

**Considerations** Studies in relation to PTSD and violence are necessary for us to have a better understanding of the phenomenon and its consequences for public health, as well as to promote the mental health of all.

References not available.

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#### EV908

### Cognitive behavioral therapy in a group of military with posttraumatic stress disorder

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**Introduction** Posttraumatic stress disorder (PTSD) has a high prevalence and severe impact in military populations. Cognitive behavioral therapy (CBT) is indicated in this condition but it is a structured therapy that requires patients' motivation and doctors' availability.

**Objectives and aims** Assess feasibility and effectiveness of CBT in a military group with PTSD.

**Methods** A group of six military that witnessed the same traumatic event (an armed attack) and were diagnosed with PTSD were involved in a structured individual session CBT with one therapist. An assessment using the PTSD checklist for DSM (PCL) was performed initially and in halfway therapy. The therapy included an education about PTSD, a cognitive restructuring, a behavioral approach via home tasks and relaxation techniques.

**Results** The initial PCL scores varied from 25 to 55. All patients were initially on sick leave. Five patients had adjunctive antidepressant medications and one patient was only on therapy. Three patients showed no motivation and were excluded after 3 sessions. Two patients have had 7 weekly sessions and were able to return to work in the same place. One patient with severe PTSD had 2 sessions monthly, he had slight clinical improvement and could not come back to military work. The three patients who are still in therapy have improved PCL scores.

**Conclusions** CBT can be effective in PTSD. The outcome depends on initial severity of PTSD and assiduity.

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#### EV909

### Challenging MCMI-III results with in-depth psychometric assessment and Lacter & Lehmann (2008) complex trauma guidelines

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**Introduction** Complex trauma resulting from neglect and abuse in early childhood is frequently misdiagnosed.

**Objective** This presentation shares emerging “best assessment practices” that help to differentiate complex trauma from Schizophrenia.

**Aims** The case study demonstrates that a wide-ranging psychometric assessment and the application of Lacter & Lehmann (2008) guidelines provide accurate results while MCMI-III results can be spurious.

**Method** “Unbelievable” disclosures of an adult survivor prompted a search for scientific references, experiences in

the survivor scene and historical examples. Work-related personality questionnaires, in-depth ability tests and Lacter & Lehmann (2008) guidelines were deployed to differentiate complex trauma from an erroneous diagnosis based largely on MCMI-III results.

**Results** The research identified measurement issues with the MCMI-III clinical personality questionnaire that generated spurious elevations on Narcissistic, Delusional and Paranoid scales. Work-related personality questionnaires provided much more useful information showing no “personality disorder” risks at all. WAIS results confirmed an earlier “Twice Exceptional” ability pattern with very high verbal IQ (95%ile) and extraordinarily poor auditory working memory (2nd%ile) i.e. a “Dyslexia” performance pattern. Lacter & Lehmann (2008) guidelines showed that none of the 42 schizophrenia indicators applied and only 1/3 of the complex trauma indicators.

**Conclusion** Mental health professionals must remain cognizant to the chilling notion that extreme abusers may “frame” victims in order to make them “appear” schizophrenic. As MCMI-III was developed originally for those seeking therapy, its use in forensic settings with the general population should be avoided. Tests do not diagnose people – people do!

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#### EV910

### PTSD and quality of life among firefighters and municipal police forces

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Research has shown that PTSD is prevalent among firefighters and police forces and that Quality of Life (QoL) is seriously compromised in individuals suffering from PTSD. However, QoL studies with these professionals are scarce. This study results from a screening program held by the Portuguese Red Cross (PRC) aiming to analyze predictors of QoL. Participants were 95 firefighters and municipal police officers. They answered the Posttraumatic Stress Disorder Checklist (PCL-5) in order to evaluate the prevalence of PTSD symptoms, as well as measures of social support (3-Item Oslo Social Support Scale) and QoL (EUROHIS-QOL-8). From the results, there were no group differences regarding total PTSD, social support or QoL and 10% of participants reported enough symptoms to PTSD diagnostic. Social Support and PTSD explained 25% of QoL variance, PTSD symptoms explaining 10% (negative beta) and, in the second step, social support explained 15%. The results suggest that it would be important to include QoL as an outcome measure in clinical and research work in these populations, with special attention to PTSD and social support.

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