

### Q. What is brief eclectic psychotherapy?

**A.** Brief eclectic psychotherapy (BEP) for posttraumatic stress disorder (PTSD) is a 16-session, 60-minute, individual, manualized treatment. BEP was originally developed to treat police officers suffering from PTSD. Since this time, it has been applied to a wide range of populations. It comprises several treatment phases: PTSD psychoeducation (session 1), imaginal exposure (sessions 2-6), cognitive restructuring (sessions 7-14), and a ritualistic farewell (session 15). The first and last session can include a patient's partner. Mementos associated with the trauma can be brought to imaginal exposure sessions to heighten emotional arousal. Homework consists of writing a letter to someone connected with the trauma. Cognitive restructuring focuses on irrevocable changes caused by the trauma and accepting a new view of the world. If key figures or previous traumas are relevant, they can be processed using a psychodynamic approach in later sessions. The farewell session allows patients to fully express their trauma-related grief one last time and to celebrate leaving this event behind (Gersons, Carlier, & Olf, 2004).

### Q. What is the theoretical model underlying BEP?

**A.** BEP comprises cognitive behavioral and psychodynamic therapy approaches. Cognitive behavioral techniques include imaginal exposure similar to prolonged exposure, and written assignments which were originally used in cognitive processing therapy. Psychodynamic techniques are used to process other traumatic events or significant individuals from the patient's past (Gersons, Carlier, Lamberts, & van der Kolk, 2000).

### Q. Is BEP 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* gives a "Strong For" strength of recommendation for individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring, including BEP.

*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 BEP for PTSD?

**A. No.** Other authoritative reviews have identified some evidence supporting BEP for PTSD, but they do not substantiate the use of BEP as a front-line treatment 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 found that BEP was associated with greater loss of PTSD diagnosis compared to controls, with a low strength of evidence, based on three trials with a total of 96 participants (Forman-Hoffman et al., 2018).
- Cochrane: A 2013 systematic review (Bisson et al.) supported the efficacy of individual and group trauma-focused cognitive behavioral therapy. The review included studies on BEP, but did not differentiate between different types of trauma-focused CBT.

### Q. What conclusions can be drawn about the use of BEP in the MHS?

**A.** BEP is recommended as a front-line treatment for PTSD in the MHS. 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.

*\*Find the full series of Psych Health Evidence Briefs, provide feedback and subscribe to receive future briefs at <http://www.pdhealth.mil/research/evidence-synthesis/evidence-briefs>.*

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#### References

Bisson, J., Roberts, N. P., Andrew, M., Cooper, R., & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews*, 12, CD003388.

Department of Veterans Affairs/Department of Defense. (2017). *VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder. Version 3.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.

Forman-Hoffman, V., Cook Middleton, J., Feltner, C., Gaynes, B. N., Palmieri Weber, R., Bann, C., Green, J. (2018). *Psychological and pharmacological treatments for adults with posttraumatic stress disorder: A systematic review update* (AHRQ Publication No. 18-EHC011-EF). Rockville, MD: Agency for Healthcare Research and Quality.

Gersons, B. P. R., Carlier, I. V. E., Lamberts, R. D., & van der Kolk, B. A. (2000). Randomized clinical trial of brief eclectic psychotherapy for police officers with posttraumatic stress disorder. *Journal of Traumatic Stress*, 13, 333-347.

Gersons, B. P. R., Carlier, I. V. E., & Olf, M. (2004). *Protocol Brief Eclectic Psychotherapy for Posttraumatic Stress Disorder*. Academic Medical Center, University of Amsterdam.

