Treating PTSD During the COVID-19 Virus Outbreak

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PTSD Consultation Program

PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

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www.ptsd.va.gov/consult
Agenda

1. Questions, Considerations and Strategies

2. Specific Therapies
   PE, EMDR, CPT

3. Updates from the PTSD Mentoring Program Director
PART ONE

Questions, Considerations, and Strategies

Sonya Norman, PhD
So Many Questions

- How is COVID-19 affecting my patient?
- Existing patients – Pause therapy? Continue therapy?
- New patients – Is this a good time to treat PTSD?
- What about my groups?

How do you treat PTSD when anxiety, isolation, avoidance and hypervigilance are the norm?
Logistic Concerns Related to the Virus

- Childcare
- Financial uncertainty
- Caretaking
- Isolation, quarantine
- Shortages
- Loss of routine, possibly avoidance strategies
- Loss of normal coping/enjoyable activities
Emotional/Behavioral Concerns Related to the Virus

- Feeling unsafe – health, society
- What if I get sick? What if someone I love gets sick?
- Anger
- Loneliness
- Uncertainty
- Being home with family may raise intimacy/relationship issues
- Boredom, loss of avoidance strategies
- Grief
- Symptom exacerbation, increased substance use
Maslow’s Hierarchy of Needs

- **Physiological needs**
  - air, water, food, shelter, sleep, clothing, reproduction

- **Safety needs**
  - personal security, employment, resources, health, property

- **Love and belonging**
  - friendship, intimacy, family, sense of connection

- **Esteem**
  - respect, self-esteem, status, recognition, strength, freedom

- **Self-actualization**
  - desire to become the most that one can be
But Some Experience...

- Sense of community
- Mission to help others
- Feeling more equipped to manage this than others
- Empowered, energized
PTSD Treatment: Continue? Pause? Integrate?

• What is the patient telling you?
  – What are their presenting concerns? What has changed?
  – Can they engage in a protocol at this time?

• Shared decision making... with contingency planning
  – What does the patient want and why?
  – What are the pros and cons of each option?
  – Are they willing to be flexible as things continue to unfold?
  – Are there logistic issues in the way?
  – Consider that EBP’s are the most effective tool we have

• Continue to observe, use measurement-based care and check in
Video Psychotherapy Compared to In-Person

• PE, CPT, CBT-I have been studied and found non-inferior
• No published trials of EMDR yet
• Studies show patients like video psychotherapy
• Clinicians may initially have concerns but overall like it as well
• 2017 VA/DoD Clinical Practice Guideline for PTSD recommends using video technology for trauma focused treatments that have been shown to be non-inferior
In All Cases...

- How can you apply skills learned in therapy to this situation?
- How are common trauma related beliefs affected?
- Address safety
- Help your patient have a plan to stay connected, supported
- Help find alternative coping strategies
- Continue team based care if possible
- Continue to assess symptoms and needs
  - Does your patient need additional services? Another level of care? Crisis line info?
- Self-help tools
Mobile Apps

- Apps are focused on PTSD, related health problems (e.g., insomnia, alcohol use, etc.), or general well-being.

- There are apps for patients, providers, and for use with patient-provider dyads.
Online Self-help Tools

**VetChange** helps users set goals and work at their own pace to cut down on their drinking and deal with stress symptoms.

**PTSD Coach Online** offers a suite of 17 tools to help manage symptoms like sadness and anxiety.
New Patients

• Why are they coming in now?
• Did the virus inspire them to come in or were they already in progress?
• Shared decision-making – is now the time?
• Prepare on the front end about how virus may disrupt treatment
• Continue to check in
Group Treatment

• Is it possible to make the group virtual?
• Encourage group members to keep in touch virtually, build on their community
• Schedule short check in calls or emails with group members
• Provide resources
• Consider a planned break
  – keep appointments for a month or so out
• Plan what skills the patients will practice during the break
Navigating the “Shared Experience”

• Checking your own reaction and assumptions
• When you are both impacted and reacting, how do you give your patient space for their processing?
• Is the patient pulling for your reaction?
• With what self-disclosure are you comfortable?
• Consider how to be genuine without going further than you’d like with self-disclosure
• You are in this together!
PART TWO

Prolonged Exposure (PE)

Lisa-Ann Cuccurullo, PsyD
Moving Forward and What to Do Next

Speak about skills that have been developed throughout the treatment thus far
- Maintaining gains
  - e.g.: Bon Jovi was on your hierarchy and you were able to complete it last week
- Living in the spirit of the treatment
  - When new opportunities arise that are in the spirit of the treatment seize those moments
  - Walking to the mailbox alone to get some air

Speak about things that might change the trajectory of treatment and begin to plan
- Children at home
- Limited privacy
- Identify skills they already have to help them get through stressful moments
  - Breathing
  - Previous successes in exposures
Why is Exposure Helpful?

Breaks the Habit of Avoidance
- Blocks negative reinforcement
- Activates the fear structure

Facilitates Trauma Processing
- Organizes the memory

Reduces Intense Emotion
- Habituation
- Inhibitory learning

Promotes Cognitive Change
- The memory is not the same as recounting the memory
- The memory is not dangerous
- Situations I avoid are not dangerous

Promotes Personal Mastery
- I can do it!
“Out of an Abundance of Caution”

Recognizing that avoidance of things that may be distressing to patients is currently being rewarded and supported.

Understanding how to maintain fidelity to the treatment within the confines or social distancing, or quarantines.

Acknowledging that some anxiety may be present for them over and above their PTSD distress; COVID19 can be a stress inducing event.
Changes May Need to be Made

Movement to telehealth

• Use Shared Decision Making to determine if the patient willing to transition to telehealth. If so,
• Making sure they have a place for sessions in their home
  • Think outside the box (car, shed)
• With children home is there privacy and childcare?
Changes May Need to be Made

Imaginal Exposures

**Therapist transitions:**
- If they seem over engaged check in on their SUDS more and cheerlead.
- If they seem under engaged prompt more to help connect them to the memory.
- Situations may be a trial and error process and roll with any distractions or interruptions and try to resolve issues for subsequent sessions.

**Patient problem solve time for imaginal homework:**
- Wake up early.
- Parent coop-ing.
Changes May Need to be Made

In Vivo Exposures

Therapist transitions:
- What is appropriate for your location (high density of cases, current guidance)
- What patients do at home:
  - Look to YouTube for videos, music, pictures, and other sounds
  - Looks to create smells from traditional household things
  - Examine what they may be avoiding in their “new” COVID19 life and explore those opportunities with them

Patient problem solve time for in-vivo each day
  - Can be done later in the day when children or other house residents are asleep
Reassessment: When to Take a Hiatus from PE Using Shared Decision-Making

Indicators:

• If the current health of a loved one requires care that cannot be done concurrently with the treatment

• If the veterans current childcare/home schooling option does not leave them the time or the ability to remain compliant with the treatment

• If health related anxiety interferes with their ability to be present for exposures
PART TWO

Eye Movement Desensitization and Reprocessing (EMDR)

Marianne Silva, LCSW
Eye Movement Desensitization and Reprocessing (EMDR)

Many elements taught in EMDR focus on helping Veterans develop skills to effectively manage distress, dysregulation and to build confidence and self-efficacy.

- Calm space
- Future rehearsal
- Container
- TICES log
- Nurturing figures
- Breathing
- Metaphors
- Guided imagery
EMDR Tools

Standardized protocols and procedures for special situations include:

➢ Resource Development and Installation
➢ Present Triggers and Future Templates
➢ EMD/EMDr
➢ Protocols for Recent Traumatic and Critical Incidents
EMDR Tools

- Extended resourcing
  - Reinforce previous skills or introduce new ones
  - Future rehearsal – “When you bring up that resource of having more hope, hold that and rehearse using it as you’re going through the bills.”

- Cognitive interweaves to help process abreactions, blocking beliefs, or fears
  - Socratic questioning
  - Metaphors and analogies
  - Education

- Target blocks/new concerns until the adaptive belief has been formed
  - “Things never work out for me” → “I have options and I’m still connected to treatment”
  - “I can’t handle this” → “I’m doing the best I can given the circumstances”
## EMDR and Shared Decision Making

### Proceeding as usual
- Adjusting the target sequencing plan
- Anticipate and plan for changes to continue

### Pausing
- “Hanging out” in earlier phases
- Changing treatment modality
- Two-handed interweave

### Modifications
- Bilateral stimulation
- Responding to dissociative responses
EMDR Takeaways

➢ Remind your patients of the skills they have and know
➢ Explore, normalize and validate to identify and process through distress as needed
➢ Offer options and ways to continue the work you’ve been doing through uncertain times
➢ The model is built for flexibility!
PART TWO

Cognitive Processing Therapy (CPT)

Sadie Larsen, PhD
CPT – What are we teaching?

Teaching skills to challenge negative/unhelpful thought patterns

Can be applied to trauma-focused or daily stressors/thoughts
CPT: Flexibility within the model

Flexible length CPT stressor sessions

- "Reasons for the use of stressor sessions included death of family members, conviction and prison sentencing, job and housing losses, and other social and legal concerns." (Galovski et al., 2012)

- Social and/or medical concerns: COVID-19-related

- Decision between:
  - Continuing CPT with stressor sessions
  - Continuing CPT without stressor sessions
  - Pausing CPT for the time being
CPT: Managing a stressor session

Engage in shared decision-making
• Offer a stressor session but don’t presume that it is needed

Problem solve to help make sure basic needs are met

Continue to incorporate worksheets
CPT: Impact of COVID-19

Concerns/worry

• I worry that I will not be able to get the supplies my family needs.
• I am concerned not enough people are taking this seriously.
• I am at higher risk for death if I get sick.

Stuck Points

• Assimilated
• Over-accommodated
CPT: Identifying stuck points

Assimilation (about the past/trauma)
- Undoing (“If only, should have”) guilt or blame about trauma

Over-accommodation (about present and future)
- Conclusions, implications of trauma (“never, always, no one,” re: 5 themes)
CPT: Assimilated Stuck Points

- Overexaggerated assignment of blame, guilt, and responsibility

- Reinforce and underlie the over-accommodated stuck point
## CPT: Over-Accommodated Stuck Points

<table>
<thead>
<tr>
<th>Category</th>
<th>Statements</th>
</tr>
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<tbody>
<tr>
<td><strong>Trust</strong></td>
<td>• “I can’t trust anyone”</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>• “Isolation helps my PTSD”</td>
</tr>
<tr>
<td></td>
<td>• “Mistakes are intolerable and cause serious harm or death”</td>
</tr>
<tr>
<td><strong>Power/Control</strong></td>
<td>• “There’s nothing I can do to protect myself.”</td>
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<tr>
<td></td>
<td>• “I must be in control to be safe.”</td>
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<tr>
<td><strong>Intimacy</strong></td>
<td>• “It’s dangerous to be connected with other people.”</td>
</tr>
<tr>
<td><strong>Esteem</strong></td>
<td>• “I deserve to be sick”</td>
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</tbody>
</table>
Use CPT worksheets

- Are my thoughts realistic or helpful?
- Does your stuck point or concern include all-or-none terms?
- Where did this stuck point come from? Is this a dependable source of information on this stuck point?
- Jumping to conclusions or predicting the future.
PART THREE

Updates from the PTSD Mentoring Program Director

Kelly Phipps Maieritsch, PhD
Logistics of providing care

• Telehealth
  – Guidance and best practices
    • APA/ATA Best Practices
    • VA: PTSD Mentoring SharePoint
      – Legal and regulatory issues
      – Standard operating protocols including emergency planning
      – Logistics (platforms, privacy, consent)
  – Measurement based care
    • Internal hospital/clinic platforms to share measurements (i.e., My HealtheVet, iPads)
    • Screen Share
    • Mobile Apps [https://www.ptsd.va.gov/appvid/mobile/index.asp](https://www.ptsd.va.gov/appvid/mobile/index.asp)
  – Group delivery
    • Group size, privacy/consent
Staying connected and informed

- Team-based care
  - Physical separations from teams who usually work in close contact might add to feelings of isolation
  - Essential to develop additional methods for team contact and communication
  - Leadership staying informed and providing clear information in light of evolving policies
- Consultation and Communities of Practice
  - PTSDconsult@va.gov or (866) 948-7880
  - PTSD Mentoring Program for VA providers
Closing Thoughts

Sonya Norman, PhD
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

About the Consultants

- Experienced senior psychologists, psychiatrists, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from toughest clinical scenarios to general PTSD questions

Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans’ care
- Developing a PTSD treatment program

Available Resources www.ptsd.va.gov/consult

- Free continuing education
- Videos, educational handouts, and manuals
- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more
Due to the change in topic, continuing education credits are NOT available for today’s lecture.
Please enter your questions in the Q&A box and be sure to include your email address.

The lines are muted to avoid background noise.
SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

UPCOMING TOPICS

**PLEASE NOTE**
“Massed Treatment for Veterans with PTSD” has been moved to August 19

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>April 15</td>
<td>How Do We Make Effective Treatment for PTSD More Effective?</td>
<td>Paula Schnurr, PhD</td>
</tr>
<tr>
<td>May 20</td>
<td>Cognitive-Behavioral Conjoint Therapy for PTSD</td>
<td>Candice Monson, PhD</td>
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<tr>
<td>June 17</td>
<td>Using CogSmart with Veterans with PTSD and Traumatic Brain Injury</td>
<td>Elizabeth Twamley, PhD</td>
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<tr>
<td>July 15</td>
<td>[To be determined]</td>
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<tr>
<td>August 19</td>
<td>Massed Treatment for Veterans with PTSD</td>
<td>Cynthia Yamokoski, PhD</td>
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<tr>
<td>September 16</td>
<td>Treating Co-occurring PTSD and Anger</td>
<td>Leslie Morland, PhD</td>
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