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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 et al., 2015). 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) but found to be no less effective than Cognitive Processing Therapy-Cognitive Version in symptom reduction and functional change (Litz et al., 2021). In addition, a randomized controlled trial of adaptive disclosure-enhanced showed symptom improvement and greater functioning when compared to Present-Centered Therapy but no difference at follow-up (Yeterian et al., 2017; Litz et al., 2024).

Q: What is the 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 integrates them into a brief therapy designed specifically for service members with combat-related PTSD resulting from traumatic loss, life-threatening experiences, and/or 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 (Litz et al., 2015; Yeterian et al., 2017). 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 (Litz et al., 2015).

Q: Is adaptive disclosure recommended as a treatment for PTSD?

A: No. The *2023 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* states that there is insufficient evidence to recommend for or against adaptive disclosure for the treatment of PTSD.

The VA/DOD CPGs were jointly developed by the Department of Veterans Affairs and the Department of Defense to inform best clinical practices. They 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 treatment for PTSD?

A: No. Other authoritative reviews have not substantiated the use of adaptive disclosure for PTSD. No relevant Cochrane reviews were found on adaptive disclosure as a treatment for PTSD.

Other recognized organizations publish CPGs or conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the American Psychological Association, and United Kingdom’s National Institute for Health and Care Excellence. Additionally, Cochrane is an international network that conducts high-quality reviews of healthcare interventions.

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

A: The evidence base for adaptive disclosure continues to emerge, with a non-inferiority study showing Adaptive Disclosure to be no less effective than Cognitive Processing Therapy-Cognitive Version in symptom reduction and functional change (Litz et al., 2021) and a randomized controlled trial of Adaptive Disclosure-Enhanced showing symptom improvement and greater functioning when compared to Present-Centered Therapy but no difference at follow-up (Yeterian et al., 2017; Litz et al., 2024) 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 for or against adaptive disclosure as a front-line treatment for PTSD.

References

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