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**Effectiveness and implementation of the Unified Protocol in trauma-exposed veterans**

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**Objectives/aims**

The Veterans Administration has implemented single disorder protocols, yet they are not often used in routine care, related to comorbidity and symptom complexity. Transdiagnostic approaches may help as they decrease symptoms across domains, and minimize clinician training cost. There remains limited data on how these treatments translate from efficacy to routine care. This study examines effectiveness, feasibility, and tolerability of the Unified Protocol (UP), Present Centred Therapy (PCT), and usual care in trauma exposed veterans with emotional disorders through a hybrid type I design.

**Methods**

The current study utilized mix-methods approach to collect data in a hybrid I effectiveness/pre-implementation design from patient, clinician and administrative stakeholders. Qualitative data collection and analysis was guided by the Consolidated Framework for Implementation Science. Phase one consisted of 9 veteran participants and 15 clinicians and stakeholders. To date in phase 2, we have randomized 33 veteran participants and conducted 23 qualitative interviews. Assessments occur at baseline, posttreatment, three months following treatment, as well as at weekly sessions.

**Main findings**

33 of 45 participants have enrolled over the past 13 months. 23 completed treatment and post assessment, 16 completed a 3-month follow-up assessment, and 7 in treatment, with 4 drop-outs (all from PCT) with all but one participant returning for follow-up. The sample is largely White (80%) men (84%). Significant pre/post symptoms change has been demonstrated, with qualitative interviews informing cultural adaptations to the UP. Multilevel modelling will be used to examine effectiveness of condition based on diagnoses, self-report measures, and qualitative interviews to triangulate the data.