

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

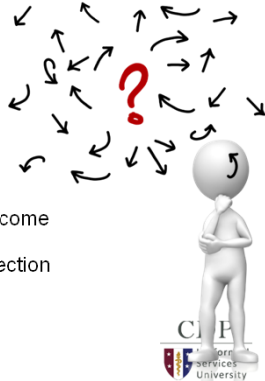
1. Apply the VA/DOD Guidelines for the Assessment of Trauma and PTSD.
2. Discriminate between symptoms of PTSD and other disorders based on the DSM-5.
3. Integrate appropriate measures into the screening, diagnostic assessment, and tracking of treatment outcomes in PTSD patients.



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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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Contextualizing Assessment

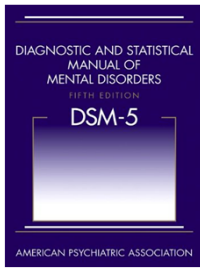
1. Assessment is a process
2. Clarifying roles
3. Informed consent/refusal
4. Responding effectively in a crisis
5. Acknowledging fallibility
6. Countertransference
7. Documentation and follow-up
8. Framing feedback
9. Looking to the future
10. Assessing/responding to reactions



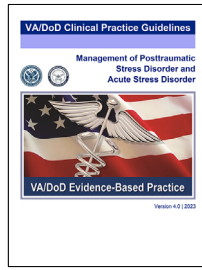
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Section 1: Assessing Trauma History



American Psychiatric Association (2013)



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



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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)

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Stressor Spectrum

Psychological Stressors



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Severe Stressors: A Closer Look

Trauma vs. Morally Injurious Events

"A situation that is perceived by the person experiencing it as violating an important moral value in a . . . situation where physical and/or psychological harm is LIKELY"

Morally Injurious Event

- *Something the person did or failed to do*
- *Something that someone else did or failed to do TO or FOR the person*
- *Something that was witnessed*
- *Something that was learned about after it happened*



Evans et al., (2020), p.14

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Varieties of Trauma

Combat	<ul style="list-style-type: none"> • Events commonly experienced by war fighters • Ex. IED blast, small-arms fire, KIA of unit member
Sexual Violence	<ul style="list-style-type: none"> • Unwanted/forced experiences of a sexual nature • Ex. Rape, threat of sexual assault
Operational	<ul style="list-style-type: none"> • Events encountered during peace time/humanitarian missions • Ex. Training accidents, serious injury at work, natural disasters
Non-Military	<ul style="list-style-type: none"> • 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 for treatment
- No surprises
- Express confidence
- Normalize
- Contain
- Praise your client

Frueh et al. (2013) 15

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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.

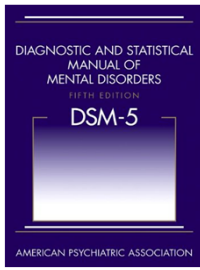
Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

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 attached, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being						

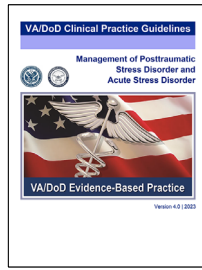
Weathers et al. (2013) 16

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Section 2: Screening for PTSD



American Psychiatric Association (2013)

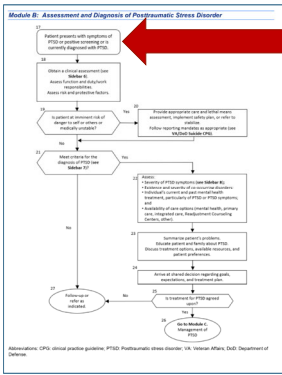


<https://www.healthquality.va.gov/guidelines/MH/ptsd/>



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CPGs: PTSD Screening

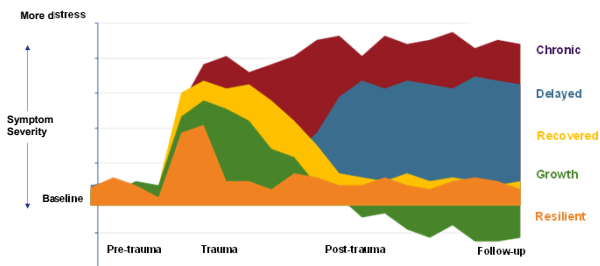


Patient presents with symptoms of PTSD or positive screening or is currently diagnosed with PTSD



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Individuals' Emotional Reactions to Trauma Are Heterogeneous




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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




DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS
DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION

D. Alterations of Cognition & Mood (2)

E. Hyperarousal (2)

One Month or More

Functional Impairment or Distress



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American Psychiatric Association (2013) 32

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PTSD Criterion Avoidance

A. The Stressor Criterion

B. Intrusion (1)



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DSM-5
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D. Alterations of Cognition & Mood (2)


E. Hyperarousal (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



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American Psychiatric Association, 2013. 33


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PTSD Criteria: Cognition & Mood

A. The Stressor Criterion

B. Intrusion (1)

C. Avoidance (1)




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DSM-5
AMERICAN PSYCHIATRIC ASSOCIATION

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

F. One Month or More

G. Functional Impairment or Distress



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American Psychiatric Association (2013) 34

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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



Kroenke, Spitzer, & Williams (2003)

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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



Kroenke, Spitzer, & Williams (2007)

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Screening for Problematic Alcohol Use: Audit-C

AUDIT-C

How often do you have a drink containing alcohol?				
<input type="checkbox"/> Never	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2-4 x per month	<input type="checkbox"/> 2-3 x per week	<input type="checkbox"/> 4+ x per week
How many standard drinks containing alcohol do you have on a typical day?				
<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 to 9	<input type="checkbox"/> 10+
How often do you have 6 or more drinks on one occasion?				
<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily/ almost daily

Positive screen: men ≥ 4
women ≥ 3



Brodley et al. (2007)

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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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Providing Feedback: More than a Label

- Feedback is a dynamic process, but following a general structure can be useful
- Several themes seem to be important:
 - focus on information exchange
 - adopt an individualized collaborative partnership paradigm
 - address stigma
 - balance hope with realism
 - recognize the dynamic nature of diagnosis.

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

VA/DoD Clinical Practice Guidelines

Management of Posttraumatic Stress Disorder and Acute Stress Disorder

VA/DoD Evidence-Based Practice

Version 4.0 | 2023

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

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Collaborative Treatment Planning

Enhancing Motivation



- What is the cost of PTSD?
- What are the patient's goals?
 - What motivates the patient?
 - Are there barriers to treatment?
 - What resources are available?



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Collaborative Treatment Planning

Informed Consent

- Symptoms may increase before decreasing
- Time commitment
- Homework
- Treatment options



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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 14](#)).
4. If options 1, 2, and 3 are infeasible or are not preferred, consider other psychotherapies (see [Recommendation 10](#), [Recommendation 12](#), and [Recommendation 14](#)), 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/NM/ptsd/>, Full CPGs pg 33 of 167

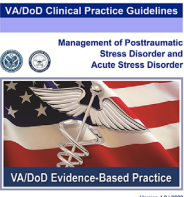
8.	We recommend the individual, manualized trauma-focused psychotherapies for the treatment of PTSD: Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, or Prolonged Exposure.	Strong for	Reviewed, New-replaced
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Evidence-Based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

VA/DoD CPGs for PTSD

- Very strong empirical support
- Endorsed as first line treatments by numerous scientific and policy organizations
- These therapies include interventions with well-validated success in addressing core features of PTSD
 - Specifically, these treatments include elements of exposure and/or cognitive restructuring



VA/DoD Clinical Practice Guidelines
Management of Posttraumatic Stress Disorder and Acute Stress Disorder
VA/DoD Evidence-Based Practice
Version 4.0 (2023)



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


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Examples of Trauma-Focused Therapies

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1. Prolonged Exposure Therapy (PE)
2. Cognitive Processing Therapy (CPT)

At the end, we will quickly review supplemental, free apps to help manage PTSD symptoms.



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Prolonged Exposure Therapy (PE)

- Approx. 10 sessions
- 90 minutes each
- Structured
- Homework
- Taping/recording

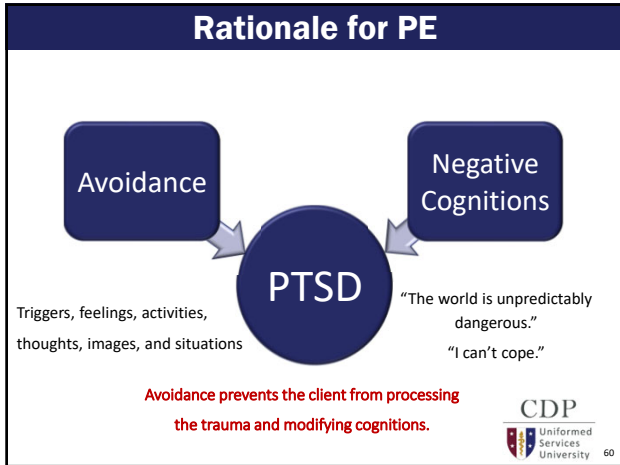
Psychoeducation
Breathing Retraining
Cognitive Processing
Exposure

Confront, confront, confront what you want to avoid!

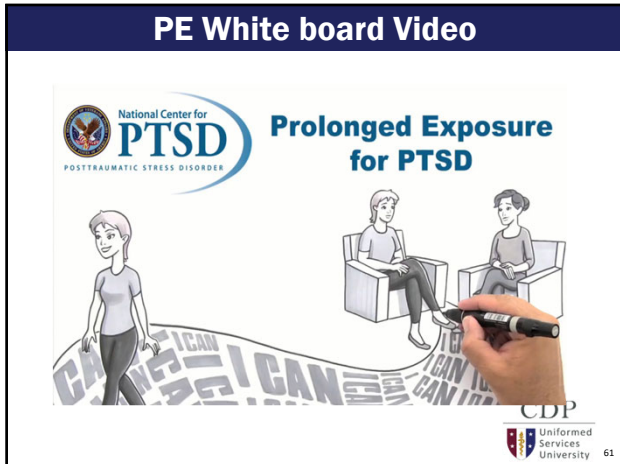


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PE Coach app

Installed on **client's** phone/tablet

Used adjunct to PE treatment

Free on iOS and Android platforms

Search for "PE Coach 2"



tinyurl.com/pe2ios



tinyurl.com/pe2andr



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Cognitive Processing Therapy (CPT)



- a short-term evidence-based treatment for PTSD
- a specific protocol that is a form of cognitive behavioral treatment
- predominantly cognitive and may or may not include a written account
- can be conducted in groups or individually

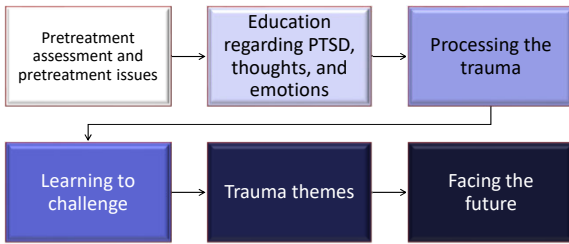


Resick, Monson, & Chard (2016)

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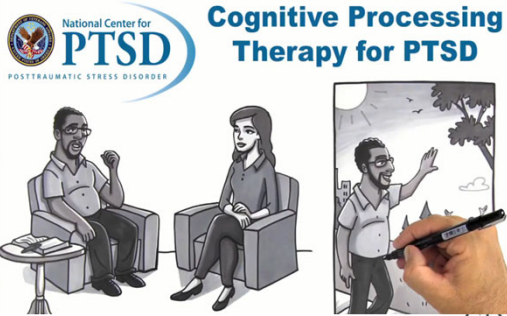
Phases of CPT



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CPT White Board Video



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CPT Coach app

Installed on **client's** phone/tablet

Used adjunct to CPT treatment

Free on iOS and Android platforms



tinyurl.com/nafyolk



tinyurl.com/yaqnamox





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Supplemental, Free Apps: Psychoeducation: PTSD Coach




Learn about PTSD

Self Assessment

Manage Symptoms

Find Support



tinyurl.com/onc66f




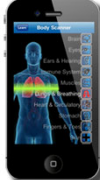

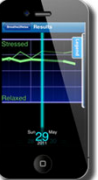
tinyurl.com/otms82r




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Supplemental, Free Apps: Relaxation: Breathe 2 Relax










tinyurl.com/nex4gcp




tinyurl.com/m4u3l2g

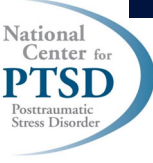


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Psychoeducation: NCPTSD



<http://ptsd.va.gov>



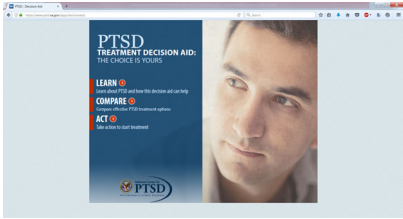
National Center for PTSD
Posttraumatic Stress Disorder



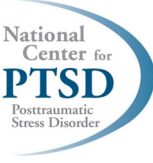
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Psychoeducation: Decision Aid



<http://ptsd.va.gov>



National Center for PTSD
Posttraumatic Stress Disorder





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Outcome Assessment

- Scores fall below "cut-offs" of threshold scores
- Assess whether still meet diagnostic criteria for PTSD
- Change scores (e.g., pre-post treatment)
 - Statistically significant
 - Clinically significant change
 - Reliable change indices
- Life functioning assessment
 - Self-report
 - Reports from collaterals





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Final Questions/Concerns?



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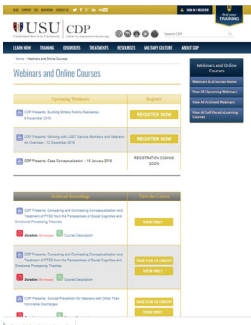
deploymentpsych.org

- 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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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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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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- Twitter: @DeploymentPsych



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