

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

*Overview of Services for  
PTSD and Dementia*

*Presented by: Ann T. Landes, Ph.D.*

# 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

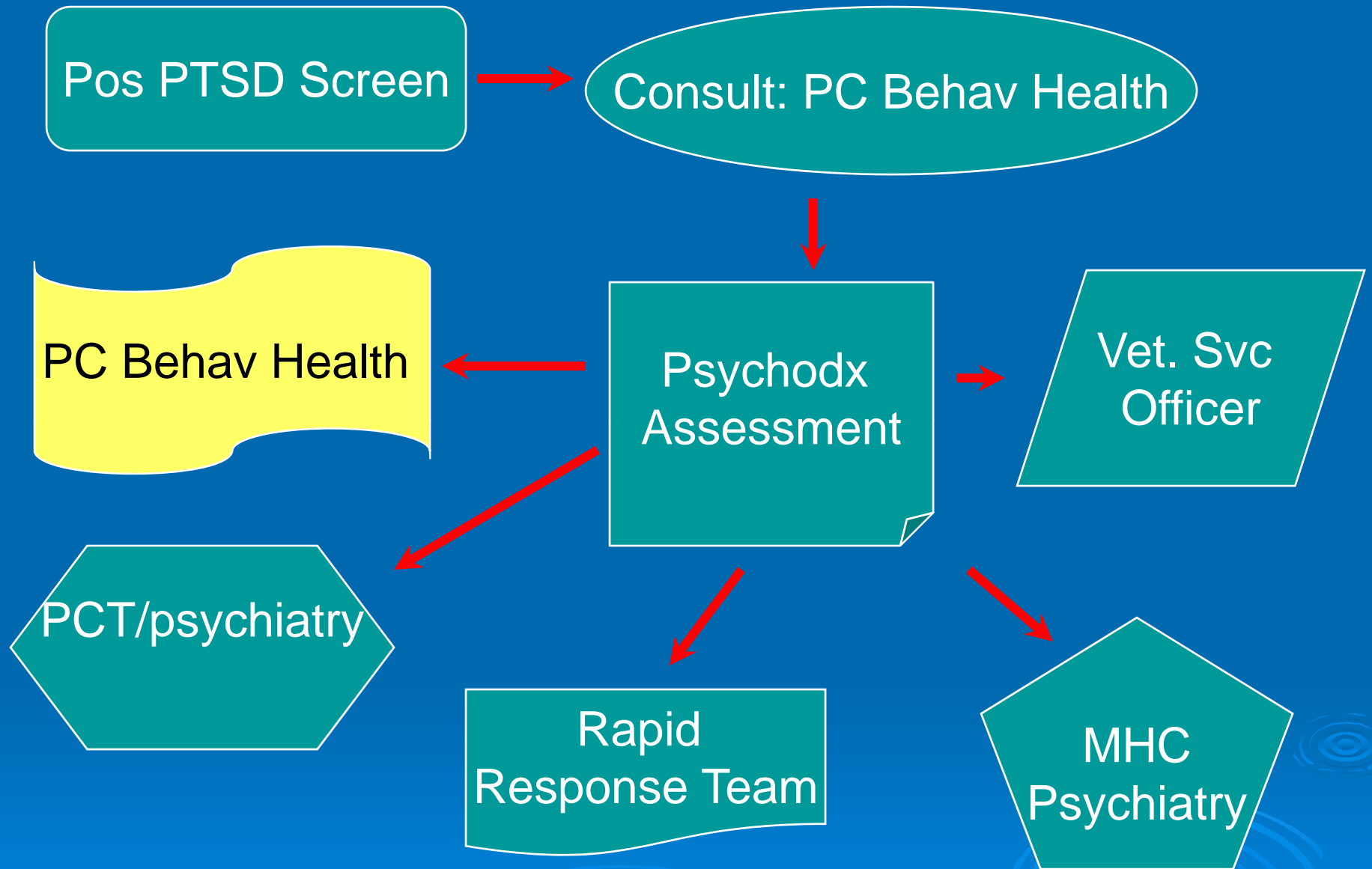
# Justification for Services

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
- 

# 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];
```

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

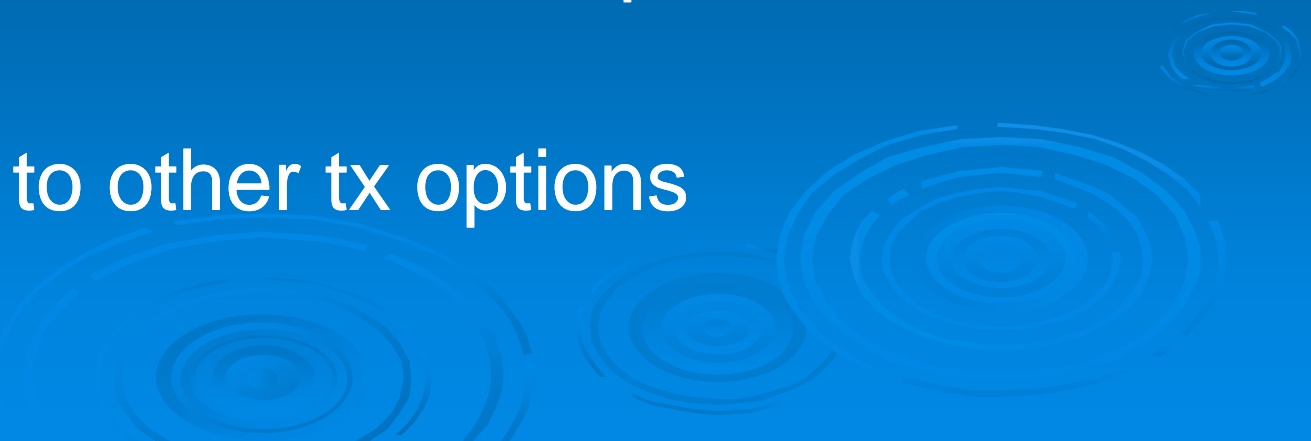
*Diaphragmatic breathing exercise + imagery*



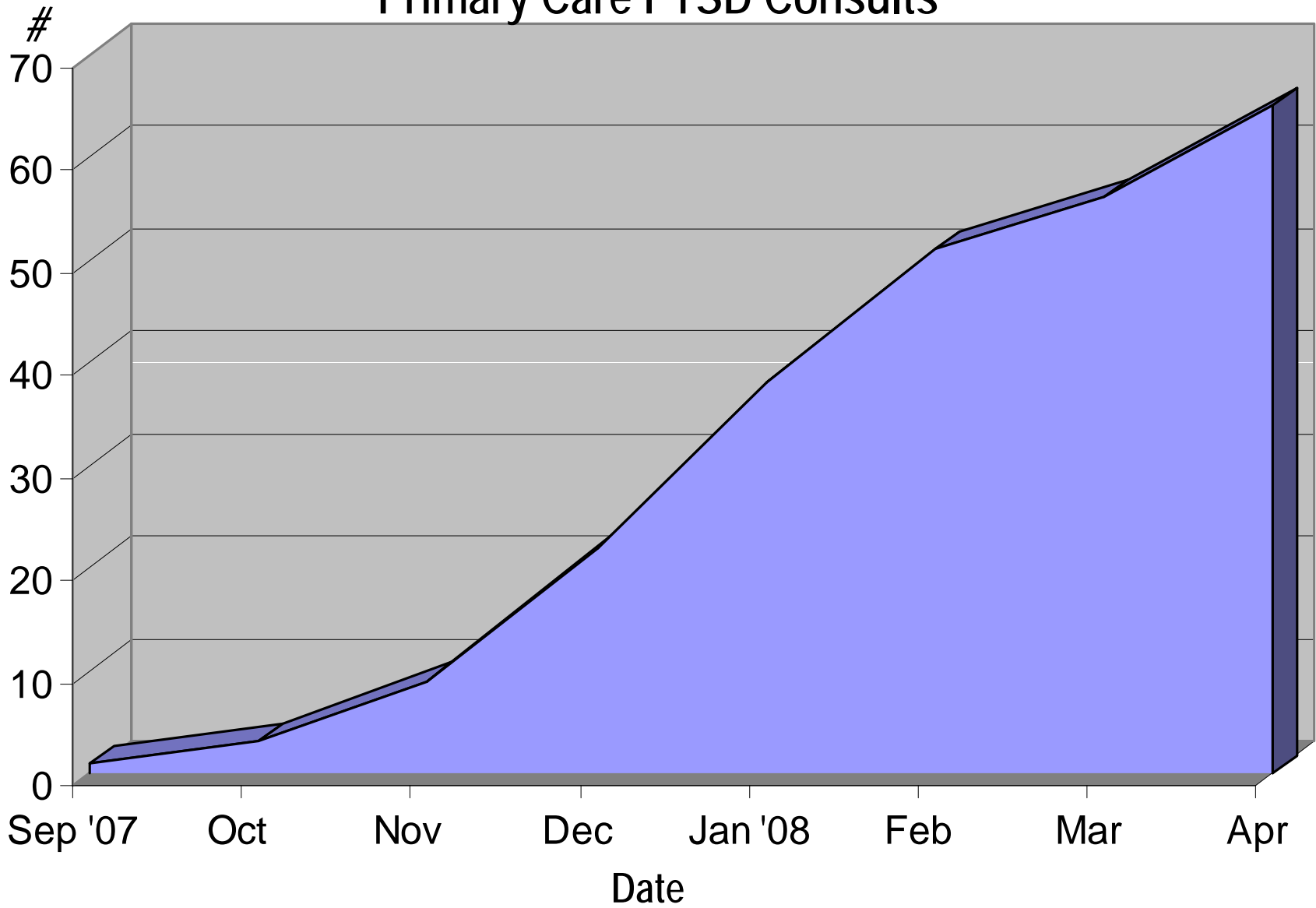
# PCBH PTSD Individual Treatment



# Overview of Individual Tx

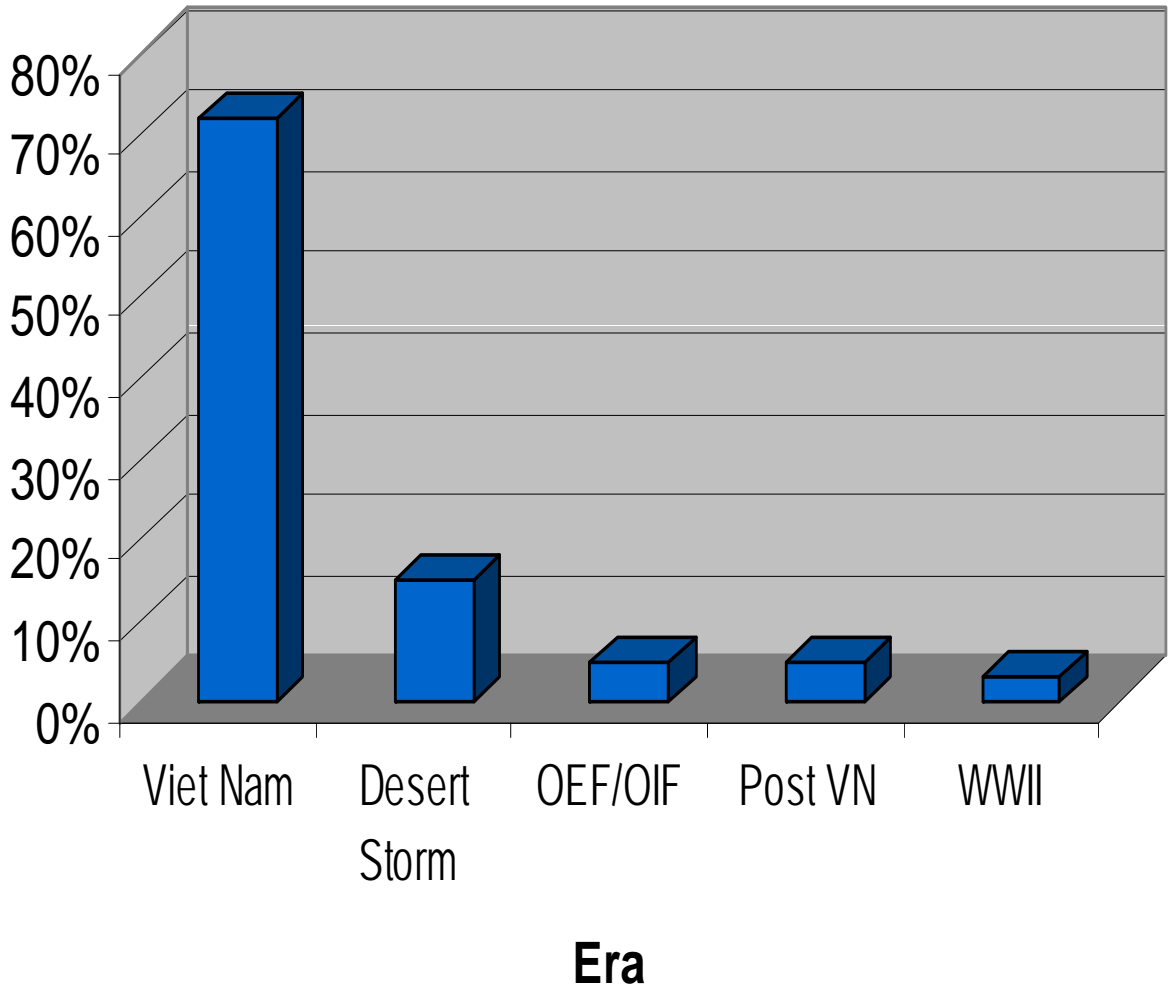
1. Short-term (6-8 sessions; 50 mins.)
  2. Focus on (crisis) management and stabilization
  3. Emphasis on skills development
  4. Referrals to other tx options
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# Primary Care PTSD Consults

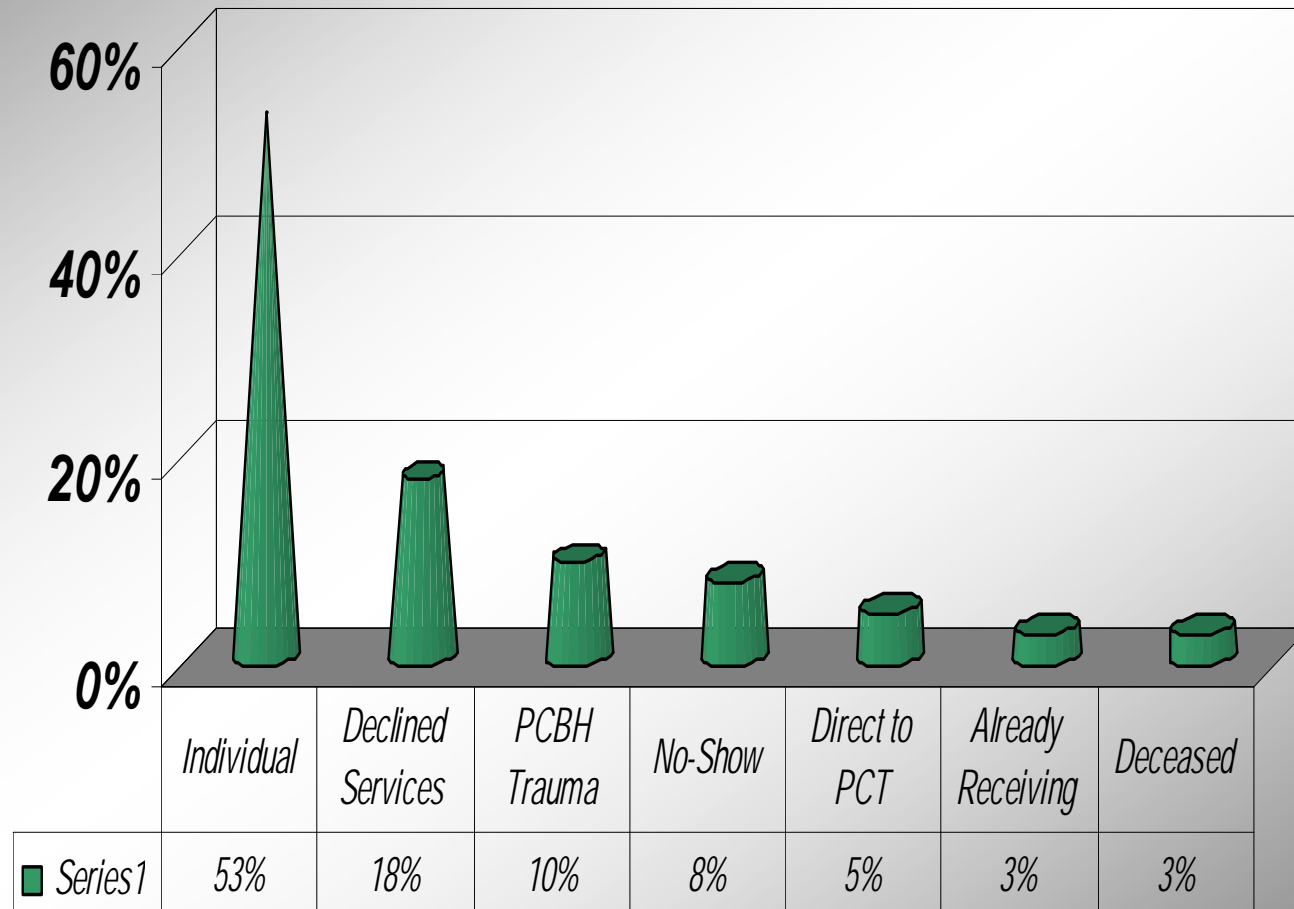




# Primary Care PTSD Consults by Era



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



**Outcome**

# Preliminary Data

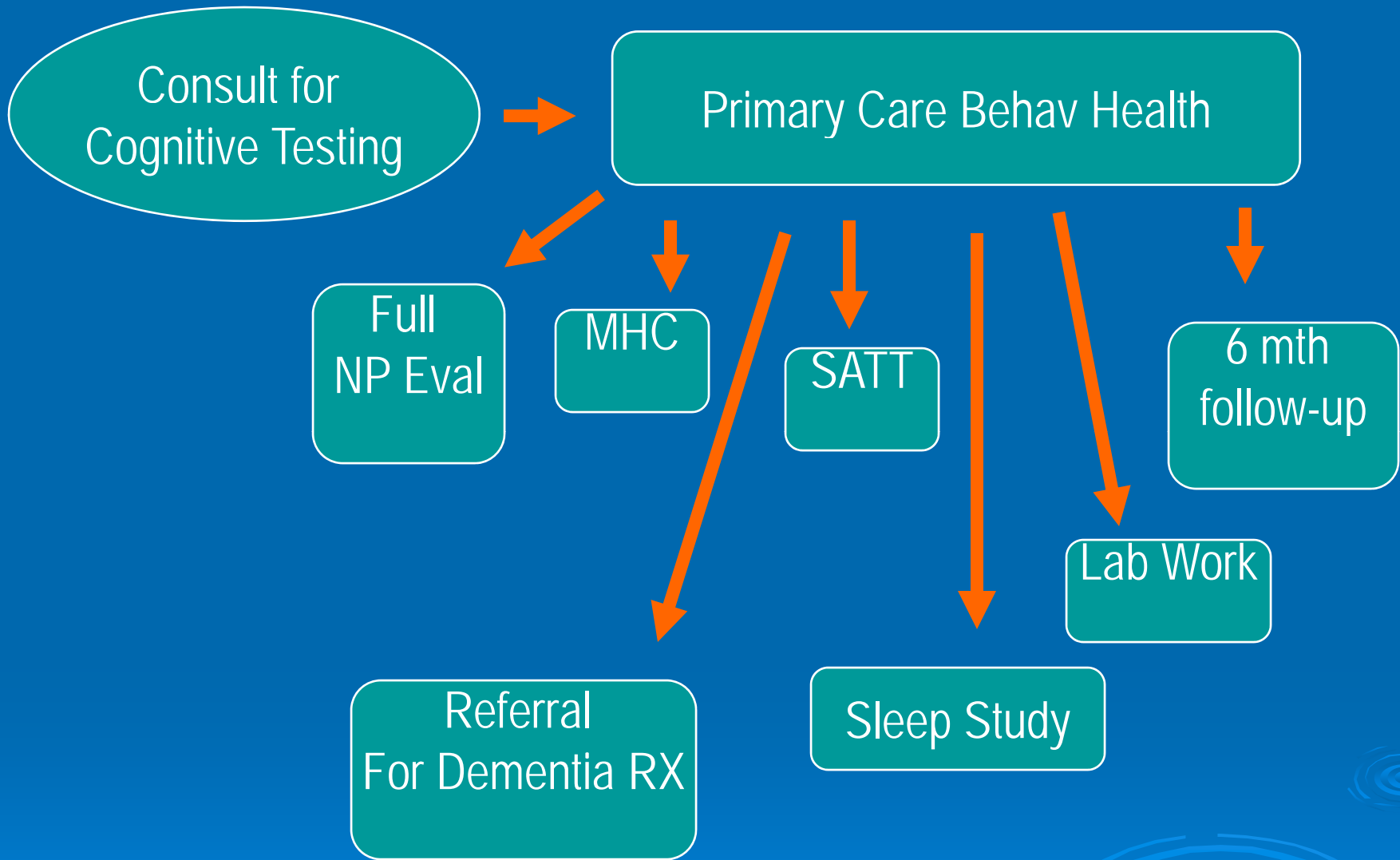
- Our Primary Care Behavioral Health Clinic Team has successfully reduced the caseload of the PCT by approximately **25.32%**, since September 2007.

# 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

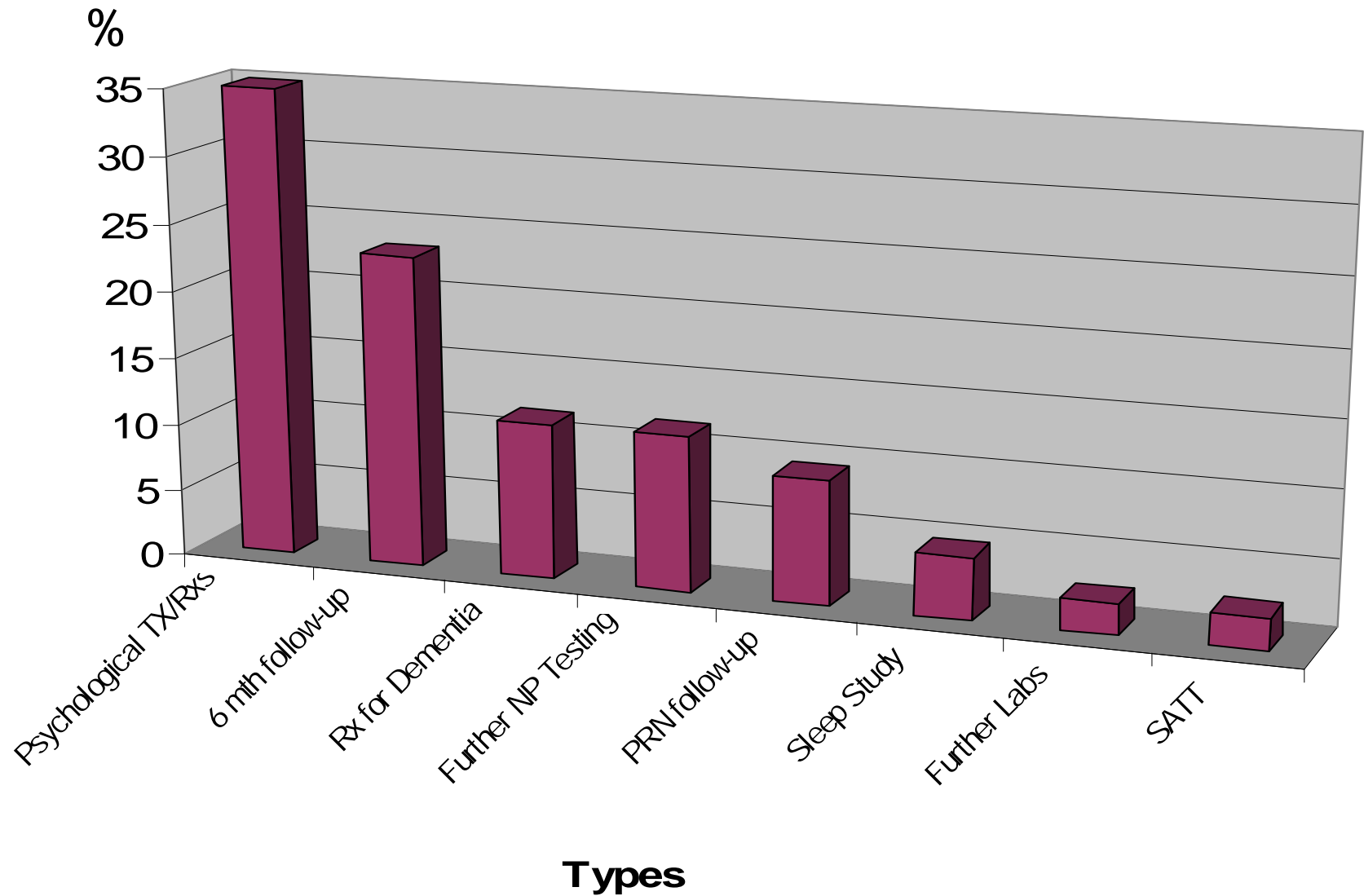
1. Thorough record review
    - Radiology reports, labs
  2. Clinical interview
  3. Actual testing
- 

# Instruments

1. Mini-Mental Status Exam
2. Cognistat (*Neurobehavioral Cognitive Status Examination*)
3. Brief frontal tasks
  - *Luria*
  - *Contrasting Motor Programs*



# 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**

