

Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

Welcome

Impact of PTSD on Families and
Children

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Mobilizing Partnerships to Promote Wellness

House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

Comfort Room

- To promote wellness and self-care, a Comfort Room is available in Atrium Room 8 for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.

Partnerships

- National Center for PTSD
- Community Mental Health Centers
- Local VAMC or Community Based Outpatient Clinic
- NAMI
- United Way



Awareness of Words/Terms you may encounter

- RPG
 - ARVN
 - THUMPER
 - DMZ
 - CHINOOK
 - HUEY
 - CHU HOI
 - KIT CARSON SCOUT
 - SHIT BURNER
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Terms – continued

- SNIPE
- FOB
- RADIO RELAY POINT
- DEROS
- CHOSIN RESERVOIR
- HAMBURGER HILL
- KHE SAHN
- TET OFFENSIVE
- C –RATS
- MRAP
- SAW



Review of the Diagnostic criteria for

309.81 PTSD

- CRITERIA A
- The person has been exposed to a traumatic event in which both of the following were present:

CRITERIA A

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) the person's response involved intense fear, helplessness or horror

CRITERIA B

- The traumatic event is persistently re-experienced in one (or more) of the following ways:

CRITERIA B con't

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts or perceptions.
- (2) recurrent distressing dreams of the event.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations and dissociative flashback episodes, including those that occur on awakening or when intoxicated)

CRITERIA B con't

- (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble as aspect of the traumatic event

CRITERIA C

Persistent avoidance of stimuli associated with the trauma and numbing or general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

CRITERIA C con't

- (1) efforts to avoid thoughts, feelings or conversations associated with the trauma.
- (2) efforts to avoid activities, places or people that arouse recollections of the trauma.
- (3) inability to recall an important aspect of the trauma

CRITERIA C con't

- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (unable to have loving feelings)
- (7) sense of a foreshortened future (does not expect to have a career, marriage, children or a normal life span)

CRITERIA D

- Persistent symptoms of increased arousal (not present before the trauma) as indicated by two (or more) of the following:

CRITERIA D con't

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response

CRITERIA E

- Duration of the disturbance (symptoms in Criteria B, C & D) is more than 1 month

CRITERIA F

- The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning

Specify if:

- Acute or chronic and
- With delayed onset if onset of symptoms is at least 6 months after the stressor



Diagnostic and Statistical Manual of Mental Disorders Fourth Edition

- American Psychiatric Association
- 1994

Additional Information Needed

- Complete social and family history
- Military history to include DD214
- Medical history
- Chemical dependency/abuse history
- Psychological testing (MMPI-2, PHQ-9, CAPS, Mississippi scale, etc.)

PTSD in Children

- PTSD in Children potential causes:
- Physical or sexual abuse
- Family and community violence
- Experiencing or witnessing severe accidents
- Natural disasters
- Life threatening illness
- war

Potential Problems

- Peer relationships
- Family relationships
- Sexual behavior
- School performance
- Emotional development
- Substance abuse
- Depression and anger

Symptoms in Children

- Disturbing memories of flashbacks
- Nightmares
- Pessimism about the future
- Avoidance behaviors
- Fear of re-experiencing traumatic anxiety
- Behavioral re-enactment
- Emotional numbness
- Nervousness, physical symptoms, etc.

Treatment Options

- Individual Therapy
- Family Therapy
- Group Therapy
- Cognitive Processing Therapy
- Relaxation Therapy
- Eye Movement Desensitization & Reprocessing
- Medication

Secondary PTSD

- Effect on Spouse or Partner

References:

- National Center for PTSD
- www.ptsd.va.gov
- Mason, P., 1990, Recovering From the War, Penquin Books, N.Y., N.Y
- www.forests.com/ptsdchill.html



Contact Information

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Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800
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