Recording: Welcome to the VA HSR&D Investigator Insights Podcast Series. In this episode, HSR&D Research Content Editor Maria Hecht talks with Becca Sripada, investigator with the Center for Clinical Management Research. They’re discussing treatment length efficacy for prolonged exposure therapy and cognitive processing therapy for veterans with PTSD.

Maria Hecht: This is Maria Hecht with the Center for Information Dissemination and Education Resources at HSR&D Resource Center, and I am talking this morning with Becca Sripada.

Dr. Sripada: Thank you for having me. I am at the Center for Clinical Management Research in Ann Arbor, and I'm an assistant professor in the Department of Psychiatry at University of Michigan.

Maria Hecht: How did you get into VA health services research?

Dr. Sripada: So, I’ve been interested in post-traumatic stress disorder for a long time, and so the VA is a natural place to do that. I started off my work in neuroimaging research, but I did a paper into looking at the effect of traumatic brain injury on post-traumatic stress disorder outcomes and that really drew me into health services research and trying to figure out how to optimize treatments for our patients to help them improve as much as possible.

Maria Hecht: You looked at the length and efficacy of evidence-based psychotherapy for PTSD. So, just… if you can briefly describe the work and sort of how did you get to this question? What prompted studying this particular problem?

Dr. Sripada: So, I’ve been interested, for a while, in who does and does not get better in PTSD treatment, how we can predict that, and how we can do our best for patients who we fear may not do well. Some of my colleagues at the Atlanta VA took a look at their clinical data to look… to determine who continues to do better after eight sessions and who is unlikely to continue to do better. And I typically do work with administrative data, looking across the system, and I thought this would be a perfect question to look at in system level of data to get a better idea of, across the country, who is going to continue to do better after eight sessions and who is unlikely to improve.

Maria Hecht: What do you think is the most challenging aspect of trying to quantify a mental health outcome? How do you really define someone is better?

Dr. Sripada: So, I think that the challenge with quantified PTSD outcomes is that probably the gold standard would be to do a clinician-administered interview. So, the CAPS, for example, but that is pretty time and resource intensive, and so unfortunately, were not able to do that for every person at the end of their PTSD treatment. So, the PTSD checklist is a good alternative because it’s only 20 questions.

 Unfortunately, it still is not administered as frequently in our… in the health system as it should be, and so that’s an ongoing challenge that the Measurement-Based Care Initiative is really working on, to try to get people to assess these outcome most frequently, because it does take time. But it’s really the only standardized indicator that we have of whether people are really improving in these treatments. So, I think we need to continue to push to get people to measure outcomes and find ways to make it easier for them to do it and streamline the process for them.

Maria Hecht: So, let’s talk a little bit about your findings and your results, and some implications from those findings.

Dr. Sripada: So, what we found is that the number one predictor of whether someone is going to continue to improve after eight sessions is how much improvement they have attained so far. So, we looked at a few different cut points for what percentage of change people experienced during the first eight sessions and what percentage of those people went on to improve and found that the more you improve during the first eight sessions, the more likely you are to experience meaningful change over the course of treatments. And a handy benchmark that we found is that if you achieve at least 20 percent symptom reduction during the first eight sessions, then you double your odds of experiencing meaningful change. So, that could be a quick rule of thumb to help clinicians determine if patients are likely to improve or not.

 We did find a few other variables that were associated with likelihood of response, including service-connected disability and race and sex. So, these are also factors to attend to, but the most predictive factor was degree of change in the first eight sessions. So, in terms of implications for this work, I think for patients who’ve experienced at least a 20 percent improvement in symptoms over the first eight sessions, that’s great. You should continue with the treatment. They’re likely to experience meaningful benefit.

 But for those who have not experienced that much change, we need to think carefully about what the next step is, and there are a variety of different options. We could intensify the treatment. We could increase supervision and consultation. We could augment the treatment in some way, or we could switch to a differently treatment modality at that point, and these are open questions, and I think we need to design studies to determine what the next best step is.

Maria Hecht: And just to recap, we briefly mentioned PE and CPT, and that is prolonged exposure therapy and cognitive processing therapy. In the best of all possible worlds, what would be the impact of your work within VA?

Dr. Sripada: I think the best thing that this could do is to help clinicians who are treating patients to make informed decisions about care. Also, to prompt some future work to determine what the next best step is.

Maria Hecht: Working in VA is a really neat thing. Why VA? Why do you stay? What about it is meaningful for you on a personal and a professional level?

Dr. Sripada: I really love working with veterans. I see veterans in my own clinic, and it’s really meaningful to me to serve people who’ve served our country, and to see them make gains and make changes in their lives when they’ve been suffering with PTSD for a long time. That’s why I do it.

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