Advocates of Research-Supported Treatments for PTSD are Losing in Lots of Ways: What Are We Going to Do About It?

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Key Question

Why do many individuals with PTSD fail to receive research-supported treatments (RSTs) despite strong evidence supporting interventions such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and EMDR?

Why It Matters

The authors argue that the problem is not primarily a lack of evidence, but a dissemination and implementation failure. Research-supported PTSD treatments have substantial evidence, yet many clinicians and members of the public are more influenced by highly marketable trauma narratives and non-research-supported approaches.

Key Findings & Arguments

- Many providers and members of the public are more familiar with popular trauma figures than with developers of research-supported PTSD treatments.
- Research-supported treatments are often underutilized in community and private practice settings.
- Graduate training pathways and continuing education systems may inadequately prepare clinicians to critically evaluate trauma treatment claims.
- The authors argue that psychotherapy has a significant marketing and dissemination problem rather than primarily a science problem.
- Social media, popular books, and public-facing trauma narratives strongly shape therapist and public beliefs about trauma treatment.

Important Caveats

- The article is an editorial/theoretical discussion rather than an empirical study.
- The authors use strong rhetoric regarding certain trauma approaches and figures.
- The paper focuses heavily on dissemination and implementation concerns rather than directly comparing treatment outcomes.
- Some claims regarding influence and dissemination are observational and not based on nationally representative survey data.

Clinical & Implementation Implications

Clinicians may benefit from stronger training in research appraisal, implementation science, and translational reasoning when evaluating trauma treatment claims. The paper highlights how dissemination failures, fragmented graduate training systems, and inconsistent evidence standards may contribute to variability in treatment quality and psychotherapy implementation.