

Trauma Toolkit

Introduction:

Interpersonal violence

Community violence

Global violence: war, persecution on basis of race / religion / gender / sexual orientation

PTSD in urban primary care: high prevalence, low recognition

About 8% of the US population will develop symptoms of PTSD at some point in their lives.

Relevant DSM Criteria:

DSM-IV Criteria for Generalized Anxiety Disorder

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not, for at least 6 months, about a number of events or activities (such as work or school performance).
- The person finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not, for the past 6 months). NOTE: Only one item is required in children.
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)
- The focus of the anxiety and worry is not confined to features of an Axis I disorder, for example, the anxiety or worry is not about having a panic attack (as in PD), being embarrassed in public (as in social phobia), being contaminated (as in OCD), being away from home or close relatives (as in separation anxiety disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having a serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during PTSD.
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of function.
- The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse or a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a mood disorder, a psychotic disorder, or a pervasive developmental disorder.

DSM-IV Diagnostic Criteria for Posttraumatic Stress Disorder

- A. The person has been exposed to a traumatic event in which both of the following were present:
 - (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
 - (2) The person's response involved intense fear, helplessness, or horror. NOTE: In children, this may be expressed instead by disorganized or agitated behavior.
- B. The traumatic event is persistently re-experienced in one (or more) of the following ways:
 - (1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. NOTE: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 - (2) Recurrent distressing dreams of the event. NOTE: In children, there may be frightening dreams without recognizable content.
 - (3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). NOTE: In young children, trauma-specific re-enactment may occur.
 - (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) Efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) Inability to recall an important aspect of the trauma
- (4) Markedly diminished interest or participation in significant activities
- (5) Feeling of detachment or estrangement from others
- (6) Restricted range of affect (e.g., unable to have loving feelings)
- (7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) Difficulty falling or staying asleep
- (2) Irritability or outbursts of anger
- (3) Difficulty concentrating
- (4) Hypervigilance
- (5) Exaggerated startle response

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

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

Specify if:

Acute: If duration of symptoms is less than 3 months

Chronic: if duration of symptoms is 3 months or more

Specify if:

With delayed onset: if onset of symptoms is at least 6 months after the stressor

DSM-IV Diagnostic Criteria for Acute Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:

- (1) Events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) The person's response involved intense fear, helplessness, or horror

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

- (1) A subjective sense of numbing, detachment, or absence of emotional responsiveness
- (2) A reduction in awareness of his or her surroundings (e.g., "being in a daze")
- (3) Derealization
- (4) Depersonalization
- (5) Dissociative amnesia (i.e., inability to recall an important aspect of the trauma)

C. The traumatic event is persistently re-experienced in a least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.

D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).

E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.

- H.** The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by brief psychotic disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

Screening:

Primary Care PTSD Screen (PC-PTSD): three positive symptoms out of four, past 12 months:

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

Validated screen with cutoff score of 3. Screen has sensitivity of 78% and specificity of 87%. This is designed to be understandable to patients with eighth-grade reading level.

Treatment:

- CBT
- Rx: SSRIs, SNRIs, adjunctive therapies (for details of dosing, side effects, etc. please see Han J et al Ch. 4: Anxiety Disorders in Lippincott's Primary Care Psychiatry. Multiple copies available in library.)
- Integrative approaches: mindfulness, meditation, yoga, etc. (for details, please see chapters noted below in Rakel's Integrative Medicine)

Community Resources:

- CA State Victims of Crime: <http://www.vcgcb.ca.gov/victims/>
- Contra Costa Crisis Center: <http://www.crisis-center.org>
- National Center for PTSD: <http://www.ptsd.va.gov/public>
- Physicians for Human Rights Asylum Network: <http://physiciansforhumanrights.org/asylum/asylum-network.html>
- STAND! For Families Free of Violence: <http://www.standagainstdv.org/>
- Survivors International: <http://www.survivorsintl.org/> (Referrals only for SF residents)

References and Resources:

- Boscarino et al. 2011. A brief screening tool for assessing psychological trauma in clinical practice: development and validation of the New York PTSD Risk Score. *General Hospital Psychiatry* (33): 489-500.
- CCRMC Wiki → [Behavioral Med Case Conference Readings](#) → [Intimate Partner Violence \(Domestic Violence\)](#) – especially pages 1-3 and page 14 (Screening Instruments for IPV – see following page)
- Cognitive Behavioral Therapy Self-Help Resources: <http://www.getselfhelp.co.uk/freedownloads2.htm>
- Davis S and Whitworth J. 2009. What are the most practical primary care screens for post-traumatic stress disorder? *J of Fam Pract* 58(2): 100-101.
- Han J et al. 2009. Ch.4: Anxiety Disorders. In Lippincott's Primary Care Psychiatry. McCarron et al, Eds. Pps 69 – 75.
- Kavan M, Elsasser G, and Barone E. 2012. The Physician's Role in Managing Acute Stress Disorder. *Am Fam Physician* 86 (7): 643-649. ([Click here](#) for link through MD Consult.)
- Luce L, Schrager S, and Gilchrist V. 2010. Sexual Assault of Women. *Am Fam Physician* 81 (4): 489-495. ([Click here](#) for link through MD Consult.)
- Rakel, D (Ed.). 2012. [Integrative Medicine, 3rd ed.](#) Philadelphia: Elsevier Saunders.
 - [Chapter 5: Anxiety](#)
 - [Chapter 93: Relaxation Techniques](#)
- Stern, T et al (Eds.). 2008. *Massachusetts General Hospital Comprehensive Clinical Psychiatry*. Philadelphia: Mosby Elsevier.

Table 1

Screening Instruments for Intimate Partner Violence

Screening Tool	Items
Woman Abuse Screening Tool (WAST)	<ol style="list-style-type: none"> 1. In general, how would you describe your relationship? A lot of tension, some tension, or no tension 2. Do you and your partner work out arguments with . . . ? Great difficulty, some difficulty, no difficulty 3. Do arguments ever result in you feeling down or bad about yourself? 4. Do arguments ever result in hitting, kicking, or pushing? 5. Do you ever feel frightened by what your partner says or does? 6. Has your partner ever abused you physically? 7. Has your partner ever abused you emotionally? 8. Has your partner ever abused you sexually?
WAST- Short	<ol style="list-style-type: none"> 1. In general, how would you describe your relationship? A lot of tension, some tension, or no tension 2. Do you and your partner work out arguments with . . . ? Great difficulty, some difficulty, no difficulty
Women's Experience With Battering (WEB)	<ol style="list-style-type: none"> 1. He makes me feel unsafe even in my own home. 2. I feel ashamed of the things he does to me. 3. I try not to rock the boat because I am afraid of what he might do. 4. I feel like I am programmed to react a certain way to him. 5. I feel like he keeps me prisoner. 6. He makes me feel like I have no control over my life, no power, no protection. 7. I hide the truth from others because I am afraid not to. 8. I feel owned and controlled by him. 9. He can scare me without laying a hand on me. 10. He has a look that goes straight through me and terrifies me.
HITS	<p>How often does your partner:</p> <ol style="list-style-type: none"> 1. Physically Hurt you 2. Insult you? 3. Threaten you with harm? 4. Scream or curse at you?
Abuse Assessment Screen (AAS)	<ol style="list-style-type: none"> 1. Have you ever been emotionally or physically abused by your partner or someone important to you? 2. Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? 3. Since you've been pregnant, have you been hit, slapped, kicked, or otherwise physically hurt by someone? 4. Within the last year, has anyone forced you to have sexual activities? 5. Are you afraid of your partner or anyone you listed above?
Relationship Chart	<ol style="list-style-type: none"> 1. During the past 4 weeks, how often have problems in your household led to: insulting or swearing? yelling? threatening? hitting or pushing?
Partner Violence Screen (PVS)	<ol style="list-style-type: none"> 1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom? 2. Do you feel safe in your current relationship? 3. Is there a partner from a previous relationship who is making you feel unsafe now?
Partner Abuse Interview (PAI)	<p>Has your partner . . . yes/no injury codes</p> <ol style="list-style-type: none"> 1. Thrown something at you 2. Pushed, grabbed, or shoved you 3. Slapped you 4. Kicked, bit, hit you with a fist 5. Hit or tried to hit you with an object 6. Beat you up 7. Threatened you with a gun or knife 8. Used a gun or knife 9. Forced you to have sex when you didn't want to 10. Other

Scoring strategies for this instrument are not provided, but it is noted that as the reported frequency of abuse increases on the Likert scale, this correlates with increasing scores on the ABI. Other Dartmouth COOP charts use level 4 and 5 of the response category to indicate significant functional limitation.³⁷

PVS

The Partner Violence Screen (PVS)³² was developed for use in the Emergency Department. Validity was analyzed against the CTS^{19,20} and the ISA.²² A negative answer to any one of the three questions was considered to be a positive result.

From CCRMC Wiki Site → Behavioral Med Case Conference Readings → Intimate Partner Violence (page 14)

PTSD Checklist (PCL)

Page 1 of 1

Patient Name: _____ Date: _____

If an event listed on the Life Events Checklist happened to you or you witnessed it, please complete the items below. If more than one event happened, please choose the one that is most troublesome to you now.

The event you experienced was _____ on _____.
(EVENT) (DATE)

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by the problem in the past month.

BOtherED BY	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Repeated disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being 'super alert' or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

CO-OCCURRING DISORDERS PROGRAM: SCREENING AND ASSESSMENT

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Open Source from [Behavioral Health Evolution: Screening Tools](#) → [PTSD Symptom Checklist](#)