Reprinted from Co-Occurring Conditions Toolkit: Mild Traumatic Brain Injury and Psychological Health (September 2011) from the Defense Centers of Excellence: http://www.dcoe.health.mil/Content/Navigation/Documents/Co-occurring%20Conditions%20Toolkit%20-%20Mild%20Traumatic%20Brain%20Injury%20and%20Psychological%20Health.pdf

Tools for MDD

- The PHQ tools are reliable, valid, and efficacious clinical tools for primary care settings.
- The PHQ-2 is effective for identifying patients with depression and can also be used to measure treatment outcomes.
- The PHQ-9 is effective for assessing the presence and severity of depression.

Patient Health Questionnaire 2 (PHQ - 2)

Over the past two weeks, how often have you been bothered by either of the following problems?

A) Little interest or pleasure in doing things. (0-3)

B) Feeling down, depressed, or hopeless. (0-3)

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

Patients with a score of 3 or greater should be followed up with PHQ-9.

Score	% Prob. of MDD	% Prob. of Any Depressive Disorder
1	15.4%	36.9%
2	21.1%	48.3%
3	38.4%	75.0%
4	45.5%	81.2%
5	56.4%	84.6%
6	78.6%	92.9%

For more information on the PHQ-2 and PHQ-9, as well as the Clinical Practice Guidelines for Major Depressive Disorder, please visit: http://www.healthquality.va.gov/index.asp

Tools for MDD (cont.)

Patient Health Questionnaire 9 (PHQ - 9)

Name:_____ Date:_____

Over the last two weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Add Columns: ____ + ____ + ____

Total: ____

10. If you checked off any problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not Difficult at All ☐ Somewhat Difficult ☐ Very Difficult ☐ Extremely Difficult

Tools for MDD (cont.)

Patient Health Questionnaire 9 (PHQ - 9) (cont.)

PHQ-9 Score	DSM-IV-TR Criterion Symptoms	Depression Severity	Proposed Treatment Action
1-4	Few	None	None
5-9	< 5	Mild Depressive Symptoms	Watchful waiting; Repeat PHQ-9 at follow-up
10–14	5-6	Mild Major Depression	Treatment plan; Consider counseling, follow-up, and/or pharmacotherapy
15–19	6-7	Moderate Major Depression	Immediate initiation of pharmacotherapy and/or psychotherapy
20-27	> 7	Severe Major Depression	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Reference: Public domain available at http://www.phqscreeners.com

Tool for SUD

AUDIT-C (brief Alcohol Screening Questionnaire for Unhealthy Alcohol Use)

Overview

The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C is a modified version of the 10 question AUDIT instrument.

Clinical Utility

The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders.

Scoring

The AUDIT-C is scored on a scale of 0-12. Each AUDIT-C question has 5 answer choices. Points allotted are: a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points

- **In men**, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- **In women**, a score of 3 or more is considered positive (same as above).
- However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.[3]
- Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

Psychometric Properties

For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence:

	Men[1]	Women[2]
≥3	Sens: 0.95 / Spec. 0.60	Sens: 0.66 / Spec. 0.94
≥4	Sens: 0.86 / Spec. 0.72	Sens: 0.48 / Spec. 0.99

For identifying patients with active alcohol abuse or dependence:

≥ 3	Sens: 0.90 / Spec. 0.45	Sens: 0.80 / Spec. 0.87
≥ 4	Sens: 0.79 / Spec. 0.56	Sens: 0.67 / Spec. 0.94

1. Bush K, Kivlahan DR, McDonell MB, et al. The AUDIT Alcohol Consumption Questions (AUDIT-C): An effective brief screening test for problem drinking. Arch Internal Med. 1998 (3): 1789-1795.
2. Bradley KA, Bush KR, Epler AJ, et al. Two brief alcohol-screening tests from the Alcohol Use Disorders Identification Test (AUDIT): Validation in a female veterans affairs patient population. Arch Internal Med Vol 163, April 2003: 821-829.
3. Frequently Asked Questions guide to using the AUDIT-C can be found via the website: www.oqp.med.va.gov/general/uploads/FAQ%20AUDIT-C

Tool for SUD (cont.)

AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. How often do you have a drink containing alcohol?

- ☐ A. Never
- ☐ B. Monthly or less
- ☐ C. 2-4 times a month
- ☐ D. 2-3 times a week
- ☐ E. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- ☐ A. 1 or 2
- ☐ B. 3 or 4
- ☐ C. 5 or 6
- ☐ D. 7 to 9
- ☐ E. 10 or more

3. How often do you have six or more drinks on one occasion?

- ☐ A. Never
- ☐ B. Less than monthly
- ☐ C. Monthly
- ☐ D. Weekly
- ☐ E. Daily or almost daily

Tool for PTSD

PTSD Checklist – Military Version (PCL-M)

Patient Name _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, and put an "X" in the box to indicate how much you have been bothered by that problem in the last month.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, *disturbing memories, thoughts*, or *images* of a stressful military experience?					
2.	Repeated, disturbing *dreams* of a stressful military experience?					
3.	Suddenly *acting* or *feeling* as if a stressful military experience *were happening again* (as if you were reliving it)?					
4.	Feeling *very upset* when *something reminded* you of a stressful military experience?					
5.	Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful military experience?					
6.	Avoid *thinking about* or *talking about* a stressful military experience or avoid *having feelings* related to it?					
7.	Avoid *activities* or *situations* because *they remind you* of a stressful military experience?					
8.	Trouble *remembering important parts* of a stressful military experience?					
9.	Loss of *interest in things that you used to enjoy*?					
10.	Feeling *distant* or *cut off* from other people?					
11.	Feeling *emotionally numb* or being unable to have loving feelings for those close to you?					
12.	Feeling as if your *future* will somehow be *cut short*?					
13.	Trouble *falling* or *staying asleep*?					
14.	Feeling *irritable* or having *angry outbursts*?					
15.	Having *difficulty concentrating*?					
16.	Being "*super alert*" or watchful on guard?					
17.	Feeling *jumpy* or easily startled?					

Weathers, F.W., Huska, J.A., Keane, T.M. PCL-M for DSM-IV. Boston: National Center for PTSD – Behavioral Science Division, 1991. This is a Government document in the public domain.

Tool for PTSD (cont.)

Suggested Cutoff Scores for Screening and Diagnosis: Goal of Assessment

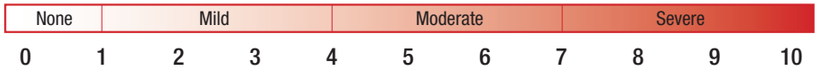
Setting	Screening	Diagnosis
VA PTSD specialty mental health clinic (1)	48	56
VA Primary Care clinic (1)	25	33
Active duty Iraq/Afghanistan (OEF/OIF) (2)	25	28
Civilian substance abuse residential (3)	36	44
Civilian primary care (4-5)	25	30-38
Civilian motor vehicle accidents (6)	44	50*

* Note that Blanchard et al. (6) chose a cutoff score of 44 for diagnosis based on diagnostic efficiency. However, the psychometrics they presented for a cutoff score of 50 yielded optimal sensitivity and specificity.

Tool for COT

Numeric Rating Pain Scale

0 – 10 Numeric Rating Scale



Indications:

Adults and children (> 9 years old) in all patient care settings who are able to use numbers to rate the intensity of their pain.

There are advantages to using a numeric rating scale (NRS) for assessing pain and function. The NRS has been found to be valid and reliable, and to be sensitive to changes in acute, cancer, and chronic pain.

Instructions:

1. Intensity of pain should be measured using a numeric rating scale (0-10 scale) for each of the following:
   - Current pain (pain level patient is having right now)
   - When pain is the worst
   - When pain is the best
   - "Usual" or "average" pain in last week
   - Acceptable (or tolerable) amount of pain
2. When the explanation suggested in #1 above is not sufficient for the patient, it is sometimes helpful to further explain or conceptualize the NRS in the following manner:
   - 0 = No Pain
   - 1-3 = Mild Pain (nagging, annoying, interfering little with ADLs = Activities of Daily Living)
   - 4-6 = Moderate Pain (interferes significantly with ADLs)
   - 7-10 = Severe Pain (disabling; unable to perform ADLs)
3. The interdisciplinary team in collaboration with the patient/family (if appropriate), can determine appropriate interventions in response to Numeric Pain Ratings
4. The patient's response to current pain treatments should be assessed using questions such as:
   - "What is your intensity of pain after taking (use of) your current medication?"
   - "How long does your pain relief last after taking your medication?"
   - "How does taking your treatment/medication affect your functioning?"
   - Ask specifically whether the patient suffers from headache

1. Breivik & Skoglund, 1998; De Conno et al., 1994; Farrar et al., 2000; Paice & Cohen, 1997
2. McCaffery, M., & Beebe, A. (1993). Pain: Clinical Manual for Nursing Practice. Baltimore: V.V. Mosby Company.

Refer to the DSM-IV TR for full diagnostic criteria

Appendix III: DSM-IV Definitions

When an individual who has been exposed to a traumatic event develops anxiety symptoms, reexperiencing of the event, and avoidance of stimuli related to the event lasting less than four weeks they may be suffering from this Anxiety Disorder.

Diagnostic criteria for 308.3 Acute Stress Disorder (DSM-IV)

A. The person has been exposed to a traumatic event in which both of the following were present:
1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
2. The person's response involved intense fear, helplessness, or horror

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:
1. A subjective sense of numbness, detachment, or absence of emotional responsiveness
2. A reduction in awareness of his or her surroundings (e.g., "being in a daze")
3. Derealization
4. Depersonalization
5. Dissociative amnesia (i.e., inability to recall an important aspect of the trauma)

C. The traumatic event is persistently reexperienced in at least one of the following ways:
1. Recurrent images
2. Thoughts
3. Dreams
4. Illusions
5. Flashback episodes
6. A sense of reliving the experience
7. Distress on exposure to reminders of the traumatic event

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people)

E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness)

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event

H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder

When an individual who has been exposed to a traumatic event develops anxiety symptoms, reexperiencing of the event, and avoidance of stimuli related to the event lasting more than four weeks they may be suffering from this Anxiety Disorder.

Diagnostic criteria for 309.81 Post-traumatic Stress Disorder (DSM-IV)

A. The person has been exposed to a traumatic event in which both of the following were present:
1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
2. The person's response involved intense fear, helplessness or horror;
   Note: In children, this may be expressed instead by disorganized or agitated behavior

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
1. Recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions;
   Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed
2. Recurrent distressing dreams of the event;
   Note: In children, there may be frightening dreams without recognizable content
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated);
   Note: In young children, trauma-specific reenactment may occur
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
5. Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month

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

Specify if:
Acute: duration of symptoms is less than 3 months
Chronic: duration of symptoms is 3 months or more
With Delayed Onset: onset of symptoms is at least 6 months after the stressor

MDD diagnosis is based on the following list of symptoms, and requires the presence of symptom A, B, or both, and at least 5 of 9 symptoms overall; These symptoms must persist for at least 2 weeks

A. Depressed mood nearly every day for most of the day, based on self report or observation of others
B. Marked reduction or loss of interest or pleasure in all, or nearly all, activities for most of the day, nearly every day
C. Significant non-dieting weight loss or weight gain (> 5% change in body weight)
D. Insomnia or hypersomnia nearly every day
E. Psychomotor agitation or retardation (should be observable by others)
F. Fatigue/loss of energy nearly every day
G. Feelings of worthlessness or excessive/inappropriate guilt (possibly delusional) nearly every day
H. Diminished cognitive function (reduced ability to think or concentrate, or indecisiveness) nearly every day
I. Recurrent thoughts of death and/or suicide, suicide planning, or a suicide attempt

DSM-IV-TR Criteria for Substance Abuse

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring at any time in the same 12-month period:

A. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
B. Recurrent substance use in situations in which it is physically hazardous
C. Recurrent substance-related legal problems
D. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance

The symptoms have never met the criteria for Substance Dependence for this class of substance.

DSM-IV-TR Criteria for Substance Dependence

A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following seven criteria, occurring at any time in the same 12-month period:

A. Tolerance, as defined by either of the following:
1. A need for markedly increased amounts of the substance to achieve intoxication or desired effect
2. Markedly diminished effect with continued use of the same amount of the substance

B. Withdrawal, as defined by either of the following:
1. The characteristic withdrawal syndrome for the substance (refer to DSM-IV-TR for further details)
2. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

C. The substance is often taken in larger amounts or over a longer period than was intended

D. There is a persistent desire or there are unsuccessful efforts to cut down or control substance use

E. A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances to see one), use the substance (e.g., chain smoking), or recover from its effects

F. Important social, occupational, or recreational activities are given up or reduced because of substance use

G. The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g.,current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption); Dependence exists on a continuum of severity: remission requires a period of at least 30 days without meeting full diagnostic criteria and is specified as Early (first 12 months) or Sustained (beyond 12 months) and Partial (some continued criteria met) versus Full (no criteria met)

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM), 4th ed, Text Revision. Washington, DC: American Psychiatric Association; 2000.

DSM-IV & DSM-IV-TR Cautionary Statement

- The specified diagnostic criteria for each psychological disorder are offered as guidelines for making diagnoses, because it has been demonstrated that the use of such criteria enhances agreement among clinicians and investigators; The proper use of these criteria requires specialized clinical training that provides both a body of knowledge and clinical skills
- These diagnostic criteria and the DSM-IV Classification of psychological disorders reflect a consensus of current formulations of evolving knowledge in our field; They do not encompass, however, all the conditions for which people may be treated or that may be appropriate topics for research efforts
- The purpose of DSM-IV is to provide clear descriptions of diagnostic categories in order to enable clinicians and investigators to diagnose, communicate about, study, and treat people with various psychological disorders; It is to be understood that inclusion here, for clinical and research purposes, of a diagnostic category such as Pathological Gambling or Pedophilia does not imply that the condition meets legal or other nonmedical criteria for what constitutes psychological disease, psychological disorder, or psychological disability. The clinical and scientific considerations involved in categorization of these conditions as psychological disorders may not be wholly relevant to legal judgments, for example, that take into account such issues as individual responsibility, disability determination and competency

Appendix III: TBI Criteria

Traumatic Brain Injury (DoD 2007)

A traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

- Any period of loss of or a decreased level of consciousness (LOC)
- Any loss of memory for events immediately before or after the injury [post-traumatic amnesia (PTA)]
- Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.)
- Neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient
- Intracranial lesion

Mild Traumatic Brain Injury Criteria (DoD 2007)

- Structural imaging: normal
- Loss of consciousness: 0-30 minutes
- Alteration of consciousness/mental state (AOC): ≤ 24 hours
- Post-traumatic amnesia (PTA): ≤ 24 hours

A special thank you for all those contributors that made this toolkit possible through their tireless efforts, specifically:

Sushma Jani, M.D.

Joseph Bleiberg, Ph.D.

Joseph G. Murphy, Ph.D.

Rosalie Fishman, RN, MSN, CPHQ

Mary Ferramosca, RPh,BS


CDP
CSTS
DHCC
TELEHEALTH &
TECHNOLOGY
NICoE
National Intrepid
Center of Excellence