Individual Planning: A Treatment Plan Overview for Individuals with PTSD Problems.

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms and learning different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***Check the Adult Treatment for a full listing of Goals and Strategies App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:

Introduction

Signs and Symptoms
Risk Factors

Treatment and Therapies

Steps to Develop a Treatment Plan that includes Behavioral Descriptors, Long Term Goals, Short Term Goals, Interventions/Strategies and DSM V CODE Paired with ICD_9 and 10-CM Codes for ODD

Spend at least 1 hour developing different treatment plans.

Introduction:

Post-traumatic stress disorder (PTSD) is a debilitating condition that can develop following a terrifying event. War veterans first brought PTSD to public attention, but it can result from any traumatic incident, including violent attacks such as mugging, rape, or torture; being kidnapped or held captive; child abuse; serious accidents such as car or train wrecks; and natural disasters such as floods or earthquakes. The event that triggers PTSD may be something that threatened the person's life or the life of someone close to him or her. The trigger could also be something witnessed, such as massive death and destruction after a bombing or a crashed plane.

Whatever the source of the problem, people with PTSD may repeatedly relive the trauma in the form of nightmares and disturbing recollections during the day, and experience other sleep problems, feel detached or numb or be easily startled. A person suffering from PTSD may also lose interest in things they used to enjoy and have trouble feeling affection, and instead feel irritable, more aggressive than before or even violent. In addition he or she may experience triggers of the trauma as distressing, leading them to avoid certain places or situations that bring back those memories. Traumatic event anniversaries are often very difficult.

PTSD affects about 7.7 million or 3.5 percent of adult Americans, with women more likely than men to develop the condition. It can occur at any age, including childhood; susceptibility may run in families. Depression, substance abuse, or one or more other anxiety disorders often accompanies PTSD. In severe cases, the person may have trouble working or socializing. In general, the symptoms seem to be worse if the event that triggered them was deliberately initiated by a persona such as a rape or kidnapping. Ordinary events can serve as reminders of the trauma and trigger flashbacks or intrusive images. A person having a flashback, which can come in the form of images, sounds, smells, or feelings, may lose touch with reality and believe that the traumatic event is happening again.

Not every traumatized person gets full-blown PTSD, or experiences PTSD at all. PTSD is diagnosed only if the symptoms last more than a month. In those who do develop PTSD, symptoms usually begin within 3 months of the trauma, and the course of the illness varies. Some people recover within 6 months, others have symptoms that last much longer. In some cases, the condition may be chronic. Occasionally, the illness doesn't show up until years
after the traumatic event.

People with PTSD can be helped by medications and carefully targeted psychotherapy.

Signs and Symptoms:

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms include:

- Flashbacks-reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person’s everyday routine. The symptoms can start from the person’s own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms include:

- Staying away from places, events, or objects that are reminders of the traumatic experience
- Avoiding thoughts or feelings related to the traumatic event
Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms include:

- Being easily startled
- Feeling tense or "on edge"
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms include:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members. In addition, having more negative beliefs and feelings is very common. The way the person thinks about self and others may change because of the trauma. A person may feel guilt or shame, or may not be interested in activities he or she used to enjoy. A person may feel that the world is dangerous and they can’t trust anyone, and feel might emotionally numb, or find it hard to feel happy.

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect one’s ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don’t show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

People with PTSD may also have other problems. These include:

- Feelings of hopelessness, shame, or despair
Depression or anxiety
Drinking or drug problems
Physical symptoms or chronic pain
Employment problems
Relationship problems, including divorce

Other symptoms to check for:

1. Exposure to actual or threatened death or serious injury that resulted in an intense emotional response of fear-helplessness or horror
2. Recurrent unwanted distressing memories of the traumatic event
3. Reliving the traumatic event as if it were happening again (flashbacks)
4. Upsetting dreams about the traumatic event
5. Severe emotional distress or physical reactions to something that reminds you of the event
6. Trying to avoid thinking or talking about the traumatic event
7. Avoiding places activities or people that remind you of the traumatic event
8. Negative changes in thinking and mood or about self or other people
9. Inability to experience positive emotion and feeling emotionally numb
10. Lack of interest in activities you once enjoyed
11. Hopelessness about the future
12. Memory problems including not remembering important aspects of the traumatic event
13. Difficulty maintaining close relationships
14. Changes in emotional reactions
15. Irritability, angry outbursts or aggressive behavior
16. Always being on guard for danger
17. Overwhelming guilt or shame
18. Self-destructive behavior such as drinking too much or driving too fast
19. Trouble concentrating sleeping
20. Being easily startled or frightened

Do children react differently than adults?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens are more likely to show symptoms similar to those seen in adults. They may also develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge. For additional information, visit the Learn More section below. The National Institute of Mental Health (NIMH) offers free print materials in English and Spanish. These can be read online, downloaded, or delivered to you in the mail.

Risk Factors:

Anyone can develop PTSD at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accident, disaster, or many other serious events. According to the National Center for PTSD, about 7 or 8 out of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men, and genes may make some people more likely to develop PTSD than others.

Not everyone with PTSD has been through a dangerous event. Some people develop PTSD after a friend or family member experiences danger or harm. The sudden, unexpected death of a loved one can also lead to PTSD.

Why do some people develop PTSD and other people do not?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most people will not develop the disorder.

Many factors play a part in whether a person will develop PTSD. Some examples are listed below. Risk factors make a person more likely to develop PTSD. Other factors, called resilience factors, can help reduce the risk of the disorder.

Risk Factors and Resilience Factors for PTSD

Some factors that increase risk for PTSD include:
Living through dangerous events and traumas

Getting hurt

Seeing another person hurt, or seeing a dead body

Childhood trauma

Feeling horror, helplessness, or extreme fear

Having little or no social support after the event

Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home

Having a history of mental illness or substance abuse

Some resilience factors that may reduce the risk of PTSD include:

Seeking out support from other people, such as friends and family

Finding a support group after a traumatic event

Learning to feel good about one’s own actions in the face of danger

Having a positive coping strategy, or a way of getting through the bad event and learning from it

Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of these and other risk and resilience factors, including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

Treatments and Therapies:

The main treatments for people with PTSD are medications, psychotherapy (‘talk’ therapy), or both. Everyone is different, and PTSD affects people differently so a treatment that works for one person may not work for another. It is important for anyone with PTSD to be treated by a mental health provider who is experienced with PTSD. Some people with PTSD need to try different treatments to find what works for their symptoms.

If someone with PTSD is going through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal.

Medications
The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website (http://www.fda.gov/) for the latest information on patient medication guides, warnings, or newly approved medications.

**Psychotherapy**

Psychotherapy (sometimes called “talk therapy”) involves talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group. Talk therapy treatment for PTSD usually lasts 6 to 12 weeks, but it can last longer. Research shows that support from family and friends can be an important part of recovery.

Many types of psychotherapy can help people with PTSD. Some types target the symptoms of PTSD directly. Other therapies focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person’s needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One helpful form of therapy is called cognitive behavioral therapy, or CBT. CBT can include:

- **Exposure therapy.** This helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses imagining, writing, or visiting the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.

- **Cognitive restructuring.** This helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about something that is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

- **Eye Movement Desensitization and Reprocessing (EMDR),** which involves focusing on sounds or hand movements while the patient talks about the trauma. This helps the brain work through the traumatic memories.

- **Prolonged Exposure (PE)** where the patient talks about the trauma repeatedly until memories are no longer upsetting. This will help get more control over your thoughts and feelings about the trauma. It also encourages the patient to go to places or do things that are safe, but that he or she has been staying away from because they remind of the trauma.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with a therapist. Treatment should equip individuals with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.
How Talk Therapies Help People Overcome PTSD

Talk therapies teach people helpful ways to react to the frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger-control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms. For example, therapy helps people face reminders of the trauma.

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps that build on each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. This may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
- present and past coping skills,
- present and past physical health,
- self-esteem,
- interpersonal conflicts
financial issues

cultural issues

There are different sources of data that may be obtained from a:

clinical interview,
Gathering of social history,
physical exam,
psychological testing,
contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.
Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

***For a full listing of Goals and Strategies aligned next to each other, check the Apps for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps, and Download the Free Demo***

Behavioral Definitions for Individuals with Post Traumatic Stress Disorder:

Exposure to actual or threatened death or serious injury that resulted in an intense emotional response of fear, helplessness, or horror.

Intrusive, distressing thoughts, images or dreams that recall the traumatic event.

A sense that the event is recurring, as in illusions or flashbacks and intense distress when exposed to reminders of traumatic event.

Avoidance of thoughts, feelings, activities, places, or conversations about the traumatic event.

Inability to recall some important aspect of the traumatic event.

A sense of detachment from others and/or verbally or physically threatens or behavior, or suicidal thoughts

Inability to experience the full range of emotions, including love and a pessimistic, fatalistic attitude regarding the future.

Sleep disturbance or hypervigilance or irritability and a pattern of interpersonal conflict.

Lack of concentration or exaggerated startle response or inability to maintain employment due to conflict or anxiety symptoms.

Sad or guilty affect and other signs of depression or alcohol and/or drug abuse or suicidal ideation

Step 2, Long Term Goal Development:
This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

Long Term Goals for Individuals with Post Traumatic Stress Disorder:

Lower the negative effect that the traumatic event has had, and return to pre-trauma level of functioning.

Establish effective coping skills to carry out normal responsibilities and constructive relationships.

Recall the traumatic event without becoming overtaken with negative emotions.

Stop destructive behaviors that serve to maintain escape and denial, and implement behaviors that promote healing, acceptance of the past events, and responsible functioning.

Step 3 and 4, Objective or Short Term Goal Construction and Strategies to Accomplish Goals:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient’s or client’s input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in non measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client’s or patient’s input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target
If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal "13. Increase positive self-descriptive statements." Can be restated as; "By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem." Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client’s needs and presenting problem.

Examples of a short term goals and its aligned strategies:

Short Term Goal Goal 1:

Explain the traumatic event in as clear detail as possible.

Therapeutic Interventions For Goal 1:

Gently and calmly explore the recollection of the facts of the traumatic incident, and client’s emotional reaction at the time of the trauma event.
Explore and identify painful memories or emotions, especially in response to triggers such as an anniversary of the event.

Identify and list triggers that bring back emotional reaction of the PTSD.

Increased comfort and ability to talk and think about the traumatic incident without emotional stress.

Explore feelings surrounding the traumatic incident, permitting a gradual reduction in the intensity of the emotional response with repeated retelling of the trauma.

Short Term Goal Goal 2:

Explore and assess the history, symptoms and nature of the PTSD.

Therapeutic Interventions For Goal 2:

Identify the frequency and duration of PTSD symptoms, and the impact they had and have in current functioning.

Identify and list any dissociative symptoms related with a reaction to the trauma.

Administered Post-Traumatic Stress Disorder Scales to assess Post-Traumatic Stress Disorder level.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client’s assessment data will contribute to a more reliable diagnosis. It is important to
note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

DSM V Code Paired with ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014):

Possible Diagnostic Suggestions for Adults Experiencing Post Traumatic Stress Disorder:

309.81 (F43.10) Post Traumatic Stress Disorder (includes Posttraumatic Stress
__.__ (__.__) Major Depressive Disorder
__.__ (__.__) Single episode
296.21 (F32.0) Mild
296.22 (F32.1) Moderate
296.23 (F32.2) Severe
296.24 (F32.3) With psychotic features
296.25 (F32.4) In partial remission
296.26 (F32.5) In full remission
296.20 (F32.9) Unspecified

__.__ (__.__) Recurrent episode
296.31 (F33.0) Mild
296.32 (F33.1) Moderate
296.33 (F33.2) Severe
296.34 (F33.3) With psychotic features
296.35 (F33.41) In partial remission
296.36 (F33.42) In full remission
296.30 (F33.9) Unspecified

300.02 (F41.1) Generalized Anxiety Disorder
300.23 (F40.1 0) Social Anxiety Disorder (Social Phobia)

Specify if: Performance only

300.01 (F41.0) Panic Attacks

(Only if causes for Panic Attack can not be better explain as a specifier within the context of that main disorder such as Anxiety Disorder, Post Traumatic Stress Disorder etc.).

Panic Attack Specifier

300.22 (F40.00) Agoraphobia

300.02 (F41.1) Generalized Anxiety Disorder

Specify if:

Substance/Medication-Induced Anxiety Disorder

Specify if: With onset during intoxication

309.24 (F43.22) Adjustment Disorder with anxiety

309.28 (F43.23) Adjustment Disorder with mixed anxiety and depressed mood

309.89 (F43.8) Other Specified Trauma- and Stressor-Related Disorder

309.9 (F43.9) Unspecified Trauma- and Stressor-Related Disorder

312.34 (F63.81) Intermittent Explosive Disorder

301.7 (F60.2) Antisocial Personality Disorder

301.83 (F60.3) Borderline Personality Disorder

301.50 (F60.4) Histrionic Personality Disorder

Cluster C Personality Disorders

301.82 (F60.6) Avoidant Personality Disorder

301.6 (F60.7) Dependent Personality Disorder
V71.01 (Z72.811) Adult Antisocial Behavior

V15.49 (Z91.49) Other Personal History of Psychological Trauma

V62.22 (Z65.5) Exposure to Disaster, War, or Other Hostilities

Alcohol Use Disorder

305.00 (F10.10) Mild

303.90 (F10.20) Moderate

303.90 (F10.20) Severe

***Check for Other Substance Addictive Disorders

***Check for History of Past Physical or Sexual Abuse

***Check for Other Substance Addictive Disorders

Overall Integration of a Treatment Plan:

Choose one presenting problem. This problem must be identified through the assessment process.

Select at least 1 to 3 behavioral definitions for the presenting problem. If a behavior definition is not listed feel free to define your own behavioral definition.

Select at least one long-term goal for the presenting problem.

Select at least two short-term goals or objectives. Add a Target Date or the number of sessions required to meet this sure term goals. If none is listed feel free to include your own.

Based on the short-term goals selected previously choose relevant strategies or interventions related to each short term goal. If no strategy or intervention is listed feel free to include your own.

Review the recommended diagnosis listed. Remember, these are only suggestions. Complete the diagnosis based on the client's assessment data.
Sample Treatment Plan:

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Behavioral Descriptors of Problem:

Exposure to actual or threatened death or serious injury that resulted in an intense emotional response of fear, helplessness, or horror.

Intrusive, distressing thoughts, images or dreams that recall the traumatic event.

Long Term Goals:

Lower the negative effect that the traumatic event has had, and return to pre-trauma level of functioning.

Establish effective coping skills to carry out normal responsibilities and constructive relationships.

Recall the traumatic event without becoming overtaken with negative emotions.

Short Term Goal Goal 1:

Explain the traumatic event in as clear detail as possible.

Therapeutic Interventions For Goal 1:

Gently and calmly explore the recollection of the facts of the traumatic incident, and client’s emotional reaction at the time of the trauma event.

Explore and identify painful memories or emotions, especially in response to triggers such as an anniversary of the event.

Identify and list triggers that bring back emotional reaction of the PTSD.
Increased comfort and ability to talk and think about the traumatic incident without emotional stress.

Explore feelings surrounding the traumatic incident, permitting a gradual reduction in the intensity of the emotional response with repeated retelling of the trauma.

Short Term Goal Goal 2:

Explore and assess the history, symptoms and nature of the PTSD.

Therapeutic Interventions For Goal 2:

Identify the frequency and duration of PTSD symptoms, and the impact they had and have in current functioning.

Identify and list any dissociative symptoms related with a reaction to the trauma.

Administered Post-Traumatic Stress Disorder Scales to assess Post-Traumatic Stress Disorder level.

Diagnostic Suggestions:

309.81 (F43.10) Post Traumatic Stress Disorder (includes Posttraumatic Stress

301.7 (F60.2) Antisocial Personality Disorder

303.90 (F10.20) Alcohol Use Disorder - Severe