

**TRAUMA AND PTSD IN PERSONS WITH
SERIOUS MENTAL ILLNESS
PART I:
OVERVIEW AND SCREENING**

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AGENDA

- Review of trauma and PTSD definitions/criteria
- Review of PTSD symptom profile
- Links among trauma, PTSD, SMI, and psychosis
- Correlates of PTSD in persons with SMI
- Importance of screening and treatment in SMI
- Screening procedures and review of measures

**OVERVIEW OF TRAUMA AND PTSD:
DEFINITIONS AND SYMPTOMS**

TRAUMATIC EVENT: DEFINITION

“...exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1) direct exposure; 2) witnessing, in person; 3) indirectly (by learning that a close relative or close friend was exposed to trauma; 4) repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties...”

-- DSM-V

COMMON TRAUMAS LEADING TO PTSD

- Rape/ Sexual Abuse
- Physical Abuse/Domestic Violence
- Combat
- Accidents
- Crime/assault
- Natural disasters (e.g., earthquake)
- Sudden, unexpected death of a loved one

SYMPTOMS OF PTSD

•Exposure to DSM-V traumatic event, plus:

Symptom criteria:

1. Intrusions/Re-experiencing the trauma
2. Avoidance of trauma-related stimuli
3. Negative alterations in cognitions & mood
4. Overarousal

SYMPTOMS OF PTSD (Cont' d)

Re-experiencing the Trauma

- Intrusive memories of event
- Nightmares
- Flashbacks
- Distress when exposed to trauma cues
- Physiological reactivity when exposed to trauma cues

SYMPTOMS OF PTSD (Cont' d)

Avoidance of Trauma-Related Stimuli

- Efforts to avoid thoughts or feelings related to trauma
- Efforts to avoid trauma-related external reminders (people, places, conversations, activities, objects, or situations)

SYMPTOMS OF PTSD (Cont' d)

Negative Alterations in Cognitions and Mood

- Inability to recall key features of the event
- Persistent negative beliefs and expectations about self and world
- Persistent distorted blame of self or others for causing event or consequences
- Persistent negative trauma-related emotions (fear, horror, anger, guilt, shame)
- Diminished interest in pre-trauma activities
- Feeling alienated from others
- Constricted affect –inability to experience positive emotions

SYMPTOMS OF PTSD (Cont' d)

Overarousal and Reactivity

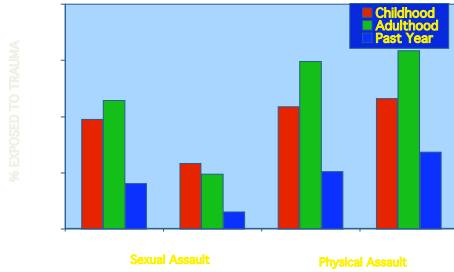
- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance

OTHER COMMON SYMPTOMS OF PTSD

- Depression
- Guilt
- Suicidality, self-injurious behavior
- Substance abuse
- Hallucinations
- Mild delusions (e.g., paranoia)

**DEFINING THE PROBLEM:
TRAUMA AND PTSD IN PEOPLE
WITH SERIOUS MENTAL ILLNESS**

TRAUMA IN SMI (N=779)

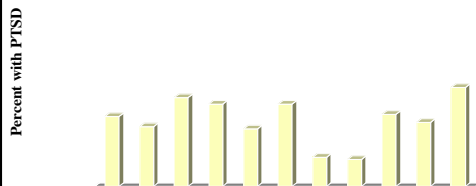


Goodman et al. (2001)

TRAUMA IN SMI: CORRELATES

- Severe psychiatric symptoms
- Substance abuse
- Medical problems
- Higher service utilization and hospitalization
- HIV; risky behaviors
- Re-victimization
- Higher rates of PTSD

RATES OF PTSD IN CLIENTS WITH SMI



TRAUMA/PTSD IN SEVERE MENTAL ILLNESS

- Trauma and other adverse events in childhood increase risk of developing SMI
- High rates of trauma and PTSD in SMI population
- Multiple traumas common
- Additional traumatization via the mental health system (violent hospitalizations, forced medication, etc.)
- History of trauma associated with more severe symptoms, distress, functional impairment, acute care treatment
- **Service users report traumatic experiences are important but neglected treatment priority**

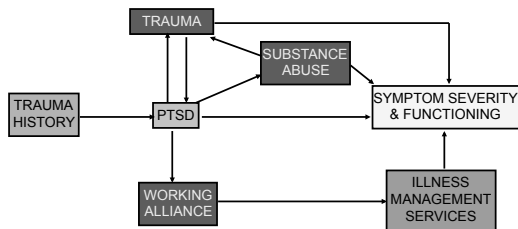
(Figueroa et al, 1997; Greenfield et al, 1994; Briere et al, 1997; Mueser et al, 2002; McFarlane, 1998; Nishith, et al, 2002)

TRAUMA, PTSD, & PSYCHOSIS

- Traumatic experiences important predictor of psychotic symptoms
- Psychotic symptom content in schizophrenia often linked to traumatic experiences (e.g., childhood sexual abuse, bullying)
- Psychotic symptoms common correlate of PTSD in non-SMI populations (hallucinations, delusions, bizarre behavior)

(Braakman et al.,2009; Hardy et al., 2005; Varese et al., 2012)

INTERACTIVE MODEL OF TRAUMA, PTSD, AND SMI (MUESER ET AL., 2002)



COMMONLY ENDORSED TRAUMA-RELATED BELIEFS

- The world is a dangerous place
- You can never know who will harm you
- People can't be trusted
- My life has been destroyed by the trauma
- I have to be on guard all the time
- People are not what they seem
- I will never be able to have normal emotions again
- I'm worthless and "damaged goods" because of what happened to me

PTSD TREATMENT OPTIONS

Psychosocial
Exposure therapy
Cognitive therapy
Anxiety management
Desensitization
EMDR
Hypnotherapy

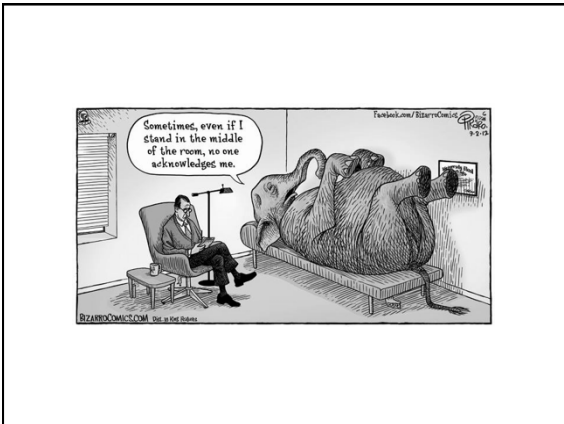
Pharmacological
TCAs
MAOIs
SSRIs
Mood stabilizers
Anti-anxiety agents

TREATMENT OF PTSD IN GENERAL POPULATION

- CBT is most widely studied & replicated intervention, with primary support for:
 - **Exposure Therapy (ET)**: Prolonged exposure to safe but anxiety-provoking, trauma-related stimuli (imaginal & in vivo) leads to emotional processing of event & habituation of fear
 - **Cognitive Restructuring (CR)**: Identifying, challenging, & changing upsetting, inaccurate trauma-related thoughts & beliefs underlying PTSD facilitates incorporation of trauma experiences into self
- ET & CR equally effective, as is combination of ET + CR
(Marks et al., 1998; Resick et al., 2002)
- Most studies employ exclusion criteria that rule most or all people with SMI & PTSD: psychosis, suicidal ideation, cognitive impairment, recent medication changes, & severe medical problems

IMPORTANCE OF PTSD IN SMI

- Exposure to trauma, particularly violent victimization, is endemic in clients with SMI
- Point prevalence of PTSD much higher in people with SMI (2% vs. 35%)
- PTSD related to more severe symptoms, worse functioning, more psychiatric hospitalizations, & worse health
- PTSD hypothesized to interact with, & worsen SMI
- Consumers note that effects of trauma are an important but neglected treatment priority



SCREENING AND ASSESSMENT OF TRAUMA AND PTSD IN THE SMI POPULATION

ASSESSMENT OF TRAUMA & PTSD

- Brief trauma & PTSD screening measures valid in clients with SMI
- No "typical" client with SMI & PTSD
- Screening recommended for all clients
- Can be administered by self-report or interview
- Prepare client by explaining you will ask about some difficult experiences he/she may have had in the past
- Be matter-of-fact & use behaviorally specific language
- Avoid "loaded" words such as "abuse" or "rape" unless client uses them

STRESSFUL EVENTS SCREENING QUESTIONNAIRE

- 16 questions, takes 5 minutes to administer
- Covers most common traumatic events (sexual abuse/assault, physical abuse/assault, witnessing violence, accident, combat, unexpected death of loved one)
- Traumatic experience that is currently most distressing selected to evaluate PTSD symptoms
(Kubany et al, 2000)

SES

Were you involved in a motor vehicle accident for which you received medical attention or that badly injured or killed someone?

Have you been involved in any other kind of accident where you or someone else was badly hurt (for example, a plane crash, an explosion or fire, or someone almost drowning)?

Were you ever exposed to warfare or combat?

Have you experienced the sudden and unexpected death of a close friend or loved one due to an accident, illness, suicide or murder?

Have you been robbed or been present during a robbery where the robber(s) used or displayed a weapon?

Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn't know very well?

Have you seen a stranger (or someone you didn't know very well) attack or beat up someone and seriously injure or kill them?

Has anyone threatened to kill you or seriously hurt you?

While growing up, were you physically punished in a way that caused bruises, burns, cuts, or broken bones?

Did you see or hear family fighting (such as any family member beating up or causing bruises, burns or cuts on another family member)?

Have you ever been slapped, punched, kicked, beaten up, or otherwise physically hurt by your spouse (or former spouse), a boyfriend or girlfriend, or some other intimate partner?

Before your 16th birthday, did anyone who was at least 5 years older than you touch or fondle your body in a sexual way or make you touch or fondle their body in a sexual way?

Before your 16th birthday, did anyone close to your age touch your sexual parts or make you touch their sexual parts against your will?

After your 16th birthday, did anyone touch your sexual parts or make you touch their sexual parts against your will?

Has anyone stalked you, in other words, followed you or kept track of you causing you to feel scared or worried for your safety?

Have you experienced or seen any other events that were life threatening, caused serious injury, or were highly disturbing or distressing (for example, being lost in the wilderness, kidnapped or held hostage, or seeing a mutilated body or body parts)?

PTSD CHECKLIST (PCL-S)

- 17 item self report rating scale
- Items correspond to DSM-IV symptoms of PTSD
- Clients rate how much they have been bothered by each symptom in the past months on an anchored 5-point scale
- Total scores over 45 indicate *probable* PTSD
- Good reliability with PTSD structured interviews, such as the Clinician Administered PTSD Scale (CAPS)

(Weathers et al, 1994; Blanchard et al, 1996)

PCL-S	
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 that problem in the past month.	
	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, 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 reminded 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
PCL-S for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division	

CONCLUSIONS

- Trauma and PTSD are major problems for people with SMI, and have largely been ignored in terms of screening and treatment
- Consumers with a trauma history/PTSD and SMI note that this is a much-needed but neglected treatment area
- There are simple, brief, and accurate means of screening for trauma and PTSD which should be utilized routinely
- Incorporating routine screening for PTSD can improve client case formulation and guide treatment

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THANK YOU!

Tune in on May 8 for more...

Trauma and PTSD in Persons with SMI, Part II:

A Brief Educational and Anxiety Management Intervention
