

## Slide 1: Understanding and Healing from Military Trauma

### Slide 2: Military Trauma: True or False?

1. Most Service members who are deployed will experience the kind of event that can cause PTSD.
  - *FALSE*
2. The great majority of people who experience trauma experience significant emotional distress right after the trauma.
  - *TRUE*
3. A slight majority of people experiencing trauma will develop PTSD.
  - *FALSE*
4. Good PTSD treatments are hard to access.
  - *FALSE*
5. Social support and family support are very important after a trauma has occurred.
  - *TRUE*
6. Treatments are ineffective.
  - *FALSE*

### Slide 3: Objectives

- 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.

### Slide 4: Military Trauma

- Can occur when a Service member experiences or witnesses life threat, death, serious accident or injury, or severe sexual violence
- People can experience traumatic events in the military even if they are not deployed or have not directly experienced combat
- Any life-threatening accident or injury that happens during one's service

### Slide 5: How Common is Military Trauma?

- It is impossible to know the rate 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

## Slide 6: Immediate Impacts of Trauma ( $\leq$ 1 Month)

- Strong negative emotions after hardship are normal, appropriate, and unavoidable. Examples may include the following:
  - Anxiety
  - Nightmares
  - Distressing memories
  - Sleep difficulties
  - Feeling *jumpy* or *on edge*
  - Depressive symptoms

## Slide 7: Likelihood of Specific Disorders

- The majority of Service members do not develop formal disorders
- Though short-term distress is common, long-term disorder or functional impairment is not

## Slide 8: Posttraumatic Stress Disorder (PTSD)

- Not all emotional difficulties following trauma are PTSD
- PTSD is characterized by the following:
  - *Re-experiencing* the trauma
  - Avoidance
  - Mood and cognitive changes
  - Increased reactivity/arousal

## Slide 9: Functional Impairment from Symptoms

- Excessive arguing
- Withdrawing from family and friends
- Difficulty concentrating
- Fatigue
- Accidents or legal difficulties
- Avoidance of places that might remind one of trauma

## Slide 10: PTSD Treatment

- It is important to get connected with a treatment that has been shown to be effective by research
  - Prolonged Exposure (PE)
  - Cognitive Processing Therapy (CPT)
  - Eye Movement Desensitization and Reprocessing (EMDR)
- [This online tool](http://www.ptsd.va.gov/apps/decisionaid) can help you decide which treatment may be the best fit:  
[www.ptsd.va.gov/apps/decisionaid](http://www.ptsd.va.gov/apps/decisionaid)

## Slide 11: Risk Factors for Developing PTSD

- Avoidant coping
- Poor social support
- More deployments
- More cumulative time deployed
- Greater combat exposure
- Prior history of psychological difficulties or distress
- **Having one or more of these risk factors does not mean that someone will develop PTSD**

## Slide 12: A Deeper Look at Coping

- “Put it behind you”
- “Move on”
- “Focus on the future”
- “Just stop thinking about it”
- Why might these statements be problematic?
- White bear example
- Finger trap metaphor

## Slide 13: Other Impacts of Military Trauma

- Moral injury
  - Perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations
- Traumatic loss
  - In military contexts, typically refers to the death of a fellow combatant during military operations and is usually accompanied by significant depressive symptoms

## Slide 14: Substance Abuse and Dependence

- Substance use is associated with combat exposure
- Why?
  - Some maladaptively cope with trauma through self-medication as a form of avoidance

## Slide 15: Symptoms of Anxiety and Depression

- Pre-existing mental health difficulties increase the likelihood of developing PTSD
- Mental health difficulties occur at an elevated rate among those with PTSD
- The VA has numerous resources and crisis referral information

## Slide 16: Supporting Someone with PTSD

- Be non-judgmental, patient, and compassionate
- Give small but consistent doses of love and care
- Make yourself available to talk about what is bothering the Service member or veteran
- Get in touch with branch or VA care providers who can advise you
- Foster help-seeking by the Service member or veteran

## Slide 17: Posttraumatic Growth

- After successfully navigating initial distress, sometimes trauma survivors can come to recognize strengths they have accrued through adversity. Some examples include the following:
  - Increased spirituality
  - Increased recognition of personal strength
  - Enhanced relationships
  - Greater appreciation for life
  - Recognition of new possibilities for growth

## Slide 18: Take Home Messages

- Intense, negative emotions following horrific experiences are normal and expected
  - Usually return to pre-traumatic functioning within weeks or months
- Extreme efforts to prevent negative emotions can maintain or worsen the distress
- Resiliency is the norm
- Social support and discouraging avoidance are critical in preventing long-term difficulties
- Seek formal consultation and services when difficulties are severe and persistent

## Slide 19: Review of Objectives

- 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.

## Slide 20: Understanding and Healing from Military Trauma