

N. Florida/S. Georgia
VHCS
Primary Care Behavioral
Health Team

*Overview of Services for
PTSD and Dementia*

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Outline of Presentation

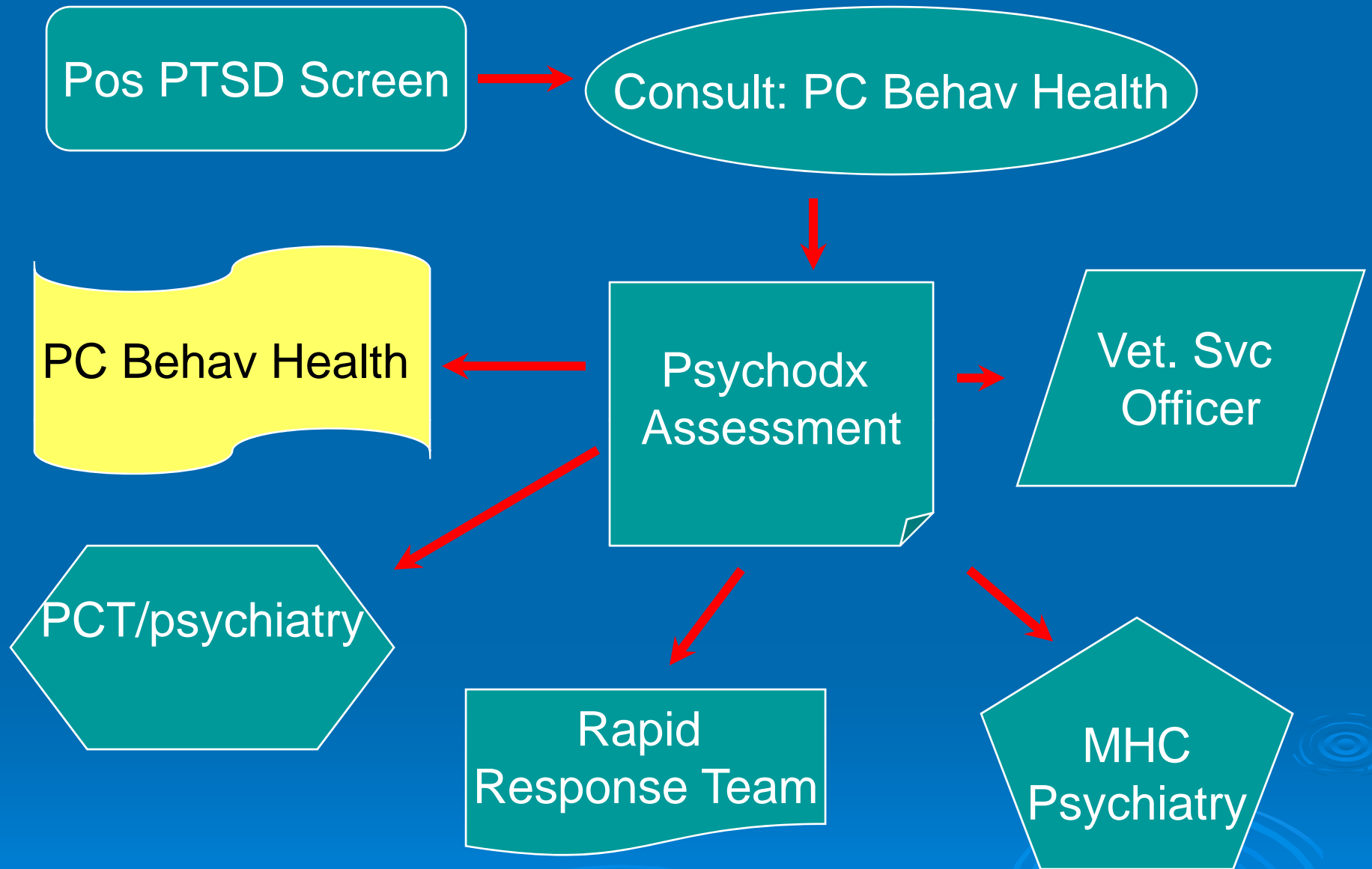
1. Provide overview of the NF/SG Primary Care model for:
 - Managing PTSD consults
 - Providing cognitive/dementia screenings
2. Present preliminary data on types of consults and outcomes

Justification for Services

1. Increase quality of patient care
2. Improve systemic efficiency of services

Primary Care & PTSD Treatment





Flow Diagram of NF/SG PCBH Team's PTSD Treatment Process

Psycho-diagnostic Assessment

1. **Brief interview** (*components agreed upon by Mental Health Clinic and PCT*)
2. **Patient Health Questionnaire for Depression (PHQ-9)**
3. **Post-traumatic Stress Disorder Checklist-**
Military version (PCL-M) or **Civilian**
version (PCL-C)

Details of Process

- Referred to the PCBH Team if veteran
 - can benefit from 4-week Managing Trauma and Stress Class
 - or ,
 - short-term individual therapy
 - desires to develop new skills

** management of stress/anxiety, MDD, problem solving, anger, interpersonal, grief, self-care, etc.*

Details of Process (pg. 2)

- Referred to PCT if veteran
 - wants long term PTSD treatment
 - has received treatment for PTSD within the last 2 years at NF/SG VHS PCT
 - is in need of additional evaluation for PTSD (e.g., testing)

Details of Process (pg. 3)

➤ *Referred to Rapid Response Team* if veteran

- is ambivalent about receiving any treatment

or,

- endorses symptoms that are not definitively PTSD related


Details of Process (pg. 4)

- Referred to MHC Psychiatry if veteran
 - is in need of medication evaluation and management

Details of Process (pg. 5)

- Referred to Veterans Service Officer if veteran
 - only desires to be evaluated for service connection

Other referrals

- Substance Abuse Treatment Team (SATT)
 - Neuropsychological testing
 - Sleep study consult
 - Anger Management class
 - PTSD and Couple's Workshop
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PC Behav Health

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graph TD; A[PC Behav Health] --> B[4-week Managing Trauma and Stress Class]; A --> C[Short-term, individual therapy]
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4-week Managing Trauma
and Stress Class

Short-term, individual
therapy

Managing Trauma and Stress Class

(4 weeks; 1.5 hrs/session)



Description

1. Collaboration with PCT at NF/SG VHCS

- Modeled after the 4-week psycho-educational PCT class
- Added **self-care/stress management** emphasis

Session 1

1. Psycho-education on PTSD (the basics)

- Symptoms
- **Impact on well-being**
- Influence on relationships
- Manifestation of co-morbid mental health issues



Session 1 (pg. 2)

2. Coping Skills

- Coping resources inventory
- Goal setting
- Problem-solving

Diaphragmatic breathing introduction; each participant is provided a relaxation CD

Session 2

1. Anger Management

- Defining anger and how anger manifests in each person's life
- Identifying trigger(s) to anger
- Discussing ways to respond appropriately to anger

* Developing healthy, assertive communication style



Session 2 (pg. 2)

2. Self-care skills

- Psycho-education on PTSD and maintaining wellness and quality-of-life
- Discussion about stress management techniques

Diaphragmatic breathing exercise

Session 3

Cognitive-Behavioral Therapy

- Psycho-education on relationship between anxiety and cognitions
- Discussion of various thinking patterns
- Team work on $A \Rightarrow B \Rightarrow C$ sheets

Diaphragmatic breathing exercise + imagery

Session 4

1. PTSD treatment options
2. Discussion of previous modules
3. Closing – certificate

Diaphragmatic breathing exercise + imagery

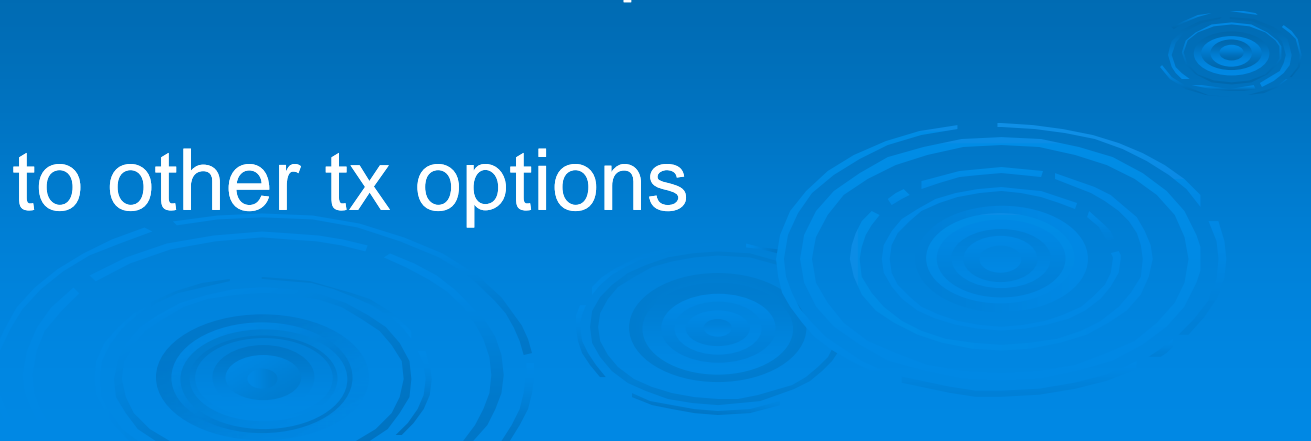


PCBH PTSD

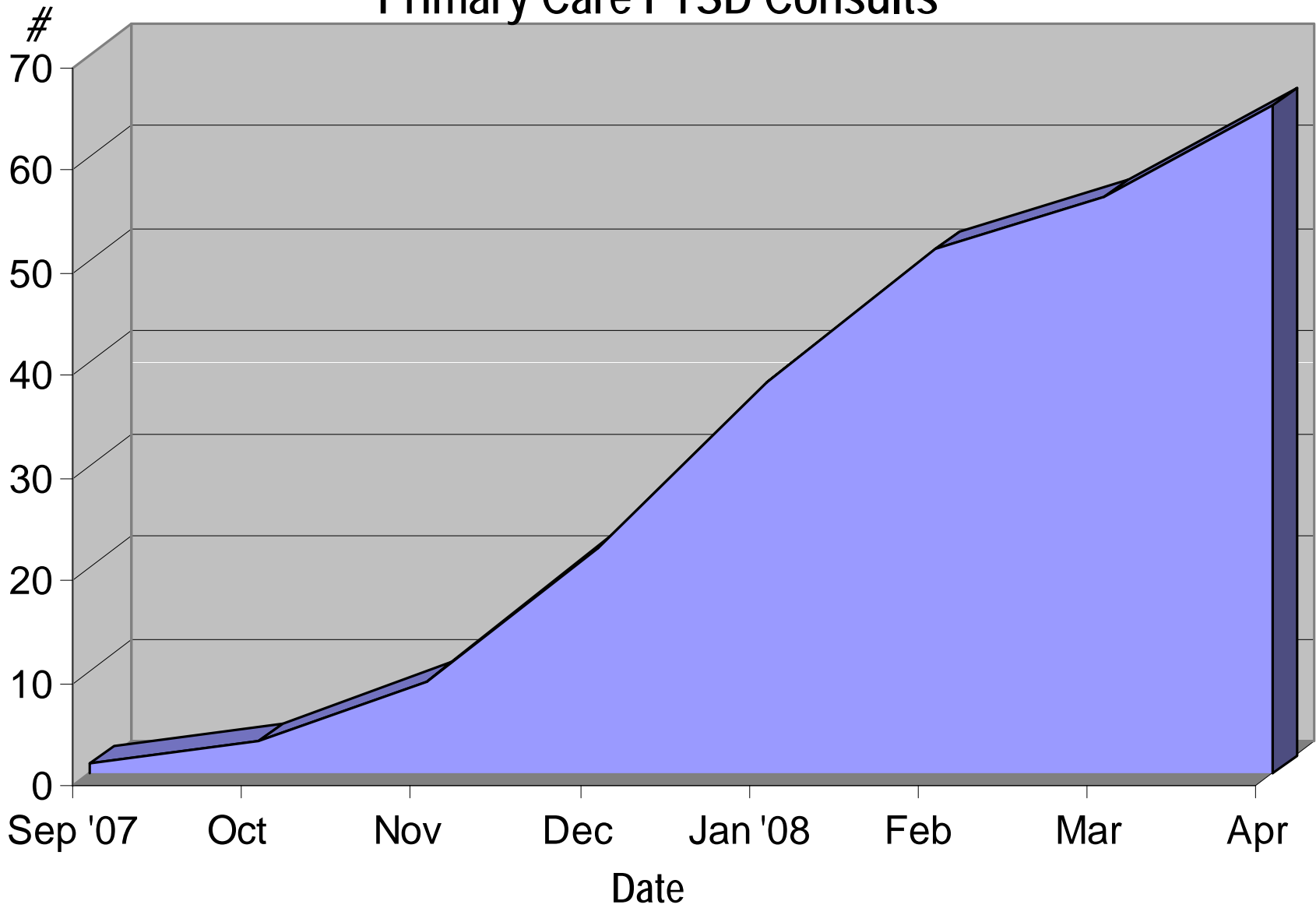
Individual Treatment



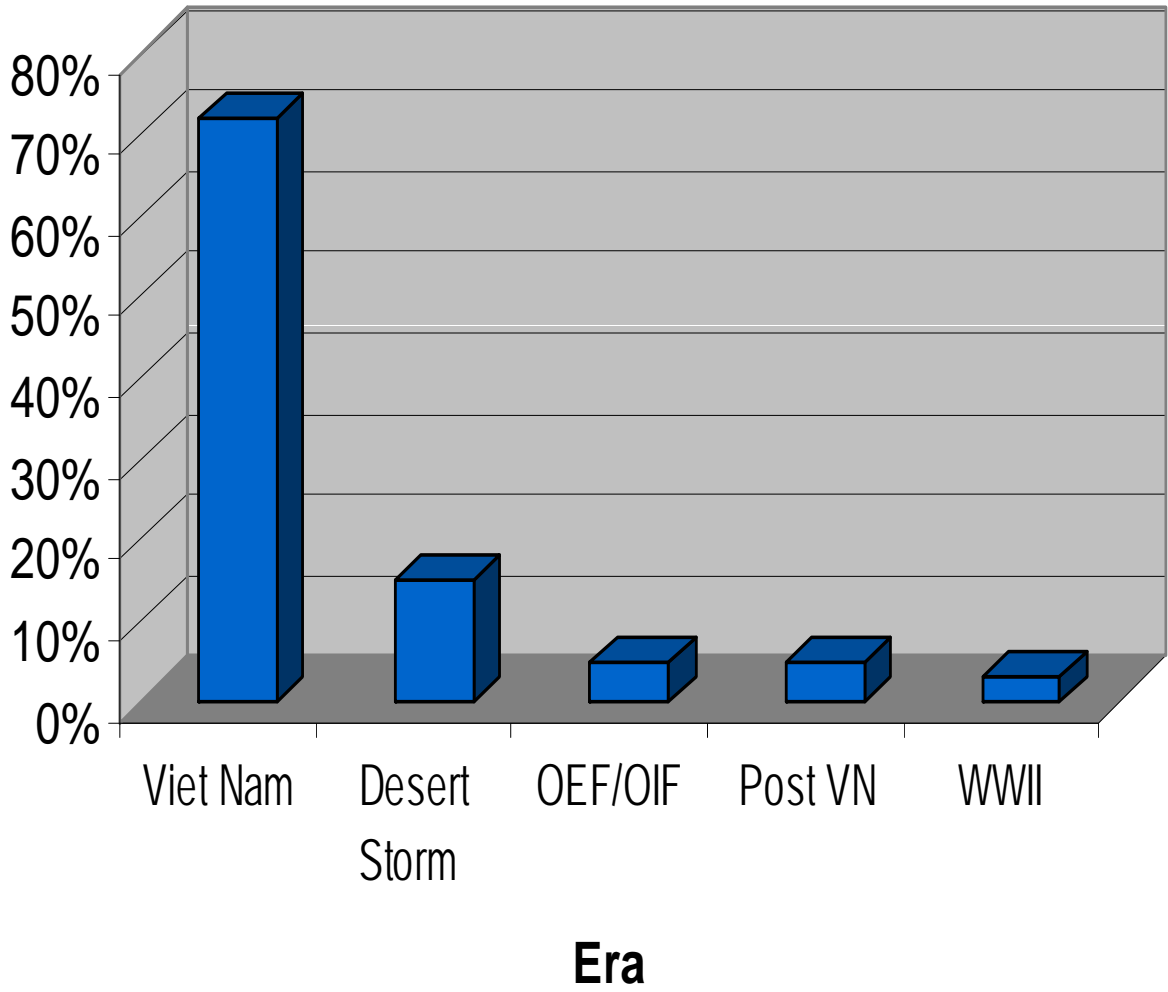
Overview of Individual Tx

1. Short-term (6-8 sessions; 50 mins.)
 2. Focus on (crisis) management and stabilization
 3. Emphasis on skills development
 4. Referrals to other tx options
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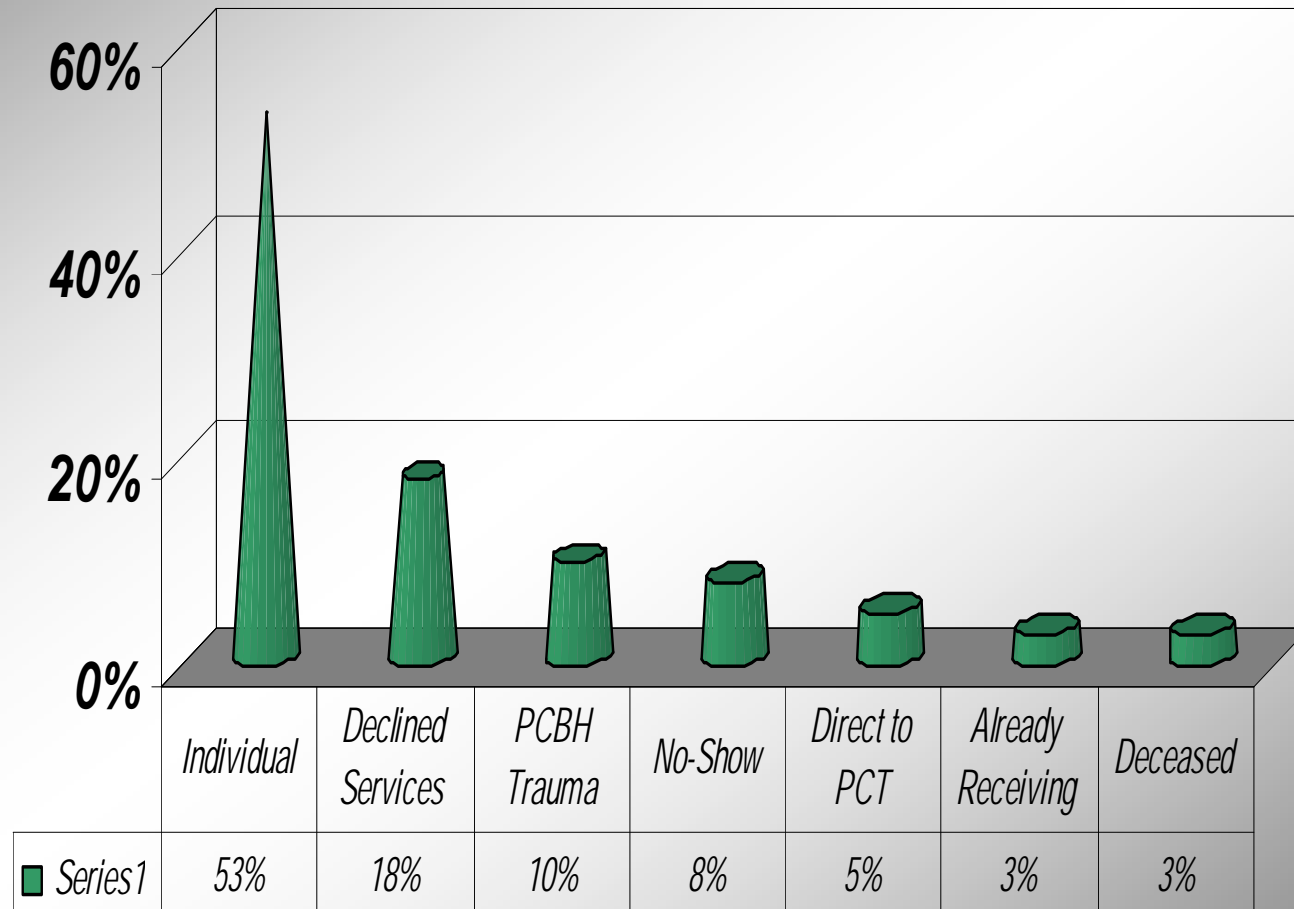
Primary Care PTSD Consults



Primary Care PTSD Consults by Era



Primary Care PTSD Consult Outcomes (Sept. '07- April '08)



Outcome

Preliminary Data

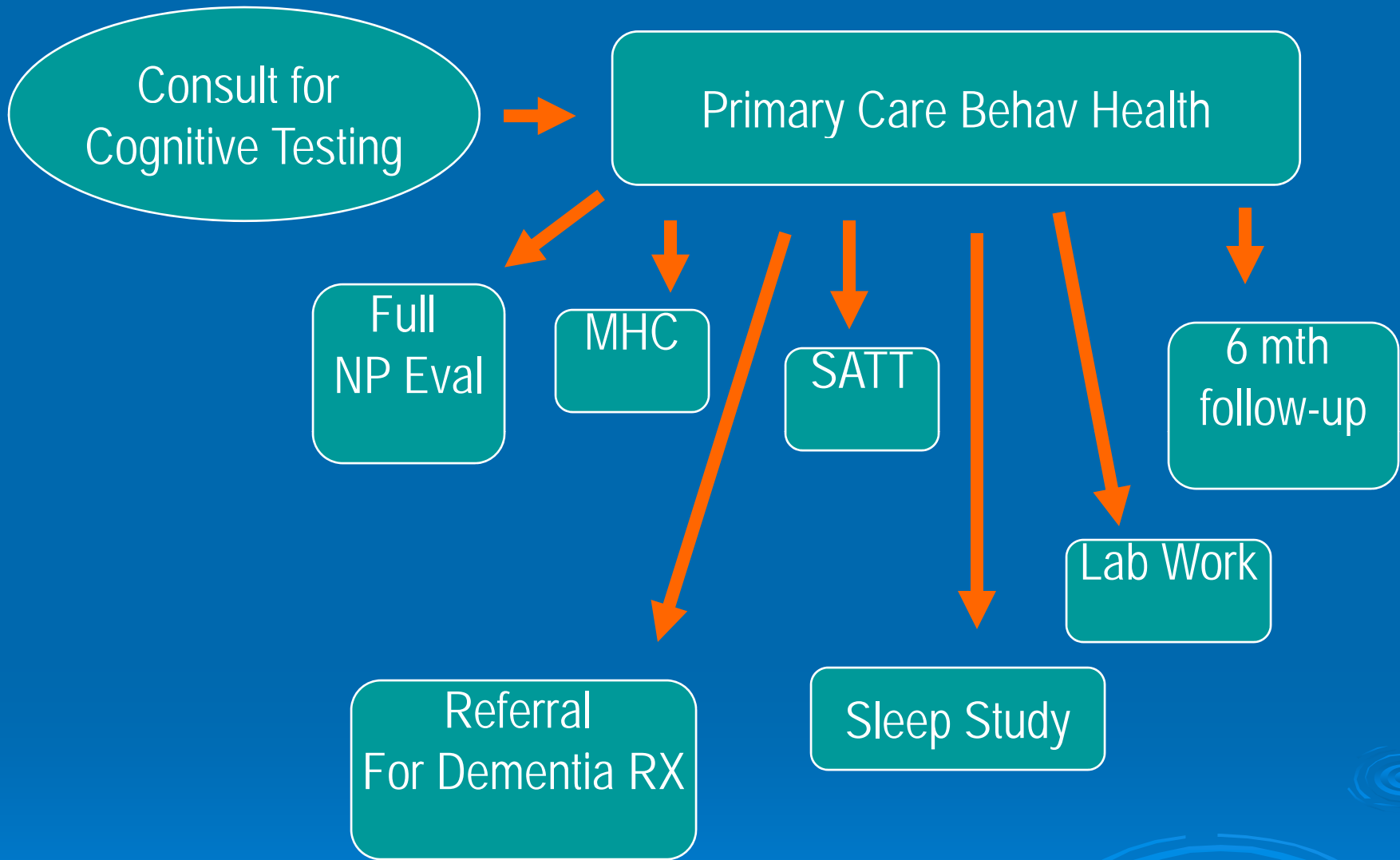
- Our Primary Care Behavioral Health Clinic Team has successfully reduced the caseload of the PCT by approximately **25.32%**, since September 2007.

Preliminary Data (pg. 2)

- Veterans referred for positive PTSD screen report noteworthy improvement in PTSD symptoms, after receiving treatment through the Primary Care Behavioral Health Clinic


Cognitive Evaluations






Flow Diagram of NF/SG PCBH Team's
Dementia Screening Process

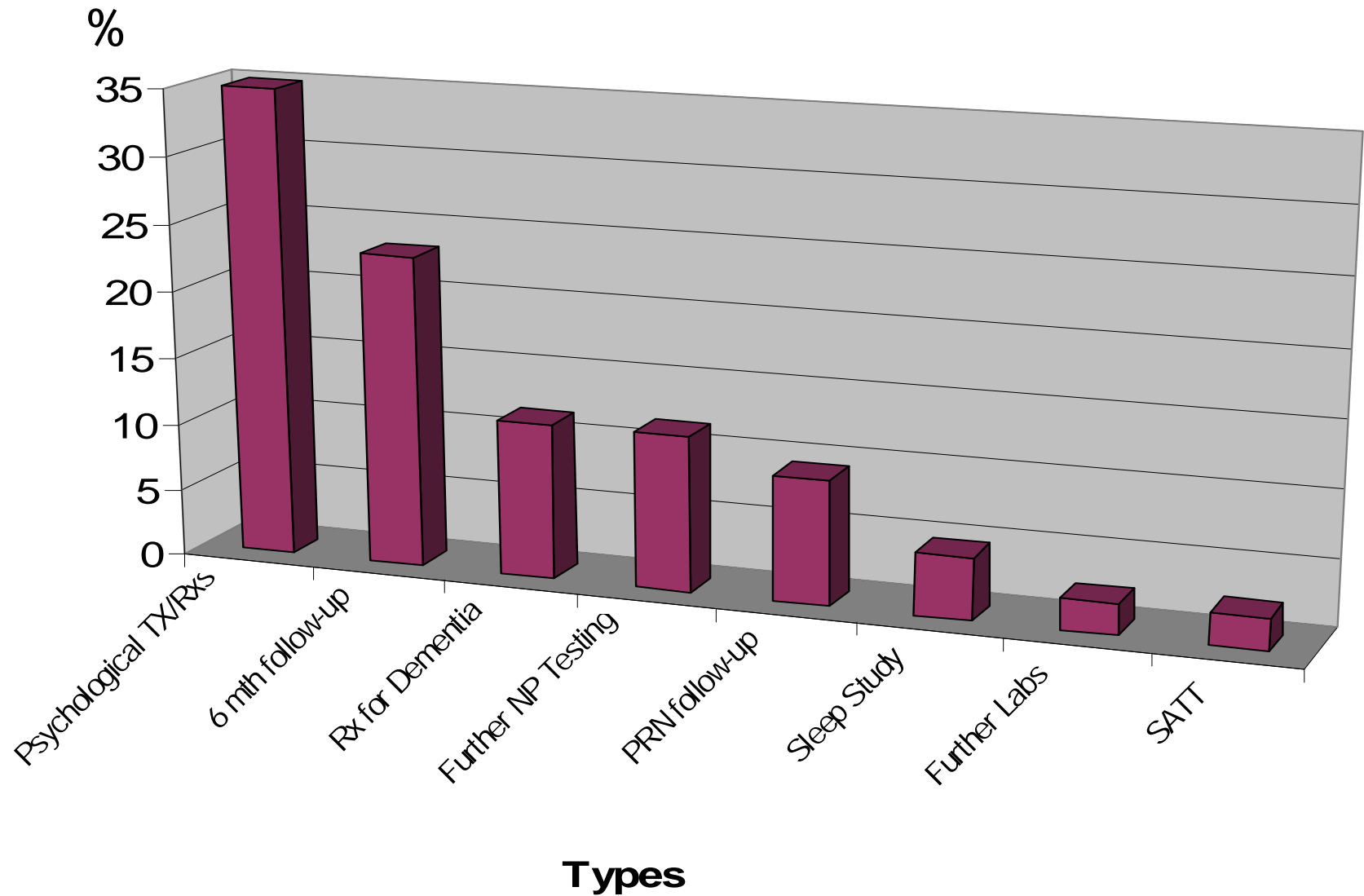
Cognitive Screening Process

1. Thorough record review
 - Radiology reports, labs
 2. Clinical interview
 3. Actual testing
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Instruments

1. Mini-Mental Status Exam
 2. Cognistat (*Neurobehavioral Cognitive Status Examination*)
 3. Brief frontal tasks
 - *Luria*
 - *Contrasting Motor Programs*
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Cognitive Screening Outcomes (Jan.-Mar. '08)



Preliminary Data

- Still in the nascent stages of data collection and establishing a clear system for routing consults for cognitive screens.
- Data does suggest that cognitive screenings through the PCBH Clinic improves quality of patient care and increased systemic efficiency

Future Directions

- Collection of **outcome data** concerning efficacy of PCBH interventions
- Development of **collaborations with other departments** to address issues such as:
 - Increasing the interface between PCBH and OEF/OIF veterans
 - Substance abuse
 - Anxiety management

Future Directions (pg. 2)

- Tailoring interventions to better meet the **needs of rural populations**

