PTSD 101
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COURSE TRANSCRIPT FOR:
Risk & Resiliency Factors in PTSD: Making Meaning from War & Trauma

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Slide 1: Risk and Resiliency Factors in PTSD: Making Meaning from War and Trauma

My name is Doctor Greg Leskin. The title of today's presentation is "Risk and Resiliency Factors in PTSD: Making Meaning from War and Trauma."

Slide 2: Acknowledgements

As I start this presentation I would certainly like to acknowledge the APA committee on Resiliency and Terrorism for Primary Care and Military Families, where much of this work was originally developed.

Slide 3: Why Discuss Risk and Resiliency?

On our next slide we ask the first question: "Why discuss risk and resiliency?"

Understanding the factors which may increase or decrease odds of acquiring an illness will allow health care to understand individual vulnerabilities, or which persons may be at greatest risk for developing a disease or illness or psychological adjustment issue.

It'll allow us to tailor training programs to meet the needs of individuals who've been exposed to such experiences as war and combat.

It can be used for selection processes and could help identify individuals or groups who may need more intensive intervention.

And finally, as we'll be discussing today, it can allow us to develop health promotion programs to increase resiliency and strengthen individuals, in addition to identify those individuals who may need additional care and support.

Slide 4: Traditional Risk and Resiliency Factors vs. Unique Generational Factors

Today we'll talk about traditional risk and resiliency factors, as well as explore unique generational factors that may be apropos to our current generation of veterans and active-duty

soldiers. We'll review factors from studies with soldiers from previous combat operations and also ask what is unique and specific about the current generation of soldiers and warriors.

Slide 5: Experience of War is Transformative

The experience of war is transformative. Combat can change an individual for both positive reasons as well as negative effects.

Slide 6: All Soldiers are Impacted by Their Experiences in War

The experience of war can be rewarding, challenging, and result in greater interpersonal maturation, and even promote growth. It can enhance a sense of self-efficacy; the ability to achieve what one sets out to achieve. It can enhance one's sense of resiliency to life's stressors. It can also enhance one's sense of identity; a sense of purposefulness and belonging. It can increase a sense of pride. It can bring people awareness of camaraderie with other soldiers, other warriors, as well as one's community. And it can also increase one's sense of patriotism or belief in larger ideals and life meaning.

Slide 7: Demands and Stress of the War Zone

As we know, the demands and stress of the war-zone can also bring about stressors that tax the individual's ability to cope. The demands, stressors, and conflicts inherent in any combat operation can be traumatizing, spiritually and morally devastating, and potentially transformative in damaging ways for the individual.

Slide 8: Lifetime Prevalence Rates of Trauma and Their Association with PTSD (%)

Not all individuals who have been exposed to traumatic stressors go on to develop such conditions as PTSD. If we look at the lifetime prevalence rates of trauma and their associations with PTSD from Kessler's National Comorbidity Survey we note that many individuals who are exposed to traumatic events such as natural disasters, criminal assault, combat, rape, and trauma actually do not develop PTSD. So we ask ourselves, what might be the factors that influence some individuals to develop a stress reaction and other that don't.

Slide 9: Prevalence Rates of PTSD: Community Studies

Prevalence rates of PTSD in community studies: We note that the rates for PTSD from previous epidemiological surveys have found that between approximately 8 and 12% of individuals who've been exposed to trauma would have PTSD at some point in their lives.

Slide 10: Potential Outcomes Following Adversity

What are potential outcomes following adversity? If you look at the slide, you'll notice that there are different potential pathways or outcomes following one's exposure to what we'll call an adverse event—and we're looking primarily in this slide at functioning; how well the individual is functioning overall following a challenge. You see that the individual is at a certain level of

functioning, and this really is theoretical to view. The individual is at a certain level of functioning when they are exposed to an adverse event.

What are those 4 potential outcomes? Well, first of all, you'll notice that following the adverse event, there's this drop. There's this dip in functioning and it's believed that just about anyone who experiences a serious traumatic event will experience a phase of transition; a recovery phase where they will go through a period of thinking about feeling and experiencing the emotions about the traumatic event.

Following that, the individual may recover. That is, that the individual returns to that same level they were at prior to the traumatic event. Below that you see 2 other potential outcomes.

One is succumbing. If you note at the very bottom of that, that really is meant to convey that the individual's functioning has been significantly impaired by this event; that they're experiencing symptoms related to post-traumatic stress disorder, other comorbidities such as depression, anxiety disorders, their interpersonal functioning has been interrupted, their ability to relate, their ability to concentrate, their ability to work on the job consistently without interruption. All of these factors may be interruptive due to their experience in a traumatic event.

Above that we have "survival with impairment." This is really meant to convey an individual sometimes referred to as the "walking wounded." That is, they've been impacted by the traumatic event but not completely overwhelmed by it. They're still functioning but not at the same level.

If you note above "recovery," we have this concept of thriving. It's also been referred to as post-traumatic growth; post-traumatic thriving. This concept really gets at individuals who not only recover from the event, but seem to have grown or matured because of their experience of the trauma, and this has allowed for new growth, new understanding, new appreciation.

Slide 11: Not Necessarily Mutually Exclusive

Growth may exist side-by-side with psychological adjustment difficulties. But these concepts; thriving, and resilience, and succumbing are not necessarily mutually exclusive. So what are our objectives?

Our objectives really are to provide early intervention, to alleviate and resolve traumatic stress symptoms prior to establishment of any chronic form of PTSD, provide support and acknowledgement for gains and strengths-even at the earliest phases of recovery, to help the individual reestablish their own personal goals, life objectives, or encouragement of modifications based on growth experiences, continue to build on strengths and provide relapse prevention through a continuum of care.

Slide 12: Posttraumatic Stress Disorder (PTSD)

Post-traumatic stress disorder is one of many different ways the soldier or veteran can manifest chronic post-war adjustment difficulties. Those exposed to trauma are at risk for other

psychological adjustment problems such as depression, substance abuse, aggressive behavior problems, and the spectrum of severe mental illnesses precipitated by the stressors of war.

Slide 13: What Unique Aspects of the Iraq War are Possible Sources of Stress?

What unique aspects of the Iraq war are possible sources of stress? Traumatic events need to be seen in the context of the totality of roles and experiences in the war-zone. Research has shown convincingly that while exposure to trauma is a prerequisite for the development of PTSD, it is necessary but not sufficient.

There are a host of causes of PTSD. In terms of war-zone experiences: Perceived threat, such as, "I thought I was going to die.", as well as other contextual features of the combat stress such as low-magnitude stressors: Being in the desert, being in the heat, being thirsty, not having availability of comforts, exposure to suffering civilians, exposure to death, have each been found to contribute risk for PTSD.

Slide 14: Complex Interplay of Risk

We might think about the risk factors as an interplay of individual and personal factors: Things that occurred in the individual's life or environment before they joined the military, a whole host of stressors from the war, and importantly, the post-war environment-the post-war recovery environment that includes the community, family, as well as potential stressors that the individual is returning to.

Slide 15: Meta-Analyses of Risk Factors

In 2000 Chris Brewin and others conducted a meta-analysis of risk factors examining a wide variety of studies conducted in the psychological literature over, really, the past 20 years. If you look at these different risk factors such as gender, low SES, and so on, you'll see effect sizes associated with them.

Those effect sizes are really the strength of that factor to serve as a risk factor for PTSD. I want to draw your attention in particular to some of these effect sizes at the level of, say, .19, adverse childhood family; trauma severity, .23; and these last 2 I think are particularly important: Lack of social support and general life stress following the trauma, .40 and .32. I think this is a remarkable finding. That the social support and general life stress of the individual confers significant risk for the development of PTSD.

Slide 16: Military Studies

In the next slide you see studies that are particularly focused on military studies. You find that those factors such as adverse childhood, trauma severity, and lack of social support are really conferring the largest amount of risk. In particular, the lack of social support is a very important finding. This is something that mental health community may be able to focus on to support the individuals who are returning from combat, as well as their families, in terms of providing

treatment, providing education, and allowing both the individual and the families to feel supported during these phases of transition.

Slide 17: Meta Analysis of Risk Factors

I include a second meta-analysis conducted by Ozer et al. in 2003. With similar findings Ozer et al. included, in addition to some of the similar factors that we see in the previous study, peritraumatic emotions and peritraumatic dissociation.

These were found to also confer tremendous strength in terms of predictability. The effect size of these risk factors-and if you think of peritraumatic that really means around the time of the trauma; at the time of the trauma. These would be emotions or dissociations that would be fear-related; the individual becoming overwhelmed at a psychological level, at a physiological level, because of the intensity of this experience.

Slide 18: Acute Stress Reactions

We turn now to acute stress reactions. Acute stress reactions are very common after exposure to severe trauma in war, and many soldiers who initially display distress will naturally adapt and recover normal functioning during the weeks and months following their exposure. These acute stress reactions include numbing, a reduced awareness of one's environment, derealization, depersonalization-those are some of those peritraumatic dissociative experiences-dissociative amnesia, intrusive thoughts, avoidance, difficulty sleeping or insomnia, difficulty concentrating on normal routines/normal activities, irritability, and autonomic arousal.

Slide 19: Sleep Studies

In 2002, Tom Mellman and others measured sleep immediately following a traumatic event and again after 6 weeks. PTSD was found to be related to fragmented REM sleep and more REM sleep stages. This is certainly an important finding in that it was the first study to show that difficulty sleeping and objective sleep changes following a traumatic event were related to the development of PTSD.

Slide 20: Acute Stress Disorder (ASD)

Acute stress disorder was introduced into DSM-IV as an attempt to identify who would develop PTSD. Acute stress disorder describes continuous stress reactions in the initial month after a trauma. The disturbance must last a minimum of 2 days and a maximum of 4 weeks.

Slide 21: Acute Stress Disorder (ASD): Criteria

The criteria for acute stress disorder include experiencing or witnessing a traumatic or threatening event, 3 dissociative symptoms…

Slide 22: Acute Stress Disorder (ASD): Criteria

…One reexperiencing symptom, one marked avoidance symptom, marked anxiety or increased arousal, and evidence of significant distress or impairment.

Slide 23: Acute Stress Disorder (ASD): How Predictive is it?

There have been questions about how predictive acute stress disorder is. A review of prospective studies found that a high proportion of those diagnosed with acute stress disorder developed PTSD. However, in terms of people who eventually develop PTSD, approximately half of those met criteria for ASD.

Slide 24: Acute Stress Disorder (ASD): Criterion

Acute stress disorder diagnosis has been criticized. Mainly because the primary role of acute stress disorder diagnosis is to predict another diagnosis. There may not be a justification for separate diagnosis based on a time parameter, and the diagnosis may pathologize normal, transient stress reactions.

And I wanted to emphasize this last point: As we showed in an earlier slide, it may be that the majority of individuals who experience traumatic events go through a phase of transition, and rather than pathologizing such a transition, those individuals may be better served through support and through normalizing, rather than pathologizing their experience.

Slide 25: Social Support Issues: To Disclose or Not to Disclose?

So we return now to the social support issues. Is it important to disclose or not to disclose one's traumatic event to others? Elisa Bolton and Brett Litz at the Boston VA have conducted some studies which show that self-disclosure about events to partner/spouse, family or friends, and other military personnel has been related to lower levels of PTSD severity. The reactions to self-disclosure by these individuals were significantly associated with PTSD symptoms. In each instance more positive reactions were related to lower levels of PTSD severity

Slide 26: (no title)

No differences were detected in PTSD symptoms between veterans whose disclosures were met with an overall negative or non-validating response and those who did not disclose at all. This later finding suggests that negative or non-validating responses by others to self-disclosure may negate the potentially beneficial effects of discussing the experience. However, it may also indicate that there are equally negative effects of not disclosing when the alternative is disclosure followed by a negative response.

Slide 27: Other risk factors?

So let's talk more about other risk factors.

Slide 28: Communication Disconnects

I'm going to talk about communication disconnects. We're going to talk about PTSD symptoms verses attention on broader implications or meanings of PTSD. There may be barriers or stigma attached to one's disclosure of having these symptoms. The individual may feel as if simply talking about their symptoms may bring a stigma associated with that experience. This may serve as a barrier to talking about PTSD, or one's intrusive thoughts, or one's anxiety.

Stigma is associated with difficulties attaining and seeking mental health care. This is a significant difficulty for many individuals who experience the effects of combat; that talking about or bringing up their internal experiences following combat is difficult to the meaning associated with having those symptoms. And certainly addressing the meaning of having these symptoms in terms of safety, in terms of the meaning for the individuals, is an important aspect of intervention.

Slide 29: What is unique about current fighting force?

What is unique about the current fighting force? Despite a wide variation in age, many in the fighting force were born between 1983 and 1984. That would mean that the average age of many serving in overseas combat operations is approximately 21 or 22.

This generation was born into an age of great technological advances in globalization, including instant access to information via web, digital imagery, cable television, cell phones.

This is also an age…was born into an age of tremendous advances in military weaponry.

There's been constant conflict in the Middle East. This is a generation that will probably define itself in terms of significant historical events, such as September 11.

This has also been an age of great wealth and growth in the United States.

Many in this generation are determined to succeed, are very ambitious and very well-informed. This is a generation that would not be necessarily seen as an angry generation, but one that is motivated and very oriented to team and group efforts.

How can that help us to focus on promoting resilience? If one of our goals is to help promote resilience, help promote strength, help promote growth, rather than focus on pathology, how can knowing about who this generation is help us to promote.

Slide 30: What is Resilience?

Let's turn now to: What is resiliency? What are the natural character strengths that are part of this generation of young soldiers and how can we think about who these individuals are, how they see themselves in terms of their own strengths, and help to promote those strengths so that their lives are not permanently interrupted by their events in combat, but we can actually help them to recover and succeed.

Psychological resilience is seen as a relatively stable personality trait characterized by the ability to bounce back from negative, even traumatic life experiences and by flexible adaptation to the ever-changing demands of life.

Slide 31: Building Resiliency

How do we help individuals build resiliency? This is a key issue. I think it's something that we need to think about many definitions of resiliency because there are a host of definitions of what a resilient person is; what does a resilient person do to stay strong, to stay fit physically and psychologically.

Resilient people tend to be optimistic. They maintain hope about future outcomes and such optimism is associated with the use of active problem-focused coping when dealing with stress or life events.

Resiliency has a strong relationship to self-efficacy. Individuals believe that they have the skills necessary to effectively manage or accomplish the task at hand, which results in a sustained effort and greater likelihood of success.

Resilient people have a sense of mastery. They believe that they can exert positive control over the environment. They will break down complex problems into smaller accomplishable tasks and goals. This can result in a series of immediate successes that enhance the individual's feeling of mastery and control over a problem.

Slide 32: Building Resiliency

Resilient people are hardy. Hardiness describes those who are actively engaged, who believe they can influence the course of events in their lives, and who accept change as part of life; as a challenge rather than a threat, and know that it can be beneficial. Evidence suggests that hardiness buffers the negative impact of stress, perhaps because it is associated with appraisals of events that minimize emotional distress and promote active coping.

Resilient people have a sense of coherence which includes the expectation that life events will make sense, the belief that they have the necessary personal and social resources to meet the demand of these events, and the conviction that these demands are worthy of investment and commitment and are meaningful.

Slide 33: The ties that Bind

Coming back to social support: Social support is intimately tied into the concept of resiliency. Resilient people build and maintain close relationships with friends and family. They turn to their close relationships in times of need and will ask for help when they need it, even if it's just to talk or have someone to spend time with them. They will make themselves available to their close friends and family who need help and also balance the things they can do on their own with the things they need others for. So really, a two-directional support of being open to receiving

help from others, having others available to them, and also giving back to people and the community around them.

Slide 34: Resiliency/Protective Factors

Resiliency and protective factors are also related to positive emotions. Positive emotions are known to co-occur side-by-side negative emotions during stressful events. One might feel upset or sad that someone has died for example, but feel grateful to be alive. Even in the darkest, most difficult situations, people have reported feeling a heightened sense of love, admiration or devotion following very difficult circumstances.

Slide 35: Cognitive Broadening

Promoting positive emotions may alter thinking. It may broaden attention, thinking, and behavioral options. Positive emotions may broaden the scope of people's visual attention as well as momentary thought-action repertoire. That is, when you feel better emotionally, when you are uplifted, you tend to see more around you. You tend to think about more options available to you. There may be broader perspective in terms of problem solving; seeing beyond immediate stressors and generating multiple plans of action.

Slide 36: Relationships Between Emotions and Resilience

In a study done following 9/11, Fredrickson et al. really examine the relationship between emotions and resilience.

Slide 37: Negative Emotions and Resilience

Looking at the correlation between negative emotions and resilience, we see that those individuals who reported more anger, irritation, sadness or unhappiness following the events of 9/11 showed reductions in their abilities to cope emotionally with the event.

Slide 38: Positive Emotions and Resilience

Those individuals who were able to identify positive emotions, such as feeling interested, alert, feeling glad, happy or joyful, sexual desiring, proud or confident, content and serene following the events experienced greater resilience.

Slide 39: Positive Emotions/Coping

What are the effects of positive emotions? Positive emotions may put our body at ease. They may actually reduce the physiological arousal associated with a traumatic event. Negative emotions such as anger, fear, or anxiety can arouse our autonomic nervous system; increase our heart rate and blood pressure, while positive emotions can produce faster returns to baseline levels of cardiovascular activation following stress than neutral or negative states.

This effect has been demonstrated for both high activation positive emotions such as joy and amusement as well as; and this is important; low activation positive emotions such as contentment or serenity. It may be that offering interventions that promote these low activation positive emotions may be very important to help the individual to cope with stressful life events.

Slide 40: Practical Support

In terms of practical support, it is important to educate and assist soldiers or veterans to disclose combat events with spouse, parents, children, friends-even strangers. Part of our work with the military has been to help these individuals who've been through combat to create their stories, and not only create one story, but be able to create, multiple stories that they can share with different people.

It's important to be able to tell one's spouse or one's parents or close friends what one's experience has been and not necessarily tell all the grisly details of one's experience in combat, but to be able to share, perhaps, the difficulties, the appreciation, the growth. Even children may be interested in where dad has been or where mom has been. Being able to respect the child and tell them, not all the details, but certainly what one's experience has been, which would be appropriate for a child.

We encourage full disclosure with trusted confidants, including mental health care. It is important at some point for the individual to be able to fully disclose all the details of one's experience to someone else, whether that be a friend or a spouse or a mental health professional.

It's also important to educate spouses and families about expectations upon homecoming, to think about the honeymoon period and what happens following the honeymoon period. Oftentimes there's great expectations and great anticipation of a joyful reunion and this can also sometimes be a disappointment for individuals who feel that there have been changes in the family, changes for the soldier, and being able to help that transition, to handle conflicts, to problem solve, and to think about how the roles in the family may have changed since deployment.

Slide 41: Offer Practical Support

It's important to offer practical support. Returning soldiers may feel overwhelmed with problems related to family and friends, and finances, and even physical health concerns. The presence of continuing negative consequences of deployment may help maintain, or even exacerbate, war-zone stress reactions.

Rather than treating these issues, these stressors, these distractions, clinicians can provide a valuable service by helping soldiers identify, prioritize, and execute action steps to address their specific problems.

Slide 42: Education about Post-traumatic Stress Reactions

It's also important to educate individuals about post-traumatic stress reactions. Education may be one key component of care for those returning from war, and is intended to improve understanding and recognition of symptoms, to reduce fear and shame about the symptoms, to reduce that stigma associated with it, and normalize his or her own individual experience.

With such understanding, stress reactions may seem more predictable and fears about long term effects can be reduced. Reactions should be interpreted as responses to overwhelming stress rather than personal weakness or inadequacy.

And again, it is important to look at how the individual appraises their own symptoms. What is the meaning of having these symptoms for the individual? Does the individual perceive this as a sign of their own weakness, that they've been ineffective, that they are someone who has been damaged? Being able to address the meaning of the symptoms for the individual is an important intervention.

Educating the returnee, family, and friends can also be helpful to identify any red flags. It is important to recognize as we're talking about risk factors and resiliency factors; looking at predicting who will develop PTSD, who will not; that we also constantly be vigilant from the mental health standpoint that there will be individuals who will have tremendous difficulty adjusting and transitioning following difficult and challenging traumatic events. These individuals may be at risk for increased substance abuse, suicidal thoughts, aggressive behavior, even violence. Any of these kinds of behaviors should suggest that the individual may require more intensive treatment and should be referred to a medical or mental health care professional.

Slide 43: Training in Coping Skills

Providing training and coping skills such as relaxation therapy and breathing retraining; really being able to help the individual reduce that physiological arousal, feeling as if one is still in combat, staying present here-and-now approach for grounding; allow the individual to focus on the present, focus on being past the events, being past in time from the events that have occurred in the past. And providing basic sleep hygiene insomnia management can be important to help the individual to reduce fatigue and exhaustion that are secondary to difficulties getting a good night's sleep.

Looking for the positive: Asking has anything positive come out of this experience; emphasizing previous commitments, goals or plans. As I said earlier, these are typically ambitious, success-oriented individuals. How haves those efforts, those plans to achieve success in one's life—have they been altered? Has the individual's belief that their goals in life have been changed because their experience? In being able to ascertain ways for the individual to reconnect to those previous goals or commitments.

And finally, giving credit for everything the soldier has been through and has completed. Not only is the focus on a combat experience, but really a whole set of challenges that this individual has experienced and survived, that has brought this individual to your attention.

Slide 44: Building Resilience in Military

So; in reviewing resilience: What are the main components of resiliency? They are relationships, staying connected; really focusing on energy. Being resilient is an active and interpersonal process, promoting that activity, being involved with others.

Spiritual needs: for many individuals, staying connected with their faith via meditation or prayer or chaplain service may be an important aspect of connecting with their belief system, their goals in terms of spirituality. Intimacy and sharing feelings with others, looking for ways to stay positive.

Slide 45: Building Resiliency

Being involved in their health care, being active in the process of their health care, recognizing that resiliency is really an evolving process rather than a final outcome, being aware of one's expectations throughout this process, seeking new ways of coping. It's possible that the individual needs or requires education about ways to cope. Mental health can provide many alternatives and options for the individual to think about, ways to cope with their stress and their arousal, their intrusive thoughts and some of these kinds of new ways of coping can serve very powerful interventions for the individual.

It is important for the individual to think about caring for their own needs, being able to be aware of what their own needs are, and being able to communicate their needs to others.

Finally, that coping and resiliency are, as I said an active process and requires practice, that an individual develop a routine of practicing healthy coping every day.

As we've seen in the previous slides, we've discussed risk factors and resiliency factors related to combat stress. As we move forward to assist soldiers and veterans who have served in all previous wars including Operation Iraqi Freedom, Operation Ensuring Freedom, it's important to not only think about which individuals are at greatest risk for the effects of combat stress, but also to help promote the resiliency of these individuals, to help them to maintain their goals and objectives in life, to help build resiliency in the family and to educate the family members about strengths and expectations. Only through, really, a holistic approach, thinking about individuals not only in terms of the psychological health, but also their physical health, their activity and exercise and nutrition-all of these factors will assist the individuals who are serving now and in the future in combat to maintain overall optimal health. Thank you very much.