Posttraumatic Stress Disorder

Unpacking the Layers

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You can get better from PTSD, but it’s not easy.
You’re gonna need a buddy who’ll have your back.
It’ll take longer than you want it to take.
You can leave the war behind you.
PTS symptoms are unlike other mental health symptoms

TRIGGER WARNING/TW
CONTENT WARNING/CW

Any discussion of *Posttraumatic Stress Disorder* can activate PTS symptoms.
The most frequent PTS symptom pattern in VA exams has been mild-moderate and fluctuating.

Moral injury is a common layer contributing to depressive symptoms.
Avoidance of learning about PTSD is endemic.
It’s an uphill battle to end the stigma.
What causes PTS symptoms?

- Terrific stressors
  - Changes that benefit us but still exert pressure or tension

- Trying stressors
  - Everyday challenges that can be changed and/or eliminated

- Troubling stressors
  - Requiring new skills or recovering from injury or illness

- Tragic stressors
  - Loss of people, places, positions

- Traumatic stressors
  - Extraordinary and life threatening
Not an ordinary day, not business as usual, something happens that shifts our brains:
- Requires a survival response
  - fight, flight, freeze, fawn
- Shifts to muscle memory
- Shuts off empathy, sympathy, time stamping
  - doesn’t matter how this makes me feel until I’m safe again

Some things that make this brain alteration happen are:
- combat, terrorism, torture, seeking political asylum
- kidnapping, sexual assault, physical assault, criminal threat
- natural disasters, life-threatening workplace injuries, other man-made disasters
- on the job exposure to these things happening to others

Psychological Trauma Defined
DSM V, Criterion A
Traumatic stress exposure as the deepest layer
Psychological Trauma Defined
DSM V, Criterion A
What causes PTS reactivity
Trauma Memory
DSM V, Criterion B
Being haunted by what happened as a unique layer

Unprocessed sensory data

- A moment in time frozen in time
- A bubble holding the stuff that long term memories are made of
  - Sights, sounds, smells, tastes, physical feelings
  - Gut reactions like fear, excitement, doubt, shame

Any type of memory is stored along the lines of senses and gut reactions

- Trauma memory is activated by
  - Anything with similar sensations
  - Anything that leads to a similar gut reaction
You may be an undigested bit of beef, a blot of mustard, a crumb of cheese, a fragment of underdone potato. There's more of gravy than of grave about you, whatever you are!

Charles Dickens, *A Christmas Carol*
Avoidance
DSM V, Criterion C
Avoiding activation as a layer

The world becomes smaller and tighter
to avoid activation
to feel safe

Predictability is welcome
People are not

Because memories can be activated, avoidance isn’t effective.
Negative alterations in cognition and behavior
DSM V, Criterion D
Protective beliefs provide a defensive layer

Deciding the world and its people are not safe
Preparing for the worst
Trusting no one
Wanting nothing

Pleasure is distracting
Sleep is dangerous

Using these filters buffers our brain against activation
Moral Injury

Acting or witnessing behaviors that go against an individual's values and moral beliefs.
Hyperaroused brain patterns
DSM V, Criterion E
Layers of alert and alarm associated with Criterion A

Irritability and agitation vs. temperament
Risk taking vs. addiction or compulsivity
Hypervigilance vs. situational awareness
Exaggerated startle response vs. being jumpy
Problems with concentration vs. ADD/ADHD
Sleep disturbance vs. insomnia
Functional Impairment vs. Disability

Impairment: Diminishment or loss of function or ability due to symptoms

Disability: Symptom patterns that make it more difficult to do certain activities (activity limitation) and interact with the world around them (participation restrictions); identified by diagnosis with severity rating

- Impairment may not always result in disability.
- Disability results from an impairment.
- Both impairment and disability can be temporary or permanent.

PTSD is not a life sentence of unemployment
Disability varies with symptoms and their severity

Functional work impairment by symptoms
- Sleep disturbance
- Cognitive complaints
- Agitation/Irritability
- Mistrust of others
- Dissociation

More frequent and severe symptoms leads to more occupational disability

- Mild PTSD does not correlate with functional work impairment
- Moderate PTSD correlates with a range of temporary/permanent partial disability
- Severe PTSD correlates with temporary partial/total disability
Violence leaves more than just a memory

The most important thing to know about PTSD is what has been happening in your brain since you experienced that life-threatening event. While your thoughts and feelings about that day grab your attention daily, trauma memory is what has been grabbing your brain.

Chapter 2, PTSD Unplugged
PTSD Treatment: Know Your Options
Veteran Health Administration
YouTube

https://www.youtube.com/watch?v=FeLLt39D18A&t=22s
PTSD: Unpacking the Layers
#strongertogether

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