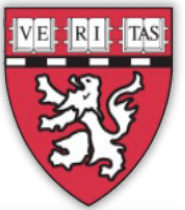




A one-week course of in-hospital Written Exposure Therapy for otolaryngologic PTSD



Samuel I. Kohrman, MD; Scott Beach, MD
Massachusetts General Hospital, Department of Psychiatry, Boston, MA

BACKGROUND

There are multiple evidence based psychotherapeutic options for Post Traumatic Stress Disorder (PTSD); implementing any of these is challenging in the general hospital inpatient setting.

Written Exposure Therapy (WET) is a brief and efficient trauma-focused 5-session intervention, in which the client writes out their trauma as they remember it currently as a form of exposure. Clients evoke thoughts, emotions and senses through the writing and the therapist focuses on the client's experiences of writing about the trauma, rather than the trauma event itself.

The Written Exposure Therapy course is standardized as one 40-minute session weekly for 5 weeks (1). It can also be administered over consecutive days (2). WET was found noninferior to Cognitive Processing Therapy (1) for PTSD symptoms, with no in-between session assignments and metrically measured outcomes via PTSD Checklist for the DSM 5 (PCL-5) and Subjective Units of Distress Scale (SUDS).

CASE

A 39-year-old female with a past psychiatric history of PTSD from childhood medical trauma due to treatment of recurrent brachial cleft cysts, with no prior PTSD therapy, was admitted to an inpatient otolaryngology service for operative management of a neck abscess.

- Nasogastric tube required for 7+ days before surgery.
- The day of NG tube placement, she suffered profound baseline anxiety, hypervigilance, flashbacks triggered by the feeling of the NG tube in her throat while speaking and swallowing.
- That night, symptoms progressed to nightmares and frequent intense panic attacks.
- Psychiatry was consulted the next AM to evaluate for anxiety.
- Prazosin started for nightmares and Zyprexa for fear response and nausea.

- We started a condensed 5-day course of WET for PTSD (Friday, Tuesday, Wednesday, Thursday, Friday).
- Throughout her stay, she felt better able to sit with her thoughts and emotions related to her previous trauma.
- Her PCL-5 scores showed improvement in autonomic arousal and subjective distress, allowing her to tolerate her stay and undergo her operation before discharge home.

SUDS AND PCL BY SESSION

Session #	1	2	3	4	5
SUDS Pre	50	30	50	70	30
SUDS Post	70	80	70	70	90
PCL-5 Score	68	-	-	-	42
PCL-5 Difficulty of Symptoms	Very Difficult	-	-	-	Somewhat Difficult

DISCUSSION

WET has not been described in the literature as employed in medically hospitalized patients and condensed in-hospital courses of WET have not been studied.

This in-hospital condensed 1-week 5-session course with a several-day interruption showed measured benefit when combined with medication in a patient with medical trauma which worsened while speaking.

Benefits were conferred in the hospital prior to an operative intervention which was at the core of the existing trauma.

CONCLUSIONS

Trained CL psychiatrists and therapists can effectively administer a condensed course of written exposure therapy during an inpatient hospital admission.

There is a role for further investigation of a condensed WET protocol for PTSD in the consultation psychiatry service in general hospital settings.



[Writing Write Fountain Pen - Free photo on Pixabay](#)

REFERENCES

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