

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)

(McDowell, Lineberry, & Bostwick, 2011; Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012))

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.

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

Re-experiencing

- Flashbacks
- Nightmares
- Prolonged distress at reminders of event(s)
- Physiological reactions (sweating, heart racing) at reminders of event(s)

Avoidance

- Conversations about event(s)
- Memories of event(s)
- People, places, things that are reminders of event(s)

Cognitions & Mood

- Self-blame, shame
- Suspicion, blaming others
- Amnesia
- Disinterest
- Detachment
- Inability to feel happiness, love, satisfaction

Arousal

- Anger outbursts
- Aggression
- Hypervigilance
- Self-destructive
- Startles easily
- Concentration problems
- Sleep problems

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:
 - Depression
 - Substance Use Disorders
 - Anxiety
 - 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

Treating Comorbid Conditions

Clients with substance use disorders and/or suicidality will require more intense treatment

- Inpatient treatment (crisis)
- Dual diagnosis treatment
- Residential treatment (psychiatric or rehab)

Treatment with Medications

- 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
 - Occurs during first few weeks, then goes away
 - 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
 - Reduced sex drive
 - Problems having and enjoying sex

Medications Continued....

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

Medications Continued....

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



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Resources

