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Complex Cases: The impact of psychosocial factors

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Overview and objectives

- Presentation of complex case
- To explore the multifactorial influences on clinical presentation (case formulation)
- NOT trying to turn you into psychologists
- Consider the benefits of MDT working
- *Disclaimer – difficult topics – take care of yourselves*

Introduction of the Client

- **Referral information**
 - 30 year old male
 - Client high dependency on admission – HIV test not done by GP despite request
 - Good physical recovery
 - Problems adjusting to HIV diagnosis
 - Missing appointments (not getting bloods done)
 - Concerns regarding engagement in healthcare

Understanding the Wider Picture

- **Assessment information**
 - Circumstances around ill health/HIV diagnosis
 - Impact of healthcare and treatment
 - Outcome after emergency care
 - Physical
 - Emotional
 - Social/Relational
 - Client's personal history and experiences
 - Client's coping strategies
 - Meaning of events to the client

Putting the pieces together

- **Formulation of the case**
 - What does this mean?
 - Why is it important?
- **Bio-psycho-social model**
 - Looking at how all of the different factors interact
 - Bio-psycho-social approach relates to how we work in MDTs

Brief introduction to trauma

- **CRITERION B: Re-experiencing**
 - Intrusive thoughts, Nightmares, Flashbacks, Emotional distress and/or Physical reactivity after exposure to traumatic reminders
- **CRITERION C: Avoidance**
 - Avoiding trauma-related reminders or trauma-related thoughts and/or feelings
- **CRITERION D: Negative thoughts and feelings**
 - Overly negative thoughts (self and world), exaggerated blame (self or others), negative affect, loss of positive affect, reduced interest, feeling isolated
- **CRITERION E: Arousal**
 - Irritability, aggression, hypervigilance (monitoring for threat) heightened startle response, sleeping and concentration difficulties

Brief introduction to trauma

Criterion F

- Symptoms last for more than 1 month.
 - (Presents similarly to **Acute Stress Disorder** – short term response to a traumatic event) – **resilience is the norm**

Criterion G

- Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H

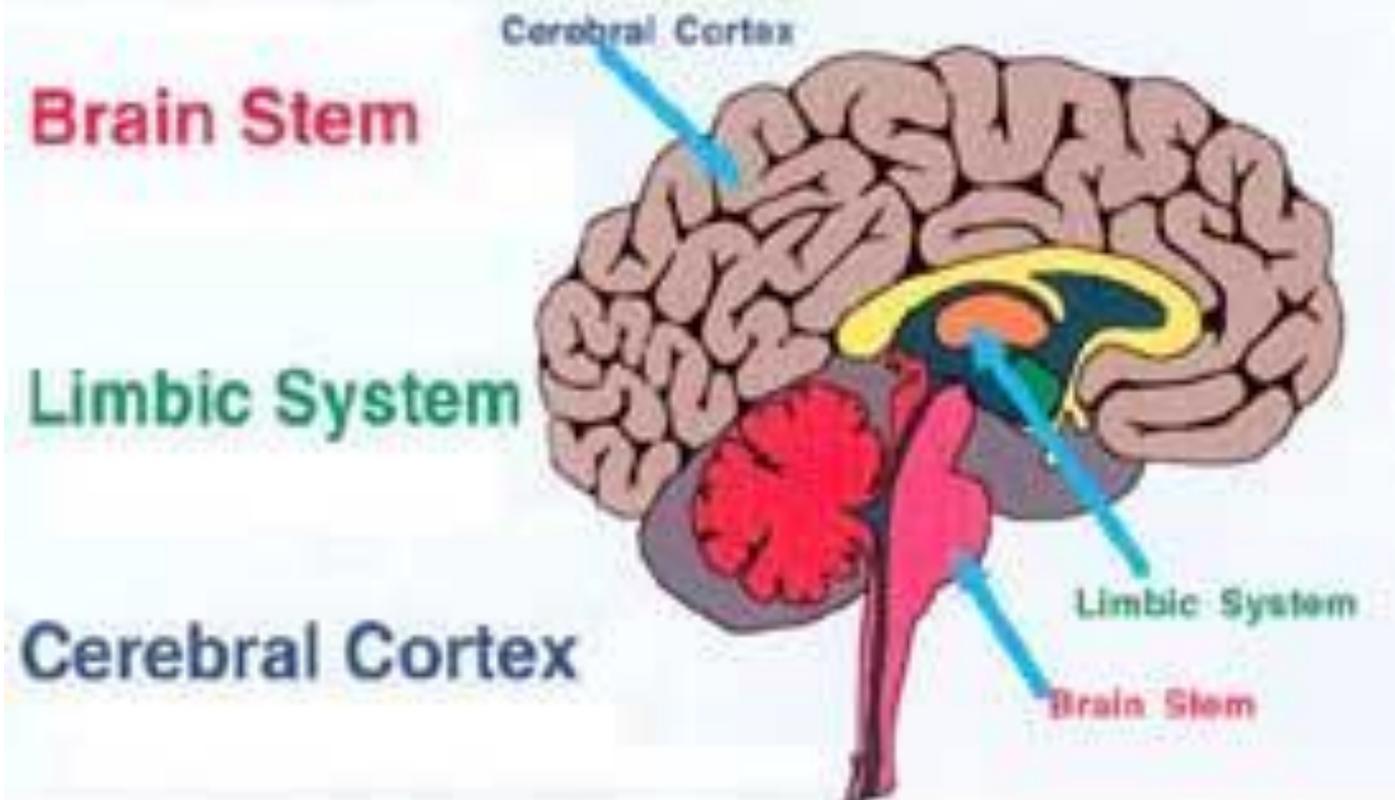
- Symptoms are not due to medication, substance use, or other illness.

Brief introduction to trauma

- ***Whistle stop tour!!!***
- Outline of main theoretical aspects that are important to understanding this case
 - **Information Processing and Dual Representation Theory** (Brewin et al; 1996; 2010) –
 - **Fear Networks** (Foa et al; 1989) –
 - **Cognitive Model of PTSD** (Ehlers and Clark (2000)
 - **Shattered Assumptions** – (Janoff Bulman; 1983)

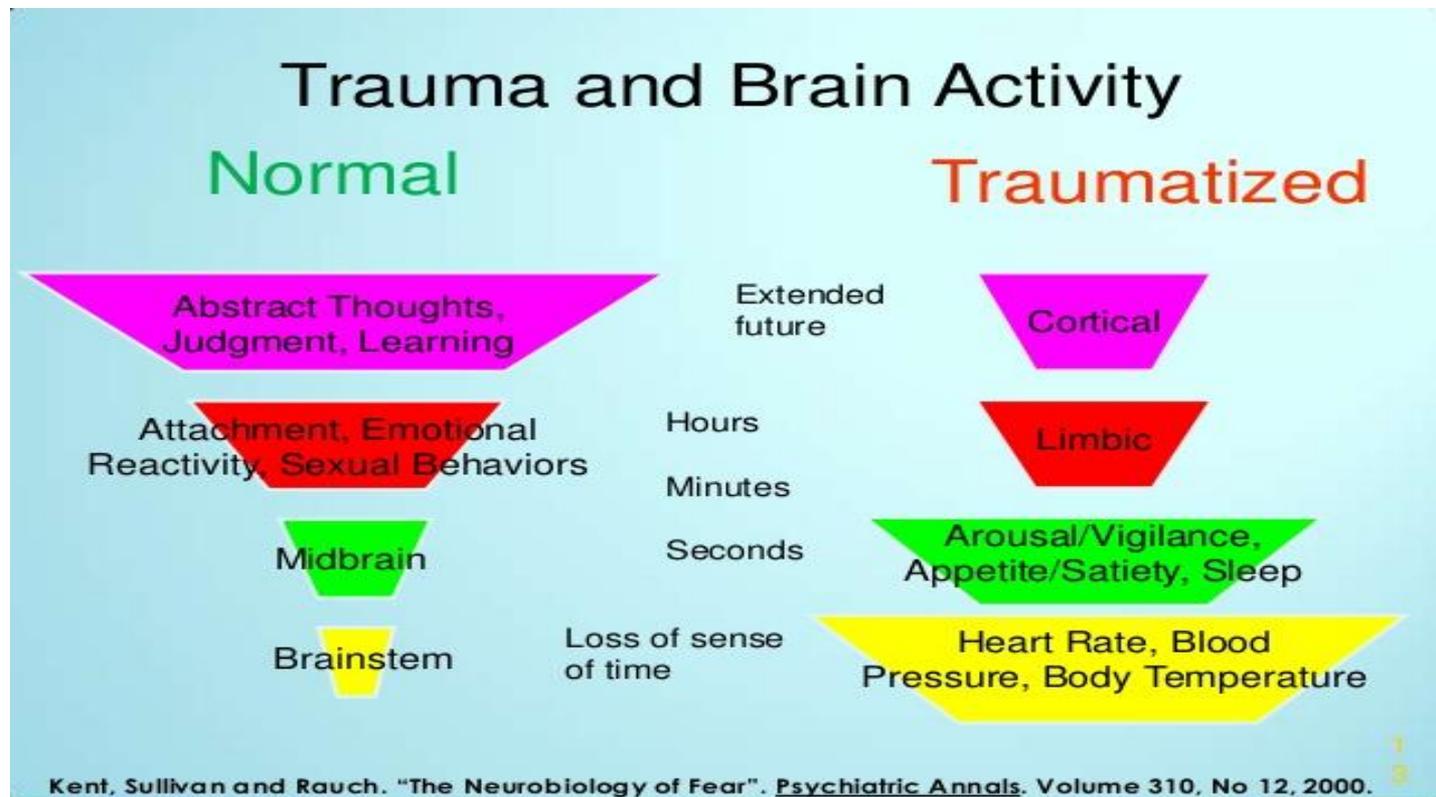
Trauma and the brain

The Large Scale Structure of the Brain

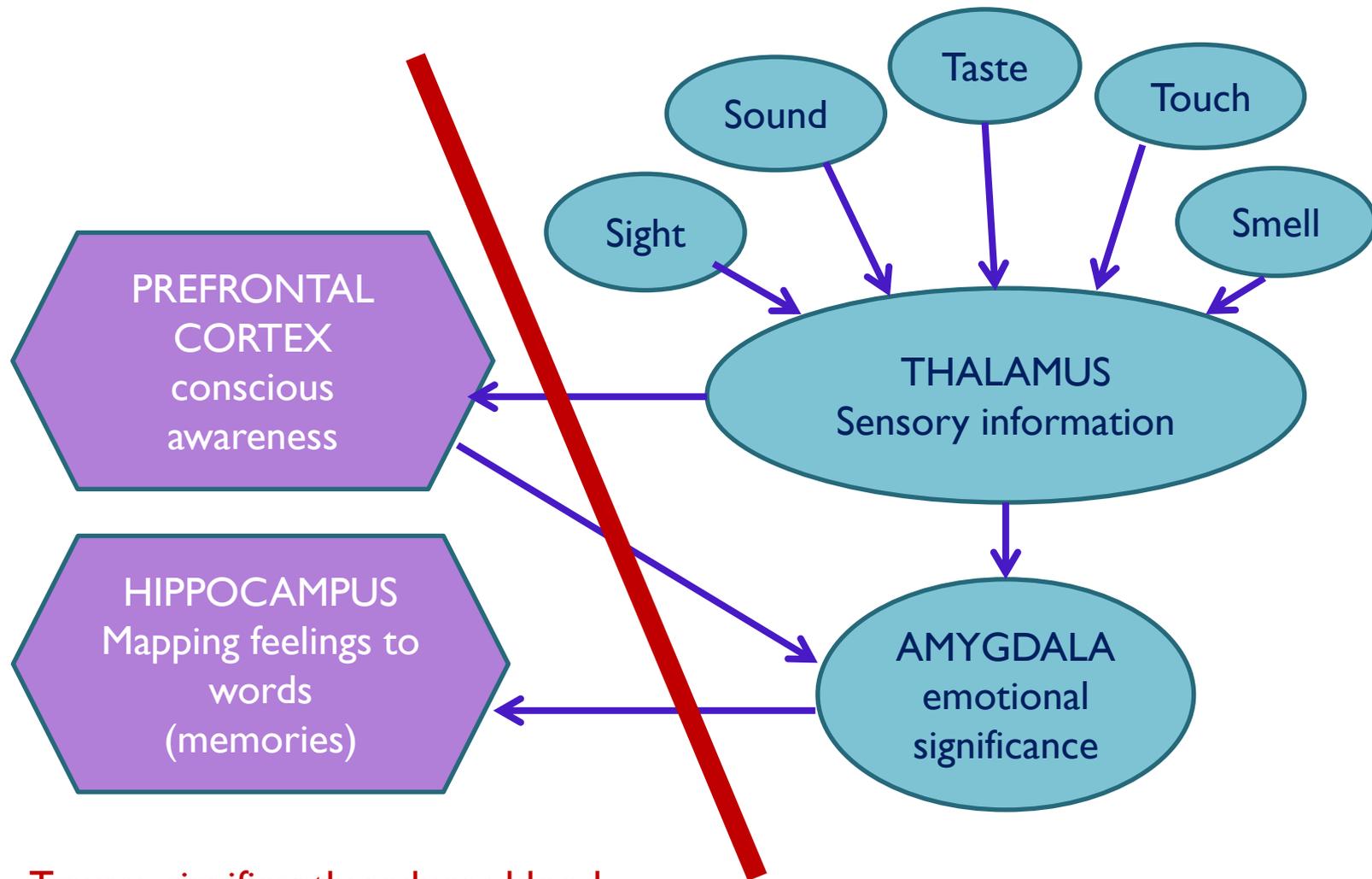


Trauma and the brain

- Fight, flight or freeze



Trauma processing



Trauma significantly reduces blood flow to thinking part of brain

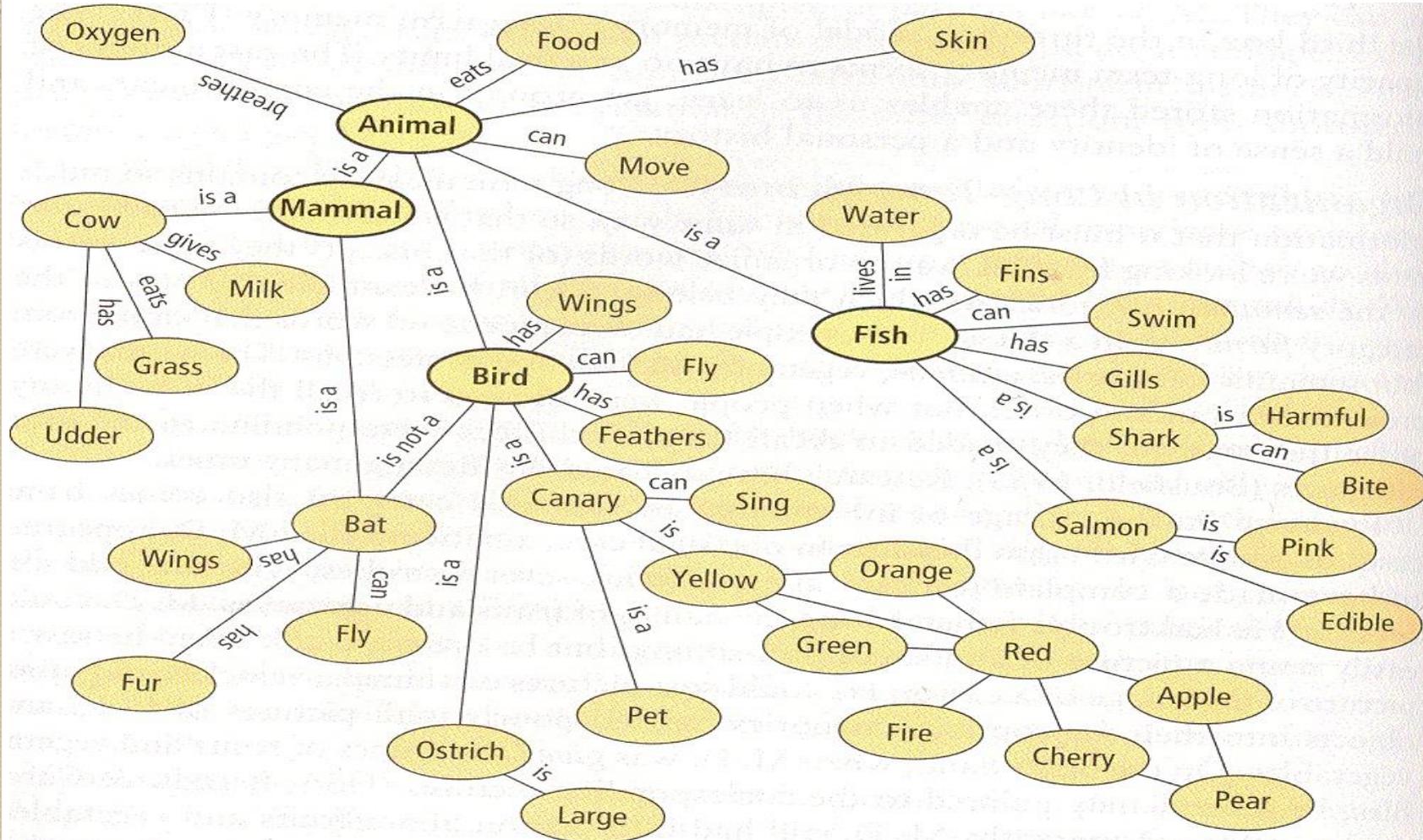
Dual Representation Theory

- Fight, flight or freeze response – significantly reduced thinking/reasoning
- Trauma memories are stored differently
 - Verbally accessible memories (VAMs) – non trauma
 - **Situationally accessible memories (SAMs) - trauma**
- SAMs want to be processed ~~flash~~backs
- Flashbacks (intrusive images, thoughts, nightmares) are accompanied by overwhelming emotions
- RE-EXPERIENCING – like its happening **now**

Fear Networks

- Relates to how memories/experiences are stored and how trauma memories are triggered
- What might constitute a trigger?
- *And then some.....*

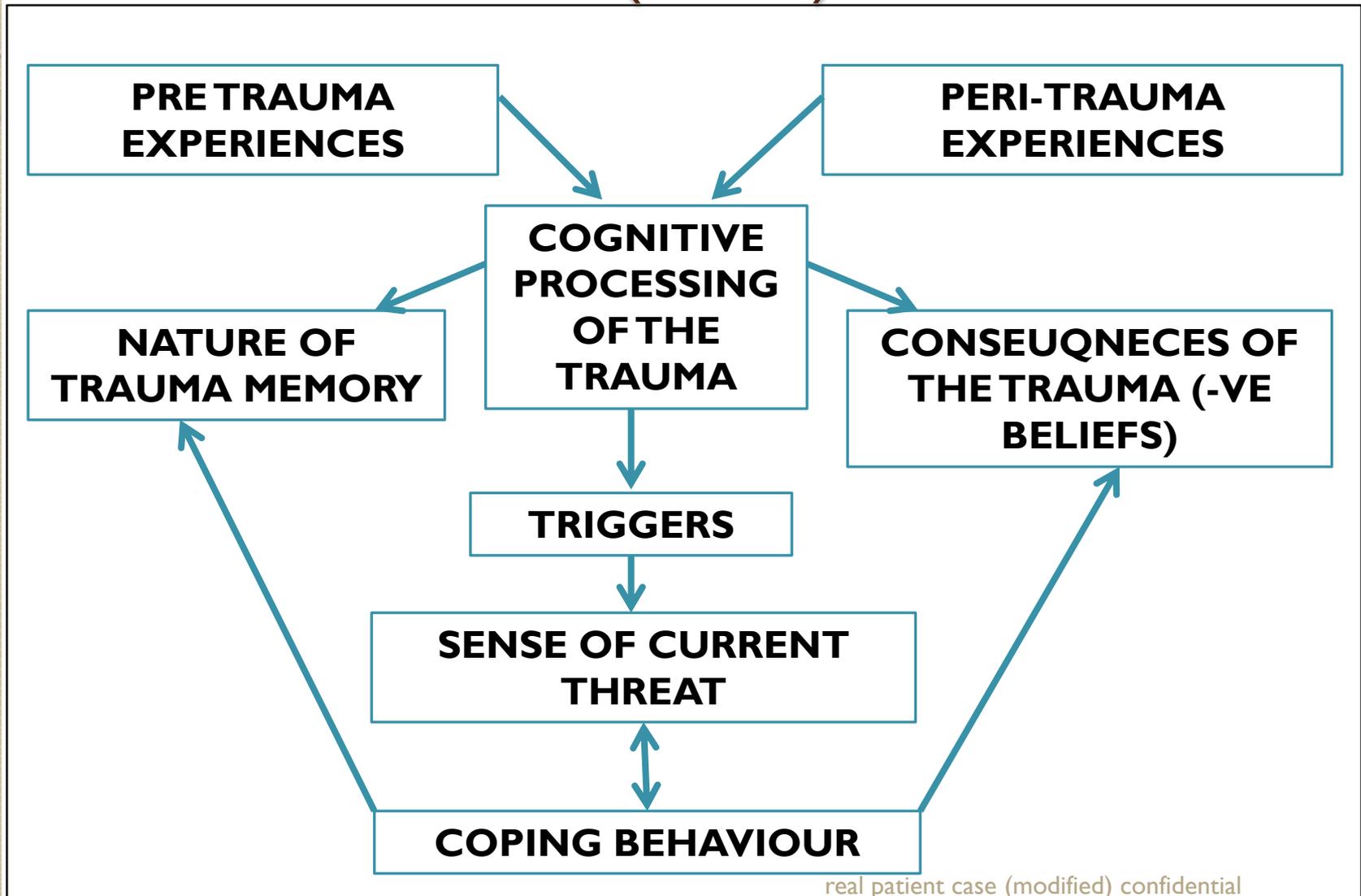
Semantic Networks (how the brain organises knowledge)



Individual impact of trauma

- Why does trauma affect people differently?

PTSD model – CBT framework Ehlers & Clark (2000)



Final thoughts

- **Take home messages?**



The End

Thank you for your input!

Questions?

References for further reading

- Brewin, C. R., Dalgliesh, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review*, 103, 670-686. .
- Brewin, C. R., Gregory, J. D., Lipton, M., & Burgess, N. (2010). Intrusive images in psychological disorders: characteristics, neural mechanisms, and treatment implications. *Psychological Review*, 117, 210-232.
- Foa, E. B., Stekee, G., Rothbaum, B. O. (1989). Behavioural/cognitive conceptualizations of post-traumatic stress disorder. *Behavior therapy*, 20, 155-176.
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour research and therapy*, 38, 319-345.
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