



Posttraumatic Stress Disorder (PTSD) Clinical Guidelines

In collaboration with FBH Partners' Providers, MHCBBC and JCMH

DSM-IV-TR Diagnostic Code: 309.81

Screening/Diagnosis Guidelines:

1. Establish diagnostic accuracy. Key aspects of a PTSD diagnosis include:

- Exposure to a traumatic event, which involves all of the following:
 - A threat to one's own or another's life or physical integrity
 - Response to threat includes intense fear, helplessness, or horror
 - Symptoms persist for more than one month following the event.
- Exposure to a traumatic event alone is not sufficient for a diagnosis of PTSD.
- Symptoms must cause significant impairment in functioning and include all three of the following symptom criteria:
 - Re-experiencing the trauma,
 - Persistent avoidance of stimuli associated with the trauma
 - Symptoms of increased arousal.

2. Consider differential diagnoses including Adjustment Disorder, Mood Disorders, Anxiety Disorders including specific phobias, and Obsessive-Compulsive Disorder. Acute Stress Disorder (ASD) should be ruled out when symptoms resolve within 4 weeks. In addition, a V-code diagnosis may be more appropriate for transient symptoms following a traumatic event. An organic brain disorder or substance-induced disorder should be ruled out as a cause of flashback symptoms. Be aware of cultural norms to avoid treating common mores and customs within a particular group as PTSD symptoms. For example, limited expression of emotion may be categorized as an avoidance symptom, but may be socially appropriate within certain cultures.

3. Clinical assessment can include symptom checklists (PTSD checklist, Davidson Trauma Scale) or structured diagnostic interviews (Clinician Administered PTSD scale, Structured Interview for PTSD). Assess for presence of risk factors for PTSD including: premorbid mood disorders, emotional reactivity, stress symptoms, ruminative thinking, extrinsic blame of the event, past history of trauma, or low social support. Information from multiple informants, such as family or teachers, is important in assessing children.

4. Individuals with prolonged or repeated traumatic events may develop additional symptoms, sometimes called **complex PTSD**, including: difficulties regulating emotion, identity development, interpersonal functioning, impulsivity and adaptation. Given the overlap of PTSD symptoms and cluster B personality disorders; when a diagnosis of PTSD has been made, clinicians should also assess for personality disorders as a differential or co-morbid diagnosis. Conversely, when an individual has a Cluster B personality disorder, a thorough trauma assessment and screening for PTSD should be considered.

5. When assessing PTSD in children and adolescents, remember the expression of symptoms may be developmentally influenced. Young children may report generalized fears such as stranger or separation anxiety, avoidance of situations related to the trauma, or sleep problems. Elementary-aged children may exhibit posttraumatic reenactment through play, drawings or

verbalizations. They may believe that there were omens or warning signs prior to the traumatic event and that they will be able to predict and avoid future trauma by paying attention to these signs. Adolescents may engage in traumatic reenactment in their daily lives, and exhibit impulsive and/or aggressive behaviors.

Treatment Guidelines:

1. Assess regularly for: danger to self or others, depressive symptoms, issues around grief and loss, high-risk behaviors, substance use/abuse, domestic violence, dissociation, psychotic symptoms and somatization.

2. Provide psycho-education related to the natural course of PTSD, along with treatment options. For clients that may continue to be exposed to trauma because of their work, e.g. military, police officers, fire fighters, medical personnel, etc, educate about natural reactions to these events, warning signs for when to seek additional help, and coping skills. Teach family members how to support and normalize their family member's experience.

3. Evidence-based therapies for PTSD include cognitive-behavioral therapy, exposure therapy and exposure based therapies, such as eye movement desensitization and reprocessing (EMDR), and stress inoculation training. Children may benefit from interactive therapies such as play therapy. Group therapy or support groups may be helpful for clients to share their struggles and achievements, normalize their experience and manage their current symptoms.

4. Psychotherapy should begin only after the person has been removed from the crisis situation and is no longer exposed to the trauma. Benefits and possible harm of reprocessing the trauma should be evaluated, recognizing that this may not be the advised approach for a particular client at a particular time. Ensure support mechanisms and coping skills are in place to assist with potential side-effects of reprocessing the trauma if this is the decided course of treatment.

5. Referral to a prescriber for pharmacologic treatment can be helpful in conjunction with the aforementioned therapies. SSRI's are recommended as the first line medication treatment for PTSD and may be helpful in reducing core symptoms. Benzodiazepines may also be helpful in reducing anxiety and sleep disturbances, but include the possibility of dependence.

6. Collaboration with the client and family as partners in their recovery is important in treatment effectiveness. Trauma often impacts relationships with family and friends, and for clients with PTSD related to sexual trauma, sexual relationships can be particularly affected. Teach clients and families methods for communicating about triggers, symptoms, and needs, as well as self-management of PTSD symptoms, particularly anxiety. Stress management skills and aerobic exercise have been shown to have a positive physiological impact on such symptoms.

7. Ethnic and cultural factors should be honored during treatment. The therapist should try to understand the importance of social and cultural dynamics of PTSD symptoms. Cultural context and the meaning of traumatic events may affect the development, repression or reduction of symptoms as well as dictating decisions regarding whether to take medication or engage in a particular type of therapy. Therapists should be cautious when treating individuals from cultures with which the therapist is not familiar. Some cultures have different norms and traditions around death and grief, and individuals can be further traumatized by the actions of well-meaning outsiders (for example, in some Native American traditions, you never speak of the dead, and discussions about the deceased that must occur are indirect and use the third person).

References and Resources for Clinicians

American Psychiatric Association: Practice guideline for the treatment of patients with acute stress disorder and posttraumatic stress disorder.

http://www.psychiatryonline.com/pracGuide/loadGuidelinePdf.aspx?file=ASD_PTSD_05-15-06

VA/DoD Clinical practice guideline for the management of post traumatic stress

http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=5187

Foa EB, Davidson JRT, Frances A. The Expert Consensus Guideline Series: Treatment of Posttraumatic Stress Disorder. *J Clin Psychiatry* 1999;60

<http://www.psychguides.com/ptsdgl.pdf>

National Institute for Mental Health: Information on PTSD

<http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F. S. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for Posttraumatic Stress Disorder. *Journal of Traumatic Stress, 10*, 539-555.

The American College of Obstetricians and Gynecologists: Unique Customs and Beliefs that may Influence Grief in Four Indigenous Tribes in North America

http://www.acog.org/departments/dept_notice.cfm?recno=10&bulletin=800

Resources for Clients:

National Institute for Mental Health, Booklet on Post Traumatic Stress Disorder

<http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/index.shtml>

United States Department of Veterans Affairs: National Center for PTSD Fact Sheet: PTSD in Children and Adolescents

http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html

American Psychiatric Association: Lets Talk Facts about Posttraumatic Stress Disorder

<http://www.healthyminds.org/factsheets/LTF-PTSD.pdf>

Mental Health America: Factsheet: Posttraumatic Stress Disorder

<http://www.mentalhealthamerica.net/index.cfm?objectid=C7DF91D3-1372-4D20-C8E6CFE1B56A38AB>

Anxiety Disorders Association of America (ADAA): Brochure on PTSD

http://www.adaa.org/Bookstore/Brochures/PTSD_adaa%20alt.pdf

Expert Consensus Treatment Guidelines for Posttraumatic Stress Disorder: A Guide for Patients and Families

<http://www.psychguides.com/ptsdhe.pdf>