

Supplementary Material

Article Title: The Emory Treatment Resistance Interview for PTSD—Short Version (E-TRIP-S)

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LIST OF SUPPLEMENTARY MATERIAL FOR THE ARTICLE

1. [Appendix 1](#) Emory Treatment Resistance Interview for PTSD—Short Version

DISCLAIMER

This Supplementary Material has been provided by the authors as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

Appendix 1

Patient ID:	Date:	Interviewer:
E-TRIP-S	OVERVIEW	

EMORY TREATMENT RESISTANCE INTERVIEW FOR PTSD - SHORT VERSION (E-TRIP-S)

The E-TRIP-S is a semi-structured interview that assesses a patient's prior response to treatments for PTSD. The interview is most efficiently administered after an initial PTSD assessment has been conducted with the patient so that they are familiar with the concept of intrusion and avoidance symptoms.

Prior to beginning the assessment, it is necessary for the interviewer to establish the time of onset of the patient's PTSD. Only treatments administered after the onset of the PTSD should be assessed for efficacy in completing the E-TRIP-S.

Read questions in **bold font** as they are written. Text in *italic font* provides instructions for the interviewer.

For the psychotherapies, if a patient is uncertain of the type of therapy they received, reading the description of each therapy may prove helpful. Check the box next to the name of each type of psychotherapy for which the patient received an adequate trial. An adequate psychotherapy trial is usually a minimum of 6 sessions. If the patient does not clearly endorse having received an adequate trial with any of the psychotherapies described, then check the "No evidence-based therapy for PTSD" box and move on to the medications section.

For the medications, both the generic and trade (brand) names of the medications should be read to the patient. An adequate medication trial requires at least 8 weeks of treatment at the minimum effective dose, listed on the form. Check the box next to the name of each medication that the patient received for an adequate trial. If the patient does not clearly endorse having received an adequate trial for any of the medications, then check the "No evidence-based medication for PTSD" box and move on to the scoring section. A maximum of three medications are scored as failures; other additional medication failures do not increase the Medication Resistance Score.

Patient ID:	Date:	Interviewer:	
E-TRIP-S	PSYCHOTHERAPY TREATMENTS		
Have you ever received psychotherapy (talk therapy) for the treatment of PTSD? What type(s) of therapy did you receive? When did you receive the therapy (therapies)? <i>(Confirm therapy was after PTSD onset)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No evidence-based therapy for PTSD	
Trauma-Focused Therapy	Therapy Description		
Prolonged Exposure (PE)	You repeatedly went over the memory of the traumatic event by saying it out loud with the therapist and possibly by listening to a recording of you saying it at home.		
Cognitive Processing Therapy (CPT)	You talked with the therapist about the “stuck points” that were the aspects of the event that were most upsetting to you		
Eye Movement Desensitization and Reprocessing (EMDR)	You went through the memory of the traumatic event while doing something repetitive, like following the therapist’s finger from side to side with your eyes		
When you completed the PTSD psychotherapy treatment, did you feel that it: 1) didn’t help; 2) helped a little; or 3) definitely helped?			
Treatment	<input type="checkbox"/> PE	<input type="checkbox"/> CPT	<input type="checkbox"/> EMDR
	<input type="checkbox"/> Didn’t help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn’t help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn’t help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped
<i>If a treatment definitely helped, ask the patient, “What symptoms did the therapy definitely help with?”</i> <i>For each treatment that definitely helped, place a check mark for each symptom that the patient states was helped.</i>			
Intrusion symptoms	PE	CPT	EMDR
Intrusive memories			
Distressing dreams			
Dissociative reactions			
Cued psychological distress			
Cued physiological reactivity			
Avoidance symptoms	PE	CPT	EMDR
Avoidance of memories, thoughts, feelings			
Avoidance of external reminders			

Patient ID:	Date:	Interviewer:					
E-TRIP-S	MEDICATION TREATMENTS						
<i>Have you ever received medication for the treatment of PTSD?</i> <i>What type(s) of medication did you receive?</i> <i>When did you take the medications(s)? (Confirm therapy was after PTSD onset)</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No evidence-based medication for PTSD	
Did you find that the medication(s): 1) didn't help; 2) helped a little; or 3) definitely helped?							
<input type="checkbox"/> Citalopram (Celexa) 20 mg/day	<input type="checkbox"/> Escitalopram (Lexapro) 10 mg/day	<input type="checkbox"/> Fluoxetine (Prozac) 20 mg/day	<input type="checkbox"/> Paroxetine (Paxil) 20 mg/day	<input type="checkbox"/> Sertraline (Zoloft) 50 mg/day	<input type="checkbox"/> Venlafaxine (Effexor) 75 mg/day	<input type="checkbox"/> Other SSRI Name: (_____)	
<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	<input type="checkbox"/> Didn't help <input type="checkbox"/> Helped a little <input type="checkbox"/> Definitely helped	
<i>If a treatment definitely helped, ask the patient, "What symptoms did the medication definitely help with?"</i> <i>For each treatment that definitely helped, place a check mark for each symptom that the patient states was helped.</i>							
Intrusion symptoms	Citalopram	Escitalopram	Fluoxetine	Paroxetine	Sertraline	Venlafaxine	Other SSRI (_____)
Intrusive memories							
Distressing dreams							
Dissociative reactions							
Cued psychological distress							
Cued physiological reactivity							
Avoidance symptoms							
Avoidance of memories, thoughts, feelings							
Avoidance of external reminders							

Patient ID:	Date:	Interviewer:
E-TRIP-S	SCORING	

A treatment is considered “Failed” if the patient states that it **DID NOT** meet both of the following criteria:

1. “Definitely helped”
2. Helped with at least one intrusion or avoidance symptom

Score one point for each failed treatment

Psychotherapy Treatment Resistance Score (range is 0-3): _____

Medication Treatment Resistance Score (range is 0-3): _____

TOTAL TREATMENT RESISTANCE SCORE (sum of above, range 0-6): _____

NOTES