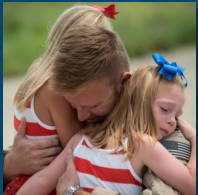


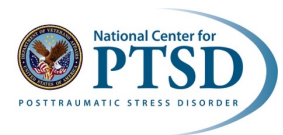
# Posttraumatic Stress Disorder: Overview, Treatment, and Resources



*[Insert Presenter Information]*

Updated January 2022

VETERANS HEALTH ADMINISTRATION



# Overview

- What is traumatic stress?
- How common are trauma and PTSD?
- What are the symptoms of PTSD?
- Why do some people develop PTSD and others do not?
- What problems co-occur with PTSD?
- How is PTSD treated?
  - Trauma-focused psychotherapy
  - Medications
- National Center for PTSD Resources for Trauma Survivors & Clinicians

# What is traumatic stress?

## Daily hassles

Can include:

- Car breaking down
- Paying bills

## Major life events

Can include:

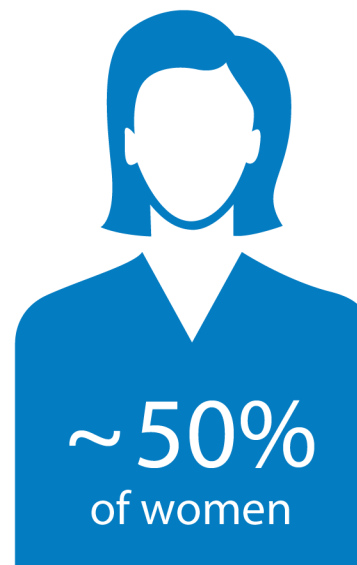
- Losing a job
- Divorce
- Buying a new home
- Getting married

## Serious traumatic events

Can include:

- War zone exposure
- Physical or sexual assault
- Serious accidents
- Child sexual or physical abuse

# Trauma exposure is common.

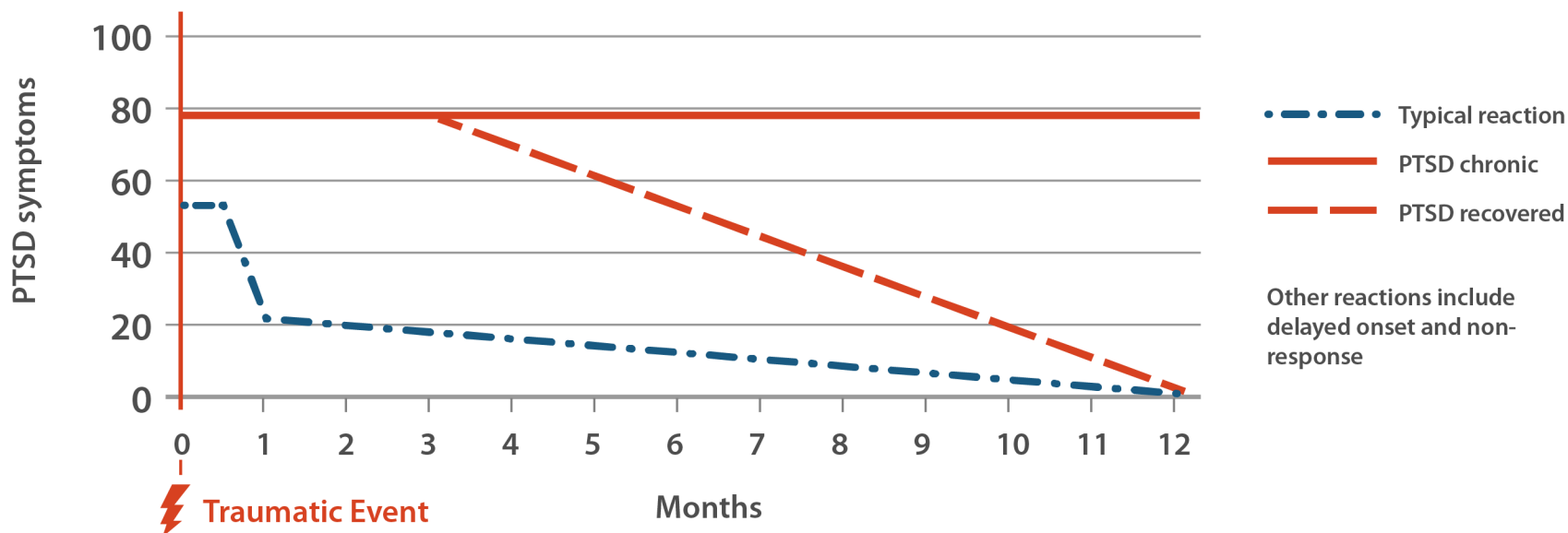


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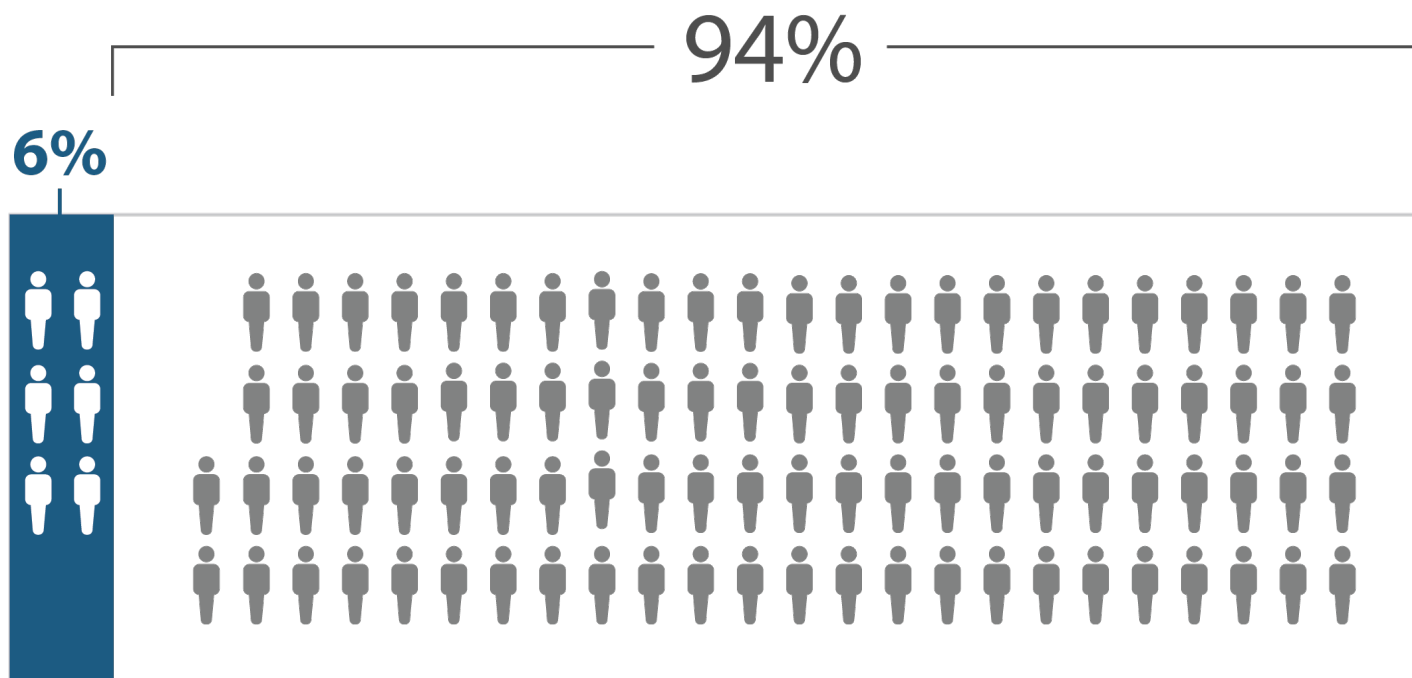
Most people you meet every day have experienced a trauma.

Kreessler, R.C. Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060

# What happens after trauma?



# How common is PTSD?



Only about 6% develop PTSD in their lifetime

Source: Kresler, R.C. Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52(12), 1048-1060

# Criterion A: Traumatic Event

- Directly experiencing a traumatic event
- Witnessing, in person, an event that happened to someone else
- Learning about the violent or unexpected death of a friend or family member
- Experiencing repeated or extreme exposure to aversive details of traumatic events

# Symptom Clusters





# Symptom Clusters

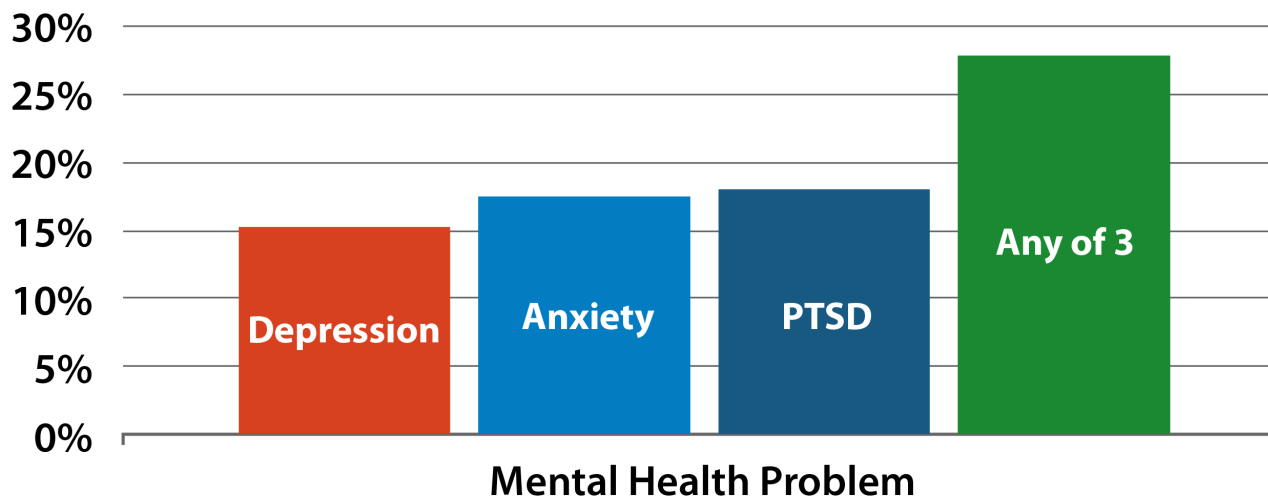
- **Intrusion** Recurrent distressing dreams or memories of the event; acting/feeling as if the event is happening again
  
- **Avoidance**
  - Avoiding memories, thoughts, feelings, people, places or activities that are reminders of the event

# Symptom Clusters

- Negative alterations in cognitions and mood
  - Inability to recall parts of the trauma, diminished interest in activities, feeling detached, inability to feel positive emotions, negative emotions, distorted blame of self or others, exaggerated negative beliefs or expectations
- Arousal and reactivity symptoms
  - Irritable behavior, outbursts of anger, reckless or self-destructive behavior, problems concentrating, hypervigilance, exaggerated startle, sleep disturbance

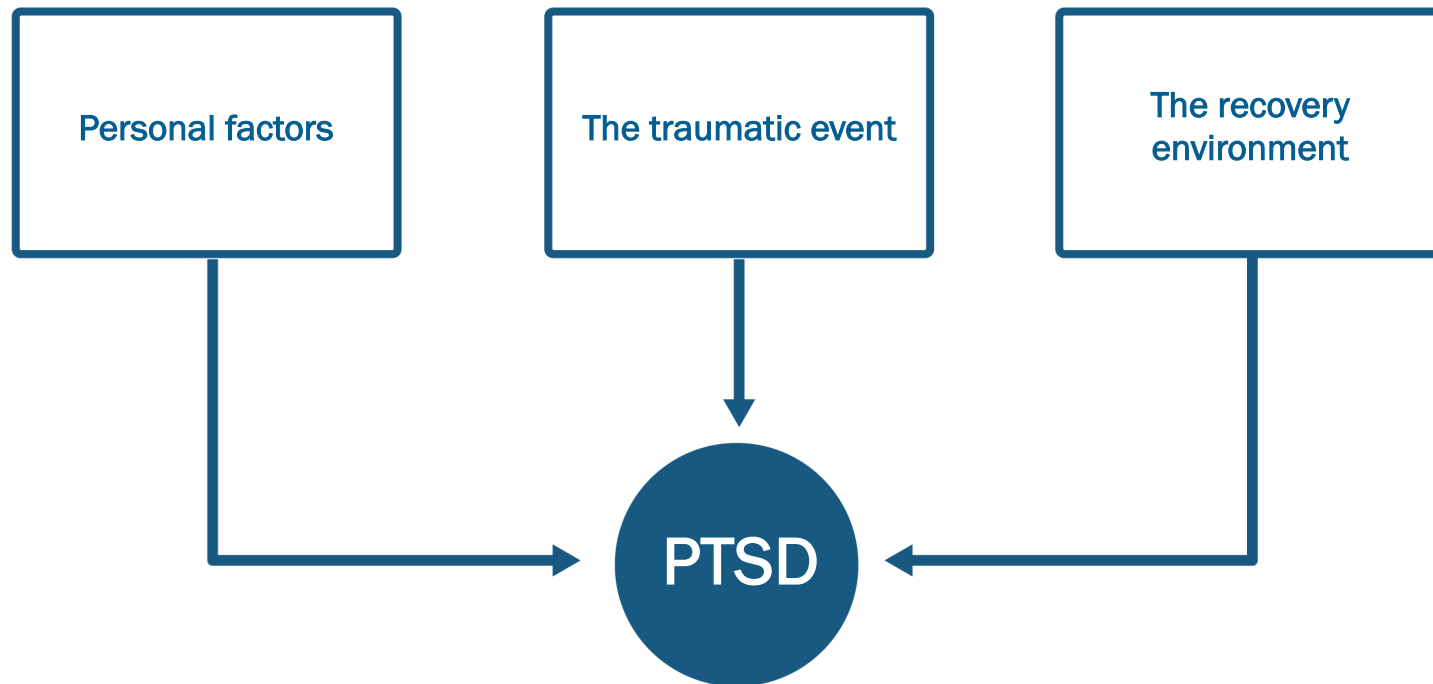
# PTSD is a common consequence of war.

About 15% of returning Post-9/11 (OEF/OIF) Veterans have PTSD.

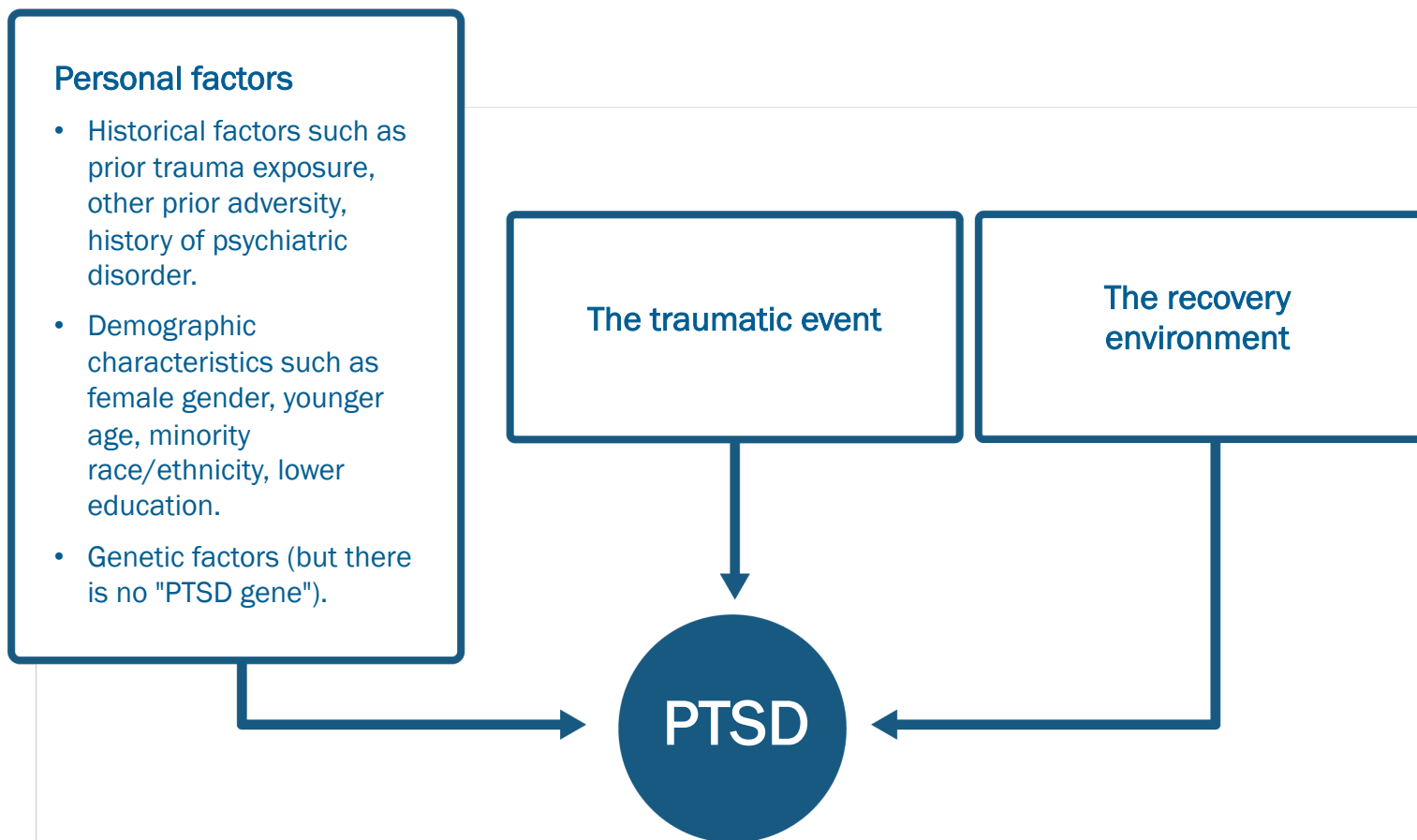


**Source reference for data:** Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351, 13-22. doi: 10.1056/NEJMoa040603

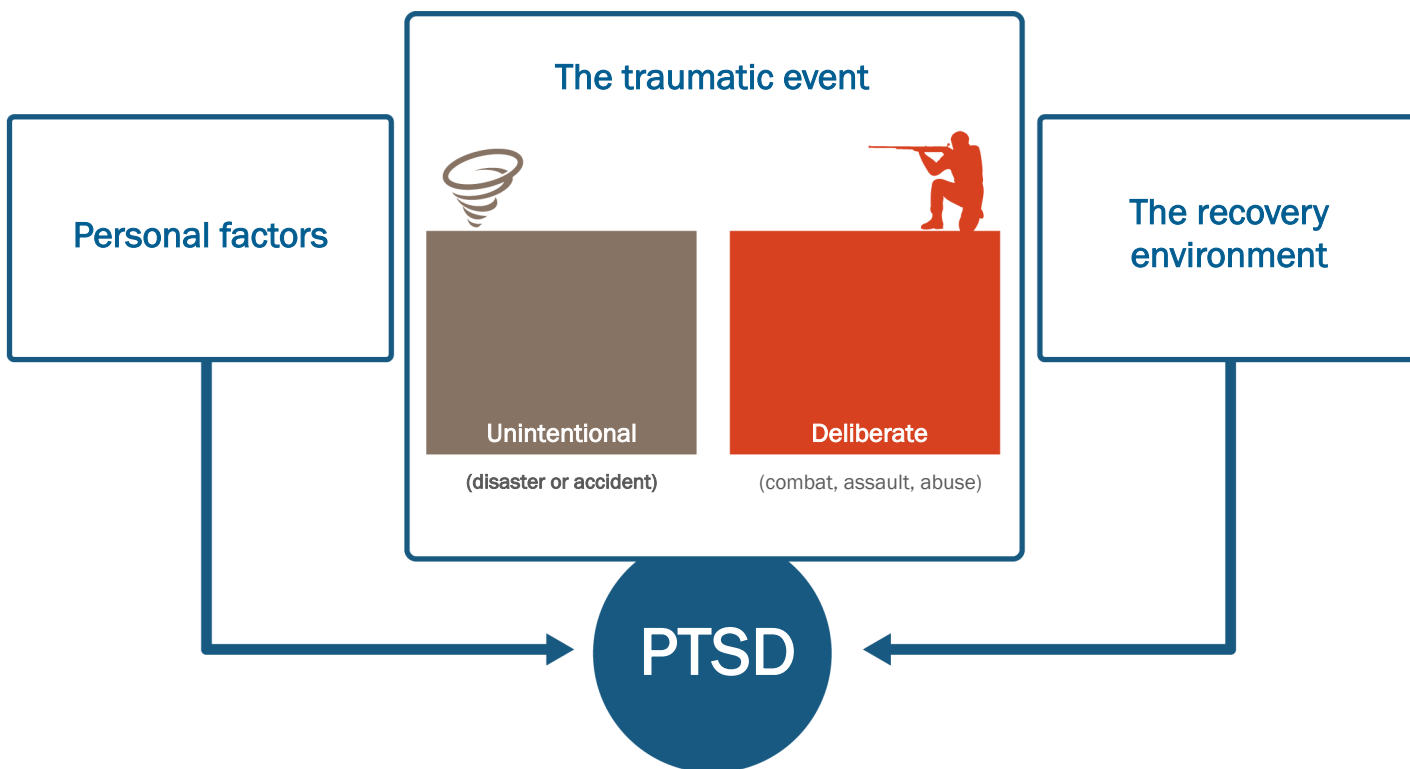
# Why do some people get PTSD while others do not?



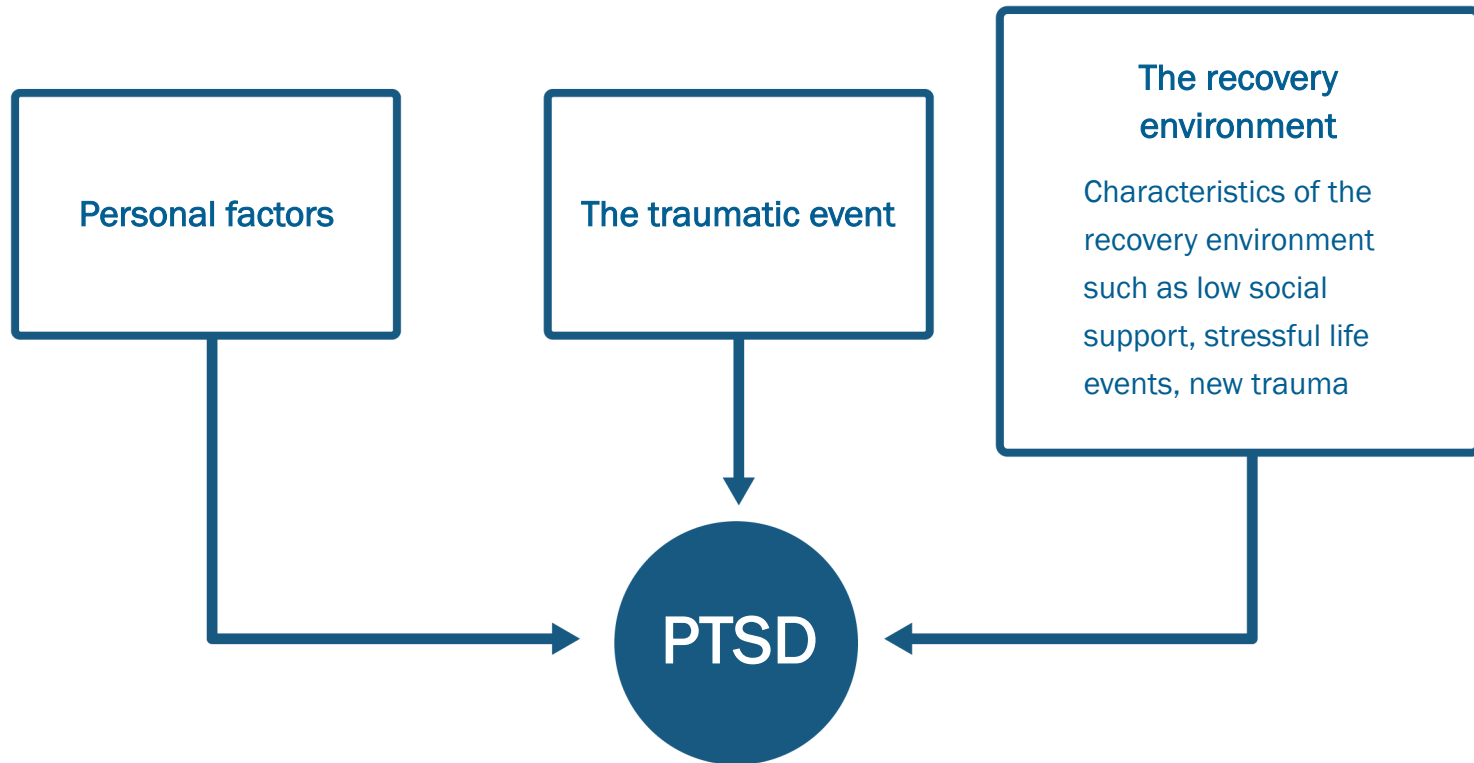
# Personal Factors



# Characteristics of the Traumatic Event



# The Recovery Environment



# PTSD often co-occurs with other problems.



**80% have one or more mental health diagnosis**

(depression, anxiety disorders, and substance use disorders)

**20% have no other mental health diagnosis**



# Other Co-occurring Problems



## Other Major Guidelines

- American Psychological Association
- American Psychiatric Association
  
- For PTSD
  - American Psychological Association
  - International Society of Traumatic Stress
  - Phoenix Australia
  - NICE England

Hamblen, Norman,... Schnurr (2019). A guide to guidelines for the treatment of posttraumatic stress disorder in adults: An update. Psychotherapy. DOI: [10.1037/pst0000231](https://doi.org/10.1037/pst0000231)

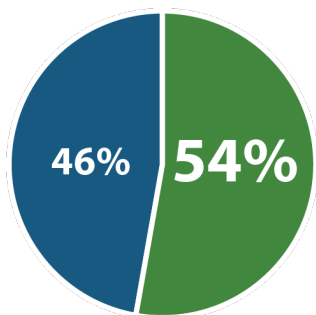
# Trauma-focused psychotherapy is the best treatment.



Did You Know?



Trauma-focused  
Psychotherapy

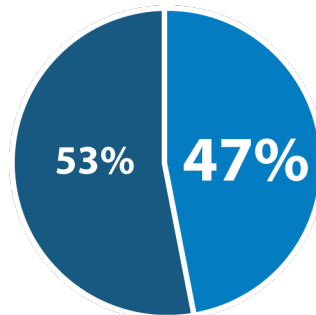


**54** OUT OF **100**

people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.



Medication

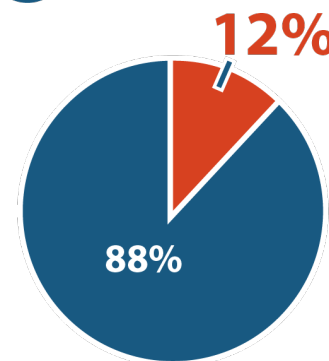


**47** OUT OF **100**

people who take medication will no longer have PTSD after about 3 months of treatment.



No Treatment



**BUT ONLY**  
**12** OUT OF **100**

People who don't get treatment will no longer have PTSD after about 3 months.

# What is trauma-focused psychotherapy?

Trauma-focused psychotherapy is any therapy that uses cognitive, emotional, or behavioral techniques to facilitate processing a traumatic experience and in which trauma focus is a central component of the therapy.



# Trauma-focused Psychotherapies

- **Prolonged Exposure (PE):** In PE you confront situations you have been avoiding until distress decreases.
- **Cognitive Processing Therapy (CPT):** In CPT you examine and challenge thoughts about the trauma until you can change the way you feel.
- **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR helps you process and make sense of your trauma while paying attention to a back-and-forth movement or sound (like a finger moving side to side, a light, or a tone).
- **Written Exposure Therapy (WET):** This therapy involves writing about the trauma during sessions. Your therapist gives instructions on the writing assignment, allows you to complete the writing alone, and then returns at the end of the session to briefly discuss any reactions to the writing assignment.

# What is Prolonged Exposure (PE)?

- Psychotherapy that helps patients process a trauma through repeated exposure to avoided feelings, thoughts, and situations until distress decreases
  - Helps patients learn that reminders of the trauma do not have to be avoided
  - Standard protocol is 10 weekly 90-minute sessions
- Components:
  - Education
  - Breathing retraining for relaxation
  - Engagement in avoided activities (*in vivo* exposure)
  - Talking through the trauma (imaginal exposure)

# Prolonged Exposure (PE)

In PE you confront situations you have been avoiding until distress decreases



# What is Cognitive Processing Therapy (CPT)?

- Psychotherapy that helps patients understand how the trauma changed the way they think
  - Standard protocol is 12 weekly 60-minute sessions
- Components:
  - Learning about PTSD symptoms
  - Becoming aware of thoughts and feelings
  - Learning skills to challenge unhelpful thoughts and feelings (cognitive restructuring)
  - Changing unhelpful beliefs
  - Can include a written account of traumatic event(s)



# Cognitive Processing Therapy (CPT)

In CPT you examine and challenge thoughts about the trauma until you can change the way you feel

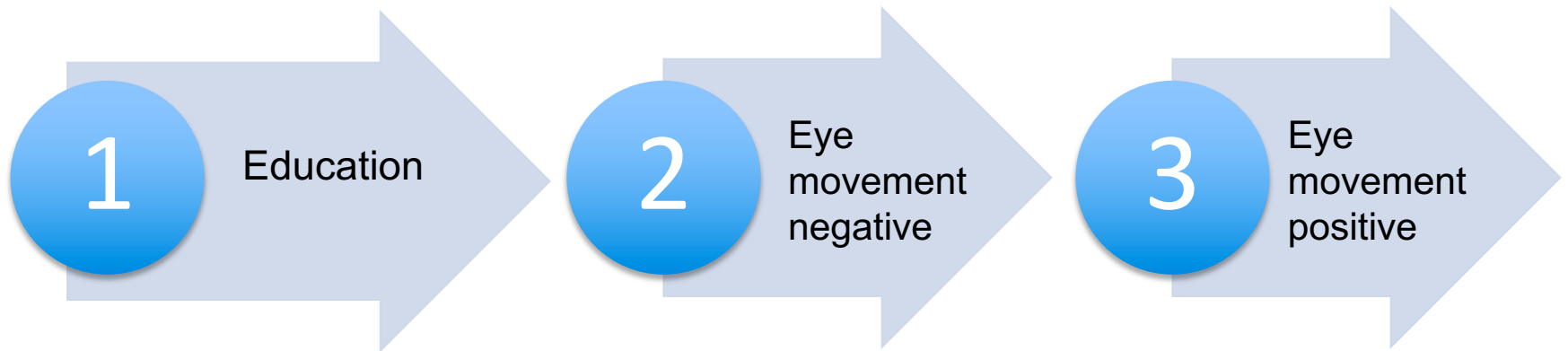


# Eye Movement Desensitization and Reprocessing (EMDR)

- Helps people process upsetting memories and feelings related to their trauma.
- Teaches people to change how they react to upsetting memories.
- People think about the trauma while focusing on their therapist's hand moving back and forth.
- Usually 1-3 months of weekly 50-90 minute sessions.
- Individual format

# Eye Movement Desensitization and Reprocessing (EMDR)

In EMDR, a patient thinks about the trauma while watching the provider's finger move back and forth, first with negative associations, then with a positive belief



# Written Exposure Therapy (WET)

- Helps people process upsetting memories and feelings related to their trauma through writing and debriefing with therapist.
- Usually 5 sessions weekly, 50 minutes each.
- Individual format

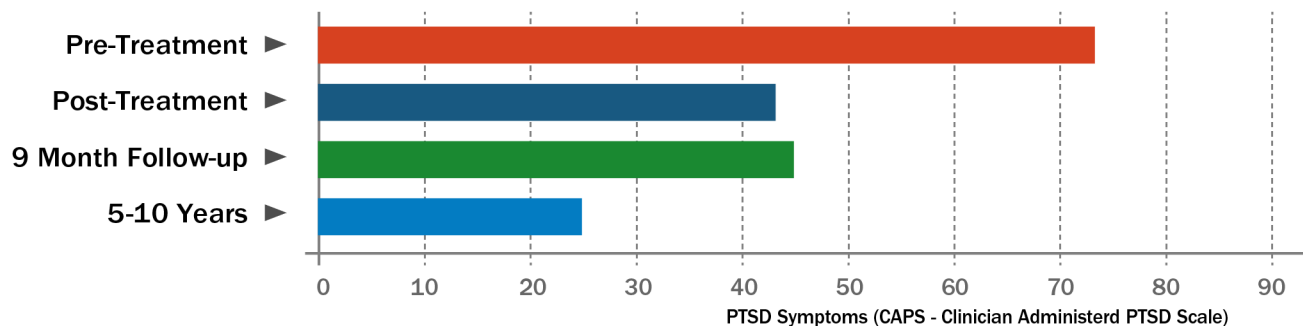
# Written Exposure Therapy (WET)

In WET, a patient writes about their trauma, then talks about the writing with the therapist

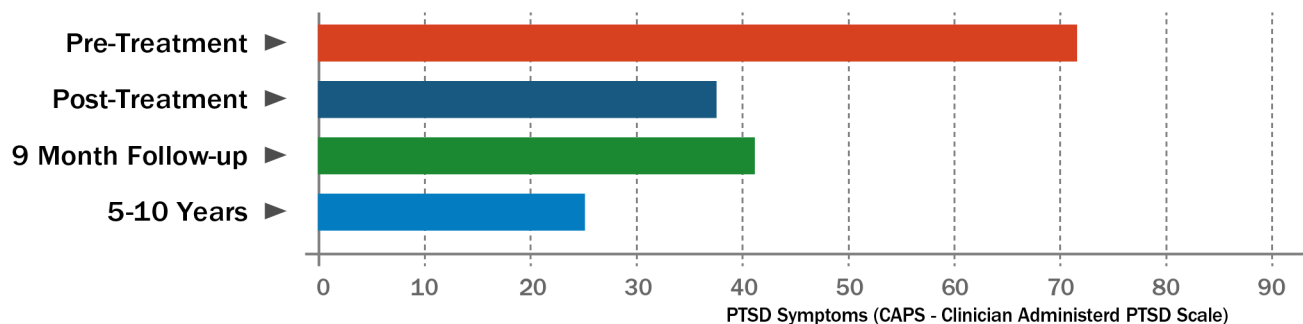


# Trauma-focused psychotherapy works.

## Prolonged Exposure



## Cognitive Processing Therapy



Resick, Patricia A; Nishith, Pallavi; Weaver, Terri L; Astin, Millie C.; Feuer, Catherine A. *Journal of Consulting and Clinical Psychology*, Vol 70(4), Aug 2002, 867-879. doi: 10.1037/0022-006X.70.4.867

## Group Treatment (Level C – No Recommendation For or Against)

- Group therapy is more effective than no treatment
  - No evidence that one type of group therapy is more effective than another
- No evidence comparing group to individual therapy
  - However, effects of group therapy are more modest than effects of individual therapy
- Emerging evidence (published after the VA/DoD Guideline) shows effectiveness of group Cognitive Processing Therapy

# Evidence-based Pharmacological Treatments

## First line medications

- Selective Serotonin Reuptake Inhibitors (SSRIs)
  - paroxetine (Paxil)
  - sertraline (Zoloft)
  - fluoxetine (Prozac)
- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
  - venlafaxine (Effexor)



# Pharmacotherapy Recommendations and Strength of Evidence

| Quality of Evidence* | Recommend For   | Suggest For                           | Suggest Against   | Recommend Against   | No Recommendation For or Against   |
|----------------------|---|---------------------------------------|---|---|--|
| Moderate             | <b>Sertraline<sup>^</sup></b><br><b>Paroxetine<sup>^</sup></b><br><b>Fluoxetine</b><br><b>Venlafaxine</b> |                                       | Prazosin (excluding the treatment of PTSD related nightmares) |   | Prazosin for the treatment of PTSD-related nightmares  |
| Low                  |   | Nefazodone <sup>±</sup>               | Quetiapine<br>Olanzapine<br>Citalopram<br>Amitriptyline       | Divalproex<br>Tiagabine<br>Guanfacine   | Eszopiclone  |
| Very Low             |   | Imipramine<br>Phenelzine <sup>±</sup> | Lamotrigine<br>Topiramate                                     | Risperidone<br>Benzodiazepines<br>D-cycloserine<br>Hydrocortisone<br>Ketamine<br>Cannabis and its derivatives | Bupropion<br>Desipramine<br>D-serine<br>Escitalopram<br>Mirtazapine  |
| No Data†             |   |                                       |   |   | <u>Antidepressants</u><br>Doxepin<br>Duloxetine <sup>‡</sup><br>Desvenlafaxine<br>Fluvoxamine <sup>‡</sup><br>Levomilnacipran<br>Nortriptyline<br>Trazodone<br>Vilazodone<br>Vortioxetine<br><u>Anxiolytic/Hypnotics</u><br>Buspirone<br>Cyproheptadine<br>Hydroxyzine<br>Zaleplon<br>Zolpidem |

\*The Work Group determined there was no high quality evidence regarding medication monotherapy.

±Serious potential toxicity, should be managed carefully.

<sup>^</sup> FDA approved for PTSD

† No data were captured in the evidence review (based on the criteria outlined in Conducting the Systematic Review) and were not considered in development of this table

<sup>‡</sup> Studies of these drugs did not meet the inclusion criteria for the systematic evidence review due to poor quality



# Benzodiazepines can be dangerous.

Warning: Benzodiazepines (e.g., Xanax, Valium, Klonopin)

- Limited efficacy
- Increased safety concerns
- Even more risk for older people
  - Confusion, awkwardness, falls
- Not recommended for PTSD

# Recommendations for Co-occurring Disorders

***We recommend*** that the presence of a co-occurring disorder(s) not prevent patients from receiving other VA/DoD guideline-recommended treatments

***We recommend*** VA/DoD guideline-recommended treatments for PTSD in the presence of co-occurring substance use disorder (SUD)

***We recommend*** an independent assessment of co-occurring sleep disturbance in patients with PTSD, particularly when sleep problems pre-date PTSD onset or remain following successful completion of a course of treatment.

***We recommend*** Cognitive Behavioral Therapy for Insomnia (CBT-I) for insomnia in patients with PTSD unless an underlying medical or environmental etiology is identified or severe sleep deprivation warrants the immediate use of medications to prevent harm.

# NCPTSD Target Audiences

## Professionals

- Promote the implementation of evidence-based care for Veterans and other trauma survivors

## Veterans, trauma survivors, family members

- Increase awareness of PTSD and engagement in PTSD treatment
- Optimize Veterans' personal support systems (family, friends)

# Resources and Tools for Professionals



# Training in Evidence-Based Treatment for PTSD

The screenshot shows the PEWeb website. At the top left is the MUSC logo (Medical University of South Carolina) and the National Center for PTSD logo. To the right is the PE logo (Prolonged Exposure Emotional Processing Therapy) and a circular icon with a heart and brain. A navigation bar contains links for Register, Login, Introduction, Resources, About, and My Account. The main header reads "PEWeb A web-based learning course for PROLONGED EXPOSURE FOR PTSD". Below this is a list of course topics: Basics, Assessment, Treatment Components, Rationale & Trauma Interview, Psychoeducation, In Vivo Exposure, Imaginal Exposure, Processing, Hotspots, Homework, Special Issues, Special Populations, and Telehealth. The background features a soldier in camouflage holding a helmet. At the bottom, there are three small images: a group of soldiers, a tank, and a soldier in a helmet. The footer includes the text "A Strategy for Healing" and "System Requirements | Home".

**PE.MUSC.EDU**

The screenshot shows the CPTWeb website. At the top left is the MUSC logo and the Navy Medicine logo (World Class Care... Anytime, Anywhere). To the right is the National Center for PTSD logo. A navigation bar contains links for Register, Login, Introduction, Resources, and Contact Us. The main header reads "CPTWeb A web-based learning course for COGNITIVE PROCESSING THERAPY". Below this is a list of course topics: Foundational Skills of CPT, Introduction and Psychoeducation, The Meaning of the Event, Identification of Thoughts and Feelings, Remembering the Traumatic Event, Second Trauma Account, Challenging Questions, Patterns of Problematic Thinking, Core Themes in Traumatized Patients, and Evaluation. The background features a close-up of a dog tag hanging from a chain against a military uniform and an American flag. At the bottom, there are three small images: a soldier in a helmet, a soldier in a uniform, and a military vehicle. The footer includes the text "A Strategy for Healing" and "System Requirements | Credits".

**CPT.MUSC.EDU**

# Trauma and PTSD: Stay Up-To-Date

- NCPTSD works to bring the most current research on trauma and PTSD to professionals.
- All our publications are available through [free e-subscriptions](#).

**PTSD Monthly Update**  
News Relevant to the Issues of Trauma and PTSD

**FEATURED TOPIC**

**Mindfulness Coach Mobile App**

**Be Present with Mindfulness Practice**

Have you ever taken a drive and not remembered getting from one place to the next, or taken a walk in the park and realized you didn't notice nature? Sometimes this happens because we are caught up in our minds, thinking about the past or the future. In other words, we get carried away by *thinking* and lose contact with what is *happening* in the here and now.

Thinking about the past and future can be useful, but it's also important to connect to what is *happening* in the moment. You can do this by paying attention to the present. This is called *mindfulness*.

Mindfulness – or using your five senses to pay attention to what you experience in the here and now – can help you become aware of the present moment. Practicing mindfulness has many psychological, emotional and physical health benefits.

**CLINICIAN'S TRAUMA UPDATE**  
CTU-ONLINE | [www.ptsd.va.gov](http://www.ptsd.va.gov)

**ISSUE 15(5)**  
OCTOBER 2021

**TREATMENT**

**EBPs for PTSD delivered by telehealth in clinical practice**

Outcomes for EBPs for PTSD delivered via telehealth are comparable to those of EBPs delivered in-person. In a new August 2021 [CTU-Online](#) article, increasing understanding of the real-world effectiveness of different types of telehealth delivery of EBPs for PTSD is of particular importance given the increased use of telehealth during the ongoing Covid-19 pandemic. Investigators at the Fargo VA Health Care System used medical record data to compare outcomes in PE and CPT delivered via video-to-home, clinic-to-clinic telehealth, and in-person among rural Veterans. The study included 581 Veterans in the Fargo VA Catchment area who started CPT or PE and completed measures of PTSD (PCL-5) and depression (BDI-II) during treatment. Neither outcomes (d<sub>s</sub> = 0.5 for both PTSD and depression) were significantly better for video-to-home group than for clinic-to-clinic telehealth group. However, the number of sessions (8.9) for video-to-home group was significantly lower than for clinic-to-clinic telehealth group (10.9) respectively, although it is unclear whether this was due to differences in treatment fidelity. Nevertheless, the study and further support that telehealth is a viable and effective way to deliver care, particularly in rural areas.

**PTSD Research Quarterly**  
ADVANCING SCIENCE AND PROMOTING UNDERSTANDING OF TRAUMATIC STRESS

VOLUME 32/NO. 5 | ISSN: 1050-1835 | 2021

**Moral Injury**

**Over the past decade, the concept of moral injury has gained a great deal of attention from Veterans, clinicians, researchers, and the general public. The concept resonates with many because it captures the emotional and spiritual pain that can occur when deeply held values are violated. Yet, there is a great deal of work to do to understand the underpinnings of moral injury and how to best identify, measure, and effectively intervene to improve its core emotional, cognitive, and behavioral symptoms. Below we summarize what we know about moral injury and identify critical areas for further research.**

**Definition and Model**

There is currently no consensus definition or conceptual model of moral injury. The most frequently used definition and model was proposed by Litz and colleagues (2008) who stated that moral injury is "betraying, failing to prevent, bearing witness to, or hearing about acts that transgress deeply held moral beliefs and expectations" about the rules or codes of conduct. Further, they proposed that for moral injury to occur, individuals must experience a potentially morally injurious event (PMIE) that is perceived as a transgression of deeply held morals or values. PMIEs can involve acts of commission which are doing something that goes against values like killing; acts of omission that are failing to do something in line with values or witnessing or hearing about acts that are immoral. Moral injury is the resulting psychological, behavioral, social and sometimes spiritual distress and associated hallmark symptoms such as guilt, shame, anger, and/or disgust. Moral injury is also characterized by an inability to self-forgive, and betrayal, and asks whether individuals are troubled by these experiences as a proxy for distress.

**Prevalence**

The few studies that have looked at prevalence rates of moral injury have focused on Veterans and most all used the IMES. A study of United States 82nd combat Veterans using data from the National Health and Resilience in Veterans Study (NHRVS),

# Toolkits

Each toolkit offers easy-to-access handouts and other resources

[Community Provider Toolkit](#)

[Provider Self-Care Toolkit](#)

[Clergy Toolkit](#)

[Police Officer Toolkit: PTSD and Military Veterans](#)

[VA College Toolkit](#)

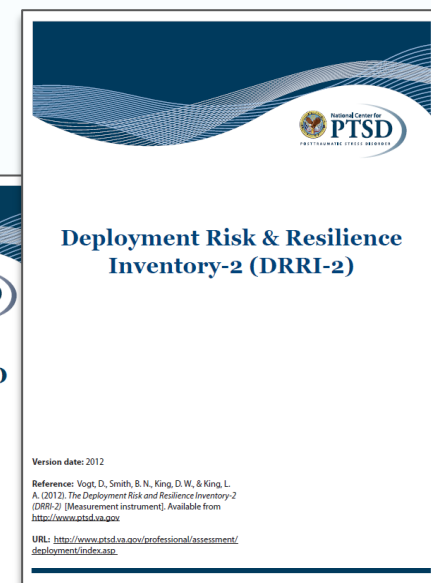
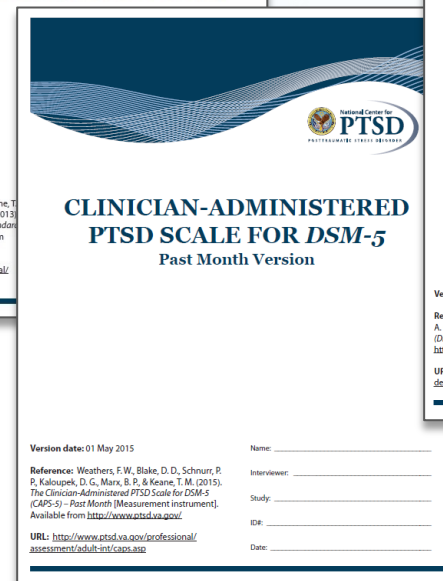
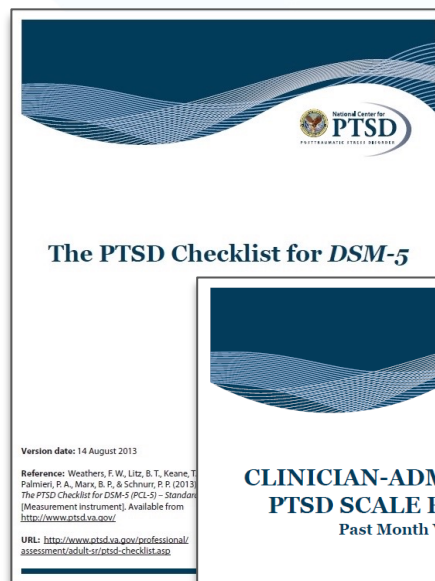
[Veterans Employment Toolkit](#)





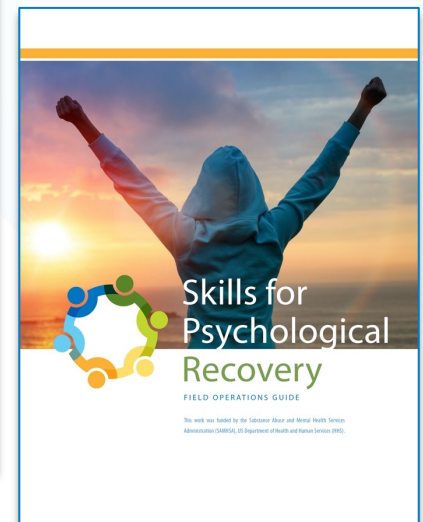
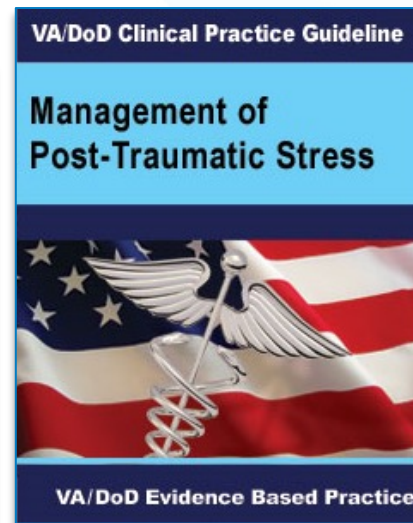
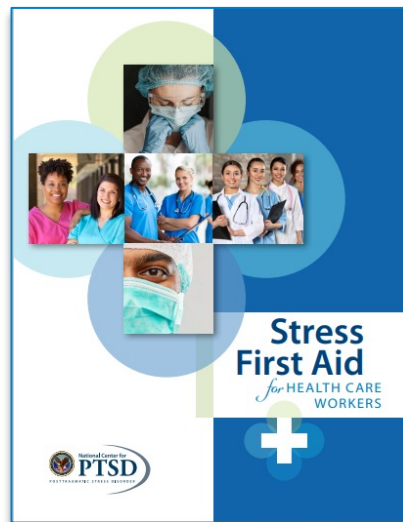
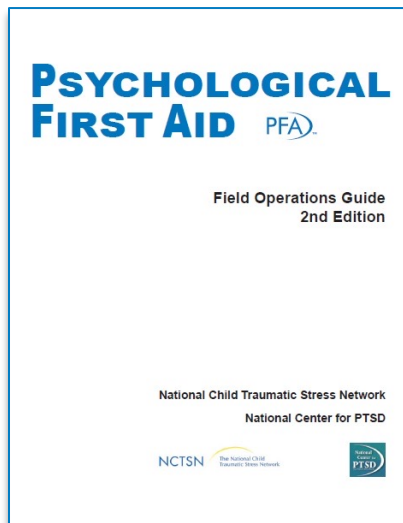
# PTSD Assessment

- NCPTSD provides information on a variety of [measures](#) assessing trauma and PTSD.
- We also offer online courses on conducting assessments.
- Most NCPTSD-authored measures are available for direct download on our website. Others are available [by request](#).



# Manuals and Guidelines

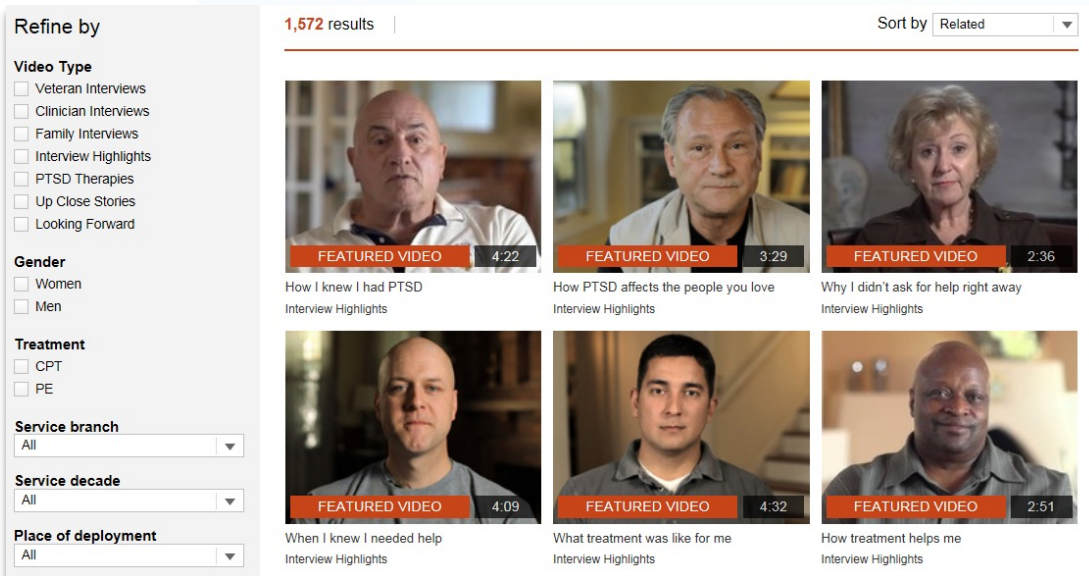
The NCPTSD website offers manuals and guidelines to help health care providers and clinicians employ best practices for trauma-related conditions and PTSD.



# Resources and Tools for Veterans, the General Public, Family & Friends



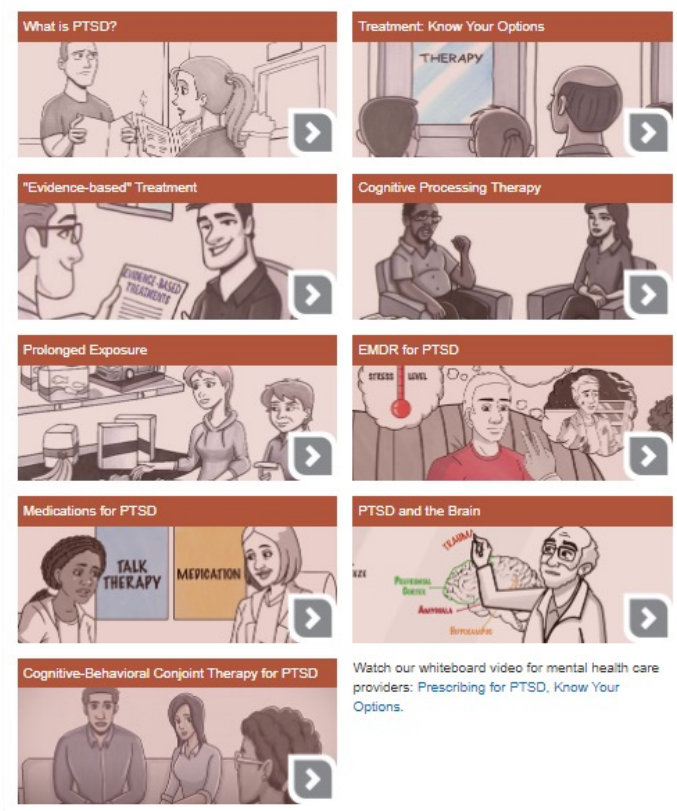
# AboutFace



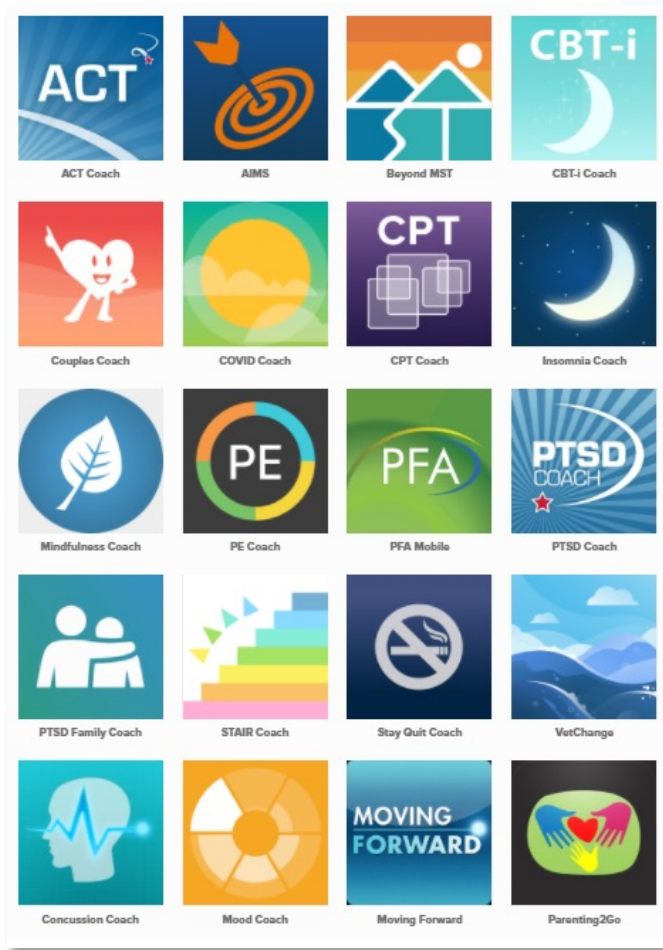
- Learn about PTSD treatment from people who have been there.
- Browse videos or search by era, service branch and more.

# Animated Videos

- NCPTSD created a series of [animated videos](#), including one for providers about [effective treatments for PTSD](#).
- Short (~3 minute), engaging videos that are easily shared via email or Facebook.



# Mobile Apps



- Apps are focused on PTSD, related health problems (e.g., insomnia, alcohol use, etc.), or general well-being.
- There are [apps](#) for patients, providers, and for use with patient-provider dyads.

# Online Self-help Tools



**PTSD COACH ONLINE**

Self-help tools build coping skills.

Learn to manage troubling symptoms following trauma, such as:

- sleep
- trauma reminders
- anger

Our video coaches will guide you.

Choose from 17 tools to help you manage stress.

GET STARTED

[PTSD Coach Online](#) offers a suite of 17 tools to help manage symptoms such as sadness and anxiety.



CRAFT: Help with PTSD for you and your family

Welcome

Menu

Choose from 17 tools to help you manage stress.

CRAFT is designed to help make things better. This course may help anyone facing the effects of PTSD.

Veterans Crisis Line: 1-800-273-8255 (Press 1) | VA Health Care Services: 1-877-222-VETS (8387) or <http://www.mentalhealth.va.gov/gethelp.asp>

Help Resources Learning Logs

[Community Reinforcement and Family Training for PTSD \(CRAFT-PTSD\)](#) is a web-based course for family members of Veterans working to manage PTSD.

# Thank you!



[Insert Contact Information]

Visit the National Center for PTSD at: <https://www.ptsd.va.gov>