

Evaluating Post Traumatic Stress Disorder (PTSD) And How it is Treated

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Overview of Presentation

1. Diagnostic Criteria for PTSD

- Historical overview**
- Current DSM-5**
- Why does it happen?**

2. How to evaluate a PTSD Claim

- What to look for in a worker's history**
- Diagnostic interviewing**
- Tests of symptom validity**
- Tests specific for PTSD**

3. How is PTSD Treated?

- Early intervention and exposure**
- Counseling – EMDR**
- Psychopharmacology**

Diagnostic Issues and PTSD

-Historical Overview

- 1896 Kraepelin “fright neurosis”
- WWI & WWII “battle fatigue”
- After WWII, DSM-I (1952) “gross stress reaction”
- Dropped in DSM-II – Vietnam War
- Finally 1980, DSM-III
 - PTSD-
- DSM-III-R 1987 – most consistent with today’s definition
- Acute Stress Disorder – DSM-IV (1994)

DSM-5 and Diagnostic Criteria for PTSD

1. Exposure to actual or threatened death, serious injury or sexual violence (one +)
 - Direct experience
 - Witnessing an event happen to others
 - Learning that a traumatic (violent) event happened to a loved one or friend
 - Experiencing repeated or extreme exposure to a traumatic event (e.g., first responders)

2. Intrusive Symptoms associated with the traumas (one +)
 - Recurrent distressing memories of event
 - Recurrent distressing dreams of event
 - “Flashbacks” related to the traumatic event
 - Intense distress when exposed to cues connected to the event
 - Marked physiological reaction to cues about the event

3. Persistent avoidance of stimuli associated with the trauma (one +)
 - Avoidance or efforts distressing memories, thoughts or feelings associated with the event
 - Avoidance or efforts to avoid external reminders that arouse distressing memories

4. Negative alterations in cognition and mood associated with the trauma, beginning or worsening (two +)
 - Inability to remember aspects of the traumatic event
 - Persistent and exaggerated negative beliefs or expectations about oneself
 - Persistent distorted cognitions about cause or consequences of the traumatic event
 - Persistent negative emotional state (e.g., fear)
 - Markedly diminished interest in activities
 - Feel of detachment
 - Persistent inability to experience positive emotions

5. Marked alterations in arousal and reactivity associated with the trauma (two +)
 - Irritable behavior, angry outbursts
 - Reckless or self-destructive behavior
 - Hypervigilance
 - Exaggerated startle response
 - Problems with concentration
 - Sleep difficulties

6. Difficulties last more than one month (before Acute Stress Disorder)

7. Difficulties cause impairment

8. Difficulties not caused by drug, alcohol or medical issues

Why does it Happen and Who is More Vulnerable for PTSD

- Life-time risk 8.7%
- Can happen at any age
- Can be delayed expression

Pre-trauma Risk Factors:

- Childhood emotional issues including being exposed to violence in the home,
- More likely lower socioeconomic, lower IQ, minorities
 - Less coping ability and fewer resources
- Prior PTSD issues or exposure to trauma

Per-trauma Factors

- Severity of the trauma
- Unpredictability and lack of control

Post-trauma Factors

- Limited social supports
- Exposure to other major life stressors at same time

Biopathways and PTSD

- If trauma is severe enough or there is repeated exposure there can be structural changes in the brain
 - Amidala, Hypothalamus, Thalamus, Hippocampus medial prefrontal cortex.
- Biochemical changes
- Changes observed in FMRI and PET Scan research

Evaluating a PTSD Claim

1. Review of Records

- Documentation about the traumatic event.
- What symptoms are reported
- What do you know about pre-event history

2. Diagnostic Interview

- Cautious review of traumatic event
- Detailed psychological history
- Structural interview
 SCIDs, CAPS
- Emotional congruence

3. Validity Testing

- Structural Inventory of Malingered Symptoms (SIMS)
- Validity measures on specific tests (MMPI, PAI)
- M-Fast or SIRS-2 in extreme presentations

4. Tests Specific to PTSD

- Trauma Symptoms Inventory-II
- PAI-cluster for PTSD
- MMPI subscales for PTSD
- Checklists and older tests (DAPPS)

Treatment for PTSD

1. Modification of environment

- Exposure to trauma cues
- Gradual exposure
- Skills for coping

2. Psychotherapy or counseling

- EMDR
- Cognitive-behavior therapy
- Systematic desensitization
- Limits of supportive counseling
- Early treatment intervention

3. Pharmacology

- Antianxiety/antidepressant medications
- Benzodiazepine
- Beta blockers – Prazolan
- Sleep aids