



**STRONG STAR  
TRAINING  
INITIATIVE**

Assessment & Ethical  
Engagement of EBTs for PTSD

Pre-Training Webinar

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**Conflict of Interest Disclosure** 

The presenters have no conflicts of interests to disclose.

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## Purpose



- DSM-5 Diagnosis of PTSD
- Consider agency screening of PTSD patients
- Implement PTSD assessment & trauma selection
- Educating about EBT for PTSD
- Motivational Interviewing Techniques
- Learn how to track symptoms during treatment
- STRONG STAR Training Initiative Program Details

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## Goal



*Every person with PTSD  
knows there are Evidence-  
Based Treatments for PTSD*

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## Why?



Diagnosis &  
Education about  
treatment options  
is an important  
intervention.

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## Diagnosis of PTSD DSM-5

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### Definition of a Traumatic Event (Criterion A)



- Being exposed to actual or threat of: death, serious injury, and/ or sexual violation.
- Experiencing the event(s), witnessing it/them as occurring to others, or learning that they occurred to a close relative or close friend; in such cases, the actual or threatened death must have been violent or accidental.
- Experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse); this does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

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### B. Intrusion Symptoms (at least 1 symptom)



1. Spontaneous or cued recurrent, involuntary, and intrusive distressing memories.
2. Recurrent distressing dreams related to the event in content and/or affect.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event were recurring.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Marked physiological reactions to reminders of the traumatic event.

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### C. Avoidance Symptoms (at least 1 symptom)



1. Avoids internal reminders (thoughts, feelings, or physical sensations) that arouse recollections of the traumatic event.
2. Avoids external reminders (people, places, conversations, activities, objects, situations) that arouse recollections of the traumatic event.

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### D. Cognition and Mood Symptoms (at least 2 symptoms)



1. Inability to remember an important aspect of the traumatic event (not due to head injury, alcohol, or drugs).
2. Persistent and exaggerated negative expectations about one's self, others, or the world.
3. Persistent distorted blame of self or others about the event.
4. Pervasive negative emotional state (fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feeling of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., unable to have loving feelings, psychic numbing).

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### E. Arousal and Reactivity Symptoms (at least 2 symptoms)



1. Irritable or aggressive behavior.
2. Reckless or self-destructive behavior.
3. Hypervigilance
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (difficulty falling or staying asleep, or restless sleep).

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## Diagnostic Criteria for PTSD (con't)



F. Duration of the disturbance is more than 1 month.

G. The disturbance causes significant distress or impairment in important areas of functioning.

Specify if delayed onset: symptoms is at least 6 months after the onset of the traumatic event.

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## Current Prevalence of PTSD in the USA



70% Lifetime Trauma Exposure

General Population: 6.1%

- Men 4.1%
- Women 8%

Military Across Service Eras

- 9% of Vietnam Veterans
- 6% of Gulf War Veterans
- 20% of Iraq and Afghanistan (OIF/OEF) Veterans

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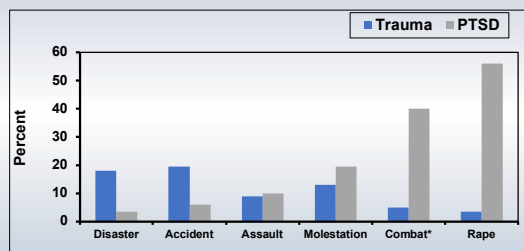
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## Rate of PTSD is Influenced by the Nature of the Trauma



Kessler et al., 1995

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## Summary of Impact of Trauma

- The majority of trauma victims recover with time
- PTSD represents a failure of natural recovery
- If PTSD does not remit within a year, it will last a lifetime unless treated
- PTSD is a highly distressing and debilitating disorder
  - High psychiatric and medical comorbidity
  - High unemployment
  - High suicidality

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## Screening and Assessment

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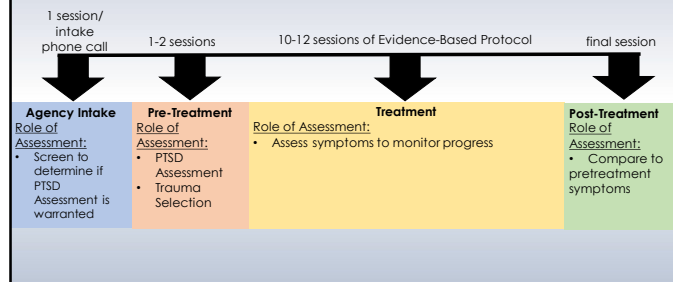
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## Course of Symptom Assessment in PTSD Treatment



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We may know a client has experienced trauma.

BUT

How do we know if someone has PTSD?

ASSESSMENT



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## Agency Intake

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## New Client Screening



- New referrals to agency
- Intake personnel versus immediate therapist assignment
- Before therapist assignment:
  1. Screen for PTSD using PC-PTSD



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## Brief PTSD Screener



**Tool:** Primary Care PTSD Screener (PC-PTSD)

**When:** At agency intake

**Purpose:** Broad and quick screener to determine if additional PTSD assessment is needed.

**Patient Time:** < 2 minutes

**Content:** Five question about trauma symptoms

**Decision:** "Yes" to at least 3/5 questions indicates additional PTSD assessment.

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## PC-PTSD



Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

Circle one: YES NO

If no, screen total = 0. Please stop here. If yes, please answer the questions below:

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## PC-PTSD

*in the past month, have you...*

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES <input type="radio"/>	NO <input type="radio"/>
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES <input type="radio"/>	NO <input type="radio"/>
3. been constantly on guard, watchful, or easily startled?	YES <input type="radio"/>	NO <input type="radio"/>
4. felt numb or detached from people, activities, or your surroundings?	YES <input type="radio"/>	NO <input type="radio"/>
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	YES <input type="radio"/>	NO <input type="radio"/>

**Decision:** Positive screen "Yes" to at least 3/5 questions. Requires additional PTSD assessment

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## 2 Different Appointments



### Intake

- Agency specific
- Typically, full biopsychosocial history and medical history
- Can include diagnostic assessment
- Possible medication assessment.
- Conducted by: Anyone in the agency

### Trauma Assessment Session

- When someone is diagnosed with PTSD or has a positive PC-PTSD screen, further assessment is required before starting treatment.
- Purpose: Confirm PTSD diagnosis, identify index trauma, introduce EBT for PTSD
- Conducted by: Treating therapist

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## Current Clients



- Recommend widespread screening

"As a part of my practice, we are screening all current patients. In your next session, I'll have 5-10 minutes of paperwork for you to fill-out this paperwork prior to our session. We will discuss this in the session."

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## Current Clients



- No Knowledge of Trauma Exposure
  - PC-PTSD
    - If positive, further screening next session.
  - PHQ-9
- Knowledge of Trauma Exposure
  - LEC-5 + PCL-5
  - PHQ-9

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PASSWORD #1:  
strong

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Procedures to identify the  
specific trauma to assess  
for PTSD

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### Step 1: Orient Client to the Assessment Session



**Tool:** Discussion

**When:** At pre-treatment assessment session

**Purpose:** Orient patient to the forms they will fill out and that you will discuss them together in this appointment.

**Patient Time:** ~5 minutes

**Decision:** N/A

This process is completed, even if the client already has a PTSD diagnosis.

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## Step 2: Identify Index Trauma/ PTSD Assessment



**Tool:** Pre-Treatment Assessment Tool

**When:** Before CPT or PE Treatment (e.g., Pre-treatment, session zero)

**Purpose:**

To determine what traumatic events a client has experienced

Severity of PTSD symptoms

Which is the worst trauma, to work on in treatment

**Patient Time:** ~ 15 minutes, Filled out prior to reviewing with client

**This process is completed, even if the client already has a PTSD diagnosis.**

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## PCL-5 with Life Events Checklist for DSM-5 and Criterion A



**Parts 1-3 Procedures:**

1. Client completes part 1 (Life Events Checklist, (LEC)) on their own, checking off all potentially traumatic events that client has experienced over their lifetime, including deployment.

**Content:** 17 questions about how/if they have experienced potentially traumatic events. For each of the 17 events, client checks if they:

Happened to me	Witnessed it	Learned about it	Part of my job	Not Sure	Doesn't apply
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**PCL-5 with LEC-5 - Criterion A**

FIGURE 1. Please indicate how many times or how often you experienced each event. For each event check one or more of the boxes in the right to indicate that it happened to you personally, it happened to someone who is important to you, happened to a close family member or close friend, or you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder). For you to be exposed to it as part of your job, you must be involved in it as part of your job.

Be sure to consider your entire life (remembering as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not Sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substances (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, trapped, choked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual abuse or rape, attempted rape, rape to perform any type of sexual act through force or threat of force						
9. Other unwanted or uncomfortable sexual experience						
10. Contact or exposure to a war zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Serious human suffering						
14. Death, violent death (for example, homicide, suicide)	N/A					
15. Sudden accidental death	N/A					
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

PLEASE COMPLETE PART 2 ON THE FOLLOWING PAGE

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## PCL-5 with Life Events Checklist for DSM-5 and Criterion A



2. Client completes part 2 on their own, to determine which is the worst event (if any).  
**Content:** A & B + 8 questions to determine the nature of the worst trauma they experienced.

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PCL-5 with LEC-5 - Criterion A

PART 2:

A. If you checked anything for PART 1, briefly identify the event you were thinking of:

B. If you have experienced more than one of the events in PART 1, think about the event you consider the worst event which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (check all that apply):

1. Briefly describe the worst event (for example, what happened, who was involved, etc.):

2. When did this happen? Year: \_\_\_\_\_ Month: \_\_\_\_\_ (please estimate if you are not sure)

3. How did you experience it?

☐ It happened to me directly

☐ I witnessed it

☐ I learned about it happening to a close family member or close friend

☐ I was personally exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

☐ Other (please describe): \_\_\_\_\_

4. Was someone's life in danger?

☐ Yes, my life

☐ Yes, someone else's life

☐ No

5. Was someone seriously injured or killed?

☐ Yes, I was seriously injured

☐ Yes, someone else was seriously injured or killed

☐ No

6. Did it involve sexual violence? ☐ Yes ☐ No

7. If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

☐ Accident or violence

☐ Natural causes

☐ Not applicable (The event did not involve the death of a close family member or close friend)

8. How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

☐ One time

☐ More than once (please specify or estimate the total # of times you have had this experience: \_\_\_\_\_)

PLEASE COMPLETE PART 3 ON THE FOLLOWING PAGE

PCL-5 with LEC-5 - Criterion A

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## PCL-5 with Life Events Checklist for DSM-5 and Criterion A



3. Client completes part 3 (PTSD Checklist for DSM-5 (PCL-5)) on their own.  
**Content:** 20 questions that rates the severity of PTSD symptoms for their worst event.

We consider their worst event their "target trauma," which we will use in treatment.

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## PTSD Checklist (PCL-5)



Utilize to determine severity of PTSD symptoms at any given time

20-item self-report measure that assesses DSM-5 symptoms of PTSD.

Filled out in response to criterion A event.

Likert scale of 0-4 for each symptom: "Not at all," "A little bit," "Moderately," "Quite a bit," and "Extremely."

Approximately 5-10 minutes to complete.

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**PCL-5**  
Weekly Version for Treatment

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past week.

The event you experienced was \_\_\_\_\_ on \_\_\_\_\_

In the past week, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repetition, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repetition, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Flashback feeling or acting as if the stressful experience were actually happening again ... and you were actually back then, reliving it?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having many physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding thoughts, feelings, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, being thoughtless and cold, or that there is something seriously wrong with me, so no one can be trusted; the world is completely dangerous)?	0	1	2	3	4
10. Feeling numb or someone close to the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling closer to or far from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have being happy for people close to you)?	0	1	2	3	4
15. Feeling irritable, angry, nervous, or acting aggressively?	0	1	2	3	4
16. Feeling too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "jumpy" or startled or on guard?	0	1	2	3	4
18. Feeling empty or easily started?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Scoring for use by therapist only: ADD COLUMN: 0 1 2 3 4

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## PCL-5 Scoring



A total symptom severity score is obtained by summing the scores for each of the 20 items (range - 0-80).

Confirm at least one symptom from cluster B (items 1-5) and cluster C (items 6-7) are endorsed for treatment purposes.

Decision: If PCL-5 total is  $\geq 33$ , PTSD treatment should be considered.

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Assess for presence of  
comorbid  
symptoms/functioning

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## Step 2 continued: Assess for presence of comorbid symptoms



**Tool:** Patient Health Questionnaire 9 (PHQ-9)

**When:** At pre-treatment assessment, client completes on their own.

**Purpose:** Measure the severity of depressive symptoms.

**Client Time:** < 5 minutes

**Content:**

- 9-items that correspond to the diagnostic criteria for DSM major depressive disorder.
- Likert Scale indicates the degree to which their depressive symptoms impact functioning from 0-3 "not difficult at all" to "extremely difficult."

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### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last week, how often have you been bothered by any of the following problems? Circle one of the numbers to indicate your response.

	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

Scoring for use by study personnel only:

ADD COLUMNS:

+

TOTAL =

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### Step 3: Discussion about Index Trauma/PTSD Assessment



**Tool:** Trauma History and Psychosocial Interview

**When:** During Pre-Tx Assessment, after client completes the Pre-Treatment Assessment

**Purpose:**

To have a clinical discussion about client's endorsement of the worst trauma. To obtain other relevant information about trauma history for treatment.

**Guidelines:**

Refrain from asking about every event the client endorses on the LEC.

If client cannot identify one event,

• Clinical discussion of most haunting events

• Psychoeducation/inquiry about symptoms can often identify specific index event

• Which comes to mind when don't I want it to the most?

• Which try not to think about the most?

**Client/Provider Time:** ~30 minutes

This process is completed, even if the patient already has a PTSD diagnosis.

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### Trauma History and Psychosocial Interview Tool



#### I. Childhood Hx & Current Functioning

Purpose: build rapport, obtain some understanding of Hx for case conceptualization.

#### II. Confirmation of Target Trauma (worst trauma)

Purpose: to verbally review the PTSD Checklist for DSM-5 with Life Events Checklist for DSM-5 and Criterion A Tool with the patient and learn more information about their worst trauma.

See Trauma History and Psychosocial Interview Tool for discussion points

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Trauma History and Psychosocial Interview	
Date _____	
Client _____	
Therapist _____	
<b>I. CHILDHOOD HISTORY</b>	
Family of origin (Where did you grow up? Who did you live with? Parental marital status? Siblings?)	
_____	
_____	
Childhood abuse history (probe for physical, emotional, sexual, without using word "abuse")	
What was the household environment like growing up? How were you punished as a child? Were you ever injured by a parent or caretaker?	
_____	
_____	
<b>Education</b> (How far did you go in school? Learning Disabilities/Conduct issues? Grades?)	
_____	
_____	
<b>CURRENT FUNCTIONING</b>	
Current Psychosocial Situation (Can confirm from initial assessment)	
• Family situation (marital status, # of children)	
• Living situation	
_____	
_____	
_____	

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## Explore Impact of Trauma on Identity

Do you have any spiritual or religious practices or beliefs? How big or small of a role does your faith/religion/spirituality play in your life?

Have your spiritual/religious beliefs or practices been affected by the trauma?

-Gender Identity, Sexual Orientation, Ethnic, Racial, Cultural Background, etc.

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## Tracking symptoms during treatment

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## Assessment During Treatment:

**What:** PCL-5, PHQ-9

**When:** Client completes on their own, in the waiting room before treatment session.

Every Session: PCL-5 & PHQ-9

**Purpose:**

Permits assessment of change during therapy; helpful for tracking progress and giving feedback to client

**Patient Time:** < 5 minutes

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Name	When	Scoring	Outcome
<b>PC-PTSD</b> PTSD Screener	Screening	Total Score	3 or More + Screen Further
<b>LEC-5</b> Trauma Exposure	Pre-Tx Assessment	No Scoring	Review to Identify Index Trauma
<b>PCL-5</b> PTSD symptoms	Pre-Tx Assessment & Weekly During Treatment	Total Score	Score >33 = Probable PTSD Score < 19 Likely No longer meets Criteria for PTSD
<b>PHQ-9</b> Depression	Pre-Tx Assessment & Weekly During Treatment	Total Score	0-4 = None 5-9 = Mild 10-14 = Moderate 15-19 = Moderately Severe 20-27 = Severe

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### Summary of Pre-Treatment Sessions Goals/Tool



1. Identify which of the traumas is the index trauma, to be the focus of treatment
2. Get a baseline understanding of PTSD symptom severity (total # on PCL-5)
3. Get a baseline understand of other symptoms & functioning (totals of PHQ-9)

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### PTSD Treatment Education & Engagement

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## Goal

*Every person with PTSD knows there are Evidence-Based Treatments for PTSD*

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## Sore Throat



Sore Throat

Strep Throat

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## New Treatments

Learning about new treatments (or learning about a treatment for the first time) change our help seeking behavior.

With EBTs for PTSD: Difference between just "managing" and "recovering"

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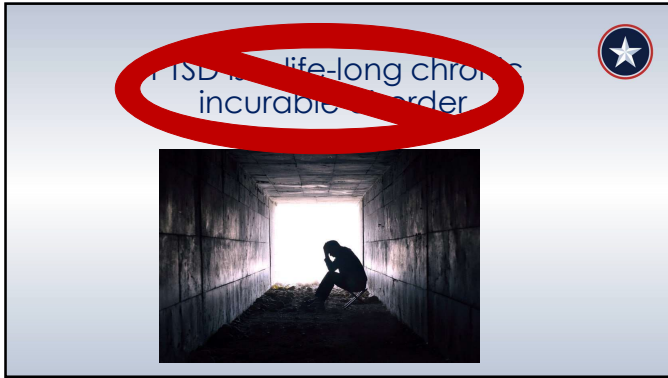
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### Evidence-Based Treatment

- We have over 2 decades of research on treatment for PTSD.
- We have EBT that have been shown to reduce symptoms of PTSD with people like you.
- Many of those people do not meet criteria for PTSD after treatment.



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### Education is Intervention

- What if the client is not appropriate?  
**EDUCATION ABOUT EBT FOR PTSD**
- What if the client is not "ready"?  
**EDUCATION ABOUT EBT FOR PTSD**
- What if they are not interested?  
**EDUCATION ABOUT EBT FOR PTSD**

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### Clinical Guidelines: Appropriate for EBTs?

Yes	No	May Require Stabilization
<ul style="list-style-type: none"> <li>Clients with PTSD or subthreshold PTSD following all types of trauma.</li> <li>Clients with comorbid problems (depression, anxiety disorders, substance abuse, personality disorder, dissociative symptoms)</li> </ul>	<ul style="list-style-type: none"> <li>Dissociative Identity Disorders</li> <li>Imminent threat of suicidal or homicidal behavior</li> <li>Unstabilized Psychosis</li> <li>Current Manic Episode</li> </ul>	<ul style="list-style-type: none"> <li>Suicidal or homicidal behavior</li> <li>Serious self-injurious behavior</li> <li>Psychosis</li> <li>Current high risk environment</li> <li>Substance Use Disorder</li> </ul>

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### Clinical Decision: Is my patient ready?

- ✓ Is PTSD among the primary problems?
- ✓ Is there an index trauma?
- ✓ Have I educated them about EBTs?
- ~~✓ Have I made the decision not to engage without consulting/educating them?~~

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Patient Readiness

Motivational Interviewing Techniques

EBT Engagement



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### Shared Decision Making

Shared decision-making (SDM) is an approach in which providers and patients communicate together using the best available evidence to make decisions.

SDM is not...

- Giving your patient a brochure
- Telling your patient about only 1 option
- Doing whatever your patient wants
- Forcing your patient to be involved in decisions

From National Center for PTSD

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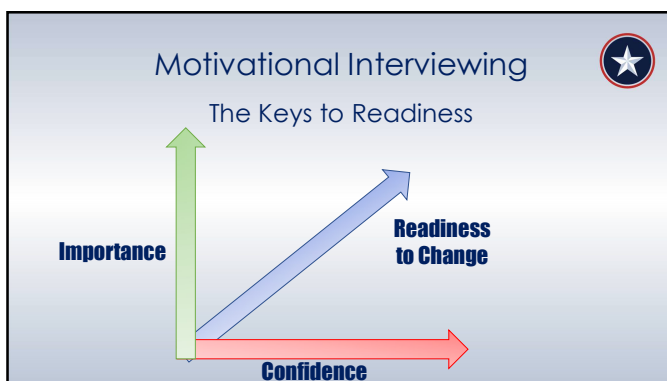
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## Goals

- What does your patient want in their life to be different?
- Why are they in your office?

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## Increasing Importance

- Do any of the important/pressing/crisis have anything to do with PTSD symptoms?
  - Difficulty with anger
  - Relationship difficulties

Questions:

- Tell me more
- Help me understand
- When did this start?
- Are there times when it's worse or better?



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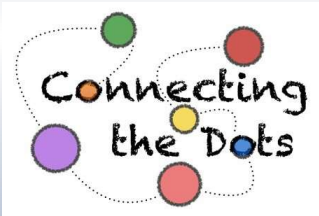
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## Being Curious

- Wondering about the connection between PTSD symptoms and current challenges





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## Psychoeducation



- Providing psychoeducation about the connection between PTSD symptoms and current challenges.
- PTSD treatment and improvements in irritability, anger, relationships, connection with others.

**Outcome: Building Hope**

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## Increasing Confidence



**"I can't handle talking about my trauma"**

- Be curious about how their trauma(s) are impacting them every day and every week
  - Administer a PCL-5 or ask about intrusive & avoidance symptoms
  - If they have PTSD, their trauma is intruding in their life out of their control when they least want it.

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## How might treatment be different?



- CPT/PE give the patient back the control by treating PTSD in a very specific way that research has shown people like them benefit.
- "People like you"
  - Combat trauma, childhood sexual trauma (memories >100 incidents), domestic violence, and multiple traumas

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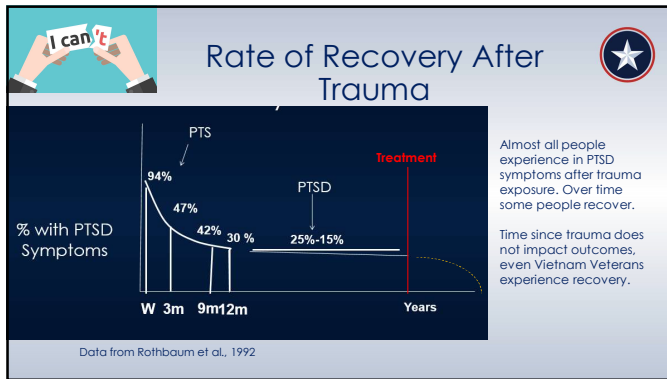
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### CPT

- We aren't going to talk in detail about what happened but what you've been telling yourself about why it happened.
- We call these thoughts Stuck Points because they may have kept you stuck from recovering.

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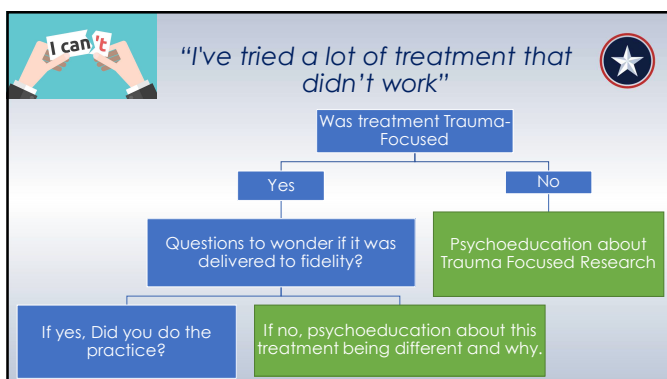
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I really **appreciate** you coming in today, and I know you have kids, so I can only imagine the planning that went into making this session. And I know **driving is extremely hard** for you, so I truly **admire** all of the efforts you made to be here with me. If you can manage those stresses, **you can certainly get through this treatment.**

This treatment is a **team-effort. We're going** to be working together to help you get back to the life you want. CPT/PE is not a therapy where either of us get to sit back passively. **We both** will be doing our part to make sure this is beneficial for you.

Bottom line is that **you are an expert** on your life. I have some knowledge about a set of strategies I have seen help others overcome PTSD time and time again with huge success, and it's ultimately **up to you** to choose what you'll do from here. I want whatever is best for YOU, and you being here tells me that it **probably involves making a few changes. What are you hoping to get out of this program?**

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### Transitioning Current Clients

- CPT/PE is going to be different than our current therapy sessions.
- Describe how:
  - We will have a specific agenda with practice assignments and new learning each session.
- During therapy, we can use 2 Crisis/ASAP session if something in your life comes up that you need to focus on. It will be your choice when/if you use them.

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## Transitioning Current Clients



- We are going to have to catch ourselves to stay on track.
- Why is this important?
  - In our current therapy, you've had x, y, z benefits but are still experiencing PTSD symptoms that are really affecting x, y, z (your relationships)
- Invite the Pt to collaboratively problem solve:
  - How might we stay on track?

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**STRONG STAR**  
**TRAINING**  
**INITIATIVE**

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## Learning Community



- ✓ 1. Application Process
- ✓ 2. Pre-Training Assignments
3. 2-Day Workshop
4. 6-12 Months of Virtual Clinical Consultation
5. Advanced Training & Online Resources
6. Organizational Consultation
7. Program Evaluation

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## Pre-Training Assignments



1. Buy and Read selected chapters of Treatment Manual
2. Complete Training in Military Culture
3. Pre-training webinar

*Info here corresponds to the Pre-Training checklist received via email*

CPT  
This American Life audio

PE  
PE Research Webinar

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## What to expect from the 2-day workshop?



- Didactics
- Role Plays
- Video Examples
- Discussion

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## What to expect from the consultation calls?



- Weekly group clinical consultation calls on implementing CPT/PE with your clients.
- You will select your consultation time at the end of the workshop.
- Identify clients now!
- Consultation available for up to 12 months
- **Provider Status:** Must attend a minimum of 15 calls through completion of 2 CPT/PE cases.

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## Consultation Reminder



Regular attendance is required. Please email your consultant if you are unable to attend.

Questions or scheduling challenges please email Crystal Mendoza [mendozac2@uthscsa.edu](mailto:mendozac2@uthscsa.edu) and your consultant.

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## Consultation in Spanish



Maritza Grau-Magat, LCSW

Maritza Grau-Magat, LCSW currently leads a CPT consultation group on **Friday's at 11:00 AM-12:00 PM CST**

You are also welcome to schedule individual consultation in Spanish as needed. Please contact Maritza Grau-Magat, LCSW at [lgooquie@gmail.com](mailto:lgooquie@gmail.com).

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## Provider Portal



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## Can I treat non-veterans with PE/CPT?



- You can implement PE/CPT with any adult client with PTSD.
- You can bring these cases to your consultation calls.
- If you don't currently have veteran client, we recommend you start treatment with appropriate non-veteran clients with PTSD.
- Recommend work with your agency now to identify veteran/veteran family member clients.

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## Training Evaluations



	Post-workshop	Post-webinar	Monthly Survey	6 month	1 year
<b>When</b>	During the workshop	Directly after the webinar	email survey 30 days after the 2-day training, monthly	Email survey 6 months after the 2-day training	Email survey 1 year after the 2-day training
<b>Purpose</b>	To evaluate learning  Required for CEs	To evaluate learning  Required for CEs	About your experiences implementing CPT/PE	Evaluating the Training Initiative  Experiences implementing EBTs for PTSD	Evaluating the Training Initiative  Continued practice
<b>Provider time</b>	5-10 minutes	5-10 minutes	2 minutes	10 minutes	10 minutes

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## STRONG STAR Network Providers



**STRONG STAR Network Providers are licensed mental health providers who have completed:**

1. 2 Day Training in Cognitive Processing Therapy or Prolonged Exposure
2. 6 months of expert case consultation
3. Advanced Trainings in various topics associated with combat-related PTSD
4. Cognitive Processing Therapy or Prolonged Exposure with a minimum of 2 cases and submitted clients to the STRONG STAR Training Initiative Faculty for review.

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PASSWORD #2:  
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Questions  
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End

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#### Resources

**PCL-5:**

<https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

**PC-PTSD-5:**

<https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

**PHQ-9:**

[https://med.stanford.edu/fastlab/research/imapp/mgs/\\_jcr\\_content/main/accordion/accordion\\_content3/download\\_256324296/file.res/PHQ9%20id%20date%2008.03.pdf](https://med.stanford.edu/fastlab/research/imapp/mgs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf)

**LEC-5:**

[https://www.ptsd.va.gov/professional/assessment/te-measures/life\\_events\\_checklist.asp](https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp)

**STRONG STAR Training website/Provider Portal:**

<https://www.strongstarttraining.org>

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If attending this presentation live: Follow the link provided at the end of this webinar.

If viewing this recorded presentation through the Provider Portal:

- Two passwords were shared during this recording.
- You will need *both* passwords in order to access the CE evaluation and receive your CE certificate.
- To access the CE evaluation, click on the CE credit link provided in this webinar's description on the Provider Portal.

Your CE certificate will be emailed to the address you provide in the CE evaluation form.

\*Please note, the emailed certificates are often blocked by government/VA email accounts. If applicable, please provide a personal email address on the CE evaluation in order to avoid a delay in receiving your certificate.

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