Treatment of Post Traumatic Stress Disorder

Reactions to Unrelenting Stress

- Ability to integrate (rare)
- Pre or during stress reactions
  - Most able to integrate
    - Denial
  - Serotonin based responses
    - Anxiety, panic, or phobic reactions
    - Depression/psychosis/OCD/etc (predisposition)

  - Conflicted responses
    - Conversion Disorder
    - Hysteria (i.e., dysmorphia or hypochondriasis)
    - Dissociation
  - Overactivated responses
    - Acute Distress Disorder
    - Suicidality
    - Psychotic reactions
  - Internalization responses
    - Shock (immediate)
    - Post Traumatic Stress Disorder

Theory Base for PTSD

- Behaviorist explanation most practical
  - Easily explains chain of events internally
  - Congruent with tested, theoretically-based clinical applications
- Emotional learning
  - Experience of traumatic event
  - Internalization of immediate response teaches ongoing response to future cues
  - Generalizes to most environmental factors present at event
  - As individual reacts to environmental cues, reinforced learning for further generalization to array of potential triggers

Neurological explanation of effects of PTSD on the brain

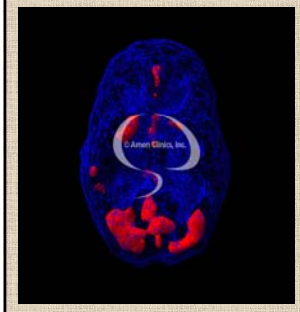
- Research as early as the 1990s made a direct link between PTSD and corticotrophins, particularly cortisol (stress hormones) in the limbic system of the brain.
- Linked with earlier death (10 years), hypertension, diseases of lung, heart circulatory system, cancer, digestive system, joints, earlier sexual maturation in preadolescent girls, poorer decision making skills

Immediate Effects of Cortisol

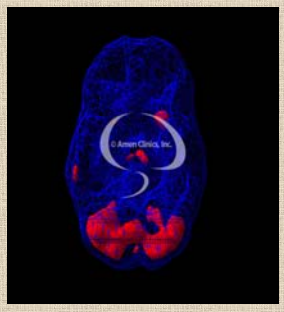
- Stressor causes adrenalin rush which fades quickly but concurrent introduction of corticotrophins lasts up to 72 hours.
- During this period symptoms occur.
- Internalization of trauma without preventive measures increases chances that other non-trauma related environmental triggers will cause a “PTSD attack”.
- Studies indicate that PTSD victims have elevated cortisol chronically
- The body and mind condition to presence of cortisol and automatic thoughts and behaviors ensue.

Neurological Evidence of Effects of Corticotrophins on Brain Function

Normally functioning brain



PTSD effected brain



Symptoms of PTSD

- **Re-experiencing the traumatic event**
  - Intrusive, upsetting memories of the event
  - Flashbacks (acting or feeling like the event is happening again)
  - Nightmares (either of the event or of other frightening things)
  - Feelings of intense distress when reminded of the trauma
  - Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating)

- **PTSD symptoms of avoidance and emotional numbing**
  - Avoiding activities, places, thoughts, or feelings that remind you of the trauma
  - Inability to remember important aspects of the trauma
  - Loss of interest in activities and life in general
  - Feeling detached from others and emotionally numb
  - Sense of a limited future (you don't expect to live a normal life span, get married, have a career)
  - Depersonalization (lost control of experiences)
  - Derealization

PTSD symptoms of increased arousal

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance (on constant "red alert")
- Feeling jumpy and easily startled
- Outbursts
- Homicidal ideations

Other common symptoms of post-traumatic stress disorder

- Anger and irritability
- Guilt, shame, or self-blame
- Substance abuse
- Depression and hopelessness
- Suicidal thoughts and feelings
- Feeling alienated and alone
- Feelings of mistrust and betrayal
- Headaches, stomach problems, chest pain

Group Interpersonal Psychotherapy for PTSD

- Based on attachment and communication theories
- Developed to respond to the three psychological areas not addressed by other forms of counseling
  - re-experiencing
  - Avoidance
  - hyperarousal
- Process group model is central theoretic base of group
  - Present oriented
  - Confrontive
  - Interactive between participants

- Advantages
  - Good reliability in treating contemporary life responses, interactional skills, lessening overactivation behaviors, increases immediate interactional successes
  - Can address several clients simultaneously
  - Limited duration
- Disadvantages
  - Time limit does not address more severe reactive PTSD symptoms
  - Does not address issues from origin of PTSD, discontrol, irritability, or depression
  - Excellent group facilitator skills required for effectiveness

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