

“Treating” Post Traumatic Stress: Medical versus Alternative Approaches

A Presentation at the 21st Annual Trends in Trauma Conference
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Post Traumatic Stress Disorder (PTSD)

- Re-experiencing symptoms: flashbacks, nightmares, frightening thoughts
- Avoidance symptoms: staying away from places, events, or objects that are reminders of trauma, feeling emotionally numb, losing interest in doing things, having trouble remembering traumatic events
- Hyperarousal symptoms: easily startled, feeling tense or “on edge”, having difficulty sleeping, and/or having outbursts of anger
- To be diagnosed, a person must have 1 re-experiencing symptom, 3 avoidance symptoms, and 2 hyperarousal symptoms continuously for at least one month.

It is important to remember that PTSD is not a set of symptoms. The symptoms are a result of an imbalance in the brain, where a hyperactive limbic system causes a variety of problems.

The Problem

8% of US population affected by PTS

30% of US Combat Veterans

Veterans commit approximately **25%** of all US suicides. **22** Warriors are lost each day. **8,000** per year. **80,000** per decade. An estimated **150,000** Vietnam Veterans have been lost to suicide since coming home.

58,286



58,286 over 16 years of combat
versus
80,000 every 10 years to PTS

Why?

Medical Approach Summary

- an assortment of psychotherapy (aka “talk-therapy”) options
- SSRI medications and other meds to help with paranoia, sleep, etc.
- encouragement to change lifestyle habits including drinking, drug use, diet, exercise, etc.

National Academies Institute of Medicine report on PTSD

- Report was led by Richard McNally, a Harvard psychologist and PTSD expert
- Inconclusive evidence regarding psychiatric medications, EMDR, Group Therapy, Cognitive Restructuring, and Brain-wave Neuro-feedback
- Exposure therapy was found to be effective in this report.

Exposure Therapy (1 of 2)

- Emerged in the 1950's as an intervention to treat panic-phobic disorders. It has become a staple in the treatment of anxiety disorders.
- Prolonged Exposure Therapy was developed by Edna B. Foa, PhD, Director of the Center for the Treatment and Study of Anxiety.
- Idea is to expose individuals to unpleasant memories, emotions, sensations, and fears in an attempt to change how the brain reacts when experiencing them. Hope is that over time, less anxiety will occur as brain "triggers" less easily.

Exposure Therapy (2 of 2)

Limitations:

- The PE Manual (Foa, et al, 2007) specifies a number of contraindications for PE Therapy, including suicidal or homicidal behavior, self-injurious behavior, and current psychosis.
- High drop-out rate (20%-25%) as symptoms usually get worse before they get better.
- Barlow, D.H (2010) found that individuals with panic disorder and agoraphobia fared worse in coping with panic than those who did not undergo treatment (Negative effects from psychological treatments. *American Psychologist*, 65, 13-19).
- Accounting for the difference between PTSD and Moral Injury?

The War Within - Study by the American Legion in 2014

- Researchers asked 3,100 Veterans with PTS how they felt about PTS treatments including talk-therapy and medication management.

- only **16%** stated that they believed these methods were clearly beneficial for their health
- an equal amount reported that these methods made them feel worse
- the cost? Aside from demoralizing those seeking treatment, the financial cost is \$8,300 per Veteran, per year, for meds alone - totaling about \$3 billion annually after including additional interventions.

- In a 2014 study by Iraq and Afghanistan Veterans of America, researchers found that **27%** of Warriors diagnosed with PTSD were no longer seeking treatment.
- **20%** of them stated that they felt better off talking to family and friends rather than clinicians.

Is there an alternative?

What factors help
explain a successful or
unsuccessful recovery?

Two Groups

Group that reported healing

- Spiritual individuals
- Purpose greater than self and pursued meaning
- Maintained a supportive, emotionally mature community
- Saw their trials as something that led them into a more meaningful life
- Contemplative: Meditation, affirmation, and/or prayer
- Very peaceful and mature, but insisted that when they were younger they suffered greatly with anger, fear, and anxiety

Group that reported suffering

- Not spiritual
- Poured themselves into their work as a distraction and/or were self-focused
- Often isolated or communities revolved around activities like drinking
- Spoke of their trials and war-time experiences as detriments that plagued them
- Self-medicated: drinking, drugs
- Displayed anger, fear, and anxiety when recounting their past

Post Traumatic Growth?

Logotherapy

- Healing through meaning
- Victor Frankl, neurologist and psychiatrist who lived in concentration camps during the Holocaust
- Examined what factors explained suicide and survival in the concentration camps
- *Man's Search for Meaning*; and *The Will of Meaning: Foundations and Applications of Logotherapy*

Some Key Differences between a Happy Life and a Meaningful Life

Baumeister, Vohs, Aaker, & Garbinksy, (2014)

- Researchers asserted: “The quest for meaning is a key part of what makes us human.”
- Seeking happiness was linked to being a taker rather than a giver, whereas meaningfulness went with being a giver rather than a taker; However, those who seek happiness are not necessarily happier.
- Seeking happiness is about the present and meaning is about linking the past, present, and future.
- Seeking happiness is about getting what you want, and meaningfulness is about expressing and defining yourself. A life of meaning is more deeply tied to a valued sense of self and one’s purpose in the larger context of life.
- Happiness without meaning is characterized by a relatively shallow and often self-oriented life. When things go wrong, look out...

So, can we have a both
happy *and* meaningful life?

Measuring Happiness

- Measuring the difference in activity between the brain's left prefrontal cortex versus the right prefrontal cortex indicates happiness
- Matthieu Ricard, a Buddhist Monk, is considered to be "The World's Happiest Man"
- Monks produce 30 times more gamma waves in these studies versus the control group of non-meditators



Can mindfulness-based practices help those suffering from PTSD?

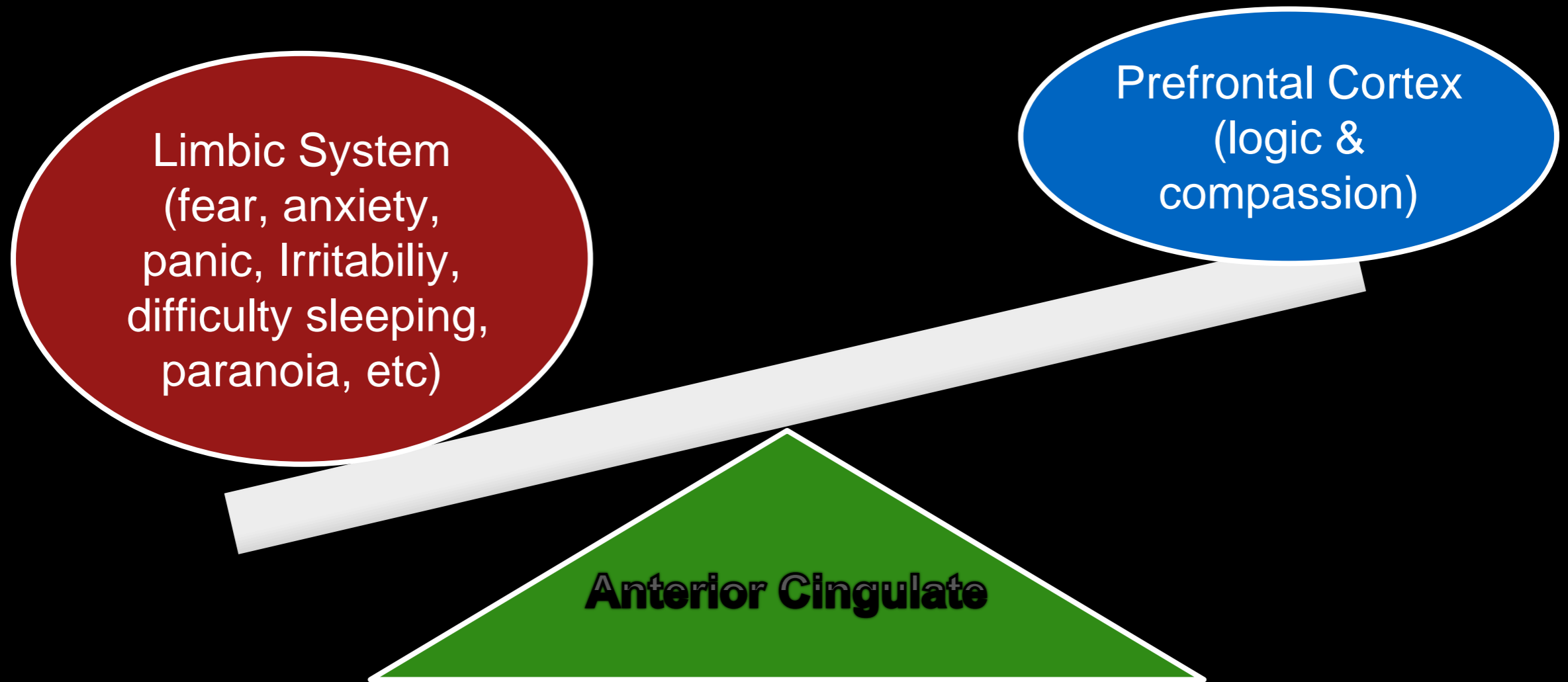
YES!

- Over 350 studies have examined how meditation/mindfulness-based practices can change your brain
- Studies consistently reveal decreased limbic system activity and increased prefrontal cortex activity as well as anterior cingulate activation
- Studies examining meditation and PTS reveal decreased symptoms and changes in the brain



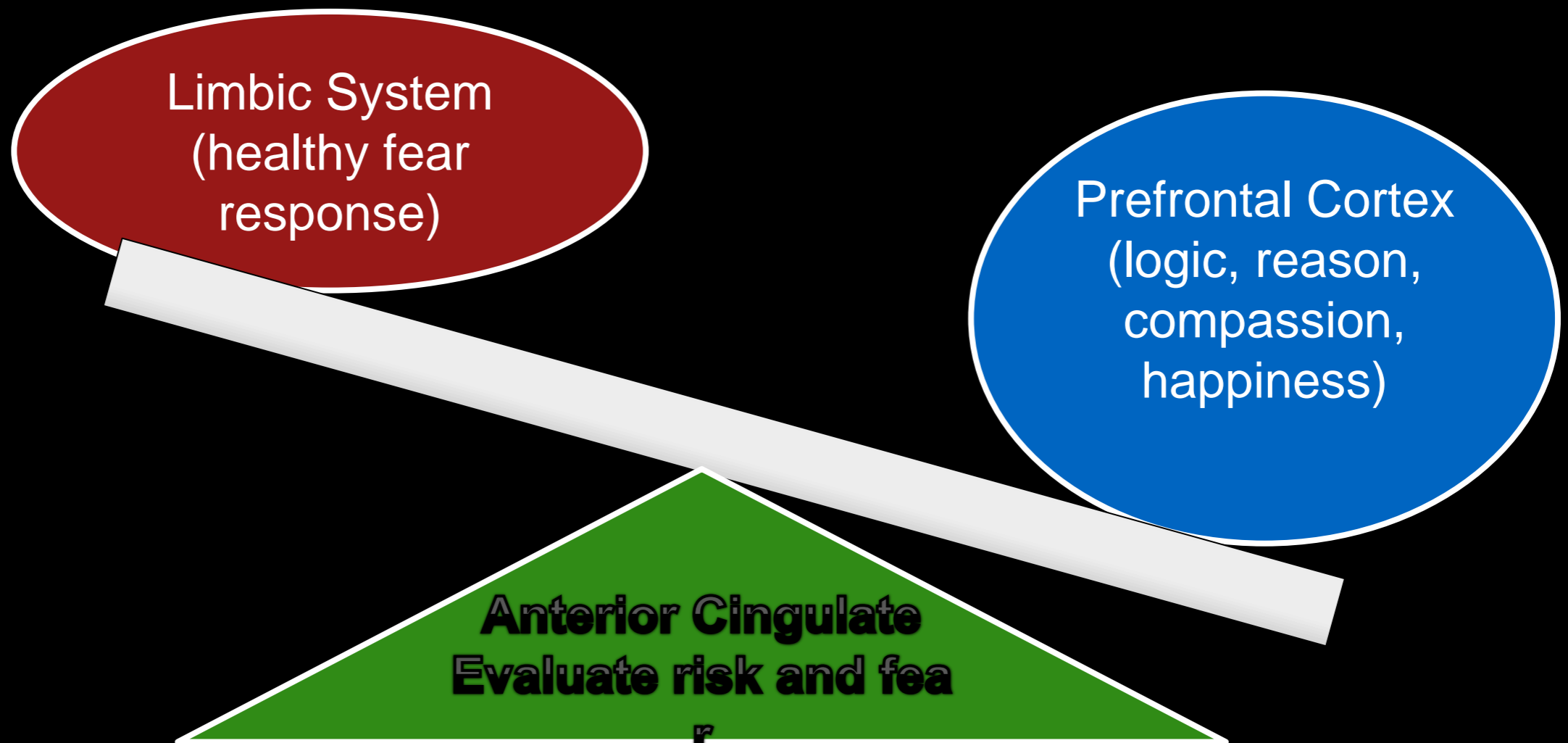
PTSD and Mindfulness

Brain with Post Traumatic Stress

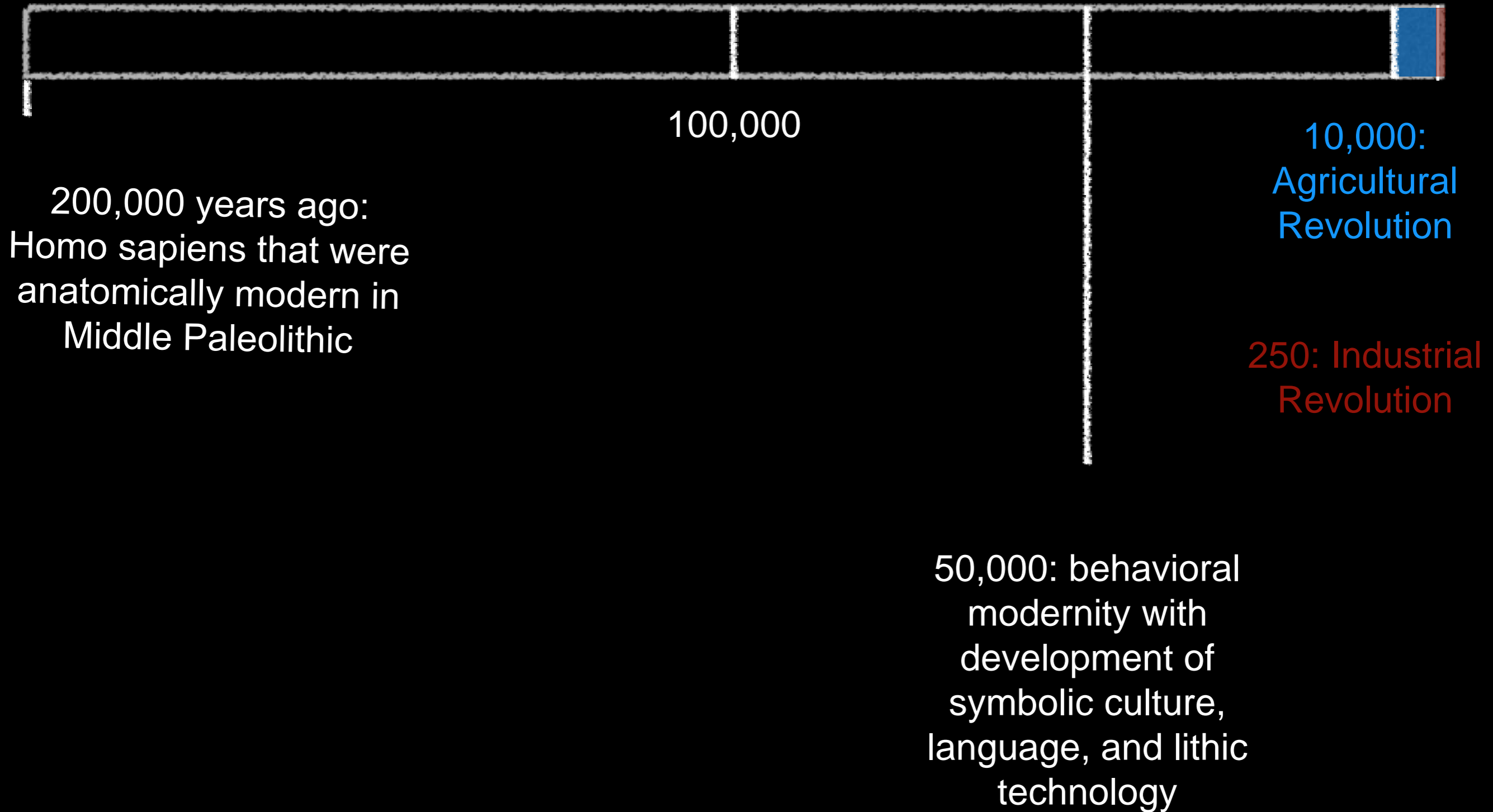


PTSD and Mindfulness

Meditation addressing the imbalance



TIMELINE OF MODERN HUMAN HISTORY



200,000 years ago:
Homo sapiens that were
anatomically modern in
Middle Paleolithic

100,000

10,000:
Agricultural
Revolution

250: Industrial
Revolution

50,000: behavioral
modernity with
development of
symbolic culture,
language, and lithic
technology

Alternative Approaches

- Mindfulness-based practices: meditation, yoga, prayer, tai chi, etc.
- Acupuncture, biofeedback, massage, hypnosis, etc. (In one study, acupuncture was effective and comparably effective to group CBT).
- Logotherapy: Victor Frankl and “healing through meaning”
- Initiation into a spiritual way of being

“It is a fact that the beginnings of psychoanalysis were fundamentally nothing else than the scientific rediscovery of an ancient truth; even the name catharsis (or cleansing), comes from the Greek initiation rites.”

–*Carl Jung, Modern Man in Search of a Soul*

Initiation, in Practice

Save A Warrior: a **5 DAY** Program

- NO war stories
- Initiation into a spiritual way of being to establish basis for long-term behavioral changes leading to emotional sobriety
- Ameliorate shame: address what we did or failed to do (the source of shame) in a group setting
- Training and education in neuroscience, PTS, and meditation
- Sense of purpose, sense of meaning, sense of belonging

Results at Save A Warrior

- Over **90%** of Save A Warrior participants are suicidal upon coming to the program
- Over **50%** have actually attempted suicide before coming to the program
- After 3 years of operations and over 250 Warriors served, **NOT ONE** Warrior has attempted suicide
- About **30%** display signs of clinical recovery, and an overwhelming majority report life-altering symptomatic reductions
- **100%** recommend the program to fellow Warriors

“It is no measure of health to be well adjusted to
a profoundly sick society.”

-Jiddu Krishnamurti

What can we learn from Veterans and Save A Warrior?

- Veterans are one of the most severely affected portions of our population and most complicated to “treat”: multiple deployments, divorce, extreme loss of life, personal injuries, shame of killing and “failing” to be able to make a difference, alcohol and drug abuse, perceived weakness of getting help, childhood trauma, deeply-rooted “fixed-way of being,” etc.
- If we can save the most severely affected members of our society, transform them, and heal them, then we have the potential to transform and heal anyone.

Key is to help individuals find what it means to have a fully human experience (and therefore spiritual)...
NOT to manage symptoms.

What can future PTS “treatment” look like?

- Mixed-model approach to healing?
- Resiliency and meditation classes open to the public where people can learn to access internal adaptive mechanisms.
- Focus on prevention rather than treatment, where we become a society that promotes mindfulness, spirituality, and the search for meaning from an early age.

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