

VA



U.S. Department
of Veterans Affairs



National Center for

PTSD

POSTTRAUMATIC STRESS DISORDER

Promising Practices for the Treatment of Post-traumatic Stress Disorder (PTSD) in Veterans and Service Members

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Dr. Lisa-Ann Cuccurullo is a clinical psychologist at the National Center for Post-traumatic Stress Disorder (NCPTSD), Executive Division whose current work is focused on facilitating the use of empirically supported treatments by clinicians treating veterans. Her clinical work has focused on cognitive behavioral treatments for PTSD and other post-trauma related symptoms. She is a consultant in the Veteran Affairs (VA) national rollout of Prolonged Exposure. Prior to her position at the National Center for PTSD, she was the Military Sexual Trauma Coordinator and Assistant Director of Psychology Clinical Training at the Southeast Louisiana Veteran's Health Care System. Dr. Cuccurullo received her doctorate in clinical psychology from La Salle University and completed her clinical internship and a PTSD focused fellowship at the Southeast Louisiana Veterans Health Care System.



Disclosures

- Dr. Cuccurullo has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the end of the presentation participants will be able to:

1. Describe the four symptom clusters of PTSD.

2. Summarize the key points of the 2017 VA/DoD Clinical Practice Guideline (CPG) for PTSD and identify at least three CPG updates.

3. Identify at least three National Center for PTSD resources and educational products.



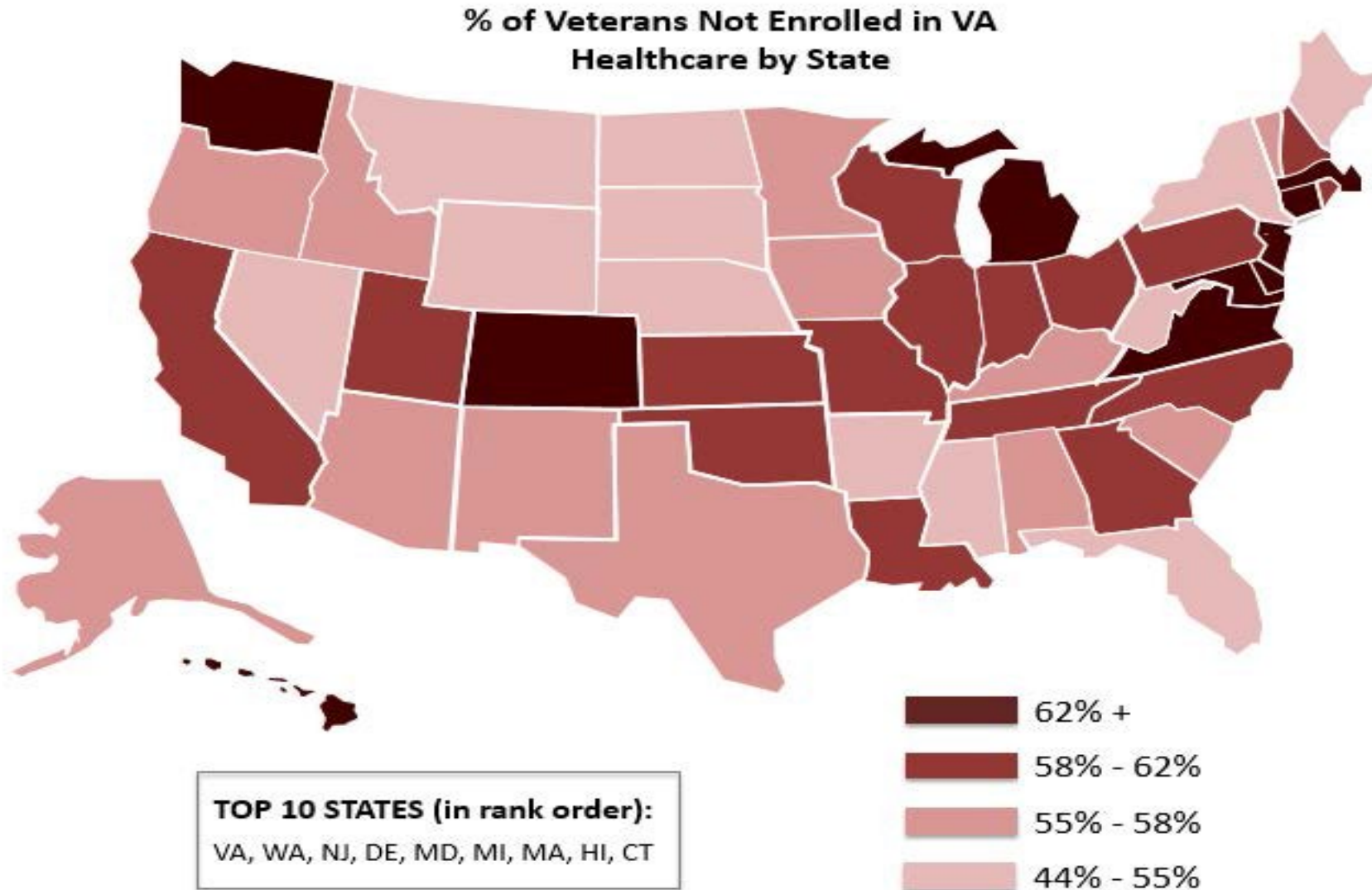
NCPTSD MISSION

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

www.ptsd.va.gov



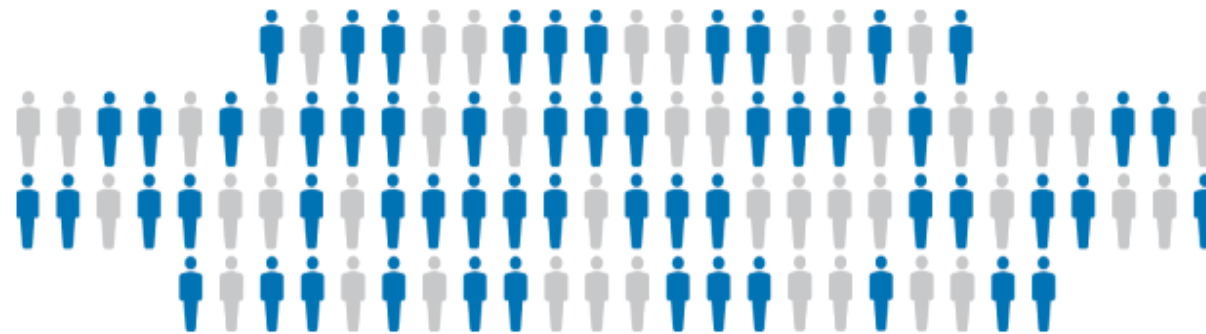
NOT ALL VETERANS GET THEIR HEALTHCARE IN VA



(<https://www.va.gov/vetdata/maps.asp>, n.d.)



TRAUMA EXPOSURE IS COMMON



Most people you meet every day have experienced a trauma.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.



What is PTSD?

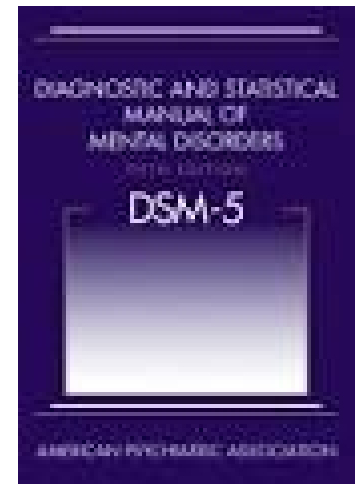
PTSD 101: PTSD Overview and Treatment

www.ptsd.va.gov/professional/continuing_ed/ptsd_overview_tx.asp



Criterion A: The person was exposed to actual or threatened death, serious injury, or sexual violence:

- Direct personal experience
- Witnessed
- Learned about it happening to close family or friend (violent or accidental)
- Repeated or extreme exposure at work (e.g., first responders, medics)





WHAT IS TRAUMATIC STRESS?

Daily hassles

Can include:

- Car breaking down
- Paying bills

Major life events

Can include:

- Losing a job
- Divorce
- Buying a new home
- Getting married

Serious traumatic events

Can include:

- War zone exposure
- Physical or sexual assault
- Serious accidents
- Child sexual or physical abuse
- Natural disasters
- Torture



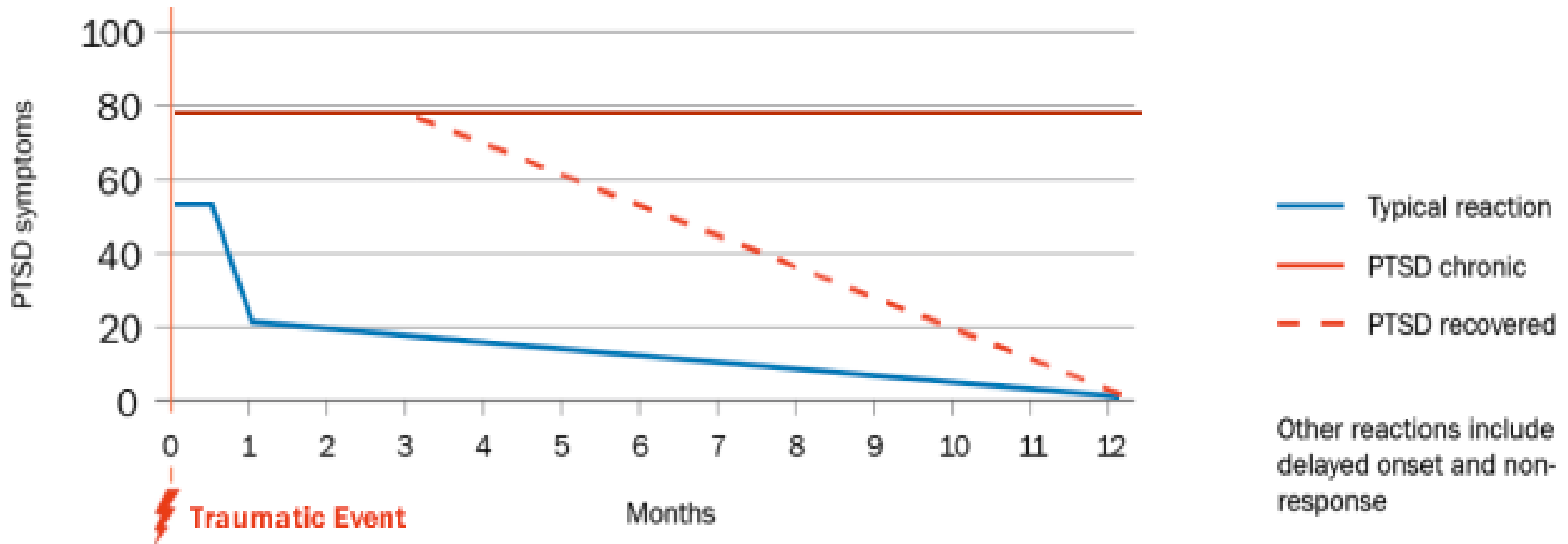


DSM-5: SYMPTOM CRITERIA FOR PTSD 1+1+2+2 =PTSD

Intrusion (B)	Avoidance (C)	Negative Alterations in Cognitions and Mood (D)	Arousal (E)
<p>Intrusive, Distressing Recollections</p> <p>Distressing Dreams</p> <p>Dissociative Reactions (e.g., flashbacks)</p> <p>Psychological Distress to Reminders</p> <p>Marked Physiological Reactions to Reminders</p> <p>1</p>	<p>Avoidance of Internal Reminders (memories, thoughts, feelings)</p> <p>Avoidance of External Reminders (people, places, conversations, activities, objects, situations)</p> <p>1</p>	<p>Traumatic Amnesia</p> <p>Persistent Negative Beliefs and Expectations</p> <p>Persistent Distorted Blame</p> <p>Persistent Negative Emotional State</p> <p>Diminished Interest</p> <p>Detachment or Estrangement</p> <p>Persistent Inability to Have Positive Emotions</p> <p>2</p>	<p>Irritable Behavior and Angry Outbursts</p> <p>Reckless or Self-Destructive Behavior</p> <p>Hypervigilance</p> <p>Exaggerated Startle Response</p> <p>Concentration Difficulties</p> <p>Sleep Difficulties</p> <p>2</p>



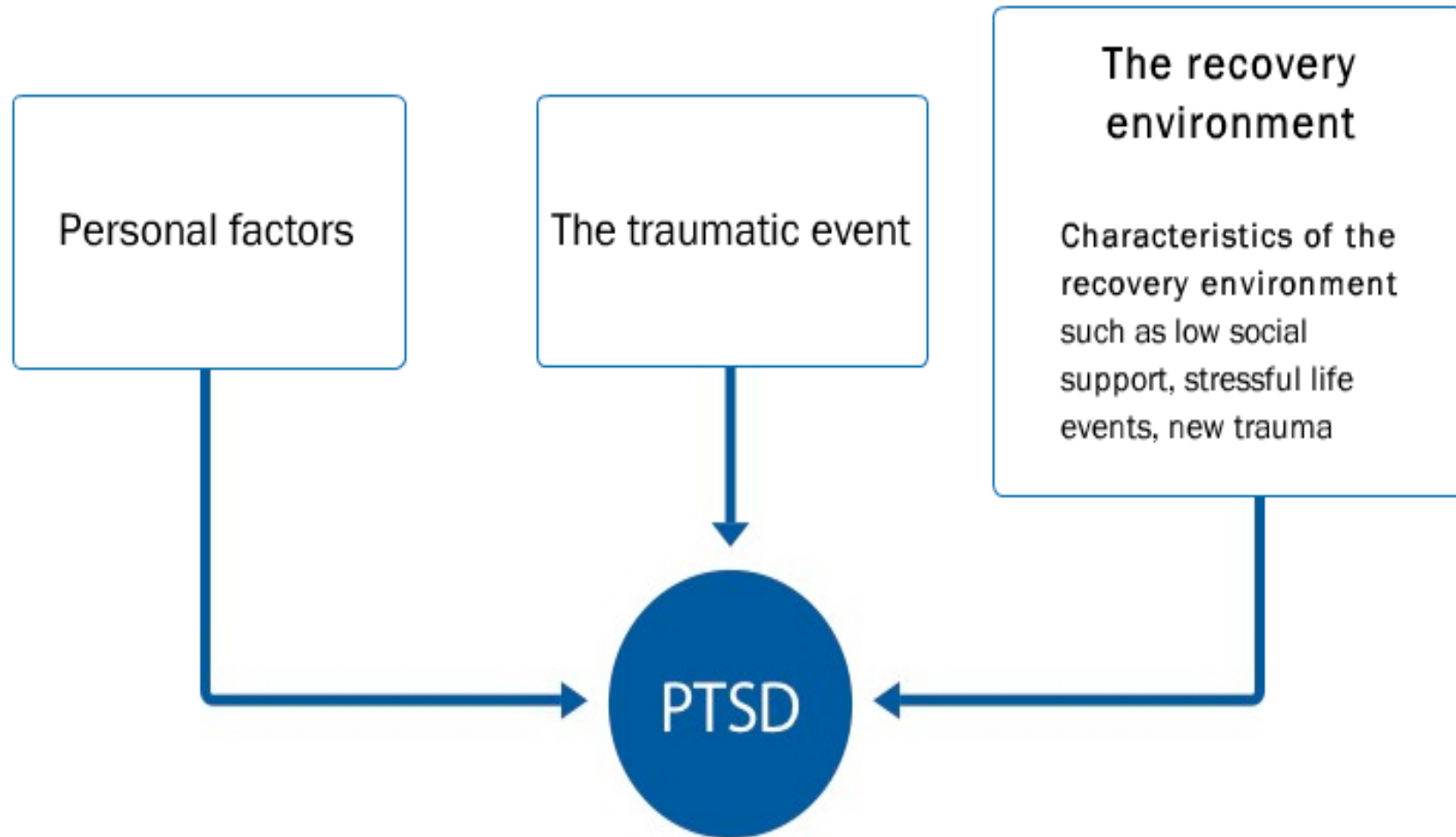
HOW COMMON IS PTSD?



(Kessler et al., 1995)

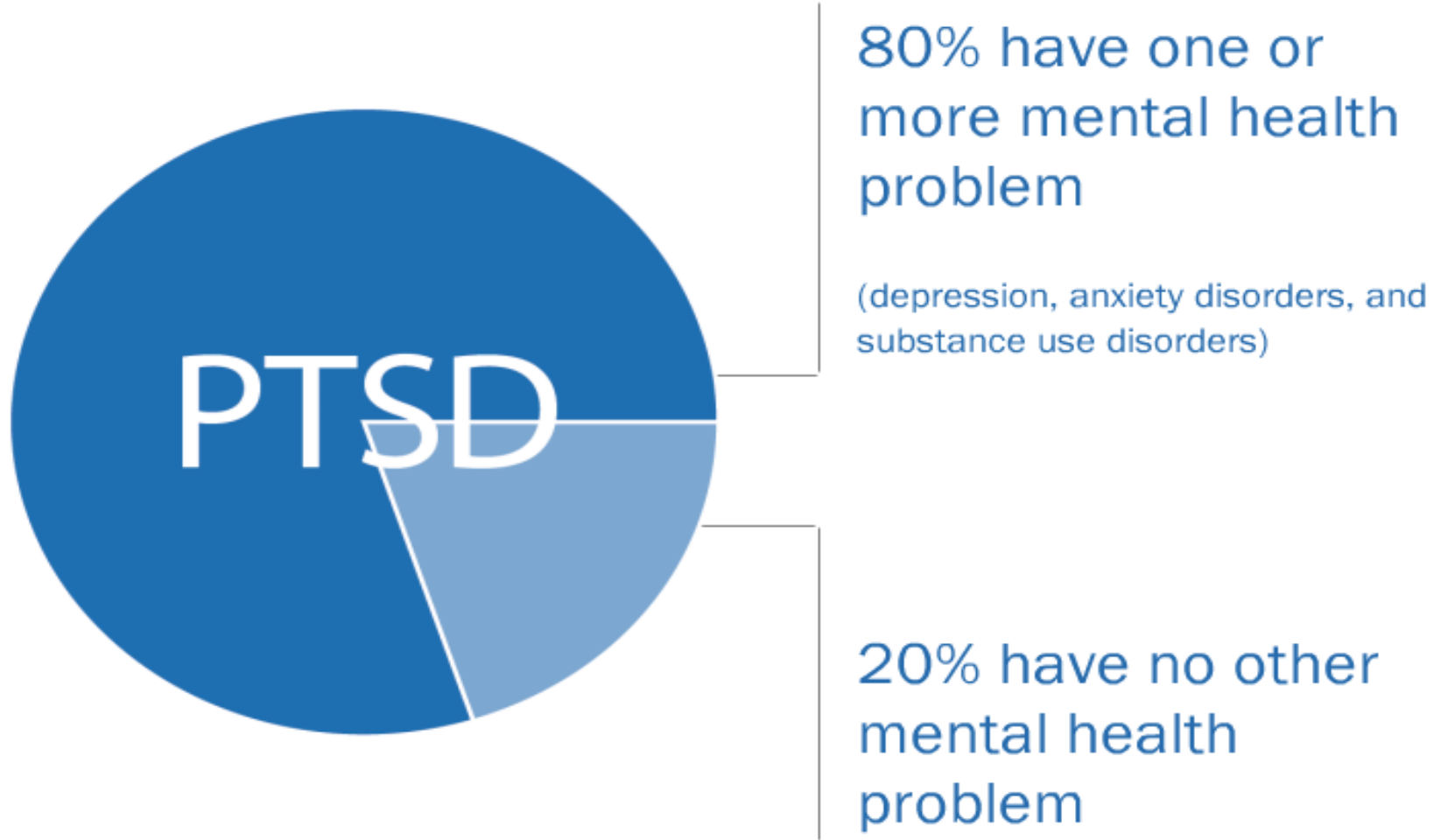


The Recovery Environment





COMORBIDITY: PTSD OFTEN CO-OCCURS WITH OTHER PROBLEMS



Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.



OTHER CO-OCCURRING PROBLEMS





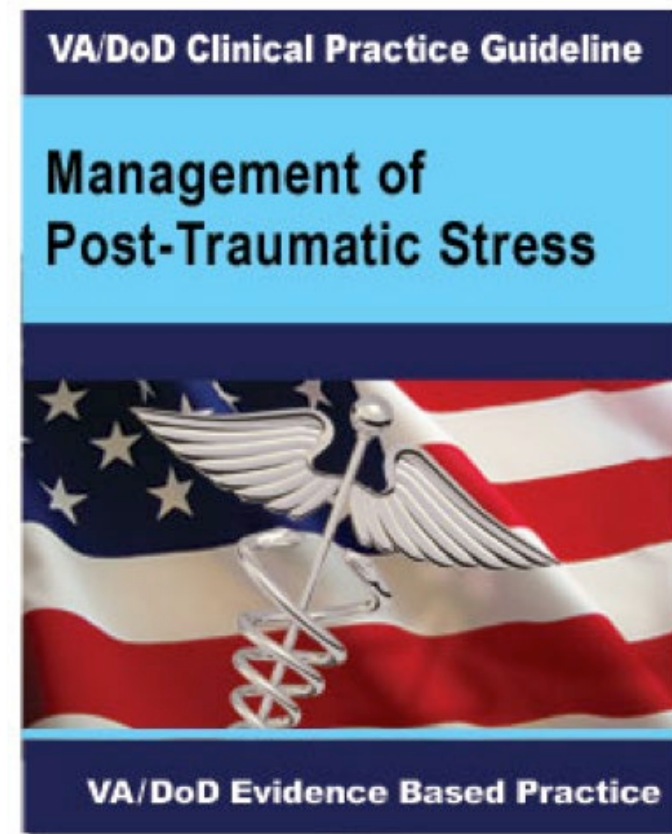
MANAGEMENT AND TREATMENT OF PTSD



(va.gov)



- Keeping up with the rapidly expanding evidence-base for PTSD treatment represents a difficult challenge for most clinicians.
- The VA/DoD PTSD guideline is designed to **support clinical decision making with evidence-based recommendations**, not to define VA/DoD standards of care or policy.



www.healthquality.va.gov/guidelines/MH/PTSD



PTSD SCREENING AND MEASUREMENT-BASED CARE

***We suggest* periodic screening of PTSD using validated measures such as the Primary Care PTSD (PC-PTSD-5) Screen or the PTSD Checklist (PCL-5).**

PC-PTSD-5

- 5 item
- Self-report
- Screen for PTSD in Primary Care
- Positive if 3 or more YES responses

PCL-5

- 20 item
- 5-10 minutes
- Self-report
- Screen and monitor PTSD
- 31-33 cut-point score

PC-PTSD-5: <https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

PCL-5: www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

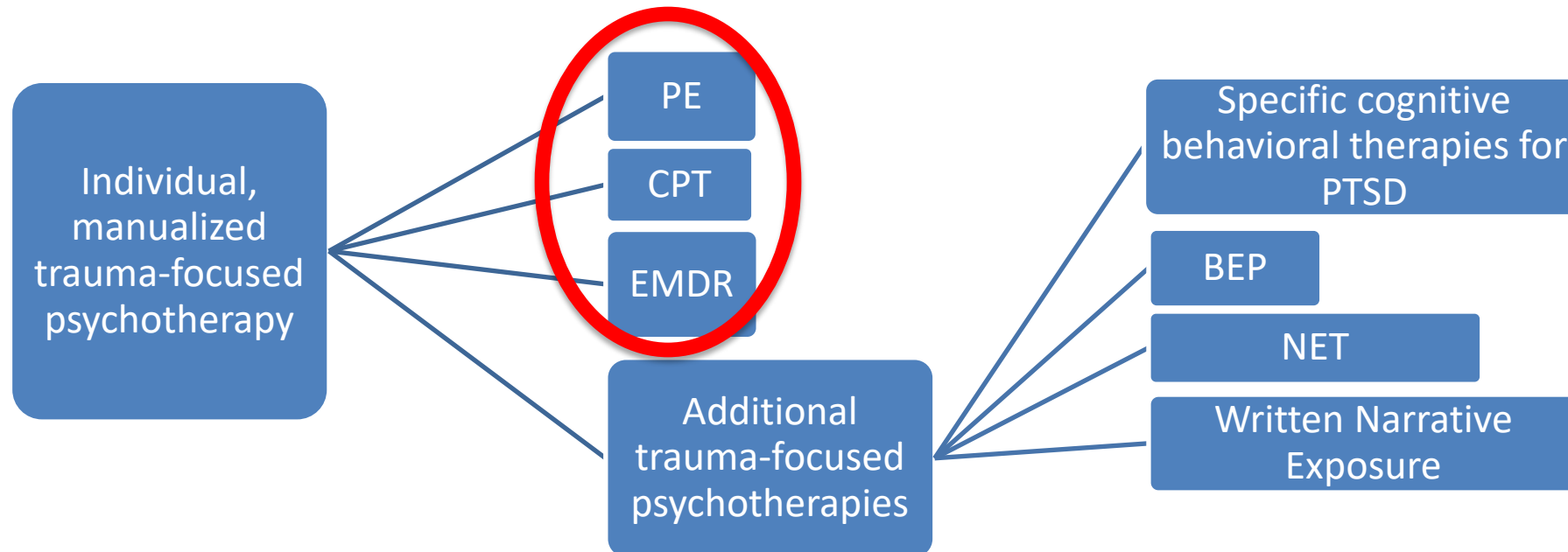
Clinician-Administered PTSD Scale for DSM-5 (CAPS-5):

<https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>



INDIVIDUAL TRAUMA FOCUSED PSYCHOTHERAPY

***We recommend* individual, manualized trauma focused psychotherapies that have a primary component of exposure and/or cognitive restructuring to include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), specific cognitive behavioral therapies for PTSD, Brief Eclectic Therapy (BEP), Narrative Exposure Therapy (NET), and written narrative exposure.**





HOW EFFECTIVE ARE THE BEST TREATMENTS?



Trauma-focused Psychotherapy

53 OUT OF **100**

people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.



Medication

42 OUT OF **100**

people who take medication will no longer have PTSD after about 3 months of treatment.



No Treatment

BUT ONLY 9 OUT OF **100**

people who don't get treatment will no longer have PTSD after about 3 months.

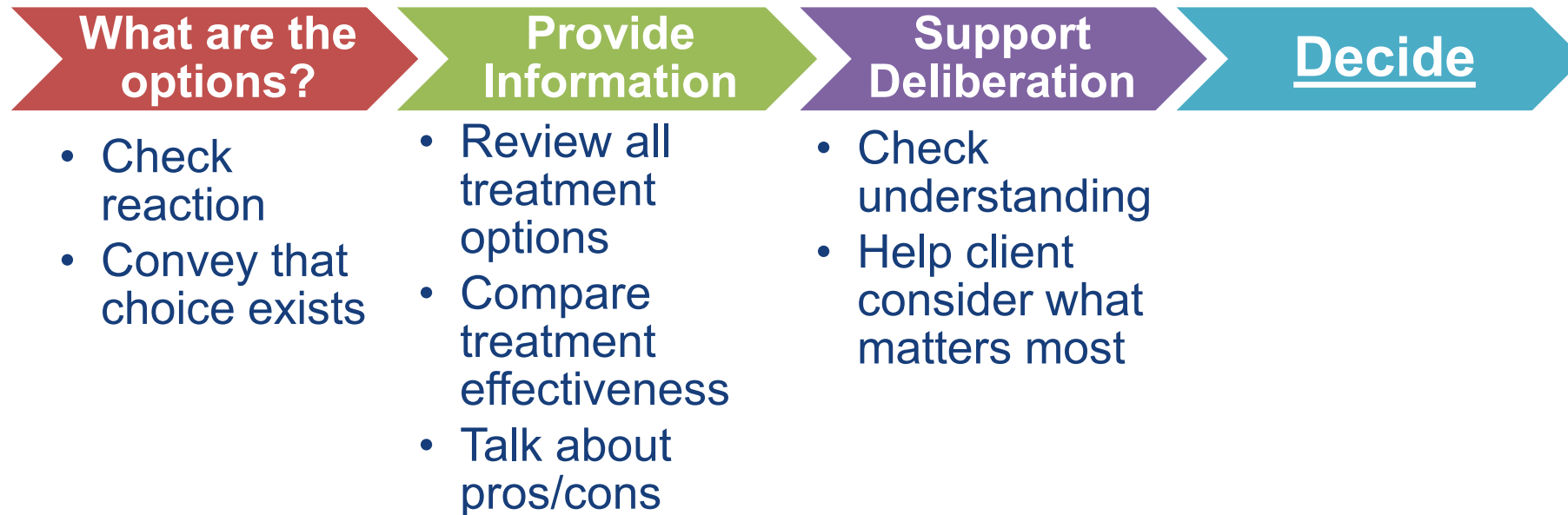


www.ptsd.va.gov/publications/print/PTSD_Best_Treatment.pdf



SHARED DECISION-MAKING

The 2017 VA/DoD Clinical Practice Guideline recommends engaging clients in shared decision making (SDM), which includes educating clients about effective treatment options.



<https://www.healthquality.va.gov/guidelines/MH/ptsd/>



PTSD

TREATMENT DECISION AID: THE CHOICE IS YOURS

LEARN

Learn about PTSD and how this decision aid can help

COMPARE

Compare effective PTSD treatment options

ACT

Take action to start treatment

www.ptsd.va.gov/decisionaid





What type of treatment is PE?

- It is one specific type of Cognitive Behavioral Therapy
- PE teaches you to gradually approach trauma-related memories, feelings, and situations that you have been avoiding since your trauma

How does PE work?

- By confronting these challenges, you can decrease your PTSD symptoms



What type of treatment is CPT?

- Cognitive Processing Therapy (CPT) is one specific type of Cognitive Behavioral Therapy.
- CPT teaches you how to evaluate and change the upsetting thoughts you have had since your trauma. By changing your thoughts, you can change how you feel.

How does CPT work?

- Trauma can change the way you think about yourself and the world. These kinds of unhelpful thoughts keep you stuck in your PTSD and cause you to miss out on things you used to enjoy. CPT teaches you a new way to handle these upsetting thoughts.



What type of treatment is EMDR?

- EMDR can help you process upsetting memories, thoughts, and feelings related to the trauma
- By processing these experiences, you can get relief from PTSD symptoms

How does EMDR work?

- In EMDR, you will pay attention to a back-and-forth movement or sound while you call to mind the upsetting memory until shifts occur in the way that you experience that memory and more information from the past is processed.
- There is still disagreement on the mechanism of action



TRAUMA INFORMED CARE PRINCIPLES



SAMHSA: [TIP 57 PDF 3.7 MB](#) (Raja et al., 2017, Gerber, 2019; Gerber et al 2020, Currier et al., 2017)



Special sections of the NCPTSD contain information and resources collected with particular groups and professions in mind.



Community Provider Toolkit

<https://www.ptsd.va.gov/professional/treat/care/>

Welcome to the Rural Provider PTSD Toolkit. Both Veterans with a diagnosis of PTSD and providers working to deliver care to them in rural settings face unique challenges. In particular, disparities in the availability and use of effective psychotherapies and medications have been noted.



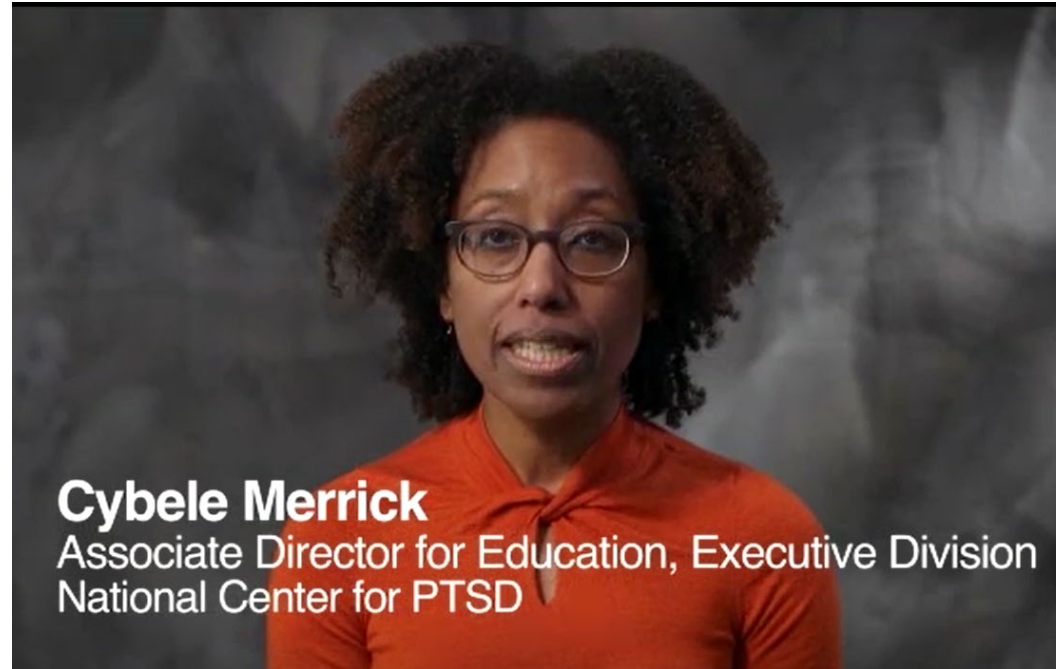
This toolkit compiles information and resources to help you, the rural health care provider. By recognizing the benefits and barriers of rural

Rural Provider Toolkit

<https://www.ptsd.va.gov/professional/treat/care/toolkits/rural/>



PTSD Awareness in Health Care Settings



- This 15-minute video for medical center staff shows how patients' PTSD symptoms may come into play in health care settings.
- Facilitator's guide for PTSD Awareness in Health Care Settings

(ptsd.va.gov)



**All resources are free
and publicly available.**

**Unless otherwise noted, you
can find them at
www.ptsd.va.gov**



VETERANS CRISIS LINE

24 HOURS A DAY, 7 DAYS A WEEK



U.S. Department
of Veterans Affairs

**Veterans
Crisis Line**



1-800-273-8255
PRESS 1



Your actions could save a life.

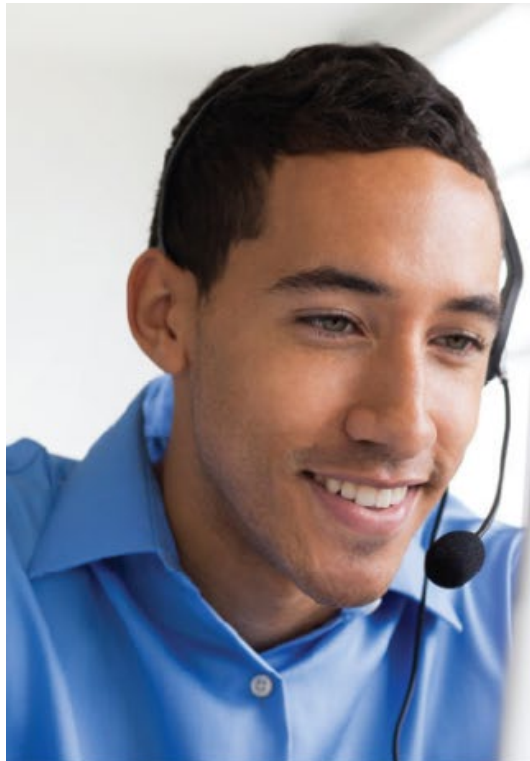
Showing you care can make a big
difference to someone in crisis.

VeteransCrisisLine.net

**800-273-8255 (then press 1)
or send a text message to 838255**



COACHING INTO CARE



Need support helping a Veteran get into care? **Call us.**



1-888-823-7458



www.va.gov/coachingintocare



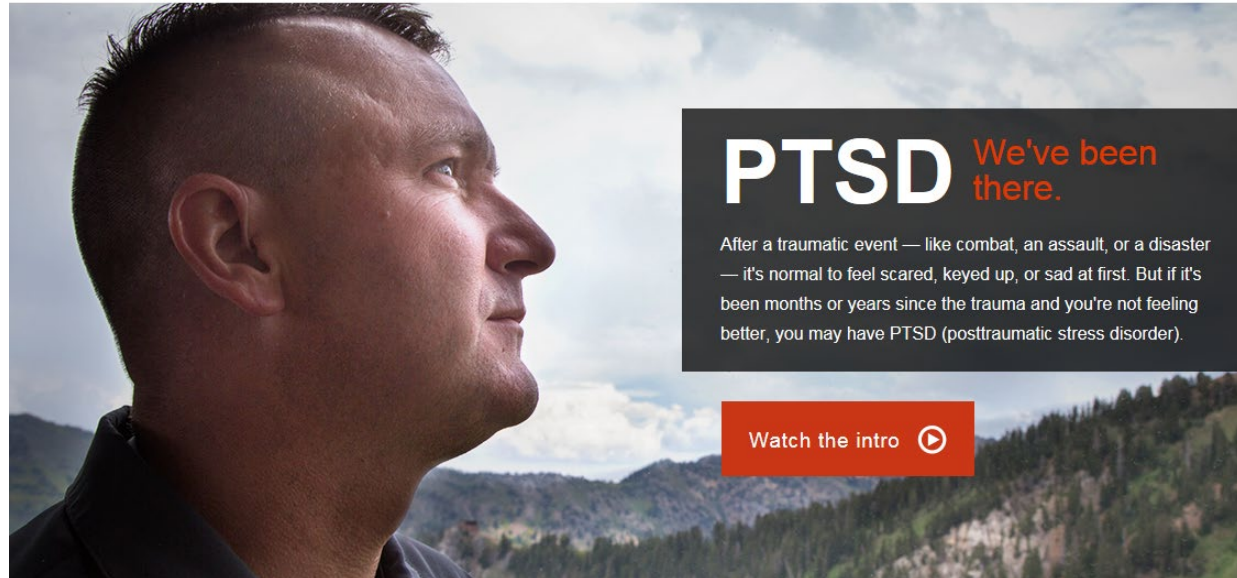
ABOUTFACE

Home

Watch ▾


Learn More ▾


Get Help



PTSD **We've been there.**

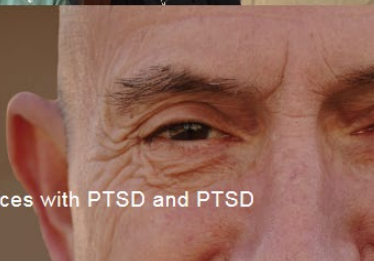
After a traumatic event — like combat, an assault, or a disaster — it's normal to feel scared, keyed up, or sad at first. But if it's been months or years since the trauma and you're not feeling better, you may have PTSD (posttraumatic stress disorder).

Watch the intro 



This is AboutFace

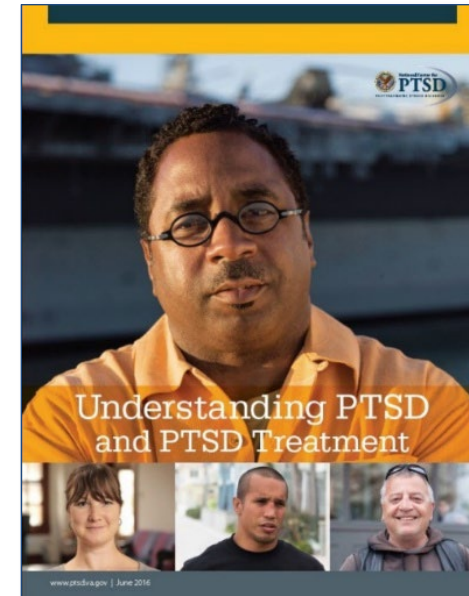
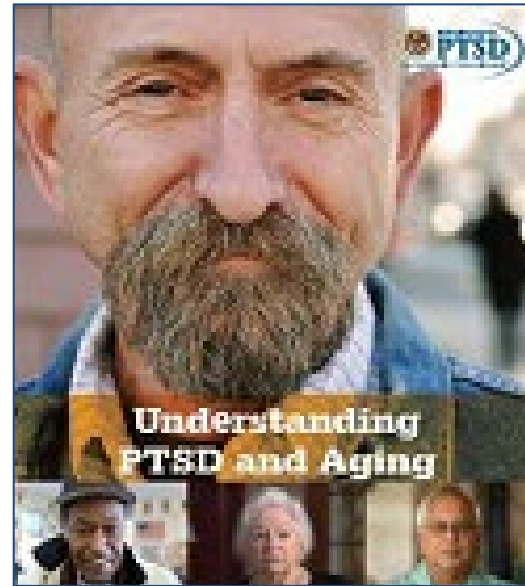
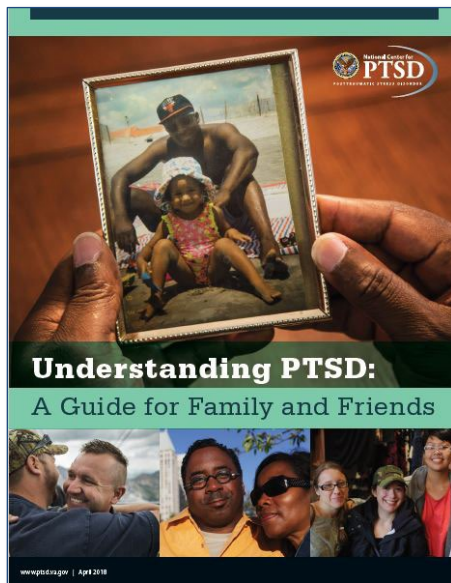
In these videos, Veterans, family members, and clinicians share their experiences with PTSD and PTSD treatment. Choose a topic below to hear what they have to say.



www.ptsd.va.gov/aboutface



- Aging Veterans and Posttraumatic Stress Symptoms
 - www.ptsd.va.gov/understand/what/aging_veterans.asp
- Understanding PTSD Educational Booklets



All booklets are also available in Spanish.
www.ptsd.va.gov/publications/print/index.asp

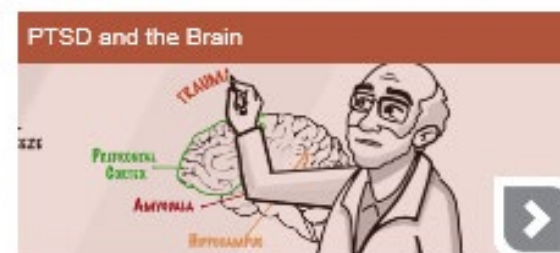


WHITEBOARD VIDEOS

- NCPTSD created a series of whiteboards, including one for professionals about PTSD and effective treatments.
- Short (~3 minute), engaging videos that are easily shared via email or Facebook.

Whiteboards







































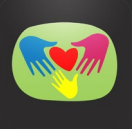








Watch these short animated videos to learn about PTSD and effective treatments.





PRESCRIPTION FOR BEHAVIORAL HEALTH

Mobile & Web Resources

- | | | | | | | | | |
|--------------------------|---|--|--------------------------|--|--|--------------------------|--|---|
| <input type="checkbox"/> |  | ACT Coach
  | <input type="checkbox"/> |  | COVID Coach
  | <input type="checkbox"/> |  | PE Coach
  |
| <input type="checkbox"/> |  | AIMS for Anger Management
www.veterantraining.va.gov
   | <input type="checkbox"/> |  | Insomnia Coach/
Path to Better Sleep
www.veterantraining.va.gov
   | <input type="checkbox"/> |  | PTSD Coach/Online
https://go.usa.gov/xN9Hb
   |
| <input type="checkbox"/> |  | Beyond MST
  | <input type="checkbox"/> |  | Mindfulness Coach
  | <input type="checkbox"/> |  | PTSD Family Coach
  |
| <input type="checkbox"/> |  | CBT-i Coach
  | <input type="checkbox"/> |  | Moving Forward
www.veterantraining.va.gov
 | <input type="checkbox"/> |  | STAIR Coach
 |
| <input type="checkbox"/> |  | CPT Coach
  | <input type="checkbox"/> |  | Parenting
www.veterantraining.va.gov
 | <input type="checkbox"/> |  | VetChange
www.ptsd.va.gov/apps/change
   |
| <input type="checkbox"/> |  | Couples Coach
  | RECOMMENDATION: | | | | | |



More info on mobile apps:
www.ptsd.va.gov/appvid/mobile

Question about the Rx pads?
MobileMentalHealth@va.gov



PTSD COACH APP




- App provides:
 - Education about PTSD and PTSD treatment
 - A self-assessment tool
 - Portable skills to address acute symptoms
 - Direct connection to crisis support
- Used as stand-alone education and symptom management tool, or with face-to-face care
- Tools are easily accessible when they are needed most

www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp



skip to content



PTSD COACH ONLINE





U.S. Department of Veterans Affairs
Veterans Health Administration
National Center for PTSD

Home
FAQs


I want to work on my

Choose a problem to work on from the list or [view all tools](#)

worry or anxiety

- anger
- sadness or hopelessness
- sleep problems
- trauma reminders
- avoidance of stressful situations
- disconnection from people
- disconnection from reality
- problem solving skills
- direction in life

Welcome to PTSD Coach Online.
Tools to help you manage stress.



Meet a coach

PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit.

www.ptsd.va.gov/apps/ptsdcoachonline

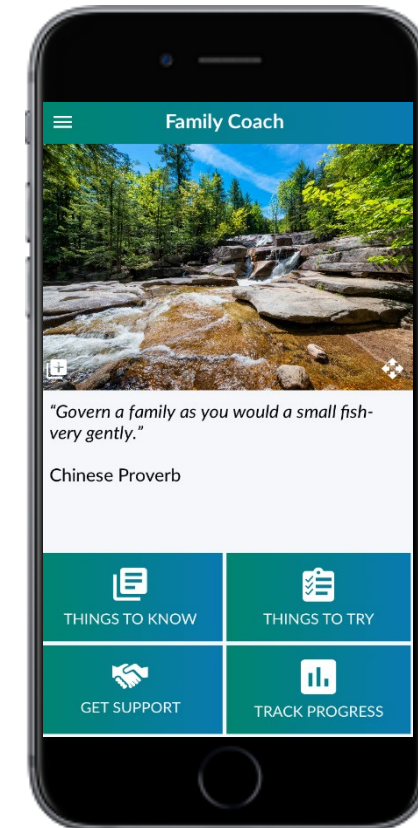
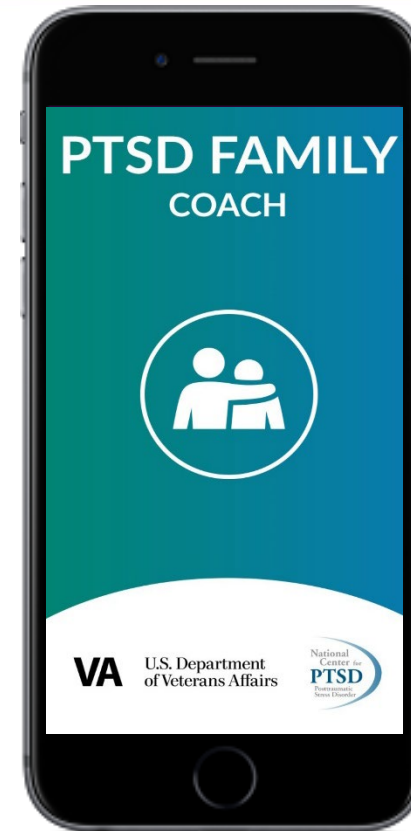


PTSD FAMILY COACH APP

PTSD Family Coach is for family members of those living with PTSD.

App provides:

- Education about PTSD and self-care
- Information to help take care of your relationship and children
- Resources to help a loved one get treatment for PTSD
- Tools to manage stress and build social networks
- Tracking for stress level over time



www.ptsd.va.gov/appvid/mobile/familycoach_app.asp



Moving Forward

Veteran Parenting

Anger Management

Path to Better Sleep

Veteran Parenting



The biggest gap between you and your child may not be the physical distance. You can be right next door to your child and feel a thousand miles away.

[Learn more »](#)

<https://www.veterantraining.va.gov/>



Over 50 hours of web-based courses aimed at professionals.

All courses are **free** and most offer continuing education for multiple disciplines.

Courses can be viewed without intention to seek certification credits.

Continuing Education

This section brings together free in-depth Continuing Education resources for the Professional community concerned with trauma.

Featured Find a Course Authors How to Get Credit Help



Learn from the experts and get CE/CME Credit!

Research-based courses at your convenience (24/7).

Find a Course

www.ptsd.va.gov/professional/continuing_ed/index.asp



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- All of our publications are free e-subscriptions

www.ptsd.va.gov/about/subscribe.asp

CLINICIAN'S TRAUMA UPDATE

CTU-ONLINE | www.ptsd.va.gov

**ISSUE 10(1)
FEBRUARY 2016**

CTU-Online contains summaries of clinically relevant research articles. Articles authored by staff of the National Center for PTSD are available in full text; just click the link. For other articles, we provide a link to where you might be able to view or download the full text and a PubMed link for easy access. [What is PTSD?](#)

If you have trouble accessing the full article, see the box at the bottom of the last page for help.

We welcome feedback from readers about content and format. Please email us at ajg@ptsd.va.gov.

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National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

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TREATMENT

Growing evidence for the tolerability of trauma-focused psychotherapy

Although some patients experience symptom worsening during trauma-focused treatment, it typically resolves by the end of treatment. Two recent studies—one examining fluctuations in PTSD symptoms during treatment and the other looking at changes in suicide ideation—add to the growing literature showing the safety and tolerability of trauma-focused treatment.

Investigators from the Zablocki VA Medical Center pooled data from 192 participants who received PE, CPT, or a cognitive-only version of CPT (CPT-C) during two previous randomized controlled trials. They examined whether participants' PTSD symptoms got worse during treatment, defined as an increase of at least 6.5 points on the PTSD Symptom Scale or the Posttraumatic Diagnostic Scale. A minority of patients experienced symptom worsening, and treatments did not differ: PE (20.9%), CPT (28.6%), and CPT-C (14.7%). One important finding is that worsening was not associated with increased risk of dropout. Increases typically resolved within 1-2 weeks during the course of treatment, but participants who experienced worsening had a slower rate of improvement and were more likely to meet PTSD criteria at the end of treatment. On average, however, they had substantial improvements.

Read the article: <http://www.ptsd.va.gov/publications/articles/2016/02160201.asp>

A study led by investigators with the National Center for PTSD found that trauma-focused psychotherapy leads to increased well-being in 100 male and 8 female US Army personnel who received a prior randomized controlled trial. Suicide both treatment groups and there were no suicide attempts during CPT-C (defined as an increase of at least 10 points) were rare and similar among those with (8.1%) and without (7.1%) PTSD at the start of treatment. There were no differences in therapy groups on any suicide outcome, suggesting that trauma-focused treatment does not increase risk of suicide risk relative to non-trauma-focused treatment.

Read the article: <http://dx.doi.org/10.1037/1076-8975.27.10.1535>

These studies show that symptom exacerbation is the rule for some patients with PTSD who receive trauma-focused treatment. However, symptom exacerbation is not universal. In a prior randomized controlled trial, suicide both treatment groups and there were no suicide attempts during CPT-C (defined as an increase of at least 10 points) were rare and similar among those with (8.1%) and without (7.1%) PTSD at the start of treatment. There were no differences in therapy groups on any suicide outcome, suggesting that trauma-focused treatment does not increase risk of suicide risk relative to non-trauma-focused treatment.

Read the article: <http://dx.doi.org/10.1037/1076-8975.27.10.1535>

Rhys, C. I., Owens, L.A., Hiranaka, A. R., Witt, J., Fehon, R. A., & Litz, S. E. (2016). Trauma-focused group cognitive behavioral therapy for PTSD: A randomized controlled trial. *Behavior Therapy, 53*(1), 1-12.

Litz, S. E., Silman, S. W., Smith, E. N., & Best, C. L. (2016). Symptom exacerbation with treatment outcomes and non-completion. *Behavior Therapy, 53*(1), 1-12.

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PTSD Monthly Update

News relevant to the issues of trauma and PTSD

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

Advancing Science and Promoting Understanding of Traumatic Stress

In This Issue

- Feature Topic: Depression and PTSD
- For Providers
- Research at the Center
- PTSD in the News
- March 2016 Issue
- Subscribe

Feature Topic: Depression and PTSD

Depression is common among those who have PTSD. People with PTSD are 3 to 5 times more likely to have depression than those without PTSD.

Telling the difference between depression and PTSD can be difficult because many symptoms of depression overlap with the symptoms of PTSD.

For example, with both PTSD and depression, you may not feel like you used to enjoy. Both can also lead to social withdrawal, which can cause you to avoid activities that used to be enjoyable.

Depression and PTSD can be difficult to tell apart. Treatment for PTSD can also help with depression. It is important to let your healthcare provider know if you are having symptoms of depression so they can help you learn and practice positive activities, rate your mood, and practice self-care.

PTSD Research Quarterly
ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

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Forty Years After the War: How are Vietnam Veterans Doing Today?

Understanding how the Vietnam War generation is faring today in terms of behavioral, physical and social health is a critical undertaking for several reasons. First, Vietnam Veterans constitute the largest living cohort of United States (US) Veterans and are the modal users of US Department of Veterans Affairs (VA) services. There are also international cohorts of Vietnam Veterans, as Australia and South Korea deployed military personnel to support the US in the war. Second, assessment of this aging Veteran cohort over time provides new and unique information regarding the long-term trajectory of mental and behavioral health conditions following war exposure and across the life span. Thus, research investigating the current health status of Vietnam Veterans may inform health care policies and interventions to better address their needs and provide insights to help guide long-term prevention and treatment efforts for Veterans of more recent conflicts.

The US federal government, scientific community, and advocacy organizations have long recognized the central importance of gathering reliable and generalizable empirical data on the Vietnam generation to inform health care policies and practices and have invested in carrying out rigorously designed cohort studies to that end. This overview provides a brief guide to the most recently published literature on well-designed epidemiological studies that focus on Vietnam Veterans' health and well-being, including mental/behavioral and physical health outcomes among women and men and special subpopulations (e.g., prisoners of war) who served in the war.

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July 19, 2023	Clinical Practice Guideline for PTSD 2023: Medication & Other Biological Treatments	<i>Paul Holtzheimer, MD</i>
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