Cognitive behavioral therapy (CBT) for adult posttraumatic stress disorder (PTSD)
Adult Mental Health: Trauma


Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

The WSIPP benefit-cost analysis examines, on an apples-to-apples basis, the monetary value of programs or policies to determine whether the benefits from the program exceed its costs. WSIPP’s research approach to identifying evidence-based programs and policies has three main steps. First, we determine “what works” (and what does not work) to improve outcomes using a statistical technique called meta-analysis. Second, we calculate whether the benefits of a program exceed its costs. Third, we estimate the risk of investing in a program by testing the sensitivity of our results. For more detail on our methods, see our Technical Documentation.

Program Description: Treatments in this review include several components, such as psycho-education about posttraumatic stress disorder (PTSD), relaxation and other techniques for managing physiological and emotional stress, exposure (the gradual desensitization to memories of the traumatic event), and cognitive restructuring of inaccurate or unhelpful thoughts. The studies in this review employed a number of trauma-specific treatment models including Prolonged Exposure Therapy (PE), Narrative Exposure Therapy (NET), and Cognitive Processing Therapy (CPT). In the studies in this review, treatments provided between 1-45 therapeutic hours per client in individual or group settings. Studies were conducted on all continents and subjects had experienced one of a variety of types of trauma including terrorism, sexual or physical assault, domestic violence, war, political detention, and automobile accidents.

<table>
<thead>
<tr>
<th>Benefits to:</th>
<th>Taxpayers</th>
<th>$16,597</th>
<th>Participants</th>
<th>$27,885</th>
<th>Others</th>
<th>$4,658</th>
<th>Indirect</th>
<th>$2,028</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total benefits</td>
<td>$51,167</td>
<td>Benefit to cost ratio</td>
<td>$89.45</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net program cost</td>
<td>($572)</td>
<td>Benefits minus costs</td>
<td>$50,595</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits minus cost</td>
<td>$50,595</td>
<td>Chance the program will produce benefits greater than the costs</td>
<td>100 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2017). The chance the benefits exceed the costs are derived from a Monte Carlo risk analysis. The details on this, as well as the economic discount rates and other relevant parameters are described in our Technical Documentation.
### Detailed Monetary Benefit Estimates Per Participant

<table>
<thead>
<tr>
<th>Benefits from changes to:</th>
<th>Participants</th>
<th>Taxpayers</th>
<th>Others</th>
<th>Indirect</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor market earnings associated with PTSD</td>
<td>$26,605</td>
<td>$12,082</td>
<td>$0</td>
<td>$0</td>
<td>$38,687</td>
</tr>
<tr>
<td>Health care associated with PTSD</td>
<td>$1,276</td>
<td>$4,513</td>
<td>$4,658</td>
<td>$2,259</td>
<td>$12,705</td>
</tr>
<tr>
<td>Mortality associated with depression</td>
<td>$3</td>
<td>$2</td>
<td>$0</td>
<td>$53</td>
<td>$58</td>
</tr>
<tr>
<td>Adjustment for deadweight cost of program</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>($284)</td>
<td>($284)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>$27,885</td>
<td>$16,597</td>
<td>$4,658</td>
<td>$2,028</td>
<td>$51,167</td>
</tr>
</tbody>
</table>

1. In addition to the outcomes measured in the meta-analysis table, WSIPP measures benefits and costs estimated from other outcomes associated with those reported in the evaluation literature. For example, empirical research demonstrates that high school graduation leads to reduced crime. These associated measures provide a more complete picture of the detailed costs and benefits of the program.

2. “Others” includes benefits to people other than taxpayers and participants. Depending on the program, it could include reductions in crime victimization, the economic benefits from a more educated workforce, and the benefits from employer-paid health insurance.

3. “Indirect benefits” includes estimates of the net changes in the value of a statistical life and net changes in the deadweight costs of taxation.

### Detailed Annual Cost Estimates Per Participant

<table>
<thead>
<tr>
<th>Annual cost</th>
<th>Year</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program costs</td>
<td>$1,444</td>
<td>2014</td>
</tr>
<tr>
<td>Comparison costs</td>
<td>$814</td>
<td>2008</td>
</tr>
</tbody>
</table>

These therapies can take place over 1-45 weekly sessions; total length of treatment is less than one year. The per-participant cost of treatment by modality (group/individual) was weighted by the treatment Ns reported in the studies. Cost per session is $40.04/session for group and $122.25 for individual therapy (2015 dollars). This rate is based on actuarial tables reported in Mercer (2014) Behavioral Health Data Book for the State of Washington For Rates Effective January 1, 2015. The comparison group costs are from the average Medicaid expenditures for PTSD treatment in Washington in 2009.

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The cost range reported above reflects potential variation or uncertainty in the cost estimate; more detail can be found in our Technical Documentation.
The graph above illustrates the estimated cumulative net benefits per-participant for the first fifty years beyond the initial investment in the program. We present these cash flows in non-discounted dollars to simplify the “break-even” point from a budgeting perspective. If the dollars are negative (bars below $0 line), the cumulative benefits do not outweigh the cost of the program up to that point in time. The program breaks even when the dollars reach $0. At this point, the total benefits to participants, taxpayers, and others, are equal to the cost of the program. If the dollars are above $0, the benefits of the program exceed the initial investment.

### Meta-Analysis of Program Effects

<table>
<thead>
<tr>
<th>Outcomes measured</th>
<th>Treatment age</th>
<th>No. of effect sizes</th>
<th>Treatment N</th>
<th>Adjusted effect sizes and standard errors used in the benefit-cost analysis</th>
<th>Unadjusted effect size (random effects model)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>First time ES is estimated</td>
<td>Second time ES is estimated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ES</td>
<td>SE</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>39</td>
<td>17</td>
<td>355</td>
<td>-0.620</td>
<td>0.087</td>
</tr>
<tr>
<td>Employment^^</td>
<td>39</td>
<td>1</td>
<td>12</td>
<td>0.348</td>
<td>0.530</td>
</tr>
<tr>
<td>Major depressive disorder</td>
<td>39</td>
<td>49</td>
<td>1389</td>
<td>-0.433</td>
<td>0.046</td>
</tr>
<tr>
<td>Post-traumatic stress</td>
<td>39</td>
<td>70</td>
<td>2361</td>
<td>-0.539</td>
<td>0.047</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>39</td>
<td>1</td>
<td>55</td>
<td>-0.164</td>
<td>0.366</td>
</tr>
</tbody>
</table>

^^WSIPP's benefit-cost model does not monetize this outcome.

^^^WSIPP does not include this outcome when conducting benefit-cost analysis for this program.

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our Technical Documentation.

### Citations Used in the Meta-Analysis


