Treatment checklist

This document provides you with an overview of the steps involved in the provision of trauma-focussed psychological intervention for PTSD. You can use the checklist when developing a treatment plan or when reviewing the work that you have done with a client. You will not always use every step.

Treatment Checklist

Assessment

1. Have you thoroughly assessed PTSD symptoms, including a brief outline of the traumatic event(s)?
2. Have you assessed for comorbid diagnoses and/or subthreshold difficulties (i.e., depression, anxiety, substance abuse, guilt, anger)?
3. Do you know the functional impact (social and occupational) these difficulties are having on your client?
4. Have you assessed your client's current coping mechanisms, including their strengths and social supports?
5. Have you given adequate psychometric evaluation (self report questionnaires) to obtain a baseline measurement of symptoms?

Education

6. Have you provided information about posttraumatic reactions? Have you provided information to "significant others" where possible?
7. Have you explained SUDS and assessed the client's ability to accurately monitor and report on their internal experience?
8. Have you introduced and taught basic anxiety management techniques?

Planning imaginal and in vivo exposure

9. Have you assessed possible contraindications for exposure?
10. Have you provided a clear rationale for exposure work and reached a joint agreement with the client to complete exposure work?
11. Have you identified targets for exposure: in vivo and imaginal, including external and internal cues?
12. Have you discussed the feared consequences of exposure to cues?
13. Have you assessed the client's usual coping and symptom management strategies? Have you discussed removal of safety behaviours, including anxiolytic medications, used or taken upon exposure to cues? (Note: The removal of safety behaviours might need to be incorporated into the grading of exposure and might include consultation with your client's medical practitioner).
14. Have you graded targets selected by you and your client and rated SUDS?
15. Have you discussed whether anxiety management strategies should be used during the exposure? (Remember that, for habituation to occur, anxiety management should only be used in exceptional circumstances when the client is overwhelmed or dissociated during exposure).
16. Have you discussed treatment with significant others where possible?

This information was drawn from multiple sources. The handout was prepared for the ISTSS Resources For Clinicians Website by the Australian Centre for Posttraumatic Mental Health, June 2008

Conducting imaginal and *in vivo* exposure

17. Have you allowed enough time to complete the exposure exercise and review the experience afterwards?
18. Have you agreed on homework exposure tasks and reviewed them?
19. Have you identified any thoughts or beliefs that maintain your client's distress or are getting in the way of your client's ability to process the trauma? If so have you considered cognitive restructuring? (Cognitive restructuring can be done in conjunction with exposure, or potential targets for restructuring can be noted and addressed subsequent to exposure).
20. Have you (and/or has the client) repeated each exposure step enough times to adequately reduce anxiety/distress before moving on to the next step in the hierarchy?
21. Have you assessed whether the next step in the hierarchy is still within the appropriate SUDS rating (around 70) before moving on? (If it is too high, consider developing intermediate steps; too low, consider skipping).

Cognitive restructuring

22. Have you assessed trauma-related guilt?
23. Have you explored the client's beliefs over a number of areas such as:
    a. Pre-trauma beliefs about oneself
    b. Pre-trauma beliefs about the safety and "fairness" of the world
    c. Beliefs about the cause of the trauma, blaming self or others
    d. Beliefs about personal reactions to the trauma and expectations of recovery
    e. Beliefs about the reactions of others
24. Have you explained the rationale for cognitive therapy?
25. Have you helped the client identify his/her own maladaptive thoughts and understand the thinking errors?
26. Have you helped the client to vigorously challenge the maladaptive thoughts and replace them with more rational alternatives?

Relapse prevention and maintenance

27. Have you provided the client with information about the nature of recovery and the likelihood of "normal lapses"?
28. Have you collaboratively identified high-risk times for relapse?
29. Have you collaboratively identified early warning signs for relapse?
30. Have you developed a plan for coping with difficult times?
31. Have you discussed who to contact and/or how to obtain professional support if needed beyond the end of treatment?