

# Supplementary Educational Material

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# Impact of Trauma on Memory Formation

- Memory is so often impacted by trauma that memory difficulties are actually listed as a criterion for the diagnosis of PTSD. Criterion D1 reads “Inability to remember an important aspect(s) of the traumatic event(s).” The memory center in the brain is known as the Hippocampus, and the Hippocampus sits adjacent to the emotional center of the brain known as the Amygdala. In chronic trauma, the adrenal glands produced chronically elevated levels of the stress hormone, cortisol, which is neurotoxic to the Hippocampus. Patients with chronic trauma have been found to have a smaller Hippocampus than matched controls (the shrinkage in size both due to increased apoptotic cell death and decreased proliferation and growth of new neurons). The amygdala has also been found to be increased in size in patients with chronic trauma. Thus, patients who experience a great deal of trauma are both at risk for fragmented memory and emotional reactivity. This is based on a widely accepted body of research in Psychiatry on the **Hypothalamic-Pituitary-Adrenal Access**
- This article is an excellent synopsis of the breadth of this research, which has the strength of not only individual studies, but also meta-analysis of multiple composite studies: *Mohlenhoff, Brian S. et al. Alzheimer's & dementia : the journal of the Alzheimer's Association. 2014. <https://doi.org/10.1016/j.jalz.2014.04.016>*

*That Mr. Doe has difficulty with certain aspects of specific memories is not at all inconsistent with our biological understanding of trauma. Mental health professionals rely much more heavily on their mental status examination and the criteria for believability outlined above than they do specific dates to establish the credibility of patients reporting symptoms of trauma.*

# Impact of Traumatic Brain Injury

- Reported cognitive impairments resulting from Traumatic Brain Injury include, but are not limited to impairments in:
  - Attention and processing speed
  - Learning new information
  - Executive functioning and problem solving
  - Short term, working, and long term memory
  - Mental fatigue

This article is an excellent synopsis of the breath of this research, which has the support of not only individual studies, but also reviews of multiple studies:

*Semple, Bridgette D. et al. "Affective, Neurocognitive, and Psychosocial Disorders Associated with Traumatic Brain Injury and Post-Traumatic Epilepsy." Neurobiology of Disease. 2018 Jul 27. pii: S0969-9961(18)30284-5. doi: 10.1016/j.nbd.2018.07.018*

# Impact of Family Separation

- The United States Centers for Disease Control has classified Parental Separation as an official Adverse Childhood Experience

--<https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

--<https://www.cdc.gov/violenceprevention/acestudy/index.html>

- Adverse Childhood Experiences have been linked to long-term impairment, including a **statistically-significant increased risk for the lifelong development of teenage/high-risk pregnancy, drug and alcohol use, depression, sleep disturbance, suicide attempts, poor dentition, diabetes, heart disease, cancer, decreased quality of life, and early death**. Parents separated from children are at high risk for mental health conditions, including PTSD and Depression

--Shadid O, Sidhu SS. The Mental Health Effects of Migrant Family Separation. J Am Acad Child Adolesc Psychiatry. 2021 Mar 4:S0890-8567(21)00145-3. doi: 10.1016/j.jaac.2021.02.018. PMID: 33691151.

# Impact of Detention on Migrant Health

- Scholars have argued that post-migration stressors such as detention could lead to a “building block effect,” increasing the risk for mental illness.
- Many studies have found that depression, anxiety, and PTSD symptoms persisted months to years after release from detention, and that the severity of these symptoms were correlated with detention length.
- There is also emerging, high quality evidence to suggest that migrants placed in community settings have favorable outcomes compared to those who are detained, even when both groups of study participants have similar burdens of mental health trauma.
- For a review of this topic, please reference: *Sidhu, S. S., & Vasireddy, R. (2020). The Detention of Migrant Families. Journal of the American Academy of Child and Adolescent Psychiatry.*

# PTSD Diagnostic Criteria

Criterion	Name	Minimum	Symptoms (Sxs)
A	Stressor/Trauma	1 – MUST	Exposure to actual or threatened death, serious injury, or sexual violence PLUS: -Directly experiencing -Witnesses -Learning about event to someone close to you ☐ violent or accidental -Experiencing repeated or extreme exposure to aversive traumatic events (i.e., must be occupational; such as: first responders, soldiers, officers)
B	Intrusive Symptoms	1+	-Recurrent, involuntary, and intrusive recollections (out of the blue, not triggers) -Nightmares (need content related to trauma themselves, can wake people up or make them fearful of sleep) -Dissociative reactions (e.g., flashbacks, smells, sounds) -Psychological distress upon exposure (e.g., anxiety, anger, etc.) -Physiological reactivity upon exposure (e.g., typically arousal based)
C	Avoidance Symptoms	1+	-Avoidance of internal (thoughts/feelings) or external reminders (people, places, convos, situations) -Believe it is the maintenance factor to exploring safe behaviors
D	Negative Mood/Cognitions	2+	-Inability to recall key events -Persistent (often distorted) negative beliefs about self/world (i.e., I'm bad) -Persistent blame of self or others for causing the trauma -Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, shame) -Diminished interest in pre-trauma activities -Feeling alienated from others -Constricted affect (or inability for positive emotions)
E	Altered Arousal/Reactivity	2+	-Irritability or aggressive Bx -Self-destructive or reckless Bx -Hypervigilance -Exaggerated startle response -Concentration problems -Sleep disturbance

F	Duration	> 1 month
G	Distress/Impairment	Clinical
H	Substances/Medical	Rule-Out
Subtypes	Dissociative	Depersonalization and derealization
	Delayed onset	Full criteria not met until > 6 months post event

# Mental Health Screening Tools

The following are a series of mental health screening tools that can guide a differential diagnosis of symptoms.

*Important notes:*

- *These tools are not substitutes for a clinical interview*
- *Most tools are not normed for asylum-seeking populations, while DSM is generally normed across cultures*
- *Clients may have enough symptoms to meet criteria for a DSM diagnosis without scoring as such on a screening tool. Use your clinical judgment.*

# Mental Health Screening Tools

Measure	Screens For:	# Items	Links
Beck's Depression inventory	Depression	21	<a href="https://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf">https://www.ismanet.org/doctoryourspirit/pdfs/Beck-Depression-Inventory-BDI.pdf</a>
Clinician Administered PTSD scale for DSM-5 (considered the gold standard, but not feasible for this evaluation)	PTSD	30 (corresponds to the DSM-5 criteria for PTSD)	<a href="https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp">https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp</a>
Hamilton Depression Rating Scale (HAM-D)	Depression	21	<a href="http://www.assessmentpsychology.com/HAM-D.pdf">http://www.assessmentpsychology.com/HAM-D.pdf</a>
Hamilton Anxiety Rating Scale (HAM-A)	Anxiety	14	<a href="https://dcf.psychiatry.ufl.edu/files/2011/05/HAMILTON-ANXIETY.pdf">https://dcf.psychiatry.ufl.edu/files/2011/05/HAMILTON-ANXIETY.pdf</a>
Harvard Trauma Questionnaire (HTQ)	PTSD	Part 1 (41) Part 2 (2 write ins) Part 3 (5) Part 4 (40) Appendix (28)	<a href="https://www.healtorture.org/sites/healtorture.org/files/HTQ-R%20and%20HSCL-25%20English%20translation%20of%20Cambodian%20version%20with%20Torture%20History.pdf">https://www.healtorture.org/sites/healtorture.org/files/HTQ-R%20and%20HSCL-25%20English%20translation%20of%20Cambodian%20version%20with%20Torture%20History.pdf</a>



# Mental Health Screening Tools

Measure	Screens For:	# Items	Links
Hopkins Symptom Checklist-25 (HSCL-25)	Anxiety and depression	25	<a href="https://rtcom.umn.edu/database/instruments/hsc">https://rtcom.umn.edu/database/instruments/hsc</a>
Mental Health America - Psychosis Screening	Psychosis	21	<a href="https://screening.mhanational.org/screening-tools/psychosis/">https://screening.mhanational.org/screening-tools/psychosis/</a>
Montgomery and Asberg Depression Rating Scale (MADRS)	Depression	10	<a href="https://www.veale.co.uk/wp-content/uploads/2010/10/MADRS.pdf">https://www.veale.co.uk/wp-content/uploads/2010/10/MADRS.pdf</a>
Patient Health Questionnaire (PHQ-9)	Depression	1 (a-i) 2	<a href="https://www.med.umich.edu/1info/FHP/practiceguides/depress/phq-9.pdf">https://www.med.umich.edu/1info/FHP/practiceguides/depress/phq-9.pdf</a>

# Mental Health Screening Tools

Measure	Screens For:	# Items	Links
PTSD Checklist for DSM-5 (PCL-5) with Life Events Checklist for DSM-5 (LEC-5)	PTSD	Part 1 (17) Part 2 (10) Part 3 (20)	English: <a href="https://www.ptsd.va.gov/professional/assessment/documents/PCL5_LEC_criterionA.PDF">https://www.ptsd.va.gov/professional/assessment/documents/PCL5_LEC_criterionA.PDF</a>  Spanish: <a href="https://cptforptsd.com/wp-content/uploads/2018/05/PCL-5-Spanish-version.pdf">https://cptforptsd.com/wp-content/uploads/2018/05/PCL-5-Spanish-version.pdf</a>
Quick Inventory of Depression Symptomatology (QIDS)	Depression	16	<a href="https://www.sciencedirect.com/science/article/abs/pii/S0006322302018668">https://www.sciencedirect.com/science/article/abs/pii/S0006322302018668</a>
The Screen for Child Anxiety Related Disorders (SCARED)	Pediatric anxiety disorders	41	<a href="https://www.ohsu.edu/sites/default/files/2019-06/SCARED-form-Parent-and-Child-version.pdf">https://www.ohsu.edu/sites/default/files/2019-06/SCARED-form-Parent-and-Child-version.pdf</a>

# Culture-Specific Screening Tools

Abeyasinghe, D. R., Tennakoon, S., & Rajapakse, T. N. (2012). The development and validation of the Peradeniya Depression Scale (PDS)--a culturally relevant tool for screening of depression in Sri Lanka. *Journal of affective disorders, 142*(1-3), 143–149. <https://doi.org/10.1016/j.jad.2012.04.019>

- The PDS is the first screening tool for depression developed and validated in Sri Lanka, written in Sinhalese, taking into account cultural expressions and idioms of the illness.
- The findings also suggest that it maybe worthwhile for Asian countries to consider adopting scales which are based on internationally accepted diagnostic criteria for depression, but which incorporate expressions that are more appropriate to their own culture and language.

Grover, S., Dutt, A., & Avasthi, A. (2010). An overview of Indian research in depression. *Indian journal of psychiatry, 52*(Suppl 1), S178–S188. <https://doi.org/10.4103/0019-5545.69231>

- A number of rating scales have been devised worldwide, of which clinician rated Hamilton Depression Rating Scale (HDRS),<sup>[163]</sup> self reporting Beck Depression Inventory,<sup>[164]</sup> Montgomery-Asberg Depression rating scale (MADRS) are the most popular ones. Indian researchers have adapted/modified these scales for the Indian population
- scales like Amritsar Depressive Inventory (ADI) a self reporting scale has been developed on the basis of symptoms and signs of depression as manifested by Indian patients.
- Brief Patient Health Questionnaire (PHQ) has also been translated in 11 languages and validated for the Indian population.

Jayawickreme, N., Jayawickreme, E., Atanasov, P., Goonasekera, M. A., & Foa, E. B. (2012). Are culturally specific measures of trauma-related anxiety and depression needed? The case of Sri Lanka. *Psychological assessment, 24*(4), 791–800. <https://doi.org/10.1037/a0027564>

- The scores of measures with local idioms of distress have incremental validity in non-Western war-affected populations, predicting functional impairment above and beyond translations of established self-report measures that have been developed in the Western world.

Sharan, P., Sagar, R., & Kumar, S. (2017). Mental health policies in south-East Asia and the public health role of screening instruments for depression. *WHO South-East Asia Journal of Public Health, 6*(1), 5. <https://doi.org/10.4103/2224-3151.206165>

- In several countries of the WHO South-East Asia Region, the Patient Health Questionnaire (PHQ) has been translated or culturally adapted for screening depressive disorders (combined local idioms of distress with a culturally adapted version of the PHQ-9.)
  - Amritsar Depression Inventory in India
  - Peradeniya Depression Scale in Sri Lanka
  - Thai Depression Inventory in Thailand

# Supplementary Reading Materials

Carll, E. K. (2008). IASC guidelines on Mental Health and psychosocial support in emergency settings. *PsycEXTRA Dataset*. <https://doi.org/10.1037/e518422011-002>

Bhugra, D., Craig, T., & Bhui, K. (Eds.). (2010). *Mental health of refugees and asylum seekers*. Oxford University Press.

Miller, K. E., & Rasco, L. M. (Eds.). (2004). *The mental health of refugees: Ecological approaches to healing and adaptation*. Taylor & F

Patel, V., Minas, H., Cohen, A., & Prince, M. (Eds.). (2013). *Global mental health: principles and practice*. Oxford University Press.

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., & Prince, M. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, *392*(10157), 1553–1598. [https://doi.org/10.1016/s0140-6736\(18\)31612-x](https://doi.org/10.1016/s0140-6736(18)31612-x)

Rioja, V. B., Akinsulure-Smith, A. M., & Vendzules, S. (2022). Mental Health Evaluations in Immigration Court. In *Mental Health Evaluations in Immigration Court*. New York University Press.

Stein, M. A., Mahomed, F., Patel, V., & Sunkel, C. (Eds.). (2021). *Mental health, legal capacity, and human rights*. Cambridge University Press.

Sweetland, A. C., Belkin, G. S., & Verdelli, H. (2014). Measuring depression and anxiety in Sub-Saharan Africa. *Depression and anxiety*, *31*(3), 223-232.