Helping Service Members and Families Recover from Post Traumatic Stress

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Goals for Seminar

- Understand more about PTSD
  - Normalize what and why it is happening
  - Brain Dynamics

- Give an Example of What Treatment is Like
  - Reduce confusion and anxiety
  - Start treatment sooner
  - Stay in treatment

- Give real hope of recovery

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).

YOU
LOG

What are the Major PTSD Symptoms?

Intrusive Symptoms – Nightmares, Flashbacks

Hyperarousal – Hypervigalent Anxiety, Moments of Intense Panic

Intense Negative Beliefs about themselves and the world

Intense Negative Emotional Reactions

Avoidance Behavior – External and Internal

Dissociation

What is going on in the Brain when we react to Trauma?

A. Fight or Flight Response

B. Increased Sensory Registration and Storage

C. Heightened Emotional Response

D. Reduced Cortical Functioning

Sum: Result is Raw High Speed Registration of Data with Primitive Autonomic Responses to Situations and little ability to rationalize

Trauma?

After a Trauma your brain attempts to digest and filter all it recorded

1. When a person is cued to recall an event your brain essentially pulls up all the data that was stored at the time and recreates the conception.

2. This data early on is a very close recreation of exactly what the person experienced at the time

3. The person then sees what he saw, hears what they heard, feels what they felt physically and emotionally

4. This is deeply registered in memory because of the fight or flight panic process, intensified sensory recall and strong emotional meaning to the person.

Key Factors in Understanding the Brain Response during a PTSD Episode.

Flashbacks

In Response to Triggers

The brain associates something in the present with the traumatic event.

When it recalls the trauma the Brain recreates the event as it was stored with all the intensity of the experience.

Because of the strength of the “re-experienced” we believe and act like were in danger again and respond accordingly.

Nightmares

At night the brain essentially triggers itself to recall the event to work on detoxifying it for us. But the experience is too overwhelming and we wake.

Key Factors in Understanding Brain Response during a PTSD Episode

Hyperarousal – Guarding against new traumas and against reminders of the old ones.

Hypervigalence – Preparation for another trauma or avoidance of another flashback or emotions from the trauma

Fight or Fight Response - Brain responding to present cues with some similarity to the Traumatic Events “as if” it is a trauma. Panic begins and we react automatically.

Key Factors in Understanding Brain Response during a PTSD Episode

Negative Beliefs – Im Worthless, Its my fault, Im a monster

Negative Emotions – Grief, Shame, Rage, Embarrassment

Avoidance Behavior- Rearrange life to not reexperience the event

Dissociative Reactions – The Brains great off switch

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 and 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 "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?**

•Fears for His career and even his life

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

Impact if PTSD goes Untreated

- Pressure Increases
- Nightmares Flashbacks Hypervigalence 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 Where is the Hope?

- Speed to Treatment
- Protocol now is Intervene in Multiple Areas Simultaneously
- Psychotherapy is better now
- Medications are better now
- Support Networks more numerous and accessible
- Funding and resources are available


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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

- Initial Intervention for Acute Symptoms and Safety Issues
  - Just want you to survive therapy

- Referrals
  - Medicine for Sleep, Severe Panic, Major Moods, Prior Trauma, 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"

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

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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What is PTSD?

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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?

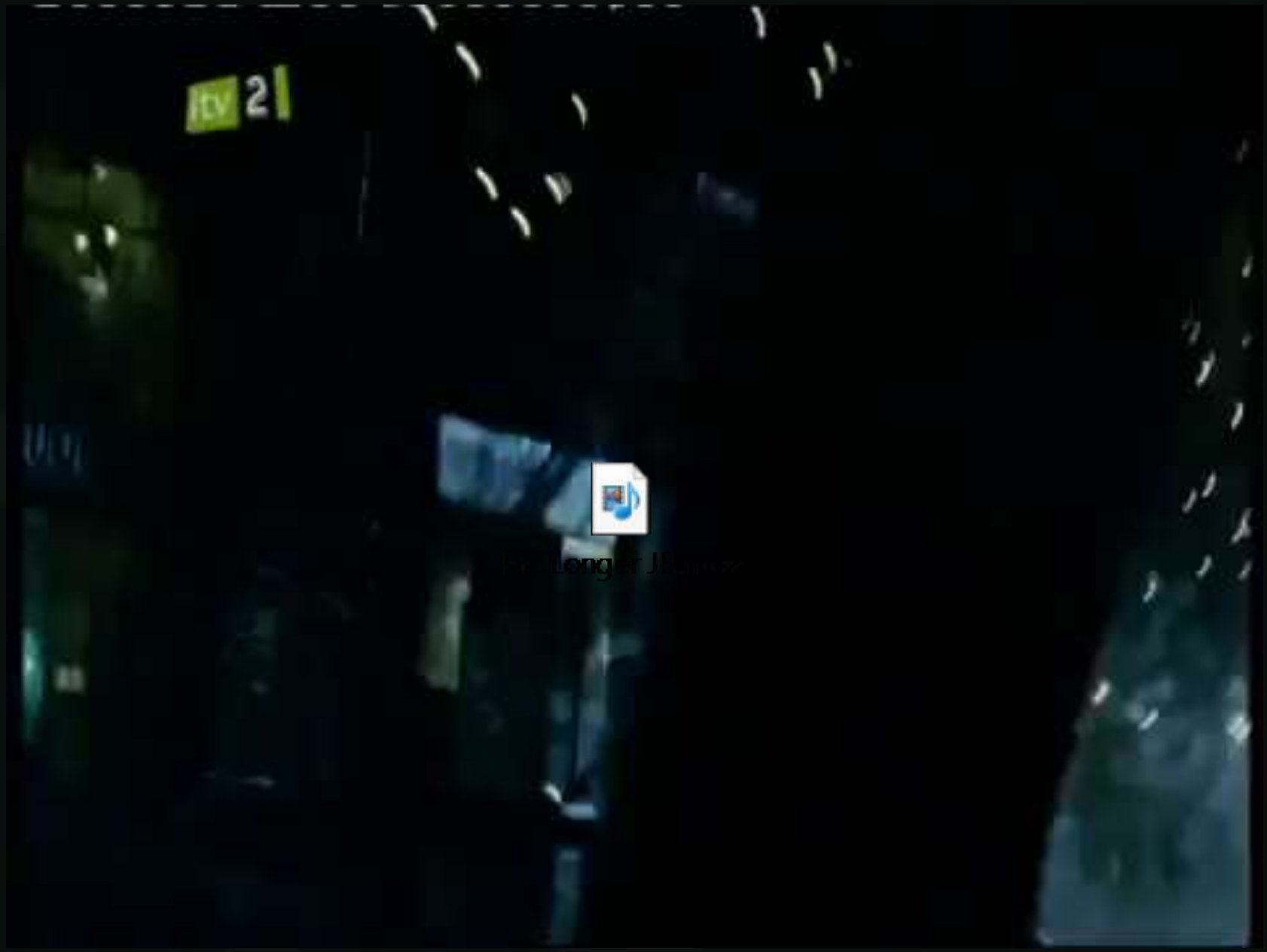
C. Avoidance: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
   1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the 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).

YOUR LOGO

YOUR LOGO



YOUR
LOGO

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