Trauma-focused Psychotherapy Primer
What You Need to Know to Connect Patients to First-line Treatment for Posttraumatic Stress Disorder (PTSD)

What is the First-line Recommendation for the Treatment of PTSD?
Individual, manualized trauma-focused psychotherapies

- Recommended for PTSD over all other interventions (e.g., pharmacologic and non-pharmacologic)
- Effective for patients with PTSD even those who have considerable complexity, chronicity and comorbidity
- Time-limited with weekly sessions for around three months
- Improvements from various trauma-focused psychotherapies have been shown to be long lasting.

Which Trauma-focused Psychotherapy is Best?
- CPT, PE, and EMDR are the trauma-focused psychotherapies with the most research support.
- Trauma-focused psychotherapies appear to be similarly effective to each other.
- Use shared decision-making and consider your patient’s goals and preferences to determine which therapy would be best. The PTSD Treatment Decision Aid (http://www.ptsd.va.gov/Decisionaid/) is a tool that can be used in the shared decision-making process.

How Effective are Trauma-focused Psychotherapies?
For every 100 people with PTSD who receive a trauma-focused psychotherapy such as CPT, PE, and EMDR:

- Approximately 53 will no longer have symptoms of PTSD after about three months of treatment.
- Others who receive treatment will still have PTSD, but will have fewer symptoms.
Will Patients Get Worse Before They Get Better?
- Some people with PTSD experience a brief increase in distress before symptomatic improvement.\textsuperscript{8}
- Trauma-focused psychotherapy has not been shown to increase the rate of hospitalization of PTSD patients.\textsuperscript{15}

What are the Dropout Rates in Trauma-focused Psychotherapy Studies?
- Overall, drop-out rates for trauma-focused psychotherapy do not differ significantly from rates of other types of psychotherapy.\textsuperscript{16} Dropout rates are higher in routine clinical practice than in research studies.\textsuperscript{23-25}

Figure 1. Dropout of Trauma-Focused Psychotherapy

<table>
<thead>
<tr>
<th>Select Trauma-focused Psychotherapy Studies</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rothbaum et al., 2005</td>
<td>13</td>
</tr>
<tr>
<td>Nijdam et al., 2012</td>
<td>29</td>
</tr>
<tr>
<td>Rothbaum et al., 2005</td>
<td>20</td>
</tr>
<tr>
<td>Foa et al., 2005</td>
<td>34.2</td>
</tr>
<tr>
<td>Resick et al., 2002</td>
<td>27.3</td>
</tr>
<tr>
<td>Chard et al., 2010</td>
<td>31</td>
</tr>
<tr>
<td>Resick et al., 2002</td>
<td>26.8</td>
</tr>
<tr>
<td>Monson et al., 2006</td>
<td>20</td>
</tr>
</tbody>
</table>

CPT = cognitive processing therapy; EMDR = eye movement desensitization and reprocessing; PE = prolonged exposure.

What Should I Do When a Veteran Says Their Previous Psychotherapy Did Not Work?
- Learn about individual treatment experiences.
- There is no single treatment that works perfectly for everyone. If the first PTSD treatment does not help, there are other effective options.
- People who do not benefit from one treatment may find that another treatment is helpful.\textsuperscript{8}
- Remember that patients want to be involved in their treatment decisions and may need time to consider their options.\textsuperscript{26}
Figure 2. Patients Want to be Informed of PTSD Treatment Options and Involved in PTSD Treatment Decisions.\(^6\)

<table>
<thead>
<tr>
<th>How Much Time Do You Want to Spend Talking About PTSD Treatment Options?</th>
<th>How Much Time Would You Need to Consider Your Options?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30 min (11%)</td>
<td>1–3 Days (50%)</td>
</tr>
<tr>
<td>60 min (25%)</td>
<td>&gt;1 Week (31%)</td>
</tr>
<tr>
<td>30–60 min (64%)</td>
<td>None (19%)</td>
</tr>
</tbody>
</table>

For additional information and Frequently Asked Questions related to PTSD treatment, refer to the PTSD Treatment Decision Aid (https://www.ptsd.va.gov/decisionaid).

References


