

Q. What is written narrative exposure?

A. Written narrative exposure or written exposure therapy (WET) is a five, 30-minute session protocol that has been found to significantly reduce posttraumatic stress disorder (PTSD) symptoms. WET was adapted by Sloan and colleagues (2012) from an earlier form of treatment (Pennebaker & Beall, 1986) with the goal of creating a therapy that is easily disseminated and implemented. The first session is one hour for the patient and consists of psychoeducation about PTSD and WET followed by a 30-minute writing session. The remaining four sessions are writing sessions. In each writing session, clients write about a single traumatic event for 30 minutes. Clients are instructed to focus on their emotions at the time of the trauma and write down detailed information (i.e., sights, smells, what they heard). Patients write the trauma account alone and the therapist joins after the 30 minutes have elapsed to inquire about difficulty with the session and check that the written narrative follows the instructions. Patient time with a therapist is minimal, 25 minutes for the first session and 10 minutes for each of the last four sessions. No between-session homework is given (Sloan et al., 2012).

Q. What is the theoretical model underlying written narrative exposure?

A. The underlying mechanisms of change for exposure therapies such as WET are not well understood. Exposure therapies are, however, based on emotional processing theory (EPT; Foa & Kozak, 1986). EPT combines learning and cognitive theories to describe how post-traumatic symptoms develop and are maintained. EPT postulates that a traumatic experience creates a fear “network” of associated stimuli (i.e., internal and external cues about the trauma). Following the trauma, patients experience high levels of distress and attempts to avoid all associated trauma cues. Exposure therapy is said to reactivate this fear network in a safe environment and allow patients to learn new corrective information about trauma-related stimuli, responses and their meaning. Recent research has found that physiological activation of the fear response in the first WET session and reduction in self-reported between-session arousal are associated with later symptom improvement (Wisco, Baker, & Sloan, 2016).

Q. Is written narrative exposure 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 written narrative exposure.

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 written narrative exposure for PTSD?

A. **No.** Other authoritative reviews have not substantiated the use of written narrative exposure as a 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 included one study of WET (Forman-Hoffman et al., 2018). This study found that individuals assigned to receive WET reported significantly greater decreases in PTSD severity over time compared

to waitlist. However, for the purpose of the comparative effectiveness review, this study was included in the larger category of exposure therapy, and not examined separately

- Cochrane: No systematic reviews of written narrative exposure for PTSD were identified.

Q. What conclusions can be drawn about the use of written narrative exposure in the MHS?

A. Written narrative exposure 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 patients. 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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