Post Traumatic Stress Index - Revised
(PTSI-R) Report for Patient CSAT425

Congratulations on completing the PTSI-R. You have taken the time to search your inner self and your past, and it may be that you have discovered that events from long ago are still adversely affecting you today. You should give yourself credit for opening yourself up to this process, for recognition of the problem is the first step toward healing.

On the following page, you will see a set of scales that represent 11 different categories of trauma. On each scale, you will have a score of low, moderate, or high. A low score indicates that you were not appreciably impacted in this category. A moderate score indicates that you may have been impacted, and a high score indicates that you were severely impacted in this area.

Following the scales are descriptions of any of the categories in which you scored in the moderate and high ranges. Each category will tell you how many questions were in that trauma type, as well as how many you endorsed. For example, "9/19" would indicate that there were 19 questions and you affirmed 9 of them. There is also a definition of the category to help you to understand the type of trauma you are experiencing or have experienced in the past. Finally there are examples of symptoms for each behavior that may you may identify as having experienced for yourself.

If you are facing addiction issues, dealing with trauma can help you to understand why you are triggered by certain persons, places, or things. Dealing with these core issues is a major step in resolving the questions, "Why do I do the things I do?"

Share this report with your therapist. He or she can guide you through the process of dealing with your past and reconciling it to your present circumstance. You may also want to read more about trauma and how it affects your life. We recommend the following:

Recovery Zone® by Patrick J. Carnes (Available September 2009)
• The Developing Mind: How Relationships and The Brain Interact to Shape Who We Are- by Daniel Siegel
• The Betrayal Bond: Breaking Free of Exploitive Relationships- by Patrick J. Carnes
• Heartwounds: The Impact of Trauma and Unresolved Grief on Relationships® by Tian Dayton

Post Traumatic Stress Index Categories

Categories with Moderate Scores The patient scored moderately (i.e., endorsed between 33% & 66% of the relevant questions for these categories.)

Posttraumatic Stress Reactions (PTSR): 6/11 items endorsed This category is for individuals that are experiencing symptoms that are or are similar to Post Traumatic Stress Disorder (PTSD).

Items Endorsed in this Category are:

• I have been through a lot of bad experiences in my adult life, more than most people.
• I am generally distrustful or suspicious of others.
• I have physical reactions when thinking about or confronted by situations or dramatic re-creations of combat, violence, or abuse.
• Minor current events that remind me of my past can cause me to overreact.
• Certain reminders of abusive or violent experiences like anniversaries, places, or symbols, upset me a great deal.
• I have difficulty sleeping, falling asleep, and/or staying asleep.

General symptoms for this category that clients may experience include:

• Distressing nightmares or uncomfortably vivid and startling or violent dreams
• Feeling as if you have a motor running and are always on “go”
• Have difficulty getting out of bed because of depression, loneliness, or feelings of dread and doom
• Seem to lead a “double” life, one part of which is generally kept secret or hidden from others
• Experiencing uncontrollable or sudden outbursts of anger, rage, or irritability that is not due to lack of sleep or substance-induced
• Feeling distrustful, suspicious, and generally uneasy trusting others, even though there is nothing that others have done to cause you to feel that way
• Becoming startled or frightened easily by unexpected noises, sounds, or sudden actions
• Experience crying jags for apparently no known reason that are seemingly “out of the blue”.
• Feel as if life is “surreal” or “unreal”
• Seem to be “accident prone”
• Experience difficulty falling or staying asleep
• Have difficulty concentrating or paying attention
Most people taking the PTSI-R will generally experience and have particularly difficulty with quite a few of these items. The PTSI-R was specifically designed to assess for these and other issues.

**Traumatic Repetition (TR): 9/21 items endorsed**

This category is for those individuals that continually and sometimes ritualistically seek to re-produce or duplicate the emotional level of arousal that they experienced during the original trauma or disaster. It is a type of "re-enacting" the original traumatic event. This is typically accomplished because though you may not remember, your body does remember what happens to it when something traumatic or devastating happens to it. And so your body tries to continually reproduce that feeling, until such time that you can heal from it.

**Items Endorsed in this Category are:**

- I tend to repeat the same problems in my intimate relationships.
- I seem to get "stuck" thinking about something over and over again, as if I am caught in a "loop."
- I spend a lot of time thinking about the people who hurt or abused me.
- Sometimes I engage in self-mutilating behaviors like cutting, picking, burning, bruising, branding, and/or deep scratching.
- My behavior is often compulsive - I do things repeatedly that I seem to have little or no control over.
- My behaviors are often times self-defeating.
- Some of my ongoing, repetitive behavior comes from early life experiences.
- I have trouble stopping certain activities even though I know they are unhealthy or destructive.
- I am unable to stop doing things to myself that are the same or similar to things that were done to me as a child.

**General symptoms for this category that clients may experience include:**

- Feeling a sudden urge to hurt someone
- Repeating emotionally painful experiences over and over again
- Dwelling on prior abuse or trauma
- Hurting oneself for no apparent reason that makes much sense, but feeling a need to do it anyway
- Trying to stop activities that you know are harmful, but not having much success at it
- Repeating the very same or similar patterns of destructive behavior or emotional turmoil in one’s intimate relationships, over and over, from relationship to relationship. It is as if the relationships stay the same but only the people change.
- Repeating self-defeating behaviors
- Doing things to oneself emotionally, physically, and/or sexually that seem to mimic the behaviors that occurred in the original trauma or disastrous situation
- Encourage others to harm you in some way
- Dwelling on past abuse scenarios
- Engaging in sexual, physical, or emotional activity that resembles the early sexual abuse, physical, or emotional abuse
- Preoccupied with or aroused by teenagers or children
- Cut, burn, bang, slice, or otherwise harm oneself when feeling very overwhelmed, anxious, and/or upset

Many people are known to suffer these symptoms, and when they do, they are experiencing a Traumatic Repetition lifestyle.

**Traumatic Blocking (TB): 10/26 items endorsed**

Trauma Blocking reflects use of the brain’s reward centers in an addictive or compulsive fashion to self soothe. Clinically, words like numbing, calming, anesthetizing, or satiation have been used to describe the neural pathways involved. Comfort food as in compulsive eating, calming sex as in compulsive masturbation, or compulsive use of alcohol and depressant drugs are examples of behavioral use that target reduction of anxiety. In trauma literature, these ‘numbing’ behaviors will often follow high arousal behaviors to provide relief from danger, intensity, and the rush of hormonal hyperactivity of the brain. The goal is to slow, reduce, or block the flow of the chemicals which stimulate the brain’s activity.

**Items Endorsed in this Category are:**

- I use TV, reading, and hobbies/recreation as a way to "numb" myself and avoid thinking about difficult things.
- I use drugs to escape.
- I use depressant drugs as a way to cope.
- I avoid stories, parts of movies, or things that remind me of my past experiences.
- I use TV, reading, and hobbies as a way to numb out.
- I get "lost" in my work.
- I often cannot watch movies that are too emotional or upsetting to me.
- When I am anxious, I will try anything to stop my feelings.
- I don't tolerate uncomfortable feelings.
- I will try anything to distract myself from my problems.

**General symptoms for this category that clients may experience include:**

- Sleeping to avoid problems
- Difficulty staying awake during the day
- Eating excessively to avoid problems
- Using drugs to escape
- Working excessive hours to escape personal feelings
- Injuring oneself when upset, anxious, or bored
- Drinking to excess in reaction to life stressors
- Using depressant drugs
- Masturbating to be able to sleep
- Procrastination
• Binging when stressed
• Avoiding emotional or upsetting movies
• Unable to tolerate uncomfortable feelings

**Traumatic Dorsodepression (TDD): 5/15 items endorsed** Individuals with a Traumatic Dorsodepression appear to lead a lifestyle that is most characteristic of depression and reduced energy. However, this category also includes those individual’s who, in addition to their depression, suffer from difficulty with abstract thinking concepts, being able to quickly shift from one thought to another, have shortened or lowered attention spans, and tend to be quite ritualistic as opposed to risk-taking.

**Items Endorsed in this Category are:**

- I seem to forget things more easily than I should.
- My mind seems to wander more than most people.
- Sometimes I feel that life is “unreal” or “surreal.”
- I get distracted easily.
- I have trouble mentally “changing gears.” (i.e., it is difficult for me to quickly switch thoughts from something to something else.)

**General symptoms for this category that clients may experience include:**

- Preferring to do things that have a definite beginning, middle, and end-point. The less ambiguity the better
- Seem to easily become distracted and “forgetful”
- May appear somewhat “scattered” to others
- Experiences difficulty staying awake during the day, even when there has been quite enough sleep
- Prefers “concrete” things or events, and things that have more “structure”
- Complains of memory problems
- Feels that their mind constantly wanders
- Has trouble staying focused for long periods of time
- May have been diagnosed with a major depressive disorder (depression), bipolar disorder type II, schizophrenia, autism, Aspergers disorder, Posttraumatic stress disorder, alcohol, heroin, or marijuana addiction or abuse
- Sometimes feels that life is “fuzzy” or “surreal”
- Gets distracted easily
- Feels like life is just passing them by
- Has trouble mentally “changing gears” from one thought to another

Individuals with TD have generally experienced either early childhood sexual abuse, and/or a detached and impersonal family structure.

**Traumatic Orbitohyperactivity (TOH): 8/18 items endorsed** This unusual sounding category is reserved for individual’s that appear to be “hyper” or “charged” with a “revved engine” that is always “on”. TOH people appear hyperactive and experience what to others seems like an immense amount of unbounded energy. In reality, this is a difficult lifestyle to have and maintain, and is further punctuated by impaired relationships and the never-ending need to achieve higher and higher levels of energy. Typically, those that fall within the TOH lifestyle have either experienced early childhood sexual abuse, or come from severely impulsive or out-of-control narcissistic family dynamics where rage, extreme and explosive anger, boundary violations, and objectification and exploitation of others were typical family interactions and styles.

**Items Endorsed in this Category are:**

- I am more uninhibited than most people.
- There are few barriers I cannot get around.
- I can see that certain behaviors will bring trouble, but I do them anyway.
- I can be pretty emotional at times, even if I do not show it.
- I can be pretty “scattered” or disorganized at times.
- I am less able to sit with uncomfortable feelings than most people.
- As a child, I was never seriously knocked unconscious or told I had a “head injury.”
- At times I notice that I am careless.

**General symptoms for this category that clients may experience include:**

- Being more uninhibited than most people, sometimes to the extreme and dangerous
- Gambles or would like to gamble
- Is impulsive – does many things on the spur of the moment of with little planning
- Experiences a very high sex drive
- Has been diagnosed with or have been told they have mania, obsessive-compulsive disorder (OCD), bipolar disorder-type-I (manic-depression), hyperactivity, attention deficit hyperactivity disorder (ADHD), methamphetamine (speed), cocaine, or “crack” abuse, Borderline Personality Disorder, Impulse Control Disorder, Antisocial Personality Disorder
- Seems to get “stuck” thinking about things, as if they are caught in a “loop” in their thinking, and think the same thought over and over and over again
- Sometimes has outbursts of anger or irritability
- Prefers dangerous or “high risk” activities to more sedate or planned activities
- Is often compulsive – does things repeatedly until they become bored with it
- Can be hyper emotional at times
• Uses stimulant drugs or would prefer stimulant drugs to more “sedate” and “analgesic” drugs
• May have been arrested for one or more of the following: gambling, sexual indecency, voyeurism, stalking, petty theft, making terroristic threats, aggressive behaviors, fire-starting, disorderly conduct, or “conduct unbecoming” (military)
• Tends to be careless
• Does not assess danger well

People with a TOH lifestyle can alternate between feelings of extreme or “hyper” emotionality with those of extreme almost debilitating boredom and emptiness. Those that lead a TOH lifestyle find themselves often on the wrong side of the law or another person’s temper. Typically, TOH stems from either early childhood sexual abuse and/or a narcissistic, chaotic, out-of-control family history.

**History** Emotional Abuse Scale

- 17 of 25 items:
  1. Neglect by primary caregivers or authority figures
  2. Harassment or malicious tricks
  3. Being excessively screamed at or shouted at
  4. Abandonment (lack of supervision, being left or deserted, etc)
  5. Forced to keep family secrets
  6. Having to take on adult responsibilities as a child
  7. Having to watch beating of other family members
  8. Being persistently and inappropriately caught in the middle of parents’ fights
  9. Inappropriate and excessive jokes about my body
  10. Excessive criticism of your physical or sexual development
  11. Other forms of emotional abuse not mentioned
  12. Being screamed or shouted at by a significant other on a regular basis
  13. Being verbally bullied or harassed
  14. Experiencing verbal threats by a family member or primary caregiver
  15. Forced to keep family secrets
  16. "Covering" for the acts of other family member(s)
  17. Inappropriate and excessive jokes about my body

- Severity: 9 on a scale of 1 – 10
- Affected: 8 on a scale of 1 – 10

**Physical Abuse by Parent or Primary Caregiver During Childhood**

- 1 of 9 items:
  1. Shoving, pulling, and grabbing of hair, ears, etc.

- Severity: 1 on a scale of 1 – 10
- Affected: 2 on a scale of 1 – 10

**Sexual Abuse During Childhood**

- 2 of 13 items:
  1. Inappropriate flirtatious and suggestive language
  2. Use of sexualizing language

- Severity: 2 on a scale of 1 – 10
- Affected: 6 on a scale of 1 – 10

**Addiction Potential Scale**

- 1 of 8 items:
  1. Significantly and excessively over-spend

**Axis I endorsed 4 of 25 items:**

1. Post traumatic stress disorder (PTSD)
2. Anxiety disorder
3. Depression
4. Alcohol addiction/abuse

**Axis II endorsed 0 of 11 items:**
Number of arrests: 0
Number of losses: 0

Therapist Notes: