



SCREENING RESULTS

Below are suggestions to guide a discussion of the screening results with your client and to guide a referral if appropriate.

DISCUSSING THE RESULTS

Provide an appropriate context for the discussion and respond empathically

- Ensure that you and the client are in a private area to discuss screening results.
- Inform clients that traumatic events and the distress they create can have important effects on the body and on health as well as on the client's mental health.
- Make no assumptions about the meaning or impact of traumatic events for an individual; your assumptions may be inconsistent with the client's feelings and experience.
- Acknowledge any reported distress (e.g., "I'm sorry you have had such terrible nightmares").
- Show interest and concern, and tell the client that you are glad that he or she has told you about the symptoms.
- Offer empathic support. Unless you have appropriate mental health training in the evaluation and treatment of trauma, it is not advisable to elicit a detailed account of the trauma or to challenge the client's report. If you do not have a background in this area, you may consider making a referral (see below).

Clarify responses

If the PC-PTSD screening instrument is utilized, clarify responses to determine:

- Whether the client has had a traumatic experience. "I notice from your answers to our questionnaire that you experience some symptoms of stress. At some point in their lives, many people have experienced extremely distressing events such as combat, physical or sexual assault, or a bad accident, and sometimes those events lead to the kinds of symptoms you have. Have you ever had any experiences like that?"
- Whether reported symptoms are really trauma-related. "I see that you have said you have nightmares about or have thought about an upsetting experience when you did not want to. Can you give me an example of a nightmare or thinking about an upsetting experience when you didn't want to?" If a client gives an example of a symptom that does not appear to be in response to a traumatic event (e.g., a response to a divorce rather than to a traumatic event), it may be that he or she is ruminating about a negative life event rather than experiencing intrusive thoughts about a traumatic stressor.
- Whether reported symptoms are disruptive to the client's life. "How have these thoughts, memories, or





feelings affected your life? Have they interfered with your relationships? Your work? How about with recreation or your enjoyment of activities?"

Positive responses to these questions in addition to endorsement of trauma symptom items on the PC-PTSD Screen indicate an increased likelihood that the client has PTSD and needs further evaluation.

Does the client have ongoing traumatic events in his/her life?

If ongoing traumatic events are a part of the client's life, it is critical that the health care practitioner determine whether the client needs an immediate referral for additional social work or mental health services. The practitioner might ask: "Are any of these dangerous or life-threatening experiences still continuing in your life now?"

If ongoing family violence is suspected, it is imperative that the client be told the limits of confidentiality for medical professionals, who are mandated to report suspected ongoing abuse of children and dependent adults. Discussion of possible abuse should take place in the absence of the suspected perpetrator; if the abuser is present, victims may deny abuse for fear of retaliation.

If ongoing threats to safety are present:

- Acknowledge the difficulty in seeking help when the trauma or threat is ongoing.
- Determine if reporting is legally mandated. If it is, develop a plan with the client to file the report in a way that increases rather than decreases the safety of the client and his or her loved ones.

If reporting is not appropriate, provide written information (or oral if written might stimulate violent behavior in the perpetrator) about local resources that might help the situation. Establish a plan that the client will agree to in order to move toward increased safety. The National Domestic Violence Hotline is available to guide callers to local resources: 1-800-799-SAFE or TTY: 1-800-787-3224.

REFERRING A CLIENT WITH A POSITIVE SCREEN FOR PTSD

Referring a Veteran for PTSD evaluation, treatment or support

Veterans with positive screens may be referred to specialized PTSD treatment, behavioral medicine, or more general mental health services for further evaluation and possible treatment.

If it appears that a client does have active PTSD symptoms

- Explain why the screen results lead you to recommend that he or she seek further evaluation and/or treatment. Let the client know that the screen does not mean that he or she definitely has PTSD, but that you think further evaluation is needed.
- Encourage the client to voice any reservations or concerns he or she might have about evaluation or





treatment. You may be able to facilitate pursuit of treatment by listening to these concerns, acknowledging their validity, and addressing some of the client's questions about what to expect during mental health evaluation and treatment.

- Normalize the idea of treatment. Explain that treatment involves common sense activities that include learning more about PTSD, finding and practicing ways of coping with trauma-related symptoms and problems, taking steps to improve relationships with family and friends, and making contact with other clients who experience similar problems.
- Provide the client with a written referral to a mental health professional.

If the client refuses referral to mental health care for PTSD

Many clients are reluctant to participate in mental health treatment. Common reasons include discomfort with the idea of seeing a psychologist or psychiatrist, a perceived stigma associated with treatment, previous negative experiences with mental health providers, negative attitudes towards health care agencies, a lack of confidence in the helpfulness of counseling, or a reluctance to open up old emotional wounds. Faced with this situation, the practitioner can do several things to raise the likelihood that a mental health referral will be accepted:

- Suggest an evaluation rather than treatment. Sometimes, it is useful to suggest that the client meet with a mental health professional so that he or she can learn more about posttraumatic stress, ask questions, and consider with the mental health provider whether more contacts will be useful.
- Explain the need for treatment. Explain to clients that although a wish to avoid reminders of the trauma is natural and common, this avoidance may actually interfere with recovery. This avoidance may prohibit helpful processes that can result from talking through the experience, receiving social support, or receiving specialized treatment.
- Give the client educational materials that describe PTSD and its common co-morbid conditions (depression, substance abuse), treatment for PTSD, and coping with PTSD. Sometimes he or she will read the materials at a later time and begin to think more carefully about participation in treatment.
- Give information about different ways the client can seek assistance. Avenues for assistance include local mental health services; online resources; and local community, spiritual, and mental health resources.
- Consider involving the client's spouse or partner in the discussion if it seems appropriate and the client gives his or her permission. This may help clarify for the client the impact of PTSD on others in his or her life and increase motivation to seek help.





Follow up with the client

At the client's next visit, it is important to ask whether he or she followed through with the referral for mental health evaluation or care. If the client did follow through, the practitioner can ask if the referral was perceived as helpful. If the client did not follow through with the referral and is still in need of care, the provider can try to learn what the obstacles were to obtaining care.

Consider scheduling frequent brief office visits or telephone follow-ups. Regular check-ins with clients about their current functioning as well as follow-ups on referrals are important for keeping clients involved in their own recovery process.

