PTSD and PTSD Treatment

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The Effects of War

"No one comes back unchanged"

COL (Dr.) Tom Burke, Department of Defense, Director of Mental Health Policy

Process of Recovery After Traumatic Events

- Immediately following trauma, the individual may demonstrate symptoms that would be diagnosed with as an Acute Stress Reaction
- For about 2-6 months post-trauma, often symptoms decrease, but for some, this process gets stalled while others continue to improve

Diagnosis of PTSD

- Criteria A:
- the person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence in one of the following ways:
  - direct exposure
  - witnessing in person
  - indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
  - repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures.

Other Traumatic Events

- Military sexual trauma
- Accidents
- Many have had numerous traumatic events over course of life span
- Some have "Complex Trauma"

Criteria B for PTSD: Intrusion Symptoms

- Recurrent, involuntary, and intrusive memories.
- Traumatic nightmares
- Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness.
- Intense or prolonged distress after exposure to traumatic reminders.
- Marked physiologic reactivity after exposure to trauma-related stimuli.

Criteria C for PTSD: Avoidance

Persistent effortful avoidance of distressing trauma-related stimuli after the event:

- Trauma-related thoughts or feelings.
- Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations).

Criteria D for PTSD: negative alterations in cognition and mood

- Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
- Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.

Criteria D for PTSD, cont:

- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).
- Markedly diminished interest in (pre-traumatic) significant activities.
- Feeling alienated from others (e.g., detachment or estrangement).
- Constricted affect: persistent inability to experience positive emotions.

Criterion E for PTSD: alterations in arousal and reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event:

- Sleep disturbance.
- Irritability or **outbursts** of anger.
- Self-destructive or reckless behavior.
- Difficulty concentrating.

Criterion E for PTSD, cont:

- Feeling on-guard/super-alert
  - Individual uncomfortable in public places
  - Hypervigilant to other people, especially in large groups or crowds
  - Feeling of hyperarousal when feel threatened.

- Startle easy

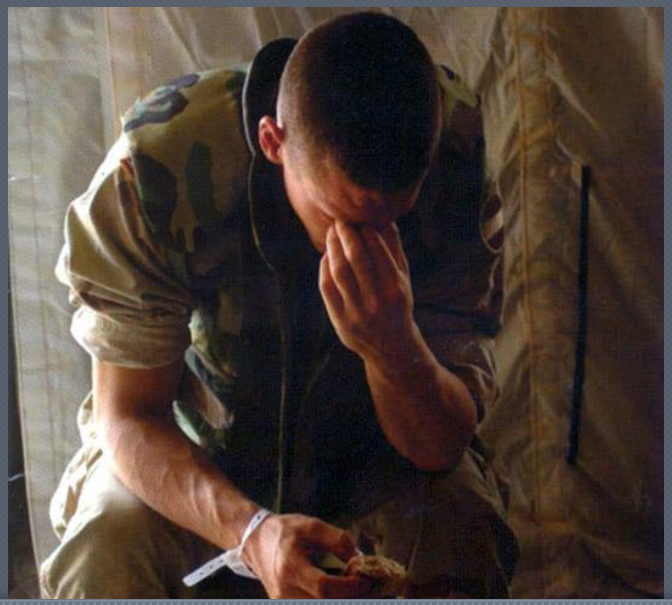
Criteria F/G for PTSD

Impairment must be:

- Of longer duration than one month
  and
- Symptoms cause significant impairment in functioning in critical areas of life, such as socially, occupationally, or in school

Prevalence in Veterans

- Approximately 7% of civilian population experiences PTSD over the life span
- Up to 20 to 40% of those returning from current conflicts diagnosed with PTSD



Typical associated problems

- Substance abuse problems
- Marital/relationships
- Vocational
- Educational
- Guilt
- Suicidal
- Grief and loss issues
- Intense distrust

PTSD Treatments: Overview

- There are effective psychotherapy treatments for PTSD
- Cognitive Behavioral Therapy is a broad class of interventions that include:
  - Prolonged Exposure (PE)
  - Cognitive Processing Therapy (CPT)

PE and CPT Similarities

- Psychoeducation
- Anxiety management
- Exposure techniques
- Cognitive restructuring techniques

Prolonged Exposure

- Four parts
  - Psychoeducation: Patient learns about trauma and PTSD
  - Breathing skills: Learns to manage anxiety
  - In vivo exposure: Confronts feared stimuli in real life
  - Imaginal exposure: Mental exposure to trauma by repeated telling of memories

Cognitive Processing Therapy

- Individual or group therapy in 4 phases
  - Education about PTSD, thoughts and emotions
  - Processing trauma (with or without written account)
  - Challenging thoughts
  - Cognitive restructuring

Potential Drawbacks

- Potentially higher dropout rate
- Manualized

Resources

- www.ncptsd.gov
  - National Center for PTSD Website
  - Information, education, links to other sources
- Afterdeployment.org
  - Self-help modules
  - Educational materials

Other Resources

- Military One
  - Can be accessed at Militaryonesource.mil
  - Or just google Military One
  - They have non-VA referrals available
- Veterans Crisis Line
  - 24/7 hotline available for veterans in crisis
  - 1-800-273-8255
  - Confidential chat at VeteransCrisisLine.net or text to 838255

When Professional help is needed

- Department of Veterans Affairs
  - Columbus Ambulatory Care Center
    - 420 N. James Road, Columbus, OH
  - Community Outpatient Clinics
    - Grove City, Zanesville, Marion, Newark
    - Check website: www.va.gov
    - Vet's Center: 30 Spruce Center, Columbus

Veterans need to enroll with the VA and would need to bring DD-214 and other appropriate paperwork to a VA facility for enrollment.

Thank you for caring about our Veterans!

Contact information

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