

# Profiles

PUTTING ASSESSMENTS TO WORK

## PDS® TEST

### Understanding PTSD and the PDS® Assessment

Recurring nightmares. Angry outbursts. Easily startled. These are among the many symptoms associated with Post Traumatic Stress Disorder (PTSD). Most everyone who experiences a traumatic event such as a serious accident, assault, natural disaster, or recent loss will report temporary sleep disturbance, irritability, a re-experiencing of the event through intrusive thoughts or nightmares accompanied by active attempts to avoid reminders of the event. For most people, these symptoms gradually disappear. For some, however, the symptoms persist and result in chronic distress and disruption of daily functioning and may adversely impact interpersonal relationships. When this occurs, the individual has likely developed Post Traumatic Stress Disorder.

Post Traumatic Stress Disorder can affect anyone at any age who has been exposed to a traumatic event that involves actual or threatened death or injury and where he or she experienced terror or horror. According to a fact sheet issued by the National Center for PTSD and posted on the Center's web site ([www.ncptsd.org](http://www.ncptsd.org)), titled "What is Post-Traumatic Stress Disorder?":<sup>1</sup>

- Nearly 61% of men and 51% of women reported at least one traumatic event in their lives
- 8% of men and 20% of women who are exposed to a traumatic stressful event develop PTSD
- 5% of American men and 10% of American women will experience PTSD at some point in their lives, and more than 3% of U.S. adults (5.2 million people) have PTSD during a given year
- Roughly 30% of those who develop PTSD develop a chronic form that persists throughout their lifetimes

Furthermore, people with PTSD have among the highest rates of healthcare service use, according to an informational article about PTSD found on the Sidran Institute web site, [www.sidran.org](http://www.sidran.org).<sup>2</sup>

### An Expert's View

*"The advantage of the PDS test," states Paul Arbisi, PhD, "is that it evaluates all DSM-IV symptoms of PTSD as well as the severity of each symptom."*

Edna Foa, PhD, Professor of Clinical Psychology in the Department of Psychiatry of the University of Pennsylvania, created the Center for the Study and Treatment of Anxiety in 1979. Foa also developed an assessment to help screen and diagnose for PTSD—the PDS (Posttraumatic Stress Diagnostic Scale) test. For the past 17 years she has researched the immediate and chronic reactions to trauma and their treatments. She has authored numerous articles and several books on PTSD, and co-authored a special supplement for The Journal of Clinical Psychiatry titled "The Expert Consensus Guideline Series: Treatment of Posttraumatic Stress Disorder" and the book Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies.

The following presents basic information about PTSD, and Foa's view on the symptoms, contributing factors, diagnosis, and treatment of PTSD. She also discusses the role her assessment plays in the diagnosis of this disorder.

## Symptoms May Be Difficult to Identify

PTSD symptoms may be masked or difficult to identify because they frequently occur in conjunction with related disorders such as depression, substance abuse, and problems with memory and cognition.<sup>2,3</sup> Individuals diagnosed with PTSD frequently meet criteria for one or more additional diagnoses—most often major affective disorders, dysthymia, alcohol or substance abuse, anxiety, or personality disorders.<sup>4</sup> Because both patients and professionals are generally less informed about PTSD than about these other disorders, the PTSD symptoms are often undiagnosed.

In addition to psychological and emotional issues, headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, or discomfort in other areas of the body are also common in PTSD patients. It is not unusual for these complaints to be treated without any awareness that they are related to PTSD.<sup>1,3</sup> Because PTSD symptoms are so frequently underdiagnosed, the National Institute of Mental Health encourages primary care providers to ask patients about experiences with violence, recent losses, and traumatic events.<sup>3</sup> An assessment designed to screen patients for PTSD symptoms, such as the PDS test, can help alert health care professionals to the possibility that PTSD may be the root cause of the symptoms.

Whether symptoms are emotional or physical, Foa says, their onset typically occurs immediately after the traumatic event, but may not occur until years later. Most individuals recover within the first year after the trauma, she says, but a large minority suffers for years.

Symptoms of PTSD are divided into three classes in DSM-IV™ (Diagnostic and Statistical Manual of Mental

## Disorders Fourth Edition):<sup>5</sup>

**Re-experiencing symptoms** of the traumatic event, such as: recurring nightmares, flashbacks, intrusive thoughts, or exaggerated emotional and physical reactions to triggers that remind the person of the traumatic event

**Avoidance or numbing symptoms**, such as: attempting to avoid situations that remind the sufferer of the trauma, feelings of detachment or alienation, loss of interest in activities in which the person previously had interest, or inability to feel affection or emotion in ways the person had previously experienced emotions

**Hyperarousal symptoms**, such as: difficulty concentrating or remembering; hypervigilance—jumpiness or easily startled and may seem constantly on guard; insomnia and other sleep disturbances; or irritability or outbursts of anger

## Risk Factors

According to Foa, the risk of developing PTSD is related to proximity and duration of exposure to the traumatic event. For example, individuals who experience first-hand a traumatic event and are exposed to the event over a prolonged period of time are at greatest risk for developing PTSD. As she states, "The more severe the trauma, the more likely a survivor will develop PTSD. [Also,] the more direct one's exposure to the trauma, the more likely a survivor will develop PTSD."

In addition, Foa cites other factors that can lead to PTSD, including:

- Previous psychiatric disorders
- An avoidant coping style
- Experiencing numbness or dissociation during or immediately after the trauma
- Fearing for your life during the trauma

Research has found populations at increased risk of developing PTSD include:3,5,6

- Military troops
- First responders to disasters or medical emergencies including police, firefighters, rescue workers, emergency medical and mental health care providers
- Survivors of terrorist attacks, bombings, accidents, physical and sexual abuse, rape, political violence, repression and torture
- Survivors of natural disasters, such as earthquakes, floods, or hurricanes
- Witnesses of traumatic events
- Families and friends of victims

Research also has revealed other factors that contribute to the likelihood of developing PTSD, including:1,5,6

- Gender—women are more likely to develop PTSD
- Individuals who were abused as children or who have had other previous traumatic experiences
- Those with prior vulnerability factors such as childhood trauma, lack of functional social support, and concurrent stressful life events
- Those with a social environment that produces shame, guilt, stigmatization or self-hatred

## Severity and Duration of PTSD

According to Foa, three primary factors contribute to the severity and duration of PTSD: 1) the make up of the individual; 2) the nature of the trauma and how the individual interprets the traumatic event; and 3) post-trauma factors. She says, “People who prior to the trauma view the world and themselves either extremely negatively or extremely positively are more likely to experience a more severe and/or longer lasting PTSD than people who have more flexible perceptions.”

Additionally, studies reveal that deliberate, man-made violence (e.g., war, rape) result in longer lasting mental health effects than natural disasters or accidents.<sup>6</sup>

## The PDS Assessment: Designed to Facilitate Diagnosis

Experts generally agree that the best way to diagnose PTSD is to combine findings from structured interviews and assessments.<sup>1</sup> Assessments like the PDS test are especially helpful to address a clinician’s concerns that some patients might be either denying or exaggerating their symptoms.

“We know that over half of the people in the U.S. population have had at least one trauma in their life and the numbers are higher in mental health clinics,” says Foa. “The PDS test was developed to be a screener that will help alert us to the possibility that the person has PTSD. We created it in such a way that it assesses all the criteria of the DSM-IV [guidelines] for PTSD.”

The test is a self-report instrument with 49 items, requiring 10–15 minutes for the patient to complete. It was written for an 8th grade reading level and asks questions to help determine if all the DSM-IV criteria for a PTSD diagnosis are met.

## Meets all DSM-IV Diagnostic Criteria

The PDS test is one of the only self-report assessments that meets all the criteria of the DSM-IV. It asks if the patient has experienced trauma, what type of trauma, how long ago the trauma happened, and how long it lasted. It also inquires about problems in daily functioning and the presence and severity of each of the 17 PTSD symptoms of the DSM-IV.

Paul Arbisi, PhD, Staff Clinical Psychologist at the Minneapolis Veterans Administration Medical Center and in private practice, uses the PDS test in his work as a vital tool in determining eligibility for compensation as a result of disability stemming from PTSD. He has the PDS test administered as a screener for the use of a structured diagnostic interview within the context of a multi-method comprehensive evaluation.

"The advantage of the PDS test," states Arbisi, "is that it evaluates all DSM-IV symptoms of PTSD as well as the severity of each symptom. Further, the PDS test evaluates the degree of impairment associated with PTSD and the impact the PTSD symptoms have on activities of daily living. Finally, in completing the PDS test, the individual is asked to record all traumatic events experienced during their life."

According to Arbisi, in disability evaluations in the context of civil litigation, workers compensation or award of veterans' benefits, PTSD is often claimed based on a single incident. "The ability of the PDS test to document and evaluate multiple traumatic events across the individual's lifetime serves as a distinct advantage for the clinician in reaching a clinical decision regarding causality and aids in apportioning percentage of disability resulting from PTSD to specific events," he says.

## Easy to Use

Pamela M. Peterson, PhD, is a clinical psychologist in private practice in rural Southeastern Minnesota. Peterson has found that the manner in which the PDS test tracks the symptom categories necessary to make a DSM-IV diagnosis makes outcomes testing and diagnostic formulation for PTSD a quick and easy task to complete. Most of Peterson's evaluations are completed on farms and in homes, thus the practical aspects of the instrument are a significant asset and are appreciated by psychologists working in rural environments.

## Saves Time

Because the PDS test was designed to be used early in the therapeutic relationship as a screener, clinicians can address the disorder very quickly. Foa claims other self-report instruments available don't ask about the trauma; rather, they are used only if a trauma has been identified in the course of therapy.

Officials at the Scott Correctional Facility in Michigan administer the PDS assessment to screen incarcerated females as to their respective emotional state related to past traumatic experiences of either physical or sexual abuse. It is administered following a nurse's recommendation, based upon information learned from the initial screening performed at intake. The PDS test results are then used to help support treatment and mental health programming decisions, such as determining if the inmates will benefit from a group intervention that addresses trauma and abuse.

## Measures Progress

After initial diagnosis, clinicians can also use the PDS test to assess progress in treatment. Two reports are available: the Profile Report, which indicates a Yes or No for a tentative PTSD diagnosis; and the Progress Report,

symptom questions, each rated from zero to severe. “These repeated ratings will give the therapist a very good notion about the patient’s progress,” she says. “We actually give it every two weeks and get a clear picture of what’s happening with the patient and how well the person responds to treatment.”

## Reliable

Foa has found a very high correlation between the PTSD severity according to the PDS test results and the severity according to interview, indicating high reliability of the PDS assessment. Peterson and Arbisi agree. “The PDS assessment is very clearly a reliable indicator of PTSD,” says Peterson. Arbisi adds, “The PDS test is a well-validated instrument as evidenced in a number of published papers in peer-reviewed journals documenting its psychometric properties.”

## Treating PTSD

Presently there are several treatments that have been found effective with PTSD, including several programs of cognitive behavioral therapy and SSRI (Selected Serotonin Reuptake Inhibitor) medications.<sup>1</sup> It is important that therapeutic goals be realistic. There is presently no definitive treatment and no cure for PTSD.<sup>1</sup> As Joe Ruzek, PhD, notes in his article on the National Center for PTSD web site, effective treatments do not always eliminate all symptoms, but greatly decrease the symptoms and increase patients’ ability to manage their emotions and cope with the residual symptoms.<sup>7</sup>

At the Center for the Study and Treatment of Anxiety, Foa and her colleagues have developed a highly effective cognitive behavior therapy program called Prolonged Exposure. In this program, patients are first educated about PTSD, its symptoms and why PTSD can become a chronic condition. Patients are encouraged to process the traumatic event through repeated recounting of the event and systematic confrontation with situations that they avoid because they are reminded of the trauma. According to Foa, many studies have demonstrated the efficacy of Prolonged Exposure with PTSD following a variety of traumas.

Foa advises clinicians to learn how to do cognitive behavioral therapy with patients. She emphasizes the importance of this training as research has demonstrated its effectiveness. Other recommended psychotherapy techniques include anxiety management, exposure therapy, group therapy, play therapy for children, and psychoeducation.

## Diagnosing PTSD

DSM-IV™ guidelines require that all of the following must be present for a PTSD diagnosis:<sup>5</sup>

1. The person has experienced, witnessed or learned about an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others
2. The person’s response involved intense fear, helplessness or horror
3. The person is persistently re-experiencing the event, persistently avoiding stimuli associated with the trauma and experiences a numbing response, and is persistently experiencing hyperarousal symptoms
4. All the symptoms must be present for more than one month
5. The person’s symptoms must be causing significant distress and impairment in daily functioning

The PTSD is specified as: Acute when the symptoms have been experienced less than three months; Chronic when the symptoms have lasted three months or longer; and Delayed when at least six months have passed between the traumatic event and the onset of symptoms.

## References

- 1 "What is Post-Traumatic Stress Disorder?" (n.d.). National Center for PTSD. Retrieved October 8, 2001 from [www.ncptsd.org](http://www.ncptsd.org).
- 2 "Post-Traumatic Stress Disorder (PTSD)" (n.d.). The Sidran Foundation. Retrieved October 22, 2001 from [www.sidran.org](http://www.sidran.org).
- 3 National Institute of Mental Health, Publication No. OM-99 4157 (Revised) Updated October 5, 2001. Retrieved October 8, 2001 from [www.nimh.nih.gov/](http://www.nimh.nih.gov/).
- 4 Friedman, M., "Post-Traumatic Stress Disorder: An Overview." (n.d.). National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs. Retrieved October 8, 2001 from [www.ncptsd.org](http://www.ncptsd.org).
- 5 Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (1994) American Psychiatric Association, Washington, DC. (pp. 424-429).
- 6 "What are the Traumatic Stress Effects of Terrorism?" (n.d.). National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs. Retrieved October 8, 2001 from [www.ncptsd.org](http://www.ncptsd.org).
- 7 Ruzek, J. "Coping with PTSD and Recommended Lifestyle Changes for PTSD Patients" (n.d.). Retrieved October 8, 2001 from [www.ncptsd.org](http://www.ncptsd.org).

## Additional Resources

There are many books, web sites and workshops available to help mental health professionals and their clients learn about PTSD. Some resources are listed here.

Foa, E.B., Keane, T.M., & Fridman, N.J. (2000). *Effective treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford Publications.

Foa, E.B. & Rothbaum, B.O. (1998). *Treating the Trauma of Rape: Cognitive Behavior Therapy for PTSD*. New York: Guilford Publications.

Foa, E.B., Davidson, J.R.T., & Frances, A., editors (1999). *The Expert Consensus Guidelines Series: Treatment of Posttraumatic Stress Disorder*. *Journal of Clinical Psychiatry*, 60, Supplement 16.

Rothbaum, B.O. & Foa, E.B. (1999). *Reclaiming Your Life After Rape*. New York: The Psychological Corporation.

Foa, E.B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment*, 9(4), 445-451.

American Psychiatric Association, [www.psych.org](http://www.psych.org)

American Psychological Association, [www.apa.org](http://www.apa.org)

International Society for Traumatic Stress Studies, [www.istss.org](http://www.istss.org)

"DSM-IV" is a trademark of the American Psychiatric Association.