

Research Evidence for Alternative Treatments for Posttraumatic Stress Disorder



Posttraumatic stress disorder (PTSD) is a mental health condition that can develop after exposure to a traumatic event. The most common symptoms of PTSD include

- Re-experiencing troublesome memories or thoughts
- Avoidance of people, places or things
- Negative changes in thoughts or mood
- Changes in physical or emotional reactions

If these concerns continue for more than one month, they may be signs of PTSD. A health care provider can help you manage your symptoms.

Talk to a health care provider immediately if you have more serious symptoms, like thoughts of death or hurting yourself.

The Military Health System offers highly effective treatments for PTSD. Treatments recommended in the 2017 Department of Veterans Affairs/Department of Defense clinical practice guideline (CPG) for PTSD include prolonged exposure (PE), cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), specific cognitive behavioral therapies for PTSD, brief eclectic psychotherapy, narrative exposure therapy, written narrative exposure, and medications such as selective serotonin reuptake inhibitors (SSRIs) or some serotonin and norepinephrine reuptake inhibitors (SNRIs). Despite having these effective interventions, many patients and providers have questions about other PTSD treatments. It is important to know if there is sufficient research evidence to support the use of such alternative PTSD treatments. This resource lists many alternative PTSD treatments and summarizes the research evidence as of December 2020. Some of the treatments are based on interventions identified in the CPG.

Treatment	Description	Research Evidence
Stress inoculation training (SIT)	Non-trauma-focused anxiety management program that involves teaching coping skills to manage stress and anxiety	Recommended (with conditions). The CPG recommends the use of individual, manualized non-trauma-focused psychotherapy, including SIT, with a “weak for” strength when individual trauma-focused psychotherapies are not readily available or when patients do not want to engage in other preferred therapies.
Cannabis	Psychoactive drug proposed as a therapeutic intervention for a range of medical and psychological conditions	Not recommended. Current research does not support the use of cannabis as a safe and effective treatment for PTSD. Other reputable, trustworthy reviews have not substantiated the use of cannabis for the treatment of PTSD. The CPG strongly recommends against the use of cannabis for the treatment of PTSD.
Accelerated resolution therapy (ART)	Therapy that attempts to modify traumatic memories through the use of imaginal exposure, cognitive restructuring, and rapid eye movements	Insufficient evidence. Additional research is needed to support the use of ART as an effective treatment for PTSD. The CPG does not include ART and no authoritative reviews (i.e., Cochrane and Agency for Healthcare Research and Quality) have evaluated ART.
Adaptive disclosure	Treatment that consists of imaginal exposure targeting loss/traumatic grief and moral injury, with all patients receiving initial imaginal exposure and further treatment addressing the patient’s most traumatic memory	Insufficient evidence. Additional research is needed to support the use of adaptive disclosure as an effective treatment for PTSD. Support for the use of this novel treatment over other well-established psychotherapies for the treatment of PTSD would be premature. The CPG reports insufficient evidence to recommend for or against the use of adaptive disclosure.

Treatment	Description	Research Evidence
Ayahuasca	Hallucinogenic drink with claims that it allows users to revisit and process issues associated with personal traumas	Insufficient evidence. The CPG does not include ayahuasca as a treatment for PTSD, and no authoritative reviews have evaluated ayahuasca. Considering possible safety and legal concerns, further research is needed to determine the efficacy of this treatment.
Biofeedback	Technique that teaches individuals how to self-regulate their physiological response when provided with sensory cues (usually visual or auditory)	Insufficient evidence. Biofeedback studies have not met the current guidelines to provide adequate quality of evidence.
Canine assisted therapy (CAT)	Intervention where dogs are used to assist trained health care professionals to facilitate progress towards specific treatment goals in physical, social, emotional, or cognitive functioning	Insufficient evidence. The current research base not does provide sufficient evidence to support the use of animal assisted therapies as a primary or adjunctive treatment for PTSD. The CPG does not include CAT and no authoritative reviews have evaluated CAT.
Emotional freedom technique (EFT) or “Tapping”	Technique that involves tapping specific points on the face, upper body, and hands while the patient focuses on the memory of a traumatic event and repeats verbal affirmations	Insufficient evidence. As a novel treatment, the evidence base is not mature enough to make a recommendation for or against EFT. The primary limitation of current research has been the lack of sufficient controls to differentiate the effects of EFT from treatment as usual.
Hyperbaric oxygen therapy (HBOT)	Therapy which involves breathing oxygen in a chamber with higher than normal atmospheric pressure, resulting in increased amounts of oxygen dissolved in the blood	Insufficient evidence. Additional research is needed to support the use of HBOT as an effective treatment for PTSD. There have been no randomized controlled trials of the therapeutic use of HBOT for PTSD, and no authoritative reviews on the topic.
Low-intensity focused ultrasound (LIFUS)	Noninvasive, low-intensity, transcranial ultrasound that targets specific deep-brain structures for treatment	Insufficient evidence. LIFUS is not recommended by the CPG or authoritative reviews. At this time the use of LIFUS for treatment of PTSD remains investigational.
Mantram repetition	Silent repetition of a word or short phrase with spiritual meaning frequently throughout the day; teaches people to slow down their thoughts, train attention, initiate relaxation, and increase awareness	Insufficient evidence. The current research base not does provide sufficient evidence to support the use of mantram repetition as a primary treatment for PTSD. The CPG does not include mantram repetition, and other authoritative reviews have not substantiated the use of mantram repetition for PTSD.
Reconsolidation of traumatic memories (RTM)	Brief cognitive intervention where the patient is guided through a pre-trauma event displayed on an imagined movie screen until the patient can discuss the trauma narrative without significant distress	Insufficient evidence. Additional research is needed to support the use of RTM as an effective treatment for PTSD. RTM studies have not met the current guidelines for adequate quality of evidence and/or efficacy.
Seeking safety	Manualized, non-trauma-focused cognitive-behavioral intervention for integrated treatment of PTSD and substance abuse	Insufficient evidence. The use of other effective and well-established treatments (e.g. prolonged exposure or cognitive processing therapy) for PTSD in the presence of co-occurring SUD is strongly recommended. The CPG states that there is insufficient evidence to recommend seeking safety over other front-line treatments at this time.
Stellate ganglion block (SGB)	Injection of local anesthetic to the stellate ganglion, a collection of nerves located between the C6 and C7 vertebrae in the neck responsible for sensory processing in the head, neck, and upper limbs	Insufficient evidence. The research base for SGB as a treatment for PTSD is emerging. Promising results from a randomized controlled trial need to be followed by research on long-term effectiveness and comparative effectiveness with current front-line PTSD treatments. The CPG states that there is insufficient evidence to recommend for or against SGB.

Treatment	Description	Research Evidence
Transcendental meditation (TM)	Practice designed to calm the mind and body by promoting a state of tranquility in which one aims to “transcend” thoughts, emotions, and tension	Insufficient evidence. The current research base does not provide sufficient evidence to support the use of TM as a primary or adjunctive treatment for PTSD. While the results from a randomized controlled trial were promising, additional research on both the long-term efficacy as well as the comparative efficacy of TM with current front-line PTSD treatments is needed.
Yoga	Practice that encompasses ethical living, spiritual practice, physical activity, breathing exercises, and meditation	Insufficient evidence. The current research base does not provide sufficient evidence to support the use of yoga as a primary or adjunctive treatment for PTSD. The CPG does not include yoga. One systematic review of randomized control trials found only low quality evidence for clinically relevant effects of yoga on PTSD. The authors concluded that only a weak recommendation for yoga as an adjunct intervention for PTSD could be made, and more high quality studies are needed.

“Weak for” strength of recommendation: The intervention is suggested, but there is less confidence that benefits outweigh potential harms.

Insufficient evidence: Evidence that the intervention is effective is lacking, poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

Disclaimer: No one treatment is right for everyone. Consult your provider about other medications and treatment options to determine which treatment is best for you based on the benefits, risks, and side effects of each treatment.

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical and psychological services state side 800-342-9647, overseas 800-3429-6477 or collect 484-530-5908. militaryonesource.mil



Real Warriors provides information and testimonies to share personal experiences which encourage service members and veterans to seek professional help for mental health concerns quickly when it will have the greatest impact. realwarriors.net

Mobile Apps



Breathe2Relax

Use the app's breathing exercises to learn and practice on your own or as part of a stress management program supervised by your health care provider. onemindpsyberguide.org/apps/breathe2relax



CPT Coach

A treatment companion that helps you and your therapist work through the cognitive processing therapy (CPT) treatment manual. ptsd.va.gov/appvid/mobile/cptcoach_app_public.asp



NightWare

When recommended by a physician, this wearable tool helps you get a more restful night's sleep if you suffer from traumatic nightmares by learning your sleep patterns and customizes a treatment for you, interrupting nightmares to allow you to get a good night's sleep. night-ware.com



National Center for PTSD offers educational materials, online videos, self-help courses, mobile apps and other resources. ptsd.va.gov/appvid/mobile/index.asp



PE Coach

A treatment companion that helps you and your therapist work through the prolonged exposure (PE) treatment manual. ptsd.va.gov/appvid/mobile/pecoach_app_public.asp



PTSD Coach

An app to help you learn about and manage symptoms that often occur after trauma. ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp



PTSD Family Coach

An app that provides support for family members of those with PTSD. ptsd.va.gov/appvid/mobile/familycoach_app.asp

References:

All information on research evidence listed above was obtained from Psychological Health Center of Excellence Psych Health Evidence Briefs for posttraumatic stress disorder. These briefs can be found at health.mil/ResearchAnalytics.



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