



Trauma-Informed Care

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Acknowledgments

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LISTEN

TO YOUR
BODY.

ITS SMARTER THAN YOU.

Learning Objectives

- Portray the range of stressors experienced disproportionately across the life course by SGM individuals.
- Analyze how a lived experience of trauma can interfere with formation of therapeutic SGM patient-provider relationships.
- Describe how to use a trauma-informed approach to enhance SGM patients' engagement and retention in care.

Dino (*Part 1*)

Dino is a 42-year-old trans man (AFAB, on testosterone, no gender affirming surgeries, pronouns he/him) who is brought in by his partner for evaluation of several months of irregular frontal bleeding after having had no bleeding for a number of years. He has not had a pelvic exam in >10 years.

Questions:

- What factors might explain Dino's delay in seeking care?

Definition of Trauma

SAHMSA (2012)

“Trauma results from an ***event***, series of events, or set of circumstances that is ***experienced*** by an individual as physically or emotionally harmful or threatening, and has lasting ***effects*** on the person’s functioning and physical, social, emotional, and spiritual wellbeing.”

ADVERSE CHILDHOOD
EXPERIENCES

SOCIAL AND BEHAVIORAL
DETERMINANTS OF HEALTH

LOSS

HISTORICAL AND
STRUCTURAL TRAUMA

COMMUNITY
VIOLENCE

BETRAYAL

ISMS AND
PHOBIAS

Trauma is Ubiquitous

MAJOR LIFE
TRANSITIONS

MICRO-
AGGRESSIONS

Occurs at Multiple Levels

NATURAL
DISASTERS

ABUSE AND
VIOLENCE

POLITICAL AND
ECONOMIC TRAUMA

WAR AND
TERRORISM

WITNESSING

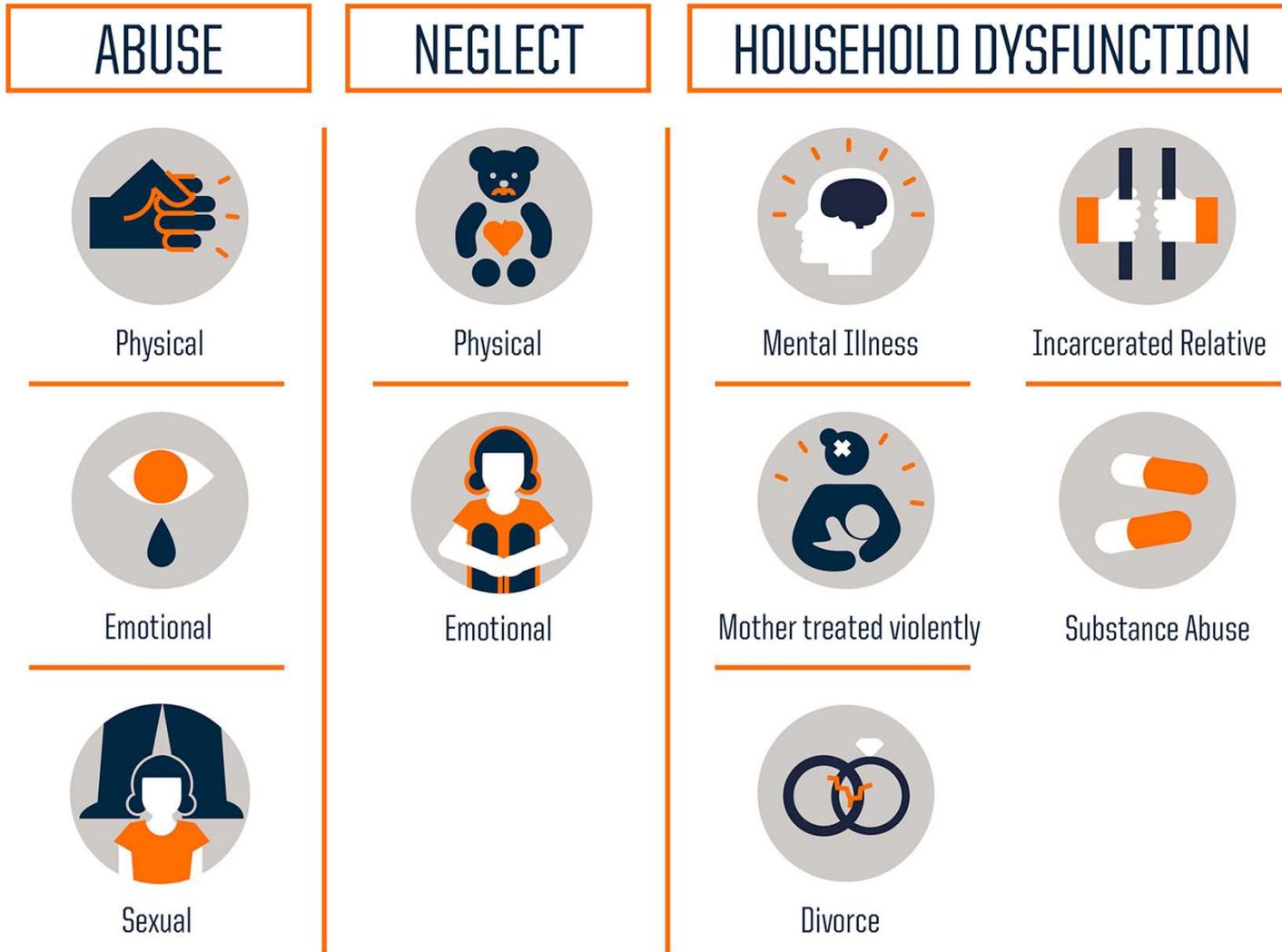
MEDICAL DIAGNOSIS
AND TREATMENT

ACCIDENTS
AND INJURIES

Health impact

- Adverse Childhood Experiences (ACEs) Study conducted in 1997
 - 17,500 middle class, predominantly white, medically insured Americans
 - Assessed the relationship between trauma and health outcomes
- Subsequent studies of ACEs have shown remarkably consistent results

Adverse Childhood Experiences (ACEs)



BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



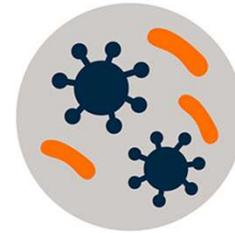
Diabetes



Depression



Suicide attempts



STDs



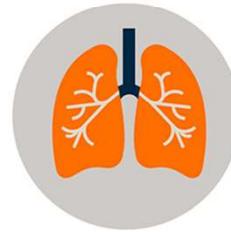
Heart disease



Cancer



Stroke



COPD



Broken bones

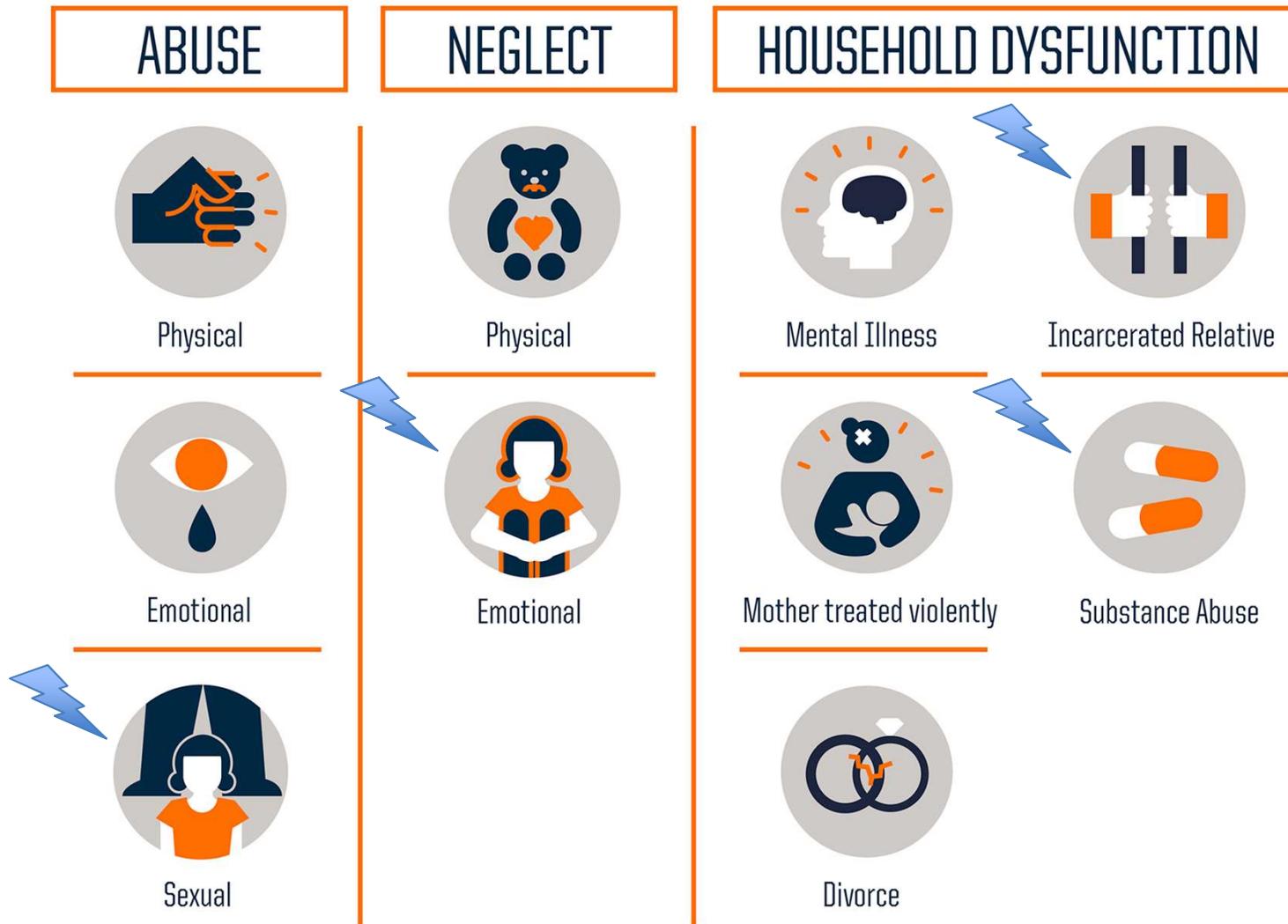
Dino (*Part 2*)

Dino was raised by a single mother who frequently left him alone at night when she went to work. They were evicted several times because there wasn't enough money to pay the rent. Dino moved in with his aunt and uncle at age 10, after his mother was convicted of a drug-related offense. Shortly after puberty, Dino's uncle began abusing Dino by forcing him to perform oral sex when his aunt wasn't home.

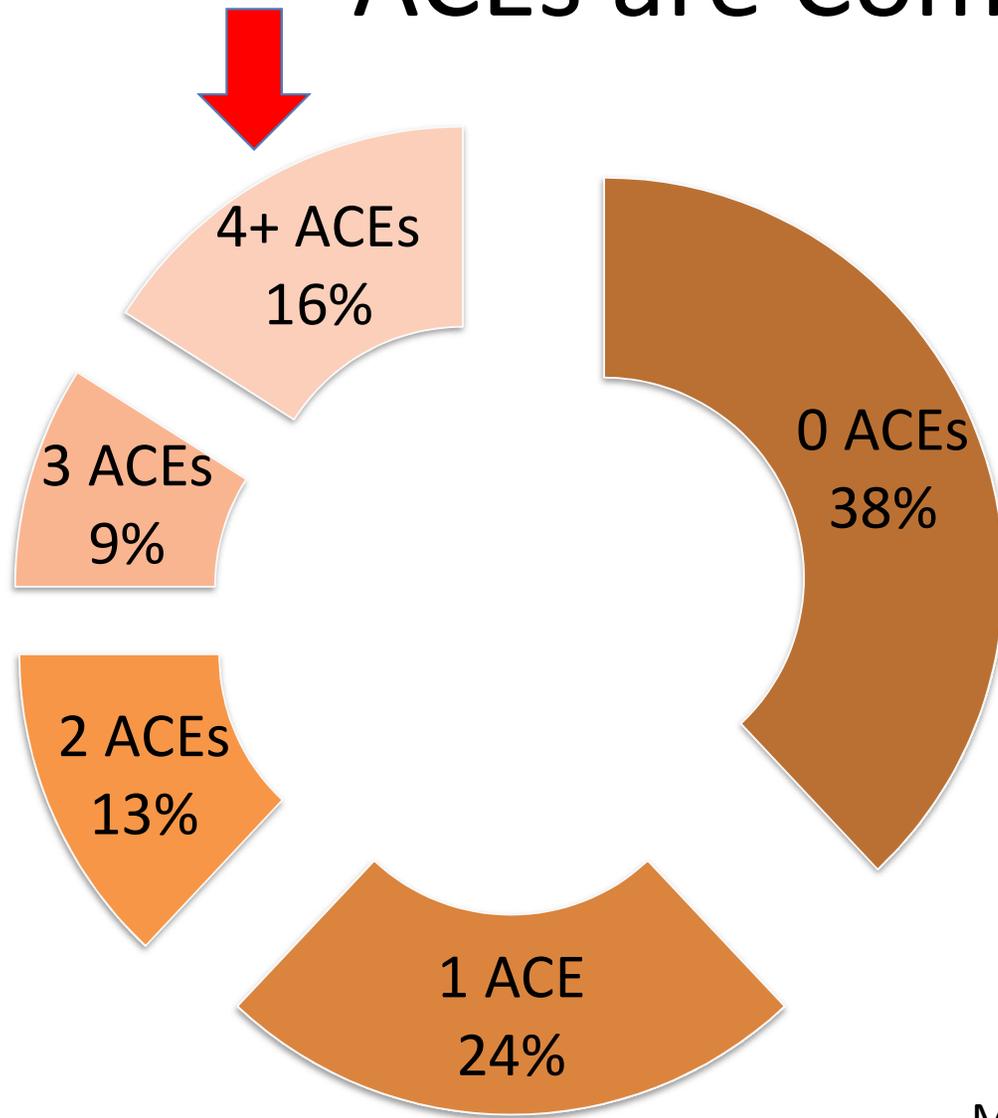
Questions:

- What is Dino's ACE score?
- Is Dino's story unusual?
- What are the implications?

Adverse Childhood Experiences (ACEs)



ACEs are Common



n=200,000 adults in
the 2011-2014 BRFSS

Merrick et al. JAMA Pediatrics 2018.

Prevalence of Adverse Childhood Experiences From the 2011-2014 BRFSS in 23 States

ACE Type	Prevalence (%)
Emotional Abuse	34.42
Physical Abuse	17.94
Sexual Abuse	11.60
Exposure to IPV	17.51
Exposure to Household Substance Abuse	27.56
Exposure to Household Mental Illness	16.53
Parental Separation or Divorce	27.63
Incarcerated Household Member	1.57

Prevalence of ACEs by Socio-Demographic Group From the 2011-2014 BRFSS in 23 States

Socio-Demographic Group	Mean ACE Score (95% CI)
Bisexual	3.14 (2.82-3.46)
Lesbian/gay	2.19 (1.95-2.43)
Straight	1.60 (1.57-1.63)
Multiracial	2.52 (2.36-2.67)
Hispanic	1.80 (1.70-1.91)
Black	1.69 (1.62-1.76)
White	1.52 (1.50-1.54)

Dose-Response Relationship with Health Outcomes



BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

PHYSICAL & MENTAL HEALTH



Severe obesity



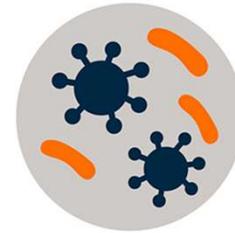
Diabetes



Depression



Suicide attempts



STDs



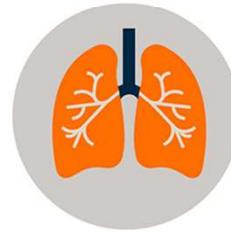
Heart disease



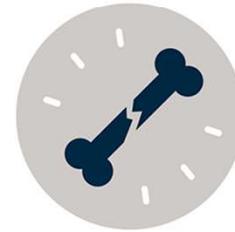
Cancer



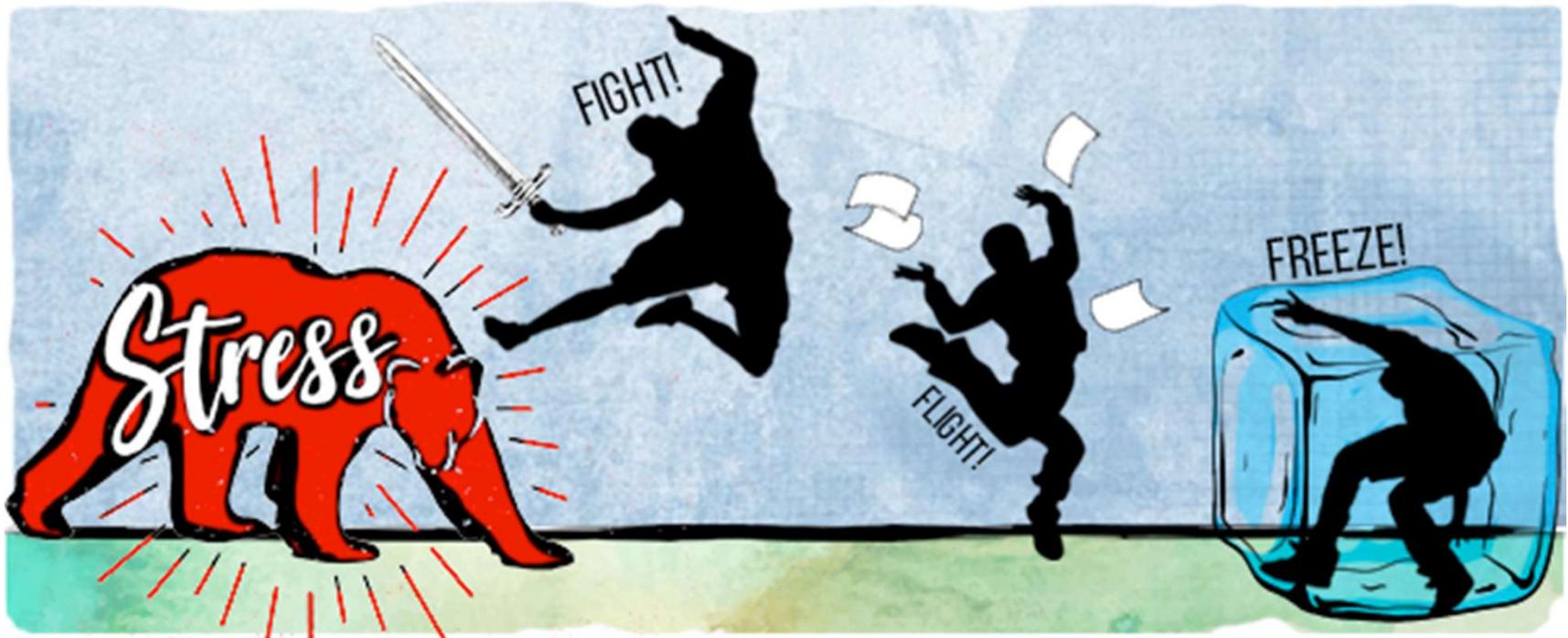
Stroke



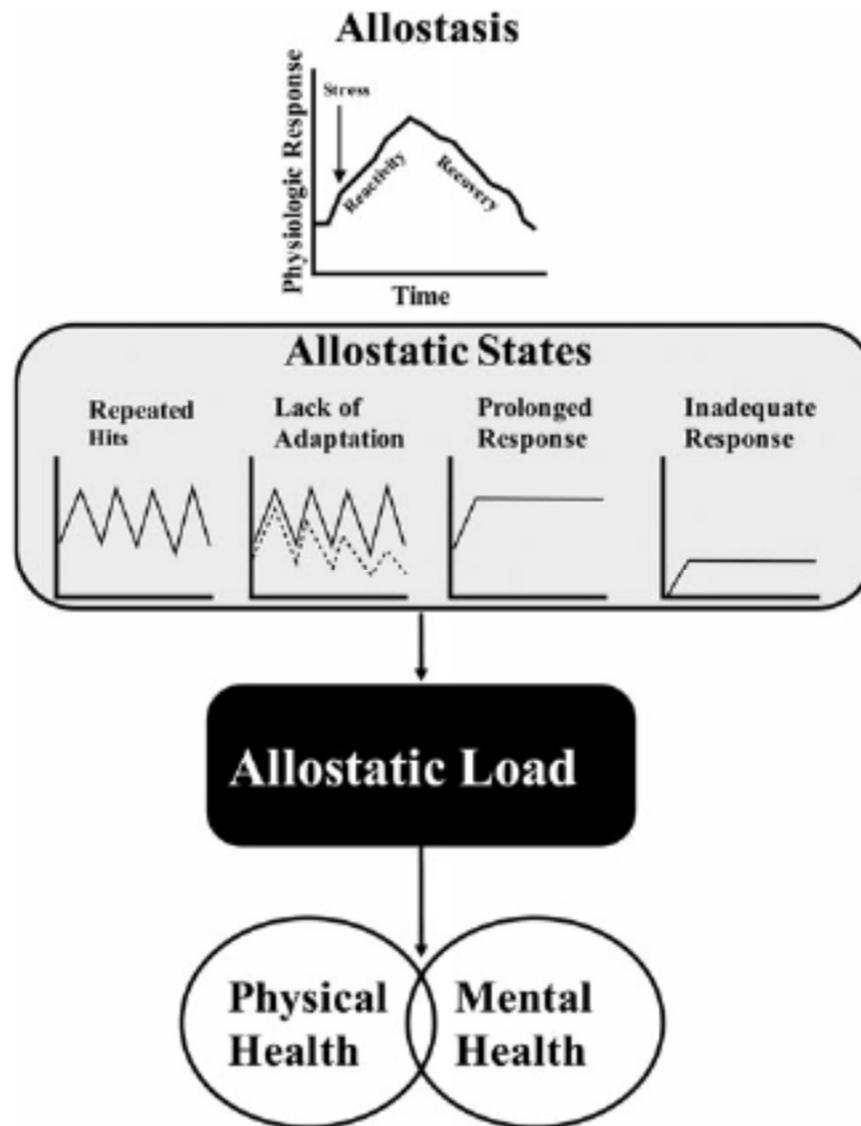
COPD



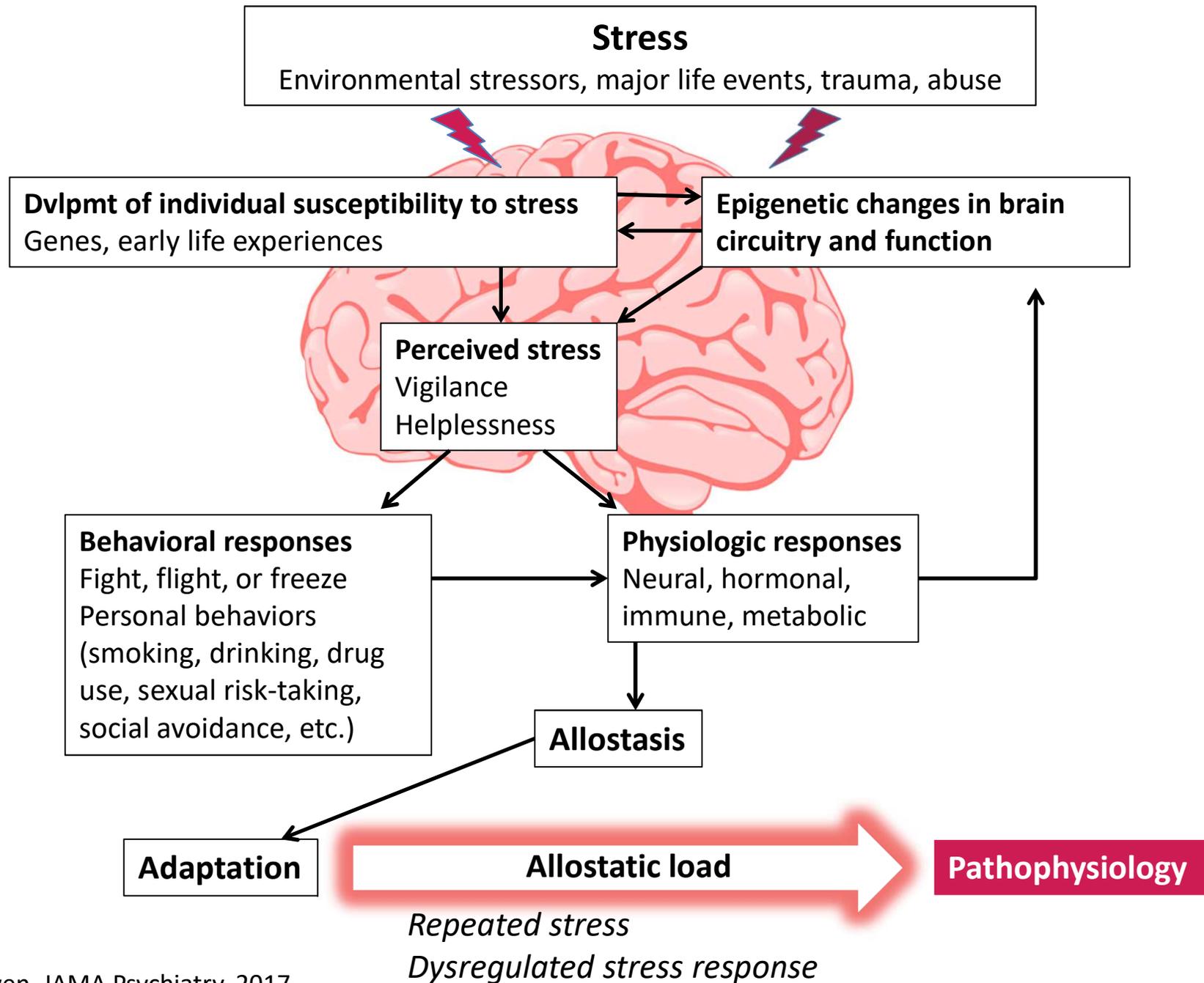
Broken bones



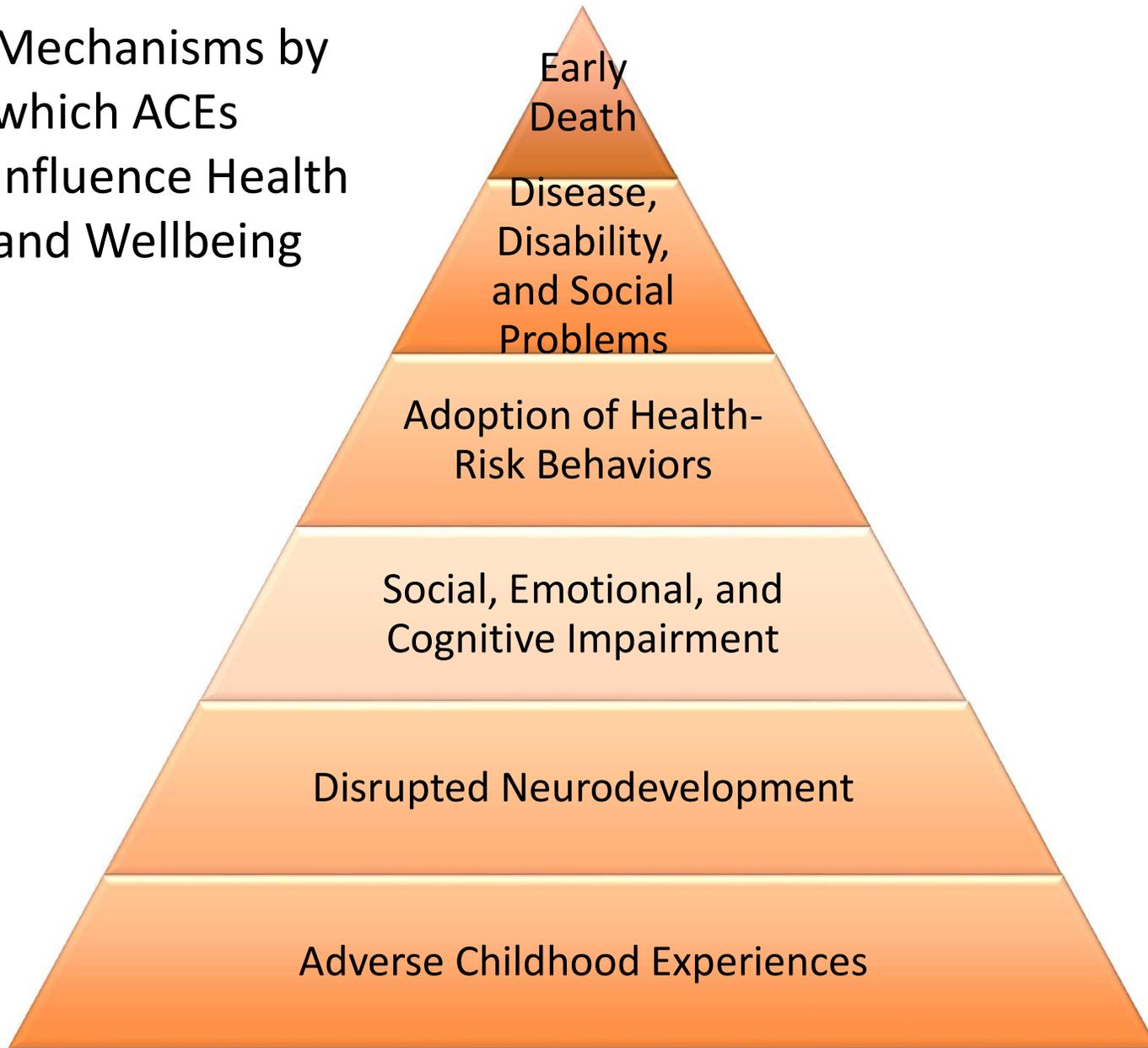
<https://blog.cloudhq.net/tag/creativity/>



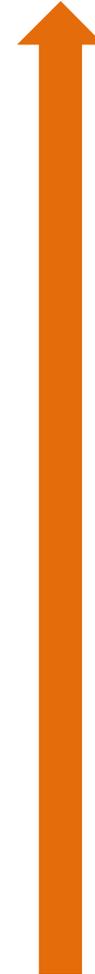
McEwen BS. NEJM 1998;338:171-9.



Mechanisms by
which ACEs
Influence Health
and Wellbeing



Death



Conception

Dino (*Part 3*)

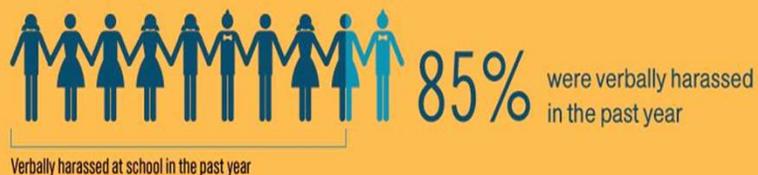
During middle school, Dino was frequently bullied because he didn't "act like a girl is supposed to act." He started smoking (cigarettes and marijuana), binge drinking, and having unprotected sex with peers of diverse genders. At age 13, Dino went to a clinic because of heavy bleeding, and was told he was having a miscarriage. The provider was abrupt, rough, and gave him a prescription for the pill, saying, "Be a smart girl and don't let this happen again." Soon after, Dino spent time in juvenile detention after repeated episodes of shoplifting and truancy. At 16, he dropped out of school.

Question:

- In addition to ACEs, what other traumatic experiences did Dino have to endure?

LGBTQ Youth: Bullying & Incarceration

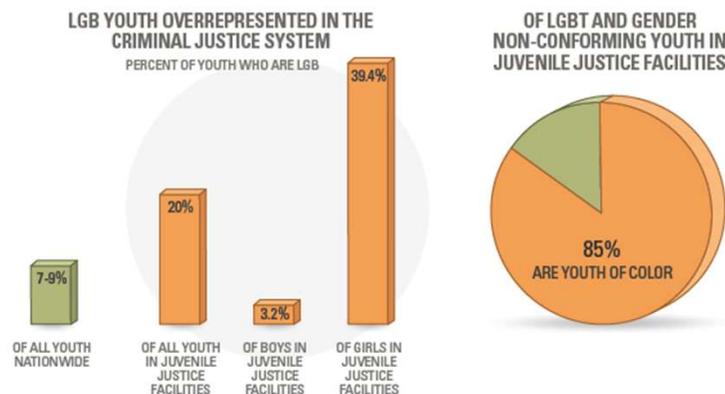
SCHOOLS ARE **UNSAFE** AND UNWELCOMING FOR THE MAJORITY OF LGBT STUDENTS.



LEARN MORE IN GLSEN'S LATEST NATIONAL SCHOOL CLIMATE SURVEY AT GLSEN.ORG/NSCS **GLSEN**

LGBTQ YOUTH INCARCERATED IN THE JUVENILE JUSTICE SYSTEM

THE FACTS



THE EXPERIENCE

LGBTQ YOUTH IN JUVENILE JUSTICE FACILITIES



Source: Wilson et al., "Disproportionality and Disparities among Sexual Minority Youth in Custody," *Journal of Youth & Adolescence*, 2017; Irvine and Corfield, "Reflections on New National Data on LGBTQ/KNCT Youth in the Justice System," *LGBTQ Policy Journal at the Harvard Kennedy School*, 2017, Volume VI, 2016-17.

Negative Experiences When Seeing a Health Care Provider in the Past Year (2015 Trans Health Survey)

Negative Experience	%
Had to teach HCP about transgender people in order to get appropriate care	24%
HCP asked unnecessary or invasive questions about their transgender status that were not related to the reason for the visit	15%
HCP refused to give them transition-related care	8%
Verbally harassed in a healthcare setting	6%
HCP used harsh or abusive language when treating them	5%
HCP refused to give them routine care unrelated to gender transition	3%
HCP was physically rough or abusive when treating them	2%
Physically attacked by someone during their visit in a healthcare setting	1%
Sexually assaulted in a healthcare setting	1%
One or more negative experiences listed	33%

What Hurts?

<u>Systems Level</u> (“Way Things Are Done”)	<u>Relationship Level</u> (Who Has Power/Control)
Being treated as a number	Not being seen or heard
Being seen as one’s label (i.e., “addict”)	Violating trust
Having to continually retell one’s story	Failing to ensure emotional safety
Procedures that require disrobing	Failure to ensure physical safety
No choice in service or treatment	Does things “to”, “on”, or “for” rather than “with”
No opportunity to give feedback about service delivery	Use of punitive treatment, coercive practices, or oppressive language

Dino (*Part 4*)

From 16-19, Dino continued to get high a lot and had a hard time holding down a job. He got involved with a series of partners of diverse genders. One of them got mad if Dino wanted to see his friends and tracked where he went electronically. Luckily, that relationship ended when the partner moved away, but by then Dino was isolated and miserable. Because of his previous healthcare experience, he was too scared to seek help. At age 20, Dino overdosed on acetaminophen.

Question:

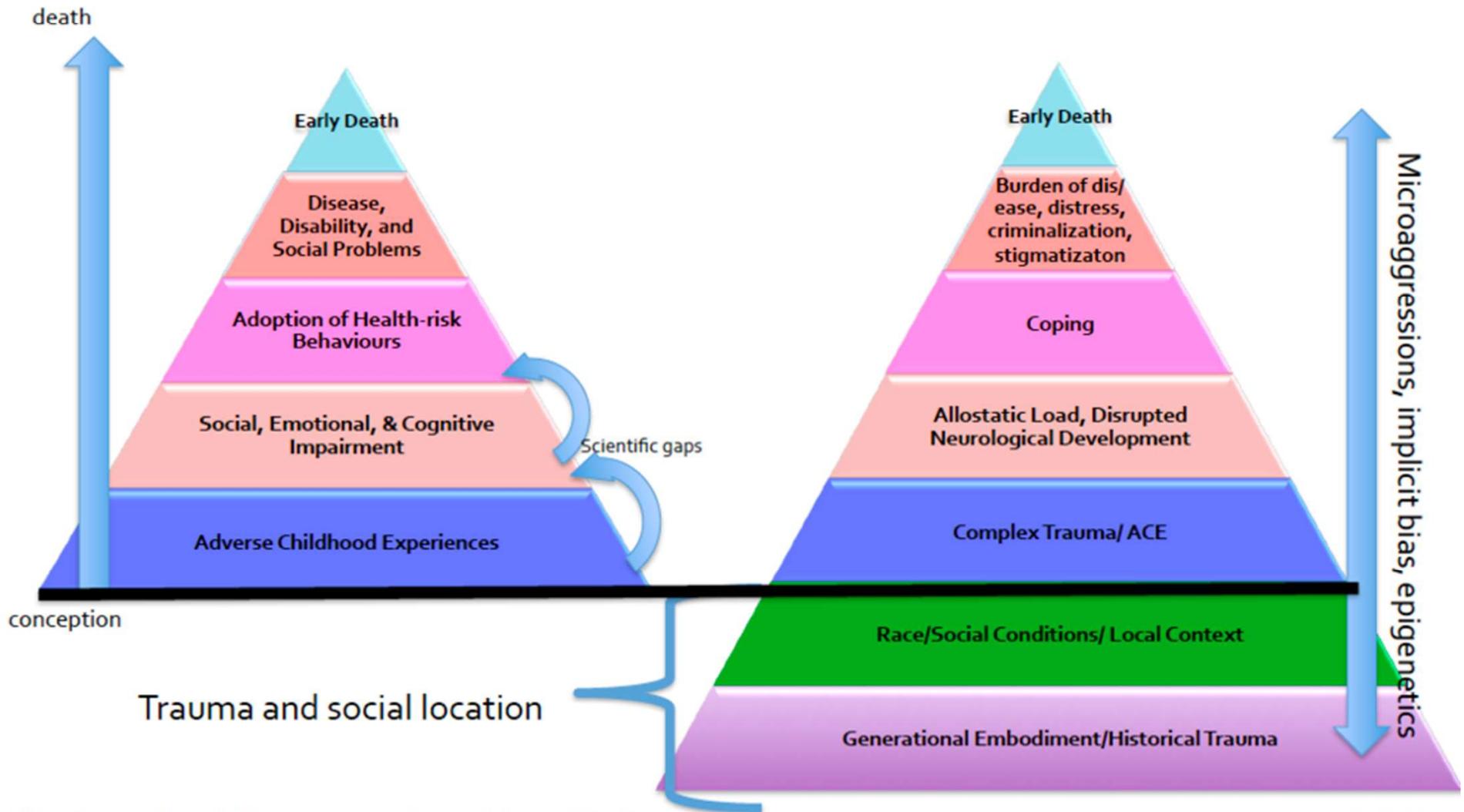
- Why didn't Dino seek mental health care sooner?

Trauma and Social Location



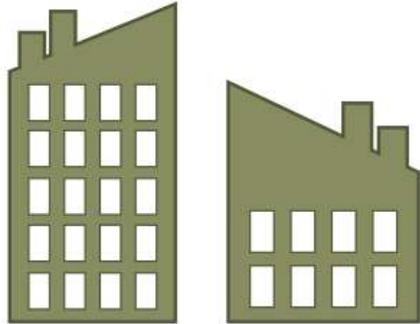
Adverse Childhood Experiences*

Historical Trauma/Embodiment

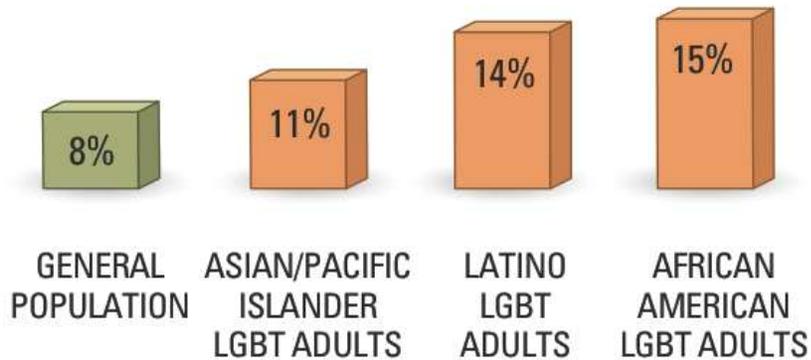


*<http://www.cdc.gov/violenceprevention/cestudy/pyramid.html>

Unemployed, Uninsured, Living in Poverty



HIGHER UNEMPLOYMENT RATES FOR LGBT PEOPLE OF COLOR



DON'T BE A STATISTIC



LEARN ABOUT YOUR HEALTH INSURANCE OPTIONS NOW AT WWW.HEALTHCARE.GOV

Source: Center for American Progress, Why Repealing the Affordable Care Act is Bad Medicine for LGBT Communities, 2017



LGBTQ Domestic Violence/Hate Crimes

LGBTQ & Domestic Violence

from DomesticShelters.org

The facts about LGBT partner abuse/domestic violence are often hidden by numerous myths and misconceptions. Common myths and misconceptions include the belief that women are not violent, that men are not commonly victims, that LGBT domestic violence is infrequent, and that there are no significant differences between heterosexual domestic violence and same-gender domestic violence. However, people who are lesbian, gay and bisexual have an equal or higher prevalence of experiencing intimate partner violence, sexual violence and stalking as compared to heterosexuals.

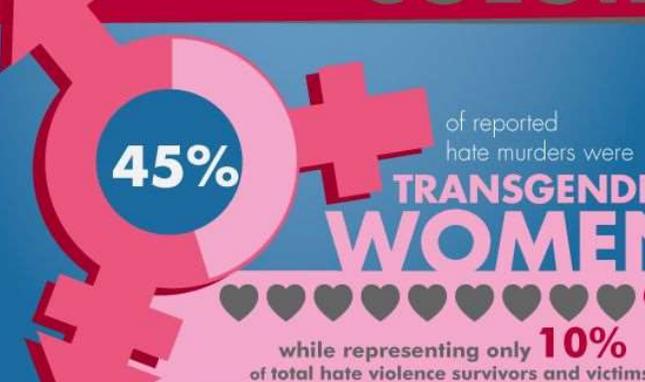


There are many similarities between how abusers control their victims regardless of sexual preference. In addition, research shows that LGBT victims may face additional forms of oppression if they also belong to racial/ethnic minorities, faith, and gender.



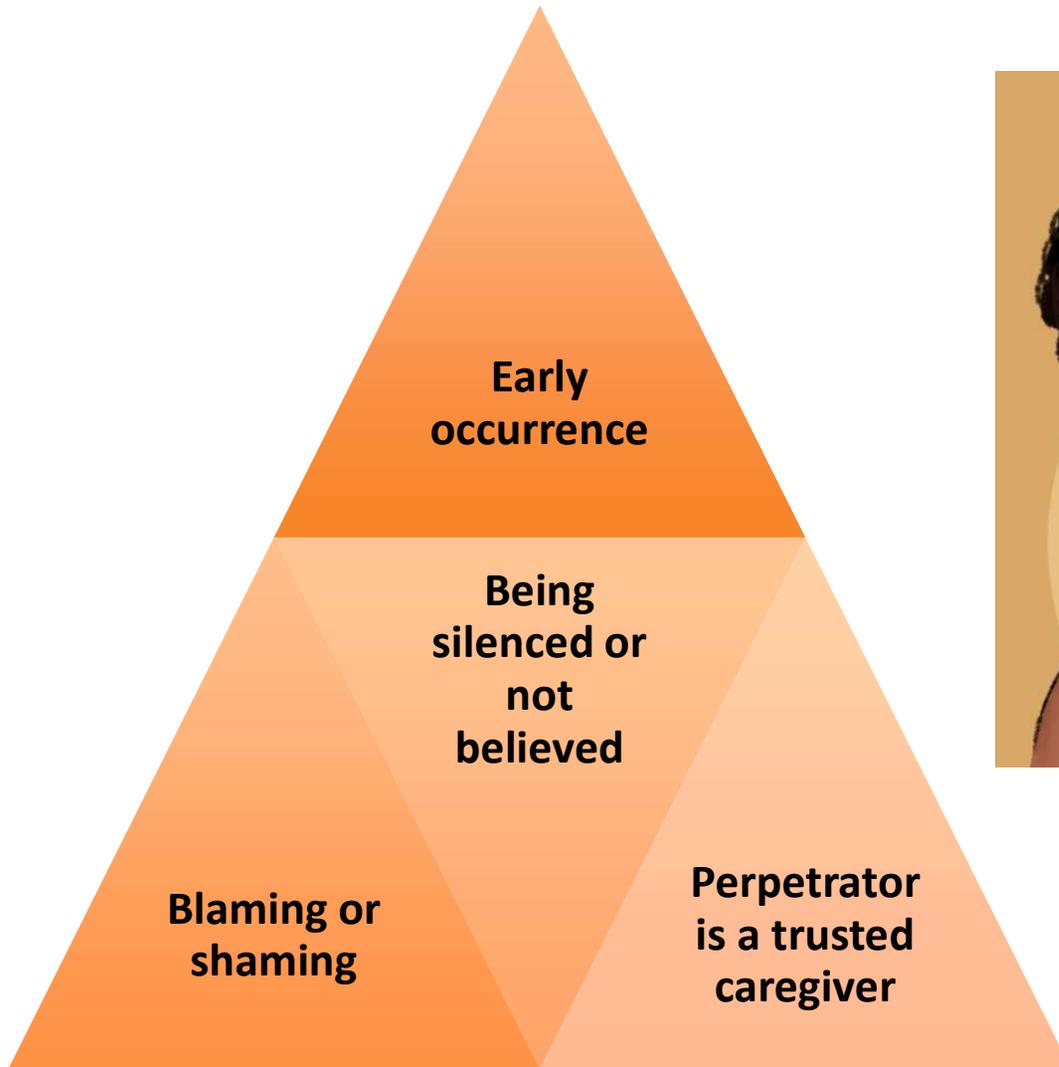
A GROWING ISSUE

Findings from the 2011 NCAVP Hate Violence Report



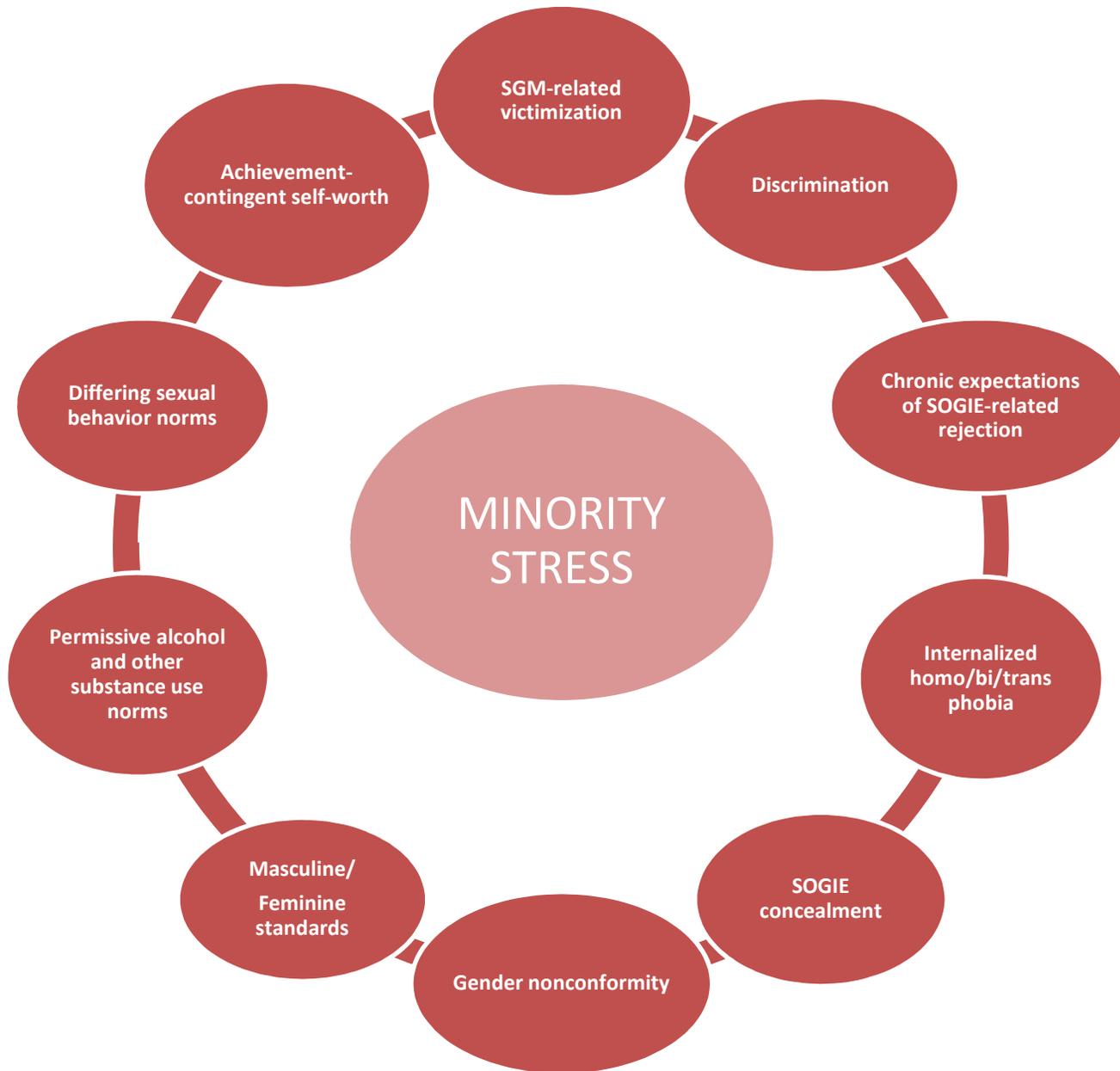
Statistics via the National Coalition of Anti-Violence Programs
NCAVP is a program of the New York City Anti-Violence Project

Internalized Homo/Bi/Transphobia



Definition of Minority Stress

Chronic exposure to subtle and overt types of prejudice, discrimination, devaluing and social rejection occurring as a consequence of one's minority (i.e., stigmatized) identities.



Dino (*Part 5*)

After the overdose, a friend took Dino to the ER, where he underwent a painful gastric lavage procedure and was admitted for observation. A psychiatrist performed an evaluation and noted that Dino was “disengaged” and “withdrawn” but no longer actively suicidal. He was discharged with the phone number of a local mental health clinic.

Question:

- What do you make of Dino's "disengagement" and "withdrawal"?

What is PTSD?

4 symptom clusters

- Avoidance
- Hyperarousal
- Reexperiencing
- Negative thoughts and emotions

Clinically significant distress
and impairment



Avoidance

Major mechanism by which PTSD does its damage

- General avoidance
- Emotional avoidance
- Drug and alcohol use
- Avoidance in healthcare settings



Hyperarousal



What it looks like

- Anxious
- Irritable
- Angry
- Impatient
- Easily startled
- Restless
- Scattered
- Terrified
- Fight or flight

Risk Appraisals and Safety Appraisals

- Hyperarousal and risk/safety appraisal
- I am not a good judge of when I am safe or when I am at risk
- I don't feel safe therefore I am at risk
- I can't evaluate novel situations reliably for safety

Trauma Cognitions about Self



Dino (*Part 6*)

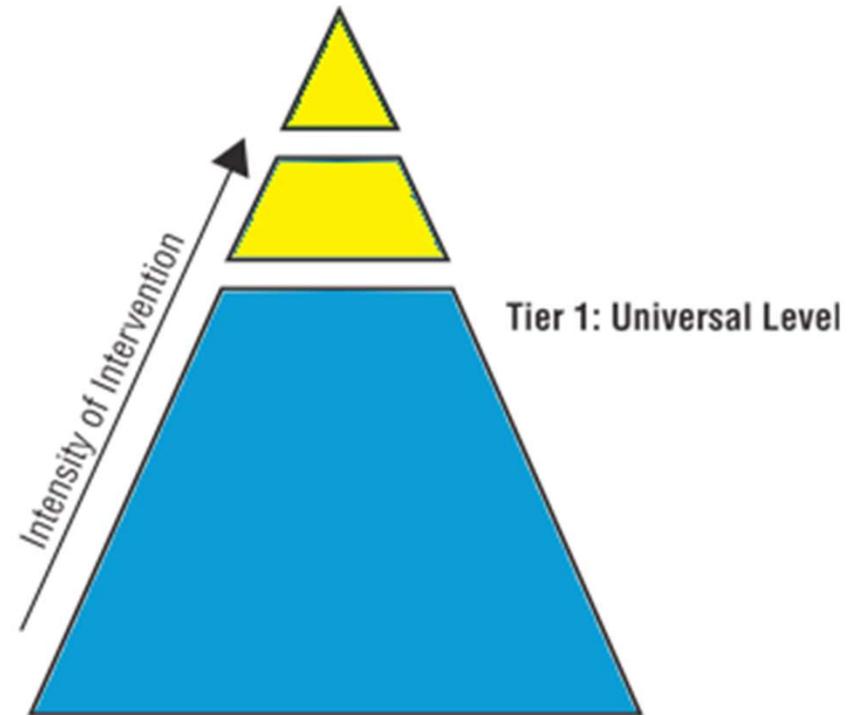
After being discharged from the hospital, Dino's friend took him to a local LGBTQ health center, where he started seeing a primary care provider and a therapist specializing in trauma-informed care. Dino also joined a transgender support group and started taking testosterone. One year later, he felt dramatically better and was starting to make plans for his future.

Question:

- What is trauma-informed care?

Trauma-Informed Care: Key Features

- Universal precautions for all patients.
- Trauma-specific interventions for patients with a known trauma history.



Trauma Informed Care

Trauma Informed Care (TIC) recognizes that traumatic experiences **terrify, overwhelm and violate** the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to **restore a sense of safety, power and worth**.

The Foundations of Trauma Informed Care

Commitment to Trauma Awareness

Understanding the Impact of Historical Trauma and Oppression

Agencies Demonstrate Trauma Informed Care with Policies, Procedures and Practices that:

Create Safe Context through:

- Physical safety
- Trustworthiness
- Clear and consistent boundaries
- Transparency
- Predictability
- Choice

Restore Power through:

- Choice
- Empowerment
- Strengths perspective
- Skill building

Build Self-Worth through:

- Relationship
- Respect
- Compassion
- Acceptance and Nonjudgment
- Mutuality
- Collaboration

Underlying
Question

How has what
happened to
you affected
you?

Health Risk
Behaviors

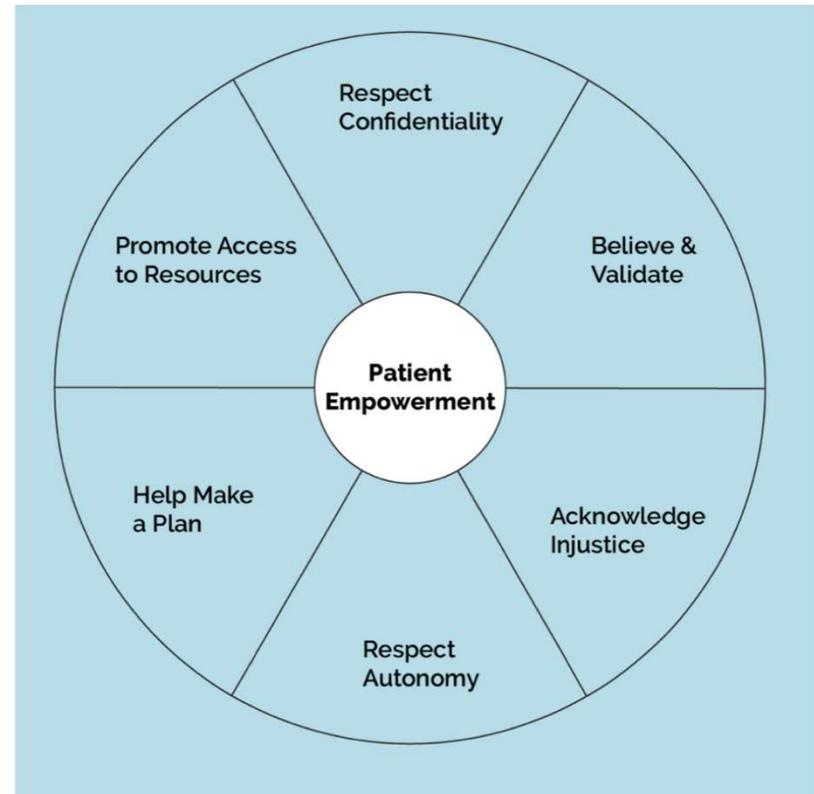
Attempts to
cope with
traumatic
events

Clinician-
patient
relationships

Foundation for
recovery and
future growth

General Approach

- Establish and use name and pronouns.
- Sit at eye level.
- Conduct the interview with the patient clothed.
- Speak slowly and clearly.
- Develop a shared agenda.
- Offer treatment choices.
- Locus of control is with the patient at all times.



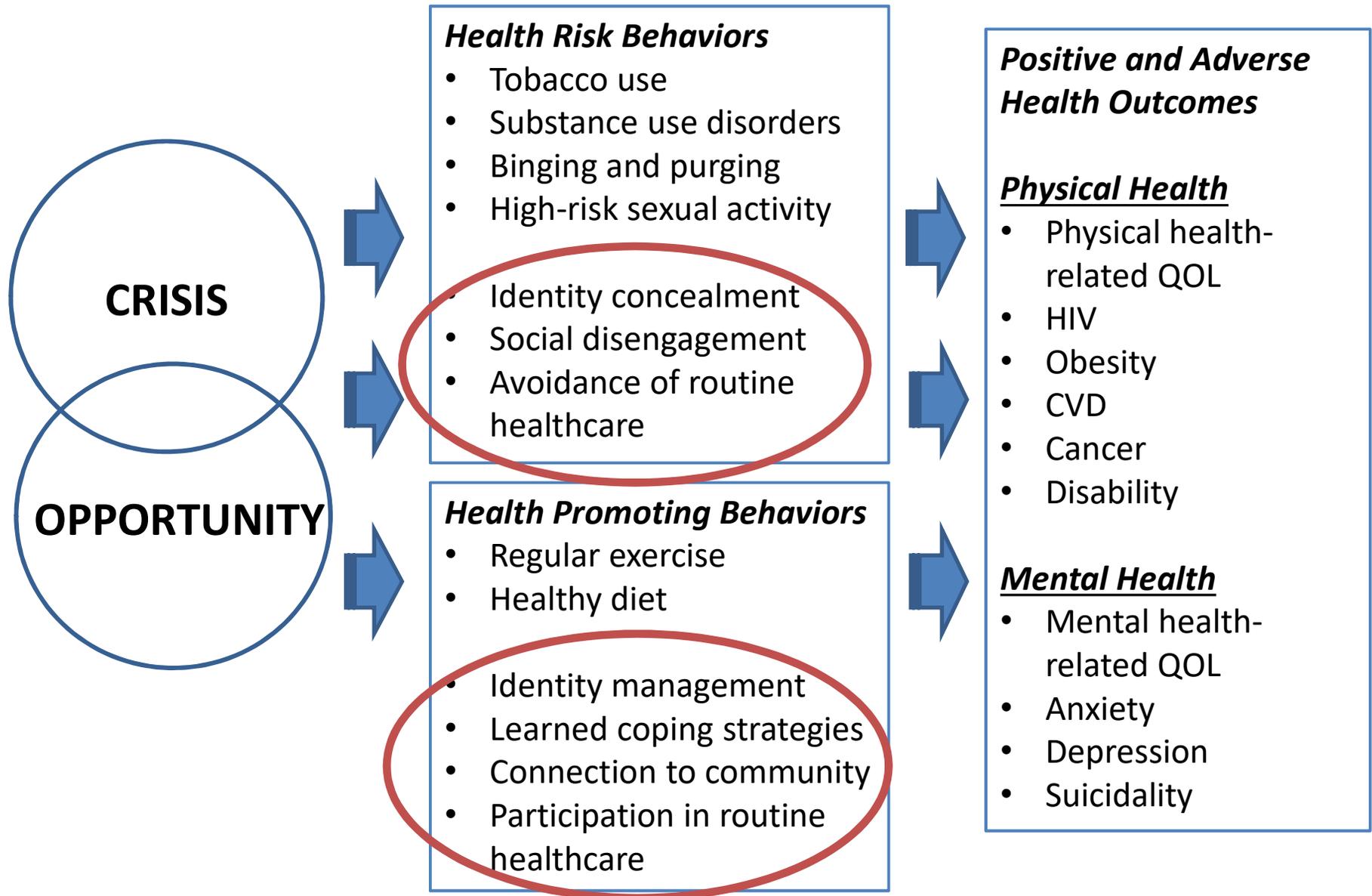
General Questions

- Have you had any significant or traumatic life experiences that you think it would be helpful for me to know about?
- How comfortable do you feel navigating the world with the identities you've told me about?
- Have you ever experienced discrimination or harassment because of any of your identities?
- How often do you find yourself concealing your [identities]?

Questions about Coping/Resilience

- How do you cope with [stressful experiences][the fact that life can be unfair]?
- Sometimes people are deeply affected by stressful experiences, and may feel depressed, anxious, or use drugs/ alcohol to feel better. Has this ever happened to you?
- How much support do you have from [family][friends][the community]?
- What brings you joy?

Minority Stress and Adaptive Coping





Screening for Trauma

Considerations

- Trained staff
- Screener administered in private, without companion or partner present
- Opt out option provided
- Clinician sees and discusses result at the visit
- Referral resources available, preferably on-site



IPV Screener

Adapted from the Abuse Assessment Screener*

Within the last year...

- 1) Has someone hit, kicked, punched, or otherwise hurt you?
- 2) Has someone pressured or forced you to do something sexual that you didn't want to do?
- 3) Has your partner controlled where you go, who you talk to, or how you spend money?
- 4) Have you felt isolated, trapped or like you are walking on eggshells?

Primary Care-PTSD Screener

In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you:*

1. Have had nightmares about it or thought about it when you did not want to?	Yes or No
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	Yes or No
3. Were constantly on guard, watchful, or easily startled?	Yes or No
4. Felt numb or detached from others, activities, or your surroundings?	Yes or No

*A score of 3 or higher should prompt additional evaluation.

Source: Prins A et al. *Prim Care Psychiatry*. 2003.¹⁸

Responding to Disclosure

Acknowledging Injustice

Listen

Communicate belief

“That must have been frightening for you”

Validate the decision to disclose

“I understand it could be very difficult for you to talk about this”

Emphasize the unacceptability of violence

“Violence is unacceptable. I’m sorry that happened, that should not have happened”

Be clear that the patient is not to blame

“What happened is not your fault”

Make a safety plan/Provide resources

Preferably a “warm”, on-site referral

Dino (*Part 7*)

Fast forward to 2019. Dino is now 42 years old and presents with several months of irregular frontal bleeding. His partner tells you she's been trying to convince him to come in to clinic, but "the last gyno exam he had was so bad, he is terrified."

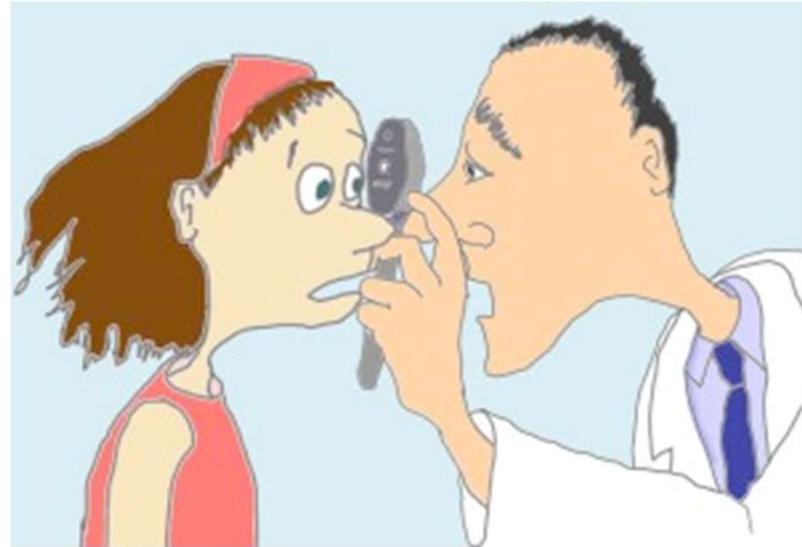
Question:

- How would you proceed?



Trauma-Informed Physical Exams and Procedures

Any exam or procedure has the potential to be traumatizing



More common with
'vulnerable' (i.e., chest,
genital, rectal) exams



Trans/NB/Intersex Patients

- Prior exposure to traumatic/voyeuristic exams
- Historical tendency to inappropriately gender certain exams (pelvic = “well-woman exam”)
- Dysphoria during examination of body parts that are discordant with one’s gender
- Dysphoria if provider uses triggering terms to refer to body parts

GENDERED TERMS

These terms may be uncomfortable or distressing for trans men to hear.

Breasts

Vulva

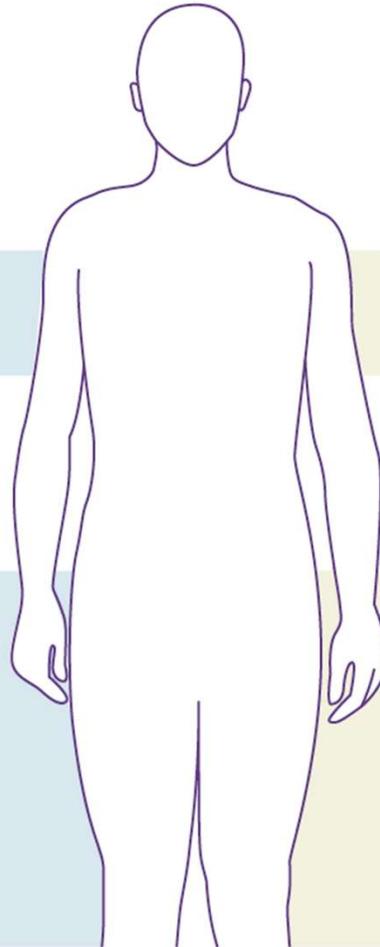
Vagina

Uterus, Ovaries

Pap smear

Bra, Panties

Period, Menstruation



LESS GENDERED TERMS

Try your best to use neutral and inclusive terminology to avoid patient discomfort. If you are unsure, ask what terms your client prefers.

Chest

External Pelvic Area

Genital Opening, Frontal Pelvic Opening, Internal Canal

Internal Organs

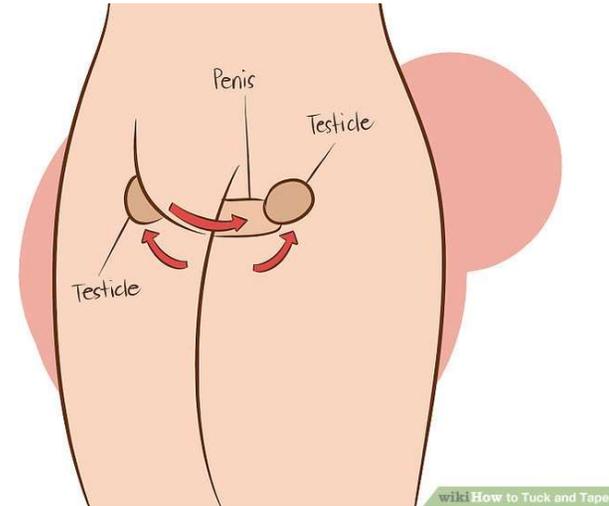
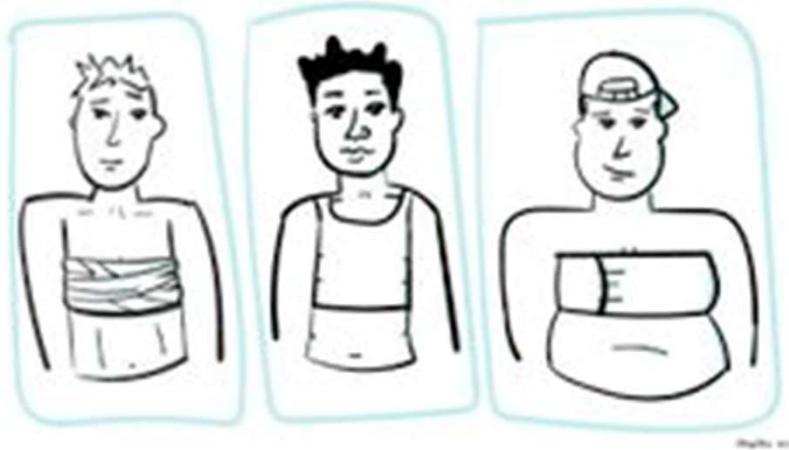
Cancer screening

Underwear

Bleeding

*Language may be adapted to male external genital, anorectal, prostate exams. JGIM 2015;30:1857-64.

Binding/Tucking



TOP TIPS FOR STAYING SAFE AND GETTING THE MOST OUT OF YOUR BINDER

- DON'T TRY TO PUT ON A WET BINDER**
- DON'T WEAR A SIZE TOO SMALL**
- DON'T EVER SLEEP IN YOUR BINDER**
- DON'T WEAR YOUR BINDER FOR MORE THAN 8HRS**
- DON'T EVER EXERCISE IN YOUR BINDER**
- DON'T EVER USE ACE BANDAGES OR DUCT TAPE**
- DON'T PULL YOUR BINDER OVER YOUR HIPS**
- TAKE BREAKS, LISTEN TO YOUR BODY AND STAY SAFE**

Tucking Tips:

- Using a gaff is the safest route.
- Never use duct tape.
- If it hurts; stop. Give your body a break.
- A tight pair of panties or shape-wear work great.
- High waisted bottoms work best, they help keep everything in place.

Padding/Packing



Evidence-Based Exams

- Avoid exams that are not supported by reliable and consistent evidence (e.g., routine screening CBE, BME, testicular exam).
- Consider less intrusive ways to obtain needed data (e.g., vaginal self-swab for GC/CT).
- Utilize shared decision-making in the face of uncertain evidence or conflicting guidelines.

Before the Exam

- Review the patient's prior experiences with the exam.
- Explain the purpose and offer to talk through the steps of the exam.
- Ask what you can do to make the experience more comfortable.
- "You're in control here. If you want me to stop at any point, please let me know."

Exam Modifications

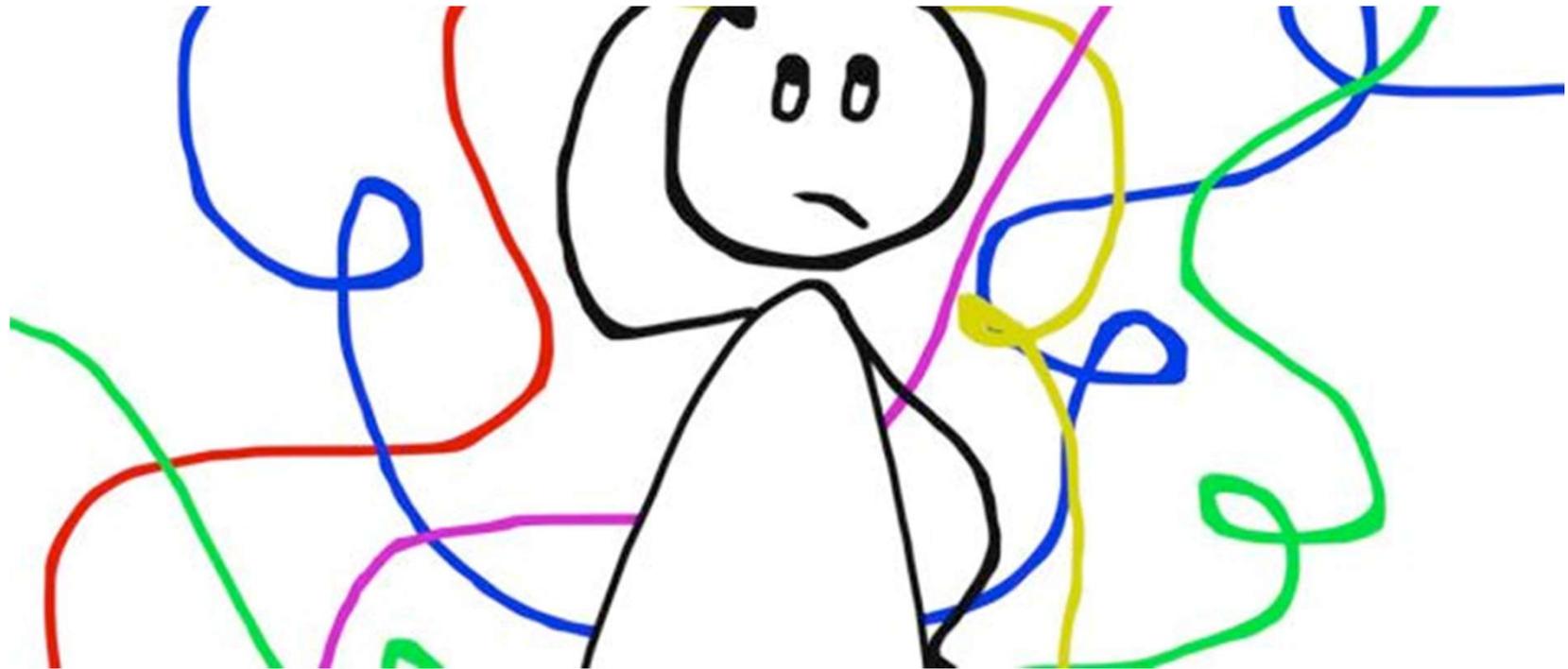
Exam Element or Technique	Modification Options
Chaperone	Patient's choice of support person
Positioning for exam	Feet on table rather than 'footrests'
Speculum selection	Pedersen long narrow or pediatric speculum
Lubricant use	<ul style="list-style-type: none">• Non-carbomer-containing water-based• Consider use of topical lidocaine
Speculum insertion	Self-insertion
Cervical sampling	Trans male with prior unsat cytology: pretreat with 2 weeks of vaginal estrogen

J Gen Intern Med 2015; 30: 1857-64.

Phrases to Avoid	Use Instead
<ul style="list-style-type: none"> • Don't be scared, everything will be fine. 	<ul style="list-style-type: none"> • What are you most afraid of? • How can we help you through this?
<ul style="list-style-type: none"> • Stirrups 	<ul style="list-style-type: none"> • Footrests
<ul style="list-style-type: none"> • Avoid unnecessary touching of the patient (e.g., "Scoot down on the table until your bottom touches my hand") 	<ul style="list-style-type: none"> • Please move your body down until you're almost hanging off the edge of the table. • Allow your knees to fall to the sides as much as you can.
<ul style="list-style-type: none"> • I'm going to insert the speculum. • I'm going to come into you now. 	<ul style="list-style-type: none"> • I'm going to place the speculum now. • It's normal to feel a little pressure.
<ul style="list-style-type: none"> • I'm going to open the blades of the speculum. 	<ul style="list-style-type: none"> • I'm going to open the speculum.
<ul style="list-style-type: none"> • I'm going to take the sample now... you may feel a "poke" ["prick"]. 	<ul style="list-style-type: none"> • You may feel a little discomfort or cramping.
<ul style="list-style-type: none"> • Hold still 	<ul style="list-style-type: none"> • If you need to move, wiggle your toes or squeeze your hands.
<ul style="list-style-type: none"> • Relax 	<ul style="list-style-type: none"> • Try to keep your pelvis resting on the table.

Dino (*Part 8*)

- Dino agrees to be examined if his partner inserts the speculum and lidocaine gel is used to enhance comfort. The exam is unremarkable. Dino then agrees to a pelvic ultrasound that shows a thickened endometrial lining. After considering various options, Dino chooses to have a complete hysterectomy, which he had been thinking about for some time. He recovers well post-op. Pathology shows endometrial polyps. No further treatment is indicated.
- Question:
 - What would you have done if Dino had become distressed during the exam?
 - What additional resources could you provide to assist Dino's ongoing trauma recovery?



How to Handle Patient Distress

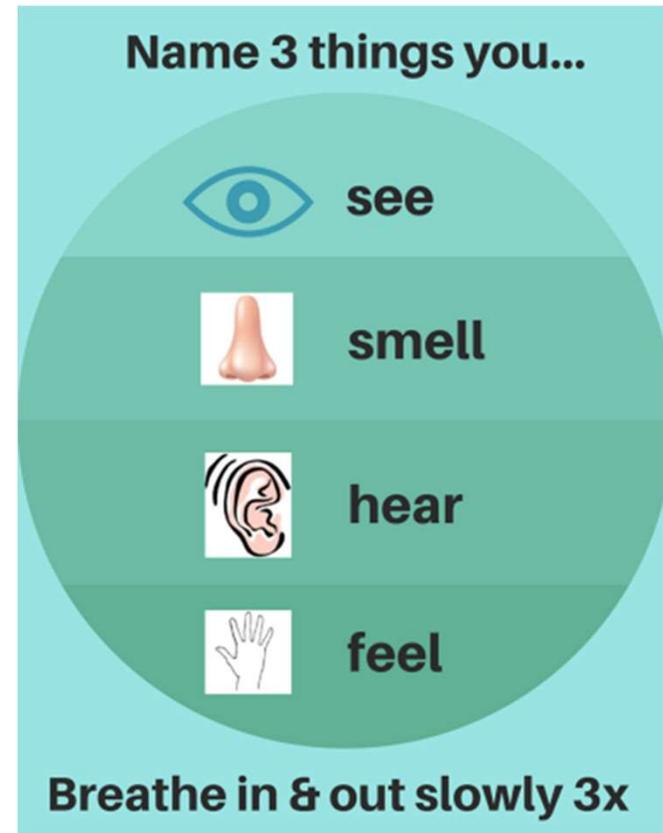
General DOs and DON'Ts

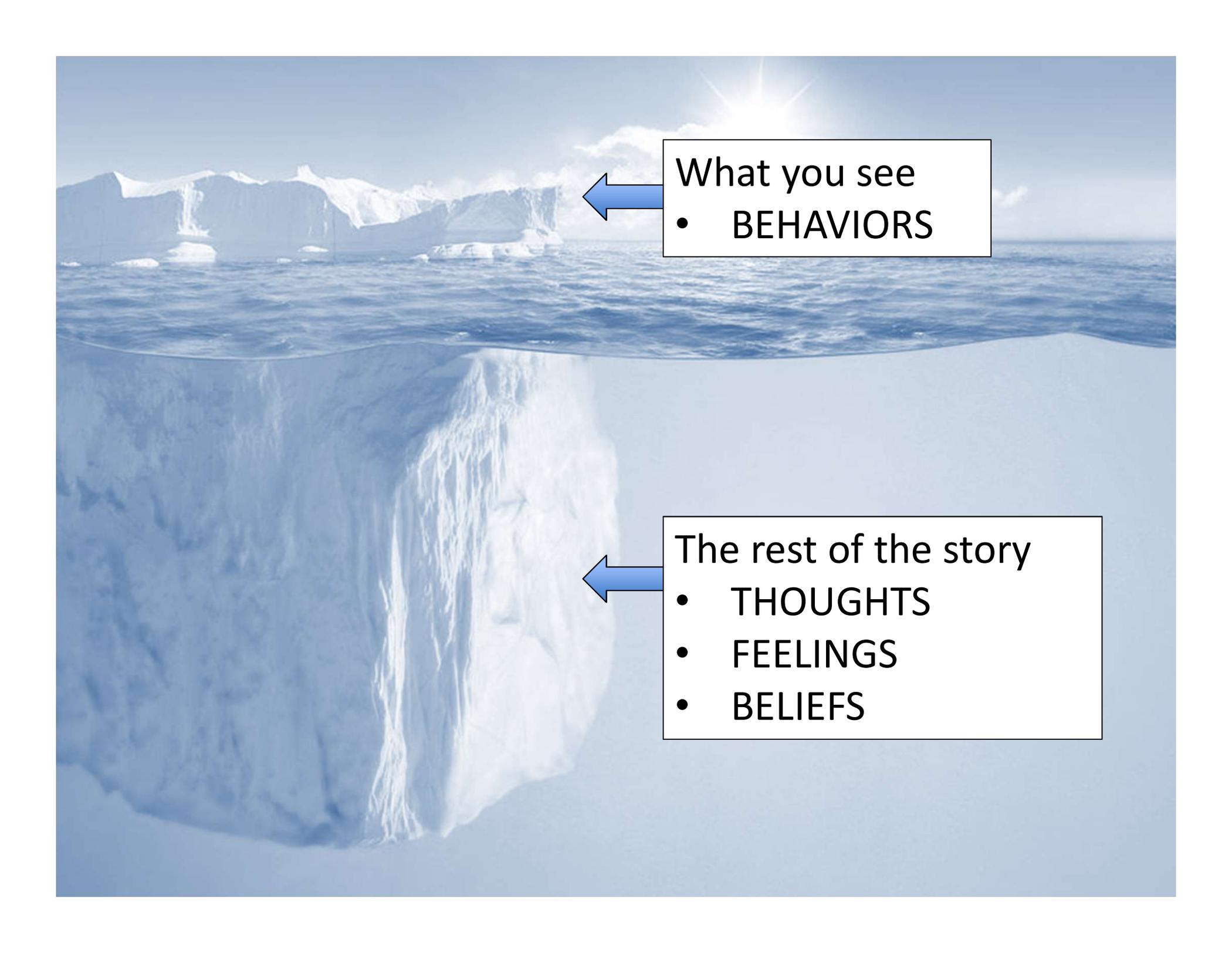
Do:

- Stay calm
- Stop the exam
- Provide reassurance
- Use grounding techniques
- Make a self-care plan

Do not:

- Engage in the trauma
- Bombard with questions



The image shows a large iceberg floating in the ocean. The top part of the iceberg is above the water surface, while the much larger bottom part is submerged. A blue arrow points from the text box above to the visible tip of the iceberg. Another blue arrow points from the text box below to the submerged part of the iceberg. The sun is visible in the sky above the horizon.

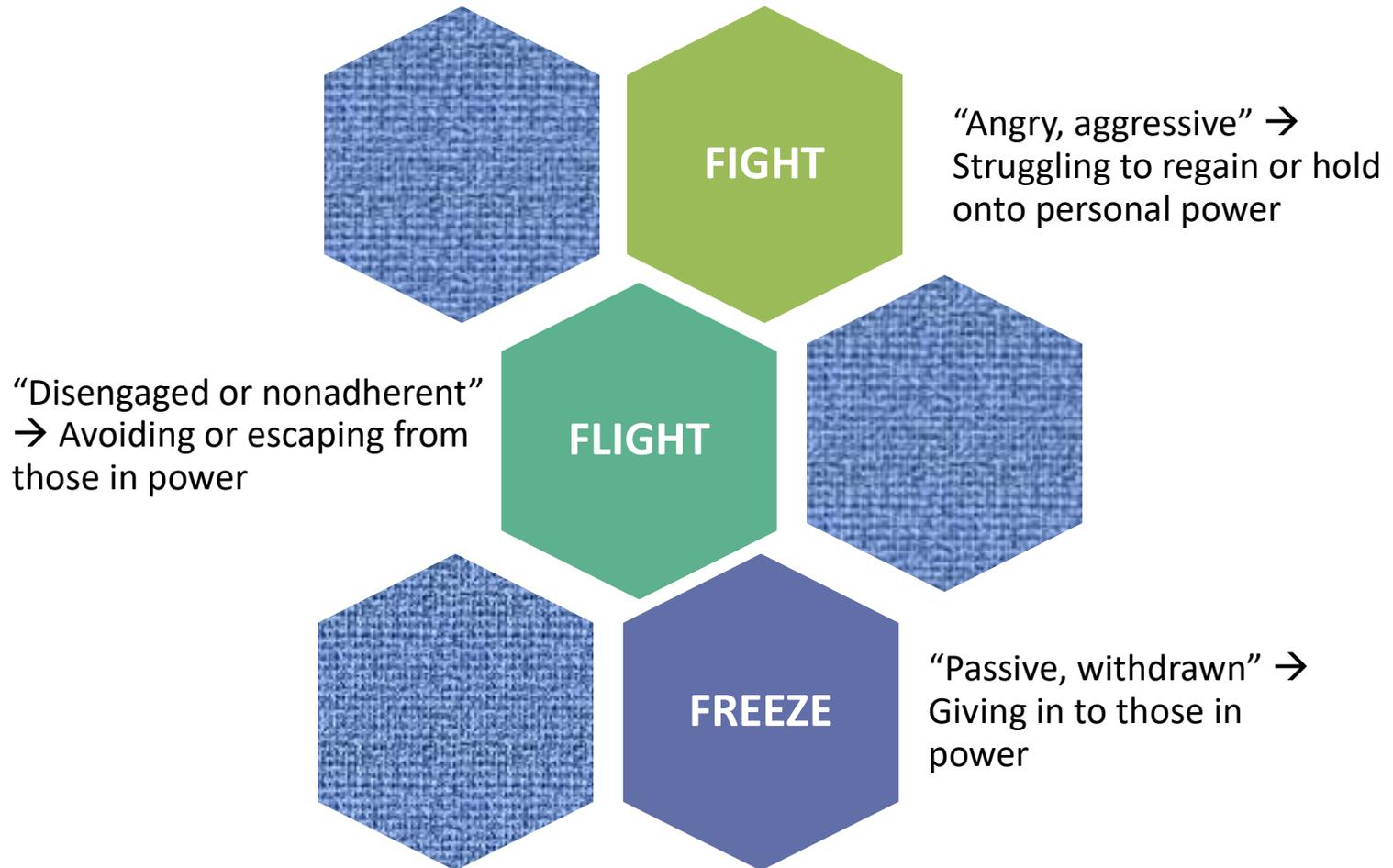
What you see

- BEHAVIORS

The rest of the story

- THOUGHTS
- FEELINGS
- BELIEFS

Reframe What You See



If the Patient is Passive / Withdrawn

- Be sensitive to self-worth
 - A patient who doesn't feel worthy of care cannot advocate for themselves.
- Depression is 80% concurrent with PTSD
 - Patient could be experiencing depression-related withdrawal in addition to anxiety-related avoidance.
- Simply making it into your office is a show of strength.

If the Patient is Dissociated

- In a traumatized patient, dissociation can be a withdrawal response to high levels of acute distress.
- Dissociation can be a sign of serious mental health problems.
- Help the patient to reconnect with their immediate surroundings
 - Withdraw task demands
 - Provide simple, reassuring statements
 - Orient the patient to the present time, place, and situation.

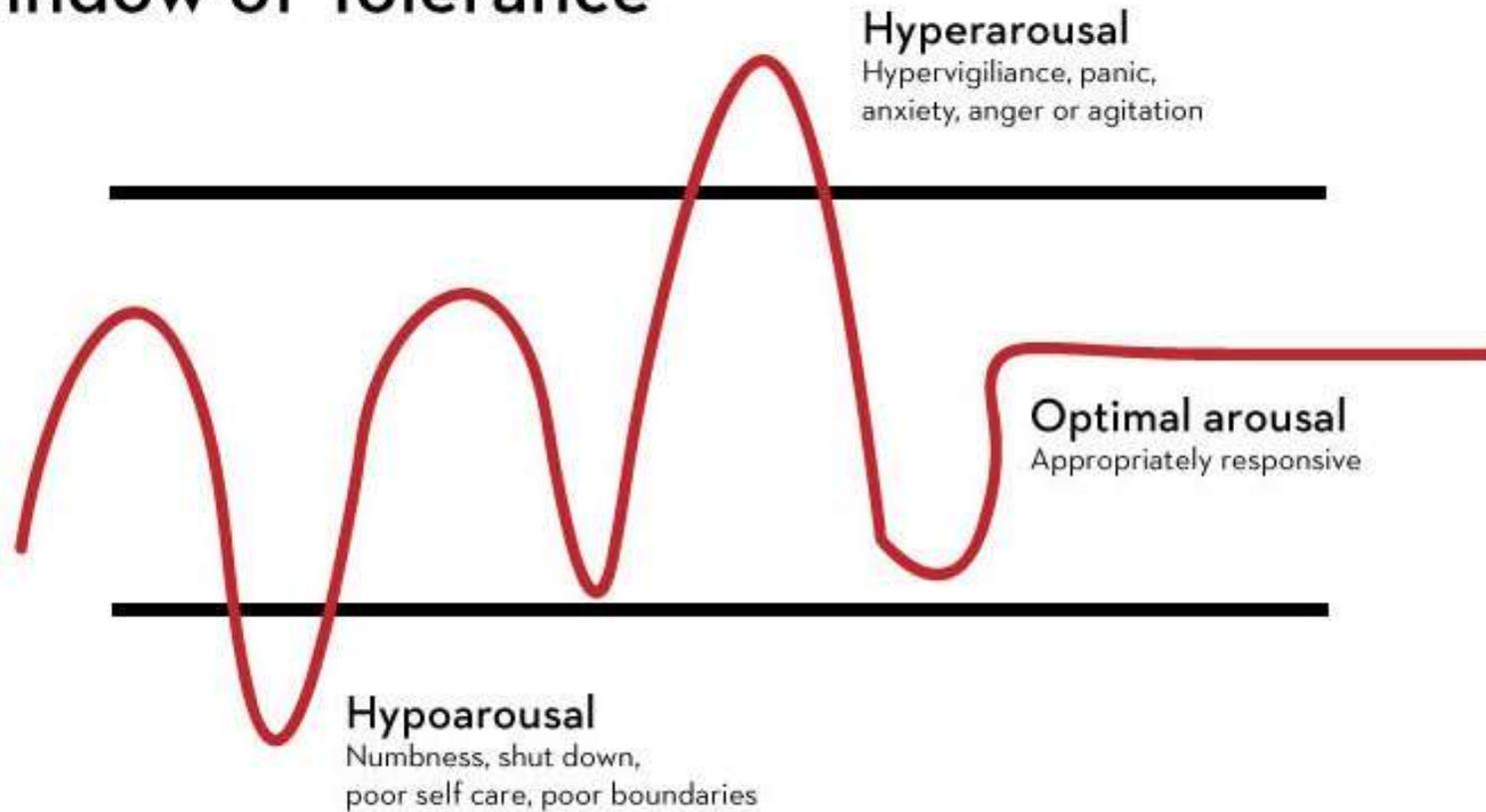
If the Patient is Angry / Aggressive

- Finding a therapeutic stance can be a challenge.
- Recognize that anger is rooted in hyperarousal-driven anxiety and fear that they are not safe.
- Provide reassurances/prepare for multiple angry responses.
- Ending the appointment may be the best solution.
- Be prepared to enact your own safety plan.



Trauma-Specific Treatment

Window of Tolerance



PTSD Treatment Works

There are more options than ever for successful PTSD treatment

What are my treatment options?

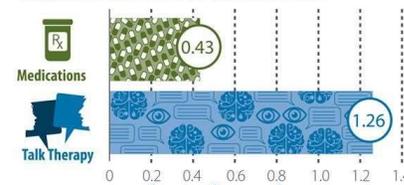
MEDICATION OPTIONS	TALK THERAPY OPTIONS		
DURATION: Continuous	DURATION: Usually 8-15 sessions with long-lasting effects		
			
Antidepressant Medications	Cognitive Processing Therapy	Prolonged Exposure	Eye Movement Desensitization and Reprocessing
HOW IT WORKS Treats sadness, anger, and numb feelings that contribute to your PTSD symptoms.	HOW IT WORKS You learn balanced ways to think about your trauma.	HOW IT WORKS You talk about your trauma and approach the situations you've been avoiding.	HOW IT WORKS You focus on hand movements while thinking about your trauma and change your reactions to it.



How effective are these treatments?

Both medication and talk therapy can help to treat your symptoms. Your customized treatment plan may include one or more of these options.

TREATMENT EFFECTS ON PTSD SYMPTOMS



What do the numbers mean?

The greater the effect size, the more noticeable a change in symptoms.



Next steps? Talk to your health care provider.



Which treatments are right for me?



How soon will I start to feel better?



How long will I need treatment?



When can I start?

For more information about PTSD treatment options, visit www.PTSD.va.gov

August 2015 | SOURCE Watts, B. V., Schnurr, P. P., Mayo, L., Young-Zu, Y., Weeks, B. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *The Journal of Clinical Psychiatry*, 74(6), pp. e541-50.



The National Domestic Violence

HOTLINE

1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)



National Advocacy for Local LGBTQ Communities



love is respect V.org
National Teen Dating Abuse Helpline

FORGE

Trauma,
Transgender,
and Aging

www.forge-forward.org



National Sexual Assault Hotline

800.656.HOPE
online.rainn.org

Free. Confidential. 24/7

RAINN

theNetworklaRed

Survivor-led organizing to end partner abuse

Dirigida por sobrevivientes • Movilizando para acabar con el abuso de pareja

References

- Eckstrand & Potter (eds.) Trauma, Resilience, and Health Promotion in LGBT Patients. Springer (2017).
- VA/DoD PTSD Clinical Practice Guideline: <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGClinicianSummaryFinal.pdf>