Posttraumatic Stress Disorder in the Occupational Context, Including Military Service

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Disclosures

I have nothing to disclose
Overview

- Review current conceptualization and diagnosis of posttraumatic stress disorder (PTSD)
- Discuss occupational factors related to PTSD.
- Describe psychosocial interventions that are effective for the treatment of PTSD.

Suffering in response to trauma is not new

“And overpowered by memory
Both men gave way to grief.
Priam wept freely for man-killing Hector,
Throbbing, crouching before Achilles' feet
As Achilles wept himself,
Now for his father, now for Patroclus once again
And their sobbing rose and fell throughout the house.”
- Homer, The Iliad
Overview/Hx

- Understanding of Trauma as a cause for psychopathology initially developed during WWI (Shell Shock) and WWII (Combat Fatigue)
- Diagnosis of PTSD defined following Vietnam, in response to grass-roots movement to acknowledge psychological wounds.
- Although conceived in understanding the consequences of war and combat, not exclusive or even primary cause- much of the treatment research is in non-combat PTSD.

Diagnosis (DSM-V)

- Symptoms last at least 1 month
- The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or first-hand repeated and extreme exposure to details of traumatic events.
  - Not solely exposure via TV or media
  - Not an expected loss (e.g., death of an elderly parent from natural causes)
**Diagnosis- continued**

- **Re-experiencing** (nightmares, memories, flashbacks, distress at reminder); at least 1 symptom
- **Avoidance** (of reminders, feeling, thoughts about event); at least 1 symptom
- **Negative cognition and mood** (distorted blame, estrangement, diminished interest in activities, amnesia); at least 2 symptoms
- **Arousal** (aggression, self-destructive behavior, sleep disturbance, hyperarousal); at least 1 symptom

**Associated Factors**

- Multiple exposures increase risk of disorder (including childhood traumas)
- High levels of comorbidity
  - Substance use
  - Mood disorders
  - Health problems
  - Legal problems (violent acting out)
  - Relationship problems
  - Debilitating guilt/shame
  - Anger- need to reestablish control/part of military training
**Conceptual Issues**

- Some symptoms are actually healthy in dangerous environments
  - Hypervigilance, reduced sleep healthy in combat
  - Anger, quick activation improves response to threat
  - Negative interpretation of cues is likely to protective in high threat environments
  - Avoidance a reasonable approach to true danger
  - Disconnecting from others can reduce emotional vulnerability
- However, in PTSD, these have overgeneralized

**Occupational risk for PTSD**

- First responders
  - Police
  - Fire Fighters
  - Volunteers
- Military
- Other environments with high trauma frequency
  - War correspondents

*Skogstad, et al., 2013*
Factors predicting PTSD

- Exposure to trauma
  - Repeated trauma
  - Severity
- Personal characteristics
  - Level of training
    - Volunteer first responders have higher rates than professional
  - Previous history of trauma
  - Current research looking at biomarkers

Work consequences

- More severe symptoms associated with
  - Higher levels of part-time employment and unemployment
  - Among workers, increased frequency of sales or clerical position
  - Even subclinical PTSD associated with poorer work outcomes
- Factors interfering with work
  - Avoidance
  - Physiological reactivity
    - Work conflict
    - Discomfort
Learning models - why does PTSD happen?

- Pavlov
  - Pairing of stimulus (reminders of trauma) and response (severe emotional pain)

- Skinner
  - Operant conditioning - repeated avoidance reduces anxiety, so it occurs more and more

- Bandura/Beck
  - Beliefs about self, world and future:
    - Could be shaped as child ("The world is unpredictable and lethal")
    - Could be severely challenged ("I thought it was a just world")

Cognitive Schema
(J. Beck, 1995; Persons, 1989)

- Core belief (organizing principle)
  - I’m vulnerable

- Assumptions (derived from core belief)
  - I need to avoid risks or I’ll be hurt
  - I need others to protect me

- Compensatory strategies (based on assumptions)
  - Avoidance
  - Seeking out supports in an unhealthy way

- Automatic thoughts in specific situations
**Cognitive principles**

- Schema defined both by content (what information) and how that information is organized.
- Schema determine
  - What we attend to
  - What we encode
  - How encoded information is related
  - What we recall in response to different triggers
- Emotions dramatically influence all these processes

**Implications**

- PTSD-
  - Experience blast- associate roadside trash with explosions (classical conditioning)
  - When driving, gets anxious, stops driving, anxiety drops (operant conditioning, negative reinforcement)
  - Self-talk- “I can’t handle things; I’m weak” (learning of cognitive distortions, selective attention)
What can Help?

- Stop avoidance
- Change the meaning
- Place the trauma or loss in context
- Reconnect with life and values

Preventive Interventions

- From VA/DoD guidelines:
  - Individual or group psychological debriefing of victims is **ineffective** and **may have adverse consequences**.
  - Insufficient evidence to recommend psychological debriefing of professionals (first responders) immediately after critical incidents
  - Not recommended to offer professionals psychological debriefing weeks or months after incidents
Preventive Interventions

- From VA/DoD guidelines:
  - Brief cognitive-behavioral interventions (4-5 sessions) may prevent PTSD in those reporting clinically significant symptoms of acute posttraumatic stress
  - Multisession early psychological interventions for asymptomatic trauma survivors are not effective and may be harmful

Current VA/DoD Practice Guidelines for PTSD Treatment

- “A” Criteria Psychotherapies
  - Cognitive Therapy (e.g., CPT)
  - Exposure (e.g., PE)
  - Stress Inoculation Therapy
  - Eye Movement Desensitization and Reprocessing

- Other treatments with some support
  - Psychodynamic psychotherapy
  - Hypnosis
  - Group
  - Imagery Rehearsal Therapy
  - Seeking Safety
**Key Techniques: Self-Observation**

- Learning to observe and measure experience in a non-judgmental, objective manner.
- Key to not allowing cognitive biases and learning history to interfere with achieving goals.

**Key Techniques: Exposure**

![Graph](https://via.placeholder.com/150)

- Anxiety-Predicted
- Anxiety-Actual Natural
- Anxiety-Actual Escape
**Key Techniques: Behavioral Activation**

- Engage in rewarding activities
  - Improves mood
  - Challenges unhelpful beliefs
  - Reduces Conditioned Arousal (i.e., also serves as exposure)
  - Helps move toward valued action
  - Approaching and engaging in work behavior can be a critical component of treatment
  - Developing work environment supports and identifying skills to cope with unanticipated threats can improve outcomes

**Key Techniques: Changing thinking**

- Improves mood
  - Challenges unhelpful beliefs
  - Reduces Conditioned Arousal (i.e., also serves as exposure)
  - Helps move toward valued action
### VA/DOD Treatment Guidelines

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### Components of Models

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“I guess God is telling me I need to deal with this”

- Exposure-based treatments
- Theory
  - The memory of the trauma is associated with severe emotional pain.
  - Attempts to avoid the memory leads to poorer functioning (substance use, isolation).
  - Treatment- repeatedly and systematically exposing self- to the memory (e.g., reading a written account of the event, listening to the account on tape)
  - Engaging in avoided activities in a hierarchical way

Example

- 30 year old African-American woman who had been raped by a white male.
- When she saw therapist (me) first time, she had a panic attack.
- Avoidance- men (white men), family, friends, work, school
  - Started drinking for first time- drinking to blackout.
- Meaning-
  - I should have known better (was completing MS in criminal justice, worked for police dept)-it’s my fault
  - I thought I could handle everything; I can’t handle anything
- Context- Memory of assault defining her in all aspects of life; ignoring her evidence of strength/resilience
**Example**

- **Treatment**
  - Offered her a female therapist (but she declined—see prior quote)
  - Initial sessions; in an office in a busy hall-way with the door open, not discussing trauma
  - Moved to closed office, patient able to describe the traumatic event in detail
  - Sixth session “I am going to get my life back”
  - Framed her tolerance of me as revisiting who she really was—strong and capable of tolerating stress
  - Challenged self-blame

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**“I became the monster”**

- 60 y.o. married, employed white Vietnam Veteran
- History of Legal troubles (assaults, usually misdemeanor), Isolation, Anxiety, depression
- Worked in construction, had frequent conflict with subcontractors
- Avoidance—Friends, places with children, reminders of Vietnam; need to get to treatment 2 hours early before being able to enter therapy room
- Meaning—“I am corrupt, corrupting and evil”
- Context—Always defining self in relation to the traumas; evaluated every experience through this window
**Treatment - Making meaning**

- Initially presented primarily with depressed mood
- Examined thoughts that would occur around both depression and anger
  - Themes:
    - I am responsible for others
    - If I don’t protect them, they will die
    - Magical thinking- bad things happen to people near me
  - Examined evidence for/against beliefs
    - Led to both discussion of military experience, and then childhood

**Treatment, continued**

- Behavioral- Identify avoided situations, and start engaging (e.g. going out with wife, visiting friend who had baby)
- Exposure; recall and telling the story of each event
  - First person
  - Present tense
  - As much detail as possible
- Identify his values and whether he lived by them
- Redefined self- “I am committed to caring for others; these events do not define me”
- Focused on identifying these thoughts when in difficult environments (work settings)
Summary

- How people respond to trauma is determined by biological factors, but also by the meaning of the events.
- Several therapeutic approaches can aid in healing.
- In general, treatment helps:
  - Change the meaning
  - Move the trauma from dominating memory and life
  - Act based on values rather than fear.