

CHRONIC CARE MANAGEMENT PLAN POST-TRAUMATIC STRESS DISORDER (PTSD) OVERVIEW

What is PTSD?

An individual can experience PTSD when exposed to a traumatic event in which both of the following were present:

- The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- The person's response involved intense fear, helplessness, or horror

It is normal to be shocked or scared when one's life is in danger or when one witnesses something horrible. This event is called a trauma. If the individual experiences persistent and troubling symptoms more than 1 month after the trauma, it may be PTSD.

PTSD can occur to strong, healthy people. It is not a sign of weakness. PTSD can make the person who suffers feel so fearful or unsettled that it is hard to get through everyday life. PTSD is best known because large numbers of soldiers experience symptoms after they have experienced the horrors of battle. However, living through terrible experiences such as rape, child abuse, near-fatal accident, or a natural disaster could result in PTSD.

The assessment of PTSD would include a careful psychosocial history with special inquiry into the nature and intensity of symptoms. Also, the intensity and proximity of the trauma or traumas will affect symptomology. Some of the symptoms noted are:

- Nightmares or vivid memories (flashbacks) of the trauma
- Avoidance of places and reminders of the trauma
- Difficulty remembering traumatic events or difficulty talking about them
- Numb or blunted emotions—loss of interest in things once cared for
- Sleep difficulties

Symptoms may only last a few months or they may recur on and off for years. Problems with depression, anxiety, isolation, drugs, and alcohol can also occur. It should be noted that the onset of symptoms can be within a month but, more important, they can emerge months or years after the traumatic event.

Treatment

Treatment for PTSD usually includes some form of professional counseling, and it is best obtained from therapists who are well versed on the topic of PTSD. It is no longer believed that having the PTSD sufferer relive their traumatic experiences over and over is therapeutic, but rather it sometimes serves to deepen the symptoms by "re-traumatizing" the individual. Most PTSD victims are treated as outpatients with only the very severe cases requiring inpatient hospitalization.

In general, treatment usually takes 3 to 6 months and it is typically aimed at reducing the intensity of symptoms and helping the individual resume a normal life. Adjunctive services may also be used, to deal with co-occurring problems, such as those involving drug or alcohol issues. The following kinds of professional counseling are often used:

- Cognitive-behavioral therapy has proven the most effective approach in most cases
- Exposure therapy helps individuals confront their fears by exposing them in a controlled environment. The therapist should be highly skilled and experienced
- Eye movement desensitization and reprocessing is a technique that combines cognitive therapy, some exposure, and eye movement exercises. The research is unclear as to how this process works but some feel it is helpful
- Brief psychodynamic psychotherapy sometimes helps in understanding why the individual reacts the way he or she does
- Family therapy is often employed to enlist the family's support and help other family members understand what the PTSD individual is experiencing
- Self-help and other support group therapies are helpful but typically do better with an experienced facilitator
- Lastly, medication should be a consideration to assist with symptom management and relief. A prescriber with experience in this field is best

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
POST-TRAUMATIC STRESS DISORDER (PTSD)**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of PTSD. [To be obtained from applicant's physician or other health provider.]

1. Classification of PTSD

- _____ Mild intermittent—symptoms absent with medication, and no pressure
- _____ Mild persistent—symptoms more than twice a week, less than daily
- _____ Moderate persistent—daily symptoms, but can usually ignore
- _____ Severe, persistent—continual symptoms, even with compliance

1a. Event or Trigger: _____

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List **current** (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations related to PTSD symptoms, including dates, reason admitted, and discharge summary.

9. What is the current status?

10. What is the applicant's prognosis with medication?

10a. What is the applicant's prognosis **without** medication?

11. When was last appointment? _____

Applicant Name: _____

Date: _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific illness?

16. List any precipitants that could induce increased symptoms.

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call

Admissions Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
POST-TRAUMATIC STRESS DISORDER (PTSD)**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goals toward employability.

Mark each item with an **X** that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Screen for co-occurring disorders
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation, if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Provide student with sleep hygiene brochure (http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/)
<input type="checkbox"/>	Refer to TEAP
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of PTSD: <ul style="list-style-type: none">• Understanding co-occurring disorders and emotions that trigger reactions• Coping and anxiety reduction skills if needed• Compliance with therapy and/or medical appointments• Medication compliance if needed• Develop plan to reduce or eliminate exposure to triggers• Managing PTSD symptoms in the work environment Refer to Web site http://www.adaa.org for support with PTSD management
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented.
	Encourage active participation in CSS and social skills training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self-management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES	
	Educate instructors to be sensitive to any changes in behavior that might signal that the student is struggling or is experiencing triggers or flashbacks
	If student requests separate study space or room for test taking, because of distractibility in the presence of others, comply if possible
	With student's permission, consult with mental health consultant and student to develop any special modifications of educational or vocational strategies that may be needed to help overcome residual symptoms (e.g., use of ear plugs if in a noisy environment that might distract from finishing assignments), and a mechanism to practice skills needed for work environment
	Symptom management. If the student appears to be struggling with flashbacks or negative symptoms, check with student/HWC to see if student would like to go to the health and wellness center to talk with the staff or the CHMC