ASHLAND COUNTY MENTAL HEALTH AND RECOVERY BOARD

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POST-TRAUMATIC STRESS DISORDER

A PSYCHOLOGICAL INJURY
KEEPING IT IN PERSPECTIVE

War may be hell...
but home ain’t exactly heaven, either.

When a Soldier comes home from war,
he finds it hard...
PTSD DEFINED

- Normal to have post-traumatic stress reactions after a traumatic event…. a normal reaction to extremely abnormal events
- Emotions and behavior may change in ways that are highly disturbing because of both structural and functional changes in the brain
- Post-Traumatic Stress is commonplace following trauma
- Most people get better in time
- Professional intervention is strongly recommended if symptoms:
  - Last longer than three months
  - Causes great distress throughout waking and working hours
  - Disrupts work life, home life, and social life
PTSD IS AN INJURY

• PTSD is a natural reaction to deeply disturbing, horrific, shocking, and abnormal life circumstances
• The causes of PTSD are external, not internal
• PTSD does NOT occur because of mental defects or deficiencies, weakness of character, or personality dynamics/problems within the self
• Individuals suffering from PTSD are injured and deeply wounded by those abnormal or horrific life circumstances to which they have been exposed
PTSD AS AN INJURY

• Exposure to multiple traumas on the job, in the wartime theater, as the result of prolonged child abuse or domestic violence, and/or any number of tragic events can result in cumulative damages over prolonged periods of time.

• PTSD can result in a lifetime of damages, impacting the life of the sufferer in enormous ways.

• This will also affect the lives of those with whom they regularly interact—friends, family, co-workers.

• Trauma can be tremendously dehumanizing, as the inability to trust often results in loss of relationships.
PTSD AS AN INJURY

• Society tends to blame the victims because they just can’t “get over it”

• Gross lack of cultural support results in secondary wounding

• This leads to further victimization, isolation, alienation, and reinforcement of the belief that the world is a threatening and destructive place, from which there is no escape

• PTSD is an injury and not a disease
VIDEO

“War Trauma”

World War I
PTSD DEFINED

• PTSD now considered a Trauma-Related Disorder

• Four symptom clusters in the DSM V:
  • Intrusive Symptoms
  • Avoidance Symptoms
  • Negative Alterations in Cognitions and Mood
  • Alterations in Arousal and Reactivity
PTSD CRITERION A

Exposure to actual or threatened death, serious injury, or sexual violence in one or more of the following ways:

- Directly experiencing the traumatic event(s)
- Witnessing, in person, the event(s)
- Learning that the traumatic event(s) occurred to a close family member or friend
- Experiencing repeated or extreme exposure to aversive details of traumatic event(s)
INTRUSION SYMPTOMS

- Recurrent, involuntary, and intrusive distressing memories
- Recurrent distressing dreams
- Dissociative reactions (flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring
- Intense or prolonged psychological distress at exposure to internal or external cues
- Marked physiological reactions to internal or external cues
AVOIDANCE SYMPTOMS

Avoiding thoughts, feelings, memories, situations or people that trigger memories of the traumatic event

• Avoiding crowds

• For instance, avoidance of driving following motor vehicle accidents or bombings of military convoys, particularly if there were serious injuries or fatalities

• Keeping excessively busy or avoidance of seeking help/treatment
NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD

• Inability to remember important aspects of traumatic event(s)
• Exaggerated negative beliefs about the self, others, and the surrounding world
• Persistent distorted thoughts about the causes or consequences of traumatic events
• Persistent negative emotional states of fear, horror, anger, shame, self-blame, and guilt
• Markedly diminished interest and participation in activities previously enjoyed (anhedonia)
• Feelings of detachment/estrangement from others
• Persistent inability to experience positive emotions
AROUSAL AND REACTIVITY SYMPTOMS

Marked alterations in arousal and reactivity associated with traumatic events:

- Irritability and angry outbursts with little or no provocation
- Reckless and self-destructive behavior
- Hypervigilance
- Exaggerated hyperstartle responses
- Attention-concentration and focusing problems
- Sleep disturbances
DURATION AND DEGREE OF IMPAIRMENT

• Symptom duration must be at least one month

• Symptoms must cause significant distress or impairment socially, occupationally, and interpersonally
VIDEO

“An American Soldier Breaks Down”
PTSD and the Brain

- Prefrontal Cortex
- Thalamus
- Hypothalamus
- Amygdala
- Hippocampus
PTSD AND THE BRAIN

THINK OF OUR BRAINS AS DIVIDED INTO TWO PARTS:

THINKING BRAIN

EMOTIONAL BRAIN
THINKING BRAIN

THINKING BRAIN = THE CORTEX WHERE CRITICAL THINKING OCCURS

- ORGANIZATIONAL SKILLS
- GOAL-DIRECTED THOUGHTS AND THE ABILITY TO REMAIN ON TASK
- ANALYTICAL THOUGHT
- INHIBITION OR CONTROL OF IMPULSES
- THE ABILITY TO STOP AND THINK BEFORE ACTING ON INSTINCT
THE EMOTIONAL BRAIN

The Emotional Brain = The Limbic System Where Complex Emotional Behaviors (Instinctual) Occur

• EMOTIONS AND MOTIVATIONS RELATED TO SURVIVAL

• STRONG CONTROL OVER EMOTIONS SUCH AS PLEASURE, PAIN, SADNESS, FEAR, ANGER, AFFECTION, AND THE LIKE
THE EMOTIONAL BRAIN AND PTSD

STRUCTURES OF THE BRAIN INVOLVED WITH PTSD:

AMYGDALA

HIPPOCAMPUS
THE HIPPOCAMPUS

• MEMORY FUNCTIONS
• ORGANIZATION AND CONNECTION OF EMOTIONS AND SENSES (smell to sound to memories)
• STORAGE OF INFORMATION FOR LONG TERM MEMORY USE
THE AMYGDALA

• AMYGDALA ACTIVATES BODY’S ALARM SYSTEM (the Fight/Flight/Freeze Response)

• AMYGDALA POSSESES UNIQUE ABILITY TO SCAN ALL SIGHTS, SOUNDS, SMELLS, ETC. TO PERFORM THREAT ASSESSMENTS
AMYGDALA FUNCTIONS

DO I EAT IT OR DOES IT EAT ME?
AMYGDALA FUNCTIONS

• HAIR TRIGGER, RAPID JUDGMENTS
• SKIPS REASONING AND PLANNING
• TAKES IMMEDIATE ACTION
• WE CALL THIS THE “AMYGDALA HIJACK”
DISRUPTED CONNECTIONS

- HIPPOCAMPUS AND AMYGDALA COMMUNICATE WITH EACH OTHER SEAMLESSLY UNDER NORMAL CIRCUMSTANCES
- TRAUMATIC STRESS DISRUPTS THIS CONNECTION
- THINKING BRAIN CAN’T GET THE MESSAGE THROUGH TO AMYGDALA THAT DANGER HAS PASSED
- HIPPOCAMPUS CAN’T TAKE INFORMATION PROCESSED BY AMYGDALA TO STORE AS LONG TERM MEMORY
THIS MEANS TRAUMATIC MEMORIES REMAIN WITH THE SUFFERER AT ALL TIMES AND WITHOUT RELIEF

ONE IS LEFT FEELING AS IF THEY ARE IN CONSTANT DANGER

THE WORLD BECOMES A VERY THREATENING PLACE
THE BIGGEST PROBLEM

-AMYGDALA CAN’T TELL THE DIFFERENCE BETWEEN REAL OR IMAGINED THREATS

- THE AMYGDALA KNOWS NOTHING ABOUT GEOGRAPHY
THERE IS NO BLAME HERE

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THE ENTIRE PROCESS IS A SUBCONSCIOUS ONE
WHO GETS PTSD?

Per Dr. Donald Meichenbaum, three factors must be considered in determining whether or not traumatic exposure will result in the development of serious psychological problems:

- **Prior History of Unresolved Trauma and Other Psychological Problems Increases Susceptibility for Further Psychological Injuries**

- **Severity and Intensity of the Trauma Itself, Especially If:**
  - sudden and unexpected
  - vulnerability and loss of control is experienced
  - bad outcomes to events (fatalities)
  - severe risk of injury, threat, injury, and/or death to self/others high
  - closely held beliefs are violated
  - oftentimes, trauma may be CUMULATIVE in nature, leading to the onset of PTSD over the longer term
IS POST-TRAUMATIC GROWTH POSSIBLE?

NATURE OF RECOVERY ENVIRONMENT AND WHAT HAPPENS FOLLOWING TRAUMATIC EXPOSURE DETERMINES POST-TRAUMATIC GROWTH OR PSYCHOLOGICAL INJURY/PTSD

THIS INCLUDES PSYCHOLOGICAL INTERVENTION
THE NEW NORMAL OF PTSD

A READING
PTSD ~ THE WAR AT HOME
ANGER AND PTSD

• ANGER IS A COMMON RESPONSE TO TRAUMA

• ANGER OFTEN PROVIDES THE ENERGY TO COPE WITH ADVERSITY

• HIGH LEVELS OF ANGER ASSOCIATED WITH SURVIVAL INSTINCT

• WHEN FACED WITH THREATS, ANGER IS A COMMON RESPONSE
ANGER AND PTSD

• ANGER PERMITS SURVIVORSHIP BY SHIFTING FOCUS
• ANGER A COMMON RESPONSE TO INJUSTICES, ABUSE, AND BETRAYAL
• WITH PTSD, FREQUENT RESPONSE TO EXTREMELY THREATENING SITUATIONS IS TO BECOME “STUCK” IN SURVIVAL MODE
• TYPICAL TO RESPOND TO ANY DEGREE OF STRESS ON “FULL ACTIVATION”
• THIS FULL ACTIVATION EQUIVALENT TO ANGER AND IRRITABILITY
• HIGHLY LIKELY TO ALTER THE PTSD SUFFERER’S EXPERIENCE OF THE WORLD
ANGER AND PTSD

THREE FACTORS CONNECTING PTSD TO ANGER

1. HIGH LEVELS OF TENSION AND AROUSAL
2. BEST RESPONSES TO THREATS ARE TO BEHAVE AND REACT WITH AGGRESSION
3. WHEN TRAUMATIZED, THE PTSD SUFFERER THINKS AND BELIEVES THE ENTIRE WORLD IS A VERY THREATENING PLACE

UNREGULATED ANGER, WITHOUT TREATMENT, MAY LEAD TO ANGRY OUTBURSTS AND VIOLENCE
VIDEO

“THE ROAD TO COMBAT PTSD”
VIOLENCE AND PTSD

• Public sentiment labels veterans with PTSD as violent
• There is no research to substantiate this
• Let’s set the record straight….we are not a threat to the community
• Those who have served in the wartime theater may be on high alert most of the time
• Many believe that war cultivates anger
• The intensity of deployments make it extremely difficult to de-escalate
VIOLENCE AND PTSD

Let us not forget that PTSD is caused by exposure to tragic and traumatic events so horrific and so far outside the realm of the normal human experience, there is no place to store this in one’s mind or to stop it from playing over and over in one’s head.

Yes, there is irritability, anger, the desire to self-anesthetize, tremendous feelings of emotional abandonment, isolation, nightmares, flashbacks, intrusive recollections, hypervigilance, exaggerated hyperstartle responses, etc., but nowhere is it written that these symptoms equal violence.
VIOLENCE AND PTSD

Those who wear the uniform take enormous pride in their service making it very difficult to ask for help in the first place.

It is gross misconceptions about military service, PTSD and the plight of the war veteran/the first responder that create a terrible stigma, often preventing the sufferer from seeking treatment.
VIDEO

“PTSD

Before and After”
THE TERRIBLE TOLL

No one comes home from war unscathed
On the average, another veteran suicide occurs every 65 minutes
Statistics vary, but there are between 22 and 35 veteran suicides a day
We are angry, alone souls who have paid an enormous price for serving
Please do not abandon us, but begin to listen to what we have to teach you so that we may once again, become productive members of society
QUESTIONS