



# Understanding Posttraumatic Stress Disorder

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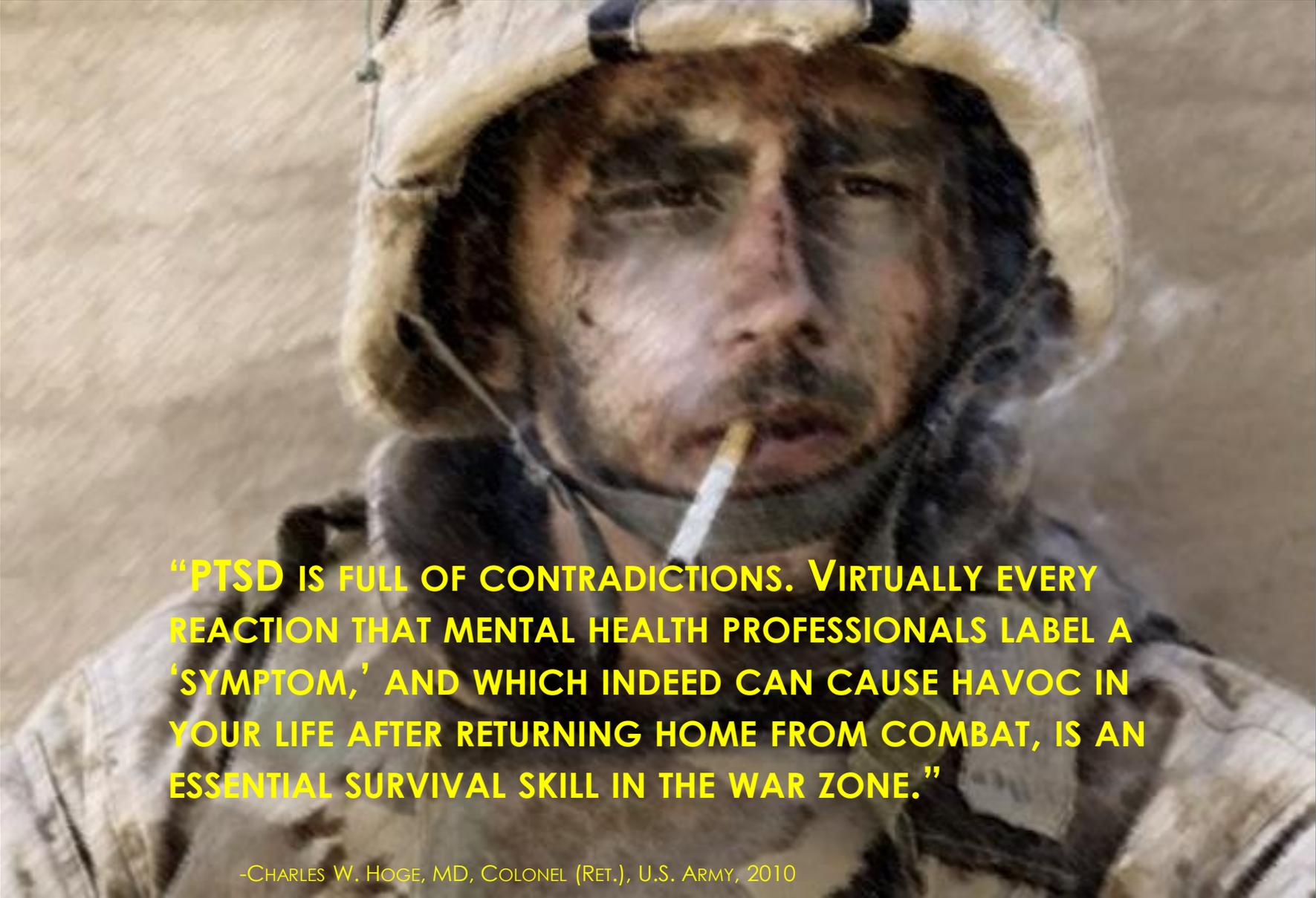
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# Our Veterans are resilient...

- Research indicates that **75-80%** of veterans who are exposed to combat and/or served in combat environments return from deployment and **transition into civilian life very productively**.
- Most Veterans **do not need special consideration**, are active and productive members of society, and are not diagnosed with mental health disorders



**“PTSD IS FULL OF CONTRADICTIONS. VIRTUALLY EVERY REACTION THAT MENTAL HEALTH PROFESSIONALS LABEL A ‘SYMPTOM,’ AND WHICH INDEED CAN CAUSE HAVOC IN YOUR LIFE AFTER RETURNING HOME FROM COMBAT, IS AN ESSENTIAL SURVIVAL SKILL IN THE WAR ZONE.”**

-CHARLES W. HOGE, MD, COLONEL (RET.), U.S. ARMY, 2010

# Trauma



- ▶ What is it?
  - ▶ Exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence (DSM-5, 2013).
- ▶ What are some examples?
  - ▶ Combat, physical or sexual assault, motor vehicle accident, natural disaster, sudden and traumatic loss of a loved one, etc.
- ▶ How common is it?
  - ▶ Rates of trauma exposure are roughly 60-70% in the general population in epidemiological studies (Norris, 1992, Resnick et al., 1993).

# What is PTSD?

- ▶ A medically recognized disorder that can follow the direct experiencing or witnessing of a life-threatening event such as military combat, sexual or physical assault, military sexual trauma, childhood abuse, natural disasters, or accidents.
- ▶ Marked by clear biological changes and psychological symptoms
- ▶ Often co-occurs with other mental health disorders

# Prevalence of PTSD

<b>General Population</b> (Kessler et al., 2005)	<b>Prevalence Rate</b>
Men	Current 2%, Lifetime 4%
Women	Current 5% , Lifetime 10%
<b>Veteran Populations</b>	<b>Prevalence Rate</b>
Vietnam (Dohrenwend, 2006)	Current 9%, Lifetime 19%
Gulf War (Sutker et al., 1993; Wolfe et al., 1999)	3-6%
OEF/OIF (Hoge et al., 2004)	12-13%

# Some important points...

- ▶ PTSD occurs in both women and men, adults and children, Western and non-Western groups, and all SES levels
- ▶ Lifetime PTSD in Vietnam vets:  
30% men, 27% women.
  - ▶ Additional 22% of men and 21% of women have partial PTSD
  - ▶ More than 1/2 of all Vietnam Vets have clinically significant symptoms

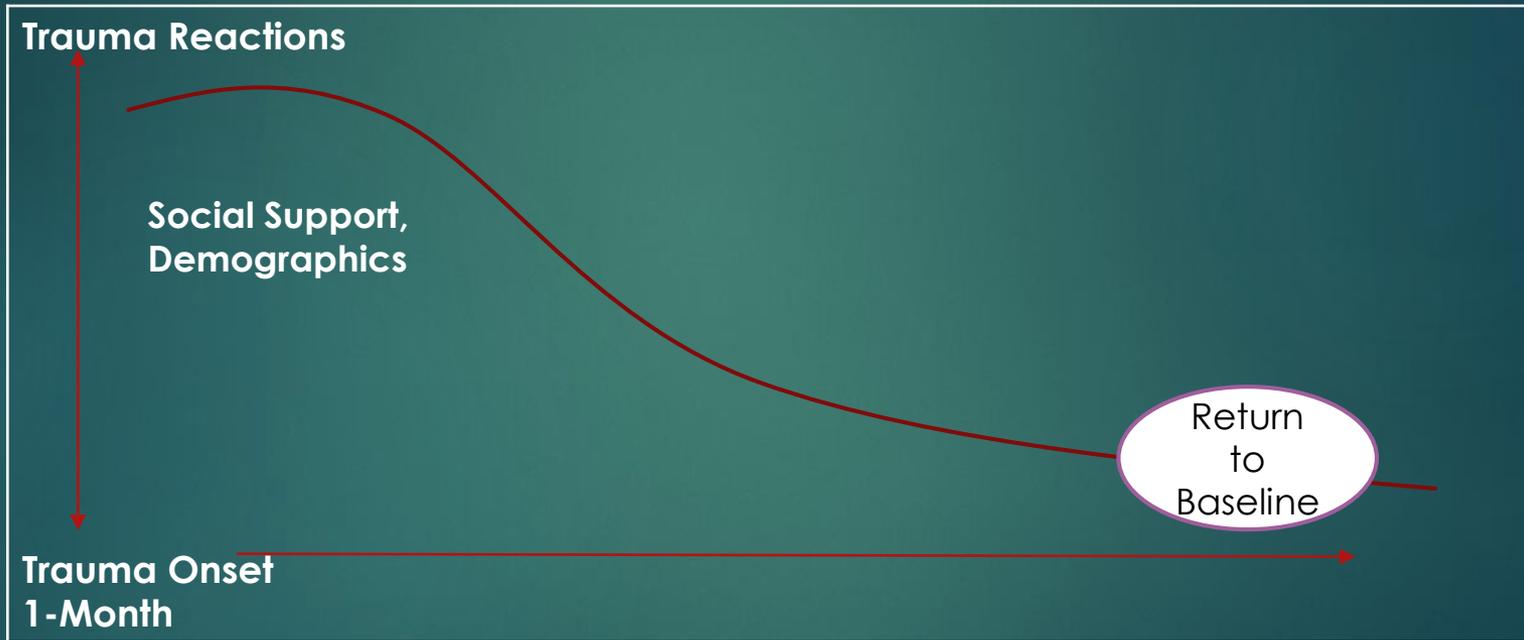
# Some important points...

- ▶ No one is immune
- ▶ Not a lack of resilience or due to being unprepared for a situation
- ▶ A normal response to an abnormal situation
- ▶ PTSD has been called many things:
  - ▶ Combat stress, Soldier's Heart, Battle Fatigue
- ▶ Military culture often makes it difficult for Veterans/service members to ask for help

# Stuck in the Recovery Process

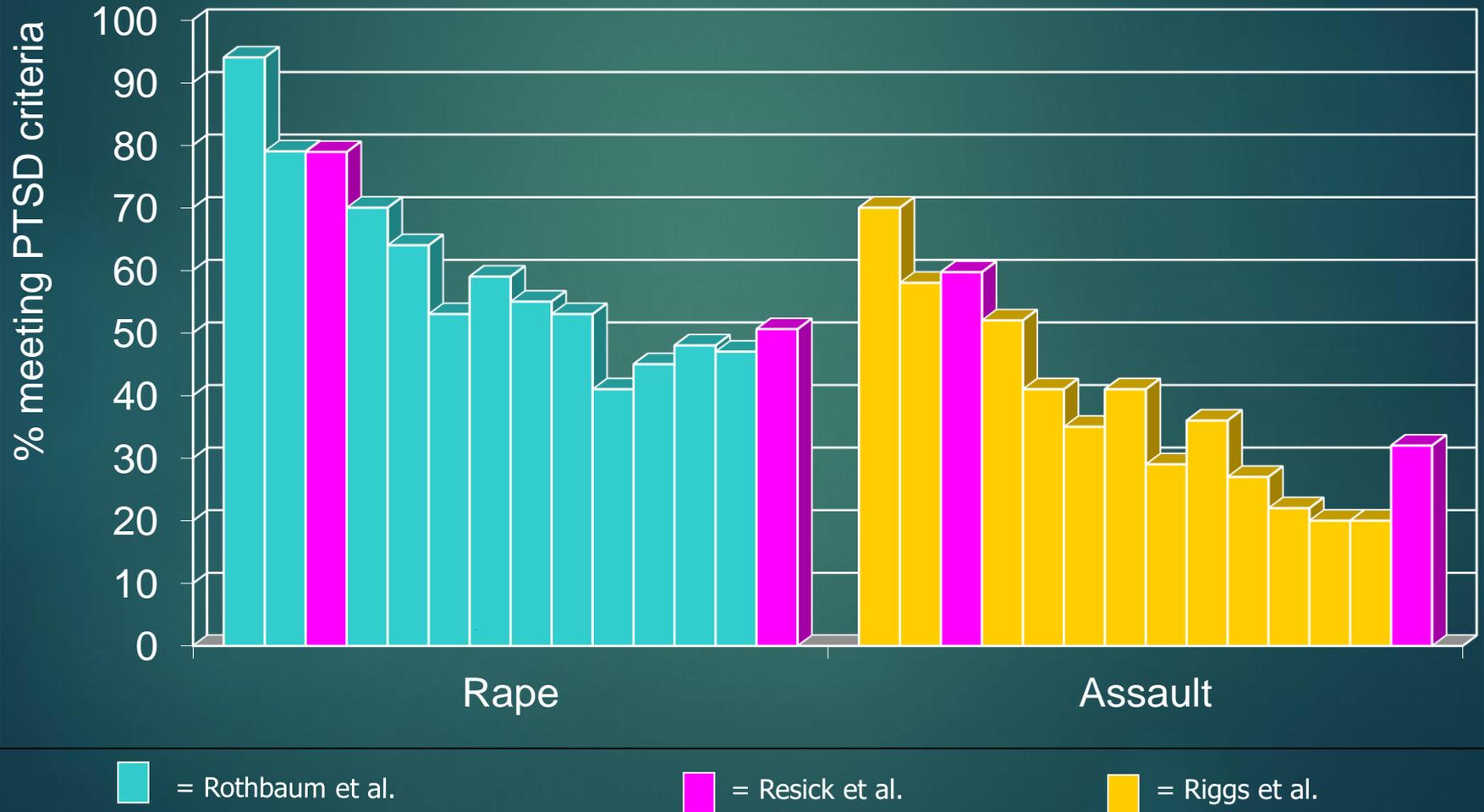
- ▶ “Acute Stress Reactions” can follow the experience of trauma. These typically decrease over time.
- ▶ Over time, if the symptoms do not decrease, remain intense, and cause problems in living = PTSD.
- ▶ Treatment at the VA is recovery-focused
- ▶ Treatment works!

# Natural Recovery

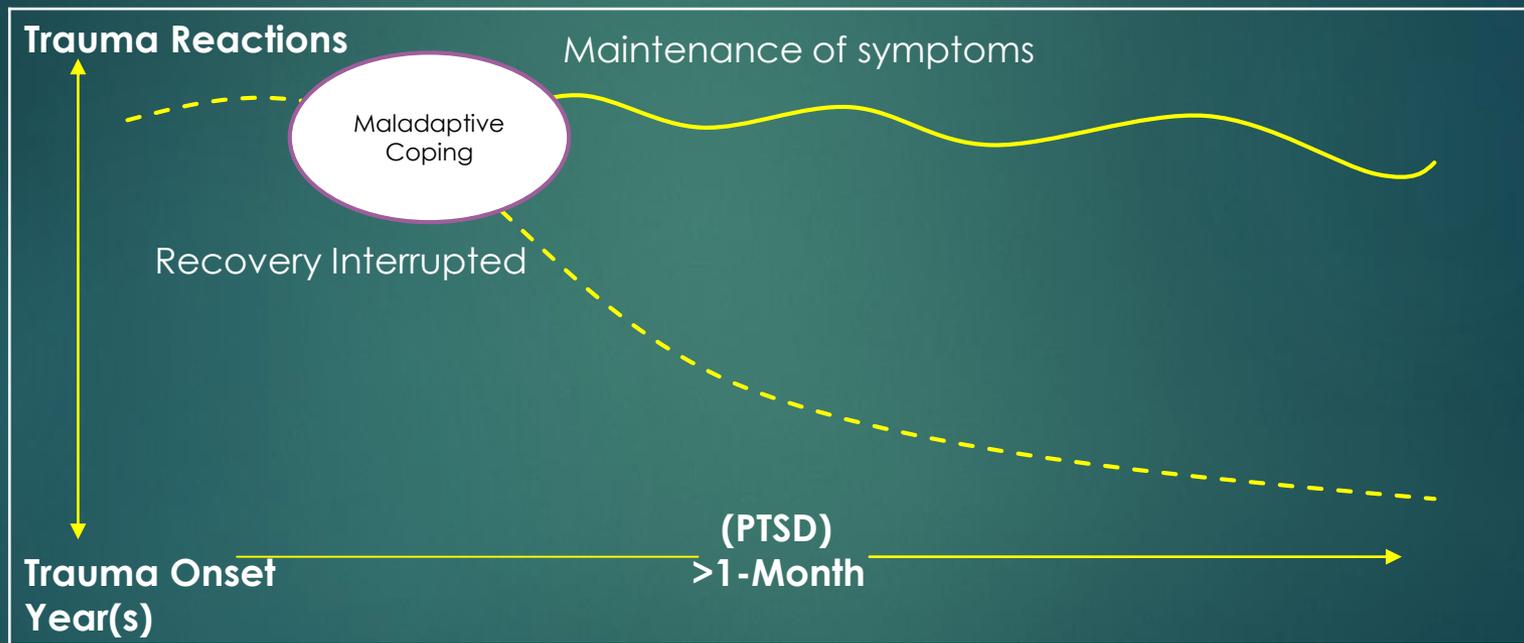


# Normal Recovery

## Weekly PTSD



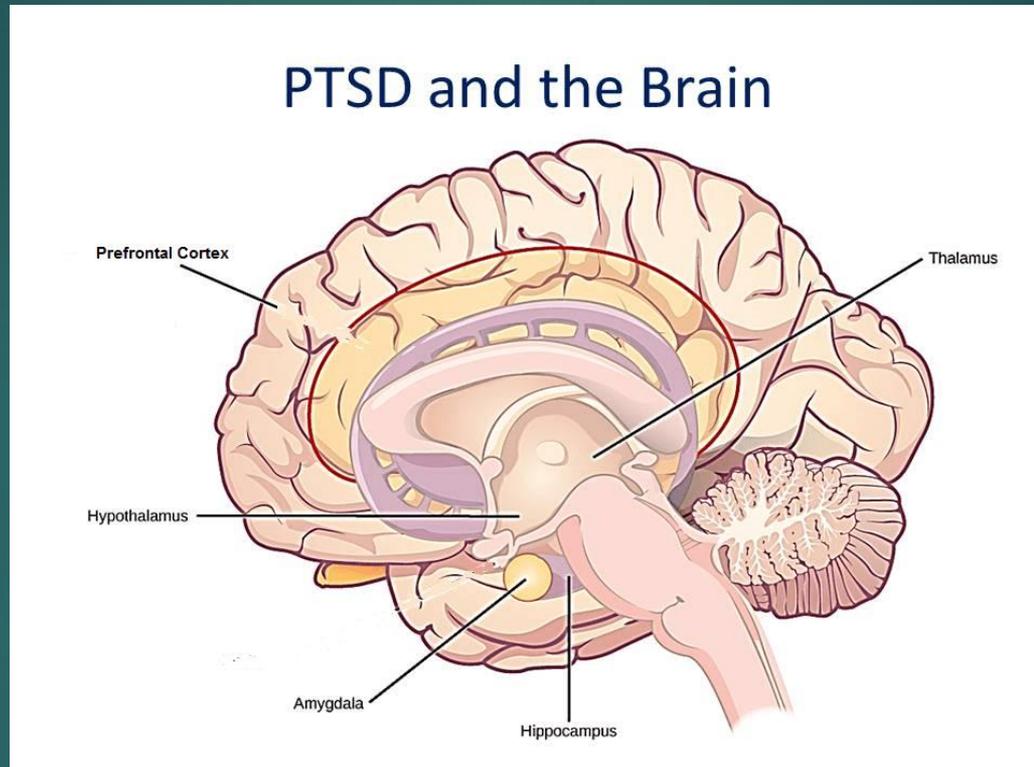
# Interrupted Recovery

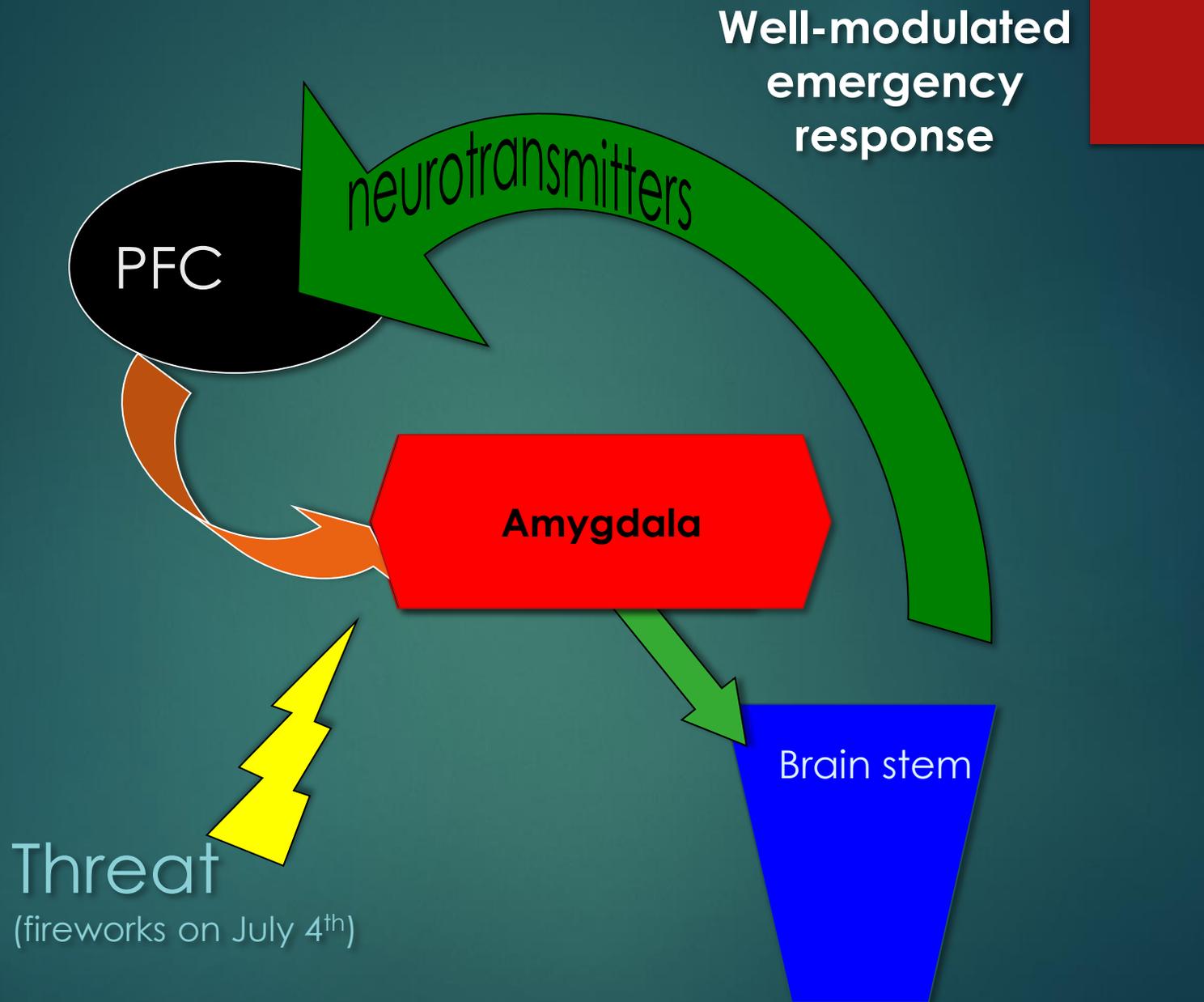


# Biological Basis of PTSD

- ▶ Hormonal Differences
  - ▶ Higher levels of stress hormones
    - ▶ Cortisol, epinephrine, norepinephrine
  - ▶ Autonomic nervous system is more reactive
  - ▶ Concept of Threat
- ▶ Summary of Key Brain Differences
  - ▶ Smaller hippocampus (processing memories)
  - ▶ Over-reactive amygdala (fear reaction)
  - ▶ Under-reactive pre-frontal cortex (controls amygdala)

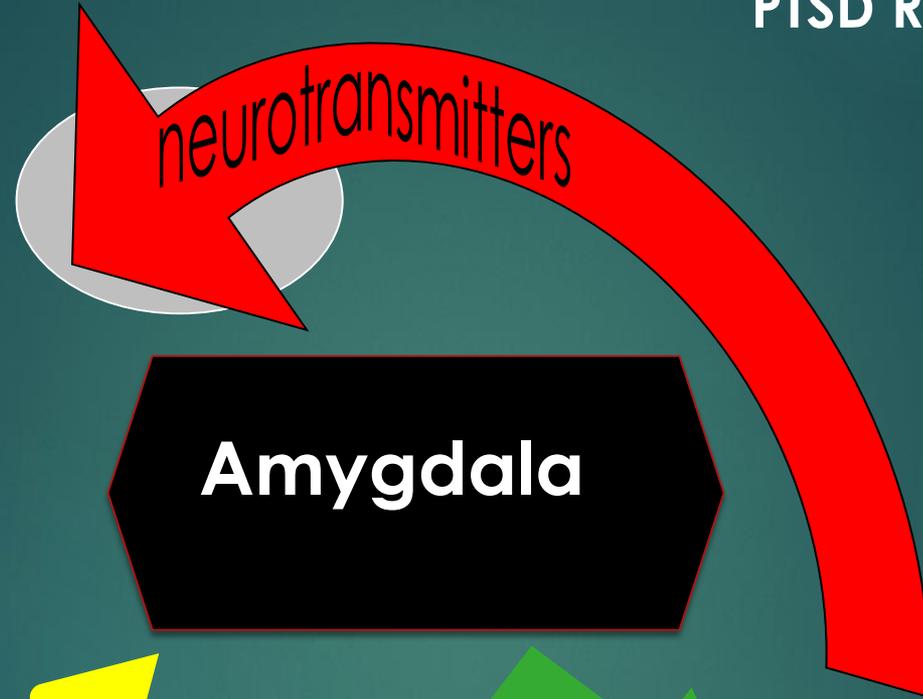
# Biological Basis of PTSD:





# PTSD Response

PFC



**Amygdala**

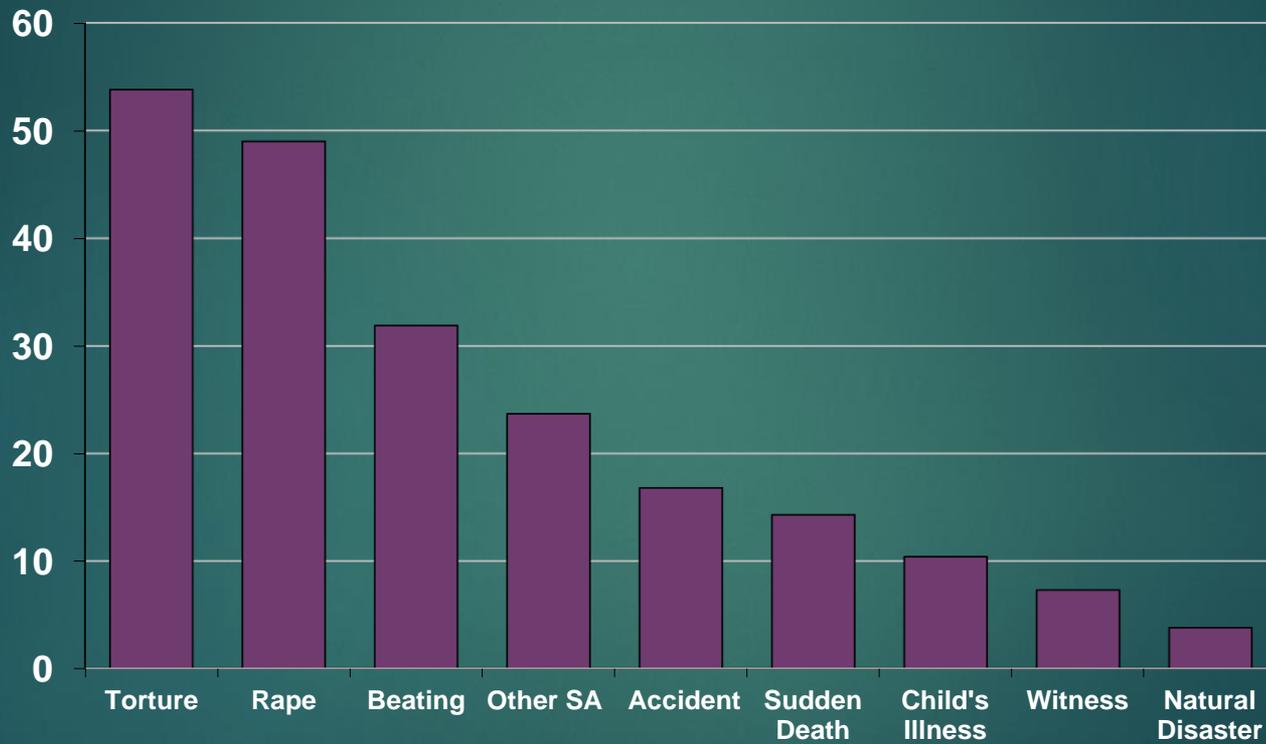


Trauma Triggers  
(fireworks on July 4<sup>th</sup>)



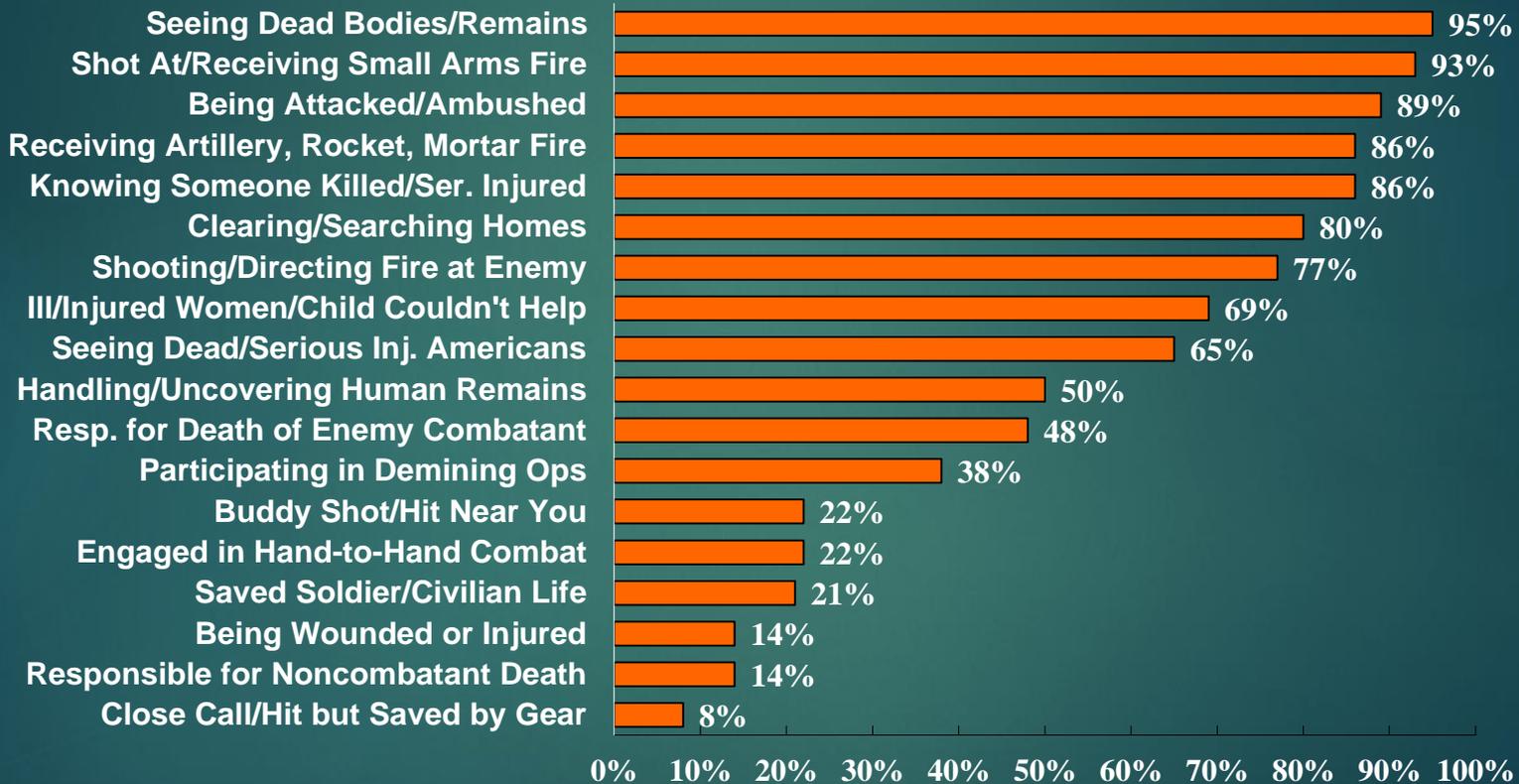
Brain stem

# Risk Factors



Breslau et al., 1999

# Types Combat Exposure (from OIF)



Hoge, et al, 2004, NEJM

# Psychological Processes Involved in Development of PTSD symptoms: Associative Learning



Group of kids

Ethnic dress

Dust in the air

Military gear

Density of housing

Child's laughter

Smell of trash

Knee pain

Sound of gravel

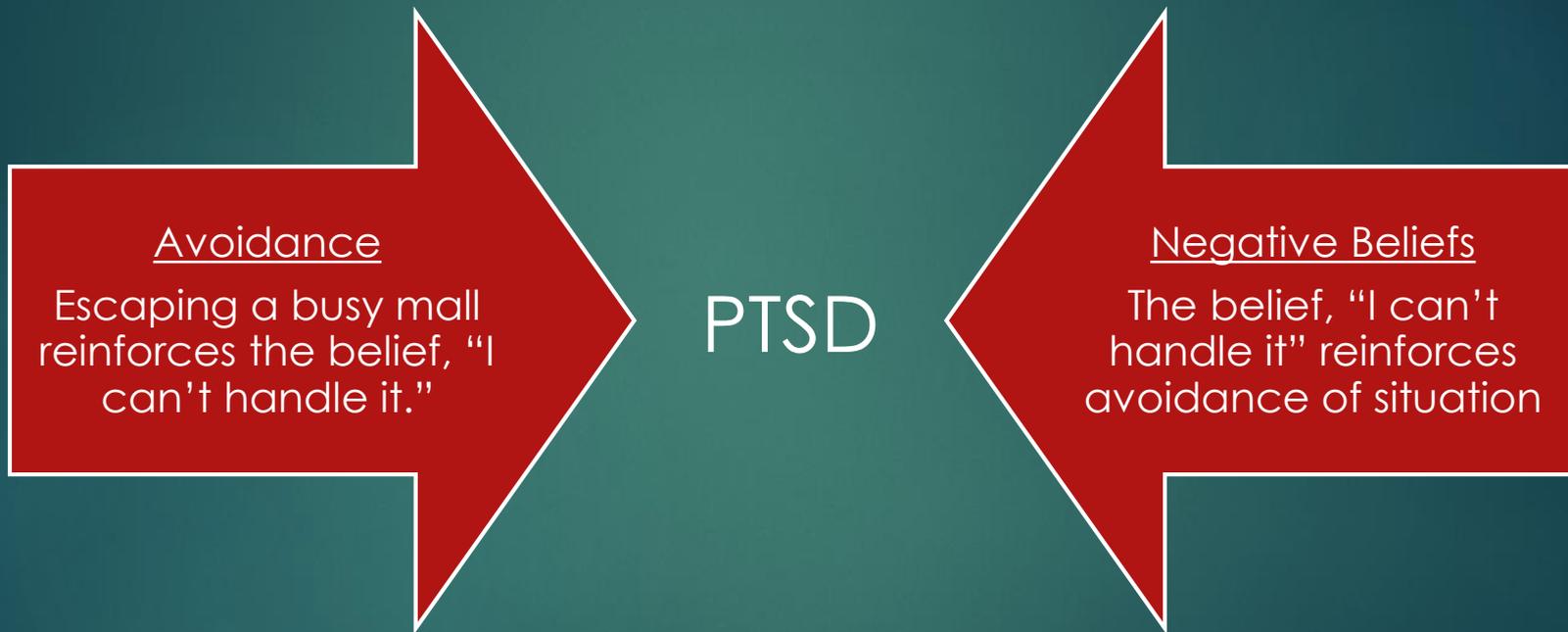
Debris

Associative learning leads to many false alarms

▶ The Sounds of Trauma

# Getting Stuck

Continuous reinforcing loop of avoidance and negative thinking



# Psychological Processes Involved in Development of Symptoms of PTSD: Cognitive Change



“IEDs can be planted  
anywhere.”

“He died on my watch.”

“I must have done  
something to ask for  
this.”

“Markets and crowds are  
unsafe.”

“I trusted this man, it is  
my fault.”

“You can never let your  
guard down.”

# What are the symptoms of PTSD?

- ▶ 4 Main Symptom Clusters
  - ▶ Re-experiencing
  - ▶ Hyperarousal
  - ▶ Avoidance
  - ▶ Negative emotions and thoughts

# 4 Categories of PTSD Symptoms

- ▶ Re-experiencing
- ▶ Avoidance
- ▶ Hyperarousal
- ▶ Changes in mood and thoughts



# Re-experiencing

- ▶ Unpleasant and unwanted images, thoughts, and memories about event
  - ▶ *Intrusive* thoughts, memories, images
  - ▶ Nightmares
  - ▶ Flashbacks
  - ▶ Emotionally upsetting
  - ▶ Physical reactions (sweating, heart pounding, trouble breathing)
  - ▶ The body and mind are trying to cope with, and process, what happened

# Avoidance:

## ▶ External

- ▶ Avoiding people, places, and situations that are reminders
- ▶ Impact on family

## ▶ Internal

- ▶ Attempts to avoid thinking about incident and/or having feelings about it
- ▶ Feeling detached or cut-off
- ▶ Emotionally numb (“shutting down” emotionally)
- ▶ Impact on family

# Arousal/anxiety

- ▶ Heightened “fight or flight” mode
  - ▶ Trouble falling/staying asleep
  - ▶ Easily aroused, difficult to calm down
  - ▶ Hypervigilant – DANGER!
  - ▶ Easily irritated/frustrated - ANGRY
  - ▶ Difficulty concentrating
  - ▶ Jumpy or easily startled
  - ▶ This is exhausting!

Now, After.

# Hostile Attributions:

- ▶ Hostile Attributions:
  - ▶ *Threat is everywhere.*
  - ▶ *The actions of others are hostilely motivated.*
  - ▶ *The actions of others are directed toward me.*
- ▶ “I must respond.”
- ▶ “I must respond strongly.”

Tendency to overestimate a low probability event as a high probability event

(Even if it is UNLIKELY that something bad will happen, feels like it PROBABLY WILL, and therefore, they MUST be prepared)

# Co-Occurring Mental Health Problems

- ▶ Estimated that up to 75% with PTSD have another mental health condition
  - ▶ DEPRESSION
  - ▶ Aggressive behaviors towards self and others
  - ▶ Sleep Disturbance
  - ▶ Drug/alcohol misuse

# Associated Problems

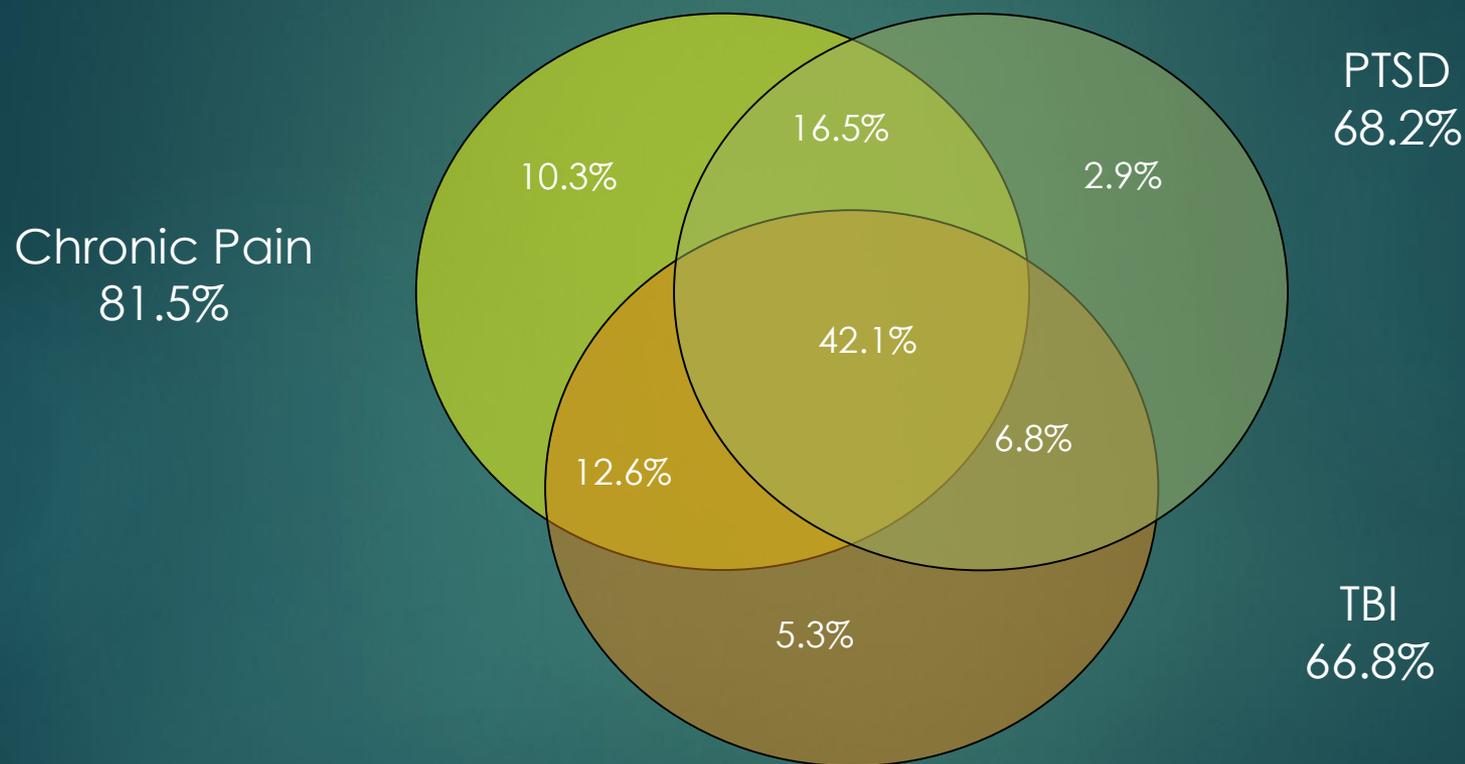
- ▶ Loss of identity and worldview
  - ▶ Who am I now? Where is my place in life?
- ▶ Social isolation (due to depression and anxiety)
- ▶ Lack of self-care
- ▶ Relationship discord/instability
- ▶ Employment difficulties
- ▶ Financial distress
- ▶ Poor concentration/memory
  - ▶ Due to a variety of factors

# Response to Trauma and Stress

Following trauma many problems may occur and interact

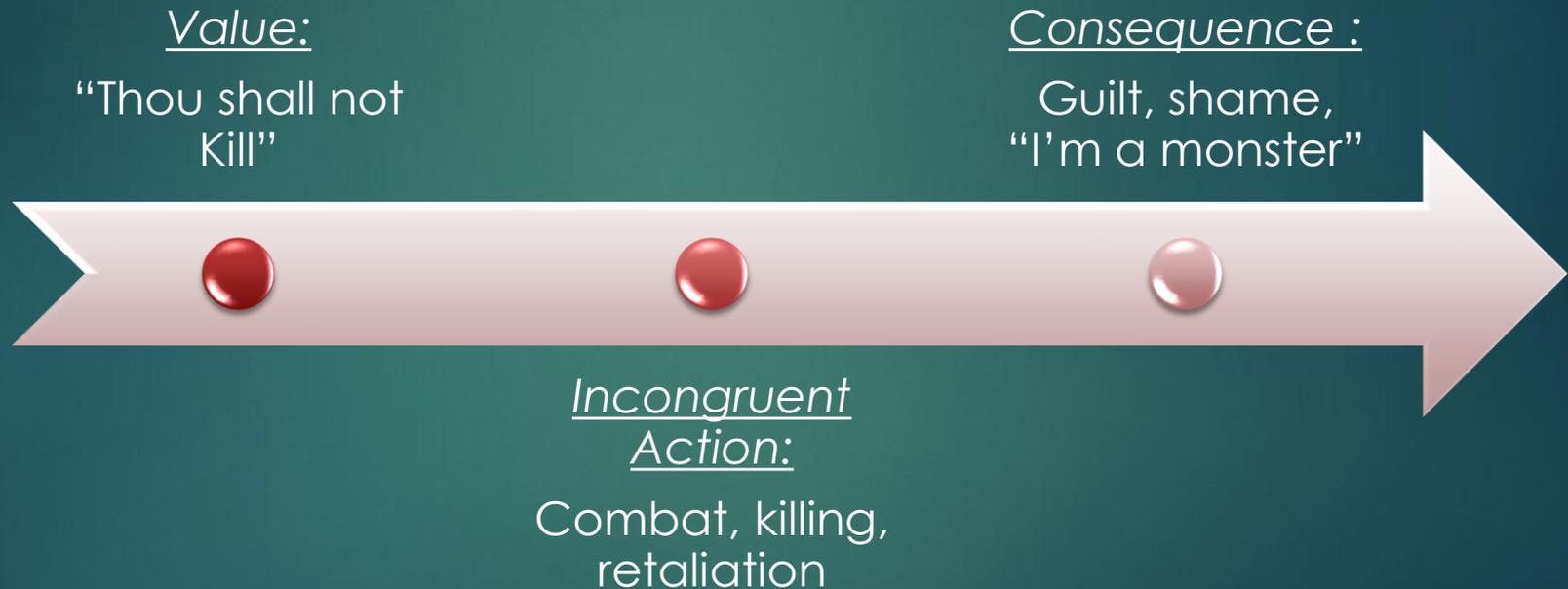


# Prevalence of Chronic Pain, TBI, and PTSD



Lew et al., (2009). Prevalence of Chronic Pain, Posttraumatic Stress Disorder and Post-concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad. *Journal of Rehabilitation Research and Development*, 46, 697-702.

# Moral Injury



# Common Themes and Considerations: Safety

- ▶ Feeling constantly “keyed up”
  - ▶ In combat, it was necessary to be constantly on alert.
  - ▶ Important to assume that everything is **unsafe unless** proven otherwise (instead of feeling **safe until** proven otherwise)
  - ▶ Feel in need of a weapon at all times to feel safe

# Themes and Considerations: Trust

- ▶ It is dangerous to trust others.
- ▶ Others only look out for themselves.
  - ▶ Cannot rely on others during times of need
- ▶ Instead of “I will trust you until you screw up,” the thought is “I will NOT trust you until you prove it over and over again.”
- ▶ Difficulty trusting oneself

# Common Themes and Considerations: Power and Control

- Need for 100% control, or feel out-of-control
- Anger with authority figures
- Need for understanding and predictability
- Leads to blame (self and others), responsibility (self and others), guilt (self)
- Things need to be orderly -> safe

# Why is he/she so ANGRY?

- ▶ Often a central feature of the response to trauma
- ▶ A core component of the survival response
- ▶ Gives us energy to get through obstacles
- ▶ When hard to control, leads to problems
- ▶ One of the most common reasons why trauma survivors enter treatment

# Why is he/she so ANGRY?

## ▶ TO SURVIVE

- ▶ When we are confronted with threat, anger is a normal response
  - ▶ Helps us by mobilizing our energy to fight against the threat
  - ▶ This quick response is often an automatic response
- ## ▶ Parts of the body respond to high levels of threat
- ▶ Happened so often (combat) and happens so often now, that this is the new norm
  - ▶ Leads to constantly feelings on edge and easily provoked

# Why is he/she so ANGRY?

- ▶ Military training
  - ▶ Negative emotions are funneled into anger (this is acceptable)
  - ▶ Anger was reinforced
- ▶ It's effective
- ▶ Keeps others away and can be protective

# Common Themes and Considerations: Esteem

- ▶ Trauma can affect how people think about him/herself and others
- ▶ May see him/herself as bad, destructive, evil, irredeemably damaged (“monster”)
  - ▶ Believe others’ negative opinions of themselves
  - ▶ Absence of empathy from others
  - ▶ Feeling devalued, criticized, blamed
  - ▶ Violated own ideals
  - ▶ Feel like a burden to others

# Common Themes and Considerations: Esteem

- ▶ Guilt regarding symptoms and how they affect their loved ones
  - ▶ “I don’t want my children to see me like this.”
  - ▶ “I know I’m not the man my wife married.”
  - ▶ “If my husband/wife/child/parents knew about what really happened, they would think badly of me.”

# Common Themes and Considerations: Esteem

## ▶ Others

- ▶ Belief in the goodness of others is shattered
- ▶ Surprised, hurt, betrayed by those they trusted, so carry belief that NO ONE can be “good”
- ▶ Others are uncaring, indifferent, only out for themselves

# Common Themes and Considerations: Intimacy

- ▶ Emotional Intimacy
  - ▶ Difficulty allowing oneself to be vulnerable enough to engage in relationships
  - ▶ Fear of loss
  - ▶ Difficulty *feeling* attached to others
  - ▶ Coping with difficult emotions while alone
    - ▶ Negative coping behaviors
- ▶ Physical Intimacy
  - ▶ Trauma can interfere with sexual relationships
    - ▶ Lack of desire
    - ▶ Sexual dysfunction
    - ▶ Medication side effects



# Available Treatments

# What does treatment look like?

- ▶ Time-limited
- ▶ Recovery-focused
- ▶ Practice assignments
- ▶ A significant commitment
- ▶ Conducted individually or in a group

# Individual Therapies



- ▶ Cognitive Processing Therapy
  - ▶ How we think about the world changes
  - ▶ What we say to ourselves matters
  - ▶ Need to change what we say if it is not rational
  - ▶ New perspective/interpretation of the trauma
  - ▶ Integrating it into your life by changing your thoughts
  - ▶ May or may not involve writing about the trauma

# Events, Thoughts, and Emotions

- ▶ It is how we THINK about the event, not the event itself, that often causes us lasting distress

<b>A = Event</b>	<b>B = Belief/Thought</b>	<b>C = Feeling</b>
I was walking alone at night downtown after having a few drinks and was sexually assaulted	I deserved to be attacked. What else should I expect after drinking and then walking alone?	Shameful Deserving Guilty Sad Embarrassed

# Cognitive Restructuring in Subsequent Sessions

- ▶ What is the evidence for this thought?
- ▶ Jumping to Conclusions?
- ▶ Am I relying on my emotions (instead of facts) to dictate the reality of situation?
- ▶ What is an alternative way to look at this?
- ▶ As a result of this new thought, the resulting emotion is more positive.

# CPT: Cognitive Reframe

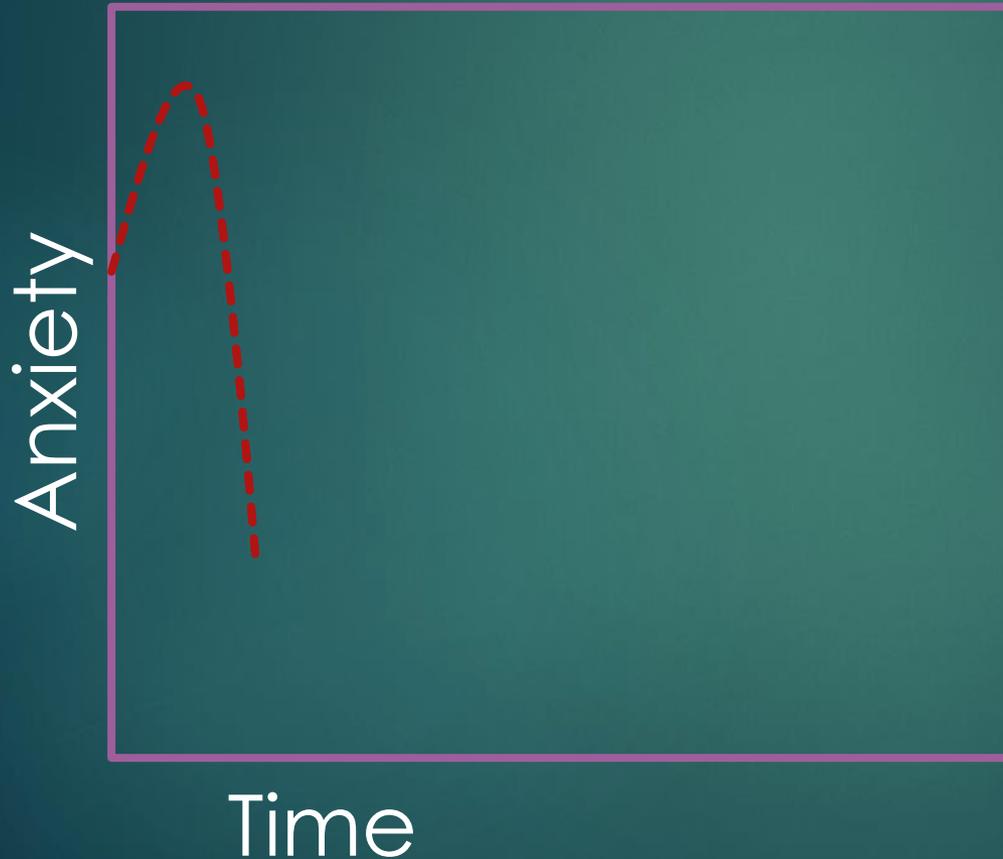


<b>A=Event</b>	<b>B=New Belief</b>	<b>C=Consequence</b>
<p>I was walking alone at night downtown after having a few drinks and was sexually assaulted</p>	<p>I had no control over what happened to me. I was doing what any normal person does. Lots of people drink and walk home at night, and nothing happens to them. It's not my fault.</p>	<p>Decreased guilt, shame, sadness etc. Increased sense of confidence. Calm, relaxed.</p>

# Individual Therapies

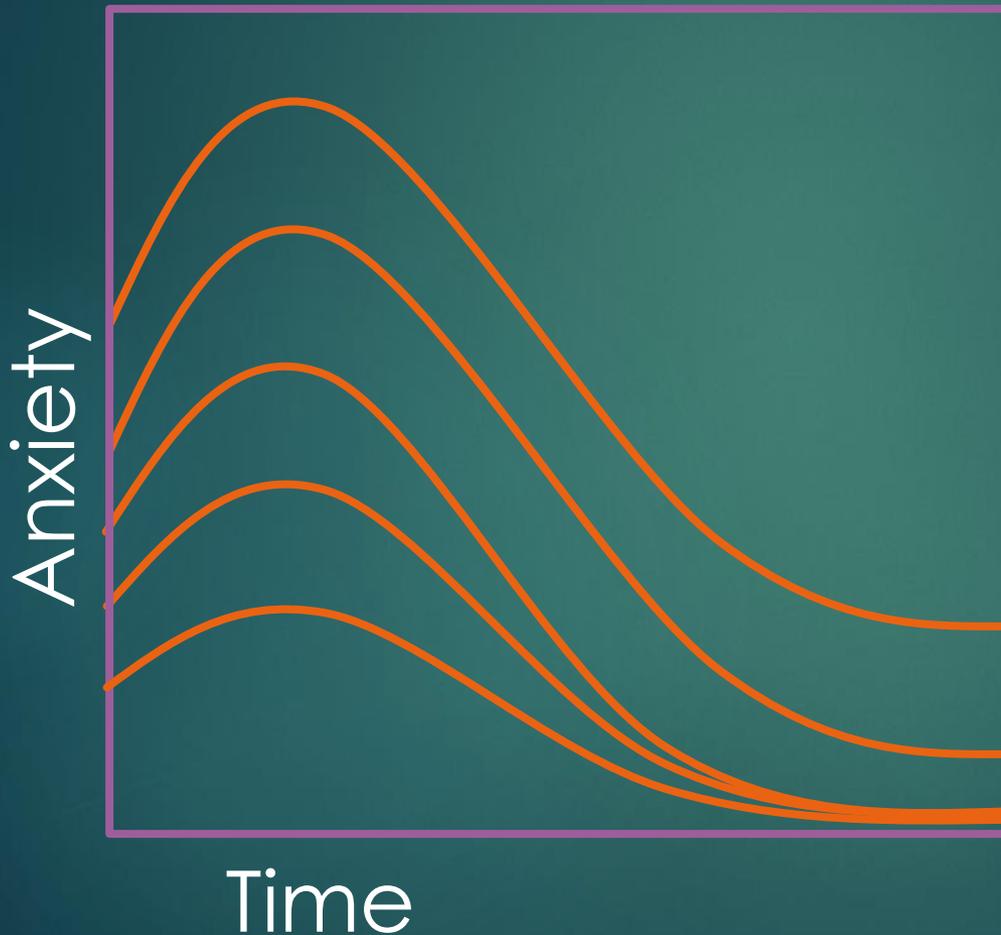
- ▶ Prolonged Exposure
  - ▶ When we encounter trauma, we start to FEAR things
  - ▶ Fear = avoidance
  - ▶ Avoidance is effective in the short-term only
  - ▶ Confront the trauma
  - ▶ Identify what you are no longer doing because of the trauma, or things you'd like to do differently. Development of a plan for encountering these.

# Habituation



- ▶ Anxiety increases → Avoidance
- ▶ *This situation is dangerous; I got out just in time; Something awful could have happened*

# Habituation



- ▶ Stop avoidance
- ▶ Anxiety decreases on its own
- ▶ *This situation was not as dangerous as it felt; I can tolerate anxiety; I don't have to avoid to feel better.*

# Exposure Hierarchy



1.	Grocery store with partner, not busy	30
2.	Restaurant with partner, back to wall	35
3.	Grocery store alone, not busy	45
4.	Grocery store with partner, moderately busy	50
5.	In line, facing sideways, wall to back	50
6.	Restaurant, whole family, back to wall	50
7.	Restaurant with partner, back to tables	60
8.	Elevator, 1 or 2 people	60
9.	Movie with friends	60
10.	In line, facing forward or no wall at back	65
11.	Grocery store with partner, crowded	65
12.	Grocery store alone, moderately busy	65
13.	Feeling hot/sweaty	70
14.	Elevator, many people	75
15.	Mall alone, moderately busy	75
16.	Gym	80
17.	Restaurant, whole family, back to tables	80
18.	Go to friend's house	80
19.	Mall alone, crowded	95
20.	Grocery store alone, crowded	100

# Imaginal Exposure

- ▶ Eyes Closed
- ▶ Present Tense
- ▶ Do not do police report (“Just the facts”).
- ▶ Focus on sensory details: thoughts, feelings, sights, sounds, smells, tastes, etc.
- ▶ Promotes full engagement, minimizes avoidance

# Imaginal Exposure Cont'd

- ▶ SUDS level every 5 minutes
- ▶ Goal: One foot in the room with me, one foot in the event
- ▶ Over and under-engagement can interfere with progress
- ▶ Imaginal Exposure:
  - ▶ “I’m in the turret, I’m watching the side of the road, I feel focused but calm as we are driving. Then, I hear a loud blast behind me. Over the radio I hear the order to keep going. Someone is yelling “Don’t stop, don’t stop!” I’m disoriented and don’t know what is happening at first. We are immediately coming under fire. I quickly figure out we’re in an ambush. I start firing my weapon. My heart is racing, I can see them on the roof. I yell to my friend but he doesn’t answer. I look over and he is shot in the head. I’m terrified. There is blood everywhere, his eyes are open, I know he’s dead. I just keep firing, I hear more yelling...”

# Conjoint Therapy: CBCT for PTSD

- ▶ A PTSD treatment, not a couples therapy
- ▶ The treatment not only treats PTSD, but also increases relationship satisfaction
- ▶ Main Components
  - ▶ Education about PTSD
  - ▶ Communication skills
  - ▶ Sharing thoughts and feelings safely
  - ▶ Managing anger
  - ▶ Changing thoughts to treat PTSD
  - ▶ “Approach assignments”
  - ▶ Attention to Safety, Trust, Power and Control, Guilt/Shame, Acceptance, Physical and Emotional Intimacy
- ▶ Homework Assignments are completed together

# Summary of Evidence



- ▶ In general, trauma-focused therapies more effective than non-specific/supportive interventions and no treatment.
- ▶ No consistent differences observed between trauma-focused therapies, though there is limited research regarding this.
- ▶ Initial response rates of EBP for PTSD range between 50-92%.
- ▶ Regular therapy attendance and family support associated with more positive outcome
- ▶ Initial severity of symptoms and benzodiazepine use associated with poorer outcome.
- ▶ Sustained gains up to 5 year post-treatment.
- ▶ Lower remission rates than psychiatry.

# Group Therapies

- ▶ Combat PTSD Anger Group
- ▶ Behavioral Activation
- ▶ CPT-C Group
- ▶ Relapse Prevention Groups for PE and CPT
- ▶ ACT for PTSD Group

# What can I do to help?

- ▶ Listen, don't judge
- ▶ Refrain from saying, "I understand."
- ▶ Give control, space, and hope
- ▶ Don't pry for details
- ▶ Identify resources and offer choices
- ▶ Provide encouragement
- ▶ Avoid giving orders
- ▶ Remember that "getting over it" is easier said than done – it may require time and/or professional help

# Other ways to help

- ▶ Encourage Veterans to stay engaged, don't avoid:
  - ▶ Hobbies, interests
  - ▶ Responsibilities, tasks, chores
  - ▶ Talk to friends, family
  - ▶ Exercise, nutrition



# Other ways to help

- ▶ Encourage Veterans and Family Members to Seek professional help
  - ▶ Psychotherapy
  - ▶ Psychiatry
  - ▶ Alternative & complimentary interventions
  - ▶ Service dogs
  - ▶ Support groups



# PTSD affects family members



- ▶ Sympathy
- ▶ Conflict
- ▶ Disconnection and detachment
- ▶ Depression
- ▶ Fear and worry
- ▶ Avoidance
- ▶ Guilt and Shame
- ▶ Anger
- ▶ Drug and Alcohol Abuse
- ▶ Sleep problems
- ▶ Health Problems
- ▶ Caregiver Burden

# What can family members do to care for themselves?

- ▶ Learn more about trauma and its effects
- ▶ Spend time in activities they enjoy
- ▶ Join or develop a support group
- ▶ Pay attention to their own needs
- ▶ Encourage them to not be afraid to let their needs be known
- ▶ Remember that it's not their responsibility to treat PTSD
- ▶ Try to maintain family routines
- ▶ Consider engaging in their own counseling

# A word on Service Connection and “Comp and Pen” exams

- ▶ The VBA (Veterans Benefit Administration) and the VHA (Veterans Health Administration) are two separate entities
- ▶ Providers are typically NOT involved in the Compensation and Pension evaluation process
- ▶ No way to predict if treatment will affect one’s claim
- ▶ Our treatment of Veterans with PTSD is related to *treatment of their PTSD symptoms only*
- ▶ Questions about SC and claims should be directed to the Veteran’s *County Veterans Services Officer (CVSO)*

# Useful Internet Links

- ▶ [www.va.gov](http://www.va.gov)
- ▶ [www.ptsd.va.gov](http://www.ptsd.va.gov)
- ▶ [www.vetcenter.va.gov](http://www.vetcenter.va.gov)
- ▶ [www.afterdeployment.org](http://www.afterdeployment.org)
- ▶ [www.nimh.nih.gov](http://www.nimh.nih.gov)

Thank You!