

2018

# Screening and Educating Military Veterans About Post-Traumatic Stress Disorder

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*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Jane Egbufoama

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Walden University

2018

Abstract

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by

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MSN, FNP, Walden University, 2015

BSN, North Georgia College and State University, 2007

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May, 2018

## Abstract

Veterans are at increased risk for developing mental illnesses because of separation from families, distressing experiences in the military, and previous injury to the brain. Approximately 30% of U.S. veterans returning from war suffer from post-traumatic stress disorder (PTSD). The incidence of acute PTSD is reduced when victims are aware of the condition and its associated factors. Through education and screening, the project bridged the gap between deployment of military veterans and treatment of PTSD in this population by addressing whether screening veterans and providing an educational process affected veterans' early PTSD recognition and treatment. The project study addressed the impact of staff education on identifying undiagnosed PTSD among veterans at the project site. The project was guided by the adult learning theory that was applied to fit the self-efficacy model. Data collection included screening of 99 veterans by clinic staff members using the PTSD checklist. Staff members also completed pretests and posttests before and after the education program. Results indicated that staff members demonstrated increased knowledge of the PTSD from pretest (50%) to posttest (93%). Of the veterans screened in the project, 30(30%) tested positive for PTSD and were referred to psychiatrists for treatment and medication to ameliorate the symptoms. Findings may be used to encourage implementation of PTSD screening and education in health care organizations ensuring positive social change by veterans suffering from PTSD and the care they need early in the progression of PTSD development.

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## Dedication

I would like to dedicate this capstone project to my lovely husband, Jet; my children, Justin, Jason, and Jasmine; and my siblings who provided me with unwavering support and motivation in my career path. Also to my late parents, especially my mother who was a nurse and encouraged me to get the terminal nursing degree.

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## Table of Contents

List of Tables .....	iii
Section 1: Nature of the Project .....	1
Problem Statement .....	2
Purpose Statement.....	5
Nature of the Doctoral Project .....	6
Significance.....	7
Summary .....	8
Section 2: Background and Context .....	9
Concepts, Models, and Theories .....	9
PTSD and Co-Morbid Conditions .....	9
Veterans Administration/Department of Defense Practice Guideline .....	12
Post Traumatic Stress Disorder: Screening Processes and Treatment Strategies.....	12
Adult Learning Theory and Self Efficacy.....	155
Relevance to Nursing Practice .....	166
Local Background and Context .....	177
Role of the DNP student .....	18
Role of the Project Team .....	19
Summary .....	20
Section 3: Collection and Analysis of Evidence.....	21
Practice-Focused question(s) .....	211



Sources of Evidence.....	211
Published Outcomes and Research .....	22
Evidence Generated for the Doctoral Project .....	22
Analysis and Synthesis .....	24
Summary .....	255
Section 4: Findings and Recommendations .....	26
Findings and Implications.....	26
Recommendations .....	288
Strengths and Limitations of the Project.....	29
Summary .....	30
Section 5: Dissemination Plan .....	31
Dissemination Strategies.....	31
Analysis of Self.....	32
Summary .....	33
References.....	34
Appendix A: Permission to use the PTSD Checklist.....	39
Appendix B: PTSD Checklist (PCL) .....	40
Appendix C: Pre and Post Staff Training Evaluation .....	42

List of Tables

Table 1. Pre- and Posttest Results of Staff Member Project Participants .....26

Table 2. Veterans' Scores on the PCL Screening Tool .....288

## Section 1: Nature of the Project

The health of the individuals who serve in various arms of the defense forces should be protected both at the battlefield and after returning home. Veterans experience physical and mental health challenges that should be properly addressed by health care professionals. Addressing the challenges veterans experience may help them to integrate back into society. Post-traumatic stress disorder (PTSD) is one of the mental health challenges that veterans face as they try to live with the rest of the members of society.

According to the National Institute of Mental Health (2016), PTSD is a mental disorder that develops in some individuals who have experienced a dangerous, scary, or shocking event. People who have undergone traumatizing events often experience flashbacks or memories of the bad occurrences. Veterans constitute a group of individuals who have been exposed to events such as bomb blasts or enemy attacks that are threats to their lives. Individuals become diagnosed with PTSD when they persistently have mental health problems such as lack of sleep, fear, depression, and anxiety after exposure to traumatizing events (National Center for Biotechnology Training, 2014). These symptoms can be debilitating and can interfere with the individual's ability to function, work, and perform basic activities of daily living. The recognition of these symptoms can be important in controlling their frequency and severity (Wolff, Mchugo, Shi, Huening, &Frueh, 2015). Without symptom recognition and diagnosis, patients often seek solution in self-medication through various types of substance abuse (Faris & Watson, 2015). An evidenced-based veteran education program was examined in this Doctor of Nursing Practice (DNP) project.

The DNP project addressed the potential benefits of educating veterans about PTSD. I also analyzed the barriers to implementing an educational program. Results from the evidence-based veteran education program on PTSD may help health care professionals in the psychiatry specialty to improve their practice in supporting veterans. The project highlighted some of the notable impacts that educational programs can have in managing the care of soldiers and those with significant mental disorders.

### **Problem Statement**

Nursing practice includes offering holistic care to individuals including veterans who might experience PTSD because of their occupational risk. The Anxiety and Depression Association of America (2016) defined PTSD as a critical debilitating condition occurring in people who have witnessed or experienced a serious accident, war, terrorist incident, natural disaster, violent assault, or death of loved ones. Veterans often experience traumatizing events such as wars and violent personal assaults during wartime. The local problem addressed in the project study was staff members at the study site clinic had not been properly educated and trained to screen and recognize patients with PTSD. This project focused on increasing diagnosis through staff recognition of PTSD. According to the U.S. Department of Veterans Affairs (2015), it is necessary to recognize patients with PTSD and to understand the effect of PTSD on patients' health, relationships, and daily functioning. This project focused on assisting veterans in overcoming social and emotional health challenges during reintegration into civilian life.

This DNP project may contribute to organizational and professional development of staff members at the study site. The DNP project addressed the organizational and

professional goals of staff members who participated in the project, and contributed to the goals of the DNP-prepared nurse (see Moran Conrad, & Burson, 2016). The mental health clinic senior executive and clinical team agreed that recognition of PTSD is important in initiating early treatment of the disorder to improve the overall quality of care for the veterans. Unrecognized PTSD is a local nursing problem that leads to delayed treatment and poor health outcomes, and improved recognition of PTSD is needed to provide meaningful services to veterans (Cusack, Grubaugh, Knapp, & Frueh, 2006).

This quality improvement (QI) project was completed in a mental health clinic that serves about 16,840 patients every year. Of these patients, 5,052 are veterans. At this clinic, 1,515(30%) veterans were diagnosed with PTSD in the year prior to the study. However, there had been no staff training on PTSD at the clinic. According to Liebschutz et al. (2007), about half of PTSD cases are missed because of poor recognition of PTSD symptoms, representing a significant gap in the practice at this clinic. This project focused on increasing diagnosis through staff recognition of PTSD.

According to Bernardy and Friedman (2012), the U.S. Department of Veterans Affairs observed that the continued wars in Afghanistan and Iraq have led to an increasing focus on PTSD making it part of the national conversation. Veterans returning from the wars require proper healthcare services so that they can continue with their lives without facing the consequences of PTSD, which often include self-medication, substance abuse, increased anxiety, sleep disorder, and an inability to function (Babson et

al., 2015). Nursing practice focuses on tailoring healthcare to meet the expectations and needs of individuals seeking medical attention.

The World Health Organization (2016) defined health as the state of complete mental, physical, and social well-being, not merely the absence of an infirmity or disease. Educating veterans on PTSD may promote their mental and social well-being and contribute to their overall health. According to the World Health Organization, most of the mental disorders experienced by soldiers result from unbearable climatic conditions and weaponry application. Some soldiers involved in direct combat with opponents are susceptible to internal bleeding that result in mental disorders. In other circumstances, soldiers are exposed to mental problems from physical impacts. This project assisted in filling the current gap in nursing practice by improving mental health services for veterans with PTSD.

According to the Anxiety and Depression Association of America (2016), 7.7 million Americans age 18 years and older have PTSD, and individuals who have experienced traumatic events have higher chances of developing PTSD. Educating veterans on PTSD may improve early recognition of the symptoms and reduce the percentage of individuals with PTSD engaging in unhealthy coping behaviors such as substance abuse. The study site clinic identified addressing PTSD needs of veterans and others exposed to traumatic events is a priority. In a study on urban primary care, Liebschutz et al. (2007) found that out of 509 participants, only 11% had a confirmed diagnosis of PTSD in the medical records even though 23% actually had PTSD. This finding suggested that almost half of the cases of PTSD are not recognized by health care

professionals. The purpose of this project was to increase recognition and diagnosis of PTSD to improve the quality of nursing care.

### **Purpose Statement**

The nurses and nurse practitioners working at the project site, a primary care clinic, had insufficient education in caring for military veterans and in recognizing PTSD. This knowledge deficit was the primary gap in practice that this project addressed. The purpose of this DNP project was to increase recognition, diagnosis, and treatment of PTSD among nurses. Screening for PTSD is an important function and may be an important precursor to improving veterans' quality of life. This project included a short screening instrument as a component of the educational program. The PTSD checklist (PCL) used in this DNP project showed evidence of reliability and validity, including psychometric properties that demonstrated the PCL's adequacy for screening purposes (Lang & Stein 2005). Through education and screening, the project bridged the gap between deployment of military veterans and treatment of PTSD in this population addressing the practice-focused question: Among the veterans with PTSD following their history of serious injuries, how does PTSD screening with an educational process affect veterans' early recognition and treatment?

Individuals experiencing the symptoms of PTSD can receive help through proper education on how to manage their condition to avoid health complications.

Approximately eight million people develop PTSD each year (U.S. Department of Veterans Affairs, 2016). The risks for PTSD can be mitigated through screening and education so that individuals understand the triggers of their mental illness and ways to

get help. The PCL was incorporated into the educational package for staff to use in identifying PTSD and advocating for the veterans.

### **Nature of the Doctoral Project**

An important source of evidence that was used in this project was an in-depth review of the literature. The review included sources such as the 2010 Veterans Administration (VA)/Department of Defense (DOD) Clinical Practice Guideline, which as reliable and credible information about PTSD management (Bernardy& Friedman, 2012).I also sought support from the administrators at the DNP project site, who provided permission to implement the screening instrument and educational program. In addition, the site's QI department provided data form to analyze regarding the use of the screening tool and the impact of the education program on nurses' ability to recognize and diagnose veterans with PTSD.

This project included screening and teaching services provided to military veterans by nurses in the mental health clinic. The nurses were first educated by psychiatrists and nurse specialists at the clinic. The nurses acquired skills for interacting with the military veterans after being educated about PTSD and implemented the screening tool (see Breslau, Peterson, Kessler, & Schultz, 1999). Administrative support for the educational training of the nursing staff, and policy development on the use of the screening tool were sought as part of the DNP project. After a period of 8weeks, the QI department measured the number of patients screened and positively diagnosed with PTSD, and compared the findings to data from an 8-week period prior to the education and institution of the screening. The purpose of this program was to increase the early



recognition of PTSD in veterans who had seen combat and who had the potential for developing PTSD.

In summary, I sought to address the problem of PTSD by implementing a screening process and by educating veterans to improve management of this mental condition. This purpose of the project was consistent with the DNP requirement that nurses bridge existing gaps in nursing practice. The gap in practice that the project addressed was failure to educate veterans on the symptoms of PTSD, and failure to recognize those at risk for developing PTSD.

### **Significance**

The significance of PTSD among the military veterans can be described in terms of its prevalence, impact on quality of life, and associated morbidities. According to the Veterans Health Administration (as cited in Vaughan, Schell, Tanielian, Jaycox, & Marshall, 2014), the prevalence rate of PTSD among veterans is 22%. PTSD has devastating effects on the quality of life of military veterans. PTSD negatively influences outcomes in suicide, physical health, economic well-being, employment, violence, criminality, aggression, and social well-being (Ramchand, Rudavsky, Grant, Tanielian, & Jaycox, 2015). Veterans may experience fear, depression, and anxiety during flashbacks of previous combat or threats to personal safety.

Social well-being may also be affected if the victim is unable to associate with others due to depression. In the context of the mental health clinic, the educational project may benefit veterans by enabling them to identify the risk factors for PTSD and to mitigate the risks by responding accordingly. The implementation of this project may

help reduce the prevalence of PTSD among veterans who have been disproportionately affected by mental illnesses.

### **Summary**

The prevalence of PTSD among military veterans is very high, and health care professionals must take action to alleviate this health burden in the public domain. Researchers have associated PTSD with physical and social health challenges, criminality, and economic problems. Nurses practicing in the psychiatric specialty should acknowledge that veterans are at high risk for developing PTSD during deployment or later in life. Education of veterans by health care professionals enables veterans to understand their risks and their management strategies. The project involved educating staff members at the mental health clinic about PTSD through the use of a screening tool to facilitate the early recognition and diagnosis of veterans with PTSD.

## Section 2: Background and Context

This section focuses on the background of the DNP project and the context in which the project was completed. The first section addresses the concepts, models, and theories that informed the project on educating military veterans. Next, I discuss the relevance of the project to nursing practice to provide insights on how nurses can apply the findings. I also describe my role as project leader and the assistance I received from the DNP project team.

### **Concepts, Models, and Theories**

The percentage of military veterans developing PTSD has increased in recent years (Reisman, 2016). The increased prevalence of PTSD in the veteran population requires health care professionals to take action in recognizing the symptoms and reducing the adverse health outcomes associated with PTSD (Reisman, 2016). The problem addressed in the project study was inadequate detection of PTSD among veterans. Educating veterans about PTSD may inform them of the risk factors and appropriate measures to take to prevent the negative consequences of this debilitating mental disorder.

### **PTSD and Comorbid Conditions**

According to Reisman (2016), complexity in the assessment and diagnosis of PTSD among veterans results in high prevalence of psychiatric comorbidities. The most common comorbidity is depression, followed by anxiety and substance abuse. Results from an extensive national comorbidity survey revealed that major depressive disorder (MDD) is 5times more likely to emerge in individuals with PTSD than those without

(Reisman, 2016). The methods used in the study were modified versions of DSM-III-R PTSD module from the Diagnostic Interview Schedule and Composite International Diagnostic Interview. This was a quantitative study that included a representative sample of 5,877 people between 15 and 54 years of age (Reisman, 2016). Reisman tested the comorbidity rate of MDD among men and women suffering from PTSD, and found that prevalence of MDD was highest among women and those previously married. This study was relevant to my project because it provided an in-depth analysis of the correlation between PTSD and MDD.

Another common psychiatric comorbidity is substance abuse. In a longitudinal study, Reisman (2016) found that 20.3% to 42.4% of veterans who met the criteria for alcohol use disorder had co-occurring PTSD. The main objective of the study was to assess the mental health problems among soldiers returning from the Iraq war. This was a population-based longitudinal descriptive study that included a large cohort of 88,235 U.S. soldiers (Reisman, 2016). The main outcome measures of the study included positive screening for PTSD, alcohol use, and depression. Most soldiers who reported alcohol abuse concerns had PTSD (Reisman, 2016). The study also showed that veterans with substance use disorder and PTSD were more difficult to treat than those suffering from only one of the disorders. This finding was attributed to poorer social capabilities, worse adherence to treatment, and higher rates of suicide attempts (Reisman, 2016). This study was significant to my project because it addressed the correlation between PTSD and substance abuse.

Anxiety and pain have also been closely associated with PTSD. For veterans returning from the Middle East, chronic pain and anxiety are the main reported symptoms (Reisman, 2016). In a study of veterans of the Iraq war, approximately 47% of veterans suffering from chronic pain also showed symptoms of PTSD (Reisman, 2016). The demographics and diagnostic characteristics of the veterans with chronic pain were examined to assess their comorbidity with PTSD. This was a historical cohort study that included electronic medical records for data collection. The sample consisted of 100 veterans randomly sampled from the subset of patients who reported chronic pain and anxiety disorders during their medical visit (Reisman, 2016). Findings showed that 28% of participants had anxiety disorder and showed a co-occurrence with PTSD. This study was critical to my project because it addressed comorbidity of PTSD with anxiety and chronic pain. These conditions are important in predicting which veterans are more likely to suffer from PTSD.

Bovin et al. (2016) gathered statistical data from 1,300 veterans between 18 and 34 years of age to check the standings of the educational program. The results from questionnaire and interview data indicated that most of the veterans had symptoms related to PTSD. To establish validity of the instrument developed to screen for PTSD, Bovin et al. used the checklist from the *Diagnostic and Statistical Manual of Mental Disorders* (5<sup>th</sup> edition) and compared results to the developing tool, the PCL. The PCL test showed good internal consistency (Cronbach's  $\alpha=.96$ ) and test-retest reliability ( $r=.84$ ). This study was important to the current project by showing that the PCL is a useful screening tool.

### **Veterans Administration/Department of Defense Practice Guideline**

The clinical guideline for the identification and management of PTSD was an important step taken by the Veterans Health Administration to ensure that veterans receive effective and uniform mental health care from any VA facility. The clinical guideline also emphasized the successful use of evidence-based psychotherapies for PTSD and the use of the PCL in identifying veterans with PTSD (U.S. Department of Veterans Affairs, 2016).

### **Post-Traumatic Stress Disorder: Screening Processes and Treatment Strategies**

Bisson, Roberts, Andrew, Cooper, and Lewis (2013) focused on the course of chronic PTSD and the effects of psychological therapies such as cognitive behavioral therapy. I used this information in the project to recommend the appropriate medical assistance for patients after the early screening. The course of chronic PTSD acted as the major reliable connection between the mental illness and the transmission systems. This helped in the analysis of the different signs that come with chronic PTSD that are related to the mental illness that are under discussion in this project. Some of the major symptoms that were seen in patients with the chronic PTSD included low memory or loss of memory in acute cases, depression, lack of sleep, constant fidgeting, straining of the head, confusion, and poor interaction with others.

Marmar, Schlenger, Henn-Haase, Qian, Purchia, & Karstoft, (2015) described the course of PTSD 40 years after the Vietnam War and identified findings from the national Vietnam veterans longitudinal study. Results supported the idea that veterans suffer from various psychological disorders such as lack of sleep, difficulty falling asleep, and

depression (Marmar et al., 2015). According to Marmar et al., these opportunistic psychological symptoms originate from the area of the brain responsible for articulating functional capacity. The reduction in the volume of hippocampus in the medial temporal lobe of the brain has a neurological impact in a PTSD patient that affects the memory function. The function of the hippocampus is memory retention, but when the hippocampus is affected, the patient will lose the ability to discriminate between past and present experiences. This is why patients with PTSD cannot watch war or violent movies, which remind them of their past memories; their hippocampus cannot reduce the interference with past memories (Marmar et al., 2015).

Shiromani, Keane, and LeDoux (2014) used a random statistical screening method with 217 subjects to describe the risk factors and prevalence of PTSD by focusing on the screening methods in checking the condition of patients. Findings showed that PTSD was the most common psychological disorder. Findings also showed the progress made over three decades in understanding the prevalence of PTSD, its development, assessment and treatment.

The PTSD Checklist for DSM-1V (PCL) was used in this DNP project to assess the presence of PTSD among veterans and its impact on their quality of life. The PCL has 17 items that the patients self-report as part of the PTSD diagnosis (Weathers et al., 2013). Weathers et al (2013) demonstrated an appropriate DSM-IV factor structure that represents the measurement of PTSD. This provides information on how the symptoms group together to represent different features of PTSD. The different features are used to identify PTSD using the DSM-IV factor structure, which has three correlated latent

variables that measure B, C, and D of the DSM–IV diagnosis for PTSD. The B factor is re-experiencing/intrusive recollections, the C factor is avoidance or numbing, and the D factor is hyperarousal. The re-experiencing or intrusive recollections are made up of intrusive thoughts, nightmares, relived trauma, emotional cue reactivity, and physiological cue reactivity. The avoidance or numbing factor includes avoidance of thoughts, avoidance of reminders, trauma-related amnesia, loss of interest, feeling detached, feeling numb, and hopelessness. The hyperarousal factor includes sleeping difficulties, irritability, concentration difficulties, overalertness, and exaggerated startle response. The factor structure demonstrated in the study contributed to the construct validity of the PCL.

The screening process can help health care professionals to detect and diagnose PTSD among veterans because the checklist is based on symptoms that the patients can identify (Wortmann et al., 2016). The ability to correctly identify individuals with and without PTSD is very important in both clinical and research settings. As the clinician screens an individual for PTSD, the clinician will determine whether a more thorough diagnostic assessment is required. The severity of symptoms will indicate whether a change in treatment is recommended. The tool can be used at any point in the patient's disease progression to determine whether the PTSD symptoms are escalating or improving.

Bovin et al. (2016) examined the psychometric properties of the PCL and found that PCL test scores had good test-retest reliability (0.95), and the Cronbach's alpha of 0.85 showed good internal consistency. The PCL is a psychometrically sound screening



tool used to ensure early recognition of PTSD among veterans enabling them to enjoy longer lives with fewer comorbidities. The instrument has a sensitivity of 80%, specificity of 97%, positive predictive value of 71%, and negative predictive value of 98% (Bovin et al.,2016).

### **Adult Learning Theory and Self-Efficacy**

According to the adult learning theory, adult learners are self-directed and independent, and adult learning should be guided by the principles of andragogy, transformative learning, and self-directed learning (Merriam, 2015). The framework for this DNP project on educating veterans was informed by the concepts of andragogy, transformative learning, and self-directed learning. According to andragogy, adult learners understand why they need to learn and the immediate benefits of learning.

The last concept in the adult learning theory that informed this doctoral project was transformative learning. In transformative learning, the adult learners develop changes in identity and perceptions (Illeris, 2014). The learners examine previous assumptions and critically analyze unchallenged perspectives to revise the manner in which they experience the world. In the project study, veterans were taught to be critical thinkers as they analyzed information about PTSD. Through this critical thinking skill, the self-efficacy model was applied to improve the quality of life of the veterans.

Self-efficacy is the intrinsically driven belief in the ability to achieve something. Higher levels of perceived self-efficacy have been associated with higher performance (Schwarzer, 2014). The self-efficacy model was applicable to this doctoral project because the veterans could take actions only on issues that they perceived they could

achieve. The educational programs focused on achievable goals such as good communication skills, interpersonal skills, and cognitive behavioral skills that could reduce the risks for development of PTSD. The veterans understood their ability to develop these skills to prevent predisposition to PTSD because of separation from families and friends and depression. Veterans perceived economic challenge as a factor beyond their control (Schwarzer, 2014). Therefore, this factor was avoided in the educational program to improve the self-efficacy of the veterans to motivate them to learn and apply the new concepts.

The terms that were used in this DNP project that might have different meanings in different contexts were *veterans*, *population*, *education*, and *trauma*. In this research project, veterans were military personnel returning home from battlegrounds such as Iraq and Afghanistan. Population referred to the veterans who were enrolled in the study. Education referred to giving the veterans information about PTSD, and trauma referred to either physical injury or a psychologically painful incident.

### **Relevance to Nursing Practice**

Patient education is critical in influencing health outcomes in various conditions in nursing practice. There are a number of incidences when the main nursing management or intervention is patient education. Some of these conditions include high blood pressure, diabetes mellitus, obesity, prevention of sexually transmitted diseases, and birth control. Patient education has also become an essential intervention for patients with mental illness or at risk for developing mental conditions.

According to the World Health Organization, health refers to the state of complete social, physical, and mental well-being and not merely the absence of infirmity and disease (Habersack & Luschin, 2013). Therefore, nurses should focus on mental, social, and physical well-being of individuals in order to provide patient-centered and holistic care. The veteran population is one of the groups at the greatest risk for developing PTSD. The veterans have been involved in physical combat and events that threatened their personal lives. Therefore, nurses must be cautious when handling this special population. One of the measures that nurses can take to prevent further complications of the veterans' mental health is patient education.

This DNP project is significant to nursing practice because it provides evidence for the importance of educating veterans. Through this project, it has been proven that educating veterans about PTSD reduces prevalence of PTSD and alleviate its complications. The veterans are able to cope with the consequences they face after serving in the military such as separation from family members, harassment, abuse, and combat. Therefore, the new knowledge can be applied in other aspects of nursing practice to avoid development of PTSD in at-risk patients.

### **Local Background and Context**

This DNP project was carried out in the mental health clinic where the veterans were screened for PTSD. The team involved was comprised of the regular nursing staff on duty under the surveillance of the chief nursing officer, the nurse practitioner, DNP student who served as project leader, and the physician in charge. After the clinic staff were trained in the use of the screening tool and presented with educational materials,

veterans were screened for PTSD and were provided with training materials on PTSD by the clinic staff. The mental health clinic that is the site used for this DNP project serves up to 2,000 patients monthly with a subpopulation of approximately 500 veterans.

The clinic is involved in screening patients for the various mental conditions such as PTSD, obsessive-compulsive disorder, autism, hyper-reactive disorders among children, and bipolar disorder. The Patient Health Questionnaire (PHQ-9) is presently used to assess patients with depression (Psychiatric Times, 2016) however, there was no tool with established reliability and validity that had been used to screen for PTSD prior to the DNP project. Thus, there was support from the site for this DNP project.

Patient education was conducted after the screening by the clinic staff and the patients were referred for specialized psychiatric care, depending on their score. The patients were cared for by the regular nurses in their respective stations; hence, documentation has been one of the most demanding tasks in the department as every detail about the mental health patients must be entered in their files. Therefore, screening the veterans for PTSD and offering them education at the clinic is a valid and feasible approach in the clinic setting.

### **Role of the DNP Student**

I have seen the existing gap in the management of veterans who are at risk for developing PTSD. In this doctoral project, I explored the possible outcomes associated with educating veterans about PTSD in the mental health clinic. I formed a project team comprised of other six staff members to assist in educating the patients. Their cooperation was important and their participation was voluntary. I used the support of the project

management team to develop an educational program for the veterans and materials for self-directed learning as posited in the adult learning theory. These materials included participant handouts, PowerPoint presentations, audio, visual presentations on discs, and links to online informative materials such as the Mental Health America site.

As the research team leader, I developed the scope of the project and led the planning and budgeting for the project activities. DNP-prepared nurses are leaders in translational research and critical players in reaching the vulnerable communities in the United States to create healthy populations (Anderson, 2015). Therefore, I participated in the management of the project to achieve better health outcomes among this vulnerable population, the veterans. I collaborated with the rest of the project team members to ensure inter-professional collaboration in the management of the veterans. Lastly, I designed the survey questions that were used to assess the perceptions and understanding of the veterans about PTSD after the end of the follow-up period.

### **Role of the Project Team**

The project team was comprised of two registered nurses, two nurse practitioners, one mental health assistant, and a psychiatrist. The project team played a critical role in the final execution of the project making teamwork an outstanding determinant of success in the DNP project. Teamwork enabled all the members to collaborate and work towards achieving the same goals and objectives in the project. The psychiatrist played a key role in educating the nurses on the various strategies for teaching the veterans about PTSD. The nurses learned about PTSD so that they could effectively teach the veterans about the disorder.

The responsibility of the nurses was to assist in educating the veterans by acting as their facilitators in the learning process. The nurses guided the patients on how to go through the learning resources and the best approach for choosing learning materials. Also, the nurses evaluated the progress of the veterans on learning about PTSD on a daily basis by checking the content they cover as they evaluate the patients.

### **Summary**

In summary, this DNP project applied concepts from the adult learning theory and the self-efficacy model to ensure that veterans are effectively taught about PTSD. Educating military veterans about PTSD is relevant to nursing practice because it enables nurses to participate in primary care that is critical component of preventive medicine. In this manner, nurses are able to promote the health of vulnerable populations such as the veterans. This review of the literature provides the background and evidence from published research that provides the underpinnings for the potential effectiveness of the DNP project. Section three will provide additional depth of description as to the methods proposed.

### Section3: Collection and Analysis of Evidence

This section includes the discussion of the methods that were used in the DNP project and strategies for analyzing the evidence. PTSD has been a threat to the health and existence of military veterans despite the availability of materials for nurses to educate the veterans. The purpose of this DNP project was to implement a screening tool and develop an educational program for nurses working in the mental health clinic. In this section, I describe the method for implementing a veteran educational program, including a review of the sources of evidence. I also discuss the practice-focused question and the sources of evidence used to justify the project.

#### **Practice-Focused Question**

The practice-focused question for this DNP project was the following: Among the veterans with PTSD following their history of serious injuries, how does PTSD screening with an educational process affect veterans' early recognition and treatment? The purpose of this DNP project was to improve nursing care in the field of psychiatry to ensure that veterans get quality and safe care. The DNP project was linked to the evaluation and implementation of VA evidence-based practice guidelines on caring for veterans to reduce the severity of PTSD and substance abuse comorbidities.

#### **Sources of Evidence**

The evidence used in this study was obtained from websites, periodicals, books, and journals related to the topic. The findings supported the practice-focused question and the DNP project.

## **Published Outcomes and Research**

Several databases and search engines were used to ensure the project's credibility. The search engine was Google Scholar, and the databases were Cochrane, CINAHL, and MEDLINE. The key search terms used in the study included *PTSD functionality and composure*, *VA evidence-based criteria*, and *PTSD outcomes*. The literature review was comprehensive and involved the use of books, journals, and websites.

## **Evidence Generated for the Doctoral Project**

**Participants.** The study involved the clinic staff members who were chosen with respect to their degree of proficiency in caring for patients with mental illness problems. The six clinic staff members were assigned their respective tasks to perform. There were two nurse practitioners, one psychiatrist, two registered nurses, and one mental health assistant. Three clinic staff members took part in screening the selected patients, and three staff members were responsible for recording the data from the screening process.

From a pool of 1,516 veterans, clinic staff implemented the screening tool and training over a 4-week period. The de-identified data were provided to me for secondary analysis. The clinic staff who participated in the project were responsible for screening the veterans for PTSD using the PCL screening tool. In addition, veterans participated in an educational program to understand the symptoms of PTSD and treatment options.

**Procedures.** The staff training for the DNP project was done over a 2-to 3-week period before the screening tool was used and before the patient education program began. The training was done in accordance with staff work schedules so staff had time to discuss PTSD with the patients. During training, there were three sessions that had



different time limits depending on the complexity of the work. All staff training occurred within 10 days. A brief evaluation with ten knowledge-based questions, one question on attitude, and one question on confidence was administered to staff members before and after the training (See Appendix C).

The screening of patients was done using the PCL screening tool. Permission to use the PCL tool (Weathers et al., 2013) was secured (see Appendix A). The educational materials were also readily available to be used by trained staff members who conducted the PTSD screening. During the screening process, patients who showed positive symptoms of PTSD were retained for further analysis and referral to specialty care.

Undetected PTSD leads to comorbid conditions that may progress to suicidal attempt in some patients with PTSD (VA. Gov, 2016). The staff/provider can help to prevent undesirable health outcomes with PTSD (VA. Gov, 2016). Staff may do the following to identify a patient who has PTSD:

- screening for PTSD,
- discussing the results,
- providing a referral,
- providing educational materials, and
- Following up with the patient.

The educational module acted as a guide both training and implementation for staff members. According to the principle of self-directed learning, adults learn best depending on their experience, self-determination of learning goals and required resources, and personal choice of the learning method (Manning, 2007). The role of the

nurses in this project was to act as facilitators to the adult learners (patients). The participants in the project (the clinic nursing staff) were allowed to choose from the various learning methods such as reading articles and brochures, online learning, and audiovisual methods.

The mental health classes were held for 90 minutes for facilitation, after which the patients were allowed to conduct self-study using the available materials. The information contained in these learning materials was the same regardless of the mode of presentation. The veterans were given facilitators' e-mail addresses and phone numbers so they could seek clarifications or ask for help during the program.

**Protections.** Safety of the data was a legal matter, and this was facilitated by seeking permission from relevant authorities in the clinic. I followed ethical procedures to protect participants in the project. Data privacy and security were guaranteed by the authorities in the clinic. The Walden University institutional review board assured that the project met ethical standards; the project approval number was 01-30-18-0395559.

### **Analysis and Synthesis**

The PCL was used in the screening for early detection and recognition of veterans with PTSD. As the DNP project leader, I participated in the data analysis and synthesis in this doctoral project. After data were collected by the clinic staff and provided to me in a spreadsheet, I conducted secondary analysis to identify the number of patients diagnosed with PTSD as a result of the screening. In addition, I conducted paired *t* tests to analyze data from evaluation conducted before and after the training session with staff members.

### **Summary**

This DNP project involved data collection and analysis to examine the incidence of undiagnosed PTSD among veterans who present to the clinic with a history of combat experience. Prior to conducting the project, I searched the literature for evidence that supported this practice change in screening for PTSD and educating clinic staff members and veterans about PTSD. Evidence of knowledge acquisition and a change in attitude was demonstrated using paired *t* tests to compare clinic staff member scores before and after the training.

#### Section 4: Findings and Recommendations

This section focuses on the results obtained by the project team. The first part includes the findings and implications of the results. Next, I provide recommendations for nursing practice change based on the results. I also describe the contribution of the project team to the success of the project. I conclude with a discussion of the strengths and weaknesses of the DNP project.

##### **Findings and Implications**

A total of 99 military veterans were recruited to participate in the doctoral project after I obtained approval from the Walden institutional review board. There was adequate time for educating the clinic staff about PTSD. The clinic staff members were given pre- and posttests to assess their knowledge of PTSD and how it can be recognized. Before the education, six clinic staff members had a poor score on the pretest, answering between 1 and 7 questions correctly out of 10. After the training, the scores improved, with staff members answering between 8 and 10 questions correctly. Results are shown in Table 1.

Table 1

##### *Pre- and Posttest Results of Staff Participants*

	Role	Pretest score	Posttest score
Participant A	RN	40%	90%
Participant B	RN	50%	100%
Participant C	MHA	30%	80%
Participant D	NP	50%	90%
Participant E	NP	60%	100%
Participant F	MD	70%	100%
Average Score		50%	93%

The veterans were given the PCL screening tool questionnaire containing 17 questions. The self-reporting rating scale is a 5-point scale with responses ranging from 1(not at all)to 5(extremely).These scores are summed to indicate a severity score that ranges from 17 to 85.Any veteran with a score of 17 to 28 is not symptomatic. Patients who have some evidence of symptoms score between 30 and 85 and are treated according to their symptoms(Weathers et al., 2013).Weathers et al. (2013) explained that there are several ways to interpret the findings, but a score of 30 to 35 or higher indicates the presence of active PTSD. Out of the 99 veterans screened in the project study, 30% ( $n=30$ ) had a score of 36 or higher. There were 24 patients who scored 17and 45 patients who scored between 18 and 29, indicating some symptoms but not enough to justify a diagnosis of PTSD.

The PTSD diagnosis is made by determining whether the veteran meets the DSM-1V symptoms. The individual will have at least one B item from Questions 1 to 5, three C items from Questions 6 to 12, and two D items from Questions 13 to 17 in the screening tool questionnaire. If the symptom rates as moderately or above in the responses, the individual is positive for PTSD. Scores between 17 and 29 show little to no severity, scores of 28 to 29 show the individual may need a therapist, scores between 30 and 44 show moderately high severity requiring treatment, and scores between 45 and 85 show high severity of PTSD requiring treatment.PCL scores for veterans in the project study are presented in Table 2.

Table 2

*Veterans' Scores on the PCL Screening Tool*

Number of veterans	PCL score	Treatment
24	17	None
45	18 to 29	Provided with options for therapy
30	30 to 80	Medication prescribed, referral to psychiatrist
99 Total	17 to 80	

This patient educational program has implications to effect social change within a population of veterans, including their friends and families. Even though data about education of veterans has been scarce, this project provided evidence-based findings regarding the importance of veteran education in early recognition of PTSD. Health care professionals may integrate this evidence into practice to ensure that veterans receive maximum benefits from the use of health and social care facilities. The application of this educational program and the use of the PCL screening tool may enable health care organizations to enhance their services for vulnerable populations such as veterans. Patient education is a strategy for empowering patients to take charge of their health. The findings of this project study provided evidence for the application of education of veterans empowering them to seek help early before PTSD symptomology progresses causing substance abuse and other comorbid conditions.

### **Recommendations**

Based on the results of this doctoral project, there are four recommendations for health care providers in mental health specialties who serve the veteran population. First,

all veterans require special attention when they visit mental health clinics because of their vulnerability to developing PTSD. Nurses should be able to identify the signs and symptoms of PTSD and implement educational strategies for early recognition of PTSD if the patient is at risk. Second, educational programs should be initiated for all military veterans to teach them how to identify and manage PTSD signs and symptoms they may be experiencing. The educational program for veterans should be specific for adults who are encouraged to understand why learning would benefit their health. Health care providers should ensure a self-directed learning strategy for all veterans so they become motivated to learn about PTSD and apply the early recognition measures.

Third, health care organizations should ensure that teamwork is central in all management practices for providing mental health care to veterans. According to results from the current study, 30% of participants developed PTSD despite adequate knowledge of PTSD and its reduction strategies. Teamwork should be used to ensure that veteran education is supplemented with social support and medications for controlling the signs and symptoms. Finally, clinic administrators should expand their facilities to provide enough space for staff who have been trained to educate veterans about PTSD.

### **Strengths and Limitations of the Project**

The strengths of this DNP project were the use of current evidence, ethical considerations, teamwork, and connection of the recommendations to the findings. The veteran educational program was supported by current evidence from the literature and clinical guidelines on mental health. The privacy of the veterans was protected by masking their identities. The veterans who participated in the project were not recognized

by their names but rather by random identification numbers throughout the project. These ethical measures ensured that the veterans were free to share personal information without fear of disclosure.

### **Summary**

The results of this DNP project showed that education can be used for early recognition of PTSD among military veterans. Results indicated that 30 out of 99 participants screened positive for PTSD signs and symptoms. These individuals were diagnosed and referred for treatment. A recommendation for practice change based on this observation is that veterans should receive proper education on PTSD to be able to cope with this mental illness. The DNP project team provided adequate support to enable me complete the project. The strengths of the project were teamwork, credibility and validity of findings, and ethical considerations. The weaknesses were data subjectivity, time limits, and small sample size.



## Section 5: Dissemination Plan

Disseminating the project findings to other health care organizations and the nursing community is necessary so veterans can benefit from the results. Health care organizations may be willing to implement screening programs with education aimed at improving the mental health of military veterans. One strategy would be to structure the findings in a form that could be easily understood by the target recipients. I would summarize the findings in a report and present the report to administrators of health care organizations and senior nurses in those organizations.

### **Dissemination Strategies**

I will write a succinct and clear project summary that includes the goals and objectives of the project, the project methods, and the results. The report will be delivered to clinic stakeholders through the postal service or e-mail. A second dissemination strategy is to post the project report in online newsletters that can be linked with various e-mail service providers. Lastly, I could publish project findings in local magazines to show how screening can be used to identify undiagnosed PTSD in veterans and how education can lead to effective treatment of PTSD among military veterans. Nursing magazines such as *The Nursing Times* can be accessed by administrators in health care organizations. Media coverage through these magazines will ensure that health care providers obtain information about the findings of the project.

Nurses play a critical role in steering changes in health care organizations. Another dissemination strategy is to reach nurses who can spread the information to the rest of the health care staff in various organizations. Seminars, nursing conferences such

as American Association of Nurse Practitioners, and project-focused posters could be used to disseminate the project findings to the entire nursing community. I will attend and participate in conferences and seminars organized by nursing organizations for nurses to share knowledge. I will use such opportunities to give nurses handouts on the project. Additionally, I will place posters containing information about the project at strategic locations in health care organizations such as notice boards. This strategy may ensure that nurses come across the contents of the posters as they operate within their organizations.

### **Analysis of Self**

As a serving nurse practitioner in a mental health clinic, my interaction with military veterans enabled me to identify the existing gap in educating this population. I was able to grow as a scholar as I developed this doctoral project. The DNP program enabled me to acquire expertise and clinical skills in the specialty of mental health. I was exposed to leadership roles through which I was able to develop critical thinking to improve patient outcomes. The combination of leadership skills, critical thinking, and clinical expertise put me in a position to be a change agent after the DNP program.

I also experienced growth as a future DNP in the profession. Doctoral prepared nurses are expected to have high levels of knowledge in all the fields of health care, including mental health. Nurses with the DNP degree are able to embrace change to improve patient outcomes among vulnerable populations. I was able to learn about the benefits of educating military veterans on PTSD. As a future DNP nurse, I will include comprehensive patient education in the management plan of veterans.

Lastly, I have improved my project development skills in the DNP project. I took the initiative to develop the screening program and educational plan for the veterans and lead its implementation. I was able to acquire good leadership skills that I will apply as a DNP-prepared nurse. Through good communication skills, I ensured cohesiveness and teamwork among staff who participated in the project.

### **Summary**

Health care providers play a critical role in the management of military veterans to enhance the early recognition of PTSD in this population. This DNP project included a veteran screening and educational program that can be used to recognize and treat PTSD among veterans. The project indicated that education of veterans about PTSD helped in early recognition of PTSD. In addition, the project has provided evidence for the use of social support as a strategy to reduce PTSD. Future projects may focus on gender differences and prevalence of PTSD among veterans who have received proper education.

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908

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## Appendix A: Permission to Use the PTSD Checklist

-----Original Message-----  
From: PTSDConsult-PTSDConsult@va.gov>  
To: egbufoj<egbufoj@aol.com>  
Sent: Tue, Nov 14, 2017 9:56 am  
Subject: RE: [EXTERNAL] PERMISSION TO USE THE SCREENING TOOL

Good morning, Jane.

Thank you for your question about the PCL.

The PCL was created by the National Center for PTSD using federal funds to do so. As such, it resides in the public domain and requires no special permissions for its use. We only ask that you include the full citation from the first page of the PDF file and that you not modify the content of the tool.

Please let me know if you have any other questions that I can help with.

Best regards,

*Sheila*

**Sheila L. Barry**  
**PTSD Consultation Program Triage Consultant**  
**PTSD Mentoring Program Manager**  
**National Center for PTSD**  
**White River Junction, VT05009**

**866-948-7880** or [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)

**IMPORTANT INFORMATION about the scope of our program:**The VA PTSD Consultation Program for Community Providers offers education, training, information, consultation and other resources to non-VA health professionals who treat Veterans with PTSD outside of the VA system. These services provided are consistent with evidence-based practices for PTSD and VA consensus statements such as the [VA/DoD Clinical Practice Guidelines for PTSD](#). Our goal is to improve the care available to all Veterans with PTSD regardless of where they access services. We offer expert guidance on general issues that come up in the course of caring for Veterans with PTSD. *We cannot, however, provide direct guidance or consultation regarding or assume clinical responsibility for specific patients; any potential liability would be only in accordance with the Federal Tort Claims Act.*

## Appendix B: PTSD Checklist (PCL)

**INSTRUCTIONS:**

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
<b>1</b>	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?	1	2	3	4	5
<b>2</b>	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?	1	2	3	4	5
<b>3</b>	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
<b>4</b>	Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5
<b>5</b>	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating, when <i>something reminded you</i> of a stressful experience from the past?	1	2	3	4	5

<b>6</b>	Avoiding <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
<b>7</b>	Avoiding <i>activities</i> or <i>situations</i> because <i>they reminded you</i> of a stressful experience from the past?	1	2	3	4	5
<b>8</b>	Trouble <i>remembering important parts</i> of a stressful experience from the past?	1	2	3	4	5
<b>9</b>	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
<b>10</b>	Feeling <i>distant</i> or <i>cutoff</i> from other people?	1	2	3	4	5
<b>11</b>	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
<b>12</b>	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
<b>13</b>	Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
<b>14</b>	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
<b>15</b>	Having <i>difficulty concentrating</i> ?	1	2	3	4	5
<b>16</b>	Being <i>“super-alert”</i> or watchful or on guard?	1	2	3	4	5
<b>17</b>	Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

### Appendix C: Pre and Post Staff Training Evaluation

1. What is PTSD? Check all that apply
  - a. A mental illness
  - b. A form of personality disorder
  - c. A set of symptoms characterized by realistic flashbacks that causes a patient to lose touch with reality momentarily.
  - d. A form of depression
  - e. A clinical disorder a result of a brain tumor
  
2. Who should be screened for PTSD?
  - a. Only veterans who have seen active combat
  - b. Only patients with a history of significant trauma
  - c. All patients over the age of 18 yrs old
  - d. All patients
  - e. a and b
  
3. What type of patients does not need to fill out the checklist?
  
4. True or False? PTSD can be prevented.
  
5. True or False? The symptoms of PTSD can be managed if the diagnosis is known.
  
6. True or False? Excessive alcohol use and drug abuse are common co-morbid conditions that often emerge in patients with PTSD
  
7. True or False? The PTSD checklist is helpful in diagnosing this condition.
  
8. True or False? There is quite a stigma associated with PTSD. Patients would rather suffer in silence than acknowledge the symptoms.
  
9. Rank your attitude towards PTSD patients from very discouraged about early recognition and treatment options (1) to very encouraged about early recognition and treatment options (10) \_\_\_\_\_
  
10. Rank your confidence in managing PTSD patients from very low (1) to very confident (10) about options. \_\_\_\_\_