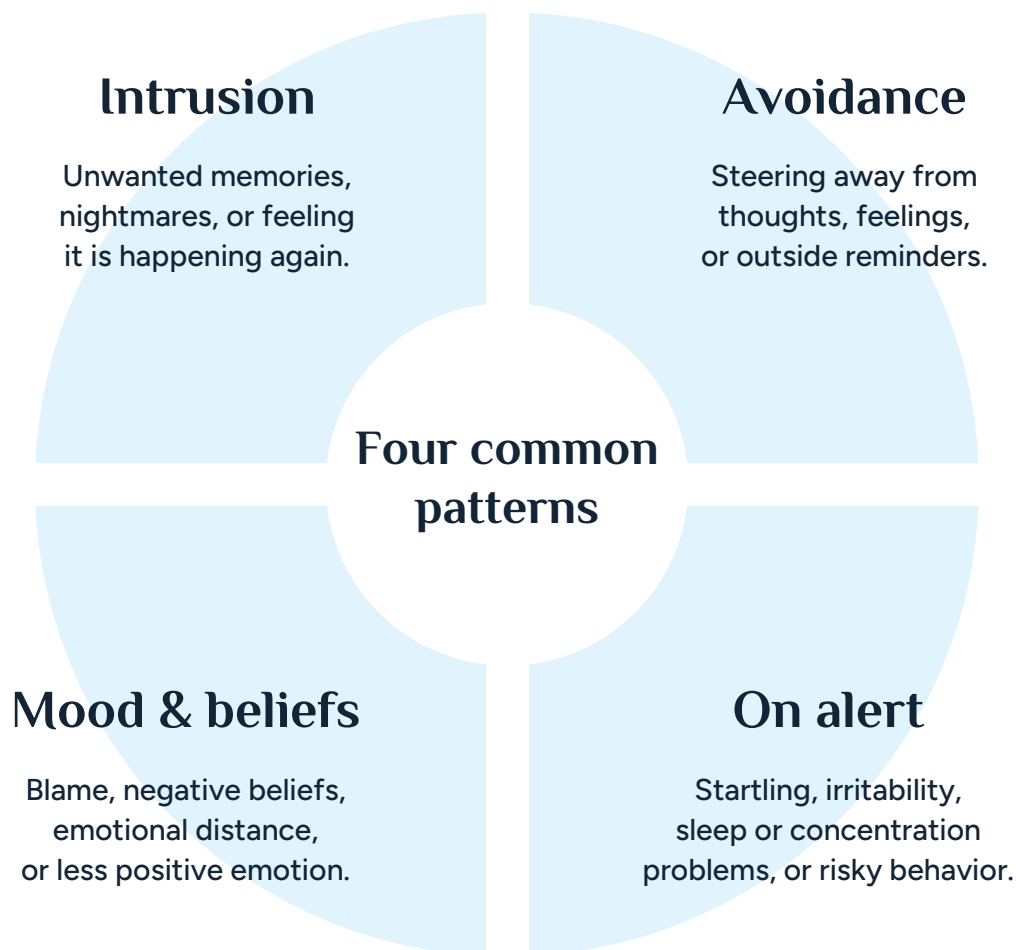


# PTSD

Post-traumatic stress disorder: patterns, treatment, and everyday support.

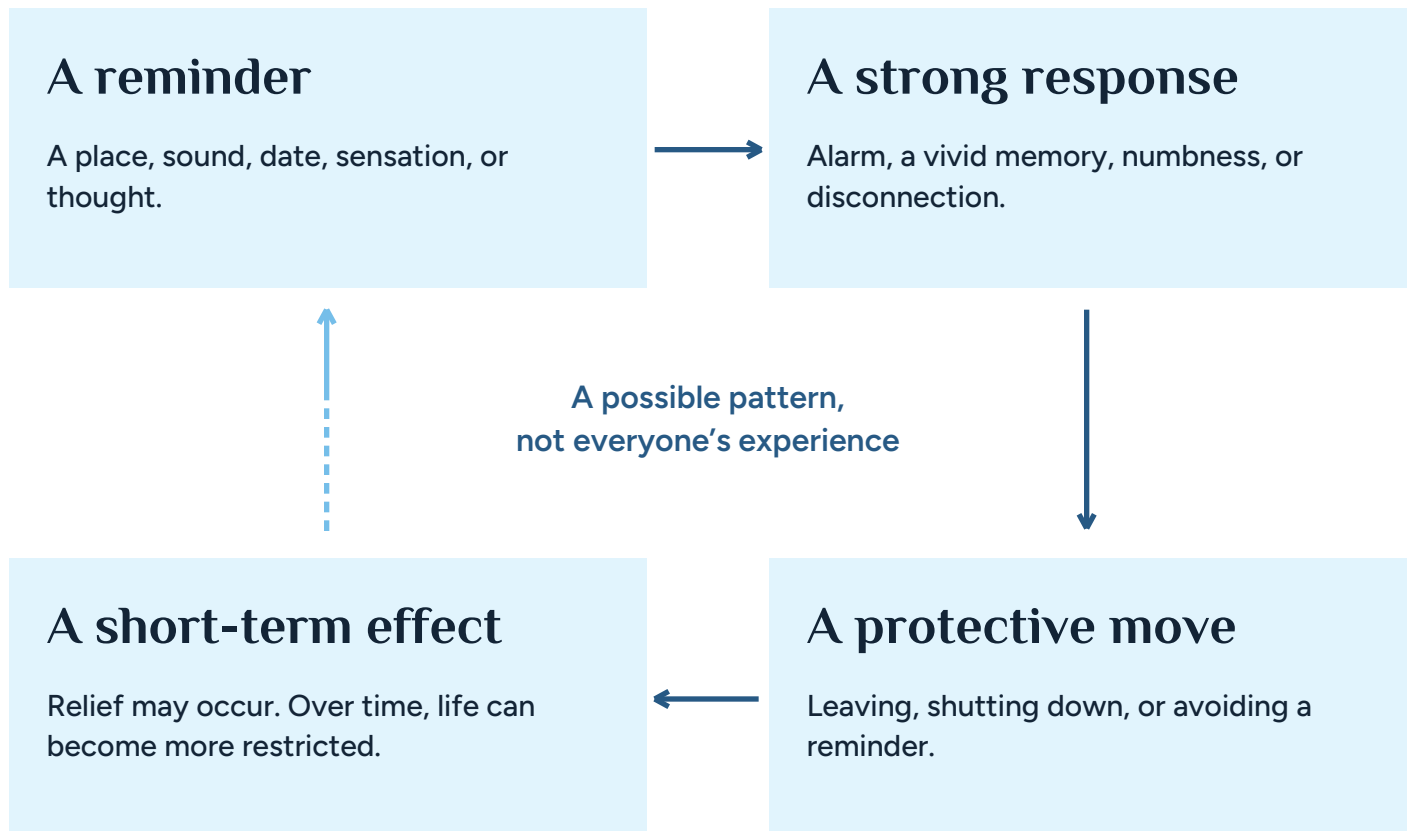


People's patterns differ. This diagram is descriptive, not a test.

PTSD can be treated. You do not have to retell a trauma to read this guide.

# When the present feels unsafe

A reminder can bring a strong response even when the original event is over.



**Avoidance can make sense as immediate protection.  
When reminders keep shrinking life, professional treatment  
can help build a different response safely.**

## Actual danger is a different priority

Do not use this diagram to dismiss an unsafe situation. Seek protection and practical help when danger is ongoing. This guide does not ask you to confront reminders or process trauma on your own.

# Assessment is a conversation

A screening score can flag a concern. A diagnosis needs a fuller clinical assessment.

## FOUR THINGS A CLINICIAN CONSIDERS

**1**

### The exposure

Whether the experience meets the diagnostic trauma definition, involving actual or threatened death, serious injury, or sexual violence.

**2**

### The pattern and timing

Which symptoms are present, when they began, and whether the pattern has lasted more than a month. You can seek help sooner.

**3**

### The impact

How distress affects sleep, relationships, work, daily tasks, and your ability to do things that matter.

**4**

### Other explanations and needs

Medical conditions, medication or substance effects, depression, anxiety, grief, sleep disorders, and current safety also deserve attention.

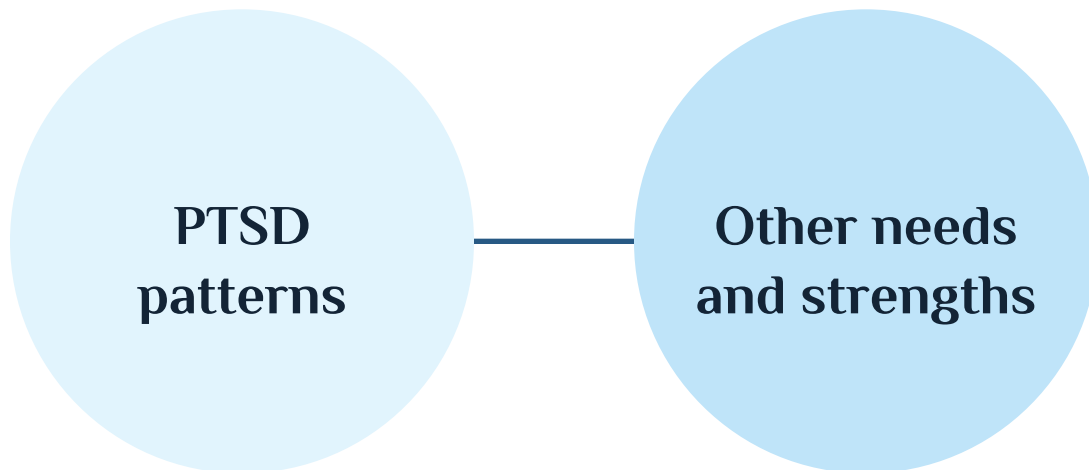
#### You do not have to prove that you suffered enough

A clinician can help even if PTSD is not the final diagnosis. New or severe physical symptoms need medical assessment rather than being assumed to be trauma-related.

[P1 VA National Center for PTSD](#) • [P2 National Institute of Mental Health](#)

# The whole picture matters

More complex needs call for an individualized plan, not a one-size-fits-all label.



Depression • pain • sleep problems • substance use  
Dissociation • relationships • culture • practical safety

## ICD-11: complex PTSD

Includes PTSD plus persistent difficulties with emotion regulation, negative self-concept, and relationships.

## DSM-5-TR: no separate label

Complex PTSD is not a separate DSM-5-TR diagnosis. Clinicians can still assess and treat the additional difficulties.

### Complexity does not mean treatment is out of reach

Repeated trauma alone does not establish complex PTSD. Trauma-focused care can still be an option. Substance-use needs should not automatically exclude someone from PTSD treatment; coordinate safety and care.

[P11 VA National Center for PTSD](#) • [P13 VA National Center for PTSD](#) • [P2 National Institute of Mental Health](#)

# Support in a difficult moment

Use small, present-day choices. A technique should serve you, not become a test.

Is there an actual danger right now?

YES / UNSURE

**Prioritize safety.**  
**Get practical or emergency help.**

SAFE ENOUGH

**Choose one neutral cue.**  
**Keep a sense of choice.**



## Look

Read a sign or notice a neutral object.



## Orient

Name where you are and the current date.



## Connect

Hear a familiar voice or ask someone to stay nearby.

Example: "I'm in the kitchen, and it is Tuesday.  
I can hear my friend on the phone. I can choose what to do next."

### Optional really means optional

Keep your eyes open if you prefer. Breathing exercises, closing your eyes, and touch are not required. Stop a technique that worsens distress. Coping supports daily life; it does not replace treatment.

# Therapies with strong support

Work with a trained clinician to understand the options and choose a workable fit.

## CPT

### Cognitive Processing Therapy

Examines trauma-related meanings and beliefs, including blame and safety.

## PE

### Prolonged Exposure

Helps reduce avoidance through a planned, supported approach to trauma memories and safe situations.

## EMDR

### Eye Movement Desensitization and Reprocessing

Uses a structured protocol for working with distressing memories.

#### GUIDELINES DIFFER IN THEIR RECOMMENDATION CATEGORIES

##### VA/DoD · 2023

Strongly recommends CPT, PE, and EMDR over medication.

##### APA · 2025

Recommends trauma-focused CBT, CPT, and PE; conditionally suggests EMDR, CT, and NET.

CBT = cognitive behavioral therapy; CT = cognitive therapy; NET = narrative exposure therapy. Other options may fit your needs. Ask about benefits, demands, alternatives, and progress. This guide does not teach self-led trauma processing.

[P3 VA & Department of Defense](#) • [P4 American Psychological Association](#) • [P5 American Psychological Association](#) • [P6 VA National Center for PTSD](#)

# Medication: a shared decision

A prescriber can discuss benefits, side effects, interactions, and your preferences.

VA/DOD 2023 RECOMMENDATIONS FOR PTSD

## Certain antidepressant options

Specific selective serotonin reuptake inhibitors (SSRIs) and a serotonin–norepinephrine reuptake inhibitor (SNRI) have the strongest medication support in this guideline.

### A symptom target

A medicine may be suggested specifically for PTSD-associated nightmares without being recommended for PTSD overall. Ask which target is being treated.

### Important cautions

VA/DoD recommends against benzodiazepines and cannabis as PTSD treatments. This is not advice to stop a medicine abruptly.

## Bring these questions to the conversation

- What symptoms are we targeting, and how will we track benefit?
- What side effects or interactions should I watch for?
- When will we review the plan, and how would changes be managed?

Do not start, stop, or change prescribed medication based on this guide. Abruptly stopping some medicines, or alcohol or benzodiazepines after dependence, can be dangerous. Seek medical guidance.

[P7 VA National Center for PTSD](#) • [P10 Williams, Phillips, Stein & Ipser](#)

# Care for the connected needs

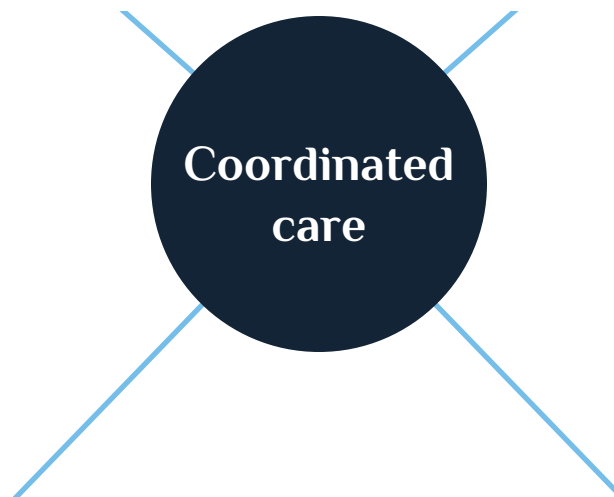
A good PTSD care plan also notices the rest of your life.

## Sleep

Ask about persistent insomnia, nightmares, snoring, or breathing pauses. CBT for insomnia is more than sleep-hygiene advice.

## Health

Pain, injuries, medication effects, and new physical symptoms deserve medical attention.



## Substances

Discuss use without shame. Coordinate PTSD and substance-use care; withdrawal may need medical support.

## Everyday rhythm

Manageable meals, movement, rest, and social contact can support life while treatment proceeds.

### One manageable change is enough to begin

Example: rather than trying to overhaul sleep alone, tell a clinician about waking gasping and nightmares. Those concerns may need different assessments and treatments.

[P12 VA National Center for PTSD](#) • [P13 VA National Center for PTSD](#) • [P14 VA National Center for PTSD](#) • [P2 National Institute of Mental Health](#)

# Make care easier to reach

The best plan on paper needs to work in a real life.

## A BARRIER

## A QUESTION OR REQUEST

### Cost or travel



"Is telehealth available? What will this cost, and are there lower-cost services?"

### Fear of losing control



"Can you explain what a session involves and how we will handle distress?"

### Language or access needs



"Can we arrange an interpreter, accessible materials, or a different pace?"

### Concern about disclosure



"What is confidential, what are its limits, and what information do you need first?"

### How someone close can help

Ask before touching or asking for details. Offer a specific choice: "Would company, practical help, or quiet be most useful?" Supporters can have boundaries and get support too.

[P15 VA National Center for PTSD](#) • [P2 National Institute of Mental Health](#) • [P14 VA National Center for PTSD](#)

# Recovery is something to review

Improvement can mean less distress, more freedom, and a life that feels more yours.

## Symptoms

Memories, sleep, alertness, and avoidance.

## Function

Work, relationships, daily tasks, and valued activities.



## Fit

Preferences, access, trust, and treatment demands.

## Safety

Side effects, worsening distress, and current risks.

### A difficult week is information, not a personal failure

Tell your clinician if symptoms return, intensify, or treatment is hard to continue. Revisit barriers and other health needs. “No longer meeting PTSD criteria” does not mean every difficulty has disappeared.

[P8 Milligan et al.](#) • [P15 VA National Center for PTSD](#) • [P3 VA & Department of Defense](#)

# What newer research adds

Recent publication dates matter, and so do study design and the age of the data.

2025

## A meta-analysis of 34 trials

3,208 participants. Many no longer met PTSD criteria after evidence-based treatment. Estimates varied with samples and missing-data assumptions.

Diagnosis loss is not “cure” or a fair league table of therapies.

2025

## A 700-person primary-care trial

Written exposure therapy and SSRI groups both improved. The four-month difference was not statistically significant.

This superiority trial did not prove the treatments equivalent.

2026

## A newly dated Cochrane page

The medication review supports SSRI benefit with moderate certainty, while also noting adverse effects. Its study search ended in November 2020.

New publication date does not always mean newly searched evidence.

The treatment page incorporates APA’s February 2025 guideline update alongside VA/DoD 2023. The meta-analysis used an evidence repository current to October 2023. Research snapshots do not replace an individual care discussion.

[P8 Milligan et al.](#) • [P9 Fortney et al.](#) • [P10 Williams, Phillips, Stein & Ipser](#) • [P4 American Psychological Association](#)

# Sources and next steps

Research and official guidance checked 14 October 2026.

Adult education, not diagnosis, a prescribing guide, or a self-treatment protocol. Diagrams are conceptual, and examples are fictional. This is a curated research update, not an exhaustive systematic review. Each source title is a link.

## P1 · VA National Center for PTSD

### [PTSD Basics](#)

Current web guidance; checked 2026-10-14.

## P2 · National Institute of Mental Health

### [Post-Traumatic Stress Disorder](#)

Revised 2023.

## P3 · VA & Department of Defense

### [VA/DoD Clinical Practice Guideline for Management of PTSD and Acute Stress Disorder](#)

2023 guideline; current official guideline listing checked 2026-10-14.

## P4 · American Psychological Association

### [Clinical practice guidelines: PTSD guideline policy record](#)

Approved 2025-02-22.

## P5 · American Psychological Association

### [Treatments for PTSD](#)

Official page updated April 2025.

## P6 · VA National Center for PTSD

### [Overview of Psychotherapy for PTSD](#)

Current web guidance; checked 2026-10-14.

## P7 · VA National Center for PTSD

### [Clinician's Guide to Medications for PTSD](#)

Current web guidance; checked 2026-10-14.

## P8 · Milligan et al.

### [Loss of PTSD Diagnosis in Response to Evidence-Based Treatments: A Systematic Review and Meta-Analysis](#)

2025-05-21 online; evidence repository as of October 2023.

## P9 · Fortney et al.

### [Pragmatic Comparative Effectiveness of Primary Care Treatments for Posttraumatic Stress Disorder: A Randomized Clinical Trial](#)

2025-10-15 online; corrected 2025-12-03.

## P10 · Williams, Phillips, Stein & Ipser; Cochrane

### [Pharmacotherapy for post traumatic stress disorder \(PTSD\)](#)

Web publication 2026-05-28; study search ended 2020-11-13.

## P11 · VA National Center for PTSD

### [Complex PTSD](#)

Current web guidance; checked 2026-10-14.

## P12 · VA National Center for PTSD

### [Sleep Problems and PTSD](#)

Current web guidance; checked 2026-10-14.

## P13 · VA National Center for PTSD

### [Treatment of Co-Occurring PTSD and Substance Use Disorder in VA](#)

Current web guidance; checked 2026-10-14.

## P14 · VA National Center for PTSD

### [Coping with Traumatic Stress Reactions](#)

Current web guidance; checked 2026-10-14.

## P15 · VA National Center for PTSD

### [What Is Good PTSD Care?](#)

Current web guidance; checked 2026-10-14.

## P16 · VA National Center for PTSD

### [PTSD Treatment Decision Aid](#)

Current tool; checked 2026-10-14.

Immediate danger or unable to stay safe? Use local emergency care. In the U.S., call or text [988](#) for crisis support. Otherwise, a primary-care or qualified mental-health professional can help assess needs and discuss treatment.