

# The Influence of PTSD on Quality of Life

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What defines **a traumatic event**? Who experiences **trauma**?

# Goals of this talk

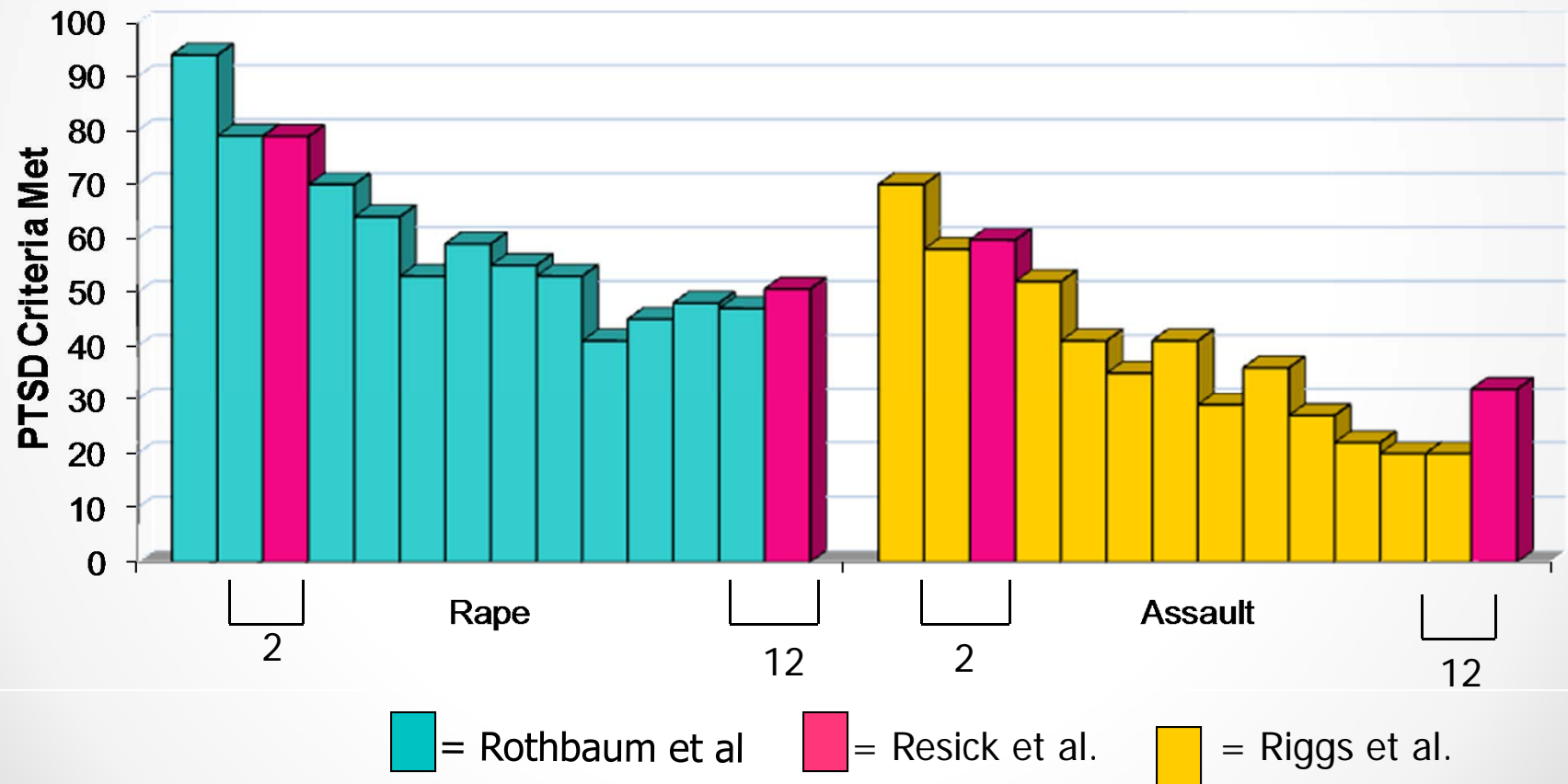
- Describe the development of PTSD secondary to exposure to a traumatic event from a social cognitive theoretical perspective
- Provide an overview of PTSD symptoms and the influence of those symptoms on psychosocial functioning and quality of life
- Discuss the ways in which trauma exposure and resultant PTSD can influence one's views of the world, self and others.
- Provide a brief overview of evidence-based treatments that are effective in the treatment of PTSD.

# Reacting to Trauma

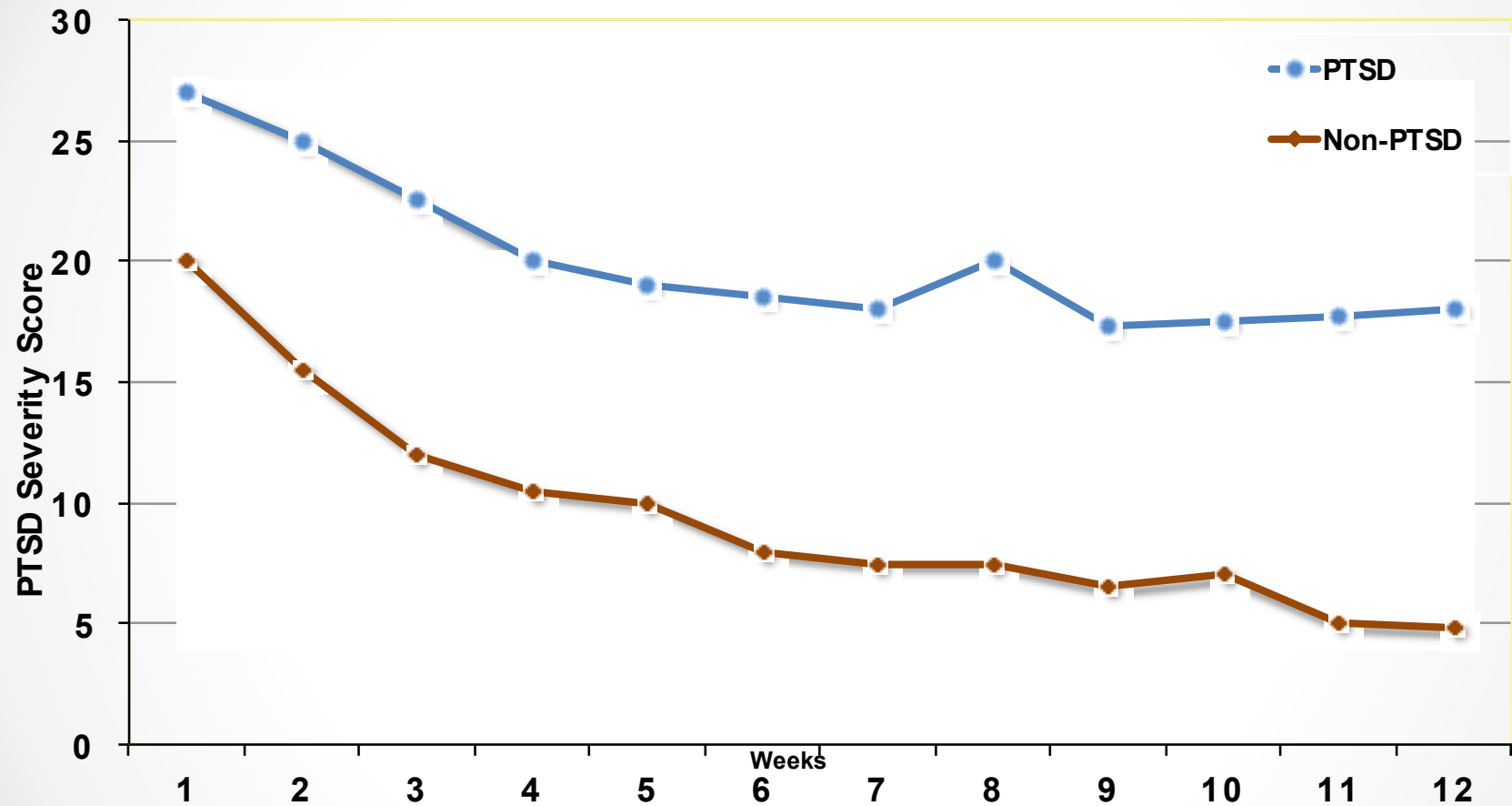
What is **the typical reaction**  
to a traumatic event?

# NORMAL RECOVERY

## Weekly PTSD



# PTSD AMONG RAPE VICTIMS



Rothbaum, B.O., Foa, E.B., Riggs, D.S., Murdock, T. & Walsh, W. (1992). A prospective examination of posttraumatic stress disorder in rape victims. *Journal of Traumatic Stress*, 5, 455-475.

# What is Posttraumatic Stress Disorder?

- What are the signs/symptoms of **PTSD**?
  - How can we identify PTSD?
  - **How does PTSD interfere with daily life?**
- What **treatments** exist for PTSD and **where can we get them?**

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# What Constitutes a Trauma?

## DSM-5 PTSD Diagnosis

- Exposure to actual or threatened (a) death, (b) serious injury, or (c) sexual violation
  - **Directly experiencing** the event(s)
  - **Witnessing**, in person, the event(s) as they occurred to others
  - **Learning** that event(s) occurred to close family member or friend
  - **Experiencing repeated or extreme exposure** to aversive details of traumatic event(s)



# What Constitutes a Trauma?

Natural disaster

Fire or explosion

Transportation  
accident

Serious accident at  
work, home, or  
during recreational  
activity

Exposure to toxic  
substance

Combat or warzone  
exposure

Physical assault

Assault with a  
weapon

Sexual assault

Other unwanted or  
uncomfortable  
sexual experience

Captivity

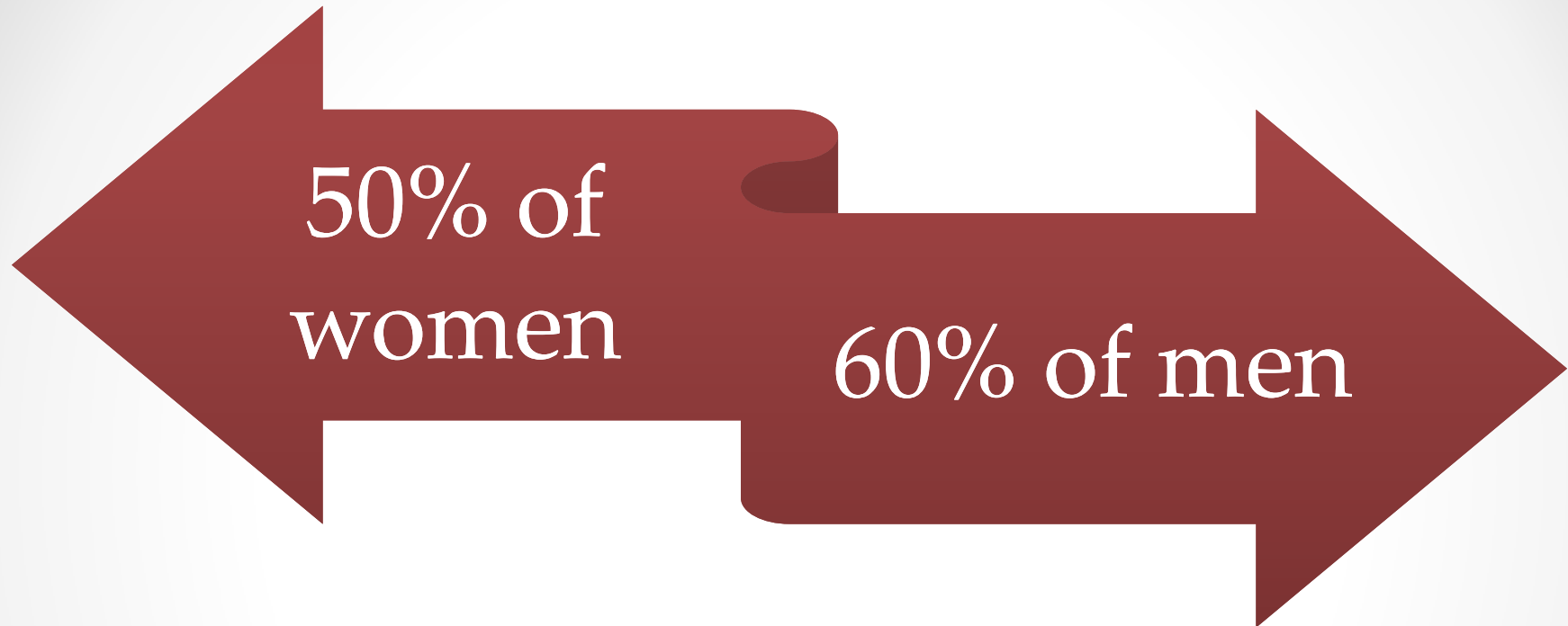
Life-threatening  
illness or injury

Severe human  
suffering

Sudden violent  
death

Sudden accidental  
death

Serious injury, harm  
or death you caused  
to someone else



Approximately **5 out of 10 women** (50%) and **6 out of 10 men** (60%) experience a trauma in their lifetime

- Other estimates of trauma exposure as high as 89.7% (Kilpatrick et al., 2013)

# Who Experiences Trauma?

- Women more likely to experience **sexual assault and childhood sexual abuse**
- Men more likely to experience **accidents, physical assault, combat, disaster**

# Typical Response to Trauma

Traumatic Event

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graph TD; A[Traumatic Event] --> B[Emotional Reactions]; A --> C[Physical Reactions]; A --> D[Behavioral Reactions];
```

Emotional  
Reactions

Physical  
Reactions

Behavioral  
Reactions

# Typical Response to Trauma

## Emotional Reactions

- Hopelessness /detachment
- Fear and nervousness
- Irritability

## Physical Reactions

- Difficulty sleeping
- Stomach upset/trouble eating
- Rapid breathing, pounding heart, sweating

## Behavioral Reactions

- Avoiding people/places /things related to event
- Having outbursts of anger
- Being withdrawn

# When Does a Typical Response to Trauma Become PTSD?

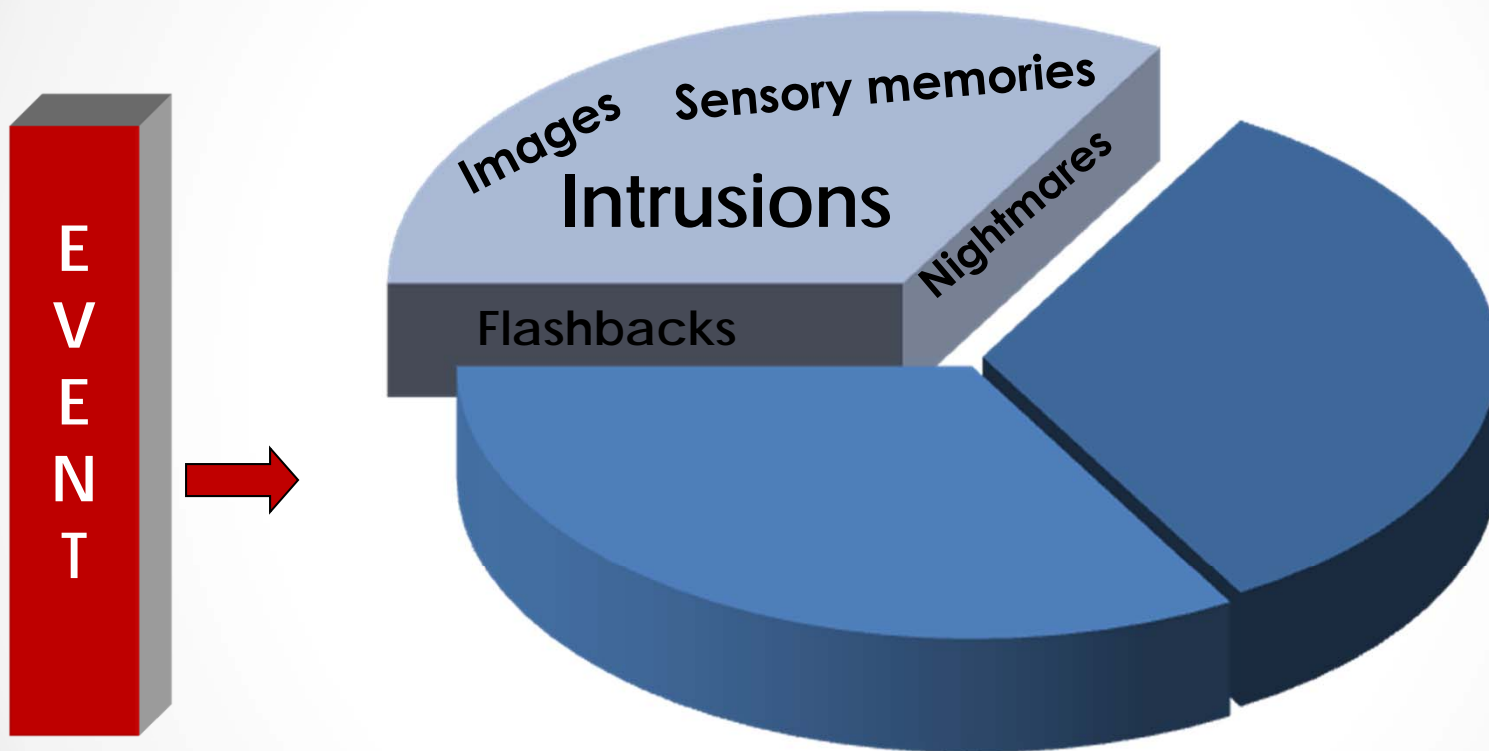
When symptoms are *persistent* (lasting at least one month) and *severe* (causing significant functional impairment)

# Measuring PTSD: PCL-5

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

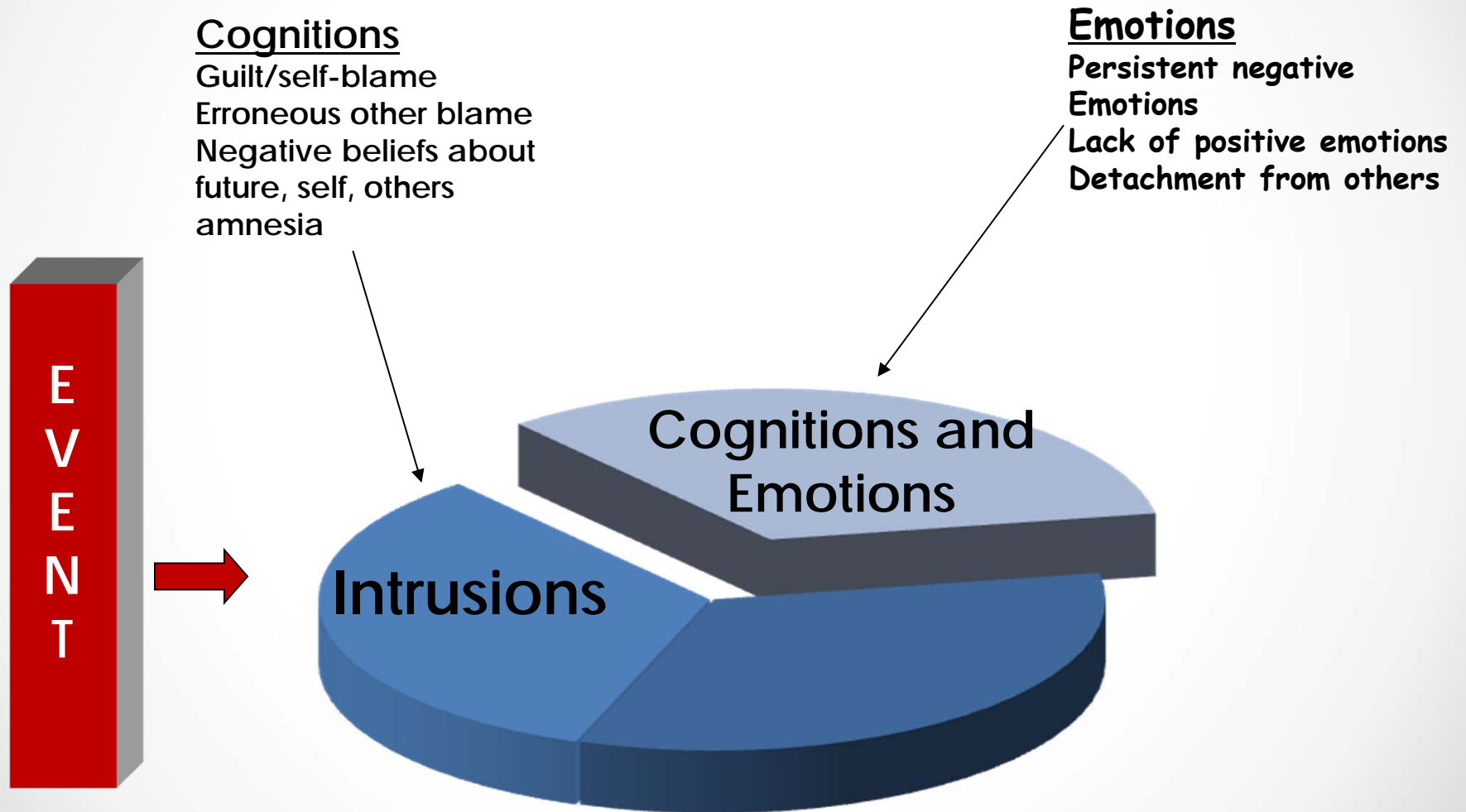
In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4

# 1. INTRUSIVE IMAGES AND SENSATIONS

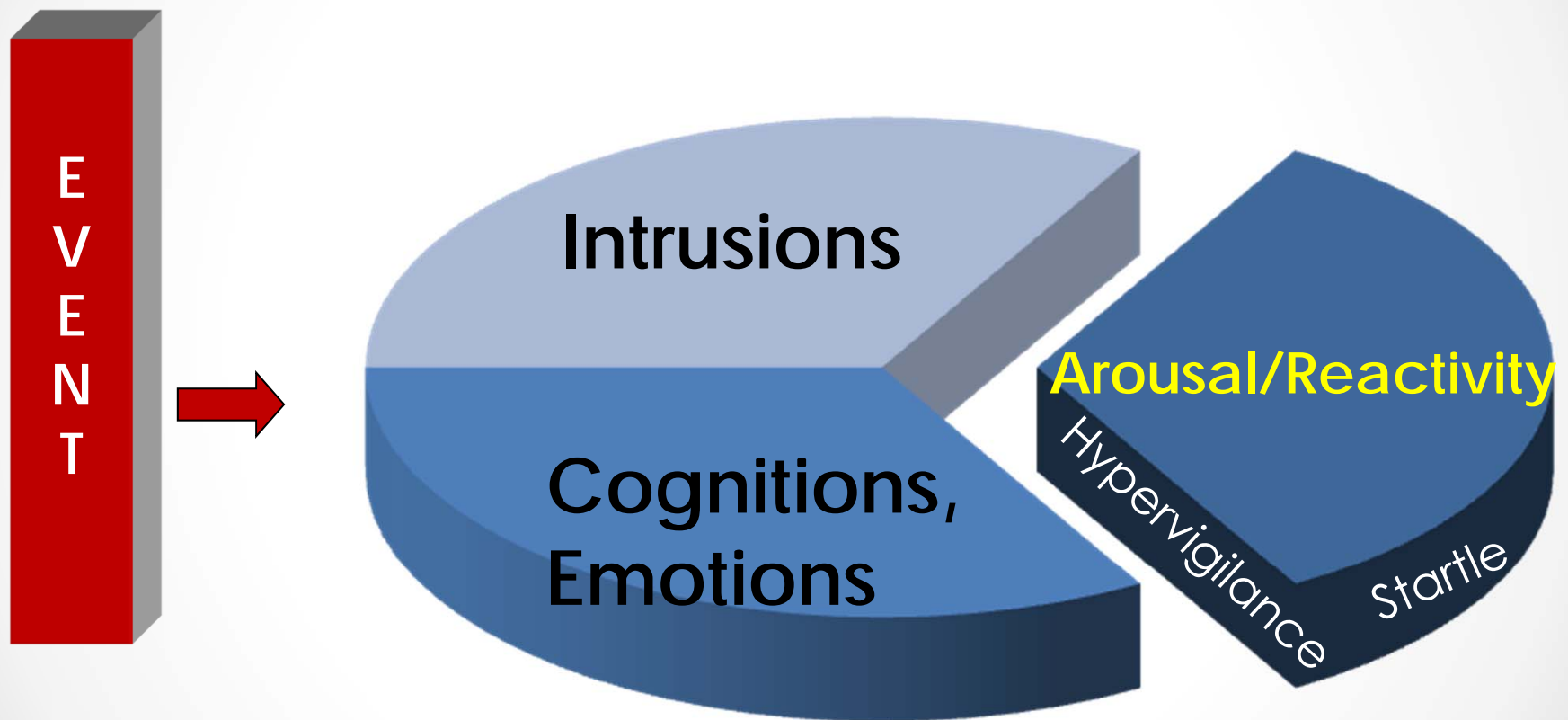




## 2. COGNITIONS AND EMOTIONS

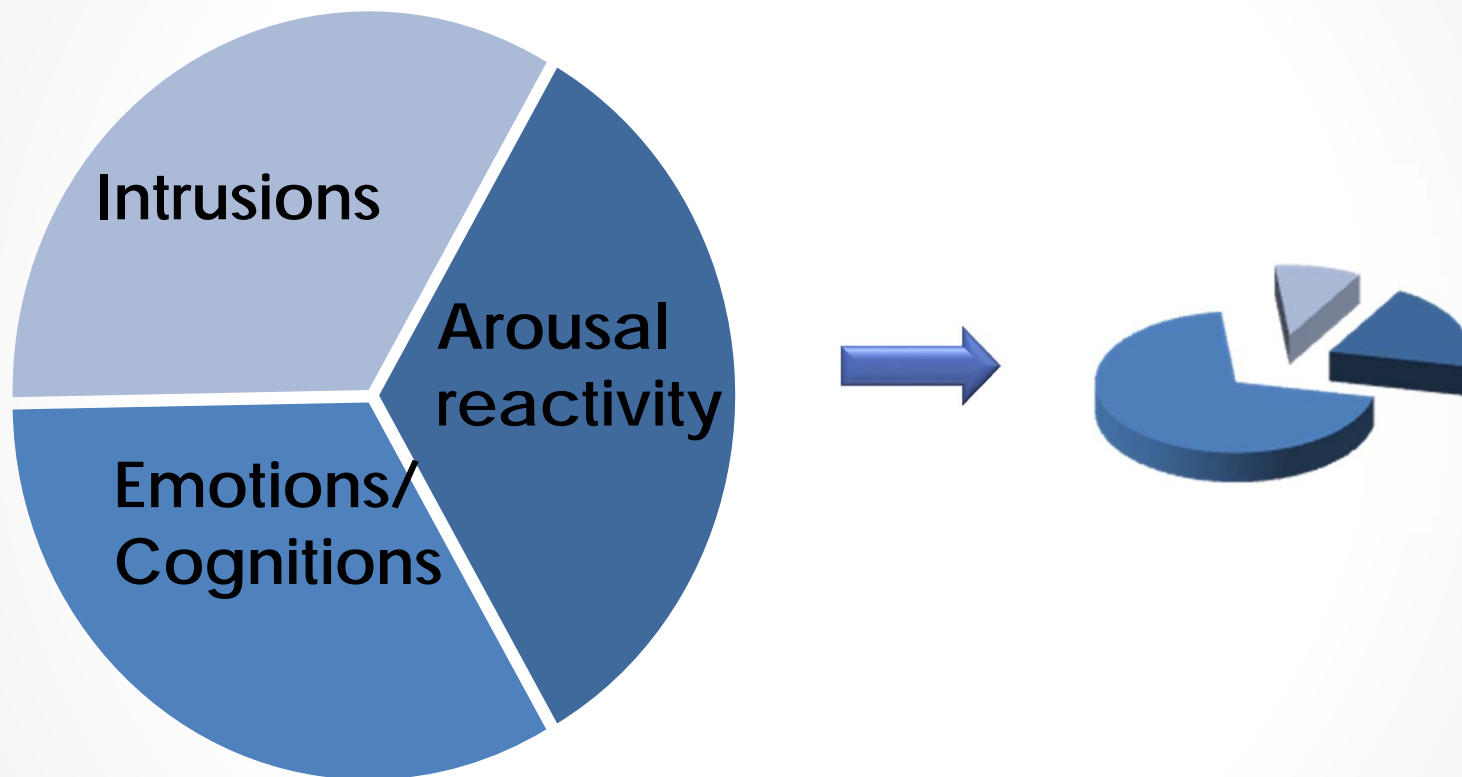


### 3. ALTERATIONS IN AROUSAL AND ACTIVITY



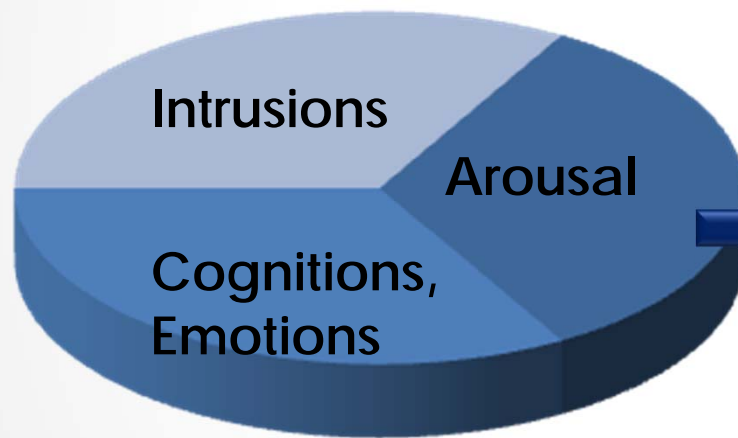
**Irritable or aggressive behavior reckless or self-destructive  
behavior problems with concentration sleep disturbance**

**In normal recovery, intrusions and emotions decrease over time and no longer trigger each other**



When intrusions occur, natural emotions and arousal run their course and thoughts have a chance to be examined and corrected. It is an active “approach” process of dealing with the event.

However, in those who don't recover, strong negative affect leads to **escape & avoidance**



Core Reactions

Aggression  
Self-harm behaviors  
Substance abuse  
Binge Eating  
Cognitive avoidance  
Behavioral avoidance  
Dissociation  
Emotional suppression  
Social withdrawal  
Behavioral inhibition  
Somatic complaints

# Cognitive Beliefs and PTSD

- Thoughts/beliefs that emerge from trauma typically fall under the following themes:
  - Safety
  - Trust
  - Power/Control
  - Esteem

# Safety

- Beliefs about safety:
  - Extreme measures are necessary to protect yourself and others from harm
- Associated symptoms: anxiety, intrusive thoughts about danger, irritability, startle response, intense fears about future dangers

# Trust

- Beliefs about trust:
  - Extreme distrust, e.g. “no one can be trusted”
- Associated symptoms:

# Esteem

- Beliefs about esteem:
  - General lack of respect and admiration for oneself and/or for others
- Associated symptoms:



# Power/Control

- Altered beliefs about power/control can manifest in...
  - Difficulties accepting authority
  - A need to feel in control of all aspects of life
  - A feeling of loss of control of many aspects of life and relationships

Where might issues with  
power/control interfere  
with everyday life?

What about trust and  
safety?

# PTSD as a Predictor of Impairment in Functioning

- **Romantic relationships:** Trauma-related symptoms are associated with decreased satisfaction in mental health functioning.
- **Parenting:** PTSD is associated with challenges in parenting, overall family adaption and family cohesion<sup>2</sup>
- **Occupational:** poor outcomes with regard to status, functioning and satisfaction – may be sharper for women than men
- Depression may be a more consistent predictor of poor outcomes for women

Allen, Rhoades, Stanley, & Markman, 2010; Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010; Goff, Crow, Reisbig, & Hamilton, 2007; Schnurr & Lunney, 2011; Vogt et al., •  
under review

# Treatment for PTSD

- Evidence-based Psychotherapies (EBPs) for PTSD
  - Cognitive Processing Therapy (CPT)
  - Prolonged Exposure Therapy (PE)
- CPT and PE have demonstrated effectiveness
  - Reducing symptomology of PTSD for various populations such as veterans, civilian victims of rape,
  - Improving functioning in multiple domains
  - Achieving prolonged improvement in symptom severity that persists at 5-year follow-up

# Cognitive Processing Therapy (CPT) is...

a short-term  
evidence-based  
treatment for PTSD

a specific protocol  
that is a form of  
cognitive behavioral  
treatment

predominantly  
cognitive and may  
or may not include  
a written account

a treatment that can  
be conducted in  
groups or  
individually

# Cognitive Processing Therapy (CPT)

- Cognitive Behavioral Therapy (CBT) effective for reducing symptoms of PTSD and depression
- Focuses on thoughts and beliefs surrounding the experience of a traumatic event
- Typically delivered in 60-minute sessions over course of 12 weeks

# Formats for CPT

## CPT

(includes written trauma account)

- Group
- Individual
- Combination

## CPT-C

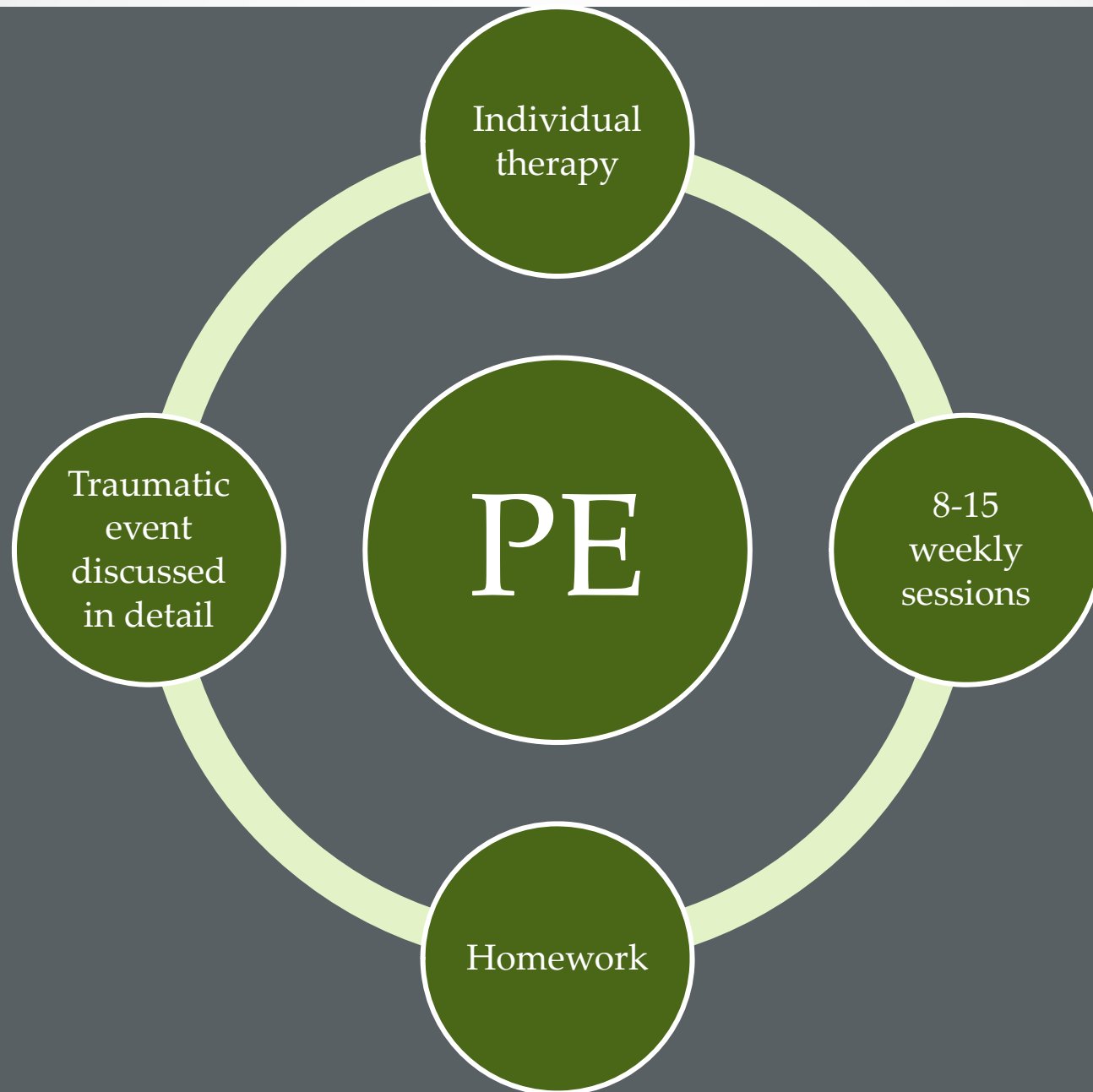
(No written account)

- Individual
- Group
- Combination

# Prolonged Exposure (PE)

- Cognitive Behavioral Therapy (CBT) effective for reducing symptoms of PTSD and depression
- Focuses on reducing avoidance of feelings, places, people, memories associated with a traumatic event
- Typically delivered in 90 minute sessions over course of 12 weeks





# National Center for PTSD Website (www.ptsd.va.gov)

[PTSD background  
and education](#)

[Help for PTSD  
\(Treatment\)](#)

[Treatment  
Options](#)

[Video presenting  
treatment options](#)



# Resources in New Mexico



## **Community Clergy Training Program Website**

<http://www.patientcare.va.gov/chaplain/clergytraining>

**Contact the Community Clergy Training Program:**

[jim.goalder@gmail.com](mailto:jim.goalder@gmail.com)