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

1. Pos PTSD Screen
2. Consult: PC Behav Health
3. Psychodx Assessment
4. Vet. Svc Officer
5. PC Behav Health
6. PCT/psychiatry
7. Rapid Response Team
8. MHC Psychiatry
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

- 4-week Managing Trauma and Stress Class
- Short-term, individual therapy
Managing Trauma and Stress Class

(4 weeks; 1.5 hrs/session)
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
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
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 => B => 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
Primary Care PTSD Consults by Era

- Viet Nam: 80%
- Desert Storm: 10%
- OEF/OIF: 5%
- Post VN: 2%
- WWII: 1%

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

Outcome

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>53%</td>
</tr>
<tr>
<td>Declined Services</td>
<td>18%</td>
</tr>
<tr>
<td>PCBH Trauma</td>
<td>10%</td>
</tr>
<tr>
<td>No-Show</td>
<td>8%</td>
</tr>
<tr>
<td>Direct to PCT</td>
<td>5%</td>
</tr>
<tr>
<td>Already Receiving</td>
<td>3%</td>
</tr>
<tr>
<td>Deceased</td>
<td>3%</td>
</tr>
</tbody>
</table>

Series 1
Preliminary Data

- Our Primary Care Behavioral Health Clinic Team has successfully reduced the caseload of the PCT by approximately 25.32%, since September 2007.
Veterans referred for positive PTSD screen report noteworthy improvement in PTSD symptoms, after receiving treatment through the Primary Care Behavioral Health Clinic.
Cognitive Evaluations
Consult for Cognitive Testing → Primary Care Behav Health

Full NP Eval → MHC → SATT → Lab Work → 6 mth follow-up

Referral For Dementia RX → Sleep Study

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)

- Psychological TX/Rx
- 6th month follow-up
- Rx for Dementia
- Further NP Testing
- PRN Follow-up
- Sleep Study
- Further Labs
- SATT

Types

%
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