

FEMALE PSYCHOSOCIAL and BEHAVIORAL HEALTH PRE-TEST QUESTIONS

1. Which of the following statements about PTSD are correct? Please select all that apply
 - a) Post traumatic stress disorder is a psychiatric illness that affects people who have experienced a direct traumatic event.
 - b) Most people with PTSD need professional treatment to recover
 - c) Females are three times as likely as their male counterparts to have PTSD
 - d) The symptoms of PTSD subside or disappear over time for some people
 - e) Some get better with the help of family, friends or clergy

ANSWER:

b, d, e

RATIONALE

It is important to note that not everyone who experiences trauma develops PTSD, and not everyone who develops either requires psychiatric treatment:

- the symptoms of PTSD subside or disappear over time for some people
- some get better with the help of family, friends or clergy
- many need professional treatment to recover

Psychological distress caused by PTSD can be intense and disabling

The earlier a person gets treatment, the better the likely outcome

2. Which of the following statements regarding PTSD is correct? (choose one)
 - a) More than 2 of 10 Veterans with PTSD also have SUD
 - b) Almost 1 out of every 3 Veterans seeking treatment for SUD also has PTSD
 - c) The diagnoses of PTSD for Veterans who smoke(nicotine) is almost double that of those without a PTSD diagnosis (3 of 10)
 - d) War Veterans with PTSD and alcohol problems tend to binge drink (4-5 drinks or more in a short period of time 1-2 hours)
 - e) All of the above

ANSWER:

e

RATIONALE:

PTSD and SUD often co-occur. According to one national epidemiologic study, 46.4% of individuals with lifetime PTSD also met criteria for SUD. In another national epidemiologic study,

27.9% of women and 51.9% of men with lifetime PTSD also had SUD. Women with PTSD were 2.48 times more likely to meet criteria for alcohol abuse or dependence and 4.46 times more likely to meet criteria for drug abuse or dependence than women without PTSD. Men were 2.06 and 2.97 times more likely, respectively. There are few comparable population prevalence estimates among Veterans. A substantial majority of Veterans with PTSD have met criteria for comorbid substance use at some point. The National Vietnam Veterans Readjustment Study, conducted in the 1980s, found 74% of Vietnam Veterans with PTSD had comorbid SUD. Whether these findings generalize to other cohorts is unknown.

Much information about treatment-seeking Veterans comes from VA administrative data. For example, in a study of Operations Enduring Freedom (OEF) / Iraqi Freedom (OIF) / New Dawn (OND) Veterans, 63% of those diagnosed with alcohol use disorder (AUD) or other SUD also had a diagnosis of PTSD. Among Veterans diagnosed with AUD and another SUD, the rate of PTSD diagnosis was 76%. During the past 10 years, the number of Veterans with comorbid SUD and PTSD in VA care has increased over three-fold; in 2012, the prevalence of PTSD among Veterans receiving specialized SUD care was 32%.

Although PTSD and SUD are each associated with functional impairment, on average, individuals who have both disorders have poorer treatment outcomes, more additional psychiatric problems, and more functional problems across multiple domains, including medical, legal, financial, and social, than those with just one disorder.

- ☐ More than 2 of 10 Veterans with PTSD also have SUD
- ☐ Almost 1 out of every 3 Veterans seeking treatment for SUD also has PTSD
- ☐ The diagnoses of PTSD for Veterans who smoke(nicotine) is almost double that of those without a PTSD diagnosis (3 of 10)
- ☐ War Veterans with PTSD and alcohol problems tend to binge drink (4-5 drinks or more in a short period of time 1-2 hours)

3. Moral injury is often confused PTSD and occurs when deeply held moral principles, your core moral and ethical fiber are violated. Which of the following symptoms overlap with PTSD and moral injury?

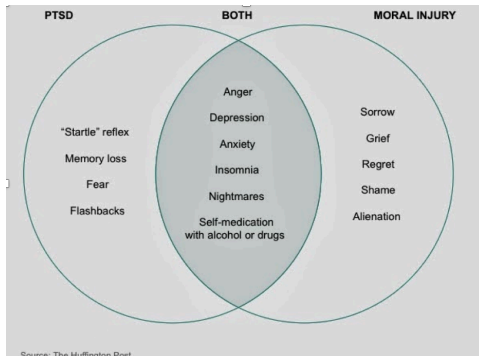
- a) Memory loss
- b) anger
- c) anxiety
- d) grief
- e) Shame
- f) nightmares

Answer:

b, c, f

RATIONALE:

In this diagram, you can clearly see that several of the symptoms of moral injury, for example anger, depression, anxiety, insomnia and nightmares are elements common to both PTSD and moral injury.



FEMALE PSYCHOSOCIAL and BEHAVIORAL HEALTH POST-TEST QUESTIONS

POST QUESTION

1. The prevalence of trauma histories among female Veterans is highly significant. They encompass events such as physical and sexual abuse during the early years, sexual and physical assault during adulthood. All of the following are true EXCEPT (choose one)
 - a) **Prevalence** of trauma histories among female Veterans at 81% to 93%
 - b) Childhood **sexual** abuse experienced by 27-49%
 - c) Childhood **physical** abuse experienced by 35%
 - d) **Sexual assault** experienced by 29–40%
 - e) **Physical assault** experienced by 35%-48%
 - f) Domestic **violence** experienced by 18–19%

ANSWER:

E

RATIONALE:

- **Prevalence** of trauma histories among female veterans at 81% to 93%
 - Childhood **sexual** abuse experienced by 27–49%
 - Childhood **physical** abuse experienced by 35%
 - **Sexual assault** experienced by 29–40%
 - **Physical assault** experienced by 50%
 - Domestic **violence** experienced by 18–19%
2. While PTSD and Moral injury share a number of common symptoms, there are several different characteristics that distinguish them from each other. All of the following about moral injury are true except (choose one):
 - a) Predominant painful emotions are fear, horror, helplessness
 - b) **Reaction to acts of commission or omission**
 - c) Medications may be required to treat physiological arousal
 - d) Restoration of one's safety is needed to heal

ANSWER:

B

RATIONAL:

Moral Injury is a reaction to acts of commission or omission. PTSD is a reaction to an event that happens to a person

	DSM IV PTSD	Moral Injury
Triggering Event	Actual or threatened death or serious injury	Acts that violate deeply held moral values
Individual's role	Victim or witness	Perpetrator, victim, or witness
A reaction to...	An event that happens to a person	Acts of commission or omission
Predominant painful emotions	Fear, horror, helplessness	Guilt, shame, anger
Reexperiencing?	Yes	Yes
Avoidance or numbing	Yes	Yes
Physiological arousal	Yes	No
What necessity is lost?	Safety	Trust
What is needed to heal?	Restore sense of safety	Forgiveness

3. Each of the following therapies for PTSD has a large evidence base and is trauma-focused to directly address memories of the traumatic event or related thoughts and feelings, except (choose all that apply)
- a) stress inoculation training (SIT)
 - b) relaxation
 - c) Prolonged exposure (PE)
 - d) Cognitive Processing Therapy (CPT)
 - e) interpersonal therapy

ANSWER:

c, d

RATIONALE:

A number of psychological treatments for PTSD exist, including trauma-focused interventions and non-trauma-focused interventions. Trauma-focused treatments directly address memories of the traumatic event or thoughts and feeling related to the traumatic event. For example, both Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are trauma-focused treatments. Non-trauma-focused treatments aim to reduce PTSD symptoms, but not by directly targeting thoughts, memories and feelings related to the traumatic event. Examples of non-trauma-focused treatments include relaxation, stress inoculation training (SIT) and interpersonal therapy.