CLINICIAN'S TRAUMA UPDATE

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TREATMENT

Hyperbaric oxygen trial shows promise; limitations remain

Investigators from the Sagol Center for Hyperbaric Medicine and Research in Israel recently reported the results of a randomized, sham-controlled trial of hyperbaric oxygen therapy (HBOT) for PTSD. Hyperbaric oxygen has been suggested as a PTSD treatment despite inconclusive evidence (see the April 2022 *CTU-Online*). Sixty-three male Veterans with combat-related treatment-resistant PTSD (mean CAPS-5 43.8) were randomized to receive HBOT (100% oxygen at 2.00 atmospheres) or sham (21% oxygen at 1.02 atmospheres) for 60 90-minute sessions over 14 weeks. Participants continued other pharmacologic and psychological treatments during the trial. The group receiving hyperbaric oxygen showed average CAPS-5 decreases of 16.75 points (25% achieved remission) and gains were maintained at 3-month follow-up, whereas the sham group gained 2.6 points on the CAPS-5 (3.6% achieved remission). This the first trial to compare hyperbaric oxygen to a sham control in Veterans with PTSD as a primary diagnosis. However, there are limitations left unaddressed. Intent-to-treat analyses of all randomized participants were not reported, and blinding was assessed only after the first treatment session. It is important to know whether the blind was maintained throughout the treatment, especially given the absence of placebo effect. Long term efficacy is another concern. This study showed maintained gains at three months, but previous studies show erosion of effects as early as six months (see the June 2018 *CTU-Online*).

Read the article: https://doi.org/10.4088/JCP.24m15464

Doenyas-Barak, K., Kutz, I., Lang, E., Assouline, A., Hadanny, A., Aberg, K. C., . . . Efrati, S. (2024). Hyperbaric oxygen therapy for veterans with combat-associated posttraumatic stress disorder: A randomized, sham-controlled clinical trial. *Journal of Clinical Psychiatry, 85*(4), Article 24m15464. PTSDpubs ID: 1641595

Null results of a remotely delivered partner complementary and integrative health intervention

Co-occurring chronic pain and PTSD can exacerbate each other, and evidence for integrated interventions to address both is limited. Mission Reconnect is a remotely-delivered, mobile and web-based intervention for Veterans and a support person that incorporates massage therapy, meditation, education, and positive psychology. A team led by investigators at the Tampa VAMC conducted a large RCT comparing Mission Reconnect to waitlist control for the treatment of both chronic pain and PTSD. Veteran-partner dyads (n = 364) were recruited from 3 VAMCs. After consent, 97 dyads either did not register for the intervention or did not complete the baseline survey; these 97 were not included in further analyses. The 276 remaining Veterans (72.8% men, 71.7% white, average age = 56.54) chose a partner to participate with them. The primary outcome was self-reported chronic pain, with secondary measures including pain-related impairment, PTSD symptoms, self-report measures of relationship satisfaction, and a number of other health and mental health indicators. There was no difference between groups in the primary outcome (total pain), nor in PTSD. There was an improvement for partners in overall relationship satisfaction. Although Veterans and partners indicated that they were satisfied with the intervention, results do not suggest that Mission Reconnect is an effective treatment for patients with co-occurring chronic pain and PTSD.

Read the article: https://doi.org/10.2196/57322

Haun, J. N., Fowler, C. A., Venkatachalam, H. H., Alman, A. C., Ballistrea, L. M., Schneider, T., . . . French, D. D. (2024). Outcomes

of a remotely delivered complementary and integrative health partnered intervention to improve chronic pain and posttraumatic stress disorder symptoms: Randomized controlled trial. *Journal of Medical Internet Research, 26,* Article e57322. PTSDpubs ID: 1639727

Veterans' perceptions of starting an EBP for PTSD after other mental health treatment

Veterans frequently engage in other forms of mental healthcare prior to pursuing an evidence-based psychotherapy (EBP) for PTSD. A qualitative study led by investigators at the San Francisco VA Health Care System examined Veterans' perspectives on transitioning from other treatment to an EBP for PTSD. Investigators interviewed 30 post-9/11 Veterans (27% women) who initiated either CPT (63%) or PE (37%) at a VA clinic. Veterans reported wishing they had known about EBPs earlier in care. Many described worries about having to transition to a new provider for an EBP. Concerns included long waits between ending their current treatment and starting an EBP, having to repeat trauma disclosures, and disrupting a strong rapport with their current (non-EBP) provider. Veterans expressed concerns about switching even when their current therapy was not viewed as particularly helpful. Some found medications or prior unstructured therapy useful in preparing for EBPs, whereas others found the transition from unstructured treatment to an EBP jarring. It was helpful to have a warm handoff to a new provider and a clear idea of the treatment plan. The findings underscore the complexity of transitioning to an EBP after other mental health care and point to the importance of communicating about EBPs early in care and socializing Veterans to structured forms of treatment.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1639554.pdf

Holder, N., Ranney, R. M., Delgado, A. K., Purcell, N., Iwamasa, G. Y., Batten, A., . . . Maguen, S. (2024). Transitioning into trauma-focused evidence-based psychotherapy for posttraumatic stress disorder from other treatments: A qualitative investigation. *Cognitive Behaviour Therapy.* Advance online publication. PTSDpubs ID: 1639554

How are PTSD treatment names interpreted?

How providers talk about PTSD treatments can matter for treatment uptake (see the June 2024 *CTU-Online*). A team led by investigators at the National Center for PTSD examined how people with PTSD symptoms responded to and interpreted the names of PTSD treatments included in the recent VA/DoD PTSD Clinical Practice Guideline. A nationally representative sample of 887 Veterans and civilians who screened positive for PTSD on the PC-PTSD-5 were asked for their initial reactions to treatment names and gave brief free-text answers about the reasons for those reactions. Included treatment names were CPT, PE, EMDR, Present-Centered Therapy (PCT), Written Exposure Therapy (WET), and "trauma-focused treatment" (TFT; in randomized order; all names spelled out rather than abbreviated). The treatment names were rated in this order from most to least positive: CPT, TFT, PCT, WET, EMDR, and PE. Whereas names like CPT and WET were generally accurately perceived, others such as EMDR and PE were more likely to be inaccurately perceived. For instance, people often thought that EMDR would have something to do with their eyesight, or that PE indicated exposure to harsh conditions rather than therapeutic exposure. TFT was often identified as clear and straightforward. This study indicates that terminology that may be second nature to providers can be easily misinterpreted by laypeople without further context. Providers may consider describing treatments in plain language before introducing the technical name.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1640490.pdf

Larsen, S. E., Ranney, R. M., Matteo, R., Grubbs, K. M., & Hamblen, J. L. (2024). What's in a treatment name? How people with posttraumatic stress disorder (PTSD) symptoms interpret and react to PTSD treatment names. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1640490

New assessment and treatment studies of couples in which Veteran partner has PTSD

Brief Cognitive-Behavioral Conjoint Therapy for PTSD (bCBCT) is an 8-session trauma-focused treatment delivered to dyads that improves PTSD and relationship satisfaction (see the February 2022 *CTU-Online*). In two new studies, teams led by investigators at the VA San Diego Healthcare System leveraged data from an RCT that compared bCBCT delivered via telehealth or in-person to an active control condition (PTSD Family Education) among Veterans and their partners to examine within-couple discrepancies in perceptions of Veterans' PTSD symptoms and the effect of bCBCT on anger and psychological aggression.

In the first study, investigators compared the pre-treatment PCL-5s completed by 170 Veterans (82.7% men, 59.3% white) about their own PTSD symptoms to PCL-5s completed by their partners about their perceptions of Veterans' PTSD symptoms. They also examined whether discrepancies between Veteran and partner ratings predicted relationship satisfaction. As observed in previous studies, among both Veterans and partners, the more severe the reported PTSD symptoms, the less satisfied they were with the relationship. On average, Veterans' self-report of their own PTSD symptoms and partners' ratings of Veterans' PTSD symptoms differed by 10.25 points, typically with Veterans reporting more severe symptoms than partners observed. Larger discrepancies predicted lower relationship satisfaction for significant others. This effect was largely driven by discrepancies in reporting of negative cognition/mood and hyperarousal symptoms, which the authors note may be easier to misattribute to something other than PTSD. As the investigators only examined baseline data, it is unclear how the intervention may have changed these symptom report discrepancies.

In the second study, investigators examined data from a subset of the RCT sample (n = 92 couples) who had completed self-report measures of anger and psychological aggression before and after treatment. Because the parent RCT found no differences in outcomes between in-person or telehealth modalities of bCBCT, those groups were combined for analyses. When examining changes within the bCBCT and PTSD Family Education treatment groups, both Veterans and partners in bCBCT, but not PTSD Family Education, reported small-to-medium improvements in anger. Both groups exhibited large improvements in psychological aggression. Tests of between-group differences on these outcomes were not significant, however. The authors conclude that this may have been due to limited statistical power.

Taken together, these studies suggest opportunities for optimizing couple therapy for PTSD, including increasing shared understanding of PTSD symptoms as a potential mechanism for increasing

relationship satisfaction and addressing secondary but highly clinically relevant outcomes of anger and psychological aggression that contribute to poorer relationship satisfaction.

Read the articles:

https://www.ptsd.va.gov/professional/articles/article-pdf/id1639592.pdf

Grubbs, K. M., Knopp, K. C., Khalifian, C. E., Wrape, E. R., Mackintosh, M. A., Sohn, M. J., . . . Morland, L. A. (2024). Discrepancies in perceptions of PTSD symptoms among veteran couples: Links to poorer relationship and individual functioning. *Family Processes.* Advance online publication. PTSDpubs ID: 1639592

https://www.ptsd.va.gov/professional/articles/article-pdf/id1639175.pdf

Wells, S. Y., Knopp, K., Wachsman, T. R., Dillon, K. H., Walker, H. E., Sippel, L., . . . Glassman, L. H. (2024). Examining the impact of brief couples-based posttraumatic stress disorder treatments on anger and psychological aggression in veterans and their partners. *Journal of Traumatic Stress.* Advance online publication. PTSDpubs ID: 1639175

Modest impact of a peer-supported mobile health application for PTSD, depression

Mobile health apps may increase the reach of treatment to patients who are unable or unwilling to engage in traditional care, but rigorous testing of such apps is limited. National Center for PTSD investigators recently conducted an RCT of a peer-supported version of web-based Skills Training in Affective and Interpersonal Regulation (webSTAIR). Veterans who screened positive for PTSD or depression (70.2% male) were randomized to webSTAIR (n = 117) or waitlist (n = 61). WebSTAIR consists of six modules that teach emotion regulation skills, distress tolerance, and self-compassion. Participants could also have chat sessions with VA-trained peer support specialists, although availability of the specialists and the degree to which contact was required varied over the trial. Participants showed moderate improvements in self-reported PTSD and depressive symptoms, psychosocial functioning, and emotion regulation from baseline to posttreatment (ds = .38-.60). Completing more modules was linked to greater improvement. Contact with peer specialists was not associated with outcomes nor completion. Unexpectedly, limited availability of peer support (vs. 24/7 access) was associated with completing more modules. STAIR has been evaluated in many different iterations, making it challenging to know which elements are key ingredients. Given these findings, it would be helpful to compare the effect of webSTAIR as a fully self-guided intervention to peer-supported webSTAIR.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1636485.pdf

Ong, L. E., Speicher, S., Villasenor, D., Kim, J., Jacobs, A., Macia, K. S., & Cloitre, M. (2024). Brief Peer-supported Web-based Skills Training in Affective and Interpersonal Regulation (BPS webSTAIR) for trauma-exposed veterans in the community: Randomized controlled trial. *Journal of Medical Internet Research, 26,* Article e52130. PTSDpubs ID: 1636485

Few patients receive an adequate psychotherapy treatment dose in the Military Health System

Ensuring that service members have access to quality behavioral healthcare is a priority for DoD, yet a limited supply of trained providers presents a barrier to receiving an adequate dosage of treatment. A new study led by investigators from the National Center for PTSD examined clinic-level factors associated with receiving an adequate dose of psychotherapy in the military behavioral health system. The study used administrative data from 8 military treatment facilities (n = 25,433 patients). Patients experienced an average of 17 days or longer between sessions. Only 17.3% received at least 3 sessions in 90 days (which defines an adequate dose of care within DoD), and only 5% received at least 6 sessions. A higher ratio of patients to available sessions and longer wait times between sessions were associated with a lower proportion of patients receiving a minimally adequate dosage of care, while group therapy was associated with receiving at least 6 therapy sessions. Although type of treatment was not measured, the low average number of sessions suggests that very few patients are receiving a full dose of an evidence-based psychotherapy, which generally have optimal doses ranging from 6 to 15 sessions delivered at least weekly. Strategies to address clinic-level barriers to adequate treatment are needed.

Read the article: https://www.ptsd.va.gov/professional/articles/article-pdf/id1640975.pdf

McLean, C. P., Fong, C., Haddock, C. K., Cook, J., Peterson, A. L., Riggs, D. S., . . . TACTICS Research Group (2024). Clinic-level predictors of psychotherapy dosage in the military health system. *Psychiatric Services.* Advance online publication. PTSDpubs ID: 1640975

VA benzodiazepine prescriptions decrease, but not equally for all demographic groups

Benzodiazepines are not an evidence-based pharmacotherapy for PTSD. VA-wide efforts to reduce the prescribing of benzodiazepines have been largely effective (see the August 2024 *CTU-Online*). It is important to understand who may not be adequately benefiting from VA-wide initiatives to decrease guideline-discordant prescribing. Investigators from the VA Office of Rural Health and Iowa City VA compared benzodiazepine prescribing for PTSD in VA in 2022 versus 2012. VA Corporate Data Warehouse data from 2012 and 2022 were used to examine patient-, provider-, facility-, and drug-level characteristics of all Veterans with at least one PTSD-related encounter who were prescribed benzodiazepines. From 2012 to 2022, more Veterans received care for PTSD (n = 556,008 to 929,618). However, total benzodiazepine prescribing decreased (from 27.4% to 7.6%) and new benzodiazepine prescribing decreased (from 6.6% to 1.9%). Average prescription length and number of refills also decreased. However, benzodiazepine prescriptions to Veterans age 65+ and women increased during this time. These findings replicate previously described reductions in VA benzodiazepine prescribing for Veterans with PTSD and extends understanding about who is receiving guideline-discordant prescriptions.

Read the article: https://doi.org/10.1093/ajhp/zxae311

Shahid, K. N., Hadlandsmyth, K., Brainerd, D. R., & Lund, B. C. (2024). Characteristics of incident benzodiazepine recipients among US veterans with posttraumatic stress disorder. American Journal of Health-*System Pharmacy.* Advance online publication. PTSDpubs ID: 1640748

Take NOTE

Systematic review of social support instruments for PTSD measurement-based care

A team led by investigators from the Seattle VAMC conducted a systematic review and identified nine self-report social support measures that have been validated with PTSD populations and have adequate clinical utility (i.e. brief, easy to score, publicly available). All of them require further study on responsiveness and test-retest reliability.

Read the article: https://doi.org/10.1007/s12144-024-05799-8

Fortney, J. C., Garcia, N., Simpson, T. L., Bird, E. R., Carlo, A. D., Rennebohm, S., & Campbell, S. B. (2024). A systematic review of social support instruments for measurement-based care in posttraumatic stress disorder. *Current Psychology, 43*(22), 20056-20073. PTSDpubs ID: 1640787

Meta-analysis of variants of Dialectical Behavior Therapy (DBT) for treating PTSD

A team lead by investigators from the Medical University of Vienna in Austria conducted a meta-analysis of 13 studies examining DBT-PTSD and DBT PE, two variants of DBT designed to include PTSD treatment.

Read the article: https://doi.org/10.1080/20008066.2024.2406662

Prillinger, K., Goreis, A., Macura, S., Hajek Gross, C., Lozar, A., Fanninger, S., . . . Kothgassner, O. D. (2024). A systematic review and meta-analysis on the efficacy of Dialectical Behavior Therapy variants for the treatment of post-traumatic stress disorder. *European Journal of Psychotraumatology, 15*(1), Article 2406662. PTSDpubs ID: 1639602

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