

Understanding and Healing from Military Trauma (Slide 1)

Military Trauma: True or False? (Slide 2)

- ❑ **Exercise 1:** Military Trauma: True or False?
 - ❑ Most Service members who are deployed will experience the kind of event that can cause PTSD (False)
 - ❑ The great majority of people who experience trauma experience significant emotional distress right after the trauma (True)
 - ❑ A slight majority of people experiencing trauma will develop PTSD (False)
 - ❑ Good PTSD treatments are hard to access (False)
 - ❑ Social support and family support are very important after a trauma has occurred (True)
 - ❑ Treatments are ineffective (False)
- ❑ Initial emotional and psychological distress following a trauma is common and normal
 - ❑ Such reactions do not mean that a Service member will develop PTSD or need treatment

Objectives (Slide 3)

- ❑ Define trauma
- ❑ Identify examples of military trauma and the prevalence of military trauma among Service members
- ❑ Identify PTSD symptoms, development, and treatment
- ❑ Identify emotional, psychological, and behavioral impacts of military trauma
- ❑ Identify skills used to support someone with PTSD

Military Trauma (Slide 4)

- ❑ Trauma can be defined as actual or threatened death, serious injury, or sexual violence
 - ❑ Other events may cause traumatic responses besides those listed in this particular definition
- ❑ People can have different reactions to identical events
- ❑ Most researchers and clinicians use the term *potentially traumatic events* (PTEs) rather than *traumas*
- ❑ Some types of events are more likely to be perceived as traumatic and have a higher likelihood of resulting in PTSD
 - ❑ For example, experiencing or witnessing life threat, death, serious accident or injury, or severe sexual violence
- ❑ In the military, people can experience traumatic events even if they are not deployed or have not directly experienced combat
 - ❑ Any life-threatening accident or injury that happens during one's service can be considered a military trauma

How Common is Military Trauma? (Slide 5)

- Impossible to list the rate or frequency of all types of trauma that might result in PTSD or some other difficulty
- Most Service members do not experience any specific type of military trauma

Immediate Impacts of Trauma (≤ 1 Month) (Slide 6)

- When life-threatening or horrific experiences occur, nearly everyone will experience emotional distress
 - Important to not *pathologize* (label as abnormal) intense emotional reactions
- Unwise to label something as *abnormal* or *disordered* if most people experience
- Common after trauma: anxiety, nightmares, distressing memories of the event, sleep difficulties, feeling *jumpy* or *on edge*, and depressive symptoms
 - Most symptoms improve without formal treatment in the weeks following trauma

Likelihood of Specific Disorders (Slide 7)

- Studies have confirmed that the majority of veterans and Service members do not develop chronic or long-term disorders
 - Notably, the likelihood of developing a formal disorder following deployment might be slightly higher than the general population

Posttraumatic Stress Disorder (PTSD) (Slide 8)

- PTSD is a very specific constellation of symptoms characterized by the individual *re-experiencing* the trauma, attempting to avoid thinking about or experiencing emotions related to trauma, undergoing specific changes in mood and cognition, and being *on edge* or especially vigilant
- What are some examples of *re-experiencing* symptoms?
- What do avoidance symptoms look like?
 - Avoidance symptoms are important because they can maintain or worsen post-traumatic difficulties and can create other problems
- What types of symptoms make up mood and cognition changes that define PTSD?
- What are some examples of increased reactivity or arousal that we see in PTSD?
- Someone does not have to demonstrate all symptoms in every category to meet diagnostic criteria; instead, the following should be considered:
 - If some symptoms in each category are present
 - If symptoms are severe enough to impact day-to-day functioning
 - If symptoms persist for several weeks or more beyond the trauma

Functional Impairment from Symptoms (Slide 9)

- Symptoms are considered *functionally impairing* and significant enough to warrant a diagnosis if significant impacts exist in the areas of social functioning, vocational functioning, educational functioning, or other prominent life domains
 - Examples: arguing excessively with or withdrawing from family, friends and loved ones; concentration difficulties; fatigue; accidents or legal difficulties; and extreme avoidance of places that might remind one of trauma

PTSD Treatment (Slide 10)

- Prolonged Exposure (PE) is a treatment designed to help people confront trauma memories and situations that are reminiscent of trauma in a gradual and systematic way with the goal of developing mastery and reductions in anxiety when reminded of trauma
- Cognitive Processing Therapy (CPT) is a treatment that helps you to reframe thoughts and beliefs relating to trauma
- Eye Movement Desensitization and Reprocessing (EMDR) involves calling the trauma to mind while paying attention to a back-and-forth movement or sound (e.g., finger waving side to side, a light, a tone)

Risk Factors for Developing PTSD (Slide 11)

- Impossible to know for certain who will and who will not develop PTSD
- Such difficulties can happen to anyone and are not indicative of any weakness
- Risk factors include the following:
 - Avoidant coping
 - Poor social support
 - More deployments
 - More cumulative time deployed
 - Greater combat exposure
 - Pre-traumatic factors such as an earlier history of psychological difficulties or distress

A Deeper Look at Coping (Slide 12)

- Although some of the risk factors are outside of an individual's control (e.g., number and length of deployments), how one copes with trauma and how one tries to deal with trauma memories are relatively controllable
- Avoidance of trauma reminders is not always possible or beneficial
- Loved ones may unintentionally encourage the suffering individual to lead a restrictive life because avoidance could require the significant restructuring of day-to-day activities and, in extreme cases, staying housebound
- Extreme efforts to *not think about* the trauma can actually makes trauma memories occur more frequently

- Avoidance is not just a symptom of PTSD
 - Key factor in the development and maintenance of PTSD
- When we allow ourselves to think about and talk about the trauma with others (i.e., when we use social support), those memories become less frequent and more manageable over time
- Psychologists have long known that trying to block or avoid a thought actually increases its likelihood
 - Try this: For the next 30 seconds, DO NOT think about a white bear!
- The implication for treatment is to do the opposite of avoidance - gradually and consistently engage with and confront objectively safe contexts, cues, and thoughts so that they become less and less difficult over time
- Metaphor of Finger Trap
 - Pulling your index fingers out of the trap actually causes the trap to tighten and makes escape harder
 - To escape the trap, one actually has to do the opposite of what is intuitive and push the fingers together to loosen the trap and escape

Other Impacts of Military Trauma (Slide 13)

- *Moral injury* and *traumatic loss* are common impacts of combat that may co-occur with PTSD but are importantly different

Substance Abuse and Dependence (Slide 14)

- Self-medication as a form of avoidance is a maladaptive way to deal with trauma

Symptoms of Anxiety and Depression (Slide 15)

- **Handout 1:** National Center for PTSD Resource List

Supporting Someone with PTSD (Slide 16)

- **Exercise 2:** What You Can Do
- **Handout 2:** What You Can Do
- No single strategy is best for everyone, and unintended consequences (e.g., greater isolation) may result from well-meaning but misdirected support behaviors

Posttraumatic Growth (Slide 17)

- Sometimes, even the most harrowing life experiences can eventually lead to growth and positive outcomes
- After successfully navigating initial distress, sometimes trauma survivors can come to recognize strengths that have accrued through adversity

Take Home Messages (Slide 18)

- Remember, intense, negative emotions following horrific experiences are expected, normal, not pathological, and unavoidable
- Extreme efforts to prevent intense emotions can maintain or worsen traumatic experiences
- Most people who experience trauma will experience intense short-term distress but will return to pre-traumatic functioning within weeks or months of the trauma
 - Resiliency is the norm
- Social support and discouragement of avoidance (at the least not encouraging it) are critical in preventing long-term difficulties
- When difficulties are severe and persist for more than a few weeks, formal consultation and services are warranted
 - Handouts associated with this course may be helpful in identifying and connecting with formal supports

Review of Objectives (Slide 19)

- How would you define trauma?
- Can you identify examples of military trauma and the prevalence of military trauma among Service members?
- What are the symptoms of PTSD, how does it develop, and what are examples of effective treatments?
- What are examples of emotional, behavioral, or psychological impacts of military trauma?
- What skills might be used to support someone with PTSD?