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2024

Statewide Symposium in Support of Service Members, Veterans & Their Families

April 17-18 | Phoenix, Arizona

arizona coalition
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Clinical Practice & Skills

Session 2

Navigating Evidence-Based
Treatment Options for Trauma



Facilitators



Nicki Bartram

BE CONNECTED PROGRAM ADMINISTRATOR

Arizona Coalition for Military Families



Nicole Perkins

SENIOR HEALTH AND WELLNESS COACH

Maricopa County Sheriff's Department





Clinical Practice & Skills

Erica Leffler, LCSW

Veteran Community Outreach Coordinator


Virtue Recovery Center

Angela LoPresti, LCSW

Local Recovery Coordinator

Southern AZ VA Healthcare System





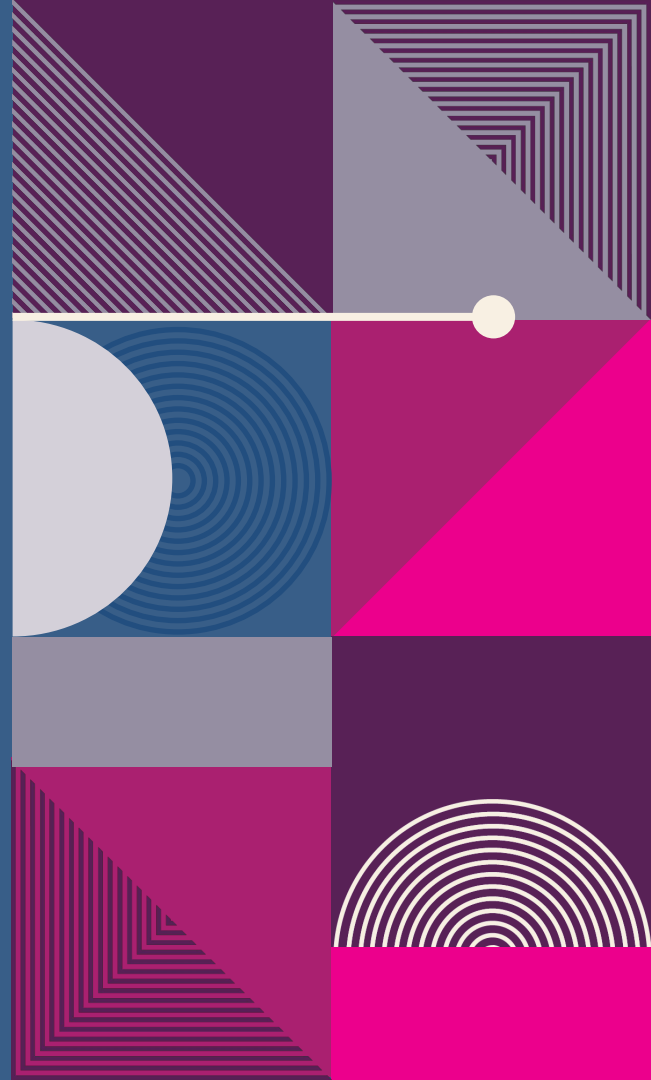
CLINICAL PRACTICE AND SKILLS

Erica Leffler, LCSW

Angelika LoPresti, LCSW

ERICA LEFFLER, LCSW

Erica is a 44-year-old mother of three who served her country in the US Army. After her time in service, she went to college and earned her degree in social work. She has spent the last 7 years serving the community as a mental health professional working in private hospitals and the VA. She is passionate about helping Veterans and spends much of her free time volunteering for non-profit Veteran service organizations. Erica is driven by three central tenets, which are faith, family and fitness. If she is not spending her time with her family, you will find her running, strength training or finding a mountain to hike. Erica's interest don't stop there, she enjoys shooting, pickle ball, watching movies, cooking, entertaining, and shopping. Erica considers herself a philomath with a passion for information and learning. She is excited about starting her adventure with Virtue and being a part of such a great mission.



ANGELIKA LOPRESTI, LCSW

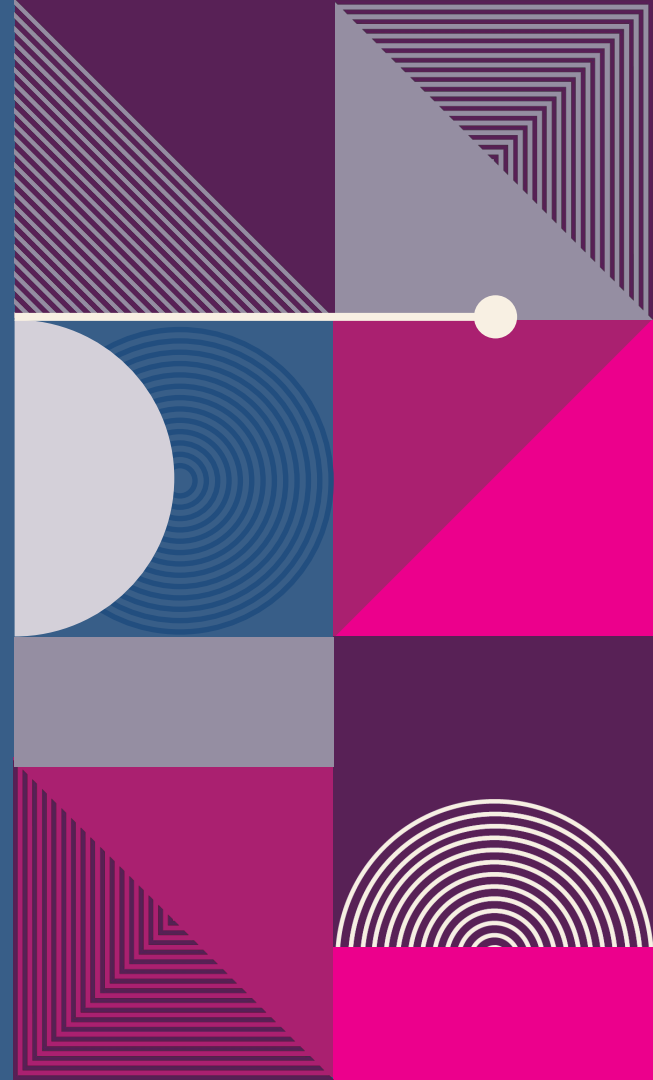
Angelika is the Local Recovery Coordinator for the Southern Arizona VA Health Care System (SAVAHCS), the Evidence Based Psychotherapy Coordinator and the Liaison for the Southern Arizona Veterans Mental Health Advocacy Council. Angelika joined the SAVAHCS team in January 2012. Angelika is a Licensed Clinical Social Worker. She earned her Master of Social Work degree at the University of Nevada in Las Vegas.

As the Local Recovery Coordinator, Angelika serves as an internal consultant to Behavioral Health Leadership and VA staff to promote Recovery Oriented Practice within the VA. Angelika coordinates staff training and special projects that focus on mental health stigma reduction, consumer advocacy, peer support, family support, psychosocial rehabilitation and community integration for Veterans.



OBJECTIVES

- Overview of Clinical Practice Guidelines and Evidence Based Protocol
- Define PTSD
- Selection process
- Cognitive Processing Therapy
- Measurement Based Care
- Several roleplays throughout the presentation from assessment to termination



VA/DoD Clinical Practice Guideline

Management of Post-Traumatic Stress



VA/DoD Evidence Based Practice

CLINICAL PRACTICE GUIDELINES (CPG)

Evidence-based recommendations for care

- Conducting Veteran and patient stakeholder focus groups during the development process
- Cultivating a multidisciplinary guideline team
- Ensuring strict management of conflicts of Interest



MANAGEMENT OF POSTTRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDER 2023

MODULE A

- Acute stress reaction/disorder

MODULE B

- Assessment and diagnosis of Post Traumatic Stress Disorder

MODULE C

- Management of Posttraumatic Stress Disorder



EVIDENCE BASED PSYCHOTHERAPY

VA provides mental health treatments that are proven to be effective for most Veterans. These scientifically tested and approved courses of treatment take place over defined periods of time, with a focus on helping Veterans meet their goals in recovery and in life.

EVIDENCE BASED PSYCHOTHERAPY FOR PTSD

PROLONGED EXPOSURE (PE)

teaches you how to slowly approach memories, feelings, and situations that you have been avoiding since your trauma. It involves talking about your trauma with a therapist and doing some of the things you have avoided since the trauma.

EYE-MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR)

helps you process your trauma. It involves calling the trauma to mind while paying attention to a back and-forth movement or sound (like a finger waving side to side, a light, or a tone).

COGNITIVE PROCESSING THERAPY (CPT)

teaches you how to change upsetting thoughts and feelings. It involves talking with your therapist about your negative thoughts and doing short worksheets.

CBCT
?

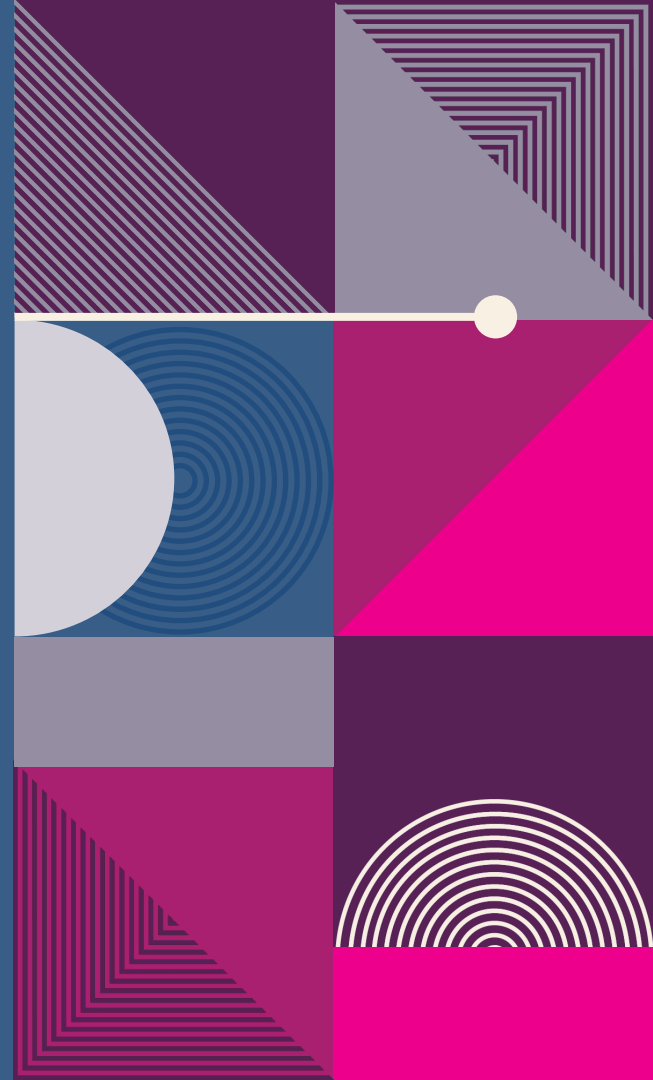


BACKGROUND AND STATISTICS

- **PTSD can affect all aspects of a person's functioning and wellbeing.**
- Recent data from the 2018 Health Related Behavior Survey, a representative survey of active duty Service members, showed that 10.4% of the active component and 9.3% of reserve component active duty Service members report probable PTSD in the past 30 days based on the Primary Care PTSD Screen for DSM-5-TR. (14.15)
- According to the NESARC-III, which included more than 3,100 Veterans among the total participants, the lifetime prevalence of PTSD among Veterans is 6.9%. Lifetime prevalence in Veterans was higher among women (13.2%) than men (6.2.%). Lifetime prevalence also was higher among Veterans younger than 65 (ages 18–29: 15.3%; ages 30–44: 9.7%; and ages 45–64: 8.6%) than Veterans 65 or older (3.75%).

CASE STUDY-CALL

37-year-old female Navy Veteran who served for 12 years as “corpsman” who has been out for 7 years. She married her high school sweetheart 3 years ago after reuniting once she left the military. They have an 18-month-old daughter together and he has one teenage daughter. Identified patient’s father, who was also a Navy Veteran, recently passed after battling cancer. She has just lost her job for the 4th time in one year, leading to financial strain. Mother-in-law is the caregiver for 18-month-old. She reports an Increase in marital conflict with most recent event being reports throwing a baby toy at her partner when he confronted her about losing her job...



WHAT IS PTSD?

The DSM-5 identify the trigger to PTSD as exposure to actual or threatened death, serious injury or sexual violation. The exposure must result from one or more of the following scenarios, in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;
- learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental); or
- experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

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.



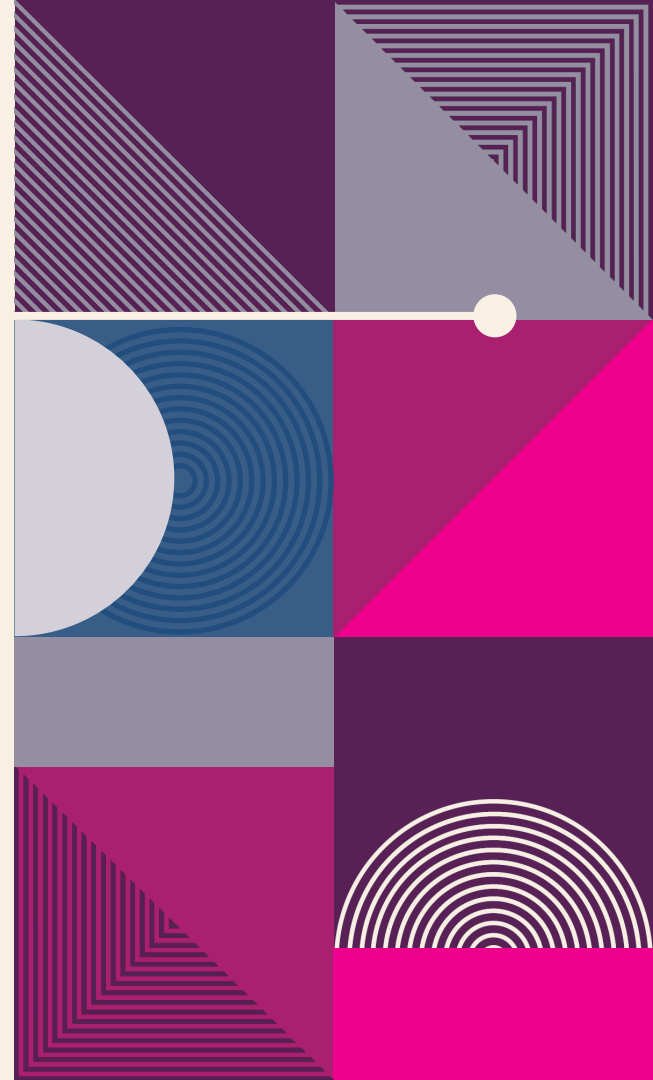
SYMPTOMS OF PTSD

1. **Reliving the event (also called re-experiencing symptoms).** Memories of the traumatic event can come back at any time. They can feel very real and scary. For example:.
2. **Avoiding things that remind you of the event.** You may try to avoid situations or people remind you of the trauma event. You may even avoid talking or thinking about the event. For example:
3. **Having more negative thoughts and feelings than before the event.** The way you think about yourself, and others may become more negative because of the trauma. For example:
4. **Feeling on edge or keyed up (also called hyperarousal).** You may be jittery, or always alert and on the lookout for danger. You might suddenly become angry or irritable. For example:

HOW DOES A VET CHOOSE?



ROLEPLAY THE DECISION-MAKING PROCESS



COGNITIVE PROCESSING THERAPY (CPT)

HISTORY – BEYOND CHARD

Based on cognitive theory – schemas
CBT Cognitive re-structuring and Socratic
Questions

3 GOALS

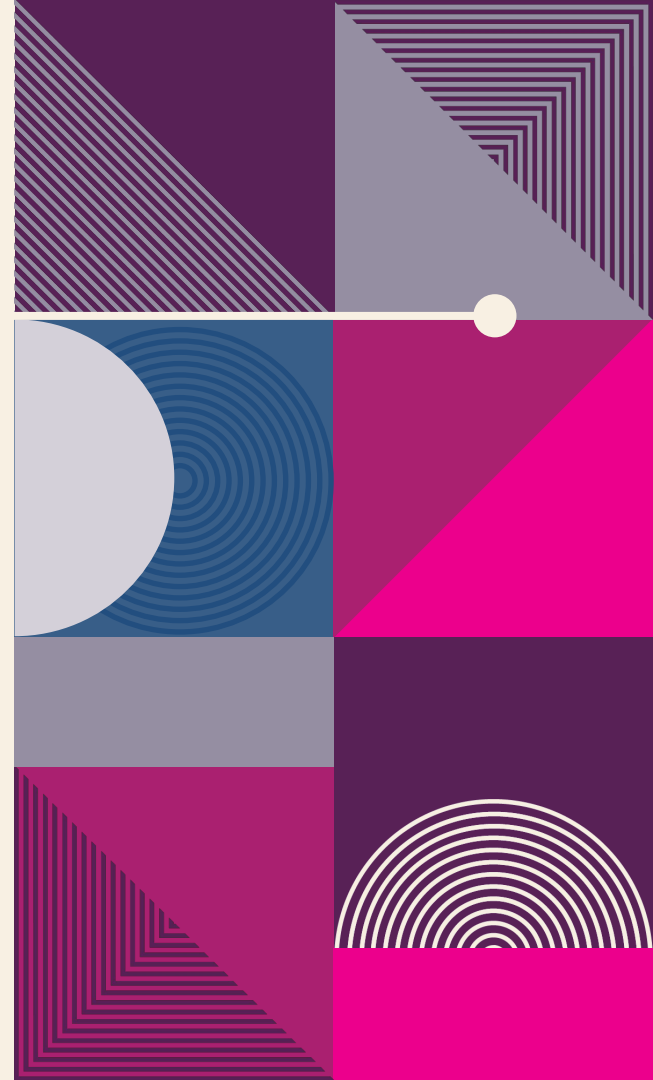
Reflect – understand PTSD, impact of trauma and
decrease avoidance
Redefine – eval thinking and consider alt
Recover – reduce distress, negative feelings and
improve daily living

EFFICACY IN CLINICAL TRIALS

Most studied PTSD
treatment for
sexual harassment
and Rape victims or SA

3 PARTS

Identify stuck points
Challenging skills
Understand change in beliefs



ROLEPLAY CPT SESSION

HANDOUT 6.3
ABC Worksheet

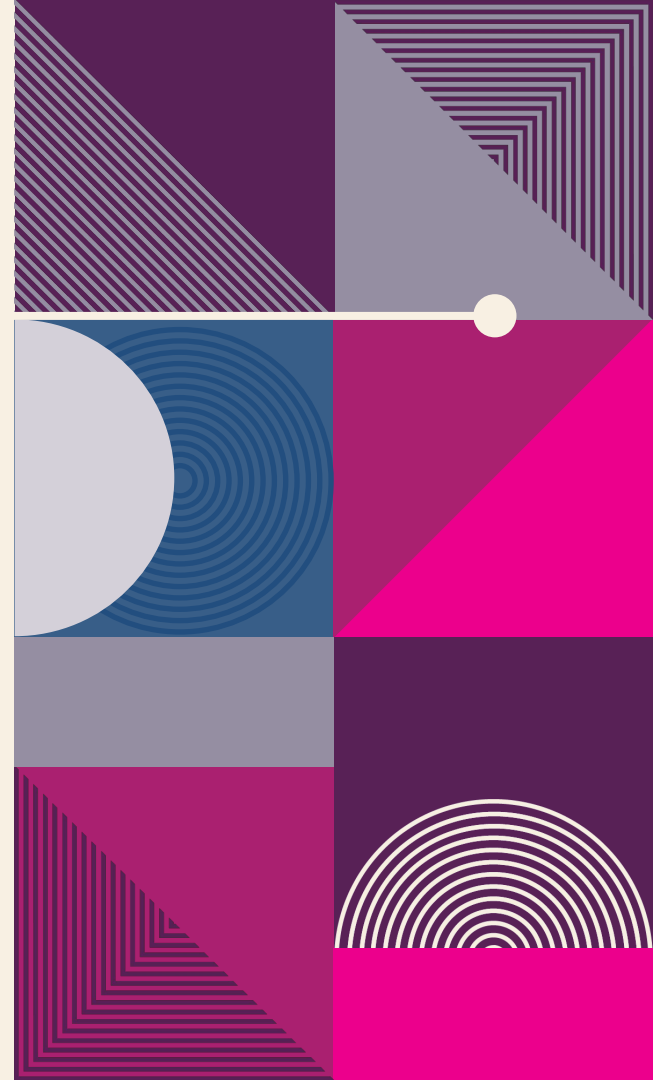
Date: _____ Client: _____

Activating Event A <i>"Something happens"</i>	Belief/Stuck Point B <i>"I tell myself something"</i>	Consequence C <i>"I feel something"</i>

Are my thoughts above in column B realistic or helpful? _____

What can I tell myself on such occasions in the future? _____

From *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* by Patricia A. Resick, Candice M. Monson, and Kathleen M. Chard. Copyright © 2017 The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use or for use with individual clients (see copyright page for details).





MEASUREMENT BASED CARE

2016 VA's Measurement Based Care in Mental Health Initiative
Surveys Vets on outcomes related to Mental Health
Model

Collect

Share

Act

Informs the treatment plan success or need to adjust



MEASUREMENT BASED CARE

PC-PTSD-5

Clinician Administered PTSD Scale for DSM-5

PCL-5

PHQ-9

PUTTING IT ALL TOGETHER

HANDOUT 8.1

Challenging Beliefs Worksheet

Date: _____ Client: _____

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought, or belief leading to the unpleasant emotion(s).	Write thought/Stuck Point related to situation in section A. Rate your belief in this thought/Stuck Point from 0 to 100%. (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from section B. Consider whether the thought is balanced and factual, or extreme.	Use the Patterns of Problematic Thinking Worksheet to decide whether this is one of your problematic patterns of thinking.	What else can I say instead of the thought in section B? How else can I interpret the event instead of this thought? Rate your belief in the alternative thought(s) from 0 to 100%.
		Evidence for? Evidence against? Habit or fact? Not including all information? All-or-none? Extreme or exaggerated? Focused on just one piece?	Jumping to conclusions: Exaggerating or minimizing: Ignoring important parts: Oversimplifying: Overgeneralizing:	G. Re-Rate Old Thought/Stuck Point Re-rate how much you now believe the thought/Stuck Point in section B, from 0 to 100%.
	C. Emotion(s) Specify your emotion(s) (sad, angry, etc.), and rate how strongly you feel each emotion from 0 to 100%.	Source dependable? Confusing possible with likely? Based on feelings or facts? Focused on unrelated parts?	Mind reading: Emotional reasoning:	H. Emotion(s) Now what do you feel? Rate it from 0 to 100%.

TERMINATION

Your worst event: _____

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. Repeated, disturbing dreams of the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. Feeling very upset when something reminded you of the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8. Trouble remembering important parts of the stressful experience?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
12. Loss of interest in activities that you used to enjoy?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
13. Feeling distant or cut off from other people?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
15. Irritable behavior, angry outbursts, or acting aggressively?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
16. Taking too many risks or doing things that could cause you harm?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
17. Being "superalert" or watchful or on guard?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
18. Feeling jumpy or easily startled?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
19. Having difficulty concentrating?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
20. Trouble falling or staying asleep?	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Q&A



RESOURCES RELATED TO THE CPG FOR PTSD



- [Shared Decision-Making for PTSD](#)



- [Ethical Considerations in Shared Decision-Making \(SDM\) for PTSD Treatment](#)

PTSD TREATMENT DECISION AID

PTSD TREATMENT DECISION AID: THE CHOICE IS YOURS

LEARN

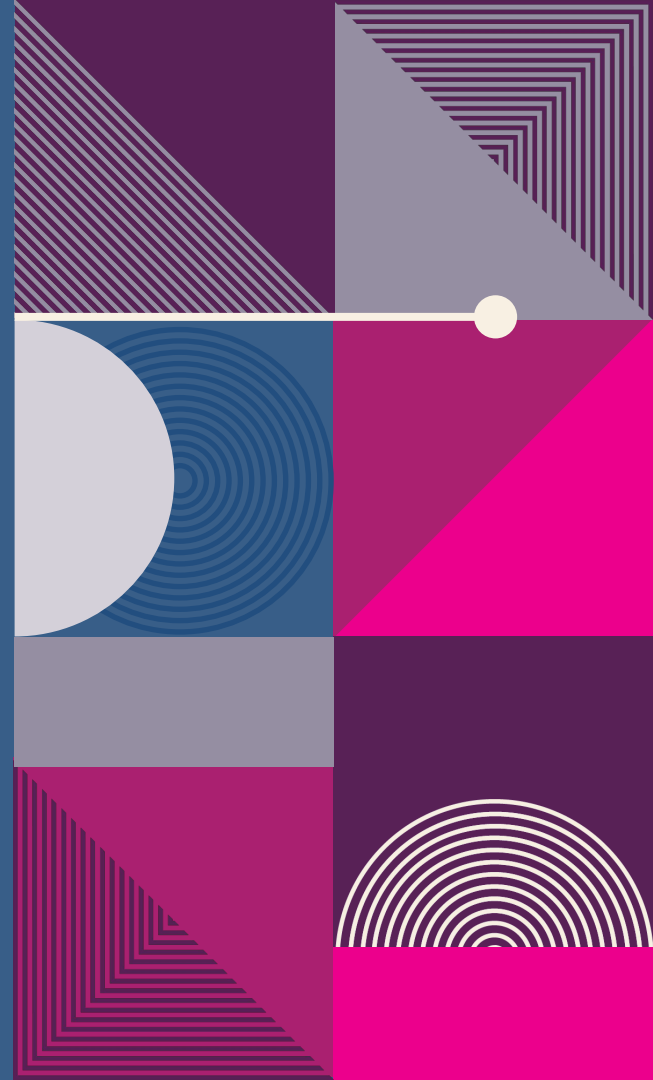
Learn about PTSD and how this decision aid can help

COMPARE

Compare effective PTSD treatment options

ACT

Take action to start treatment



WHITEBOARD VIDEOS

Animated Videos

- A series of [animated videos](#), including one for providers about [effective treatments for PTSD](#).
- Short (~3 minute), engaging videos that can be used to educate patients and family members.



TITLE AND CONTENT

ABOUT **FACE**

Treating Veterans with PTSD?
We've Been There. Let Us Help.



- Veterans talking about how EBPs for PTSD turned their lives around
- Browse videos or search by therapy type, era, service branch and more.
- For Providers: [Using AboutFace: Real PTSD Stories](#)

www.ptsd.va.gov/aboutface

Additional National Center for PTSD Resources

Webpages

- [Clinical Practice Guideline for the Management of PTSD](#)
- [Overview of Psychotherapy for PTSD](#)
- [Cognitive Processing Therapy for PTSD](#)
- [Prolonged Exposure for PTSD](#)
- [Eye Movement Desensitization and Reprocessing \(EMDR\)](#)
- [Written Exposure Therapy \(WET\)](#)
- [Present-Centered Therapy for PTSD](#)



Print Materials: Handouts and Brochures

- [Educational flyers, handouts, brochures and other print materials](#) can be used to help educate patients and family members.
- You can now order our print materials free from the [US Government Publishing Office](#).

PTSD Consultation Program

We can help

- Are you treating Veterans with PTSD? **We can help**
- Do you have questions about the Clinical Practice Guideline for PTSD? **We can help**



PTSDconsult@va.gov



866-948-7880



www.ptsd.va.gov/consult



MENTAL HEALTH AND BEHAVIORAL HEALTH APPS



PTSD Coach

Access tools, educational resources, and self-assessments to help manage the stresses of daily life with PTSD.

iOS

Android



CPT Coach

Enhance your Cognitive Processing Therapy (CPT) treatment for PTSD with these support materials.

Android

iOS



PTSD Family Coach

Access self-care tools and receive support for living with someone who has PTSD.

Android

iOS

EVIDENCE BASED PSYCHOTHERAPY IN VHA

NATIONAL VA EBP TRAINING PROGRAMS

Behavioral Health

- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)

Depression

- Acceptance and Commitment Therapy (ACT-D)
- Cognitive Behavioral Therapy (CBT-D)
- Interpersonal Psychotherapy (IPT-D)

Family Services

- Behavioral Family Therapy (BFT)
- Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT-PTSD)
- Integrative Behavioral Couples Therapy (IBCT)

PTSD

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)

Problem Solving

- Problem Solving Training (PST)

Serious Mental Illness

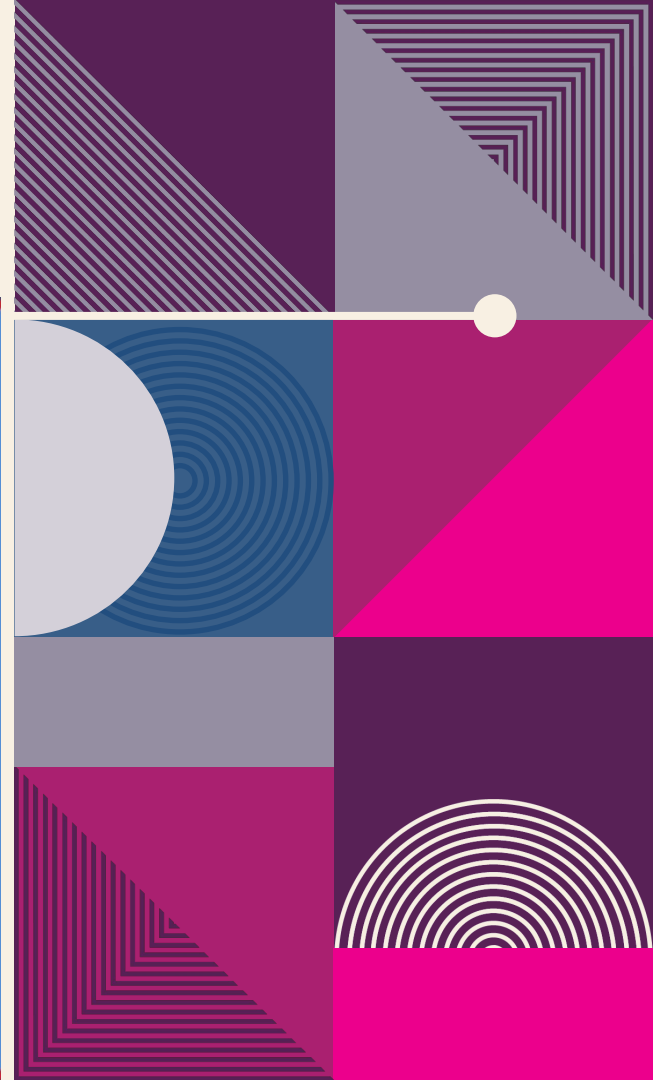
- Social Skills Training for Serious Mental Illness (SST)

Substance Use Disorders

- Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
- Motivational Enhancement Therapy (MET)

Treatment Engagement Health Behavior Change

- Motivational Interviewing (MI)





REFERENCES

[VA/DoD 2023 Clinical Practice Guideline for the Management of PTSD - PTSD: National Center for PTSD \(https://www.ptsd.va.gov/professional/treat/txessentials/cpg_ptsd_management.asp\)](https://www.ptsd.va.gov/professional/treat/txessentials/cpg_ptsd_management.asp)

[Management of Posttraumatic Stress Disorder and Acute Stress Disorder 2023 - VA/DoD Clinical Practice Guidelines \(https://www.healthquality.va.gov/guidelines/MH/ptsd/\)](https://www.healthquality.va.gov/guidelines/MH/ptsd/)

THANK YOU

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Session Evaluation

We want to hear from you!

