

# Yoga vs Cognitive Processing Therapy for Military Sexual Trauma–Related Posttraumatic Stress Disorder: A Randomized Clinical Trial

First-line treatment for posttraumatic stress disorder (PTSD) in the US Department of Veterans Affairs (VA), ie, trauma-focused therapy, while effective, is limited by low treatment initiation, high dropout, and high treatment refraction.

The goal of the study was to evaluate the effectiveness of Trauma Center Trauma-Sensitive Yoga (TCTSY) vs first-line cognitive processing therapy (CPT) in women veterans with PTSD related to military sexual trauma (MST).

This study has several implications for PTSD treatment and the injury and violence field. Results indicated that TCTSY is an acceptable and effective treatment option in VA settings. TCTSY might also serve as an intervention to increase patient engagement in VA PTSD treatment.

## Citation:

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## Correspondence:

**Ursula A. Kelly, PhD**  
ukelly@emory.edu

## Methods:

### Data Collection:

- This multisite randomized clinical trial was conducted from December 1, 2015, to April 30, 2022, within 2 VA health care systems located in the southeast and northwest United States.
- Women veterans aged 22 to 71 years with MST-related PTSD were enrolled and randomized to TCTSY (N=72) or CPT (N=59).
- Trauma Center Trauma-Sensitive Yoga consisted of 10 weekly, 60-minute group sessions (10 hours of contact time). Cognitive processing therapy consisted of 12 weekly, 90-minute group sessions (18 hours of contact time).
- The primary outcome of PTSD symptom severity was assessed using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and PTSD Checklist for DSM-5 (PCL-5).
- Assessments were conducted at baseline, midintervention, 2 weeks post intervention, and 3 months post intervention.

### Analysis:

- Multilevel linear models were used to compare longitudinal outcomes over the 4 time points between the 2 groups for the CAPS-5 severity and PCL-5 scores.
- Post hoc tests were used to compare changes from baseline to the 3 follow-up time points and differences between the 2 groups at each time point.
- Point estimates (means, SDs, 95% CIs, and effect sizes [Cohen d]) were computed.

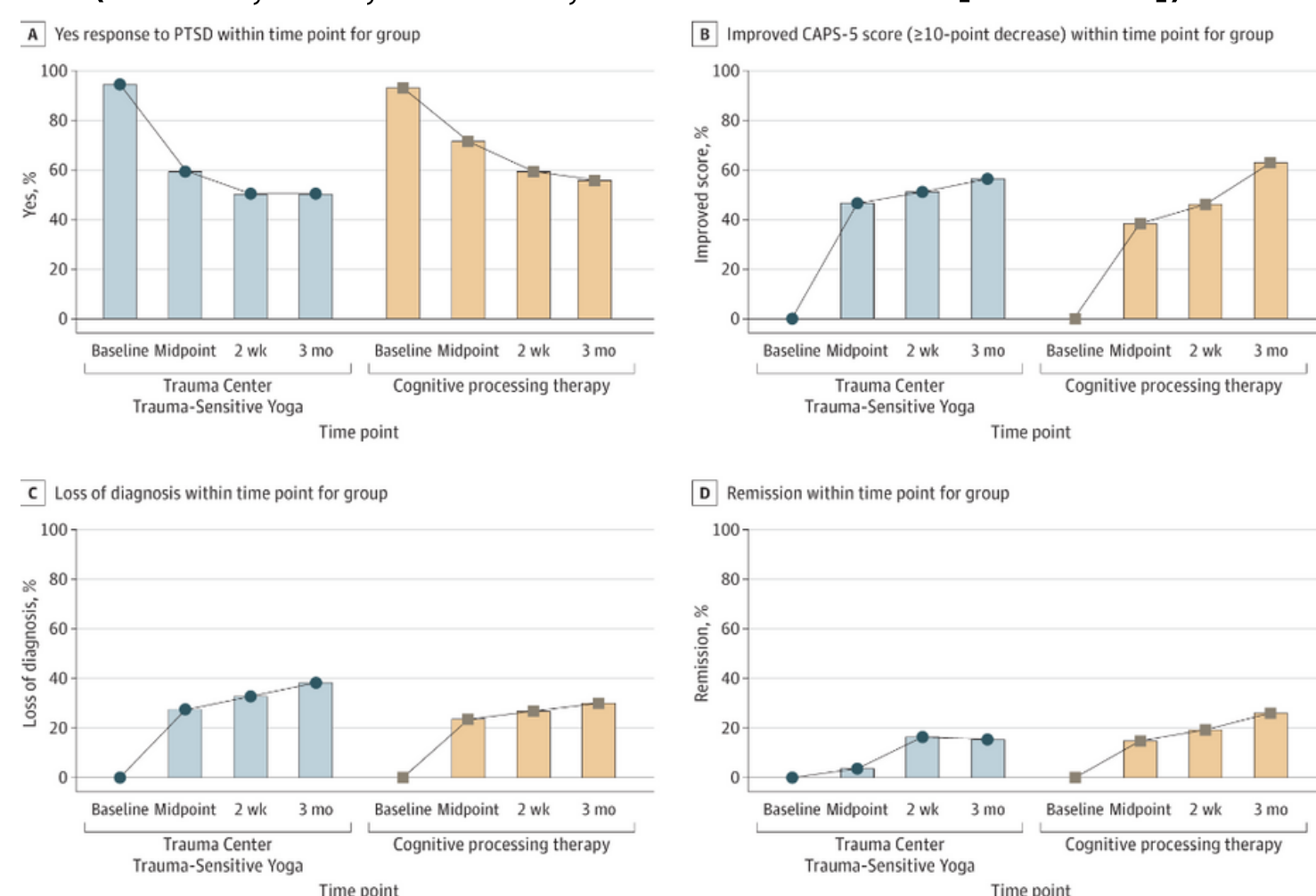


Figure 3: Clinical Posttraumatic Stress Disorder (PTSD) Diagnostic Changes

## Findings:

- Nearly two-thirds (47 [65.3%]) of the TCTSY group completed treatment compared with less than one-half (27 [45.8%]) of the CPT group; ie, TCTSY had a 42.6% higher treatment completion rate than CPT, a significant difference (P = .03)
- Both groups improved overtime for CAPS-5 and the PCL-5.
- Subsequent analyses indicated treatment effectiveness equivalence between TCTSY and CPT on the CAPS-5 and PCL-5.

## Discussion

The TCTSY group had more robust symptom improvement early on, which may have contributed to higher retention and treatment completion than in the CPT group. However, the fraction of CPT participants who completed treatment continued to improve from 2 weeks to 3 months after treatment, while improvement leveled off for TCTSY participants. Treatment of PTSD that is acceptable and effective is medical care to which all veterans are entitled, and that is currently lacking. The robust equivalence results combined with the notably higher TCTSY completion rate indicate that TCTSY is such a treatment.