Behavioral Health 101: PTSD

For Healthcare Providers
Learning Objectives

• Recognize symptoms of PTSD
• Name a screening tool for PTSD
• Identify the recommended treatment options for individuals who could have PTSD
• Apply learning in an exercise utilizing a screening option and identifying treatment options
Role of PH Providers in Treating BH

Only 20% of adult clients with mental health disorders are seen by BH providers.
Clients often prefer and receive treatment in primary care settings.

60% of premature death in persons with Schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infection diseases.

(American Hospital Association, 2014; Unützer, Harbin, Schoenbaum, & Druss, 2013)
Role of PCPs in Suicide Prevention

- 75% of individuals who die by suicide are in contact with a primary care physician in the year before their death
- 45% do so within one month of their death
- Only 20% of these patients saw a mental health professional in the preceding month
- 62% of antidepressant prescriptions in the U.S. are written by generalists (internists, pediatricians, PCPs)

Integrated Healthcare

Systematic integration facilitates the communication and coordination of:

• Physical healthcare
• Behavioral healthcare
• Substance use disorder treatment

Integrated care promotes a cohesive service delivery system & better continuity of care.

(SAHMSA, n.d.)
Common Disorders

- Depression
- Bipolar Disorders
- Anxiety Disorders
- Posttraumatic Stress Disorder
- Substance Use Disorders
- Schizophrenia & Psychotic Disorders
Trauma Disorders

“There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.”

— Laurell K. Hamilton, Mistral’s Kiss
What is Post-Traumatic Stress Disorder?

- In the past PTSD was classified as an anxiety disorder
- Now PTSD is listed in a new chapter on trauma-and-stressor-related disorders
Diagnostic Criteria for PTSD

Exposure to actual or threatened death, serious injury, or sexual violation in one of the following ways:

• Directly experiencing the traumatic effect
• Witnessing, in person, the event(s) as it occurred to others
• Learning that the traumatic event(s) occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental)
• 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)

(APA, 2013)
## Diagnostic Criteria: Symptom Categories

<table>
<thead>
<tr>
<th>Re-experiencing</th>
<th>Avoidance</th>
<th>Cognitions &amp; Mood</th>
<th>Arousal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flashbacks</td>
<td>• Conversations about event(s)</td>
<td>• Self-blame, shame</td>
<td>• Anger outbursts</td>
</tr>
<tr>
<td>• Nightmares</td>
<td>• Memories of event(s)</td>
<td>• Suspicion, blaming others</td>
<td>• Aggression</td>
</tr>
<tr>
<td>• Prolonged</td>
<td>• People, places, things that are reminders of event(s)</td>
<td>• Amnesia</td>
<td>• Hypervigilance</td>
</tr>
<tr>
<td>distress at</td>
<td></td>
<td>• Disinterest</td>
<td>• Self-destructive</td>
</tr>
<tr>
<td>reminders of</td>
<td></td>
<td>• Detachment</td>
<td>• Startles easily</td>
</tr>
<tr>
<td>event(s)</td>
<td></td>
<td>• Inability to feel happiness, love, satisfaction</td>
<td>• Concentration problems</td>
</tr>
<tr>
<td>• Physiological reactions (sweating, heart racing) at reminders of event(s)</td>
<td></td>
<td></td>
<td>• Sleep problems</td>
</tr>
</tbody>
</table>

(APA, 2013)
Diagnostic Criteria Continued

- The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual’s social interactions, capacity to work, or other important areas of functioning
- It is not the physiological result of another medical condition, medication, drugs, or alcohol

(APA, 2013)
Comorbid Conditions

• Vast majority of people with PTSD have other psychiatric diagnoses
• Most common are:
  o Depression
  o Substance Use Disorders
  o Anxiety
  o Presence of one condition indicates possibility of others

(Brady, Killeen, Brewerton, & Lucerini, 2000)
Risk Factors for PTSD

- Living through dangerous events and traumas
- Having a history of mental illness
- Getting hurt
- Seeing people hurt or killed
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
Resilience Factors for PTSD

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Feeling good about one’s actions in the face of danger
- Having a coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear
Screening Tools

PTSD

Primary Care PTSD Screen (PC-PTSD)

Short Form of the PTSD Checklist - Civilian Version
Primary Care PTSD Screen (PC-PTSD)

- NOT intended to diagnose
- Four questions
- Yes or no response
- 2 minutes to administer
- Score of ≥3 warrants further investigation

(Prins, et al., 2003)
Short Form of the PTSD Checklist - Civilian Version

- NOT intended to diagnose
- Six questions
- 5 point Likert response
- 2 minutes to administer
- Score of ≥ 14 warrants further investigation

(Lang & Stein, 2005; Lang et al., 2012)
How is PTSD Treated?

Main Treatments

- Psychotherapy
- Medications
- Combination of both
Treating PTSD in Abuse Victims

• Sexual abuse is a common cause of PTSD in women
• In ongoing trauma, for example an abusive relationship, both of the problems need to be addressed
Clients with substance use disorders and/or suicidality will require more intense treatment:

- Inpatient treatment (crisis)
- Dual diagnosis treatment
- Residential treatment (psychiatric or rehab)
FDA has approved two medications in the treatment of adults with PTSD

- Sertraline (Zoloft)
- Paroxetine (Paxil)

Both of these medications are antidepressants (used to treat depression)

Common side effects

- Headache (usually goes away within a few days)
- Nausea (usually goes away within a few days)
Medications Continued…

Common side effects continued:

• Sleeplessness or drowsiness
  o Occurs during first few weeks, then goes away
  o Sometimes dose needs to be reduced or time of day medication is taken will need to be adjusted if symptoms continue

• Agitation (feeling jittery)

• Sexual problems
  o Reduced sex drive
  o Problems having and enjoying sex
Other medications have been prescribed to treat PTSD symptoms (little information on how well these work for people with PTSD)

- Benzodiazepines
  - Given to help people relax and sleep
  - Can cause memory problems
  - Can cause dependence on medication

- Antipsychotics
  - Usually given to people with other mental disorders, like Schizophrenia
  - Can cause weight gain
  - Can increase chance of getting heart disease and diabetes
Other Antidepressants

- Antidepressants like Citalopram (Celexa) and Fluoxetine (Prozac) can help people with PTSD symptoms feel less sad or tense
- Help in reducing symptoms of co-occurring illnesses
Where Can People Go for Help?

- Mental Health Specialists
  - Psychiatrists/ARNP
  - Psychologists
  - Social Workers (LCSW)
  - Mental Health Counselors (LPC/LMFT)
- Community Mental Health Centers
- Hospital Psychiatry Departments
- Outpatient Clinics
Help Continued...

- Family Services, social agencies, or clergy
- Peer Support Groups
- Private clinics and facilities
- Employee Assistance Programs
Group Activity

Healthcare professional
• Interviews patient with verbal PC-PTSD

Patient
• Gets interviewed and answers “yes” to one of PC-PTSD questions
• Answers other questions however they want to

Observer
• Evaluates interviewer
• Times interaction
• Gives feedback to interviewer
• Asks interviewer what they would do

Rotate roles
• 4 minutes for each round
Process

• How difficult was it to conduct the screening?
• How long did it take to conduct the screening?
• What decisions did interviewers make after the screening?
• How could you use what you’ve learned for integrated patient care in your practice?
What Questions Do You Have?
Learning Objectives Revisited

- Recognize symptoms of PTSD
- Name a screening tool for PTSD
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Reflection

• What are two or three of the important things you’re taking away from this training?
• What changes will you make in your practice as a result of this training?
Parting Thought

“Never give up on someone with a mental illness. When ‘I’ is replaced by ‘We’, illness becomes wellness.”

Shannon L. Alder
References


References Continued…


• Gold, K. J., Kilbourne, A. M., & Valenstein, M. (2008). Primary care of patients with serious mental illness: your chance to make a difference: a primary care visit may lead to regular care of side effects and comorbidities, especially if you coordinate care. Journal of Family Practice, 57(8), 515-526.


References Continued…


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• Nestler Laboratory at the Icahn School of Medicine at Mount Sinai. (n.d.) Brain reward pathways. Retrieved from http://neuroscience.mssm.edu/nestler/brainRewardpathways.html
References Continued...

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