



Department of Veterans Affairs Office of Inspector General

Healthcare Inspection

Post Traumatic Stress Disorder Counseling Services at Vet Centers

To Report Suspected Wrongdoing in VA Programs and Operations:

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Executive Summary

The VA Office of Inspector General (OIG), Office of Healthcare Inspections (OHI) completed an inspection of the Readjustment Counseling Service (RCS) Vet Centers' post traumatic stress disorder (PTSD) counseling services. The purpose of our inspection was to assess the quality of RCS Vet Centers' PTSD counseling services to determine: (1) how Vet Centers screen clients for PTSD, (2) if documentation of clients' treatment is in compliance with policy, and (3) if providers are trained to provide PTSD counseling services according to policy.

In a previous OIG review of the RCS Vet Centers' operational services provided during FY 2008 (*Report No. 08-02589-171, dated July 20, 2009*), we found that documentation in client treatment records and staff PTSD counseling training needed improvement. As part of this review, we evaluated whether any improvements had occurred in these areas.

We found that RCS Vet Center counselors utilized appropriate tools to screen clients for PTSD. Client treatment case file documentation improved from our FY 2009 report. Staff training also improved. Approximately 85 percent of Vet Center providers had attended RCS' required training on PTSD, and 53 percent of the providers had attended Veterans Health Administration-sponsored PTSD training. In addition, some Vet Center providers received supplemental training in Evidence-Based Therapy (EBT), and most Vet Centers were providing EBT to PTSD clients.

Although RCS made improvement from our previous review, we found that the Team Leaders were not consistently providing supervision and consultation to the Vet Center providers in accordance with RCS policy.

We recommended that the Under Secretary for Health, in conjunction with the RCS Chief Officer:

- Ensure that Vet Center Team Leaders perform monthly provider's record reviews, and provide supervision and consultation to providers in compliance with RCS policy.
- Ensure that corrective action is taken when supervision and consultation issues are identified through the annual clinical quality reviews.

Comments

The Under Secretary for Health concurred with the findings and recommendations. The implementation plan is acceptable, and we will follow up until all actions are complete.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Introduction

Purpose

The purpose of our inspection was to assess the quality of Readjustment Counseling Service (RCS) Vet Centers' post traumatic stress disorder (PTSD) counseling services to determine: (1) how Vet Centers screen clients for PTSD, (2) if documentation of clients' treatment is in compliance with policy, and (3) if providers are trained to provide PTSD counseling services according to policy.

Background

During the period 1969 through 1979, Congressional hearings were held which identified the presence of readjustment difficulties in some veterans returning from duty during the Vietnam era. In 1979, Congress passed legislation that required VA to provide readjustment counseling services to eligible combat veterans.¹ In response, the Veterans Health Administration (VHA) established a nation-wide system of community-based programs separate from VA medical centers.

In 1981, VA initiated a new organizational element, the RCS, to administer the Vet Centers and the provision of readjustment counseling services. The goal of the RCS Vet Center program is to provide a broad range of counseling, outreach, and referral services to eligible veterans from post-war readjustment to civilian life. Services provided by Vet Centers range from assistance with basic needs, therapeutic counseling for drug and alcohol abuse, sexual trauma, and PTSD.

PTSD is usually tied to a particular traumatic life experience referred to as a stressor or cause agent. In order to make a diagnosis, the person must actually meet the "stressor" criterion, which means that they have been exposed in the past to a traumatic event. Screening tools (brief questionnaires) are used by VHA to aid in identifying and assessing individuals with PTSD. Primary Care-PTSD (PC-PTSD)² screen consists of four questions. Current research suggests that the results of this screening tool should be considered "positive" if a patient answers "yes" to any two items.³ At VA facilities, positive screens should be assessed further; and a more structured interview for PTSD should be done. Diagnostic and Statistical Manual of Mental Disorders (DSM)⁴ is also utilized by providers in the diagnosis of PTSD. DSM describes the symptoms for all mental disorders, as well as the criteria that must be met to receive a diagnosis of each disorder.

¹ Public Law 96-22, Title I, § 103 (a) (1), 38 U.S.C. 1712A.

² The PC-PTSD is a four-item screen that includes an introductory sentence to cue respondents to traumatic events. See Appendix D.

³ VA/DoD, *Clinical Practice Guideline for the Management of Post-Traumatic Stress*, Version 1.0, Appendix C, *PTSD Screening Tools*.

⁴ *The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* is the official manual listing psychiatric and psychological disorders published by the American Psychiatric Association. See Appendix F.

The Office of Inspector General previously conducted a review of the RCS Vet Centers (*Report No. 08-02589-171, dated July 20, 2009*), and found that over 40,000 veterans received counseling for PTSD, with over 700,000 visits during fiscal year (FY) 2008. Our report identified areas that RCS could improve.

We found the documentation in client case files were incomplete. Our review of 136 client records disclosed various deficiencies in record keeping, to include inadequate documentation of treatment plans, military histories, progress notes, and missing closing summaries.

We found that 19 (9 percent) of the 203 Vet Centers did not have an External Clinical Consultant to help counselors manage complex treatment issues. RCS regional managers reported that some positions were difficult to fill due to the site location.

We also found the staff training records showed a lack of documentation of specific training on the assessment and counseling for PTSD and other co-existing conditions.

In the previous inspection, we recommended that:

- Vet Center counselors appropriately document in RCS client case files and that corrective action is taken when documentation problems are identified.
- All Vet Centers have an External Clinical Consultant.

As a follow-up to our previous report, we assessed whether any improvements had occurred in these areas.

Scope and Methodology

Our review focused on compliance with VHA and RCS policies for the documentation of client treatment and staff training records. We reviewed all Vet Center providers' training records for specific evidence of PTSD training. We also requested RCS' FY 2009 Clinical Quality Review Report for each Vet Center. We aggregated various data elements from this report to compare to our findings.

Statistical Methodology. The first study population of VA Vet Centers was used to answer questions about Vet Center providers training in PTSD treatments. It excluded Vet Centers opened in 2009 and 2010 as well as Vet Centers where pilot reviews were conducted. The second study population containing PTSD patients at Vet Centers was used to answer questions about compliance of therapies and treatments for PTSD.

The Vet Center study population included 229 facilities. For the sample of the Vet Centers, we randomly drew 28 facilities, stratified by region. Four Vet Centers were sampled from each of the seven regions. One⁵ of the sampled facilities was excluded because it had only two active PTSD clients.

⁵ St. Thomas Vet Center

For the PTSD patients, the sample design consisted of two stages. The first stage of sampling was the selection of the 28 facilities, as described above. In the second stage of sampling, we randomly sampled 30 patients from each of the 27 Vet Centers. Thus, a sample of 810 patients was selected from the patient study population, with stratification and unequal probability of selection.

Statistical Analysis. We estimated percentages of provider training at the Vet center facilities and the compliance percentages for PTSD treatment. Horvitz-Thompson sampling weights were used to account for the unequal probability sampling. The jackknife⁶ method was used to obtain sampling errors for the estimates.

A confidence interval gives an estimated range of values (being calculated from a given set of sample data) that is likely to cover the true population value (parameter). The 95 percent confidence interval (95% CI) indicates that among all possible samples we could have selected of the same size and design, 95 percent of the time the parameter would have been somewhere in the computed intervals.

Percentages can take only non-negative values from zero to 100, but their logits⁷ have no such restriction. We calculated the confidence intervals for percentages on the logit scale and then transformed them back to the original scale to ensure that the calculated confidence intervals contained only the proper range of zero to 100 percent. SAS statistical software, version 9.2 (Cary, North Carolina) was used for data analyses.

This review was conducted in accordance with *Quality Standards for Inspection and Evaluation* published by the Counsel of the Inspectors General on Integrity and Efficiency.

⁶Cochran, W. G. (1977), *Sampling Techniques*, Third Edition, New York: John Wiley & Sons.

⁷Function used in mathematics, especially in statistics.

Results and Conclusions

Issue 1: PTSD Counseling Services

VHA requires that all new clients are screened for symptoms of PTSD. Early identification of PTSD could potentially improve the client’s outcome. PTSD can be treated by a variety of forms of psychotherapy (talk therapy) and pharmacotherapy (medication). PTSD counseling is designed to combat the symptoms of the disorder. Once the therapist determines the best type of therapy for the client, both the client and the therapist should decide on the treatment goals. Treatment goals should be specific to each client.

A. Client Treatment Record

RCS had established standards for Vet Center client case files. Case files must contain specific elements to ensure that counselors properly document the care provided to clients. RCS policy⁸ states that Team Leaders or clinical coordinators are required to conduct monthly reviews of 10 randomly selected client treatment records for each full-time provider. Monthly reviews are to ensure that documentation is complete and quality counseling is performed.

Treatment Record Reviews. We reviewed 771 client treatment records⁹ to determine the inclusions of the required elements. A summary of our findings are listed in Table 1.

	Sample Frequencies		VA Estimates	95% CI Limits	
	Total Clients	Yes Response	Weighted Percent	Lower	Upper
Psychosocial Assessment Completed	771	659	86.7	81.91	90.37
Client’s Presenting Problem Documented	659	654	99.8	99.30	99.94
History of Presenting Problem Documented	659	653	99.6	98.59	99.88
Treatment Plan Present	659	569	89.7	81.86	94.35
Specific Type of Counseling/Therapy Documented	569	567	99.7	98.41	99.95
Client Expected Outcomes	567	494	80.8	64.10	90.87

Table 1. Client Treatment Records Review

⁸ RCS Policy Memorandum No. 3-10, *Review of Clinical Records*, October 2002.

⁹ Thirty-nine client treatment records were excluded from the original random sampling of 810 records for the following reason(s): 1) not enough visits to complete the psychosocial assessment or no documentation found in record, 2) unable to locate the record, 3) client not seen in 2010, 4) not a PTSD (clinical case) client, or 5) record was closed.

Approximately 87 percent of the Vet Centers had completed psychosocial assessments in the client records. We found three Vet Centers that were below the 95% CI for completed psychosocial assessments. Two Vet Centers were at 66.7 and one was 53.3 percent compliance. Completion of psychosocial assessments improved from our FY 2009 report, where only 74 percent of the assessments were completed.

Client treatment plans are developed following the completion of the psychosocial assessments. If the psychosocial assessment was missing or incomplete, we did not continue the record review; therefore, our denominator changed from 771 to 659. Treatment plans should include the following:

- Specific actions/steps to be pursued by counselor.
- Type of counseling or therapy.
- Anticipated duration of counseling or therapy.
- Expected outcomes.

RCS policy¹⁰ required that treatment plans be reviewed during the first five visits and at least every six months thereafter. We found that 569 (approximately 89.7 percent) had current treatment plans. This represented an increase from the FY 2009 report (77.1 percent). However, we found five Vet Centers' treatment plans were below the 95% CI. These Vet Centers' compliance ranged from 5.0–65.4 percent.

Of the 569 records that had treatment plans present, 494 (approximately 81 percent) had identified expected outcomes. All Vet Centers fell within the 95% CI.

Annual Clinical Quality Reviews. RCS regional staff conduct annual clinical quality reviews at all Vet Centers within their region. We reviewed the FY 2009 Annual Clinical Quality Reports for 26 of the 27 Vet Centers (one Vet Center did not have an annual review performed). The clinical quality reviews included evaluation of organizational quality and record keeping. The aggregated results of the reviews are displayed in Table 2.

Required Elements	Vet Centers Meeting Requirements
Psychosocial Assessments (Psychosocial, Sexual Trauma, and Military History Data) Are Complete and Appropriate	20 (77 percent)
Treatment Plans Are Current, Measurable, and Relate to Identified Focus Areas	13 (50 percent)
Course of Treatment Is Reflected in the Progress Notes	21 (81 percent)

Table 2. Results From RCS' FY 2009 Annual Clinical Quality Reviews

¹⁰ RCS Policy Memorandum No. 3-9, *Content of Vet Center Files and Counseling Notation*, October 2002.

RCS managers continue to identify documentation in the client records as needing improvement.

Team Leader Supervision and Consultation. Team Leaders at 18 (69 percent) of the 26 Vet Centers were consistently providing monthly supervision and consultation to providers. We found evidence that Team Leaders at 19 (73 percent) of the 26¹¹ Vet Centers were consistently performing monthly client case file reviews according to policy. In the RCS' FY 2009 Annual Clinical Quality Reports, RCS staff found that in 12 (approximately 67 percent) of the 18 reports (8 report did not assess supervision and consultation), appropriate supervision was provided.

RCS policy¹² states that Team Leaders or clinical coordinators are required to conduct monthly reviews of 10 randomly selected client counseling records for each full-time provider. These reviews are designed to ensure complete and quality counseling documentation, as well as compliance with the "Minimal Clinical Notations" requirements. Team Leaders or designees are required to cosign the assessment and treatment plan to indicate the case was reviewed. Approximately 80 percent of the treatment plans were cosigned.

B. PTSD Screening

The Team Leaders reported utilizing PTSD screening tools to include DSM, PC-PTSD, PCL,¹³ and Combat Exposure Scale.¹⁴ We found that most veterans were assessed for PTSD utilizing solely DSM (10 Vet Centers) or a combination of DSM and PC-PTSD/PCL (5 Vet Center). One Vet Center screened clients utilizing PC-PTSD and seven Vet Centers used the PCL. Two Vet Center identified other means of screening clients, while two did not identify how they screened clients for PTSD.

C. Evidence-Based Therapy

Evidence-based therapy (EBT) is supported by research, and those findings provide evidence that it is effective. Cognitive-behavioral Therapy (CBT), an EBT, is a well researched psychotherapeutic approach. Cognitive Processing Therapy (CPT),¹⁵ Exposure Therapy (ET),¹⁶ and Prolonged Exposure (PE)¹⁷ are specific types of CBTs. There are different types of CBTs used in the treatment of PTSD. According to VHA

¹¹ One Team Leader was in the position for five weeks prior to our onsite visit; therefore, the Vet Center was not included.

¹² RCS Policy Memorandum No. 3-10, *Review of Clinical Records*, October 2002.

¹³ PCL is a 17-item checklist for self reporting PTSD symptoms. See Appendix E.

¹⁴ Combat Exposure Scale (CES) is a 7-item self-report measure that assesses wartime stressors experienced by combatants.

¹⁵ CPT has four main parts: (1) learning about your PTSD symptoms, (2) becoming aware of thoughts and feelings, (3) learning skills, and (4) understanding changes and beliefs.

¹⁶ ET reduces the fear associated with experiences through repetitive, therapist-guided confrontation of feared places, situations, memories, thoughts, and feelings.

¹⁷ PE reduces the level of fear and anxiety connected with traumatic event reminders.

policy,¹⁸ all veterans with PTSD must have access to CPT or PE at VHA facilities. Since some veterans utilize Vet Centers for PTSD counseling services, we assessed if these modalities were instituted; although, it is not a requirement for RCS Vet Centers. Vet Centers also offer more non-specified CBT. VHA policy also requires that all veterans with depression or anxiety disorders have access to CBT, acceptance and commitment therapy [ACT], or interpersonal therapy. Team Leaders reported (self-assessment questionnaire) that 21 (approximately 78 percent) of the 27 Vet Centers were providing clients one or more forms of EBT.

D. External Clinical Consultant

Each Vet Center is required to have an External Clinical Consultant. The consultants are required to perform at least 4 hours of monthly clinical consultation. We found 25 (93 percent) of the 27 Vet Centers had an assigned External Clinical Consultant at the time of our inspection. Two Vet Centers did not have an External Clinical Consultant; however, both Vet Centers were in the process of recruiting for these positions. The current number of External Clinical Consultants demonstrated an improvement from our previous report.

Conclusions

RCS Vet Center counselors utilized appropriate tools to screen clients for PTSD. Most Vet Centers were providing EBTs to PTSD clients. We found improvement in the client record documentation, and an External Clinical Consultant was assigned to most of the Vet Centers we inspected. However, Team Leader's supervision and consultation continues to require improvements. We found that RCS managers have identified similar findings in the FY 2009 Annual Clinical Quality Report. Improved supervision and consultation would ensure counselors were initiating the appropriate counseling services to help clients reach their goals and were properly documenting the care provided to clients.

We recommended that the Under Secretary for Health, in conjunction with the RCS Chief Officer.

Recommendation 1: Ensure that Vet Center Team Leaders perform monthly provider's record reviews and provide supervision and consultation to providers in compliance with RCS policy.

Recommendation 2: Ensure that corrective action is taken when supervision and consultation issues are identified through the annual clinical quality reviews.

¹⁸ VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008.

Issue 2: Staff Training and Education

We reviewed all 97 Vet Center providers¹⁹ training records for evidence of RCS' mandatory training specific to assessment and counseling for PTSD. We also looked for evidence of participation in any VHA-sponsored PTSD training. Table 3 shows the number of providers that completed RCS' mandatory training and participating in VHA-sponsored training for PTSD, as well as providers with supplemental training in EBTs.

	Sample Frequencies		VA Estimates		
	Total			95% CI Limits	
Employment/Training	Providers	Responses	Percent	Lower	Upper
Employed 1 Year or Greater (>)	97	83	85.5	75.89	91.73
Employed >1 Year/ Veterans Adjustment Problems	83	82	98.8	91.99	99.83
Employed > 1 Year/PTSD Assessment and Counseling	83	82	98.8	91.99	99.83
Employed > 1 Year/ Counseling Psychotherapy Techniques	83	82	98.8	91.99	99.83
All Employees/VHA Sponsored PTSD Training	97	51	50.0	36.40	63.60
All Employees/EBT-CBT	97	36	36.6	24.51	50.73
All Employees/EBT-CPT	97	12	12.3	5.83	24.26
All Employees/EBT-PE	97	5	5.1	1.72	14.05
All Employees/EBT-ET	97	3	2.9	0.64	12.01

Table 3. Providers Completing RCS' Mandatory, VHA-Sponsored, and EBT Training

Staff training in the assessment and counseling of clients with PTSD improved from the FY 2009 report. We found that approximately 98 percent of the 83 providers employed for at least one year had attended RCS' mandatory training specific to assessment and counseling for PTSD. We also found that 51 of the 97 providers (approximately 50 percent) had attended VHA-sponsored training for PTSD. This was an improvement from our previous review, which showed that staff training was 69 percent or less. In addition, Vet Center providers had received supplemental training in EBT modalities, and most Vet Centers were providing EBTs to PTSD clients. Therefore, we made no recommendations.

¹⁹ For the purpose of our review, Vet Center providers include: social workers, clinical psychologists, mental health counselors, professionally trained counselors, and counseling therapists.

Under Secretary for Health Comments

**Department of
Veterans Affairs**

Memorandum

Date: May 11, 2011

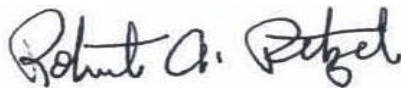
From: Under Secretary for Health (10)

Subject: **OIG Draft Report: Healthcare Inspection: Post-Traumatic Stress Disorder Counseling Services at Vet Centers (VAIQ 7015481)**

To: Assistant Inspector General for Healthcare Inspections (54)

1. I have reviewed the draft report and concur with the report's two recommendations. Attached is the Veterans Health Administration's corrective action plan for the report's recommendations.

2. Thank you for the opportunity to review the draft report. If you have any questions, please contact Linda H. Lutes, Director, Management Review Service (10B5) at (202) 461-7014.



Robert A. Petzel, M.D.

Attachment

**VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan**

OIG Draft Report: Healthcare Inspection: Post-Traumatic Stress Disorder Counseling Services at Vet Centers (VAIQ 7015481)

Date of Draft Report: April 25, 2011

<u>Recommendations/ Actions</u>	<u>Status</u>	<u>Completion Date</u>
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OIG Recommendations

Recommendation 1. We recommended that the Under Secretary for Health, in conjunction with the RCS Chief Officer, ensure that Vet Center Team Leaders perform monthly provider’s record reviews, and provide supervision and consultation to providers in compliance with RCS policy.

VHA Comments

Concur

VHA Handbook 1500.01, Readjustment Counseling Service (RCS) Vet Center Program, published on September 8, 2010, identifies Vet Center Team Leaders (TL) as responsible for clinical supervision:

The TL, or clinical designee (if the TL is not a VHA Mental Health Professional) is responsible for providing individual counseling supervision to Vet Center counselors on an ongoing and regular basis. It is the responsibility of the individual staff member to maintain a professional license in situations when it is a condition of employment.

To ensure accountability, a performance goal will be added to the Team Leader Performance Plans for Fiscal Year 2012 that specifies the required standards for clinical supervision and consultation in Vet Centers. Additionally, the list of Vet Centers found to be deficient for clinical supervision and consultation, by OIG Healthcare’s recent audit, will be provided to the RCS regional managers and team leaders to ensure that identified deficiencies are corrected.

In Process September 30, 2011

Recommendation 2. We recommended that the Under Secretary for Health, in conjunction with the RCS Chief Officer, ensure that corrective

action is taken when supervision and consultation issues are identified through the annual clinical quality reviews.

VHA Comments

Concur

A performance goal was included in the Regional Manager Fiscal Year 2011 Performance Plans that requires remediation plans for areas needing improvement. To more effectively monitor future deficiencies noted on clinical site visits, RCS will establish an electronic template to report and track identified deficiencies and resolution dates. The data provided by OIG Healthcare regarding Vet Center site visit reports with unresolved deficiencies will be used for the purposes of following up on any clinical supervision and consultation areas needing improvement.

In Process

September 30, 2011

Veterans Health Administration
May 2011

RCS Vet Centers Opened in 2009 and 2010

Toms River Vet Center
Annapolis Vet Center
Marietta Vet Center
Huntsville Vet Center
Jupiter Vet Center
Dade City Vet Center
Clearwater Vet Center
Daytona Beach Vet Center
Pontiac Vet Center
Orland Park Vet Center
Aurora Vet Center
Green Bay Vet Center
Lawton Vet Center
Spring Vet Center
San Antonio NW Vet Center
Mesquite Vet Center
Arlington Vet Center
West Valley Vet Center
Citrus Heights Vet Center
Henderson Vet Center
Bakersfield Vet Center
Antelope Valley Vet Center
South Orange County Vet Center
Temecula Vet Center
High Desert Vet Center
Chula Vista Vet Center
Minneapolis Vet Center

Randomized RCS Vet Center Sites

Station	Vet Center Name	RCS Region
0101V	Boston Vet Center	1A
0117V	Hartford Vet Center	1A
0118V	So. Burlington Vet Center	1A
0135V	Watertown Vet Center	1A
0220V	McKeesport Vet Center	1B
0231V	Beckley Vet Center	1B
0232V	Princeton Vet Center	1B
0233V	Wheeling Vet Center	1B
0410V	Chicago Vet Center	2
0432V	Manhattan Vet Center	2
0434V	Escanaba Vet Center	2
0402V	Detroit Vet Center	2
0308V	St. Thomas Vet Center*	3A
0311V	Fort Lauderdale Center	3A
0331V	Gainesville Vet Center	3A
0333V	Macon Vet Center	3A
0708V	Fort Worth Vet Center	3B
0710V	Houston Vet Center	3B
0714V	Lubbock Vet Center	3B
0718V	Oklahoma City Vet Center	3B
0512V	Wasilla Vet Center	4A
0515V	Albuquerque Vet Center	4A
0530V	Las Cruces Vet Center	4A
0532V	Provo Vet Center	4A
0645V	Grants Pass Vet Center	4B
0650V	Modesto Vet Center	4B
0615V	San Jose Vet Center	4B
0638V	Sacramento Vet Center	4B

*Excluded: *Vet Center had only two active PTSD clients*

Primary Care PTSD Screen (PC-PTSD)

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, *in the past month*, you:

1. Have had nightmares about it or thought about it when you did not want to?

YES NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES NO

3. Were constantly on guard, watchful, or easily startled?

YES NO

4. Felt numb or detached from others, activities, or your surroundings?

YES NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any two items.

Sources: VA/DoD, *Clinical Practice Guidelines for the Management of Post-Traumatic Stress*, Appendix C, Version 1.1.

PTSD Check List – Civilian Version (PCL-C)²⁰

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

Response:		Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities</i> or <i>situations</i> because <i>they remind</i> you of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future will somehow be cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

²⁰ Weathers, F.W., Huska, J.A., Keane, T.M., *PCL-S for DSM-IV*, Boston: National Center for PTSD-Behavioral Science Division, 1991.

DSM Multi-Axial System

The DSM-IV organizes each psychiatric diagnosis into five dimensions (axes) relating to different aspects of disorder or disability:

- **Axis I:** Clinical disorders, including major mental disorders, and learning disorders
- **Axis II:** Personality disorders and intellectual disabilities (although developmental disorders, such as Autism, were coded on Axis II in the previous edition, these disorders are now included on Axis I)
- **Axis III:** Acute medical conditions and physical disorders
- **Axis IV:** Psychosocial and environmental factors contributing to the disorder
- **Axis V:** [Global Assessment of Functioning](#) or [Children's Global Assessment Scale](#) for children and teens under the age of 18

OIG Contact and Staff Acknowledgments

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Wachita Haywood, RN Marisa Casado, RN Lin Clegg, PhD Audrey Collins, RN Darlene Conde-Nadeau, NP Jeffrey Joppie, BS Tishanna, McCutchen, NP Simonette Reyes, RN Annette Robinson, RN Michael Shepherd, MD Patrick Smith, MS Marilyn Stones, BS

Report Distribution

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