

**Table 3** VA Participants' Perspectives of Barriers and Facilitators Involved in Clinical Decision Making Regarding Benzodiazepine Use in Veterans with PTSD

<b>Barriers</b>	
Organizational-level	<ul style="list-style-type: none"> <li>- Inheriting PTSD patients on chronic benzodiazepines</li> <li>- Lack of leadership support for tapering Veterans off the inappropriate use of benzodiazepines when patients want them</li> <li>- Unclear who is responsible for tapering /discontinuing benzodiazepines (PC vs MH)</li> <li>- Documentation burdens and time pressures</li> </ul>
Provider-level	<ul style="list-style-type: none"> <li>- Beliefs that some symptoms associated with PTSD (anxiety, depression, suicidal ideation) are best managed by benzodiazepines (and lack of knowledge or acknowledgement of risks and harms)</li> <li>- Beliefs in the need to use benzodiazepines to kick-start patient before they have access to or see the effects of other treatments</li> <li>- Lack of research to support which medications are safe for women of child-bearing age or pregnant women</li> <li>- Lack of awareness (and sometimes access to) effective psychotherapies for PTSD and common comorbid conditions for which benzodiazepines are used (insomnia, anxiety)</li> </ul>
Patient-level	<ul style="list-style-type: none"> <li>- Patient requests for benzodiazepines</li> <li>- Perceived patient stigma regarding anti-depressant medications</li> <li>- Patient perceptions that they may lose disability benefits if they come off medication(s)</li> </ul>
<b>Facilitators</b>	
Organizational-level	<ul style="list-style-type: none"> <li>- De-implementation is supported by clinical practice guideline</li> <li>- Colleagues within organization have similar beliefs and consistent practices</li> <li>- Sufficient time and flexibility to discuss safer options</li> <li>- Integrated clinical teams or embedded MH staff</li> </ul>

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	<ul style="list-style-type: none"><li>- Learning forums (journal clubs, peer discussion groups)</li></ul>
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Provider-level	<ul style="list-style-type: none"><li>- Using psychoeducation and discussion of harms</li><li>- Taking time to build trust with patients before and while suggesting tapering</li><li>- Discussing all advantages and disadvantages of all treatment options</li><li>- Using discussions of unwanted symptoms, caused or worsened by benzodiazepines (concentration, memory) to justify tapering or discontinuation to patients</li><li>- Local provider champions who encouraged utilization of best practices</li></ul>
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Patient-level	<ul style="list-style-type: none"><li>- Relationship and rapport</li><li>- Ability to discuss treatment options</li><li>- Engaging in evidence-based treatments and safer medication options</li><li>- Handout materials</li></ul>

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