
Setting the Record Straight on PTSD Treatment: Addressing Misleading Information in TIME Magazine

William Brim, Bruce Crow, Carrie Kennedy, David Linkh,
Tracy Neal-Walden, Arlene Saitzyk

A recent article published by *TIME Magazine Online* on 7 August 2024, titled, “*There Are No Good Treatments for PTSD. MDMA Can Change That.*” presented a narrative that is inaccurate and potentially harmful to those grappling with post-traumatic stress disorder (PTSD). As a professional psychology association, we feel compelled to address several factual errors in the article and clarify critical points, particularly for our members who may encounter patients influenced by these misleading statements. While the authors of the article likely did not intend to mislead or discourage care, the consequences of such a misrepresentation should not be overlooked.

There Are Good Treatments for PTSD

The assertion that “there are no good treatments for PTSD” minimizes the extensive research and clinical advancements that have been made over the past few decades in treating PTSD. PTSD is a highly treatable condition, with robust evidence for the effectiveness of several well-established, evidence-based treatments.

The *gold standard* for PTSD treatment remains trauma-focused cognitive-behavioral therapies (CBTs), specifically Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE). These treatments are grounded in decades of empirical research, with hundreds of studies and numerous systematic reviews confirming their efficacy. These interventions not only reduce the severity of PTSD symptoms for the majority of patients but also lead to substantial improvements in quality of life. Many individuals achieve full remission of PTSD, while others experience significant symptom reduction, which enables them to lead more fulfilling lives.

As a reminder, one comprehensive resource for clinicians is the VA/DoD Clinical Practice Guidelines for the Management of PTSD (VA/DoD CPG), which strongly recommends the use of individual, manualized trauma-focused psychotherapies. Specifically, CPT, PE, and Eye Movement Desensitization and Reprocessing (EMDR) are endorsed with strong evidence of their effectiveness. These therapies form the backbone of PTSD treatment in leading mental health organizations, including the Department of Veterans Affairs (VA) and Department of Defense (DoD). These guidelines can be reviewed in full at [VA/DoD PTSD Guidelines](#). The American Psychological Association's Clinical Practice Guidelines for the Treatment of PTSD in Adults (2017) is currently being updated but strongly recommended CBT, CPT, Cognitive Therapy

(CT), and PE. These guidelines can be reviewed in full at <https://www.apa.org/ptsd-guideline>

Dispelling Harmful Myths About PTSD

Despite the availability of effective treatments, destructive myths about PTSD persist. One of the most damaging is the belief that PTSD is always chronic, debilitating, and untreatable. This myth has led to a pervasive sense of hopelessness for many individuals, discouraging them from seeking care or engaging in treatment. This is especially concerning given that trauma-related disorders often result in feelings of isolation and despair, which are exacerbated by such narratives.

It is essential to counter these myths with accurate information: PTSD is *not* a life sentence. It is a condition that can often be successfully managed, significantly improved, or resolved with proper, evidence-based interventions.

The *TIME* article's implication that no good treatments exist not only misrepresents the state of PTSD treatment but also risks perpetuating the exact sense of hopelessness that drives people away from care. Those who suffer from PTSD and its related conditions need to be reminded that help is available and effective. They should be encouraged to seek mental health care, and if prior treatment has not been effective, they should be reassured that alternative approaches are available.

The Role of MDMA in PTSD Treatment: An Emerging and Uncertain Option

The *TIME* article makes a case for the use of MDMA (3,4-methylenedioxymethamphetamine) as a promising treatment for PTSD. It is critical to clarify that while MDMA-assisted therapy has shown potential in preliminary studies, it is still in the experimental phase and not yet approved for mainstream clinical use. The research is promising, but it remains insufficient at this time to recommend MDMA as a primary or adjunctive for PTSD. It is also important to note that outside of research protocols the use of MDMA assisted therapy is prohibited for active duty military members.

We, as a professional community, are neither for nor against the use of MDMA-assisted therapy. However, we caution against presenting it as a silver bullet or superior to well-established, evidence-based psychotherapies such as CPT, PE, or EMDR. To date, no clinical practice

guidelines—such as those from the VA/DoD—recommend MDMA as a treatment option, and the evidence supporting its use is still emerging. Mental health providers and patients should be aware that more rigorous research is needed to determine the long-term efficacy, safety, and appropriate clinical use of MDMA.

In a 3 June 2024 letter to the FDA’s Psychopharmacologic Drugs Advisory Committee, the APA noted that it had recently convened a “multidisciplinary panel of experts, including psychology, psychiatry, social work, nursing, and patient members to update APA’s (2017) Clinical Practice Guideline for the Treatment of PTSD in Adults. APA’s guideline update panel reviewed the literature on MDMA-assisted psychotherapy and determined that there is insufficient evidence for the panel to be able to recommend MDMA-assisted psychotherapy for patients with PTSD.”

Talking Points for Mental Health Providers

Given the potential for misinformation, it is critical for mental health professionals to be prepared to address these issues when speaking to patients, colleagues, or the general public. Below are some key points to consider:

1. **PTSD is treatable:** Empirical evidence consistently supports the effectiveness of existing trauma-focused psychotherapies, notably CPT, PE, and EMDR. These treatments have been shown to work for the majority of individuals with PTSD, with many achieving significant symptom reduction or remission.
2. **Encourage care-seeking:** Patients with PTSD and other trauma-related disorders should be actively encouraged to seek treatment. **Reengage in treatment:** For patients who may have tried therapy in the past without success, it is essential to emphasize that different therapeutic modalities exist. Returning to treatment with a different approach—whether

it be a different type of therapy or a different therapist—can lead to more successful outcomes.

3. **MDMA remains experimental:** While MDMA-assisted therapy shows promise, it is still an experimental treatment and should not be viewed as superior or a replacement for established treatments. Patients should be informed of the current state of research and the lack of long-term data supporting its efficacy.
4. **Combat myths:** Combat the myths that PTSD is untreatable or chronic and debilitating. Accurate information helps empower patients to take the next steps toward recovery.

Conclusion

As mental health professionals, we bear the responsibility of correcting misleading narratives, particularly those that affect vulnerable populations, including individuals with PTSD. While innovation and new research are important in the advancement of care, it is equally important to provide balanced, accurate information about current treatment options. Existing treatments for PTSD are highly effective for the majority of patients, and it is vital that we continue to encourage those affected to seek help and reengage with care when necessary.

We hope this article serves as a useful resource for our members as they navigate conversations about PTSD treatment. Together, we can ensure that those in need receive the best possible care and support on their journey toward recovery.

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