



VA/DOD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF POSTTRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDER

Department of Veterans Affairs

Department of Defense

Patient Education Material

The Department of Veterans Affairs and the Department of Defense guidelines use the best and most recent information that is available at the time they are published. Guidelines provide information that providers, healthcare team members and patients can use to provide better care for individuals with posttraumatic stress disorder (PTSD). They do not define a standard of care and you should not use them in this way. They are also not the only option for the management of PTSD.

This Clinical Practice Guideline is based on a complete and organized review of both clinical studies and studies about how diseases affect the health and illness of groups of people. A panel of experts in a number of clinical fields developed this guideline. The Guideline clearly explains how different care options relate to health outcomes. To do this, the experts rated both the quality of the clinical studies and the strength of the recommendations.

It is normal for providers to vary in how they plan the management of PTSD because they take into account the needs of each patient, the available resources, and the limits that are unique to their healthcare setting or type of practice. Healthcare professionals should assess how well these Guidelines apply to each patient, and their clinical setting or situation. Patients can use the information in this Guideline to understand the different ways that PTSD can be treated. This will help you discuss treatment options with your provider. Working together, you can create a personalized treatment plan that meets your needs.

These guidelines do not represent Department of Veterans Affairs or TRICARE policy. The Guideline recommendations for specific tests and/or treatments do not guarantee coverage of the patient's care by civilian providers or healthcare facilities. You can find more information on current TRICARE benefits at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

Version 3.0 – 2017

I. What are the symptoms of PTSD?

PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault. It is normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about. But most people start to feel better after a few weeks or months. If it has been longer than a few months and you are still having symptoms, you may have PTSD. For some people, PTSD symptoms may start later on, or they may come and go over time.

II. What are the symptoms of PTSD?

A. Symptoms of PTSD can include the following:

- **Feeling like the event is happening again (also called re-experiencing symptoms).** You may have bad memories or nightmares. You even may feel like you are going through the event again. This is called a flashback.
- **Avoiding situations that remind you of the event.** You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.
- **Having more negative beliefs and feelings.** The way you think about yourself and others may change because of the trauma. You may feel guilt or shame. You may also not be interested in activities you used to enjoy. You may feel that the world is dangerous and you can't trust anyone. You might be numb, or find it hard to feel happy.
- **Feeling keyed up (also called hyperarousal).** You may be jittery, or always alert and on the lookout for danger. You may also have trouble concentrating or sleeping. You might suddenly get angry or irritable, startle easily, or act in unhealthy ways (like smoking, using drugs and alcohol, or driving recklessly).

Did You Know?

- Over 600,000 Veterans who used VA healthcare services in 2016 were diagnosed with PTSD.^[1]
- 5 out of every 100 active duty Service Members were estimated to have PTSD post-deployment.^[2]
- For those in infantry units that experienced direct combat, 13 out of every 100 Service Members had PTSD.^[2]

III. What are the most effective treatments for PTSD?

There are a number of effective treatments for PTSD. Treatment options include psychotherapy (talk therapy) and/or medication. In general, studies have shown that trauma focused psychotherapy (described below) is more effective than medications. However, no one treatment is right for everyone. You can discuss treatment options with your health care provider, and determine which ones are best for you based on the benefits, risks, and side effects of each treatment. Some people are uncomfortable with the idea of seeking treatment because of concerns with stigma or worries about having to talk about difficult life experiences. However, treatment provides the opportunity to improve symptoms, personal and professional relationships, and quality of life.

a. Trauma Focused Psychotherapies for PTSD

Studies have shown that psychotherapy can produce many positive benefits in PTSD symptoms, as well as wellbeing, general health, and functioning.

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. Trauma-focused psychotherapy is a broad term that refers to several specific psychotherapies for PTSD. “Trauma-focused” means that the treatment focuses on the memory of the traumatic event and its meaning. Trauma-focused psychotherapies use different techniques to help you process your traumatic experience. For example, some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions. The trauma-focused psychotherapies with the strongest evidence are:

- **Prolonged Exposure (PE)** teaches you how to gain control by facing your negative feelings. It involves talking about your trauma with a therapist and doing some of the things you have avoided since the trauma.
- **Cognitive Processing Therapy (CPT)** teaches you to reframe negative thoughts about the trauma. It involves talking with your therapist about your negative thoughts and doing short writing assignments.
- **Eye-Movement Desensitization and Reprocessing (EMDR)** helps you process and make sense of your trauma. It involves calling the trauma to mind while paying attention to a back-and-forth movement or sound (like a finger waving side to side, a light, or a tone).

There are other types of trauma-focused psychotherapy that are also recommended for people with PTSD. These include:

- **Brief Eclectic Psychotherapy (BEP)** is a therapy in which you practice relaxation skills, recall details of the traumatic memory, reframe negative thoughts about the trauma, write a letter about the traumatic event, and hold a farewell ritual to leave trauma in the past.
- **Narrative Exposure Therapy (NET)** was developed for people who have experienced trauma from ongoing war, conflict, and organized violence. You talk through stressful life events in order (from birth to the present day) and put them together into a story.
- **Written Narrative Exposure** involves writing about the trauma during sessions. Your therapist gives instructions on the writing assignment, allows you to complete the writing alone, and then returns at the end of the session to briefly discuss any reactions to the writing assignment.
- **Specific cognitive behavioral therapies (CBTs) for PTSD** are psychotherapies in which the therapist helps you change unhelpful behaviors and thoughts about the trauma. CBTs for PTSD generally involve short writing assignments and sometimes doing things you have been avoiding.

b. Medications for PTSD

Medications that have been shown to be helpful in treating PTSD symptoms include ones also used for symptoms of depression and anxiety, such as sertraline, paroxetine, fluoxetine, and venlafaxine.

Medications can help with overall PTSD symptoms, or may be used to address certain specific symptoms, such as sleep disturbance. If you decide with your provider to try medication, your provider will give you a

prescription. Once you fill your prescription, you will begin taking a pill at regular time(s) each day. You will meet with your provider every few months or so. Your provider will monitor your response to the medication (including side effects) and change your dose, if needed.

c. Other treatment options

Non-trauma-focused psychotherapies do not focus on the traumatic event, but do help you process your reactions to the trauma and manage symptoms related to PTSD. Though the research behind these treatments is not as strong as studies supporting the trauma-focused therapies listed above, the following non-trauma-focused treatment options may be helpful: Stress Inoculation Training (SIT), Present-Centered Therapy (PCT), and Interpersonal Psychotherapy (IPT) for PTSD. There are medications in addition to the ones listed above that may be helpful although the evidence behind them is not as strong. These include nefazodone, imipramine, and phenelzine.

There may be other options available such as certain complementary and integrative medicine approaches or technology-based modalities. These treatments do not have strong research behind them at this time but you and your doctor can discuss the benefits and risks of these options to determine whether or not they are right for you.

IV. Questions to ask your provider

It is common to have questions about treatment. Here are some questions you may want to discuss with your doctor. Many of these questions and others are also addressed in the PTSD Treatment Decision Aid: <http://www.ptsd.va.gov/apps/decisionaid/>

- What is PTSD and do I have PTSD?
- What are my treatment options?
- If I choose psychotherapy, what type of therapy is available?
- What will therapy involve and what are the potential benefits and risks?
- If I choose medication, what are the potential benefits and risks?
- How often will I have to come in for treatment and how long does treatment last?
- What can I expect from treatment?

V. More information and additional resources

An on-line tool to help you learn about and compare effective treatments:

- National Center for PTSD Treatment Decision Aid: <http://www.ptsd.va.gov/apps/decisionaid/>

An extensive collection of articles, videos, and self-help tools are available at the following sites:

- Department of Veterans Affairs National Center for PTSD website: <https://www.ptsd.va.gov/index.asp>

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury website:
<http://dcoe.mil/psychological-health/about-ptsd>
- National Center for Telehealth & Technology AfterDeployment website:
<http://afterdeployment.dcoe.mil/>

VI. References

1. Greenberg G, Hoff R. 2016 Veterans with PTSD data sheet: National, VISN, and VAMC tables. Northeast Program Evaluation Center. West Haven, CT: Northeast Program Evaluation Center. (2016).
2. Kok BC, Herrell RK, Thomas JL, Hoge CW. Posttraumatic stress disorder associated with combat service in Iraq or Afghanistan: Reconciling prevalence differences between studies. *J Nerv Ment Dis*. May 2012;200(5):444-450.