# PTSD: Symptoms, Treatment, and Additional Considerations

North Dakota VSO Spring Conference
March 24th, 2015

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## Acknowledgements

Following presentation incorporated use of slides prepared by the VA Psychology Training Council Evidence-Based Psychotherapies Subcommittee

Prolonged Exposure Slides:
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Cognitive Processing Therapy slides adapted from a presentation by Kathleen M. Chard, Ph.D.

Also would like to thank Dr. Margo Norton, Fargo VA, for sharing resources and slides regarding Reintegration and Post Deployment

## Presentation Outline

- Symptoms of PTSD
- Returning Veterans
- Treatment
  - Prolonged Exposure Therapy
  - Cognitive Processing Therapy
  - Seeking Safety for PTSD and Substance Use
- Impact on Family and How Others Can Help
- Additional Resources

## PTSD: Diagnostic Features

- Exposure to actual or threatened death, serious injury, or sexual violence
  - Intrusion symptoms
    - Recurrent and distressing memories and dreams, flashbacks, psychological or physiological reactions when reminded of the trauma
  - Avoidance
    - Avoiding memories, feelings, thoughts, people, places, activities, and conversations associated with the trauma

## Diagnostic Features (cont.)

- Negative changes in thoughts and mood
  - Difficulty remembering parts of the event, negative thoughts, guilt, shame, decreased interest in activities, feeling detached from others, difficulty having positive emotions
- Arousal and reactivity
  - Anger, reckless or self-destructive behavior, being on-guard, quick to startle, problems concentrating, sleep difficulty

## PTSD In Returning Veterans

- Approximately 25% of returning Veterans seen at VA facilities received mental health diagnoses (other studies show rates as high as 55%)
  - PTSD most common (13% of all Veterans)
  - 56% with 2 or more diagnoses
- Approximately 13% of Veterans were female
- More than half were younger than 30-years
- Majority are initially seen in non-mental health settings , particularly primary care
- Unique challenges (i.e. ongoing awareness of stressors at home and public opinion)
    - (Seal et al, 2007)

## Common Experiences Among Returning Veterans

- Shot at/small arms fire
- Receiving artillery, rocket, mortar fire
- Being attacked/ambushed
- Roadside explosions (IED)
- Receiving injury/wound
- Near death experience/close call
- Knowing someone killed/injured
- Unable to aid wounded woman/child

## Common Experiences Among Returning Veterans (Cont.)

- Seeing dead bodies/remains
- Handling dead bodies/remains
- Witnessing a fellow soldier shot/killed
- Clearing/searching homes
- Shooting/directing fire at enemy
- Responsible for death of enemy
- Responsible for death of non-combatant

## Military Sexual Trauma

- Definition: Sexual harassment and sexual assault that occurs in military settings
- Often occurs where the victim lives or works
- Majority of victims do not make official reports
- Associated with:
  - Poorer psychological well-being, increased physical concerns, lower quality of life, anger/shame, guilt, problems in interpersonal relationships, difficulties with trust and sexual intimacy
- Both females and males:
  - According to 1995 study, rates of sexual harassment were 78% among women and 38% among men over a one-year period
  - Males may express concern about masculinity or sexuality

Taken from http://www.ptsd.va.gov/professional/trauma/war/military-sexual-trauma.asp

# Evidenced Based Treatments For PTSD

## When To Seek Further Assessment/Treatment

- Symptoms do not improve at three to six months
- Symptoms affect social and occupational functioning
- Positive PC-PTSD screen (available at: http://www.ptsd.va.gov/public/treatment/therapy-med/what-if-think-have-ptsd.asp):
  - Have had nightmares about it or thought about it when you did not want to?
  - Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
  - Were constantly on guard, watchful, or easily startled?
  - Felt numb or detached from others, activities, or your surroundings?

## Exposure Therapies

- Found to be more effective than treatment as usual
- Can be disseminated effectively over long distances and across cultures
- Unfortunately relatively few clinicians are using evidence based treatments for PTSD and other mental disorders in their practice

## Role of Avoidance

- Avoidance reduces trauma re-experiencing and hyperarousal in short term but prolongs in long term
- Avoid trauma memories → never challenge trauma-related beliefs
- Avoid public → never challenge safety concerns
- Avoidance and negative reinforcement: Leaving or initially avoiding feared situation leads to relief, thus strengthening avoidance behavior

## Prolonged Exposure

- 9-15 sessions, 90 minutes each
- Two types of exposure:
  - Imaginal exposure
    - Emotional processing of trauma memory
    - Learning – memory is painful but not dangerous
  - In vivo exposure
    - Do real-life activities that are avoided
    - Learning – Many situations are safer than I thought

## In-Vivo Exposure

- Disconfirms belief that feared situation is actually harmful
- Prevents avoidance & thus negative reinforcement
- Disconfirms belief that anxiety will "last forever"
- Habituation – less & less distress with repeated exposures
- Increases sense of competency
- Metaphor:
  - Little boy knocked over by wave, scared of water, parent gradually brings him closer & closer to water

## Sample In-vivo Hierarchy

| # | Situation | Rating |
|---|---|---|
| 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 |

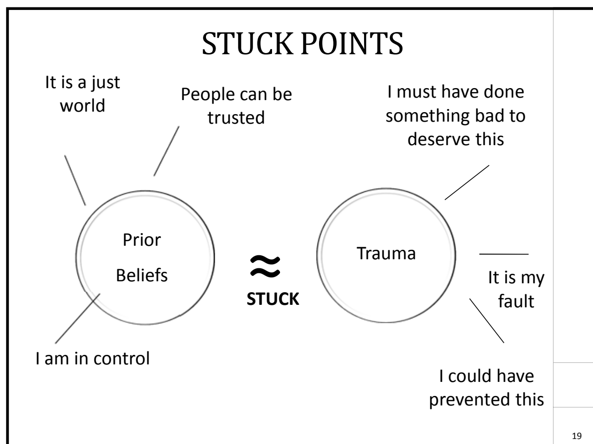
Courtesy of Sally Moore, Ph.D.

## Imaginal Exposure

- Repeated trauma reexperiencing indicates "unfinished business"
  - Metaphor
    - Undigested Food
- Avoidance works in short term to alleviate distress but functions to maintain distress over long term
  - Serves good survival function *but*
  - Prevents emotional processing

## Cognitive Processing Therapy

- 12-15 weekly or biweekly sessions; 45-50 minutes each
- Can be conducted in individual or group format
- Identify how thinking has changed, and how this keeps symptoms from improving
- Typically involves reading a writing both an impact statement, and trauma account




**A-B-C Sheet**

| ACTIVATING EVENT<br>A<br>"Something happens" | BELIEF<br>B<br>" I tell myself something" | CONSEQUENCE<br>C<br>"I feel something" |
| --- | --- | --- |
| | | |

Is it reasonable to tell yourself "B" above? ____________________

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

# Cognitive Processing Therapy

- Main themes discussed in final five sessions:
  - Safety
  - Trust
  - Power and Control
  - Esteem
  - Intimacy

# PTSD and Substance Use

- Potential effects of specific substances
  - Alcohol use – reduction in nightmares and feeling cut-off from others
  - Heroin use –relief in intrusive symptoms
  - Marijuana use – improvement in sleep disturbances
  - Alcohol, heroin, and benzodiazepines - reduced hyperarousal symptoms
  - Cocaine use – may increase severity of hyperarousal symptoms
- Withdrawal symptoms (particularly CNS depressants) may cause relapse

Ouimette et al., 2003

## Increased arousal symptoms in PTSD/ Symptoms related to CNS depressant withdrawal

(Jacobsen et al., 2001)

| PTSD Symptoms of Increased Arousal | Symptoms of CNS Depressant Withdrawal |
|---|---|
| Difficulty falling or staying asleep | Insomnia |
| Irritability or outbursts of anger | Psychomotor agitation |
| Difficulty concentrating | Anxiety |
| Hypervigilance | Autonomic hyperactivity |
| Exaggerated startle response | Increased hand tremor |
| | Transient hallucinations |
| | Nausea or vomiting |
| | Seizures |

# The Relationship between PTSD and Substance Use



Adapted from Stewart & Conrod, 2003

## Seeking Safety for PTSD & Substance Use

- Individual or group therapy approach
- Limited discussion of trauma
- Flexible and range of topics:
  - Safety
  - PTSD: Taking Back Your Power
  - Detaching from Emotional Pain (Grounding)
  - When Substances Control You
  - Creating Meaning
  - Discovery
  - Coping with Triggers (PTSD and Substance Use)
  - Healing From Anger

## Treatment Considerations

- Motivational Enhancement
  - Very important that clients are adequately prepared and educated about treatment
- Moral Injury
- Family Involvement
- Awareness of incentives to minimize distress
  - Not wanting to compromise military career
  - Concern regarding limits of confidentiality
- Steady employment associated with better long-term functioning
  - (Ruzek et al., 2014)

## Treatment Considerations – Returning Veterans

- Attend Fewer Sessions
- Higher drop out rates
- High rates of active substance use problems
- May not demonstrate/acknowledge significant problems in first weeks/months after returning
- Factors Affecting Treatment
  - I can't get the time off from work (55%)
  - It is difficult to schedule an appointment (45%)
  - Can't afford to seek help (25%)
  - I don't know where to get help (22%)
  - I don't have adequate transportation (18%)
    - Hoge, 2004

## Additional Treatment Considerations

- Support for use of telemedicine
- Good approach to reaching rural Veterans that may be more isolated
  - Weekly telemedicine clinic used to treat American Indian Veterans was associated with a high degree of patient satisfaction and comfort with the clinic (Shore and Manson, 2004)
  - VA currently offers tele-health to outpatient clinics and to home

## Impact of PTSD on Family

- May result in:
  - Increased marital problems
  - Family violence
  - Negative feelings among family members
  - Social avoidance/isolation
  - Sadness
  - Anger/guilt
  - Discouragement

Taken from: http://www.ptsd.va.gov/public/family/effects-ptsd-family.asp

## How Others Can Help

- Learn about PTSD
- Let the Veteran know you are there to listen, and also that you understand if they don’t want to talk at times
- Plan activities together
- Balance encouragement of social activities, with understanding that social withdrawal is a common reaction
- Offer to be involved in treatment
- Ask how you can help
- Care for yourself, and seek personal help if needed

Taken from: http://www.ptsd.va.gov/public/family/helping-family-member.asp

## VSO Role

- Instill Hope
  - Letting Veterans know that treatment is available, and effective
  - For Vietnam era Veterans:
    - Treatment and the VA will likely seem much different than upon returning
    - Treatment can be very effective even for Veterans that have had chronic/long-standing symptoms
- Increase awareness of available treatments and resources
  - (i.e. National Center for PTSD Website - http://www.ptsd.va.gov/)
- Acknowledge awareness of stigma
- Encourage reintegration and social involvement, while also understanding strong pull toward avoidance

## Additional Resources

- Contact information for myself and Fargo VA Outpatient Mental Health
  - (701) 239-3700 ext. 3150
- Confidential Veteran’s Crisis Line 1-800-273-8255 (press 1 for Vets)
- http://www.ptsd.va.gov/
- Mobile Apps
  - **PTSD Coach:** http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp
  - **CPT Coach**: http://www.ptsd.va.gov/public/materials/apps/cpt_mobileapp_public.asp
  - **PE Coach:** http://www.t2.health.mil/apps/pe-coach
  - **Stay Quit Coach:** http://www.ptsd.va.gov/public/materials/apps/stayquit_coach_app.asp

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