

The background features two large teal shapes: a trapezoid on the left and a parallelogram on the right, both pointing towards the center. The text is centered between these shapes.

PTSD Coping Skills Group

Group Rules and Guidelines for Participating in PTSD Coping Skills/Psychoeducation Group

1. Group members maintain confidentiality at all times. This means that what is said in the group stays in the group. Group members do not talk about group conversations outside the group.
2. Confidentiality is mandatory and is extremely important in order to help you feel safe discussing personal issues. Please note that by law, the therapist is obligated to report child abuse and elder abuse or neglect. The therapist must also take action and notify others if you are planning to harm yourself or another person.
3. Group members treat each other with respect at all times. Differences of opinion or other differences are worked out within the group.
4. Groups are safe places to talk, be heard, and be understood. Group members maintain this atmosphere by treating each other with respect, and accepting differences in opinions, attitudes, and beliefs. As group leaders, we are here to support you, a big part of our job is to challenge your unhelpful thinking habits. If at times, you become frustrated, that is completely normal.
5. Do not come to this program if you are under the influence of drugs or alcohol.
6. Turn off or silence all cell phones and pagers at the beginning of group.
7. This is a present-focused program. Group discussions are not a time to talk in detail about past military experiences. They are about discussing applications of the skills learned in the group.

Remember, therapy in this group is time-limited:

1. This therapy is focused on specific goals: to educate you about PTSD and help you cope with PTSD symptoms.
2. Therapy is ultimately about Veterans learning to be their own therapist.
3. If at any time you have thoughts of hurting yourself or anyone else, let group leader know before, during or after group. When outside of the VA, call the Veteran's Crisis hotline (1-800-273-8255) or go to the nearest ER.

Group Telehealth Agreement

1. Privacy and Confidentiality

During the visit, I will be in a quiet, private location where the confidential information of group participants cannot be seen or heard by others. I agree to not share the visit link with anyone. The laws protecting the confidentiality of my medical information also apply to telehealth, including group treatment conducted over video telehealth. The VA has instituted procedures and policies to protect my privacy and confidentiality. The group facilitator will lock the virtual medical room to prevent unauthorized persons from entering the visit. Everything said and done in group is confidential. I will protect the confidentiality of all group members by not sharing their names or what is said and done in the group. If I violate this confidentiality, I will be removed from the group. The group facilitator may disclose confidential information without my consent where mandated or permitted by law (e.g., to protect me or others from harm). If a group member has a medical or mental health emergency, the group facilitator may disconnect others from the visit to ensure privacy and to address the emergency.

2. Participation

Participation in this group is voluntary, and I have the right to withdraw from the group at any time. Withdrawing from group would not affect my right to future care or risk the loss or withdrawal of any VA benefits to which I am otherwise entitled. I will participate in the group according to the expectations outlined by the group facilitator. For video telehealth therapy groups, cameras will remain on during the entire group unless the group facilitator states otherwise. If I am asked questions or asked to participate in an activity that makes me feel uncomfortable, I can decline, and I will not pressure other group members to participate. If I or the group facilitator have concerns about my meeting group expectations or participating in any aspect of the group, a discussion will occur to determine next steps, including other treatment options.

3. Risks and Consequences

The VA does not record telehealth visits, including group telehealth visits, without prior approval. I will not audio- or video-record or photograph any portion of the group visit. While this visit will not be audio- or video-recorded or photographed by the VA, there is a risk that another group member *could* audio- or video-record or photograph the visit and share it without knowledge or approval from VA or other group members. If it is known that any group member has audio- or video-recorded or photographed any portion of the visit, then he/she will be removed from group for violating confidentiality; relevant information will be shared with group members. He/she will then be referred for prosecution to the full extent of federal and local laws including applicable laws in the locations of the group facilitator and all group members.

4. Behavior

I will do my part to make the group a safe place by being respectful, supportive, and providing helpful feedback. I will avoid language that stereotypes or is insulting. I will be considerate when others are talking, give others an equal chance to speak, and will not engage in side conversations. Violence, threats, and intimidation will not be tolerated. Gossip and grudges can be very destructive. I agree that if I have something to say to another group member, I will say it to the member directly and respectfully rather than talk about him or her with others. I agree that I will not engage in a group video session from a moving vehicle and understand that doing so may result in the group facilitator disconnecting me from the session. If the group facilitator believes that I am impaired by alcohol or substances, using substances (including tobacco, etc.), or engaging in behavior that disrupts the group, I may be asked to leave and/or be disconnected from the group. The group facilitator will have a follow-up discussion with me to determine any necessary changes to my treatment plan.

I have read the agreement for group visits and agree to follow it. The group facilitator will note in my medical record that I have received, read, and agreed to these expectations.

*In developing this consent form, it was necessary to use several technical words; please ask for an explanation of any that you do not understand.

Post Traumatic Stress Disorder Group Orientation – Session 1



- This is a Cognitive Behavioral focused psychoeducational/therapeutic and support group for Veterans diagnosed with PTSD
- 50 minute sessions
- to review:
 - VVC appointments
 - confidentiality
 - sharing during sessions

Group Objectives

- Provide education about PTSD
- Learn coping skills to help manage PTSD Symptoms (i.e., sleep difficulties, anger/irritability, avoidance, hypervigilance, emotional regulation)
- Identify cognitive distortions that negatively impact beliefs about safety, trust, control, and self-esteem
- Examine the link between thoughts, mood, and behaviors/coping
- Improve interpersonal skills
- Increase sense of connection and well-being



What is PTSD?

What is PTSD?

Post Traumatic Stress Disorder has been around for thousands of years, but rather confusingly under many different names.

Previous terms for what we now call PTSD have included 'shell shock' during WWI, 'war neurosis' during WWII, and 'combat stress reaction' during the Vietnam War. It was in the 1980s that the term Post Traumatic Stress Disorder (PTSD) was introduced – the term we most commonly use today.

The first documented case of psychological distress was reported in 1900 BCE, by an Egyptian physician who described a hysterical reaction to trauma.

PTSD is essentially a memory filing error caused by a traumatic event – we'll talk more about this later.

What is PTSD?

Your nervous system has three automatic or reflexive ways of responding to highly stressful events:

- **Fight** occurs when you need to defend yourself. The heart pounds faster, blood pressure rises, and muscles tighten, increasing your strength and reaction speed. Once the danger has passed, the nervous system calms your body, lowering heart rate and blood pressure, and winding back down to its normal balance.
- **Flight** occurs when you escape the danger of a traumatic event by fleeing.
- **Freeze** response has two subtypes. A person may freeze briefly to orient to the situation to decide what to do. The other type of freezing may be associated with tonic immobility and dissociation. If the threat continues and neither fight nor flight is working, the freeze response may be the survival response. It can be accompanied by the sensation of watching the trauma from the outside.

Smith, M., Robinson, L. & Segal, J. (2017). PTSD in military veterans: causes, symptoms , and steps to recovery. Retrieved from <https://www.helpguide.org/articles/ptsd-trauma/ptsd-in-military-veterans.htm>.

Immobilization occurs when you've experienced an overwhelming amount of stress in a situation and, while the immediate danger has passed, you find yourself "stuck." Your nervous system is unable to return to its normal state of balance and you're unable to move on from the event. **This is PTSD.**

If the event is severe enough, nearly everyone will have symptoms reflective of PTSD. Think of PTSD as a failure to recover from a traumatic event.



PTSD is a NORMAL reaction to abnormal events.



What is PTSD?

POST TRAUMATIC STRESS DISORDER CAN AFFECT ANYONE

1 in 2

PEOPLE EXPERIENCE
TRAUMA AT SOME
POINT IN THEIR LIFE



AROUND
20%

OF THOSE PEOPLE CAN
GO ON TO DEVELOP
POST TRAUMATIC
STRESS DISORDER

TRAUMA CAN BE A RESULT OF
ANYTHING WHICH CAUSES FEAR,
HELPLESSNESS AND HORROR SUCH AS
ASSAULT, ROAD TRAFFIC ACCIDENTS,
NATURAL DISASTERS, WAR, ACTS OF
TERRORISM, AND TRAUMATIC
CHILDBIRTH.

PTSD SYMPTOMS INCLUDE
FLASHBACKS, INTENSE EMOTIONS,
HYPERVIGILANCE, OUTBURSTS OF
ANGER, PANIC ATTACKS, TENSE
MUSCLES, RELATIONSHIP PROBLEMS,
NIGHTMARES, EXHAUSTION, AMNESIA,
WITHDRAWAL AND FEAR.

PTSD CAN BE TREATED - EVEN YEARS AFTER THE ORIGINAL TRAUMA
TOMORROW CAN BE A NEW DAY

ptsduk
www.ptsduk.org

What Causes PTSD?

Cognitive Theory

Throughout our lives, we take in information through our senses.

We work to organize all of that information (words, categories, schemas, etc.) in an attempt to understand, predict, and control.

Most people are taught the “just world belief” - we tend to believe that good behavior is rewarded and mistakes/bad behaviors are punished. And these beliefs work as long as there is no contradictory information.

Traumas that lead to PTSD are schema (belief) incongruent with prior positive beliefs and/or schema congruent with previous negative beliefs.

Intrusive symptoms occur as a result of the inability to accommodate the information.



Cognitive Theory (Cont'd)

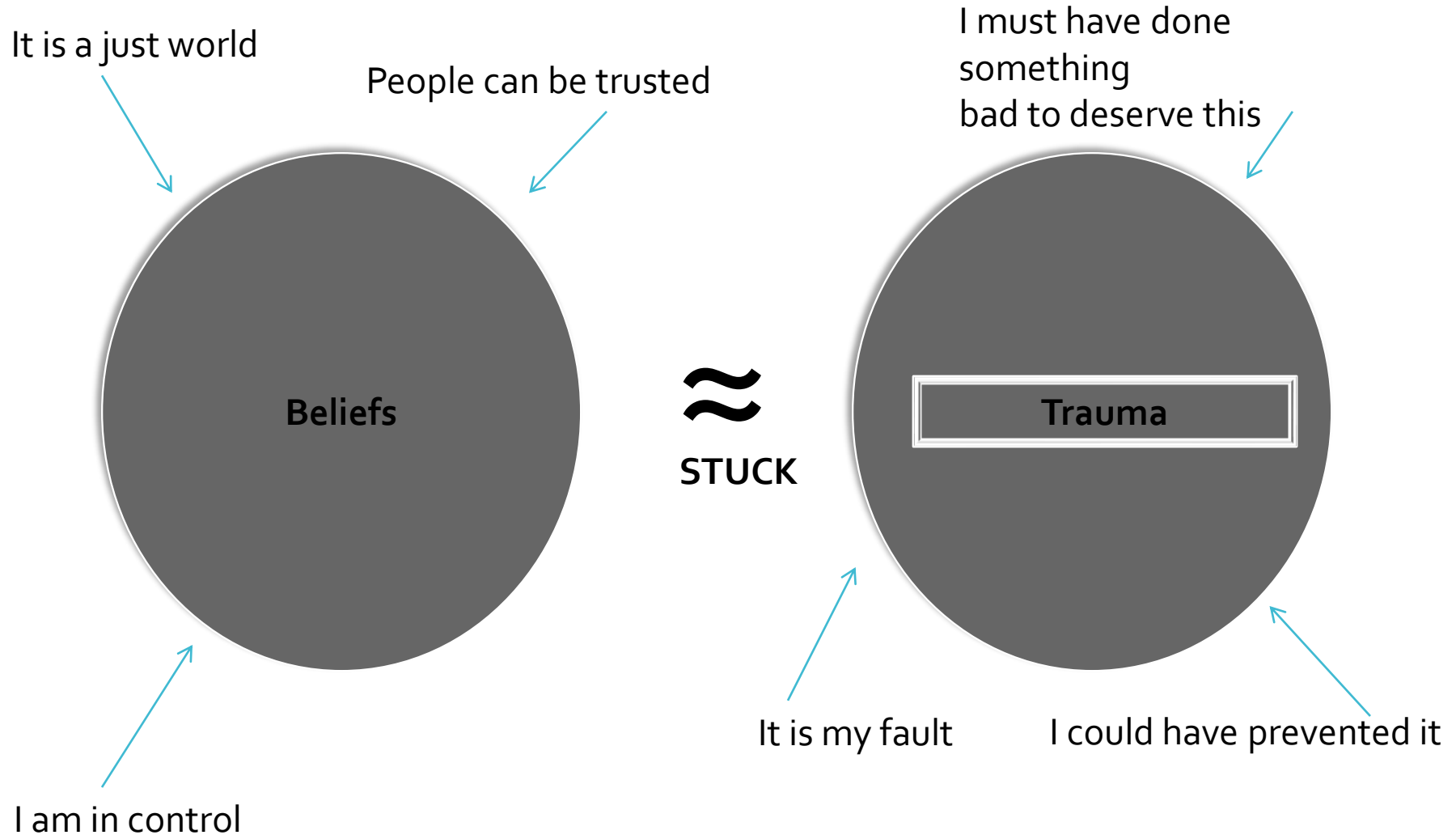
Once the trauma is over, it is a memory. It is important information that has to be integrated.

People have 3 possibilities:

- ❖ The information matches and is incorporated.
- ❖ They change their view of the world/themselves to incorporate the new information (ASSIMILATION).
- ❖ They change too much and interpret everything in light of this new information (OVER ACCOMODATION).

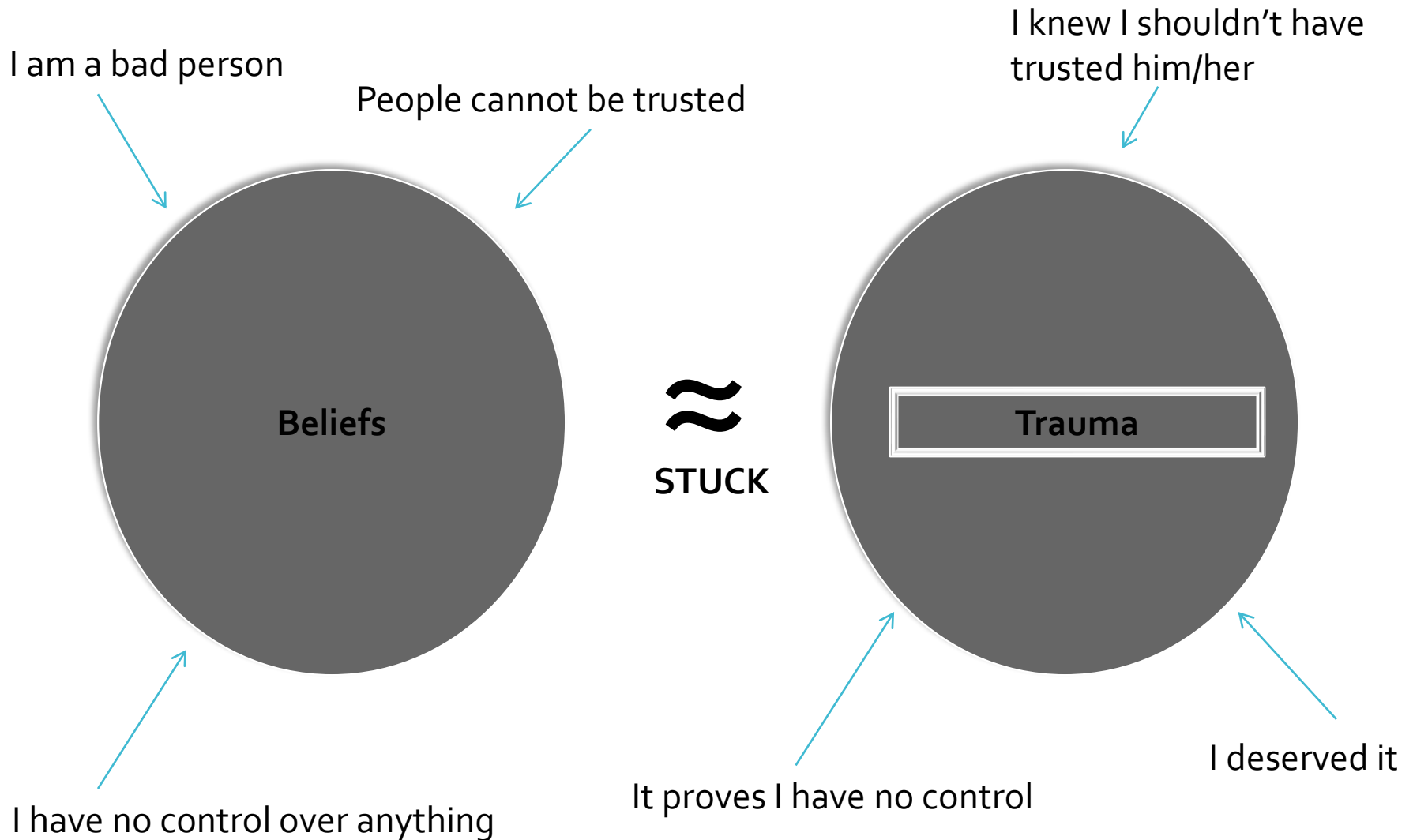
Social Cognitive Theory (Cont'd)

Assimilation – Preexisting Positive Belief



Social Cognitive Theory (Cont'd)

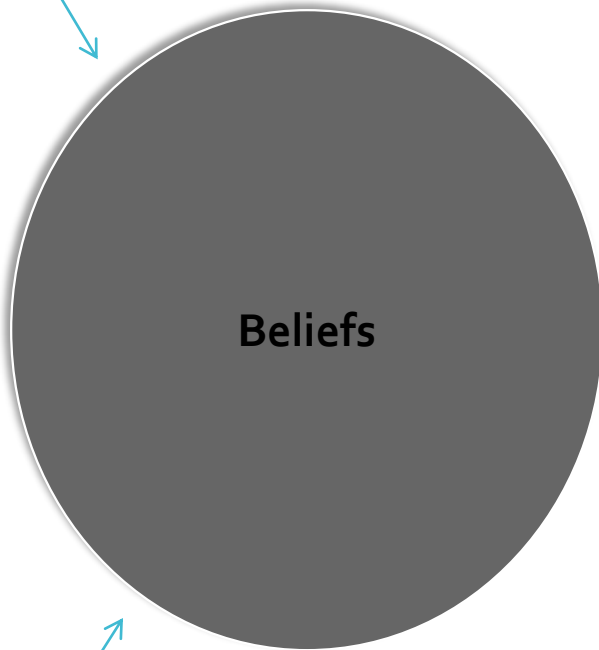
Assimilation – Preexisting Negative Belief



Social Cognitive Theory (Cont'd)

Over-Accommodation

I can get close to others



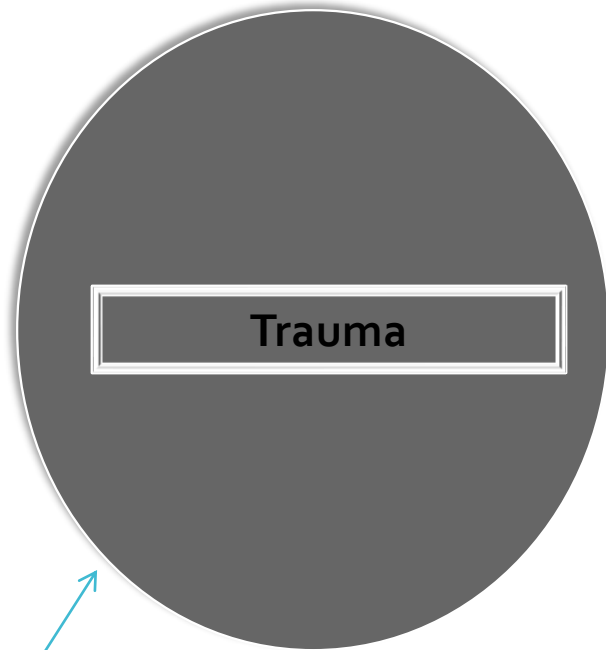
Beliefs

The world is safe



≈
STUCK

I can't get close to anyone



Trauma

The world is completely unsafe

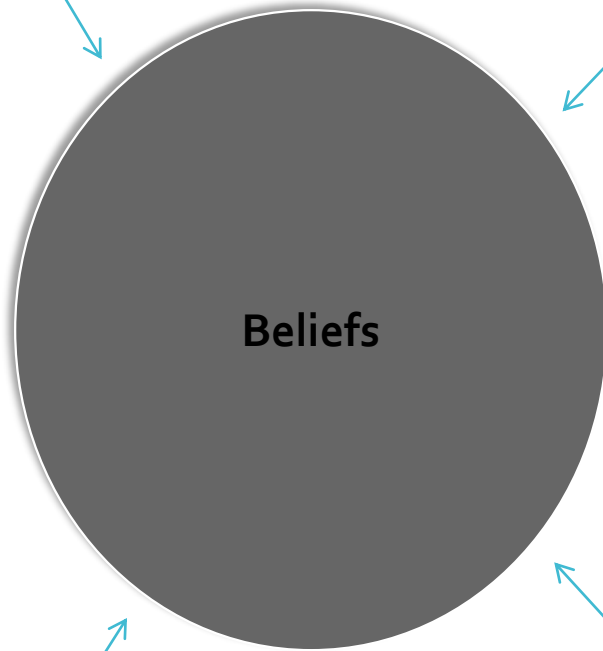


Social Cognitive Theory (Cont'd)

Accommodation

Bad things happen to good people

Good people do bad things



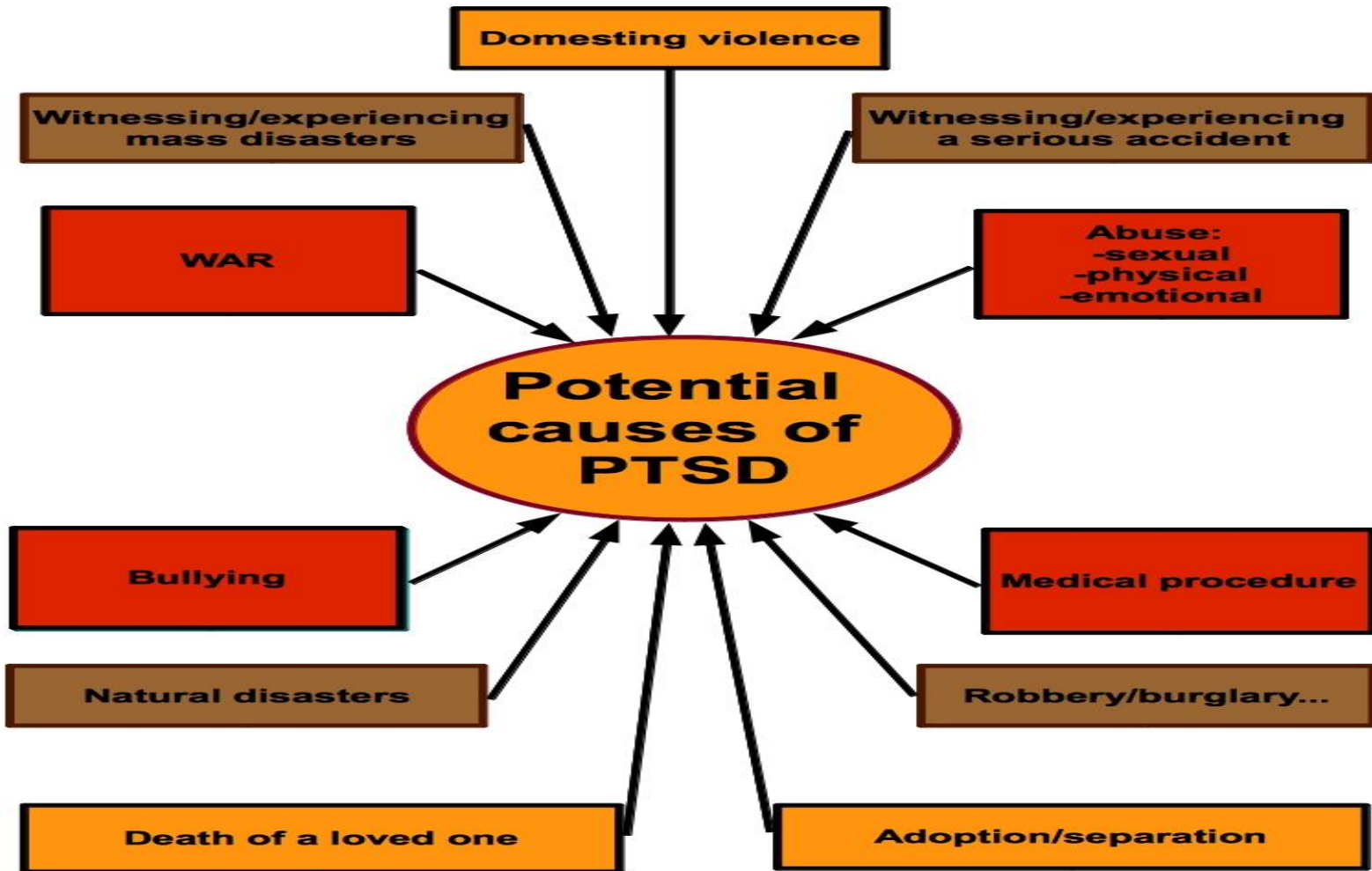
RECOVERY



A different action might have had a bad outcome

I have power over many things
but not all things

What Events Can Cause PTSD?



Pre-Trauma Factors

History of Trauma - Prior trauma, especially where PTSD developed, makes individuals especially susceptible to repeated bouts of PTSD. This is likely due to the ease with which unresolved past traumas are recalled and re-experienced, as well as the likelihood of reenacting past faulty coping behaviors.

Life Stressors - Recent events in a person's life that are not of traumatic magnitude (e.g., job loss, divorce, financial problems) can weaken the person's defenses against trauma-induced stress in the same way that hardship can weaken the immune system .

Poor Coping Skills - Deficits such as low self-esteem, emotionality, and lack of resilience can increase a person's chance of developing PTSD. The advantage of this set of vulnerability factors is that they are all learnable. In fact, suffering through PTSD can actually promote improvement of these deficits.

Personality - Certain long-standing traits, such as pessimism and introversion, deny a person the tools needed to deal with a challenging affliction such as PTSD. These, too, are modifiable, but not to the same degree as coping skills.

Pre-Trauma Factors (Cont'd)

Genetics - It appears that vulnerability to PTSD can be passed on through generations, and worsened by certain behaviors such as drug abuse and trauma experience.

Brain Structure - The hippocampus, which plays a role in learning and memory, has been shown to be damaged in PTSD sufferers (Durand, 2006). Similarly, research on rodents and primates indicates that stressful stimuli can induce adverse functional and structural changes in the hippocampus. Decreased hippocampal volume results when excessive stress alters the chemical regulation in the brain, which harms the functionality of systems such as learning and memory. The chemicals implicated in this structure mutation include glutamate, GABA, norepinephrine, serotonin, and cortisol. A host of other chemicals and structures are thought to play a role in PTSD.

Nutt, D.J., Stein, M.B., Zohar, J. (2000). Post-traumatic Stress disorder Diagnosis, Management and Treatment. London: Informa Healthcare.

Schiraldi, G.R. (2000). *The Post-traumatic Stress Disorder Sourcebook: A guide to healing, recovery and growth*. New York: McGraw-Hill.

Adverse Childhood Experiences (ACE)

ACE Definitions

All ACE questions refer to the respondent's first 18 years of life.

- Abuse

- **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.

- **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.

- **Sexual abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

- Household Challenges

- **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.

- **Household substance abuse:** A household member was a problem drinker or alcoholic or a household member used street drugs.

- **Mental illness in household:** A household member was depressed or mentally ill or a household member attempted suicide.

- **Parental separation or divorce:** Your parents were ever separated or divorced.

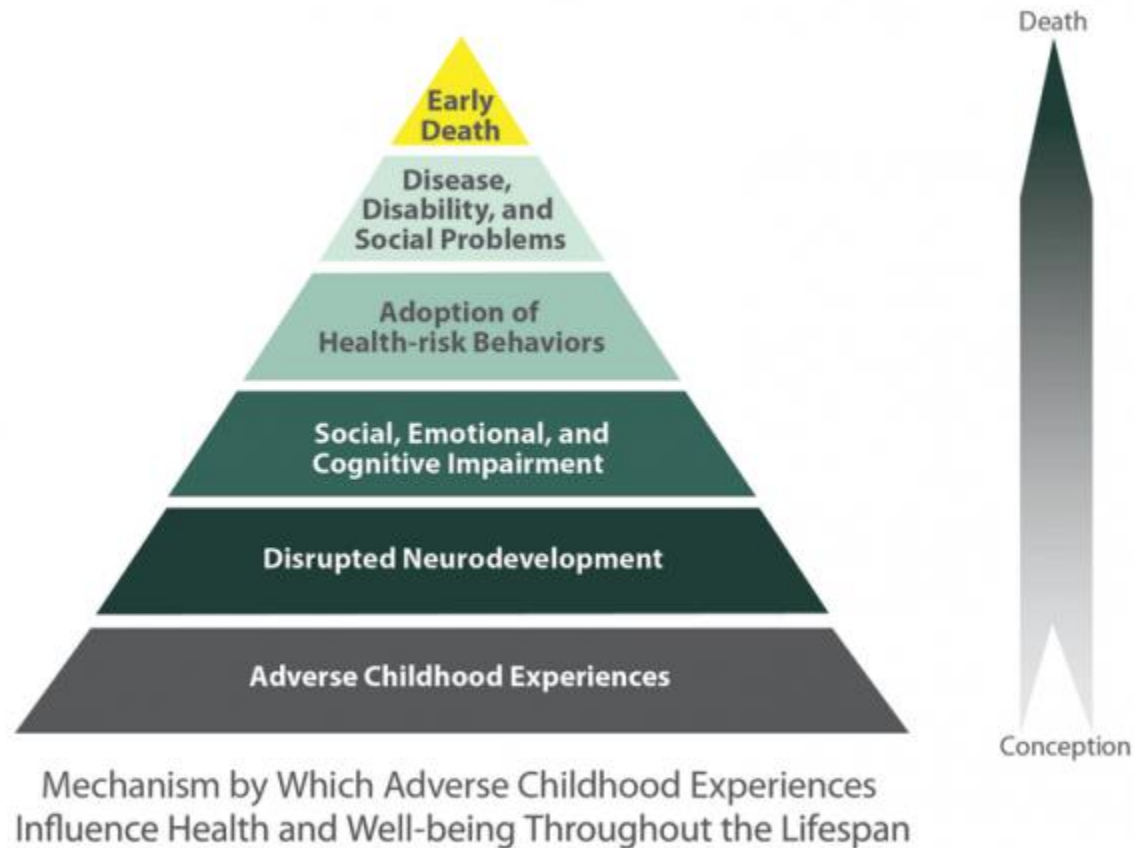
- **Criminal household member:** A household member went to prison.

- Neglect¹

- **Emotional neglect:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.²

- **Physical neglect:** There was someone to take care of you, protect you, and take you to the doctor if you needed it², you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to well-being and the development of risk factors for disease throughout the life course.



About the CDC-Kaiser ACE Study. <https://www.cdc.gov/violenceprevention/acestudy/about.html>

The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course.

Dose-response describes the change in an outcome (e.g., alcoholism) associated with differing levels of exposure (or doses) to a stressor (e.g. ACEs). A graded dose-response means that as the dose of the stressor increases the intensity of the outcome also increases.

As the number of ACEs increases so does the risk for the following*:

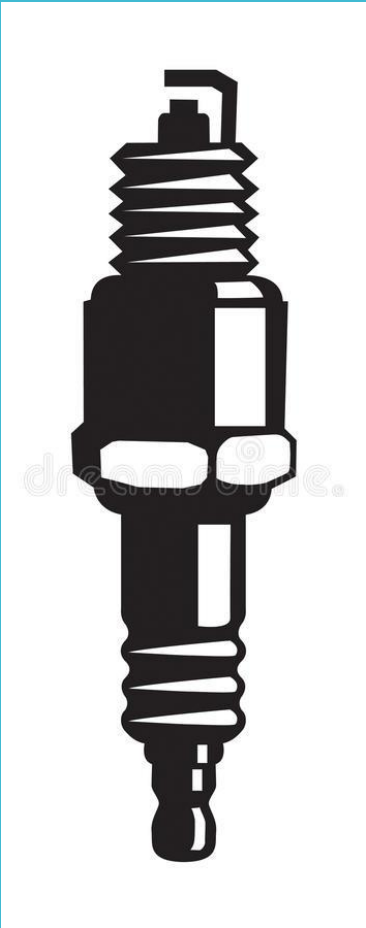
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

Why does PTSD Occur?



- All individuals have a basic biological system (AKA the limbic system, alarm system, or the “fight or flight” system).
 - This system has one goal: to insure your **survival**.
 - Because its purpose is your survival, it will not tolerate any mistakes, and will over-generalize to make sure it catches all possible threats.
 - Activation of this system may include: an increased heart rate and breathing, muscles tension, adrenaline surge, etc.
 - Thus, it will over generalize when it senses danger because one mistake could mean death.
- In this group we will refer to this system as your **spark plug**. Spark plugs do not notice where they are or what year it is, they just spark when they need to.

Why Does PTSD Occur (cont'd)



- Spark plugs can identify anything that is dangerous and often notice all of the things that are similar to those that are dangerous.
- When you were deployed, your spark plug became white hot because of the situations you faced. When you were deployed when was it safe to put your guard down? Never. Your spark plug learned that relaxing or putting your guard down was dangerous.
- Now that you have come home, your spark plug is still white hot and does not know you are back in the civilian world. You are still in combat mode using combat reactions to everything.
- Now you fear losing control or overreacting so you rely on three coping skills:
 1. **Avoidance**
 2. **Hyperarousal**
 3. **Numbing**

These three things are now running your life.

PTSD Reactions & Symptoms

These Things Have Changed Since Being in the Military

1. You've transformed:

- o Physically
- o Emotionally
- o Intellectually
- o Spiritually
- o Socially

2. You rely on military behavior....because it kept you alive.

- o Rules
- o Expectations
- o Principles

3. You developed heightened senses.... in particular you notice everything that is wrong.

- o Sight
- o Smell
- o Touch
- o Taste
- o Hearing

4. You returned home and you have transformed but no one else has.

- o You don't fit in.
- o You feel like the odd one out.
- o No one understands you or seems to care about what it's like for you

These Things Have Changed Since Being in the Military (Cont'd)

5. You notice everything that is wrong with civilian behavior.
 - o You have a low tolerance, you are set off by the slightest thing.
 - o You don't understand what civilians have to complain about.
 - o This isn't my home anymore, I want to go back to deployment.
 - o I can't understand what these people think is important.
 - o Do they have any idea how lucky they are.
 - o They think they are safe and don't have to pay attention to anything.

6. You engage in coping skills that reinforce PTSD Symptoms.
 - o You avoid certain people, places, and events.
 - o As a result of avoiding, you end up isolating yourself from everyone.
 - o There are some emotions you have stopped feeling, or perhaps you don't feel any emotions.

Common Reactions to Trauma

A traumatic experience produces emotional shock and may cause many problems. Because everyone responds differently to traumatic events, you may have some of these reactions to a greater degree than others, and some you may not have at all.

Remember, many changes after a trauma are normal. Some people have severe problems immediately after the trauma, some people feel better within months and others recover more slowly, some never need help, and some feel fine at first and need help later. Becoming more aware of the changes you've undergone since your trauma is the first step toward recovery.

Some of the most common problems after a trauma are described on the next slide.



Common Reactions to Trauma

1. **Fear and anxiety.** This can happen when a person's world view and sense of safety change and become negative as a result of a traumatic experience. Sometimes anxiety may increase without an identifiable cause.
2. **Re-experiencing the trauma.** These symptoms occur because a traumatic experience is difficult to process and fit into our understanding. Replaying these memories seems to be an attempt to integrate the experience and make more sense of what happened.
3. **Increased arousal** (feeling jumpy, jittery, and shaky; being easily startled; and having trouble concentrating or sleeping). The arousal reactions are due to the *fight or flight response* in your body which is how we protect ourselves against danger, and it also occurs in animals. People who have been traumatized often see the world as filled with danger, so their bodies are on constant alert, always ready to respond immediately to any attack.

Common Reactions to Trauma

4. **Avoidance.** The most common form of avoidance is to avoid situations that serve as a reminder of the trauma. Often situations that are less directly related to the trauma are also avoided, such as going out in the evening if the trauma occurred at night. Another way we reduce distress is to try to push away painful thoughts and feelings.
5. **Feelings of anger, irritability, and annoyance.** It may be especially confusing to feel angry at those who are closest to you. Sometimes people feel angry because of feeling irritable so often. Anger can also arise from a feeling that the world is not fair or just.
6. **Feelings of guilt and shame.** Many people blame themselves for things they did or did not do to survive. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. You may also blame others for the outcomes.
7. **Depression and grief.** You may lose interest in people and activities you used to enjoy. You may feel that your plans for the future don't seem to matter anymore or that life isn't worth living. These feelings can lead to thoughts of self-harm or actual attempts to kill yourself.

Common Reactions to Trauma

8. Our **self-image and views** of the world often become more negative after a trauma. Many people become self-critical and pessimistic after the trauma ("I am a bad person and deserved this."). It is also common to see others more negatively as well, and to feel that you can't trust anyone. The trauma may convince you that the world is dangerous.
9. **Relationships** with others can become tense, and it may be difficult to become intimate with people as your trust decreases. Sexual relationships may also suffer after a traumatic experience.
10. The use of **alcohol and/or other drugs** is a common coping strategy for dealing with traumatic experiences. There is nothing wrong with responsible drinking, but if your use of alcohol or drugs has increased as a result of your traumatic experience, it can prevent your recovery from PTSD and cause problems of its own.

Common Reactions to Trauma

Many of your reactions to trauma are connected to one another. For example, a flashback may make you feel out of control and will therefore produce fear and arousal. Many people think that their common reactions to the trauma mean that they are "going crazy" or "losing it." These thoughts can make them even more fearful and make it more likely that a person will turn to alcohol or drugs to cope. It can be helpful to remember that ***the symptoms of PTSD we experience are a normal response to having encountered abnormal situations.*** Again, as you become aware of the changes you have gone through since the trauma and as you process these experiences during treatment, the symptoms should become less distressing.

-Adapted from Foa, Hembree, Riggs, Rauch, & Franklin (2009).

Unexpected Physical Symptoms of PTSD

- Scar More Easily – Your body's stress response draws water away from the outer layers of skin, possibly as a way to keep hydrated in an emergency situation. This results in a reduced ability for your skin to repair and regenerate itself. This is also a reason why you find you have very dry skin.
- Your ears may ring – FMRI scans undertaken for a study at Sweden's Karolinska Institute showed that the limbic part of your brain moves into overdrive when you experience ringing in your ears – this is the same element of your brain that handles stress regulation and has shown to be affected in PTSD sufferers.
- You might gain weight – particularly around your stomach

PTSD Symptoms

Re-Experiencing

- Memories or images
- Nightmares or dreams
- Emotional or physical reactions to reminders
- Flashbacks

Examples

e.g., I don't sleep in the same bed as my partner anymore due to the nightmares.

Impact on Your Life

I've lost confidence in myself. I don't know what I can handle anymore and I don't know how I may react. I can't even control my own thoughts.

PTSD Symptoms

Avoidance

- Trying not to think or talk about the trauma
- Trying not to experience feelings about the trauma
- Staying away from activities, people, places, and situations that bring up trauma memories

Examples

e.g., I avoid large crowds and often people in general

Impact on Your Life

I've lost touch with my friends. I stopped doing things I used to do for fun. I don't feel connected to anyone or a part of anything here.

PTSD Symptoms

Numbing

- Losing interest in activities that used to be important
- Feeling detached or estranged from important people in your life
- Feeling unable to have normal emotions
- Losing a sense that you have a long-term future

Examples

e.g., I don't feel like I am capable of loving anyone.

Impact on Your Life

It is difficult to trust anyone or be close to anyone. I can't let my guard down. I don't know how to care about people close to me. I have lost faith and trust in people and in life. I don't know what to believe anymore.

PTSD Symptoms

Hyperarousal

- Sleep problems
- Anger/irritability
- Concentration problems
- Feeling jumpy, on edge, or on guard
- Pounding heartbeat, sweating, rapid breathing

Examples

e.g., I'm always angry, irritated, or on edge.

Impact on Your Life

I am never calm or relaxed, and I can't focus on anything. My family avoids me because of my temper. I can't sleep and watch everything all the time. I ache all the time, and stay angry.

PTSD & the Brain

PTSD & the Brain

Prefrontal Cortex:

Allows us to think, plan, and make decisions.



Amygdala:

Activates the alarm system (fight or flight, spark plug). Also processes emotional memories.

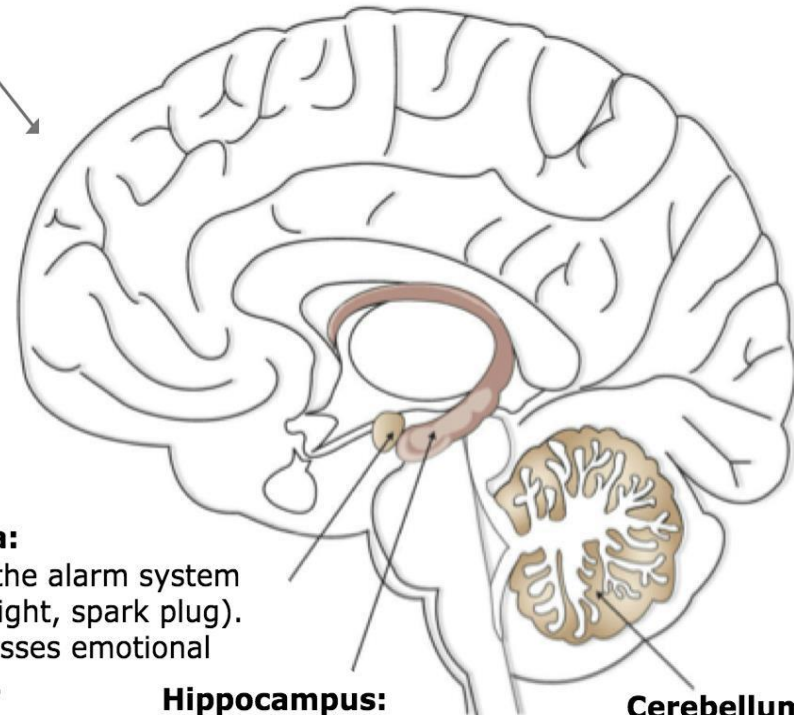


Hippocampus:

Processes information about your life and experiences and stores it away in long term memory for later use.

Cerebellum:

Regulates motor control.

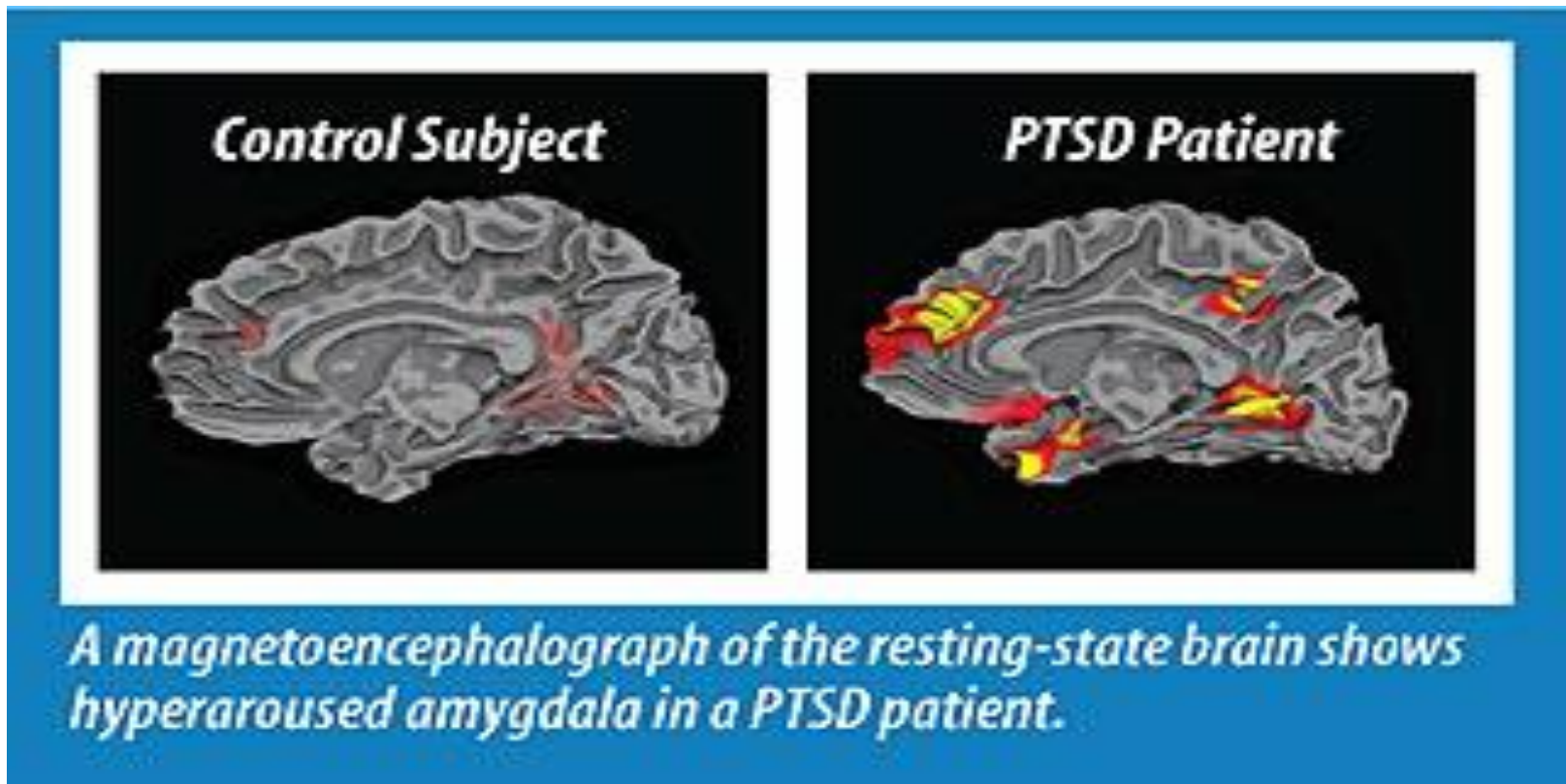


PTSD & the Brain

- Under normal circumstances, these regions communicate with one another and with the rest of the brain in a smooth fashion.
- However, **traumatic stress disrupts the communication between these different areas.**
- The logical, rational parts of your brain cannot get the message through to the amygdala that the danger is over and it's okay to relax.
- The hippocampus cannot take the emotional information processed by the amygdala and store it away as a long-term memory.
- So your memories of trauma stay with you all the time and you continue to feel as if you are in constant danger.
- Research has shown that Veterans who develop PTSD may have smaller hippocampal volume compared to individuals without PTSD (Bremner et al., 1995).
- However, research has also shown that cognitive-behavioral therapy can work to increase hippocampal volume (Levy-Gigi, Szabó, Kelemen & Kéri, 2013).

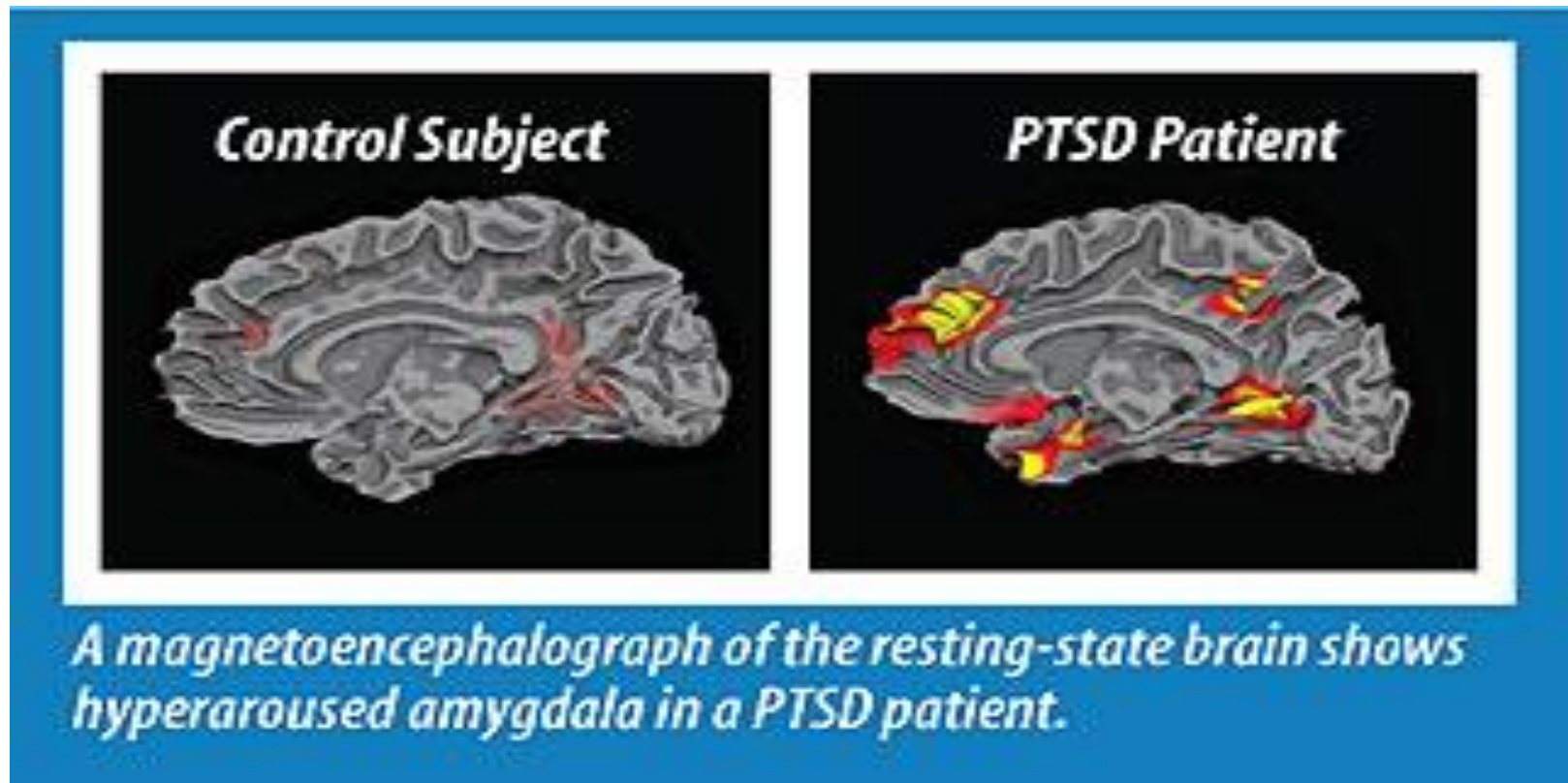
Healthy Brain Threat Response

The Amygdala (brain stem) releases neurotransmitters to put us into action (flight/ fight/freeze) and the prefrontal cortex (thoughts/emotions) is taken off line until the threat is over, (so you will not start thinking and not act), the brain stem/amygdala now knows to stop and the PFC is put back online.

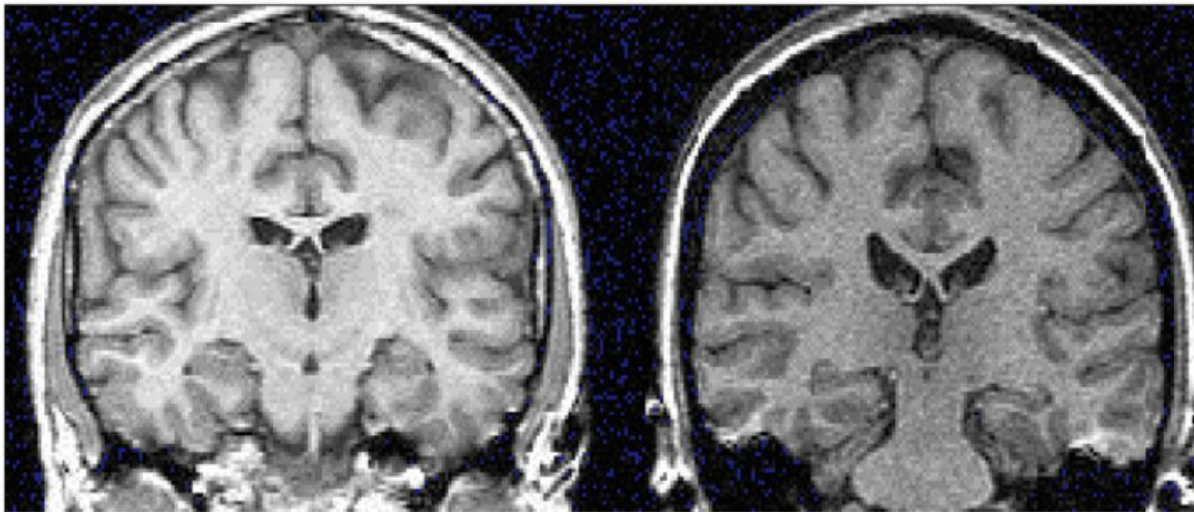


PTSD Brain Threat Response

Trauma triggers start activating the amygdala (brain stem) and the prefrontal cortex (thoughts/emotions) is taken totally off line and does not get reactivated – this is why it takes longer to calm down.



PTSD IS A REAL PHYSICAL INJURY



REGULAR

PTSD

NOT A SOCIAL OR POLITICAL OPINION.

“Survivors of [2011’s] Japanese tsunami who have PTSD from the disaster experienced a shrinking of their orbitofrontal cortex -- that’s the part of the brain that is involved in decision-making and the regulation of emotion.”⁴

4. Platt, J. (May 24, 2012). Brain shrinkage in Japanese tsunami survivors with PTSD (Blog Post]. Retrieved from <http://ptsd-news.blogspot.com/2012/05/brain-shrinkage-in-japanese-tsunami.html>

PTSD IS NOT A MENTAL ILLNESS - IT IS A PSYCHOLOGICAL INJURY

HOW DOES YOUR BRAIN CHANGE WITH PTSD?



HIPPOCAMPUS SHRINKS

THIS AREA HELPS US DISTINGUISH BETWEEN PAST AND PRESENT MEMORIES



INCREASED ACTIVITY IN THE AMYGDALA

HELPS US PROCESS EMOTIONS AND IS ALSO LINKED TO FEAR RESPONSES

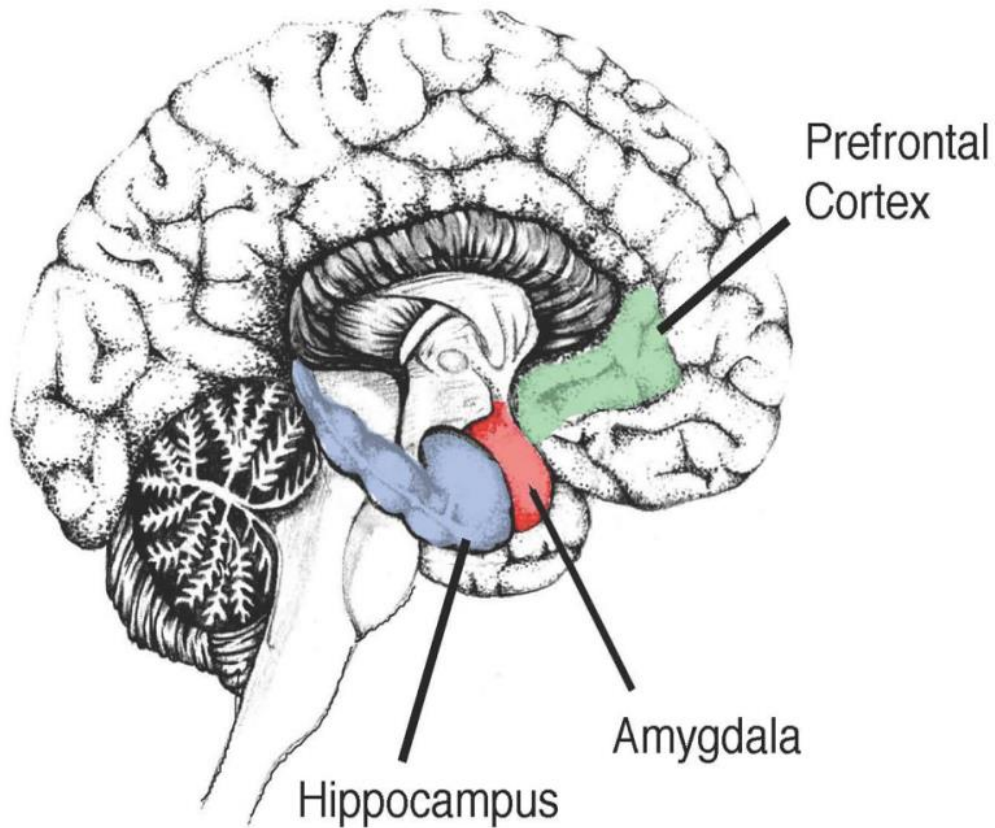


VENTROMEDIAL PREFRONTAL CORTEX SHRINKS

THIS REGION REGULATES NEGATIVE EMOTIONS THAT OCCUR WHEN CONFRONTED WITH SPECIFIC STIMULI

THESE CHANGES IN BRAIN CHEMISTRY ARE THE REASONS WHY ONLY TREATMENTS SUCH AS EMDR AND CBT CAN FULLY REVERSE THE EFFECTS OF PTSD.

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How Trauma Affects the Brain

Amygdala -becomes more highly attuned to potential threats in the environment, leading a person to closely monitor their surroundings to make sure they are safe and have strong emotional reactions to people, places, or things that might be threatening or that remind them of the trauma.

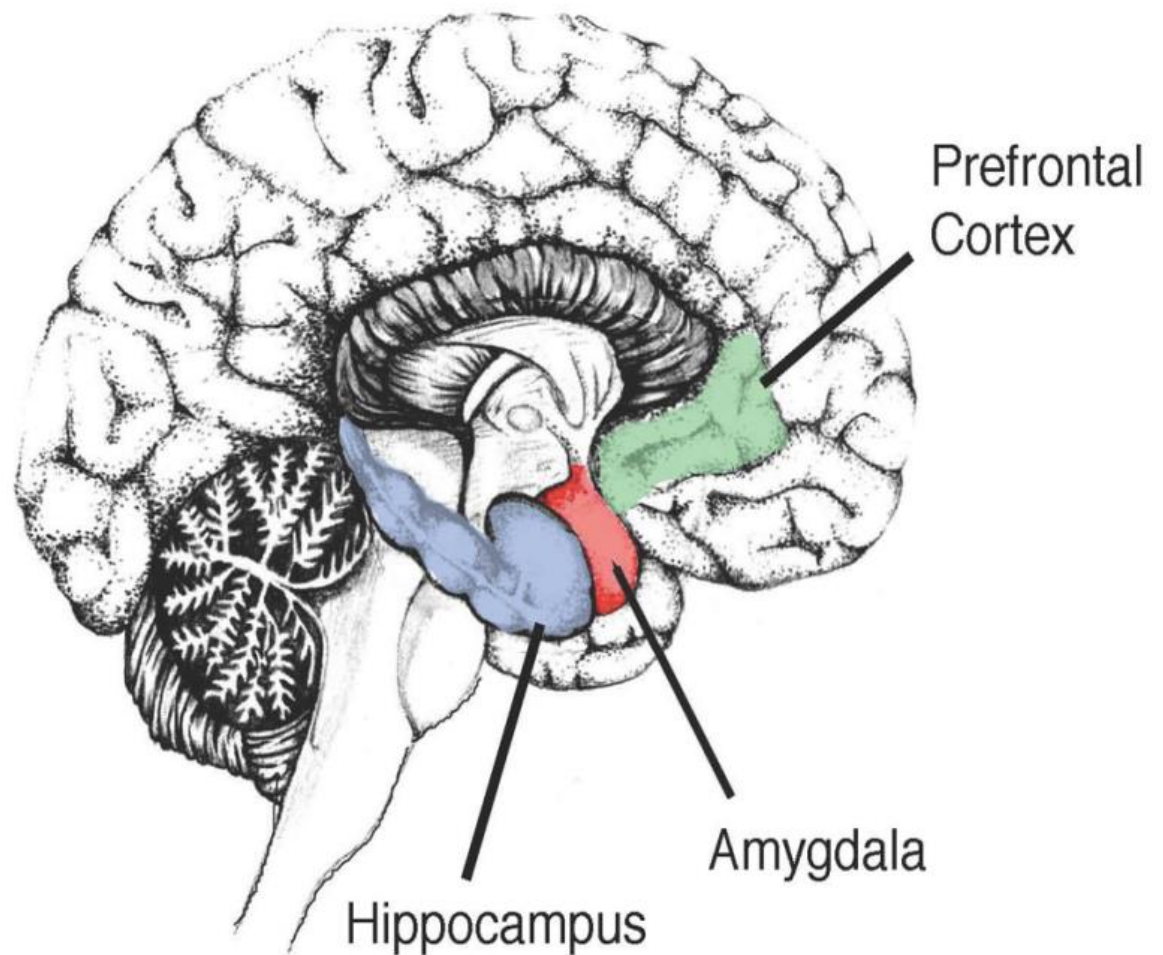
This heightened attention to potential threats in the environment can make it hard to pay attention, go new places, or interact with people they don't know

How Trauma Affects the Brain

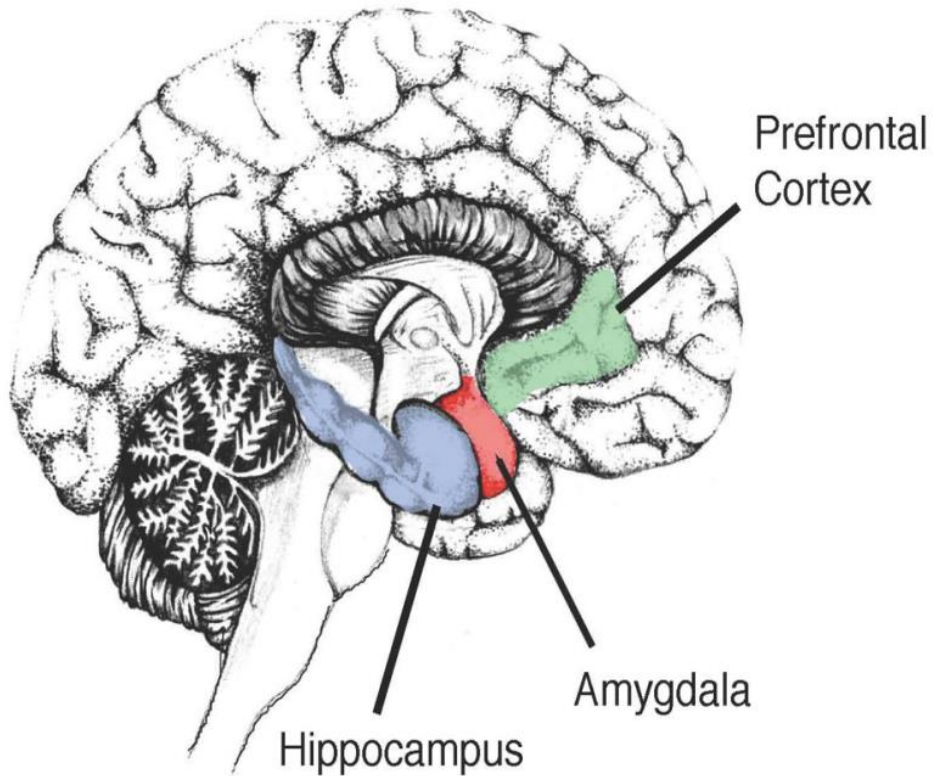
Medial Prefrontal Cortex (mPFC) - helps to control the activity of the amygdala and is involved in learning that previously threatening people or places are now safe.

Connections between the mPFC and amygdala are sometimes not as strong in individuals who have experienced trauma.

As a result, the mPFC is not as effective at reducing amygdala reactivity to people, places, and things that are in fact safe and no longer predict danger. This can lead to persistent elevations in fear and anxiety about cues that remind a person of the trauma they experienced.



How Trauma Affects the Brain



Hippocampus - involved in learning and memory. Trauma may affect how the hippocampus develops. Trauma likely impacts a variety of types of learning and memory, such as the ability to learn and remember information about the surrounding environment. As a result, individuals who experience trauma may not be able to tell if one situation is safe and another is dangerous, leading them to experience harmless situations as scary.

How Trauma Affects the Brain

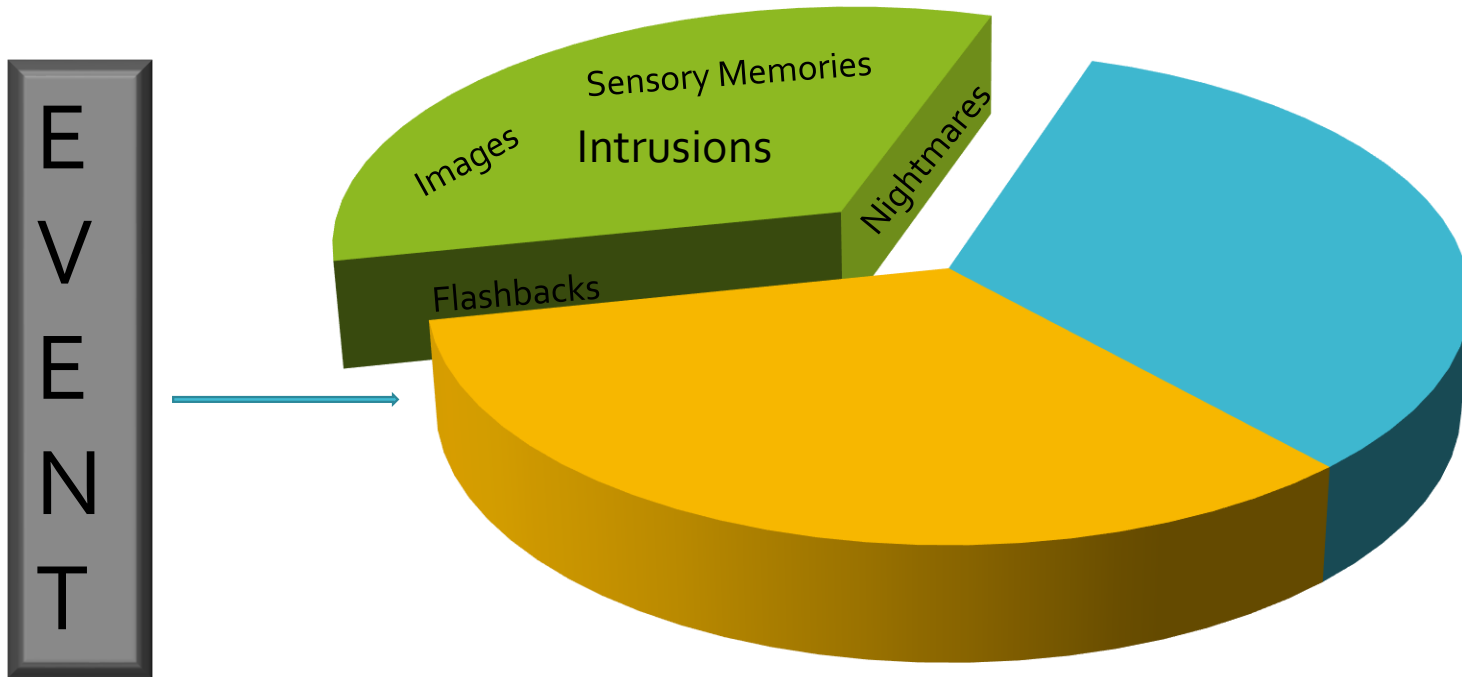
- These changes in the brain are *not* permanent. The brain is remarkably plastic, meaning that it changes in response to social and environmental experiences. This enables us to learn, form relationships with people, and develop new skills.
- Changes in the brain that happen after trauma can *improve over time*.
- In fact, certain kinds of psychotherapy, like cognitive behavioral therapy, can actually lead to positive changes in the same regions of the brain that are influenced by trauma.

Recovery from PTSD

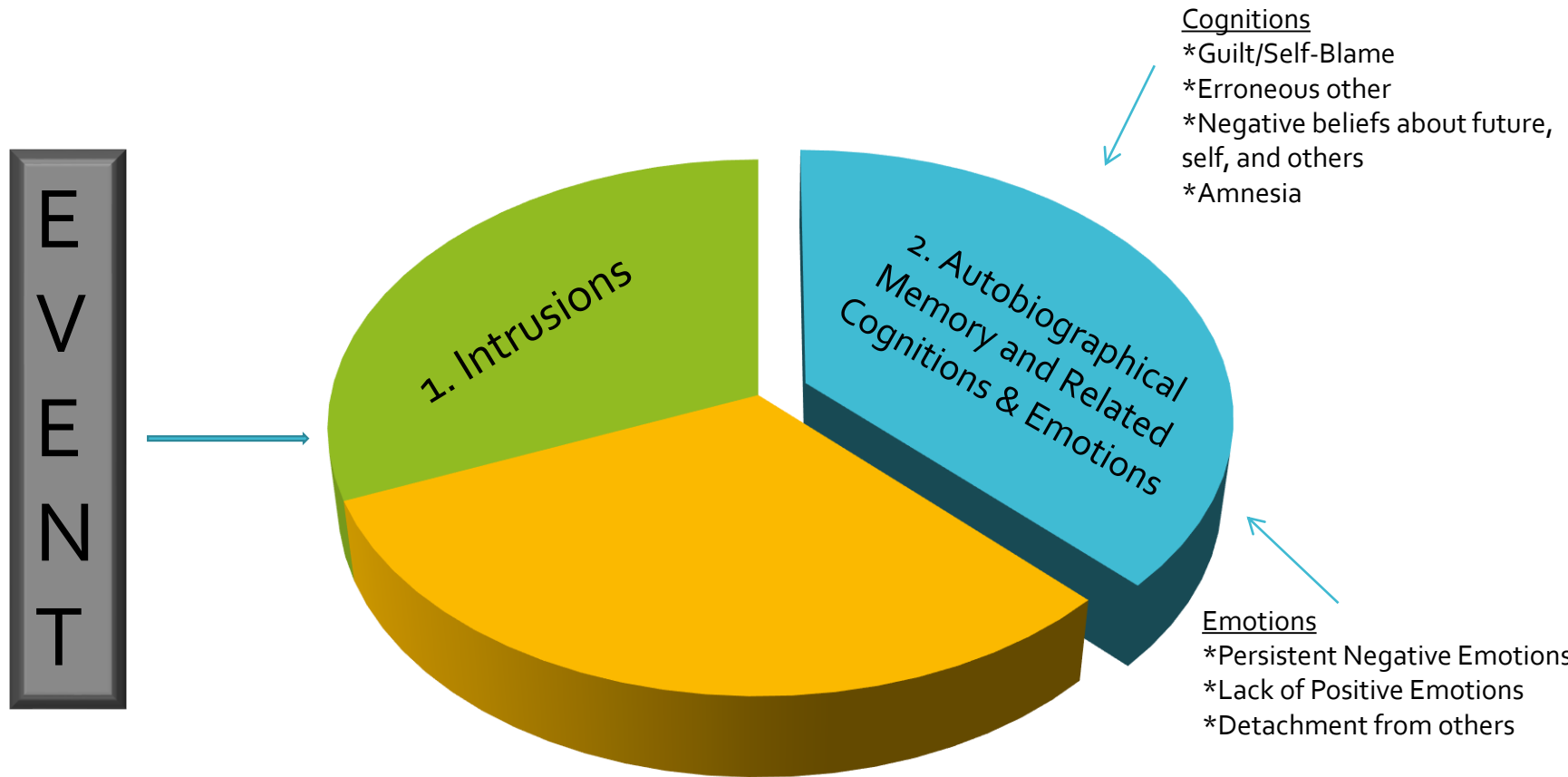
What Happens that Either Facilitates or Hinders Recovery?

Relationship Between Post-trauma Symptoms

1. Intrusive Images and Sensations are common and normal

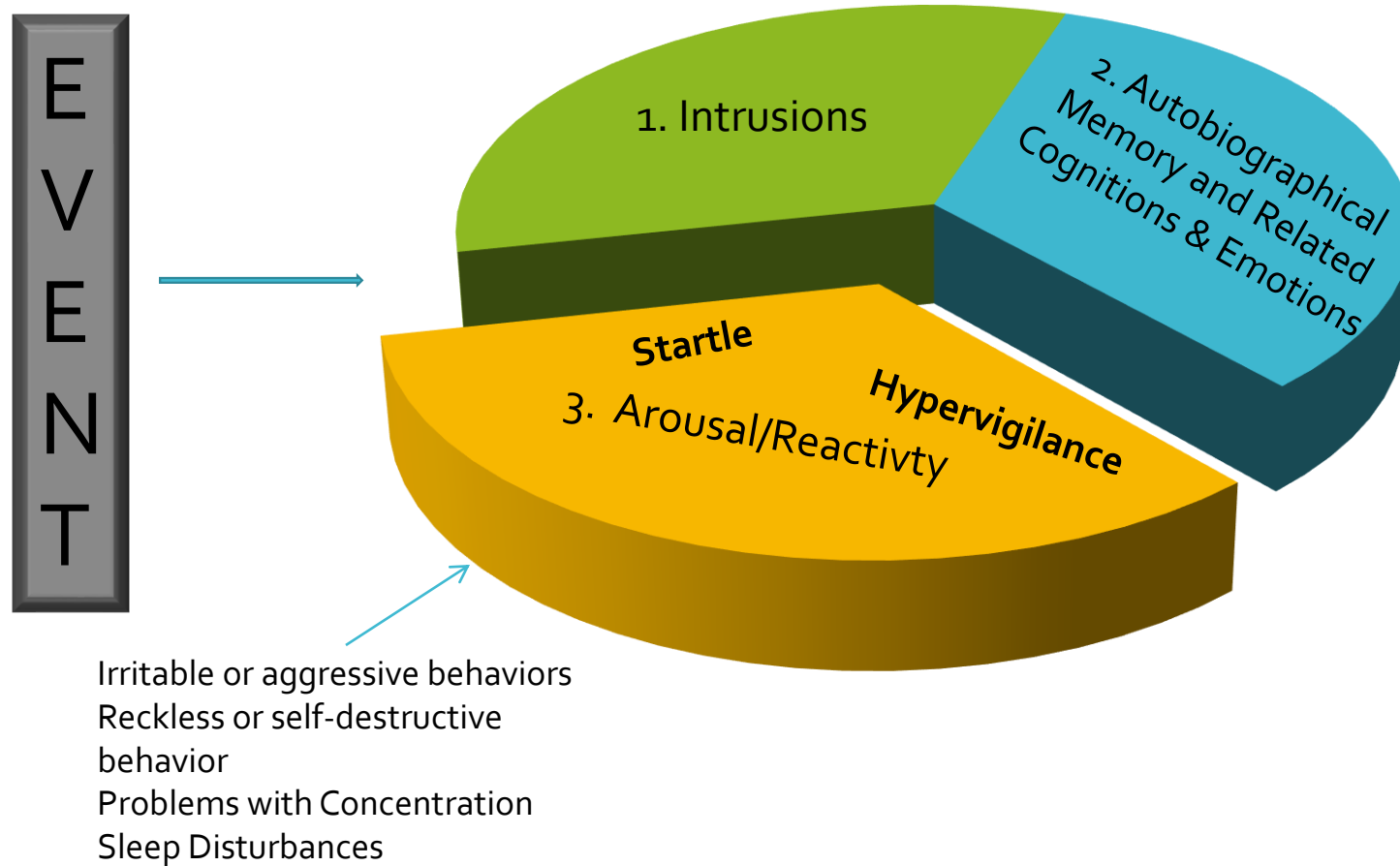


What Happens that Either Facilitates or Hinders Recovery?



If Intrusions don't get better, it is probably because of avoidance; that that case, the 2nd set of symptoms are activated (Cognitions/Emotions)

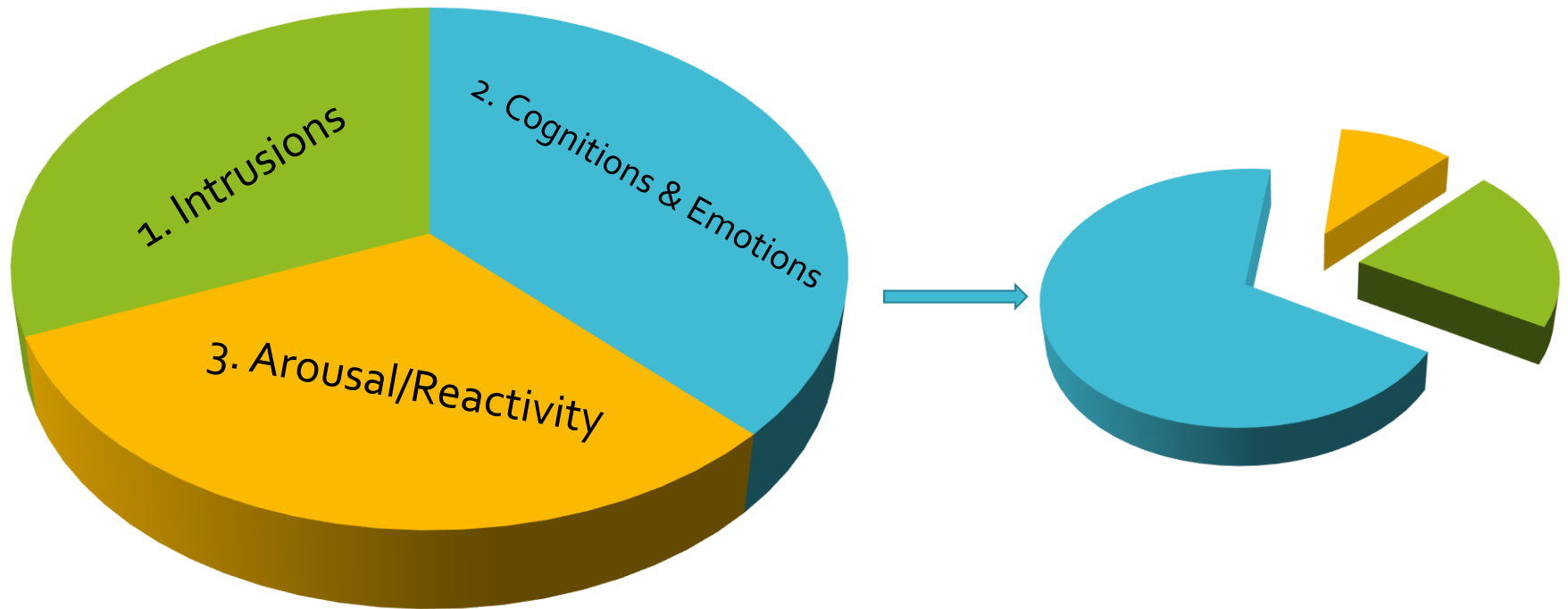
What Happens that Either Facilitates or Hinders Recovery?



Intrusions activate cognitive and emotional symptoms and these activate hyperarousal

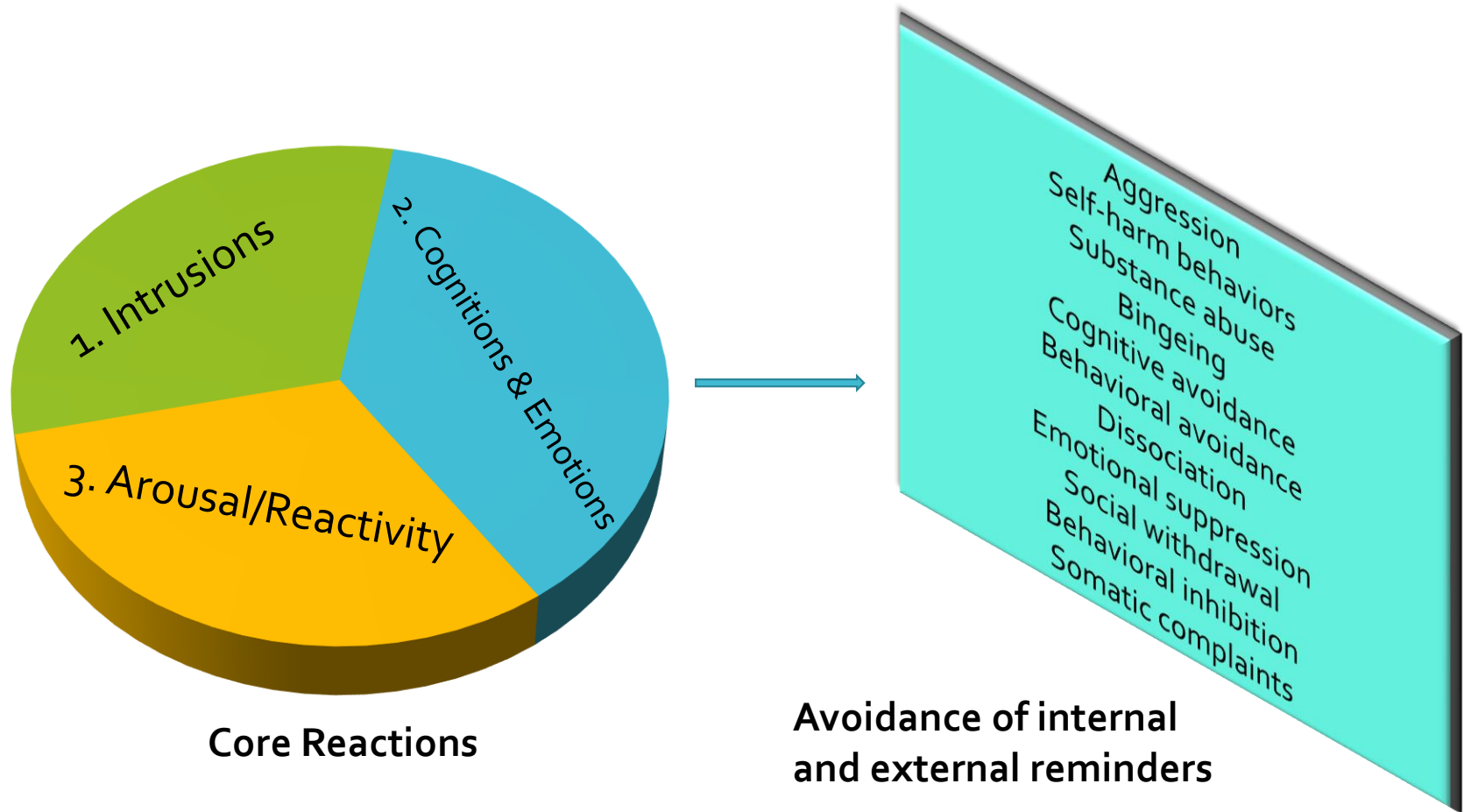
Normal Recovery

In normal recovery, intrusions and emotions decrease over time and no longer trigger each other



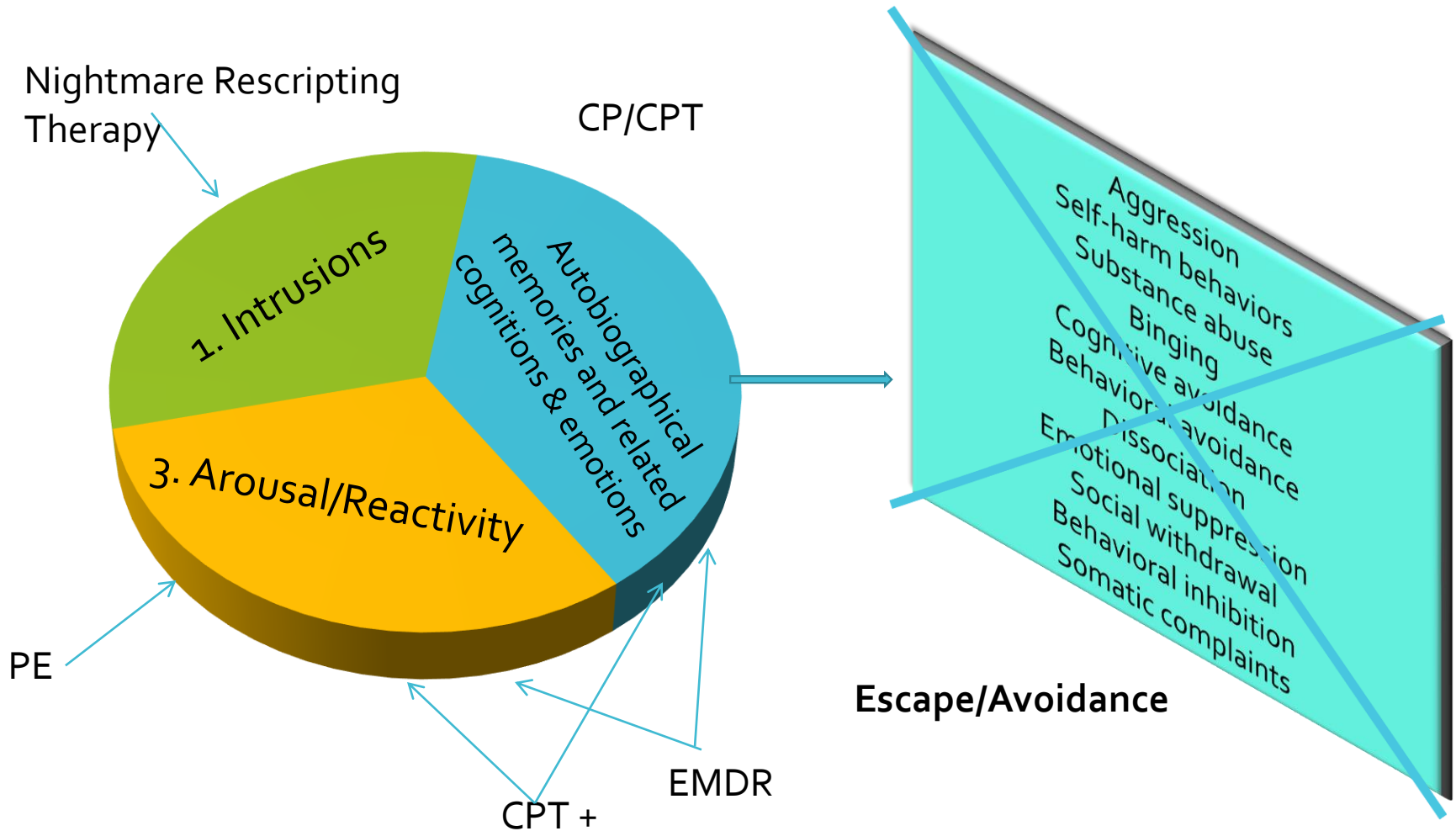
When intrusions occur, natural emotions and arousal run their course and thoughts have a chance to be examined and corrected. It is an “active approach” process of dealing with the event.

Does Not Recover Naturally



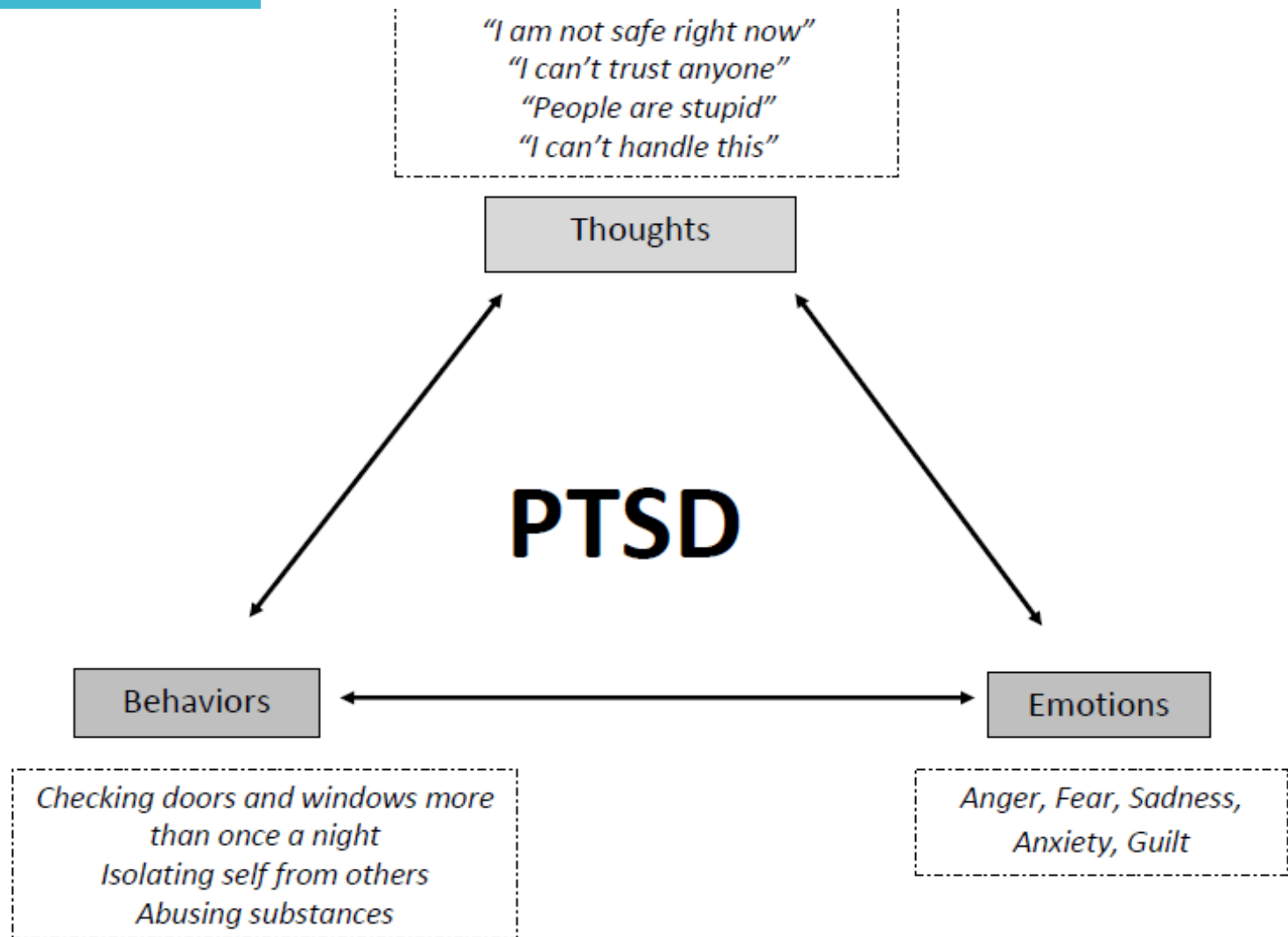
However, in those who don't recover, strong negative affect leads to escape & avoidance. **Successful Avoidance = Chronic PTSD.**

Treatment of PTSD



Treatment of PTSD = prevent avoidance
Go after the avoidance and intervene at one or more of core symptom clusters

PTSD Triangle: It's All Connected



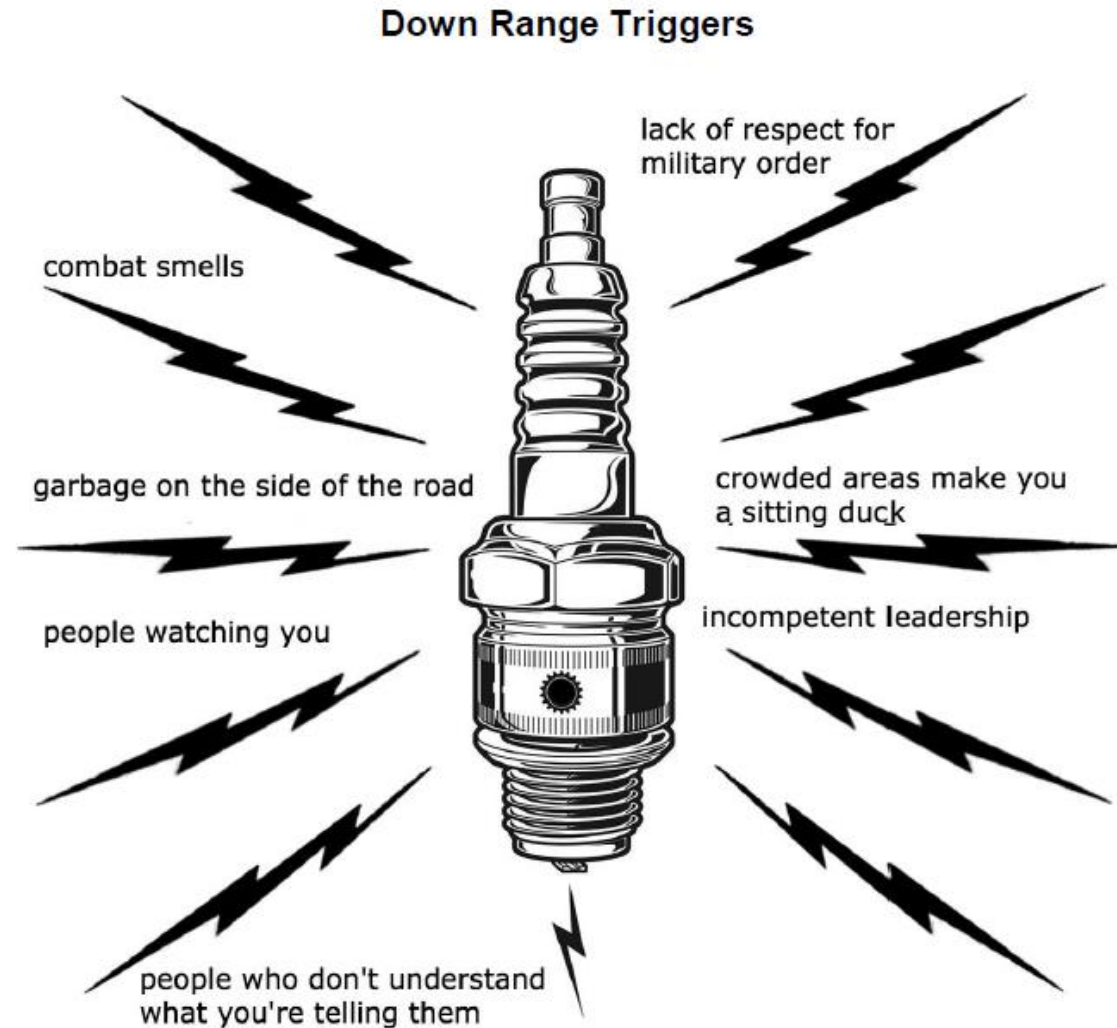
Recovery: Triggers

A trigger is an event, object, or cue that elicits feelings of anxiety, fear, anger, or other types of distress. Triggers are often harmless, but have become associated with the original trauma. For most people with PTSD, triggers are not inherently dangerous, but remind them of their traumatic experiences. The amygdala (old brain) recognizes the similarity and - not realizing that the danger is over – produces a surge of anxiety which activates the fight or flight response. Certain sights, sounds, smells, physical sensations, places, activities, and situations can be triggers for people with PTSD and can produce a surge of anxiety and a strong urge to escape or avoid.

Triggers

Lynch, J., Mack, L., et al., (2015). PTSD Recovery Program, Third Edition. Hunter Holmes McGuire VAMC; Richmond Virginia

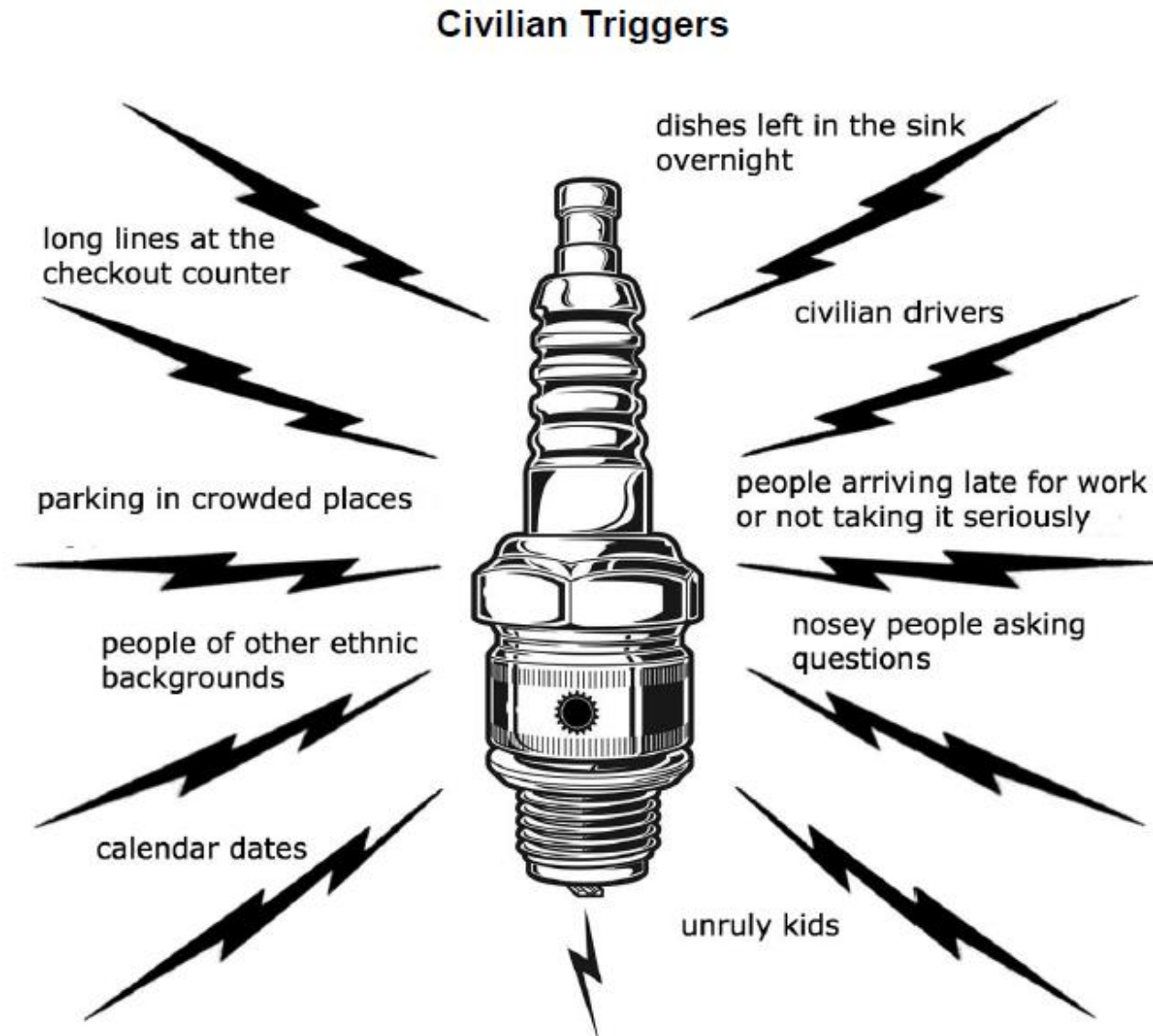
Down Range Triggers



Examples of Down Range Triggers

- Crowded Road
- Bottle of warm water
- Burning of human flesh
- Rotting bodies
- Smell of Gun Powder
- Broken Glass

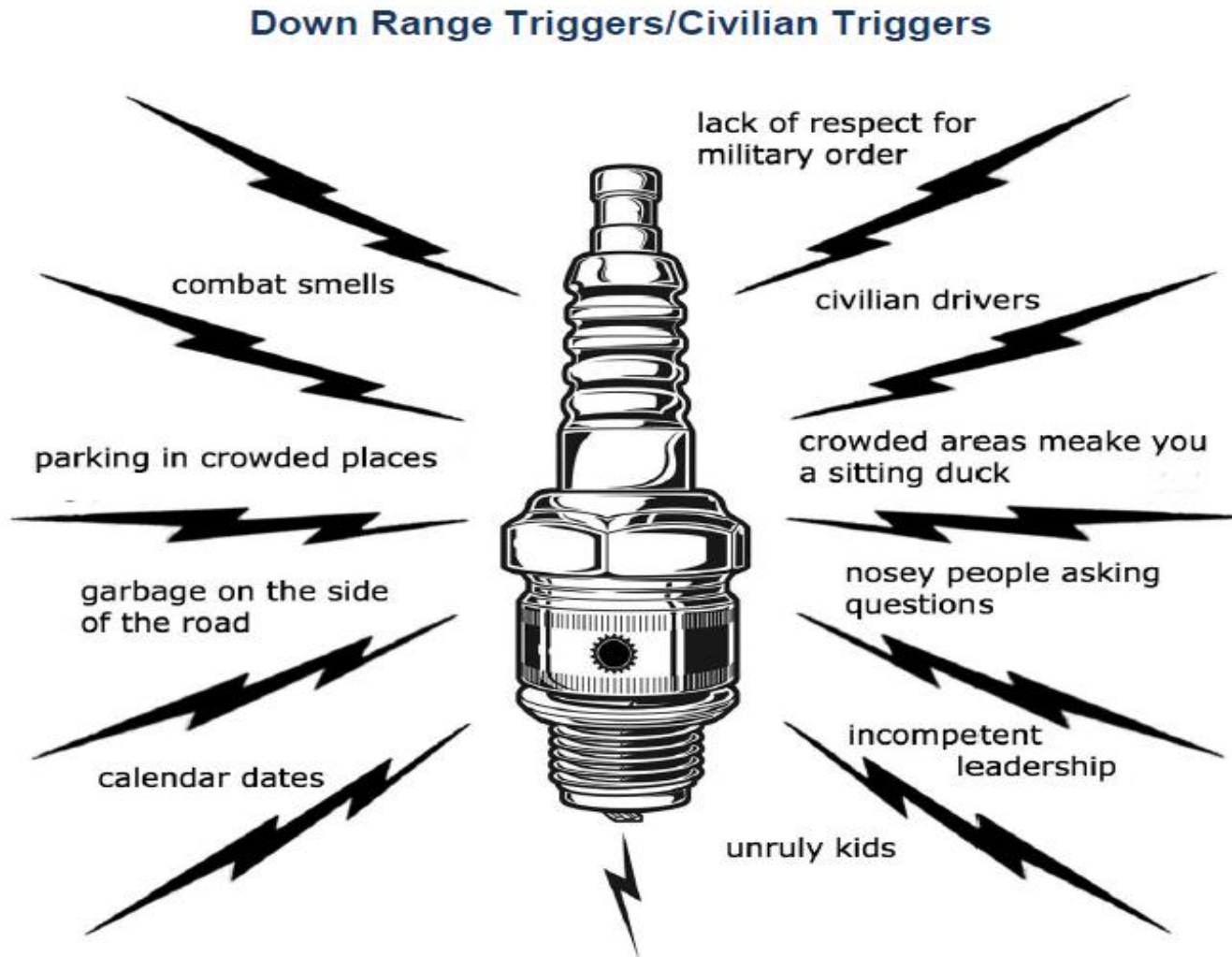
Civilian Triggers



Examples of Civilian Triggers

- Darkness in Movies
- Sense of people not caring
- Disorder/Chaos
- Stuff Out of Place
- Do it Now

Down Range Triggers/Civilian Triggers



Hyperarousal

- **Red Light:** Something begins to happen that makes you feel like some action needs to happen now. A direct threat, and any objective observer would agree. Your adrenaline is flowing now, your metabolism is responding and you need to do something immediately to stay safe. Those teenagers are now looking at you, still laughing, and heading your way. That man next to your car gets closer as you do, and now he's looking at you, smiling menacingly. Someone gets in your face and threatens you. Full-blown fight-or-flight mode, and consequences take a back seat or get off the bus altogether
- **Orange Light:** Something specific catches your attention. Any objective observer would agree that it needs to be watched. No direct threat at this point, although you might feel a tinge of adrenaline, a very slight increase in heart rate or breathing, skin tingling a little, increased focus. A group of teenagers laughing, someone standing just a little too close to your car looking like they're just waiting for something, that sort of thing. No real action needs to
- **Yellow Light:** Keys in your hand, Grocery bags in a cart or in your hand where you can drop them quickly if you need to. Looking around the parking lot before getting out there to see if anything looks concerning. No alarm bells are going off, just a quiet awareness of your surroundings. be taken, but you need to pay attention. .
- **Green Light:** Totally oblivious to your surroundings. Walking out of the grocery store with your keys in your pocket, on the cell phone, fumbling with groceries that are looped on our elbow, no clue what's in the parking lot.



Hyperarousal

Green Zone alertness is just reckless if you're out in public anywhere. Never advisable. Yellow Zone alertness is that "Goldilocks" zone of alertness, where you are alert enough to be safe, but the adrenaline isn't running needlessly. This is where we should 'live' when we're out in public, and only 'visit' the Orange and Red Zones when prompted by something specific and objectively identifiable.

Another way to think about hyperarousal...

Staying on high alert and on guard is like a car revving at high RPMs all the time. This leads to damage to the engine and the engine can blow. When you stay wound up like the engine, you too can be more likely to "blow." Some of the early signs are sleep problems, high blood pressure, headaches, irritability, being easily startled, and always feeling on edge and irritable.



Trigger Management

Mindfulness

Relaxation

Exercise

Self-soothing

Aromatherapy

Art Therapy

Pets

Grounding

Expressive Writing

Social Support

Deep Breathing

Prayer

Nature

Music

What else?

Mindfulness



Mindfulness = the practice of paying attention in the present moment without judgment.



Mindfulness is . . .

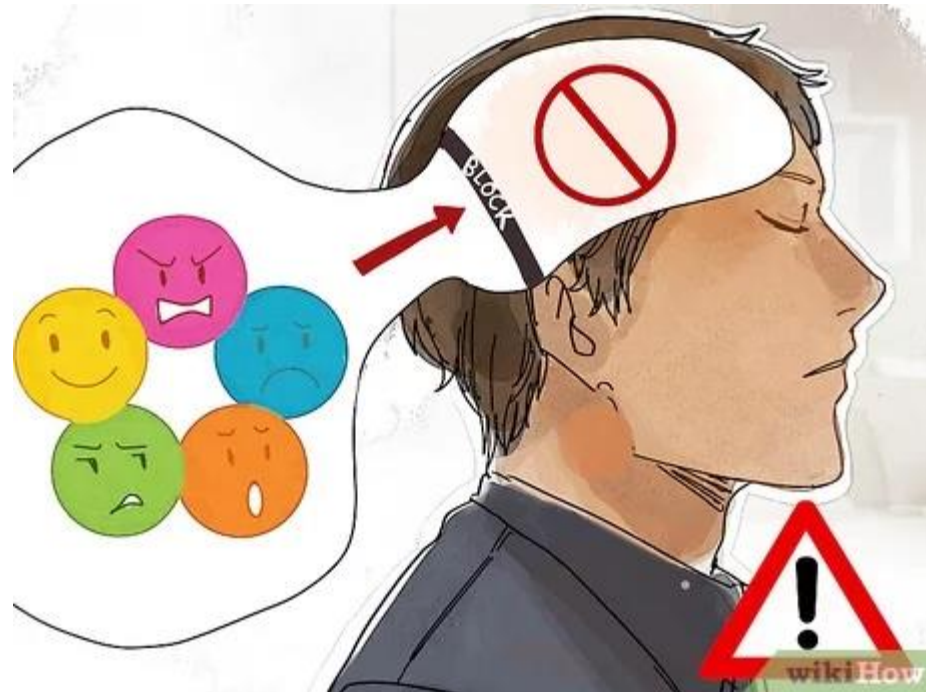
Intentional

Non-judgmental

Recovery: Emotional Numbing

Emotional Numbing

- What is emotional numbing?
- How does military experience affect this?
- What types of emotions are affected?



What is Emotional Numbing

- **Emotional numbing** symptoms generally refer to those symptoms that reflect difficulties in experiencing positive emotions. A loss of interest in important, once positive, activities. Feeling distant from others.

How PTSD Affects Relationships



Two Types of Emotions

Natural emotions derive directly from the event and are hard-wired

- fear
- anger
- sadness
- happiness
- disgust



If natural, you need to feel it and let it run its course.

Natural emotions dissipate quickly

Manufactured emotions are produced by thoughts and beliefs

- Self-blame thoughts → guilt/shame
- Other-blame thoughts → anger or rage



If manufactured, you need to change your thinking.

Emotions



Happy



Sad



Silly



Proud



Annoyed



Surprised



Excited



Angry



Worried



Scared



Love



Sick



Calm



Bored



Sleepy



Hungry



Embarrassed



Ashamed

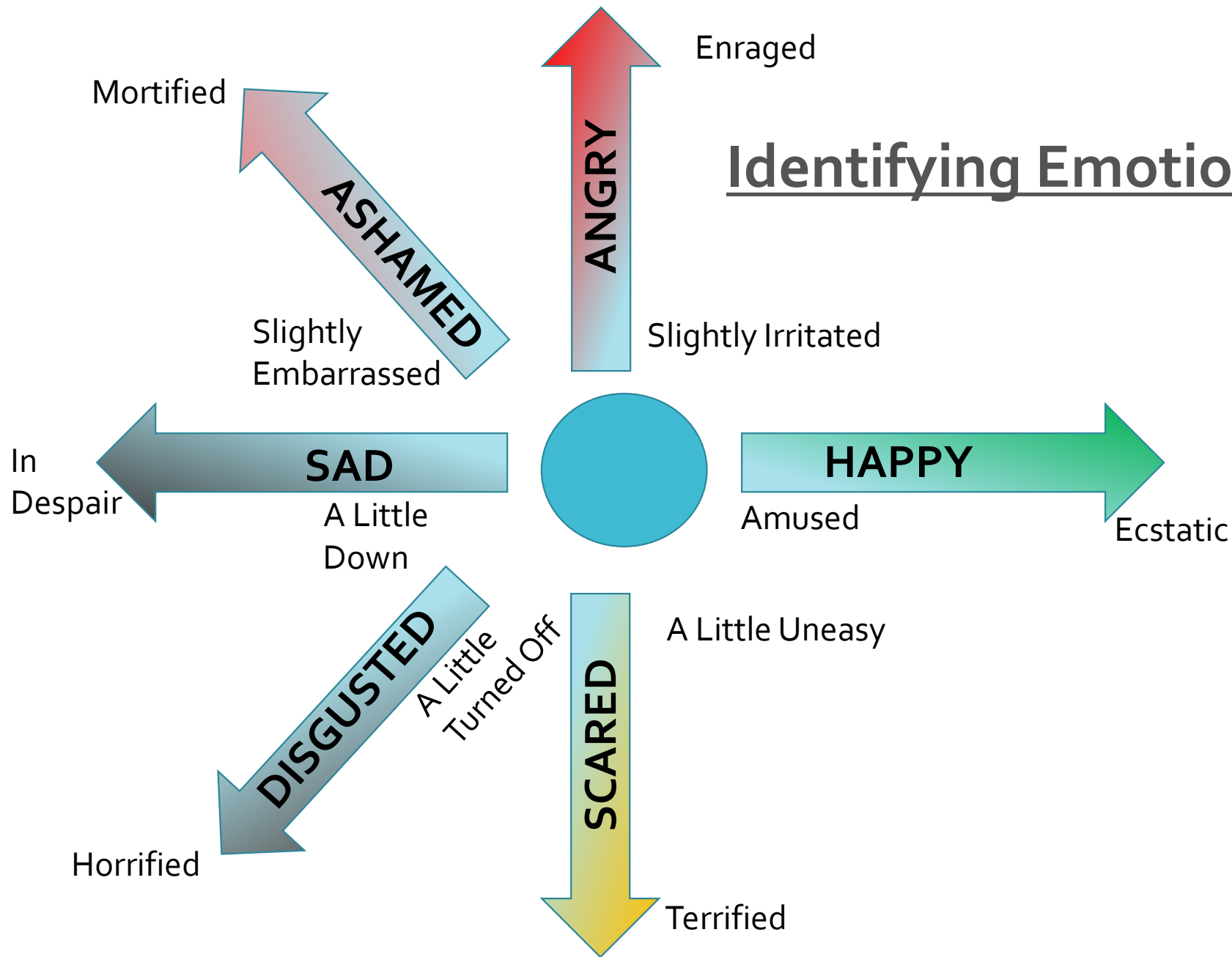


Jealous



Worn-out

Identifying Emotions



FEELINGS WORD GUIDE

SAD	HAPPY	HURT	HELPED	INSECURE	CONFIDENT	TIRED	ENERGIZED
<i>Depressed</i>	<i>Hopeful</i>	<i>Abused</i>	<i>Cherished</i>	<i>Weak</i>	<i>Strong</i>	<i>Indifferent</i>	<i>Determined</i>
<i>Lonely</i>	<i>Supported</i>	<i>Forgotten</i>	<i>Befriended</i>	<i>Hopeless</i>	<i>Brave</i>	<i>Bored</i>	<i>Inspired</i>
<i>Disgusted</i>	<i>Charmed</i>	<i>Ignored</i>	<i>Appreciated</i>	<i>Doubtful</i>	<i>Certain</i>	<i>Drained</i>	<i>Creative</i>
<i>Angry</i>	<i>Grateful</i>	<i>Judged</i>	<i>Understood</i>	<i>Scared</i>	<i>Assured</i>	<i>Sick</i>	<i>Healthy</i>
<i>Frustrated</i>	<i>Calm</i>	<i>Offended</i>	<i>Commended</i>	<i>Anxious</i>	<i>Prepared</i>	<i>Exhausted</i>	<i>Renewed</i>
<i>Annoyed</i>	<i>Amused</i>	<i>Victimized</i>	<i>Empowered</i>	<i>Defeated</i>	<i>Successful</i>	<i>Dull</i>	<i>Vibrant</i>
<i>Discouraged</i>	<i>Optimistic</i>	<i>Rejected</i>	<i>Accepted</i>	<i>Worthless</i>	<i>Valuable</i>	<i>Weary</i>	<i>Alert</i>
<i>Upset</i>	<i>Content</i>	<i>Cursed</i>	<i>Blessed</i>	<i>Guilty</i>	<i>Forgiven</i>	<i>Paralyzed</i>	<i>Enlivened</i>
<i>Despairing</i>	<i>Joyful</i>	<i>Destroyed</i>	<i>Healed</i>	<i>Ugly</i>	<i>Beautiful</i>	<i>Powerless</i>	<i>Strengthened</i>
<i>Uninterested</i>	<i>Enthusiastic</i>	<i>Hated</i>	<i>Loved</i>	<i>Pressured</i>	<i>At ease</i>	<i>Dejected</i>	<i>Motivated</i>
<i>Disappointed</i>	<i>Thrilled</i>	<i>Despised</i>	<i>Esteemed</i>	<i>Forced</i>	<i>Encouraged</i>	<i>Listless</i>	<i>Focused</i>
<i>Hateful</i>	<i>Loving</i>	<i>Mistreated</i>	<i>Taken care of</i>	<i>Stressed</i>	<i>Peaceful</i>	<i>Burned out</i>	<i>Rejuvenated</i>
<i>Bitter</i>	<i>Kind</i>	<i>Crushed</i>	<i>Reassured</i>	<i>Nervous</i>	<i>Relaxed</i>	<i>Fatigued</i>	<i>Invigorated</i>
<i>Sorrowful</i>	<i>Celebratory</i>	<i>Injured</i>	<i>Made whole</i>	<i>Worried</i>	<i>Secure</i>	<i>Blah</i>	<i>Animated</i>
<i>Mournful</i>	<i>Overjoyed</i>	<i>Tortured</i>	<i>Saved</i>	<i>Embarrassed</i>	<i>Comforted</i>	<i>Stale</i>	<i>Refreshed</i>

Common Reactions to Trauma

- Fear
- Frustrated
- Angry
- Disgusted
- Apathetic
- Guilty
- Tired
- Confused
- Sad
- Stressed

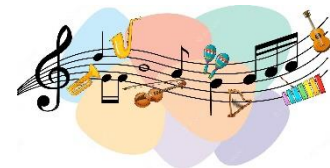


Unhealthy Emotion Regulation Strategies

- Abusing substances
- Self-injury
- Overeating
- Avoidance
- Physical/verbal aggression
- Gambling
- Excessive use of electronics
- What else?

Healthy Emotion Regulation Strategies

- Speak w/ a friend or loved one
- Exercise
- Journal
- Meditation
- Getting adequate sleep
- Challenging negative thoughts
- Taking a break
- Deep breathing
- Listening to music
- What else?



Emotion Regulation



- STOPP
 - S = STOP! Pause for a moment.
 - T = Take a breath. Notice your breathing in and out.
 - O = Observe. What thoughts are going through your mind right now? Where is the focus of your attention? What are you reacting to? What sensations do you notice in your body?
 - P = Pull back/Put in some perspective. What is another way of looking at this situation? Is this a thought or an opinion? What would a trusted friend say to me right now?
 - P = Practice what works and proceed. What is the best thing to do right now? What can I do that fits with my values? Do what will be effective and appropriate.

Trauma and the Brain

PTSD IS NOT A MENTAL ILLNESS - IT IS A PSYCHOLOGICAL INJURY

HOW DOES YOUR BRAIN CHANGE WITH PTSD?



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Emotion
Regulation:
Name and
Understand
Your Feelings

Which of these feelings are most common for you?

What are your top three feelings?

Which feelings cause you the most distress?

Why do you think these feelings dominate the way you feel?

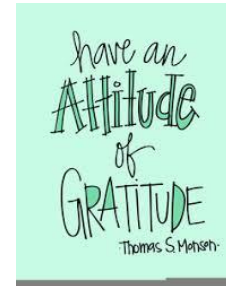
How do these feelings affect your emotional and physical health?

Recognizing & Naming Your Emotions

- “Name It to Tame It.”
 - Say to yourself out loud what emotion you are experiencing
 - Provides distance from the emotion
 - Brain scan research shows that labelling emotions decreases activity in the brain’s emotional centers

Increasing Positive Emotions

- Cultivate gratitude
- Savor the good stuff
- Acting “as if”
- Smile (even when you don’t feel like it)
- Guided imagery
- Recall positive memories (e.g., pull out the photo albums)



Activity



- Please grab a journal, notepad, or sheet of paper for this activity.
- First, write down a word that describes how you're thinking or feeling right now (or a word that describes one of your qualities).
- Then, divide your paper into 3 columns. At the top, please write out the following (one in each column):

I WAS

I AM

I WANT TO BE

- Next, as I read out each of the words on the following slides, write them in one of the columns on your paper (write them in the column that fits best for you right now). Write down any and all of them that you are now, that may have described you in the past, or that you want to be more like in the future.
- If you can think of any other positive qualities or words to describe yourself that aren't on these lists, feel free to add them.
- Lastly, once again write down the first word that comes to mind when asked to describe yourself.

Positive Traits

- Kind
- Intelligent
- Hardworking
- Loyal
- Attractive
- Down-to-Earth
- Goofy
- Creative
- Accepting Strong
- Friendly
- Flexible
- Nurturing
- Thoughtful Confident
- Optimistic
- Respectful
- Determined
- Skilled
- Helpful
- Motivated
- Insightful

Positive Traits (cont.)

- Funny
- Patient
- Realistic
- Honest
- Generous
- Modest
- Serious
- Independent
- Trusting
- Sensitive
- Organized
- Resilient
- Cheerful
- Self-Directed
- Reliable
- Relaxed
- Listener
- Brave
- Decisive
- Enthusiastic
- Forgiving
- Humble

Positive Traits (cont.)

- Selfless
- Practical
- Mature
- Focused
- Courteous
- Grateful
- Open-Minded
- Positive
- Responsible
- Cooperative
- Frugal
- Tolerant
- Innovative
- Balanced

Things I am good at:

Compliments I have received:

What I like about my appearance:

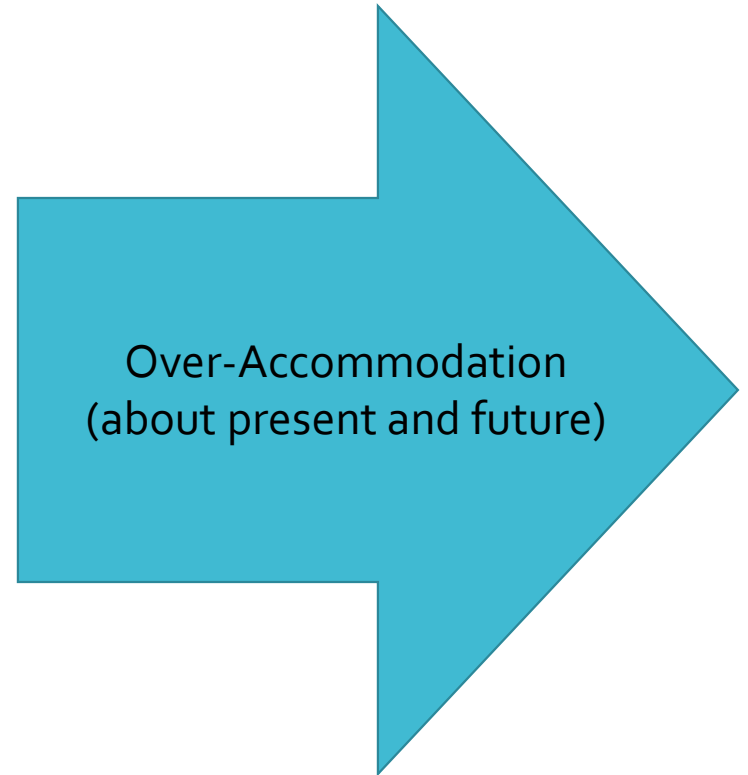
My Strengths & Qualities

My Strengths & Qualities

Challenges I have overcome:

Recovery: Stuck Points

Identifying Stuck Points



Stuck Points



Stuck Points

What is a stuck point?

- Stuck points are thoughts that you have that keep you stuck from recovering.
- These thoughts may not be 100% accurate.
- Stuck points may be:
 - Thoughts about your understanding of why the trauma happened
 - Thoughts about yourself, others, and the world that have changed dramatically as a result of the trauma.
- Stuck points are concise statements (must be longer than one word – “trust” is not a stuck point).
- Stuck points can often be formatted in an “if..., then...” structure. For example, “If I let others get close, then I will get hurt.”
- Stuck points often use extreme language, such as “never”, “always.”

Stuck points are usually:

Black and White

If/Then Statements

All or Nothing

Thoughts not
Feelings or
Behaviors

Not always linked to
trauma

Thought behind the
moral statement or
golden rule

Stuck Points (Cont.)

What are NOT stuck points?

Behaviors: For example, “I fight with my daughter all the time” is not a stuck point, because it is describing a behavior. Instead consider what thoughts you have when you are fighting with your daughter.

Feelings: For example, “I am nervous whenever I go on a date” is not a stuck point, because it is describing an emotion. Instead consider what you are telling yourself that is making you feel nervous.

Facts: For example, “I witnessed people die” is not a stuck point, because this is something that actually happened. Instead consider what thoughts you had as this happened and what you think about it now.

Questions: For example, “What will happen to me?” is not a stuck point, because it is a question. Instead consider what answer to your question is at the back of your mind, such as “I will not have a future.”

Moral statements: For example, “The military should take care of soldiers” is not a stuck point, because it reflects an ideal standard of behavior. Instead consider how this statement pertains to you specifically, such as “The military failed me” or “I can’t trust the government.”

Stuck Points (Cont'd)

Examples of Stuck Points

- ❖ If I had done my job better, then other people would have survived.
- ❖ Other people were killed because I messed up.
- ❖ Because I did not tell anyone, I am to blame for the abuse.
- ❖ Because I did not fight against my attacker, the abuse is my fault.
- ❖ I should have known he would hurt me.
- ❖ It is my fault the accident happened.
- ❖ If I had been paying attention, no one would have died.
- ❖ If I hadn't been drinking, it would not have happened.
- ❖ I don't deserve to live when other people lost their lives.
- ❖ If I let other people get close to me, I'll get hurt again.
- ❖ Expressing any emotion means I will lose control of myself.
- ❖ I must be on guard at all times.
- ❖ I should be able to protect others.
- ❖ I must control everything that happens to me.
- ❖ Mistakes are intolerable and cause serious harm or death.
- ❖ No civilians can understand me.
- ❖ If I let myself think about what has happened, I will never get it out of my mind.

Stuck Points (Cont'd)

Examples of Stuck Points

- ❖ I must respond to all threats with force.
- ❖ I can never really be a good, moral person again because of the things that I have done. I am unlovable.
- ❖ Other people should not be trusted.
- ❖ Other people should not trust me.
- ❖ If I have a happy life, I will be dishonoring my friends.
- ❖ I have no control over my future.
- ❖ The government cannot be trusted.
- ❖ People in authority always abuse their power.
- ❖ I am damaged forever because of the rape.
- ❖ I am bad because I killed others.
- ❖ I am unlovable because of [the trauma].
- ❖ I am worthless because I couldn't control what happened.
- ❖ I deserve to have bad things happen to me.

What are some of your Stuck Points?

- I have to be in control of my environment at all times to prevent something from happening
- If I let myself think about what happened, I will never get it out of my mind
- I must be on guard at all times
- If there was quicker assistance, the person would have lived
- I am unlovable because of the trauma
- If I see a Muslim, I think that they are a terrorist and I have to leave to be safe
- I should be able to protect others
- I should be able to protect myself
- The government can not be trusted
- I am bad because I killed others

Challenging The Way We Think

- **Fact**
 - Evidenced Based
 - Undisputed
 - Driven By Rational Thought
 - Head
- **Habit**
 - Based on belief or personal view
 - Arguable
 - Driven by emotion
 - Heart

Activating
Event

- "Something happens"



Beliefs/Stuck
Point

- "I tell myself something."



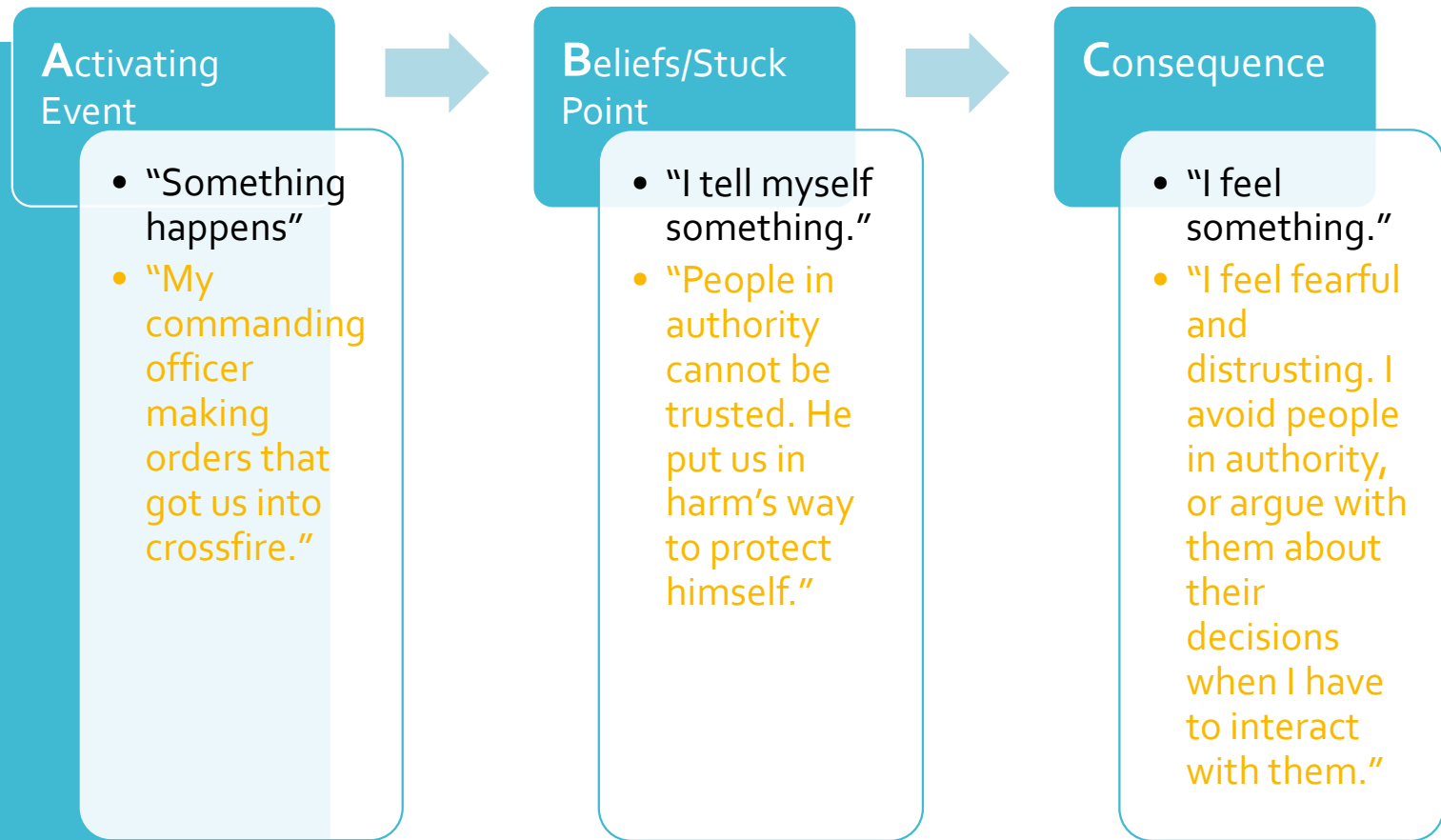
Consequence

- "I feel something."

Challenging Stuck Points

Are my thoughts above in "B" *realistic* and/or *helpful*?

What can you tell yourself on such occasions in the future?



Are my thoughts above in "B" *realistic* and/or *helpful*? "No, not all authority figures are necessarily like my commanding officer."

What can you tell yourself on such occasions in the future?

"People in authority are individuals, and they do not all share the same strengths and weaknesses."

Two Types of Emotions

Natural emotions derive directly from the event and are hard-wired

- fight-flight response → fear-anger
- Losses → sadness
- Disgust → withdrawal



If natural, you need to feel it and let it run its course.

Natural emotions dissipate quickly

Manufactured emotions are produced by thoughts and beliefs

- Self-blame thoughts → guilt
- Other-blame thoughts → anger or rage



If manufactured, you need to change your thinking.

Cognitive Distortions

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Cognitive distortions are irrational thoughts that can influence your emotions. Everyone experiences cognitive distortions to some degree, but in their more extreme forms they can be harmful.

Magnification and Minimization: Exaggerating or minimizing the importance of events. One might believe their own achievements are unimportant, or that their mistakes are excessively important.

Catastrophizing: Seeing only the worst possible outcomes of a situation.

Overgeneralization: Making broad interpretations from a single or few events. "I felt awkward during my job interview. I am *always* so awkward."

Magical Thinking: The belief that acts will influence unrelated situations. "I am a good person—bad things shouldn't happen to me."

Personalization: The belief that one is responsible for events outside of their own control. "My mom is always upset. She would be fine if I did more to help her."

Jumping to Conclusions: Interpreting the meaning of a situation with little or no evidence.

Cognitive Distortions (Cont'd)

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Mind Reading: Interpreting the thoughts and beliefs of others without adequate evidence. "She would not go on a date with me. She probably thinks I'm ugly."

Fortune Telling: The expectation that a situation will turn out badly without adequate evidence.

Emotional Reasoning: The assumption that emotions reflect the way things really are. "I feel like a bad friend, therefore I must be a bad friend."

Disqualifying the Positive: Recognizing only the negative aspects of a situation while ignoring the positive. One might receive many compliments on an evaluation, but focus on the single piece of negative feedback.

"Should" Statements: The belief that things should be a certain way. "I should always be friendly."

All-or-Nothing Thinking: Thinking in absolutes such as "always", "never", or "every". "I *never* do a good enough job on anything."

The Cognitive Model

Situation: Jason and Kurt both receive a negative evaluation at work.

Jason

Negative Thought: "I can't do anything right. I bet I get fired because of this!"

Emotion: Depressed and nervous.

Behavior: Jason avoids his boss because he believes he's in trouble. He feels nervous the next time he's confronted with challenging work, and performs poorly.

Kurt

Rational Thought: "I guess I didn't work hard enough—I'll have to come up with a better plan for next time."

Emotion: Disappointed but motivated.

Behavior: Kurt seeks out his boss to talk about how he can improve. He approaches his next task as a challenge and gradually improves.

Fortune telling, jumping to conclusions, overgeneralization

Situation: Gwen and Shirley both have an argument with a close friend.

Gwen

Negative Thought: “We *always* argue! Why can’t she ever see my side? This is so unfair.”

Emotion: Angry and blaming.

Behavior: Gwen stays angry at her friend and does not reach out to repair the relationship. Over time, Gwen’s friendship becomes more and more toxic.

Shirley

Rational Thought: “That was rough—I should apologize. We can both be stubborn sometimes.”

Emotion: Forgiving and regretful.

Behavior: Shirley accepts a portion of the responsibility and apologizes to her friend. They communicate and continue to strengthen their relationship.

Personalization

The Cognitive Model

Practice Exercises

Situation: Emily is cut off by another driver and has to quickly hit her brakes.

Negative Thought: “What a jerk! They don’t care about *anyone* but themselves. I could’ve crashed!”

Emotion: Angry

Behavior: Emily drives aggressively to provoke the driver who cut her off. Emily is still angry when she gets home, and yells at her family.

Rational Thought:

New Emotion and Behavior:

Situation: Travis notices his wife hasn't helped around the house for a week.

Negative Thought: "Does she even care? She knows I'll clean up, so she abuses my kindness!"

Emotion: Angry and sad.

Behavior: Travis lets the dishes pile up and doesn't say anything to his wife. He doesn't ask why she hasn't helped, and becomes angrier when he assumes she's just selfish.

Rational Thought:

New Emotion and Behavior:

Situation: Regina is invited to a birthday party by an acquaintance.

Negative Thought: "I won't know anyone at this party and I'll just seem out of place. She probably invited me because she felt obligated."

Emotion: Sad and anxious.

Behavior: Regina lies and tells her friend she already has plans for the night of her party. Regina and her friend fail to develop their friendship.

Rational Thought:

New Emotion and Behavior:

Situation: Thom notices a girl on the bus who keeps looking his direction.

Negative Thought: “Do I have something on my face? Is my fly down? Maybe I smell bad or something. I need to get home and take a shower.”

Emotion: Self-conscious and anxious.

Behavior: Thom avoids the girl and rushes off the bus without looking up from his shoes.

Rational Thought:

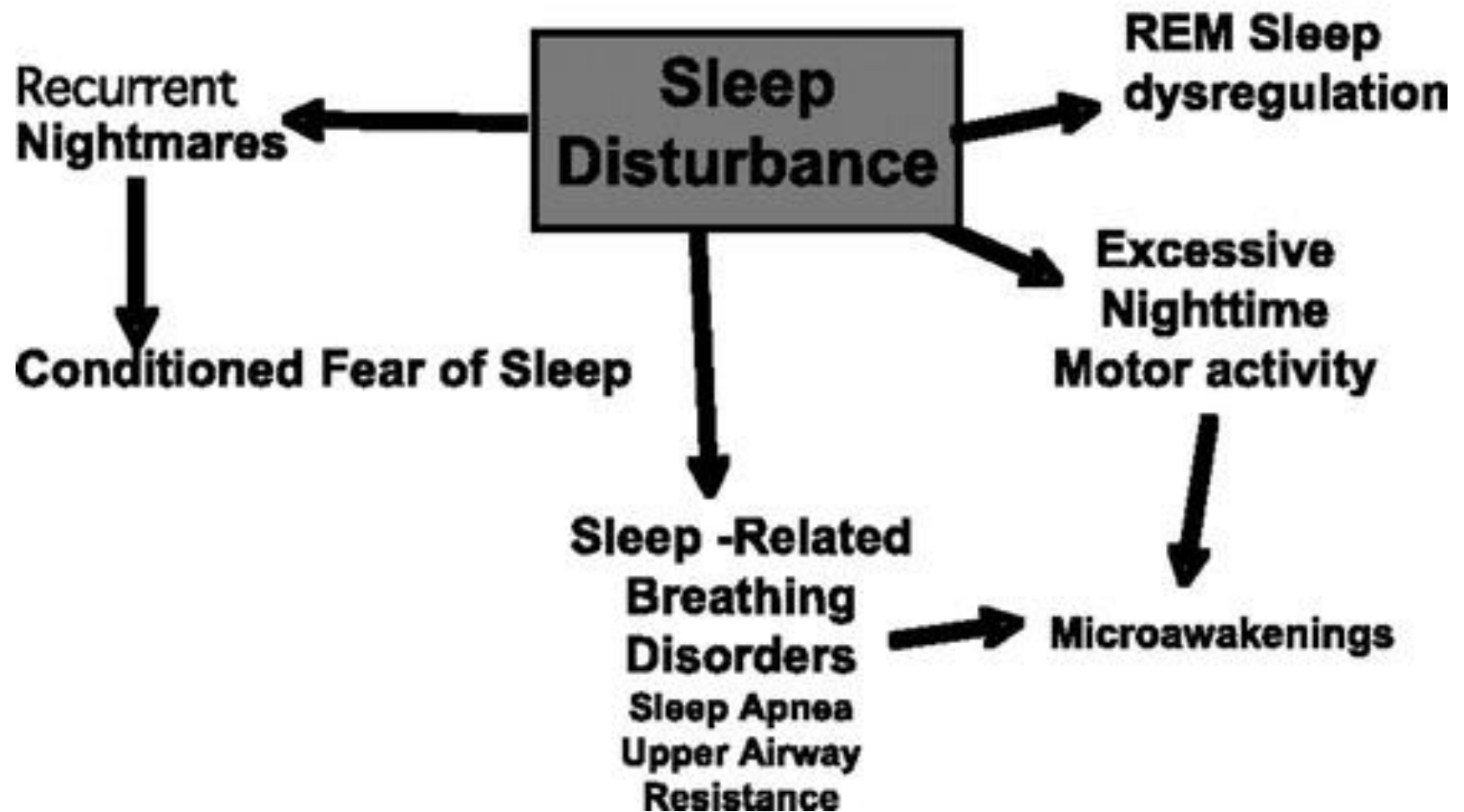
New Emotion and Behavior:

PTSD and Sleep

How does PTSD Impact Sleep?

- 70-91% of patients with PTSD have difficulty falling asleep and staying asleep (Maher, Rego, and Asnis, 2006).
- Difficulties include . . .
 - Problems falling asleep
 - Staying asleep
 - Frequent nighttime awakenings
 - Disrupted, non-restful sleep due to nightmares
 - Sleep walking
 - Night terrors
 - What else?

Post-Traumatic Stress Disorder



Importance of Sleep

the Power of Sleep

7 side effects of sleep deficiency

1

Long-term mood disorders

Chronic sleep debt can lead to disorders like depression and anxiety.

2

Sickness

Prolonged lack of sleep can disrupt your immune system, making it harder to fend off bugs. And once you're sick, lack of sleep can make it harder to recover.

5

Weight gain

Studies show people who sleep less than seven hours a day are 30 percent more likely to be obese.

4

Infertility

Sleep disruptions can reduce the secretion of reproductive hormones, resulting in trouble conceiving.

3

Diabetes

Studies suggest people who sleep less than five hours a night have an increased risk of having or developing diabetes.

6

Low libido

Men and women who don't get quality sleep have a decreased interest in sex.

7

Heart disease

Long-term sleep deprivation is associated with an increased heart rate, blood pressure issues and higher levels of chemicals that are linked to inflammation.

So, how many hours should you be getting?

Newborns	Pre-school children	School-age children	Teens	Adults
				
16-18 hours a day	11-12 hours a day	10 hours a day	9-10 hours a day	7-8 hours a day



At least **100,000 crashes**, **71,000 injuries** and **1,550 deaths** each year in the United States are related to **falling asleep while driving**.

Source: American Psychological Association, National Institutes of Health, Sleep Healthline

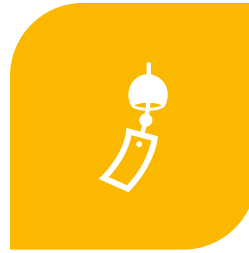
Importance of Sleep

- It is during sleep that . . .
 - the brain recharges
 - cells repair themselves
 - the body releases important hormones

Healthy Sleep Habits

- Maintain a consistent sleep and wake time.
- Don't get in bed until you are VERY tired.
- Use the bed ONLY for sleep and sex.
- If you are unable to sleep for 20 to 30 minutes, get out of bed.
- Limit screen time, caffeine use, and physical activity prior to bed.

Healthy Sleep Habits



CONSIDER THE
ENVIRONMENT (DARK,
COOL, QUIET).



IMPLEMENT A
NIGHTTIME ROUTINE.



BE MINDFUL OF YOUR
CAFFEINE
CONSUMPTION.



EAT THE RIGHT STUFF.

Healthy Sleep Habits

- Watch your thoughts.
- Practice relaxation strategies.
- Take care of your health (e.g., get assessed for sleep apnea)

How's your SLEEP?



4 out of 10 Veterans have signs of insomnia

9 out of 10 Veterans with PTSD have sleep problems



How does PTSD make sleep worse?

- Feeling "on guard" all the time
- **Worrying** or negative thinking
- **Memories replaying** in your head
- **Nightmares** disrupting sleep



Cognitive Behavioral Therapy for Insomnia is the #1 recommended treatment, not sleep medication.*



CBT for Insomnia is a short talk therapy proven to work in:

- Veterans
- PTSD
- Depression
- Pain
- TBI

CBT for Insomnia

Compare your Options

Medication

Sleep Medication

How it works
Changes brain chemistry

-  Works fast
-  Easy to use

 Side effects include falls, drowsiness, dependence, fogginess, and memory problems
Less effective over time

CBT for Insomnia

How it works
Modifies thoughts and habits that affect sleep

-  70-80% achieve better sleep
-  Skills last a lifetime

 Therapy takes effort
Extra appointments

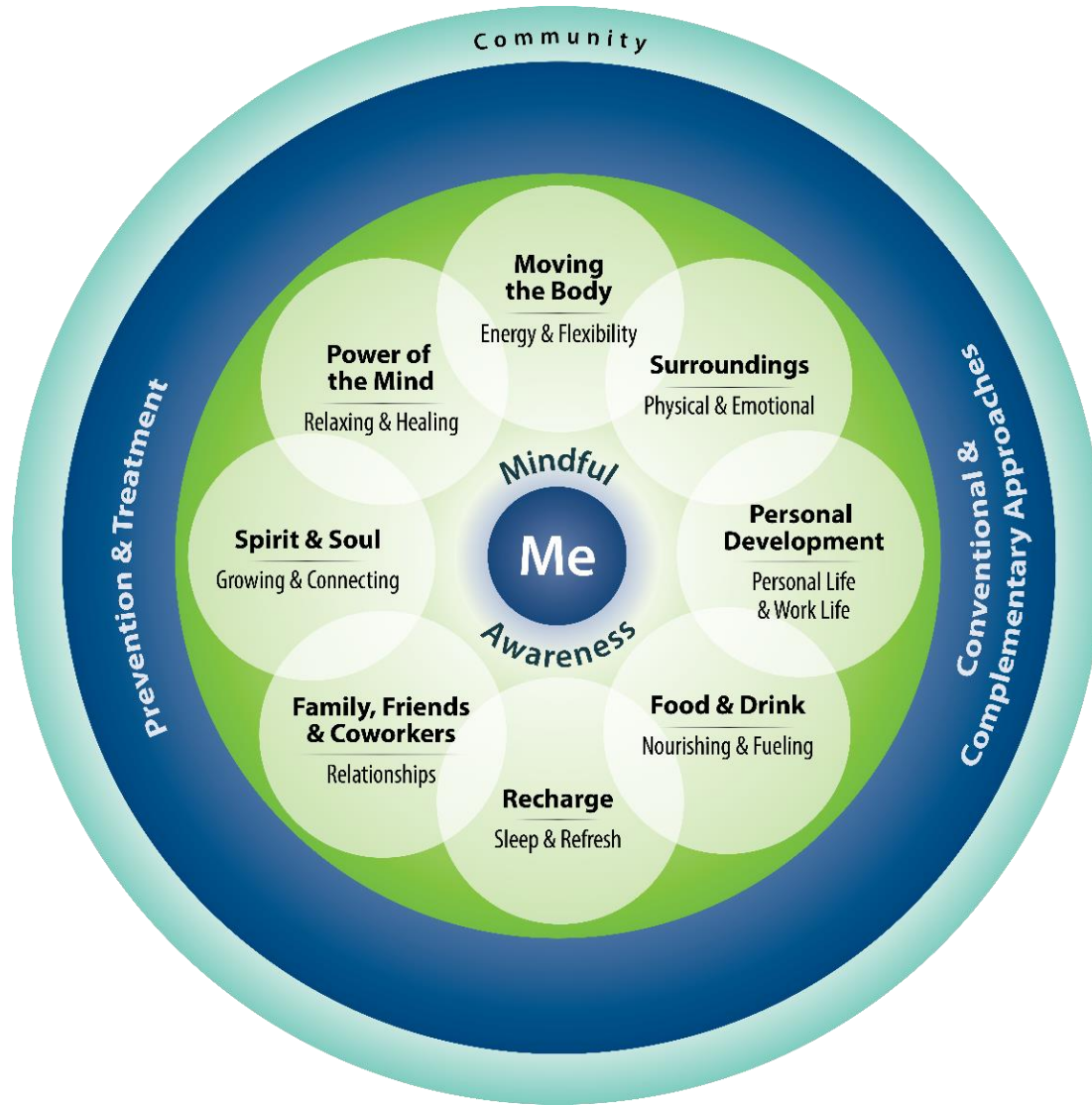
Ask your provider about a CBT for Insomnia referral today.



Nightmare Rescripting Therapy

Create alternative
endings for nightmares
using imagery.

PTSD and Whole Health



PTSD & Whole Health

- How has PTSD impacted your . . . ?
 - Physical movement
 - Surroundings
 - Personal development
 - Food and drink
 - Recharging
 - Family, friends, coworkers
 - Spirit and soul
 - Mind

PTSD & Whole Health

- PTSD impacts EVERY aspect of our functioning
- For this reason, the most complete healing/recovery is found when we attend to all aspects of our wellbeing



Studies suggest that moderate exercise is a helpful adjunctive treatment for PTSD



Tips:

Start small

Increase activity you are already doing

Make it fun

Find a buddy

Get outside

Exercise

Exercise

- <https://www.theguardian.com/society/2015/nov/11/ptsd-exercise-treatment-psychologists>

Yoga

- Yoga
 - Early research suggests that yoga is an effective adjunctive form of treatment for trauma survivors (van der Kolk et al., 2014)
 - Yoga increases activation of the basic self-system
 - In other words, it reconnects us to the wisdom of our own bodies

Relaxation

- Mindfulness
- Guided imagery
- Diaphragmatic breathing
- Progressive muscle relaxation

Alternative Treatment Options

- More research is needed on these techniques, but may be worth considering . . .
 - Acupuncture
 - Dietary supplements
 - Ashwagandha
 - Brahmi
 - Bitter orange
 - Chamomile
 - Echinacea
 - Galphimia
 - Lemon Balm
 - *ALWAYS talk with your physician before starting a new supplement.

Acupuncture



Social Connection

- Meaningful social connection is essential for trauma recovery AND a fulfilling life
- How can you increase your social connectedness?
 - Phone calls
 - Volunteering
 - Religious/spiritual involvement

What is your
MAP?



Mission



Aspiration



Purpose

Goals

- Which aspect of the Whole Health circle do you want to focus on?
- What is one step you can take to live more in alignment with your MAP?

- Treat unresolved grief
- Avoid substance use
- Relaxation practices

- Exercise has helped in several small studies
- 40-minute sessions a few times/week usually were the intervention

- Work with moral injury – PTSD as a “soul wound”
- Forgiveness therapy may help

- Look for triggers and work to manage
- Nature time may help

- Less isolation helps
- Connecting with other Veterans with similar concerns helps
- Involved loved ones as able

- CBT-I is helpful for people with sleep issues
- Address nightmares

- Facilitate their post-traumatic growth
- Volunteer

- Eat using an anti-inflammatory approach

