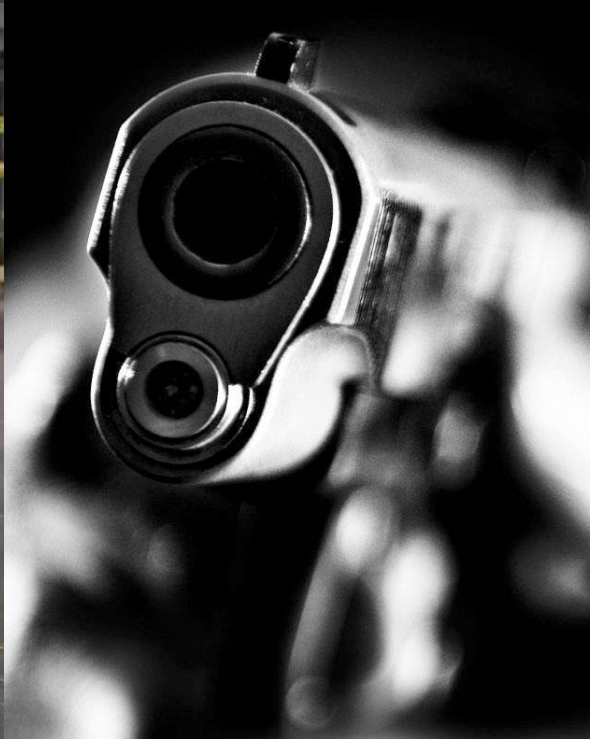


PTSD Screening: The New ACS Recommendation

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TMAC Conference
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Agenda

1. Introduction
2. Psychiatric problems after traumatic injury
3. ACS screening recommendations
 - Rationale
 - Screening tool selection
4. What do after a (+) or (-) screen
5. Building more robust trauma psychology programs



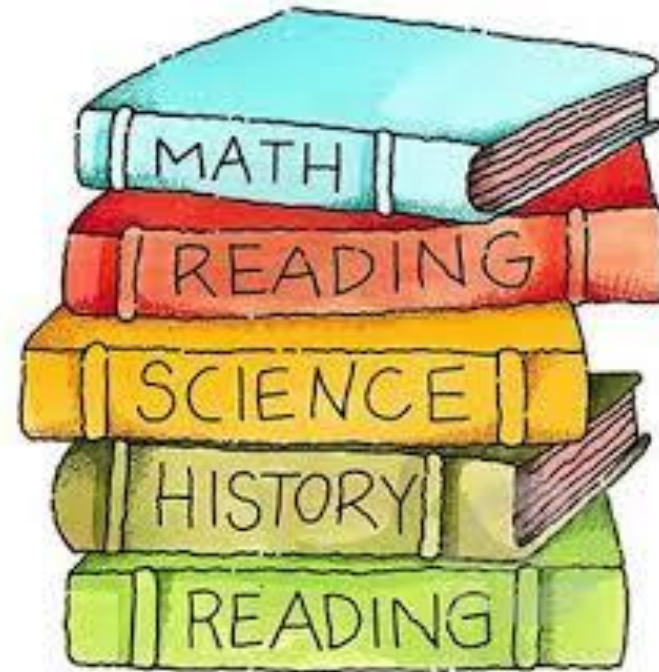


Reactions to Acute Stress

- Fear
- Hypervigilance
- Anxiety
- Anger/irritability
- Depressed mood
- Withdrawn



We're Not Taught How to Cope



Acute stress is common in immediate post-injury phase and hospital stay may exacerbate problems...

But, do patients go on to develop psych problems?



Injury survivors have been shown to **develop PTSD at higher rates** than people who have experienced other types of trauma

PTSD Defined

- **Re-experiencing symptoms**
 - bad memories
 - nightmares
 - flashbacks
- **Avoidance**
 - avoid situations or people that trigger memories of the traumatic event
 - avoid talking or thinking about the event
- **Negative beliefs and feelings**
 - guilt or shame
 - anhedonia
 - feel that the world is dangerous and you can't trust anyone
 - numb; hard to feel happy
- **Hyperarousal**
 - jittery, or always alert and on the lookout for danger
 - trouble concentrating or sleeping
 - angry or irritable, startle easily
 - act in unhealthy ways (like smoking, using drugs and alcohol, or driving recklessly)

Can be diagnosed 1 month after trauma

Acute Stress Disorder

- Can be diagnosed **3 days to 1 month** after trauma
 - ASD = good positive predictive power
 - 50-75% of individuals who meet ASD diagnostic criteria develop PTSD
 - But, poor sensitivity
 - < 50% of individuals who meet PTSD diagnostic criteria previously met criteria for ASD
1. Intrusion sx
 2. Negative mood
 3. Dissociative sx
 4. Avoidance sx
 5. Arousal sx

Etiology of PTSD

- Fear reactions typically occur shortly after a traumatic stressor and naturally decline over time
 - Failure of natural extinction of conditioned fear may manifest as PTSD
- Immune dysregulation and increased levels of pro-inflammatory cytokines
 - Reexperiencing/fear response perpetuates?
- Also involves
 - **central neurotransmitter imbalances**
 - **neuroanatomical disruptions**
 - **potential dysregulation autonomic, endocrine function, and cardiovascular function**

Etiology of Depression

- Functional disability
- Losses/changes in family and societal roles
- Sleep problems?
- Neurobiological changes?



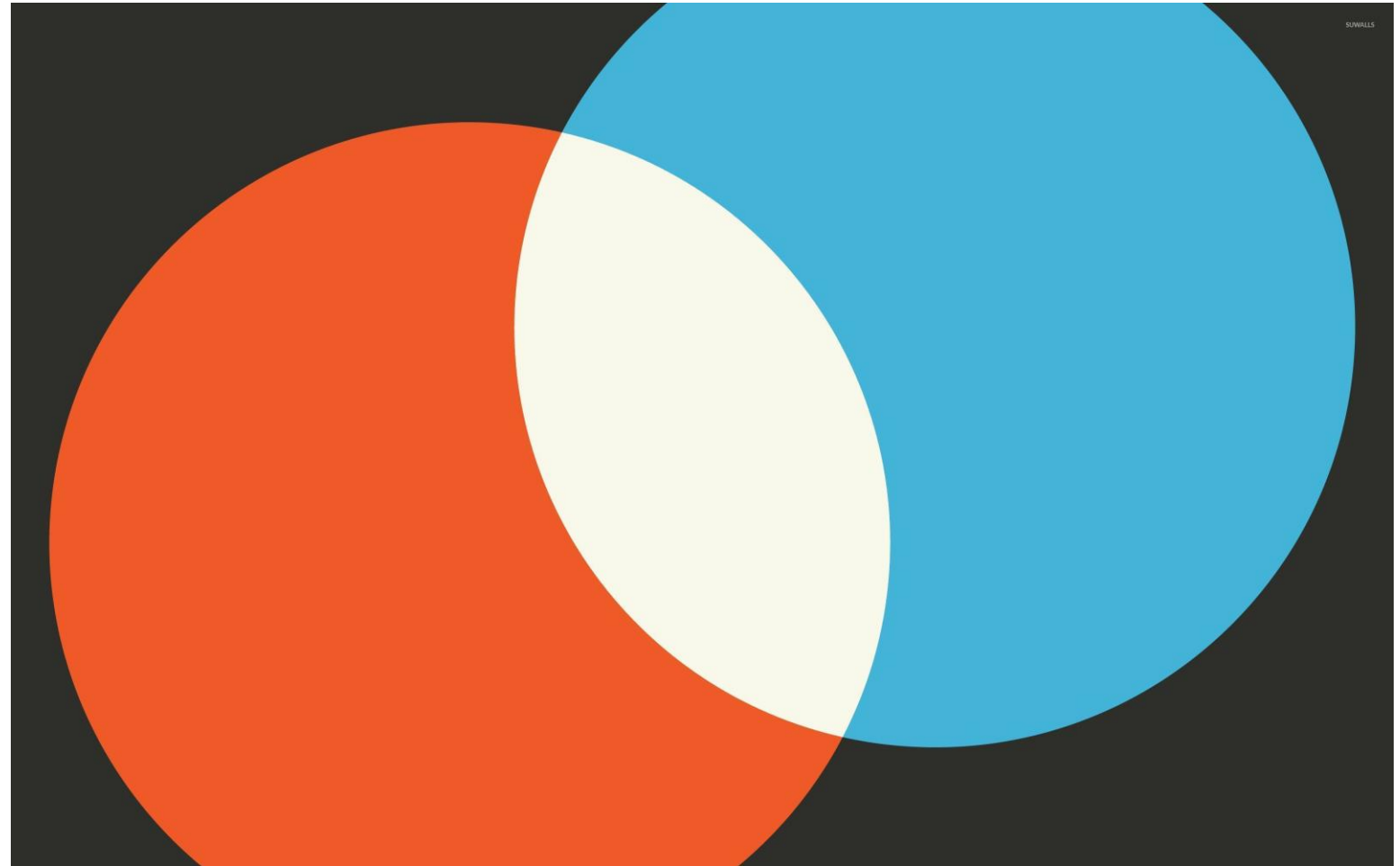


Etiology of Substance Use Problems



- Numbing
- Preexisting problems

Synergistic Effect



Negative Sequelae



Health Care Utilization

- (+) LOS
- (+) provider burnout
- O'Donnell (2013) found psychiatric symptoms accounted for the largest proportion of the variance in disability at 12 months and was a stronger predictor than pain
- Those w/ PTSD and Dep use (+) ambulatory health care resources and are more likely to be readmitted to the hospital

ACS Recommendation

- Trauma Centers should develop a plan to evaluate, support, and treat PTSD
- **Early screening and referral for psychotherapy and pharmacologic treatment of PTSD and related co-morbid depression** following injury
- This is not a requirement
- Update to the 2018 Clarification Document
 - Acute Stress Disorder Screening counts as PTSD Screening

Rationale for Hospital- based Screening

- Increase understanding of prevalence and risk identification/prediction
- Hospital-based secondary prevention/education
- Administer preventative medications?
- Triage to appropriate outpatient care
 - Effective evidence-based treatments
 - PE
 - CPT
 - CBT
 - BA

Risk Factors

- Female gender
- Uninsured status
- Minority status
- Psych hx
- Sub use problems
- Hx of past trauma
- Acute stress sx in the immediate post injury phase
- Perceived life threat
- Extended hospitalization
- ICU admission
- Injury severity
- Increased HR at hospital presentation
- Interpersonal injury
- TBI (mild)

Screening for Presence of a Disorder



"I don't like the looks of this at all —
there's nothing wrong!"

PTSD Checklist – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind</i> you of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PTSD Checklist – Civilian Version (PCL- C)

Acute Stress Disorder Scale

Bryant, R. A., Moulds, M. L., & Guthrie, R. M. (2000). Acute stress disorder scale: A self-report measure of acute stress disorder. *Psychological Assessment*, 12(1), 61-68.
doi:10.1037/1040-3590.12.1.61

Name:

Date:

Briefly describe your recent traumatic experience:

Did the experience frighten you? Yes or No

Please answer each of these questions about how you have felt since the event. Circle one number next to each question to indicate how you have felt.

- 1 *Not at all*
- 2 *Mildly*
- 3 *Medium*
- 4 *Quite a bit*
- 5 *Very much*

During or after the trauma, did you ever feel numb or distant from your emotions?

During or after the trauma, did you ever feel in a daze?

During or after the trauma, did things around you ever feel unreal or dreamlike?

During or after the trauma, did you ever feel distant from your normal self or like you were watching it happen from outside?

Have you been unable to recall important aspects of the trauma?

Have memories of the trauma kept entering your mind?

Have you had bad dreams or nightmares about the trauma?

Have you felt as if the trauma was about to happen again?

Do you feel very upset when you are reminded of the trauma?

Have you tried not to think about the trauma?

Have you tried not to talk about the trauma?

Have you tried to avoid situations or people that remind you of the trauma?

Have you tried not to feel upset or distressed about the trauma?

Have you had trouble sleeping since the trauma?

Have you felt more irritable since the trauma?

Have you had difficulty concentrating since the trauma?

Have you become more alert to danger since the trauma?

Have you become jumpy since the trauma?

When you are reminded of the trauma, do you sweat or tremble or does your heart beat fast?

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

Patient Health Questionnaire (PHQ-9)

Screening for Risk of Future Psychological Maladjustment



Posttraumatic Adjustment Screen

Table 3

Posttraumatic Adjustment Screen

This questionnaire asks you questions that relate to factors that occurred before, during or after the event that caused your injuries. Circle the response that best describes how much you **agree** with the following statements.

Q	Not at all	To a small extent	To a moderate extent	To a large extent	Totally
1* I have needed professional help to deal with emotional problems in the past.	0	1	2	3	4
2* Previously traumatic events have impacted negatively on my life in the past (e.g., assault, sexual abuse, previous combat duty, natural disasters, witnessing traumatic events).	0	1	2	3	4
3 In the past I was able to talk about my thoughts and feelings with my family members or friends.	4	3	2	1	0
4* In the past I was satisfied with the support that I had from my friends and family.	4	3	2	1	0
5 At the time of the event, I felt terrified, helpless or horrified.	0	1	2	3	4
6 During the event, I thought I was about to die.	0	1	2	3	4
7* I have felt irritable or angry since the event.	0	1	2	3	4
8* I have found it difficult to concentrate on what I was doing or things going on around me since the event.	0	1	2	3	4
9 I am confident that I can deal with the financial stressors that may arise as a consequence of being injured.	4	3	2	1	0
10 I can accept what happened to me.	4	3	2	1	0

Note. Add all items to calculate the posttraumatic stress disorder score on the Posttraumatic Adjustment Scale (PAS). Add items marked with an * to calculate the depression score on the PAS.

O'donnell, M. L., Creamer, M. C., Parslow, R., Elliott, P., Holmes, A. C., Ellen, S., ... & Bryant, R. A. (2008). A predictive screening index for posttraumatic stress disorder and depression following traumatic injury. *Journal of consulting and clinical psychology*, 76(6), 923.

Predictive Screening Tool for Depression and PTSD After Injury

Predictive Screening Tool for Depression and PTSD after Injury

BEFORE THIS INJURY:	Yes	No	Depression	PTSD
Has there ever been a time in your life you have been bothered by feeling down or hopeless, or lost all interest in things you usually enjoyed for more than 2 weeks?	1	0		
WHEN YOU WERE INJURED OR RIGHT AFTERWARDS:				
Did you feel really helpless?	1	0		
Did it seem unreal or like it was happening in a dream or slow motion?	1	0		
SINCE YOUR INJURY				
Have you wanted to (or tried hard to) stay away from things that remind you of what happened?	1	0		
Have you been staying away from people, even people you are usually close to?	1	0		
Are you worried about money because of what happened?	1	0		
Since you were hurt, have you been worried because you had trouble keeping your mind on things?	1	0		
Is there someone who has responded badly when you told them about what happened?	1	0		
Total (Sum the number in each column)				
Scoring Metric			≥2 is positive for Depression	≥3 is positive for PTSD

Richmond, T. S., Ruzek, J., Ackerson, T., Wiebe, D., Winston, F., & Kassam-Adams, N. (2011). Predicting the future development of depression or PTSD after injury. *General Hospital Psychiatry, 33* (4), 327-335.

Who Can Implement?

- Workflows differ
- Ideally, mental health professional
- Can be nursing, NPs, PAs, etc.

What happens after a (+) or (-) screen?

Negative Screen

- Communicate screening findings to patient
- Provide education re: common reactions and how to get help in the future

Positive Screen

- Communicate screening findings to patient
- Provide education re: common reactions and how to get help in the future
- **Provide hospital-based interventions for acute stress**
- **Refer to appropriate outpatient treatment?**

Risk vs. Diagnosis

- Although some people do develop PTSD and MDD, most don't
- Overall focus on risk identification and reduction, not diagnosis
 - Particularly because neither ASD nor PTSD can be immediately diagnosed

Action Items

- Change how we talk to patients during hospitalization
 - Focus on risk mitigation
 - Tied to behavioral anchors/goals
- Revamp discharge instructions to include information re: coping with acute stress, rather than “here’s what PTSD is”

Common reactions to traumatic events

This leaflet tells you about common reactions to traumatic events and explains ways to cope with them



What is a traumatic event?

A traumatic event is any incident we experience which is sudden and unexpected which can result in emotional as well as physical trauma (injury) and shock.

This emotional shock can cause stress reactions, which are known as Post Traumatic Stress Reaction. However, the emotions you experience are a normal reaction to an unusual or abnormal event, that is to say, it is not an everyday event experienced by everyone.

How may I react to and feel after a traumatic event?

To feel you are not able to cope is normal. Sometimes we do not want to let others know we can't cope as we fear we will be seen as being weak. We *'keep a stiff upper lip'* and try to carry on. The following are some common reactions you may experience when you have dealt with, or been involved in, such an incident.

Shock:

- disbelief and numbness
- the experience appears unreal
- a slow realisation of what has happened

Fear of:

- it happening again (looking for signs of danger)
- vulnerability (not feeling safe)
- being alone
- losing control
- helplessness

Sadness:

- about possible loss of life
- loss of belief that the world is a safe place

Anger:

- towards those who caused it to happen
- at the injustice and senselessness
- at the lack of understanding of others
- at it happening – why me?
- general anger

Confusion because:

- of strange feelings
- something in your past is troubling you again
- your world has changed

These feelings are normal and common, you may feel all or some of them. Expressing them can be a relief.

They usually only last for short periods at a time and gradually reduce.

How might this affect my behaviour?

You might have some of the following physical and emotional symptoms:

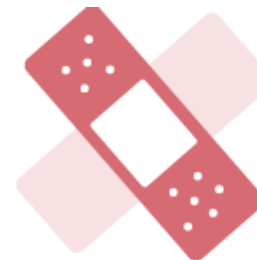
Apprehension – you may find that you are easily startled and agitated.

Problems with sleeping – you may have disturbed sleep, disturbing thoughts preventing you sleeping or dreams and nightmares.

Mood swings – you might experience a change in mood for no obvious reason.

(Cont.)

HOW TO GET HELP



Returning home after being in the hospital can be stressful. If you are spending less time with friends, are easily scared or startled, or feel down for a month or more after your injury it may be time to take action.

- ✓ Takes into account health literacy concerns
- ✓ Stepped care options
- ✓ Gives examples of how to ask for help

1 VISIT A SUPPORT GROUP

Support groups can help you to feel less lonely and learn how other people are coping with problems similar to yours. You can find support groups online, by calling your county, or asking your doctor. For example, you might consider the Head Injury Support Group in Fairfield (707-435-8174).

2 CALL THE ADVICE LINE

Most health care systems have a nurse advice line. You can call for advice on how to get help with adjustment. For example, you might ask, "I can't fall asleep because I feel worried. How can I get help?"

3 VISIT YOUR PRIMARY CARE DOCTOR

Your primary care doctor can prescribe medication that may help you adjust to life after injury. They can also refer you to a behavioral medicine consultant who can help you learn techniques to manage problems such as poor sleep and low mood. For example, you might ask, "I don't feel myself since I left the hospital. Can you help?"

4 TALK TO A THERAPIST

Sometimes people feel very depressed or scared and need extra help. A therapist can help you feel better by guiding through evidence-based treatments such as prolonged exposure or behavioral activation. Your therapist may also work with a psychiatrist who can prescribe medication to help you feel better. Therapists can be found online or by calling the psychiatry department of your health care system.

HELPFUL PHONE NUMBERS:

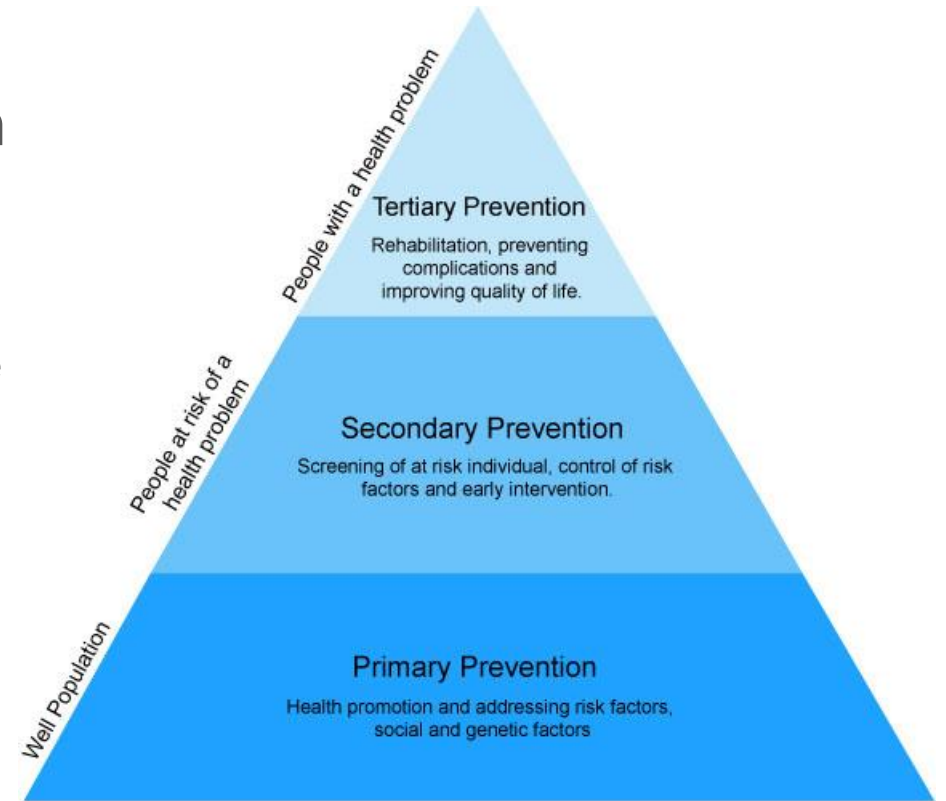
- 1) Kaiser Permanente Vacaville Appointments: 707-624-4000
- 2) Solano County Mental Health Services: (800) 547-0495
- 3) Crisis Text Line: Text HOME to 741741 from anywhere in the United States, anytime, about any type of crisis

Billing

- Most don't charge, except for when Trauma Psychologist delivers related intervention

Opportunity

- Secondary prevention of psychological maladjustment
- Management of acute stress sx
- Collaborative, multidisciplinary care



Evidence-based Care

- CBT "evidence-informed" in acute recovery phase
 - relaxation techniques
 - encouraging social connectedness
 - enhancing problem-solving skill
 - behavioral activation
- Laboratory studies have demonstrated efficacy of both **Mindfulness-Based Stress Reduction (MBSR)** and **cognitive restructuring** in management of acute stress
- **Positive affect and cognitions during acute stress** has been shown to decrease risk for future depression by impacting peripheral cytokines

Intervention Summary

Assessment

- Risks
- Safety needs
- Acute stress sx
- Cognitive functioning

Psychological Interventions

- Relaxation
- Mindfulness
- Guided Imagery
- Sleep Hygiene
- SBIRT

Education

- Medical condition
- Normal vs Abnormal Adjustment
- Retaliation
- Resources post-hospitalization
- Victims Advocacy Groups

Collaborative Interventions

- Health Literacy
- Triggering hospital events
- Team education

Summary

- Intervention/prevention at a critical time point
- Screening, education, and referral to treatment a good first step
- More robust trauma center psychology programs are likely indicated

Thank you!

Questions? Comments? Reactions?

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