

Psychological Trauma and PTSD

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Agenda

- Trauma and PTSD
- PTSD and the Family
- PTSD and Related Problems
- Evidence Based Treatments for PTSD

TRAUMA AND PTSD

Potential Traumatic Events

- Combat
- Incarceration (e.g., POW's)
- Crime victimization
- Natural or man-made disasters
- Accidents
- Life-threatening illness

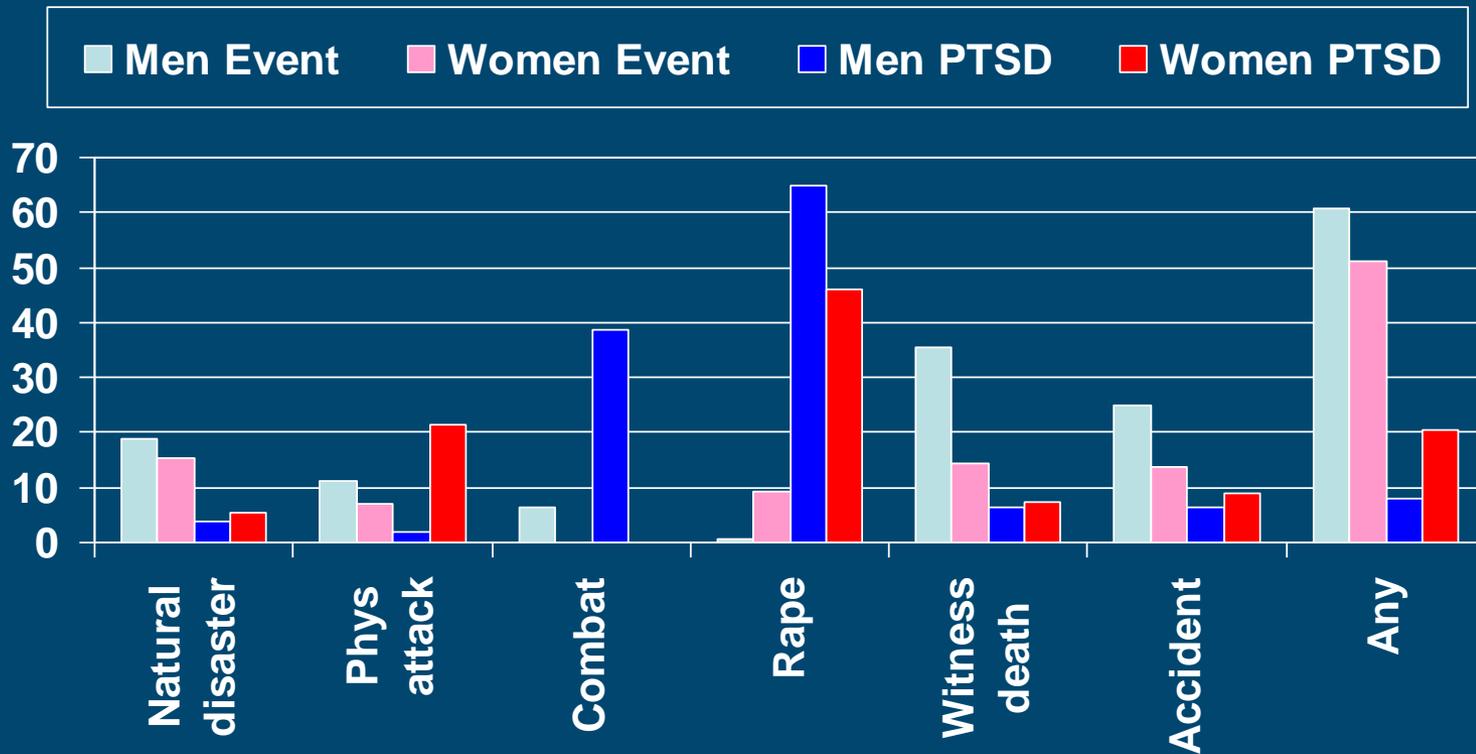
- Considerations
 - Interpersonal?
 - One time versus ongoing?

Who Develops PTSD After Trauma?

- Avoidance?
 - Change in world view?
 - Genetic loading?
 - Prior psychopathology?
 - Other vulnerabilities?
-
- Acute reactions
 - Delayed reactions

Lifetime Prevalence Rates

Exposure vs. PTSD in Men and Women



PTSD

- A. A traumatic event
- B. Re-experiencing/Reliving
- C. Avoidance or numbing
- D. Hyperarousal
- E. Duration of more than one month
- F. Functional impairment/distress

PTSD Criterion A

A1) An event involving death or injury

A2) A response of Fear, horror, or helplessness

Family Reactions to Trauma

- Sympathy
 - Can be helpful or “babying”
- Depression
 - Own traumatic reaction, fear of family member
- Fear, worry
 - About world, about family member, symptoms
- Guilt, shame, anger, negative feelings
- Drug and alcohol abuse
- Health Problems

PTSD Criterion B – Reexperiencing (1)

- Intrusive memories, images, perceptions
- Dreams/nightmares
- Acting or feeling like trauma is happening again
- Intense distress at reminders
- Physiological reactivity at reminders

Reexperiencing and Relationships

- Sudden shifts in behavior/mood when a memory enters their mind
- Disrupted sleep for both partners because of vivid nightmares
- Crying or becoming physically tense for no apparent reason

Reexperiencing and Children

- Can be frightening to a child
- Worry about parent's wellbeing
- Worry about parent's ability to care for them

PTSD Criterion C – Avoidance (3)

- Efforts to avoid activities, people, places associated with trauma
- Efforts to avoid thoughts, feelings, conversations associated with trauma
- Inability to recall aspect of the trauma
- Loss of interest in activities
- Feeling detached from others
- Restricted affect
- Sense of foreshortened future

Avoidance and Relationships

- Cutting off from social activities & loved ones
- Unwillingness to discuss combat experiences and/or traumatic events
- Isolating from partner, other people, and activities they used to enjoy
- Seeming aloof, or as if they do not care
- No longer willing to plan future events

Avoidance and Children

- Child is isolated, unable to participate in activities
- Child may blame self for parent being cut-off, emotionally unavailable
- May pick up negative mood

PTSD Criterion D – Hyperarousal (2)

- Difficulty falling or staying asleep
- Irritability/anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

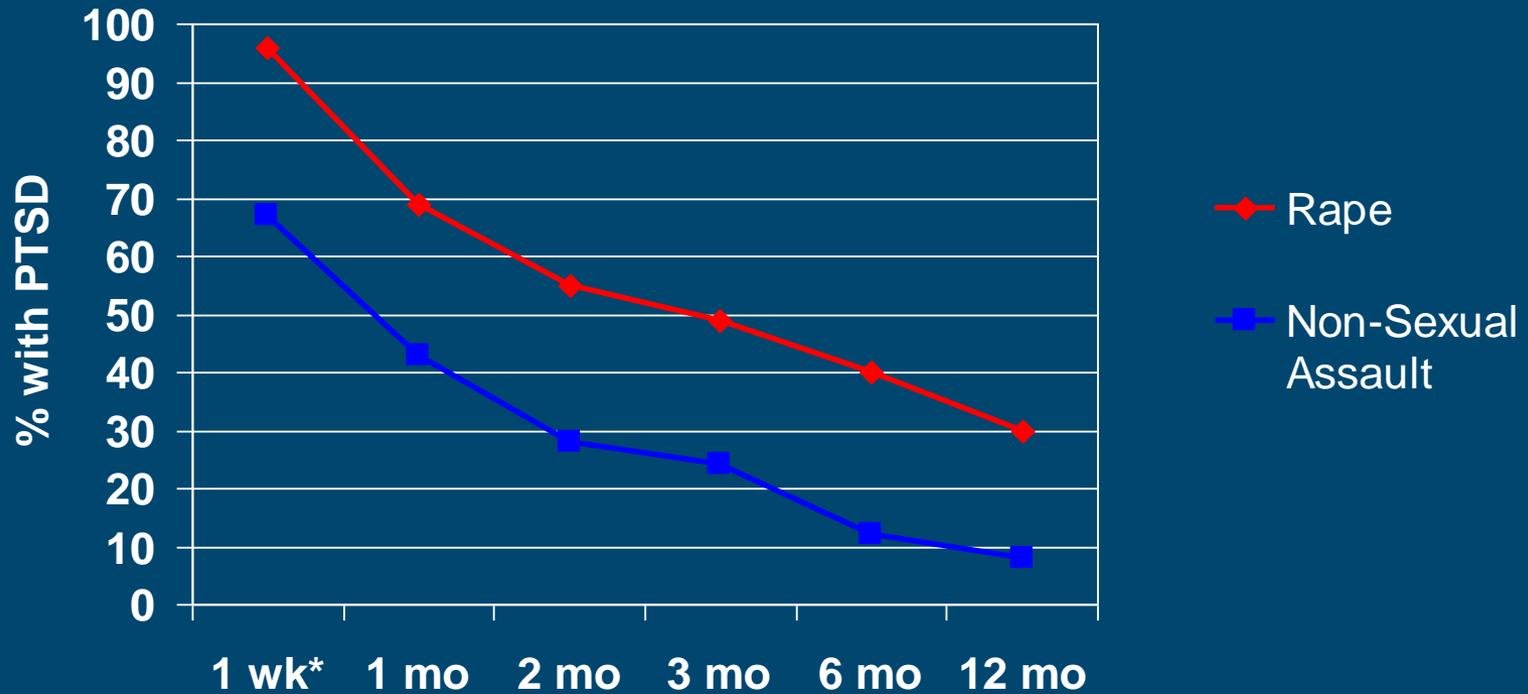
Hyperarousal and Relationships

- Unwillingness to go out to dinner or potentially crowded public places
- Becoming easily irritated, especially in public situations or when confronted with a trigger
- Difficulty focusing in conversations, and being easily distracted

Hyperarousal and Children

- Child may be overprotected
- Anxiety in children
- Parent may seem angry, hostile, distant

Duration



*Month duration not met

PTSD AND THE FAMILY

Problems Children Might Experience

- Parents rate them as more depressed, anxious, hyperactive, aggressive, delinquent
- Depression and anxiety
- Having a supportive parent or caregiver can offset these problems

Intergenerational Effects of Trauma

- Increased risk of:
 - Violence and aggression
 - Anxiety, depression, PTSD
 - Behavioral problems
 - Alcohol and drug abuse
 - Health problems
 - Suicidality

Source: Adverse Childhood Events (ACE) studies

Helping Children

- Treatment for parents
- Treatment for the child
- Tell them as much as they can handle
- Routine
- Pleasant activities

PTSD and Relationship Stress

- Arguments
- Partner feels cut off, lonely
- Feelings of guilt, anger, embarrassment
- Partner curtails activities
- Partner on edge
- Difficulty focusing on conversations, remembering leads to arguments
- Vicarious traumatization?

PTSD and Relationship Dangers

- High divorce rates
- Risk to partner's mental health
- Increased risk of partner and child abuse

Risk of Family Violence

- Findings are mixed but some studies suggest combat deployment, severity of PTSD and severity of depression increase risk
- Studies that look comprehensively and systematically at risk factors suggest these factors play relatively small role
- Still, assessment of aggression/violence is critical

How Can You Help a Family Member?

- Encourage education about reactions to trauma, including PTSD, depression, etc.
- Encourage self-care
 - Avoid isolation
 - Maintain social life
 - Sleep, diet, exercise
- Encourage treatment if needed

PTSD AND RELATED PROBLEMS

Common Posttraumatic Reactions

- Traumatic brain injury
- Substance use
- Depression
- Feelings of guilt and shame
- Pain
- Suicidality
- Aggression?

EMPIRICALLY-BASED TREATMENTS: WHAT ARE THEY, AND WHY USE THEM?

Empirically-Based Treatments: What Are They?

- For the past 20 years, there has been an emphasis on “empirically-based” treatments (EBTs)
- Foundation:
 - 1) All clinical decisions should be based on research studies when available and
 - 2) studies should be selected and interpreted according to specific guidelines

Empirically-Based Treatments: Why Use Them?

- Common Provider Reservations:
 - “Studies don’t represent my patients”
 - “Doing EBTs means abandoning my own expertise.”
 - “Doing EBTs means abandoning my own style. I’d be a robot.”
 - “Doing EBTs will take more time.”
- Good Reasons to Conduct EBTs¹:
 - More likely to help your patients
 - EBTs use the power and wisdom of numbers
 - EBTs are likely more efficient and cost effective
 - EBTs provide common language and approved strategies

¹Thorp, Sones, & Cook (2011a)



MEDICATIONS FOR PTSD – SSRI'S



PSYCHOTHERAPIES FOR PTSD

IOM: 4 Primary Categories of Treatment

- Exposure Therapy (Prolonged Exposure therapy, PE; flooding; implosion; systematic desensitization)
- Cognitive Restructuring (Cognitive Processing Therapy, CPT; cognitive therapy)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Coping Skills (anxiety management therapies; stress inoculation training; breathing retraining; relaxation training)

IOM on Psychotherapy: Results

- Exposure: Sufficient (high quality) evidence for efficacy (only category of treatment to reach that level of quality)
- Cognitive Restructuring: Inadequate evidence, but note that CPT has some exposure elements and was included in the Exposure category)
- Eye Movement Desensitization and Reprocessing (EMDR): Inadequate evidence
- Coping Skills: Inadequate evidence

- Alternatively, the VA/DOD Guideline recommends Trauma-focused therapies (Exposure; Cognitive Restructuring; EMDR; or Stress Inoculation Training)

Other IOM Findings

- The IOM Report found insufficient evidence for the group therapy format and other psychotherapies (psychodynamic therapy, eclectic therapy, hypnotherapy, and brainwave neurofeedback)
- There was little evidence of subgroup differences in treatment response based on sex, degree and types of physical impairment, socioeconomic status, education, age, or types of traumatic event (i.e., whether certain patients should be “matched” to certain treatments)

RESOURCES: FINDING TREATMENT OPTIONS

VA PTSD CONSULTATION PROGRAM



(866) 948-7880

One-on-one consultation
at no charge for
VA providers with
questions about PTSD.

Toll free in US
M-F 8:00am - 5:00pm EST
email: ptsdconsult@va.gov
Intranet: vawww.ptsd.va.gov

For VA clinicians and providers

Speak directly with staff psychologists and physicians about:

- ✓ **TREATMENT**
- ✓ **ASSESSMENT**
- ✓ **CLINICAL MANAGEMENT**
- ✓ **PROGRAMMATIC ISSUES**
- ✓ **RESOURCES FOR PTSD TREATMENT**
- ✓ **IMPROVING CARE FOR THOSE WITH PTSD**

For Veterans

- Courage to Call for Veterans and Active Duty 24/7 1-877-698-7838
- National crisis hotlines: 1-800-SUICIDE (1-800-784-2433) and 1-800-273-TALK (1-800-273-8255)
- San Diego VA
 - PTSD for Veterans (VA): 619-400-5199
 - Telemental health studies: Janel Fidler at 858-552-8585 x6209

Resources

- National Center for PTSD – www.ptsd.va.gov
- International Society of Traumatic Stress -
➤ <http://www.istss.org>
- Community Provider Toolkit -
<http://www.mentalhealth.va.gov/communityproviders/>

Books

- *Assessing Psychological Trauma and PTSD* (Wilson & Keane, 2004)
- *Effective Treatments for PTSD – Practice Guidelines from ISTSS* (Foa, Keane, & Friedman, 2000)
- *Prolonged Exposure Therapy for PTSD* (Foa, Hembree, & Rothbaum, 2007)
- *Emotionally Focused Couple Therapy with Trauma Survivors* (Johnson, 2002)

PTSD Internet Resources

- National Center for PTSD Website:
<http://www.ncptsd.va.gov/index.html>
 - PTSD Research Quarterly
<http://www.ncptsd.va.gov/publications/rq/>
 - PTSD PILOTS Database
<http://www.ncptsd.va.gov/publications/pilots/index.html>
- VA Campus Toolkit (may be only from VA computers):
<http://www.mentalhealth.va.gov/studentveteran/>
- After Deployment: <http://afterdeployment.org/>
- Student Veterans of America:
<http://www.mentalhealth.va.gov/studentveteran/>
- Severely Injured Military Veterans- Fulfilling Their Dreams:
<http://www.acenet.edu/Content/NavigationMenu/ProgramsServices/MilitaryPrograms/veterans/index.htm>