

**PTSD: Symptoms,  
Treatment, and Additional  
Considerations**

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Jessica Gustin, Ph.D.  
Licensed Clinical Psychologist  
Fargo VA Medical Center

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Scott Michael, Ph.D., Dana Holohan, Ph.D., Gia Maramba, Ph.D., & Thad Strom, Ph.D.

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**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

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### 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

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### 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

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### 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)

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### 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

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### 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

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### 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>

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## Evidenced Based Treatments For PTSD

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## 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?

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## 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

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### 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

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### 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

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### 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

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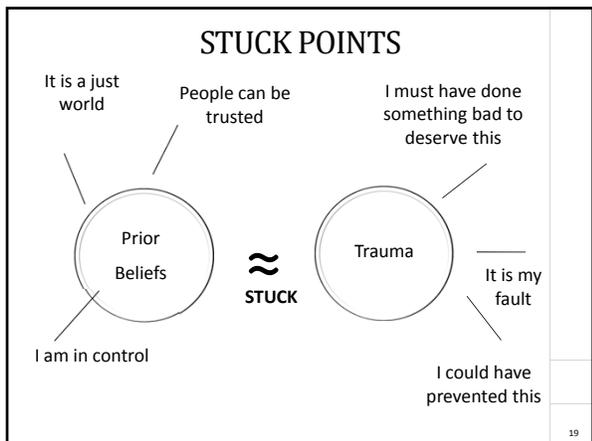
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### A-B-C Sheet

ACTIVATING EVENT A	BELIEF B	CONSEQUENCE C
"Something happens"	"I tell myself something"	"I feel something"

Is it reasonable to tell yourself "B" above? \_\_\_\_\_  
 What can you tell yourself on such occasions in the future? \_\_\_\_\_

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

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## 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

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### 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

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## The Relationship between PTSD and Substance Use

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    graph TD
      PTSD((PTSD)) --> WE((Withdrawal effects))
      PTSD --> ADU((Alcohol/ Drug Use))
      WE --> EDU((Escalating drinking/ drug use))
      ADU --> STR((Short term symptom reduction))
      EDU --> PTSD
      STR --> PTSD
    
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Adapted from Stewart & Conrod, 2003

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### 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

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### 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)

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### 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

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### 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

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### 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>

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### 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>

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### 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

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### 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](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](http://www.ptsd.va.gov/public/materials/apps/stayquit_coach_app.asp)

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