Adaptive Disclosure for Posttraumatic Stress Disorder

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Q. What is adaptive disclosure?

A. Adaptive disclosure is a brief manualized therapy developed specifically to address trauma in military service members. Adaptive disclosure includes many elements of other cognitive behavioral therapies (CBTs) for posttraumatic stress disorder (PTSD) to target combat and operational traumas specific to service members: life-threatening experiences, traumatic loss, and moral injury (Litz, Lebowitz, Gray & Nash, 2015; Steenkamp et al., 2011). Adaptive disclosure consists of three main components: 1) imaginal exposure, 2) strategies targeting loss/traumatic grief, and 3) strategies targeting moral injury. All patients receive the initial imaginal exposure component, but further treatment is individualized for service members based on the most pressing traumatic memory (Steenkamp et al., 2011). Adaptive disclosure is generally shorter than other trauma-focused CBTs, consisting of six to eight 90-minute weekly sessions (Gray et al., 2012; Litz et al., 2015).

Q. What is the proposed treatment model underlying adaptive disclosure?

A. Adaptive disclosure draws strategies from existing evidence-based treatments, including prolonged exposure, cognitive processing therapy, and CBT for prolonged grief disorder, and repackages them into a brief therapy designed specifically for service members with combat-related PTSD resulting from traumatic loss, life-threatening experiences, and moral injury. Adaptive disclosure was created with the complex issues related to treating service members in mind, such as time constraints, stigma, ambivalence or hesitation about pursuing treatment, and avoidance of thinking about or disclosing traumatic memories (Steenkamp et al., 2011). To address these barriers, adaptive disclosure is a neutrally-named, brief therapy that aims to initiate a process by which patients learn new ways of coping with and thinking about their traumatic experiences (Steenkamp et al., 2011).

Q. Is adaptive disclosure recommended as a front-line treatment for PTSD in the Military Health System (MHS)?

A. No. The *2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* does not include adaptive disclosure in their recommendation for trauma-focused psychotherapies, stating that "there are other psychotherapies that meet the definition of trauma-focused treatment for which there is currently insufficient evidence to recommend for or against their use. Future research is needed to explore the efficacy of novel, emerging treatments."

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend adaptive disclosure as a front-line treatment for PTSD?

A. No. Other authoritative reviews have not substantiated adaptive disclosure for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No comparative effectiveness reviews of adaptive disclosure were identified.
- Cochrane: No systematic reviews of adaptive disclosure were identified.

Q. Is there any recent research on adaptive disclosure as a treatment for PTSD?

A. A May 2018 literature search identified one open trial of adaptive disclosure for PTSD. In this study, 44 active duty Marines and Navy personnel who had deployed at least once to Iraq or Afghanistan and reported symptoms consistent with a diagnosis of PTSD received adaptive disclosure treatment (Gray et al., 2012). Post-treatment, participants had significantly reduced self-reported PTSD symptoms compared to baseline. Due to the lack of a control condition, conclusions cannot be made from this study about the effectiveness of adaptive disclosure compared to no-treatment or other treatments. There is a randomized controlled trial underway comparing adaptive disclosure to present-centered therapy, an active control condition (Yeterian, Berke, & Litz, 2017).

Q. What conclusions can be drawn about the use of adaptive disclosure as a treatment for PTSD in the MHS?

A. The evidence base for adaptive disclosure is emerging, with a randomized controlled trial underway. However, the limitations of the available evidence do not allow strong conclusions to be made from the existing research that could inform clinical practice guidelines or policy decisions within the MHS. Thus, the current state of the evidence base is not mature enough to recommend adaptive disclosure as a front-line treatment for PTSD in the MHS.

References

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