Dual Diagnosis-PTSD

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Aims and Objectives

- What are you hoping to get from session
- Explore the concept of Dual diagnosis
- Explore PTSD Diagnosis
- Research
- Explore Case studies

What is Dual Diagnosis?

Discuss

Dual Diagnosis

- Used in description of **co-occurring disorders** such as compulsive obsessive disorder (COD).

- **Broader use** in terms of ICD10 and DSM 1V used to describe co-occurring conditions in which a person is simultaneously diagnosed with an Axis I i.e major depressive disorder or generalised anxiety disorder) and an Axis II i.e. (Personality disorders)

- The term **dual diagnosis** also describes the comorbid condition of mental illness/ill-health/dis-ease or diagnosis and a substance abuse/misuse problem

What is PTSD?

Discuss

WHAT IS PTSD?

- Debates about the definition and reliability of PTSD Diagnosis – medicalization of Trauma versus need for research and treatment.

What is PTSD? 309.81 Post-traumatic 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 con-fronted 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 behaviour
- **Stress related experiences and symptoms typically begin within the first 3 months and in a small number of cases post 12 month**
- **B. The traumatic event is persistently re-experienced** 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.
- (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.

PTSD

- 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, 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

- (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) hyper vigilance (5) exaggerated startle response

What is PTSD?

- 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

Addiction as contributor to PTSD?

- Thoughts?

PTSD & Addiction

1. Exposure to a traumatic event
2. The traumatic event is persistently re-experienced- i.e. flashbacks, hallucinations
3. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness *(not present before the trauma)*
4. Cognitive impact of trauma *i.e sense of shortened future, high levels of anxiety and stress.*
5. Physical impact and response of traumatic stress i.e. difficulty falling or staying asleep, irritability or outbursts of anger , exaggerated startle response

Importance of assessment

1. **Exposure to a traumatic event (Criterion A)**
2. **Re-experiencing symptoms (Criterion B)**
3. **Avoidance and numbing symptoms (Criterion C)**
4. **Arousal Symptoms (Criterion D)**
5. **Duration of Symptoms (Criterion E)**
6. **Distress or impairment of social, occupational or other important areas of functioning (Criterion F)**

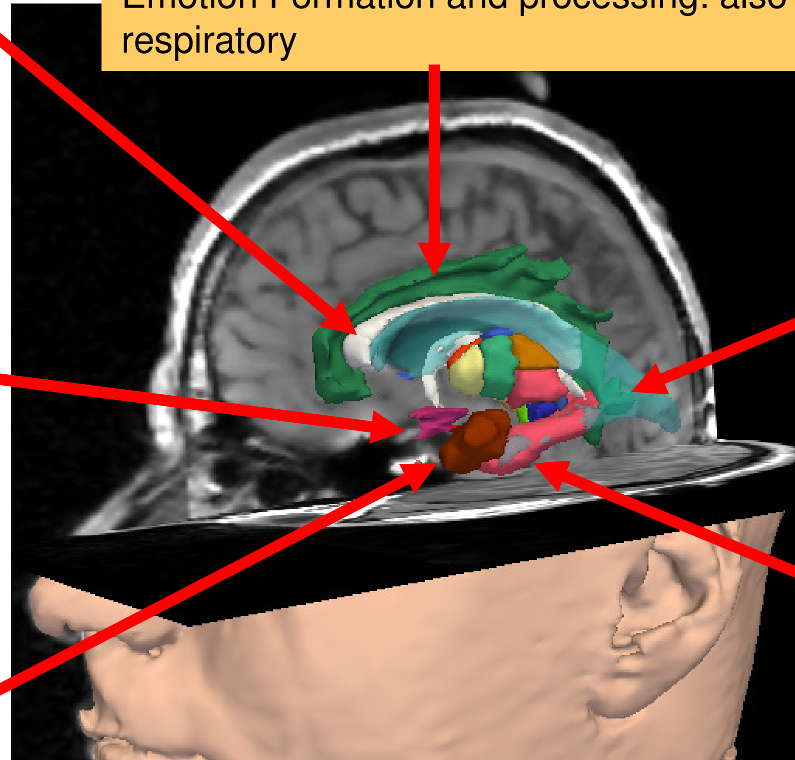
The Limbic System, Trauma and Addiction

Corpus callosum
Connection of left and right side of Brain

Cingulate gyrus
Emotion Formation and processing: also respiratory

Lateral ventricle (occipital horn)
facilitates cerebrospinal fluid circulation

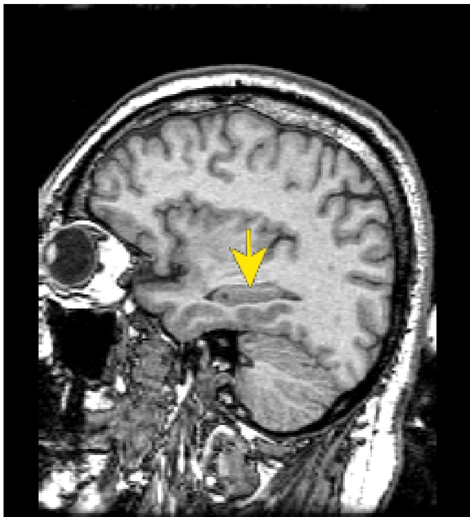
Hypothalamus
Homeostasis, emotion and motor function control

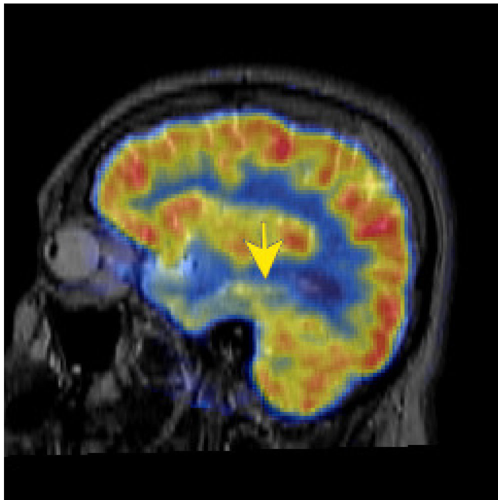


Amygdaloid complex
Assigning emotional significance or value to sensory information & also memory

Hippocampus
Emotions, Behavior
Long term memory

Impact of PTSD- High levels of Cortisol and addiction response.





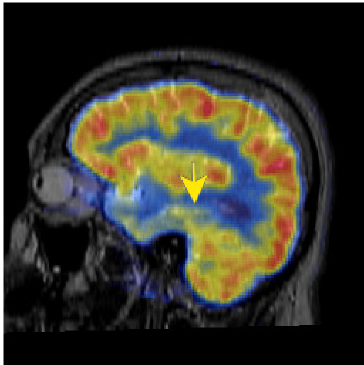
- Hippocampus – central to emotions, learning, memory: informs Hypothalamus of cortisol regulation.
- Damage to the Hypothalamus & Shrinkage Hippocampus which produces cortisol.
- Result - Memory loss, behavioural dis-inihibition, stimuli hyper-sensitivity.

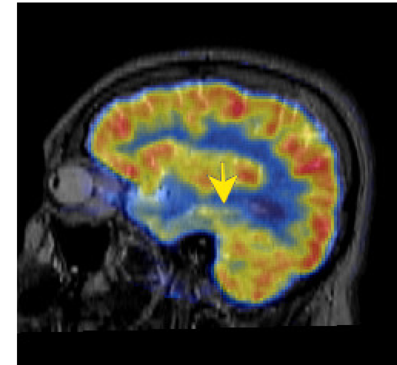
Causes of relapse?

- Why do the individuals we work with drink or use substances?
- What may be the causes of Relapse for someone with PTSD?
- How do we currently help them?

PTSD, Addiction & relapse

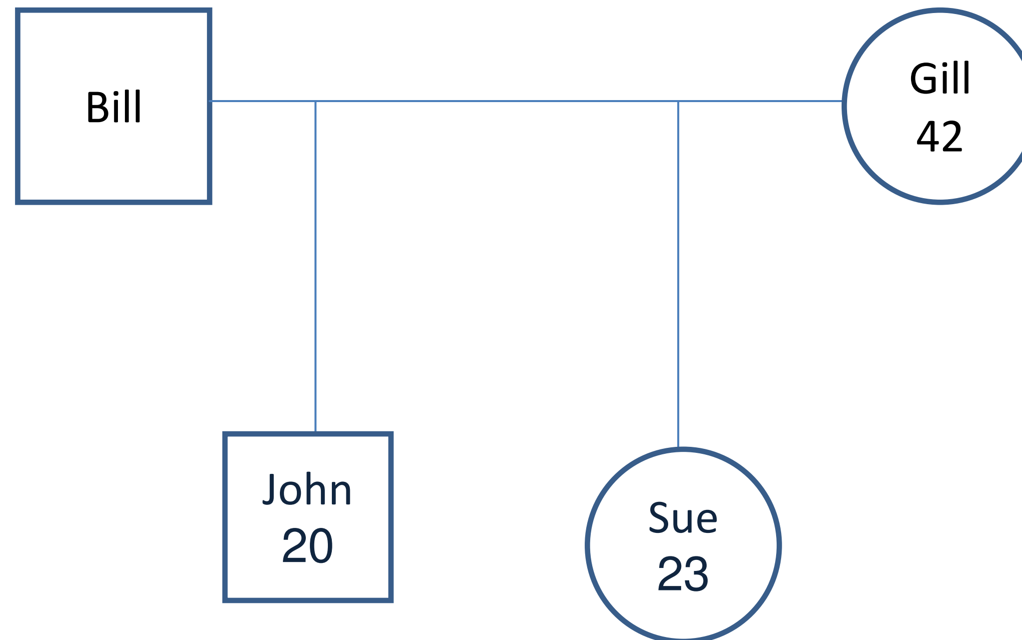
- A10 Cells Secrete Dopamine
- Base of Ventral Tegmental Area- (VTA)
- Attachment, wanting, Motivation & RISK



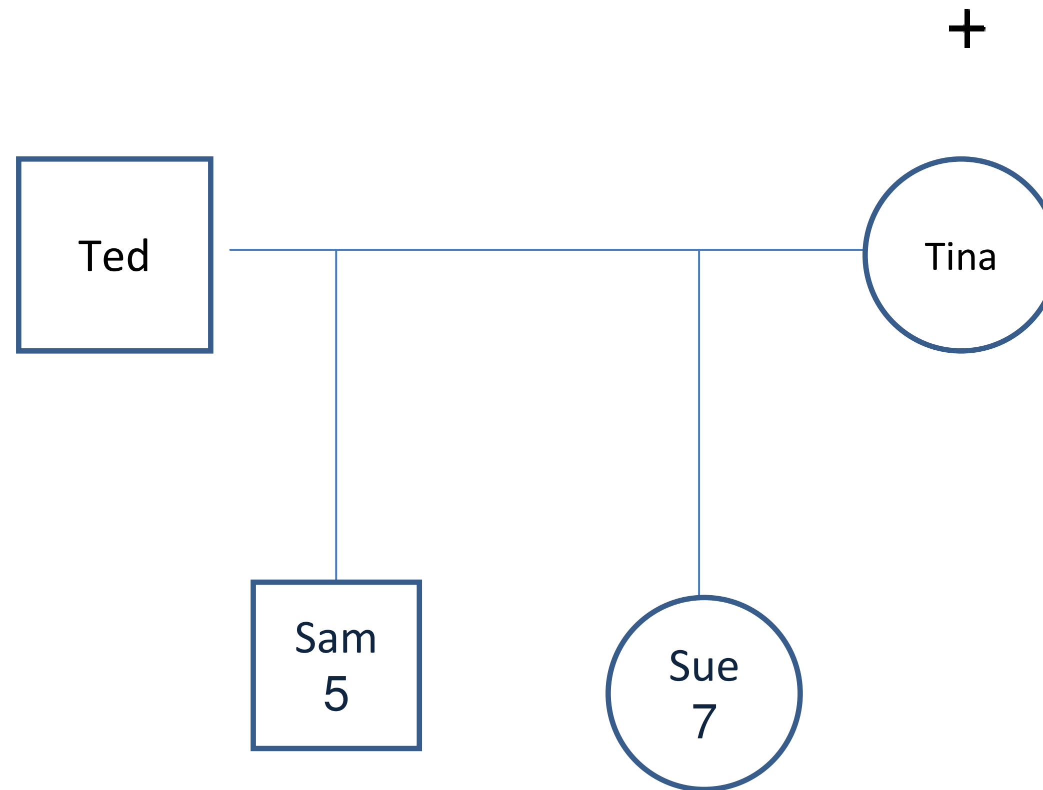


The VTA is the is widely implicated in the drug and natural reward circuitry of the brain

The Family system addiction and PTSD



Addiction and PTSD- Impact on children



Treatment - Summarised NICE (2011) guidelines and the Royal College of Psychiatrists and British Psychological Society (2005) key recommendations

- Immediate debriefing at/soon after the scene is not to be routine practice- watchful waiting should be considered first
- In the first month of Trauma, Trauma focused CBT or Eye Movement Desensitization and processing (EMDR) should be considered 5 sessions at first the 8-12.
- Drug treatment should not be used as routine frontline treatment, unless trauma psychological treatment is declined
- The existence of a specific trauma should be investigated in both Primary care or hospital settings when unexplained symptoms are present

- Focus on how to overcome here and now avoidance behaviours and current difficulties.

- For children, play therapy, psycho-education, anxiety coping skills etc.

Main Challenges Derived From NICE guidelines

- Separation of symptoms page 6
- Drug or alcohol problem – treat any significant alcohol problem before treating PTSD. Page 11.
- Watchful waiting page 12
- Increase in length of treatment for those with dual diagnoses i.e. Personality disorder.
- If Death of friend, relative involved treat PTSD FIRST.

Psychotherapy and treatment challenges

- Therapeutic factor of Psychotherapy based on Sobriety and commitment to attendance.
- Based in specific settings with specific expectations.
- Substances can contribute to some of the symptoms we have noted in diagnostic criteria
- It is important therefore for us to explore specific ways of working which are effective with our client group.

The end

Happy to take questions