

## **TREATMENT ISSUES: OVERVIEW**

These guidelines are based on empirical findings, expert clinical consensus, and the State of Washington's, CVCP Mental Health Treatment Guidelines Task Force conclusions. They have been developed to reflect current knowledge and generally accepted practice concerning the conditions that most commonly affect victims in the aftermath of crime. The primary objective of the following treatment guidelines is to help clinicians formulate accurate diagnoses, choose and plan assessment strategies and implement appropriate, effective treatment plan for crime victims.

Post-Traumatic Stress Disorder (PTSD) has been identified as the primary trauma-specific diagnosis along with its newly identified acute variation, Acute Stress Disorder. Depressive symptoms, although they are not necessarily trauma-specific, are the most common symptoms suffered by crime victims. Recommendations and guidelines regarding the identification, diagnosis, assessment and treatment of PTSD and Depression will be presented in Section B and C, respectively.

Each crime victims' experience and response to trauma is unique and influenced by a myriad of complex variables, e.g. biological and emotional disposition, pre-existing conditions, intensity and severity of trauma, exposure to multiple traumas, co-morbid disorders, and the victim's own support system. For this reason, the clinician must carefully consider Axis I disorders and the presence of Axis II and III disorders in order to adjust the assessment and treatment plan accordingly. Section D addresses some of the issues confronted by clinicians managing complex cases and VCCB guidelines regarding treatment of co-morbid conditions. Issues related to the diagnosis, assessment and treatment of the following co-morbid conditions are briefly described in the following sub-sections:

- 1. Introduction**
- 2. Anger**
- 3. Anxiety**
- 4. Substance Abuse**
- 5. Somatoform Disorders**

These guidelines are not expected to apply to all crime victims or specific situations, nor are they intended to establish a legal standard of care or a rigid standard of practice to which professionals are expected to adhere. Brief summaries of treatment interventions are presented. Please refer to full treatment manuals listed for detailed descriptions of specific interventions. The adaptation of these guidelines to particular clients requires clinicians to have skill, training, knowledge, and experience. Therefore, it is an expectation that practitioners treat within their scope of knowledge and expertise—an expectation, which not only applies to crime victims but other clinical populations as well. As experience and scientific knowledge expand, further revision of these guidelines is expected.

All clinicians are expected to keep informed of new developments in the field. These guidelines are not intended to substitute for specialized training and ongoing supervision. The resources listed and bibliographies are only suggestions. They are not exhaustive lists, and the VCCB does not claim responsibility for the services provided.