



## Defense Health Agency (DHA) Clinical Communities Speaker Series

### JUNE 2023 CCSS: Clinical Updates to Optimize Patient Outcomes in Primary Care

#### **S06: Promising Practices for the Treatment of Post-traumatic Stress Disorder (PTSD) in Veterans and Service Members**

##### Resource List

The authors of [Reliable and Clinically Significant Change in the Clinician-Administered PTSD Scale for DSM-5 and PTSD Checklist for DSM-5 Among Male Veterans](#) (2022) calculated the reliable change index and clinically significant change (CSC) for these two widely used measures of PTSD and examined how symptom changes at these thresholds related to improvements in psychosocial functioning. Participants who exhibited reliable or CSC reported significantly better psychosocial functioning at all posttreatment assessments than those who did not. Results provide thresholds for identifying clinically meaningful PTSD symptom change using these measures. Care should be taken to interpret these values appropriately and relative to numerous other definitions for meaningful symptom change.

Traumatic injury affects over 2.6 million U.S. adults annually and elevates the risk for negative health consequences. This includes substantial psychological harm, the most prominent being PTSD, with approximately 21% of traumatic injury survivors developing the disorder within the first year after injury. The American College of Surgeons Committee on Trauma suggests screening for and treatment of PTSD and depression, reflecting a growing awareness of the critical need to address patients' mental health needs after trauma. While some trauma centers have implemented screening and treatment or referral for treatment programs, the majority are evaluating how to best address this recommendation and no standard approach for screening and treatment currently exists. The authors of [Screening and Treating Hospitalized Trauma Survivors for PTSD and Depression](#) (2019) wanted to evaluate the current state of the literature regarding evidence-based screens for PTSD and depression for hospitalized trauma patients and summarize the literature to date regarding the treatments with empirical support.

Since a seminal publication in 2015 regarding a framework for trauma-informed primary care, there has been increasing recognition that childhood and adult trauma underlie and perpetuate many physical and behavioral health conditions seen in health care settings and that addressing trauma could fundamentally improve the experience and efficacy of care for both patients and providers. High-level efforts are currently under way to translate trauma-informed principles and frameworks into practical guidance for health care providers and practices (e.g., clinics and offices), including comprehensive endeavors by the Substance Abuse and Mental Health Services Administration and the National Council for Behavioral Health. The authors [From Treatment to Healing: Inquiry and Response to Recent and Past Trauma in Adult Health Care](#) (2019) provide guidance for adult health care providers and practices regarding how to inquire about and respond to recent and past trauma as a way of more effectively addressing many common health problems.

The PTSD Checklist for DSM-5 (PCL-5) is among few validated measures of PTSD severity in line with the DSM-5. Validation efforts among veteran samples have recommended cut scores of 33 and 38 to indicate PTSD; cut scores vary across populations depending on factors such as trauma type. The purpose of the study [Detecting PTSD in a traumatically injured population: The diagnostic utility of the PTSD Checklist for DSM-5](#) (2018) was to evaluate the diagnostic utility of and identify optimal cut scores for the PCL-5 in relation to the gold standard Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) among traumatically injured individuals six months after discharge from a level I trauma center.



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