

Posttraumatic Stress Disorder: Overview, Treatment, and Resources



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VETERANS HEALTH ADMINISTRATION



Disclosure

No relevant financial relationships to disclose

Overview

- What is traumatic stress?
- How common are trauma and PTSD?
- What are the symptoms of PTSD?
- Why do some people develop PTSD and others do not?
- What problems co-occur with PTSD?
- How is PTSD treated?
- National Center for PTSD Resources for Trauma Survivors & Clinicians

What is traumatic stress?

Daily hassles

Can include:

- Car breaking down
- Paying bills

Major life events

Can include:

- Losing a job
- Divorce
- Buying a new home
- Getting married

Serious traumatic events

Can include:

- War zone exposure
- Physical or sexual assault
- Serious accidents
- Child sexual or physical abuse

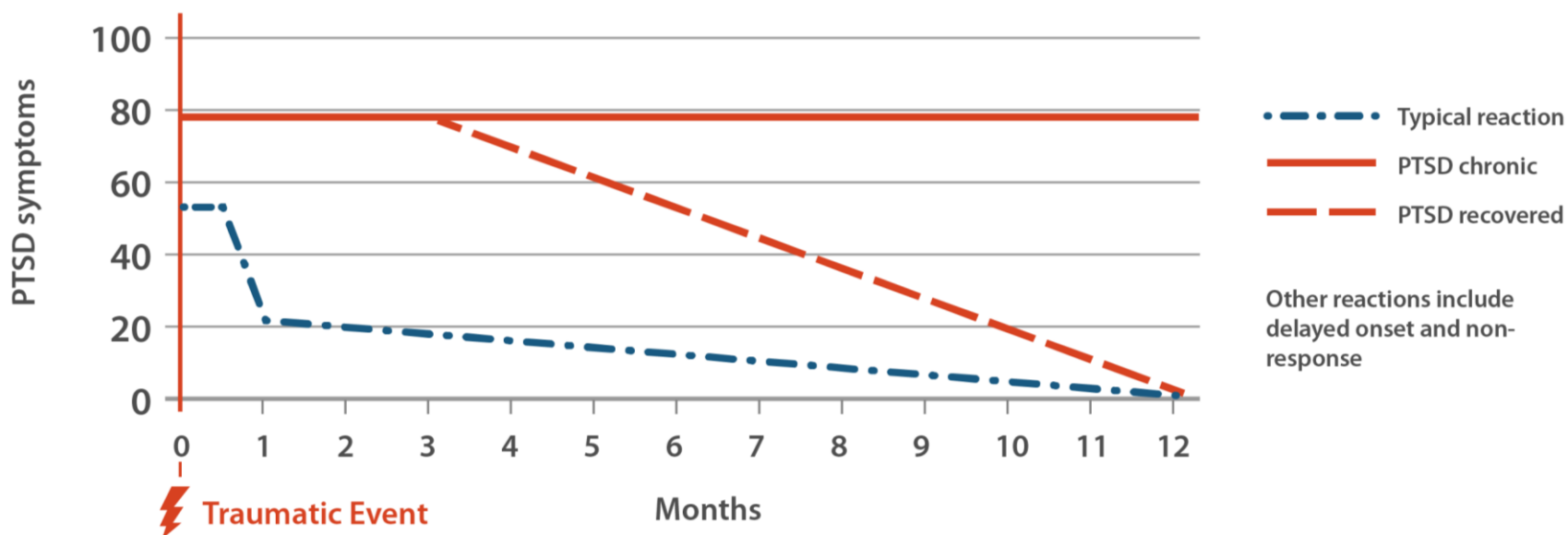
Trauma exposure is common.



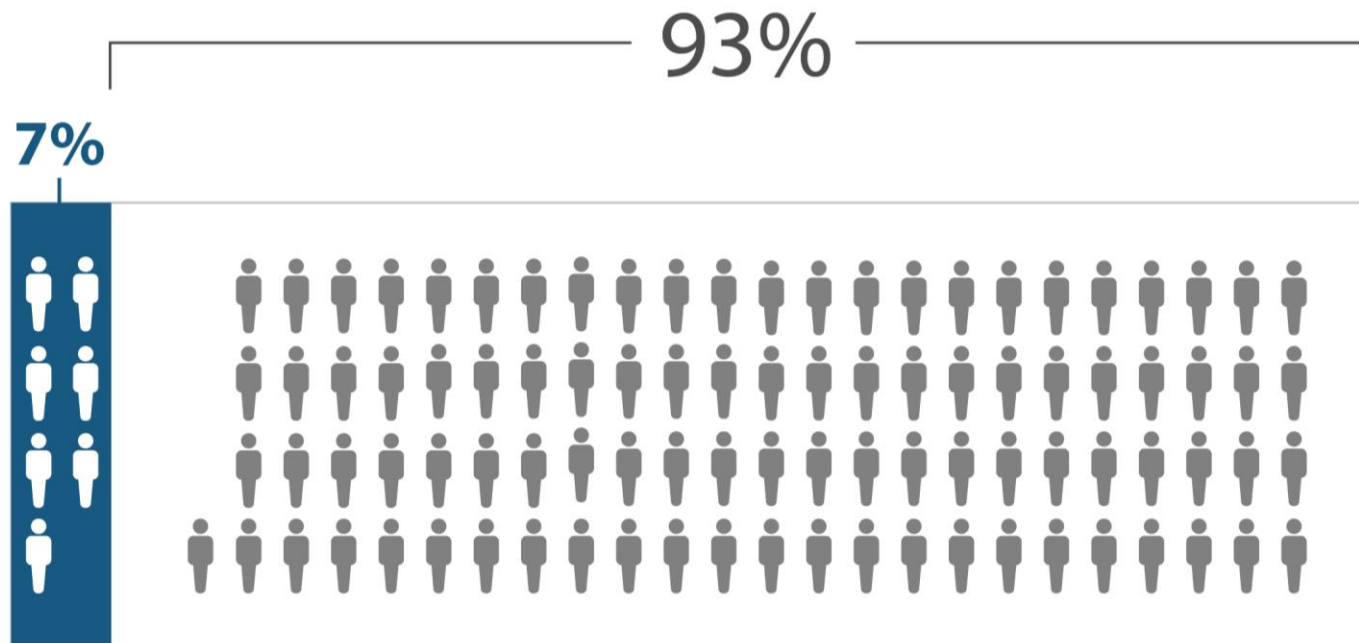
Most people you meet every day have experienced a trauma.

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

What happens after trauma?



How common is PTSD?



Only about 7% develop PTSD in their lifetime

Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

Criterion A: Traumatic Event

- Directly experiencing a traumatic event
- Witnessing, in person, an event that happened to someone else
- Learning about the violent or unexpected death of a friend of family member
- Experiencing repeated or extreme exposure to aversive details of traumatic events

Symptom Clusters



Symptom Clusters (II)

- **Intrusion Symptoms**

- Recurrent distressing dreams or memories (intrusive thoughts) of the event; acting/feeling as if the event is happening again (“flashbacks”)
- Intense or prolonged psychological or physiological reactions to trauma cues

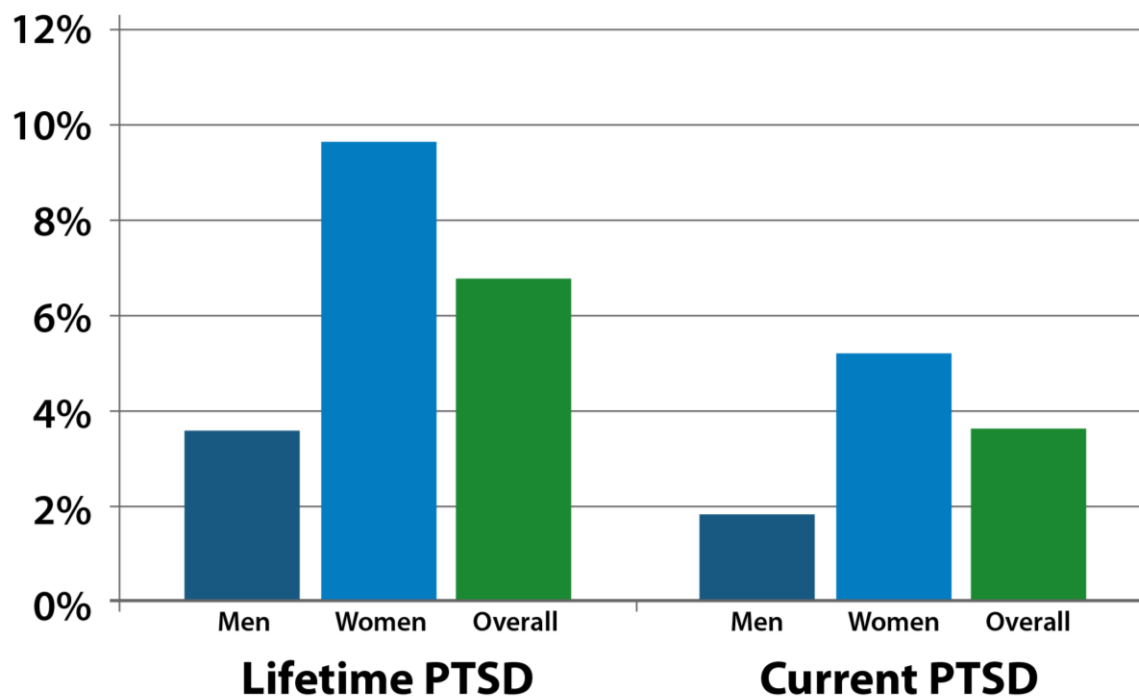
- **Avoidance Symptoms**

- Avoiding memories, thoughts, feelings, people, places or activities that are reminders of the event
 - **Negative reinforcement paradigm:**
 - Avoidance provides immediate relief from distress
 - That immediate relief is reinforcing, which makes it more likely that avoidance will be used in the future to deal with distress
 - In the long-term, however, avoidance interferes:
 - Keeps trauma survivors from emotionally processing their experiences
 - Feeds unhelpful beliefs about self, others, and the world (i.e., doesn't allow for corrective experiences)
 - In sum, avoidance acts as the engine that drives PTSD. It maintains/exacerbates the problem!

Symptom Clusters (III)

- **Negative alterations in cognitions and mood**
 - Inability to recall parts of the trauma, diminished interest in activities, feeling detached, inability to feel positive emotions, negative emotions, distorted blame of self or others, exaggerated negative beliefs or expectations
- **Arousal and reactivity symptoms**
 - Irritable behavior, outbursts of anger, reckless or self-destructive behavior, problems concentrating, hypervigilance, exaggerated startle, sleep disturbance

Most people do not develop PTSD following trauma.

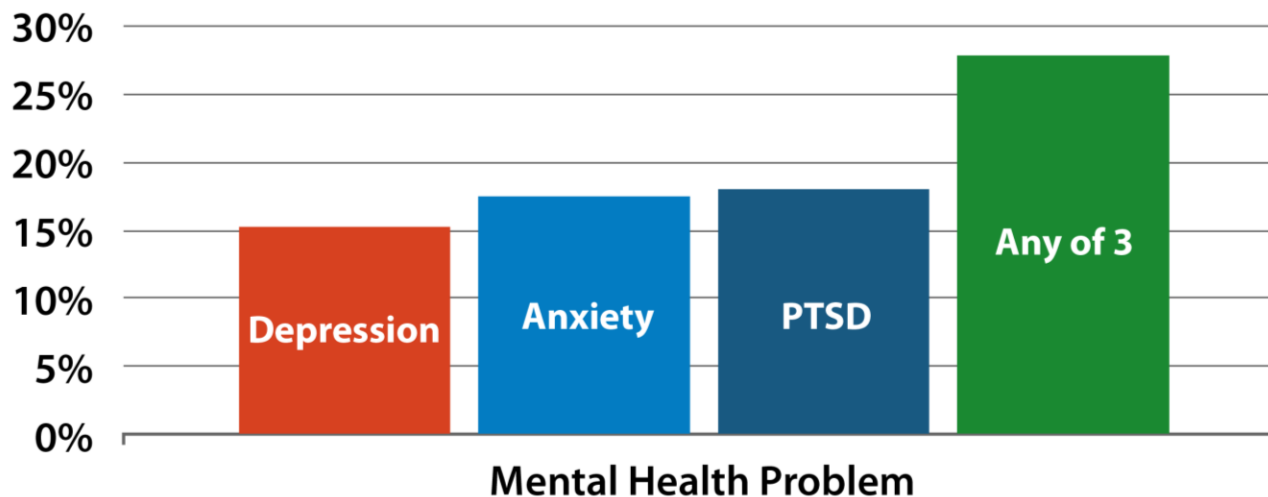


US General population estimates from the National Comorbidity Survey - Replication

Kessler, R. C., Berglund, P., Delmer, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-602. doi: 10.1991.archpsyc.62.6.593

PTSD is a common consequence of war.

About 15% of returning Post-9/11 (OEF/OIF) Veterans have PTSD.

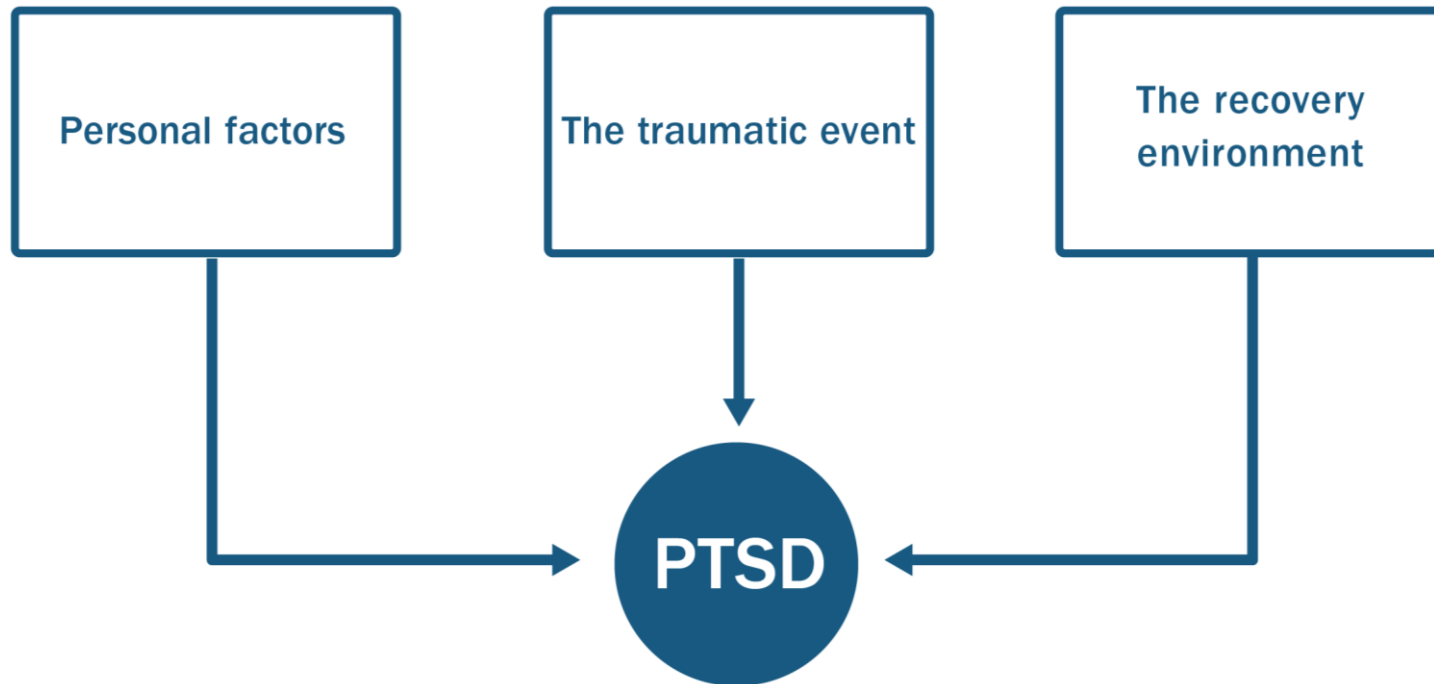


Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22. doi: 10.1056/NEJMoa040603

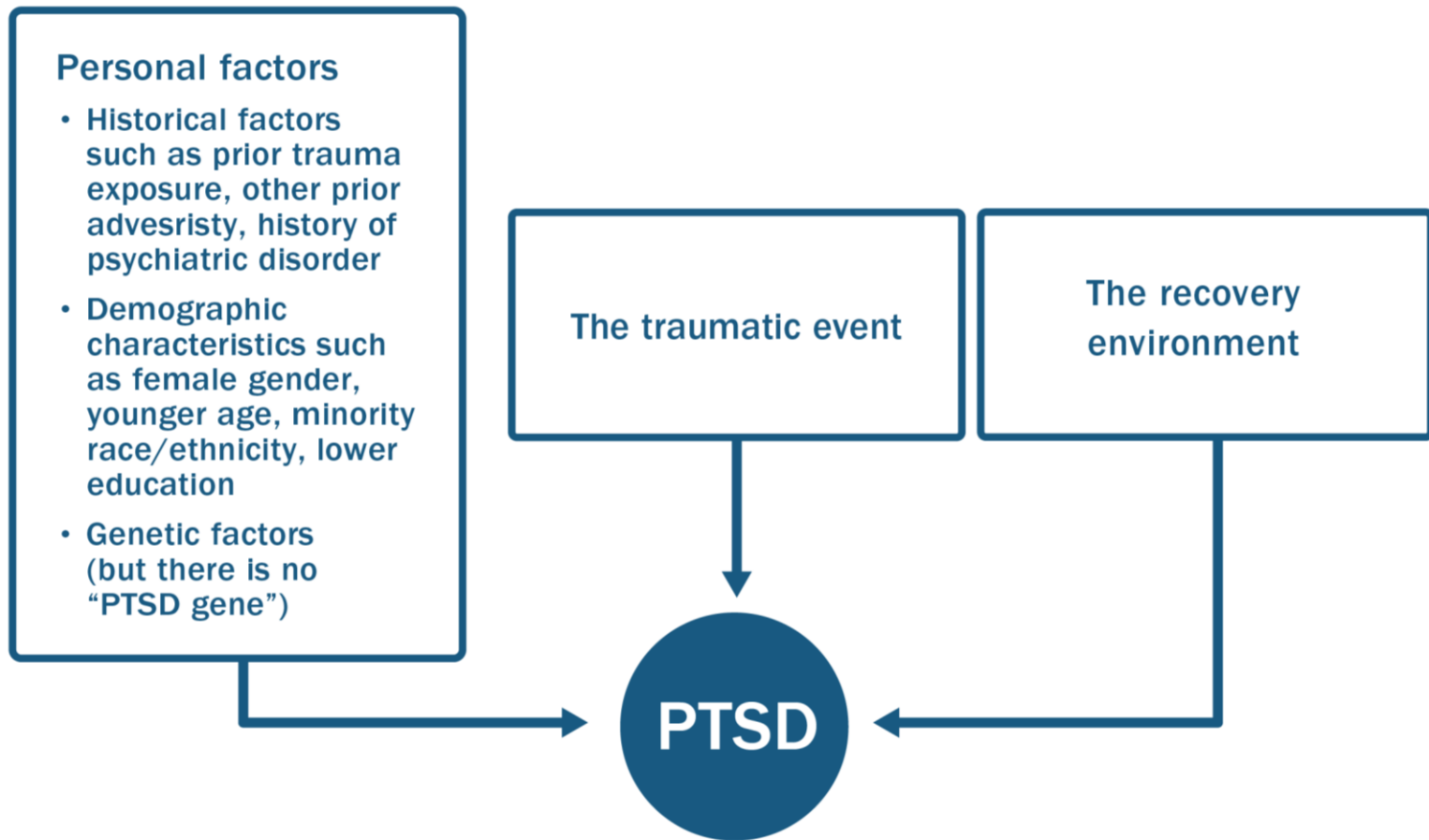
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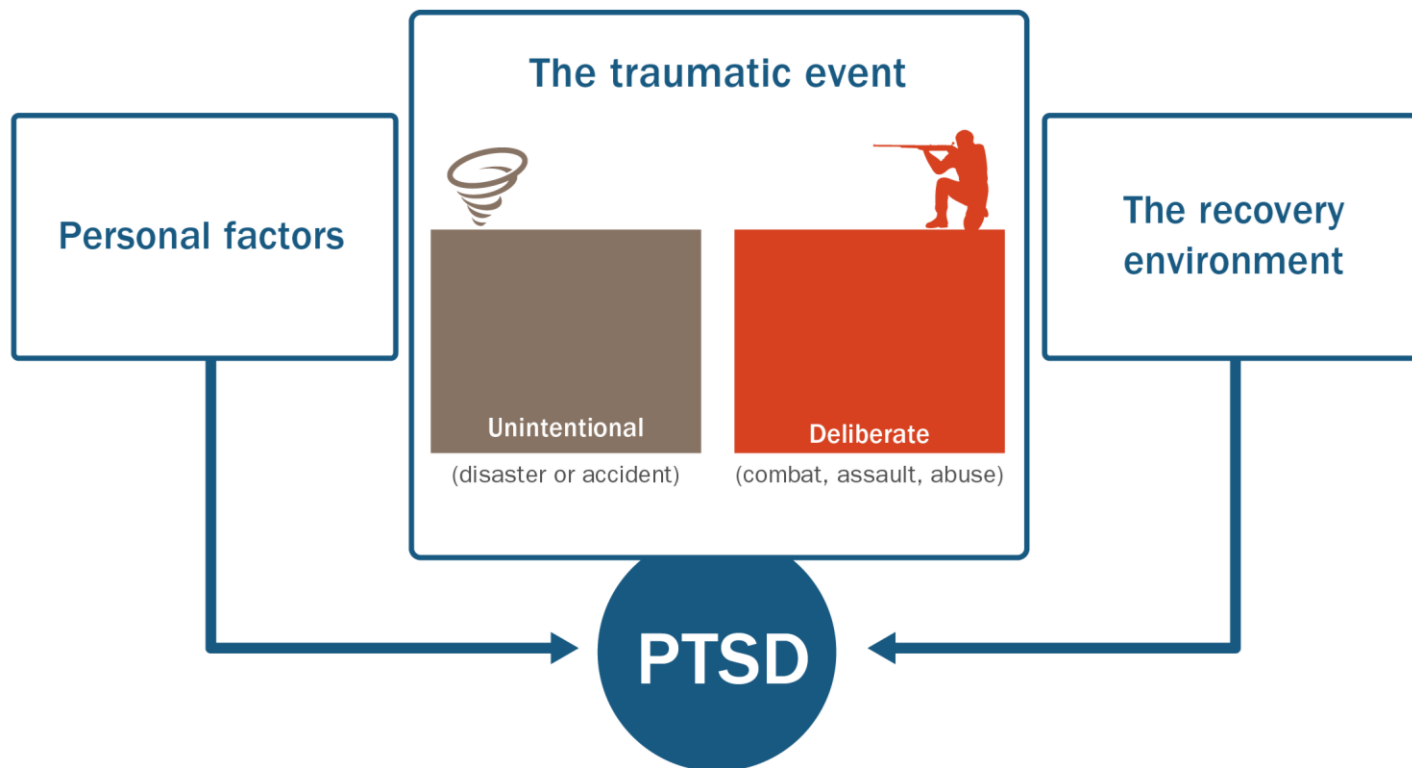
Why do some people get PTSD while others do not?



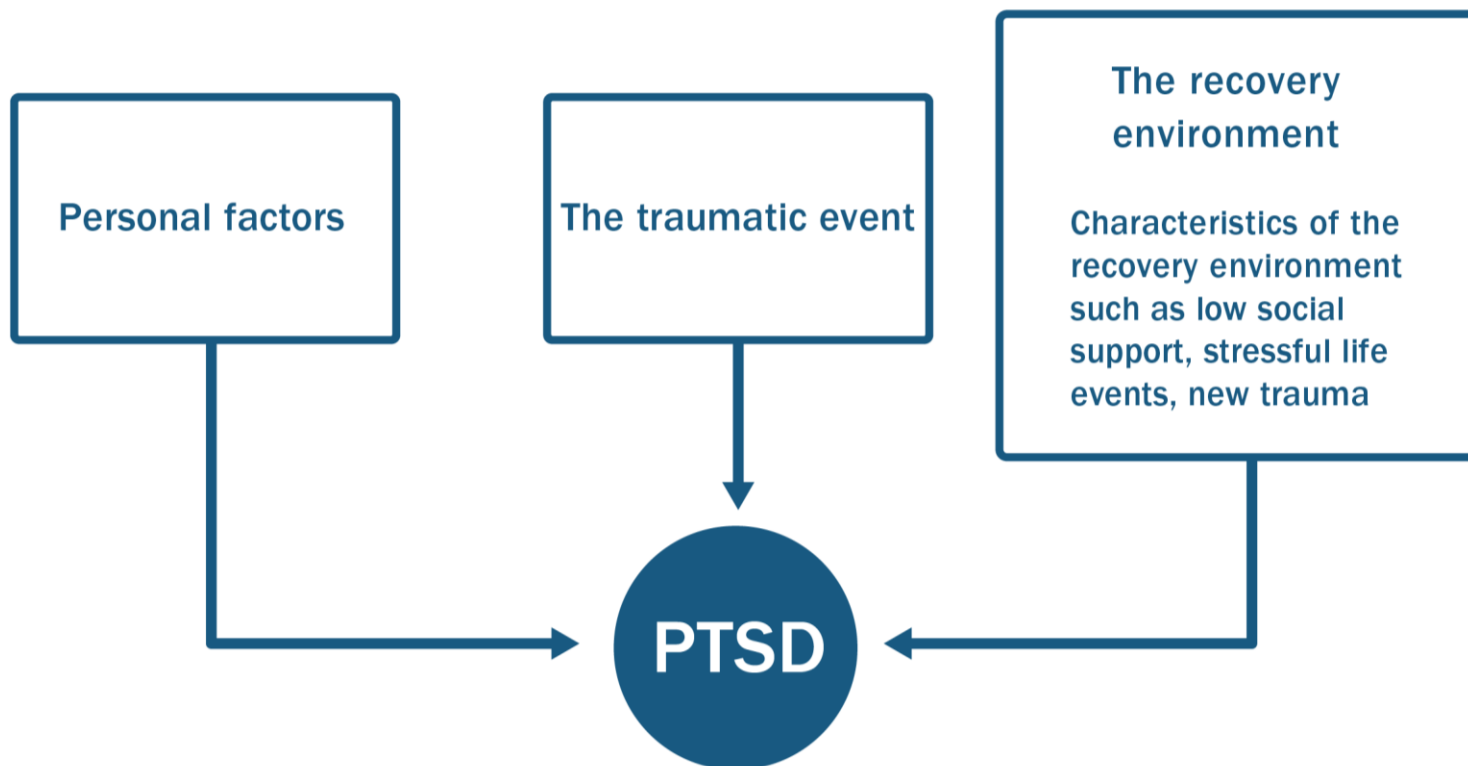
Personal Factors



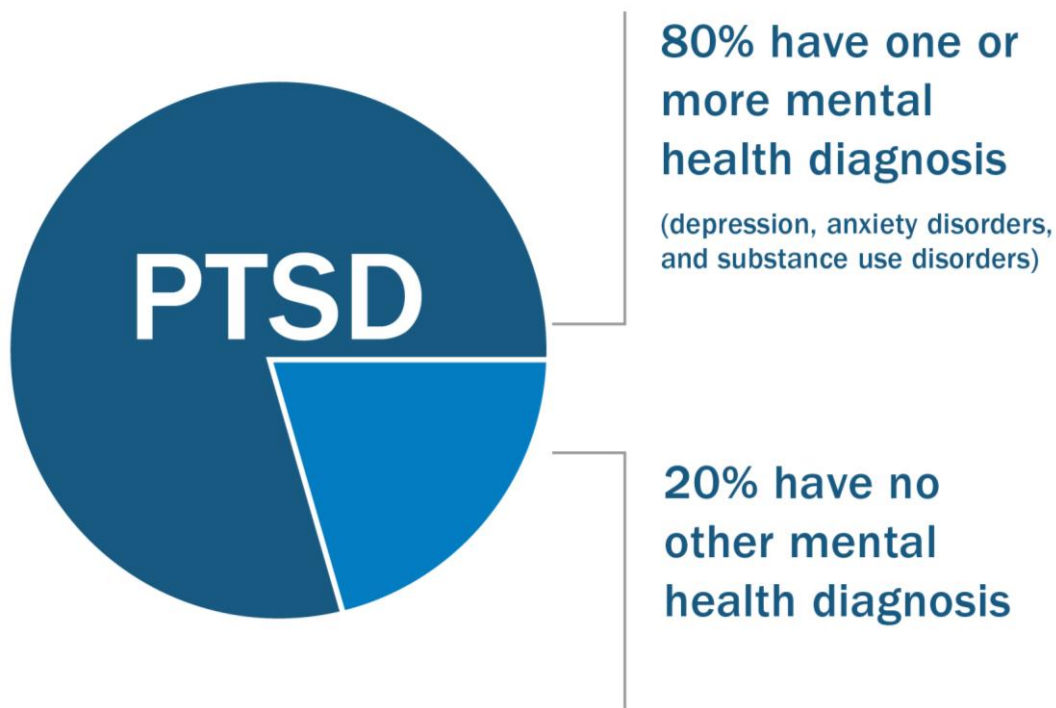
Characteristics of the Traumatic Event



The Recovery Environment

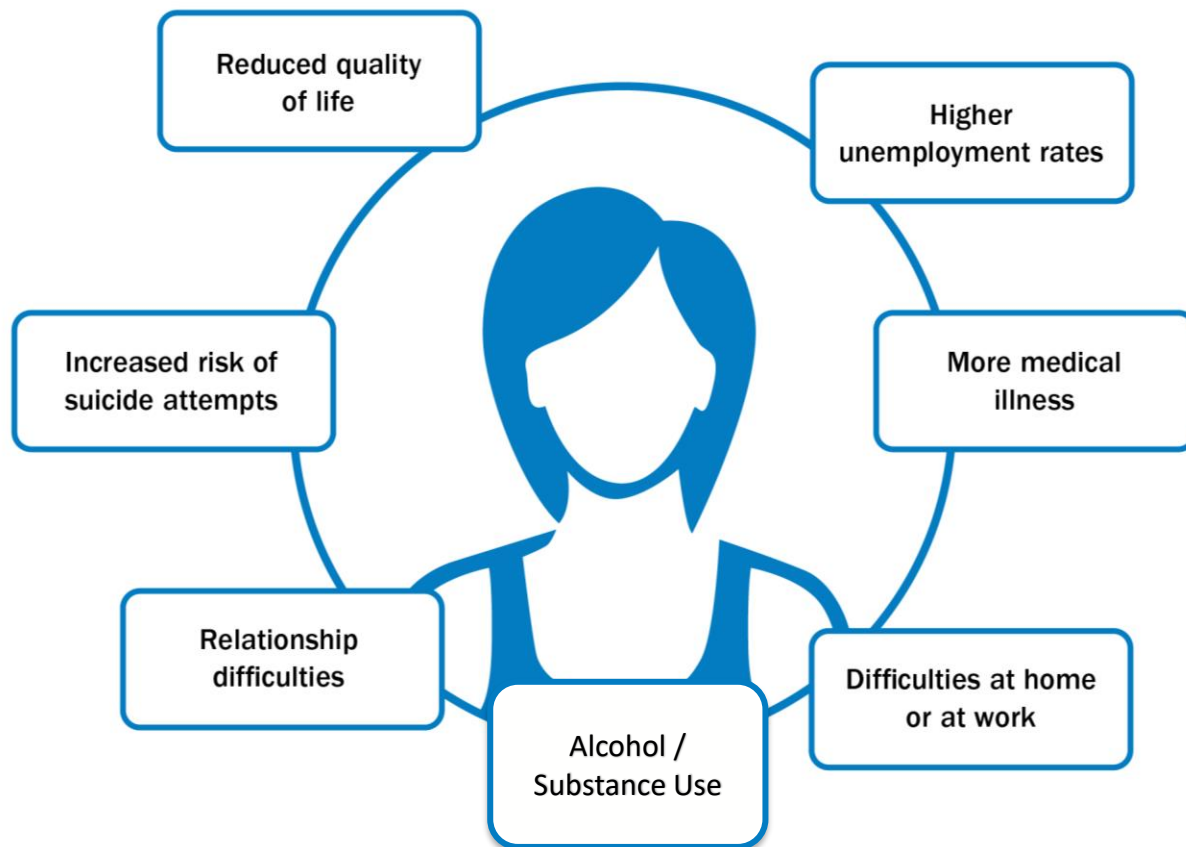


PTSD often co-occurs with other problems.



Source: Kessler, RC, Sonnega, A, Bromet, E, Hughes, M and Nelson, CB. (1995) Posttraumatic Stress Disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52: 1048-1060. doi:10.1001/archpsyc.1995.03950240066012

Other Co-occurring Problems



Trauma-focused psychotherapy is the best treatment.



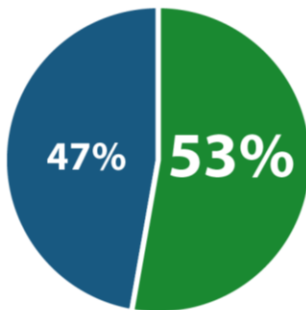
Did You Know?



Trauma-focused
Psychotherapy

53 OUT OF **100**

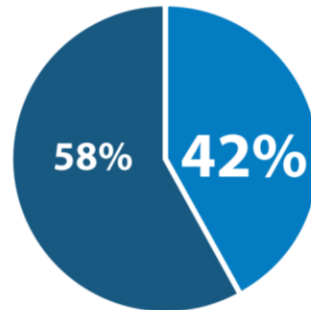
people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.



Medication

42 OUT OF **100**

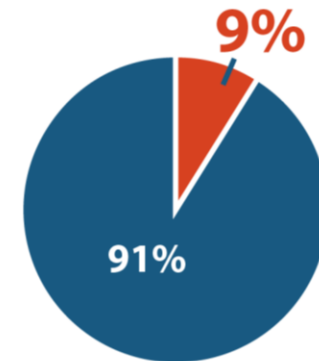
people who take medication will no longer have PTSD after about 3 months of treatment.



No Treatment

BUT ONLY 9 OUT OF **100**

people who don't get treatment will no longer have PTSD after about 3 months.



Treatment Modalities

- Trauma Focused Individual Therapy
 - Several different approaches utilized
- Group Therapy
 - Beneficial to help universalize the common themes of PTSD, helps develop trusting relationships (may or may not directly specifics of each member's trauma)
- Family Focused Interventions
 - May be first priority of treatment for some, assisting in educating family, bringing family together, important in recovery process
- Psychiatric Medications
 - Medication interventions are based upon individual needs and preferences.
 - Help to manage symptoms (sleep, depression, anxiety, irritability), but do not directly treat PTSD

What is trauma-focused psychotherapy?

Trauma-focused psychotherapy is any therapy that uses cognitive, emotional, or behavioral techniques to facilitate processing a traumatic experience and in which trauma focus is a central component of the therapy.

- Confronting the avoidance
 - Systematically approaching traumatic material
 - In-vivo and imaginal exposure



Goals of PTSD Treatment

- Symptom reduction
- Integrate thoughts (neocortex) and feelings (limbic system)
- Create new memories, new understanding
- Foster interpersonal connection
- Register observations other than trauma-based
- Promote chosen action, rather than only flight-fight reaction
- Make meaning of the trauma

Trauma-focused Psychotherapies

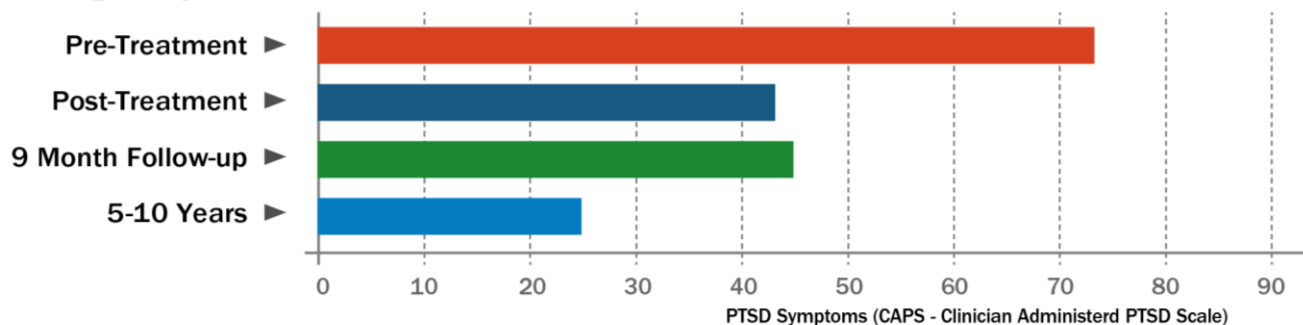
- **Prolonged Exposure (PE):** In PE you confront situations you have been avoiding until distress decreases.
- **Cognitive Processing Therapy (CPT):** In CPT you examine and challenge thoughts about the trauma until you can change the way you feel.
- **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR helps you process and make sense of your trauma while paying attention to a back-and-forth movement or sound (like a finger moving side to side, a light, or a tone).
- **Integrative psychotherapy**
 - May include: Psychoeducation, stabilization, skill building, interpersonal and attached focus, graded trauma processing

Trauma-focused Psychotherapies (II)

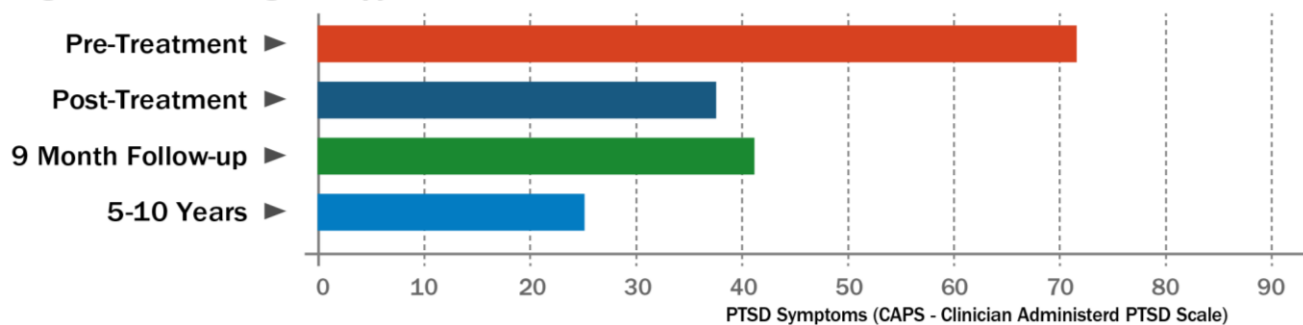
- **Brief Eclectic Psychotherapy (BEP):** You will practice relaxation skills, recall details of the traumatic memory, reframe negative thoughts about the trauma, write a letter about the traumatic event, and hold a farewell ritual to leave trauma in the past.
- **Narrative Exposure Therapy (NET):** You will talk through stressful life events in order (from birth to the present day) and put them together into a narrative. NET was developed for people who have experienced trauma from ongoing war, conflict and organized violence.
- **Written Narrative Exposure:** This therapy involves writing about the trauma during sessions. Your therapist gives instructions on the writing assignment, allows you to complete the writing alone, and then returns at the end of the session to briefly discuss any reactions to the writing assignment.
- **Specific cognitive behavioral therapies for PTSD:** There are a limited number of psychotherapies shown to work for PTSD in which the therapist helps you learn how to change unhelpful behaviors or thoughts.

Trauma-focused psychotherapy works.

Prolonged Exposure



Cognitive Processing Therapy



Resick, Patricia A.; Nishith, Pallavi; Weaver, Terri L.; Astin, Millie C.; Feuer, Catherine A. Journal of Consulting and Clinical Psychology, Vol 70(4), Aug 2002, 867-879. doi: 10.1037/0022-006X.70.4.867

Evidence-based Pharmacological Treatments

First line medications

- Selective Serotonin Reuptake Inhibitors (SSRIs)
 - paroxetine (Paxil)
 - sertraline (Zoloft)
 - fluoxetine (Prozac)
- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
 - venlafaxine (Effexor)

Benzodiazepines can be dangerous.

Warning: Benzodiazepines (e.g., Xanax, Valium, Klonopin)

- Limited efficacy
- Increased safety concerns
- Even more risk for older people
 - Confusion, awkwardness, falls
- Not recommended for PTSD

NCPTSD Target Audiences

Veterans, trauma survivors, family members

- Increase awareness of PTSD and engagement in PTSD treatment
- Optimize Veterans' personal support systems (family, friends)

Professionals

- Promote the implementation of evidence-based care for Veterans and other trauma survivors

Resources and Tools for Professionals



Continuing Education Courses

- NCPTSD offers well over [50 hours of web-based courses for professionals](#).
- All courses are free.
- Most offer continuing education for multiple disciplines.

Available to Anyone

TRIN

For VA Staff



Continuing Education

This section brings together free in-depth Continuing Education resources for the Professional community concerned with trauma.

Featured

Find a Course

Authors

How to Get Credit

Help



Learn from the experts and get
CE/CME Credit!

Research-based courses at your convenience
(24/7).

Find a Course

Trauma and PTSD: Stay Up-To-Date

- NCPTSD works to bring the most current research on trauma and PTSD to professionals.
- All our publications are available through [free e-subscriptions](#).



PTSD Awareness in Health Care Settings

- [PTSD Awareness in Healthcare Settings](#) is a 15-minute video that shares the stories of three Veterans being seen at VA for PTSD care.
- Models strategies to improve interactions in health care settings with Veterans who have PTSD and trauma histories.
- A Facilitator's Guide is also available for those offering a training to medical staff.



Toolkits

Easy-to-access handouts and other resources:

[Provider Self-Care Toolkit](#)

[Clergy Toolkit](#)

[Police Officer Toolkit: PTSD and Military Veterans](#)

[VA Campus Toolkit](#)

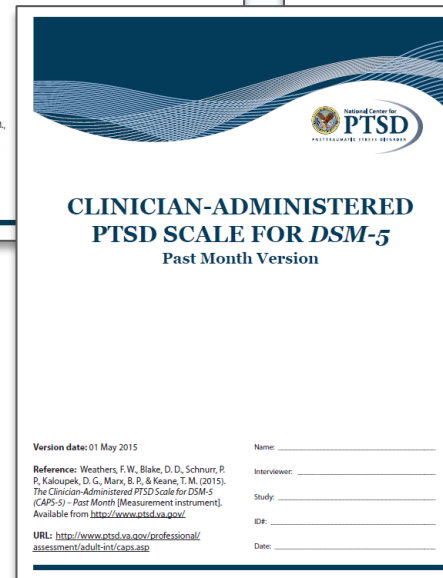
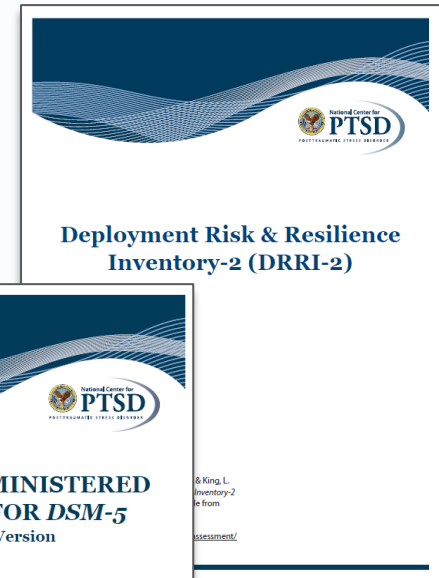
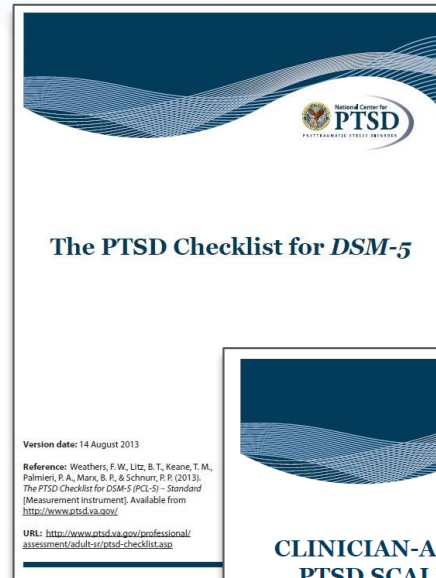
[Community Provider Toolkit](#)

[Veterans Employment Toolkit](#)



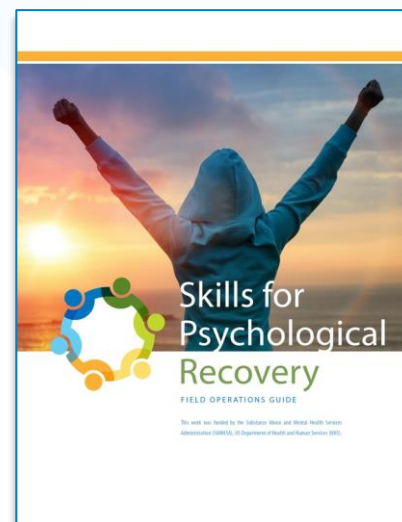
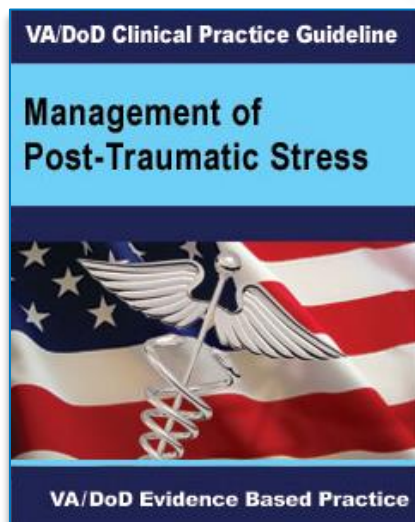
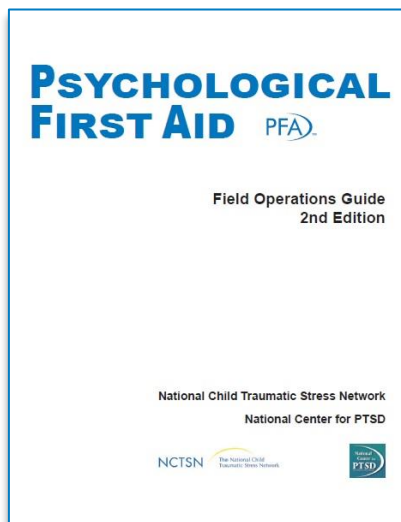
PTSD Assessment

- NCPTSD provides information on a variety of [measures](#) assessing trauma and PTSD.
- We also offer online courses on conducting assessments.
- Most NCPTSD-authored measures are available for direct download on our website. Others are available [by request](#).



Manuals and Guidelines

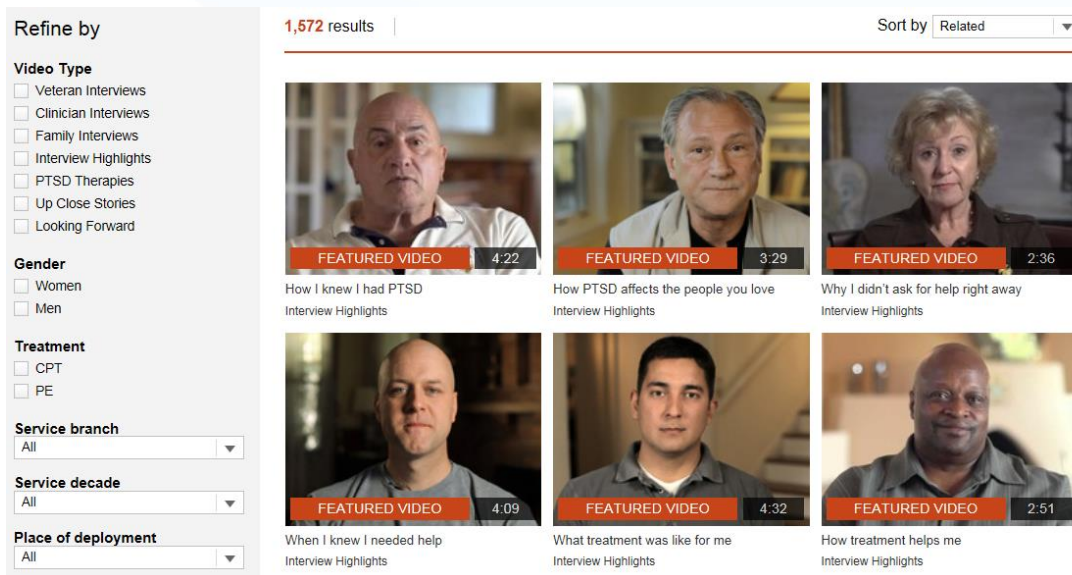
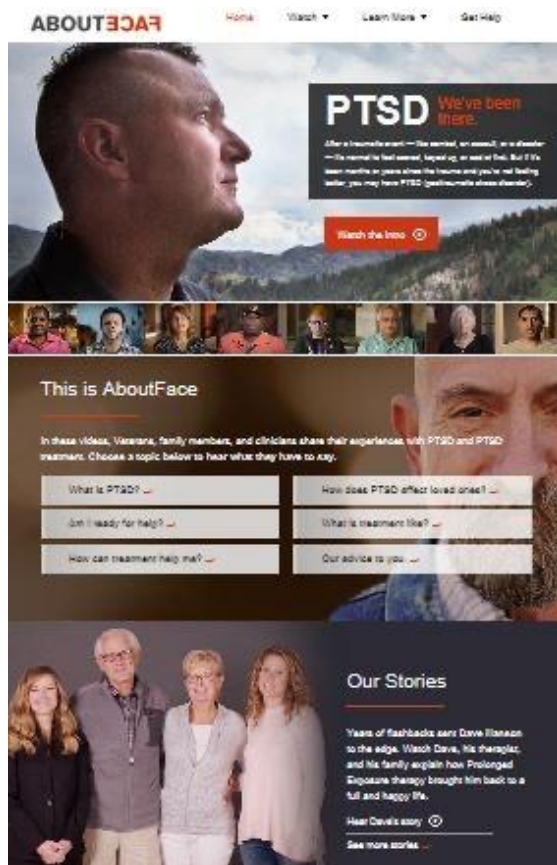
The NCPTSD website offers manuals and guidelines to help health care providers and clinicians employ best practices for trauma-related conditions and PTSD.



Resources and Tools for Veterans, the General Public, Family & Friends



AboutFace



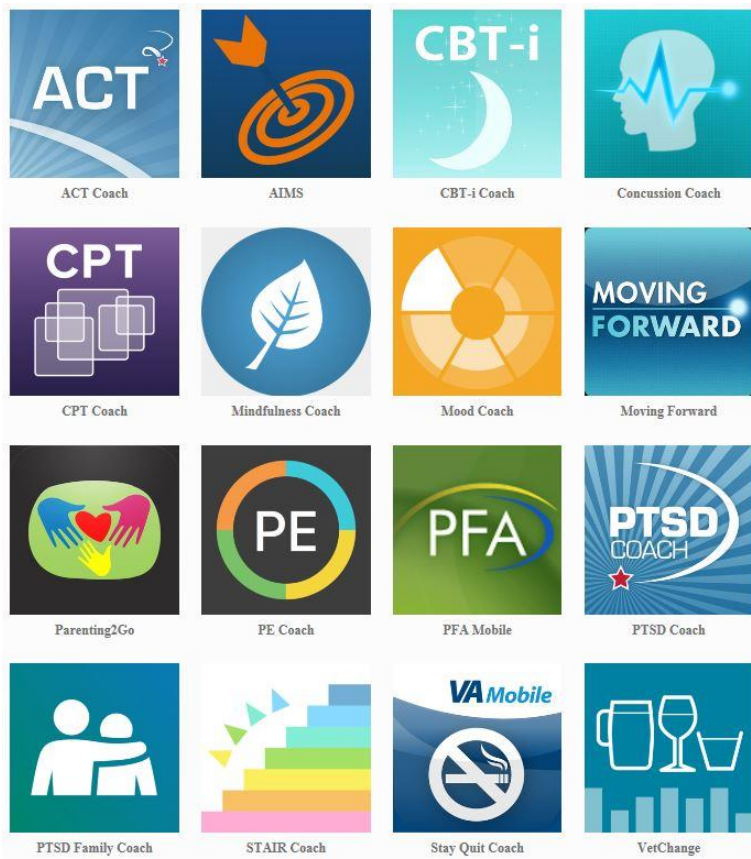
- Learn about PTSD treatment from people who have been there.
- Browse videos or search by era, service branch and more.

Animated Whiteboard Videos

- NCPTSD created a series of [whiteboard videos](#), including one for providers about [effective treatments for PTSD](#).
- Short (~3 minute), engaging videos that are easily shared via email or Facebook.



Mobile Apps



- Apps are focused on PTSD, related health problems (e.g., insomnia, alcohol use, etc.), or general well-being.
- There are [apps](#) for patients, providers, and for use with patient-provider dyads.

Thank you!



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Visit the National Center for PTSD at: <https://www.ptsd.va.gov>

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