STRONG STAR TRAINING INITIATIVE

Meeting the Needs of Trauma Survivors:
Targeting Evidence Based Treatments to Distinctive Trauma Types

WYATT R. EVANS, PHD

TABATHA H. BLOUNT, PHD

UT HEALTH SCIENCE CENTER SAN ANTONIO

SAN ANTONIO & FORT HOOD, TX

UT Health San Antonio

Wyatt Evans, PhD

Postdoctoral Fellow, Department of Psychiatry, UT Health San Antonio

- Clinical Psychologist; PhD in Clinical Psychology from Palo Alto University
- Clinical and research training at Palo Alto VA, National Center for PTSD, and Michael E. DeBakey VAMC in Houston, TX
- Primary research therapist for *Project Remission* at Fort Hood
- Research therapist for Web-PE program
- Expertly trained/certified in Prolonged Exposure, Cognitive Processing Therapy, and Acceptance & Commitment Therapy
- Expertise in moral injury, conducting research in VA and international consortium led by Dr. Brett Litz
- Founding chair of ISTSS Moral Injury SIG and Military Matters Contributing Editor for StressPoints
- Member, Military Diversity Committee of APA Society for Military Psychology

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Tabatha Blount, PhD

Assistant Professor, Department of Psychiatry, UT Health San Antonio

- Clinical Psychologist; PhD in Clinical Psychology from Texas Tech University
- Clinical and research training at STRONG STAR at San Antonio
- Research therapist :
  - *Treatment of Chronic Stress Reaction and Chronic Pain after Traumatic Orthopedic Injury*
  - *Individual PE vs. Couples' Cognitive-Behavioral Therapy for Combat-Related PTSD*
  - *SSRI Treatment of Dual Diagnosis PTSD and Alcohol Dependence: A Test of the Serotonergic Hypothesis*
  - *Prolonged Exposure for PTSD among OIF/OEF/OND Personnel: Massed vs. Spaced Trials*
  - *Multi-Couple Group Intervention for PTSD*
  - Project Remission: Maximizing Outcomes w/ Intensive Treatments for Combat-Related PTSD
- Expertly trained/certified in Prolonged Exposure, Cognitive Behavioral Conjoint Therapy, COPE for Dual Diagnosis PTSD and Substance Abuse

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Disclosure Slide

The views expressed in this presentation are those of the author and do not reflect the official policy of the Department of Defense, the Department of Veterans Affairs, or the U.S. Government.

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Learning Objectives

Identify the variety of intervention targets in trauma-focused treatment and recognize those accessible via PE, CPT, and CBCT

Tailor PE, CPT, and CBCT procedures - structure, content, and process - to address the unique symptom expressions consequent of different trauma types

Assess the impact of PE, CPT, and CBCT on a range of psychosocial domains and flexibly address these issues in order to improve overall treatment outcomes for each patient

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Getting to Know You

- Experience with:
  - Patients with PTSD
  - Veteran patients
    - Post-9/11 veterans
    - Vietnam veterans
  - Military service members
  - Other highly traumatized populations

- Have received training in:
  - Cognitive Processing Therapy for PTSD
  - Prolonged Exposure for PTSD
  - Cognitive Behavioral Conjoint Therapy

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Introduction: Types of Trauma

- Theories and models of PTSD have traditional been built around life threat-based traumas
- However, there are other highly stressful events that may cause distress and impairment
- When threats to life or physical integrity (i.e., Criterion A) co-occur with these other forms of trauma, they may lead to distinct manifestations of PTSD
- Targeting treatment EBPs to distinct types of trauma/PTSD may yield better outcomes for patients

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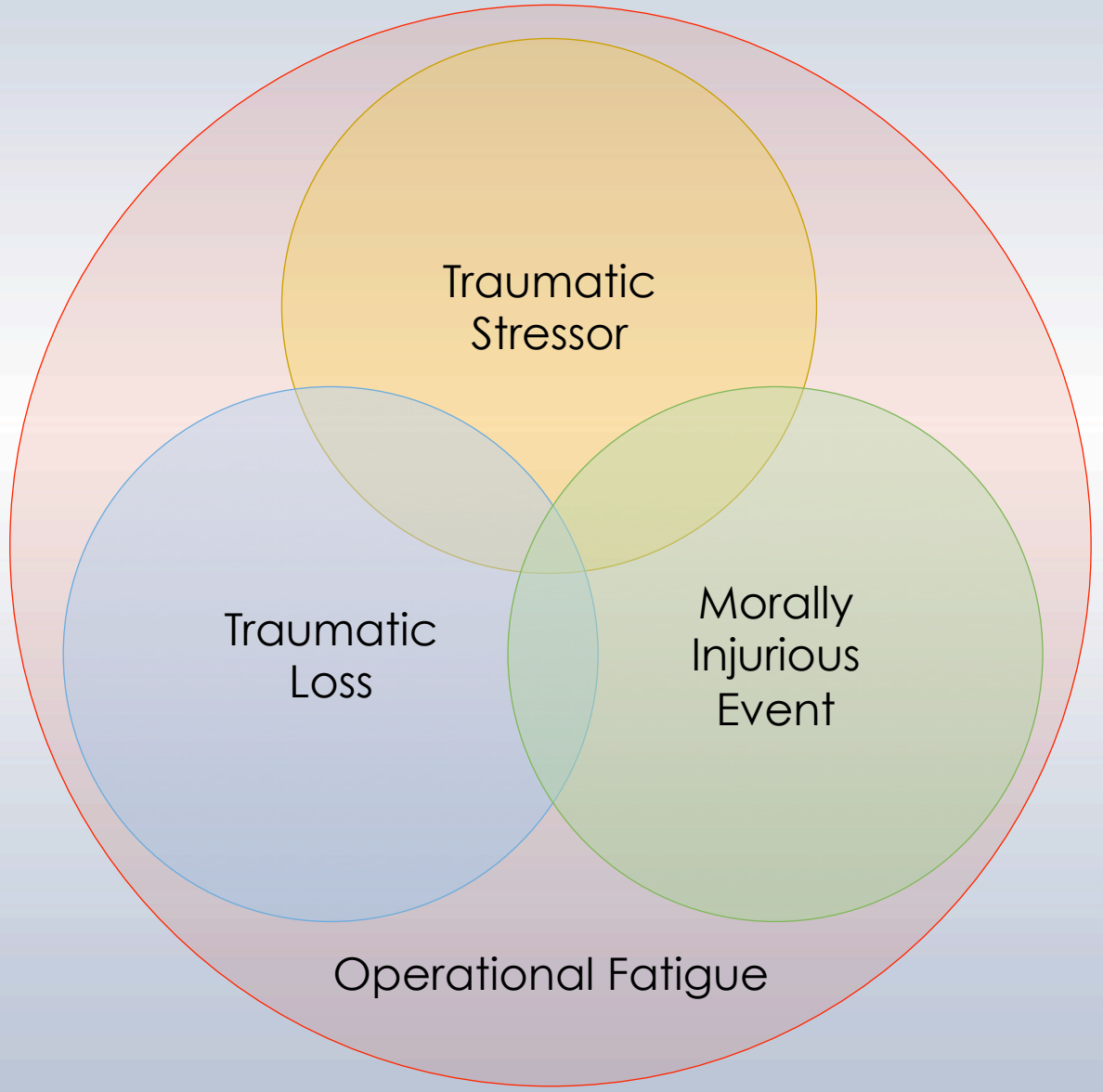
Combat Stress Injuries



Nash, 2007

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Trauma Types

- Life Threat to Self
- Life Threat to Other(s)
- Traumatic Loss
- Moral Injury by Self
- Moral Injury by Other(s)
- Aftermath of Violence

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Stein et al., 2017

Morally Injurious Events

- "…perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations." (Litz et al., 2009, p. 697)

- "…a situation occurring in a high-stakes environment where an individual perceives that an important moral value has been violated by the actions of self or others.

  (Farnsworth, Drescher, Evans, & Walser, 2017, p. 392).

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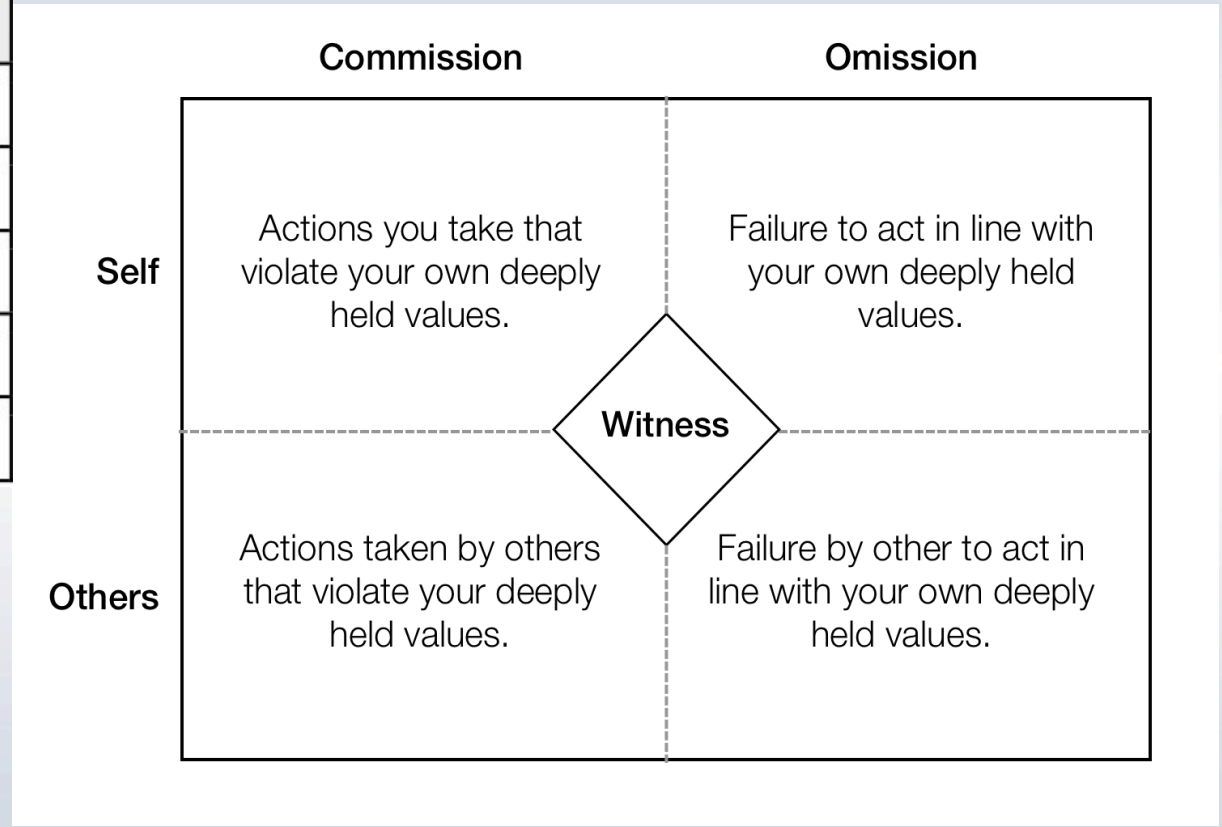
Examples of MIEs

Events that are commonly morally injurious
Harm to the innocent through action or inaction
Extreme or undue violence
Perceived failure to do the "right" thing when someone is hurt or killed
Tragic mistakes or oversights
Perceived betrayal (especially by trusted others)



Evans, Drescher, Farnsworth, & Walser, In preparation

Traumatic Loss

- Witnessed or learned about the death of a family member, friend, or unit member

- Examples:
  - Witness friend shot by sniper fire
  - Witness friend killed by IED explosion on convoy
  - Learned of friend or family member suicide
  - Witness or learn of death of friend from training accident
  - Witness or learn about death of friend via friendly fire

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Stein et al., 2012

Aftermath of Violence

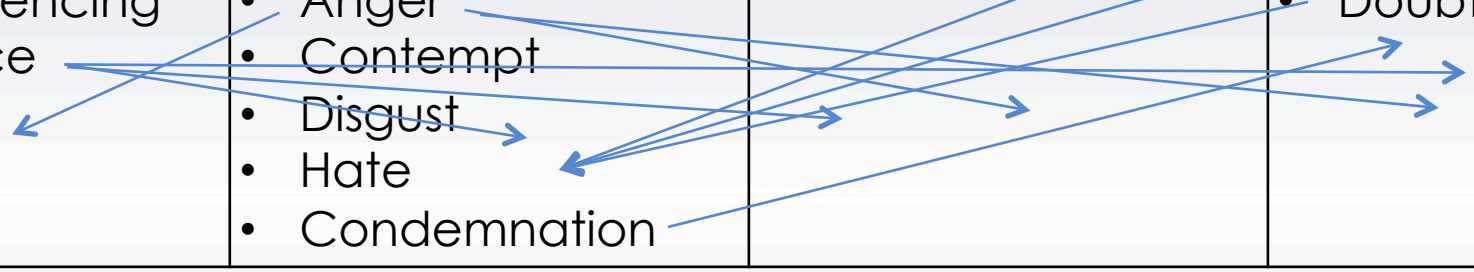
- Personal exposure to grotesque or haunting images, sounds, or smells of dead or severely injured humans or animals

- *Example:* Service member saw many dead bodies while on patrol.

Stein et al., 2017

Distinct Trauma Types… Distinct Types of Distress

Life Threat	Moral Injuries	Traumatic Loss	Aftermath
• Fear • Anxiety • Re-experiencing • Avoidance	• Guilt • Shame • Anger • Contempt • Disgust • Hate • Condemnation	• Sadness • Grief	• Disgust • Contempt • Doubt



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Evidence-based Treatments **for PTSD**

- Cognitive Processing Therapy (Resick, Chard, & Monson, 2016)
- Cognitive Behavioral Conjoint Therapy (Monson & Fredman, 2012)
- Prolonged Exposure Therapy (Foa, Hembree, & Rothbaum, 2007)

- *Note:* There are others… they just aren't the focus of this presentation.

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Overview

1. Brief intro to theory and standard protocol

2. Broadening the conceptualization to include non-life threat-based traumas

3. Adaptations/Augmentations to processes and procedures

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Cognitive Processing Therapy (CPT) for PTSD

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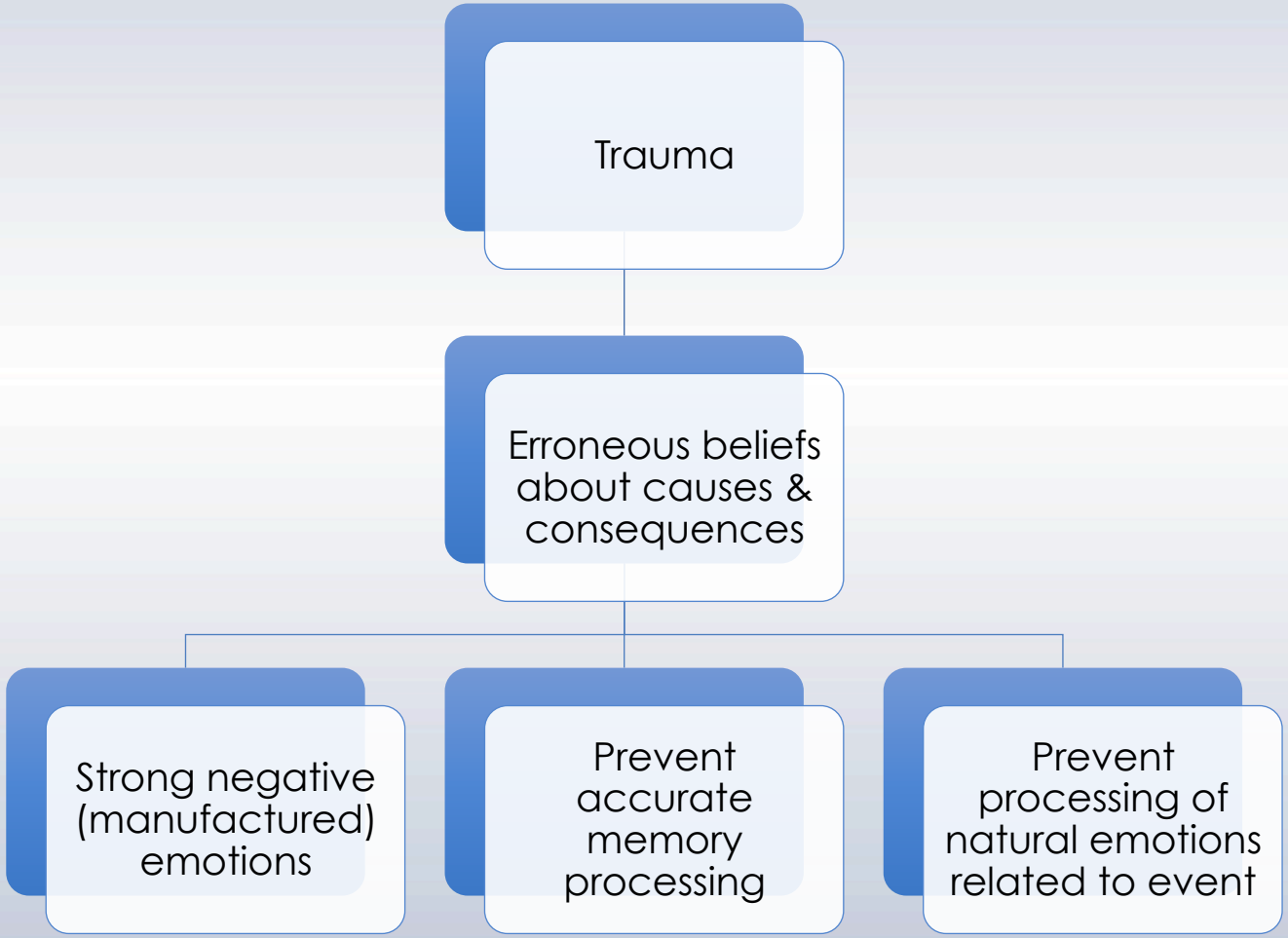
An oversimplification of Cognitive Theory of PTSD



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Standard Structure and Content

- 12 session (some flexibility)
- 50mins each
- Psychoeducation →
- (Processing Trauma) →
- Cognitive change →
- Change in specific domains

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The Goal of CPT

- Cognitive Flexibility
  - Expand the way patients think
  - Facilitate patient's ability to question their own thoughts
  - Identify and breakdown patterns that limit flexibility
  - Explore broader perspectives
- Accommodation – accurate incorporation of new info
- To improve quality of life (which is highly influenced by the way we think…)

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The Goal of CPT

New Balanced Beliefs

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Therapeutic Stance (not CPT specific)

- Even with the presence of evidence to the contrary, patients may firmly experience their moral judgments as being appropriate (Farnsworth et al., 2017)
- Ill-targeted attempts to restructure or reduce perceptions of culpability may be perceived as an affront to personal values, potentially damaging the provider's perceived credibility (Gray et al., 2011)
- May be also be interpreted as an attempt to minimize or "launder" the patient's experience of moral pain (Singer, 2004)
- Gentle exploration → compassionate challenging → **willingness to sit with moral pain**

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Identifying Stuck Points (Moral Injury)

- I am a monster (because I…)
- If I let this go, then I am not honoring his memory
- I deserved to be punished for what I did
- I can't be trusted to make (moral) decisions
- I am no longer worthy of _____
- There's no point in _____
- People are only looking out for themselves
- People are evil
- Turns out God's plan is actually pretty f***ed up

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Identifying Stuck Points (Moral Injury)

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New Balanced Beliefs

- MAY maintain elements of the original belief that are reality-based

- MAY (should) include acknowledgement of transgression or loss
  - In some case, by simply be *adding* to the stuck point
    - E.g., "I should not have treated the civilians that way *& I will use this experience to become a better solider and NCO"*

- Look at how that thought is working for the client
  - No functional impairment, no problem

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Intervention Strategies: Change & Context

- Right size level of involvement
  - May include taking responsibility and/or holding other responsible

- Explore actions in *context*
  - Guilt – context is event (i.e., intent and responsibility)
    - Just responsibility may be enough for feeling of guilt if value is superordinate
  - Shame – context is whole life

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HANDOUT 7.1

Date: Client:

Your role in the traumatic event: What are the facts?

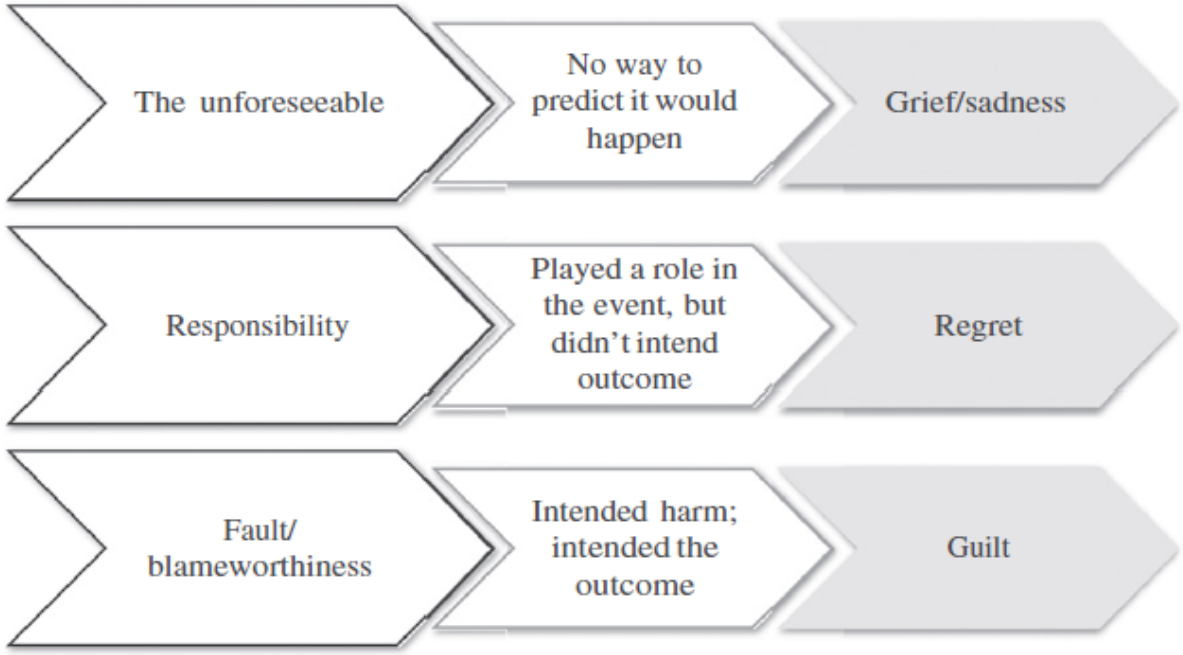

Fig. 1. Handout of levels of responsibility from Resick et al. (2017). From *Cognitive Processing Therapy for PTSD: A Comprehensive Manual* by Patricia A. Resick, Candice M. Monson, and Kathleen M. Chard. Copyright © 2017 The Guilford Press. Permission to photocopy this handout is granted to purchasers of this book for personal use or for use with individual clients (see copyright page for details). Purchasers can download additional copies of this material (see the box at the end of the table of contents).

Intervention Strategies: Acceptance & Forgiveness

- Encourage self- or other-forgiveness
  - "What would your life look like if you were forgivable?"
  - "How would it change *your* life if you were to forgive him?"
- While SPs can't be questions, you can explore moral dilemmas via Socratic questioning
  - "What is the biggest concern/fear that shows up when you question your forgivability?"
- Be explicit about shift from assimilated to over-accommodated stuck points
  - "Looking forward, what do you want to learn from the pain of this experience?"

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Challenging Beliefs Worksheet

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use **Challenging Questions** to examine your automatic thought from Column B. Consider if the thought is balanced and factual or extreme.	Use the **Patterns of Problematic Thinking Worksheet** to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%
	I **AM** **A** **MONSTER**	Evidence For? Evidence Against? Habit or fact? Not including all information? All or none? Extreme or exaggerated? Focused on just one piece? Source dependable? Confusing possible with likely? Based on feelings or facts? Focused on unrelated parts?	Jumping to conclusions: Exaggerating or minimizing: Ignoring important parts: Oversimplifying: Over-generalizing: Mind reading: Emotional reasoning:	I've done some pretty f***ed up s*** – monstrous things… AND I guess I've done some good things too…AND I want to do more
	C. Emotion(s) Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%			**G. Re-rate Old Thought/Stuck Point** Re-rate how much you now believe the thought/stuck point in Column B from 0-100% **H. Emotion(s)** Now what do you feel? 0-100%

When to Shift Targets (Change → Acceptance)

- When actual perpetration violates (patient's) values
- When contextualization doesn't change beliefs
- When guilt has been right-sized and some remains

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Moral Emotions: Guilt & Shame

- "Inappropriate" vs. "appropriate" guilt
- Target cognitive change, contextualizing, etc.
  - Responsibility, intent, and blame
  - What if no new details or new details don't change emotions?
- Target acceptance, openness, and flexibility
- *Target re-engagement with values-aligned behaviors*
- Shame – "I am bad"
- Change + Acceptance
  - Shame → guilt (→ remorse)

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Moral Judgments: Self-doubt, Loathing, Neglect

- "I can't be trusted to make (moral) decisions"
- "I'm a f***ing monster"
- "I am no longer worthy of _____"

- Target cognitive change, when possible

- Cognitive interventions may help disconfirm
  - Or arrive at a *balanced* perspective

- Acceptance, forgiveness, & compassion
  - When distress remains even when thoughts are balanced

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Stuck Points – Traumatic Loss

- It should have been me instead
- I didn't keep my promise to "have their back"
- There is no point in getting close to people because you will lose them
- If I feel sad…I am a weak person (a bad soldier)
- If I recover from PTSD, I am no longer honoring my friend
- I shouldn't do things I enjoy because my friend no longer can
- If I no longer have re-experiencing symptoms, I will forget about her
- If I no longer feel guilty, I am betraying my friend

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CPT and Traumatic Loss

- When using ABC sheets
  - Take time to identify the natural grief-related emotions
  - Help clients differentiate between natural grief/sadness vs. manufactured emotions

- When challenging stuck points
  - Remind your patient that not all "alternative thoughts" correspond with positive emotions and
  - Goal is to experience the natural emotions associated with the reality of the loss
    - Different than primary goal of life threat traumas

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Key Socratic Questions

- What would the deceased person say to your patient?
- What would they want for your patient?
- How can you honor the deceased person?
- How would you want to be honored?
- Thoughts on the afterlife and God?

- Goals:
  - Acceptance
  - Advancing focus beyond the moment(s) of death

- Making the shift from assimilated to over accommodated

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Behavioral Components

- When discussing and assigning engagement in "nice/meaningful" things for self
  - Include ways that the client can remember and honor their friend in helpful ways
    - E.g., Talking with others about them in positive ways

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CPT Modules

1. Safety
2. Trust
3. Power/Control
4. Intimacy
5. Esteem

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CPT Modules: Moral Injury

1. Safety
2. Trust
3. Power/Control
4. Intimacy
5. Esteem

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CPT Modules: Traumatic Loss

1. Safety
2. Trust
3. Power/Control
4. Intimacy
5. Esteem

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CPT Summary

- Focus on *dis*-confirmation may be reduced
- Contextualize when possible
- Right-size moral responses BUT
- Do not launder the patient's experience
- When guilt/anger/etc is *appropriate*, facilitate acceptance
- When traumatic loss is most prominent, targeting SPs preventing grieving process may be most salient

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Cognitive Behavioral Conjoint Therapy

Treating PTSD at the Family Level

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Evidence for CBCT

- Pilot Sample: 7 males, Vietnam Vets with PTSD; 4 wives had Axis I Improvement in PTSD symptoms, comorbid conditions, and relationship satisfaction
- OEF-OIF Combat Case studies
- Randomized Clinical Trial (Monson et al., 2012)
- Recent Study: Active treatment comparison

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Cognitive Behavioral Conjoint Therapy

- Posits a bidirectional relationship between family dysfunction and combat-related PTSD

- PTSD treatment that uses a conjoint framework

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CBCT Treatment Overview

- 15 sessions, 75 minutes long
- Three Phases: RESUME Living
  - 1. Rationale, Education about PTSD/Relationships
  - 2. Satisfaction Enhancement and Undermining Avoidance
  - 3. Making Meaning; End of Therapy

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Traditional View of PTSD

PTSD:

- Trauma experiences and trauma-related symptoms have historically been considered at the level of the individual
- EBT for PTSD have adopted CBT model also at the level of the individual

Moral Injury models:

- Acknowledges social process but still emphasizes individual
- Developing treatment (i.e., adaptive disclosure) is an individual treatment

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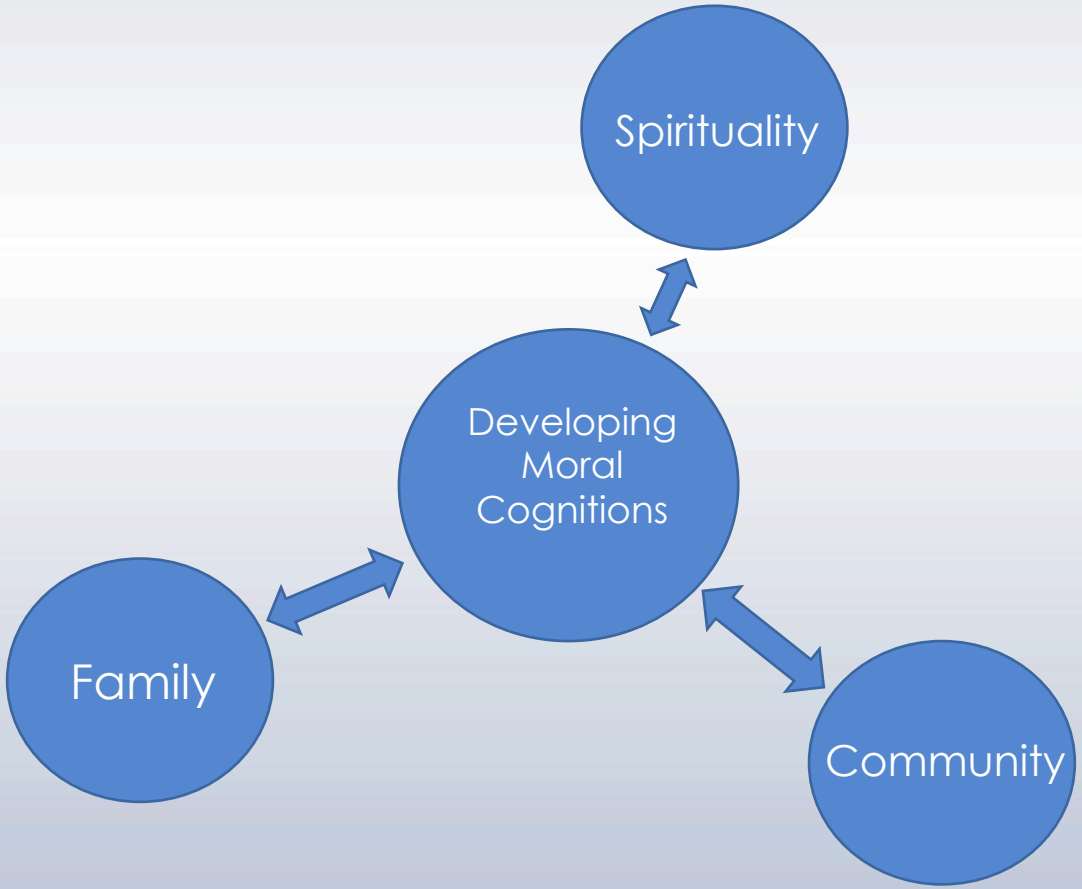
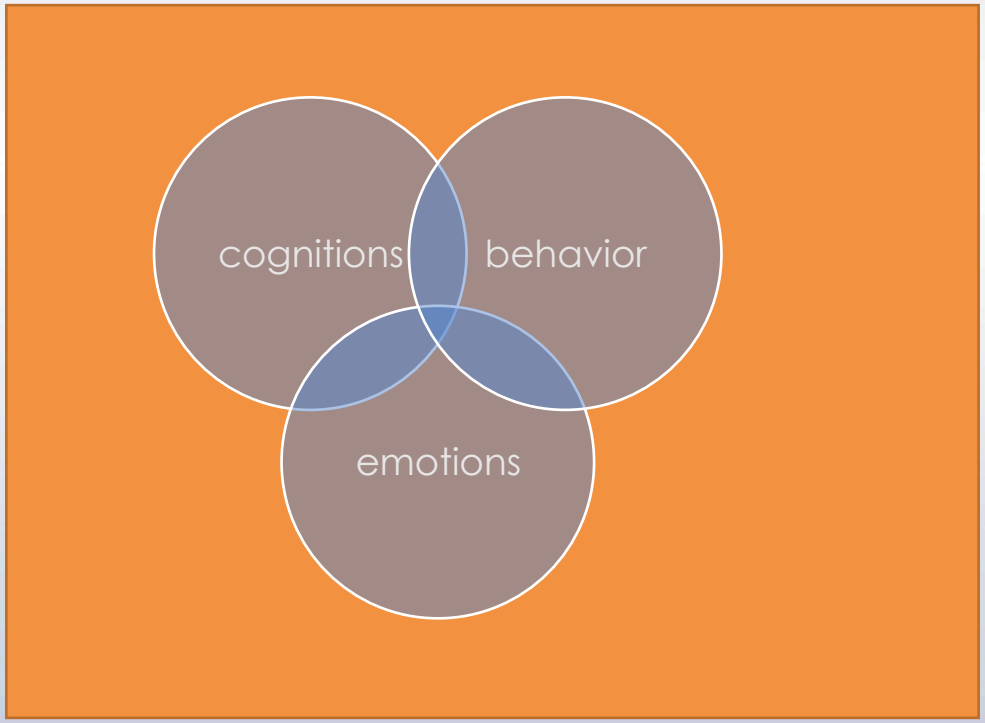
Traditional Models of Moral Development and CBT

Moral Development



Individual Model of PTSD



Monson & Fredman, 2012; Nash & Litz, 2013

Symptoms of PTSD and MI that can Impact the Relationship

- PTSD: All symptoms can have an impact
  - Nightmares, Intrusive Thoughts, Emotional and Physical Reactions to Trauma Reminders, Sleep Disturbance, Concentration Problems, Emotional Numbing, Behavioral Avoidance, Hypervigilance

- Symptoms Heightened by Moral Injuries:
  - Trust of Self and Others, Shame/Guilt, Intense Anger, Self-Destructive Impulses, Changes in Beliefs about Self and World

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PTSD and Family Functioning

PTSD → Family Functioning

- More varied/ severe relationship problems
- Higher rates of divorce
- Higher rates of verbal, physical aggression
- Sexual dysfunction
- Impaired emotional expression
- Mental health problems in spouse

Family Functioning → PTSD

- Relationship dysfunction has been found to increase risk for PTSD and depression in recently returned veterans

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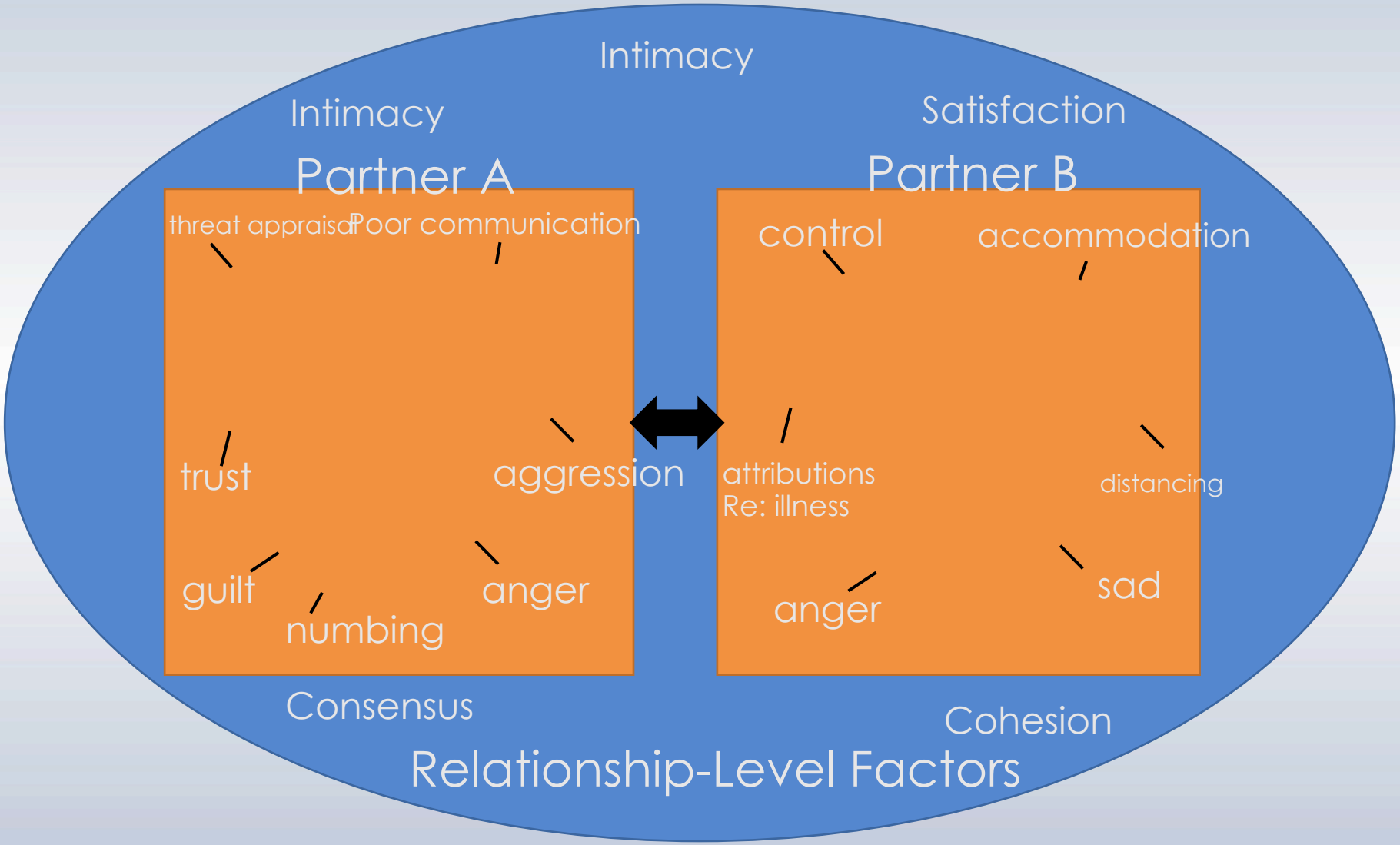
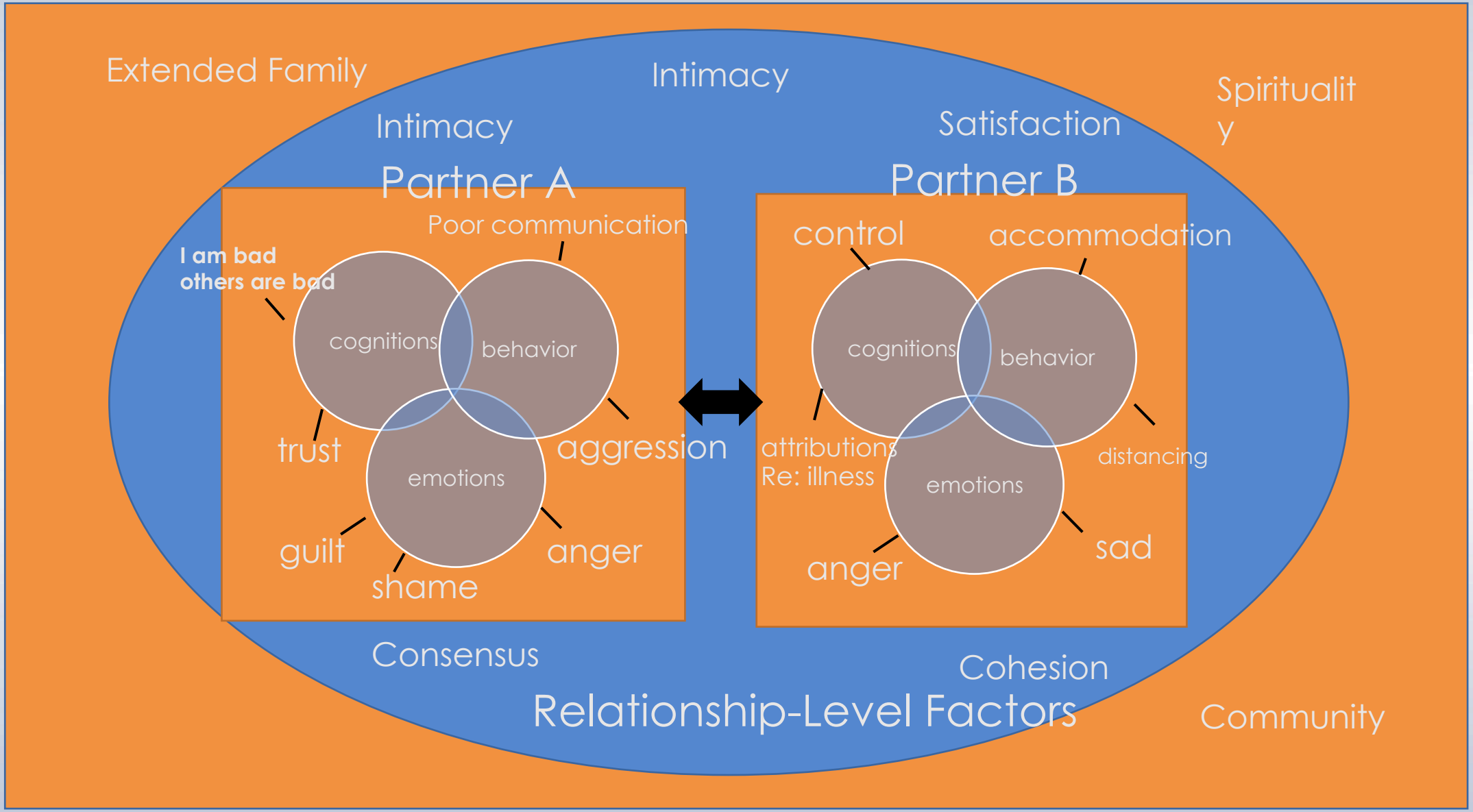
(Monson & Adair, 2008; Sayers, Farrow, Ross, & Oslin, 2009).

CBCT Model of PTSD



Monson & Fredman, 2012

CBCT Model + Moral Injury Model



Monson & Fredman, 2012; Nash & Litz, 2013

Using CBCT to Treat PTSD from Moral Injuries

- Acknowledgments:
  - Disclosing trauma and/or moral injury to a therapist is HARD
  - Disclosing trauma and/or moral injury to a partner can be HARDER
  - Asking patients to share with a partner can feel and can be RISKY

- Expressed Concerns/Obstacles:
  - Fear of burdening on partner (i.e., secondary traumatization; increased anxiety; increased sadness)
  - Fear tat family member will view them differently/how they view themselves
  - Fear of familial rejection or that information will be used against them
  - Increase family conflict

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Using CBCT to Treat PTSD from Moral Injuries

So why chance it….

- Family's acceptance is far more powerful/healing than therapist's acceptance can ever be
- Family understand moral values better – can be better at shifting perspective
- Can contradict interpersonal beliefs about them post-MI that help maintain avoidance/cognitions that sustain PTSD
- Can enhance emotional understanding and intimacy
- Sometimes the partner's imagination is worse

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Using CBCT to Treat PTSD from Moral Injuries

First Things First: Assessing appropriateness:

- Stability of the relationship?
- Are their threats to the relationships
  - Partner Directed Violence
  - Hostility and Contempt
- Impact of disclosure on the relationship
- Willingness to engage while suspending judgement
- Source of the moral injury

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Using CBCT to Treat PTSD from Moral Injuries

Phase 1: Rationale, Education about PTSD/Relationships

- Existing procedures that are helpful for treating MI:
  - Conceptualizing PTSD as a system-based versus an individual problem
  - Externalizing PTSD as something that lives in the space between
  - Identifying PTSD And partner-based goals
  - Teaching ways to engage safely when anger is present
  - Discussing concerns about disclosure

- Adaptations:
  - Assessing concerns about disclosure individually before start of treatment
  - Incorporating psychoeducation about Moral Injury (definitions and impact) into general psychoeducation
  - Normalizing the idea that certain situations (e.g., combat) can create hotbed for MI

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Using CBCT to Treat PTSD from Moral Injuries

Phase 2: Satisfaction Enhancement and Undermining Avoidance

- Existing procedures that are helpful for treating MI:
  - Improving non-judgmental communication skills within the relationship
  - Promoting emotional intimacy through sharing feelings and emotions as they relate to PTSD in the relationship
  - Undermining avoidance through couple-based assignments
  - Introduce couple's based cognition challenging strategy

- Adaptations:
  - May need to actively prompt discussions on feelings involving shame and guilt and the impact that has on the relationship
  - Discussion of Shame/Guilt starts begins process of gradual exposure
  - Parameters may be need to be established for out of session discussions
  - Be particularly on the look-out for shame/guilt-related stuck points during discussion about thoughts

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Using CBCT to Treat PTSD from Moral Injuries

Phase 3: Making Meaning of Trauma

- Existing procedures that are helpful for treating MI:
  - Trauma details are not required
  - Focus on challenging stuck points of both partners
  - Themes: Acceptance, Trust, Blame, Control, Physical Intimacy, Emotional Intimacy, Posttraumatic Growth
  - Discussions of Blame focus on situation and setting.

- Adaptations:
  - Cognitive work may be required around themes of forgiveness (e.g., I should never be forgiven; I should suffer the rest of my life; I am a worse person if I let myself off the hook)
  - Approach Assignments: Seeking counsel from religious leaders; reengaging in their spirituality as appropriate; helping the partner support efforts to make amends; working towards acceptance as a couple

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Examples of Stuck Points

SM's Guilt about Killing Multiple People:

- Stuck Point: "I am a cold blooded murderer"
- Couple Generated Alternatives:
  - Killing is a part of combat
  - Murder and killing are different
  - I have not killed anyone since returning home
  - I would not kill someone for my own personal benefit (i.e., greed)
  - My wife does not view me as a murder
  - I was protecting my family and my country
  - I would only kill someone now out of self defense
  - I only killed to defend myself or others
- Consequence: Less Guilt and Shame; More family Engagement; More treatment engagement

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Examples of Stuck Points

SM's Guilt About IED Explosion

- Stuck Point: "I should have been looking at the ground."
- Couple Generated Alternative: "I was looking for threats in other places."
- Consequence: Less Guilt; More family Engagement

SM: Blame that interfere with Posttraumatic Growth

- Stuck Point: "I have put my partner through 8 years of difficulty for no reason"
- Couple Generated Alternative: "Recovery doesn't mean my symptoms were not real."
- Consequence: Less Guilt

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Case Example: Steven

- 50 year-old, Air Force veteran with over 20 years of active duty service
- 2nd marriage, 1 child
- 3 deployments in support of OEF
- PTSD symptoms started after 3rd deployment
  - Index event (Med Evacuation of enemy combatant)
  -
- Had tried individual EBT for PTSD with no success

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Steven's Presentation

- Symptom Presentation:
  - Anger
  - Shame
  - Diminished physical and emotional intimacy with wife
  - Exaggerated security and safety concerns
  - Visual and olfactory flashbacks
  - Depression
  - TBI & Chronic Pain
  - Lower job functioning

- Symptom Management Attempts:
  - Had tried individual EBT for PTSD with no success
  - Withdrawal
  - Avoidance
  - Relaxation

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Debra's Presentation

- Late 30s, Caucasian female
- College degree, working successfully as a business woman
- Extensive history of sexual abuse
- 2nd marriage

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The Relationship

- Marriage: 10 years
- Before Deployment: “Fairytale Relationship”
- After 3rd Deployment
  - Significant communication problems
  - Minimal physical intimacy
  - Emotional numbing/Escalation pattern
  - Refused to discuss deployment

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	Pretreatment			
	Steven's Measures			
PSSI	35			
PCL-S	58			
BDI-II	30			
CSI-32	140			
	Debra's Measures			
PCL-Collateral	59			
BDI-II	14			
CSI-32	74			

Highlights of Treatment: Phase 1

Goals:

- Decrease avoidance in their relationship
- Build better communication skills
- Increasing emotional and physical intimacy.

TIQ:

- Anger for volunteering for mission
- Fear of being viewed differently

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Highlights of Treatment: Phase 2

Session 3:

- Lack of physical intimacy = trauma reminder

- Approach List
  - Places (taking trips, crowds, gyms)
  - Situations (physical intimacy, dates, family gatherings, flying)
  - People (extended family members, friends)
  - Feelings (empathy, anger)

- Great at paraphrasing

STRONG STAR TRAINING INITIATIVE

Highlights of Treatment: Phase 2

Sessions 4 and 5

- Felt closer
- Debra attributed behaviors to PTSD (Versus not caring)

Sessions 6 & 7

- Significant improvements in PTSD and depression
- Steven had reconnected with Family of Origin
- Date cancellation

STRONG STAR TRAINING INITIATIVE

STEVEN	DEBRA
I lack self-control. **I caused him to die.**	I am abandoning my child by sleeping next to my husband.
I am trying to let myself off the hook.	My husband is going to die at a young age.
I should have stopped hitting him [insurgent] when he was subdued.	He doesn't want to have sex with me because I am dirty.
I went against my training as a medic. **I let Airman ___ down.**	I am worthless bc our date was cancelled. We are not getting better.
I am broken.	I am setting my daughter up for failure.
My wife doesn't find me attractive. **My wife must be tired of my problems.** **It is unsafe here being in crowds.**	I have to escalate to get a reaction from my husband. I have to have emotions for the both of us.
There is no situation in which it is okay to hit a patient.	Our daughter is our one chance to get it right. I am weak because I am stressed out.

	Pretreatment	Posttreatment	7-Week FU	10-Month FU
	Steven's Measures			
PSSI	35	--	--	--
PCL-S	58	35	38	25
BDI-II	30	4	0	2
CSI-32	140	--	--	156
	Debra's Measures			
PCL-Collateral	59	33	--	38
BDI-II	14	--	--	2
CSI-32	74	--	--	110

U = United and curious
N = Notice your thought
S = (Brain) Storm alternatives
T = Test them out
U = Use the best
C = Changed feelings and behaviors?
K = Keep practicing

BIG PICTURE

on many levels, I was never in control. ~~I had no control~~ I was trying gain control to the situation

I ACTED REASONABLY

I VIOLATED MY ETHICAL/MORAL CODE

I AM NOT PERFECT AND I MADE A MISTAKE

I COULD HAVE STOPPED SOONER

Noticed Thought:
I LOST CONTROL of MYSELF

I FELT THREATENED AND TOOK CARE OF THE THREAT

I WAS IN AN EXTRAORDINARY SITUATION AND ACTED IN THE BEST WAY I COULD

~~I ENGAGED~~ ~~I WAS ENGAGED~~ I WAS ATTACKED BY AN ENEMY AND ENGAGED IN COMBAT TO SAVE MY CREW & MYSELF.

C: ~~See~~ CHANGE MY EVALUATION OF THE EVENT TO FOCUS ON THE OUTCOMES

less disgusted; more at peace.

K: WHEN THOUGHTS OF THIS SITUATION OCCUR, SEE THE ~~R~~ RESULT -- SAVING THE CREW.

U = United and curious
N = Notice your thought
S = (Brain) Storm alternatives
T = Test them out
U = Use the best
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K = Keep practicing

BIG PICTURE

IF I ALLOW MYSELF TO LET GO, I'll BE LETTING GO OF A PART OF ME.

I don't need to beat myself up for what happen, I can't move on unless I let go of th angst.

Noticed Thought:
I'm just letting myself off the hook if I'm being reasonable/ rationable

THE THINGS THAT HAPPENED CAN'T BE CHANGED

I need to process what happened so I can move forward.

I'M not letting myself off the hook, I'M learning about myself & how these events effected me.

C: THINK ABOUT THE CHAOS I WAS LIVING IN AND HOW I DID MY BEST IN EACH EVENT

K: STOP CRITICIZING MYSELF FOR PAST EVENTS AND RECOGNIZE I AM HUMAN.

less disappointment

CBTC Summary

- Goal: Treat the PTSD while strengthening the relationship
- Family relationship can be more healing than therapeutic relationship
- Having partner present can provide more powerful challenge to beliefs that arise from moral injuries
- Have to be thoughtful about which couples to use this with and how much detail is shared.

STRONG STAR TRAINING INITIATIVE

Prolonged Exposure (PE) Therapy for PTSD

STRONG STAR TRAINING INITIATIVE

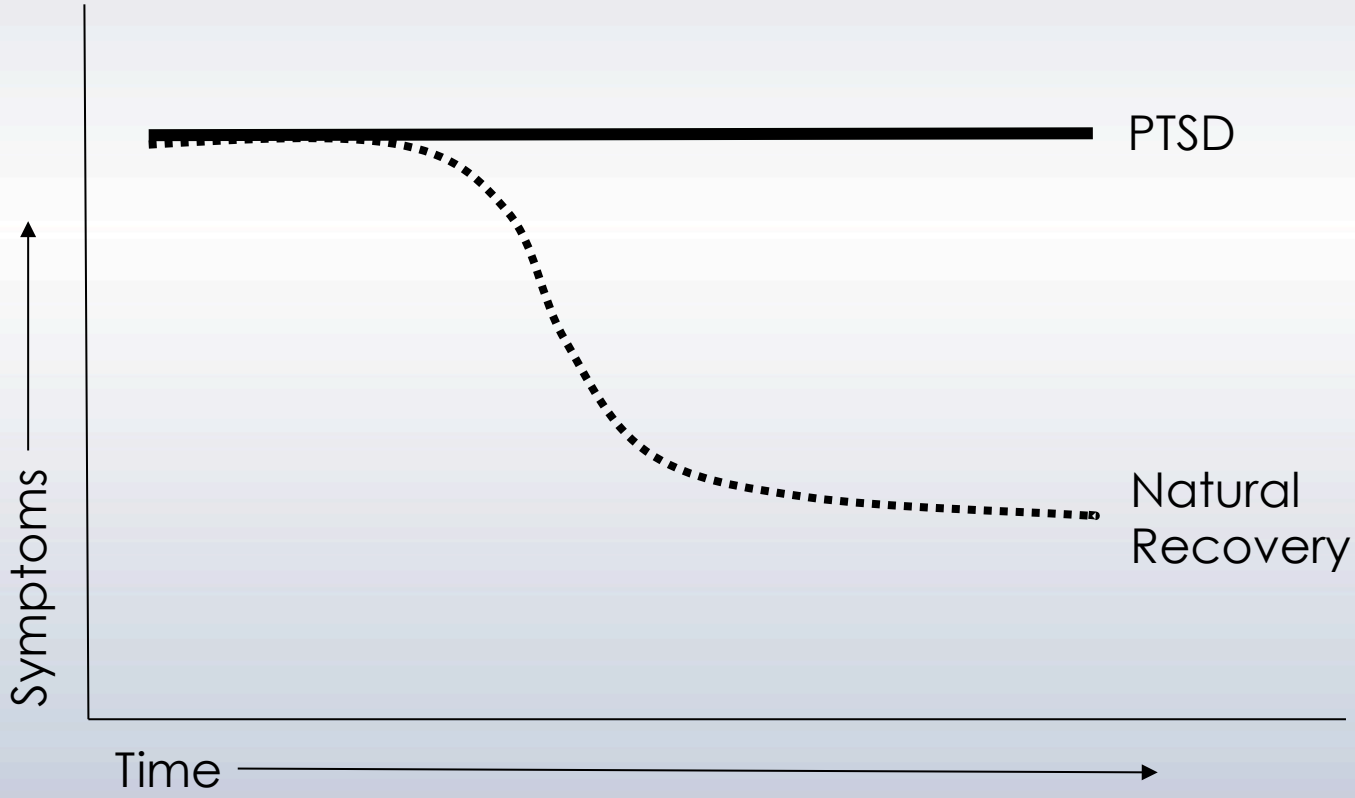
Evidence for Prolonged Exposure

- Considered a first-line treatment for PTSD
- Has highest support for its efficacy (Institute of Medicine, 2008).
- Has been recommended in VA/DoD Clinical Practice Guidelines and selected for massive training roll-outs within the DoD and VA.

STRONG STAR TRAINING INITIATIVE

How We Make Sense of PTSD within PE

- PTSD is a disorder of the Recovery Process



STRONG STAR TRAINING INITIATIVE

How We Make Sense of PTSD Within PE

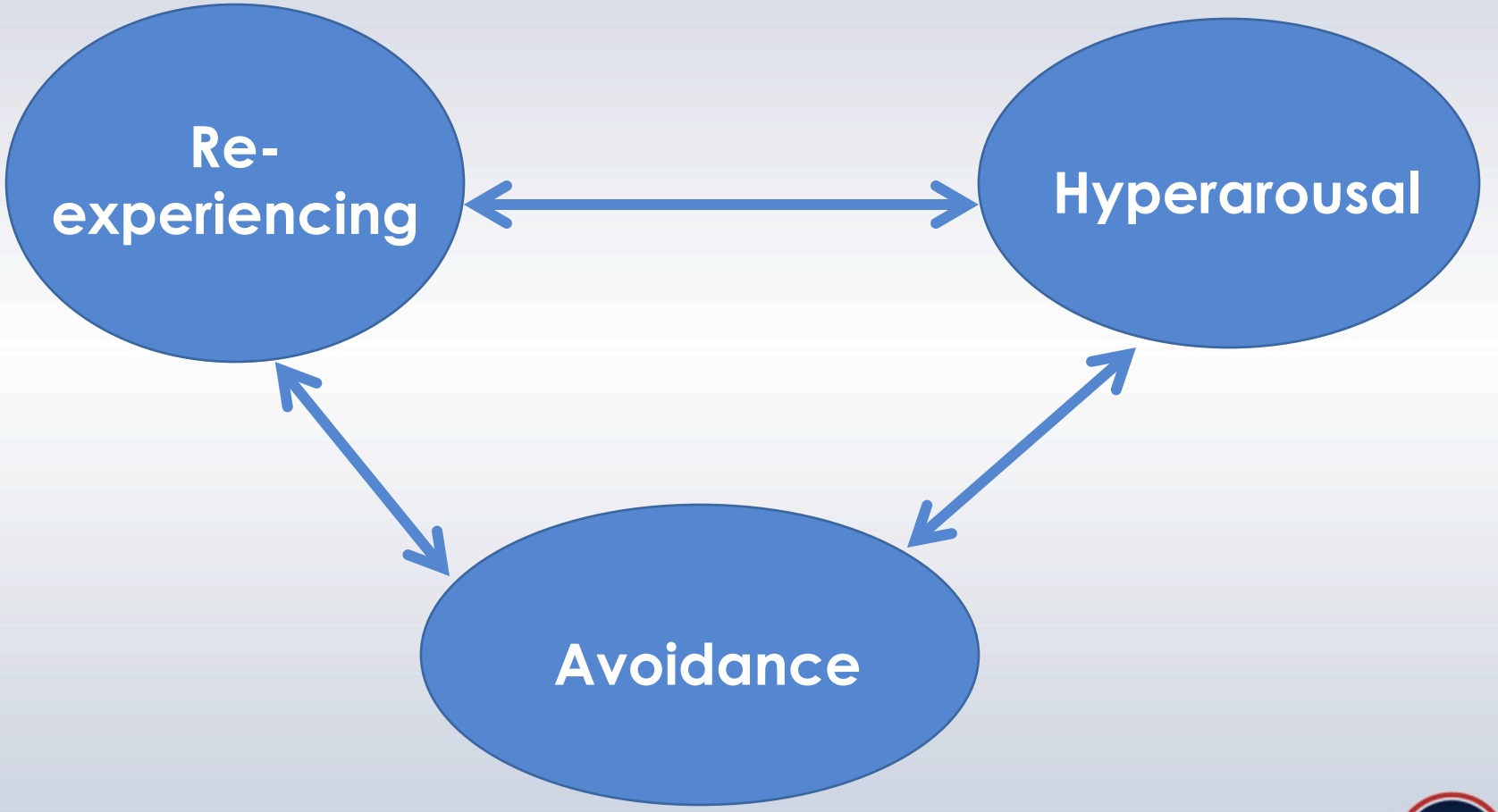
Factors that Maintain PTSD:

- Avoidance
  - Behavioral: Places, people, situations.
  - Cognitive: Thinking about the trauma
  - Emotion: Numbing, suppressing certain emotions

- Changes in Thoughts
  - Negative Views of Self: Incompetent, damaged
  - Negative Views of World and Others: 100% dangerous, unsafe, mean

STRONG STAR TRAINING INITIATIVE

How Me Make Sense of PTSD



STRONG STAR
TRAINING
INITIATIVE

Prolonged Exposure: Standard Format

- Individual therapy
- 8-15 sessions (90 minutes long)
- Targets avoidance and negative beliefs
- Treatment Components:
  - Psychoeducation about PTSD
  - Breathing retraining
  - In vivo exposure
  - Imaginal exposure

STRONG STAR TRAINING INITIATIVE

Conceptualization: Emotional Processing Theory

- Objective of *emotional* processing is to process a range of *emotions*… not just fear

- **New learning**
  - Habituation
  - Inhibitory learning (Craske et al., 2014)
  - Cognitive restructuring
  - *Expanding behavioral repertoire*

STRONG STAR TRAINING INITIATIVE

Prolonged Exposure: Core Elements

- **In vivo exposure** – repeatedly facing trauma-related situations that are avoided
  - **But wait! There's more!**

- **Imaginal exposure** - repeatedly facing traumatic memory through remembering trauma narrative…Why?
  - Habituation
  - Content for processing
  - Tolerance
  - Acceptance, Compassion, Forgiveness

STRONG STAR TRAINING INITIATIVE

Psychoeducation (Session 1)

- Normalize posttraumatic stress in response to trauma
  - **Normalize moral pain in response to morally injurious events**
- Provide information on how avoidance has limited life and maintained symptoms
  - **Provide information on how disconnection from values has decreased meaningfulness in life and increased suffering**
- Clarify treatment processes including cognitive & behavioral change
  - **Clarify flexibility to address acceptance, forgiveness, grieving**
- Describe how in vivo exposures can decrease fear, anxiety, etc.
  - **Describe how in vivo exposures can increase connection, pleasure, etc**
- Explain how imaginal exposure increases ability to "file away" trauma memory and process painful emotion
  - **Explain how imaginal exposure increases ability to learn from the painful memory as well as the painful emotions**

In Vivo Exposure

- In addition to targeting habituation to feared stimuli, in vivo exposure can:
  - Facilitate social engagement
  - Enable emotional expression
  - Activate pleasurable and/or meaningful behaviors
- Facilitate acceptance/forgiveness via in vivo exposures chosen and enacted because they overtly align with values previously violated
- Facilitate grieving, honoring, letting going, etc.

STRONG STAR TRAINING INITIATIVE

Activity	SUDs Rating
Watching football on TV	30†
Playing video games (e.g., Madden 2017)	30†
Working out (at home)	30†
Talking to brother on phone	30†+
Talking to grandfather on phone	30†+
Visiting grandfather's home	60†*+°
Sitting with full congregation at church	70†*°
Having friends over to his house	70†*°
Food court (on post)	70*
Local grocery store	75*
Post Exchange (PX)	75*
Walking around neighborhood with family	80†*
Taking children to park (off post)	95†*°
Movie theater (with wife)	95†*
Going to a football game	100†*°
Working out (at gym)	100†*
Movie theater (by self)	100*
Chuck E. Cheese	>100†*°

* Target included reduction of fear/anxiety; † Target included values-aligned behavioral activation; + Targeted included emotional expression; ° Target included social engagement

Imaginal Exposure

- With fear, anxiety, and exaggerated threat perception change may occur as he experienced these emotions/thoughts in the safety of the therapeutic setting.

- With guilt, contempt, and self- & other-condemnation, habituation is not the primary process by which new learning occurs

- The purpose of contacting moral emotions during imaginal exposure is expansion of behavioral repertoire
  - *Looking at them a different way*
  - *Responding to them differently*

STRONG STAR TRAINING INITIATIVE

Processing

- Dialog between the provider and patient that follows the imaginal exposure involving "*encouraging the client to talk about his reactions to revisiting the trauma memory and discussing feelings and thoughts that he may have about the trauma or its meaning in his life… creat[ing] powerful opportunities for learning*" (Foa et al., 2007, p. 80).

- Provides space for diverse and meaningful dialog, interactions, and experiential exercises… provided that they target new, transformational learning.

STRONG STAR TRAINING INITIATIVE

Processing: Moral Injuries

- Important to understand patient's perspective of the morally event and their value system
- Guilt can be an appropriate emotion when one transgresses; sometimes blame is in appropriately placed on self or others
- Some shame and guilt from MI can be decreased through Socratic questioning; however, premature Socratic questioning can cause patients to dig in to their shame and guilt
- Use of legal metaphors: What it means to be guilty; how long should their self-imposed sentence be;

STRONG STAR TRAINING INITIATIVE

Processing: Moral Injuries (cont.)

- When appropriate: Incorporate discussion on their spirituality
- Discussion of Forgiveness: Utilize others' perspective
  - Modification of the empty chair technique
- Exploration of the implications of forgiveness (may be in a double blind)
- Pair processing with value-driven in vivos

STRONG STAR TRAINING INITIATIVE

Contextualizing (Case Example)

1. Incorporation of information about his friend's stressful life experiences and consideration of the steps that he had taken to save his friend's life, helped SPC Jacobs to experience a significant decrease in shame and a some reduction in guilt.

2. Exploring the origin of the order to fire, ramifications of disobeying that order, his expectations/intentions when firing, and the distinct reactions of each individual facilitated decrease in shame and anger toward some individuals decreased.
   - However, he observed his guilt and his disgust toward *some* individuals did not shift and, regarding two individuals, actually *increased*

3. Examining intent (i.e., to save the child) yielded decrease in shame but not in guilt and anger

STRONG STAR TRAINING INITIATIVE

New Ways of Relating (Case Example)

1. Shifted discussion to self forgiveness, grieving for his friend, and living a vital life both for himself *and* his friend.
   - "I will LIVE with guilt…not live WITH GUILT." –SPC Jacobs

APPROACH

2. Overtly acknowledged the anger and disgust as appropriate emotions *given his value of respecting human life*, moved toward acceptance of these moral emotions.
   - Forgiveness: Resolved to teach his children the value of respecting human life and "…with hope for what they may yet have to offer the world, allow these individuals to leave [his] life."

APPROACH

3. Fostered willingness to sit with uncertainty/doubt about his forgivability and with his moral pain in the service of redirecting his energy to living out these values.
   - Note: Given more time, would have stay with change efforts longer

STRONG STAR TRAINING INITIATIVE

Traumatic Loss: Imaginal Exposure

- Content of Narrative
  - Learning about the death
  - Funeral/Role Call
  - Telling family members
- Conversation with deceased person
  - Say what they wish they could say
  - Say goodbye
  - Share details of how the loss is affecting the patient
  - *Have the deceased respond*
    - *What do they want the patient to do moving forward. How would they instruct the patient to heal?*

STRONG STAR TRAINING INITIATIVE

Traumatic Loss: Processing

- Listen for beliefs that perpetuate avoidance (e.g., anger, numbness)
  - Themes of unfairness
    - S/He shouldn't have died because…s/he was a good person, s/he had a family, s/he was a good soldier
    - It should have been me instead because…I didn't follow protocol, I made a mistake, I'm not a good person

- Listen for fear of experiencing sadness and grief
  - Emotional Tolerance/Willingness
    - If I feel sad…I am a weak person, a bad soldier
    - If I allow myself to feel sad, I will be depressed forever

STRONG STAR TRAINING INITIATIVE

Traumatic Loss: Processing

- Questions to explore:
  - What would the deceased person say to your patient? What would they want for your client?
  - How can you honor the deceased person?
    - What would they think about honoring them?
  - Thoughts on the afterlife and God

- Goals:
  - Acceptance
  - Advancing focus beyond the moments of death to the way they lived their life
  - Loss Focus to Restoration Focus

Traumatic Loss: In-Vivo Exposure

- Explore ways that the client can honor their lost loved one
  - Doing things they liked to do, visiting their grave site, exhibiting a good quality that they possessed
- Include exposure to positive reminders of their loved one
  - Talking with others about positive memories of them
- Assignments that build on intimate relationships
  - Spending time, showing affection for loved ones

STRONG STAR TRAINING INITIATIVE

A Final Note: Function over Form

Consider the function of emotions, judgments, & behaviors

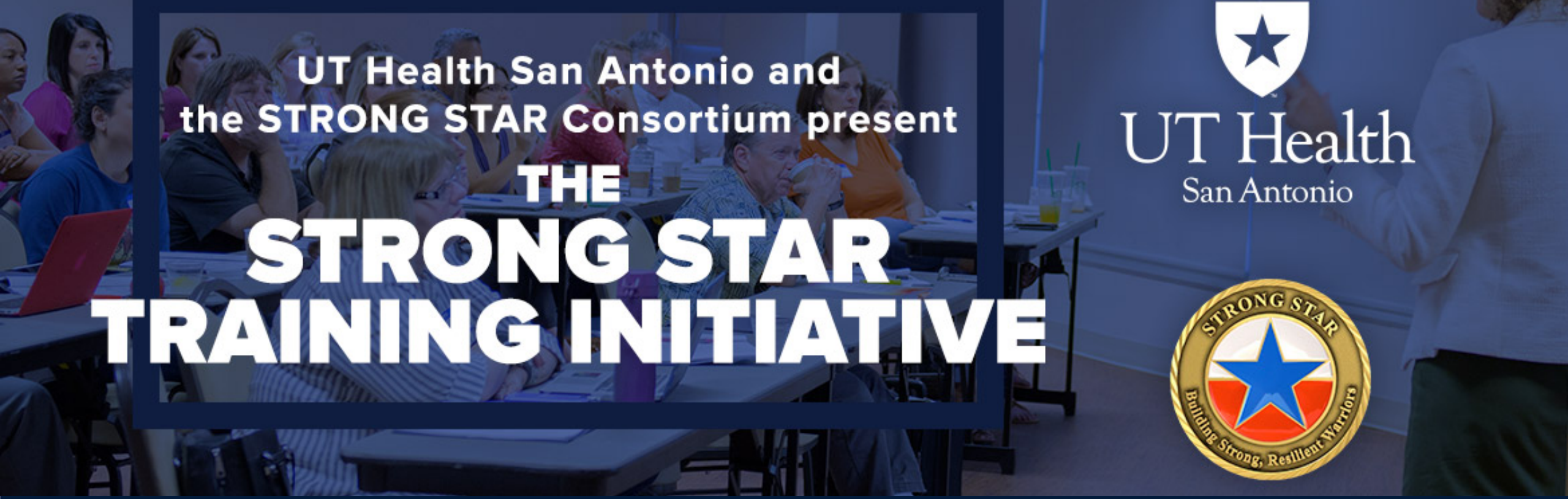
- If natural – acknowledge, accept, *learn*
- Avoidance → Why?
  - Shame/Guilt – Reconnection, reconciliation
  - Anger – Forgiveness
  - Fear – Accurate threat assessment
  - Sadness – grieve, accept

STRONG STAR TRAINING INITIATIVE

Overall Summary

- These are treatments for PTSD…if no PTSD…no CPT,CBCT, or PE
- PTSD related to life threat traumas usually involve cognitive distortions, 'exaggerated' emotions, and avoidance related to fear
  - Other traumas may yield "appropriate" pain
- The goal of PTSD treatment is NOT *only* ↓emotions, thoughts
  - Also ↑functioning via acceptance, forgiveness, grieving, etc.

STRONG STAR TRAINING INITIATIVE



The STRONG STAR Training Initiative conducts Learning Communities--intensive training--in evidence-based treatments for ***PTSD, Nightmares, Insomnia,*** *and* ***Suicide Prevention***, with mental health providers.

Learn More: https://www.strongstartraining.org

UPCOMING WORKSHOPS IN EVIDENCE-BASED TREATMENTS

2019 TRAININGS:

SAN ANTONIO University of Texas at San Antonio	January 10	Crisis Response Plan for Suicide Risk
HOUSTON Innovative Alternatives, Inc.	January 15	Crisis Response Plan for Suicide Risk
SAN ANTONIO UT Health San Antonio	January 24	Cognitive Behavioral Therapy for Insomnia and Nightmares
SAN ANTONIO UT Health San Antonio	February 4-5	Prolonged Exposure
SAN ANGELO West Texas Counseling and Guidance	February 5	Crisis Response Plan for Suicide Risk
SAN ANTONIO UT Health San Antonio	April 2-3	Cognitive Processing Therapy

PROGRAMS INCLUDE:

- Weekly 1-hour Group Phone Consultation
- Continuing Education Credits
- Organizational Consultation
- Online Therapy Resources and Webinars

APPLY: www.strongstartraining.org

Questions?

Wyatt Evans, PhD
EvansWR@uthscsa.edu

Tabatha Blount, PhD
BlountT@uthscsa.edu

www.strongstartraining.org

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