Facing Tragedy

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Central Texas African American Family Support Conference

February 27-28, 2018

Overview

- Understand trauma and its impact on our bodies and minds
  - Trauma definition
  - Trauma types
  - Describe impact of trauma on people
- Trauma recovery
  - Natural recovery versus PTSD
  - Facilitators of healthy emotional processing
- Utilize practical strategies for managing emotions
  - Stress management
  - When to seek help
    - Evidenced based treatment for PTSD

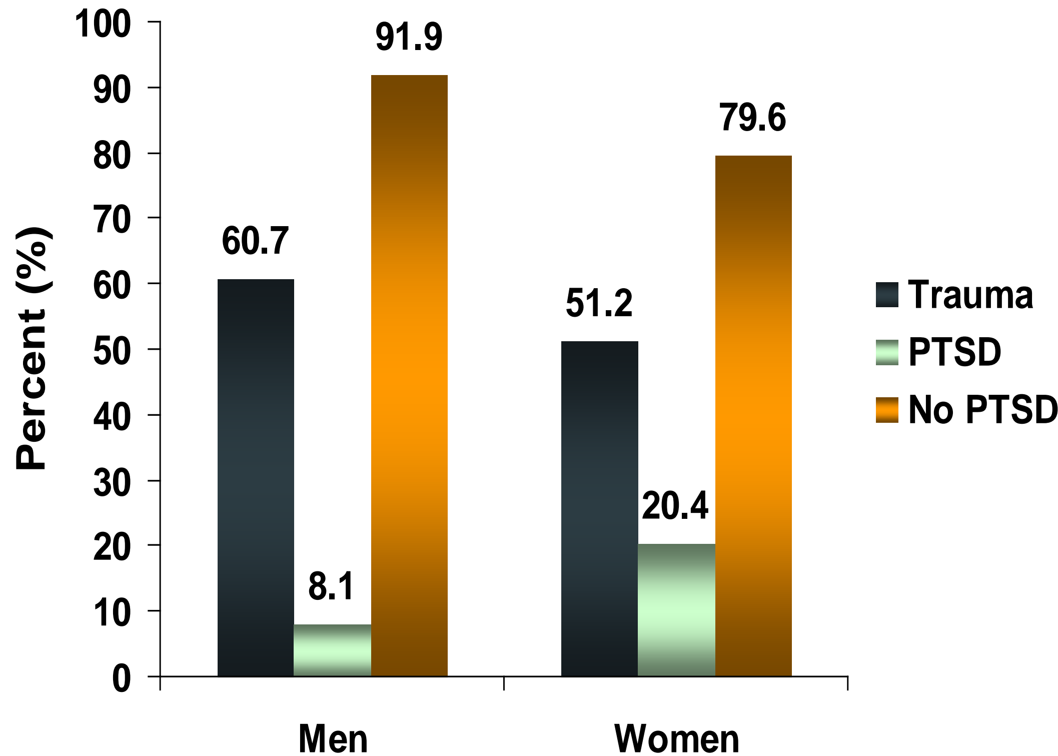
Importance

- Recent effects can have lasting impact on our bodies and minds
  - Las Vegas shooting
  - Sutherland church shooting
  - Violence in Charlottesville protests

What is trauma?

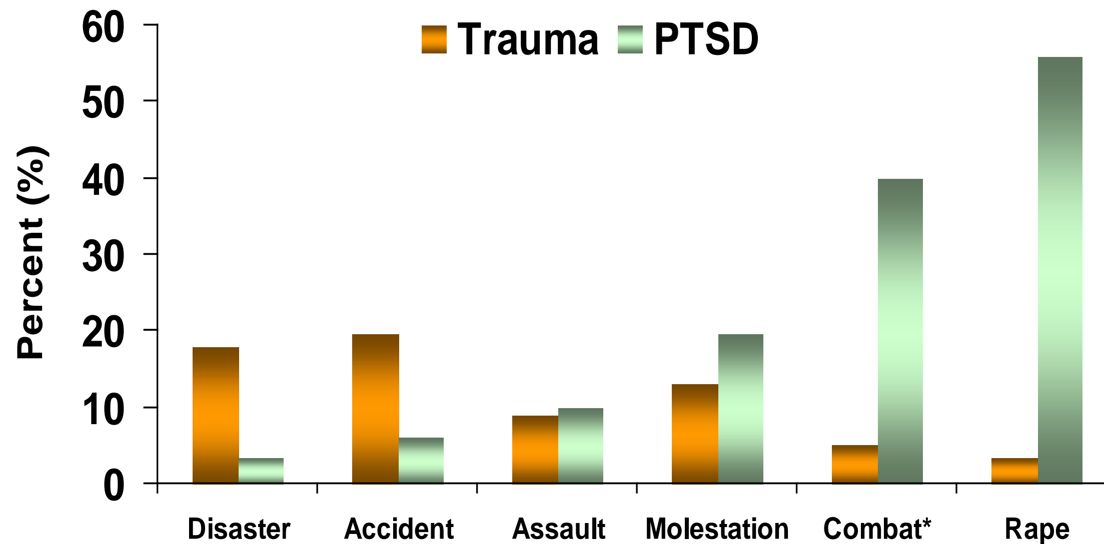
- Definition of trauma
- Types of trauma
  - Natural disasters
  - Gun violence
  - Combat
  - Physical abuse & assault
  - Sexual abuse & assault

Prevalence of Trauma and PTSD in Men and Women in the US



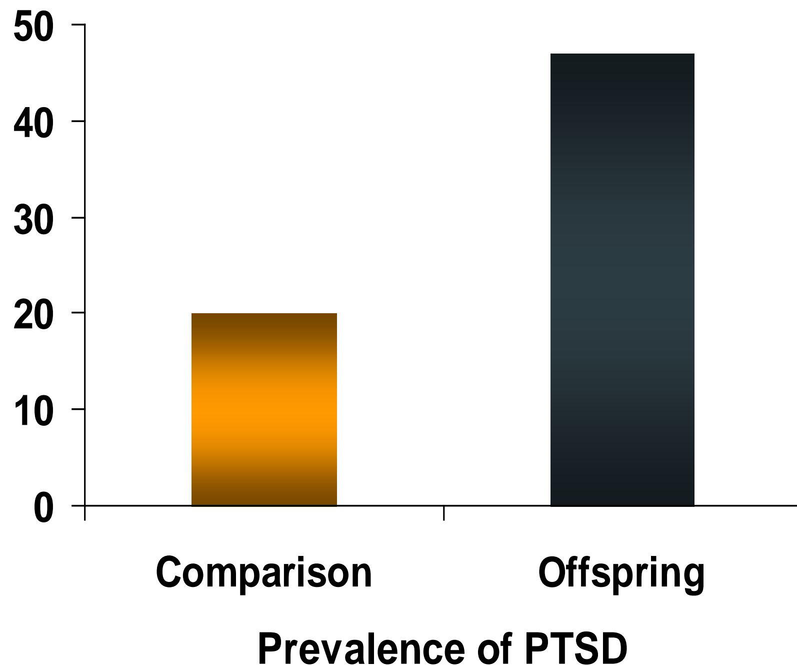
Kessler 1995

Rate of PTSD is Influenced by the Nature of the Trauma



Kessler 1995

Risk for PTSD in Offspring of Holocaust Survivors



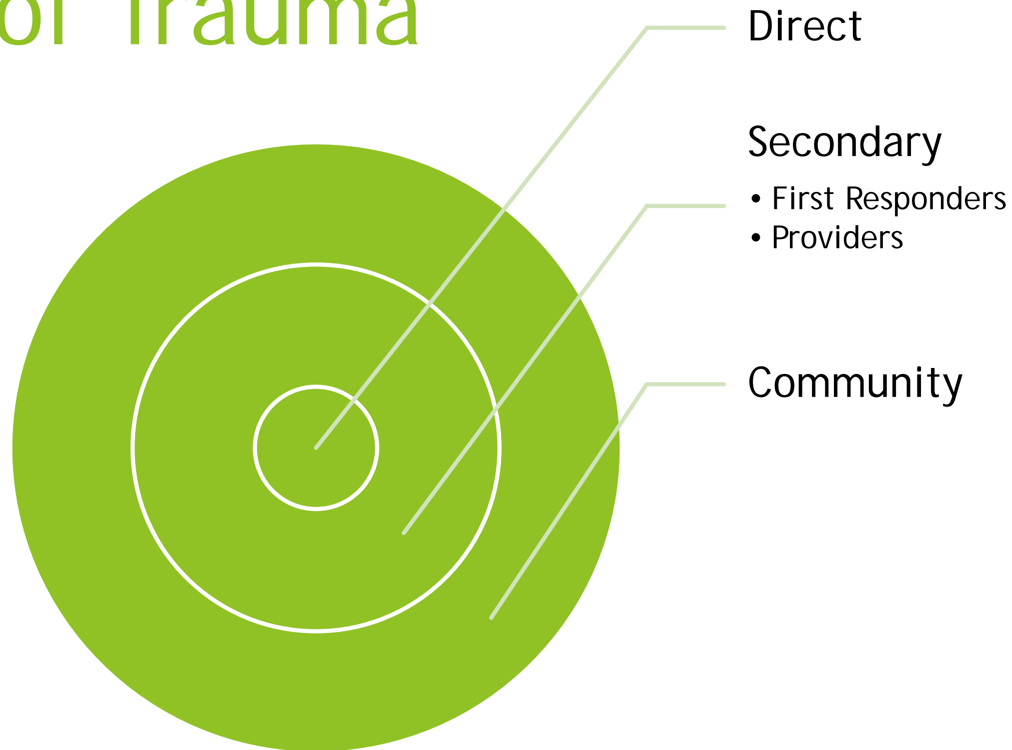
- PTSD 3 times more likely in children of Holocaust survivors in response to trauma vs controls
- Risk factor appears to be parental PTSD, not parental

Shalev 1997

Factors Contributing to the Intensity of the Trauma

- Degree of uncontrollability, unpredictability, and perceived threat (i.e., intensified fear)
- Actual loss or injury
- Perceived sense of failure to prevent the trauma (e.g., guilt, shame)

Levels of Trauma



Direct

Secondary

- First Responders
- Providers

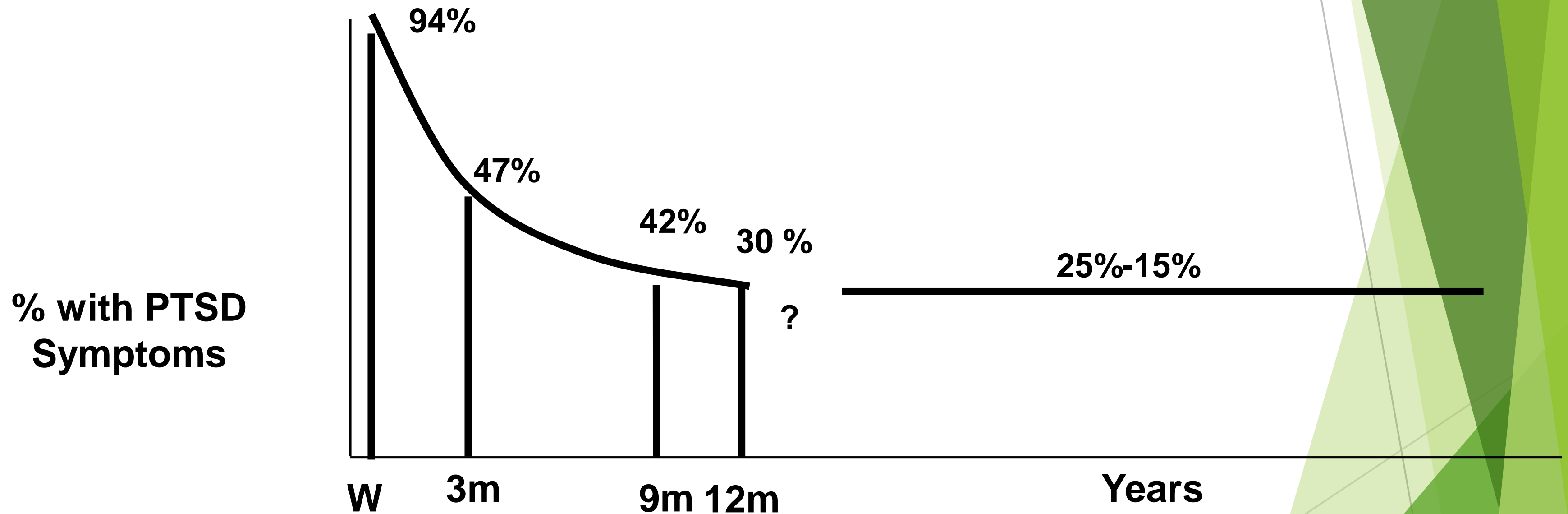
Community

Processes of Natural Recovery:
When Do They Succeed and
When Do They Fail?

Normal Reactions to Trauma

- In immediate aftermath of trauma, normal to have:
  - Nightmares
  - Unwanted memories
  - Fear of unfamiliar places
  - Feeling on edge & easily startled
- For most people, these symptoms fade over time

Rate of Recovery After Rape



Data form Rothbaum et al., 1992

Recovery From PTSD Related to 9/11 in New York City

- 1-2 months 7.5% Manhattan alone
- 6-9 months 1.45% Greater New York area

PTSD DSM-5 Criteria

- A: Traumatic event: actual/threatened death, serious injury, or sexual violence
- B: Re-experiencing
  - Upsetting intrusive thoughts/memories/nightmares/flashbacks
- C: Avoidance
  - Behavioral/Situational: triggers, people, family → isolation
  - Cognitive: Memories/thoughts
  - Emotional: Feelings

PTSD DSM-5 Criteria

D: Negative alterations in cognitions & mood

- Persistent & exaggerated beliefs about self, others, & world
- Distortions about cause or consequences of trauma
- Persistent negative emotional state
- Numbing
- Dissociative amnesia

PTSD DSM-5 Criteria

- E: Hyperarousal
  - Easily startled, always on guard
  - Hypervigilance
  - Irritability/anger outbursts
  - Sleep disturbance
  - Reckless/self-destructive behavior
  - Exaggerated startle
  - Concentration problems
- F: At least 1 month
- G: Significant distress or functional impairment

Individual Risk/Vulnerability Factors

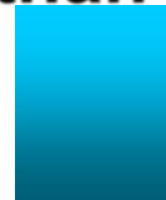
- Childhood trauma or abuse
- Psychiatric illness (depression, anxiety, personality disorder)
- Substance abuse
- Poor social support
- Low educational and socioeconomic status
- Family history of PTSD

Socioeconomic and
Human Costs of PTSD

Risk of Suicide Attempts Among Patients with Anxiety Disorders

PTSD patients are 6 times more likely to attempt suicide than controls

Odds Ratio

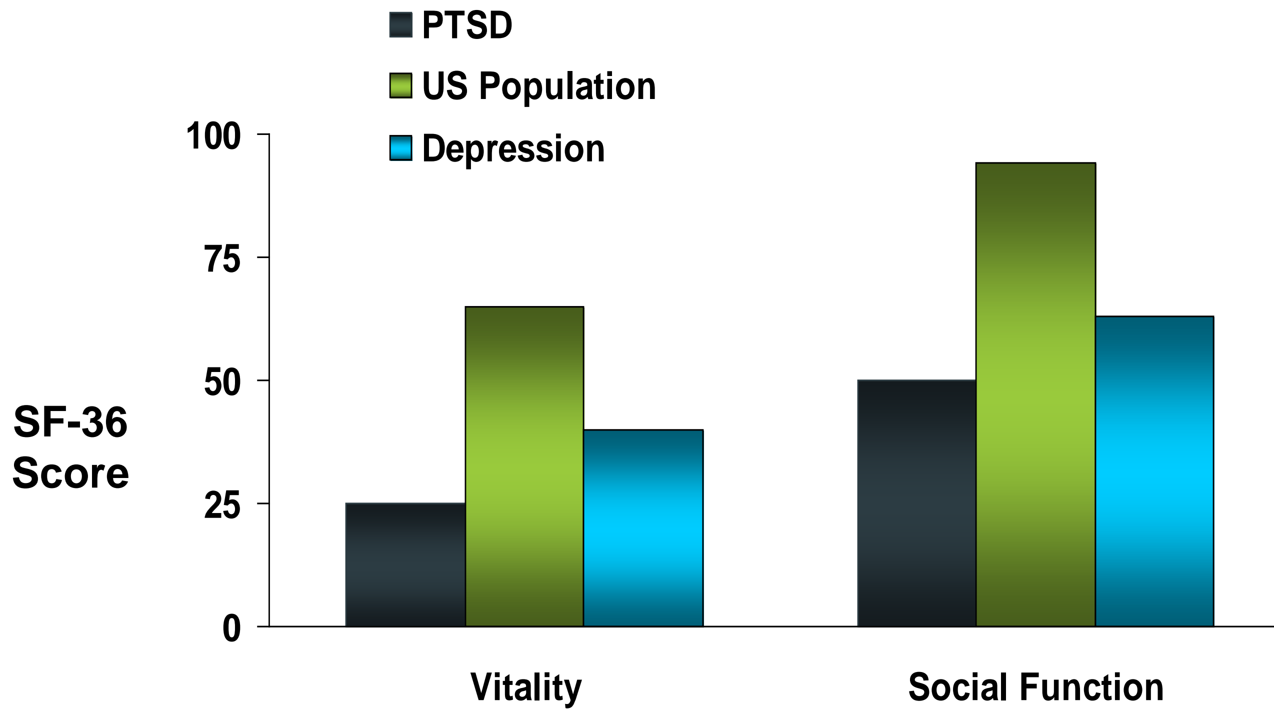


PTSD | GAD | Panic Disorder | Social Anxiety Disorder | Any Anxiety Disorder

19% of PTSD patients will attempt suicide

Kessler et al. 1999

Impaired Quality of Life in PTSD



Malik et al. 1999

Economic Costs of PTSD

- Annual productivity loss = $3 billion (USA)
- Average work loss = 3.6 days/month
- Level of lost productivity in PTSD is similar to that of depression

Factors Influencing Failure to Recovery

- Not all traumas cause high rates of PTSD and not all traumatized individuals develop chronic PTSD or Traumatic Grief
- Why?
- Intensity of the trauma
- Individual differences

Summary of Reactions to Trauma

- The majority of trauma victims recover with time
- PTSD represents a failure of natural recovery
- If PTSD does not remit within a year, it will last a lifetime unless treated
- PTSD is a highly distressing and debilitating disorder

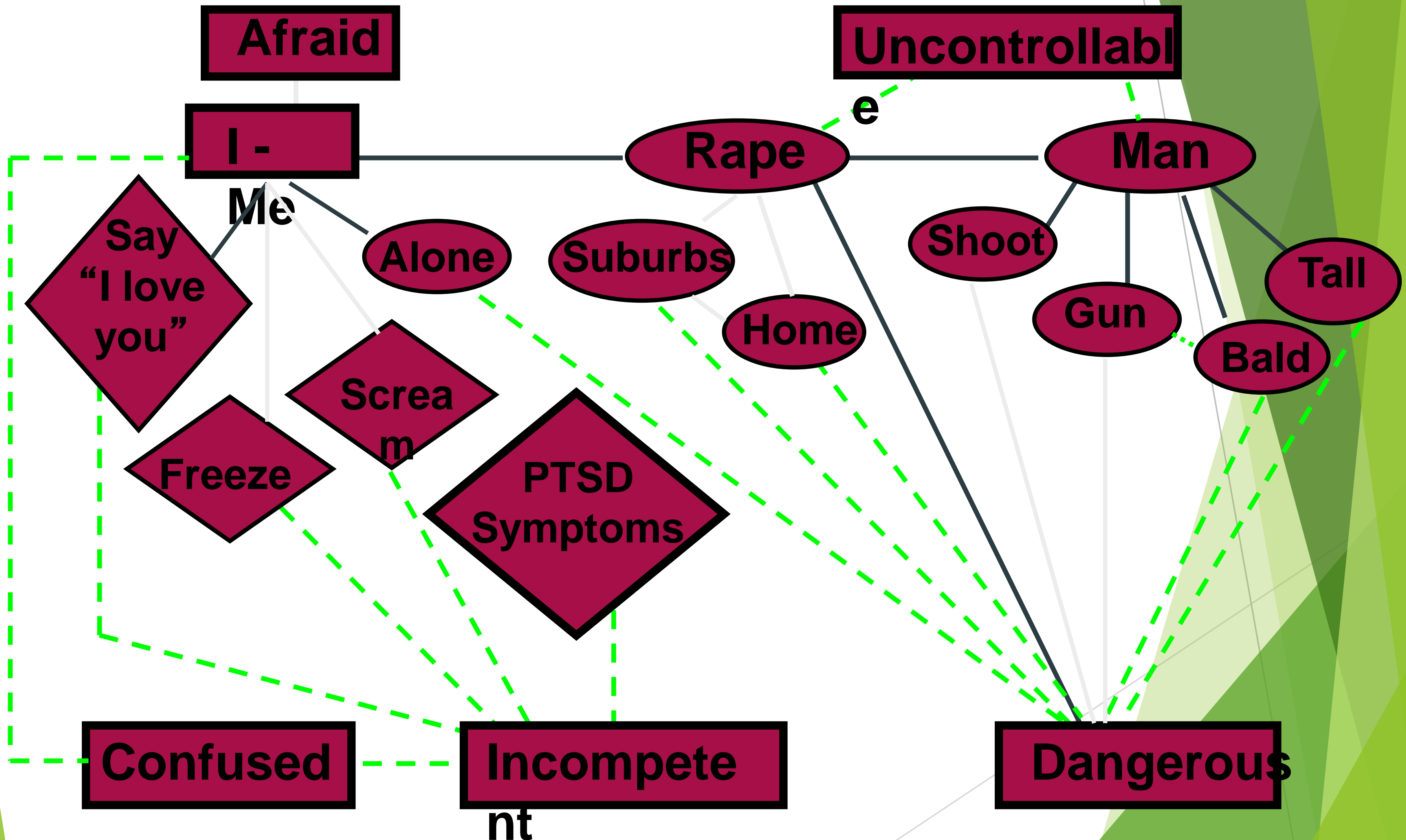
Emotional Processing Theory of PTSD (Foa & Kozak, 1997)

- Invokes psychological constructs to explain:
  - Early PTSD symptoms
  - Natural Recovery
  - Development, maintenance and treatment of PTSD

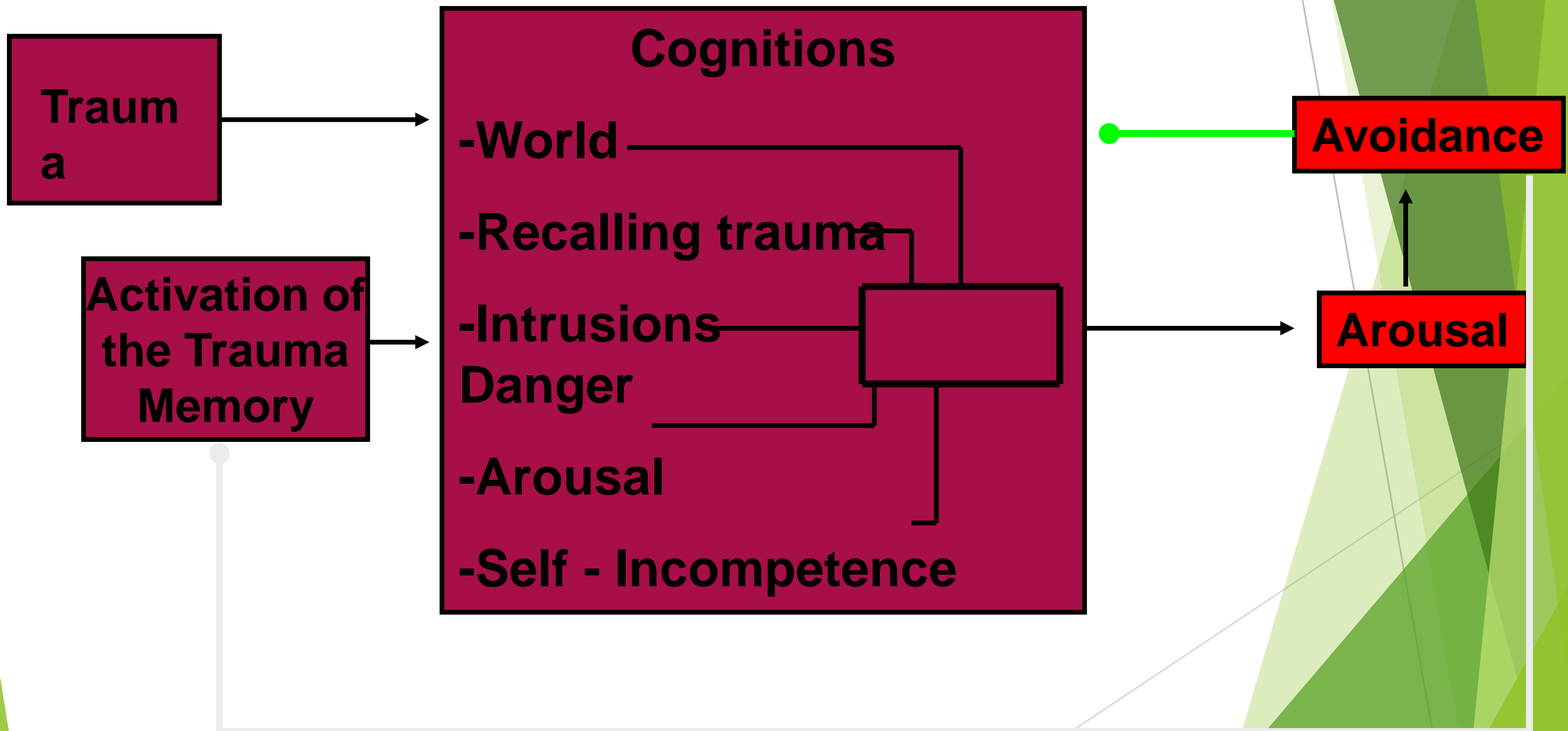
Trauma Memory

- Is a specific fear structure that includes representations of:
  - Stimuli present during the trauma
  - Physiological and behavioral responses that occurred during the trauma
  - Meanings associated with these stimuli and responses
- Associations among stimulus, response, and meaning representations may be realistic or unrealistic

Schematic Model of a Memory Shortly After the Rape



Psychological Mechanisms that Maintain PTSD



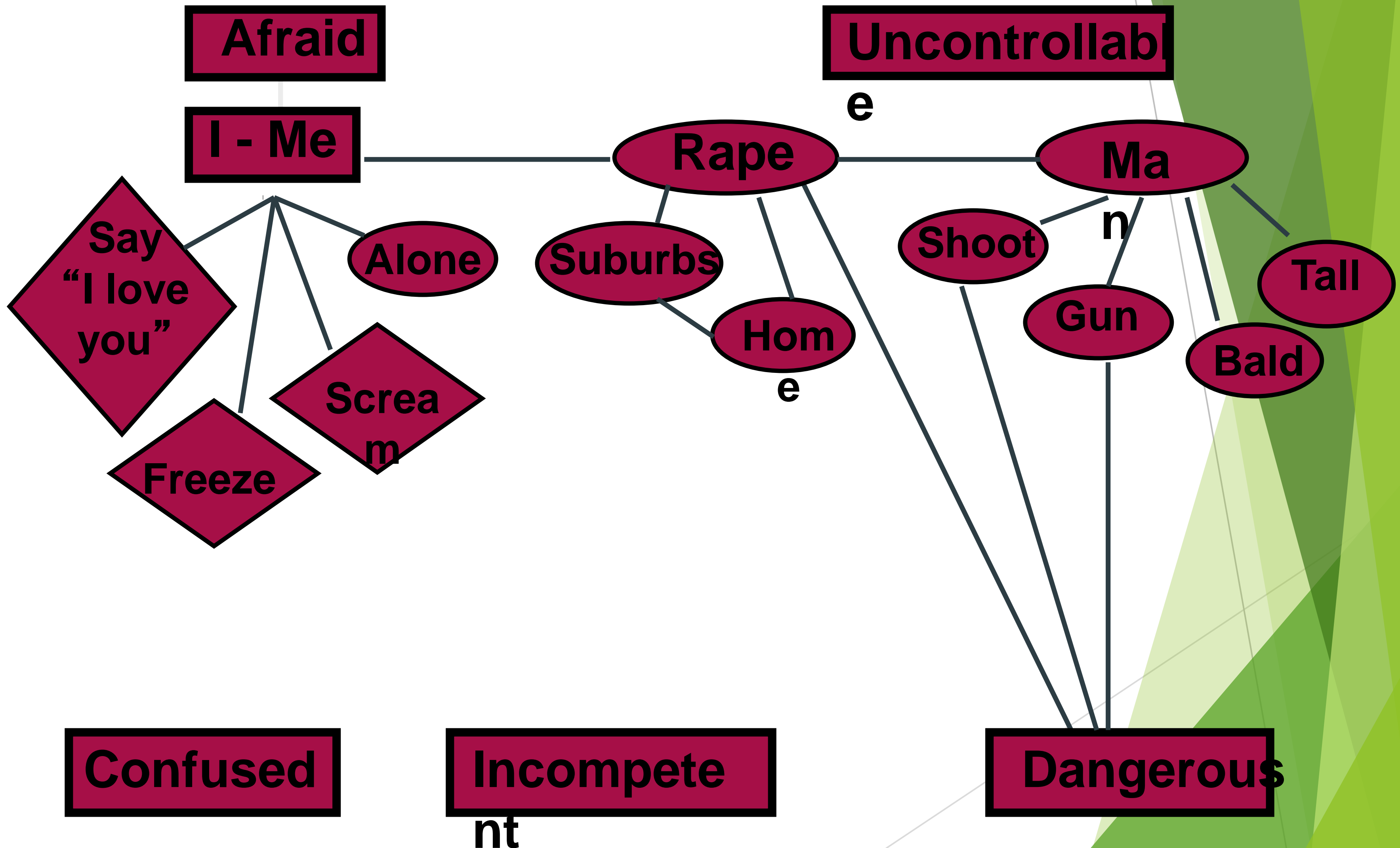
Emotional Processing

- Trauma recovery involves emotionally digesting trauma
  - Meaning making
- Healthy ways to facilitate emotional processing
  - Talking with loved ones
  - Engaging in meaningful activities

Recovery Processes

- Repeated activation of the trauma memory (emotional engagement)
- Incorporation of corrective information about “world” and “self”
- Activation and disconfirmation occur via confronting trauma reminders (e.g., thinking about, and contact with trauma reminders)
- Corrective information consists of the absence of the anticipated harm

Schematic Model of a Recovered Rape Memory



Stress Management

- Relaxation
  - Deep breathing
  - Progressive Muscle Relaxation
  - Visualization
- Exercise
  - Meditative
  - Cardio
- Time management
  - Prioritizing
  - Worry time

When do you need to get help?

- Signs that additional help needed:
  - Significant distress
  - Impairment of functioning
  - Problems not improving or getting worse over time (> 6 months)
- Combat stress/PTSD
  - Range of symptoms
  - Easily startled, always on guard
  - Avoidance of triggers, people, family → isolation
  - Upsetting intrusive thoughts/memories/nightmares
- Substance Abuse/Self-medication
  - Alcohol/drugs
  - Reckless behavior

When do you need to get help?

- Depression
  - Loss of interest or enjoyment
  - Loss of energy/restlessness
  - Insomnia/hypersomnia
  - Decreased/increased appetite
- Suicidality/Homicidality
  - Thoughts of harming oneself
  - Intent
  - Plan
  - Risk factors (e.g. hopelessness, isolation)

CBT Treatments for Chronic PTSD

- Promote safe confrontations (via exposure, discussions) with trauma reminders (memories, situations)
- Aim at modifying the dysfunctional cognitions underlying PTSD

Treatment of PTSD

- Extensive research on treatment in civilian populations
  - Rape/Motor vehicle accidents
  - Physical/Sexual assault
  - 50-80% treated lose diagnosis
- Some research on treatment of combat-related PTSD in veterans
  - VA patients treated long after discharge from active duty
    - Co-morbid disorders
    - PTSD disability
    - 20-30% treated to point of loss of diagnosis

Evidence-Based Treatments for PTSD (IOM, 2007)

- Leading EBT treatments
  - Cognitive Processing Therapy (CPT)
  - Prolonged Exposure Therapy (PE)
- Other VA-supported treatments
  - Eye Movement Desensitization and Reprocessing Therapy (EMDR)
  - Stress Inoculation Training (SIT)

Exposure Therapy

A set of techniques designed to help patients confront their feared objects, situations, memories, and images (e.g., systematic desensitization, flooding).

Anxiety Management

A set of techniques that helps patients manage their anxiety

- Relaxation Training
- Controlled Breathing
- Positive Self-talk and Imagery
- Social Skills Training
- Distraction Techniques (e.g., thought stopping)

Cognitive Therapy

A set of techniques that help patients changes their negative, unrealistic cognitions by:

- Identifying dysfunctional, unrealistic cognitions (thoughts and beliefs)
- Challenging these cognitions
- Replacing these cognitions with functional, realistic cognitions

Prolonged Exposure Therapy (PE) for PTSD

- Breathing retraining: 10 minutes in session 1
- Education about common reactions to trauma (25 minutes in session 2)
- Imaginal exposure (reliving) to the trauma memory (30-45 minutes during sessions 3-12)
- *In vivo* exposure to trauma reminders in life between sessions
- 9-12 weekly or twice weekly 90-minute sessions

Prolonged Exposure (PE) Therapy for PTSD (cont’d)

- Imaginal exposure: Patients recount the traumatic memories during sessions and listen to the tape-recorded recounting between sessions
- In vivo exposure: Patients confront safe trauma-related situations and objects between sessions, beginning with less fearful situations and moving on to more fearful ones

Getting Trained in Evidence-Based Treatments (EBTs)

- Mental health professionals at all levels can successfully administer EBTs
  - Importance of protocol adherence
- VA roll-outs
- National workshops
- Websites
- Webinars
- Books
  - Manuals
- Importance of ongoing supervision & consultation

Conclusion

- Treatments that includes both in vivo and imaginal exposure produce excellent outcome and do not benefit from the addition of cognitive therapy
- Cognitive therapy alone and in vivo exposure alone produce moderate improvement
- The addition of exposure therapy procedures augments cognitive therapy

Conclusions

- Several CBT programs are effective for PTSD:
  - Prolonged Exposure therapy
  - Stress inoculation training (SIT)
  - Cognitive therapy (CT)
- PE has received the most empirical evidence with a wide range of traumas

Conclusions (cont'd)

- Adding SIT or CT does not enhance efficacy of PE
- Adding exposure does enhance the efficacy of CT
- PE is a safe treatment and is acceptable by patients
- Clinicians who are not experts in CBT can successfully learn PE in a short period of time