written Exposure Therapy.

Read the articles:

https://www.ptsd.va.gov/professional/articles/article-pdf/id1634266.pdf

Resick, P., LoSavio, S., Monson, C., Kaysen, D., Watchen, J., Galovski, T., . . . Chard, K. (2024). State of the science of cognitive processing therapy. Behavior Therapy. Advance online publication. PTSDPubs ID: 1634266

https://www.ptsd.va.gov/professional/articles/article-pdf/id1633606.pdf

McLean, C. P., & Foa, E. B. (2024). State of the Science: Prolonged exposure therapy for the treatment of posttraumatic stress disorder. *Journal of Traumatic Stress.* Advance online publication. PTSDPubs ID: 1633606

https://www.ptsd.va.gov/professional/articles/article-pdf/id1633979.pdf

Sloan, D. M., & Marx, B. P. (2024). State of the science: Written exposure therapy for the treatment of posttraumatic stress disorder. *Behavior Therapy.* Advance online publication. PTSDPubs ID: 1633979

Meta-analysis of therapy outcomes for PTSD and 7 other disorders

An international coalition led by investigators from Vrije Universiteit in The Netherlands conducted a meta-analysis of dichotomized therapy outcomes for PTSD and seven other mental health diagnoses.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1634042.pdf

Cuijpers, P., Miguel, C., Ciharova, M., Harrer, M., Basic, D., Cristea, I. A., . . . Karyotaki, E. (2024). Absolute and relative outcomes of psychotherapies for eight mental disorders: a systematic review and meta-analysis. *World Psychiatry, 23*(2), 267-275. PTSDPubs ID: 1634042

Systematic review of online exposure-based treatments

Investigators from National Center Hospital in Japan conducted a systematic review of 12 RCTs of digital-health-based exposure treatments for PTSD.

Read the article: https://doi.org/10.1002/jts.23052

Yoshikawa, M., Narita, Z., & Kim, Y. (2024). Digital health-based exposure therapies for patients with posttraumatic stress disorder: A systematic review of randomized controlled trials. *Journal of Traumatic Stress.* Advance online publication. PTSDPubs ID: 1633252

Overview of reviews of the effect of exercise on PTSD symptoms

Investigators from the Universities of Sevilla and Malaga in Spain conducted an overview of 14 systematic reviews meta-analyzing 23 distinct RCTs of the effect of regular physical therapy, multimodal exercise programs, or mind-body exercises on PTSD symptoms.

Read the article: https://doi.org/10.1177/02692155231225466

Martinez-Calderon, J., Villar-Alises, O., García-Muñoz, C., Pineda-Escobar, S., & Matias-Soto, J. (2024). Multimodal exercise programs may improve posttraumatic stress disorders symptoms and quality of life in adults with PTSD: An overview of systematic reviews with meta-analysis. *Clinical Rehabilitation, 38*(5), 573-588. PTSDPubs ID: 1629974

Veterans Health Administration

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