**Clinical Practice Guidelines: Post-Traumatic Stress Disorder**

**Post-Traumatic Stress Disorder: Outpatient Care**

Eligibility Criteria

1. Based on intake and/or MCO screening admission to Outpatient Level of Care is indicated due to **ALL** of the following:
2. Patient risk or severity of behavioral health disorder is appropriate to proposed level of care and patient has active symptoms that require ongoing treatment as indicated by the following:
   1. Mild [psychiatric, behavioral, or other comorbid conditions for child or adolescent](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)[[C]](https://careweb.careguidelines.com/ed23/index.html)
   2. [Mild dysfunction in daily living for](https://careweb.careguidelines.com/ed24/bhg/15436402.htm) child or adolescent
3. Treatment services available in an outpatient level of care are necessary to meet person served needs, and **1 or** **more** of the followingis present:
   1. Person served specific condition related to admission diagnosis is present and judged likely to further improve at the outpatient level of care deteriorate in absence of treatment at proposed level of care.
   2. Person served specific condition related to admission diagnosis is present and judged likely to deteriorate in absence of treatment at proposed level of care.
   3. Person served is receiving continuing care (eg, transition of care from more or less intensive level of care).
   4. Recommended treatment is necessary and appropriate, given person served condition or history.
   5. Person served is willing to participate in treatment voluntarily (or agrees to participate at direction of parent or guardian).
   6. Person served has sufficient ability to respond as planned to individual and group therapeutic interventions.
   7. [Biopsychosocial stressors](https://careweb.careguidelines.com/ed24/bhg/15436402.htm) have been assessed and are absent or manageable at proposed level of care (eg, any identified deficits can be managed by program directly or through alternative arrangements).

**Evaluation**

1. Exploration of acute precipitants
2. Psychiatric, social, medical, traumatic events, and substance use histories
3. Mental status examination
4. Social Determinants of Health Assessment
5. Symptoms and functioning assessed regularly through assessments such as the PHQ-9, ACEs, and the Columbia-Suicide Severity Rating Scale (C-SSRS) and/or other clinically appropriate assessment scale.
6. Level of care assessed through the Child and Adolescent Functional Assessment Scale (CAFAS), Preschool and Early Childhood Functional Assessment Scale (PECFAS), or (DECA) .
7. Symptoms and functioning assessed 1 to 3 times per week during the initial stages of treatment and subsequently, 1 to 6 times per month as treatment progresses and person served begins to show improvement.

**Medication**

1. Appropriate medication(s) for the presenting symptoms and/or any comorbid condition/s present, such as, an antidepressant.

**Interventions and Therapy**

1. Possible regular safety checks between visits
2. Establish crisis plan with patient and supports
3. Clinical management and psychoeducation if medication prescribed (2-4 visits per month, during initial stages of treatment)
4. Trauma-focused individual psychotherapy, such as TF-CBT or EMDR (1-3 sessions per week during initial stages of treatment, as symptoms diminish and person served progresses through treatment, reduction to 2-6 sessions per month.)
5. Case management as needed and appropriate
6. Parental component of psychosocial treatment (2-4 times per month during initial stages of treatment, as symptoms diminish and person served progresses through treatment, reduction to 1-2 sessions per month)

**Discharge Criteria**

1. Adequate person served stabilization or improvement as indicated by **ALL** of the following:

* + - No recent thoughts of suicide or serious harm to self
    - No recent thoughts of homicide or serious harm to another
    - Patient and supports, as appropriate, understand follow-up treatment and crisis plan.

2. Functional improvement sufficient as indicated by **1 or more** of the following:

* + - Minimal or no current impairment in self-care or role functioning attributable to psychiatric disorder.
    - Functioning optimized as indicated by all of the following:
      * Functioning stable with current treatment and support
      * No current plan for significant change in treatment or re-evaluation

3. Symptom relief sufficient as indicated by **ALL** of the following:

* + - Treatment goals met
    - Symptom status acceptable as indicated by **ALL** of the following:
      * Symptoms stabilized
      * No current plan for significant change in treatment or re-evaluation

4. Medical needs absent or manageable at available lower level of care as indicated by **ALL** of the following:

* + - Adverse medication effects absent or manageable
    - Medical comorbidity absent or manageable
    - Medical complications absent or manageable (eg, complications of eating disorder)
    - Substance-related disorder absent or manageable

5. Outpatient care is no longer indicated due to **1 or more** of the following:

* Higher level of care is indicated, due to deterioration, need for higher level of clinical supervision to meet treatment needs or greater service intensity is needed to reinforce skills
* Person served or guardian declines to continue treatment