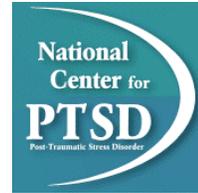




TREATMENT OF PTSD

A HANDOUT FROM THE NATIONAL CENTER FOR PTSD

BY JESSICA HAMBLLEN, PHD



Most people experience considerable distress and avoidance after being exposed to a severely traumatic experience. This is a normal and adaptive response and often includes reliving the event in thoughts, images, and dreams. This initial reliving of the event may in fact contribute to the healing process and provide a way of achieving mastery over the event. For most people, these symptoms usually become less severe and gradually disappear over time. For others, the symptoms persist and become chronic, leading to PTSD.

What treatments have been shown to be effective for PTSD?

PTSD is treated by a variety of forms of psychotherapy (talk therapy) and pharmacotherapy (medication). There is no single best treatment, but some treatments are quite promising, especially cognitive-behavioral therapy (CBT). CBT includes a number of techniques such as cognitive restructuring, exposure therapy, and eye movement desensitization and reprocessing (EMDR).

Cognitive therapy is based on the idea that thoughts and feelings are connected. The goal in cognitive therapy is therefore to help people identify and challenge problematic thinking patterns to reduce distress. For example, a soldier who fired on and killed civilians at a checkpoint might feel guilty because he believed “it is my fault.” Through cognitive restructuring he would challenge the belief that it was his fault and replace it with a more accurate one, such as “Firing my weapon was a last resort.”

Exposure therapy is another form of CBT and is based on the idea that during the traumatic event people learn to be afraid of thoughts, feelings, and situations that remind them of the traumatic event. Exposure therapy involves careful, repeated, detailed imagining of the trauma (exposure) in a safe, controlled context to help the survivor face and gain control of the fear and distress that was overwhelming during the trauma. For example, a sexual assault survivor may be asked to describe what happened to her over and over again in the session until she “learns” not to be afraid of the memory of her assault. In some cases, trauma memories or reminders can be confronted all at once (“flooding”). For other individuals or traumas, it is preferable to work up to the most severe trauma gradually by using relaxation techniques and by starting with less upsetting life stresses or by confronting the trauma one piece at a time (“desensitization”).

Eye movement desensitization and reprocessing (EMDR) is a relatively new treatment for traumatic memories that involves elements of exposure therapy and cognitive-behavioral therapy combined with techniques (eye movements, hand taps, sounds) that create an alternation of attention back and forth across the person's midline. Although research

suggests that the eye movements are not necessary, EMDR is an effective treatment.

Medication. Studies have also shown that medications help ease associated symptoms of depression and anxiety and help with sleep. The most widely used drug treatments for PTSD are the selective serotonin reuptake inhibitors (SSRIs), such as Prozac and Zoloft, which are approved by the Food and Drug Administration as treatments for PTSD. At present, cognitive-behavioral therapy appears to be somewhat more effective than drug therapy. However, it would be premature to conclude that drug therapy is less effective overall since drug trials for PTSD are at a very early stage. Drug therapy appears to be highly effective for some individuals and is helpful for many more. In addition, the recent findings on the biological changes associated with PTSD have spurred new research into drugs that target these biological changes.

Are there any other PTSD treatments?

Group Treatment. Although there is not strong support for the effectiveness of group treatment, many people find it to be of value. Trauma survivors are able to share traumatic material within the safety, closeness, and understanding of other survivors. As group members achieve greater understanding and resolution of their trauma, they often feel more confident and able to trust. As they discuss and share how they cope with trauma-related shame, guilt, rage, fear, doubt, and being down on themselves, they begin to focus on the present rather than the past. Telling one's story (the "trauma narrative") and directly facing the feelings related to trauma allows many survivors to cope with their symptoms, memories, and other aspects of their lives.

Brief psychodynamic psychotherapy focuses on the emotional conflicts caused by the traumatic event, particularly as they relate to early life experiences. Through the retelling of the traumatic event to a calm, understanding, kindhearted, and nonjudgmental therapist, the survivor feels better about him or herself, develops effective ways of thinking and coping, and learns to deal more successfully with strong emotions. The therapist helps the survivor identify current life situations that set off traumatic memories and worsen PTSD symptoms.

How long does treatment last?

For some people, treatment for PTSD can last 3 to 6 months. Others, especially those with additional on-going psychiatric problems, may require ongoing treatment for continued symptoms of PTSD, including professional counseling, medicines, and stress management. In these cases, treatment for PTSD may last for 1 to 2 years or longer.

What if someone has PTSD and another disorder? Is the treatment different?

It is very common to have PTSD at that same time as another disorder. Psychiatric disorders that commonly co-occur with PTSD include depression, alcohol/substance abuse, panic disorder, and other anxiety disorders. In many cases, the PTSD treatments described above will also help with the other disorders. Although crises that threaten the

safety of the survivor or others must be addressed first, the best treatment results are achieved when both PTSD and the other disorder(s) are treated together rather than one after the other. This is especially true for PTSD and alcohol/substance abuse

How do I find a therapist?

There are many ways to find a therapist. A good place to start is to ask friends and family members if they know anyone who they would recommend. However, even if they know someone they liked, this therapist might not have expertise in trauma treatment.

Another way to locate a therapist is to make some phone calls.

- Contact your local mental-health agency or family physician.
- Call your local state psychological association
- Consult a local university or college department of psychology
- Call the National Center for Victims of Crime's toll-free information and referral service at 1-800-FYI-CALL. This is a comprehensive database of thousands of community service agencies throughout the country that directly support victims of crime.
- If you work for a large company or organization, call the human resources or personnel office to find out if they provide mental-health services or make referrals.
- If you are a member of a Health Maintenance Organization (HMO), call to find out if mental-health services are available.

Some local mental-health services are listed in the phone book in the blue Government pages. In the "County Government Offices" section for the county where you live, look for a "Health Services (Dept. of)" or "Department of Health Services" section. In that section, look for listings under "Mental Health." In the yellow pages, services and mental-health professionals are listed under "counseling," "psychologists," "social workers," "psychotherapists," "social and human services," or "mental health." Health insurance may pay for mental-health services and some are available at low cost according to your ability to pay.

There is also a lot of information that can be found on-line (on the computer). In many cases you can access a list of services or therapists in your area. In some cases areas of expertise are provided. To find online resources to help you in finding a therapist, see our website.

Choosing a therapist

Selecting a therapist is a highly personal matter. A professional who works very well with one individual may not be a good choice for another person. There are several ways to get referrals to qualified therapists such as licensed psychologists.

There are a many things to consider in choosing a therapist. Some of these issues are

practical such as location, cost, and what insurance the therapist accepts. Some are more professional such as the therapist's background and training. Still others are more personal such the interpersonal style of the therapist. There are some questions that you can ask before you select a therapist that may help in finding a good fit. Other issues, such as a therapist's style you won't know until you begin therapy.

Some people choose to meet with a few therapists at the beginning before determining who to work with. Most however try and get a referral to someone known in their area and then proceed with that person unless a problem occurs. Either way, here is a list of questions you may want to ask a potential therapist.

1. What is your educational background? Are you licensed? How many years have you been practicing?
2. What are your areas of expertise?
3. What experience do you have working with people with trauma and or PTSD? Do you have any specialized training in PTSD treatment?
4. What kinds of PTSD treatments do you use? Have they been proven effective for dealing with my kind of problem or issue?
5. What are your fees? (Fees are usually based on a 45- minute to 50-minute session.) Do you have a sliding-scale fee policy? How much therapy would you recommend?
6. What types of insurance do you accept? Will you accept direct billing to or payment from my insurance company? Are you affiliated with any managed care organizations? Do you accept Medicare or Medicaid insurance?

What can I expect from my therapist?

When you begin psychotherapy, you and your therapist should decide together what goals you hope to reach in therapy. Not every person with PTSD will have the same treatment goals. For instance, not all people with PTSD are concerned with lessening their symptoms. Some people want to learn instead the best way to live with existing symptoms and how to cope with other problems associated with PTSD. Perhaps you want to lessen your feelings of guilt and sadness? Perhaps you would like to work on more tangible aspects of your distress, like your relationships at work, or communication issues with your friends and family. Your therapist should help you decide which of these goals seems most important to you, and he or she should let you know which goals might take a long time to achieve.

Your therapist should also provide you with a good rationale for the therapy. That is, you should understand why your therapist is choosing a specific treatment for you, how long they expect the therapy to last, and how they will evaluate its effectiveness. The two of you should agree at the outset that this plan makes sense for you and what you will do if it does not seem to be working. If you have any questions about the treatment your therapist should be able to answer them.

Another aspect important to the course of good therapy is the relationship you have with your therapist. If you feel comfortable with your therapist and feel you are working as a

team to tackle your problems, it is likely that the therapy will go well. If you have concerns about your therapist, or concerns about the therapy, you should speak with your therapist about them. Therapy is not easy. It can be difficult to talk about painful situations in your life, or about traumatic experiences that you have had. Feelings that emerge during therapy can be frightening and challenging. Talking with your therapist about the process of therapy, and about your hopes and fears in regards to therapy, will help make therapy successful.

If you have concerns about your therapy or concerns about your therapist that have not been successfully worked out with your therapist, it might be helpful to consult another professional. It is recommended, however, that you let your therapist know you are seeking a second opinion.

For more information see www.ncptsd.va.gov