POST-TRAUMATIC STRESS DISORDER IN VETERANS

Dr. Natalie Hundt
WHO AM I?

- Clinical psychologist
- Michael E. DeBakey VA Medical Center
- Specialize in PTSD treatment and research
WHO ARE YOU?

- Mental health provider?
- Veteran?
- Family?
AGENDA FOR TODAY’S TALK

- What is PTSD?
- Effects of PTSD on family, work, relationships
- Treatment options
- Resources
WHAT IS PTSD?

Posttraumatic Stress Disorder

“After”

“Life threatening event”

“Stress Reaction”
WHAT CAUSES PTSD?

- Military related
  - Combat
  - Training accidents
  - Military Sexual Trauma (MST)
20% of female Veterans report rape or attempted rape

1 in 100 male Veterans also report rape or attempted rape
WHAT CAUSES PTSD?

- Military related
  - Combat
  - Training accidents
  - Military Sexual Trauma (MST)
- Non-military
  - Child abuse
  - Rape
  - Car accidents
  - Natural disasters
- What does not count as a trauma?
WHAT CAUSES PTSD?

- Often compounded by other factors:
  - In sexual trauma, reaction of others after disclosure
  - “System” failure in some military traumas
  - Lack of social support
PTSD
Symptoms
PTSD SYMPTOMS: INTRUSION

- Thoughts about the trauma that “pop up” in your mind out of nowhere
- Nightmares about the trauma
- Flashbacks, or brief periods of thinking you are back in the trauma
PTSD SYMPTOMS: AVOIDANCE

- Avoiding:
  - Thinking about the trauma
  - Talking about the trauma
  - Things that remind you of the trauma (e.g., people, places, conversations, activities, objects, or situations).
PTSD SYMPTOMS: THOUGHTS AND MOOD

- Negative beliefs and expectations about oneself or the world.
  - “I am at fault for what happened.”
  - “The world is completely dangerous.”
- Negative emotions like fear, horror, anger, guilt, or shame.
- Less interest in activities.
- Feeling alienated from others.
- Feeling emotionally numb or distant.
PTSD SYMPTOMS: HYPERAROUSAL

- Hypervigilance
  - Also called being “on guard” or “on alert”
- Startling easily
- Problems concentrating
- Sleep difficulties
- Irritable or aggressive behavior
- Self-destructive or reckless behavior (substance abuse, road rage, suicidality, etc.)
**PTSD CRITERIA**

- Symptoms last at least one month
  - If less than one month, may be normal reaction to trauma
- Cause problems in daily life
- Exists on a spectrum

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<th>“Normal” Reaction</th>
<th>Mild PTSD</th>
<th>Severe PTSD</th>
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COMMON RELATED PROBLEMS

- Depression
- Anxiety & panic attacks
- Alcohol and drug abuse
“NORMAL” READJUSTMENT STRESS

- Feeling overwhelmed
- Feeling stressed
- Trouble getting along at work or home
- Difficulty re-integrating into daily family life
  - Being distant, stressed, short-tempered
  - Re-negotiating family responsibilities
COMMON MISCONCEPTIONS ABOUT PTSD

- Media portrayals
  - News stories
  - TV shows like “Criminal Minds”

- Myth: “People with PTSD are violent”
  - Veterans with PTSD are far more likely to harm themselves than someone else

- Myth: “PTSD is always disabling”
  - Many Veterans with PTSD lead successful lives

- Myth: “All Veterans have PTSD”
  - Many Veterans are non-combat
  - Only 20% of combat Veterans have PTSD
EFFECTS OF PTSD
Avoiding social gatherings

Needing to be in “safe” places

Fear that they might “flip out” in large crowd

Believing that civilians won’t understand them

Experiencing stigma, judgmental treatment, intrusive questions

Experiencing “culture clash” between military and civilian ways
FOR FRIENDS

- Don’t ask personal questions about military service or mental health, unless they bring it up
- Don’t say “I know what you’re going through”
- Don’t give unsolicited advice
  - If you have a suggestion, phrase it as “When I struggled with depression, exercise really helped me.”
- Keep trying to be a friend
  - If they turn down offers to social gatherings, try one-on-one get togethers
Veterans may:
- Refuse to discuss trauma with family
- Fear their family will reject them
- Feel like a burden to family
- Be overprotective of their family
- Feel emotionally distant from family
- Have difficulties in parenting, marriage
- Be more irritable with normal child misbehaviors
- Want things done “the military way”
Family members may:

- Feel rejected: “Why won’t he just talk to me?”
- Feel confused: “He’s not the same man I married.”
- Feel the routine they developed on deployment is disrupted now that Veteran is home
- Want to help, but don’t know how

Children may:

- Act out
- Be distant from the returning servicemember
FOR FAMILY

- Don’t pressure them to talk. Let them know you’re available to talk if they ever want to.
- Don’t take it personally—separate the PTSD from the person.
- Don’t say things that could be perceived as judgmental.
- Let them know how much you care about them.
- If you don’t know how to help—ask!
- Make a plan for triggers—but DON’T ENABLE!
- Convey your belief that they can recover.
- Encourage treatment.
Reluctance to seek treatment is common

Beliefs like:
- “There’s nothing wrong with me.”
- “Every Veteran has these problems, I’m normal.”
- “If I admit I have a problem, that would mean I’m weak/crazy/a failure.”
- “Seeking treatment is not manly.”
- “I’ll get fired if I’m labeled as having PTSD.”
- “Medications will turn me into a zombie.”
- “Civilian doctors won’t be able to understand me.”
STEP 2: TREATMENT OPTIONS

- Medications that treat:
  - Anxiety (like Zoloft, Paxil, Prozac)
  - Sleep (Trazodone)
  - Nightmares (Prazosin or mini-press)

- We do not recommend potentially addictive medications, like Klonopin or Xanax

- Support groups through Vet Centers, community groups

- VA Peer support
Both medication and psychotherapy are effective, but psychotherapy is more effective.

Two first-line treatments
Available at all VAs
Both have approximately 80% success rate
Treatment may initially “kick up” some symptoms, but is NOT a sign treatment isn’t working
Veterans “stick with” difficult treatments better if their family is supportive
Target avoidance in daily life

- Veteran purposefully practices going into situations they typically avoid
- Use healthy coping strategies
- Stay in situation until anxiety goes down
- Gradually, learn that these experiences are safe and can be handled

Veteran repeatedly recounts and emotionally processes story of traumatic event
Primarily targets negative thoughts/beliefs
- “I should have seen that ambush coming”
- “It’s my fault I was raped”

Learn skills to challenge them:
- What’s the evidence that’s true?
- Are there any other explanations for that?
- Am I taking blame for things that I couldn’t actually control?
FAMILY TREATMENT

- Family often needs education about PTSD
- Couples therapy
- Family therapy
- Involving spouse in Veteran’s own individual therapy
RESOURCES
VA ELIGIBILITY

- 2002 Holcombe Blvd; 713-791-1414
- Probably eligible if:
  - Other than dishonorable discharge
  - Income based eligibility
  - Having a mental health disability rating in VA, or a total disability rating
  - Discharge from military <5 years ago
- If in doubt, have Veteran call or come down!
  - Bring DD-214, ID
VA RESOURCES

Treatment

- Individual and group therapy
- Medication management
- Residential PTSD treatment programs
- Crisis inpatient unit
- Substance abuse services
- Peer support

1-888-823-7458
VA RESOURCES

- VA Benefits:
  - Couples counseling
  - Job training and placement help
  - Housing for homeless Veterans
  - Help with filing disability claims, GI bill

- Community-based outpatient clinics
  - In Katy, Conroe, Tomball, Galveston, Texas City, Beaumont, Richmond, Lufkin, Lake Jackson

- Vet Centers in Houston  www.vetcenter.va.gov
  - For combat or MST Veterans only
  - Support groups, individual counseling
VA RESOURCES

- National Center for PTSD
  - www.va.ptsd.gov
  - Veterans’ own stories
  - Links to self help resources
- Videos about PTSD & treatment
  - www ptsd va gov/public/materials/videos/whiteboards.asp
HOUSTON RESOURCES

- Wounded Warrior Project
  - woundedwarriorproject.org
  - Offers Veteran and spouse support groups, social and community events, employment help

- Camp Hope/ PTSD Foundation of America
  - ptsdusa.org
  - Offers interim housing, support groups, 1-on-1 mentoring
  - Christian-based
  - 24-hour hotline 1-877-717-PTSD
SELF-HELP RESOURCES

ONCE A WARRIOR
ALWAYS A WARRIOR
Navigating the Transition from Combat to Home
Including Combat Stress, PTSD, and mTBI

I Can’t
Get Over It
A Handbook for
Trauma Survivors
SECOND EDITION

"There’s combat. Then, there’s the rest of your life. . . . This is the guide to surviving the war back here. We all need it. A hell of a book."
—Max Cleland, former U.S. Senator and VA Administrator, wounded decorated combat veteran

APPHRODITE MATSAKIS, Ph.D.
specialist in
POST-TRAUMATIC STRESS DISORDER
FAMILY RESOURCES
To find a community therapist who specializes in evidence-based therapy for PTSD:

www.abctcentral.org/xFAT

www.istss.org/find-a-clinician.aspx

treatment.adaa.org
QUESTIONS?