



Post Traumatic Stress Disorder (PTSD), Impact on Veterans

**Presented by: Dr. Gustavo R. Martinez
Clinical & Management Consultant
grmmia@aol.com
(915) 241-7272**

PTSD: Historical Antecedents & Def.

- **Evolution of PTSD**
- **Defined: Development of characteristic symptoms following a psychologically traumatic event that positions a person in danger of death or injury as a perceived outcome, and over-stimulates the brain to an unbalanced mix of emotions. Triggers imbalance of ADL's and spiritual morality. Men lean toward SA, women to depression.**

PTSD (Why do I stay the same!)

- ⊗ PTSD is a symptom driven condition and maintains the symptoms active and in the present if ignored. Victims deal with the trauma initially by not dealing with it.
- ⊗ DSM IV-TR lists a 17 symptom cluster in four categories that comprise PTSD. Ancillary features of Depression, Anxiety, Anger, SA, & low Self-Esteem are common.

PTSD, etc.

- **Military/Veterans of the current war in Iraq & Afghanistan are at high risk. Criminal assault and victims of natural disasters (Katrina), & domestic violence, etc.) are also examples of persons encountering PTSD.**
- **Some victims seek trauma tx while others avoid tx for multiple reasons; Veterans remain distant from treatment facilities due to fear of stigma, soldiering image, negative impact on career.**



PTSD, etc.

- **A central theme in clinical assessment is to evaluate in detail the afflicted person for developmental hx, social support systems, and the trauma itself. Differently stated, the growing up years, the emotional & tangible support that was and can be obtained, & the nature and intensity of the traumatic experience & current symptoms. Underpinnings of Resiliency & Recovery.**

PTSD, etc.

- **Maintain safety in mind. Brief scales like the Davidson Trauma Scale (DTS) can be a clinical guide; Setting tx goals, learning about PTSD, Dev. Coping Skills, connecting with other veterans, support groups, medication, telling your story so thought processes can be more controllable. Treatment can go from a few weeks to several years. (Behavioral Mgmt Guide, Warren, 2001)**

PTSD, etc.

- **Other scales for assessing ancillary features of PTSD and co-occurring disorders require simple administration of instruments with low tolerance persons (i.e. combat veterans, police, disaster victims). Brief questionnaires for anxiety, depression, substance abuse, relationship issues, and self esteem. (e.g. Walmyr instruments in Treatment & Evaluation.**

PTSD, etc.

- **Victims of trauma whose life has been shattered need a therapeutic orientation that includes defining PTSD and how the condition unfolds as part of the initial “comfort zone” (trauma-informed) preparation. An over-arching “normal reaction to an abnormal event” theme needs to be integrated into tx. resolution. Resolution between trauma & values.**

PTSD, etc.

- ⦿ Part of the definition is painting a new picture as a backdrop to the shattered world view. Shattered in the form of fear from seeking safety because your personal world view cannot be trusted and you are powerless and stuck with the future. Emotions convert to thoughts & into behavior. As a result, client coming into treatment is shattered & stuck (GAD.)

PTSD, etc.

- For some victims Depression, Anxiety, and Anger are present upon traumatic impact. Some perceive themselves as being “upside-down”. Change in the brain chemistry develops which embraces the PTSD symptoms and that of now being different. Other co-disorders follow. Cognitive Behavioral Therapy (CBT) is a leading treatment of choice.



PTSD, etc.

- **On being overwhelmed: Dealing with the trauma by not dealing with it: Trauma overstimulates the nervous system. According to Dr. M.B. Williams, et.al, over-stimulation means your arousal levels are high, and can have serious impacts on your body and a constellation of symptoms leave you feeling that you have no reserve of energy to help you heal.**

PTSD, etc.

- **Dr. Judith Herman (Emotional Intelligence) talks of a three stage process needed for emotional relearning from a trauma via attaining a sense of safety, remembering the details of the trauma, mourning loss, and reconstruction of life. 1) seek ways to understand the symptoms; 2) What is within your control and unlearning helplessness; 3) transform emotions**

PTSD, etc.

- Dr. Muriel P. Warren, in Behavioral Management Guide considers PTSD treatment goal-driven objectives as:
- Eliminate stressors assoc. with trauma
- Relieve distress assoc. with the event
- Return client to more insightful functioning.
- Prevent recurrence of cluster symptoms
- Dr. Martinez: Achieve values resolution

PTSD, etc.

- ❁ SA is a common feature of PTSD as is GAD , & depression. High risk/Protective factors are critical in the psycho-education and relapse prevention of the client.
- ❁ Close examination of the existence of trauma prior to treatment and the origin of drug abusing behavior is essential for assessment of etiology and integrated, sequential, or parallel intervention & tx.

PTSD, etc.

- ⦿ SA amplifies PTSD and is connected to:
- ⦿ Somatization: Psychosomatic ill. impacts the body's well-being and service providers need to ensure the absence of medical conditions before proceeding with this area of tx. If medical problems are not present, it may well be the result of PTSD layering over time. Medication may help jump start treatment.



PTSD, etc.

- ⦿ **“Being traumatized is like being in a hopeless situation. Or what Don Elverd of Hazelden said of combat veterans, being in a whole different planet. You’re in an entirely different culture with a new set of rules, behaviors and expectations. Tangible resources & social support resources from those who care has great value for coping.**

PTSD, etc.

- ❁ Social Support defined: Is a perception by an individual that tangible aid, emotional resources, and dependability of friends and relatives within their community of reference or living environment are available to the degree that coping behavior can be maintained or restored during periods of personal crisis (Martinez, 1990, The Catholic University of America, Dissertation Archives).

PTSD, etc.

- ❁ PTSD has different ways of manifesting itself with adjustment difficulties. Victims are also at risk for depression, substance abuse, aggressive behavior problems, and the spectrum of severe mental illnesses precipitated by traumatic stressors. The clinical nomenclature speaks of chronic PTSD as a Spectrum Disorder. R/O PTSD

PTSD, Conclusion

- **Safety**
- **Unlearning the helplessness by defining PTSD and providing Psycho-education before proceeding with debriefing and grieving! It's okay to move softly!**
- **Retelling/reconstructing the story allows the emotional circuits a new and realistic understanding. Put memory into words.**

PTSD, Treatment & Case-Management Models

- ❁ Cognitive Behavioral Therapy (CBT): Most researched approach. Re-frames faulty beh
- ❁ Psycho-Education Model: In conjunction with therapy, it increases the client's ability to function independently as insights are developed about required behaviors that bring out favorable consequences via coping skills/recovery. CSAT TIP # 10.

PTSD, etc.

- **Relapse Prevention**: Based on the cognitive Behavioral Therapy paradigm, this approach helps individuals recognize early the consequences of “urges” and helps anticipate the faulty behavior which triggers the etoh/sa ancillary features of PTSD and/or genetically predisposed addictive disease.



PTSD, etc.

- Exposure Therapy: It is designed to help veterans effectively confront their trauma-related emotions and painful memories (Foa & Rothbaum, 1998). (Not recommended for those experiencing marked ongoing stressors or at-risk for suicide).

PTSD, etc.

- **Case Management**: An emotional and tangible support direct service that serves as an adjunct to any therapeutic component. It must be experienced by the client and his/her family as those services that help minimize the stress by providing basic needs while the client addresses psychological concerns. CSAT TIP # 27.

PTSD, Culture

- Cultural Competency: Means more than speaking the language and recognizing the cultural icons of people. It means changing any pre-judgements/biases one may have of people's cultural beliefs and customs. It is rooted in respect, validation, and openness toward someone with different social and cultural perceptions and

PTSD, Culture

- **(Continued): expectation's. Culturally competent care is provided with an understanding of and respect for the client's cultural values and beliefs. This is accomplished through the efforts of staff trained to understand and respect the attitudes, beliefs, and behaviors of culturally, ethnically, and racially different**

PTSD, Culture

- (Continued): individuals. This cultural competency should improve the efficacy for treatment by offering services anchored in a culturally appropriate context (CSAP, 1999).

PTSD, References

- **WWW. National Center for PTSD: Dept. of VA**
- **Emotional Intelligence (Chapter 13, Dr. Judith Herman: Trauma and Emotional Relearning), Daniel Goleman.**
- **The PTSD Workbook: Drs. Mary Beth Williams and Soili Poijula.**
- **Davidson Trauma Scale; Psychtest.com;**
- **Walmyr.Com: Depression, Anxiety, S.A., etc.**