

*Recognizing Symptoms and
Short- and Long-term Effects
of PTSD*

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**Presenter Disclosure Information
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What is Psychological Trauma?

- An event in which a person
 - Experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others
 - The person's response involved intense fear, helplessness or horror

(From the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association)

Trauma prevalence

- 61% of men and 52% of women reported at least one lifetime trauma
- Most common traumas:
 - Witnessing someone being badly killed or injured
 - Involvement in fire, flood, or natural disaster
 - Having a life threatening illness

(Kessler et al, 1995)

What are the symptoms PTSD?

- Reexperiencing
 - E.g., intrusive recollections; distressing dreams; psychological distress and physiological reactivity to reminders
- Persistent Avoidance and Numbing
 - e.g., avoiding associated thoughts, feelings, conversations; avoiding activities, places or people that are reminders; feelings of detachment from others
- Increased Arousal
 - e.g., sleep problems; irritability or anger; hypervigilance
- Distress and/or impairment in functioning

How common is psychological injury due to trauma?

- **National Prevalence of PTSD¹:**
 - 3 to 4% of US Population
- **PTSD prevalence in ground combat units²**
 - Pre-combat rate: 5%
 - Post-OIF rate: ~12%
- **National lifetime incidence of PTSD³**
 - 10% of women
 - 5% of men

1 Narrow WE, Rae DS, Robins LN, Regier DA. Revised prevalence estimates of mental disorders in the United States: using a clinical significance criterion to reconcile 2 surveys' estimates. *Arch Gen Psychiatry* 2002; 59:115-23.

2 Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.L., & 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.

3. Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the national comorbidity survey. *Arch Gen Psychiatry* 1995;52:1048-1060

How Does Trauma Affect People?

- Body sensitized to threat
- Intense feelings that are difficult to contain
- Tendency towards all-or-nothing reactions and thinking
- Disrupted memory / cognitive processing
- Affects how we view the world, especially our sense of safety
- Disrupts sense of power and control, beliefs about trustworthiness of others, sense of self...

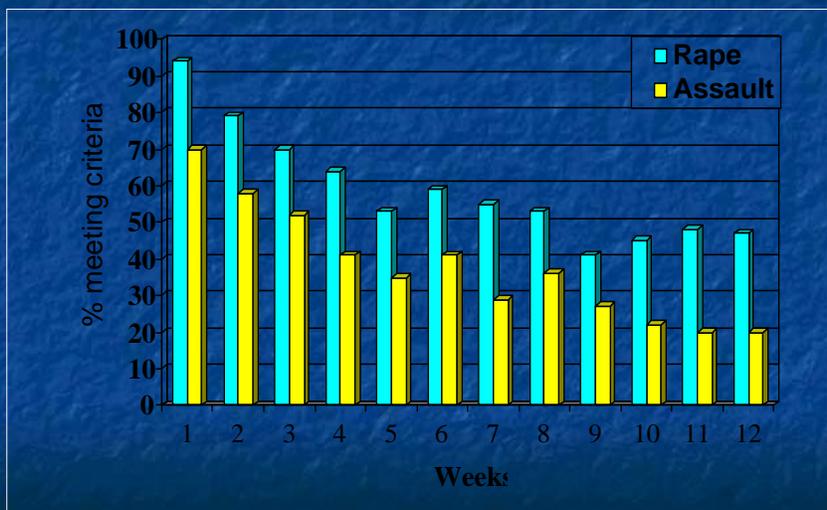
PTSD and Health

- Trauma and PTSD are associated with health problems and health care utilization.
- Relationship between trauma and poor health mediated through PTSD.

For review, see Schnurr, Green & Kaltman, Trauma exposure and Physical health, in *Handbook of PTSD*.

If the trauma is bad enough
nearly everyone will have
symptoms initially.

Normal Recovery for Sexual Assault Survivors



(Rothbaum et al. 1992; Riggs, et al., 1995)

What Affects Survivors' Reactions?

- **Characteristics of the experience(s)**
 - Single event vs. ongoing set of events
 - Severity of trauma
 - Interpersonal vs. other type of trauma
 - Known vs. unknown perpetrator
- **Characteristics of the individual**
 - Gender
 - Developmental level at time of the event
 - Prior trauma experiences
 - Available coping strategies
- **Characteristics of the environment**
 - Response of others at the time
 - Need to keep seeing/working with perpetrator

Assessment Techniques for the Primary Care Provider

Strategies for making inquiries

- * Create a context for the assessment
- * Start with general questions followed by specific questions
- * Use behavioral descriptions rather than "emotional words"

Also ask about "red flags"...

- Symptoms of depression, anxiety, guilt, anger
- Gaps in memory
- A history of behavioral problems (substance abuse, eating disorders)
- Unstable work history
- Sexual dysfunction/relationship problems
- An extensive medical history
- Suicidal ideation, attempts or self-injury
- Previous treatment/hospitalizations

First steps after a trauma disclosure...

- Validation/empathy: "I'm sorry that you experienced that".
- Educating: "Many men have experienced sexual trauma".

- Assessing current status including health sequelae of trauma and current safety: "Do you feel you are currently having physical or emotional effects from the trauma"?
- Assessing level of support: "Have you been able to discuss this with anyone previously"?

Providing referrals to Mental Health Services

- Normalize: "Many of my patients, who have had similar experiences, have found it helpful to speak with a counselor".
- Reassure patient that the referral is not irrevocable.

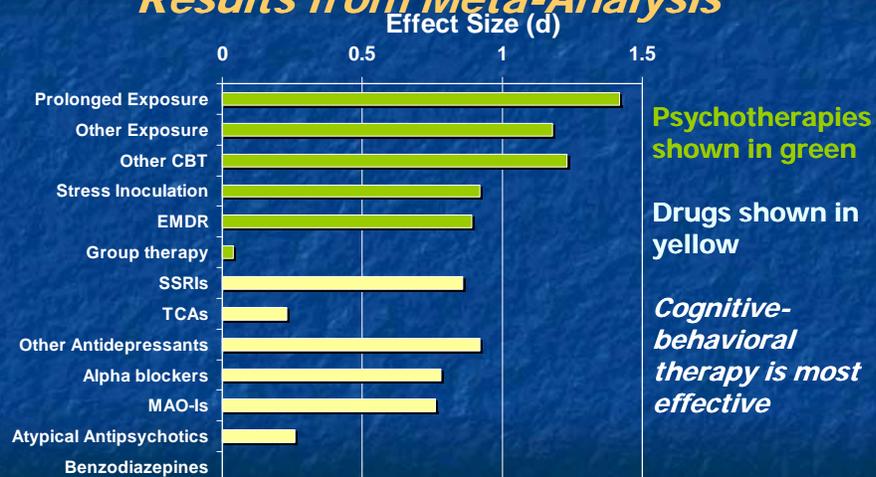
PTSD Screen for Primary Care

- Yes or No
 - Have had nightmares about it or thought about it when you did not want to?
 - Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
 - Were constantly on guard, watchful, or easily startled?
 - Felt numb or detached from others, activities, or your surroundings?

Prins et al. (2003) Primary Care Psychiatry

PTSD Treatments

How Well Do Treatments Work? Results from Meta-Analysis



Note. Effect sizes are computed from the difference between groups in individual studies at posttreatment.

Watts et al., 2007

Overarching Framework for Psychotherapy with Trauma Survivors

- Judith Lewis Herman's Trauma and Recovery:

The fundamental stages of recovery are...

1. Establishing safety
 2. Remembering and mourning
 3. Reconnection and meaning-making
- Not necessarily a linear progression through these stages
 - Echoes common distinction between skills-building and trauma processing work

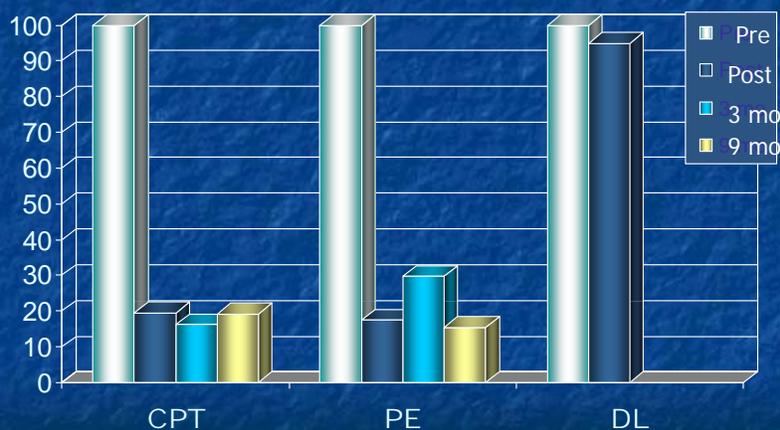
Cognitive Processing Therapy (CPT)

- Cognitive Therapy + Written Exposure
 - Clients learn to identify and label thoughts and feelings and to recognize the relationship between the two
 - Clients learn to challenge their automatic thoughts
 - Emphasis is on five areas disrupted by trauma: safety, trust, power/control, esteem, and intimacy
 - Clients generate a written account of how their traumatic event impacted them
 - Clients generate a written account of the traumatic event and review it repeatedly to promote emotional processing

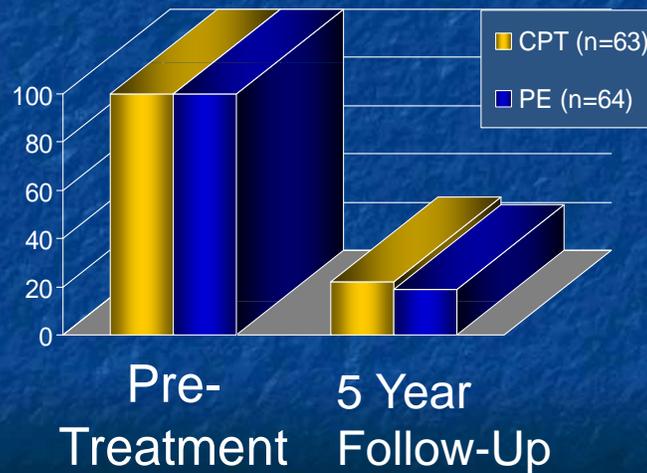
Prolonged Exposure (PE)

- Treatment components
 - Psychoeducation about reactions to trauma
 - Imaginal exposure, repeated recounting of the trauma memory
 - In vivo exposure, confronting trauma reminders that despite being safe are feared and avoided
- Exposures progress hierarchically, beginning with memories/reminders that evoke less fear
- Patients must emotionally engage during exposures

The Impact of Treatment on PTSD Symptoms Among Sexual Assault Survivors



The Impact of Treatment on PTSD Diagnosis Among Sexual Assault Survivors

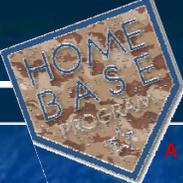


But reducing PTSD symptoms is not the end goal...

- Individuals with reductions in PTSD symptoms are also likely to experience...
 - Improved quality of life
 - Reductions in comorbid conditions like depression or substance abuse
 - Reductions in risk for retraumatization
 - Improved social relationships

Resources

- For civilians:
 - The Trauma Center
 - Fenway Community Mental Health
 - Victims of Violence (Part of Cambridge Health Alliance)
 - The Boston Resource Center
- For veterans:
 - Veterans Hospitals
 - Jamaica Plain
 - Brockton
 - Bedford
 - CBOCs
 - Vet Centers
 - Home Base at MGH



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