

# TREATING PTSD IN VETERANS

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# To Understand PTSD we first need to understand trauma

- ▣ What is Trauma?
- ▣ Many events can be regarded as traumatic:
- ▣ Rape or other types of sexual assault
- ▣ Fire or natural disaster such as the West Moor Oklahoma tornadoes of 2013

A picture is worth 1000 words





## Factors that determine whether or not an event is traumatic

- ❑ Fact: Two people can experience an event. One person may be fine while another one is traumatized.
- ❑ One major factor is the level of intensity of emotions felt by the person during or after the event.
- ❑ The type of support system a person has following an event.
- ❑ Whether or not we can process the event and make sense of it.
- ❑ In a military setting due to the needs of the mission you may not have that option:
- ❑ Example: Steve is a Sergeant in charge of a Marine infantry squad on patrol in Afghanistan. While on patrol a shot rings out. Steve and the rest of the Marines dive for cover. Steve slowly raises his head and notices his friend Dave lying on the ground and not moving. Due to the mission and keeping his men safe, Steve does not have time to process what's happened.
- ❑ How would you feel if you were in Steve's position? What emotions might you be feeling? What thoughts would you be thinking?



## Biology of PTSD

- According to the Clinicians Guide for PTSD, humans will respond to trauma or a perceived trauma in four ways
  1. Fight
  2. Flight
  3. Freeze
  4. Tonic Immobility/ being a statue

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Other Biological Systems involved in PTSD are:

1. Amygdala
2. The Hippocampus- which plays a role in learning
3. Frontal Lobe- which deals with planning and executive functions
4. The Autonomic Nervous System- controls heart rate
5. The Sympathetic Nervous System which deal with adrenaline and noradrenaline.

## Other Factors to Consider

- ▣ Some people may experience a delayed onset in PTSD symptoms.
- ▣ Not everyone manifests or presents with PTSD in the same way.
- ▣ Remember:
  1. The person experiencing the event perceived the event as life threatening.
  2. The person may have felt intensely afraid or horrified.
  3. They may feel helpless.
  4. They may have felt a lack of control over the situation.
  5. They may question their training. Are they still a good Marine, Soldier, Sailor, Airman, etc?
  6. Some people with PTSD may wish to avoid the stigma associated with PTSD.

## Type of Treatment

- There are multiple treatment modalities for counseling people with PTSD:
  1. Cognitive Behavioral Therapy
  2. EMDR-Eye Movement Desensitization and Reprocessing.
  3. Mindfulness- focus on being present in the moment.
  4. Cognitive Behavioral Therapy.
  5. CBT-I- Cognitive Behavioral Therapy for Insomnia.
  6. Yoga
  7. Equine Therapy
  8. Service Dogs
  9. Exercise/ Running
  10. Virtual Reality Exposure Therapy
  11. Barometric Chamber Therapy- which is very new and a treatment that I'm not familiar with.



## Two Main Treatments Used By the Veterans Administration

- ▣ Cognitive Processing Therapy-also known as CPT.
- ▣ Prolonged Exposure Therapy- also known as P.E.

# Cognitive Processing Therapy

- ▣ 12 Sessions in length.. May be longer. This is at the discretion of the therapist.
- ▣ Based on Cognitive Behavioral Therapy Model
- ▣ Four parts:
  - ▣ 1. Psychoeducation/learning about the PTSD symptoms
  - ▣ 2. Becoming aware of thoughts and feelings.
  - ▣ 3. Learning Skills
  - ▣ 4. Understanding changes in beliefs.
- ▣ \* Can be used for both individual and group work.

## 5 Areas Affected by Trauma

1. Safety
2. Trust
3. Power and control
4. Esteem and
5. Intimacy



## 3 Phases of Cognitive Processing Therapy

1. Educate the clients about trauma and PTSD.
2. The focus is on building rapport: Seek to build an understanding. Your main goal is to help clients understand the goals and rationale of therapy.

\*Some things not to say:

- ▣ There's nothing wrong with you, it's all in your head.
- ▣ Just stop dwelling on it and pull yourself together.
- ▣ I understand, it's like when I....(If you haven't had a friend killed by an IED, you are not going to fully understand what your veteran client might be going through.

## Some things not to say to a veteran with PTSD continued

- ❑ How many people did you kill or People die, it's life.
- ❑ At least you came home.
- ❑ Are you ok? Have you taken your meds?
- ❑ You volunteered for it.
- ❑ You're not gonna flip out and kill someone are you?
- ❑ At least you didn't lose your arms or legs.
- ❑ PTSD isn't real.

\* Do not try to interpret the trauma utilizing a theory.  
Example a veteran tells you they are having nightmares about their time in Afghanistan and the therapist states it's because they have repressed sexual feelings for one of their parents.

# Prolonged Exposure Therapy

- ▣ Derived from Cognitive Behavioral Therapy
- ▣ Based on the ideas of imaginal exposure.
- ▣ Can be anywhere from 8 to 15 sessions up to 90 minutes in length.
- ▣ Has four components:
  1. Repeated revisiting of the trauma memories.
  2. Repeated exposure to avoided situations.
  3. Education and common reactions to trauma.
  4. Breathing retraining.



# Two types of exposure

- ▣ Imaginal
  - ▣ In vivo
- 
- ▣ Imaginal Exposure-repeatedly living the trauma in your mind.
  - ▣ In vivo exposure- confronting “ safe” situations that have been avoided because of trauma...  
e.g. Fireworks, crowds, etc.

## Ways In Vivo Exposure can help

- ▣ Carefully confronting feared situations can help reduce anxiety.
- ▣ Note: Anxiety can be thought of as being part of a feedback loop. Let's say you come home and realize there are no eggs in the fridge. You want to go to the store and get eggs, but the thought of going to the store causes you anxiety. You decide to ask your partner to pick up the eggs. You feel better, however this re-enforces the avoidance behavior.

## In Vivo Continued

- ▣ Carefully confronting avoided situations can help reduce anxiety.
- ▣ If put in situations repeatedly that you thought were dangerous, this can reinforce the idea that these situations were not that bad. The more you confront these situations the less anxiety you feel.
- ▣ Encourages habituation-if you stay in a situation long enough your anxiety will go down.
- ▣ This can help one's self esteem and help them feel more competent.



# Imaginal Exposure

- ▣ Involves revisiting the trauma memory in your imagination. It is designed to:
  1. Help the client get in touch with all aspects of the trauma to include what they may have been feeling, thinking, as well as addressing bodily sensations.
  2. Helps the client get in touch with emotions related to the traumatic event.
  3. Helps the client talk about the memory in their own time and at their own pace.

Source: Rothbaum, B, Foa E., et al. (2007) Reclaiming Your Life From a Traumatic Experience. pp. 27-51

## Other types of avoidance behaviors associated with PTSD.

- ▣ High risk behaviors such as bunji jumping.
- ▣ Increased risky sexual behaviors.
- ▣ Increased impulsive spending.
- ▣ Increased aggressive behaviors/starts fights at the drop of a hat.
- ▣ Withdrawing from society all together- veteran has a cabin in the woods with minimal contact.

## In Conclusion

- ❑ Veterans may present with multiple symptoms that don't always point to PTSD.
- ❑ Focus on building a relationship of trust.
- ❑ It's best not to say you understand what a veteran is going through if you haven't lived it.
- ❑ Don't make any assumptions.
- ❑ Be proactive. Learn as much as you can about PTSD. One recommended website is: [www.Ptsd.va.gov](http://www.Ptsd.va.gov).

# Some Additional Optional Resources

- ▣ [www.deploymentpsych.org](http://www.deploymentpsych.org)
- ▣ [www.ptsd.va.gov](http://www.ptsd.va.gov)
- ▣ Once A Warrior Wired for Life by Bridget Cantrell and Chuck Dean
- ▣ Down Range to Iraq and Back.
- ▣ Treating PTSD in Military Personnel by Bret Moore and Walter Penk .
- ▣ The 7 Habits of Highly Effective people by Stephen R. Covey.