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Developed By: Medical Criteria Committee	



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Description: Post-Traumatic Stress Disorder (PTSD) is the development of characteristic symptoms following the exposure to an extreme traumatic stressor usually involving direct personal experience of an event that involves actual or threatened death, serious injury, or the witnessing or learning of such an event involving a family member or close personal contact. It should be noted that most adults and children are resilient in the face of trauma and do not develop long-lasting emotional disturbance.

Diagnostic Criteria: (DSM-IV-TR)

Diagnostic criteria for PTSD is met if the patient satisfies the following:

- 1.. The person has been exposed to a traumatic event in which both of the following were present:
 - a the person experiences, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or the threat to the physical integrity to others.
 - b, the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior.and
2. The traumatic event is persistently re-experienced in one (or more) of the following ways:
 - a recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 - b recurring distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.
 - c acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated.) Note: In young children, trauma-specific reenactment may occur.
 - d intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 - e physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.and
- 3 Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by 3 (or more) of the following:
 - a efforts to avoid thoughts, feelings, or conversations associated with the trauma
 - b efforts to avoid activities, places, or people that arouse recollections of the trauma
 - c inability to recall important aspects of the trauma
 - d markedly diminished interest or participation in significant activities
 - e feeling of detachment or estrangement from others
 - f restricted range of affect (e.g., unable to have loving feelings)
 - g sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span.)and

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4. Persistent symptoms of increased arousal (not present before the trauma), as indicated by 2 (or more) of the following:

- a difficulty falling or staying asleep
- b irritability or outbursts of anger
- c difficulty concentrating
- d hypervigilance
- e exaggerated startle response

and

5. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

and

6 The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

With Delayed Onset: If onset of symptoms is at least 6 months after the stressor.

Assessment Notes:

- Assessment should include symptoms (specifically those that meet the DSM-IV-TR criteria for the diagnosis), trauma history, and prior treatment.
- Individuals with PTSD often present with comorbid disorders, and should be assessed for the following:
 - Substance abuse or dependency
 - Major depressive disorder
 - Panic disorder/agoraphobia
 - Generalized anxiety disorder
 - Obsessive-Compulsive disorder
 - Social phobia
 - Bipolar disorder
 - Suicidality
 - Domestic Violence
 - Head trauma

Treatment Notes:

- Psychotherapy is considered the first line of treatment for PTSD, with pharmacological treatment added if symptoms are severe with SSRIs and SNRIs preferred for non-combat related PTSD and Adrenergic Agents (e.g.Prazosin) favored for other types of PTSD.
- Cognitive-behavioral therapies, especially exposure therapy (imaginal and in vivo), anxiety management, cognitive restructuring, and psychoeducation have been shown to be most effective in treating PTSD. Play therapy is effective with children.

Recent literature emphasizes the importance of focusing therapy on the facilitation of grief processing.

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- Research has shown that EMDR (Eye Movement Desensitization and Reprocessing) may help with symptoms, but eye movements are not a necessary part of treatment. It is notable, however, that the research supports benefit of EMDR to other types of trauma, but does not generalize to combat veterans.
- Stages of treatment are typically:
 - 1) Assessment and stabilization of acute symptoms (up to 3 months).
 - 2) Consolidation of gains (up to 6 months with booster sessions every 2-4 weeks recommended).

Information to be submitted with request:

1. Multi-axial diagnosis, symptoms, and functional impairment;
2. Relevant psychosocial and treatment history;
3. Alcohol and other drug use history;
4. Current medical status and relevant medical history;
5. Current medications;
6. Risk assessment;
7. Treatment plan; and
8. Specific goals for stabilization.

Criteria for Continued Treatment:

Continued authorization is indicated by **ALL** of the following:

1. The treatment plan establishes achievable recovery goals appropriate to the patient's symptoms, resources, and functioning.
2. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions and duration of the treatment episode) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals. **Note:** *While extended outpatient visits (75-90 minutes) may be appropriate on occasion for crisis management, the routine use of extended outpatient visits lacks empirical support and is not covered. Special circumstances may be discussed with an ODS Behavioral Health Care Coordinator in advance.*
3. The treatment plan includes a realistic plan for termination and promotes the patient's ability to independently manage symptoms and resolve problems.

Plus **1 or more** of the following:

4. Continued measurable progress toward restoration of baseline functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
5. Continued progress toward development of skills to prevent relapse.

Origination Date: 02/10/09	Revision Date(s): 8/25/09, 4/20/10
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6. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - a. Need for medication evaluation
 - b. Possibility of underlying Axis II condition
 - c. Need for psychosocial interventions (i.e., support groups)
 - d. Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)
7. If there is a clear risk of deterioration with no further treatment, appropriate maintenance treatment is covered. If continued treatment is intended primarily to prevent deterioration, and significant improvement in symptoms is not expected, treatment should be provided at the least intensive level required to prevent deterioration. Periodic treatment plan updates may be required to track patient's progress.

If above criteria are met, the treatment plan should include a plan for terminating treatment.

Termination Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Patient has returned to previous functioning and has developed appropriate relapse prevention skills.
2. Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)
3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

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Origination Date: 02/10/09	Revision Date(s): 8/25/09, 4/20/10
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