Frequently Asked Questions

Clinical Innovations in Telehealth Learning Series: Treating PTSD in the Context of COVID-19: June 1, 2020

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The following are several frequently asked questions from the webinar. See the webinar recording and slide deck for more information:

Participant Question & Presenters' Response

Q1 *When is COVID-19 stress vs traumatic stress?*

A1 Stress is any uncomfortable emotional experience with physiological and behavioral changes. Not all stress is bad stress, but chronic, persistent stress can have psychological and physical effects. Traumatic stress is more specific. It involves exposure to actual or threatened death, serious injury, or sexual violence, or repeated or extreme exposure to aversive details of traumatic events usually in the course of professional duties (e.g., first responders, medics). Economic stressors, isolation, over work, boredom, being quarantined, following the news – these are stressors. COVID-19 is also associated with traumatic stress. Examples would be situations like the sudden death of a loved one, individuals who are in the ICU or intubated, paramedics or mortuary workers dealing with overwhelming numbers of deaths, or frontline healthcare workers in extremely difficult environments where they may also worry about infecting their families. Most individuals who are exposed to a traumatic event recover naturally, even if initial symptoms are high. Resilience is the norm.

With stress-related mental health effects, one might see symptoms like feelings of sadness, loss, worry, anxiety, sleep disturbance, or irritability. Individuals may be grieving the loss of their routine, normal experiences, and pre-COVID-19 life; all of which have been reported by individuals exposed to COVID-related stressors. With traumatic stress, one might see the symptoms just listed, but also intrusive memories, thoughts, images, or dreams about the event, or emotional or physical reactions to reminders of the event. One might see avoidance of trauma related cues or reminders. Individuals may experience arousal, be on the lookout for danger, or be easily startled or jumpy; this could include monitoring themselves or others for physical signs of infection. Individuals also may find themselves second guessing decisions they made during the event or ways they think the event could have been prevented.

Q2 *People have so much going on right now, shouldn't we just do supportive therapy or case management? Is it appropriate to start PTSD treatment now?*

A2 The first days or weeks after trauma exposure may not be the time to start a PTSD treatment. In those cases, a non-mental health intervention designed for acute settings like Psychological First Aid or Skills for Psychological Recovery might be more appropriate to help build resilience and increase adaptive coping. For other individuals who have not experienced a traumatic event or do not have symptoms of PTSD, supportive therapy or an evidence-based treatment for their mental health symptoms (e.g., sleep disorder, depression, generalized anxiety disorder) would be appropriate.

If someone has PTSD, whether it is from a COVID-19 related traumatic event or a different trauma, then an evidence-based PTSD treatment may be appropriate. PTSD treatments have been used successfully in places experiencing ongoing stressful or traumatic events, such as Southern Iraq or the Democratic Republic of Congo. In general, people cope better with everyday stressors if they are not additionally carrying around the burden of PTSD. Important questions to ask before starting a PTSD treatment are

whether the person is currently safe, if they have the capacity to attend regular weekly (or more frequent) sessions, and if they have the ability to complete practice assignments.

Q3 ***What kinds of adaptations are a good idea, versus not?***

A3 Core elements are parts the intervention that are empirically or theoretically associated with desired outcomes/impact. They are effective and necessary. When making adaptations to a treatment, one may need to attend to function, rather than form in complex settings and interventions (c.f., Mittman, 2018) For example, if the goal/function of an intervention is to help people take a closer look at what they say to themselves about why the traumatic event happened, then a cognitive restructuring worksheet could be used (a CBT worksheet is the original "form") or people who are less comfortable reading and writing could achieve the same function in a different form—by remembering simple steps to cognitive restructuring, like "catch your thought, check your thought, change your thought." One can also follow an iterative decision-making and evaluation for adaptation (IDEA) decision tree (Miller, Wiltsey-Stirman, & Baumann, 2020).

Q4 ***Resources for providing Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) through telehealth?***

A4 The following are resources on how to provide CPT and PE via telehealth.

- https://www.ptsd.va.gov/professional/treat/txessentials/telemental_health.asp
- https://istss.org/public-resources/trauma-blog/2020-may/continuing-to-deliver-gold-standard-treatment-cogn
- https://onlinelibrary-wiley-com.stanford.idm.oclc.org/doi/epdf/10.1002/jts.22544
- https://deploymentpsych.org/system/files/member_resource/Moving_CPT_to_Tele_APR_20_0.pdf

The PE Coach and CPT Coach patient apps can also be helpful companions to telehealth care delivery.

- https://www.ptsd.va.gov/appvid/mobile/cptcoach_app_public.asp
- https://www.ptsd.va.gov/appvid/mobile/pecoach_app_public.asp

Q5 ***How do I get more skills and training on CPT and PE?***

A5 The following are places to find training. After basic and intermediate training on evidence-based practices such as these, it is very important to continue your learning and build expertise by engaging in consultation and clinical supervision specific to these treatments.

- Cognitive Processing Therapy for Posttraumatic Stress Disorder: https://cptforptsd.com/about-cpt/
- Medical University of South Carolina, *CPT Web*, web-based learning course for CPT: https://cpt.musc.edu/
- Medical University of South Carolina, *PE Web*, web-based learning course for PE therapy: http://pe.musc.edu/
- Penn Psychiatry Center for the Treatment and Study of Anxiety: https://www.med.upenn.edu/ctsa/training_opportunities.html
- STRONG STAR Training Initiative, provides access to competency-based training in EBPs to providers and organizations that serve veteran communities: www.strongstartraining.org
- Uniformed Services University, Center for Deployment Psychology: https://deploymentpsych.org/disorders/ptsd-main
- US Department of Veterans Affairs, National Center for PTSD: https://www.ptsd.va.gov/professional/consult/lecture_series.asp

Other Resources

- American Psychological Association website on PE therapy, including manuals, measures, and apps: https://www.div12.org/treatment/prolonged-exposure-therapy-for-post-traumatic-stress-disorder/
- American Psychological Association website on CPT, including manuals, measures, and apps: https://www.div12.org/treatment/cognitive-processing-therapy-for-post-traumatic-stress-disorder/
- International Society for Traumatic Stress Studies - www.istss.org, including guidelines: https://istss.org/clinical-resources/treating-trauma/new-istss-prevention-and-treatment-guidelines
- Miller, CJ, Wiltsey-Stirman, S, & Baumann, AA. (2020). Iterative Decision-making for Evaluation of Adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact. *Journal of Community Psychology, 48*(4). https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.22279

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