PTSD and Traumatic Stress

From Bench to Bedside to Community
[From Gene to Public Health]

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Director
Center for the Study of Traumatic Stress
• Over 25,000 people studied

• Civilian & Military populations
  Primary victims
  1st Responders & Spouses
  Health care personnel
  Adults & Adolescents

• Component Center of the Defense Centers of Excellence for Psychological Health and TBI
Psychological First Aid
Helping Victims in the Immediate Aftermath

As a healthcare provider, first responder, leader or manager of disaster operations, this fact sheet describes an evidence-informed approach for helping victims cope in the immediate aftermath of a disaster known as Psychological First Aid, and explains how to administer it.

Psychological First Aid aims to mollify the painful range of emotions and physical responses experienced by people exposed to disaster. These reactions include combinations of confusion, fear, anger, helplessness, guilt, disbelief, and intrusion from memories and thoughts about the event.

Center for the Study of Traumatic Stress
Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities
A Program of Uniformed Services University, Our Nation’s Federal Medical School, Bethesda, Maryland • www.usuhs.mil/csts/

Psychosocial Concerns after Hurricane Katrina
Tips for Medical Care Providers

After Hurricane Katrina, medical providers faced unprecedented challenges. The needs of caregivers, first responders, and the population at large were immense. The aftermath of natural disasters, such as Katrina, can lead to a range of psychosocial concerns, including post-traumatic stress disorder (PTSD), depression, anxiety, and other mental health issues.

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Hurricane Katrina: Sustaining Effectiveness in First Responders

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Public Education:
The Teachable Moment

**BECOMING A COUPLE AGAIN**
How to Create a Shared Sense of Purpose After Deployment

Getting together as a couple after war deployment isn’t always easy or something that happens naturally. It requires effort, and an understanding that each person has grown and changed during the separation. A positive way to think about this is that both of you, service person and spouse, have developed your own sense of purpose coping with new experiences while apart. What’s important now is to come together and

- **Emotional changes.** Some spouses may have experienced growing independence and freedom on it; others may have found this a difficult time leading to depression, anxiety, increased alcohol or substance use and abuse, and other symptoms of stress.

**STEP 1:** Recognize that the following concerns upon return are common; often shared or felt

**TIPS TO AVOID GETTING THE FLU**
Here are some ways to help avoid getting the flu. This is a good time to teach or remind children about good health habits that can last a lifetime.

- Avoid close contact with people who are sick, and don’t expose others to you or your family to.

**FACTS ABOUT THE FLU**
What is the flu?

**FLU SEASON: A TEACHABLE MOMENT**
We hope this fact sheet and the attached fact sheet for patients will enhance your communication with service members and their families during the flu season. This year’s flu season is a time of heightened anxiety. The flu vaccine has been limited supply. Military families, especially those with young children, are experiencing stress due to lengthened deployments and escalation in fighting. Many service members—married and single spouses are deployed—may be health experiences for the first time.

**REINTEGRATION ROADMAP**
Shared Sense of Purpose

**REINTEGRATION CHALLENGES**
Uniformed Services University applies the educational efforts and programs our Department of Defense community is providing to assist troops and their families in the reintegration process post-deployment. To enhance these efforts, our military trauma experts have prepared this concise and friendly, two-part fact sheet that is based upon recent interviews with affected families. You may forward this Provider Fact Sheet and the

**REFRAMING THE CHALLENGE:**
**SHARED SENSE-OF-PURPOSE PARADIGM**
The challenge of reintegration can be summed up in three words: sense of purpose. The biggest task for the returning service member is to transform a sense of purpose created by the intensity of war into the routines and safety of everyday life. Similarly, the service member’s family has established a sense of purpose sustaining the home and its routines in the absence of the spouse. Helping couples
Controversies
or “Please answer”

1) Debriefing
   No
2) EMDR?
   No/Yes/No
3) CBT?
   Yes
4) Benzodiazapines?
   No
5) SSRIs?
   Yes
6) We can prevent PTSD?
   Yes
7) We should intervene early to prevent PTSD?
   Early?
8) Psychodynamic Rx is irrelevant to PTSD?
   No
9) Prazosin, Virtual Real, DcycloS
   (alpha adrenergic antagonist)
Psychological First Aid:
Fostering Resilience and recovery

Safety - be safe, feel safe
Calming – rest, relax, sleep
Efficacy – skills and confidence
Connectedness – social support emotional and instrumental
Hope - optimism

Hobfoll et al Psychiatry 70:2007
Spectrum of mental health services after mass trauma

Engel et al, 2004, Can We Prevent A Second Gulf War Syndrome? Advances in Psychosomatic Medicine
Where people seek care
(each month)

- 1000 persons
- 800 report symptoms
- 327 consider seeking medical care
  - 217 visit a physician’s office
    - 113 visit a primary care physician’s office
  - 65 visit a complementary or alternative medical care provider
- 21 visit a hospital outpatient clinic
- 14 receive home health care
- 13 visit an emergency department
- 8 are hospitalized
- <1 is hospitalized in an academic medical center

Team Intervention for Body Handlers

- **Addresses:**
  - Post deployment problems
  - Improving coping skills
  - Secondary adversities
  - Barriers to health care utilization
  - Problems at home (marital & family)

- **Uses natural environmental support:**
  Spouse and Buddies
So What Do We Know About PTSD and Traumatic Stress for Individuals and Communities?
PTSD and Traumatic Stress

- All are at risk, expect resilience
- PTSD - acute & chronic
- Effective treatments for PTSD
- Trajectories vary
- Barriers to care and stigma
- Public Health Interventions for communities are needed
- Neurobiology of PTSD is coming and is needed