

PTSD and Other Responses Following Exposure to Traumatic Events

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Faculty

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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**

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

Diagnostic Changes From DSM-IV to DSM-V

- 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

Diagnostic Changes From DSM-IV to DSM-V

- Changes in Specifiers
- Separate criteria for children 6 years and younger

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

Current Diagnostic Criteria (DSM-5)

- 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 sxs > 1 month

DSM-5 Diagnostic Criteria Continued

- 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 sx's 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 sx's, 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

Evidence - Based Screening Tools

- 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

Evidence - Based Screening Tools

- Questions also target the onset and duration of sx's, subjective distress, impact of sx's on functioning, improvement in sx's 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 TX Interventions

- Includes an exposure component, but greater emphasis placed on cognitive strategies to assist with altering erroneous thinking that has emerged due to event

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