



# Neurocognitive and Psychological Health Treatment Strategies

## Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial

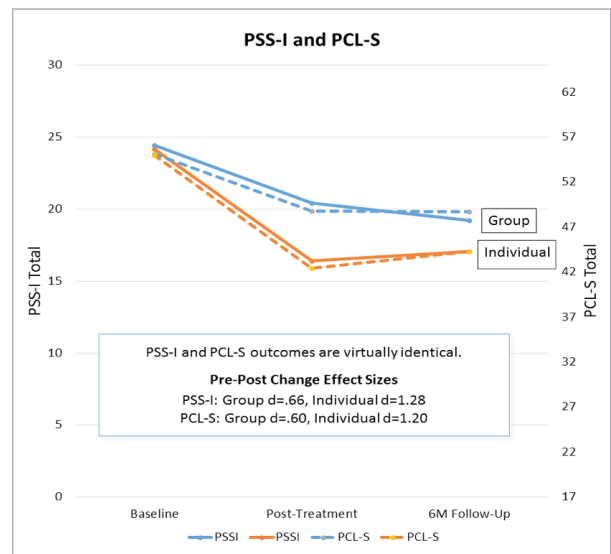
Researchers at Duke University, (Durham, North Carolina) and the University of Texas, Health Science Center at San Antonio (San Antonio, Texas) conducted a randomized clinical trial to answer the question: Are individual and group cognitive processing therapy conditions efficacious for treating combat-related posttraumatic stress disorder (PTSD) in active-duty military? (Resick et al. 2017)

Two hundred sixty-eight (268) active duty military Service members with PTSD participated in this trial. The results show that those treated in individual or group cognitive processing therapy formats improved significantly with large effect sizes, but individual cognitive processing therapy produced significantly greater improvement (Figure 1). The results provide evidence that cognitive processing therapy is an effective treatment for combat-related PTSD for many patients in this setting. This study supports the use of two formats of an evidence-based psychotherapy for treatment of combat-related PTSD.

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### REFERENCES:

Resick, P. A., Wachen, J. S., Dondanville, K. A., Pruiksma, K. E., Yarvis, J. S., Peterson, A. L., Mintz, J., and the, S. S. C., Borah, E. V., Brundige, A., Hembree, E. A., Litz, B. T., Roache, J. D., and Young-McCaughan, S. 2017. "Effect of Group vs Individual Cognitive Processing Therapy in Active-Duty Military Seeking Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial." JAMA Psychiatry 74 (1):28-36. doi: 10.1001/jamapsychiatry.2016.2729.



**FIGURE 1:** Change in PTSD Measures Across the Study Period. The Posttraumatic Symptom Scale–Interview Version (PSS-I) evaluates frequency and severity of DSM-IV PTSD symptoms (range, 0-51, with higher scores indicating worse symptoms). The stressor-specific PCL measures self-reported PTSD symptoms (range, 17-85, with higher scores indicating greater PTSD severity). CPT indicates cognitive processing therapy. (Figure 2 from Resick et al. (2017) used with permission from the authors)

