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PSY-215: ABNORMAL PSYCHOLOGY
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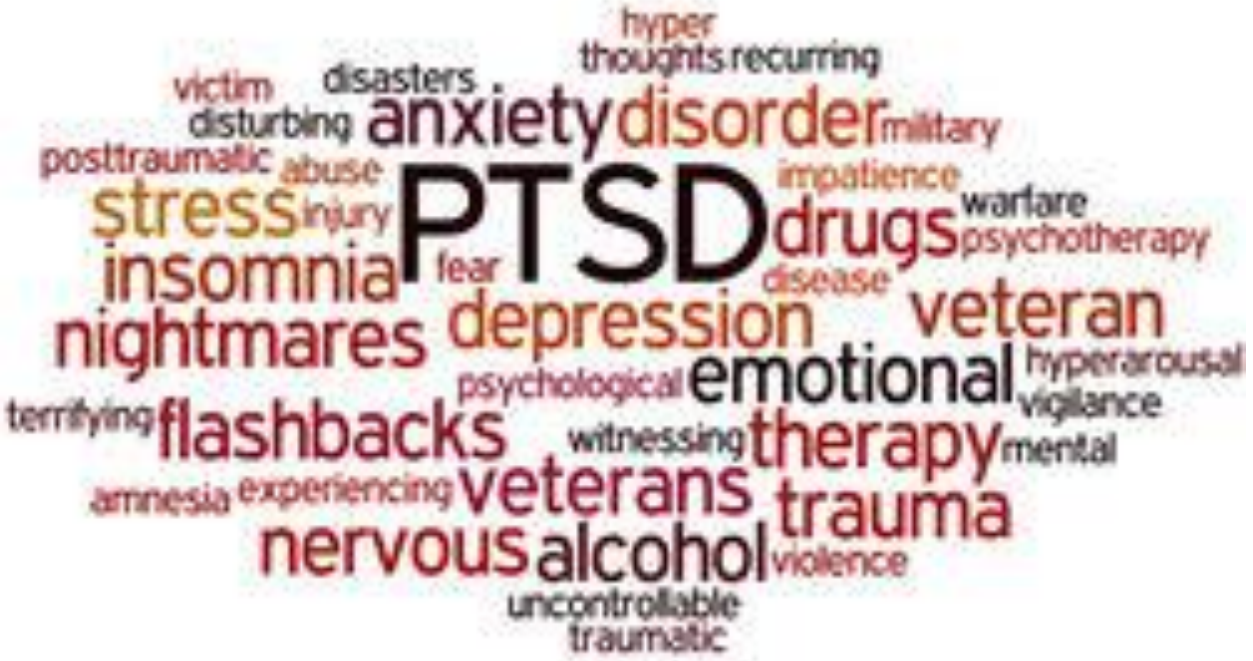
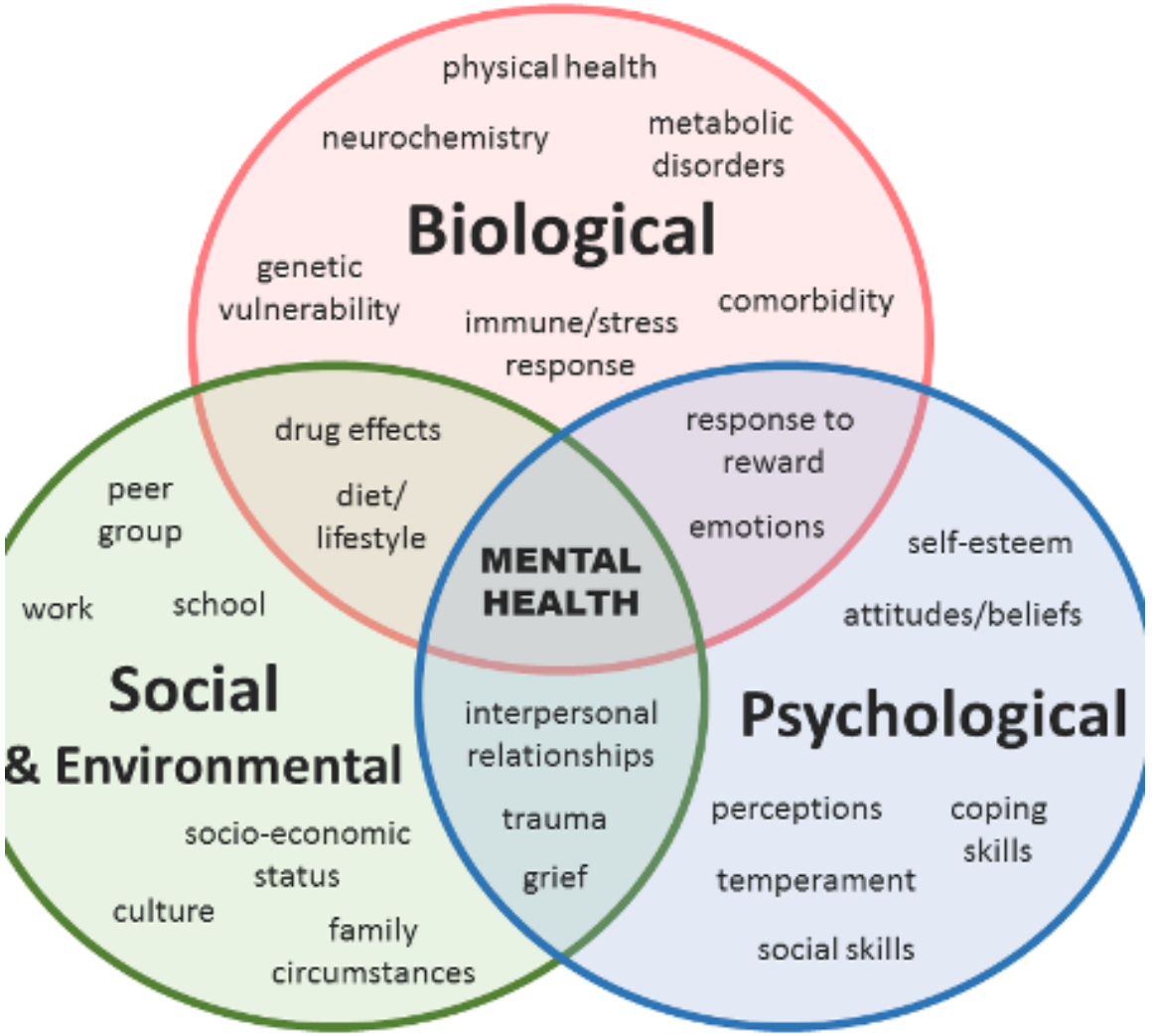
Post-Traumatic Stress Disorder (PTSD)

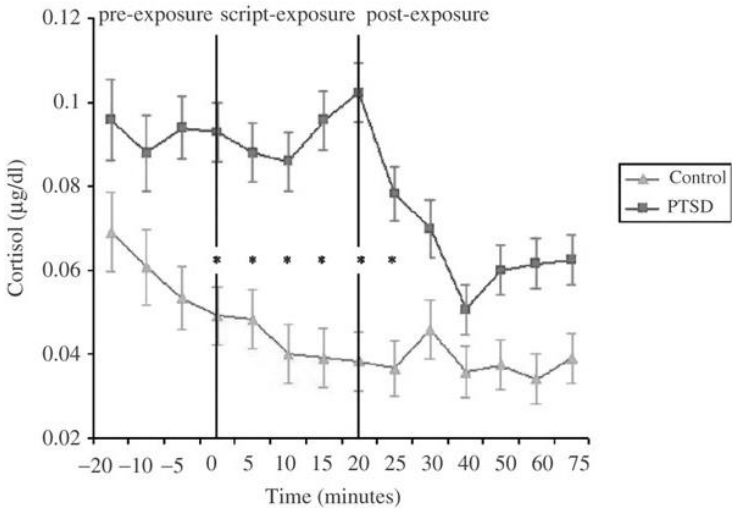
Introduction

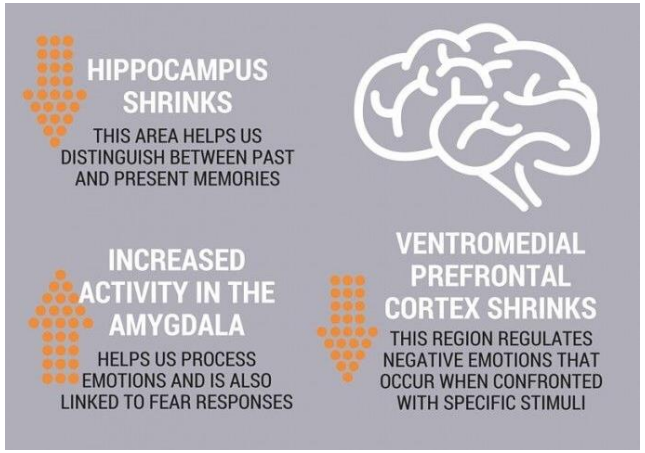




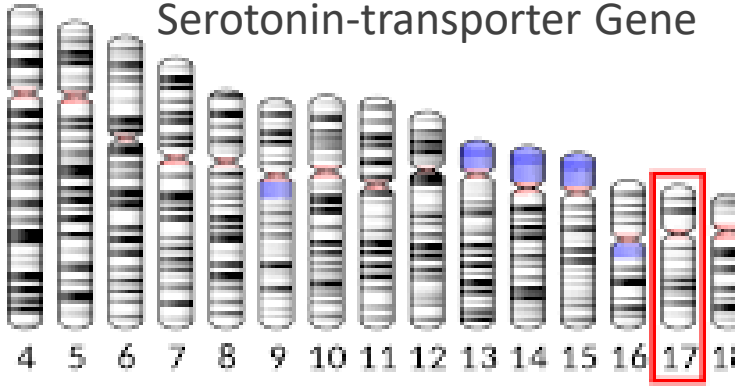
Part One: Biopsychosocial Considerations

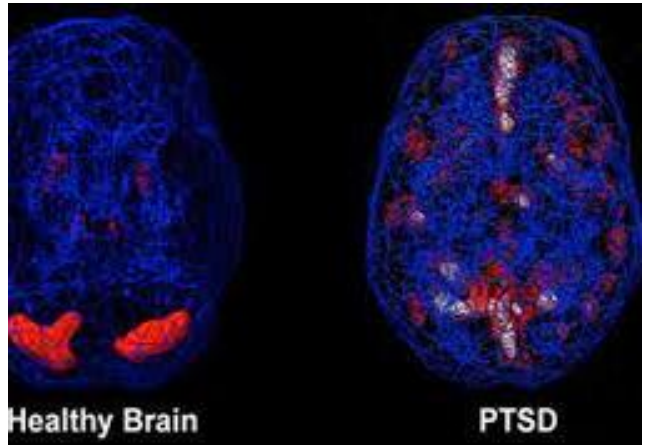
Biological

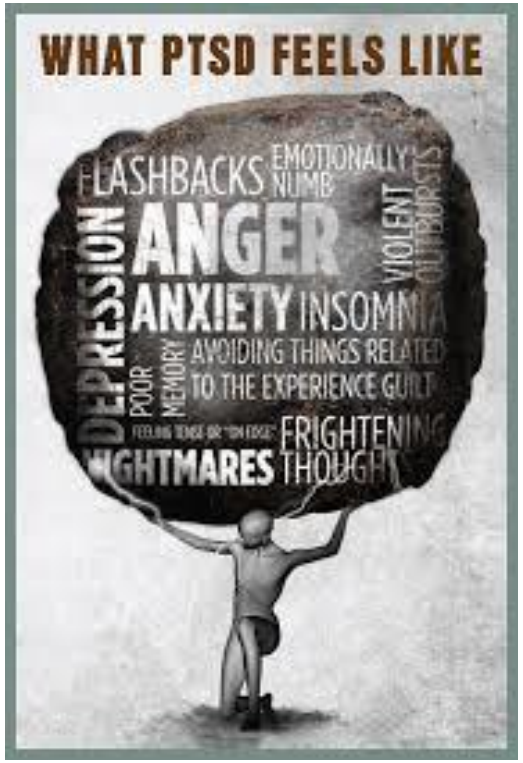


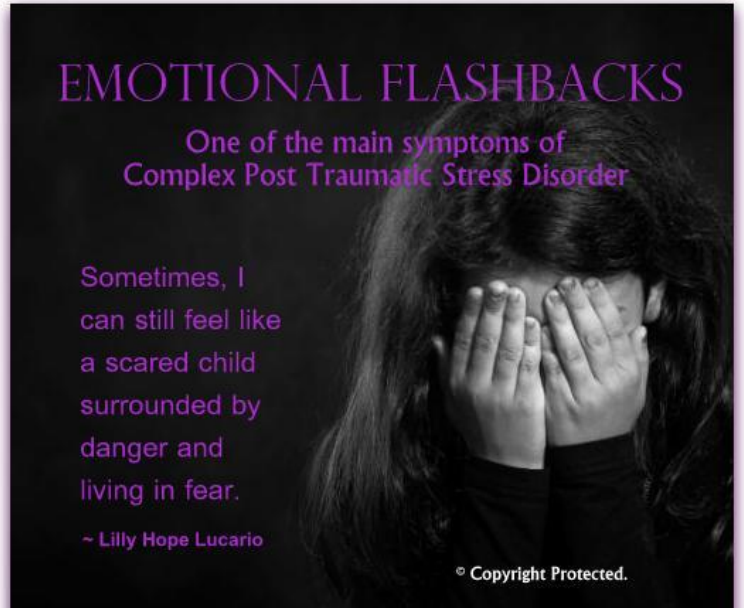


Serotonin-transporter Gene



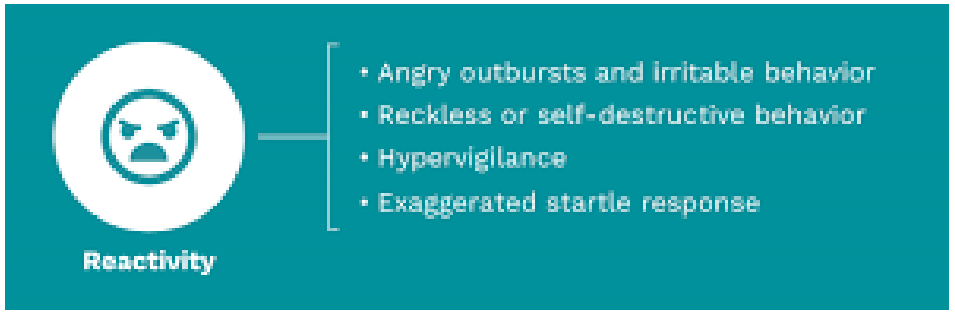




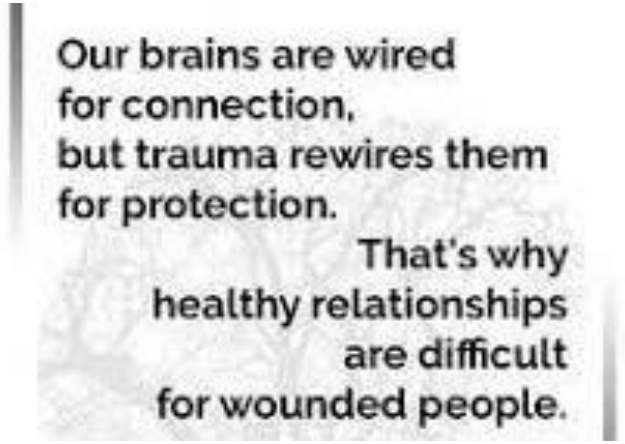


Psychological

Social

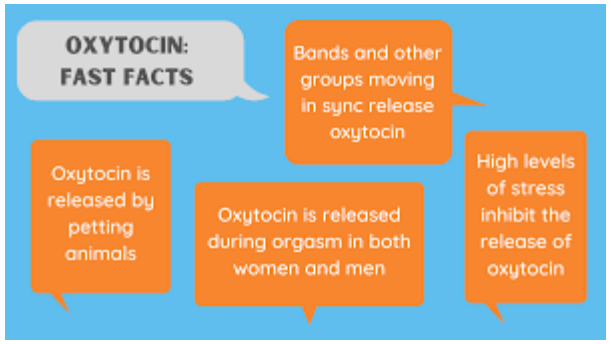

Reactivity
• Angry outbursts and irritable behavior
• Reckless or self-destructive behavior
• Hypervigilance
• Exaggerated startle response

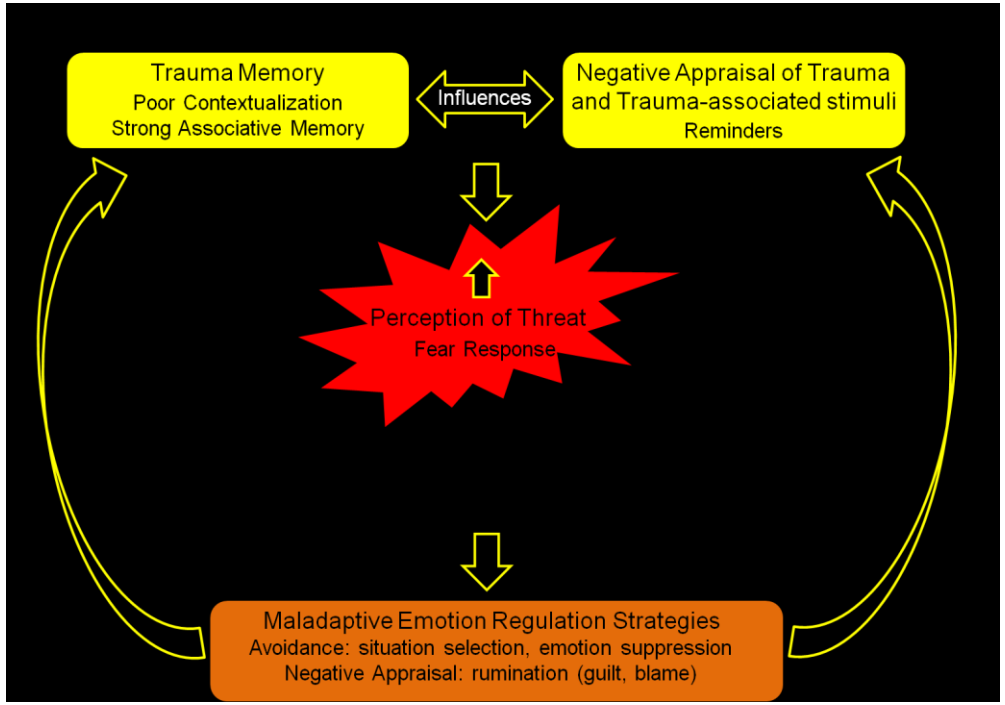

TRAUMA COMPROMISES OUR ABILITY TO ENGAGE WITH OTHERS BY REPLACING PATTERNS OF CONNECTION WITH PATTERNS OF PROTECTION.
STEPHEN PORGES


Our brains are wired for connection, but trauma rewires them for protection.
That's why healthy relationships are difficult for wounded people.

Cultural Variation

Treatment





Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Implementation Manual

ONLINE TEXT

Community

National Latino Behavioral Health Association NLBHA

NAMI
National Alliance on Mental Illness

Part Two: Diagnostic/ Evaluative Considerations

Clinical Assessments

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

... have had nightmares about it or thought about it when you did not want to?

___YES ___NO

... tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

___YES ___NO

... were constantly on guard, watchful, or easily startled?

___YES ___NO

... felt numb or detached from others, activities, or your surroundings?

___YES ___NO

*Adapted from: Prins A, Ouimette P, Kimerling R, et al. The Primary Care PTSD Screen (PC-PTSD): Development and operating characteristics. *Primary Care Psychiatry* 2003;9:9-14.

PSS-I Structure

- Ratings are made on a 4-Point Likert Scale that combines frequency and severity
  - 0 – Not at all
  - 1 – Once per week or less/a little
  - 2 – 2 to 4 times per week/somewhat
  - 3 - 5 or more times per week/very much
- Frequency and severity are combined because some items lend themselves better to frequency ratings, while others lend themselves better to intensity ratings

Assessment: Measures

- Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
  - "Gold standard" in PTSD assessment, takes 45-60 minutes
  - 30-item structured interview administered by clinicians and clinical researchers
  - 20 items target onset and duration of symptoms, others target distress, impact, validity, severity
- Good to give depression screener as well (e.g., BDI, PHQ-9)

PCL-5 Subscales	Mean Difference (Pre-Post)	Standard Deviation	t	df	Significance
Intrusion Symptoms	2.37	4.91	3.45	50	$p < .01$
Avoidance Symptoms	1.37	2.57	3.82	50	$p < .001$
Negative Alterations in Cognitions & Mood	3.61	6.12	4.21	50	$p < .001$
Alterations in Arousal & Reactivity	2.20	5.08	3.09	50	$p < .01$
Overall Diagnosis Level	9.61	15.34	4.47	50	$p < .001$

Reliability and Validity

The technical diagnosis of PTSD: Why it is important?

- ❑ Misdiagnosis is common
- ❑ Misunderstandings are common
- ❑ PTSD is serious but very treatable
- ❑ Often comorbid diagnosis also exists

Culture and Trauma

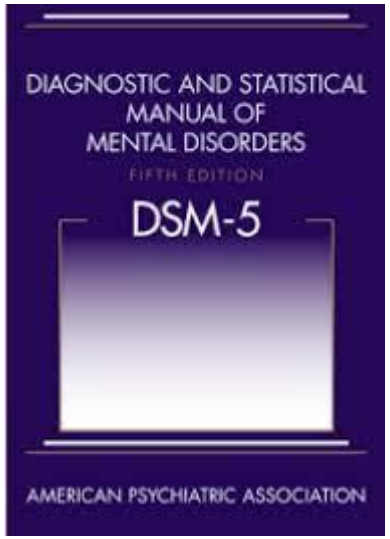
- Cultural factors, such as norms for expressing psychological distress, defining trauma, and seeking help in dealing with trauma, can affect:
  - How traumas are experienced.
  - The meaning assigned to the event(s).
  - How trauma-related symptoms are expressed (e.g., as somatic distress, level of emotionality, types of avoidant behavior).
  - Willingness to express distress or identify trauma with a behavioral health service provider and sense of safety in doing so.
  - Whether a specific pattern of behavior, emotional expression, or cognitive process is considered abnormal.
  - Willingness to seek treatment inside and outside of one's own culture.
  - Response to treatment.
  - Treatment outcome.

Acute Stress Disorder	PTSD
1. Nightmare	1. Dissociative symptoms like detachment from the surrounding world.
2. Flashback	2. Patients often feel that time is slowing down.
3. Fear	3. Feeling jumpy or irritated
4. Insomnia	4. Emotional numbness
5. Pessimistic thoughts	5. Flashbacks and recurrent nightmares
6. Low mood	6. Prolonged psychological distress
7. Numbness	7. Self-destructive activities
8. Feeling edgy or irritated	8. Hypervigilance
9. Maintaining a distance with others	9. Fear
10. Detachment from the reality	10. Anger and guilt
11. Avoiding anything that is associated with the trauma	11. Depression
12. Feeling numb or dazed	12. Negative beliefs
13. Distressed	13. Depersonalization
14. Feeling guilty	14. Insomnia
15. Derealization	15. Dissociative amnesia
16. Dissociative amnesia	

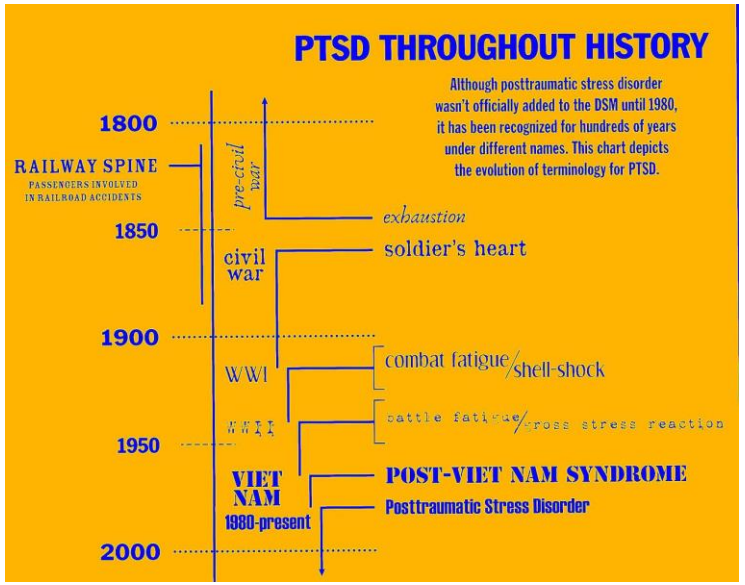
Diagnosis by Exclusion

Definition: While there is not an exact definition of diagnosis by exclusion, “The relevant literature consistently specifies or implies that a DOE is simply the diagnosis that remains after all other differential possibilities have been excluded” (Fred, 2013, para. 7).

Assessments



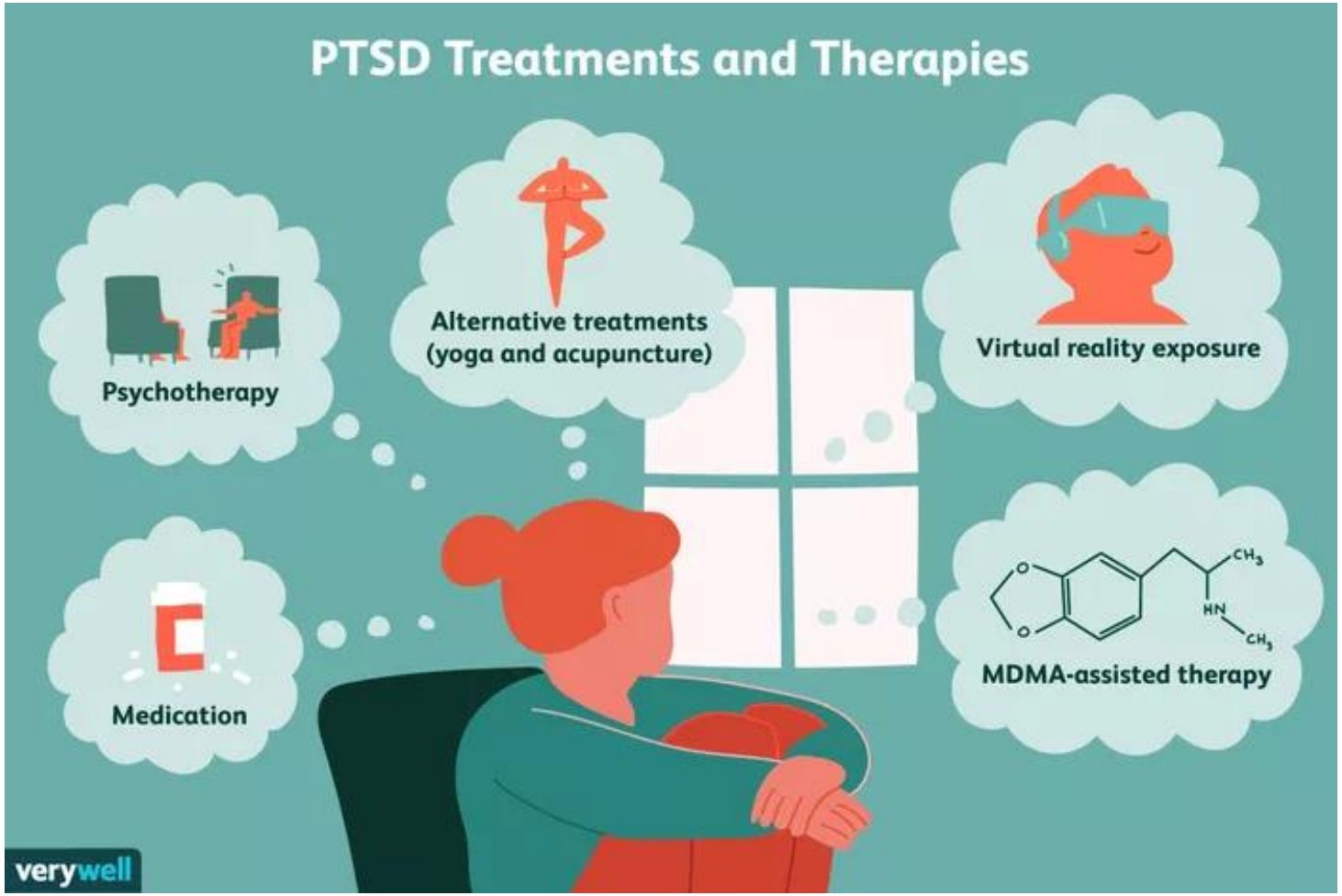
Assessments can be a tool used for diagnosis by exclusion. Once assessments are used, and the clinical professional understand the symptoms of their client, they can start eliminating disorders



Revision from DSM IV to DSM V

- Posttraumatic Stress Disorder (PTSD) will be included in a new chapter in DSM-5 on Trauma- and Stressor-Related Disorders. This is a move from DSM-IV, which addressed PTSD as an anxiety disorder.
- The stressor criterion (Criterion A) in DSM5 requires being explicit as to whether the traumatic events were experienced directly, witnessed, or experienced indirectly.
- The criterion regarding the patient's subjective reaction to the traumatic event (Criterion A2) in DSM-IV was eliminated in DSM-5
- The categories of presenting symptoms were revised to intrusion, negative alterations in mood and cognitions, avoidance, and arousal
- Two new symptoms were added to criteria E (marked alterations in arousal and reactivity associated with traumatic event(s) including irritable behaviour and angry outbursts and reckless or self destructive behaviour.

Publication Process

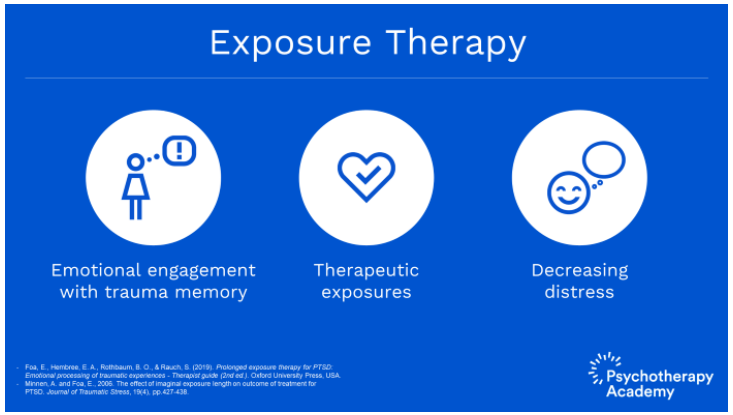


Part Three: Therapeutic Considerations

Therapeutic Approaches

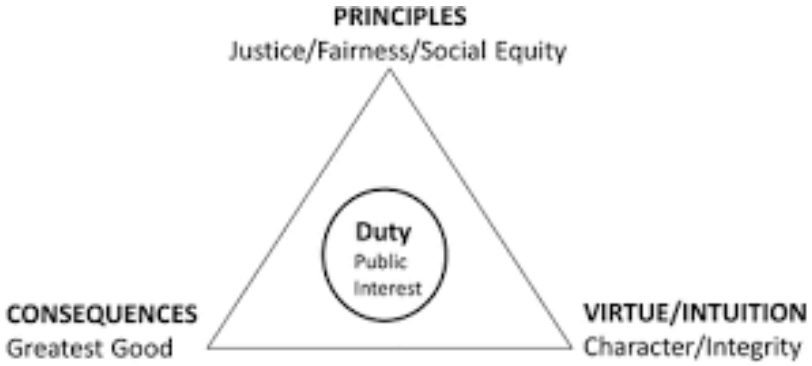
Psychological Debriefing (PD)

- Typically a single session intervention
- Typically within 72 hours post-trauma
- Delivered in a group or individual setting
- Encourage a full narrative account of the trauma (facts, cognitions, feelings)
- Normalize emotional reactions
- Prepare for later emotional reactions



Non-Pharmacological Approaches

Duty to Treat




Things that help
WHEN A FRIEND HAS HAD A TRAUMATIC EXPERIENCE
don't second guess them
don't tell them what to do
listen without judgment
LISTEN TO WHAT THEY NEED
apologize if what you did isn't helpful
don't pressure them
don't freak out
let them make their own choices
look up a doctor for them
give them a ride
take care of their pets
make a call for them
TAKE CARE OF THEIR PHYSICAL NEEDS
check on their safety
let them stay with you
make them food
help them find a new home
send a care package
don't expect them to be happy all the time
laugh with them
cry with them
BE THERE FOR THEM
go for a walk together
don't expect them to be sad all the time
stay up with them

Conclusion

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