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ASSESSMENT/SCREENING

Initial psychometric data for revised CAPS-5

The gold standard for PTSD assessment is the [CAPS-5](#) clinician interview, which assesses symptom severity across all 20 DSM-5 PTSD symptoms. The CAPS-5 was recently revised (CAPS-5-R) to enhance usability. Changes include adding more scripted prompts for information, expanding the severity rating scale, and improving formatting to simplify administration. Investigators from Auburn University conducted psychometric assessment to evaluate the CAPS-5-R and confirm backward compatibility with the CAPS-5. Clinical psychology doctoral students administered either the CAPS-5-R twice or the CAPS-5-R and CAPS-5 to 73 adult community members, all of whom had a positive screen on the PC-PTSD-5. Participants were assessed for psychiatric disorders, dissociative symptoms, and personality traits. The CAPS-5-R demonstrated good test-retest reliability ($\kappa = .73$, 25 of 29 correct classifications) and interrater reliability ($\kappa = .86$, 27 of 29 correct classifications). The CAPS-5-R also showed good agreement with the CAPS-5 ($\kappa = .79$, 26 of 29 correct classifications) and effectively distinguished between PTSD and other disorders. Although this is an important step in establishing the validity of the CAPS-5-R, it does not test many of the intended improvements such as usability and ease of scoring. It will be important for future work to evaluate these changes and replicate the preliminary psychometric data in a larger (and Veteran) sample.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1637830.pdf>

Jackson, B. N., Weathers, F. W., Jeffers, S. M., Preston, T. J., & Brydon, C. M. (2024). The Revised Clinician-Administered PTSD Scale for DSM-5 (CAPS-5-R): Initial psychometric evaluation in a trauma-exposed community sample. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1637830

Opportunities to improve screening for TBI among women Veterans

Women Veterans are the fastest growing group of VA users. The VHA TBI screen focuses on deployment-related TBIs—but women are more likely than men to have TBI related to non-deployment experiences such as intimate partner violence. Investigators at VA Boston evaluated TBI screening among women Veterans. In this sample of 90 women Veterans, a chart review revealed that, despite VHA's universal screening mandate, 14.4% of the sample had not been screened for TBI. The investigators administered the VHA TBI screen followed by a gold-standard interview that assessed both deployment- and non-deployment-related TBIs. According to the interview, 58.9% of women Veterans had experienced a lifetime TBI, only 45.3% of which were detected by the screen. The 27 non-deployment TBIs not captured by the screen were most commonly related to physical assault ($n = 14$, 10 from intimate partners) or sports ($n = 13$). The screen was largely effective for identifying deployment-related TBIs. Results suggest that the VHA TBI screen likely underestimates the prevalence of TBI among women Veterans because it omits non-deployment experiences. Expanding TBI screening beyond deployment-related TBIs would increase opportunities for referring women Veterans to needed care.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1638042.pdf>

Pebole, M. M., Iverson, K. M., Bolduc, C. M., Joyce, J. M., Sablone, C. A., & Fortier, C. B. (2024). Examining the utility of Veterans Health Administration (VHA) traumatic brain injury screening among women veterans: Recommendations for expansion to include interpersonal violence. *Brain Science*, 14(8), Article 814. PTSDpubs ID: 1638042

Qualitative data shows quality of life improvements after CPT and PE

In addition to symptom change, trauma-focused therapy can improve general quality of life (QOL; see the [February 2023 CTU-Online](#)). To supplement quantitative findings about QOL, a team led by investigators from the National Center for PTSD conducted a qualitative analysis of improvements in QOL after PE and CPT. A nationally representative sample of 60 veterans who had completed CPT ($n = 30$) or PE ($n = 30$) in the VA within the past 3 months were interviewed about their experiences with treatment (67% male, 67% white). Beyond symptom improvement, interviews identified six ways in which treatment affected their lives: more engagement in social activities, greater emotional depth in relationships, improved parenting, greater engagement in hobbies and community, enhanced occupational engagement, and more joy in life. QOL generally consists of three domains: functioning, satisfaction, and material conditions. This study found that treatment positively impacted both functioning and satisfaction, but changes in material conditions (e.g., housing, finances) were not mentioned. These findings reinforce the importance of attending to QOL throughout treatment, both by identifying patients' goals early on, and by making sure that treatment is addressing those goals throughout treatment.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1636980.pdf>

Kehle-Forbes, S. M., Baier, A. L., Ackland, P. E., Spont, M., Polusny, M. A., Schnurr, P. P., ... Meis, L. (2024). "It made me feel more alive": A qualitative analysis of quality of life improvements following completion of trauma-focused therapy for posttraumatic stress disorder. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1636980

Variations of PE all promote working alliance

Some authors have expressed concerns that individuals with childhood abuse-related PTSD may have difficulty developing working alliance in therapy due to negative experiences with trusting others. Investigators from Leiden University in the Netherlands tested whether phase-based treatment that aims to improve interpersonal skills before exposure therapy (i.e., Skills Training in Affective and Interpersonal Regulation [STAIR] + PE) was associated with greater working alliance than PE alone. They also examined associations between working alliance and both treatment outcome and dropout. As part of a study comparing standard PE, intensive PE, and STAIR+PE, 138 participants with childhood abuse-related PTSD completed self-report measures of PTSD severity and working alliance. Across all conditions, working alliance improved over time, and stronger working alliance early in treatment (at session 2) predicted lower likelihood of dropout. The association between alliance and symptom reduction was not as consistent; in PE and STAIR+PE, greater symptom reduction predicted stronger alliance later in treatment, whereas in STAIR+PE only, stronger average alliance in the first half of treatment was related to lower PTSD symptom severity in the second half of treatment. Results suggest that clinicians should

work to achieve strong alliance early in treatment to promote engagement, but that phase-based treatment is not needed to meet this objective.

Read the article: <https://doi.org/10.1037/ccp0000899>

Oprel, D. A. C., Hoeboer, C. M., Schoorl, M., de Kleine, R. A., van der Does, W., & van Minnen, A. (2024). Working alliance in exposure-based treatments of posttraumatic stress disorder related to childhood abuse. *Journal of Consulting and Clinical Psychology*, 92(7), 399-409. PTSDpubs ID: 1638071

PTSD treatment engagement for Veterans with marginalized identities following MST

Service members with marginalized identities face heightened risk of MST and PTSD, making equitable access to and full engagement in evidence-based psychotherapies for PTSD critical. Two separate studies led by investigators at VA Ann Arbor Healthcare System examined retention in trauma-focused treatment in a single PTSD clinic (2010-2019) among Veterans with different marginalized identities.

The first study used outcome data from a PCT to compare treatment completion rates between Black and White non-Hispanic/non-Latinx Veterans pursuing CPT ($n = 141$, 28% Black) and PE ($n = 109$, 29% Black). The investigators also examined how many Veterans received a minimally adequate dose of treatment (i.e., at least 8 sessions of either CPT or PE). Black and White Veterans did not differ in the average number of CPT sessions completed (9.4 vs. 9.3, respectively) or the proportions receiving ≥ 8 sessions. Results for PE were similar; Black and White Veterans did not differ in the average number of sessions attended (6.6 vs. 7.4, respectively) or the proportion receiving a minimally adequate dose.

In the second study, investigators examined whether Veterans who identified as sexual or gender minorities (SGM) were as likely as heterosexual/cisgender Veterans to complete either CPT or PE for MST-related PTSD. They examined records from 271 Veterans, including 34 who identified as SGM at intake. The investigators similarly examined the average number of sessions completed and how many received a minimally adequate dose of treatment. SGM Veterans were more likely than heterosexual Veterans to complete treatment (61.8% vs 41.8%) and attended more sessions on average (9.5 vs 8.0). The groups did not differ in the proportion receiving a minimally adequate dose, however.

Collectively, these studies offer a hopeful note that Veterans who are marginalized due to race or sexual orientation/gender identity may be retained in treatment for MST-related PTSD at levels comparable to White or heterosexual/cisgender Veterans. However, it is unclear whether the findings will generalize beyond the single clinic where the studies were conducted or if the findings would replicate with a larger sample size. Notably, VHA now systematically collects sexual orientation/gender identification information, which may support broader efforts to evaluate PTSD treatment for SGM Veterans. Research on the clinic, therapist, and system-level

factors that promote equitable access to and engagement in evidence-based psychotherapies for PTSD for Veterans holding marginalized identities remains paramount.

Read the articles:

<https://www.ptsd.va.gov/professional/articles/article-pdf/id1638085.pdf>

Grau, P. P., Fedele, K. M., Fernando, M. A., Hall-Clark, B., Rauch, S. A. M., Porter, K. E., & Sexton, M. (2024). Examining ethnoracial differences in retention in evidence-based treatments for posttraumatic stress disorder secondary to military sexual trauma. *Violence and Victims, 39*(5), 618-633. PTSDpubs ID: 1638085

<https://doi.org/10.1080/16506073.2024.2313740>

Sexton, M. B., Cochran, H. M., Schubert, J. R., Gorin, H. M., Paulson, J. L., Boyd, M. R., . . . Smith, E. R. (2024). Trauma-focused therapy retention among military sexual trauma survivors: relationship with veterans' sexual or gender minority identification. *Cognitive Behaviour Therapy, 53*(4), 351-363. PTSDpubs ID: 1634184

Can mobile apps improve PTSD symptoms?

Mobile mental health apps are a low-cost and widely accessible option for managing mental health symptoms such as PTSD, but are they effective? Two recent studies explored the engagement and effectiveness of two mobile apps (Renew and Mindfulness Coach) for treating symptoms of PTSD and depression.

A team led by investigators from the National Center for PTSD examined the relationship between app engagement and PTSD symptom reduction for "Renew," an exposure-based app for PTSD that includes in vivo and written exposure, psychoeducation, behavioral activation, and assessment components. Participants were 69 Veterans (67% women, 68% White, mean age = 45) with significant PTSD symptoms (≥ 31 on PCL-5) who participated in a pilot randomized controlled trial comparing Renew with and without support and a delayed use control. Data were pooled from participants in all three conditions. Participants were invited to use the Renew app as often as they wanted over a 6-week period and completed the PCL-5 at baseline and 6-weeks post-use. Users logged into Renew about one-third of the days and spent an average total of 2.5 hours engaging with the app. Overall time spent engaging with the app was not related to PTSD symptom reduction. However, time spent completing exposure activities and number

of characters written during imaginal exposure were positively associated with PTSD symptom reduction. These results suggest that higher engagement with the active intervention components contributes to symptom change.

A second study led by investigators from the National Center for PTSD used a pilot randomized trial to test the efficacy of Mindfulness Coach on improvement in PTSD and depression symptoms. Mindfulness Coach is a mobile app developed to provide support in self-guided mindfulness training, tailored to meet the needs of trauma-exposed veterans. App components include psychoeducation, progress tracking, and a structured training plan. Participants were 173 Veterans with a self-reported diagnosis of PTSD (61% male, 60% White, mean age = 50.0) randomized to self-guided use of Mindfulness Coach or a waitlist control group with 8-week follow-up. App users made an average of 7.8 distinct visits to the app, with an average cumulative visit time of 80.9 minutes. Study attrition was high (68.4%) due to participant dropout and technical issues, but intent-to-treat analyses showed a medium between-group effect size reduction in self-reported PTSD symptoms ($d = .6$) and depression ($d = .5$). Users with higher app engagement showed greater symptom improvement.

Together these studies add to the evidence that self-guided mobile apps can improve mental health symptoms for those who engage with them. Although uptake of the apps was low, the high accessibility and low cost suggest a large potential reach for those who might not otherwise engage in mental health care.

Read the articles:

<https://www.ptsd.va.gov/professional/articles/article-pdf/id1636818.pdf>

Davis, C. A., Miller, M., & McLean, C. P. (2024). The impact of user engagement with exposure components on posttraumatic stress symptoms in an mHealth mobile app: Secondary analysis of a randomized controlled trial. *JMIR Mhealth and Uhealth, 12*, Article e49393. PTSDpubs ID 1636818

<https://www.ptsd.va.gov/professional/articles/article-pdf/id1638072.pdf>

Wielgosz, J., Walser, R. D., Kuhn, E., Chang, A., Bantum, E. O., Pagano, I., . . . Owen, J. E. (2024). Clinical benefits of self-guided mindfulness coach mobile app use for veterans with posttraumatic stress disorder: A pilot randomized control trial. *Psychological Trauma*. Advance online publication. PTSDpubs ID: 1638072

Take NOTE

Critique of MDMA-assisted psychotherapy model

A team of investigators from Italy, the Netherlands, and Norway critiqued the nondirective model of psychotherapy that has been most frequently tested as part of MDMA-assisted psychotherapy, noting that its variability makes it difficult to draw conclusions from prior trials.

Read the article: <https://doi.org/10.1001/jamapsychiatry.2024.2887>

Cristea, I. A., Cuijpers, P., & Halvorsen, J. Ø. (2024). The psychotherapy in MDMA-assisted psychotherapy. *JAMA psychiatry*. Advance online publication. PTSDpubs ID: 1639298

Systematic review of rTMS for PTSD

A Cochrane systematic review was conducted by a team led by investigators from Palo Alto University. This systematic review included 13 RCTs of the effect of rTMS on PTSD.

Read the article: <https://doi.org/10.1002/14651858.CD015040.pub2>

Brown, R., Cherian, K., Jones, K., Wickham, R., Gomez, R., & Sahlem, G. (2024). Repetitive transcranial magnetic stimulation for post-traumatic stress disorder in adults. *Cochrane Database of Systematic Reviews*, 8(8), CD015040. PTSDpubs ID: 1636998

Meta-analysis of the efficacy of yoga for PTSD

A team led by investigators from Kerman University of Medical Sciences in Iran conducted a meta-analysis of 20 RCTs of yoga for PTSD in adults.

Read the article: <https://doi.org/10.1016/j.psychres.2024.116098>

Nejadghaderi, S. A., Mousavi, S. E., Fazlollahi, A., Motlagh Asghari, K., & Garfin, D. R. (2024). Efficacy of yoga for posttraumatic stress disorder: A systematic review and meta-analysis of randomized controlled trials. *Psychiatry Research*, 340, Article 116098. PTSDpubs ID: 1638380

Conceptual overview of PTSD treatments related to fear extinction

Investigators from Emory University review the PTSD treatment literature in light of basic science research on fear extinction.

Read the article: <https://doi.org/10.1016/j.biopsych.2024.07.010>

Maples-Keller, J. L., Watkins, L., Hellman, N., Phillips, N. L., & Rothbaum, B. O. (2024). Treatment approaches for posttraumatic stress disorder derived from basic research on fear extinction. *Biological Psychiatry*. Advance online publication. PTSDpubs ID 1636400

Scoping review of spiritually-integrated psychotherapies for PTSD

A team led by investigators from Oregon State University conducted a scoping review including 33 studies of spiritually-integrated psychotherapies for PTSD.

Read the article: <https://doi.org/10.1037/scp0000335>

Field, T. A., White, D. B., Davis, J., Park, J. S., & Pierson, J. L. (2024). Scoping review of spirituality-integrated psychotherapies for posttraumatic stress disorder. *Spirituality in Clinical Practice*, 11(3), 203-221. PTSDpubs ID: 1638163

Meta-analysis of interpersonal and psychodynamic psychotherapies for PTSD

A team led by investigators from Long Island University Brooklyn conducted a meta-analysis of 2 RCTs of psychodynamic psychotherapy and 8 RCTs of interpersonal psychotherapy for PTSD.

Read the article: <https://doi.org/10.1176/appi.psychotherapy.20230043>

Keefe, J. R., Kimmel, D., & Weitz, E. (2024). A meta-analysis of interpersonal and psychodynamic psychotherapies for posttraumatic stress disorder. *American Journal of Psychotherapy*, 77(3), 119-128. PTSDpubs ID: 1637392



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