Posttraumatic Stress Disorder PTSD Assessment

William B. Elder, Ph.D.

South Texas Veteran Health Care System
PTSD Clinical Team Director

PCT in the Continuum of VA Care

PTSD CONTINUUM OF CARE

• Provision of a PTSD continuum of care implies matching the unique needs of a veteran with the level of care required at the time, as well as ongoing evaluation of whether the Veteran should receive a greater or lesser level of care.

The Uniform Mental Health Services in VA Medical Centers and Clinics (VHA Handbook 1160.01), Programs for Veterans with PTSD (VHA Directive 1160.03), Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) (VHA Handbook 1162.02), 2017 Revised VA/DoD Clinical Practice Guideline for Management of PTSD

LEVELS OF CARE

Acute Inpatient

Residential (PTSD, PTRP, SATP)

Specialty Outpatient (including PCT)

Intensity of Services Health Interdisciplinary Program (BHIP/MHC)

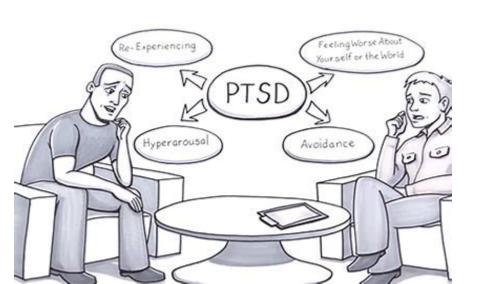
> **Primary Care Mental Health** Integration (PCMHI)

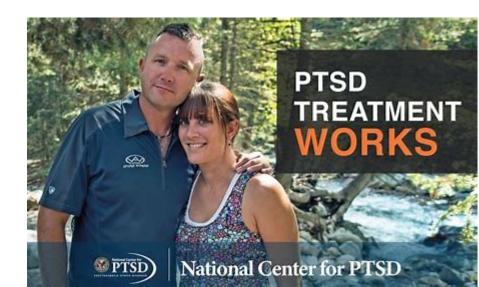
- VA health care centers are directed (Directive 1160.03) to have a PCT: "all VA medical facilities must have a specialized outpatient PTSD... treatment team."
 - For program oversight.
 - For ongoing staff training.
 - To provide a range of services.

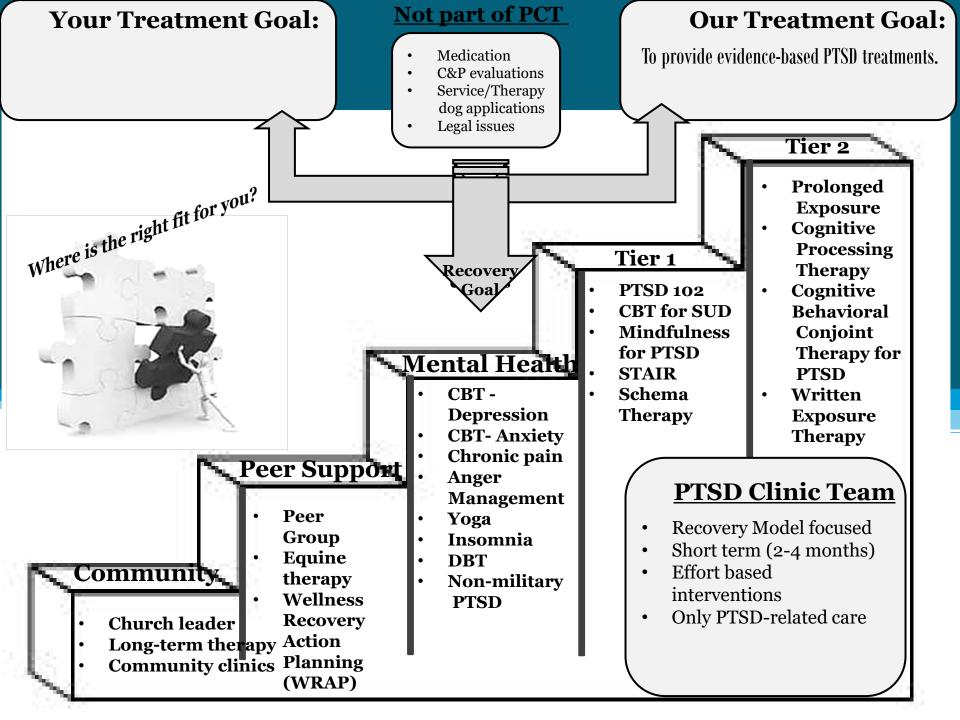
RECOVERY STEPS THRU THE PCT

- <u>Duration</u>: PCT programming is timelimited and typically lasts between 2-to-4 months; weekly sessions.
- <u>Medications</u>: managed by PCP or mental health prescriber.
- After completing work with the PCT, veterans may terminate tx or be referred to BHIP for additional treatment, if needed.

- National VA initiatives to disseminate and provide competency-based training in Evidence-Based Psychotherapies for PTSD:
 - Tier 1: Non-trauma focused therapies to build emotion regulation in preparation for trauma-focused therapy (STAIR, Mindfulness for PTSD, PTSD 102 group).
 - Tier 2: Trauma-focused therapies (Cognitive Processing Therapy, Prolonged Exposure Therapy, Cognitive Behavioral Conjoint Therapy, Written Exposure Therapy).







PCT ADMISSION CRITERIA

PCT Admission Criteria

•

- *Veteran has a diagnosis or tentative diagnosis of PTSD
- *PTSD is related to trauma that occurred while veteran was in the military
- *Veteran wants EBT for PTSD and is willing to work toward treatment goals, on weekly basis
- *No use of IV drugs, heroin, simulants, alcohol use all day or over 8 drinks daily, patients experiencing withdrawal sxs without consistent use.
- *Pts who use cannabis, benzodiazepines, and/or up to 8 alcoholic drinks daily must agree to abstain from use prior to session and during at-home practice.
- *NO moderate or severe cognitive impairment (consult first)
- *NO active psychosis (psychosis and bipolar ok if it's managed on medication-otherwise, send to Stepping Stones)
- *Veteran is NOT being referred for compensation or disability claim purposes
- *If patient is high-risk flagged for suicide risk, we may discuss postponing trauma-focused therapy until safety is established.
- *Is not simultaneously in individual psychotherapy for other conditions

PTSD Clinical Team Flow of Services

Location of EventOutside of MHOther MHPCT

Veteran seen outside
VA or in a non-MH
setting (such as ED,
Primary Care,
Specialty, etc.)
and are in need
mental health care,
possibly for PTSD.

Veteran seen by
PCMHI, BHIP Provider,
or other MH LIP
Initial Screening
completed and veteran
is appropriate for
AND wants individual
trauma-focused EBP for
PTSD.

Provider places PCT Consult.

Consults are reviewed by PCT staff and cleared for scheduling

MSA contacts veteran and schedules PCT intake.

**During COVID-19, providers contact for phone or VVC.

PCT Intake and trauma interview with PCT Provider.

Veteran completes Shared Decision Making and decides to start EBT within PCT or short-term prep prior to EBP.

Veteran completes EBP and/or short term aftercare, or drops out of PCT services.

Veteran is discharged from PCT; consult placed as needed or for continued self recovery discharge

Residential treatment for PTSD:

- Intensive specialty treatment for mental health and SUDs, as well as for co-occurring medical needs, homelessness, and unemployment.
- <u>Bonham</u> Residential Rehabilitation Treatment Program (RRTP) offers 3 distinct residential treatment programs: 1. SUD, 2. Gen DOM, 3. PTSD
- Mixed sex with one separate, 12-bed women's domiciliary.
- Veterans may self-refer; not limited to combat trauma.
- <u>Temple</u> Virtual-Intensive Outpatient Program (V-IOP) for PTSD during the time that the DOM is closed due to COVID—all VVC.
- Cohort, 6 weeks.
- Patients will receive 2-3 individual therapy sessions weekly (CPT or PE)
- Group Psychotherapy M-F from 1:30pm-3:00pm daily.
- Combat veterans (although index trauma does not have to be combat related). Veterans will be eligible for additional SUD groups if concurrent care is needed.
- <u>Houston:</u> ROVER (Returning OEF/OIF/OND Veteran's Environment of Recovery): 4-5 week inpatient tx for OEF/OIF/OND, primary PTSD dx, combat trauma. RISER (Women's Inpatient Specialty Environment of Recovery): 4-5 week program for women of any era and any form of trauma.