



Reactions to Trauma and Clinical Treatment for PTSD

**Cultural specific concerns and
recommendations.**

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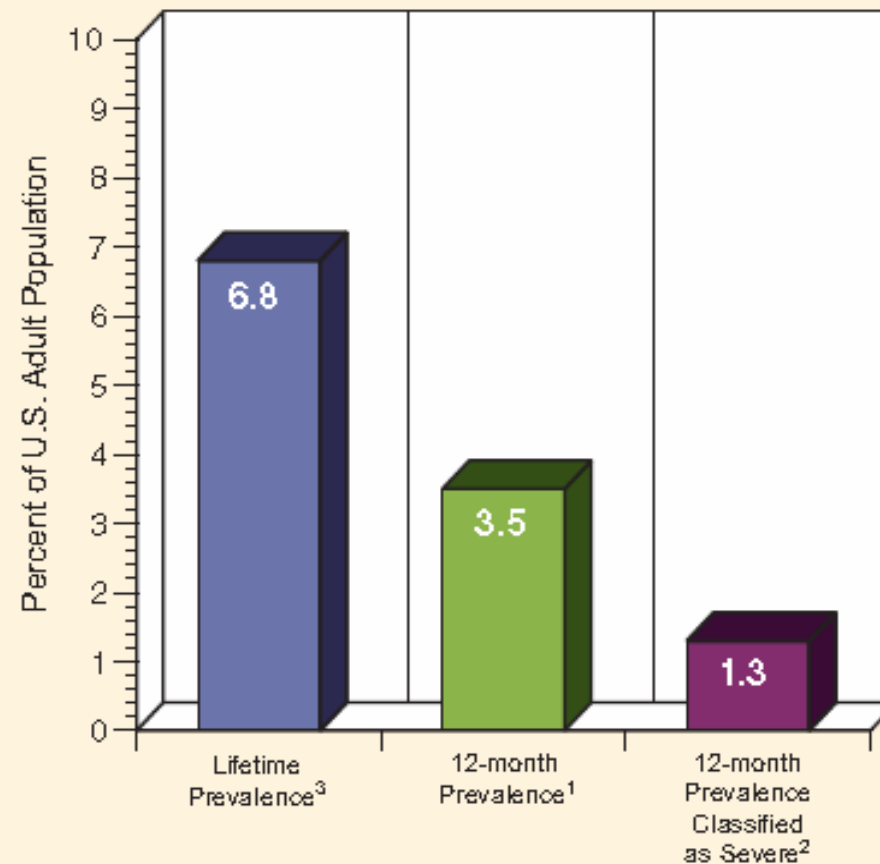
Reactions to Trauma and Clinical Treatment for PTSD

“Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which there was the potential for or actual occurrence of grave physical harm. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, and military combat. People with PTSD have persistent frightening thoughts and memories of their ordeal, may experience sleep problems, feel detached or numb, or be easily startled.”

http://www.nimh.nih.gov/statistics/IAD_PTSD_ADULT.shtml

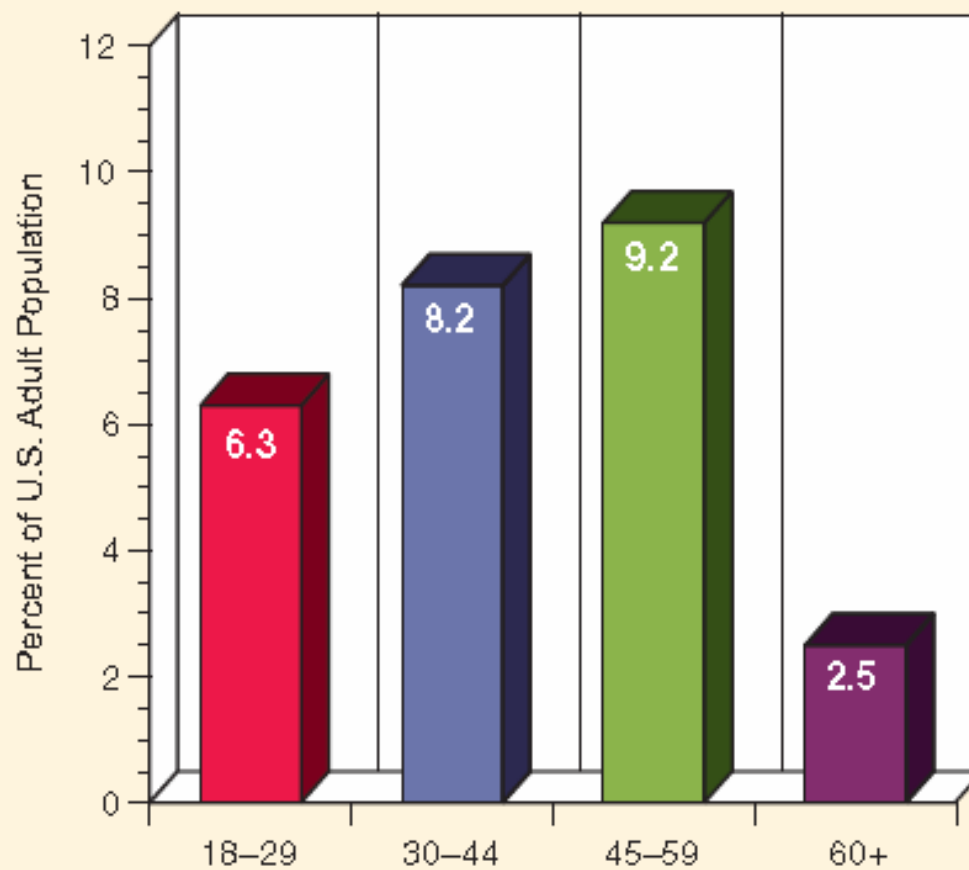
Prevalence

- **12-month Prevalence:** 3.5% of U.S. adult population¹
- **Severe:** 36.6% of these cases (e.g., 1.3% of U.S. adult population) are classified as “severe”²



Demographics (for lifetime prevalence)⁵

- **Sex:** Not Reported
- **Race:** Not Reported
- **Age:**





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What are the symptoms of PTSD?

PTSD can cause many symptoms.

These symptoms can be grouped into three categories:

- 1. Re-experiencing symptoms**
- 2. Avoidance symptoms**
- 3. Hyperarousal symptoms**



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I. Re-experiencing symptoms

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating.
- Bad dreams.
- Frightening thoughts.
- Re-experiencing symptoms may cause problems in a person's everyday routine. They can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing.



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II. Avoidance symptoms:

- Staying away from places, events, or objects that are reminders of the experience.
- Feeling emotionally numb.
- Feeling strong guilt, depression, or worry.
- Losing interest in activities that were enjoyable in the past.
- Having trouble remembering the dangerous event.
- Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine.



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III. Hyperarousal symptoms: Being easily startled

- Feeling tense or “on edge”.
- Having difficulty sleeping, and/or having angry outbursts.
- Hyperarousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.



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- It's natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks.
- This is called Acute Stress Disorder(ASD).
- When the symptoms last more than a few weeks and become an ongoing problem, they might be PTSD. Some people with PTSD don't show any symptoms for weeks or months.



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Physical Symptoms & Process: Clinical issues

- Chronic physical distress with anxiety and hyper awareness versus a stable “resting state” has a lasting impact, including:
Dissociation, PTSD, and Sleeping disorders.
- Other chronic physical and medical issues, such as enuresis, substance addiction, and abnormal eating pattern.



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Exercise I:



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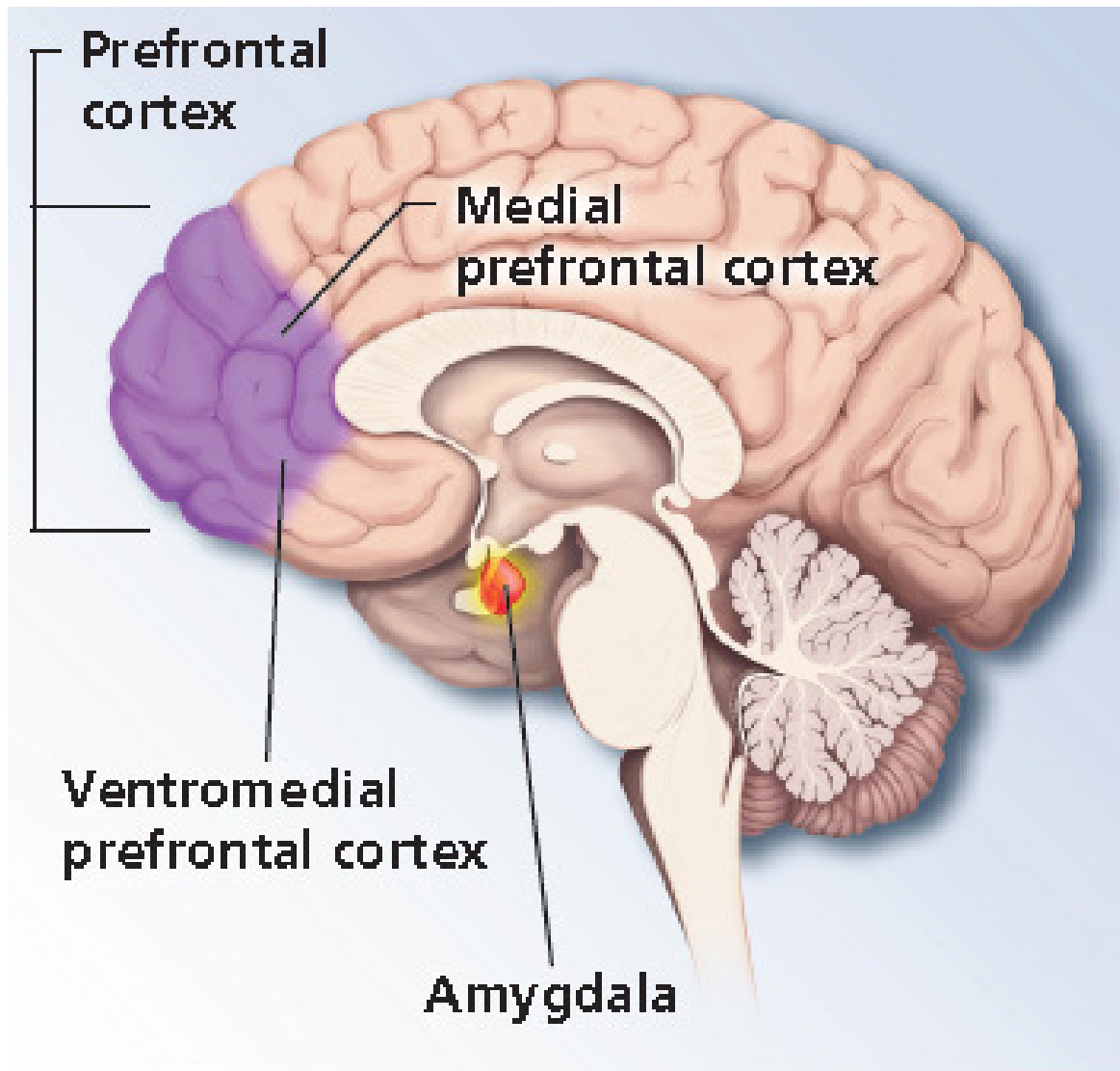
Biological and neural reactions to stress

- Increased cortisone for sustained event impacts ability to self soothe due to hyperarousal /hypervigilance.
- Continued high levels of cortisone can alter brain processes and neural pathways. Can lead to inflammation, atrophy and death of vulnerable neurons in the prefrontal cortex (home to the highest cognitive functions).
- Important in memory, learning and fear processing.



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- This stress also causes atrophy and changes in the hippocampus and amygdala, important structures in memory, learning, and fear processing. DHEA treatment may help to build back plasticity. Bio- feedback can also help detect and modulate responses to stimuli.



NIH Medical Arts

Brain Structures Involved in Dealing with Fear and Stress



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HPA (hypothalamic-pituitary-adrenal) axis –
deficits in verbal declarative memory function
and (visual spatial and IQ)

- Impacts/impaires:

Sleep/brain waves, concentration, mental flexibility, mood, impulse control, pleasure sensations, heart rate, muscle tension, breathing, orientation, etc..



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Exercise II:



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From Resiliency Research: PTSD

- if being part of a family/peers/friends or group going through the trauma together; not being separated from support system.
- experiencing a calm, non-chaotic reaction from one's immediate family or adult caretakers; receiving immediate, on-site treatment.
- identifying a clear “enemy” so there can be periods of non-stress and relief from constant fear of identified aggressor/triggers.



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Clinical contact: self introduction, responses to physical environment, orientation, and self soothing.

- Cognitive Behavior Therapy (PTSD, Substance Abuse, Self Harm); grounding, problem solving with triggers, limit setting in relationships, affect regulation, and assertiveness training.
- Narrative Therapy (PTSD, Recovery from Sexual and Domestic Abuse); self definition, self empowerment and authorship for future.
- Milieu Therapy, Group Supportive Therapy.
- Creative Therapies (Art, Movement,



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Special AAPI subpopulations in research:

- Southeast Asian Refugees
- Veterans
- Domestic Violence



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- **VA National Center for PTSD**

<http://www.ptsd.va.gov/index.asp>

- **NIMH**

http://www.nimh.nih.gov/statistics/IAD_PTSD_ADULT.shtml

<http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/what-are-the-symptoms-of-ptsd.shtml>

- **APA**

<http://www.apa.org/monitor/jan08/ptsd.aspx>