

### PTSD Bytes – Audio Transcription

Episode #:	4
Guest:	Abigail Angkaw, PhD
Title:	#4: Treatments for PTSD 1: Overview

Pearl:

Welcome and thank you for tuning in to PTSD Bytes, the podcast where we invite experts to talk about PTSD and mental health and how technology like mental health apps can help. We'll cover a new topic every other week in bite-sized episodes. I'm your host, Pearl McGee-Vincent, and I'm a Clinical Psychologist at the Veteran's Affairs National Center for PTSD.

Today, we'll be talking to Dr. Abigail Angkaw about evidence-based therapy for PTSD. Dr. Angkaw is the Deputy Associate Chief of Staff for outpatient mental health clinical operations at VA San Diego. She is also a consultant with the PTSD Consultation program through the National Center for PTSD, and an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Diego School of Medicine. That's a mouthful. Welcome Dr. Angkaw and thank you for joining us on PTSD Bytes.

Abigail:

Thank you so much for having me. I'm really excited to be here.

Pearl:

Now, you're a PTSD expert and a psychologist in VA. What treatments is VA currently recommending and offering for Veterans with PTSD?

Abigail:

The types of treatments that we offered are ones that we have found to be evidence-based and effective. And for PTSD specifically, that could range from our top-tier most recommended treatments, which are weekly evidence-based psychotherapies. We also recommend evidence-based pharmacotherapy, so using medication, depending on what's bothering them the most and also based on preferences. We hope to work with Veterans and their family members to find a treatment that will help meet somebody's needs.

Pearl:

Excellent. And you mentioned psychotherapies that are effective and evidence-based. Can you break down for us what it means when we say a therapy is evidence-based?

Abigail):

Absolutely. Not all treatments work equally well. And so when we are talking about the phrase, "evidence-based," those are the sort of treatments that we know will give somebody the best chance for recovery. And when we talk about recovery, we're very specifically talking about a reduction in PTSD symptoms. When we consider evidence-base, there are a lot of factors that go into play. Within the scientific community, we consider the number of studies that have been done about a treatment. We also consider the quality of studies. There's also considering whether or not scientific experts agree that that treatment works. Veterans Affairs has worked together with the Department of Defense to create joint VA/DOD Clinical Practice Guidelines. And so when we have those groups of experts looking at the

studies, looking at the quality of studies, there are a lot of steps going into deciding if a treatment is evidence-based.

Pearl:

I'm appreciating how much effort and research goes into making sure that we're offering and recommending treatments that are effective. And can you say what some of those recommendations are?

Abigail:

Absolutely. Our first tier recommended treatments are weekly individual trauma-focused psychotherapies, like prolonged exposure, PE, or cognitive processing, CPT. Also EMDR Eye Movement Desensitization and Reprocessing and Written Exposure Therapy sometimes called WET. and Narrative Exposure Therapy, Brief Eclectic Psychotherapy. What all of these therapies have in common are that the research behind them has been found to be sound and that they all have an element of being trauma-focused, meaning that as part of the therapy, there is an element of focusing on the trauma that occurred in the past, and that is contributing to symptoms now.

Pearl:

It's wonderful that there are so many options for Veterans and for individuals with PTSD. How does someone decide which PTSD treatment to do?

Abigail:

Because there are so many, can be a hard decision to make. And so the National Center for PTSD has created a tool called the PTSD Treatment Decision Aid. And that's one that I have used with patients or that somebody can use on their own, it's freely available online. And what it does is it goes through some education about PTSD and treatments, but also it allows somebody to really compare the treatments. Things like what would be included in treatments, and what does the research say about how effective these are, is practice outside of session required? and that has been a really nice tool.

Pearl:

And with so many options available, is the choice up to the patient?

Abigail:

That is a great question. Because one thing I didn't mention is that it is a strongly recommended finding in our Clinical Practice Guideline that we should be practicing shared decision-making when doing treatment planning for PTSD. And what shared decision-making means is that we don't just do what a patient wants to do. We also don't just do what the clinician wants to do. But instead there should be a really interactive discussion. What would the clinician recommend as potential treatments, laying out the options that are available to them based on the setting that they're in. And then allowing the Veteran or the client or the patient to make a decision, talking through issues like, how long are the treatments, what's involved. And making that a really collaborative, shared decision-making process.

Pearl:

We often hear from Veterans and others in recovery from PTSD that they've found a variety of things helpful in their recovery journey. For example, exercise, making art, yoga, meditation, service animals, what should our listeners take away from your description of these evidence-based psychotherapies if they're also thinking, 'yeah, but this other thing also works for me,' or 'I want to try something different that maybe isn't evidence-based'?

Abigail:

the VA specifically, especially over the past few years, is really thinking a lot about complementary approaches. So things like meditation and yoga, perhaps acupuncture. Even within the VA system, there are opportunities for, depending on the VA, for recreational therapy, like engaging in art or – I'm in San Diego, so sometimes there are surf clinics or hiking groups or running groups. There, isn't enough evidence to suggest doing those instead of a first line approach, if we're trying to reduce somebody's PTSD symptoms, but those might be approaches that really help with coping. I do think it's important to really think about all areas of life, including those elements of life that our individual Veterans find to be valuable and to help them to get through their day.

Pearl:

Thank you. There may be some people listening who have PTSD for years or decades even, is it ever too late to seek treatment? Or what would you say to those people who think that PTSD treatment is not for them?

Abigail:

The types of treatments that were provided for PTSD especially within the VA system are much different now than they 20 years ago. I definitely do not think it's too late. I think back to , those Veterans that I've worked with who are now finding themselves able to do things that they haven't been able to do for decades. It can be absolutely hard to imagine if they've been living with PTSD symptoms for decades, and we're suggesting that you might see improvement in a few weeks or a few months, that makes sense. But I would hope that somebody would be willing to try,

Pearl:

It's really encouraging to hear that someone, even decades after their trauma can still benefit from PTSD treatment. If someone decides that they would like to try one of these therapies, one of these evidence-based treatments, what should they do first – if they're enrolled in VA, or if they're not enrolled in VA or not a Veteran?

Abigail:

I think that's wonderful if somebody's at a place where they are feeling like it's time to make a change, For a Veteran, Veterans can self-refer to the VA. They don't have to get a consult like from a primary care provider. But they also could let really any VA provider know and say, I'd like to a referral to a mental health clinic within a VA system. Within the community settings similarly, hopefully people have primary care providers who could help them navigate to mental health services within the communities.

I mentioned the PTSD Decision Aid, and part of that, at the end is a very specific section about next steps, like how to find a provider or how to bring this up to provider. Hopefully finding those treatments that give them the best chance for recovery and that we find are evidence-based are what I would most recommend.

Pearl:

Are there options for people who do not want, or are not ready to focus specifically on their trauma?

Abigail:

Absolutely. We know a hallmark area of PTSD is avoidance and being triggered. And so it's common for us to work with Veterans who are not interested in something that's trauma-focused. And so thankfully we do have recommended treatments that don't have an element of processing the trauma. And so those are more of our second-line approaches in our Clinical Practice Guideline that are still effective. Some of them are individual psychotherapies that are also weekly and fairly brief. So things like Stress Inoculation Training or Interpersonal Psychotherapy or Present-Centered therapy. Or, medication, specific antidepressant medications are recommended and definitely can be effective. Thankfully we do have options for those who don't want to focus on trauma.

Pearl:

I just want to thank you so much for joining us, Dr. Angkaw. You shared a ton of valuable information and we appreciate you breaking it down for our listeners in such an approachable way. To our listeners, I hope you check out the PTSD Decision Aid. You can search online for PTSD Decision Aid to learn even more about PTSD and effective treatments.

Abigail

Thank you for having me.

Pearl:

This has been an episode of PTSD Bytes, the podcast that delivers bite-sized expertise on issues related to PTSD, mental health and technology. Look out for new episodes, which are released every other week. Thank you for joining us.”