

Posttraumatic Stress Disorder (PTSD) A Brief Discussion on a Complex Condition

An Overview: Definition, Treatment Considerations, and Prevention

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Introduction

As I have written previously in earlier articles published in this journal, we all know that men and women of law enforcement often experience significant psychological stress, secondary to the nature of their career. We also know that they are constantly subjected to the potential of witnessing or being involved in a wide variety of traumatic events (i.e.; officer-involved use of deadly force, events of serious injury and death such as fatality motor vehicle accident, homicide, suicides, etc.). Such events can be experienced as either a single traumatic event or a series of traumatic events (repeated exposure trauma). And, as we also know, when we are subjected to or experience constant intense stress or are involved in some type of traumatic event, individuals in such situations will likely experience a mild, moderate, or significant degree of acute stress in reaction to such exposure.

It is most often the case that the vast majority of people who experience such exposure tend to report having post-event emotional and behavioral reactions that seem to persist anywhere from two days to a month after the event, with most individuals typically also reporting that symptoms and complaints associated with the experience self resolve within 30 days or so. However, in a certain percentage of cases, the symptoms and complaints occurring during a post-event period will persist beyond 30 days. In these instances, it is likely that the individual affected is in fact experiencing a post-traumatic stress disorder-like response and may indeed be experiencing a genuine case of Posttraumatic Stress Disorder (PTSD). Only a trained and licensed medical or mental health professional can actually make a formal diagnosis of PTSD.

Some Statistics on PTSD

Statistically, as evidenced by a wide range of such studies, approximately 75% of individuals who witness or experience a traumatic event will go onto experience acute stress as a result of that exposure. Of that group, according to the research in this area, approximately 50% will fully recover within 30 days and the remainder will go on to experience a posttraumatic stress disorder-like response and may in fact meet the criteria for being officially diagnosed as having PTSD. The data further tells us that of those who go on to experience PTSD, about 8% develop a lifetime, chronic case of PTSD with those individuals experiencing a wide continuum of intensity, frequency, and duration of PTSD symptoms and complaints throughout the remainder of their lives. It is interesting to note that statistical analysis suggests that nearly half of all military combat

veterans and police officers diagnosed with PTSD tend to experience what is referred to as delayed-expression or late-onset PTSD, meaning that in such instances individuals so affected develop PTSD six or more months after witnessing or experiencing a traumatic event. Of additional interest, as indicated by studies regarding PTSD, resiliency is significantly predictive of recovery from PTSD - with the variable of social support as being identified as significant in this regard.

As I have written previously, psychological resilience is integral to the concept of comprehensive officer fitness. Law enforcement personnel who demonstrate a resilient attitude possess functionally adaptive personal and professional positive adjustment. This sort of ability to bounce back to a state of healthy and normal functioning after exposure to adversity or trauma is vital to the affected officer and is equally vital to his or her employing agency for all of the obvious reasons, such a continued employment and sustained emotional and behavioral health over the remainder of their careers. It is important to understand that it is not necessary for someone to experience a physical injury secondary to a traumatic event in order to potentially develop PTSD as a result of such an event.

What is Posttraumatic Stress Disorder (PTSD)? According to the Diagnostic Statistical Manual, Fourth Edition, Text-Revised (DSM-IV-TR), PTSD is described, in summary, as requiring two critical features, as follows; (1) The person has been exposed to a traumatic event whereby they have experienced, witnessed, or were confronted by an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others and , (2) the person's response involved intense fear, helplessness, or horror. Research informs us that the traumatic event alone does not cause PTSD but that it is the individual perception of the event by the involved person and the thoughts generated about the traumatic event that results in the traumatic emotional and memory response that characterizes PTSD. In other words, the way we think about things shapes how we emotionally respond to things, thus we suggest that individual differences in perception, cognitive appraisal of the event, emotions generated, and memories produced regarding the traumatic event or events are important contributory variables in terms of the development of PTSD in terms of intensity of response. Overall, it is the emotional memory of the traumatic event that seems to be a significant source of PTSD symptoms and complaints as opposed to the material facts of the traumatic event itself.

Symptoms and Effects of PTSD

According to the DSM-IV-TR, the general symptoms commonly associated with PTSD include recurrent and intrusive distressing recollections of the event, recurrent distressing dreams of the event, acting or feeling as if the traumatic event were recurring (i.e.; flashbacks), and experiencing intense psychological distress when exposed to internal or external stimuli that symbolizes or resembles an aspect of the traumatic event. Other important effects of PTSD include a tendency to avoid thoughts, feelings or conversations associated with the traumatic event, avoidance of activities, places or people that remind the individual of the event, and experiencing difficulty recalling important aspects of the traumatic event. Many report a sense of dread with regard to the future as being negative (i.e.; career, family, marriage, life span, etc.), and tending to feel distant and detached from others. Some persistent symptoms reported by those diagnosed with PTSD include difficulty falling or staying asleep, irritability or angry outbursts, problems with concentration, hyper-vigilance, and an exaggerated startle response. In addition, many studies reveal that the brains of those experiencing PTSD show physical changes in the frontal lobe area of the brain. Neuroscience of the brain informs us that cognitive appraisals (the way we think about things) takes place in the frontal lobe and that these appraisals control our limbic system, which is that part of our brain which controls our emotions. These studies have demonstrated that the thought-producing frontal lobes of the brains of those with PTSD tend to be underactive and atrophic (decreased in size), and the negative emotion-producing amygdale (the part of the brain that regulates emotions and is part of the limbic system) tends to be enlarged. This is in reaction to over-activity associated with chronic stress, anxiety disorders, and trauma disorders such as PTSD.

Treatment and Prevention- Hope

The good news regarding PTSD is that the condition is very treatable and that in many instances, individuals report a complete recovery from PTSD and/or the ability to experience sustainable significant symptom and complaint relief secondary to receiving appropriate care and treatment. Treatment of PTSD typically involves either psychotherapy, medication, or both. Current research suggests that a combination of psychotherapy and medication can be very effective in treating PTSD, however the research indicates that medication alone is not very effective. A particular model of therapy has been shown to be as effective as medication in many instances and in certain cases as effective as psychotherapy and medication combined. This particular model of therapy is called Cognitive Behavioral Therapy (CBT) and has been shown as the most effective model of therapy in the treatment of PTSD. Simply put, this approach is consistent with the notion of how "what we think affects how we feel."

simultaneously changing emotional and behavioral outputs. Research reveals that our emotions serve as a biological signal in that when a particular emotion is experienced, that emotion results in a cascade of neurobiological events within our brains and bodies that contribute to the physiological experiences associated with traumatic events and the memories of those events.

Another modality of therapy often used in the treatment of PTSD with a record of occasional significant relief is Eye Movement Desensitization and Reprocessing, or EMDR. EMDR therapy uses bilateral stimulation, right/left eye movement, or tactile stimulation, which repeatedly activates the opposite sides of the brain. This treatment approach purports to release emotional experiences that are "trapped" in the nervous system. According to EMDR trained therapists, as troubling images and feelings are processed by the brain via the eye-movement patterns of EMDR, resolution of the issues and a more peaceful state are achieved.

Medications of various types often prescribed in conjunction with the treatment of PTSD include various antidepressants (i.e.; Serum Serotonin, Re-uptake Inhibitors - SSRI's like Prozac, Paxil, and Zoloft, Serotonin, Norepinephrine Re-uptake Inhibitors- SNRI's like Effexor, Lexapro, Celexa, and other medications), Mood Stabilizers such as Topimax, Tegretol, Depakote, and others can be useful. Atypical Antipsychotics such as Abilify and Risperdal for example, and Benzodiazepines such as Ativan, Klonopin, and Xanax, as well as Beta Blockers like Propranolol are often prescribed in the treatment of PTSD. *As mentioned previously, when seeking treatment for PTSD it is vitally important to seek care only from a licensed, trained, and experienced medical and or mental health care provider who is knowledgeable and well-experienced in working with PTSD and who has access to additional resources beyond their own services, so as have an array of care providers and systems of care in order to improve the quality of treatment outcomes.

Non-Medical Interventions to Reduce PTSD Symptoms

Other non-medical interventions can help PTSD sufferers. Physical exercise has been shown to be effective in lessening the intensity of PTSD symptoms and complaints. Exercise also enhances the effectiveness of other co-occurring therapeutic processes.

As mentioned earlier, according to the research, an individual's psychological resiliency plays a role as to vulnerability and resistance to the development of PTSD. Those who possess a positive capacity of resiliency tend to fare better overall when dealing with a post-traumatic experience. Their ability to remain hopeful, positive, and optimistic about their current situation and their anticipation of the future significantly minimizes the negative effects of a traumatic event and increases their ability recover

with minimal long-term negative consequences. Resiliency also positions them to be better prepared to manage any future experiences of trauma and adversity. Treatment for PTSD should always include addressing and strengthening an individual's psychological resiliency.

Where to Go for Help

If you are concerned that you are experiencing symptoms of PTSD, please see your family physician or an experienced psychologist for a comprehensive evaluation. Doctors can prescribe medications that can be helpful as stated above, and they are able to help with referrals to specialists such as psychiatrists, psychologists, and mental health therapists who treat those with PTSD. Seeking a referral through your Employee Assistance Program (EAP) in order to talk with a professional mental health provider about your concerns can be very helpful as well, in addition to being a good path for referrals to specialists.

Conclusion

PTSD is a very serious condition and needs to be taken seriously. It is important to seek and obtain professional help if you think you might be experiencing PTSD or are experiencing symptoms and complaints that you think may be associated with PTSD. This is a condition that will not necessarily improve on its own. If left unattended, PTSD can often become a chronic, debilitating and difficult condition to treat. As we know all too well, PTSD and its consequences have caused the end of many careers of excellent law enforcement officers, and has led others to experience significant struggle and distress resulting in a diminished quality of life overall. This can cause reduced performance at work and concerns regarding officer safety.

PTSD can be successfully treated in many instances, with the possibility of a full recovery in some cases, and significant relief and improvement in the vast majority of others. If you know someone who is struggling secondary to a traumatic event such as your partner, a colleague in your agency, a friend or family member, please encourage them to get help. Struggling with PTSD is not a sign of weakness or failure of one's character. It is a very serious health care condition that can be successfully treated.

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