

# *Recognizing Symptoms and Short- and Long-term Effects of PTSD*

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## **Presenter Disclosure Information Suzanne Pineles**

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## What is Psychological Trauma?

- An event in which a person
  - Experienced, witnessed or was confronted with an event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others
  - The person's response involved intense fear, helplessness or horror

(From the Diagnostic and Statistical Manual of Mental Disorders,  
Fourth Edition, American Psychiatric Association)

## Trauma prevalence

- 61% of men and 52% of women reported at least one lifetime trauma
- Most common traumas:
  - Witnessing someone being badly killed or injured
  - Involvement in fire, flood, or natural disaster
  - Having a life threatening illness

(Kessler et al, 1995)

## What are the symptoms PTSD?

- Reexperiencing
  - E.g., intrusive recollections; distressing dreams; psychological distress and physiological reactivity to reminders
- Persistent Avoidance and Numbing
  - e.g., avoiding associated thoughts, feelings, conversations; avoiding activities, places or people that are reminders; feelings of detachment from others
- Increased Arousal
  - e.g., sleep problems; irritability or anger; hypervigilance
- Distress and/or impairment in functioning

## How common is psychological injury due to trauma?

- National Prevalence of PTSD<sup>1</sup>:
  - 3 to 4% of US Population
- PTSD prevalence in ground combat units<sup>2</sup>
  - Pre-combat rate: 5%
  - Post-OIF rate: ~12%
- National lifetime incidence of PTSD<sup>3</sup>
  - 10% of women
  - 5% of men

1 Narrow WE, Rae DS, Robins LN, Regier DA. Revised prevalence estimates of mental disorders in the United States: using a clinical significance criterion to reconcile 2 surveys' estimates. *Arch Gen Psychiatry* 2002; 59:115-23.

2 Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.L., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22.

3. Kessler RC, Sonnega A, Bromet E, et al. Posttraumatic stress disorder in the national comorbidity survey. *Arch Gen Psychiatry* 1995;52:1048-1060



## How Does Trauma Affect People?

- Body sensitized to threat
- Intense feelings that are difficult to contain
- Tendency towards all-or-nothing reactions and thinking
- Disrupted memory / cognitive processing
- Affects how we view the world, especially our sense of safety
- Disrupts sense of power and control, beliefs about trustworthiness of others, sense of self...

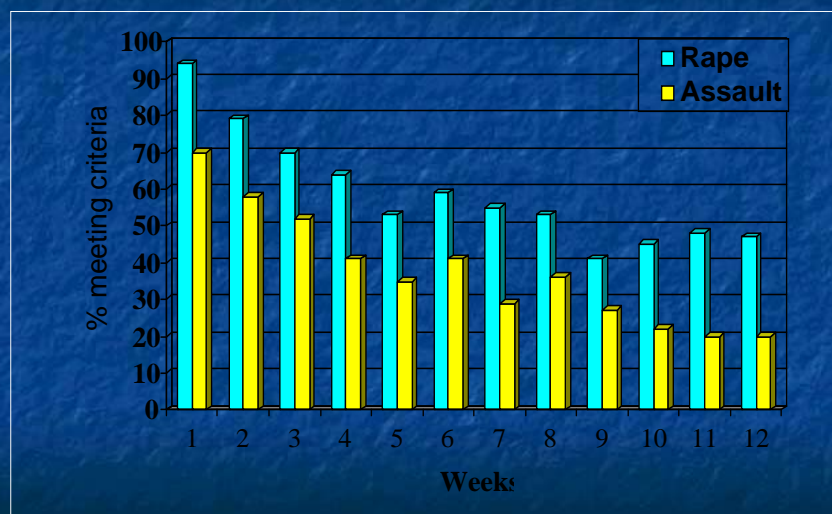
## PTSD and Health

- Trauma and PTSD are associated with health problems and health care utilization.
- Relationship between trauma and poor health mediated through PTSD.

For review, see Schnurr, Green & Kaltman, Trauma exposure and Physical health, in *Handbook of PTSD*.

If the trauma is bad enough  
nearly everyone will have  
symptoms initially.

## Normal Recovery for Sexual Assault Survivors



(Rothbaum et al. 1992; Riggs, et al., 1995)

## What Affects Survivors' Reactions?

- **Characteristics of the experience(s)**
  - Single event vs. ongoing set of events
  - Severity of trauma
  - Interpersonal vs. other type of trauma
  - Known vs. unknown perpetrator
- **Characteristics of the individual**
  - Gender
  - Developmental level at time of the event
  - Prior trauma experiences
  - Available coping strategies
- **Characteristics of the environment**
  - Response of others at the time
  - Need to keep seeing/working with perpetrator

## Assessment Techniques for the Primary Care Provider

## Strategies for making inquiries

- \* Create a context for the assessment
- \* Start with general questions followed by specific questions
- \* Use behavioral descriptions rather than "emotional words"

### *Also ask about "red flags"...*

- Symptoms of depression, anxiety, guilt, anger
- Gaps in memory
- A history of behavioral problems (substance abuse, eating disorders)
- Unstable work history
- Sexual dysfunction/relationship problems
- An extensive medical history
- Suicidal ideation, attempts or self-injury
- Previous treatment/hospitalizations



## First steps after a trauma disclosure...

- Validation/empathy: "I'm sorry that you experienced that".
- Educating: "Many men have experienced sexual trauma".

- Assessing current status including health sequelae of trauma and current safety: "Do you feel you are currently having physical or emotional effects from the trauma"?
- Assessing level of support: "Have you been able to discuss this with anyone previously"?



## Providing referrals to Mental Health Services

- Normalize: "Many of my patients, who have had similar experiences, have found it helpful to speak with a counselor".
- Reassure patient that the referral is not irrevocable.

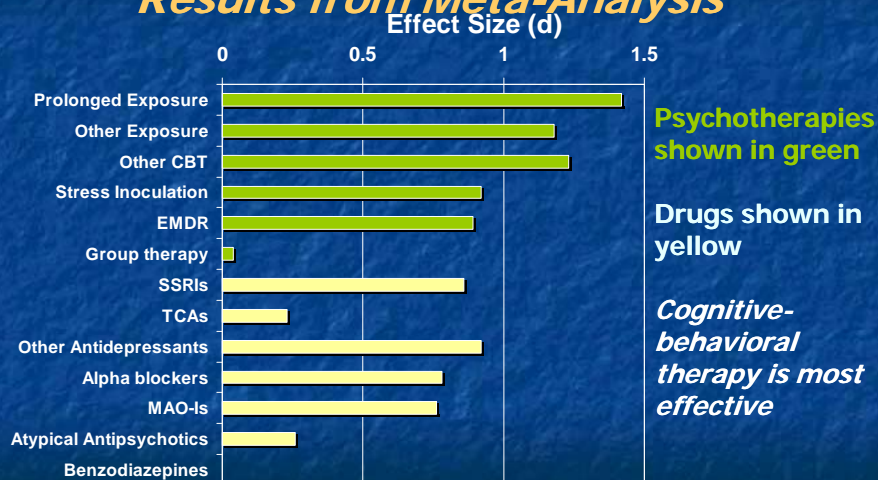
## PTSD Screen for Primary Care

- Yes or No
  - Have had nightmares about it or thought about it when you did not want to?
  - Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
  - Were constantly on guard, watchful, or easily startled?
  - Felt numb or detached from others, activities, or your surroundings?

Prins et al. (2003) Primary Care Psychiatry

## PTSD Treatments

### How Well Do Treatments Work? *Results from Meta-Analysis*



*Note.* Effect sizes are computed from the difference between groups in individual studies at posttreatment.

Watts et al., 2007

## Overarching Framework for Psychotherapy with Trauma Survivors

- Judith Lewis Herman's Trauma and Recovery:

The fundamental stages of recovery are...

1. Establishing safety
  2. Remembering and mourning
  3. Reconnection and meaning-making
- Not necessarily a linear progression through these stages
  - Echoes common distinction between skills-building and trauma processing work

## Cognitive Processing Therapy (CPT)

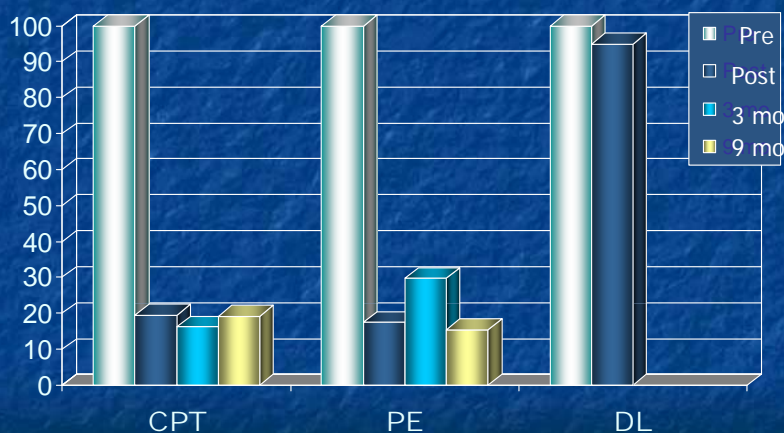
- Cognitive Therapy + Written Exposure
  - Clients learn to identify and label thoughts and feelings and to recognize the relationship between the two
  - Clients learn to challenge their automatic thoughts
  - Emphasis is on five areas disrupted by trauma: safety, trust, power/control, esteem, and intimacy
  - Clients generate a written account of how their traumatic event impacted them
  - Clients generate a written account of the traumatic event and review it repeatedly to promote emotional processing



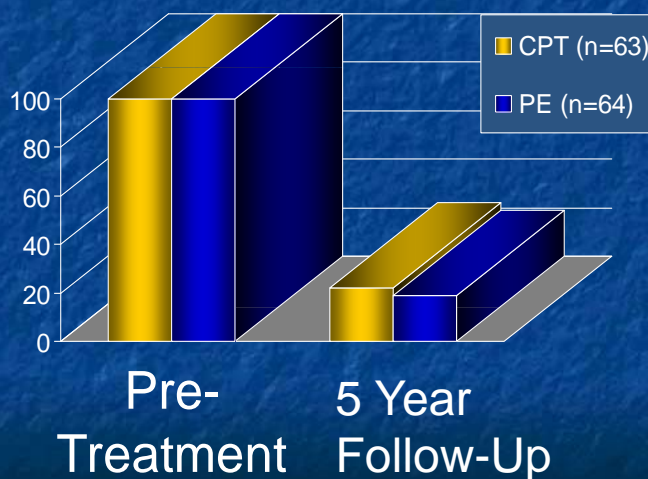
## Prolonged Exposure (PE)

- Treatment components
  - Psychoeducation about reactions to trauma
  - Imaginal exposure, repeated recounting of the trauma memory
  - In vivo exposure, confronting trauma reminders that despite being safe are feared and avoided
- Exposures progress hierarchically, beginning with memories/reminders that evoke less fear
- Patients must emotionally engage during exposures

## The Impact of Treatment on PTSD Symptoms Among Sexual Assault Survivors



## The Impact of Treatment on PTSD Diagnosis Among Sexual Assault Survivors



But reducing PTSD symptoms is not the end goal...

- Individuals with reductions in PTSD symptoms are also likely to experience...
  - Improved quality of life
  - Reductions in comorbid conditions like depression or substance abuse
  - Reductions in risk for retraumatization
  - Improved social relationships

## Resources

- For civilians:
  - The Trauma Center
  - Fenway Community Mental Health
  - Victims of Violence (Part of Cambridge Health Alliance)
  - The Boston Resource Center
- For veterans:
  - Veterans Hospitals
    - Jamaica Plain
    - Brockton
    - Bedford
    - CBOCs
  - Vet Centers
  - Home Base at MGH



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