

Tips and Information

Thank you for choosing to share these slides. We ask that you recognize NCPTSD as the content source and keep the NCPTSD template intact during your presentation. However, the individual slides may be amended (e.g. add or remove slides) to best serve your audience.

- A large portion of the content is taken from our [PTSD 101: PTSD Overview](#) course. You are welcome to use screen shots of other NCPTSD materials to amend the PPT.
- Notes are included for most slides. Additional comments are included in **bold** to offer suggestions for amending or adding content. Feel free to revise the notes – these are offered as a guide to included slides.
- **Note:** As-is, the slides at the end of the PPT that review NCPTSD resources are duplicative – some offer detailed information about a few of our “best” products, others offer an overview of resources by intended audience. We expect you would cut some of these as appropriate for your audience.

Posttraumatic Stress Disorder Overview and Treatment



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Overview

- What is a *traumatic event*?
- How common are trauma and PTSD?
- What are the symptoms of PTSD?
- Why do some people develop PTSD and others do not?
- What problems co-occur with PTSD?
- How is PTSD treated?

What is traumatic stress?

Daily hassles

Can include:

- Car breaking down
- Paying bills

Major life events

Can include:

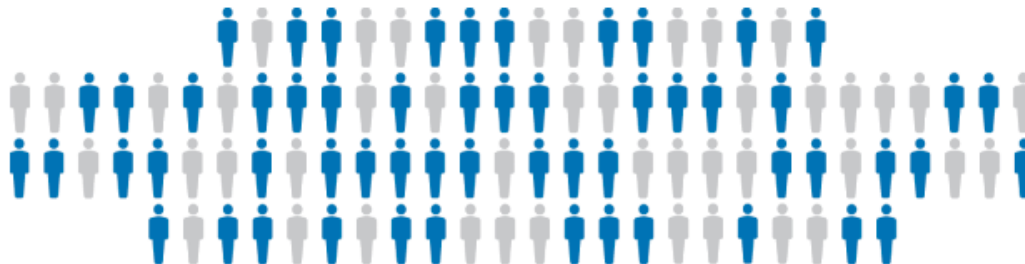
- Losing a job
- Divorce
- Buying a new home
- Getting married

Serious traumatic events

Can include:

- War zone exposure
- Physical or sexual assault
- Serious accidents
- Child sexual or physical abuse
- Natural disasters
- Torture

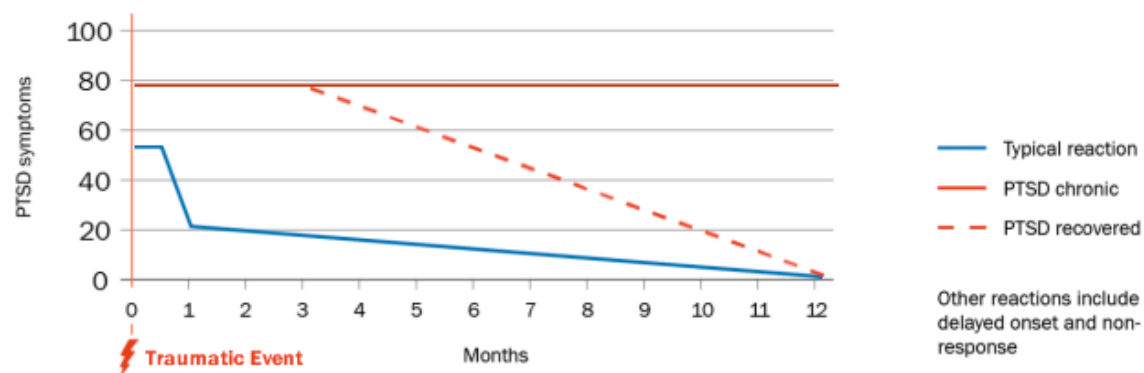
Trauma exposure is common.



Most people you meet every day have experienced a trauma.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

How common is PTSD?



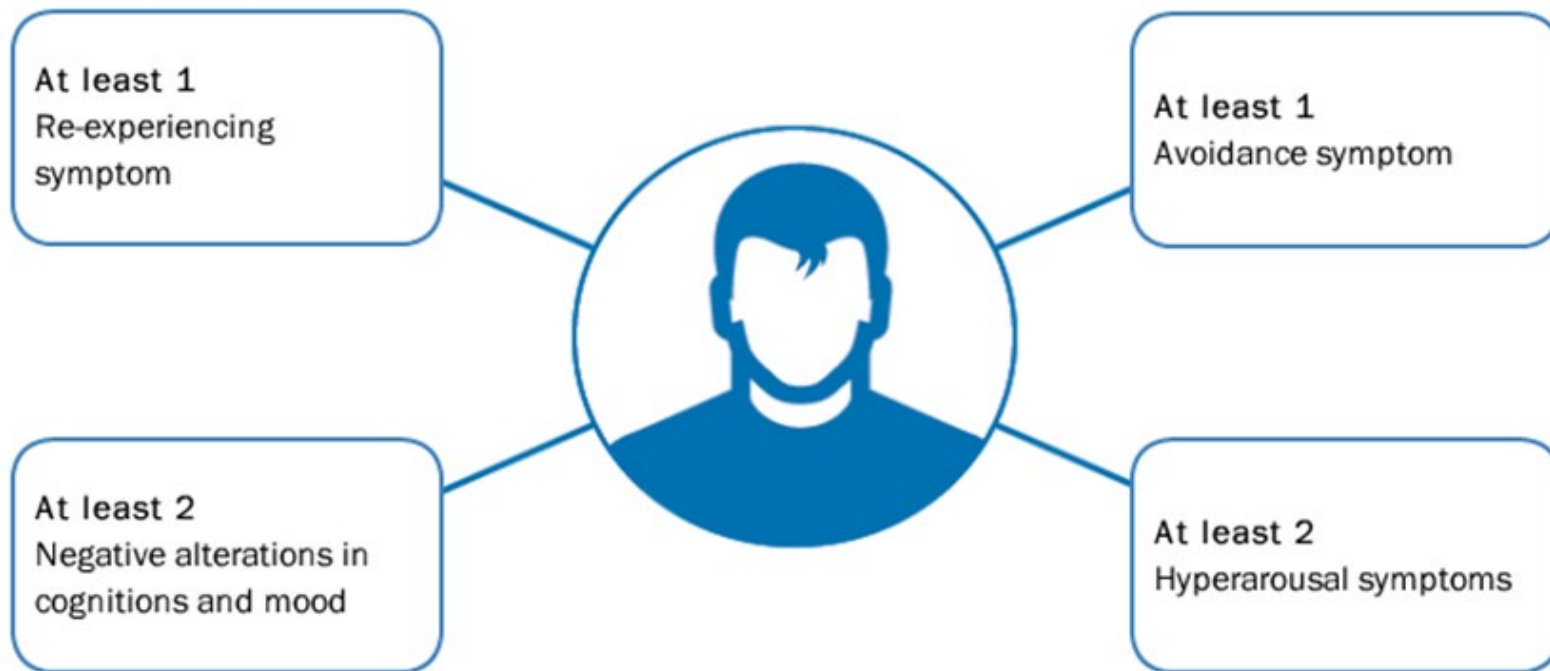
Only about 7% develop PTSD in their lifetime

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

Criterion A: Traumatic Event

- Directly experiencing a traumatic event
- Witnessing, in person, an event that happened to someone else
- Learning about the violent or unexpected death of a friend or family member
- Experiencing repeated or extreme exposure to aversive details of traumatic events

Symptom Clusters



Symptom Clusters 2 Cont.

- Intrusion (or re-experiencing, “flashbacks”)
 - Recurrent distressing dreams of the event or acting/feeling as if the event is happening again

Symptom Clusters 3 Cont.

- Avoidance
 - Avoiding memories, thoughts, feelings, people, places or activities that are reminders of the event

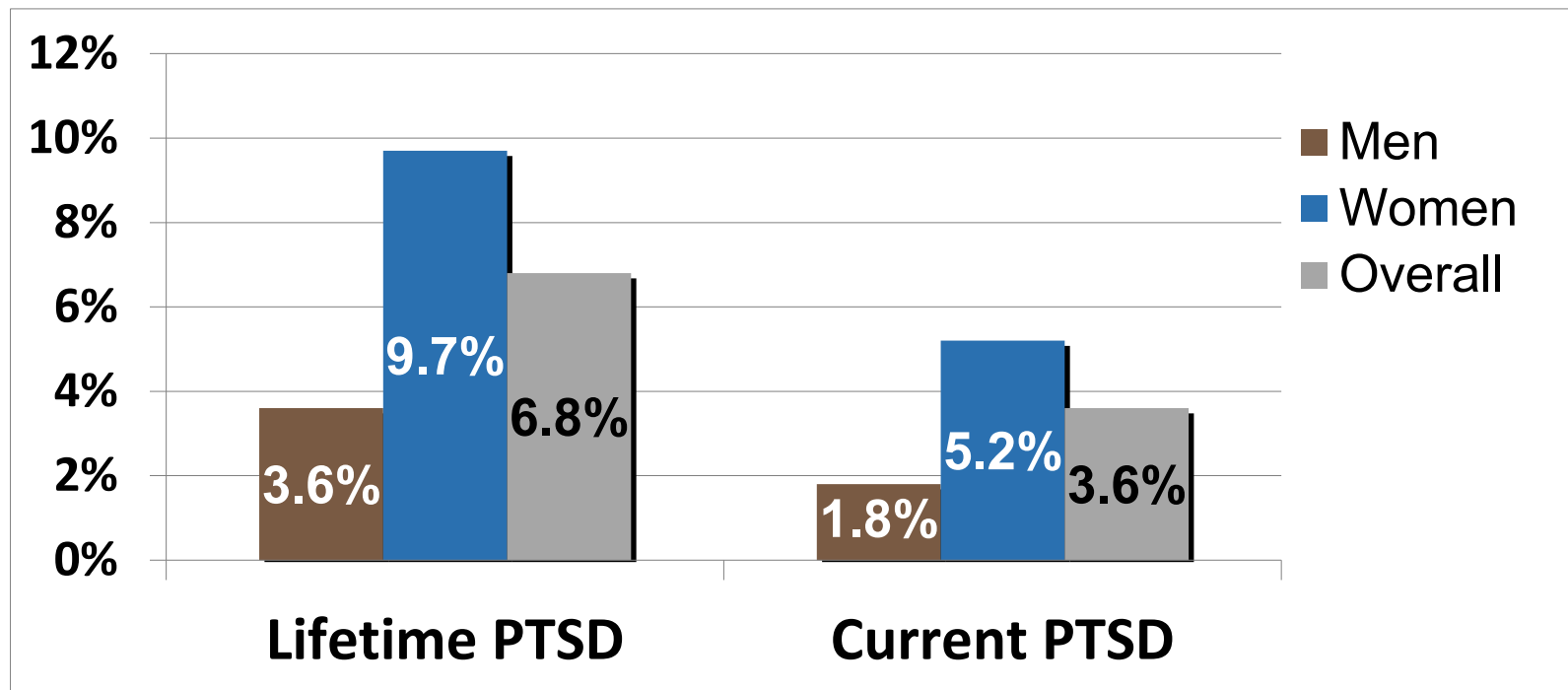
Symptom Clusters 4 Cont.

- Negative alterations in cognitions and mood
 - Diminished interest in activities, feeling detached, inability to feel positive emotions, negative emotions, distorted blame of self or others

Symptom Clusters 5 Cont.

- Alterations in arousal and reactivity
 - Irritable behavior, outbursts of anger, reckless or self destructive behavior, problems concentrating, hypervigilance, exaggerated startle, sleep disturbance

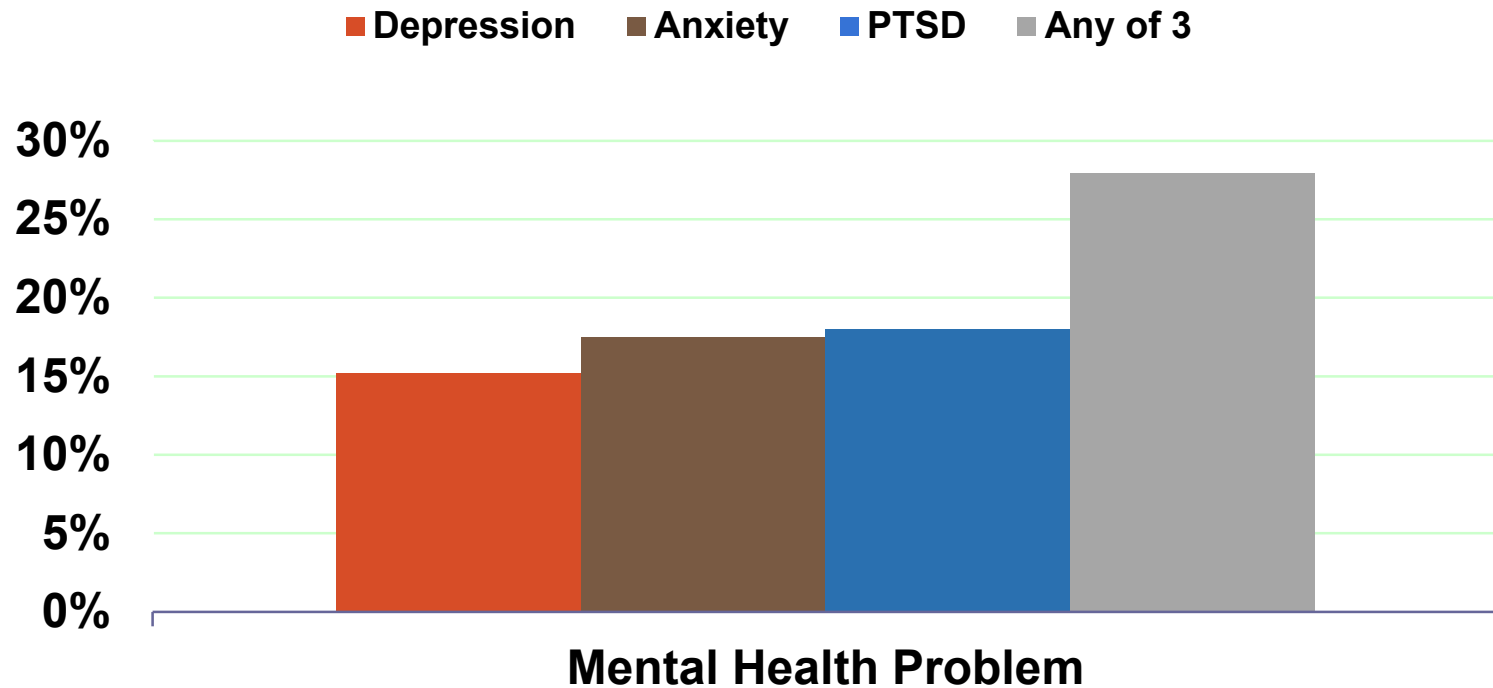
Most people do not develop PTSD following trauma.



US General population estimates from the National Comorbidity Survey - Replication

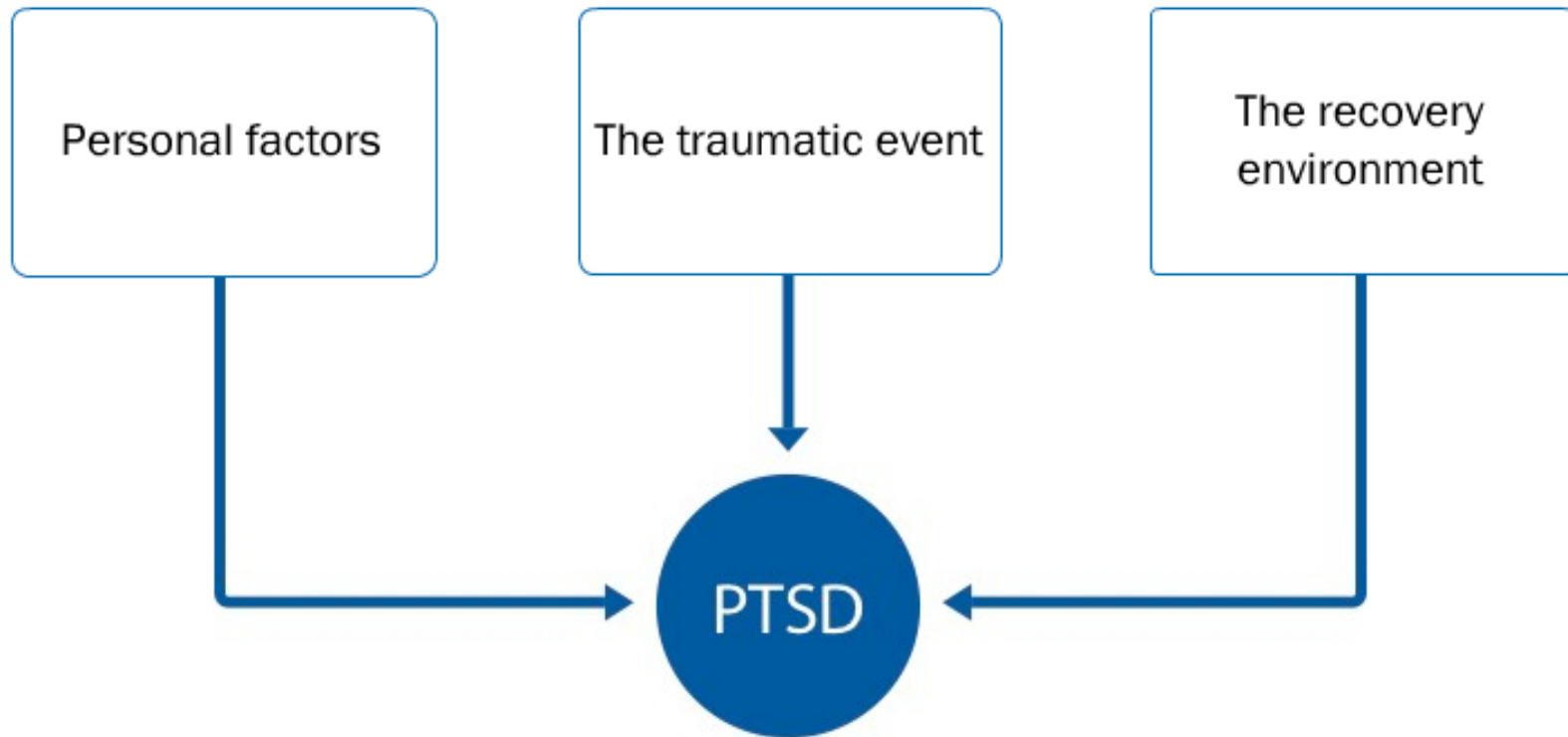
PTSD is a common consequence of war.

About 15% of returning Post-9/11 (OEF/OIF) Veterans have PTSD.

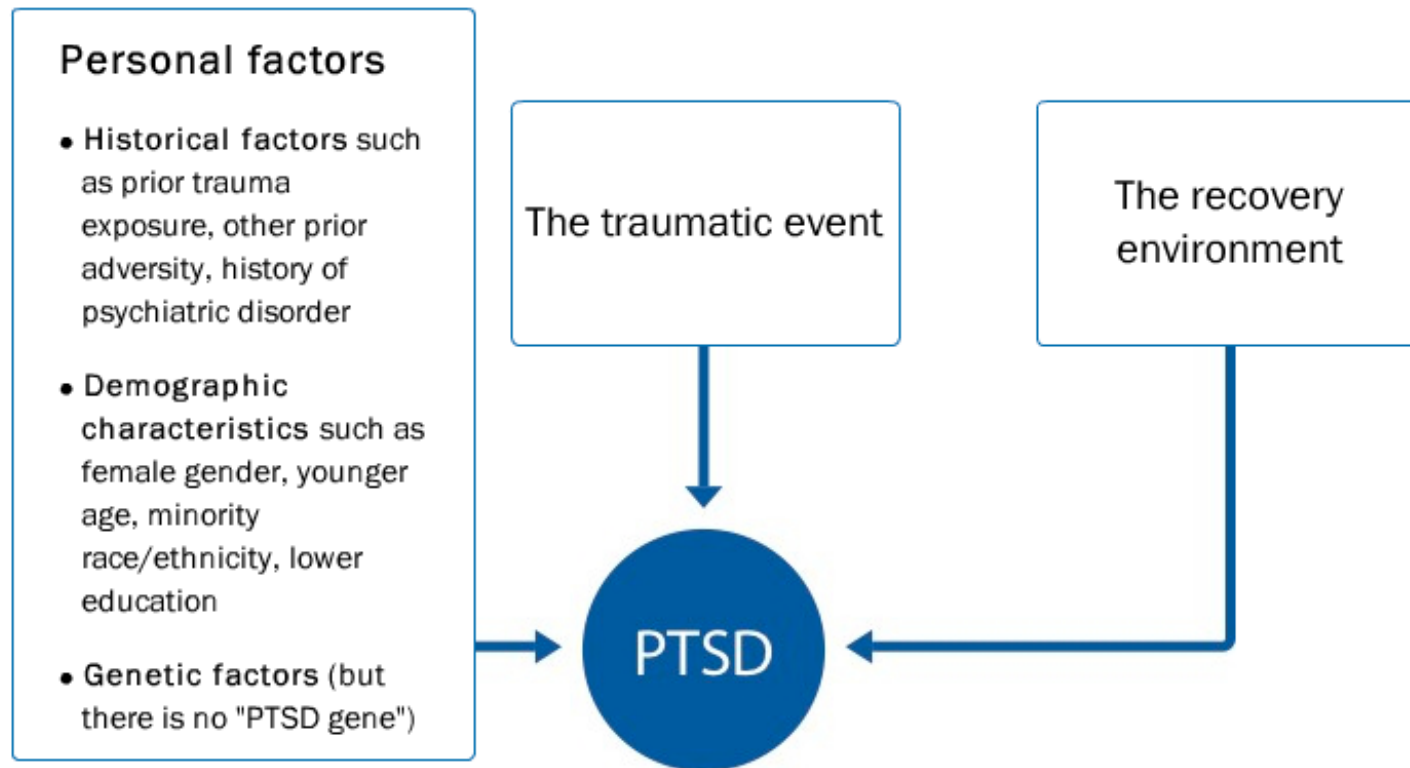


Hoge, et al., 2004

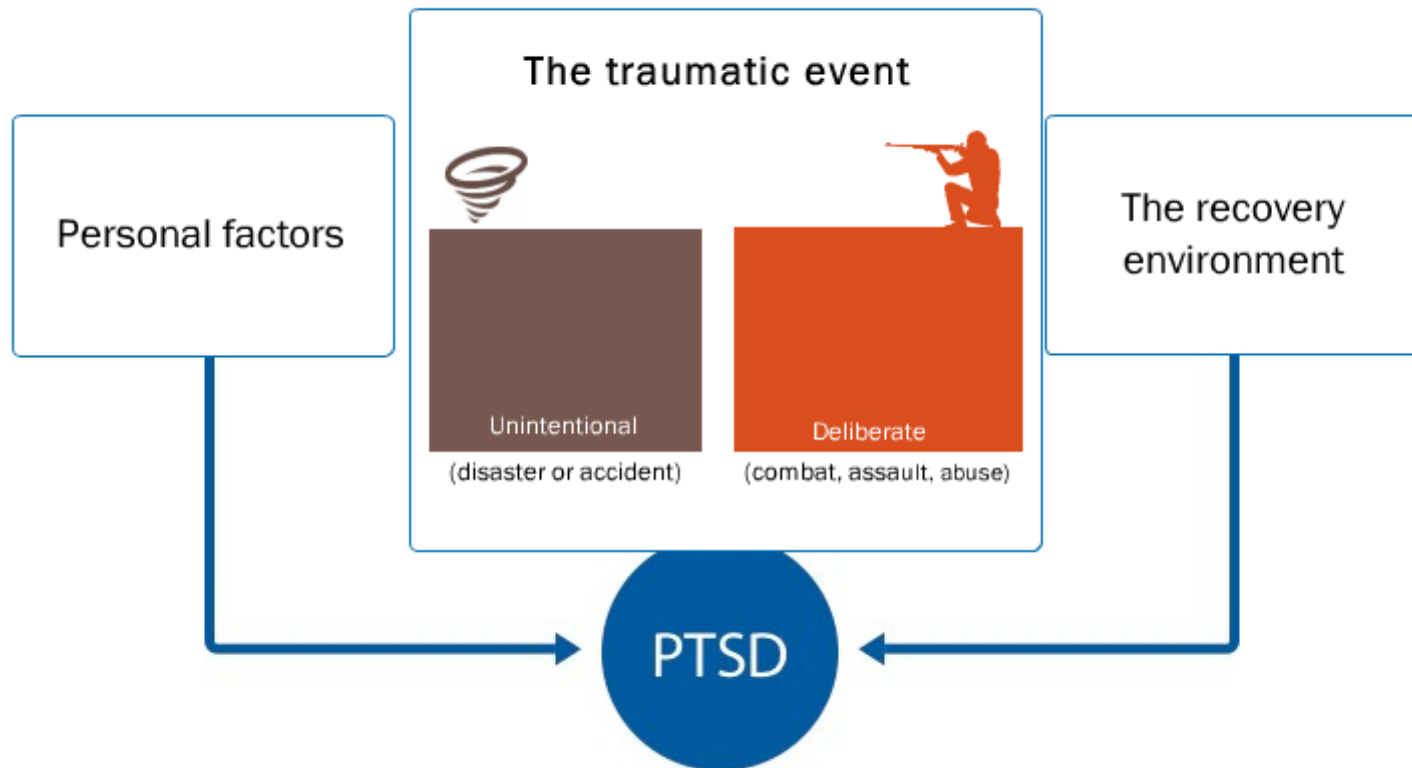
Why do some people get PTSD while others do not?



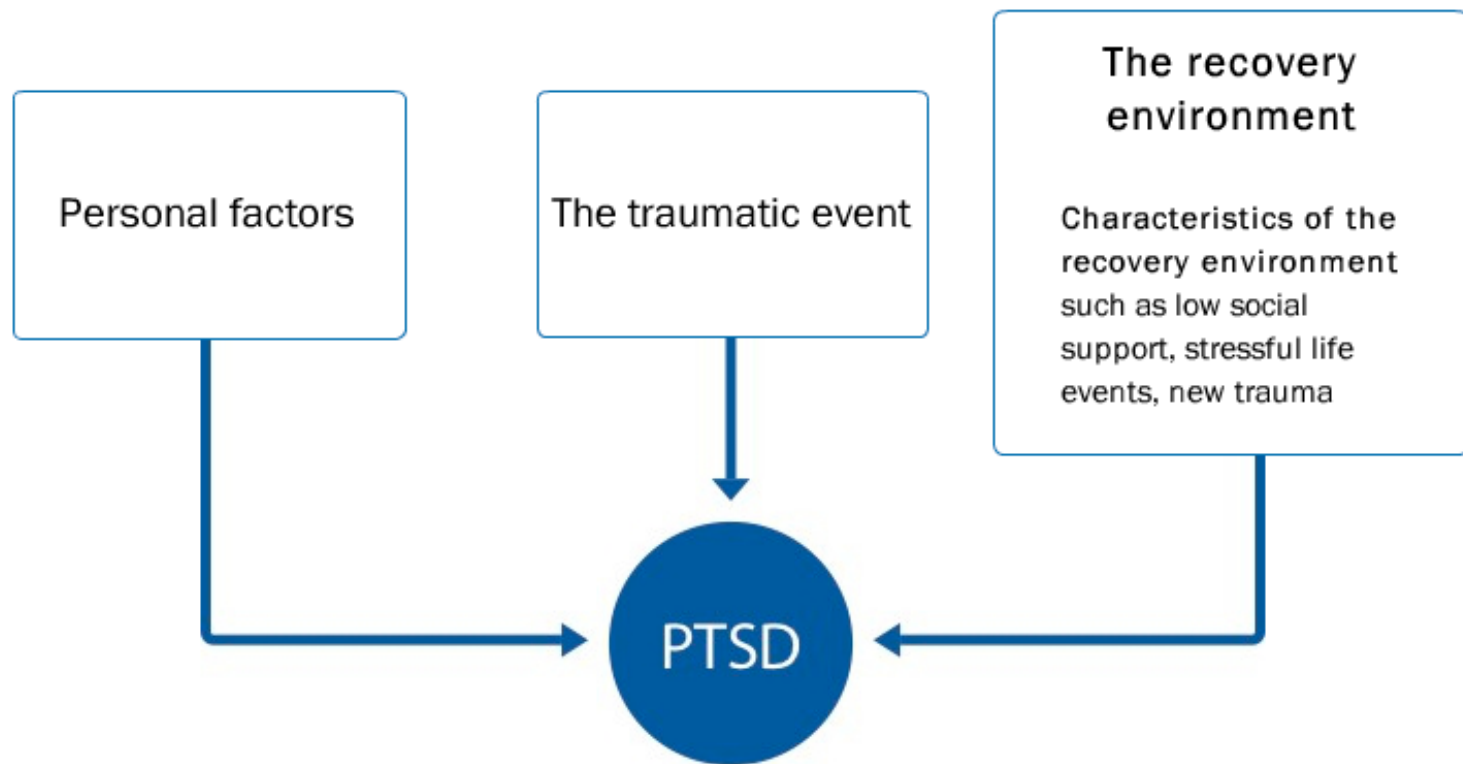
Personal Factors



Traumatic Event



Recovery Environment



Comorbidity: PTSD often co-occurs with other problems.



80% have one or more mental health problem

(depression, anxiety disorders, and substance use disorders)

20% have no other mental health problem

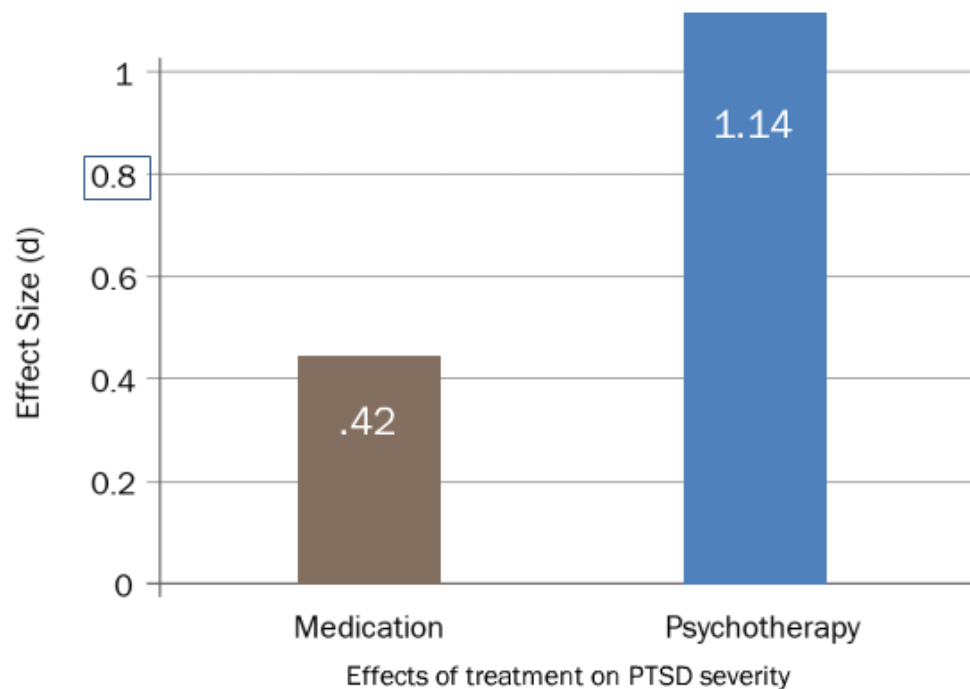
Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

Other Co-occurring Problems



How can PTSD be treated?

Both medication and psychotherapy are effective, but psychotherapy is more effective.



Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *Journal of Clinical Psychiatry*, 74(6), e551-e557. doi: <http://dx.doi.org/10.4088/JCP.12r08225>

Evidence-based Pharmacological Treatments

- First line medications
 - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - E.g., paroxetine (Paxil), sertraline (Zoloft)
 - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
 - E.g., venlafaxine (Effexor)
- Warning: Benzodiazepines (e.g., Xanax, Valium, Klonopin)
 - Limited efficacy
 - Increased safety concerns
 - Not recommended for PTSD

Evidence-based Psychotherapy Treatments

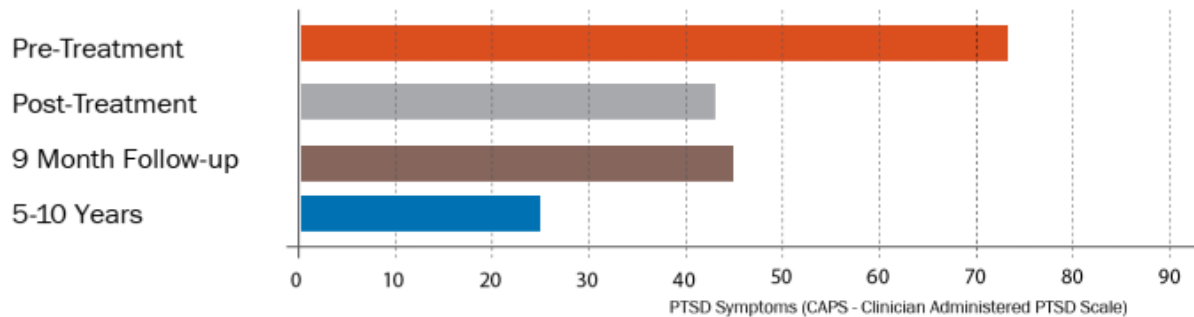
- First line psychotherapies

Cognitive Behavioral Therapy (CBT): build new cognitive skills and engage in new behaviors, or change existing ones

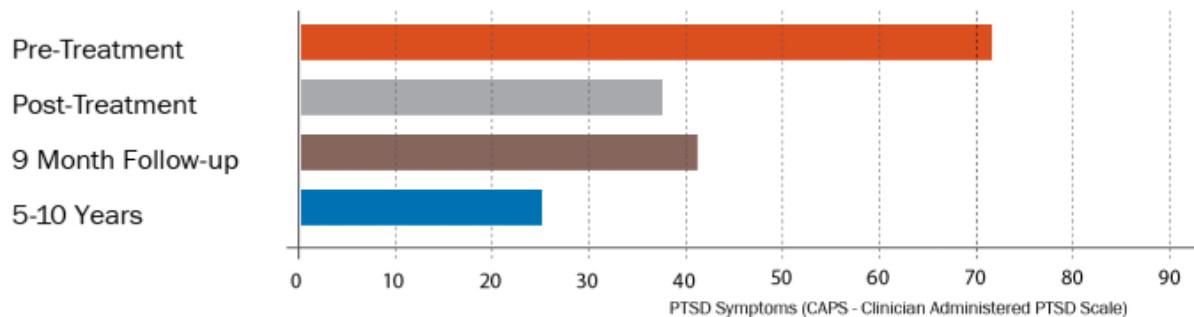
- **Prolonged Exposure (PE):** In PE you confront situations you have been avoiding until distress decreases.
- **Cognitive Processing Therapy (CPT):** In CPT you examine and challenge thoughts about the trauma until you can change the way you feel.

Cognitive Behavioral Therapy (CBT) Works

Prolonged Exposure



Cognitive Processing Therapy

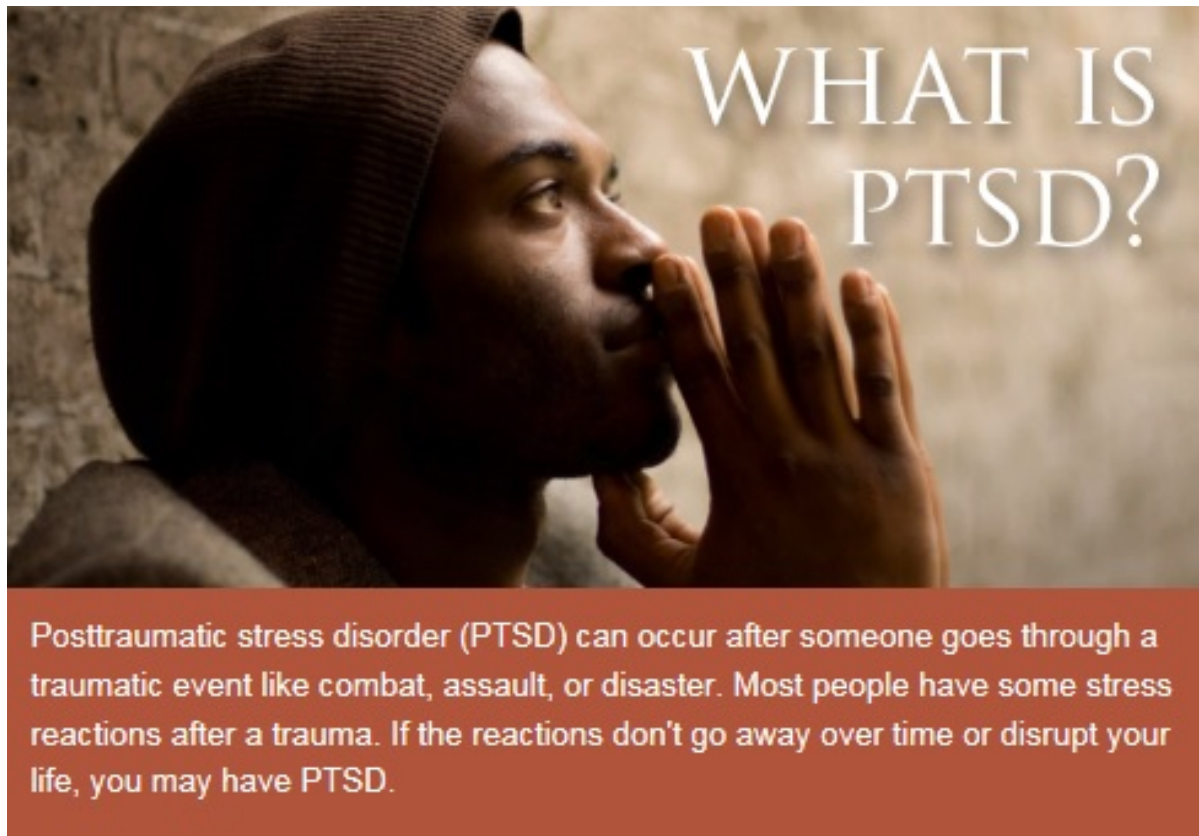


Resick, Patricia A.; Nishith, Pallavi; Weaver, Terri L.; Astin, Millie C.; Feuer, Catherine A. Journal of Consulting and Clinical Psychology, Vol 70(4), Aug 2002, 867-879. doi: 10.1037/0022-006X.70.4.867

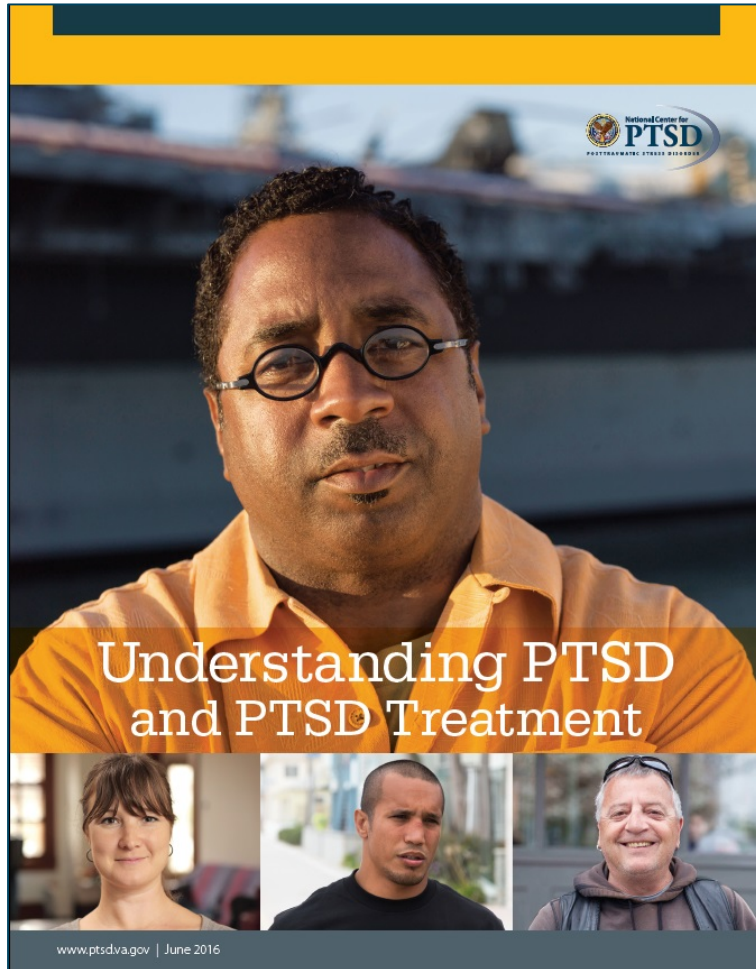
Evidence-based Psychotherapy Treatments Cont.

- Other VA/DoD Clinical Practice Guideline first line psychotherapies include:
 - **Stress Inoculation Training (SIT):** By teaching coping skills, SIT can help you find new ways to deal with PTSD symptoms. These skills can also help you manage other stressful situations or event in your life.
 - **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR helps you process upsetting memories, thoughts, and feelings related to trauma. In EMDR, you'll pay attention to a back-and-forth movement or sound while you think about the upsetting memory long enough for it to become less distressing.

RESOURCES AND TOOLS FOR VETERANS, GENERAL PUBLIC, FAMILY & FRIENDS



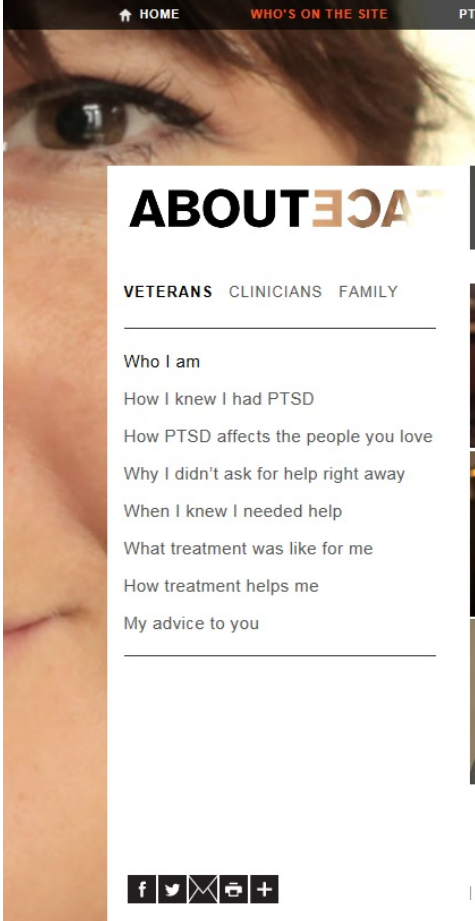
PTSD Basics



- *Understanding PTSD and PTSD Treatment* is a booklet that explains basic information about:
 - What is PTSD?
 - What can cause PTSD?
 - What are the symptoms of PTSD?
 - What do I do if I have symptoms?
 - How do I know if I have PTSD?
 - Why get treatment for PTSD?
 - Common questions about treatment
 - What happens during PTSD treatment?
 - How do I choose a mental health provider?
 - Where can I go to get help?

AboutFace

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ABOUTFACE


VETERANS CLINICIANS FAMILY


- Who I am
- How I knew I had PTSD
- How PTSD affects the people you love
- Why I didn't ask for help right away
- When I knew I needed help
- What treatment was like for me
- How treatment helps me
- My advice to you

Learn about posttraumatic stress disorder (PTSD) from Veterans who've experienced it. Hear their stories. Find out how treatment turned their lives around.



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Thank you!



[Insert Contact Information]

Visit the National Center for PTSD at: www.ptsd.va.gov