**Vignettes for National IAPT PTSD TF-CT Top Up Training**

In your groups please look at the very short vignettes and decide:

* Is this PTSD?
* What else would you need to know and why is it important?

Consider:

* What key questions came up?
* What, if any, were sources of debate or uncertainty?
* What kinds of clarifying questions did you want to ask?

Jot down:

* Clarifying questions to hold on to for future PTSD assessments.

**Vignette One**

James took a gap year to travel prior to attending University. During the year his girlfriend, who he met whilst travelling, was abducted and raped by two men. She called him on the phone surreptitiously when being abducted and whilst unclear as to what exactly was going on at the time he listened to the whole event. He later had intrusive memories of his girlfriend screaming and dwelt on the injustice of what happened after the event. Despite being very academically able, he reports an absence of motivation to engage in his University work and cannot reconnect with the ambitions he had prior to his gap year, feeling that it is pointless to engage in normal life when there is such evil and violence in the world.

**Vignette Two**

Emma is a young woman presenting with significantly low mood, self-harm and suicidal ideation. She feels empty a lot of the time and struggles to have a coherent sense of her own identity. She says she hates herself. She reports experiencing what have previously been described to her by mental health professionals as “auditory hallucinations” of critical voices which developed some time after being repeatedly sexually abused by a peer at school. She has incomplete memories of being abused as a 3 year-old. She avoids having sex, never feels safe and has panic attacks in situations where she feels physically crowded by others.

**Vignette Three**

Susan is a Pathologist who used to enjoy her job. She carried out a routine autopsy on a man with severe head & facial wounds whom she later learned was a friend who was killed in a shooting. She fainted during her next autopsy and developed intrusive memories of the autopsy of her friend. She avoided future autopsies and experiences a range of avoidance and hyperarousal symptoms.

**Vignette Four**

Pam lost her husband to cancer 5 years prior to presenting for treatment. She describes the end stages of the illness as really traumatic. She describes upsetting memories of that time as a daily occurrence. She has avoided sorting through his belongings and their house remains exactly as it was when he was alive. She spends a lot of time looking at photos of her husband and reading through his letters and diaries. She has given up engaging in activities she used to enjoy such as socialising with friends and voluntary work at a local charity.

**Vignette Five**

Steve returned from active combat army service in overseas 2 years prior to presenting for treatment. He lost a leg in the combat. A year after his return, he attempted suicide but was interrupted. He feels very ashamed about his reaction to the events and has intrusive memories of the moment where he was interrupted by his wife. He avoids all reminders of the war and has frequent angry outbursts.

**Vignette Six**

Ibrahim had a heart attack 3 years ago and whilst he has made a good recovery physically, it has left him feeling physically and emotionally vulnerable. He also has an ongoing chronic health condition (Diabetes). He describes feeling constantly tense and hypervigilent for physical symptoms of illness including another heart attack. He maintains a very rigid daily schedule, a very strict diet and observes strict physical hygiene including very frequent hand washing. He was physically abused over a number of years as a child by a family member. He reports an increase in memories of the childhood abuse since the heart attack. He avoids thinking about both the heart attack and the abuse. He has also experienced low mood on and off for many years but currently finds himself more irritable and anxious.