

TABLE 1 Interview guide

1. Determine specific management plan for treating PTSD –

- **What is your primary management plan for patients with PTSD?** Where do you start? What treatments do you think work best with this patient group? Not so well? Are you seeing remission of symptoms in some of your patients? How long do they typically remain in treatment with you? Are you able to provide information about options such as medications, CBT treatments, different clinics and discuss patient choice?
- What medications do you commonly initially prescribe to patients with PTSD?
 - Do you sometimes find that you need to put a patient on two SSRI's? Why?
 - What % of your PTSD patients do you prescribe each of these different medications?
 - Are there certain medications you prescribe specifically for certain PTSD symptoms?
 - How does the presence of comorbidities impact your choice of medications? (sleep problems, SUD, anger, pain, panic, depression, etc.)
- Are there medications that you avoid prescribing to a patient with PTSD? Why? (Probe for specifics.)
- Does **gender or cohort/era** impact the way you approach your medication plan?
- How does **mild TBI or chronic pain** impact how you treat the PTSD?

2. Determine the provider's specific benzodiazepine prescribing practices, and general practices in the clinic

Are there specific symptoms of PTSD that you think are not responsive to the treatment recommendations for PTSD? (Probe for specifics.) If yes, Other treatments that you then recommend for the symptoms?

- In what situations do you prescribe benzodiazepines?
- How long do patients usually stay on them (e.g., one week, three months, etc.)?
- Have you found that over the years your tendency to prescribe benzodiazepines has changed?
- What % of new Veterans are coming in already on chronic benzodiazepines? What then are your clinic strategies for those Veterans?
- How do you handle them? Have you had success tapering Veterans off them?
- How do comorbid disorders influence your decisions?

