

DSM-5: Assessment and Treatment of PTSD

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Agenda

- PTSD 101
- Summary of changes DSM-IV to DSM-5
- Assessment
- Interventions
- Discussion/Questions

Physical

- mTBI
- cancer
- cardiovascular
gastrointestinal
- chronic pain

Behavioral/Emotional

- anxiety
- depression
- anger
- insomnia
- substance use



“Normal reactions to an
abnormal event”

Development of PTSD

- Risk vs protective factors
- Exposure to traumatic event
- Failure of brain to properly process, encode, retrieve
- Maintenance of faulty connections
- “False alarm” syndrome

Neurobiology of PTSD

- Stress hormone system
- Neurotransmitter system
- Anterior Cingulate
- Amygdala
- Hippocampus
- Prefrontal Cortex



DISTRESS

Stress Hormones

- Adrenaline
- Cortisol

FIGHT/FLIGHT/FREEZE

(Unhealthy) Relief

Decrease distress by removing reminder (ie avoidance)

(Healthy) Relief

Learn to tell the difference between danger and no danger

“Past experience doesn't apply here”

Stimulus discrimination: RED GREEN light

DSM-5

Posttraumatic Stress Disorder

Summary of Changes

Summary of Changes

- Trauma and Other Stressor Related Disorder
- 20 symptoms
- Removed: A2, acute/chronic, death due to natural causes
- Added: negative cognitions, negative emotions, preschool and dissociative Subtype
- Modified: definition of trauma

Re-Experiencing

Intrusions

Avoidance &
Numbing

Avoidance

Negative alterations
in cognitions and
mood

Hyperarousal

Alterations in
arousal and
reactivity

DSM-IV(TR)

Re-Experiencing	Avoidant/Numbing	Hyperarousal
<ul style="list-style-type: none">➤ Recurring nightmares, flashbacks➤ Intrusive memories (images)➤ Physiological and Psychological reactions to reminders	<ul style="list-style-type: none">➤ Avoid people, places, things➤ Avoid thoughts➤ Emotional numbing, loss of interest in everyday activities➤ Social withdrawal	<ul style="list-style-type: none">➤ Exaggerated startle response➤ “on guard” all the time➤ Irritability or angry outbursts➤ Difficulty sleeping, concentrating
1+ symptoms present	3+ symptoms present	2+ symptoms present

DSM-5

Intrusions	Avoidance	Mood & Cog.	Arousal
<ul style="list-style-type: none"> ➤ Recurring nightmares, flashbacks ➤ Intrusive memories (images) ➤ Physiological and Psychological reactions to reminders 	<ul style="list-style-type: none"> ➤ Avoid people, places, things ➤ Avoid thoughts/conversations 	<ul style="list-style-type: none"> ➤ Alterations in cognition (negative) ➤ Alterations in mood (negative) ➤ Loss of interest ➤ Social withdrawal 	<ul style="list-style-type: none"> ➤ Exaggerated startle response ➤ “on guard” all the time ➤ Irritability or angry outbursts ➤ Difficulty sleeping, concentrating
1+ symptoms present	1+ symptoms present	2+ symptoms present	2+ symptoms present

Specifiers

- Preschool Type
- With Dissociative Symptoms
 - Depersonalization
 - Derealization
- With Delayed Expression

DSM-5

Posttraumatic Stress Disorder

Assessment, Diagnosis, & Interventions

Assessment

Why

- Screening
- Presumptive diagnosis
- Treatment progress

How

- Self-report checklists
- Semi-structured interviews
- Objective
- Projective

DSM-5

Intrusions	Avoidance	Mood & Cog.	Arousal
<ul style="list-style-type: none"> ➤ Recurring nightmares, flashbacks ➤ Intrusive memories (images) ➤ Physiological and Psychological reactions to reminders 	<ul style="list-style-type: none"> ➤ Avoid people, places, things ➤ Avoid thoughts/ conversations 	<ul style="list-style-type: none"> ➤ Alterations in cognition (negative) ➤ Alterations in mood (negative) ➤ Loss of interest ➤ Social withdrawal 	<ul style="list-style-type: none"> ➤ Exaggerated startle response ➤ “on guard” all the time ➤ Irritability or angry outbursts ➤ Difficulty sleeping, concentrating
1+ symptoms present	1+ symptoms present	2+ symptoms present	2+ symptoms present

DSM-5: PTSD 309.81 (F43.10)

A. Exposure to actual or threatened death, serious injury, or sexual violence in **one** (or more) of the following ways:

1. Directly experiencing the traumatic event(s)
2. Witnessing in person, the event(s) as it occurred to others
3. Learning that the traumatic event(s) occurred to close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing the repeated or extreme exposure to aversive details of the trauma event(s) (e.g. first responders collecting human remains, police officers repeatedly exposed to details of child abuse)

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless the exposure is work related.

DSM-5: PTSD 309.81 (F43.10)

B. Presence of **one** (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surrounding).
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

DSM-5: PTSD 309.81 (F43.10)

C. **Persistent** avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one of both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely **associated** with the traumatic event(s)
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories thoughts, or feelings about or closely **associated** with the traumatic event(s).

DSM-5: PTSD 309.81 (F43.10)

D. **Negative alternations in cognitions and mood** associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by **two** (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

DSM-5: PTSD 309.81 (F43.10)

E. Marked **alterations in arousal and reactivity** associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by **two** (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

DSM-5: PTSD 309.81 (F43.10)

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

DSM-5: PTSD 309.81 (F43.10)

Specify whether:

With dissociative symptoms: symptoms meet PTSD criteria and, in response to the stressor, experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experience of feeling detached from and as if one were an outside observer of, one's mental processes or body (e.g., feeling though one were in a dream; feeling a sense of unreality of self or body or time moving slowly)
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociate symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: if the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of symptoms may be immediate).

PTSD in Older Adults

Same criteria as in DSM-5 but...

- How PTSD is experienced may be different
- More physical and mental health complications
- Less depression, hostility, guilt

LOSS (Late-Onset Stress Symptomatology)

Making the Diagnosis: Preschool

- Criterion A: Includes reference to caregiver
- Criterion B: Need 1 (out of 5)
- Criterion C: Need 1 (out of 6)
- Criterion D: Need 2 (out of 5)
- Criterion E: Duration more than 1 month
- Criterion F: Significant distress
- Criterion G: Not due to substances or medical condition

PTSD in Children

Birth to 3 y/o

Separation anxiety (more than expected)

Difficulty sleeping, toilet training, going to the bathroom

Five to 11

Place events in wrong order

Believe in signs predicting the trauma

Act out through play, stories, drawings

Avoid school, difficulty homework, social isolation

Twelve to 18

Symptoms more consistent with adults

Conduct disordered behaviors

Assessment Scenarios

Standard Clinical Assessment

Lifetime trauma history, structured interview, DSM-correspondent self-report measure, multiscale inventory

Treatment outcome / program evaluation

Full clinical battery at baseline, post-treatment, follow-up; DSM-correspondent self-report measure for repeated interim assessments

Survey

Self-report trauma measure, narrative description of index event, DSM-correspondent self-report measure

Assessment Instruments

Aftermath of Battle Scale (DRRI-2 Section: E)
Beck Anxiety Inventory - Primary Care (BAI-PC)
Brief Trauma Questionnaire (BTQ)
Child Posttraumatic Stress Reaction Index (CPTS-RI)
Child PTSD Symptom Scale (CPSS)
Childhood Family Functioning Scale (DRRI-2 Section: B)
Childhood PTSD Interview
Children's Impact of Traumatic Events Scale-Revised
(CITES-2)
Children's PTSD Inventory (CPTSDI)
Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
Clinician-Administered PTSD Scale for Children and
Adolescents (CAPS-CA)
Combat Experiences Scale (DRRI-2 Section: D)
Combat Exposure Scale (CES)

Assessment Instruments

Concerns about Life and Family Disruption Scale (DRRI-2 Section: L)

Davidson Trauma Scale (DTS)

Deployment Measures

Deployment Risk and Resiliency Inventory (DRRI)

Difficult Living and Working Environment Scale (DRRI-2 Section: C)

Dimensions of Stressful Events Rating Scale (DOSE)

Distressing Events Questionnaire (DEQ)

Evaluation of Lifetime Stressors (ELS)

Family Stressors Scale (DRRI-2 Section: M)

General Harassment Scale (DRRI-2 Section: K-1)

Impact of Event Scale - Revised (IES-R)

Life Event Checklist for DSM-5 (LEC-5)

Assessment Instruments

Life Stressor Checklist - Revised (LSC-R)
Los Angeles Symptom Checklist (LASC)
Mississippi Scale for Combat-Related PTSD (M-PTSD)
Modified PTSD Symptom Scale (MPSS-SR)
My Worst Experiences Survey
Parent Report of Child's Reaction to Stress
Penn Inventory for Posttraumatic Stress Disorder (Penn Inventory)
Perceived Threat Scale (DRRI-2 Section: G)
Postdeployment Family Functioning Scale (DRRI-2 Section: P)
Postdeployment Social Support Scale (DRRI-2 Section: O)
Postdeployment Stressors Scale (DRRI-2 Section: N)
Posttraumatic Diagnostic Scale (PDS)

Assessment Instruments

Potential Stressful Events Interview (PSEI)
The Primary Care PTSD Screen (PC-PTSD)
Prior Stressors Scale (DRRI-2 Section: A)
PTSD Checklist for DSM-5 (PCL-5)
PTSD Symptom Scale - Interview (PSS-I)
Screen for Posttraumatic Stress Symptoms (SPTSS)
Nuclear, Biological, and Chemical Exposures Scale
Preparedness Scale (DRRI-2 Section: H)
Sexual Harassment Scale (DRRI-2 Section: K-2)
Short Form of the PTSD Checklist - Civilian Version
Short Screening Scale for PTSD
SPAN

Assessment Instruments

SPRINT

Stressful Life Events Screening Questionnaire (SLESQ)

Structured Clinical Interview for the DSM-IV Axis I
Disorders (SCID PTSD Module)

Structured Interview for PTSD (SI-PTSD)

Trauma Assessment for Adults--Self-report (TAA)

Trauma History Questionnaire (THQ)

Trauma History Screen (THS)

Trauma Screening Questionnaire (TSQ)

Trauma Symptom Checklist - 40 (TSC-40)

Trauma Symptom Checklist for Children (TSCC)

Trauma Symptom Checklist for Young Children
(TSCYC)

Assessment Instruments

Trauma Symptom Inventory (TSI)
Traumatic Events Questionnaire (TEQ)
Traumatic Events Screening Inventory (TESI-C)
Traumatic Life Events Questionnaire (TLEQ)
Traumatic Stress Schedule (TSS)
The UCLA PTSD Index for DSM-IV
Unit Social Support Scale (DRRI-2 Section: J)
When Bad Things Happen Scale (WBTH)

Structured/Semi-Structured

Structured Clinical Interview for DSM
Disorders (SCID-5)

Clinician Administered PTSD Scale (CAPS-5)

Posttraumatic Stress Scale – Interview (PSS-
I)

Self-Report Questionnaires

DSM

PTSD Checklist (PCL)

Posttraumatic Diagnostic Scale (PDS)

Detailed Assessment of Posttraumatic Stress
(DAPS)

PTSD

Impact of Event Scale (IES-R)

Mississippi Scale

Multi-scale

MMPI-2

PAI

Today's Focus...

Posttraumatic Cognitions Inventory (PCTI)

PTSD Checklist 5 (PCL-5)

Clinical Administered Scale for PTSD 5
(CAPS-5)

Posttraumatic Cognitions Inventory

- 36 items
- 7-point Likert scale
- Assesses 3 domains
 - Negative cognitions about the self
 - Negative cognitions about the world
 - Self-Blame
- Can be used to assess negative cognitions criterion of DSM-5

PTSD Checklist 5 (PCL-5)

- 20 item self-report measure
- 1-5 Likert Scale (“Not at All” to “Extremely”)
- Adheres to DSM-5 diagnostic criteria
- 5-10 minutes to complete
- Can be used for screening, to assist with diagnosis, or monitor change/progress over time
- One version with 3 formats

PCL-5: Sample Item

In the past month, how much have you been bothered by:

"Repeated, disturbing, and unwanted memories of the stressful experience?"

0 = "Not at all" to 4 = "Extremely"

PCL-5

- Scoring
 - Total Symptom Severity (0-80)
 - Cluster Severity Scores
 - Presumptive diagnosis based on DSM-5 diagnostic rule
 - Cut point/score
- Measuring change
 - PCL (IV) 5-10 (reliable change) and 10-20 (clinically significant change)
 - PCL-5 expected to be in similar range (scores still being determined)

CAPS-5

- “gold standard” for PTSD assessment
- Can cover current (past month), lifetime, or past week
- Includes onset and duration of symptoms, subjective distress, impact of symptoms on social and occupational functioning, improvement in symptoms since previous administration, overall response validity, overall severity, and specifications for dissociative subtype

CAPS-5

- Standard question plus probes
- 30 items
- 45-60 minutes to administer
- 10 minutes to score
- 1 trauma vs 3 (CAPS IV)
- Single severity score vs Frequency and Intensity scores (CAPS IV)

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?*)

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_____.

CAPS-5: Scoring

- Items rated on frequency and intensity (F,I)
- F and I combined for one severity score (0-4)
- 3 scoring mechanisms
 - Total Severity Score
 - Cluster Severity Score
 - Dichotomy

CAPS-5: In Development

Clinician Administered PTSD Scale for
Children and Adolescents (CAPS-CA)

Primary Care PTSD Screen (PC-PTSD)

Assessment Scenarios: Part 2

Screen

PCL5

BDI-II

Differential Diagnosis

Biopsychosocial

Trauma History (LEC)

PCL5 (with Criterion A, LEC)

CAPS5

Treatment Progress

Weekly, Biweekly, Monthly PCL5

Pre-/Post- CAPS5

Treatment/Interventions

<p>Skills Based</p> <ul style="list-style-type: none"> • Seeking Safety • Stress Inoculation Training 	<p>Trauma Focused</p> <ul style="list-style-type: none"> • Prolonged Exposure (PE) • Cognitive Processing Therapy • EMDR • Trauma Focused Cognitive Behavioral Therapy (children/adolescents) 	<p>Acceptance Oriented</p> <ul style="list-style-type: none"> • ACT • DBT
<p>Psychopharmacology</p> <ul style="list-style-type: none"> • SSRIs/SNRIs • Benzodiazepines 	<p>CAM</p> <ul style="list-style-type: none"> • Acupuncture • Yoga • Meditation 	<p>Other</p> <ul style="list-style-type: none"> • Drum Circles • EFT • Play Therapy • Psychological First Aid • VRET • NLP • Dance / Movement

Skills Based Treatment

Seeking Safety

Stress Inoculation Training

Portland VAMC (Campbell et al)

VA Pacific Island Health Care System (Whealin)

Acceptance Oriented Treatments

Suffering stems from efforts to avoid or deny experiences and emotions

Teaches methods for living with PTSD as fully as possible

Learn to live in the present moment

Psychopharmacology

SSRI

SNRI

Mirtazapine

Prazosin

Benzodiazepines

Antipsychotics

Limited/On-going Research

Drum Circles

Emotional Freedom Technique

Virtual Reality

Havening Technique

Neurolinguistic Programming

TF-CBT

- Trauma Focused Cognitive Behavioral Therapy
- Esther Deblinger late 1980s
- Ages 3-18
- 12-16 sessions weekly, 60-90'
- Child AND parent sessions, family therapy

EMDR

- Francine Shapiro (1990)
- 8 to 25 sessions (8 phases)
- Think about trauma without verbalization
- Eye movements and/or auditory or physical simulation

Prolonged Exposure Therapy (PE)

- Edna Foa
- Based on emotional processing therapy
- Fear network must be activated and new associations learned to the conditioned stimuli

Prolonged Exposure Therapy (PE)

- 8-12 90-minute sessions
- Education and orientation (buy in)
- Imaginal exposure (to the memories)
- In vivo exposure (to reminders)
- Stress tolerance and cognitive restructuring
- Out of session practice exercises

Cognitive Processing Therapy (CPT)

- Resick & Schnicke (1993)
- Social Cognitive Theory
- 5 affected domains – safety, trust, power/control, esteem, and intimacy
- PTSD reactions due to failure of normal recovery system (ie gets “stuck”)
- Goal to move beyond stuck points and appropriately assimilate or accommodate event

Cognitive Processing Therapy (CPT)

- Individual or group
- Twelve 60-minute sessions
- Two formats: CPT and CPT-C
- Impact statement, trauma account, cognitive restructuring
- Out of session practice assignments

Cognitive Processing Therapy (CPT)

- Identifying impact of the event
- Identifying stuck points
- Resolving assimilated beliefs
- Balancing overaccommodated beliefs
- Process natural emotions related to event

Cognitive Processing Therapy CPT): Stuck Points

- The world is completely unsafe (Safety)
- I can't trust anyone (Trust)
- If it isn't done my way, someone will get hurt (Power)
- Muslims are evil (Other-Esteem)
- I'm bad because of what I've done (Self-esteem)
- No one will ever love me for what I've done (Intimacy)

In Summary

- Changes to PTSD grounded in empirical literature and improved understanding of trauma
- No longer just a fear-based anxiety disorder
- Other Trauma or Stressor Related Disorder
- Preschool subtype
- Updated instruments available that correspond to PTSD in DSM-5
- Number of effective interventions for PTSD consistent with new DSM-5 criteria

- National Center for PTSD
 - www.ptsd.va.gov
- Afterdeployment.org
 - www.afterdeployment.org
- www.mentalhealth.va.gov/communityproviders/miniclinics.asp
- Online / web-based CPT course
 - <https://cpt.musc.edu/>
- Virtually Better, Inc
www.virtuallybetter.com
- UPenn Center for the Treatment and Study of Anxiety
http://www.med.upenn.edu/ctsa/workshops_ptsd.html
- Center for Deployment Psychology
<http://www.deploymentpsych.org/online-courses/cpt>
- International Society for Traumatic Stress Studies
<http://www.istss.org>

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