

TRAUMA-INFORMED SERVICES FOR VETERANS/PARTICIPANTS WITH PTSD:

PROVIDING A PROACTIVE AND SUCCESSFUL
ENVIRONMENT WHILE MINIMIZING REACTIVITY.



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Quick Overview

- ❖ What is PTSD?
- ❖ Overview of the Traumatic Stress Response Cycle involved in the development of PTSD
- ❖ Negative effects of PTSD
- ❖ Tips and tricks of how to accommodate and be proactive in a successful recreation program when working with individuals with PTSD
- ❖ Strategies to reduce activation of PTSD symptoms

Posttraumatic Stress Disorder (PTSD)

DSM 5

Criterion A: stressor

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

- 1) Direct exposure
- 2) Witnessing, in person
- 3) Indirectly, by learning that a close relative or close friend was exposed to trauma.

Criterion B: intrusion symptoms

The traumatic event is persistently re-experienced in the following way(s);

- Intrusive memories
- Nightmares
- Dissociative reactions
- Intense or prolonged distress at reminders
- Physiologic reactivity at triggers.

(American Psychiatric Association, 2013)

Criterion C: avoidance

Persistent effortful avoidance of distressing trauma-related stimuli after the event.

- 1) Trauma-related thoughts or feelings
- 2) Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations)

Criterion D: negative alterations in cognitions and mood

- Dissociative amnesia; not due to head injury, alcohol, or drugs
- Negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous")
- Blame of self or others for causing the traumatic event or for resulting consequences
- Negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
- Less interest in significant activities.
- Feeling alienated from others (e.g., detachment or estrangement)
- Inability to experience positive emotions

(American Psychiatric Association, 2013)

Criterion E: alterations in arousal and reactivity

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event:

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance

(American Psychiatric Association, 2013)

Biological Causes and Correlates of PTSD

The traumatic Stress Response Cycle

From the time the individual encounters a traumatic event, here's the lightning-fast, **preconscious** cascade of physiological events:

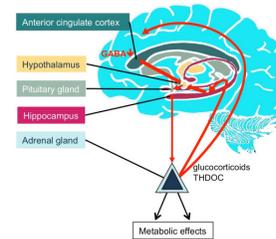
1. Sensory information (except smell) is routed to the **thalamus** (relay station) which transmits it directly to the **amygdala**
2. The amygdala sends the information quickly up to the association (memory) cortex to determine if there is a threat to survival present
3. If the amygdala determines that a threat to survival is imminent, it instantly sends the signal to the **Hypothalamic-Pituitary-Adrenal (HPA)** Axis to start the fight/flight response (basically info sent to the hypothalamus)

The traumatic Stress Response Cycle

Function of the HPA Axis:

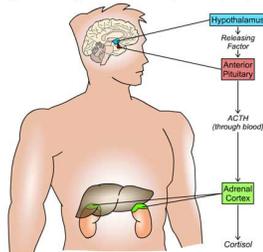
4. The hypothalamus sends a hormonal signal to the pituitary gland to release corticotropin releasing factor (CRF), which shoots quickly down to the adrenal glands
5. The adrenal glands pump adrenalin into the blood stream in order to trigger the autonomic nervous system (ANS) to speed up heart rate, increase blood pressure, reroute blood flow to the inner organs, and shut down digestive and immune functions, all in an effort to aid in fighting or fleeing

HPA - Axis



HPA - Axis

Figure AN-1: Hypothalamic-Pituitary-Adrenal (HPA) Axis



The traumatic Stress Response Cycle

Note that previous steps 1-5 happen within 1-2 seconds of the traumatic event and the individual is not consciously aware of their occurrence

6. After the limbic system has done its duty to activate fight/flight, it then sends information to the prefrontal cortex for conscious processing of the traumatic stressor
 - The prefrontal cortex uses reason and learned associations to evaluate the level of threat
 - Most of the time, it can effectively shut down fight/flight when there's no danger / or the dangerous situation has ceased

The traumatic Stress Response Cycle

7. Once the traumatic stressor has subsided and all is well, the adrenal glands release cortisol, a "stress hormone"
8. Cortisol travels through the bloodstream and up to the brain to deactivate the fight/flight response and return the individual to homeostasis
9. Cortisol is toxic to cells in the hippocampus, the structure responsible for forming emotional memories, and extreme levels can impair the encoding of information related to the traumatic event, resulting in fragmented memories

The traumatic Stress Response Cycle

10. These fragmented memories are stored in the association cortex for future reference. When another event occurs that activates any one of the fragmented emotional memory nodes, the whole process of fight/flight starts over again
11. With each activation of the above described traumatic stress response system, the response cycle becomes faster and more intense, resulting in what we see as hyperarousal Sx of PTSD
 - ***Also, as these response pathways become more automatized, the prefrontal cortex has a much harder time shutting them off when there is no real danger

The traumatic Stress Response Cycle

What to look for:

Increased physiological arousal

- Rapid heart beat
- Rapid breathing
- Sweating
- Trembling, “Shaky”
- Nervous ticks and/or tight shoulders
- Upset stomach; knot in the stomach
- Frequent urination; loose stool
- Increased sensitivity to sound
- Increased blood pressure
- Fatigue
- Insomnia

Making sense for the patient with PTSD

- As you likely have discerned, this process and the structures involved can be quite complex
- How in the world could you explain this to someone who is not familiar with the precepts of psychoneuroendocrinology?
- What is most important for a client to know about how this works?

Framing events (such as nightmares) as a way of facing the triggers may help to put the fragmented pieces back together (one theory of why PTSD includes nightmares)

Normalize symptoms or events (such as nightmares) as a way of people putting fragmented memories back together

Psychoeducation: The logical thinking brain is not well connected to the amygdala. You can use your logical thinking brain to calm down that response. Evidence Based Treatments (EBT's) such as Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PET) can be useful in this area

Effects of PTSD

PTSD can have a devastating impact on the quality of life of the patient, their partners, families, friends, career, and society in general:

- Problems with interpersonal relationships (Taft et al., 2005)
- Legal problems / Incarceration (U.S. Bureau of Justice Statistics)
- Increase in co-occurring disorders (Holowka, Marx, Kaloupek, & Keane, 2012)
- Suicide (Hendin, & Haas, 1991)
- Increase in substance use / abuse (Bremner, Southwick, Darnell, & Charney, 1996)
- Overall reduction in quality of life (Schnurr, Hayes, Lunney, McFall, & Uddo, 2006)

Higher PTSD symptom severity is associated with poor physical health and psychosocial quality of life across all groups regardless of ethnic background

Programs designed for Veterans may reduce symptoms of PTSD

RESILIENCE in the form of social supports is very important, especially among combat Veterans (Wilcox, 2010)

In a study conducted by Wilcox (2010) it was discovered that the intensity of PTSD symptomatology among combat Veterans was related to sources of social support from significant others, family members, and more importantly military peers, or other combat Veterans

These sources were found to be more effective than social support obtained from friends

Social support created in a group environment tends to defend against symptoms of anxiety and may assist in a reduction of symptoms associated with hyperarousal as feelings of safety increase (Wilcox, 2010; Reivich, Seligman, & McBride, 2011)



Tips and tricks of how to accommodate and be proactive in a successful program when working with individuals with PTSD



Tips and tricks

THINGS TO REMEMBER:

- Not everyone with PTSD will need special accommodations
- Not everyone with PTSD will reveal their diagnosis and some may be unaware of their possible reactivity
- Many people with PTSD do not like to acknowledge their reactivity or responses to activating stimuli as being part of the diagnosis
- Proactive considerations may be required in accommodating individuals with PTSD in order to minimize potential reactivity

ANXIETY/PTSD RELATED REACTIVITY:

- Cognitive
- Emotional
- Physical (HPA Reactivity)
- Behavioral

Tips and tricks - Cognitive

Problems with:

- Concentration
- Memory
- Reduced attention
- Feeling like your brain is “fried”
- Worrying about many things
- Doubting your abilities
- Self-criticism
- Lowered self-esteem



Tips and tricks - Cognitive

Problems with Concentration

- Limit possible distractions in the environment
- Restate important information and ask for understanding
- Remove harsh lighting and Increase natural light when possible
- Be aware of the information given and use ‘chunking’ as a method of training (small groupings of relevant information)

Problems with Memory

- Offer written instructions
- Post information in an easily accessible area
- Provide materials and allow time for note taking
- Use repetition when presenting materials

Tips and tricks - Emotional

What to look for:

- Anxiousness/agitation
- Irritability
- Anger
- Emotional “numbness”
- Feeling down, sadness, depression
- Crying easily



Tips and tricks - Emotional

Problems with Emotion

- Allow frequent breaks
- Check in: “How is everyone feeling?”
- Provide a safe place for expression/decompression (quiet room)
- Always work with a peer (team approach)
- Pause at or before an emotional outburst

Problems with Stress

- Prepare the environment/set the stage/debrief
- Have a “go to” person trained in stress reduction techniques
- Provide materials/activities that are calming (magazines, safe place, yoga instruction, posted stress reduction activities, etc.)
- Keep groups small / activities individualized if necessary

Panic Attack - Signs

- Heart racing/pounding
- Sweats
- Trembling/shaking
- Shortness of breath
- Feeling of choking
- Chest pain or discomfort
- Nausea/abdominal distress
- Feeling dizzy, lightheaded, or faint
- Chills or hot flashes
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or going crazy
- Parasthesias (numbness/ tingling sensations)
- Fear of dying



Tips and tricks – Panic Attack

Problems with Panic

- Take a break: Provide a safe/comfortable place for expression/decompression/relaxation (quiet room)
- Always work with a peer (team approach)/ support staff
- Be aware of environmental triggers that may be present (particular smells or noises) and inform as necessary
- Learn and adapt the environment based on feedback from participants
- Educate participants on you desire to assist, collaborate, and support
- Be aware of the situation/pay attention/ pause at or before an attack if possible

Tips and tricks – Behavioral

Problems with:

- Feeling “on edge”
- Impulsivity
- Quick to anger; “quick trigger”
- Hostility
- Aggressiveness
- Being “accident prone”
- Beginning/increasing use of drugs and alcohol
- Decreased completion of responsibilities



Tips and tricks – Behavioral

Problems with Behavioral Reactivity

- Take a break: Provide a safe/comfortable place for expression/decompression/relaxation (quiet room)
- Exit Strategy / Pre-established Game plan / 911
- Always work with a peer (team approach)/ support staff
- Be aware of environmental triggers that may be present (particular smells or noises) and inform as necessary
- Learn and adapt the environment based on feedback from participants
- Educate participants on your desire to assist, collaborate, and support
- Be aware of the situation/pay attention/ pause at or before an attack if possible
- BE AWARE OF TRIGGERS –
SOCIAL/PERSONAL/ENVIRONMENTAL

Stress Reduction Kit



Directions:
1. Place kit on FIRM surface
2. Follow directions in circle of kit.
3. Repeat step 2 as necessary, or until unconscious.
4. If unconscious, cease stress reduction activity.

Strategies to reduce activation of PTSD symptoms; how to calm someone and possibly get them reengaged



HPA reactivity & reduction Strategies

Breathing strategies (short term)

- O₂ regulation in the bloodstream, brain, calming
- Breathing deeply is the fastest way to stimulate the parasympathetic nervous system, aka the relaxation response
- Human body releases 70 percent of its toxins through the release of Carbon dioxide, a natural toxic waste that comes from the body's metabolic processes, which makes you feel relaxed
- Circulatory function improves, reduction of resting heart rate and blood pressure follow, which can encourage relaxation of muscle tension (assists with falling asleep)
- Counteracts the HPA response by helping calm the system

Somatic control exercises:

- BREATHING TRAINING
 - Breathing retraining (diaphragmatic breathing)*
 - Count:
 - In: 1,2,3,4, hold 1-2
 - Out: 1,2,3,4, hold 1-2
 - Repeat: X # of times as needed



HPA reactivity & reduction Strategies

Progressive Muscle Relaxation (short-term)

- Decreased heart rate and breathing rate
- Lowered blood pressure
- Increased blood flow throughout the body (re-routed to muscle tissue)
- Decreases constriction of blood flow
- A decrease in physiological response to anxiety
- A decrease in anticipatory anxiety response
- Reduction in the frequency and duration of panic response
- Improved ability to manage graded trauma exposure
- Improved concentration
- An increased sense of control over some mood symptoms

Reduce Activation

ALWAYS ASSESS the potentially dangerous, or threatening, situation in an attempt to prevent a person from causing harm to us, themselves or others

ALWAYS use a calm verbal approach

Listen

Distract

Re-focus on something positive

Change the subject

Use humor (sparingly) to lighten the mood (be very careful with this!)

Motivate in another direction, away from activating stimuli

Empathize

Offer choices

Set Limits

Reduce Activation

AVOID:

Pre-judging

Not Listening

Criticizing

Name-Calling

Engaging in Power Struggles

Ordering

Threatening

Minimizing

Arguing

Becoming emotionally involved

Engaging in power struggles.

Becoming rigid in your process.

Telling the other person that you "know how he or she feels."

Raising your voice, cussing, making threats, and giving ultimatums or demands.

Aggressive language, including body language.

Do not attempt to intimidate a hostile person.



Reduce Activation - Positivity

Use positive and helpful statements such as:

- "I want to help you!"
- "Please tell me more so I better understand how to help you."
- "Let's call Mr. 'X'... I know he would be able to help with this..."
- "Ms. 'X' would be able to chat with you. She is always willing to help!"

Put yourself on his/her side of finding a solution to the problem



Reduce Activation - Active Listening

Three Main Listening Skills:

- **Attending:** Giving your physical (and mental) attention to another person
- **Following:** Making sure you are engaged by using eye contact. Use un-intrusive gestures (such as nodding of your head, saying okay or asking an infrequent question)
- **Reflecting:** Paraphrasing and reflecting, using the feelings of the other person. (empathy)

Listen when you are "listening"

- No other activities when listening
- Multi-tasking is not good when you are listening

Reduce Activation - Personal Space

Invasion or encroachment of personal space tends to heighten or escalate anxiety

- Note: Personal space is usually 1.5 to 3 feet -- far enough away so you cannot be hit or kicked
- Do not touch a hostile person -- they might interpret that as an aggressive action
- Keep your hands visible at all times -- you do not want the other person to misinterpret your physical actions
- Keep a safe distance to avoid harm

Be mindful of your expression, stance, and posture

- Be careful to not look reactive to the situation
- Empathy and caring can be seen in the face

Reduce Activation

- Remain calm -- Listen - really listen!
- Avoid overreaction
- Validate! "I understand why you might be upset." (This does not indicate that you agree with them)
- Remove onlookers -- or relocate to a safer place. (Onlookers can become either "cheerleaders" or additional victims.) Send an onlooker for help
- Watch for non-verbal clues or threats
- Bring in another trained person to assist whenever possible
- There is less chance of aggressive behavior if two people are talking to one person

Reduce Activation

- Alert someone else as soon as possible if you are alone. (No help will arrive until someone else knows your situation. Until then, you are all alone)
 - Two heads are always better than one
- There is safety in numbers
 - It will be beneficial to have a witness, if the situation deteriorates and someone is injured
- 911 – Trained professionals – CALL if needed
- If the individual states that the need to be left alone, do not press them further. Offer a safe place for them to self-soothe or become calm (quiet room)
- Establish a safety policy and review with all participants

Reengage

May not be appropriate or possible

Allow the individual to decide and monitor their level of reactivity (may not be able to reengage)

In their own time/pace/when (if) they feel ready

Consider safety and triggers

Offer alternatives (establish back up plans/activities, or procedures).

Do not pressure or criticize

Consider the individuals sense of safety, trust, power/control

In Conclusion

Being mindful of individuals/veterans with PTSD and adequate preparation can lead to successful recreational activities

Recreation programs can assist in the reduction symptoms of PTSD

Accommodated and proactive methods can lead to a successful outcome for individuals with PTSD participating in a well planned recreation program

COMMENT ?

QUESTIONS

? DISCUSSION