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

- 2 = Rothbaum et al.
- 12 = Resick et al.
- 2 = Riggs et al.

PTSD Criteria Met

0 10 20 30 40 50 60 70 80 90 100

= Rothbaum et al

= Resick et al

= Riggs et al

2 Rape 12 2 Assault 12
PTSD AMONG RAPE VICTIMS

What is Posttraumatic Stress Disorder?

• What are the signs/symptoms of PTSD?
  o How can we identify PTSD?
  o How does PTSD interfere with daily life?

• What treatments exist for PTSD and where can we get them?
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?

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural disaster</td>
<td>Fire or explosion, Transportation accident</td>
</tr>
<tr>
<td>Exposure to toxic substance</td>
<td>Combat or warzone exposure, Physical assault, Assault with a weapon</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>Other unwanted or uncomfortable sexual experience, Captivity, Life-threatening illness or injury</td>
</tr>
<tr>
<td>Severe human suffering</td>
<td>Sudden violent death, Sudden accidental death, Serious injury, harm or death you caused to someone else</td>
</tr>
</tbody>
</table>
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

- 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.

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

- Intrusions
- Flashbacks
- Sensory memories
- Nightmares
2. COGNITIONS AND EMOTIONS

Cognitions
- Guilt/self-blame
- Erroneous other blame
- Negative beliefs about future, self, others
- Amnesia

Emotions
- Persistent negative emotions
- Lack of positive emotions
- Detachment from others

Intrusions

Cognitions and Emotions
3. ALTERATIONS IN AROUSAL AND ACTIVITY

Intrusions

Cognitions, Emotions

Arousal/Reactivity

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

- Intrusions
- Arousal
- Cognitions, Emotions

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:
  o Safety
  o Trust
  o Power/Control
  o Esteem
Safety

• Beliefs about safety:
  o 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:
  o 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 cohesion²

- **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**
- Group
- Individual
- Combination

(includes written trauma account)

**CPT-C**
- Individual
- Group
- Combination

(No written account)
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
Individual therapy

Traumatic event discussed in detail

Homework

8-15 weekly sessions
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