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TREATMENT

Augmenting trauma-focused psychotherapy with memory specificity training

Researchers have examined ways to augment existing effective psychotherapies for PTSD. Investigators at University of New South Wales in Australia conducted an RCT comparing trauma-focused CBT to a version augmented by memory specificity training. Memory specificity training is based on the idea that people with PTSD or depression tend to retrieve very general rather than specific autobiographical memories, which can promote rumination and general maladaptive beliefs. Stand-alone memory specificity training has shown efficacy for treating depression, and a pilot study found it helpful for PTSD. First responders with PTSD ($n=100$, 71% male) were randomized to 12 weeks of CBT or CBT plus memory specificity training. Memory specificity training involved coaching participants to recall memories, first neutral and then happy, in highly specific detail. CBT in both conditions included psychoeducation, thought challenging, skills training, in vivo exposure, and imaginal exposure. Both treatments were effective (mean CAPS-5 decrease 18 points). Participants receiving memory specificity training showed enhanced improvement compared to those receiving CBT alone ($d=.9$ at 6-month follow-up). Loss of PTSD diagnosis did not differ between conditions, nor did number of sessions attended. Changes in depression were not different between conditions. This study is the first to suggest that memory specificity training may augment existing trauma-focused treatment, and should be examined in other populations.

Read the article: <https://doi.org/10.1002/wps.21280>

Bryant, R. A., Dawson, K. S., Yadav, S., Tran, J., Choi-Christou, J., Rawson, N., . . . Azevedo, S. (2025). Augmenting trauma-focused cognitive behavior therapy for post-traumatic stress disorder with memory specificity training: a randomized controlled trial. *World Psychiatry*, 24(1), 113–119. PTSDpubs ID: 1643672

Measurement-based care should assess more than symptom improvement

Patient-centered care, including attention to the patient's own goals and concerns, is essential for retention in trauma-focused treatments. Measurement-based care (MBC), which involves the use of patient-reported outcome measures to monitor treatment progress and inform shared decision-making, is an important aspect of patient-centered care. Two recent studies examined patient goals for PTSD treatment and the implications for MBC.

A qualitative study led by investigators at the Durham VA Healthcare System explored Veterans' goals for PTSD treatment. Data were drawn from 175 Veterans (75% males, 41% White) who participated in an RCT comparing versions of PE. At baseline, participants listed three goals for treatment. Responses were coded, and three themes for the goals were identified. Most Veterans (83%) identified improvements in PTSD symptoms, including specific symptom clusters such as decreased avoidance and hyperarousal symptoms, as a goal. Improvements in personal well-being and growth, including increased engagement in leisure activities, were identified as a goal by 33% of Veterans. Most (55%) also reported goals of improvements in interpersonal functioning. Findings suggest that clinicians should collaborate with patients to identify goals and utilize MBC across a range of symptom and functioning domains.

A second study provides further support for the use of personalized MBC in trauma-focused treatment. A team led by investigators from the Central Arkansas Veterans Healthcare System

examined Veterans' goals for PTSD care, the ways their goals are incorporated into MBC, and their preferences for tailoring MBC to align with their treatment goals. Fifteen Veterans with PTSD who had received at least two sessions of a trauma-focused psychotherapy in a VA clinic completed a qualitative interview. Veterans identified treatment goals in five categories: PTSD symptom reduction, improving psychosocial functioning, enhancing coping skills, increasing well-being, and making sense of trauma. Notably, only about half of Veterans identified PTSD symptom reduction as a goal, and all also identified at least one other goal. Veterans were generally in favor of the use of MBC, but preferred more personalized assessments tailored to their specific treatment goals, rather than generic symptom measures.

Taken together, these studies found that Veterans' goals for treatment include both symptom change and broader functioning change. Results support the importance of personalizing MBC to align with patients' treatment goals. Rather than solely using symptom-focused assessments, the additional use of measures specific to the outcomes identified by the patients as important to them would more accurately assess meaningful changes throughout treatment and inform personalized care.

Read the articles:

<https://www.ptsd.va.gov/professional/articles/article-pdf/id1643353.pdf>

Wells, S. Y., Wilhite, E. R., Weber, M. C., Blakey, S. M., Callaway, C., Kehle-Forbes, S., . . . Grubbs, K. M. (2025). Beyond symptom reduction: Veterans' goals for posttraumatic stress disorder treatment. *Journal of Traumatic Stress*. Advance online publication. PTSDpubs ID: 1643353

<https://doi.org/10.1097/mlr.0000000000002070>

Weber, M. C., Jendro, A. M., Fischer, E. P., Drummond, K. L., Haltom, T. M., Hundt, N. E., . . . Pyne, J. M. (2024). Veterans' experiences of and preferences for patient-centered, measurement-based PTSD care. *Medical Care*, 62(12 Suppl 1), S84-S90. PTSDpubs ID: 1641275

CPT/PE initiation linked to lower suicide risk among VA users with PTSD

Suicide risk is heightened among those with PTSD, but engaging in PE or CPT has been linked to reduced suicidal ideation (see the [June 2019 CTU-Online](#)). A team led by investigators at the VA Serious Mental Illness Treatment Resource and Evaluation Center examined the impact of PE/CPT for PTSD on suicide death among a large cohort of Veterans using VA health care. The team examined electronic health records of all Veterans who received a new PTSD diagnosis between 2016 and 2019 ($n=847,217$; 13% women). Through 2020, 8.7% had initiated either CPT or PE, and there were 1,552 deaths by suicide. After controlling for demographic and mental health characteristics, initiating CPT or PE for PTSD was linked to a 23% suicide risk reduction. Adequate dose of treatment, defined as receiving ≥ 8 sessions within 6 months, was linked to a nonsignificant 20% risk reduction. When restricting the sample to Veterans who received any type of psychotherapy ($n=549,541$), PE/CPT initiation was still associated with reduced suicide risk; adequate dose was

not. These findings reinforce the importance of offering evidence-based psychotherapy for PTSD to those receiving the diagnosis. It was surprising that adequate dose was not linked to significant risk reductions, but the time frame of 6 months for 8 sessions—longer than optimal for a trauma-focused psychotherapy—may have diminished potential benefits of treatment. Future research also should examine the effects of meaningful treatment response on suicide risk.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1642840.pdf>

Saulnier, K. G., Brabbs, S., Szymanski, B. R., Harpaz-Rotem, I., McCarthy, J. F., & Sripada, R. K. (2024). Suicide risk among veterans who receive evidence-based therapy for posttraumatic stress disorder. *JAMA Network Open*, 7(12), Article e2452144. PTSDpubs ID: 1642840

The combination of brexpiprazole and sertraline may have benefit for PTSD

Novel pharmacologic strategies for treating PTSD are needed. Brexpiprazole is an atypical antipsychotic that has shown benefit in schizophrenia, dementia-related agitation and the adjunctive treatment of major depression. In this Phase 3, randomized, double-blind, placebo-controlled trial, a team led by investigators from the University of Alabama tested the efficacy of brexpiprazole in combination with sertraline for the treatment of PTSD. This multi-site study randomized 416 individuals with PTSD to 11 weeks treatment with 150 mg sertraline combined with either 2-3 mg brexpiprazole or placebo. Completion rates were 64% for the brexpiprazole group and 56% for the placebo group. After 10 weeks of treatment, the brexpiprazole plus sertraline group showed a 5.6 point greater decrease on the primary outcome of CAPS-5 PTSD severity compared with the placebo combination group. All secondary endpoints were met, including changes on the PCL-5, clinical global impression of severity and measures of anxiety and depression. Brexpiprazole was well tolerated, and side effects were similar between the groups. The study excluded participants with comorbid depression, limiting generalizability but helping show specificity for treating PTSD. By using time limited dosing and with limited follow-up assessment, this study does not inform on the durability of benefits for the brexpiprazole combination. However, this trial provides encouraging support for the combination of brexpiprazole with sertraline for the treatment of civilian PTSD. Replication is needed, ideally including studies in military and/or Veteran samples.

Read the article: <https://doi.org/10.1001/jamapsychiatry.2024.3996>

Davis, L. L., Behl, S., Lee, D., Zeng, H., Skubiak, T., Weaver, S., . . . Hobart, M. (2024). Brexpiprazole and sertraline combination treatment in posttraumatic stress disorder: A phase 3 randomized clinical trial. *JAMA Psychiatry*. Advance online publication. PTSDpubs ID: 1643008

Treatment after trauma-focused treatment in the VA

Prior qualitative work has found that Veterans have diverse reasons for participating in mental health care after completing a PTSD evidence-based psychotherapy (EBP; see the

[December 2023 CTU-Online](#)). A team led by investigators from VA Ann Arbor examined use of further EBPs and other mental health care after completing CPT or PE. Among 12,514 Veterans who completed CPT or PE in 2015-2019, 761 (6%) initiated an additional course of CPT or PE within one year and 374 (3%) initiated an EBP for depression. Veterans were more likely to initiate a second PTSD EBP if they had initially engaged in PE (versus CPT), had experienced MST, had a comorbid substance use disorder or sleep disorder, had prior-year inpatient or residential treatment, or did not experience reliable symptom change or loss of diagnosis. They were more likely to initiate a depression EBP if they had a comorbid depression diagnosis. In general, Veterans engaged in an average of 22.3 outpatient mental health encounters in the year after EBP completion. Results suggest that Veterans who continue to pursue mental health treatment after completing CPT or PE may wish to address residual or untreated symptoms or retain a less intensive connection with mental health services, the latter of which could be addressed in non-specialty levels of care.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1641208.pdf>

Grau, P. P., Ganoczy, D., Larsen, S. E., LoSavio, S. T., & Sripada, R. K. (2024). Life after EBPs: Characterizing subsequent engagement in evidence-based psychotherapy after completion of an initial trauma-focused EBP in a national sample of VA patients. *Administration and Policy in Mental Health*. Advance online publication. PTSDpubs ID: 1641208

Mental health treatment utilization after a positive PTSD screen in VHA

Screening questionnaires are valuable tools for identifying individuals who may benefit from further assessment and treatment (see the [June 2016 CTU-Online](#)). A team led by investigators at the VA Portland Healthcare System examined engagement in mental health care, including in CPT or PE, after screening positive for PTSD in primary care. The investigators analyzed administrative data from a cohort of 20,853 Veterans who had a positive PC-PTSD-4 screen in 2018. Within one year of screening, the majority (76%) of Veterans engaged in mental health care, and 86% of these Veterans had encounters coded as related to PTSD. However, only 10% of this subsample of Veterans went on to participate in at least one session of CPT or PE. This was more likely among Veterans whose PTSD-related encounters took place in a PTSD specialty clinic (vs. in primary care-mental health integration or general mental health; $OR=2.73$) or occurred within 3 months of their positive PTSD screen ($OR=1.37$). Future

work can continue to identify and test both Veteran- and system-level strategies for promoting engagement in CPT, PE, and other evidence-based treatments for PTSD, such as ensuring timely clinical evaluation, shared decision-making, and referral to treatment after a positive PTSD screen.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1643287.pdf>

Cameron, D., Shiner, B., Denneson, L. M., Dieckmann, N. F., O'Neill, A., Carlson, K. F., & O'Neil, M. E. (2024). Mental health care utilization following a new positive PTSD screen in primary care in the Veterans Health Administration. *Psychological Services*. Advance online publication. PTSDpubs ID: 1643287

Agreement between clinician- and patient-rated symptoms during treatment predicts improvement

In measurement-based care, PTSD symptoms may be measured using clinician- or patient-rated measures, or both. Researchers from the Emory University School of Medicine investigated whether agreement between clinician- and patient-rated symptoms predicted treatment outcome in a PE-based intensive outpatient program. 483 Veterans and service members with PTSD (mean age=40 years, 40% female) completed the CAPS-5 (clinician-rated) and the PCL-5 (self-rated) at intake. Consistent with prior research, the PCL-5 was 17.5 points higher than the CAPS-5, even though both have a 0-80 scale. Patients were categorized as congruent reporters (baseline PCL-5 3.3 points lower than CAPS-5; $n=75$), limited over-reporters (PCL-5 17.6 points higher than CAPS-5; $n=325$), and extensive over-reporters (PCL-5 36.2 points higher than CAPS-5; $n=83$). While all groups had clinically significant improvement, the extensive over-reporter group improved more from pre- to post-treatment (24.4 points on PCL-5) than the limited over-reporters and congruent reporters groups (21.8 and 18.3 points; $p=.02$). This study is limited by the absence of post-treatment clinician-rated symptom severity. It does suggest that in cases where self-rated symptoms far exceed clinician assessment, the self-assessment may function as an index of general distress, and is likely to improve over the course of evidence-based PTSD treatment.

Read the article: <https://doi.org/10.1016/j.psychres.2024.116287>

Touponse, S. C., Guo, Q., Ma, T., Maples-Keller, J. L., Rothbaum, B. O., & Dunlop, B. W. (2025). Effect of agreement between clinician-rated and patient-reported PTSD symptoms on intensive outpatient treatment outcomes. *Psychiatry Research*, 343, Article 116287. PTSDpubs ID: 1641827

Pruikma, K. E., Miller, K. E., Davis, J. L., Gehrman, P., Harb, G., Ross, R. J., . . . Peterson, A. L. (2025). An expert consensus statement for implementing cognitive behavioral therapy for nightmares in adults. *Behavioral Sleep Medicine*. Advance online publication. PTSDpubs ID: 1643765

State of the evidence of novel pharmacologic and somatic treatments for PTSD

A team led by investigators from the National Center for PTSD reviewed the state of the evidence for the most and least promising novel treatments for PTSD.

Take NOTE

Expert consensus on CBT for Nightmares

A team led by investigators from the University of Texas Health Science Center at San Antonio developed a consensus statement on common elements of CBT for nightmares in order to

collate recommended treatment elements from various nightmare treatments with only slight variations.

Read the article: <https://doi.org/10.1080/15402002.2024.2437634>

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1641803.pdf>

Sippel, L. M., Hamblen, J. L., Kelmendi, B., Alpert, J. E., Carpenter, L. L., Grzenda, A., . . . Holtzheimer, P. E. (2024). Novel pharmacologic and other somatic treatment approaches for posttraumatic stress disorder in adults: State of the evidence. *American Journal of Psychiatry*, 181(12), 1045-1058. PTSDpubs ID: 1641803

Individual patient data meta-analysis on predictors of study dropout from trauma-focused CBT

A team led by investigators from Vrije University in The Netherlands conducted an individual patient data meta-analysis examining predictors of study dropout from trauma-focused CBT interventions.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1641180.pdf>

Wright, S., Karyotaki, E., Cuijpers, P., Bisson, J., Papola, D., Witteveen, A. B., . . . Sijbrandij, M. (2024). Predictors of study dropout in cognitive-behavioural therapy with a trauma focus for post-traumatic stress disorder in adults: An individual participant data meta-analysis. *BMJ Mental Health*, 27(1), Article e301159. PTSDpubs ID: 1641180

Commentary on the concordance between CAPS-5 and PCL-5

Investigators from the National Center for PTSD commented on an article by Resick et al. (see the [October 2023 CTU-Online](#)), indicating that the PCL-5 and CAPS-5 measure overlapping but distinct constructs and therefore can be expected to have slightly different scores.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1641174.pdf>

Lee, D. J., Weathers, F. W., Bovin, M. J., & Marx, B. P. (2024). On the concordance between CAPS-5 and PCL-5 scores. *European Journal of Psychotraumatology*, 15(1), Article 2407728. PTSDpubs ID: 1641174

Description of workgroups addressing psychedelic-assisted therapy in VA

A team of investigators from VA, DoD, and other national agencies described the strategic framework for the VA to manage research and clinical implementation of psychedelic-assisted therapy as it undergoes FDA approval processes.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1643192.pdf>

Wolfgang, A. S., McClair, V. L., Schnurr, P. P., Holtzheimer, P. E., Woolley, J. D., Stauffer, C. S., . . . Wiechers, I. R. (2025). Research and implementation of psychedelic-assisted therapy in the Veterans Health Administration. *American Journal of Psychiatry*, 182(1), 17-20. PTSDpubs ID: 1643192

A meta-analysis of Mindfulness-Based Stress Reduction (MBSR) for Veterans

A team of investigators from James Cook University and Townsville University Hospital in Australia conducted a meta-analysis of 13 studies in Veterans examining the effect of MBSR on PTSD, depression, and mindfulness.

Read the article: <https://doi.org/10.1177/20551029241302969>

Li, W. W., Nannestad, J., Leow, T., & Heward, C. (2024). The effectiveness of mindfulness-based stress reduction (MBSR) on depression, PTSD, and mindfulness among military veterans: A systematic review and meta-analysis. *Health Psychology Open*, 11, Article 20551029241302969. PTSDpubs ID: 1641937

A meta-analysis of CPT with and without the written account

Investigators from the National Center for PTSD conducted a meta-analysis of 29 RCTs of CPT with and without a written trauma account, including both Veteran and civilian samples.

Read the article: <https://www.ptsd.va.gov/professional/articles/article-pdf/id1643766.pdf>

Sager, J. C., DeJesus, C. R., Kearns, J. C., Thompson-Hollands, J., Trendel, S. L., Marx, B. P., & Sloan, D. M. (2025). A meta-analytic review of cognitive processing therapy with and without the written account. *Journal of Anxiety Disorders*. Advance online publication. PTSDpubs ID: 1643766



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