

# Helping Families and Service Members Recover from the Impact of Post Traumatic Stress

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# Its very stressful being a military spouse.

- You feel like your on your own a lot. Gets pretty lonely.
- You don't know how you get everything done. Mostly you do, but sometimes you just get tired.
- You think your supposed to be strong. You don't always feel strong.
- Your kids are good kids. They miss their dad or mom. Sometimes they get upset or just act differently. Seems hard to tell how they are doing.
- Then when your partner comes home you think maybe you made it through... and then you see – They really didn't come home. Something's really wrong and you start to sink.



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# What happened to my spouse?

He came home and seems like a different person.

He is yelling in his sleep. I woke him up and he grabbed me and hurt me.  
(Intrusive Symptoms – Nightmares, Flashbacks)

He cant relax. I called his name and he jumped and broke a glass.  
(Hyperarousal – Hypervigilant Anxiety & Panic)

She doesn't seem to like anybody any more. She's so down on herself.  
(Intense Negative Beliefs about themselves and the world)

He seems mad all the time. He yells at the kids a lot now. I'm scared of him.  
( Intense Negative Emotional Reactions)

We never go out any more. He's jumpy at the mall. I think he's drinking in  
the garage by himself at night (Avoidance Behavior)

I tried to talk to him and it was like he wasn't there. It took him 10 minutes to  
snap out of it. (Dissociation)



# Your Spouse is still your spouse. They left the combat zone but the combat zone moved to their mind.

A. What does PTSD develop from? Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: Experiencing, Witnessing, Learning event happened to someone close or Experiencing repeated/extreme exposure to aversive details

B. What are these PTSD Reactions?

Nightmares & Flashbacks – Replays of a very bad movie

Essentially brain bombarded with raw data from trauma and attempting to resolve the memory of the event.



# What is PTSD?

PTSD Reactions –

**Hyperarousal – Preparation for Trauma and Avoidance of Aftermath**

**Triggers – present cues remind the brain of the trauma causing the person to re-experience trauma as if its happening now.**

**Dissociative Reactions – The Brains great off switch**



# So now that you see it what do you do?

How do you help them with:

Nightmares, Flashbacks

Hyperarousal – Hypervigilant Anxiety, Moments of Intense Panic

Intense Negative Beliefs about themselves and the world

Intense Negative Emotional Reactions

Avoidance Behavior – External and Internal

Dissociation





# Quick Self Help Tricks to begin to deal with Common Problems

## Depression:

Get up and out of the house every day  
Exercise as much as you can  
Gallon of water a day  
Eat 6 times a day –Protein & Complex Carbs  
Talk to people – friends, church, therapy  
Cry, Yell, and Breath Deeply at least once a day  
Talk or Pray out loud be thankful for something  
Believe it will work out. Say that it will

## Panic or “Stiff Anxiety”

“Walk, talk and breathe”

## Worry

Do steps from Depression and Panic  
Say how its going to work out well, out loud over & over.  
Cheer if no ones looking



# He's got PTSD but what do I do with my pain?

Spouses get overwhelmed too.

“Husband pursues me and does this certain thing and I end up on the ceiling.”

“When he yells I cant go to sleep I stay up and watch TV” I haven't slept in weeks” (PTSD in Spouse also)

“Now I cry when he goes to work” I don't want to upset him any more than he is already.” “I just don't know what to do.”

“He is mad, now I'm mad, we are both yelling all the time. The kids think we have lost our minds” (Depression)

“My mind wont stop I just keep thinking she's not going to be ok. I cant sleep now” (Anxiety)

“Now all I see in my dreams is him yelling at the kids”

“He walks into the room and I'm on edge”

“He called my name and I jumped and broke a vase”

“I feel trapped” (Secondary PTSD)



# Climbing Out of the Hole

The Start to Dealing with Mental and Emotional Pain

**Connect**

Friends, Family, Pastors, Mentors

**Pour Out**

Acknowledge Depth and Kind of Distress  
at an Emotional Level

**Pour In**

Identify Good Truth  
Relevant Ideas from Your Faith and Reality

**Go and Do**



# What if my kids are having problems

- **How do I know?**

- **Major changes in key areas:**

- **Thinking**
    - **Emotions**
    - **Habits**
    - **Relationships**
    - **Health Check**

- **What do I do now?**

- **Talk to your teen or child – Let them talk to you**
  - **Ask if theyre ok – not kidding some don't**
  - **Ask them how theyre doing - even if they seem fine**
  - **Give Permission for them to have an Opinion and Feelings**
  - **Tell them what you see and let them explain it**
  - **Watch their actions and interactions with friends**
    - **ALL Behavior is Communication**
    - **Quiet little buggers are the ones to watch**

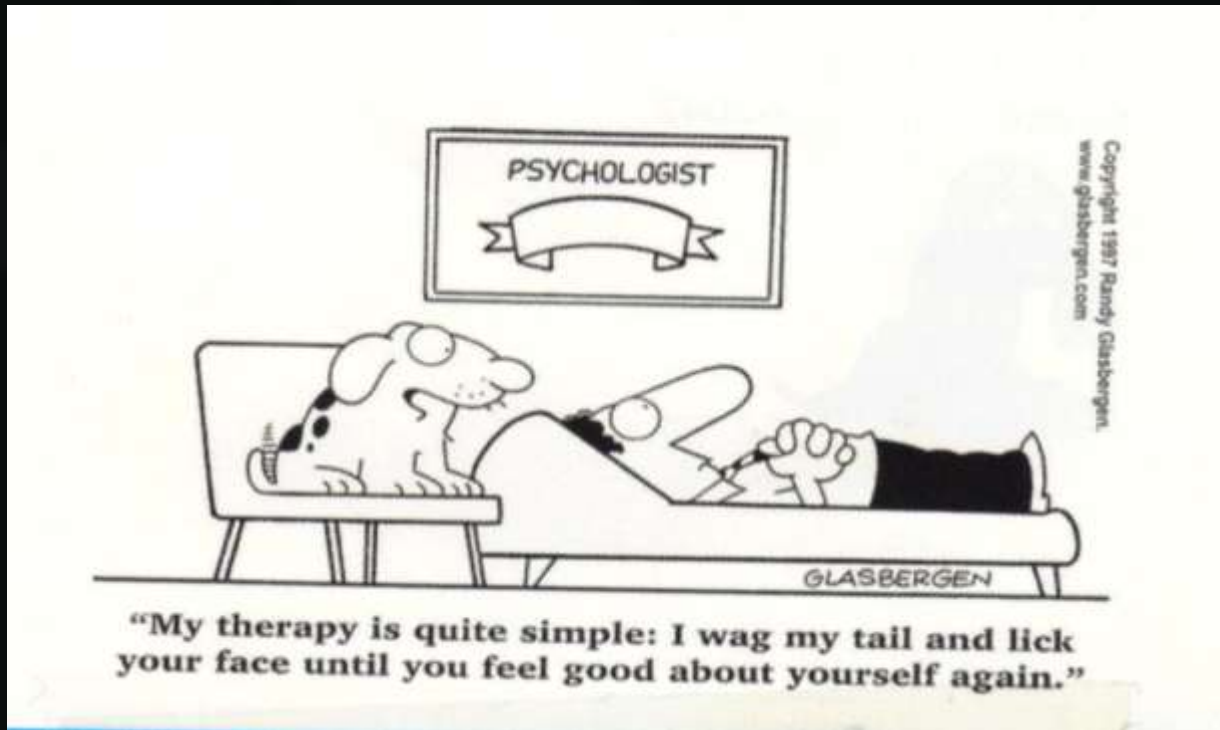


# Impact if PTSD goes Untreated

- Nightmares Flashbacks Hypervigilance continue
  - Self Concept worsens
  - Anxiety Increases, Negative moods deepen
  - Sleep is avoided, becomes shallow, worsens
  - Physical health is degraded, fatigue increases.
- Depression or Mood Swings are present and worsen
  - Begins to impact coping ability in its own right
- Behavior problems ensue – reduced productivity, increased family conflict, drug and alcohol abuse



# So What Happens When We Go to Therapy?



# Goals of Treatment for the Family

## Help Spouses and Family Members Cope

- Understand PTSD and how to support their partner in trauma recovery
- Identify personal distress indicators and deal with distress of their own
- Develop a social and professional support network to guide and facilitate the process
- Strengthen good communication and conflict resolution skills
- Improve problem solving
- Identify parenting tasks and develop intervention strategies for teens and children



# Clinical Assessment

- **Length – One to Three Sessions**
- **Goals:**
  - **Interactive Discovery Process**
  - **In-Depth Assessment**
  - **Define and Prioritize concerns**
    - **Acute Issues**
    - **Safety Concerns**
    - **Longer Term Treatment Issues**
  - **Stabilization - Safety, Sleep, Panic, Psychosis, Medical issues**
  - **Create Treatment Plan with you**
    - **Road map for recovery**
  - **Referrals**





# Clinical Assessment – Risk factors present

- Danger in present situation
  - Suicide potential
  - Abuse potential– Danger in current living environment and relationships
  - What if Im at Risk or my kids and I are at risk?
- Drugs & Alcohol Issues
  - All affect ability to regulate thinking, mood, and behavior
  - All affect prescription medicine effectiveness
  - LSD, Methamphetamine, PCP – Higher Risk of loss of control
  - Cocaine- Use suggests poor treatment effect with EMDR
- Psychotic Experiences – Voices, Visions, Delusions, Disorganized
- Significant Pain or Medical Issues



# Clinical Assessment – Common Referrals

- Psychiatry Referral for General Psych issues
  - Sleep, Severe Panic, Major Moods, Prior Trauma
- Psychotic Symptoms get a Psychiatry Referral
  - Hallucinations, Delusions, Inability to care for self
- Pain or possible health issues gets a Medicine referral
  - Meds for real pain
  - Physical Health Issues
- Internal medicine issues can negatively affect mood
  - TBI, Thyroid, Blood Pressure, Blood Sugar, Diabetes, MS
- Delirium - Medicine or Psychiatry
  - confusion, visual hallucinations can be a medication or viral reaction
- Drug and alcohol issues
  - Get referral to individual therapist for D&A counseling, AA, NA group support

- Internal medicine issues can



# Clinical Assessment – Common Referrals

Marital Issues and parenting issues get:

- Request to see the spouse or refer spouse to their own therapist
- Referral to family therapist for couple
- Referral to child therapist for children
- Acute Concerns get Psychiatry referral
  - Sleep problems, Severe Panic or Depression
  - Severe prior trauma
- Other Referrals for Social Support
  - Church
  - Trauma, Depression, Parenting, ETC
  - Activity



# Early Therapy

Length – **One to Three Sessions**

Goals: **Safety and Skills Development**

Stabilize Situation

- **Develop Plan to Maintain Safety**
- **Educate on Symptoms for all family members**

Teach Coping Skills

- **Symptoms management skills for Panic, Anxiety, Depression, Conversation Skills including De-escalation**
- **Behavioral dos and don'ts of responding to Nightmares and flashbacks**



# Completion of Therapy “You can Recover”

## Finished:

Goals are Achieved

Confidence in Processes and Skills

Social Supports are in Place

Transition to Other Therapy,  
Checkups or “PCS Home”

Length: Variable



# Alpha Omega Christian Counseling PC

AOCC is a Faith-Based Multi-Disciplinary Team providing:

- Psychiatric Services
- Psychological Assessment
- EMDR Certified Therapists and Consultants
- Licensed Professional Counselors
- Pastoral Counselors
- Licensed Clinical Social Workers

## AOCC Locations

- Satellite Office - Right Across the Street – Cornerstone Church
- Main Office - Tesson Ferry Road St Louis
- Other Locations – Maryville IL, Edwardsville IL, Farmington MO, New Melle MO

Direct: 314-849-2120

Toll Free: 1- 800-737-2465



# Alpha Omega Christian Counseling PC

- On Most Major Insurance Plans
- Private Pay for those wanting Private Services
- Sliding Scale for those in significant financial need
  - 24 Hour Emergency Line
  - EAP Services for Organizations

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# What is PTSD?

## DSM-V Criteria A for Posttraumatic Stress Disorder

- A. Stressor: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
1. Directly experiencing the event
  2. Witnessing the event(s) in person
  3. Learning event(s) that occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
  4. Experiencing repeated/extreme exposure to aversive details of the event(s) (e.g., first responders collecting human remains; police repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.





# What is PTSD?

- B. Intrusion Symptoms: Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
  2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
  3. Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
  4. Intense or prolonged psychological distress at exposure to internal or external cues.
  5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).



# What is PTSD?

- C. Avoidance: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
  2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).



# What is PTSD?

- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
  2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “No one can be trusted”).
  3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
  4. Persistent negative emotional state (e.g., fear, horror, anger, guilt or shame).
  5. Markedly diminished interest or participation in significant activities.
  6. Feelings of detachment or estrangement from others.
  7. Persistent inability to express positive emotions (happiness, love).



*Bourne clip – Ultimatum end of movie “I’m  
no longer Jason Bourne”*

*I am still looking....*

