



# Coping with Traumatic Stress Experiences

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# Objectives

- Define PTSD
- Describe the effects of traumatic stress experiences on the lives of students
- Discuss coping strategies to promote wellness

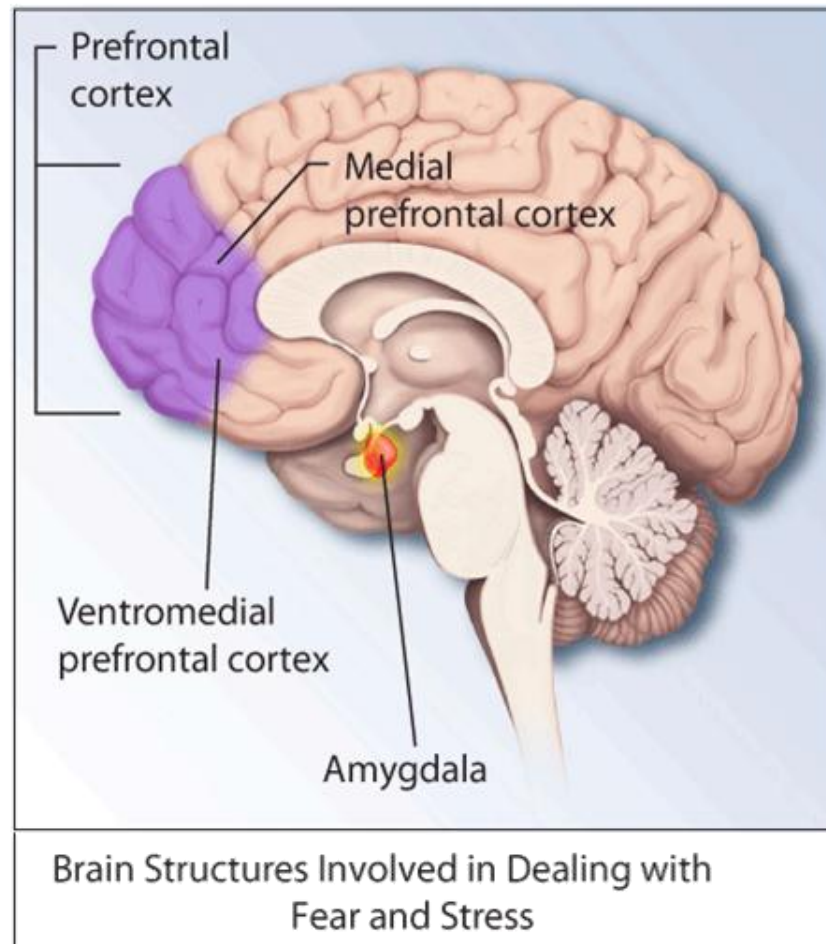


# PTSD Background

- Traumatic events in the military or civilian life
- Much focus in recent years
- Vicarious trauma also results in PTSD
- Angel Walk: Nurses at War in Iraq and Afghanistan
- Estimates are 7.7 million Americans suffer from PTSD
- About 10% of entering college students meet criteria for PTSD and college students experience traumas during college years

# Traumatic Stress and the Brain

- During traumatic event, **Amygdala** is activated
- This sets off “**Fight or Flight**” survival response



- Traumatic event also **suppresses** hippocampus and **prefrontal cortex** areas
- Suppresses **thinking, analyzing, language & organizing memory** into time and space



# Types of Stress Reactions

## Types of stress reactions

- Normal stress reaction

Up to one month after event

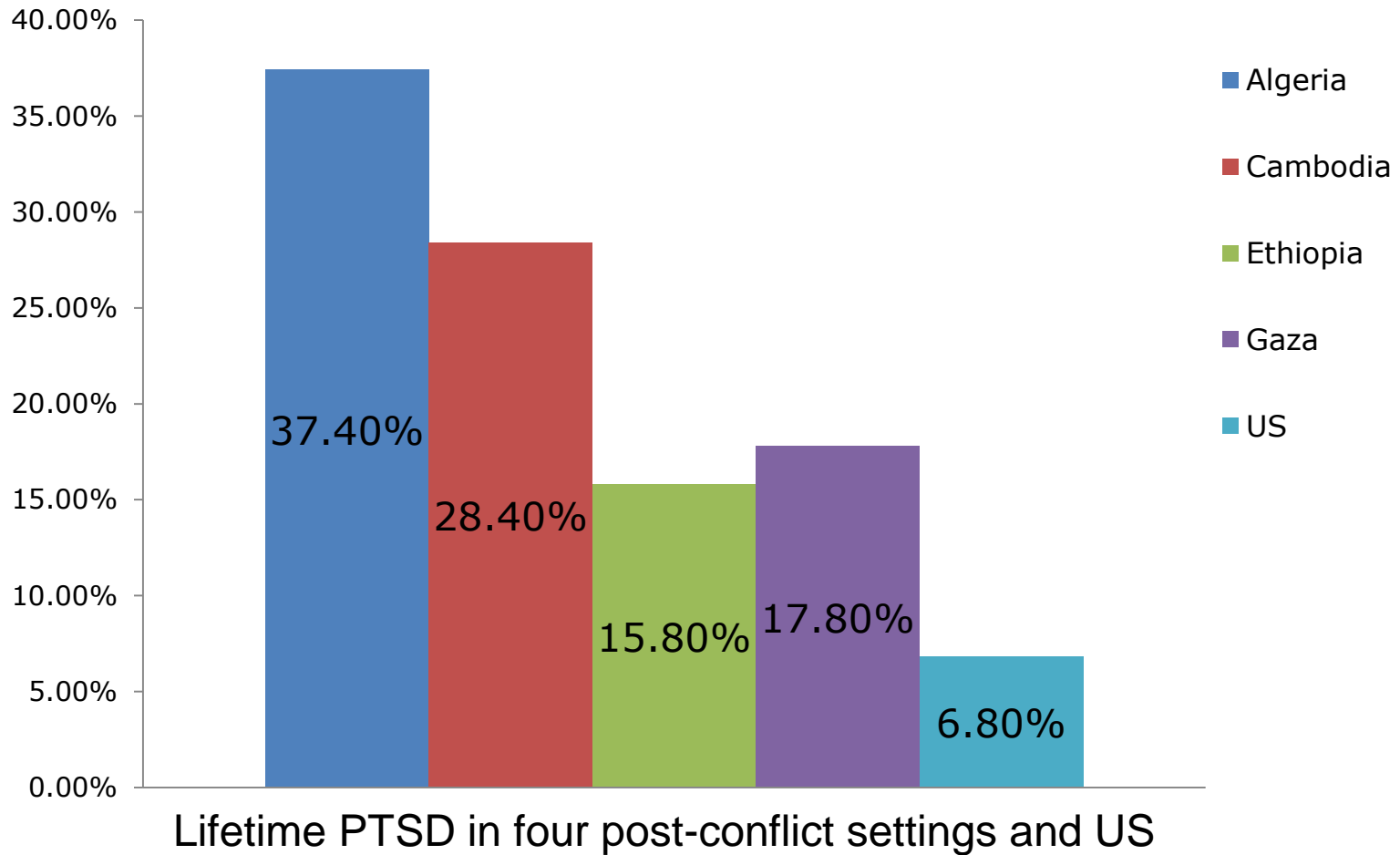
Distress that is not debilitating

- Acute stress disorder

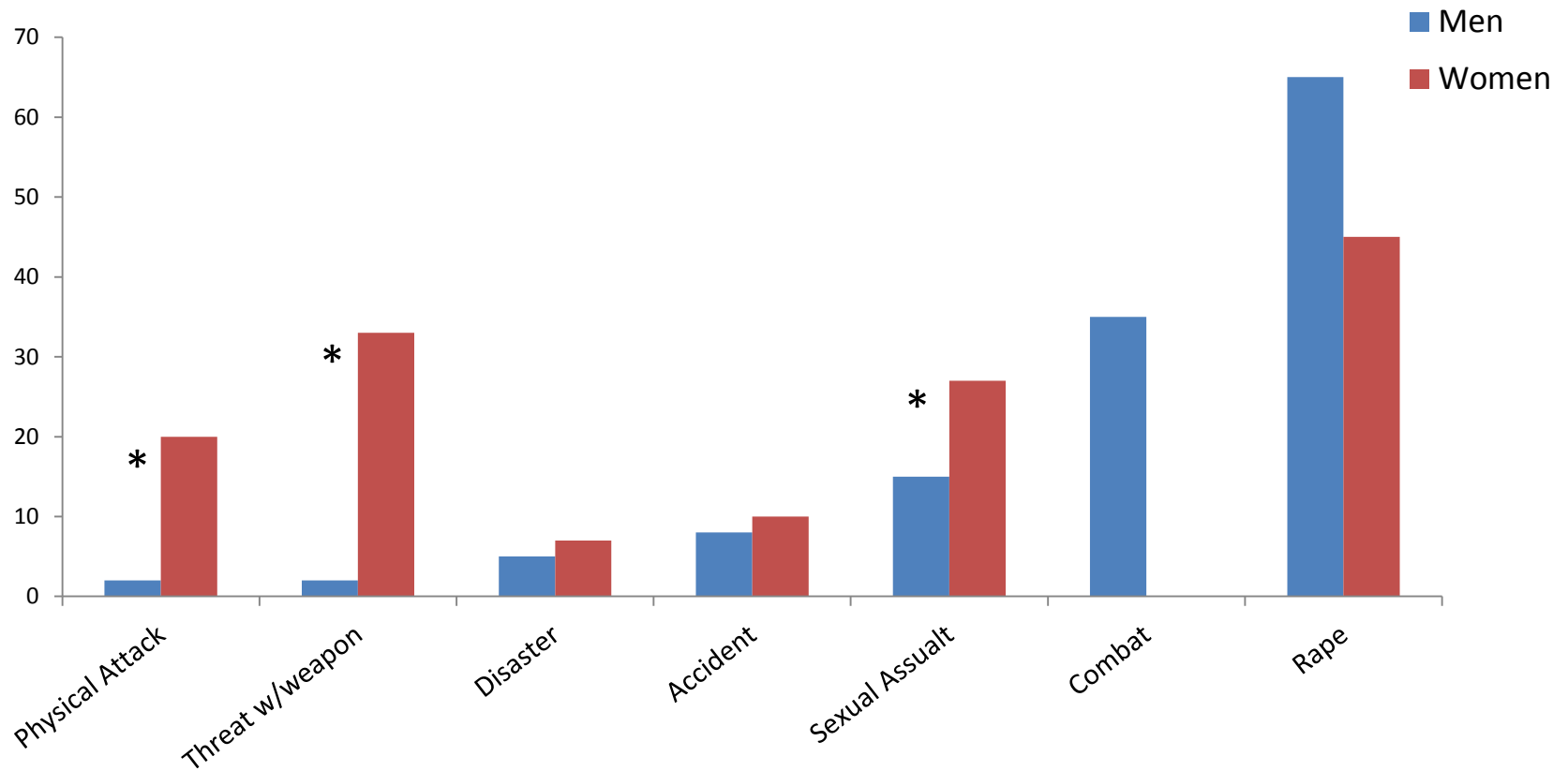
Two days to four weeks after event

- Chronic PTSD – 3 months or more duration
- Complex PTSD – from chronic trauma

# PTSD Prevalence is Higher in Populations with More Trauma Exposure



# PTSD Varies as a Function of Type of Trauma



\* Significant gender difference in prevalence

# Risk and Resilience Factors

The following are risk factors for developing PTSD

- Intensity and duration of trauma
- Physical injury to you or someone close to you
- Proximity to the event
- Strong initial reaction (dissociation especially)
- Lack of control in the event
- Lack of support and help after the event



# Risk Factors con't.

- Females or minorities
- Low educational level and/or intelligence
- Co-occurring mental health disorders
- Family members with mental health disorders
- Little support
- Earlier traumatic event
- Recent stressful life events/changes

Halligan and Yehuda (2000)

National Center for PTSD



# Risk Factors (cont.)

Individualized reaction; even what would be considered a minor trauma to some people can cause a major stress reaction in others

If the person feels frightened and helpless, the experience is likely to be traumatic. Also, an experience is likely to be traumatic if:

- “It happened unexpectedly.
- You were unprepared for it.
- You felt powerless to prevent it.
- It happened repeatedly.
- Someone was intentionally cruel.
- It happened in childhood.”

Helpguide.com (2010)

# Resilience is:

- Multidimensional and dynamic
- May vary with an individual's stage of life
- Hardiness, perceived control and competence, tolerance of emotional states, spirituality, commitment, sense of mastery

\*National Center for PTSD

# Resilience

## Various definitions

- Symptom free following trauma
- Positive adaptation following trauma
- Enhanced psychobiological regulation of stress or fear (growth)

“bends but doesn’t break”

\*National Center for PTSD



# Strengths and Challenges of Veterans

## Strengths

- Highly Motivated
- Goal Orientated
- Disciplined
- Leadership Skills
- Team building skills – “Unit Mentality”
- Military Training
- Real Life Experience
- Education is Federally Funded

## Challenges

- Physical Injury (visible wounds)
- Psychological /Moral Injury(Invisible Wounds)
- PTS-TBI- Executive thinking/time management/co-morbidities of ETOH/substance abuse
- Disruption in Relationships- family/marital /community
- Financial issues
- “Starting over”



# Military Aspects of PTSD

## Working with Veterans and Military-connected Service Members

- Understanding Military Culture “The Fortress”



Highly Structured

Mission driven /Mission ready

Team over self – team players

Self disciplined - follow directions

Identified – branch/rank/job

Emotional dissonance when re-integrating from military-civilian life



# Challenges of Deployment

Separation from family

Problems related to communication

Multiple/successive deployments ( **OEF/OIF/OND** )

Prolonged exposure to stress hormones- **Fight or Flight**

Military sexual trauma (1 in 6 females/1 in 32 men) (Rank, 2010)

## **Combat Zone**

Urban combat with no clear front line

Constant threat of being attacked

Ambiguous, unknown civilian threats





# Combat Experiences

- Being attacked/ambushed 52%
- Receiving small arms fire 58%
- IED/Booby trap exploded near you 49%
- Seeing dead bodies/human remains 60%
- Shooting/directing fire at the enemy 36%
- Receiving artillery, rocket, mortar fire 78%
- Knowing one seriously injured/killed 72%
- Directly responsible for an enemy combatant death 13%







# Assessment Overview

PTSD is linked to

- Higher rates of physical health problems and complications of physical illnesses
- High risk health habits and behaviors
- High risk of suicide and violence
- Higher rates of healthcare services utilization and health complaints
- Interference with the ability to benefit from other healthcare and education services
- (National Center for PTSD, 2010)



## Why Assessment is Important (cont.)

- For military PTSD, estimates are that 10-18% of post-Iraq and Afghanistan veterans have probable PTSD (Litz & Schlenger, 2009) and have GI benefits attend college
- Study of 3,000+ incoming college freshman at two public universities (the State University of New York at Buffalo and the University of North Carolina at Greensboro) found that:
  - Two-thirds of the students said they had experienced at least one traumatic event
  - Just under 10% of the college students were found to meet criteria for PTSD
  - Since they were incoming, this study did not address the incidence of traumas during the college experience or following military service



# Assessment Cautions

- Often reactions are delayed-onset
- Screening tools and process must be valid and confidential
- Healthcare and educators may experience hostility or aggressive behavior when working with persons suffering from PTSD survivors so maintain a calm, patient, reassuring manner, orient the patient to time and place and circumstances and that this is a safe place.
- If the student is currently having flashbacks, explain the setting, specific date and time. Allow the patient time to get oriented and offer things to make the student feel more comfortable such as something to drink or a quiet place.
- Several excellent self-screening tools exist and can be recommended for people concerned about confidentiality



# Controversies about PTSD Screening and Assessment

- Delayed-onset PTSD can occur months or years after the trauma, screening immediately or soon after is not always accurate in identifying the true prevalence of PTSD
- Concerns about the psychological screening of students and the lack of confidentiality, the questionable validity of the instruments used, and the possibility of harming rather than helping the student



# Recognizing PTSD

A serious stressor, symptoms present for more than 1 month

Four types of symptoms of PTSD:

- re-experiencing,
- avoidance,
- numbness, and
- hyperarousal

Walsh (2008)



# “Invisible Wounds” TBI- “Signature Wound of this war”

## PTSD

- – Insomnia
- – Memory Problems
- – Poor concentration
- – Depression
- – Anxiety
- – Irritability
- – Stress symptoms
- – Emotional numbing
- – Avoidance
- – Intrusive symptoms

\*May manifest in classroom as disinterest, distracted, fall asleep,  
Unable to follow steps of an assignment

## Mild TBI

- – Insomnia
- – Impaired Memory
- – Poor concentration
- – Depression
- – Anxiety
- – Irritability
- – Headache
- – Dizziness
- – Fatigue
- – Noise/Light intolerance



# Screening Tools

- Numerous tools exist
- Tools must be culturally and socially acceptable, valid, and easy to use
- The National Center for PTSD (2010) recommends the interviewer use language such as “At some point in their lives, many people have experienced extremely distressing events such as combat, physical or sexual assault, or a bad accident. Have you ever had any experiences like that?” (n.p.)



# Screening Tools

Three common tools

- PC-PTSD scale
- PCL-C
- SPTSS





## Primary Care PTSD Screen (PC-PTSD)

- a simple tool that can be used as an initial screen
- self-report screening tool
- symptom-driven scale that doesn't list the various types of traumas
- four questions and a yes response on any three of the questions is positive for PTSD and indicates the need for additional assessment
- A positive screen needs further testing before a definitive diagnosis of PTSD is made.



# PC-PTSD Tool

In your life, have you had any experiences that were so frightening, horrible, or upsetting that, in the past month, you.....

- 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?



# Evidence-based Practices for Post-trauma Survivors

- Behavioral Interventions
  - Exposure Therapy,
  - Cognitive Therapy - Primary focus on challenging and modifying maladaptive beliefs related to the trauma, with a written exposure component
  - EMDR, Stress Inoculation Training
  - Imagery Rehearsal Therapy, Psychodynamic Therapy, Seeking Safety
  - Psychoeducation
- Adjunctive Treatments
  - Dialectical Behavior Therapy (DBT)



# Medications

- Selective serotonin reuptake inhibitors (SSRIs) antidepressants appear to be helpful, and for some people they are very effective, including citalopram (Celexa), fluoxetine (such as Prozac), paroxetine (Paxil), and sertraline (Zoloft).
- Raise the level of serotonin in the brain
- Additions = Trazadone/Prazosin



# Coping and Self Help for Civilians

- Online resources and apps
- Find information on PTSD
- Fill out a self screen
- Talk to someone
- Lean on others
- Join a support group
- Learn relaxation techniques
- Engage in positive activities
- Write about your feelings and thoughts
- Be mindful
- Be spiritual



# “Best Practices” in Classroom

**Typically, Veterans DO NOT identify themselves**

Offer study strategies e.g. “chunk “

Don't seat them with their back to the door or with a closed door. If problems arise, calm student and avoid confrontational situation

Discuss time management issues

Be aware of material that may “trigger” flashbacks

- Be well informed about campus referrals for special needs



# How You Can Help

If necessary or desirable to manage in the academic setting

- educational materials can be provided,
- reassurance given that such feelings are not unusual for people experiencing similar traumas,
- acknowledgement given of their struggles, and
- recognition acknowledged that the trauma can affect physical and educational care.



# Referrals

- If you believe a student is suffering from PTSD
  - Offer a referral for specialized screening and support
  - Provide educational materials
  - Schedule follow-up appointment(National Center for PTSD, 2010)
- If mental health support is refused
  - try to determine the reason for the refusal and suggest other ways to get help
  - maybe involve the family if the student agrees
  - suggest an evaluation rather than treatment
  - explain the treatment in simple acceptable terms, and
  - explain ways of seeking treatment at a later date if desired.





# Resources for Civilians with PTSD

- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Religious leaders/counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Social service agencies
- Private clinics and facilities
- Local medical and/or psychiatric societies



# Resources for Military Members and Veterans with PTSD (Partial list)

- VA – Mental Health/ PTSD
- Soldiers Project
- Veterans of America (VOA)
- Military One Source
- National Center for PTSD (NCPTSD)
  - <http://www.ncptsd.va.gov>
  - Download Assessment Tools
- Defense and Veterans Brain Injury Center (DVBIC)
  - <http://www.dvbic.org/>
  - Download TBI Clinical Tools

CDC Explosions and Blast Injuries: A Primer for Clinicians

- <http://www.cdc.gov/masstrauma/preparedness/primer.pdf>

For Veterans & Returning Service Members - OEF/OIF

- <http://www.oefoif.va.gov/>
- Vet Centers
- <http://www.vetcenter.va.gov/>

# Discussion and Comments/Questions

# Conclusion

You can help!



# Partial list of References Military and Veteran



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