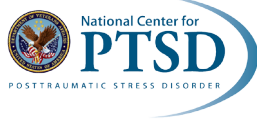


STAND SMART FOR HEROES

Shared Decision Making for PTSD Treatment

**SPOTLIGHT
PARTNER:**



ISSUE/CHALLENGE

Posttraumatic stress disorder (PTSD) can occur after a traumatic event like war, assault, or disaster. There are a variety of effective clinical treatments for PTSD. The VA/DoD clinical practice guideline, which provides care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation, recommends manualized trauma-focused psychotherapy (specifically Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Eye Movement Desensitization and Reprocessing (EMDR)) over pharmacologic and other interventions.¹ Despite the range of evidence-based treatments for PTSD, mental health clinicians cannot predict in advance which treatment will work best for a specific patient.² Another challenge is that when patients first seek care, they often have misconceptions about PTSD treatment.³ Because of this, it is important for patients and providers to discuss and compare all available options and agree on the treatment to pursue.

Over the past decade, investigators at the National Center for PTSD have explored the extent to which veterans with PTSD symptoms benefit from participating in their treatment decisions through a shared decision-making process.

In shared decision making, patients and clinicians review information about treatment effectiveness and characteristics, and together select the best option. This is important because providers are experts in treatment options and supporting evidence, but patients are experts in their own goals, values, tolerance, and preferences. During shared decision making, veterans and clinicians consider treatment availability, delivery format, length, cost, effectiveness, and homework. For example, veterans and providers should consider that 53 of every 100 people treated with trauma-focused psychotherapy will no longer have PTSD, while antidepressant medications will provide those positive results to only 42 of 100 people.⁴ Psychotherapies also differ in the extent to which veterans must discuss and confront their trauma and the extent of external homework. The immediacy and duration of results also vary. Veterans may receive weekly psychotherapy for three months, and experience enduring benefit after concluding the therapy, while veterans prescribed medication may start to feel better in 4-6 weeks, but need continued medication to retain the benefits.⁵ Importantly, all treatment options are not available in all geographic areas.

KEY FINDINGS

- Veterans who engage in shared decision making with their provider are more likely to choose an effective PTSD treatment and to persist through treatment longer than those in usual care⁶
- Veterans who receive a decision aid with information about different PTSD treatments are more likely to engage in evidence-based treatment and have better treatment outcomes than veterans who do not receive a decision aid⁷
- Patients are eager to be involved in PTSD treatment decisions, and people considering PTSD treatment want to receive information about their treatment options⁸
- The way treatment information is presented can impact patients' treatment preferences⁹

IMPLICATIONS

- Providers should use decision aids and have the capability and intent to describe all evidence-based treatments without bias
- Providers should be willing and able to refer veterans to other providers for treatment outside of the provider's area of expertise
- Veterans should expect to discuss options and play an active role with their provider to determine the best treatment

STRENGTH OF FINDINGS

Considerable research supports the use of shared decision making for medical conditions such as cancer and diabetes. The research pertaining specifically to shared decision making for mental health and PTSD is a smaller body of research, but it consistently suggests that educating and involving patients in PTSD treatment decisions enhances treatment outcomes and is seen as a basic patient right.

RESEARCH CONDUCTED

National survey studies confirm that people with PTSD symptoms want involvement in treatment decisions, and they are especially interested in learning about effectiveness and side effects of different treatments.¹⁰ A randomized controlled trial (RCT) demonstrated that patients who engaged in shared decision making were more likely to choose an effective PTSD treatment and stayed in treatment longer than those who were randomly assigned to usual care without shared decision making.¹¹ Similarly, a different RCT found that patients who receive a decision aid with information about different PTSD treatments are more likely to engage in evidence-based treatment, are more confident in their treatment choice, and have more improvement in their PTSD symptoms than veterans who do not receive a decision aid.¹²

GOALS FOR THE FUTURE

- Shared decision making becomes the standard practice between mental health care providers and their patients when discussing PTSD treatment options
- VA and private clinicians become adept at presenting comparative information to their patients regarding individual treatments, expected outcomes, and availability of care¹³
- Mental health care providers will have a robust provider referral network so they can honor patients' treatment preferences
- Future research provides additional details regarding the comparative effectiveness of evidence-based PTSD treatments, and larger, well-designed trials evaluate the impact of shared decision-making on patient satisfaction and treatment outcomes

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ABOUT STAND SMART FOR HEROES

The Bob Woodruff Foundation is proud to partner with best-in-class scientific organizations to provide important research findings to the community of organizations that represent and serve post-9/11 veterans, service members, families, and caregivers. For more information on the Bob Woodruff Foundation and Stand SMART For Heroes, please see bobwoodrufffoundation.org.

ABOUT THE NATIONAL CENTER FOR PTSD

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.