# Understanding PTSD Treatment

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**Do you or a loved one have PTSD?**

**There is no need to suffer.**

**Treatment works.**

If you have **PTSD—posttraumatic stress disorder**—you don't have to suffer. There are good treatments that can help. This booklet describes therapies and medications that are proven to help people with PTSD. You'll hear from experts about what treatment is like, and how it can help you.

Don't let PTSD get in the way of your enjoyment of life, hurt your relationships, or cause problems for you at work or school.

**PTSD treatment works.**

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER


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# Treatment That Works

## What is PTSD?

Posttraumatic stress disorder, or PTSD, can occur after someone goes through or sees a traumatic event like:

- Combat exposure
- Child sexual or physical abuse
- Terrorist attack
- Sexual/physical assault
- Serious accident
- Natural disaster

Most people have some stress-related reactions after a traumatic event. Fear, sadness, guilt, anger, and sleep problems are common. You may have bad memories of the event. If your reactions don't go away over time and they disrupt your life, you may have PTSD.

## Symptoms of PTSD

PTSD has four types of symptoms:

- **Reliving the event (also called reexperiencing):** Memories of the trauma can come back at any time. You may have nightmares or feel like you are going through it again. This is called a flashback.
- **Avoiding situations that remind you of the event:** You may try to avoid situations or people that bring back memories of the event.
- **Negative changes in beliefs and feelings:** The way you think about yourself and others changes because of the trauma. You may have trouble experiencing your emotions, think no one can be trusted, or feel guilt or shame.
- **Feeling keyed up (also called hyperarousal):** You may be jittery and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal.

## Available Treatments

There are good treatments available for PTSD. The two main types are psychotherapy, sometimes called "counseling," and medication. Sometimes people combine psychotherapy and medication. The following treatments for PTSD work:

- Cognitive Behavioral Therapy (CBT), such as
  - Cognitive Processing Therapy (CPT)
  - Prolonged Exposure Therapy (PE)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Medications called Selective Serotonin Reuptake Inhibitors (SSRIs)

## Getting Better

CBT, EMDR, and SSRIs have the best evidence for treating PTSD. Researchers around the world have examined them. They have found better outcomes for people who get these treatments than for people who receive other treatments, or no treatment at all.

All three treatments can cause positive and meaningful changes in symptoms and quality of life for the people who use them. "Getting better" means different things for different people, and not everyone who gets one of these treatments will be "cured." But they will likely do better than people with PTSD who were not treated, or who received other kinds of treatment.

# Psychotherapy (Counseling)

Cognitive behavioral therapy (CBT) is the most effective treatment for PTSD. CBT usually involves meeting with your therapist once a week for up to four months. There are different types of cognitive behavioral therapy. The two most-researched types of CBT for PTSD are Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

## Cognitive Processing Therapy (CPT)

***Why it works:***
Trauma often causes people to struggle with memories and thoughts of the event. You may get "stuck" on these thoughts and feel unable to make sense of the trauma.

CPT can give you skills to handle these distressing thoughts. It helps you understand what you went through and how the trauma changed the way you look at the world, yourself, and others. In CPT, you will focus on examining and challenging thoughts about the trauma. By changing your thoughts, you can change the way you feel.

CPT has four main parts:

- Learning about your PTSD symptoms and how treatment can help
- Becoming aware of your thoughts and feelings
- Learning skills to challenge your thoughts and feelings (cognitive restructuring)
- Understanding the common changes in beliefs that occur after going through trauma

In addition to regular meetings with your therapist, you will get practice assignments to help you use your new skills outside of therapy.

### What is Cognitive Processing Therapy?

Tara Galovski, PhD
Psychologist and Assistant Professor
University of Missouri, St. Louis

"In CPT, we examine what you're thinking and telling yourself about your trauma and decide whether those thoughts are accurate or inaccurate. For example, frequently people heap blame on themselves for these awful things that happened, saying things like, 'It's my fault that my buddy died,' or 'I shouldn't have worn a short dress; that's why I was raped.'

These inaccurate thoughts cause a lot of distress. So together we challenge those thoughts to see if we can come up with a conclusion that's more accurate, more balanced.

In CPT, we're not changing the details of what happened, we're changing the things that you're telling yourself that are increasing your PTSD symptoms. If you start telling your mind more accurate things, then all of a sudden the tunnel starts to open up a little bit. And once you've started thinking in this way, you don't stop. Your mind opens up to different possibilities. The relief is just inevitable. It's not a magic bullet. It's just logic.

It never ceases to amaze me how people can change remarkably in a very brief time. When people come back for a three-month or a six-month follow-up visit, many times I have walked out into the waiting room and not even recognized the person! Hats are off, nail polish is on, weight lost, hair done up…It's pretty remarkable."

## Prolonged Exposure Therapy (PE)

***Why it works:***

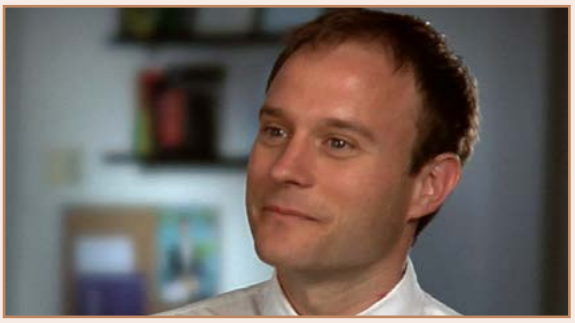
Repeated exposure to thoughts, feelings, and situations that you have been avoiding helps you learn that reminders of the trauma do not have to be avoided. In PE, you and your therapist will identify the situations you have been avoiding. You will repeatedly confront those situations until your distress decreases.

PE has four parts:

- Education: to learn about your symptoms and how treatment can help
- Breathing retraining: to help you relax and manage distress
- Real world practice (*in vivo* exposure): to reduce your distress in safe situations you have been avoiding
- Talking through the trauma (imaginal exposure): to get control of your thoughts and feelings about the trauma

PE usually involves 8–15 sessions with a therapist, plus practice assignments you will do on your own. With time and practice, you learn to manage your reactions to stressful memories.

### What is Prolonged Exposure?



Matthew Yoder, PhD
Psychologist
Department of Veterans Affairs

"PE is a treatment that helps people face their fears. Think of a wound on the battle field; a person's out there fighting and they get a deep cut in their arm. They wrap it up with the bandage in their hip pocket and keep fighting. After the battle, they go back to the base and they have this wound. It's a deep gaping wound with a field bandage on it. There's a lot of dirt in there that can get infected.

The person has to decide what they want to do: do they want to take the bandage off and clean it out, or do they want to leave the bandage on and take their chances that it'll heal on its own?

Most of the time, they need to take the bandage off and clean out the wound, and that's what exposure therapy is. It's facing something that can be a little painful and hurtful at the beginning, but it's a treatment that helps the person do that at their own pace."

### Why is exposure important?

Kevin Beasley, LCSW
Social Worker
Department of Veterans Affairs

"One of the things that I tell patients is that treatment is going to involve not only talking about your trauma in a lot of detail, but taping that and listening to those tapes daily. And we're also going to do what we call *in vivo* exposure.

What that means is going out into the environment to practice and relearn that under a different set of circumstances that bus stop where you were raped is just a bus stop. That trash on the side of the road---if you're a Veteran and you had an IED blow up---well, in a different set of circumstances, that trash is just trash. We're having you experience some of those things in this environment so that you can make the connection that there has been a change. And then your body actually starts to change its reaction. You won't get as anxious."

## What is EMDR?

Susan Rogers, PhD
Psychologist
Department of Veterans Affairs

"When a client comes in for EMDR, I ask them to identify the most disturbing part of the trauma memory. Usually there is one image that is the most disturbing. I ask them what negative belief about themselves goes with that picture, what emotion they're feeling, what sensations they feel in their body, and then have them focus on that while we do brief sets of eye movements. I usually just have them follow my hand back and forth with their eyes.

The idea behind EMDR is that PTSD symptoms are really a matter of incompletely processed experience. Your brain is designed to take everyday experiences, sort them out, store the useful parts, and get rid of the part you don't need. When a trauma happens, some people get kind of hung up and don't complete the processing. They need some assistance from therapy and that's our goal: to help somebody sort the memory out.

The eye movements help people relax enough to think clearly about the trauma, sort it all out, and resolve it."

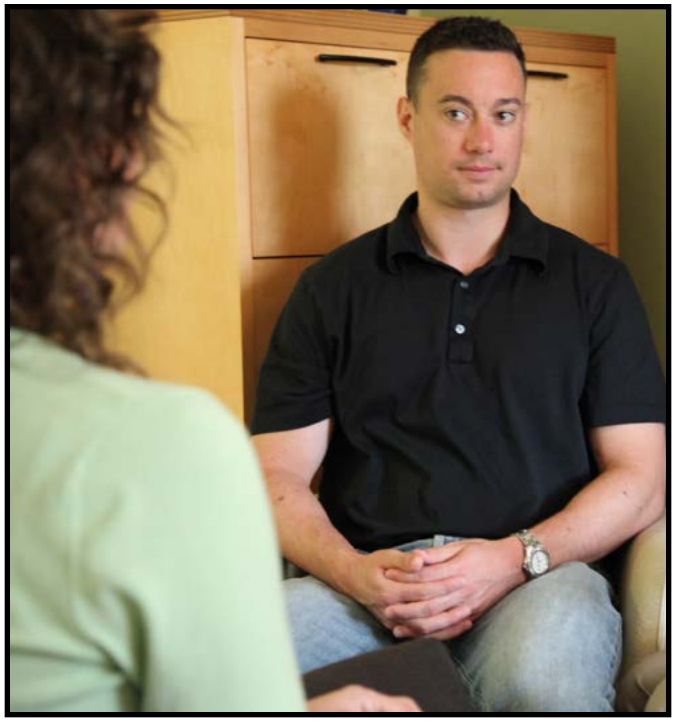
## Eye Movement Desensitization and Reprocessing (EMDR)

***Why it works:***
In EMDR, you focus on hand movements or tapping while you talk about the traumatic event. The idea is that the rapid eye movements make it easier for our brains to work through the traumatic memories. Focusing on hand movements or sounds while you talk about the traumatic event may help change how you react to memories of your trauma over time. You also learn skills to help you relax and handle emotional distress.

EMDR has four main parts:

- Identification of a target memory, image, and belief about the trauma
- Desensitization and reprocessing: focusing on mental images while doing eye movements that the therapist has taught you
- Installing positive thoughts and images, once the negative images are no longer distressing
- Body scan: focusing on tension or unusual sensations in the body, to identify additional issues you may need to address in later sessions

Over time, EMDR can change how your react to memories of your trauma. A course of four to twelve sessions is common.



# Medication

## Selective Serotonin Reuptake Inibitors (SSRIs)

*Why they work:* SSRIs can raise the level of serotonin in your brain, which can make you feel better. The two SSRIs that are currently approved by the FDA for the treatment of PTSD are sertraline (Zoloft) and paroxetine (Paxil).

Possible side effects that may occur in fewer than one out of three people who take SSRIs include:

- Nausea (feeling sick to your stomach)
- Decreased interest in sex
- Feeling drowsy, tired, or sleeping too much

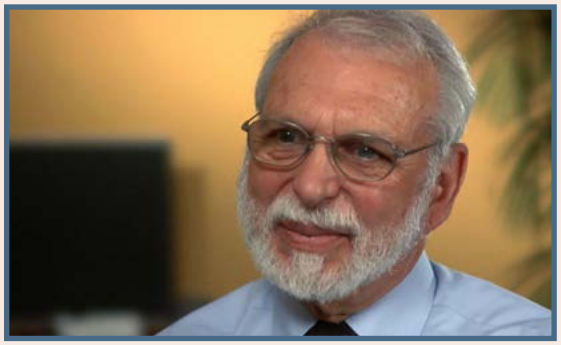
PTSD medications may interact with other medications you are taking. You should check with your doctor about all medications you are taking.

### Questions to Ask a Potential Therapist

- ❑ What is your education? Are you licensed? How many years have you been practicing?
- ❑ What are your special areas of practice?
- ❑ Have you ever worked with people who have been through trauma? Do you have any special training in PTSD treatment?
- ❑ What kinds of PTSD treatments do you use? Have they been proven effective for dealing with my kind of problem or issue?
- ❑ What are your fees? (Fees are usually based on a 45–50 minute session.) Do you have any discounted fees? How much therapy would you recommend?
- ❑ What types of insurance do you accept? Do you file insurance claims? Do you contract with any managed care organizations? Do you accept Medicare or Medicaid?

**Your therapist should explain the therapy, how long treatment is expected to last, and how to tell if it is working.**

### Will I be on medication forever?



Matthew J. Friedman, MD, PhD
Psychiatrist, VA National Center for PTSD
Professor, Dartmouth Medical School

"If a person has had a good response to medication, the likelihood is that he or she is going to need to be on that medication indefinitely. Now what I do with my patients is, if they've had a good year of symptom-free living, then we'll test the waters. I'll reduce the dose gradually, and if we can get away with it, I'm more than happy to stop the medication. But more often than not, people need to stay on their medication indefinitely.

That's the big difference between therapy and medication; with medication you need to be on it indefinitely for the most part, whereas for psychotherapy, you typically need 10–12 sessions and maybe a 'booster' now and then. You don't need much more. So for a patient that doesn't want to be on medication indefinitely, that can be another motivation for them to go into psychotherapy."

**Warning:** Sometimes, doctors prescribe medicines called "benzodiazepines" for people with PTSD. These medicines are often given to people who have problems with anxiety. While they may be of some help at first, they do not treat the core PTSD symptoms. They also may lead to addiction, especially for people who have had problems with alcohol or drugs. So, benzodiazepines are not recommended for long-term PTSD treatment.

# Myths About Treatment

**Myth:** Therapists just nod their heads and listen.
**Fact:** CPT, PE, and EMDR are active treatments where the patient and therapist work together. Therapists are very engaged. Sessions are goal-oriented. Elements of treatment are skills-based.

**Myth:** Therapy goes on for years and years.
**Fact:** CPT, PE, and EMDR are all time-limited treatments

**Myth:** Therapists "get inside your head" to change who you are.
**Fact:** Therapists help you understand your thoughts and feelings so that you have more control over them.

**Myth:** I can get better on my own.
**Fact:** If you have had PTSD for a year or more, the chance of getting better without counseling or medication is quite small.

**Myth:** If I have to talk about trauma, I'll "lose it."
**Fact:** Therapy takes place in a safe, controlled environment, and you work with the therapist to go only as far as you feel safe. You learn coping skills to help you manage your anxiety.

**Myth:** Only a therapist who's been through what I've been through understands this well enough to help me.
**Fact:** Providers with and without their own trauma histories can effectively deliver PTSD treatments. What's important is that the provider has good training and experience, and can help you develop the skills you need to get better.

**Myth:** All I need to get better is the support of other people who've been through what I've been through.
**Fact:** Support groups can provide social support and interpersonal connection, but there's little evidence that they help the PTSD symptoms themselves.

## Myth: My trauma happened a long time ago, so treatment won't work.

Candice Monson, PhD
Psychologist and Associate Professor
Ryerson University

**"No matter how long it's been, there's good reason to think that you can get better."**

"One thing that I've heard from older Veterans that I've treated is, 'I can't believe how much time I've wasted; that I've been living with these symptoms for 35 years. Why didn't I do this before?'

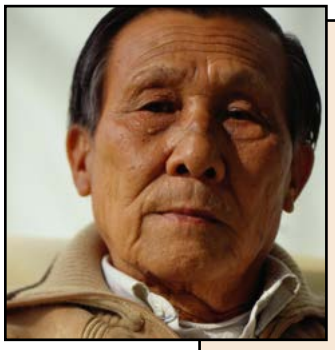
Thirty years ago, we didn't know how to treat PTSD. Just like other areas of medicine, we've come a long way. So ask yourself, do you want to spend the rest of your years living with your symptoms? What might your life look like if you were free of them? Even if you're an older person who's had your symptoms for a long time, the therapy still works, and there's hope for you to have a different life.

The most important thing is just to address it. No matter how long it's been, there's good reason to think that you can get better."

# Success Stories

Maria used to enjoy socializing, but after she was mugged, she couldn't even go on simple outings with her family. Driving was difficult. Going to a movie theater was impossible. When she did manage to go out to dinner, she was so focused on what was going on around her that she couldn't enjoy her meal or join the conversation.

After treatment, things changed. Now, she can sit down with her family and enjoy a meal at a restaurant. She can even spend a day at an amusement park, where there are crowds everywhere, and not be anxious. "I still have some things that bug me," she says, "but my life has improved so much that the things that bother me are just small."



George is a Vietnam Veteran who'd been a medic. A Vietnamese mother brought her badly injured child to his field hospital. He was unable to save the child, who died in his arms.

Back home, he never held his own children. "I never held my kids, never changed their diapers. I didn't want to have that reminder." But with the birth of his first grandchild he decided to get help. His therapy was a success. At the end of his treatment he showed his therapist a picture of himself with his grandson in his arms. He said, "I love holding my grandson. And you know what? I couldn't hold my kids then, but I'm holding them now."

# Resources

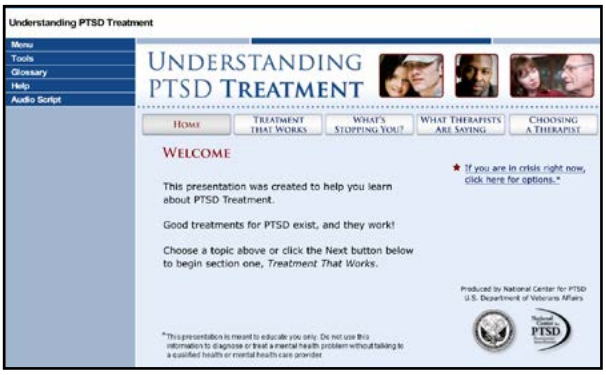
## Treatment Resources

These links are accessible online at www.ptsd.va.gov/public/where-to-get-help.asp

- Finding a Therapist
- Help for Veterans with PTSD
- Mental Health Services Locator
- Veterans Affairs PTSD Program Locator
- Where to Get Help for PTSD

## More About PTSD Treatment

View the multimedia companion to this booklet and other resources at www.ptsd.va.gov/public/




This guide was created by the National Center for PTSD, U.S. Department of Veterans Affairs. The Center conducts research and education on trauma and PTSD. Our website offers extensive information, educational materials, and multimedia presentations for a variety of audiences, including Veterans and their families, providers, and researchers.
Website: www.ptsd.va.gov