

PTSD: What is it?

Who has it?

How to help someone with PTSD

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Find Hope, Strength, and Confidence. We can do this. Together

Welcome...

Struggling with severe [anxiety](#) can be a lonely, terrifying journey into darkness. Together, let's find your hope, strength, and confidence. Seeking a psychologist is a very personal matter. Research confirms that the "Fit between therapist and client" is critical to the success of therapy. For this reason, Dr. Murrell provides a free 15-minute initial conference to allow time to consider whether working together is a good fit. You will also receive a brief assessment for symptoms of anxiety, depression, and [PTSD](#). Let's do this. Together.



PTSD Checklist for *DSM-5 (PCL-5)*

Version date: 11 April 2018

Reference: Weathers, F.W. Litz, B.T. Keane, T.M.
 Palmieri, P.A. Marx, B.P. Schnurr, P.P. (2013)

The PTSD Checklist for DSM-5 (PCL-5) – Standard (Measurement instrument), Available from
<https://www.ptsd.va.gov>

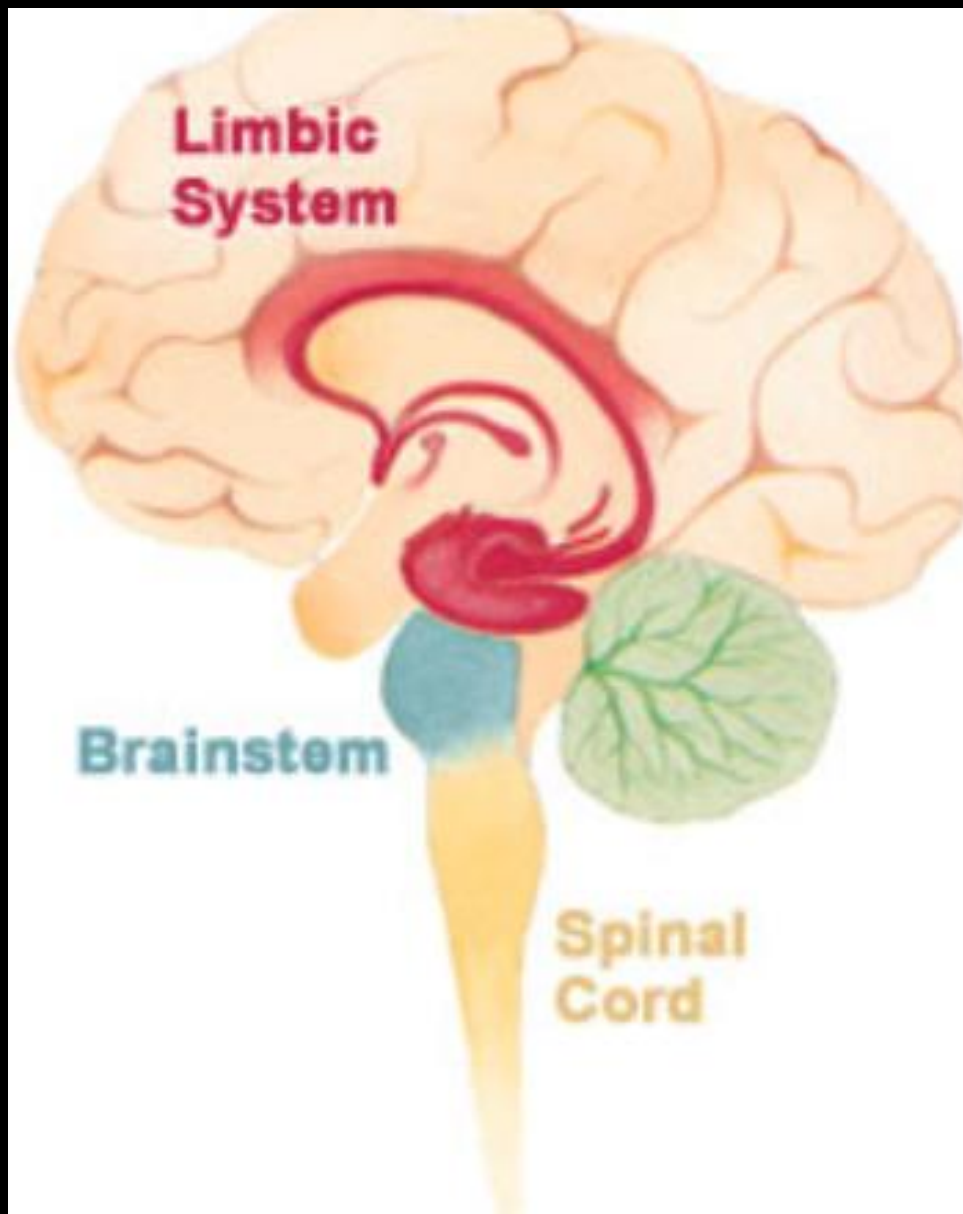
URL: <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Why study PTSD?

1. The Criteria for the Diagnosis of PTSD
2. Buddy's Experience in Vietnam: A case study
3. How the Limbic system works
4. Sympathetic Nervous System (The Accelerator)
5. "Fight, Flight or Freeze" become PTSD
6. Parasympathetic Nervous System (The Brake)
7. Internal and External Triggers
8. Mind-Body Interaction
9. How to Help Someone with PTSD
10. Treatments and Resources
11. The Official Criteria for PTSD Diagnosis
12. What is the PCL-5?

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Reading List

“Once a Warrior Always a Warrior” by Col. Chas Hoge

“The Body Keeps the Score” by Bessel Van Der Kolk

National Center for Post-Traumatic Stress Disorder (PTSD)

Wounded Warrior Project

PTSD Coach

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

| In the past month, how much were you bothered by: | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--|------------|--------------|------------|-------------|-----------|
| 1. Repeated, disturbing, and unwanted memories of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 2. Repeated, disturbing dreams of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)? | 0 | 1 | 2 | 3 | 4 |
| 4. Feeling very upset when something reminded you of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)? | 0 | 1 | 2 | 3 | 4 |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)? | 0 | 1 | 2 | 3 | 4 |
| 8. Trouble remembering important parts of the stressful experience? | 0 | 1 | 2 | 3 | 4 |
| 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | 0 | 1 | 2 | 3 | 4 |

| In the past month, how much were you bothered by: | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---|------------|--------------|------------|-------------|-----------|
| 10. Blaming yourself or someone else for the stressful experience or what happened after it? | 0 | 1 | 2 | 3 | 4 |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame? | 0 | 1 | 2 | 3 | 4 |
| 12. Loss of interest in activities that you used to enjoy? | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling distant or cut off from other people? | 0 | 1 | 2 | 3 | 4 |
| 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)? | 0 | 1 | 2 | 3 | 4 |
| 15. Irritable behavior, angry outburst, or acting aggressively? | 0 | 1 | 2 | 3 | 4 |
| 16. Taking too many risks or doing things that could cause you harm? | 0 | 1 | 2 | 3 | 4 |
| 17. Being “superalert” or watchful or on guard | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling jumpy or easily startled? | 0 | 1 | 2 | 3 | 4 |
| 19. Having difficulty concentrating? | 0 | 1 | 2 | 3 | 4 |
| 20. Trouble falling or staying asleep? | 0 | 1 | 2 | 3 | 4 |