

***Recognizing & Treating  
PTSD & Trauma in  
Substance Abuse &  
Problem Gambling  
Patients***



# Welcome

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Iowa Gambling Prevention & TX Program:

<http://www.idph.state.ia.us/IGTP/>

IDPH SA & PG Licensure:

[http://www.idph.state.ia.us/bh/admin\\_regulation.asp](http://www.idph.state.ia.us/bh/admin_regulation.asp)



If You Want a Copy of the PowerPoint

This PowerPoint is posted on the MCPGSA  
2011 Website



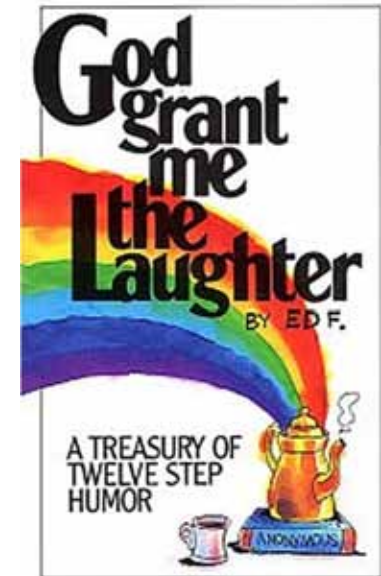
# *What We Will Cover re: PTSD/Trauma Today*

1. Prevalence
2. History
3. Symptoms and diagnosis
4. How PTSD affects vets, kids and adults
5. Mid-West specific examples
6. Protective factors
7. Best practice treatment
8. “Only” trauma
9. A case histories
10. Recommendations



# *PTSD Prevalence - Background*

# *Co-Occurring Prevalence: PTSD, Problem Gambling & SA*



# *In SA and Gambling TX*

- Are PTSD Symptoms the 800-pound gorilla in the room?





# *PTSD and Smoking 1st:*

- Yes, PTSD and Smoking
- Here's why:



## *PTSD and Smoking:*

- Smoking prevalence in those with PTSD is 2–3 times higher than in the general population. Smokers with PTSD also smoke more cigarettes per day and are more tobacco dependent than smokers without PTSD.
- From **Substance Abuse and Mental Health Co-Morbidity**, December 8, 2008: The Role of Nicotine Addiction in Tobacco Use by **Richard Hurt, M.D.**



# Does Smoking Reduce PTSD Symptoms?

- Why?
- Or why not?



# *Smoking May Make PTSD Symptoms Worse:*

- NIDA researchers say that the effect of nicotine on brain activity may exacerbate Post-Traumatic Stress Disorder (PTSD) among smokers, and that alcohol, tobacco and other drug use by PTSD patients suggests the need for simultaneous treatment of co-occurring addictive and mental-health disorders, the [Associated Press](#) reported April 14, 2009.
- Few treatment programs address PTSD and addiction at the same time. "It's kind of a clinical myth that you can only do one at a time or should only do one at a time," said Jean Beckham, a PTSD specialist and psychologist at the Veterans Affairs Medical Center in Durham, N.C.



## *Emphasize:*

- NIDA researchers suggest the need for simultaneous treatment of co-occurring addictive and mental-health disorders.

# *Smoking May Make PTSD Symptoms Worse, Cont:*

- Although some PTSD patients say a cigarette helps their mood when they're having symptoms, Beckham said nicotine's known ability to sharpen attention may reinforce bad memories. **"If you think about your traumatic event and you smoke your cigarette, you can think about it even better,"** said Beckham.
- Up to **60 percent of people in addiction treatment** are estimated to have PTSD, and those with PTSD are three times more likely than other patients to drop out of treatment.



## *Addiction TX Staff:*

## *Think About That Last Part:*

- **Up to 60 percent of people in addiction treatment are estimated to have PTSD, and those with PTSD are three times more likely than other patients to drop out of treatment.**
- Impact on SA treatment
- Impact on drop-out/relapse rates
- The article goes on to state: PTSD has received renewed attention as U.S. veterans return from combat in Iraq and Afghanistan. A study by the RAND research organization estimated nearly 20 percent of returning soldiers have symptoms of PTSD or major depression.



*Many Articles and research Pieces on How Smoking and Alcohol Complicate PTSD*

And the reverse is also true:

- How to help when smoking, alcohol complicate PTSD, AP, 1-26-2009
- Substance abusers with PTSD face poorer outcomes, HealthDay News, 3-4-2008
- NIDA has great references and summaries on their Website



## *Alcohol Consumption Prior to Traumatic Event Linked to Higher Rate of Flashbacks*

- Especially moderate alcohol use
- "Many people who experience a personally traumatic event such as rape or a road traffic accident have consumed alcohol beforehand," said researcher James Bisby. "For the first time, this research gives us an idea of how being under the influence of alcohol might contribute to our wellbeing later on."
- **Acute Effects of Alcohol on Intrusive Memory Development and Viewpoint Dependence in Spatial Memory Support a Dual Representation Model, by Bisby, et al. Journal of the Society of Biological Psychiatry, published online 04 March 2010**





## *Substance Use and Trauma*

- Less than full-blown PTSD
- 80-95% of patients seeking treatment for SUDs report having experienced intense trauma.
- 50% of women and 20% of men in CD recovery programs report having been victims of childhood sexual abuse
- 60% of women and 80% of men in CD recovery programs report having been victims of childhood physical abuse and neglect
- **From: Trauma, PTSD and Substance Abuse (sic) Disorders (SUDs) by Donald Meichenbaum, PhD in Counselor Magazine, 1-12-2010, 15:33**



# Problem Gambling Treatment Staff:

- Well documented connections:
  - Trauma/PTSD and substance abuse
  - Trauma/PTSD and smoking
- What about Problem Gambling and trauma?
  - What do you see in your practice?
  - In the literature?




## *Excellent Study on the Relationship Between PTSD and Problem Gambling*

- Posttraumatic Stress Disorder and Gambling, by David Korn, MD, and Lisa Najavits, PhD., University of Toronto
- Among those with both diagnoses, PTSD onset preceded PG onset in 72% of cases
- Most of the sample (59%) had a family history of SUD
- A sizeable minority of the total sample reported a family history of gambling problems (34%)

# *Prevalence of Problem Gambling and PTSD:*

- 28% of Vets with PTSD met SOGS criteria for probable problem gambling
- 17% met criteria on the DSM-IV for pathological gambling scale
- Why do you think the numbers are so high?

- 
- Almost all problem gamblers reported gambling to escape problems in other areas of their lives.
  - The study identified an entrenched gambling culture among PTSD treatment-seeking veterans, finding these veterans indulge in many different forms of gambling
  - **Problem gambling in Australian PTSD treatment-seeking veterans** by Biddle D, et al. Journal of Trauma and Stress. 2005 Dec;18(6):759-67.

# *PTSD & Problem Gambling*

## *– Non-Vets:*

- Among treatment-seeking pathological gamblers, **34%** had a **high level of PTSD symptoms**
- Estimates of **PTSD** among problem gamblers are estimated at **12.5% to 29%**
- Ledgerwood & Petry, 2006

# PTSD & SA/Gambling

- Which came first?





# Does it matter?

- For years substance abuse/gambling treatment professionals and mental health treatment professionals used to argue over which came first.
- Have to treat symptoms together in an integrated fashion.
- Focus on symptoms that are presenting today.
- Same goes for PTSD and other disorders.



# PTSD History



# When you think of PTSD...

- Who or what do you think of first?



# When you think of PTSD...

- Who or what do you think of first?
- Yes, I'm expecting audience participation!





# Incidence of PTSD

- In 2008, a RAND Corporation research brief, “Invisible Wounds: Mental Health and Cognitive Care Needs of America’s Returning Veterans,” disclosed that 14% of US service members who have returned from Afghanistan and Iraq report current symptoms of PTSD, but only about half seek treatment.




# History of PTSD Diagnosis

- In the United States this was originally titled “Post-Vietnam Syndrome”
- In part through the efforts of anti Vietnam war activists and the anti war group Vietnam Veterans Against the War and Chaim F. Shatan, who worked with them and coined the term *Post-Vietnam Syndrome*, the condition was added to the DSM-III (published in 1980) as post traumatic stress disorder.



# *PTSD Prevalence:*

- Higher in men or women?
- Or close to the same?
- Why?



Post-traumatic stress disorder (PTSD) is a common anxiety disorder with a lifetime prevalence of about 8%.<sup>1</sup> In the United States, it is thought to affect 5% of men and 10% of women.<sup>2</sup>

- 1. Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic stress disorder in the National Comorbidity Survey. Arch Gen Psychiatry 1995;52: 1048-1060. [[PubMed](#)].
- 2. Jacobs WJ, Dalenberg C. Subtle presentations of post-traumatic stress disorder: diagnostic issues. Psychiatr Clin North Am 1998;21: 835-845. [[PubMed](#)].



## *PTSD: Women Have Over Twice the Prevalence of Men – Specifics:*

- Kessler *et al* estimated that the lifetime prevalence of PTSD is 7.8 %. Women had a higher prevalence than men ( 10.4 versus 5.0). **This was due to both a greater exposure of high-impact trauma (Rapes, sexual molestation, childhood neglect and childhood physical abuse) and a greater likelihood of developing PTSD when exposed to a traumatic event.**
- Kessler ,et al., 1994

# Quick Look: Farther Back in DSM

- First edition of DSM (1952) had a listing for “gross stress reactions”
- DSM-II (1968) trauma-related disorders were conceptualized as just one example of situational disorders
- Finally, due to the persistence of forensic psychiatrists, *DSM-III*, published in 1980, listed PTSD as a subcategory of anxiety disorders. For this classification in *DSM-III* intense controversy existed over whether PTSD was an anxiety or a dissociative disorder.
- In the most current edition of *DSM-IV*, published in 1994, the Advisory Subcommittee on PTSD was unanimous in classifying PTSD as a new stress response category



# Before the DSM, before PTSD

- What did we call combat stress?



## *Some Terms I Have Heard:*

- Stress syndrome
- Battle fatigue
- Traumatic war neurosis
- Shell shock
- My favorite (from childhood): “He had a bad war”



Can you think of non-combat terms?



# Can you think of non-combat terms?

- Not as common are they?



## Can you think of non-combat terms?

- How about “Railroad Spine?”





**Railway spine** was a nineteenth-century diagnosis for the post-traumatic symptoms of passengers involved in railroad accidents

- The nature of symptoms caused by "railway spine" was hotly debated in the late 19th century, notably at the meetings of the (Austrian) Imperial Society of Physicians in Vienna, 1886. Germany's leading neurologist, Hermann Oppenheim, **claimed that all railway spine symptoms were due to physical damage to the spine or brain**, whereas French and British scholars, notably Jean-Martin Charcot and Herbert Page, insisted that :
- **some symptoms could be caused by hysteria** (then known as conversion disorder).



# *Other Than Combat*

- *What Else Could Cause PTSD Symptoms in the General Public Today?*
- We don't get that many railroad accidents anymore...
- Audience?



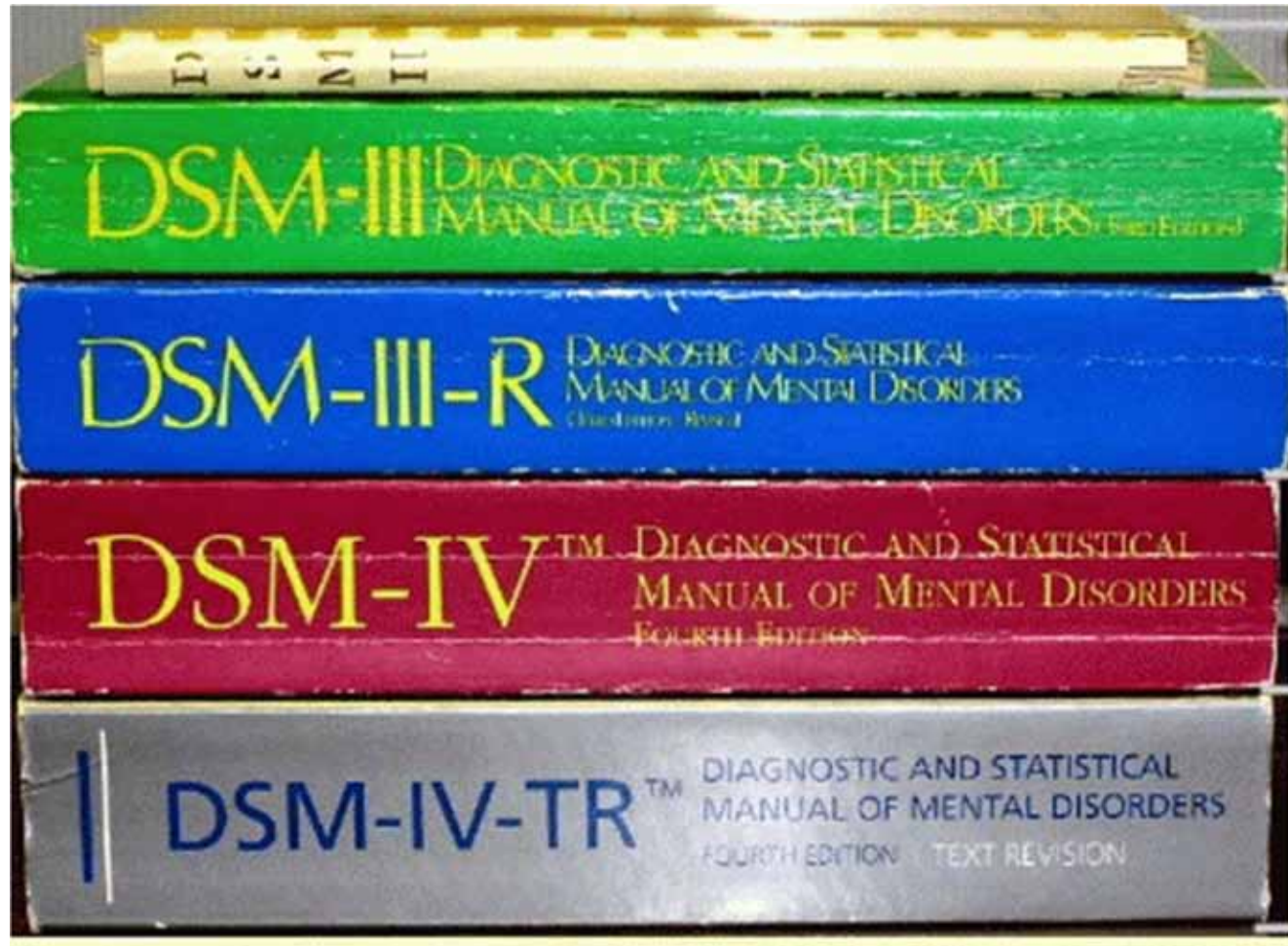
# *What else?*

- Rape victim
- Severe operations (especially in children)
- Abuse victim
- Civilian survivor of war
- Accident victim
- Kidnapping
- Shooting survivor
- Severe weather
- Earthquakes
- Many others



# How Do We Diagnose PTSD?

- What are the symptoms?





# PTSD Symptoms: DSM IV – A

A. The person has been exposed to a traumatic event in which **both** of the following have been present:



# PTSD Symptoms: DSM IV – A1

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others



# PTSD Symptoms: DSM IV – A2

- (2) the person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behavior.



# PTSD Symptoms: DSM IV - B

B. The traumatic event is persistently re-experienced in one (or more) of the following five ways:



# PTSD Symptoms: DSM IV – B1

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.  
**Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.



# PTSD Symptoms: DSM IV – B2

- (2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.



# PTSD Symptoms: DSM IV – B3

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). **Note:** In young children, trauma-specific reenactment may occur.



# PTSD Symptoms: DSM IV – B4

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.



# PTSD Symptoms: DSM IV – B5

- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.



# PTSD Symptoms: DSM IV - C

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following seven:



# PTSD Symptoms: DSM IV – C1

(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma



# PTSD Symptoms: DSM IV – C2

- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma



# PTSD Symptoms: DSM IV – C3

(3) inability to recall an important aspect of the trauma



# PTSD Symptoms: DSM IV – C4

(4) markedly diminished interest or participation in significant activities



# PTSD Symptoms: DSM IV – C5

(5) feeling of detachment or estrangement from others



# PTSD Symptoms: DSM IV – C6

(6) restricted range of affect (e.g., unable to have loving feelings)



# PTSD Symptoms: DSM IV – C7

- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)



# PTSD Symptoms: DSM IV - D

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following five:



# PTSD Symptoms: DSM IV – D1

- (1) difficulty falling or staying asleep



# PTSD Symptoms: DSM IV – D2

- (2) irritability or outbursts of anger



# PTSD Symptoms: DSM IV – D3

- (3) difficulty concentrating



# PTSD Symptoms: DSM IV – D4

- (4) hypervigilance



# PTSD Symptoms: DSM IV – D5

- (5) exaggerated startle response
- BTW, some with PTSD like this and seek out high-stimuli environments
- Many don't like this – If you can, watch where homeless vets go a day or two before July 4



# PTSD Symptoms: DSM IV - E

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.



# PTSD Symptoms: DSM IV - F

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Duhhhh!



# PTSD Symptoms: DSM IV – And...

*Specify if:*

**Acute:** if duration of symptoms is less than 3 months

**Chronic:** if duration of symptoms is 3 months or more

*Specify if:*

**With Delayed Onset:** if onset of symptoms is at least 6 months after the stressor



## PTSD – Relatively Complex Symptomology

- If you don't specialize in PTSD, and you are seeing a lot of these symptoms in a patient, I would strongly recommend you consult with someone who does specialize: A PTSD specialist, a psychiatrist, a psychologist...
- And I'd recommend you work together with that professional throughout, providing comprehensive, holistic treatment.
- See **Recommendations** at the end



# Difficult to Diagnose:

## **Few traumatized patients fit PTSD criteria found in DSM: complex histories**

- **"A lot of people who come into trauma clinics have not had the common courtesy to read the DSM-IV before they come in,"** Dr. Briere said wryly at a meeting on posttraumatic stress disorder sponsored by Vancouver General Hospital.
- When therapists ask severely affected trauma survivors, "Why are you here?" they respond that they were badly shaken by a recent event such as a fire, a sexual assault, or the events of Sept. 11, 2001. "None will say they were sexually abused at the age of 7. We attribute our problems to more proximal causes," Dr. Briere said.
- This is from the 2003 International Medical News Group. Author: Betsy Bates



# Can PTSD DX be Simplified?

- The American Psychiatric Association (APA) characterizes the clinical presentation of PTSD by the presence of several symptom clusters that can be remembered by the mnemonic “TRAUMA”<sup>3</sup>:



## APA Mnemonic “TRAUMA”<sup>3</sup>: Part T

- T:
- A Traumatic event occurred in which the person experienced, witnessed, or was confronted by actual or threatened serious injury, death, or threat to the physical integrity of self or other and, as a response to such trauma, the person experienced intense helplessness, fear, and horror



## APA Mnemonic “TRAUMA”<sup>3</sup>: Part R

- R:
- The person **Re**experiences such traumatic events by intrusive thoughts, nightmares, flashbacks, or recollection of traumatic memories and images.
- Important for treatment to reduce or eliminate “**Re**experiences”



## APA Mnemonic “TRAUMA”<sup>3</sup>: Part A

- A:
- Avoidance and emotional numbing emerge, expressed as detachment from others; flattening of affect; loss of interest; lack of motivation; and persistent avoidance of activity, places, persons, or events associated with the traumatic experience



## APA Mnemonic “TRAUMA”<sup>3</sup>: Part U

- U:
- Symptoms are distressing and cause significant impairment in social, occupational, and interpersonal functioning (patients are **U**nable to function)



## APA Mnemonic “TRAUMA”<sup>3</sup>: Part M

- M:
- These symptoms last more than 1 Month



## APA Mnemonic “TRAUMA”<sup>3</sup>: Part A

- A:
- The person has increased Arousal, usually manifested by startle reaction, poor concentration, irritable mood, insomnia, and hypervigilance



## APA Mnemonic “TRAUMA”<sup>3</sup>: Wrap-up

- The diagnosis of PTSD can be made with reasonable accuracy by relying on these diagnostic criteria, although additional psychological tests and rating scales have been specifically designed to identify the disorder.<sup>4</sup> The mnemonic can be used in primary care as an aid in recalling the diagnostic criteria for PTSD.
- **From: American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised. Washington, DC: American Psychiatric Press; 2000: 463-486.**



# Is That an Easy Mnemonic?

- How many of you can repeat it?



## Most Complicated Mnemonic I've Ever Seen

- For insurance
- For a diagnosis
- For the DOD Vets Center
  
- We are often forced back to the diagnostic criteria



# *Simpler – From NIMH:*

- From the NIMH Website (National Institute of Mental Health):



## *Simpler - From NIMH Website:*

- **Your doctor can help you find out. Call your doctor if you have any of these problems:**
- Bad dreams
- Flashbacks, or feeling like the scary event is happening again
- Scary thoughts you can't control
- Staying away from places and things that remind you of what happened
- Continued.



# *NIMH Website Cont.*

- Feeling worried, guilty, or sad
- Feeling alone
- Trouble sleeping
- Feeling on edge
- Angry outbursts
- Thoughts of hurting yourself or others.



# *NIMH Website Cont.*

Children who have PTSD may show other types of problems. These can include:

- Behaving like they did when they were younger
- Being unable to talk – this sometimes happens with adults but is not as common
- Complaining of stomach problems or headaches a lot
- Refusing to go places or play with friends.
- I'd recommend Googling NIMH and PTSD



## *How PTSD Affects Vets, Kids and Adults :*



## *PTSD Among Combat Vets:*

- PTSD is more prevalent among war veterans than among any other group. The National Vietnam Veterans Readjustment Survey reports that approximately 25% of U.S. veterans, men and women, were suffering from PTSD in the early 1990s. Men with PTSD identify combat and witnessing someone else's injury or death most often as the cause of their condition. Women identify physical attack or threat most often as the cause of their PTSD.
- Kessler ,et al., 1994, 1995 and 1999



# *For Military & Their Family*

## Military OneSource:

- Within US: 1-800-342-9647
- Overseas: \*800-3429-6477
  - Use access code before dialing the toll free number

Services include: Next Slide



# Military OneSource

- Coping with deployment and return
- Adjusting to your new location
- Marital and couples concerns
- Parenting and family matters
- Grief and loss
- Combat stress and more

# Stress Management

- Audio recording, 60 minutes
- The stress of combat and other traumatic situations can linger long after your deployment has ended. Back home, it takes time to adjust. It can be hard to sleep, hard to talk, hard to be patient -- with yourself, your family and friends, even with cars and trucks on the road. Many of these feelings lessen with time. Meanwhile, you can teach yourself to relax more by using this recording.
- In this recording, Heidi J. Bauer, MSW, LCSW, an Army Family Team Building instructor at Fort McCoy, leads you through four drills that will train you to recognize and control your stress. These drills will help you:
  - Relax your mind by tuning into your body
  - Release your stress
  - Ease your back pain
  - Get to sleep
- Chill Drills is available as a pocket-sized, pre-loaded, battery-powered MP3 player so you can listen anywhere, any time. Use these drills before, during, and after your deployment to stay calm and focused throughout





*What Might Particularly Affect Children?*



## *What Might Particularly Affect Children?*

- Parental divorce
- Child abuse – physical, sexual or emotional
- Abandonment: “My dad left me because of some stupid pill”
- Bullying
- Other?



# More on Kids & Trauma

- Get diagnoses including Adjustment Disorder & Anxiety Disorder
- Caution: Generally don't make a diagnosis for a child that will be with them for the rest of their life if there is a chance they will grow/develop out of the symptoms.
- Small "T's" – small traumas
- A child psychologist friend of my preferred to state they were demonstrating "Symptoms" of...



## *How Many of You Have Seen the Movie Blind Side?*

- How many of you saw “Blind Side?”
- What examples of trauma did you see in the movie?



## *How Many of You Have Seen the Movie Blind Side?*

- What symptoms did Michael Oher demonstrate?
- What childhood traumas did he experience?
- Who remembers what his Mom told him to do when something bad was happening?





## *Tragedies Affecting Civilians:*

- The September 11, 2001, terrorist attacks were the largest human-made disaster in the United States since the Civil War. Studies after earlier disasters have reported rates of psychological disorders in the acute post-disaster period. However, data on post-disaster increases in substance use are sparse. A random digit dial telephone survey was conducted to estimate the prevalence of increased cigarette smoking, alcohol consumption, and marijuana use among residents of Manhattan, New York City, 5–8 weeks after the attacks.



# *September 11 Continued:*

Among 988 persons included:

- 28.8% reported an increase in use of any of these three substances,
  - 9.7% reported an increase in smoking, 24.6% reported an increase in alcohol consumption, and
  - 3.2% reported an increase in marijuana use.
  - Persons who increased smoking of cigarettes and marijuana were more likely to experience posttraumatic stress disorder than were those who did not (24.2% vs. 5.6% posttraumatic stress disorder for cigarettes; 36.0% vs. 6.6% for marijuana).
  - Increased Use of Cigarettes, Alcohol, and Marijuana among Manhattan, New York, Residents after the September 11th Terrorist Attacks by David Vlahov et al. American Journal of Epidemiology Vol. 155, No. 11 : 988-996
-



# *Events Like 9-11 Don't Happen in Midwest...*

- What traumatic events have happened in Our states?
- What has happened that might cause symptoms?






# One Example: Parkersburg, IA

- Parkersburg Tornado Link:
- Caught On Tape: Tornado Rips Apart Home
- <http://www.kcci.com/video/16479057/index.html>
- Includes pic of the area after the storm:
- <http://www.kcrg.com/news/local/19496234.html>


# We Don't Just Get Tornadoes





*I've heard of traumatized kids in Iowa showing severe stress when they see or hear:*

- What do you think?



*I've heard of traumatized kids in Iowa showing severe stress when they see or hear:*

- Thunder
- High winds
- Tornado sirens
- Emergency vehicles



# Protective Factors for PTSD?

- This was new to me as I researched the presentation
- Any ideas come to mind?

# Protective Factors for PTSD?

From medicinenet.com at:

[http://www.medicinenet.com/posttraumatic\\_stress\\_disorder/article.htm](http://www.medicinenet.com/posttraumatic_stress_disorder/article.htm)

- While disaster-preparedness training is generally seen as a good idea in terms of improving the immediate physical safety and logistical issues involved with a traumatic event, such training may also provide important protective factors against developing PTSD. That is as evidenced by the fact that those with more professional-level training and experience (for example, police, firefighters, mental-health professionals, paramedics, and other medical professionals) tend to develop PTSD less often when coping with disaster than those without the benefit of such training or experience.
- Some medications have been found to help prevent the development of PTSD. Some medicines that treat [depression](#), decrease the heart rate, or increase the action of other body chemicals, are thought to be effective tools in the prevention of PTSD when given in the days immediately after an individual experiences a traumatic event.



# Good Resource for Disaster-Related Physical and Mental Health Problems

- Disaster-Related Physical and Mental Health: A Role for the Family Physician on line at:  
<http://www.aafp.org/afp/2007/0315/p841.html>
- At the AAFP Website: The American Academy of Family Physicians
- Excellent overview with links for resources



# *PTSD TX and Best Practice*

# Holistic Recommendations for PTSD

## How can people cope with PTSD?

- Talking to friends, family, professionals, and PTSD survivors for support.
- Joining a support group may be helpful.
- Other tips include reducing stress by using relaxation techniques
- Actively participating in treatment as recommended by professionals
- Increasing positive lifestyle practices (for example, [exercise](#), healthy eating)
- Distracting oneself through keeping a healthy work schedule if employed, volunteering whether employed or not)
- Minimizing negative lifestyle practices like substance abuse, social isolation, working to excess, and self-destructive or suicidal behaviors.
- From Medicinenet.com at:  
[http://www.medicinenet.com/posttraumatic\\_stress\\_disorder/page7.htm](http://www.medicinenet.com/posttraumatic_stress_disorder/page7.htm)



# CBT and Best Practice

- Gets you over 2.8 million hits on my friend Google
- Just two of many examples:

## **Treatment Approaches For Chronic PTSD**

- Cognitive-Behavioral Therapy for Adults, Shawn P. Cahill, Barbara Olasov Rothbaum, Patricia A. Resick, and Victoria M. Follette
- Cognitive-Behavioral Therapy for Children and Adolescents, Judith A. Cohen, Anthony P. Mannarino, Esther Deblinger, and Lucy Berliner



# How Well Do You Know CBT?

- All eleven funded RFP's for FY2007 TX services in Iowa said they did CBT as part of their best practice for PG TX
- 2006 NCPG in St. Paul
- Interviewed staff from all agencies that attended
- None could give me much more than a basic overview of CBT
- Yet all had received short trainings on CBT and thought they knew...
- We don't train in CBT any more because surveys show program staff don't need this.



# What May be Better Than CBT?



How Many of You Know What EMDR is?



**EMDR: Eye Movement Desensitization and Reprocessing**



## Eye Movement Desensitization and Reprocessing

- Eye Movement Desensitization and Reprocessing (EMDR) is a method of psychotherapy that has been extensively researched and proven effective for the treatment of trauma.

# EMDR – Best Practice for PTSD, Problem Gambling & Tobacco

- Among other things
- Weekend training needed to get certified and started



# Google: EMDR and Best Practice

- How many hits would you expect?
- CBT gets 21,100 hits



## Over 173,000 Hits on GOOGLE, Including:

- 4904. Mraz, S. (2007, August 7). [Seeing relief from post-traumatic stress: Therapists trained in eye movement desensitization and reprocessing at Landstuhl.](#) Stars and Stripes Online.
- Russell, Mark C. “Treating Combat-Related Stress Disorders: A Multiple Case Study Utilizing Eye Movement Desensitization and Reprocessing (EMDR) with Battlefield Casualties from the Iraqi War.” *Military Psychology 18 (January 2006): 1-18.*  
*InformaWorld*



Find an Intervention | Reviews &

## Learn More

[For information on implementation:](#)

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### Intervention Summary

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## Eye Movement Desensitization and Reprocessing

Date of Review: October 2010

Eye Movement Desensitization and Reprocessing (EMDR) is a one-on-one form of psychotherapy that helps reduce trauma-related stress, anxiety, and depression symptoms associated with posttraumatic stress disorder. Treatment improves overall mental health functioning. Treatment is provided by an EMDR therapist, who assesses the client's readiness for EMDR. During the preparation phase, the therapist works with the client to create a positive memory associated with feelings of safety or calm that can be used if psychological distress or traumatic memory is triggered. The target traumatic memory for the treatment session is associated with a negative belief, and body sensations. Repetitive 30-second dual-attention exercises are conducted while focusing on the target traumatic memory and then on any related negative beliefs and body sensations. The most common motor task used in EMDR is side-to-side eye movement; however, alternating hand tapping or auditory tones delivered through headphones can be used.



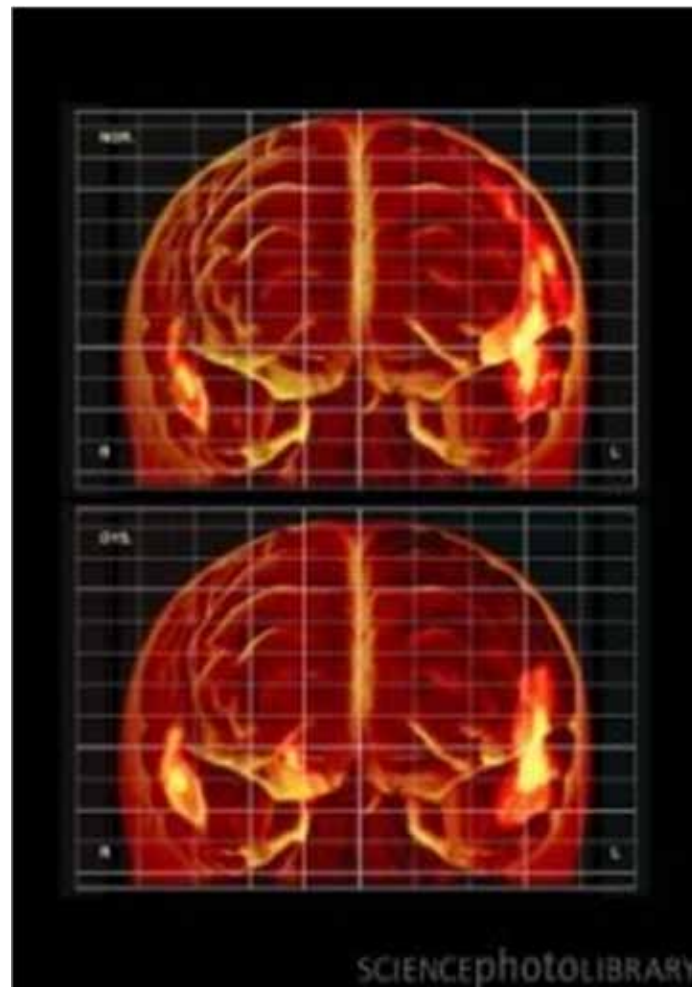
## Strong Evidence for Using EMDR for PTSD in Both Vets and Child Abuse Victims

- No, I'm not trained to do EMDR
- However reviewing the research has given me a much greater respect for those professionals who use EMDR
- For more information, go to the EMDR Institute at:  
<http://www.emdr.com/>
- Another resource is the EMDR International Association at: <http://www.emdria.org/index.cfm>

# The National Institute for Mental Health (NIMH) Also Recommends:

- See Treatment for PTSD at <http://www.anxietypanic.com/ptsdtreatment.html>
- Medications, although not cures, can be very effective at relieving anxiety symptoms
- Research has also shown that behavioral therapy and cognitive-behavioral therapy can be effective for treating several of the anxiety disorders

# Remember, You Always Need a Brain Scan to Impress in a PowerPoint



# The Brain Scan is From the Article:

- **Brain Scan for PTSD on the Horizon?**

- By Rick Nauert PhD *Senior News Editor*

Reviewed by John M. Grohol, Psy.D. on April 3, 2009 in PsychCentral

- The latest study was presented Friday at the World Psychiatric Association congress “Treatments in Psychiatry” by Dr. Florin Dolcos, an Assistant Professor of Psychiatry and Neuroscience at the University of Alberta in Edmonton, Canada.
- “As technology improves, imaging research is increasingly providing insights into the brains of people with post-traumatic stress disorder, pointing to potential biological markers distinguishing the PTSD-affected brain,” said Dolcos, a co-author of the study, performed at Duke University in Durham, USA.



## Additional Notes From the Study:

- From Medical News Today article **Brain Scan-Assisted Diagnosis For PTSD Moves A Step Closer** on April 4, 2009
- The researchers also found marked differences between the two groups in an area of the brain governing the sense of self. When the soldiers were shown the combat photos, this area, found in the medial prefrontal cortex, lit up remarkably in the PTSD group, but very little in the non-PTSD group.
- "This is consistent with what we see behaviourally in PTSD, where people with the disorder are much more likely than others to connect traumatic triggers to

# Brain Scan-Assisted Diagnosis For PTSD, Cont.

- events that have increased personal relevance, such as the combat situations in war veterans" Dolcos said. Previous findings by the same group indicate that activity in the medial prefrontal cortex also predicts the severity of PTSD symptoms. "Collectively, these findings raise the possibility of another brain pattern being potentially useful for distinguishing PTSD," Dolcos said.



# Excellent Meta-Analysis of PTSD

- van Etten ML, Taylor S. Comparative efficacy of treatments for posttraumatic stress disorder: a meta-analysis. *Clin Psych and Psychotherapy*. 1998;5:126-144.
- A meta-analysis was conducted on 61 treatment outcome trials for post-traumatic stress disorder (PTSD). Conditions included drug therapies (TCAs, carbamazepine, MAOIs, SSRIs, and BDZs), psychological therapies (behaviour therapy, Eye-Movement Desensitization and Reprocessing (EMDR), relaxation training, hypnotherapy, and dynamic therapy), and control conditions (pill placebo, wait-list controls, supportive psychotherapies, and non-saccade EMDR control).



# Meta-Analysis of PTSD cont.

- Psychological therapies had significantly lower drop-out rates than pharmacotherapies (14% versus 32%), with attrition being uniformly low across all psychological therapies.
- In terms of symptom reduction, psychological therapies were more effective than drug therapies, and both were more effective than controls.

# *Referral Notes*

- When to refer and when to treat trauma/PTSD
- How severe is the trauma/PTSD?
- How much experience do you have with trauma/PTSD?
  1. Diagnosing?
  2. Treating?
  3. Using best practice to treat?
- Are there resources you can refer to?
- Team treating a patient may be the best option
- See **Recommendations** slides

# *Specifics on Symptomology*

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by 3 (or more) of the following 7:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- 3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

# If You Have All the Other Symptoms...

- But only one or two of the symptoms in C...



# You Can't be Diagnosed With PTSD





## *For Those of You Who Don't Know Me*

- This is a pet peeve of mine



# Another Symptomology Example

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following five:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response

Again:

If You Have All the Other Symptoms...

- But only one or two of the symptoms in D...



# You Can't be Diagnosed With PTSD





# “Only” Trauma, Not PTSD

- PTSD is a lot like Pathological Gambling in at least one way
- How many of you without a PTSD or Pathological Gambling would want “only” one, two, three or four of the diagnostic criteria?



# *Case Example*

- Acquaintance in Operation Desert Storm in 1991 showed multiple symptoms according to his wife:

1. Not sleeping well
2. Jumpy
3. Much quieter
4. Sometimes briefly very angry

She reported none of these were typical of him before Desert Storm – usually a mellow, laid-back good guy



# *Case Example*

- Let's walk through the symptoms together:
  1. Not sleeping well
  2. Jumpy
  3. Much quieter
  4. Sometimes briefly very angry



# *Case Example*

BTW: This was a full year after the invasion of Iraq & Kuwait

He drove by the armored vehicle of some close friends, burning, with no survivors.

Remember the public hasn't read the DSM!

What else would you look for?



## *Brief IED Video - De-classified*



## *Brief IED Video – De-classified*

- What might your reaction to a near miss be the first time?
- After multiple encounters?
- After multiple encounters where some of your friends haven't been so lucky – haven't survived?



# **Bob's Recommendations:**



# Recommendations: Ethical

Bob's opinion: Can we treat? Yes, but **should we if we are not adequately trained?**

- My favorite psychologist always avoided treating ED
- **Ethics statements from IA Bd of Certification:**
- D. Gambling treatment counselors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
- D. Alcohol and drug counselors do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.



# Recommendations: Grow!

- Grow, learn, study... none of us yet knows everything there is to know!
- Read
- Get additional training
- Develop a professional relationship with someone with advanced training



## Recommendations: Do No Harm

- Most of us are empaths. When we are in a new area we may fall back on Rogerian listening skills, and encourage the patient to talk.
- Helpful in many areas
- Usually not with trauma – talking about trauma may re-traumatize the patient. Memories may be very vivid.



# Recommendations: PTSD

- If active duty military - Military OneSource
- Veteran – Know what best practice services for Vets are available
- Other – A specialist in EMDR first – a specialist in CBT second
- If the patient isn't improving – refer to a psychiatrist for possible medication management
- Above all – work together – SA, PG, MH and PTSD



# Recommendations: Trauma

- A specialist in EMDR first
- A specialist in CBT second
- If the patient isn't improving – refer to a psychiatrist for possible medication management
- Above all – work together – SA, PG, MH and PTSD
- Why am I not referencing military active duty or vets?



# *What Did We Cover re: PTSD/Trauma Today*

1. Prevalence
2. History
3. Symptoms and diagnosis
4. How PTSD affects vets, kids and adults
5. Mid-West specific examples
6. Protective factors
7. Best practice treatment
8. “Only” trauma
9. A case histories
10. Recommendations



Again, If You Want a Copy of the PowerPoint

This PowerPoint is posted on the  
MCPGSA 2011 Website

# Finish With: It Happens Every Friday

## I think This is Very Healing for Badly Injured Vets

- By JOSEPH L. GALLOWAY  
McClatchy Newspapers
- January 11, 2010

Over the last 12 months, 1,042 soldiers, Marines, sailors and Air Force personnel have given their lives in the terrible duty that is war. Thousands more have come home on stretchers, horribly wounded and facing months or years in military hospitals.

This week, I'm turning my space over to a good friend and former roommate, Army Lt. Col. Robert Bateman , who recently completed a year long tour of duty in Iraq and is now back at the Pentagon.

Here's Lt. Col. Bateman's account of a little-known ceremony that fills the halls of the Army corridor of the Pentagon with cheers, applause and many tears every Friday morning . It first appeared on May 17 on the Weblog of media critic and pundit Eric Alterman at the Media Matters for America Website.

On-line at:

<http://goodknowto.blogspot.com/2010/01/it-happens-every-friday-were-you-aware.html>

- "It is 110 yards from the "E" ring to the "A" ring of the Pentagon. This section of the Pentagon is newly renovated; the floors shine, the hallway is broad, and the lighting is bright. At this instant the entire length of the corridor is packed with officers, a few sergeants and some civilians, all crammed tightly three and four deep against the walls. There are thousands here.

This hallway, more than any other, is the 'Army' hallway. The G3 offices line one side, G2 the other, G8 is around the corner. All Army. Moderate conversations flow in a low buzz. Friends who may not have seen each other for a few weeks, or a few years, spot each other, cross the way and renew.

- Everyone shifts to ensure an open path remains down the center. The air conditioning system was not designed for this press of bodies in this area.

The temperature is rising already. Nobody cares. "10:36 hours: The clapping starts at the E-Ring. That is the outermost of the five rings of the Pentagon and it is closest to the entrance to the building. This clapping is low, sustained, hearty. It is applause with a deep emotion behind it as it moves forward in a wave down the length of the hallway.

"A steady rolling wave of sound it is, moving at the pace of the soldier in the wheelchair who marks the forward edge with his presence. He is the first. He is missing the greater part of one leg, and some of his wounds are still suppurating. By his age I expect that he is a private, or perhaps a private first class..

- "Captains, majors, lieutenant colonels and colonels meet his gaze and nod as they applaud, soldier to soldier. Three years ago when I described one of these events, those lining the hallways were somewhat different. The applause a little wilder, perhaps in private guilt for not having shared in the burden ... yet.

- "Now almost everyone lining the hallway is, like the man in the wheelchair, also a combat veteran. This steadies the applause, but I think deepens the sentiment. We have all been there now. The soldier's chair is pushed by, I believe, a full colonel.

"Behind him, and stretching the length from Rings E to A, come more of his peers, each private, corporal, or sergeant assisted as need be by a field grade officer.

- "11:00 hours: Twenty-four minutes of steady applause. My hands hurt, and I laugh to myself at how stupid that sounds in my own head. My hands hurt. Please! Shut up and clap. For twenty-four minutes, soldier after soldier has come down this hallway - 20, 25, 30.. Fifty-three legs come with them, and perhaps only 52 hands or arms, but down this hall came 30 solid hearts.

They pass down this corridor of officers and applause, and then meet for a private lunch, at which they are the guests of honor, hosted by the generals. Some are wheeled along. Some insist upon getting out of their chairs, to march as best they can with their chin held up, down this hallway, through this most unique audience. Some are catching handshakes and smiling like a politician at a Fourth of July parade. More than a couple of them seem amazed and are smiling shyly.

• "There are families with them as well: the 18-year-old war-bride pushing her 19-year-old husband's wheelchair and not quite understanding why her husband is so affected by this, the boy she grew up with, now a man, who had never shed a tear is crying; the older immigrant Latino parents who have, perhaps more than their wounded mid-20s son, an appreciation for the emotion given on their son's behalf. No man (**Bob adds "or woman"**) in that hallway, walking or clapping, is ashamed by the silent tears on more than a few cheeks. An Airborne Ranger wipes his eyes only to better see. A couple of the officers in this crowd have themselves been a part of this parade in the past.

These are our men (**and women**), broken in body they may be, but they are our brothers (**and sisters**), and we welcome them home. This parade has gone on, every single Friday, all year long, for more than four years.

