Narrative Exposure Therapy for Posttraumatic Stress Disorder

Psychological Health Center of Excellence Psych Health Evidence Briefs October 2018

Q. What is narrative exposure therapy?

A. Narrative exposure therapy (NET) is a form of exposure therapy developed as a short-term intervention for posttraumatic stress disorder (PTSD). NET is often used with refugees and asylum seekers in low-resource crisis regions where long-term treatment is not possible (Schauer, Neuner, & Elbert, 2005). The treatment is meant for survivors of multiple and complex traumas. During NET, clients construct a chronological narrative of their life with a focus on their traumatic experiences. The therapist aids the patient in processing their life, including traumas, as part of a cohesive narrative through active listening, empathic understanding, and unconditional positive regard (Stenmark, Catani, Neuner, Elbert, & Holen, 2013; Schauer, Neuner, & Elbert, 2011).

Q. What is the proposed treatment model underlying NET?

A. NET builds on the theory of dual representation of traumatic events (Elbert & Schauer, 2002). NET theory separates autobiographical memory into knowledge of time and specifics of an event (cold memories) and the emotional, sensory, physiological, affective, and cognitive elements (hot memories). By integrating these two elements of memory, multiple traumas are contextualized and put within the broader context of a life narrative. This allows for previously unconnected fear networks of traumatic events to be activated and linked within the facts of the events. The therapist elicits such details while helping the patient retell their traumas in the "here and now." This allows for reprocessing traumatic memories, meaning-making, and integrating them into the whole of one's life (Schauer, Neuner, & Elbert, 2011).

Q. Is NET recommended as a front-line 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 NET.

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 NET as a front-line treatment for PTSD?

A. Yes. Other authoritative reviews have substantiated the use of NET 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 NET reduced PTSD symptoms, with a moderate strength of evidence, based on three trials with a total of 232 participants (Forman-Hoffman et al., 2018).
- Cochrane: No Cochrane reviews of NET for PTSD were identified, but a 2014 systematic review on interventions for psychological health and well-being of torture survivors found that NET treatment resulted in reduced PTSD symptoms at six-month follow-up, though the quality of evidence was rated as very low (Patel, Kellezi, & Williams, 2014).

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

A. NET is recommended as a front-line treatment for PTSD. It is not known whether NET is more or less effective than other front-line treatments for PTSD. Clinicians should consider several factors when choosing an evidence-based treatment for any given patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

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Released October 2018 by the Psychological Health Center of Excellence
301-295-7681 | pdhealth.mil