

Q. What is present-centered therapy?

A. Present-centered therapy (PCT) is a manualized, non-trauma-focused psychotherapy for adults with posttraumatic stress disorder (PTSD). PCT can be conducted in an individual or group format, and includes nonspecific therapeutic components such as the establishment of a positive therapeutic relationship, normalization of symptoms, validation of experiences, emotional support, and an increased sense of mastery of dealing with problems (Schnurr et al., 2005; Shea, 2018). PCT does not explicitly include trauma exposure, cognitive restructuring, or behavioral activation, and may be an attractive alternative to trauma-focused psychotherapy for those who do not wish to participate in trauma-based exposure therapies.

Q. What is the treatment model underlying PCT for PTSD?

A. During treatment, patients work to enhance interpersonal connections, gain insight into the ways their current behaviors are influenced by PTSD symptoms, and explore more effective ways of problem-solving (Belsher et al., 2019). Through practice, patients develop a greater sense of mastery over their environment, and learn to apply more effective solutions to daily stressors thereby improving their psychosocial functioning and decreasing symptoms (Shea, 2018).

Q. Is PCT recommended as a treatment for PTSD in the Military Health System (MHS)?

A. **Yes.** The 2017 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder suggests PCT as an individual, manualized non-trauma-focused therapy for patients diagnosed with PTSD, with a “Weak For” strength of recommendation.

The MHS relies on the VA/DoD 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 PCT as a treatment for PTSD?

A. **Yes.** A Cochrane systematic review has substantiated the use of PCT 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: A 2018 systematic review update of psychological and pharmacological treatments for adults with PTSD did not include PCT as an intervention of interest, and only mentions it in the context of a control condition (Forman-Hoffman et al., 2018).
- Cochrane: A 2019 systematic review of PCT for PTSD in adults included 12 studies with 1,837 participants comparing PCT to either a wait-list/minimal attention control group (three studies) or to trauma-focused cognitive-behavioral therapy (TF-CBT; 11 studies; Belsher et al., 2019). Moderate quality evidence indicated that PCT was more effective than control conditions for reducing PTSD symptom severity. In a comparison of PCT with TF-CBT, low quality evidence did not support PCT as a non-inferior treatment for PTSD symptom severity at post-treatment, though treatment effect differences may have attenuated over time. Dropout was lower for PCT than TF-CBT.

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

A. In a Cochrane systematic review, Belsher et al. (2019) identified studies of PCT for PTSD through February 2019. A September 2020 literature search conducted for this evidence brief identified a single new randomized controlled trial published since this systematic review. One trial randomly assigned older adults (55 years and older) to receive either narrative exposure therapy (NET) or PCT, and found that the PCT group had greater reductions in PTSD scores post-treatment, but the treatment differences were non-significant at follow-up (Lely et al., 2019).

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

A. The 2019 VA/DoD PTSD CPG suggests PCT as an individual, manualized non-trauma-focused therapy for patients diagnosed with PTSD, with a “Weak For” strength of recommendation. The CPG recommends individual, manualized trauma-focused psychotherapy over other pharmacologic and non-pharmacologic interventions for the primary treatment of PTSD, with a “Strong For” strength of recommendation. A 2019 Cochrane systematic review found that PCT may not be as effective as TF-CBT in reducing post-treatment PTSD severity (Belsher et al., 2019). However, the review also found that PCT had lower dropout rates compared to TF-CBT, and the differential effects of PCT versus TF-CBT may have attenuated over time. These findings are in line with the CPG recommendation that PCT should be considered as a treatment for certain patients. Clinicians should consider several factors when choosing an evidence-based treatment with their patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

References

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