

PROGRAM EVALUATION

**ACTIVITY TITLE:** PTSD 101: VA/DOD 2010 CGP FOR PTSD: MANAGING PTSD AND  
CO-OCCURRING SUBSTANCE USE DISORDERS

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Program Contact CASEY GRYSEN

Contact Email EESEPC@VA.GOV

Contact Phone \_\_\_\_\_

**PROGRAM EVALUATION**

**SUBMISSION INSTRUCTIONS**

1. Complete this registration and evaluation form within 30 days of completing the activity.
2. Please save and email a copy of your completed evaluation to [EESEPC@va.gov](mailto:EESEPC@va.gov)
3. Your certificate will be sent via email to the email address provided below.
4. For questions or concerns regarding the Program Evaluation or Certificate, the following contact methods are available: EPC by email at [EESEPC@va.gov](mailto:EESEPC@va.gov), or the EES Customer Service by phone at **1.877.EES.1331 Opt.5**

**OCCUPATIONAL CATEGORY**

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative                  | <input type="checkbox"/> Physician                   |
| <input type="checkbox"/> Advanced Practice Nurse         | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Associated/Allied Health        | <input type="checkbox"/> Podiatrist                  |
| <input type="checkbox"/> Clinical Psychologist           | <input type="checkbox"/> Registered Dietitian        |
| <input type="checkbox"/> Dentist                         | <input type="checkbox"/> Registered Nurse            |
| <input type="checkbox"/> Licensed Clinical Social Worker | <input type="checkbox"/> Speech/Language Pathologist |
| <input type="checkbox"/> Pharmacist                      | <input type="checkbox"/> Other Clinical              |
| <input type="checkbox"/> Pharmacy Tech                   | <input type="checkbox"/> Other                       |

**EMPLOYER CATEGORY**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> VHA      | <input type="checkbox"/> DOD           |
| <input type="checkbox"/> VBA      | <input type="checkbox"/> IHS           |
| <input type="checkbox"/> NCA      | <input type="checkbox"/> OTHER FEDERAL |
| <input type="checkbox"/> VA OTHER | <input type="checkbox"/> NON FEDERAL   |

**Date Completed**

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**ACCREDITATION/CERTIFICATE REQUESTED:**

**Activity must be approved for the certificate type in order for such a certificate to be issued.**

- |   |  |                                 |                                 |
|---|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> General/Non-Accredited | <input type="checkbox"/> ACPE            | <input type="checkbox"/> APA    | <input type="checkbox"/> CA BRN |
| <input type="checkbox"/> ACCME                  | <input type="checkbox"/> ACPE-Technician | <input type="checkbox"/> ASHA   | <input type="checkbox"/> CDR    |
| <input type="checkbox"/> ACCME - Non Physician  | <input type="checkbox"/> ADA             | <input type="checkbox"/> ASWB   | <input type="checkbox"/> NBCC   |
| <input type="checkbox"/> ACHE                   | <input type="checkbox"/> ANCC            | <input type="checkbox"/> CA BBS |                                 |

**EMAIL ADDRESS: Enter Complete Email Address**

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**LAST NAME:**

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**FIRST NAME:**

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**I assert that I attended 100% of this program:**

**e-Signature:**

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**Type your full name in the block above**

**PRIVACY ACT STATEMENT**

AUTHORITY: Title 50, Appendix, U.S.C., Title 10, U.S.C., Public Law 96-357 96th Congress, September 24, 1980 (Amendment to 10 U.S.C. 2107).

PRINCIPAL PURPOSE(S): To develop policies and procedures, compile statistics and render analytical reports, and to track participation in EES activities.

ROUTINE USES: The information provided on the application will be used to maintain data on EES activities, provide requested reports on participation, and to provide activity original and duplicate certificates to EES activity participants.

MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL PROVIDING INFORMATION: Disclosure of information requested in the EES registration form (the application) is voluntary; however, the information must be furnished in order to ensure the applicant will receive a certificate of completion for EES activities and appropriate education credit.

PROGRAM EVALUATION

PLEASE CIRCLE THE APPROPRIATE RESPONSE CORRESPONDING WITH EACH QUESTION BELOW:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable						
Overall, I was satisfied with this learning activity.	1	2	3	4	5	NA						
The learning activities and/or materials were effective in helping me learn the content.	1	2	3	4	5	NA						
I learned new knowledge and skills from this learning activity.	1	2	3	4	5	NA						
The scope of the learning activity was appropriate to my professional needs.	1	2	3	4	5	NA						
The content of the learning activity was current.	1	2	3	4	5	NA						
Was the content presented in a manner that was fair and balanced? If no, please explain:	<table border="1"> <thead> <tr> <th data-bbox="787 672 982 741">Yes</th> <th data-bbox="982 672 1079 741">No</th> <th data-bbox="1079 672 1510 741">NA</th> </tr> </thead> <tbody> <tr> <td colspan="3" data-bbox="787 741 1510 871" style="height: 50px;"></td> </tr> </tbody> </table>						Yes	No	NA			
Yes	No	NA										
If you feel you will be successful in applying this learning, please provide a few specific examples of how you will apply it.												
I will be able to apply the knowledge and skills learned to improve my job performance.	1	2	3	4	5	NA						
If you required any accommodations for a disability your request was addressed respectfully and in a timely manner.	1	2	3	4	5	NA						
The appropriate technology was utilized to facilitate my learning.	1	2	3	4	5	NA						
The training environment (face to face, video conference, web based training) was effective for my learning.	1	2	3	4	5	NA						
I found that the technology in this learning activity was easy to use.	1	2	3	4	5	NA						
Overall, I was satisfied with the use of technology in this learning activity.	1	2	3	4	5	NA						
The technology in this learning activity was responsive and provided access to further support.	1	2	3	4	5	NA						
What about this learning activity was <b>most useful</b> to you?												
What about this learning activity was <b>least useful</b> to you?												

Thank you for your helpful feedback.

Please rate each of the following program objectives.

After attending this learning activity, I have the ability to:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Review evidence on co-occurrence of substance use disorders (SUD) and PTSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify key recommendations for integrated psychotherapy and pharmacotherapy treatment of SUD and PTSD from the VA/DoD 2010 PTSD Guideline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify measures and methods for treatment monitoring related to PTSD and SUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illustrate ways of addressing substance abuse in PTSD treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Among Veterans seeking care at VA with a substance use disorder, trends show that the percentage of Veterans with co-occurring PTSD has \_\_\_\_ since 2002, and the absolute number of Veterans with both conditions has \_\_\_\_\_ since 2002.
- A** Decreased; increased
- B** Increased; decreased
- C** Increased; increased
- D** Decreased; decreased
- E**
2. Since 2002, the number of Veterans with PTSD and a drug use disorder has increased at the highest rate for which substance?
- A** Amphetamines
- B** Cocaine
- C** Cannabis
- D** Opioids
- E**

3. The 2010 VA/DoD clinical practice guideline for PTSD recommends which of the following?
- A** All patients diagnosed with PTSD should receive a comprehensive substance use disorder assessment, including nicotine dependence
  - B** Pharmacotherapy treatment should be offered to all patients with cocaine dependence
  - C** A single intervention approach is recommended for patients with co-occurring PTSD and substance use disorder
  - D** Marijuana may be helpful to patients who have PTSD-related sleep disorders.
  - E**
4. Which of the following is recommended by the 2010 VA/DoD clinical practice guideline for PTSD for patients with co-occurring substance use disorders?
- A** The PTSD and substance use disorder should be treated concurrently
  - B** Addiction-focused pharmacotherapy should not be offered
  - C** Assessment of the response to substance use treatment should occur regularly and include ongoing use, cravings, side effects of medications, and emerging symptoms
  - D** A and C
  - E**

5. Which of the following is recommended by the 2010 VA/DoD clinical practice guideline about treating opioid dependence?
- A Methadone must be available to all patients diagnosed with opioid dependence for whom it is indicated
  - B If agonist treatment is not indicated, antagonist medication such as naltrexone needs to be available and considered
  - C Pharmacological interventions do not need to be linked with psychosocial treatment and support
  - D Buprenorphine is an opioid agonist that can be self-administered.
  - E
6. Which of the following medications is FDA approved for alcohol use disorders?
- A Venlafaxine
  - B Naltrexone
  - C Abilify
  - D Klonopin
  - E

7. In a 2008 national survey of people with an alcohol or drug use disorder, what percentage of people perceived the need for treatment and made an effort to receive treatment?
- A 20.2%
  - B 3.7%
  - C 1.1%
  - D 48.2%
  - E
8. According to Oslin and colleague's study, what was the number one reason why Veterans declined referrals for alcohol dependence treatment?
- A Not perceiving a need
  - B Negative experiences with treatment
  - C Worries about stigma
  - D Logistical concerns
  - E



9. Which of the following describes how substance use might interfere with Cognitive Behavioral Therapy or trauma-focused therapy for PTSD?

- A Decreases avoidance
- B Blocks emotional processing
- C Improves attendance
- D Strengthens trauma memories
- E

10. Which of the following does Dr. Kaysen suggest to manage substance use during trauma-focused PTSD treatment?

- A Use motivational interviewing techniques to assess pros/cons of use and impact on treatment
- B Use cognitive behavioral tools such as Socratic questioning about alcohol-maintaining beliefs
- C Use guilt as a way of getting patients to stop using during therapy
- D A and B
- E

**FACULTY EVALUATION**

**PLEASE CIRCLE THE APPROPRIATE RESPONSE  
CORRESPONDING WITH EACH QUESTION BELOW:**

Daniel Kivlahan / Review Evidence on Co-Occurrence of Substance Use Disorders (SUD) and PTSD	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Was knowledgeable about the topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Engaged participants effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments

Daniel Kivlahan / Identify Key Recommendations for Integrated Psychotherapy and Pharmacotherapy Treatment of SUD and	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Was knowledgeable about the topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Engaged participants effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments

Daniel Kivlahan / Identify Measures and Methods for Treatment Monitoring Related to PTSD and SUD	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Was knowledgeable about the topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Engaged participants effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments

Daniel Kivlahan / Illustrate Ways of Addressing Substance Abuse in PTSD Treatment	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Was able to effectively present content	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Was knowledgeable about the topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Engaged participants effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Comments