



# PTSD Management in Primary Care

Sheila A.M. Rauch, Ph.D., ABPP  
Director of Mental Health Research and  
Program Evaluation, Joseph Maxwell Cleland  
Atlanta VAMC  
Mark & Barbara Klein Distinguished Professor  
in Mind-Body Medicine  
Professor of Psychology in Psychiatry  
Emory University School of Medicine

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# POSTTRAUMATIC STRESS DISORDER MANAGEMENT IN INTEGRATED PRIMARY CARE

PRIMARY AUTHORS:

Jeffrey Cigrang, PhD, ABPP and Sheila Rauch, PhD, ABPP

Curriculum developed by the **Integrated Primary Care Curriculum Committee** of the Society for Health Psychology:

Barbara Ward-Zimmerman, PhD, William B. Gunn, Jr., PhD, and Nancy Ruddy, PhD, *Co-Chairs*

Mark E. Vogel, PhD, ABPP, Barbara A. Cubic, PhD, Lisa K. Kearney, PhD, ABPP, Christopher Neumann, PhD, Mark A. Stillman, PhD, and Shanda Wells, PsyD



# Agenda



What is PTSD?

Prevalence in YOUR patients

5A's Model

Actionable Checklist for YOUR practice

# What is PTSD?

- Requires: The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence in specific ways. Response includes:
  - Re-experiencing: This can manifest as intrusive thoughts, nightmares, or flashbacks.- HAUNTED by the memory
  - Avoidance: Patients may actively try to avoid thoughts, feelings, or external reminders associated with the trauma.
  - Negative changes in thoughts or mood: This can include persistent negative emotions, feelings of isolation, or exaggerated self-blame.
  - Hyperarousal : Symptoms may include irritability, aggression, risky behavior, or hypervigilance.
- Symptoms must cause significant distress or functional impairment and not be due to other medical conditions or substance use.
- Last more than one-month post-trauma

# POSTTRAUMATIC STRESS DISORDER: PREVALENCE

**Posttraumatic Stress Disorder (PTSD) symptoms result from trauma exposure for *some* individuals<sup>1-4</sup>**

Findings in a systematic review of 41 studies with a composite N of over 7 million primary care patients:<sup>5</sup>

Prevalence of PTSD across all studies: **12.5%**

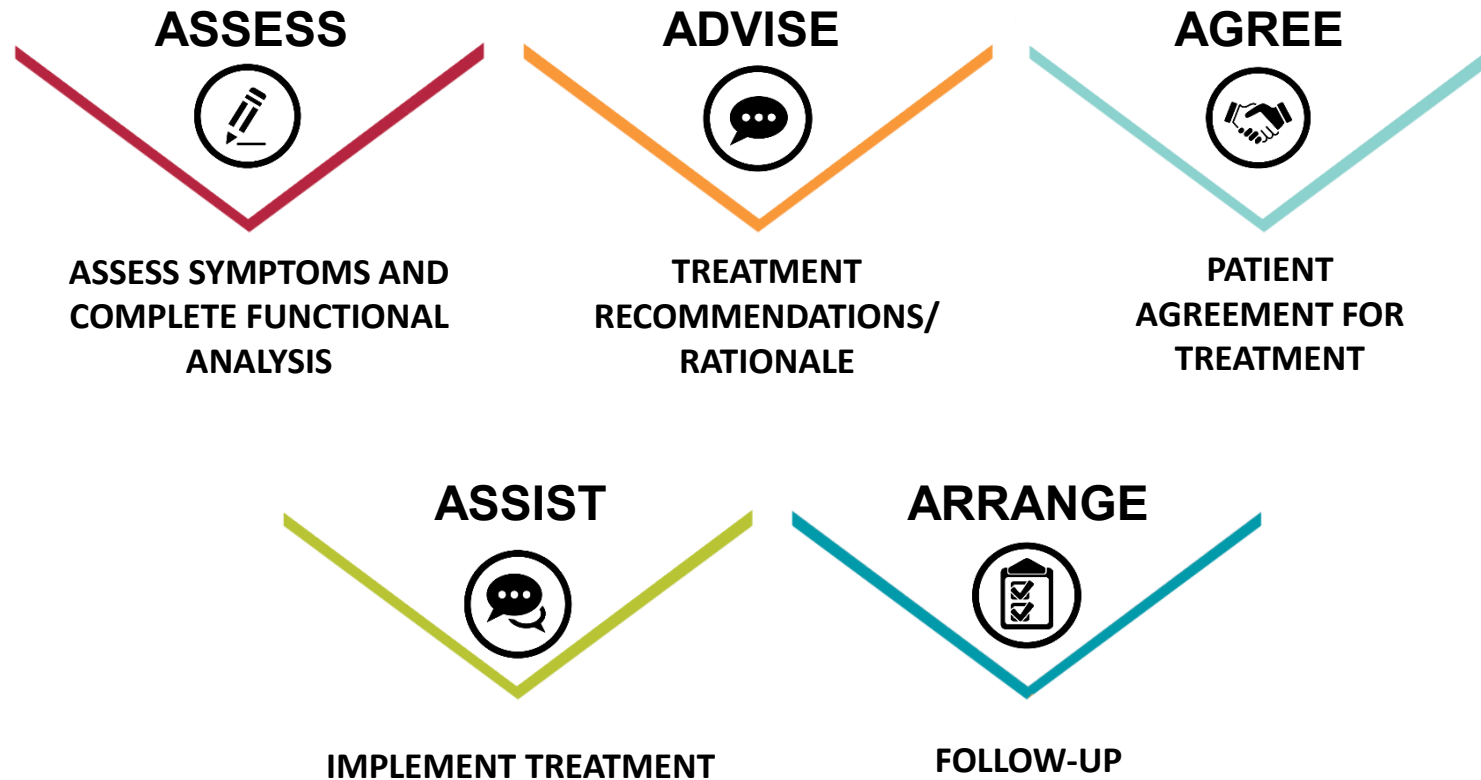
Median point prevalence:



Lifetime prevalence of diagnostic interview-ascertained PTSD: ranged from **3.5%** to **29.2%**<sup>6</sup>

**PTSD is common in primary care patients and many who experience PTSD also experience an increased physical illness burden.<sup>7</sup>**

# THE 5A'S OF POSTTRAUMATIC STRESS DISORDER (PTSD) & SUBSYNDROMAL PTSD ASSESSMENT & MANAGEMENT<sup>1</sup>



<sup>1</sup>Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. (2017). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.



# Assessing for Posttraumatic Stress Disorder in Primary Care

# SELF-REPORT SCREENING INSTRUMENT FOR PTSD IN ADULT PRIMARY CARE<sup>1</sup>

## The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.

For example: a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, having a loved one die through homicide or suicide.

***Have you ever experienced this kind of event?*** If **NO**, screen total = 0. Please stop here.

If **YES**, please answer the questions below.

In the past month, have you...		
Had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
Been constantly on guard, watchful, or easily startled?	YES	NO
Felt numb or detached from people, activities, or your surroundings	YES	NO
Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	YES	NO

# ADULT SELF-REPORT SCREENING INSTRUMENT FOR PTSD IN PRIMARY CARE<sup>1-4</sup>

## **Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)**

20-item screener based on the Diagnostic and Statistical Manual (DSM-5) PTSD criteria available here:

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Appropriate for utilization in PC settings

A PCL-5 cut-point of 33 appears to be a reasonable value to use for provisional PTSD diagnosis. Severity can be determined adding scores of each item together to determine a total score. The range is 0-80

A total score of 33 or higher suggests the patient needs further assessment to confirm a diagnosis of PTSD

Posttraumatic Diagnostic Scale (PDS-5) is a 24-item measure assessing PTSD with a cut score of 28

# FUNCTIONAL ASSESSMENT OF PTSD SYMPTOMS: SAMPLE QUESTIONS<sup>1</sup>

About how long ago did you first notice the symptoms?

How many times a day, week, or month do the symptoms occur?

What do you notice that may make the symptoms worse? Better?

What changes have you noticed as your symptoms have gotten worse...

- In your work performance/school?
- In your relationships?
- In social activities?
- In your physical activity level?
- In your use of alcohol, nicotine, illicit drugs, or caffeine use?

<sup>1</sup>Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. (2017). *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (2nd ed.). Washington, DC: American Psychological Association.



# ADVISE AND AGREE

## REVIEW OPTIONS FOR CARE<sup>1,2</sup>

Ensure adult patients know their treatment options:



Medication  
e.g., paroxetine  
and sertraline



Primary Care  
Psychoeducation,  
Symptom Management,  
and Brief Therapy



**Specialty Mental Health**  
Medications and Augmentation  
Prolonged Exposure  
Cognitive Processing Therapy  
Eye Movement Desensitization  
and Reprocessing

Discuss patient preferences, facilitators, and barriers to care

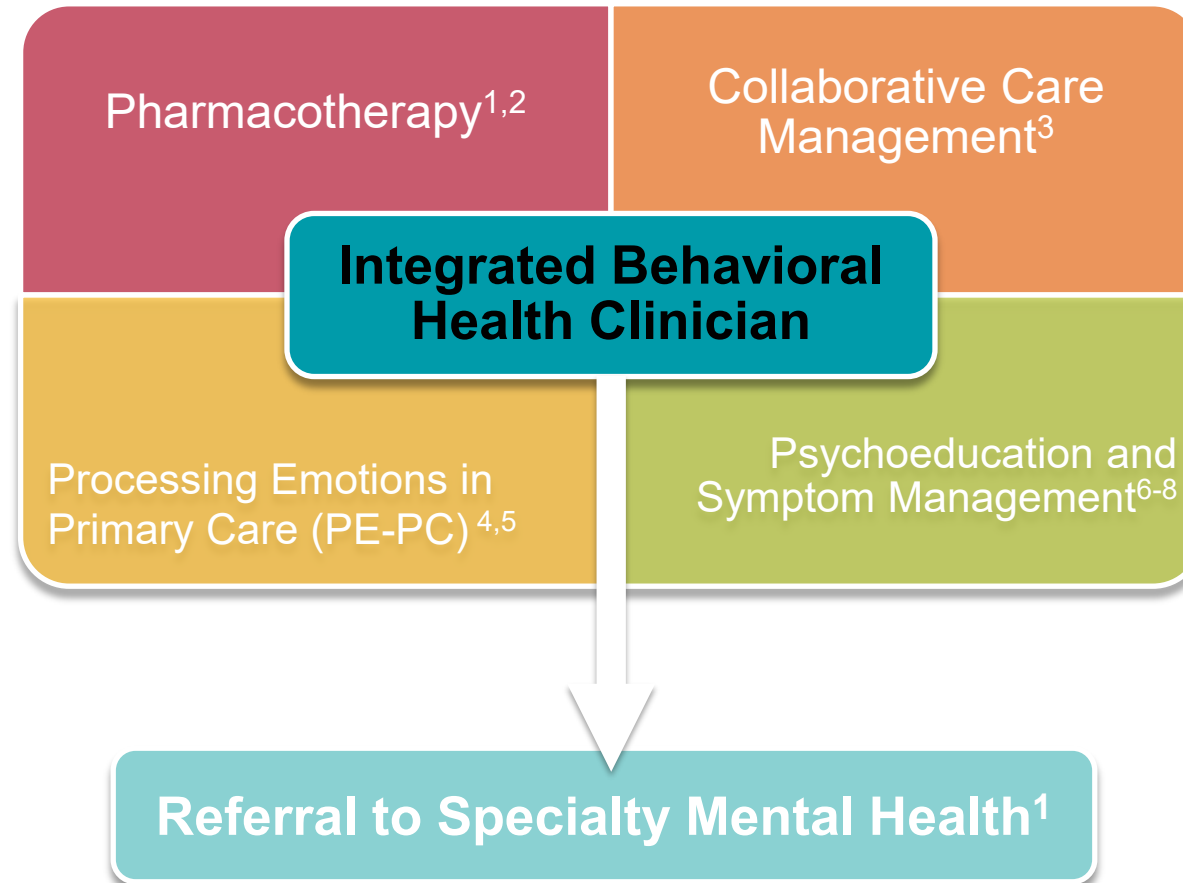
The VA provides a [PTSD Decision Aid](https://www.ptsd.va.gov/apps/Decisionaid/) (https://www.ptsd.va.gov/apps/Decisionaid/) website which walks patients through a range of evidence-based treatment options. This is helpful when contemplating the type of treatment to access in a specialty mental health setting.



ASSIST

# ASSIST: TREATMENT MENU

**MORE THAN ONE OPTION MAY BE SELECTED DEPENDING ON A PATIENT'S NEEDS**



# ASSIST

Processing  
Emotions in  
Primary Care  
(PE-PC) <sup>1-3</sup>

- PE-PC is a 4-8 contact protocol for use in integrated primary care <sup>1</sup>.
- Sufficient PTSD care for some patients.
- Can serve as first step in continuum of care <sup>2</sup>

Begins with assessment through 'business as usual' IPC practice, followed by 4-8 **appointments of 30 minutes** <sup>3</sup>

- Confronting Uncomfortable Memories Workbook
- Written trauma narrative and in vivo as homework
- Narrative read out loud during appointment
- Focused processing discussion

Protocol concludes with a review of progress and assisting patient to make decision on need for additional treatment.

## ASSIST

Processing  
Emotions in  
Primary Care  
(PE-PC)

Providers trained in Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT) can learn the protocol with minimal supervision

Training program is available to with 6 hour didactic and group weekly 30-minute consultation.

For providers interested in training in PE-PC email Ms. Margaret Venners ([margaret.venners@va.gov](mailto:margaret.venners@va.gov))

# ASSIST

## Psychoeducation and Symptom Management<sup>1-3</sup>

When a patient is not interested in a referral to specialty mental health and/or when treatment in primary care is preferred, providers can offer psychoeducation and target symptoms with brief interventions:

***Relaxation Training*** may help reduce the psychophysiological arousal associated with PTSD.

- Deep (diaphragmatic) breathing
- Progressive Muscle Relaxation

***Behavioral Activation*** can target comorbid depressive symptoms and may also reduce PTSD avoidance.

***Cognitive Behavioral Therapies for Insomnia*** can target behavioral and lifestyle changes that may be contributing to disturbed sleep.

Numerous patient education handouts are available at the National Center for PTSD <https://www.ptsd.va.gov/index.asp>

# ASSIST

## Pharmacotherapy<sup>1,2</sup>

The evidence base for PTSD pharmacotherapy is strongest for the selective serotonin reuptake inhibitors (SSRIs).

Currently only sertraline (Zoloft) and paroxetine (Paxil) are approved by the Food and Drug Administration for PTSD.

For more information on pharmacotherapy for PTSD go to:

[https://www.ptsd.va.gov/professional/treat/txessentials/clinician\\_guide\\_meds.asp](https://www.ptsd.va.gov/professional/treat/txessentials/clinician_guide_meds.asp)

# ROLE FOR BEHAVIORAL HEALTH CLINICIANS: SUPPORT ADHERENCE TO ANTIDEPRESSANT TREATMENT IN PRIMARY CARE <sup>1-3</sup>



Encourage patient to follow Primary Care Provider's (PCP's) instructions for medication use precisely



Ensure patient reports all other medications to PCP



Inform patient about the importance of reporting side effects to their PCP  
Work with PCP and other medical and/or social supports (as indicated) in monitoring progress



Encourage patients who are newly prescribed an antidepressant to engage in care management services IF available (with PCP agreement)



Become educated on common antidepressants utilized in PC and provide PCPs with opportunities for education in clinical practice guidelines for their use

# ASSIST

## Collaborative Care Management

Collaborative Care is a specific type of integrated care that emphasizes:

- A centralized care facilitator to monitor treatment progress
- Health informatics systems to track symptoms and support clinical decisions
- Enhanced mental health specialist integration

The CACT (Centrally Assisted Collaborative Telecare) includes web-based and telehealth psychosocial treatment options. Patients receiving CACT show improvements in PTSD outcomes compared to usual care.<sup>1</sup>

For additional information on CACT click here: <https://www.ptsd.va.gov/professional/articles/article-pdf/id45004.pdf>

The University of Washington AIMS Center website provides an excellent how-to guide for implementing Collaborative Care: <http://aims.uw.edu/>

# ASSIST

Psychoeducation and  
Symptom Management<sup>1,2</sup>

- Additionally, numerous Mobile Apps and self-help resources have been found to be helpful for patients and family members:

## [PTSD Coach](#)

This mobile app helps patients learn about, and cope with, the symptoms related to PTSD that commonly occur following trauma.

## [Mindfulness Coach](#)

Grounding oneself in the present moment can help patients cope better with unpleasant thoughts and emotions. The Mindfulness Coach app will help patients do this.

## [Messy Memories](#)

Emotional processing app to approach difficult stuck memories independently.

## [Making Meaning of Difficult Experiences](#)

This book is a self-help resource to approach difficult memories with emotional processing with additional positive coping support.



ARRANGE

# ARRANGE



Post  
**ASSIST:**

Provide interventions in PC prior to triaging to services outside the practice as needed

Address barriers to accessing treatment outside the practice as warranted

Engage support systems



**ARRANGE**

Develop follow-up plan

Use Motivational Interviewing to increase likelihood of follow through

Provide feedback to primary care provider

# SUMMARY POINTS



Posttraumatic Stress Disorder (PTSD) is common, yet frequently undetected in primary care settings



Screening can be an effective tool to identify patients with PTSD and subsyndromal PTSD



Integrated Primary Care (IPC) Behavioral Health Clinicians play critical roles in assisting primary care providers screen and provide early intervention for PTSD



Effective treatments for PTSD are available.



IPC Behavioral Health Clinicians can assist in assessing level of severity and matching patients to the best treatment for their specific needs

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Thank You

Sheila A.M. Rauch, Ph.D., ABPP  
sheila.a.m.rauch@emory.edu