Guidance on the PCL-5 in Mental Health Assistant

Many of you have had questions regarding the PCL-5 in Mental Health Assistant (MHA). In this document, we have summarized the main questions we have received and provide updates and guidance related to the issues, including specific instructions for MHA from Dr. Katy Lysell.

The questions we have received about the PCL-5 are primarily regarding the following:
1. The recommended cut off score for the PCL-5
2. What constitutes meaningful change in the PCL-5
3. Confusion regarding the origin of the “severity ranges” and the subscales or clusters
4. Weekly versus Monthly administration of the PCL-5
5. The graphical representation of the scores
6. Passing a progress note to CPRS after an administration of the PCL-5

Taking them in order:

1. The recommended cut off score for the PCL-5. The updated cut-off score for making a provisional diagnosis with the PCL-5 is 33. It was originally set at 38, and the current EBP templates that administer the PCL-5 reference a cut-off score of 33. MHA itself does not include an interpretive statement about the PCL-5, but the reminder dialog used by the EBP templates does and will be updated by patch YS*5.01*121 in the spring of 2017 and will reflect the updated cut off of 33 which is based on more recent studies. You can find references for those studies and more about the updated cut-off score here. As a reminder, if you’re using the PCL-5 to make a provisional diagnosis, the respondent needs to have at least 1 cluster B symptom, 1 cluster C symptom, 2 cluster D symptoms, and 2 cluster E symptoms IN ADDITION to a score of at least 33 on the PCL-5. A score of “2” (moderately) or higher is recommended for an item to meet criteria for a provisional diagnosis.

2. What constitutes meaningful change in the PCL-5? Official recommendations for “meaningful” and “reliable” change on the PCL-5 have not yet been established. Our current suggestion is to use at least a 5 point change on the total PCL-5 score as an indication of reliable change and an 8-10 point change for clinically meaningful change. From our NCPTSD website on the PCL-5: “Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for DSM-IV suggests that a 5-10 point change represents reliable change (i.e., change not due to chance) and a 10-20 point change represents clinically significant change. Therefore, it was recommended to use 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful using the PCL for DSM-IV. Change scores for PCL-5 are currently being determined. It is expected that reliable and clinically meaningful change will be in a similar range.”
3. **Confusion regarding the origin of the “severity ranges” and the subscales or clusters.** The severity ranges were derived by a consensus among experts and developers of the measure. They have not yet been empirically derived. The subscales correspond to the DSM-5 PTSD criterion clusters. The subscales have different ranges and there is no current recommendation for how to interpret scores for the individual subscales however they may be useful clinically. For example, they may be helpful in discussing treatment progress in specific symptom clusters or in assessing which symptoms are responding more than others to treatment.

4. **Weekly versus Monthly administration of the PCL-5.** Currently, the PCL-5 that is in MHA is the version that directs users to “…think about symptoms in the past month…” - the monthly version. This has caused some confusion for those of you who are using a weekly time frame for evaluating symptoms, including as part of the EBP rollouts. Unfortunately, a weekly version of the PCL-5 has not been validated and there is therefore **no single, official weekly version.** However, the CPT and PE rollouts have created a weekly version and it is available on the CPT Sharepoint. It often makes sense clinically to use a briefer time frame for reviewing symptoms, and in those cases the current guidance is to give the PCL-5 and change the timeframe in the directions to weekly rather than monthly. In order to identify when the instructions have been modified, it is recommended that you **add a comment in the MHA results page indicating that the patient was instructed to respond in regard to the past week.** For example, if a weekly version of the PCL-5 was given, the scores should be entered into MHA and a comment added saying, “*This PCL-5 was based on a weekly review of symptoms.*” Specific instructions for how to document the weekly administration of the PCL-5 in MHA are described in **Appendix A below.** Doing so will allow those who review aggregated MHA data to distinguish between monthly vs weekly PCL-5 data. If entering weekly PCL-5 scores via an EBP template, MHA will still need to be opened separately and the PCL-5 instrument results review page that was populated by the EBP template should be amended with the above comment. **To reiterate:** PCL-5 can be used weekly and scores should be entered into MHA, either directly or via EBP note templates. When doing so, a comment needs to be added to the MHA results page, saying that the PCL-5 is weekly.

5. **The graphical representation of the scores.** The way PCL-5 scores are graphed in MHA is confusing. Currently, the graph defaults to each cluster subscale, and the scaling in the graph makes the data difficult to see and interpret. When looking at repeated administrations of the PCL-5 over time, it is possible to change the graphing view by clicking on a “subscale” to graph the scores of that scale across time. The way MHA subscales are constructed, the “PCL-5” subscale represents the total score. Clicking on the PCL-5 (the second one in the list) on the graph will display the total score across time. Enhancements to graphing in MHA are planned for work to be completed in late FY17.
6. Passing a Progress Note to CPRS for a PCL-5 administration

Some sites have expressed interest in creating a CPRS progress note for a PCL-5 administration. Please see Appendix B for a technical, how-to description of the process.

Thank you and please don’t hesitate to contact us or the PTSD Consultation Program if you have any questions (ptsdconsult@va.gov or 866-948-7880).
Appendix A (From Dr. Katy Lysell)

PCL-5

Identification of Weekly Look-back

Need for Weekly Version

- Some settings, such as EBP roll-outs, need a greater degree of sensitivity and have utilized a weekly version of the PCL-5
- However, the only published version is the monthly version
- Validation of a weekly version is starting, but expected to be a two year project
- Providers can instruct patients to rate symptoms for the period of the past week and add that comment in MHA
Results Reporting

From the Results Page, Select the Tools Menu, and the AppendComments Option

Clinician: Lyell, Kathleen M
Location: Ztest
Veteran’s Ztest, Enrollment Group
SIN: xxx-xx-7777
DOB: Feb 4, 1953 (3)
Gender: Male

PCL-5 Score: 49
Cluster B (items 1-5): 9
Cluster C (items 6-7): 6
Cluster D (items 8-14): 16
Cluster E (items 15-20): 10

Interpretative Statement: PCL-5 has a total score range of 0-80, with higher scores indicating greater PTSD symptom severity.

6-10: no or minimal symptoms reported
11-20: mild symptoms reported
21-40: moderate symptoms reported
41-60: severe symptoms reported
61-80: very severe symptoms reported
Add Comments

This administration was based on weekly review of symptoms.
Appendix B (from Katy Lysell)

6. **Passing a progress note to CPRS for a PCL-5 administration.** MHA provides an option for results of administrations of instruments to be passed to a progress note in CPRS. When the PCL-5 was added to the software package, the default for this option was set to No. Many sites have indicated that they wish to create a progress note for PCL-5 administrations. The customization features are found on the MHS Manager Menu in VistA (YSMANAGER). The menu option MHA3 Utilities Menu (YTQ MHA3 MENU) contains an option to customize the passing of progress notes (Stop/Restart Progress Notes for an Instrument). You can accept the standard note title (MH Diagnostic Study Note) or customize by instrument.

```
Select MHA3 Utilities Option: 4  Stop/Re-Start Progress Notes for an Instrument

Select MH TESTS AND SURVEYS NAME: PCL-5

GENERATE PNOTE: Yes//

TIU TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE//

CONSULT NOTE TITLE: MENTAL HEALTH CONSULT NOTE//
```

Additionally, with the PCL-5, in addition to setting the instrument to pass a note to CPRS, the MHA file in VistA has to be updated. This is file 601.71, MH TESTS AND SURVEYS. This has to be done through Fileman, so requires Fileman edit access (typically your IT staff). The field LAST EDIT DATE has to be updated, using a T default for today is fine:

```
NAME: PCL-5  PRINT TITLE: PCL-5
VERSION: 02/15/2013
AUTHOR: Weathers, Litz, Keane, Palmieri, Marx, & Schnurr
PUBLICATION DATE: 2013    OPERATIONAL: Yes
REQUIRES LICENSE: No        LICENSE CURRENT: No
HAS BEEN OPERATIONAL: Yes
PURPOSE: PTSD Symptom Checklist for DSM 5
ENTERED BY: HOWELL,LYNN     ENTRY DATE: FEB 15, 2013
LAST EDITED BY: MELDRUM,KEVIN LAST EDIT DATE: JUL 29, 2016
IS NATIONAL TEST: Yes       REQUIRES SIGNATURE: No
IS LEGACY: No               SUBMIT TO NATIONAL DB: Yes
IS COPYRIGHTED: No          WRITE FULL TEXT: Yes
GENERATE PNOTE: Yes
TIU TITLE: MENTAL HEALTH DIAGNOSTIC STUDY NOTE
```