WORKING WITH VETERANS WITH PTSD

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INTRODUCTION

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  - Veteran – active-duty US Army (3 years) and US Air Force (4 years) as well as drilling reservist, US Army Reserve (6 years)
  - Veterans Health Care Administration psychiatrist – 22 years
  - Horse person

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AGENDA

- Overview of Veterans and Military Culture
- Overview of PTSD

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VETERANS AND MILITARY CULTURE

- Veterans are not a homogenous group
  - Many different racial, ethnic and socioeconomic backgrounds
  - Officer versus enlisted career paths are very different
  - Diverse career fields – some may involve combat deployment - others do not
  - A multitude of reasons for joining the military – including the draft

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VETERANS AND MILITARY CULTURE

- Veterans are not a homogenous group
  - Career service member versus a few years of service
  - Active duty versus reserve or guard duty
  - Career fields have limitations based upon aptitude scores and gender
  - Service experience can be very different based upon era (e.g.,Vietnam versus post-nine-eleven)

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VETERANS AND MILITARY CULTURE

- Veterans are not a homogenous group
  - Branches of the service are different
  - Overseas duty versus stateside
  - Exposure to danger versus not
  - Combat deployment versus not

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VETERANS AND MILITARY CULTURE

- Veterans are not a homogenous group
  - Service-connected disability versus none
  - Eligible for VA medical care versus not
  - Level of identification with being a Veteran

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VETERANS AND MILITARY CULTURE

- Veterans are not a homogenous group
  - Post-military experience in society (Vietnam versus post 9-11)
  - Anger versus gratitude towards the military
  - Post-deployment political decisions (e.g., withdrawal from Afghanistan)

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VETERANS AND MILITARY CULTURE

- Take home points
  - Each Veteran is an individual with his/her unique experiences
  - Don't assume
  - Be careful with the label of "hero"

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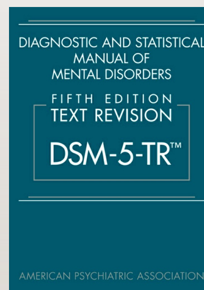
DEFINITIONS



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POSTTRAUMATIC STRESS DISORDER (PTSD)

- Is it a disorder?
  - What about posttraumatic stress (PTS)?
- Do we completely understand PTSD?
  - Like most psychiatric disorders – the answer is "no."
  - Many limitations in our understanding of psychiatric (or mental) disorders
  - Our understanding and use of terminology will likely change over time.

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POSTTRAUMATIC STRESS DISORDER

- In the general category of "Trauma- and Stressor-Related Disorders."
- Other disorders in this category:
  - Reactive Attachment Disorder (diagnosed in children who have experience abuse/neglect)
  - Disinhibited Social Engagement Disorder (diagnosed in children who have experience abuse/neglect)
  - Acute stress disorder (same as PTSD, but symptom pattern in acute stress disorder is restricted to a duration of 3 days to 1 month following exposure)
  - Adjustment Disorders (any stressor – symptoms do not meet criteria for PTSD or other disorder)
  - Prolonged Grief Disorder
  - Other Specified Trauma- and Stressor-Related Disorder

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TRAUMA EXPOSURE

- DSM-5-TR defines trauma exposure as a diagnostic criteria for PTSD as follows:
  - Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
    - Directly experiencing the traumatic event(s)
    - Witnessing, in person, the event(s) as it occurred to others.
    - Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
    - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

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TRAUMA EXPOSURE

- Many opportunities for trauma exposure in the military beyond combat – but very dependent on the specific job
- Military sexual trauma is common in both men and women
- Many Veterans may also have childhood trauma

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MILITARY SEXUAL TRAUMA

- MST is described as any event involving sexual harassment or sexual assault during a period of military service
- Not a diagnosis
- Studies suggest the mean prevalence of MST is 15.7%, including both sexual assault and sexual harassment for all genders
- When categorized into a gender binary, the mean prevalence rate is 3.9% for men and 38.4% for women
- May for may not have PTSD

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MILITARY SEXUAL TRAUMA

- Common effects of MST include:
  - PTSD
  - Depression
  - Generalized anxiety disorder
  - Social phobia
  - Suicidal ideation and suicide attempts
  - Dissociation
  - Somatic complaints

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PTSD DIAGNOSTIC CRITERIA (IN ADDITION TO EXPOSURE TO TRAUMA)

- Symptom categories:
  - Intrusion symptoms (one or more)
  - Avoidance symptoms (one or more)
  - Cognition and mood symptoms (two or more)
  - Alterations in arousal and reactivity (two or more)
- And:
  - Duration of the disturbance is more than 1 month
  - Symptoms cause significant distress and/or impairment in social, occupational, or other important areas of functioning
  - Symptoms not attributable to effects of substance use, medication or another disorder

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PTSD DIAGNOSTIC CRITERIA

- One or more **intrusion symptoms** associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
  - Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)
  - Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s)
  - Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring
  - Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)
  - Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)

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PTSD DIAGNOSTIC CRITERIA

- Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
  - Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s) and/or
  - Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

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PTSD DIAGNOSTIC CRITERIA

- Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
  - Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
  - Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
  - Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
  - Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
  - Markedly diminished interest or participation in significant activities.
  - Feelings of detachment or estrangement from others.
  - Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

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PTSD DIAGNOSTIC CRITERIA

- Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
  - Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
  - Reckless or self-destructive behavior.
  - Hypervigilance.
  - Exaggerated startle response.
  - Problems with concentration.
  - Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

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HAVING PTSD IS A LOT LIKE BEING A HORSE

- Often on high alert
- Move first – ask questions later
- Avoid scary things
- Remember scary things and bad experiences

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SHARED WORLD VIEW

- Veterans (or others) with PTSD may be able to uniquely bond with horses give their similar world view

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TRAUMA EXPOSURE

- The **indirect exposure of professionals** to the grotesque effects of war, rape, genocide, or abusive violence inflicted on others occurring in the context of their work duties can also result in PTSD and thus is considered to be a qualifying trauma.

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MORE ABOUT PTSD

- Prevalence:
  - The national lifetime prevalence estimate for PTSD using DSM-IV criteria is 6.8% in the US
  - In other words, in every 100 individuals, around 7 will have PTSD
  - Statistically speaking, in this room – it is very likely that at least one person has PTSD

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MORE ABOUT PTSD

- In conflict-affected populations worldwide, the point prevalence of PTSD with functional impairment is 11% after adjustment for age differences across studies.
- Rates of PTSD are higher among veterans and others whose vocation increases the risk of traumatic exposure (e.g., police, firefighters, emergency medical personnel).
- Highest rates (ranging from one-third to more than one-half of those exposed) are found among survivors of rape, military combat and captivity, and ethnically or politically motivated internment and genocide.

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MORE ABOUT PTSD

- PTSD can occur at any age, beginning after the first year of life.
- Symptoms usually begin within the first 3 months after the trauma, although there may be a delay of months, or even years, before full criteria for the diagnosis are met.
- There is abundant evidence for what DSM-IV called "delayed onset" but is now called "delayed expression," with the recognition that some symptoms typically appear immediately and that the delay is in meeting full criteria.
- Frequently, an individual's reaction to a trauma initially meets criteria for acute stress disorder in the immediate aftermath of the trauma.

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MORE ABOUT PTSD

- Not everyone who is exposed to trauma will develop PTSD
- Psychosocial risk factors include:
  - Lower socioeconomic status
  - Lower education
    Exposure to prior trauma (especially during childhood)
  - Childhood adversity (e.g., economic deprivation, family dysfunction, parental separation or death)
  - Lower intelligence
  - Ethnic discrimination and racism
  - Family psychiatric history

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MORE ABOUT PTSD

- Other risk factors:
  - Genetics
  - Severity and dose of the trauma
  - Re-traumatization
  - Female gender in the general population

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MORE ABOUT PTSD

- Among Veterans, PTSD is often associated with:
  - Suicidal thoughts and behaviors
  - Other addictive and psychiatric disorders
  - Social isolation
  - Moral injury
  - Treatment resistance

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WORKING WITH VETERANS WITH PTSD

- Reflect on why you want to do this work…
- Reflect on why you REALLY want to do this work…
- Accept that we often have multiple layers of motivational factors – some of which may be only partially accessible (conscious) to us…
- Some of our motivation may be around "fixing" ourselves…

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WORKING WITH VETERANS WITH PTSD

- Resist urges to:
  - Fix
  - Help
  - Cure
  - Heal
  - Save
- None of us are powerful enough to do any of the above…

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WORKING WITH VETERANS WITH PTSD

- Hold the space – by being fully present without judgement or desire for a particular outcome…
- Let the horses and the Veterans do the work
- Try not to get in the way of the healing

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WORKING WITH VETERANS WITH PTSD

- Accept that sometimes healing may happen – and other times it may not
- Accept the you cannot make anything happen in a therapy session
- The most that you can do is to be fully present with the pain and suffering of the other

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QUESTIONS AND DISCUSSION

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THE END

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