

Assessing Military Clients for Trauma and Posttraumatic Stress Disorder



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Disclaimer

The views expressed are those of the presenter(s) and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.



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Learning Objectives

1. Apply the VA/DOD Guidelines for the Assessment of Trauma and PTSD.
2. Discriminate between symptoms of PTSD and other disorders based on the DSM-5.
3. Integrate appropriate measures into the screening, diagnostic assessment, and tracking of treatment outcomes in PTSD patients.



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Purposes of Clinical PTSD Assessment

- Differential diagnoses
- Functional assessment
- Collection of information for case conceptualization
- Treatment planning
- Tracking treatment progress/outcome
- Medical discharge/service connection



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VA/DoD Clinical Practice Guidelines

VA/DoD Clinical Practice Guidelines for Management of PTSD – Quick Reference Guide

Module B: Assessment and Diagnosis of Posttraumatic Stress Disorder

VA/DoD Clinical Practice Guidelines

Management of Posttraumatic Stress Disorder and Acute Stress Disorder

VA/DoD Evidence-Based Practice

Version 4.0 | 2023

Handout, pp. 6-31

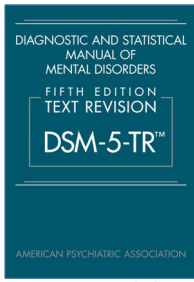
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June 2023 <https://www.healthquality.va.gov/guidelines/NMCI/ptsd/>

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Assessing Trauma History



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DSM-5-TR: PTSD Criterion A

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related.

American Psychiatric Association (2013) 8

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ICD-11: PTSD Criterion A

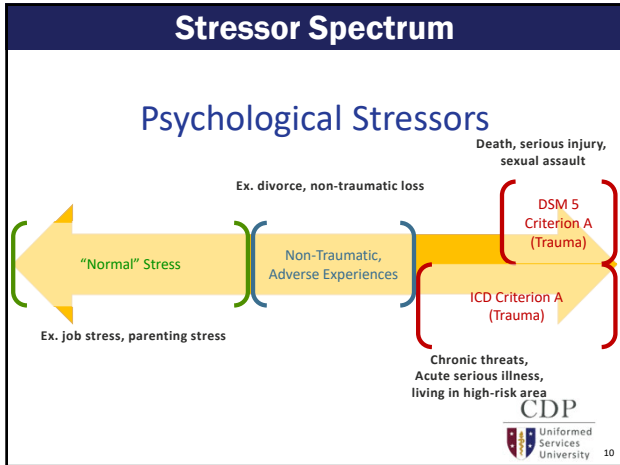
Exposure to an event or situation (either short- or long-lasting) of an extremely threatening or horrific nature.

Such events include, but are not limited to:

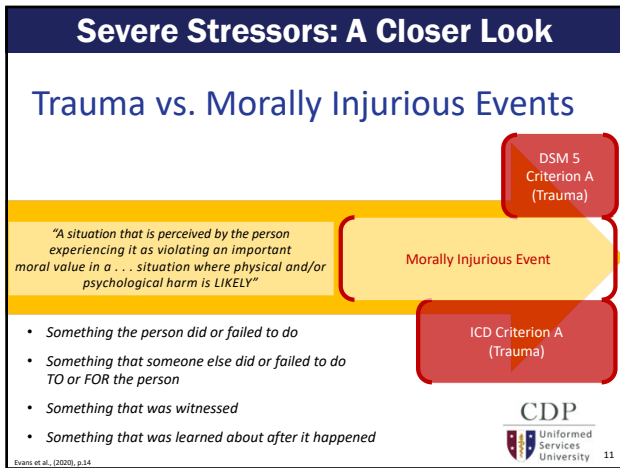
- Directly experiencing natural or human-made disasters, combat, serious accidents, torture, sexual violence, terrorism, assault or acute life-threatening illness (e.g., a heart attack)
- Witnessing the threatened or actual injury or death of others in a sudden, unexpected, or violent manner
- Learning about the sudden, unexpected or violent death of a loved one.

World Health Organization. (2019) 9

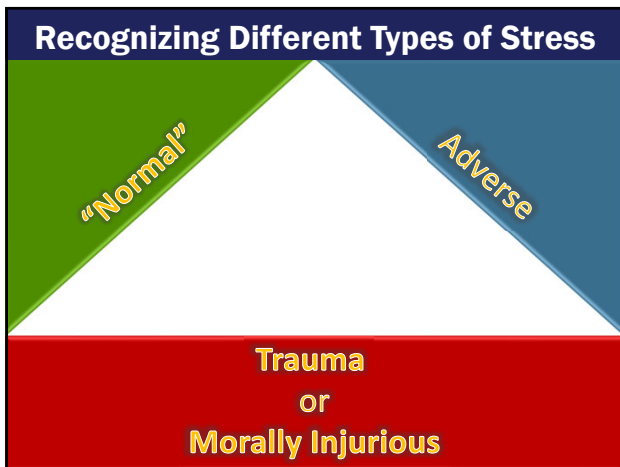
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Trauma in the Military

Combat

- Events commonly experienced by war fighters
- Ex. IED blast, small-arms fire, KIA of unit member

Sexual Violence

- Unwanted/forced experiences of a sexual nature
- Ex. Rape, threat of sexual assault

Operational

- Events encountered during peace time/humanitarian missions
- Ex. Training accidents, serious injury at work, natural disasters


Non-Military

- Discrimination, personal experience of violence, and chronic exposure to violence based on race, gender, sexual orientation, religion, etc.
- Childhood trauma, physical assault, civilian sexual assault

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Tips for Assessing Trauma History

- Assess readiness
- No surprises
- Express confidence
- Normalize reactions
- Validate emotions
- Contain and ground
- Acknowledge courage and effort



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Life Events Checklist for DSM 5 (LEC-5)

LEC-5

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.


Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not Sure	Doesn't Apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being						

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Screening for PTSD



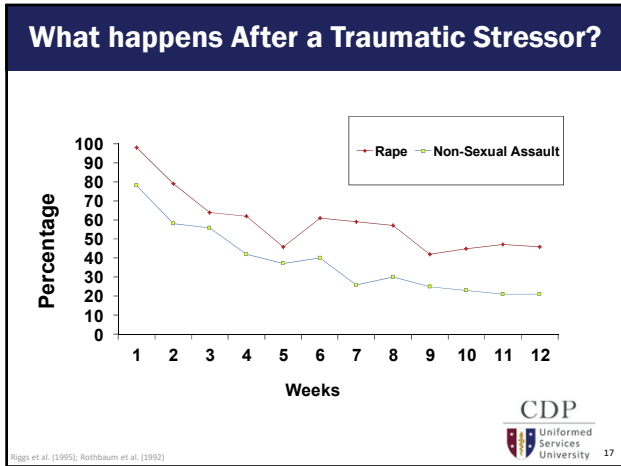
American Psychiatric Association (2022)



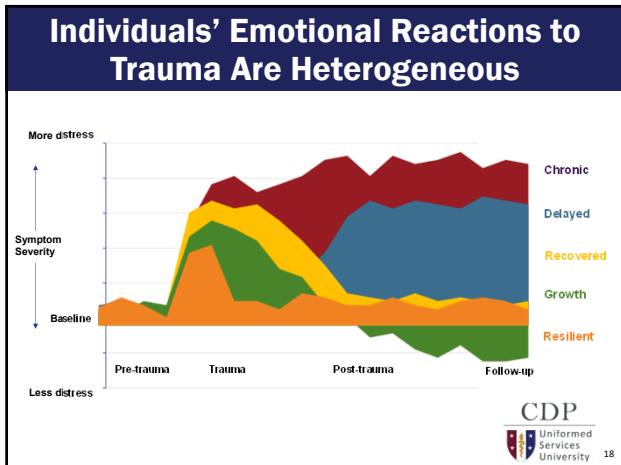
<https://www.healthquality.va.gov/guidelines/MH/ptsd/>



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Assessing PTSD Symptoms with a Clinical Interview



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<https://www.healthquality.va.gov/guidelines/MHI/ptsd/>

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Clinical Assessment/PTSD Assessment

Module B: Assessment and Diagnosis of Posttraumatic Stress Disorder

17 Patient presents with symptoms of PTSD or positive screening or is currently diagnosed with PTSD.

18 Obtain a clinical assessment time.

Sidebar 6: General Assessment

- Comprehensive clinical assessment: presenting complaints & comorbidities
- Assess safety, lethal means, and environmental assessment
- History and presenting complaints: mental health, medical, military, marital, family, substance use, social and spiritual life, functional status
- Identify trauma history and duration of exposure
- Current and past medications and psychosocial treatment
- With patient consent, consider obtaining additional history from family/significant other
- Mental status exam
- Consider, in cases of diagnostic uncertainty, use of validated structured clinical interviews for PTSD (i.e. CAPS-5, PSSI)

19 Summarize patient's problems. Educate patient and family about PTSD. Discuss treatment options, available resources, and patient preferences.

20 Arrive at shared decision regarding goals, expectations, and treatment plan.

<https://www.healthquality.va.gov/guidelines/MHI/ptsd/>

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Diagnostic Criteria

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PTSD Criteria – DSM-5

A. The Stressor Criterion


B. Intrusion (1)

D. Alterations of Cognition & Mood (2)

The defining symptoms alone, without connections to the stressor, are not regarded as PTSD (Breslau, 2002).

F. One Month or More

G. Functional Impairment or Distress



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PTSD Criteria: Intrusion

A. The Stressor Criterion

B. Intrusion (1)


- Intrusive, Distressing Recollections
- Distressing Dreams
- Dissociative Reactions (e.g., flashbacks)
- Psychological Distress to Reminders
- Marked Physiological Reactions to Reminders

D. Alterations of Cognition & Mood (2)

One Month or More

Functional Impairment or Distress

E. Hyperarousal (2)



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PTSD Criterion Avoidance

A. The Stressor Criterion

B. Intrusion (1)

D. Alterations of Cognition & Mood (2)


C. Avoidance (1)

- Avoidance of Internal Reminders (memories, thoughts, feelings)
- Avoidance of External Reminders (people, places, conversations, activities, objects, situations)

One Month or More

Functional Impairment or Distress

E. Hyperarousal (2)



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PTSD Criteria: Cognition & Mood

A. The Stressor Criterion

B. Intrusion (1)

C. Avoidance (1)

F. One Month or More

G. Functional Impairment or Distress

D. Alterations of Cognition & Mood (2)

- Traumatic Amnesia
- Persistent Negative Beliefs and Expectations
- Persistent Distorted Blame
- Persistent Negative Emotional State
- Diminished Interest
- Detachment or Estrangement
- Persistent Inability to Have Positive Emotions

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PTSD Criteria: Hyperarousal

A. The Stressor Criterion

B. Intrusion (1)

C. Avoidance (1)

F. One Month or More

G. Functional Impairment or Distress

E. Hyperarousal (2)

- Irritability and Angry Outbursts
- Reckless or Self-Destructive Behavior
- Hypervigilance
- Exaggerated Startle Response
- Problems with Concentration
- Sleep Disturbance

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Thoughts About Structured Interviews

Pros

- Increased diagnostic accuracy for PTSD
- More nuanced information about symptoms
- Contrast between client perception and clinical presentation


Cons

- Less time to gather psychosocial history
- Only focused on PTSD symptoms
- Clinical relevance?

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Assessing PTSD Symptoms Avoidance



C. Avoidance


Avoidance of Internal Reminders
(memories, thoughts, feelings)

Avoidance of External Reminders
(people, places, conversations, activities, objects, situations)

Initial Client Statement

Possible Queries


Client Response to Queries



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Assessing PTSD Symptoms: Cognition & Mood



D. Alterations of Cognition & Mood

Traumatic Amnesia

Persistent Negative Beliefs and Expectations

Persistent Distorted Blame

Persistent Negative Emotional State

Diminished Interest


Detachment or Estrangement

Persistent Inability to Have Positive Emotions

Initial Client Statement

Possible Queries


Client Response to Queries



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Assessing PTSD Symptoms: Hyperarousal



E. Hyperarousal

Irritability and Angry Outbursts

Reckless or Self-Destructive Behavior

Hypervigilance

Exaggerated Startle Response


Problems with Concentration

Sleep Disturbance

Initial Client Statement

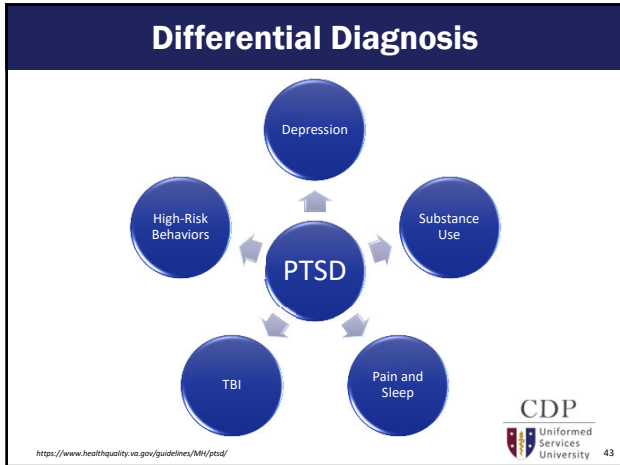
Possible Queries

Client Response to Queries



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Screening for Depression: PHQ-2

Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Total score=1+2
 Positive screen ≥3

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Screening for Anxiety: GAD-2

GAD-2

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3

Total score=1+2
 Positive screen ≥3

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Assessing Progress & Outcomes



- Progress - weekly or bi-weekly
- Outcome - post treatment
- Symptom Self-Reports
 - PCL-5
 - PHQ-9
 - SUD monitoring
 - Others as indicated
- Patient self-report
- Functional Indicators
- Collateral reports
- Clinical Observation



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Assessing Change with the PCL-5

Patient ID: John Smith

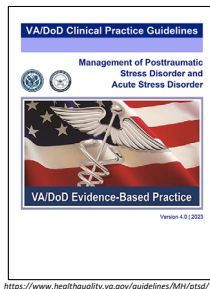
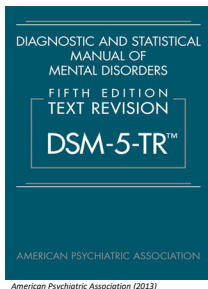
Psychometric Summary			
DSM-5 Diagnosis/Codes	Date	Intake Measures	
PTSD		PCL-5	PHQ CAPS
		52	17 49

Ongoing Assessment			
Date	Session #	Self-report Measures	
		PCL-5	PHQ
2/6	2	52	16
2/20	4	54	17
3/6	6	44	11
3/20	8	38	9
4/3	10	17	4

- Total Score (31-33)
- Diagnostic Criteria
- Change scores to note:
 - 5 - Statistically significant
 - 10 - Clinically significant

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Feedback and Treatment Planning



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Providing Feedback

- Summarize patient's problems
- Educate patient and family about PTSD
- Discuss treatment options, available resources, and patient preferences
- Arrive at a shared decision regarding goals, expectations, and treatment plan.


Abbreviations: CPG: clinical practice guideline; PTSD: Posttraumatic stress disorder; VA: Veterans Affairs; DOD: Department of Defense.

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Summarize




- “You have PTSD, which is a response to trauma...”
- “You also struggle with....”
 - *Co-morbidities*
 - *Co-occurring stressors*

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Educate




May I tell you a bit about PTSD?

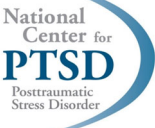

- “PTSD affects people in the following ways...”
 - *Symptoms...*
 - *Functional impact...*
- “PTSD affects you in the following ways...”
- “PTSD is treatable!”

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Psychoeducation: NCPTSD





<http://ptsd.va.gov>


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Discuss



- What are your reactions so far to hearing about PTSD (and other conditions)?
- “What are your resources?”
- “Are there barriers to care?”
- “What are your preferences?”
- “There are several effective treatments for PTSD”
 - *E.g., CPT, PE, EMDR*
- “This is how they work...”



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VA/DoD Guidelines Management of Post-Traumatic Stress: Treatment Guidelines

Sidebar 9: Treatment Selection

1. Initiate recommended individual, manualized psychotherapy (see **Recommendation 8**) according to patient preference.
2. If individual psychotherapy is unavailable or not preferred, initiate recommended pharmacotherapy (see [Recommendation 15](#)).
3. If options 1 and 2 are infeasible or are not preferred, offer suggested psychotherapy (see [Recommendation 9](#)) or suggested CIH (see [Recommendation 26](#)).
4. If options 1, 2, and 3 are infeasible or are not preferred, consider other psychotherapies (see [Recommendation 10](#), [Recommendation 12](#), and [Recommendation 13](#)), other pharmacotherapy (see [Recommendation 16](#)), complementary, integrative, or alternative approaches (see [Recommendation 27](#) and [Recommendation 28](#)) based on availability, patient preference, and review of current evidence.
5. If none of the options above are acceptable to the patient, consider treating other disorders, issues, or both and reevaluating for PTSD treatment later.

Abbreviations: CIH: complementary and integrative health; PTSD: posttraumatic stress disorder
<https://www.healthquality.va.gov/guidelines/NMHP/ptsd/>, Full CPGs pg 33 of 167

8.	We recommend the individual, manualized trauma-focused psychotherapies for the treatment of PTSD: Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, or Prolonged Exposure.	Strong for	Reviewed, New-replaced
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Shared Decision Making



- “What will work best for you?”
 - Timing
 - Resources
 - Support
- “What will fit best with your goals, expectations, and preferences?”

*Allow the patient time to reflect and discuss with others.

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Psychoeducation: Decision Aid

QUESTION 2 OF 6

TREATMENT COMPARISON CHART

MY TREATMENT PREFERENCES

Here is a summary of the number of things you liked about each of the treatment options.

Treatment Option	Number of Likes
Cognitive Processing Therapy	3
Prolonged Exposure	2
Eye Movement Desensitization and Reprocessing	2

Here is a count of the “likes” you gave each treatment. Not finished? Close this window and add or remove

Weekly sessions for around 3 months

Weekly sessions for around 2-3 months

Weekly sessions for around 3 months

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Choosing a Treatment



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Final Questions/Concerns?



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deploymentpsych.org

- Descriptions and schedules of upcoming training events
- Blog updated daily with a range of relevant content
- Articles by subject matter experts related to deployment psychology, including PTSD, mTBI, depression, and insomnia
- Other resources and information for behavioral health providers
- Links to CDP's Facebook page and Twitter feed



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Provider Support

CDP's "Provider Portal" is exclusively for individuals trained by CDP in evidence-based psychotherapies (e.g., CPT, PE, and CBT-I)

- Consultation message boards
- Hosted consultation calls
- Printable fact sheets, manuals, handouts, and other materials
- FAQs and 1:1 interaction with answers from SMEs
- Videos, webinars, and other multimedia training aids



Participants in CDP's evidence-based training will automatically receive an email instructing them how to activate their username and access the "Provider Portal" section at Deploymentpsych.org.



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Other Learning Opportunities



- CDP Presents - Monthly Webinar Series
 - Live and archived
 - CEs free for live, small fee for on-demand CEs
 - View archived webinars free for no CEs
- On-demand Courses
 - Military Culture
 - Deployment Cycle
 - Intro to PE and CPT
 - ...and more!



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