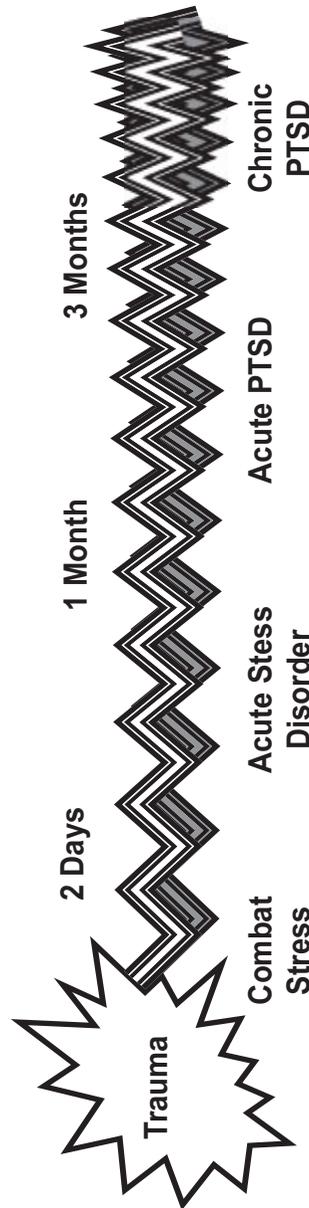


Adjunctive Problem-Focused Methods/Services Checklist to Determine If Psychosocial Rehabilitation Services are Indicated in PTSD Treatment		
	If the client and clinician together conclude that the patient with PTSD:	Service/Training
1	Is not fully informed about aspects of health needs and does not avoid high-risk behaviors (e.g., PTSD, substance)	<i>Provide patient education</i>
2	Does not have sufficient self-care and independent living skills	<i>Refer to self-care/independent living skills training services</i>
3	Does not have safe, decent, affordable, stable housing that is consistent with treatment goals	<i>Use and/or refer to supported housing services</i>
4	Does not have a family that is actively supportive and/or knowledgeable about treatment for PTSD	<i>Implement family skills training</i>
5	Is not socially active	<i>Implement social skills training</i>
6	Does not have a job that provides adequate income and/or fully uses his or her training and skills	<i>Implement vocational rehabilitation training</i>
7	Is unable to locate and coordinate access to services such as those listed above	<i>Use case management services</i>
8	Does request spiritual support	<i>Provide access to religious/spiritual advisors and/or other resources</i>
OTHER CONDITIONS		
9	Does have a borderline personality disorder typified by parasuicidal behaviors	<i>Consider Dialectical Behavioral Therapy</i>
10	Does have concurrent substance abuse problem	<i>Integrated PTSD substance abuse treatment (e.g., Seeking Safety)</i>

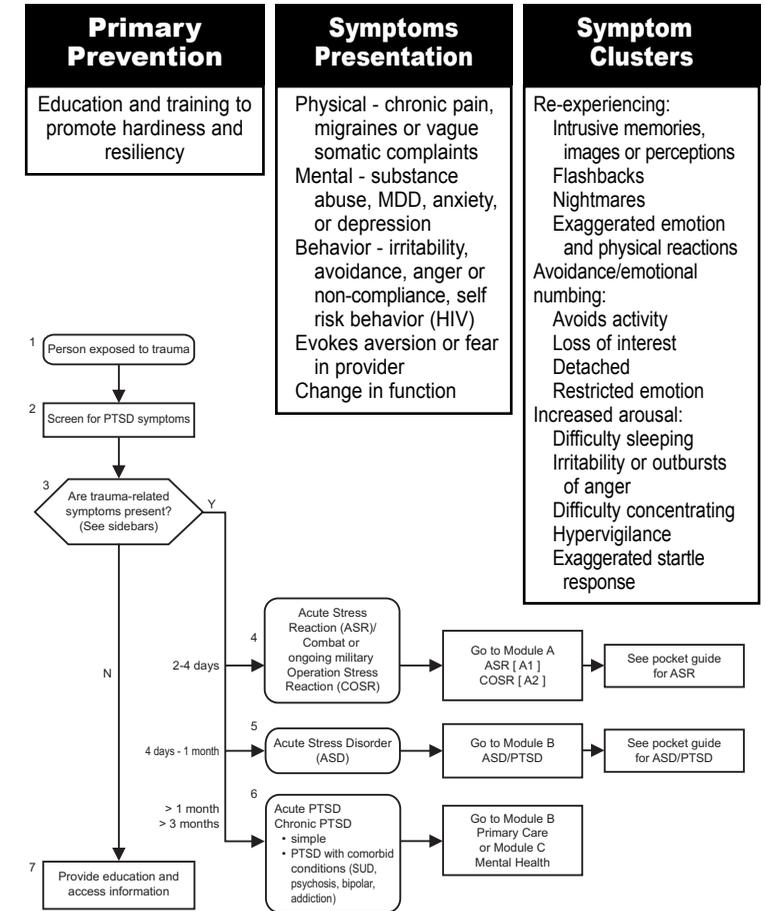
Hospitalization:

There have been no satisfactory studies on **inpatient** treatment for patients with PTSD or other disorders of traumatic stress. Clinical consensus supports that it is appropriate for crisis intervention, management of complex diagnostic cases, delivery of emotionally intense therapeutic procedures, and relapse prevention.



VA/DoD Clinical Practice Guideline for the Management of Post Traumatic Stress (PTSD) or Acute Stress Disorder (ASD) in Primary Care Module - Pocket Guide

Core Module - Initial Evaluation and Triage



VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

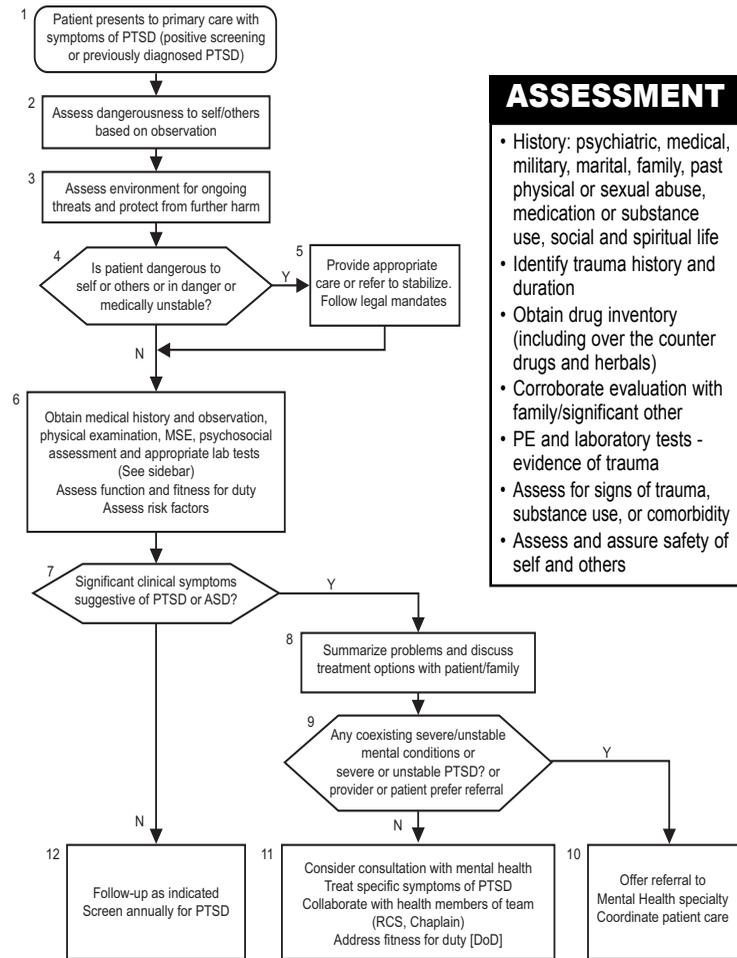
DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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Module B - Post Traumatic Stress Disorder (PTSD) or Acute Stress Disorder (ASD) in Primary Care



Primary care clinicians may decide to refer for specialized psychiatric care at any point, depending on how comfortable they are in treating PTSD, the particular needs and preferences of the patient, and the availability of other services

Effectiveness of Intervention in Post Trauma Stress Syndromes				
	Significant Benefit	Some Benefit	Unknown	No Benefit/Harm
Pharmacotherapy Interventions				
ASD		Imipramine [B] Propranolol [C]	Benzodiazepines [I] Other Sympatholytics [I] Other Antidepressants [I] Anticonvulsants [I] Atypical Antipsychotics [I] Choral Hydrate [I]	Typical Antipsychotics [D]
PTSD	SSRIs [A]	TCAs [B] MAOIs [B] Sympatholytics [B] Novel Antidepressants [B]	Anticonvulsants [I] Atypical Antipsychotics [I] Buspirone [I] Non-benzodiazepine hypnotics [I]	Benzodiazepines [D] Typical Antipsychotic [D]
Psychotherapy Interventions				
PTSD	Cognitive Therapy [A] Exposure Therapy [A] Stress Inoculation Training [A] Eye Movement Desensitization and Reprocessing [A]	Imagery Rehearsal Therapy [B] Psychodynamic Therapy [B] PTSD - Patient Education [I]		
Adjunct Treatment		Dialectical Behavioral Therapy [B] Hypnosis [B]		

LEVEL OF RECOMMENDATION :

- A A strong recommendation that the intervention is always indicated and acceptable
- B A recommendation that the intervention may be useful/effective
- C A recommendation that the intervention may be considered
- D A recommendation that a procedure may be considered not useful/effective, or may be harmful.
- I Insufficient evidence to recommend for or against – the clinician will use clinical judgment