



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

Department of Veterans Affairs
Department of Defense

Patient Summary

I. What is Posttraumatic Stress Disorder (PTSD)?

PTSD is a problem that some people develop after a life-threatening event. Some examples include 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 daily activities like going to work or school, or spending time with people you care about. Most people start to feel better after a few weeks or months. If your symptoms are upsetting or not getting better, you may have PTSD. PTSD symptoms may start right away or any time after a traumatic event. Symptoms may also 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 might change because of the trauma. You might feel guilt or shame. You might also not be interested in activities you used to enjoy. You might feel that the

Did You Know?

- In 2020, over 600,000 Veterans who used VA for their healthcare had PTSD.(1)
- 7 out of 100 Veterans have PTSD at some point in their life(2)
- In 2021, 2 out of 100 active duty Service members had PTSD.(3)

world is dangerous or bad, and you cannot trust anyone. You might be numb or find it hard to feel happy.

- **Feeling keyed up (also called hyperarousal).** You might be jittery, or always alert and on the lookout for danger. You might also have trouble concentrating or sleeping. You might suddenly get angry or irritable, startle easily, or act in unhealthy ways (e.g., smoking, using drugs and alcohol, driving recklessly).

III. What are the most effective treatments for PTSD?

There are several helpful treatments for PTSD. Treatment options include psychotherapy (talk therapy), medication, and meditation. Studies have shown that psychotherapy works the best. However, no one treatment is right for everyone. You can discuss treatment options with your health care provider. Together you can decide which treatment is best for you based on the benefits, risks, and side effects and your treatment preference.

Treatment can help improve your symptoms, your relationships, your functioning, and your quality of life.

A. Psychotherapies for PTSD

Several types of trauma-focused psychotherapies are highly recommended for PTSD. “Trauma-focused” means that the treatment focuses on the memory of the traumatic event and what it means to you. In these treatments you will learn ways to work through your trauma. Some of these ways include visualizing, talking, or thinking about the traumatic memory until it becomes less upsetting. Others focus on changing unhelpful beliefs about the trauma. These treatments usually last about 8-16 sessions. The trauma-focused psychotherapies with the most support are:

- **Prolonged Exposure (PE)** teaches you how to slowly approach memories, feelings, and situations that you have been avoiding since your trauma. 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 how to change upsetting thoughts and feelings. It involves talking with your therapist about your negative thoughts and doing short worksheets.
- **Eye-Movement Desensitization and Reprocessing (EMDR)** helps you process 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 helpful psychotherapies, but these therapies that have less research support. They are also trauma-focused:

- **Written Exposure Therapy (WET)** helps you find new ways to think about your trauma and its meaning through writing assignments you complete during sessions. This is a five-session therapy.

- **Cognitive Therapy for PTSD** helps you learn to change thoughts about your trauma. You will also revisit the trauma memory to develop a meaningful account of what happened and change negative thoughts.

The third option provides a non-trauma focused alternative:

- **Present-Centered Therapy (PCT)** focuses on how PTSD symptoms are affecting you. You will work with your therapist to find solutions to current problems, stressors, and relationship problems.

B. Medications for PTSD

The medications that are most helpful for treating PTSD are antidepressants that are also used to treat depression and anxiety. The three with the strongest support are **sertraline**, **venlafaxine**, and **paroxetine**.

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

C. Complementary, Integrative, and Alternative Approaches

Complementary, integrative, and alternative approaches are treatments that are outside of usual medical treatment. These approaches include mind-body approaches such as acupuncture, meditation, mindfulness, and yoga. They can be used with other treatments or by themselves. This guideline makes recommendations for using these approaches as “stand-alone” treatments. This means the treatment is being used by itself for treating PTSD.

There is not enough research support to strongly recommend any of these approaches as a stand-alone treatment for PTSD. There is some research that supports **Mindfulness-based Stress Reduction (MBSR)** as a stand-alone treatment. MBSR® is a meditation-based approach that helps you to address the present moment in a nonjudgmental manner. It uses techniques such as body scans, sitting meditation, yoga, and other mindful activities.

D. Other Treatment Options

There are several other treatments you might have heard about in the news or online. These include taking MDMA as part of talk therapy, being put in a hyperbaric oxygen chamber, brain stimulation called transcranial magnetic stimulation, and getting a nerve block (stellate ganglion block). There is not enough research on these treatments at this time to know if they are effective for treating PTSD.

E. Treatments That Are Not Recommended

There are other treatments that are not recommended. Some do not have enough research to support them yet. Others have safety concerns that do not outweigh the benefits. Marijuana is not recommended for the treatment of PTSD. There is a lack of research showing that it improves PTSD symptoms and research that it may be harmful.

Benzodiazepines (like Xanax, Klonopin, and Valium) are also not recommended because of the harms associated with them. Finally, electroconvulsive therapy (ECT) and vagus nerve stimulation (VNS) are not recommended for the treatment of PTSD.

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 and how well do they work?
- If I choose psychotherapy, what are the potential benefits and risks?
- If I choose medication, what are the potential benefits and risks?
- If I choose a non-traditional approach, 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 online 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>
- Psychological Health Center of Excellence website: <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence>
- After Deployment website: <https://www.afterdeployment.org/>
- Center for Deployment Psychology website: <https://deploymentpsych.org/>

VI. References

1. Greenberg G, Hoff R. 2020 Veterans with PTSD Data Sheet: National, VISN, and VAMC Tables. In: Center NPE, editor. West Haven, CT: Northeast Program Evaluation Center; 2020.
2. Smith SM, Goldstein RB, Grant BF. The association between post-traumatic stress disorder and lifetime DSM-5 psychiatric disorders among veterans: Data from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III). *J Psychiatr Res*. 2016;82:16-22. Epub 2016/07/28. doi: 10.1016/j.jpsychires.2016.06.022. PubMed PMID: 27455424; PubMed Central PMCID: PMC5026976.
3. Defense USDo. Query of unpublished administrative health data. 2022.