

DSM-5 Update: The New Diagnostic Criteria for PTSD and Its Impact on Assessing Vocational Function

Presenter: Mark Raderstorf, MA, CRC,
Licensed Psychologist
Fellow - American Board of Vocational Experts
President - Raderstorf Associates, P.A.
7211 Ohms Lane
Edina, MN 55439

©2014 Raderstorf and Associates, All Rights Reserved

1

Agenda

- Research studies on PTSD and Trauma
- Review of DSM-5 changes for PTSD
- Assessing the PTSD evaluatee
- Effective treatment for PTSD
- Case Studies

©2014 Raderstorf and Assoc., All Rights Reserved

2

PTSD HIGH COMORBIDITY

85% of men with PTSD diagnosis
80% of women with PTSD diagnosis

Meets criteria for other disorders, such as depression, anxiety and substance abuse disorders

Source: Forbes, et al. 2010

©2014 Raderstorf and Assoc., All Rights Reserved

3

TRAUMA AND PTSD

Months	<u>Within 3 Months</u>	<u>15</u>
Rape	58%	16%
Aggravated Assault	37%	10%
Homicide in Family	29%	7%
ETOH Vehicular Homicide	34%	2%

Study by Robins, Helzer, et al. 1981

©2014 Ruckelshoff and Assoc., All Rights Reserved.

TRAUMA DOES NOT = PTSD

- Trauma will precipitate the development of psychiatric disorders, not just PTSD
- 211 survivors at 4 months follow up:
 1. 67% No psychiatric disorder
 2. 17% PTSD
 3. 14% Major Depression
 4. 15% Anxiety Disorder

Source: Shalev, et al. 1998

©2014 Ruckelshoff and Assoc., All Rights Reserved.

To Understand PTSD, Look to the Claim History in Military Disability Compensation

- Disability Compensation for Veterans:
 1. WWII: 11%
 2. Vietnam: 16%
 3. Persian Gulf: 21%
 4. Afghanistan and Iraq: 45% have applied and 28% have secured

Source: Marchone 2012

©2014 Ruckelshoff and Assoc., All Rights Reserved.

PTSD AND MILITARY

- PTSD is third most prevalent service-connected disability
- What is one and two?
 1. Tinnitus
 2. Hearing Loss

Source: VA Benefits Admin., 2012

©2014 Redemptor and Assoc., All Rights Reserved

7

COMBAT CASUALTY RATES

<u>Killed in Action</u>	<u>Per 100,000 Soldiers</u>
Civil War .1647	16,470 died
WWII .0250	3,500 died
Vietnam .0067	670 died
Persian Gulf .00017	17 died
Afghanistan & Iraq .0027	270 died

Source: McNally & Frueh, 2012

©2014 Redemptor and Assoc., All Rights Reserved

8

Aren't Wars Becoming Less Deadly, Leaving More Wounded Soldiers?

<u>Wounded in Action</u>	<u>Per 100,000 Soldiers</u>
WWII .0416	4,160 wounded
Vietnam .0347	3,473 wounded
Persian Gulf .00208	208 wounded
Afghanistan and Iraq .0206	2,060 wounded

Source: McNally & Frueh, 2012

©2014 Redemptor and Assoc., All Rights Reserved

9

Why the Increase in Disability Seeking?

- From 1999 to 2004, 12.2% increase in disability compensation from all health problems, but 79.5% increase for PTSD
- VA Office of Inspector General:
 1. 25.1% had no evidence of exposure trauma
 2. Once veteran received 100% disability rating, participation in PTSD treatment plummeted by 82%

Source: McNally & Frueh, 2012

©2014 Baderford and Assoc., All Rights Reserved

10

THEORIES FOR INCREASE IN DISABILITY SEEKING

- Financial need
- Transient emotional responses
- Malingering

Source: McNally & Frueh, 2012

©2014 Baderford and Assoc., All Rights Reserved

11

Is This Anti-Veteran and Un-American?

McNally and Frueh Response:

“Our aim is to ensure that all veterans needing treatment for PTSD receive the best evidence-based care available to ensure that they flourish as fully functioning citizens...failure to respond to treatment ought to be the point where disability safety net comes into play.”

©2014 Baderford and Assoc., All Rights Reserved

12

PTSD following WTC Attacks of 9/11

	4 Yrs After	5 Yrs After
PTSD:	8.4%	5.8%
Partial PTSD:	8.9%	7.7%

Strongest Predictor of PTSD:

1. Trauma history prior to 9/11
2. Presence of Major Depressive Disorder
3. Extent of Exposure

Study by Cukor, et al., 2011

©2014 Behavior and Assoc. All Rights Reserved. 13

DELAYED ONSET PTSD

Now Called “Delayed Expression” Under DSM-5

- 5.4% had PTSD symptoms at 6 months
- 4% had symptoms at 1 year
- 0% had symptoms at 6 years

Study by Frueh, Grubaugh, Yeager and Magruder, 2009

©2014 Behavior and Assoc. All Rights Reserved. 14

DELAYED ONSET PTSD

Study by Smid, teal, 2009 Meta analysis of 24 research studies from 1980 to 2008 revealed:

- 24.8% of PTSD cases with delayed onset. However Taiwanese earthquake survivor showed 8.7%
- Military populations: “Secondary financial gain may play a key role.”
- Western Culture increased prevalence might be related to financial rewards are more likely to be available in western cultures

©2014 Behavior and Assoc. All Rights Reserved. 15

History of DSM and Trauma-Related Diagnosis:

- A. DSM-I (1952) "Gross Stress Reaction"
- B. DSM-II (1968) Situational Reaction
- C. DSM-III (1980) Post-Traumatic Stress Disorder
- D. DSM-IV (1994) Expanded it to include witness of life threatening event
- E. DSM-V (2013) Expanded criterion "A" to include "Sexual Violence"

©2014 Redemptor and Assoc., All Rights Reserved.

16

DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER – DSM-5

Criteria 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 in a close family member or close friend.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s). (This does not apply to exposure to electronic media, television, movies, or pictures, unless this exposure is work related.)

(e.g. First Responders collecting human remains; police officers repeatedly exposed to details of child)

©2014 Redemptor and Assoc., All Rights Reserved.

17

DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER – DSM-5

Criteria B: Intrusion

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
3. Dissociative reactions (e.g. flashbacks)
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.

©2014 Redemptor and Assoc., All Rights Reserved.

18

DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER – DSM-5

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

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings
2. Avoidance of or efforts to avoid external reminders

DELETED from DSM-IV-TR. The person's response to the event must include a numbing of responsiveness and the need to have at least 3 of 7 symptoms of avoidance

©2014 Publisher and Assoc., All Rights Reserved. 19

DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER – DSM-5

Criteria D: Cognition and Mood
Negative alterations in cognitions and mood associated with the traumatic event(s), as evidenced by two (or more) of the following:

1. **Persistent and exaggerated negative beliefs or expectations about oneself, other or the world (e.g., "I am bad.", "No one can be trusted.")**
2. **Persistent, distorted cognitions about the cause or consequence of the traumatic event(s) that lead the individual to blame himself/herself or others.**
3. Persistent negative emotional states
4. Markedly diminished interest or participation in significant activities
5. Feelings of detachment
6. Persistent inability to experience positive emotions

©2014 Publisher and Assoc., All Rights Reserved. 20

DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER – DSM-5

Criteria E: Arousal
Marked alterations in arousal and reactivity associated with the traumatic event(s)

1. Irritable behavior and angry outbursts
2. **Reckless or self-destructive behavior**
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance

©2014 Publisher and Assoc., All Rights Reserved. 21

DIAGNOSTIC CRITERIA FOR POST-TRAUMATIC STRESS DISORDER – DSM-5

- F. Duration of the disturbance (Criteria B, C, D, and E) is more than one month.
- G. The disturbance causes clinically significant distress or impairment in social, occupation, or other important areas of functioning.
- H. **The disturbance is not attributable to the psychological effects of a substance (e.g., medication, alcohol) or another medical condition.**

©2014 Ridenour and Assoc., All Rights Reserved

22

What Do These DSM-5 Changes Mean for Assessment?

- Job related direct exposure through media is valid criteria A
- Avoidant behavior (criteria B) can be easily coached and feigned
- ↑ from 17 to 20 symptoms (criteria D), number of symptoms that can constitute PTSD, high degree of co-occurrence between PTSD and MDD

©2014 Ridenour and Assoc., All Rights Reserved

23

DSM-5 – PTSD Possible Negative Consequences

- Definition of what constitute a traumatic event
- Increased ease of fabricating symptoms for secondary gain
- Improper linking of symptoms to cause of behavior

Source: Zoellner, teal 2013

©2014 Ridenour and Assoc., All Rights Reserved

24

Where Might We See an Increase in PTSD Claims?

- **Municipalities**
 - Police
 - Fire
- **Health Care**
 - EMT's
 - Nurse
- **Schools**
 - Teacher
 - Teacher Aides
 - Social Workers

©2014 Redemptor and Assoc., All Rights Reserved.

25

Case Study A - Ralph

- 58 Year old, married, 2 adult children
- High School Diploma plus 1 year college
- Work history: 27 years as Railroad Engineer
- Work injury in 2010 while uncoupling hose between engines; air pressured hose nozzle strikes employee on top of nose
- Diagnosis: Cognitive Disorder NOS

©2014 Redemptor and Assoc., All Rights Reserved.

26

Case Study A – Ralph

- Within one month, employee returned to work to full duty
- Continues to experience headaches 2 to 3 times a week
- Continues treatment for Sleep Apnea (CPAP), insomnia, fatigue, prevalent symptoms
- Employee feels memory/concentration is declining
- Stays on job, but worried about safety and job performance

©2014 Redemptor and Assoc., All Rights Reserved.

27

Case Study A - Ralph

- Initiates lawsuit in January 2013
- Attorney refers employee to Neurologist. Treatment initiated 3/13
Diagnosis: Cognitive Disorder NOS
- 4/13: Neurologist refers to Psychologist who diagnoses PTSD, Cognitive Disorder NOS, Chronic Pain
- 5/13: Employee misses signal, becomes worried about competence to perform job.
- 7/13: Neurologist writes work restriction: "No operation of heavy machinery."

©2014 Redemptor and Assoc., All Rights Reserved.

28

Case Study A - Ralph

- PTSD?
- Appropriate care and treatment?
- Is psychiatric condition disabling?
- What would be appropriate vocational goal?

©2014 Redemptor and Assoc., All Rights Reserved.

29

Assessing the PTSD Evaluee

Start with rapport building:

"I am aware that you were exposed to the events of ____? I know that discussing sensitive information can sometimes cause discomfort, but your input is very important to help me conduct this assessment."

©2014 Redemptor and Assoc., All Rights Reserved.

30

Questions to Address to a PTSD Evaluee (Functioning)

1. What happened so you are no longer able to perform your job (Pay attention to proximity, intensity and duration.)
2. Can you tell me about the trauma as it relates to your present symptoms?
3. How do your symptoms impact your ability to do your job? (Focus on specifics)

©2014 Redemptor Fund Assoc., All Rights Reserved
31

Questions to Address to a PTSD Evaluee (Functioning)

4. How often do you get out of the house in a day (week)? What do you do when out of the house?
5. What is your sleep pattern now?
6. Have you experienced nightmares? How often? Content? Improved?

©2014 Redemptor Fund Assoc., All Rights Reserved
32

Questions to Address to a PTSD Evaluee (Functioning)

7. Have you experienced flashbacks? How often? Does a certain place trigger them? Content? Improved?
8. Describe for me your general mood. Listen for anger/self blame/guilt.
9. How has your behavior been around the house? Listen for reckless or self-destructive behavior.
10. Have you talked with any coworkers, HR, supervisor?

©2014 Redemptor Fund Assoc., All Rights Reserved
33

Questions to Address to a PTSD Evaluee (Functioning)

11. What medications are you taking presently? Obtain specific names and dosage levels.
12. Have you seen a psychiatrist or psychologist? Obtain specific names and dates of treatment.
13. How often are you attending counseling sessions? Obtain specific dates of treatment.

©2014 Ridenour and Assoc., All Rights Reserved

34

Questions to Address to a PTSD Evaluee (Functioning)

13. Do you think you will be able to return to your employer? In what role?
14. If you are not able to return to your employer or occupation, what are specific barriers that prevent you from doing so?
15. If an alternative vocational avenue is necessary, what occupations would you like to pursue?
16. Have you talked to your doctor about returning to work?

©2014 Ridenour and Assoc., All Rights Reserved

35

PTSD: Effective Treatment

Most efficacious treatment for PTSD is:

- Psychotherapy (at least twice a month)

AND

- Medication management (by a psychiatrist)

©2014 Ridenour and Assoc., All Rights Reserved

36

PTSD: Psychotherapy

1. Prolonged Exposure Therapy (EP)
 - Make audio tape of event and play over and over again
2. In vivo Therapy
 - Create hierarchy of situations that patient is avoiding. Start with easiest and move to most difficult.

80% get better after 9 – 12 sessions

40% lose symptoms completely

Source: Foa and Rothbaume: Treating the Trauma of Rape, 1998

©2014 Ridenour and Assoc., All Rights Reserved

37

PTSD: Medication Management

SSRI's

Paxil: 2050 mg

Zoloft: 50 – 200 mg

Effexor: 75- 300 mg

Prozac: 20 – 80 mg

For Sleep

Trazodone: 25 -250 mg

Ambien: 10 – 20 mg

Sonata: 10 – 20 mg

©2014 Ridenour and Assoc., All Rights Reserved

38

Case Study B - Jim

- 42 year old; married; 1 daughter, age 5
- High school diploma; 1 year lineman certificate; Industrial Electric AAS
- Work history: 10 years as lineman for utility company; 7 years auto body repair
- 8/12 Work injury: Arc flash while in bucket, 2nd and 3rd degree burns over 29% of body, mainly in torso

©2014 Ridenour and Assoc., All Rights Reserved

39

Case Study B - Jim

- PTSD symptoms: Nightmares, insomnia, hypervigilance, avoidance, guilt.
- Treatment by hospital psychologist and medication management
- 12/12: Return to work light duty, meter reader position
- 5/13: Return to work full time ground man position

©2014 Ridenour and Assoc., All Rights Reserved

40

Case Study B - Jim

- Concerned about lack of adherence to proper safety procedures.
- 8/13: Has heated altercation with lead lineman. Walks off job.
- "I lost it. I was crazy. I was regretful. I was sorry."
- "Does somebody have to die on the job for them to finally get it?"

©2014 Ridenour and Assoc., All Rights Reserved

41

Case Study B - Jim

- PTSD?
- Appropriate care and treatment:
- Is psychiatric condition disabling?
- What would be appropriate vocational goal?

©2014 Ridenour and Assoc., All Rights Reserved

42

Questions?

Thanks for your participation

Contact Info:

Mark Raderstorf, MA, CRC

Licensed Psychologist

Fellow – American Board of Vocational Experts

7211 Ohms Lane

Edina, MN 55439

Office: 612-823-5187

Cell: 612-978-8216

Mark@RaderstorfAssociates.com

©2014 Raderstorf and Assoc., All Rights Reserved.

43
