Evidence Based Guidelines for Treatment of Post-Traumatic Stress

1. Which personality factor was mentioned by Kobasa et al. (1982) which has been demonstrated to buffer against traumatic stress and PTSD?
   a) resilience
   b) hardiness
   c) introversion
   d) extroversion

2. Problem solving, assertion, and cognitive restructuring are coping skills associated with which of the principles of preparation?
   a) Provide realistic training
   b) Create supportive interpersonal work environments
   c) Develop and maintain adaptive beliefs
   d) Strengthen perceived ability to cope

3. Which is NOT a trauma-related risk factor for the development of PTSD?
   a) Nature of the trauma
   b) Severity of the trauma
   c) Poor social support following the trauma
   d) Duration of the trauma

4. All the following PTSD screening tools have been validated and should be considered EXCEPT
   a) Primary Care PTSD Screen
   b) PTSD Brief Screen
   c) PTSD Checklist
   d) PTSD Symptom Inventory

5. Regarding PTSD prevalence in military samples have generally shown
   a) a higher rate among Hispanics
   b) a higher rate among Whites/Caucasians
   c) a higher rate among Black/African Americans
   d) no or minimal race/ethnic differences

6. Acute Stress Disorder symptoms must be greater than _____ but less than _____ after exposure to a trauma.
   a) 1 hour, 1 day
   b) 2 days, 1 month
   c) 1 day, 1 week
   d) 2 hours, 1 year
7 Which is not a category of symptoms of PTSD?
   a) Persistently seeking to reenact the traumatic event
   b) The traumatic event is persistently re-experienced
   c) Persistent avoidance of stimuli associated with the trauma
   d) Persistent symptoms of increased arousal

8 The symptoms of chronic PTSD last more than ______ after exposure to trauma.
   a) 3 months
   b) 6 months
   c) 9 months
   d) 1 year

9 According to Roberts, Kitchiner et al. (2009b), for persons not experiencing symptoms of acute stress, psychotherapy intervention
   a) should be administered as soon as possible
   b) can be administered by paraprofessionals
   c) may cause harm
   d) should be in a group, debriefing setting

10 Which is not mentioned as a response to trauma for which a person should be screened for ASR?
   a) exhaustion
   b) aggression
   c) anxiety
   d) paranoia

11 Marshall et al. (2001) report that individuals with sub-threshold PTSD are at high risk for
   a) drug and alcohol abuse
   b) eating disorders
   c) suicidal ideation
   d) sleep disorders

12 Which is not one of the 3 stages of care proposed by Raphael (2000)?
   a) Protect
   b) Direct
   c) Control
   d) Connect
13 Which element of Psychological First Aid involves calming and orienting emotionally overwhelmed or distraught survivors?
   a) Contact and Engagement  
   b) Safety and Comfort  
   c) Information on Coping  
   d) Stabilization

14 Combat operation stress control utilizes the management principles of
   a) QUADS  
   b) PUMPED  
   c) BICEPS  
   d) ABS

15 As many as _____ of individuals who experience sexual assault will have acute stress symptoms but not Acute Stress Disorder (ASD).
   a) 60%  
   b) 70%  
   c) 80%  
   d) 90%

16 For ASD, the disturbance lasts for a minimum of _____ and a maximum of _____.
   a) 2 weeks, 4 months  
   b) 4 days, 2 weeks  
   c) 4 weeks, 2 months  
   d) 2 days, 4 weeks

17 Trauma survivors who exhibit symptoms or functional impairment should be screened for all the following risk factors for developing ASD/PTSD EXCEPT
   a) Ongoing life stress  
   b) Lack of social support  
   c) Older at time of trauma  
   d) History of traumatic events

18 Which early intervention after exposure to trauma is rated as having “Significant Benefit”?
   a) Group psychological debriefing  
   b) Social Support  
   c) Psychoeducation and normalization  
   d) Brief Cognitive Behavioral Therapy

19 There is no evidence to support a recommendation for use of a pharmacological agent to prevent the development of ASD or PTSD.
   a) True  
   b) False
20 Feeling “on guard” is a symptom of which PTSD cluster?
   a) Intrusion
   b) Hyperarousal
   c) Avoidance
   d) Re-experiencing

21 Which type of trauma symptom is “Nightmares”?
   a) Physical
   b) Emotional
   c) Cognitive/Mental
   d) Behavioral

22 According to Kramer et al. (1994) rates of suicidal ideation in treatment-seeking Vietnam veterans have been
   a) 60 to 70%
   b) 70 to 80%
   c) 80 to 90%
   d) 90 to 100%

23 According to Zivin (2007), _____ veterans are more prone to suicide than are _____.
   a) Older and younger, middle aged
   b) Black and White, Hispanic
   c) Male, Female
   d) Enlisted, Officers

24 Persons with PTSD are at high risk for
   a) alcohol and drug use
   b) cigarette smoking
   c) obesity
   d) all the above

25 Which is a disorder of cognition and consciousness with abrupt onset that is frequently overlooked?
   a) Acute psychosis
   b) Severe debilitating depression
   c) Delirium
   d) Dementia

26 All patients should have a Mental Status Examination to include assessment of all the following EXCEPT
   a) Language/speech
   b) Locomotion
   c) Thought process
   d) Level of Consciousness
27 Serotonin syndrome, present with substantial anxiety symptoms Is the result of the interaction between SSRI or SNRI medications and another serotonergic substance such as
   a) Melatonin
   b) St John’s Wort
   c) Tricyclics
   d) Direct Sunlight

28 Typically, scores below _____ on the MMSE are suggestive of cognitive impairment.
   a) 16
   b) 20
   c) 24
   d) 28

29 What information is gathered as part of the psychosocial assessment?
   a) Past psychiatric illness
   b) Social supports
   c) Occupational history
   d) All the above

30 The continuing presence of symptoms of PTSD is sufficient justification for preventing a return to work.
   a) True
   b) False

31 To assess Global Functional Assessment, the authors recommend the _____ or the _____.
   a) GAF, SF-36
   b) SF-36, RAD
   c) RAD, DAILY
   d) DAILY, GAF

32 Which characteristic has been reported in studies to be risk factors for the development of PTSD?
   a) Middle-aged at time of trauma
   b) Male gender
   c) Family history of psychiatric disorders
   d) Hispanic race

33 Twin research suggests that exposure to assaultive trauma is moderately heritable.
   a) True
   b) False
34 Brewin et al. (2000) reported _____ to be more predictive of PTSD development.
   a) gender  
   b) life stress  
   c) age at time of trauma  
   d) impaired social support

35 Among military service members, _____ are reported as the strongest predictors of subsequent PTSD.
   a) Time in service  
   b) Marital status  
   c) Combat exposures  
   d) Age

36 Holbrook (2020) found that the use of _____ during trauma care may reduce the risk of subsequent development of PTSD after serious injury.
   a) Biofeedback  
   b) Morphine  
   c) Hypnosis  
   d) Group therapy

37 PTSD symptoms among service members deployed to Iraq or Afghanistan have been associated with all the following EXCEPT
   a) Married  
   b) Lower rank  
   c) Less formal education  
   d) A history of childhood adversity

38 According to Gebhart (1996) approximately _____ of patients with a mental health diagnosis are seen in primary care.
   a) 30%  
   b) 50%  
   c) 70%  
   d) 90%

39 PTSD is specified as “With Delayed Onset) if the onset of symptoms is at least _____ months after the stressor.
   a) 6  
   b) 9  
   c) 12  
   d) 18

40 Dissociative symptoms are not considered an essential feature of PTSD, as they are for ASD.
   a) True  
   b) False
41 Stein (1997) found that individuals with sub-threshold PTSD showed _____ levels of social and occupational impairment as those meeting full criteria.
   a) immeasurable
   b) lower
   c) similar
   d) higher

42 When an individual has medical disorders which may restrict PTSD treatment options, it is generally best to
   a) focus on medical management of the conditions
   b) focus on PTSD treatment
   c) both of the above concurrently
   d) neither of the above

43 Approximately _____ of PTSD patients treated in the VA have current substance use problems.
   a) 10 to 20%
   b) 20 to 30%
   c) 30 to 40%
   d) 40 to 50%

44 According to Bryant (2008), which include many of the same symptoms that veterans report after combat service, and overlap with the physical and cognitive health problems associated with PTSD, depression, and other causes?
   a) Post-concussion symptoms
   b) Personality disorders
   c) Psychotic disorders
   d) Bipolar disorder

45 There is _____ empirical evidence that education in PTSD treatment reduces PTSD symptoms.
   a) No
   b) Little
   c) Moderate
   d) Strong

46 Which may be best managed within either primary care or polytrauma rehab settings?
   a) Complicated severe PTSD
   b) Persistent Post-Concussion Symptoms
   c) Co-occurring major depressive disorder
   d) Co-occurring mild to moderate disorders
47 In 2008, almost _____ of VA patients diagnosed with PTSD also received a SUD diagnosis.

a) 22%

b) 37%

c) 52%

d) 67%

48 Lifetime prevalence of PTSD among individuals seeking SUD treatment has been reported as high as

a) 40%

b) 50%

c) 60%

d) 70%

49 Comprehensive re-assessment and evaluation of PTSD treatment progress should be conducted at least every

a) 60 days

b) 90 days

c) 120 days

d) 150 days

50 There is insufficient evidence to recommend for or against the use of Psychological First Aid to address symptoms beyond _____ following trauma.

a) 1 hour

b) 2 days

c) 4 days

d) 1 week

51 Which of the following is recommended?

a) Routine formal psychotherapy for asymptomatic individuals

b) Psychological debriefing to reduce ASD

c) Single session group Psychological debriefing to reduce ASD

d) Early brief intervention of CBT for those with ASD

52 Critical Incident Stress Debriefing was developed

a) for victims of a disaster

b) for relatives of victims of a disaster

c) as a substitute for therapy

d) to assist first responders

53 Review and meta-analysis of studies of psychological debriefing as an early intervention to reduce or prevent PTSD symptoms have concluded that the technique is ineffective or potentially harmful.

a) True

b) False
54 Deahl et al. (2000) found that group debriefing showed lower _____ scores.
   a) anger
   b) hypervigilance
   c) insomnia
   d) alcohol misuse

55 The routine use of _____ is recommended for victims of trauma.
   a) individual debriefing
   b) group psychological debriefing
   c) both
   d) neither

56 According to Roberts et al. (2009b), studies that have targeted all trauma survivors, regardless of levels of stress reactions have been ineffective in preventing PTSD.
   a) True
   b) False

57 Davydow (2008) in reviewing the risk factors for developing PTSD after serious trauma, found that greater ICU _____ administration was one of the consistent predictors of PTSD.
   a) morphine
   b) nitrous oxide
   c) antipsychotic
   d) benzodiazepine

58 Holbrook et al. (2010) concluded that a reduction in perceived pain levels through the use of _____ may lower the rate of PTSD onset after major trauma.
   a) morphine or other opioids
   b) nerve blocks
   c) acupuncture
   d) ECT

59 When selecting a therapy for PTSD, the level of intensity of care is guided in part by “the degree of chronicity and illness severity” - which is known as
   a) MUDS scale
   b) Triage indication
   c) Illness trajectory
   d) time and trauma

60 “Brief Eclectic Psychotherapy” is a type of
   a) Behavioral therapy
   b) Cognitive-based therapy
   c) Exposure-based therapy
   d) Humanistic therapy
61 Which is the specific anxiety management package most extensively studied in the PTSD literature?
   a) Eye Movement Desensitization and Reprocessing
   b) Prolonged Exposure Therapy
   c) Stress Inoculation Training
   d) Narrative Therapy

62 Randomized controlled trials have shown that CT alone is an effective intervention for patients with PTSD.
   a) True
   b) False

63 The most commonly used Exposure Therapy protocol is
   a) Prolonged Exposure
   b) In-vivo Exposure
   c) Narrative Exposure
   d) Imaginal Exposure

64 Neuner (2008) found significant improvement in PTSD symptoms for Rwandan refugees when treated with
   a) Cognitive therapy
   b) EMDR
   c) Stress inoculation training
   d) Oral narrative therapy

65 Stress inoculation training is presented as a
   a) Holodeck
   b) Kleenex
   c) Sandbox
   d) Tool box

66 Some EMDR studies indicate that eye-movements or alternating stimulation of any type of the treatment protocol may not be critical components.
   a) True
   b) False

67 For patients with PTSD, Rothbaum et al. (2005) found symptom improvement at post-test to be best with
   a) Prolonged exposure
   b) EMDR
   c) the treatments had similar improvement
   d) neither treatment resulted in improvement
68 Nightmares occur for _____ of those who have PTSD.
   a) 60%
   b) 70%
   c) 80%
   d) 90%

69 What does van Praag (1989) state about psychodynamic therapy for PTSD?
   a) it is probably efficacious
   b) it does more harm than good
   c) it has not been sufficiently researched
   d) it is helpful when compared to placebo

70 Which is a core part of all PTSD treatments?
   a) Relaxation
   b) Exposure
   c) Education
   d) Medications

71 Shea report that group treatment is superior to individual treatment for trauma.
   a) True
   b) False

72 Which approach to group therapy emphasizes understanding the meaning of the trauma symptoms?
   a) Supportive groups
   b) Psychodynamic/Interpersonal Process
   c) Cognitive-behavioral therapy groups
   d) RET groups

73 Dialectical behavior therapy was specifically designed to treat
   a) emotion dysregulation
   b) substance dependence
   c) binge eating
   d) chronically suicidal individuals

74 Shakibaei (2008) reported that _____ helped reduce both pain and re-experiencing of traumatic events among burn victims.
   a) meditation
   b) marijuana
   c) acupuncture
   d) hypnotherapy
75 For Behavioral Couples Therapy, which demonstrated improved problem solving skills?
   a) CBCT
   b) BFT
   c) SAFE
   d) TALK

76 There is _____ evidence to suggest that psychotherapy delivered via telephone and videoconferencing is as effective as face-to-face care.
   a) Preliminary
   b) No
   c) Modest
   d) Robust

77 Which are considered first-line agents in treating PTSD?
   a) SSRIs
   b) Tricyclics
   c) MOIs
   d) Benzodiazepines

78 Some patients may require more than _____ to respond to SSRIs.
   a) 8 weeks
   b) 12 weeks
   c) 16 weeks
   d) 20 weeks

79 Atypical antipsychotics when used as adjunctive treatment to antidepressants were shown to efficacious in treating
   a) appetite and hyperarousal
   b) hyperarousal and re-experiencing symptom clusters
   c) re-experiencing symptom clusters and anger
   d) anger and appetite

80 Existing evidence supports the use of anticonvulants as monotherapy for the management of PTSD core symptoms.
   a) True
   b) False

81 Regarding Benzodiazepine use for ASD and PTSD,
   a) there is no more efficient treatment
   b) there is no difference between benzodiazepines and placebo
   c) the risks outweigh potential benefits
   d) the treatment has very few side effects
82 Psychosocial rehabilitations are recognized as efficacious in treating
   a) Post Traumatic Stress Disorders
   b) Major Depression Disorders
   c) Addictions
   d) all the above

83 Glynn et al. (2009) state that _____ is effective, particularly for PTSD.
   a) Family psychoeducation
   b) Supported housing
   c) Social Skills training
   d) Case management services

84 The greatest risk to ending housing arrangement and likelihood of
discontinuing rehabilitation arises from
   a) flashbacks
   b) addictions
   c) suicide attempts
   d) medication noncompliance

85 Glynn et al. (2009) report strong outcome data exist to support the efficacy of
   _____ for veterans with medical and mental disorders.
   a) Family psychoeducation
   b) Supported housing
   c) Social Skills training
   d) Supported Employment

86 What did Fontana & Rosenheck (2004) find to be associated with greater
   utilization of mental health services among military veterans in treatment for
   PTSD?
   a) Loss of religious faith
   b) Divorce
   c) Death of a pet
   d) Homelessness

87 When Rosenberg (2002) added Repetitive Transcranial Magnetic Stimulation
to standard antidepressant therapy for patients with PTSD and found
depression responded _____ and PTSD benefits were _____.
   a) strongly, minimal
   b) weakly, minimal
   c) strongly, robust
   d) weakly, robust
88 Which are recommended interventions as a first-line treatment for PTSD?
   a) rTMS
   b) VNS
   c) ECT
   d) none of the above

89 A large number of studies exist concluding acupuncture’s efficacy in
   a) pain management
   b) depression
   c) substance abuse
   d) all the above

90 Which is a group of diverse medical practices, products, and systems that are not generally considered part of conventional medicine?
   a) CAM
   b) TAU
   c) WAG
   d) CYA

91 Qi qong & Reiki are types of
   a) Natural products
   b) Mind-body medicine
   c) Manipulation and body based practices
   d) Energy medicine

92 Herbal remedies such as Kava Kava have been shown to reduce
   a) anxiety
   b) depression
   c) insomnia
   d) flashbacks

93 Tai Chi Chuan literally translates as
   a) Pressure point therapy
   b) Hot and Sour Soup
   c) Meridian Energy Flow
   d) Grand Ultimate Fist

94 Acupressure are mostly based on Traditional _____ medicine.
   a) Chinese
   b) Japanese
   c) Korean
   d) Vietnamese
95 For sleep disturbance, encourage patients to restrict the night-time sleep period to about
   a) 6 hours
   b) 7 hours
   c) 8 hours
   d) 9 hours

96 Which may be helpful in management of insomnia and may also supplement the action of other antidepressants?
   a) Trazodone
   b) Bupropion
   c) Amitriptyline
   d) Buspirone

97 Which are a second-line approach to the management of insomnia?
   a) Hypnotics
   b) SSRIs
   c) Anxiolytics
   d) Atypical antipsychotics

98 Which has studies found to be safe and associated with reduction of nighttime symptoms of PTSD?
   a) Focalin
   b) Prazosin
   c) Melatonin
   d) Sonata

99 Norman et al. (2008) found that self-reported _____ within 24 - 48 hours after serious injury were significantly and strongly associated with the subsequent risk of PTSD.
   a) anxiety levels
   b) substance abuse
   c) pain levels
   d) dissociation

100 Beckham (1997) reported that _____ of combat Vietnam veterans with PTSD reported the presence of a chronic pain condition.
   a) 50%
   b) 60%
   c) 70%
   d) 80%
101 All the following are models to explain co-morbid pain and PTSD EXCEPT
   a) Shared Vulnerability model
   b) Symbiosis model
   c) Mutual Maintenance model
   d) Triple Vulnerability model

102 “Practicing specific methods of emotional reaction to stressful triggers” is which type of non-pharmacological treatment?
   a) Relaxation
   b) Increasing activity and fitness
   c) External Focusing/distracting
   d) Reducing emotional over-reactivity

103 Side effect profiles associated with opioid use mentioned include all EXCEPT
   a) tolerance
   b) physical dependence
   c) cognitive impairment
   d) emotional impairment

104 Which component of CBT for chronic pain includes teaching patients how to recognize and change maladaptive thoughts?
   a) relaxation training
   b) cognitive restructuring
   c) time-based activity pacing
   d) graded homework assignments

105 A study of Iraq War veterans (OEF/OIF) found that over _____ of the veterans with PTSD indicated that they had been aggressive in the past 4 months.
   a) 1/4
   b) 1/3
   c) 1/2
   d) 2/3

106 A study assessing Vietnam combat veterans and comparing them to veterans who did not serve in war found that the combat veterans were not significantly angrier than their veteran peers who did not serve in Southeast Asia.
   a) True
   b) False
107 Which is NOT one of the three components of post-traumatic anger that can become maladaptive described by Chemtob et al. (1997)?
   a) Arousal
   b) Behavior
   c) Thoughts and beliefs
   d) Attitude

108 “Self-hypnosis” is skill used in Cognitive-behavioral therapy to treat which anger component?
   a) Increased arousal
   b) Behavior
   c) Thoughts/Beliefs
   d) Attitude