PTSD and Other Responses Following Exposure to Traumatic Events

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What Constitutes a Trauma?
• Per DSM-IV – Exposure to actual or threatened death, serious injury, or sexual violence
  – Directly experiencing the event
  – Witness, in person, the event as it occurred
  – Learning that the event occurred to close family member / friend

What Constitutes a Trauma?
  – Repeated or extreme exposure to aversive details of traumatic event

Common Reactions After a Trauma
• Feeling hopeless about the future
• Trouble concentrating or making decisions
• Feeling jumpy, easily startled
• Feeling on guard and constantly alert
• Disturbing dreams and memories / flashbacks

Common Reactions After a Trauma
• Occupational or academic problems
• Physical reactions
• Emotional difficulties

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Important to Remember

- Experiencing a traumatic event does not automatically lead to PTSD
- Experiencing a trauma does not automatically equal anything “bad”
- Traumas may lead to PTSD, but then the person recovers
- And, many bad things happen to people, affecting them deeply, that are not “trauma”

Risk Factors for PTSD

- PTSD can affect anyone, regardless of age, gender, ethnicity, or social status
- Some populations more vulnerable

Unique Stressors for First Responders

- In addition to risking their own lives, first responders also bear witness to the terror, pain and tragedy of others
- First responders have increased risk of PTSD due to job demands and inherent exposure

When to Become Concerned / Seek Help

- Any thoughts of harming self or others
- Alcohol or substance use / abuse
- Anytime symptoms persist and / or interfere with daily functioning

What Does PTSD Look Like?

- No one clinical picture but not like it is shown on television / movies
- Cannot stereotype, although it’s done

What Does PTSD Look Like?

- There are some “hallmarks”
  - Nightmares and poor sleep
  - Anger
  - Hypervigilance
  - Numbness or sadness
  - Avoidance of groups
Diagnostic Changes From DSM-IV to DSM-V

- Now listed under Trauma - and Stressor - Related Disorders (a new diagnostic chapter)
- Criterion A - The stressor criterion
  - More explicit with regard to what constitutes a trauma
  - Subjective reaction has been eliminated
- Symptom clusters
  - Now 4 symptom clusters (as opposed to 3 in DSM-IV)
  - Avoidance / numbing now divided into 2 clusters:
    - Avoidance, and
    - Persistent negative alterations in cognitions and mood

Current Diagnostic Criteria (DSM-5)

- A. Exposure to actual or threatened death, serious injury, or sexual violence
- B. One or more intrusion symptoms
- C. At least one of two avoidance symptoms
- D. Two or more symptoms of negative alterations in cognitions and mood
- E. Two or more symptoms of marked alterations in arousal and reactivity
- F. Duration of Criteria B - E sxns > 1 month
- G. Sxs cause significant distress or impairment
- H. Disturbance not due to substance or GMC
DSM-5 Diagnostic Criteria Continued

- Specifiers
  - With dissociative symptoms
    - Depersonalization
    - Derealization
  - With delayed expression

PTSD Statistics
- Lifetime risk = 8.7%
  -(In United States, at age 75, using DSM-IV criteria)
- 12 month prevalence = 3.5%
  -(Among United States adults)
- Rates higher among veterans and 1st responders

PTSD Statistics
- Highest rates found among survivors of rape, military combat and captivity, and ethnically or politically motivated internment and genocide
  - (ranging from one third to more than one half)

Other Possible Post - Trauma Disorders
- Acute Stress Disorder
  - Symptom pattern restricted to duration of 3 days to 1 month after traumatic event

Other Possible Post - Trauma Disorders
- Presence of 9 or more sxs from 5 sx categories
  - Intrusion
  - Negative mood
  - Dissociative symptoms
  - Avoidance symptoms
  - Arousal symptoms

Other Possible Post - Trauma Disorders
- Adjustment Disorders
  - Subtypes marked by depressed mood, anxiety sxs, or disturbances in conduct
- Other Specified Trauma - and Stressor - Related D/O
**Other Possible Post-Trauma Disorders**
- Unspecified Trauma- and Stressor-Related D/O
- Anxiety Disorders
- Depressive Disorders

**Comorbidity**
- Individuals diagnosed with PTSD are 80% more likely to meet criteria for another disorder than those without PTSD
- Comorbid substance abuse and conduct disorders more common in males
- ODD and separation anxiety d/o more common in young children

**Evidence-Based Screening Tools**
- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
  - The CAPS is the gold standard in PTSD assessment
  - The CAPS-5 is a 30-item structured interview that can be used to:
    - Make current (past month) diagnosis of PTSD
    - Make lifetime diagnosis of PTSD
    - Assess PTSD symptoms over the past week
- Questions also target the onset and duration of sxs, subjective distress, impact of sxs on functioning, improvement in sxs since a previous CAPS administration, overall response validity, overall PTSD severity, and specifications for the dissociative subtype

**CAPS-5 Sample Item**
- In the past month, have you had any unwanted memories of (EVENT) while you were awake, so not counting dreams?
- How does it happen that you start remembering (EVENT)?
  - [If not clear:] (Are these unwanted memories, or are you thinking about [EVENT] on purpose?)
CAPS-5 Sample Item

- How much do these memories bother you?
- Are you able to put them out of your mind and think about something else?
- How often have you had these memories in the past month?
  - # of times ______

Evidence - Based Screening Tools Continued

- PTSD Checklist for DSM-5 (PCL-5)
  - The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD

Evidence - Based Screening Tools Continued

- The PCL-5 has a variety of purposes, including:
  - Monitoring symptom change during and after treatment
  - Screening individuals for PTSD
  - Making a provisional PTSD diagnosis

PCL-5 Sample Item

- Item: In the past month, how much have you been bothered by:
  - "Repeated, disturbing, and unwanted memories of the stressful experience?"
- Response:
  - 0 = "Not at all" to 4 = "Extremely"

Other Commonly Used Screeners

- Adult Measures:
  - Structured Clinical Interview for DSM-5 (SCID-5-CV)
  - Trauma Symptom Checklist – 40 (TSC-40)
  - Modified PTSD Symptom Scale (MPSS-SR)

Other Commonly Used Screeners

- Child Measures:
  - Trauma Symptom Checklist for Children (TSCC) or for Young Children (TSCYC)
  - UCLA PTSD Reaction Index for Children / Adolescents - DSM-5
  - Parent Report of Child’s Reaction to Stress
Evidence – Based TX Interventions

• Cognitive Processing Therapy (CPT)
  – Form of cognitive behavioral therapy (CBT)
  • Developed by Patricia Resick, PhD, to treat rape victims and later applied to PTSD

Evidence Based Treatments Continued

• Prolonged Exposure (PE)
  – Developed for PTSD by Keane, Foa, and Rothbaum
  – Patient is guided to recall traumatic memories in gradual, controlled, repeated manner in order to regain mastery of their thoughts and feelings around the event

Evidence Based Treatments Continued

• Stress - Inoculation Training
  – Form of CBT
  – Patients are taught techniques to manage and reduce anxiety
    • e.g., Diaphragmatic breathing, muscle relaxation, positive self-talk

Evidence Based Treatments Continued

• Eye - movement Desensitization and Reprocessing (EMDR)
  – Therapist guides patients to make eye movements or follow hand taps at same time they are recounting traumatic event(s)
  • Mechanism of action not clear or fully understood

Evidence Based Treatments Continued

• Psychopharmacology
  – The United States Food and Drug Administration (FDA) has approved two medications for treating adults with PTSD:
    • Sertraline (Zoloft)
    • Paroxetine (Paxil)
Evidence Based Treatments Continued
- Prazosin - commonly used to treat trauma-related nightmares

Resilience
- Common to experience stress and other post-trauma reactions in immediate aftermath
- Majority able to return to prior functioning within a few months

Protective Factors
- The ability to cope with stress effectively and in a healthy manner (not avoiding)
- Being resourceful and having good problem-solving skills
- Being more likely to seek help

Protective Factors
- Holding the belief that there is something you can do to manage your feelings and cope
- Having social support available to you

Protective Factors Continued
- Being connected with others, such as family or friends
- Self-disclosure of the trauma to loved ones
- Spirituality
- Having an identity as a survivor as opposed to a victim

Protective Factors Continued
- Helping others
- Finding positive meaning in the trauma
Steps to Help With Emotional Well - Being and Sense of Control

- Give yourself time to adjust
- Ask for support
- Communicate your experience
- Find a local support group
- Engage in healthy behaviors
- Establish or re-establish routines
- Avoid making major life decisions