**Non-Completion of Intensive PTSD Treatment May Impair Symptom Reduction**

**Marley Warren, Angelee M. Parmar, Sarah A. Pridgen, Philip Held**

**400 Word Abstract:**

**Problem:** Treatment non-completion is commonly thought to lessen symptom reduction among individuals with PTSD (Gros et al., 2018; Szafranski et al., 2016). However, some literature points to significant PTSD symptom improvement prior to a patient’s discontinuation of weekly treatments such as Prolonged Exposure and Cognitive Processing Therapy (CPT) (Nishith, Resick, & Griffin, 2002). These results have not been replicated in a massed (i.e., delivered daily over the course of 1-3 weeks) treatment program.

**Procedure:** This study seeks to replicate prior findings and improve the prediction of discontinuation in massed CPT-based treatment programs–especially those with low drop-out rates and a diverse patient population for which literature is rare. Demographics, baseline PTSD Checklist for DSM-5 (PCL-5) score, and PCL-5 change during treatment (i.e., the last PCL-5 before discontinuation) were regressed among service members and veterans (*N*=613, *n* non-completers=45 [7%], 64.4% White, 16.6% Hispanic, 53.5% Male, 85.3% Heterosexual) attending a two-week CPT program.

**Results:** Non-completers finished a median of 6 out of 14 sessions (3 out of 10 days). Non-completion did not vary by PCL-5 baseline score or any demographic variable except sex (Men *OR*=2.46, *p*=.010). Chi-squared analysis revealed that completers were significantly more likely to achieve clinically meaningful PTSD reduction (15+ PCL points) than non-completers (64% versus 14%, *OR*=0.07, *p*<.001).

**Conclusions and Implications:** These results suggest that non-completion in massed programs is difficult to predict and is associated with poor patient outcomes. PTSD symptomology, as well as most demographics, did not predict non-completion, suggesting highly varied reasons for non-completion which should be further explored qualitatively.

**50 Word Abstract::**

A minority of veterans receiving intensive Cognitive Processing Therapy discontinued treatment before the final session (7%, *N*=613). They finished a median of 6/14 sessions and were significantly less likely to achieve clinically meaningful PTSD reductions. Non-completion in intensive treatments is difficult to predict and may lead to poor patient outcomes.