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Posttraumatic Stress Disorder

1



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This program will focus on the following topics:

- A history of the condition of Posttraumatic Stress (PTSD)
- Features of PTSD including examples of traumatic events and current DSM-5 criteria
- Discussion of differences in PTSD from DSM-IV to DSM-5
- Discussion of PTSD with respect to Worker's Compensation
- Forensic psychological examination of PTSD
- Brief Case Scenarios

2



History of Trauma-Based Disorders

- Pre-1900s – reactions due to molecular or CNS changes or anxiety
- F.W. Mott, *War Neuroses and Shell Shock* (1919)
- Battle fatigue, combat stress reaction, acute trauma reaction
- A. Kardiner & H. Spiegel, *War Stress and Neurotic Illness* (1947)
- Combat stress reaction (CSR) estimated at 20% in troops from WWI and WWII.

3

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Diagnostic Categories for Traumatic Stress Reactions (from R.A. Bryant & A.G. Harvey, *Acute Stress Disorders*, p. 5, 2000)

ICD (International Statistical Classification of Disease)	DSM (Diagnostic and Statistical Manual of Mental Disorders)
ICD-6 (1948) Acute situational maladjustment	DSM (1952) Gross stress reactions Adult Situational reaction Adjustment reaction
ICD-8 (1969) Transient situational disturbance	DSM-II (1968) Adjustment reaction
ICD-9 (1977) Acute stress reaction	DSM-III, DSM-III-R (1980, 1987) Posttraumatic stress disorder
ICD-10 (1992) Acute stress reaction Posttraumatic stress disorder Enduring personality change after catastrophe experience	DSM-IV (1994) Acute stress disorder Posttraumatic stress disorder

The earliest study of PTSD included interview with survivors of the Coconut Grove Fire in Boston (1942) (E. Lindeman, Symptomatology Management of Acute Grief, *Journal of Psychiatry*, 101, 1944)

4

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Features of Posttraumatic Stress (DSM-IV)

- Exposure to/direct experience with extreme stressors that threaten death, serious injury, or a loss of physical integrity
- Response to the stressor must result in fear, helplessness, or horror (for children)

5

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Examples of Traumatic Events

- Military combat
- Violent personal assault/physical attack
- Sexual assault
- Robbery
- Kidnap/hostage situations
- Terrorist attacks
- Torture
- Prisoner of war
- Natural and/or man-made disasters
- Severe motor vehicle accidents
- Diagnosis of a life-threatening illness

6



Ohio Law with respect to Posttraumatic Stress Disorder

- Based on an Ohio Supreme Court Decision *Armstrong v. John R. Jurgensen Co.* (2013-Ohio-2237), there must be a causal link between the recognized medical conditions and an alleged Posttraumatic Stress Disorder (PTSD).
- This is specifically with respect to allowing PTSD on an Ohio BWC claim.

10



Forensic Psychological Evaluation of PTSD:

- Motivation
- Ongoing Stressors
- Co-morbidity (pre-injury)
- Environment
- Psychological testing:
 - Measures of response bias
 - Clinical testing – MMPI-2, MCMI-IV
 - PTSD scale of MCMI-IV
- Clinical Interview/Mental Status
 - History, History, History

11



Brief Case Scenario A

Bill Smith worked for XYZ Roofing as a roofer. In December, while working on a ranch house after an early morning rain, he slipped off the edge of the roof and landed on his back. He sustained contusions, bruises, and a mild head injury. He was seen at a local ER and CT scans/MRIs/etc. were all negative. He now complains of nightmares of falling and a fear of heights. He did not return to work for the Employer of Record (EOR) and instead took a job with a landscaping company. He continues to take various pain medications, indulges in alcohol on weekends, and goes camping frequently with his family at a local campground. He continues to ride his motorcycle but reports this is at a reduced frequency.

12



Brief Case Scenario B

Mary Lou Jones, a manager for DEF Discount Pharmacies, worked night shift and supervised several coworkers. She was reviewing inventory in her office and heard raised voices in the store. Two men were attempting to rob the clerk at the first checkout. The clerk was being held at gunpoint and the assailants made threatening remarks. Ms. Jones made a comment about security being called and one of the assailants verbally assaulted her and threatened to kill her. She and the coworker were told to get on the floor and one assailant stepped on her right hand and kicked her in the abdominal region. Ms. Jones was left with a ring finger fracture which was treated and set at an ER. She vowed she would not return to work at the same store, and she was assigned to another store but expressed dissatisfaction with store security measures. She now expresses a fear of crowds, freeways, and noise. History reveals that Ms. Jones' father was alcoholic and he was physically abusive towards her and her siblings. Her first husband was also physically abusive. Her second marriage was reported as normal.

13



Brief Case Scenario C

Joe Johnson worked for MNO Trucking as a truck driver for 15 years. One night, he was traveling north on I-72 in heavy rain when a southbound vehicle lost control, crossed the median, and struck his truck head-on causing his truck to jack-knife and roll. His truck landed on its side and caught fire. Mr. Johnson received second and third degree burns to his face, upper extremities, and abdominal region. He fractured a cervical vertebra and required surgery. Skin grafts were also required with extensive hospitalization and recovery. Post-injury, he reported nightmares, flashbacks, and startle responses to loud noises. He is prone to anger outbursts with immediate family which is out of character with his pre-injury functioning. There is no prior history of trauma. He expressed regret for the other driver who lost their life in the accident. He frequently tells others, "I thought I was gonna die." He reports he "can't stand" going to sleep at night.

14