Assessment and Treatment of Post Traumatic Stress Disorder (PTSD) in Veterans

Kristen H. Sorocco, PhD
OKC Veterans Affairs Medical Center
Donald W. Reynolds Department of Geriatric Medicine,
University of Oklahoma Health Sciences Center

Collin L. Davidson, MS
Oklahoma State University

Supported by the South Central Mental Illness Research, Education, and Clinical Center.
Hosted by the Oklahoma Geriatric Education Center with funding from the U.S. Department of Health and Human Services, Health Resources and Service Administration (HRSA) Grant # D31HP08844.
Overview

- Prevalence of PTSD among Veterans
- PTSD screening and treatment recommendations for Veterans
- The VA approach to mental health services
- Referral options with VA
About 7.7 million American adults have PTSD
(3.5% of the U.S. population age 18 and older in a given year; NIMH, 2008)

Depression co-occurs with PTSD approximately 50% of the time
About 18% of veterans are diagnosed with PTSD (Dohrenwend et al., 2006)

In 2005, PTSD was the fourth most common service-related disability for service members receiving benefits (VA, 2005)
Clinical Approach to MH Services

- Recognition and Diagnosis
- Patient Education
- Treatment
- Monitoring
Criteria for PTSD

A Traumatic Event that involved actual or threatened injury. The person’s response must involve intense fear, helplessness, or horror.

Symptoms are divided into 3 clusters:

- **Re-experiencing**
  - Flashbacks
  - Intrusive memories
  - Dreams
  - Psychological distress with reminders
  - Physiological reactivity

- **Avoidance**

- **Arousal**
Criteria for PTSD

A Traumatic Event that involved actual or threatened injury. The person’s response must involve intense fear, helplessness, or horror.

Symptoms are divided into 3 clusters:

- **Re-experiencing**
  - Thoughts & feelings
  - Activities/Places/People
  - Amnesia
  - Loss of interest
  - Detachment
  - Restricted affect
  - Foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

- **Avoidance of (3 or more)**

- **Arousal**
Criteria for PTSD

**A Traumatic Event** that involved actual or threatened injury. The person’s response must involve intense fear, helplessness, or horror.

Symptoms are divided into 3 clusters:

<table>
<thead>
<tr>
<th>Re-experiencing</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sleep difficulties</td>
</tr>
<tr>
<td></td>
<td>Irritability &amp; anger</td>
</tr>
<tr>
<td></td>
<td>Concentration difficulties</td>
</tr>
<tr>
<td>Arousal (2 or more)</td>
<td>Hypervigilance</td>
</tr>
<tr>
<td></td>
<td>Exaggerated startle response</td>
</tr>
</tbody>
</table>
Primary Care PTSD Screen (PC-PTSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?
   YES / NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
   YES / NO

3. Were constantly on guard, watchful, or easily startled?
   YES / NO

4. Felt numb or detached from others, activities, or your surroundings?
   YES / NO

Scoring: Current research suggests that the PC-PTSD results should be considered "positive" if a patient answers "yes" to any three items.
PTSD Checklist – Civilian Version (PCL-C)

**Instruction to patient:** Below is a list of problems and complaints that Veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an “X” in the box to indicate how much you have been bothered by that problem in the last month.

**Boxes for:** 1-Not at all, 2-A little bit, 3-Moderately, 4-Quite a bit, 5-Extremely

1. Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?
2. Repeated, disturbing *dreams* of a stressful experience from the past?
3. Suddenly *acting or feeling* as if a stressful experience were *happening again* (as if you were reliving it)?
4. Feeling *very upset* when *something reminded* you of a stressful experience from the past?
5. Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?
6. Avoid *thinking about or talking about* a stressful experience from the past or avoid *having feelings* related to it?
7. Avoid *activities or situations* because they remind you of a stressful experience from the past?
8. Trouble *remembering important parts* of a stressful experience from the past?
9. Loss of interest in things that you used to enjoy?
10. Feeling distant or cut off from other people?
11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?
12. Feeling as if your future will somehow be *cut short*?
13. Trouble *falling or staying asleep*?
14. Feeling *irritable* or having angry outbursts?
15. Having difficulty concentrating?
16. Being “*super alert*” or watchful on guard?
17. Feeling *jumpy* or easily startled?
Scoring the PCL-C

Two Primary Ways to Interpret PCL-C

1. **Scores**
   - The 17 Items are rated on a 5-point scale ranging from 1 (“not at all”) to 5 (“extremely”)
   - A total score (range 17-85) can be obtained by summing the scores from each of the 17 items.
   - Cut-off scores for probable PTSD diagnosis (50)

2. **DSM-IV criteria**
   - At least one symptom from items 1 - 5, and at least three from items 6 - 12, and at least two from items 13 - 17. They suggest a cut off score of 3 or more for each item as being most appropriate for this approach.

**Recommendation is a combined approach using both Scores and DSM-IV criteria**
Clinical Approach to MH Services

- Recognition and Diagnosis
- Patient Education
- Treatment options
- Monitoring
**Patient Education**

**Handouts** – National Center for PTSD (www.ptsd.va.gov)
- What is PTSD?
- Frequently Asked Questions about PTSD
- Treatment of PTSD
- How Common is PTSD?
- What Can I Do If I Think I Have PTSD?
- Helping A Family Member Who Has PTSD

**Web Sites**
- 8 Battlefield Skills that Make Life in the Civilian World Challenging
- Association for Behavioral and Cognitive Therapies (ABCT) – Posttraumatic Stress Disorder Fact Sheet
  (www.abct.org; www.abct.org/docs/dMembers/FactSheets/PTSD%200707.pdf)
- VA South Central MIRECC has educational products for download or request
  (http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp)
Evidence-Based Treatment for PTSD

Cognitive Processing Therapy (CPT)
- Goals: 1) Help patient accept the reality of the trauma, 2) Help patient to feel the emotions related to trauma, & 3) Help patient to develop balance and realistic beliefs
- Format: 12 weekly outpatient, 60 minute, highly structured sessions, involving home practice between sessions

Prolonged Exposure Therapy (PE)
- Goals: 1) Help patient to reduce anxiety related to traumatic memories, 2) Help patient to reduce anxiety related to situations that are safe but that are reminders of the trauma, & 3) Examine ways of thinking about trauma and whether or not these are helpful
- Format: 10 outpatient, 90 minute, highly structured sessions, involving home practice between sessions
Finding Mental Health Service

- VA Medical Centers and Vet Centers
  - [www.va.gov](http://www.va.gov) or [www.vetcenter.va.gov](http://www.vetcenter.va.gov)

- [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)
  - Veteran’s Affairs Facility Locator
  - Finding a therapist fact sheet
  - Hotline numbers SAMHSA
  - Mental Health Services Locator (SAMHSA)

- Association for Behavioral and Cognitive Therapies
  - [www.abct.org](http://www.abct.org)
  - [www.find-a-therapist.com](http://www.find-a-therapist.com)
OK VA Referral Locations

- Oklahoma City VA Medical Center
  921 N.E. 13th Street
  OKC, OK 73104
  Phone: (405) 456-1000

- North May Clinic
  2915 Pine Ridge Road
  OKC, OK 73120
  (405) 752-6500, option 8

- Stillwater Outpatient Clinic
  1815 West 6th Street,
  Stillwater, OK 74074
  (405) 743-7300

- Altus Outpatient Clinic
  201 South Park Lane
  Altus, OK 73521
  (580) 482-9020

- Enid Outpatient Clinic
  915 E. Garriott, Suite G.
  Enid, OK 73701
  (580) 242-5100

- Lawton/Ft Sill Clinic
  4303 Pittman and Thomas Bldg 4303
  Ft Sill, OK 73503
  Phone: 580-585-5600

- Konawa CBOC
  527 W 3rd St
  Konawa, OK 74849
  Phone: 580-925-3286

- Blackwell CBOC
  1009 W. Ferguson Ave.
  Blackwell, OK 74631
  Phone: 580-363-0052

- Muskogee VA Medical Center
  1011 Honor Heights Drive
  Muskogee, OK 74401-1318
  (918) 577-3000

For general referral and eligibility of Vets:
(405) 456-1000, ext. 65774 or 65434
www.oklahoma.va.gov/patients/eligibility.asp
Clinical Approach to MH Services

- Recognition and Diagnosis
- Patient Education
- Treatment
- Monitoring
Monitoring of PTSD

- If screen is negative, continue screens yearly for the first 5 years post-military discharge, then every 5 years after that point.

- If screen is positive, at the next visit ask whether they followed through with the referral.

- What to do it a patient refuses referral to mental health care:
  - Suggest an evaluation rather than treatment
  - Normalize the idea of treatment
  - Give patient educational materials
  - Give information about different ways the patient can seek assistance
  - Consider involving the patient's spouse or partner in the discussion
  - Make sure to follow up on the issue in the next appointment
Resources

U.S. Dept of Veterans Affairs

- [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)

National Center for PTSD

- Primary Care PTSD Screen (PC-PTSD)
- PTSD Checklist (PCL)
- PTSD 101 Courses web-based curriculum (CE credits)
- Videos: Hope for Recovery; PTSD, Allostatic Load, and Medical Illness; Psychopharmacology of PTSD;
- [www.ptsd.va.gov](http://www.ptsd.va.gov)

Resources for Global War on Terrorism Military Families

- [www.mirecc.va.gov/VISN16/docs/Resources_OIF_Families_090319.pdf](http://www.mirecc.va.gov/VISN16/docs/Resources_OIF_Families_090319.pdf)
  (Compiled by Michelle D. Sherman, Ph.D.)
Want to receive a clinical reminder about this content?

Click Here to receive two monthly reminders
(or copy & paste http://www.surveymonkey.com/s/XRWZSHW into your browser)

Assessment and Treatment of PTSD in Veterans

Kristen H. Sorocco, PhD
OKC Veterans Affairs Medical Center
Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma Health Sciences Center
Collin L. Davidson, MS
Oklahoma State University

Supported by the South Central Mental Illness Research, Education, and Clinical Center.
Hosted by the Oklahoma Geriatric Education Center with funding from the U.S. Department of Health and Human Services, Health Resources and Service Administration (HRSA) Grant # D31HP08844.