

Written Exposure Therapy: Feasibility of a Brief Treatment for PTSD in Primary Care

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INTRODUCTION

- PTSD is prevalent in Primary Care and associated with many physical and psychiatric co-morbidities¹
- EBP's for PTSD exist, but these can be lengthy, invasive, and have high drop out rates
- Purpose: Examine the acceptability and feasibility of Written Exposure Therapy (WET)² in 2 family medicine residency (FMR) clinics

TREATMENT

- Manualized treatment created at the National Center for PTSD
- Treatment created with five, 60 minute sessions, modified for the primary care setting with five, 30-40 minute sessions
- Write about a specific trauma memory and life impact in session
- No homework

TRAINING

- In-person, half-day training with Denise Sloan, PhD (creator of WET)
- 8 phone consultation calls to support implementation and fidelity

METHODS

- Single arm pilot study with 5 psychologists at 2 urban FMR urban clinics
- Eligibility: adult, English speaking, ≥ 25 on the Posttraumatic Stress Disorder Checklist (PCL-5)
- Pre and post-test measures
 - PTSD: PCL5 and Life Events Questionnaire (LEQ)
 - Depression: PHQ9
 - Anxiety: GAD7
 - Life Satisfaction: Satisfaction with Life Scale (SWLS)

"It opened my eyes...a great experience"

"I like the writing and that I didn't have to talk about it"

"Less chance for judgment...embarrassing things were easier to write down"

"I like it's time limited...know I could deal with this 5 times"

"Looked forward to sessions rather than dreading them"

RESULTS

- Enrolled 9, 5 completed treatment pre-Covid (55.6%)
- Demographics: Mean age: 38 ± 11.4 years; 38% Black, 38% mixed, 13% white
- Average 10 criterion A events (range 5-15)
- PTSD Checklist Score
 - Pre = 56.4 Post = 31
- PHQ9 Scores
 - Pre = 16.4 Post = 9.8

DISCUSSION

- Treatment was feasible with adaptations for primary care setting
- PTSD symptoms overall trended toward improvement.
- Depression also seemed to improve with PTSD treatment

NEXT STEPS

- Recently obtained IRB approval to resume data collection after COVID interrupted recruitment
- Consider larger trial in the primary care setting (including non-English speaking patients) if results continue to seem promising
- Impact of virtual modalities on treatment

References

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