

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 psychotherapies¹

- Recommended for PTSD over all other interventions (e.g., pharmacologic and non-pharmacologic)¹
- Effective for patients with PTSD even those who have considerable complexity, chronicity and comorbidity²⁻¹³
- Time-limited with weekly sessions for around three months⁸
- Improvements from various trauma-focused psychotherapies have been shown to be long lasting.¹⁴

Which Trauma-focused Psychotherapy is Best?

- CPT, PE, and EMDR are the trauma-focused psychotherapies with the most research support.¹
- 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.⁸

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.⁸
- Others who receive treatment will still have PTSD, but will have fewer symptoms.⁸



Prolonged
Exposure
(PE)

Cognitive
Processing
Therapy (CPT)



Eye Movement
Desensitization
& Reprocessing
(EMDR)



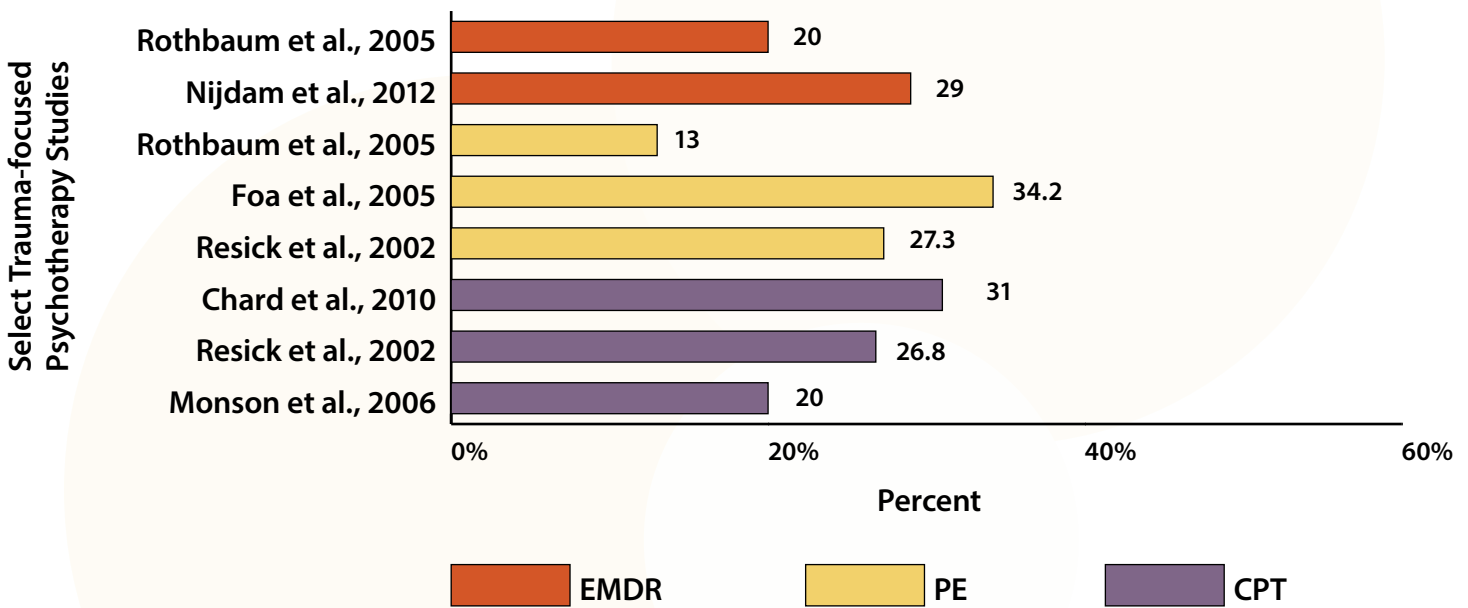
Will Patients Get Worse Before They Get Better?

- Some people with PTSD experience a brief increase in distress before symptomatic improvement.⁸
- Trauma-focused psychotherapy has not been shown to increase the rate of hospitalization of PTSD patients.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.¹⁶ Dropout rates are higher in routine clinical practice than in research studies²³⁻²⁵

Figure 1. Dropout of Trauma-Focused Psychotherapy



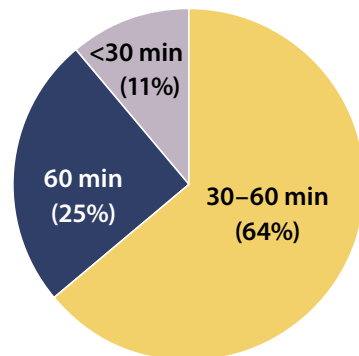
CPT = cognitive processing therapy; EMDR = eye movement desensitization and reprocessing; PE = prolonged exposure.

What Should I Do When a Veteran Says Their Previous Psychotherapy Did Not Work?

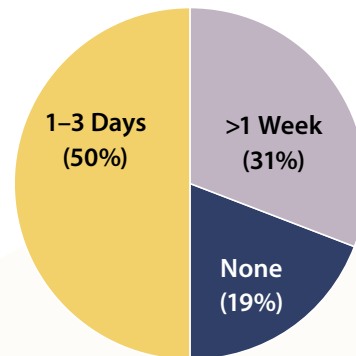
- Learn about individual treatment experiences.
- There is no single treatment that works perfectly for everyone. If the first PTSD treatment does not help, there are other effective options.
- People who do not benefit from one treatment may find that another treatment is helpful.⁸
- Remember that patients want to be involved in their treatment decisions and may need time to consider their options.²⁶

Figure 2. Patients Want to be Informed of PTSD Treatment Options and Involved in PTSD Treatment Decisions.²⁶

How Much Time Do You Want to Spend Talking About PTSD Treatment Options?



How Much Time Would You Need to Consider Your Options?



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

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