

“Safe Haven” Helping Family Members Recover from the Impact of PTSD

Dr. David M. Knight, Psy.D.

Licensed Clinical Psychologist

Director, Alpha Omega Christian Counseling

Approved Consultant EMDR

Certified EMDR Therapist

10 Years Active Duty Regular Army Officer

Veteran Desert Shield Desert Storm



David M. Knight, Psy.D.

Clinical Psychologist
Director, Alpha Omega
Christian Counseling PC
Missouri License – 1999140253
Illinois License – 071-006025

Main Office
11166 Tesson Ferry Road
Suite 203
St. Louis, MO 63123

(314) 849-2120
Toll free 800-767-2465
Fax (314) 729-1953
www.alphaomega.cc

Other Alpha Omega locations:

Faith Family Church
704 N. Green Mount Road
Shiloh, IL 62221

Newsong Fellowship Church
201 Saint Louis Street
Edwardsville, IL 62025

400 North Washington, Suite 224
Farmington, MO 63640

2850 West Clay St.
Suite 255
St Charles MO 63301



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 act differently. Its hard to tell how they are doing.
- Your partner comes home and you think maybe you made it through... and then you see – Something's really wrong and you start to sink.



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)



Itv 21



Your Spouse is still your spouse. They left the combat zone. But now the battle is in 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 to help with:

Nightmares, Flashbacks?

Hyperarousal? – Hypervigilant Anxiety, Moments of Panic

Intense Negative Beliefs about themselves and the world?

Intense Negative Emotional Reactions?

Avoidance Behavior? –

External-Avoids people and places

Internal – Avoids Remembering = Dissociation



I know they have PTSD but what about me?

Spouses get overwhelmed too.

Anxiety

- “My mind wont stop I just keep thinking she's not going to be ok.
- “I cant sleep now” “I just worry all the time”

Depression

- “Now I cry when he goes to work” “I don't want to upset him any more than he is already.” “I don't know what to do, so just go back to bed”
- “He is mad, now I'm mad, we are both yelling all the time. The kids think we have lost our minds”

Secondary PTSD

- “When he yells I cant go to sleep I stay up and watch TV” I haven't slept in weeks”. “He walks into the room and I'm on edge” (Hypervigilance).
- “Now all I see in my dreams is him yelling at the kids” (Nightmares)
- “I feel trapped, my heart wants to jump out of my chest” (Panic)
- “Then he wants sex and I end up on the ceiling.” (Dissociation)



Spouses and kids can suffer from secondary trauma symptoms.

PTSD – Nightmares, hypervigilance, Avoidance

Panic symptoms

Anxiety

Depression

Negative Coping Behaviors



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.
Tom Salk Dam Crash
- 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



Climbing Out of the Hole

So Where do I start getting help for my kids and me?

Help from the Scripture - **Philippians 4:4-9**

Rejoice in the Lord always; again I will say, Rejoice. ⁵ Let all men know your forbearance. The Lord is at hand. ⁶ Have no anxiety about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. ⁷ And the peace of God, which passes all understanding, will keep your hearts and your minds in Christ Jesus.

⁸ Finally, brethren, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is gracious, if there is any excellence, if there is anything worthy of praise, think about these things. ⁹ What you have learned and received and heard and seen in me, do; and the God of peace will be with you.



Climbing Out of the Hole

So Where do I start?

Help from the Scripture - **Philippians 4:4-9**

Connect - God is Near and Good turn to Him

Pour Out - Express your anxiety (all your needs) to Him

Pour In – Get Good Truth from Scripture

Go and Do - Do what He says and He will walk with you

Help from God's Agents -

Connect – To Gods agents who are trained to help

Pour Out – all your concerns

Pour In – Good Truth from Scripture and Wisdom

Go and Do – Take action on the Good Truth



Climbing Out of the Hole

So Where do I start?

Connect – God, Faith, Family, Mentors, & Friends

Pour Out – What is inside comes outside
at an Emotional Level



Climbing Out of the Hole



Climbing Out of the Hole



Climbing Out of the Hole

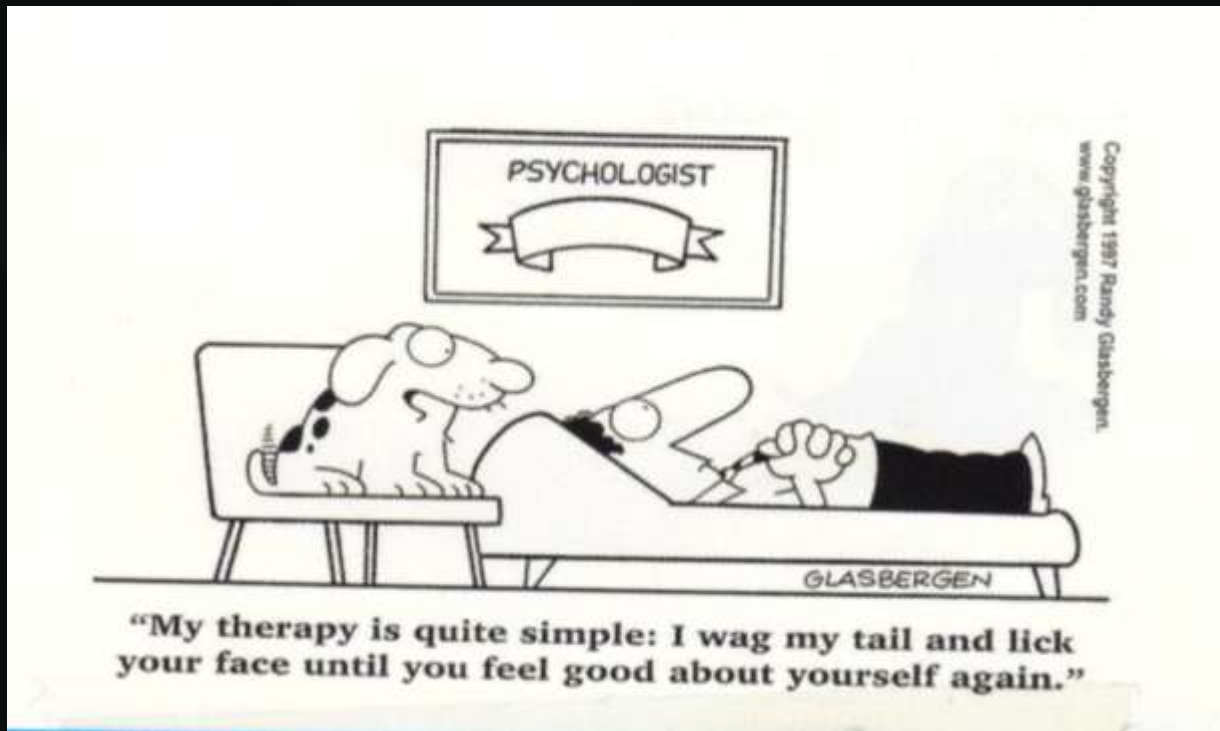
So What Can I do for myself and my kids?

Pour In - Identify Good Truth for Hope and a Plan
Relevant Ideas from Your Faith and Reality

Go and Do – Start making positive changes



So Why Go to See a Professional?



So What Happens When We Go to a Professional?

Were going to listen to you.

Were going to help you figure out what is going on.

Were going to help you decide on a plan.

Were going to walk with you through the process of healing.

Were going to get extra help if you need it.



Step One - 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
- Neurology or 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



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



Step Two – Preparation

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**



Step Three – Intervention

Working through the “Stuff”

Length – **Various Number of Sessions**

Brief Therapy – 8-12 Sessions

More Distress = more sessions

Goals: Stabilization, Symptom Reduction, Normalize Daily Life

Main Focus – Pour out

- Identify and deal with major sources of distress
- Reduce symptoms and improve daily functioning

Teach Coping Skills – Pour In

- Symptoms management skills for Panic, Anxiety, Depression, Conversation Skills including De-escalation
- To improve sleep, thinking, emotion regulation, health



Step Four - Completion of Therapy

“You can Recover”

Go and do Life:

Goals are Achieved

Confidence in Processes and Skills

Social Supports are in Place

Transition to Other Therapy,
Checkups or “PCS Home”

Length: Checkup visits



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
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 - EAP Services for Organizations

Alpha Omega Christian Counseling PC
11166 Tesson Ferry Road
Suite 203
St Louis MO 63127
Direct: 314-849-2120
Toll Free: 1- 800-737-2465



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



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

