

“Into The Light” Helping Service Members Recover from Post Traumatic Stress

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Doctoral Paper: Treatments of Post Traumatic

Stress Across the Lifespan

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Goals for Seminar

- Understand more about PTSD to show
 - What your brain is doing and why
 - It is a Normal Response to an Abnormal Reality
 - You are NOT crazy, You are NOT alone
- Understand that Treatment
 - Is Necessary – You do need it
 - Is Under your Control – I work for you
 - Will work if you hang in there
- Understand Real Hope
 - You don't have to feel this way forever!



PTSD: A Natural Reaction to a Most Unnatural Event

“In World War II and before, only 15-20% of soldiers fired their weapons at enemy soldiers in view, even if their own lives were endangered.”

“Throughout history the majority of men on the battlefield would not attempt to kill the enemy, even to save their own lives.” (p. 4).

On Killing: The psychological cost of learning to kill in war and society. Lt. Col. Dave Grossman. Back Bay Books: Little, Brown, [1995, hb] rev. ed. 2009. 377 pp., pb, ISBN 978-0-316-04093-8.



What Causes 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).



What are the Major PTSD Symptoms?

Intrusive Symptoms – Nightmares, Flashbacks, Dissociative Reactions, Strong Physiological Reactions

Avoidance Behavior – Isolates, Wont talk, avoids reminders

Intense Negative Beliefs & Emotional Reactions
Amnesia, Critical of Self/Others, Grief, Shame, Guilt

Arousal Issues – Hypervigilant Anxiety, Startle, Hyperreactive –rage, panic. Sleep problems



VIDEO ONE HERE

- Bourne supremacy clip
- 34:14-34:42 Flashback on highway “Not a drill”

What is happening when we re-live a Trauma? “Im trapped in the movie”

Fight or Flight Response: “Im in danger right now”

Increased Sensory Registration “I see it, hear it, smell it feel it right now

Strong Emotional Reactions “I feel furious, ashamed, paranoid right now”

Reduced Cortical Functioning “I don’t know”, Cant talk, think, rationalize, realize its over”



Video 3 here

Bourne supremacy clip
49:40-50:20 “then what do you
want with me” to “I want to
come in”

What is happening when we re-live a Trauma?

Your Brain is trying to do two basic things:

Protect you from harm again - Flashbacks

Work out the pain and distress - Nightmares

The Problems: PTSD overloads your normal systems.

To protect you it causes you to panic with cues which mostly aren't dangerous

It recalls or recreates events you are trying to forget.

Flashbacks make people overreact and nightmares wake us up

Exhaustion ensues

Without help depression and problematic coping follows



Redeployment and the Attempts to find “The New Normal”

The Return Home is filled with Mixed Emotions

Relief and Excitement: “I’m supposed to be happy now but...”

Sorrow Guilt Anger, Many Fears

•Fears for Himself

- Why am I scared back here?
- Why cant I stop remembering?
- Why wont these dreams stop, will I ever sleep?

•Fears for His family, career, life

- “Daddy’s Different”, “Mommy’s Different”
 - Do I even belong here anymore?
 - Why are they scared of me?
 - If they knew would they hate me?

•Old Problems are Still there and New Ones may have arisen

- What if I cant cut it
- What if I lose everything



Impact if PTSD goes Untreated

- Pressure Increases
- 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 worsen
 - Begins to impact coping ability in its own right
- Behavior problems ensue – reduced productivity, increased family conflict, drug and alcohol abuse



Video 2 here

Bourne Supremacy clip

0:37-1:18 Nightmare of the “Nescue
OP”

So Where is the Hope?

- There is Hope because God Cares
 - All through Scripture God offers help
 - EMDR uses God's design to help
- There is Hope because Your Family Cares
 - Stress does not mean love has gone away
 - They want to help and will when they know what to do.
- There is Hope because Your Community Cares
 - More Resources now than any time in history
- There is Hope because We can treat PTSD now.
 - EMDR treats the symptoms directly & quickly
 - Medications support treatment until its complete
 - Families get treatment too, right along with you



The Hope in Treatment



Treatment for the Service Member with PTSD

Eye Movement Desensitization and Reprocessing – EMDR



Overview of Treatment Process

- **Phase 1 - In Depth Assessment**
- Phase 2 – Stabilization & Preparation for Treatment
- Phase 3 – Identify Targeted Memories to Treat
- **Phase 4 – Desensitization**
- **Phase 5 – Correcting Reality (Installation)**
- **Phase 6 – Body Scan**
- **Phase 7 – Closure**
- **Phase 8 - Reevaluation**



Phase 1 Clinical Assessment –

- Symptoms
 - Create detailed diagnosis to prioritize and make a map
- Risk factors
 - Physical Health
 - Danger to Self or Others
 - Destructive Coping Patterns
- Quick Intervention for Acute Symptoms and Safety
 - We want you to survive long enough to feel better
- Referrals Extra help available for extra stuff
 - Medicine for Sleep, Severe Panic, Large Mood swings, Psychosis
 - Drug and Alcohol to CRADC
 - PCP for Untreated pain or for Labs
 - Concurrent Therapy – Marriage, Parenting, Teens, Children



Phase 2 Preparation for therapy and Stabilization of symptoms

Length – **One to Three Sessions**

Goal is “**State Change**” - Service member will learn skills to increase confidence in his ability to:

- Be able to create and maintain a Sense of Safety & Relaxation
- Tools to manage symptoms including Nightmares, Flashbacks, Panic and Hyperarousal
- Develop alternatives for negative coping behaviors



Phase 3 Target Assessment

Goal: Defining the Map of Memories to Target

Length: One to Two Sessions

List Events to Target for Memory work each having
Image (or other sensory input)
Negative Belief
Emotional Content
Body Tension



Phase 4 Desensitization

“Erase the Chalkboard”

Goal: Reduce Distress of each Targeted Memory to Zero

Memory – Image, Belief, Emotion, Body Tension

“Let the Movie Play”



Phase 4 Desensitization

“Make the Video into a Book”

Goal: Reduce Distress of each Targeted Memory to Zero

Memory – Image, Belief, Emotion, Body Tension

“Let the Movie Play”



Video 4 here

Bourne Ultimatum clip

1:40:30 – 1:42:03

Starts: "Im no longer David Web"

Ends at: "Im no longer Jason
Bourne"

Phases 5 to 8

Phase 5 Installation: Correct the self concept and the meaning of the memory or event

Phase 6 Body Scan: Body Tension Identifies remaining aspects of trauma to work on.

Phase 7 Closure: Packaging the Memory in a way to limit its impact through the week.

Phase 8 Reevaluation: Continuous review of the memories week to week to make sure they are cleared out.



Conclusion: Trauma Recovery is Doable

- Service Members recover
- Families Recover
- You are not alone



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

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