TRAUMATIC STRESS RECOVERY:

Psychotherapeutic Interventions Utilizing Patient-Centered, Multicultural, and Developmental Approaches

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Faculty Disclosure

- **James K. Boehnlein, MD, MSc** and **Lori R. Daniels, PhD, LCSW** have no financial relationships to disclose relating to the subject matter of this presentation.

Disclosure

- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).
  - The off-label use of prazosin for the treatment of posttraumatic stress disorder nightmares and intrusive memories will be mentioned.

- Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.

- This activity has been independently reviewed for balance.

Learning Objectives

1. Describe 2 mechanisms of change when incorporating a life-span perspective to assist patients with psychosocial challenges associated with chronic posttraumatic stress disorder (PTSD)
2. Apply at least 1 clinical intervention that can be effective for multicultural and/or aging trauma survivors diagnosed with PTSD
3. Describe at least 2 social, cultural, and trauma-based factors that may impact successful recovery from PTSD and optimal aging among survivors of traumatic experiences

Daniels LR, et al. *J Gerontol Soc Work*. 2015;58(4):420-436.

One’s traumatizing experience is unique to each survivor; therefore, since it is experiences that traumatize – experiential learning about one’s unique response post-trauma becomes the logical focus of effective healing.

Traumatic Event(s)/PTSD: 3 Dilemmas

1. Intrusive Memories, Emotional Pain Cycle / Avoidance of Memories / Pain Cycle (Everyone)
2. Reminiscing Memories Emerging / Intrusive Memories / Avoidance Cycle (Aging adults)
3. Losses, Changes, Uprooted / Disorientation (Immigrants)

Contextual Mechanisms toward Change/Healing

- Engaging patients/clients is essential
  - **RAPPORT/RELATIONSHIP:** Important to build TRUSTING relationship with survivor; survivors must *experience* a clinician to be available, nonjudgmental, caring, and one *who thinks with* the patient
- Assessment using
  - **DEVELOPMENTAL CONTEXT:** Understand developmental stage the PERSON was at every time they were traumatized; developmental stage they are NOW (to help determine appropriate interventions)
  - **CULTURAL CONTEXT:** Understanding the cultural, community, and familial discourse that can contribute to patients being stuck
  - **EMOTIONAL CONTEXT:** If they are in stuck beliefs; stuck emotions: guilt, shame, loss, powerlessness, betrayal, mistrust, grief
    - What emotions have yet to be expressed that can help with their healing?

PTSD: First Dilemma
(Emotional Memories)

- Too painful – that a survivor doesn't want to remember.
- Too painful – that a survivor cannot forget.

Daniels LR, et al. *J Gerontol Soc Work*. 2015;58(4):420-436.

Common PTSD Symptoms

- Intrusive thoughts
- Nightmares
- Irritability
- Startle reactions
- Avoidance
- Emotional detachment
- Social isolation
- Anniversary reactions

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.* Arlington, VA: American Psychiatric Association Publishing; 2013.

TRIGGERS: subtle/ obvious

Intru… …s: memor… …ares,

Distorted thoughts associated with memories

PTSD

Physiological Hyperarousal

AVOIDANCE: quest for mood shift

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.* Arlington, VA: American Psychiatric Association Publishing; 2013.

PTSD

SYMPTOM CLUSTERS

1. ***Intrusion***: nightmares, intrusive memories
2. ***Hyperarousal***: inability to go to sleep, inability to stay asleep, frequent awakenings at night
3. ***Distorted thoughts/beliefs***: embedded in recurrent nightmares
4. ***Avoidance***: fear of going to sleep; fear of having the recurrent nightmare

TREATMENT GOALS: How can we achieve these?

- Increased awareness of triggers, "how PTSD is operating" for the survivor
- Symptomatic relief of comorbid conditions
- Reduction of hyperarousal symptoms with medication
- Psychotherapy → greater insight
- Reduction of other stresses
- Increased social supports/network and vocational re-engagement

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.* Arlington, VA: American Psychiatric Association Publishing; 2013.

TRIGGERS:
subtle/
obvious

Intrusive Recollections:
memories, nightmares,
flashes

Distorted thoughts associated with memories

PTSD

AVOIDANCE mood

INTERVENTION

INTERVENTION

INTERVENTION
rousal

American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.* Arlington, VA: American Psychiatric Association Publishing; 2013.

Without Life-span Approach: Devoid of Context

Assessing traumatic stress using **developmental lens:**

1. How old was the patient when traumatized?
   - If multiple traumatic events: How old was the patient when first traumatized?
   - How old is the patient NOW?
2. *Match* developmental stage(s) with issues presented
   - Consideration of PTSD symptoms as related to developmental stage during trauma incident(s)
   - Aging issues now

Chatterjee S, et al. Research on aging military veterans: Lifespan implications of military service. *PTSD Research Quarterly*. 2009;20(3):1-3. Hyer L, et al. Posttraumatic stress disorder: Silent problem among older combat veterans. *Psychotherapy: Theory, Research, Practice, Training.* 1995;32(2):348-364.

Erickson's Psychosocial Stages of Human Development – Turning Points of Increased Vulnerability, Higher Potential

1 – TRUST vs **MISTRUST**
2 – AUTONOMY vs **SHAME/DOUBT**
3 – INITIATIVE vs **GUILT**
4 – INDUSTRY vs **INFERIORITY**
5 – IDENTITY vs **ROLE CONFUSION**
6 – INTIMACY vs **ISOLATION**
7 – GENERATIVITY vs **STAGNATION**
8 – INTEGRITY vs DESPAIR

Sokol JT. Identity development throughout the lifetime: An examination of Ericksonian Theory. *Graduate Journal of Counseling Psychology.* 2009;9(2).

2 Relevant Stages of Erikson's Developmental Model Relevant for Vietnam War Veterans:

Young Adulthood (19–40 years) – STAGE WHILE IN VIETNAM WAR & AFTER	Intimacy vs Isolation	**Relationships**	*Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.*
Maturity(65–death) – STAGE AT NOW	(Ego) Integrity vs Despair	**Reflection on Life**	*Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.*

PTSD and Older Adults: Adding a Second Dilemma

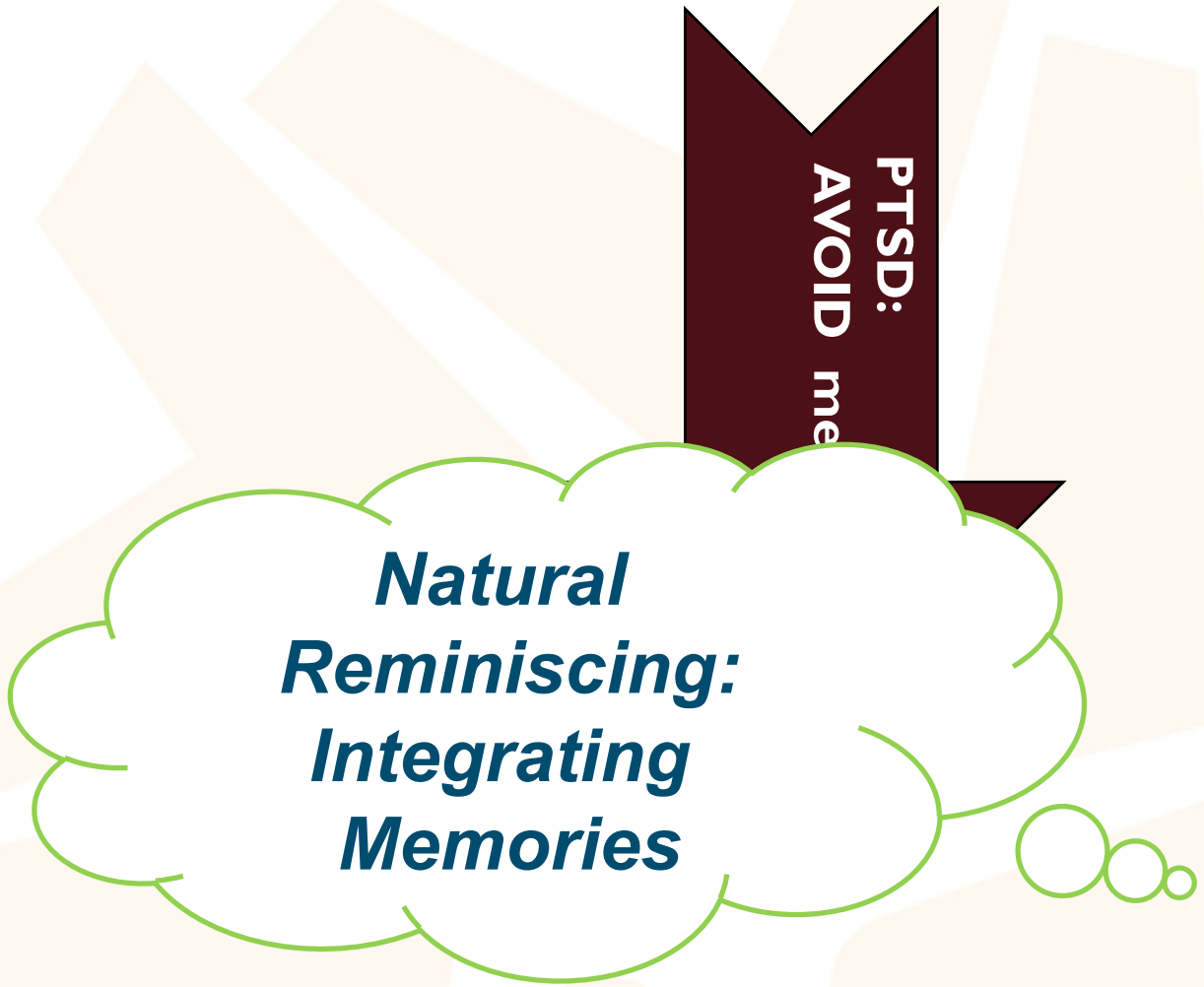
Traumatic Stress Dilemma

Reminiscing/PTSD Dilemma

Aging Trauma Survivor: The Second Dilemma

✓**Baby boomer generation faces developmental changes (entering Integration vs Despair), which will likely include the natural inclination to reminisce and recall their past.**

✓*With unresolved traumatic memories, this task can be daunting for patients struggling with PTSD.*

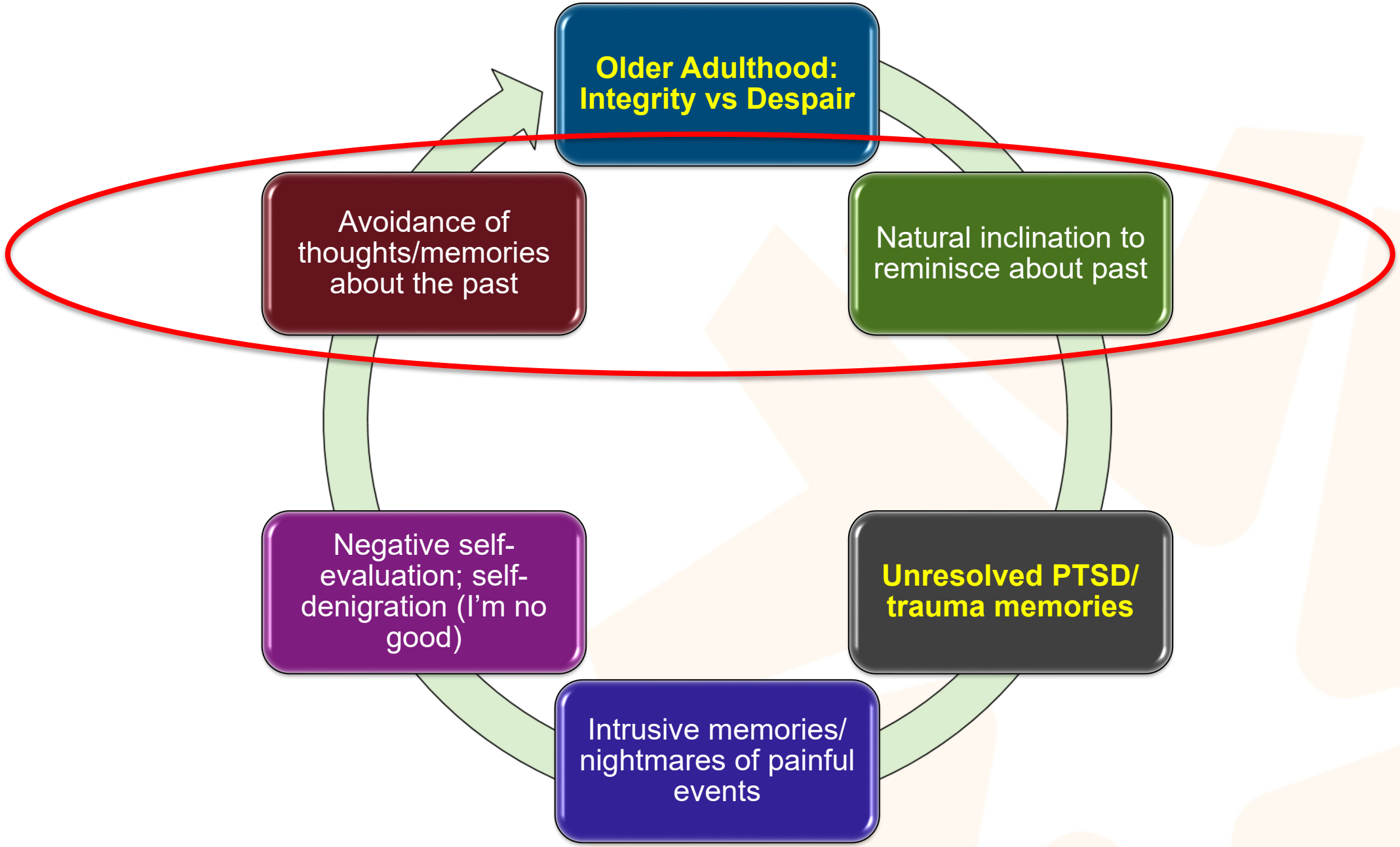


Daniels LR, et al. *J Gerontol Soc Work*. 2015;58(4):420-436.

Aging and Reminiscence

- Life stages (older adults): Positive resolution of final psychosocial crisis = ***ego integrity, sense of positive self-concept***;
- **Reminiscing** is a natural part of aging in older stages;
- **Type of reminiscence** may contribute to successful or unsuccessful aging;
  - Sad, angry, bitter reminiscence ("things I would change") → *unlikely to age successfully*

Wong PT, et al. *Psychol Aging*. 1991;6(2):272-279. Webster J. Attachment styles, reminiscence functions and happiness in young and elderly adults. *Journal of Aging Studies.* 1998;12(3):315-331. Bohlmeijer E, et al. *Aging Ment Health*. 2007;11(3):291-300.



AGING DILEMMA with PTSD vs REMINISCENCE

Summary of What We Know from Literature Review

1. **Baby boomers are aging** into Integrity vs Despair developmental stage
2. Society has limited tolerance for males to grieve openly
3. Baby boomers include a subset of Vietnam War veterans, many of whom were traumatized during the Intimacy vs Isolation human developmental cycle
4. Hospitals, mental health clinics, counseling centers are **over-burdened** already
5. **Scant research on interventions** for aging trauma survivors in spite of past evidence of older adults with PTSD not aging well
6. Little/nothing in literature about impact of PTSD on normal aging processes; even less on relationship between aging process on PTSD and/or how PTSD contributes to aging challenges (impact on optimal aging)

Brooks MS, et al. *Aging Ment Health*. 2010;14(2):177-183. Chatterjee S, et al. Research on aging military veterans: Lifespan implications of military service. *PTSD Research Quarterly*. 2009;20(3):1-3. Schnurr PP. PTSD and combat-related psychiatric symptoms in older veterans. *PTSD Research Quarterly*. 1991;2(1):1-6. Friedman MJ, et al. Key questions and an agenda for future research. In: Friedman MJ, et al (Eds). *Handbook of PTSD: Science and Practice*. New York, NY: Guilford Press; 2007:540-561.

In the PTSD FIELD: Interventions

- Individual psychotherapy
- Group psychotherapy
- Evidence-based interventions (CPT, PE, EMDR)
- Action-therapies (equine, Outward Bound)
- Creative arts therapies
- Education
- Symptomatic relief of comorbid conditions
- Reduction of hyperarousal symptoms with medication
- Reduction of other stresses
- Social and vocational

CPT = cognitive processing therapy; EMDR = eye movement desensitization and reprocessing; PE = prolonged exposure.

Daniels LR, et al. Dreamcatchers: Healing traumatic nightmares using group dreamwork, sandplay and other techniques of intervention. *Group: Journal of the Eastern Psychotherapy Association.* 1998;22(4):205-226.

In the Gerontology Field: Interventions

Integration or Despair?
Reflecting Memories about one's life

Life Review

Reminiscence Groups

Daniels LR, et al. The role of reminiscence and Life Review in healthy aging. In: Kaplan DB, et al (Eds). *Oxford Handbook of Social Work and Healthy Aging.* New York, NY: Oxford University Press; 2015. Haight BK. *J Gerontol*. 1992;47(5):P312-P315.

Healing after Trauma: Psychotherapeutic Themes

- Trust
- Security
- Acceptance
- Identity and Self-Worth
- Social Connectedness
- Grief and Mourning
- Anger and Revenge
- Control
- Meaning

Goals of PTSD Counseling:

- PTSD symptoms: Reduce
- Depression: Reduce
- Social support: Increase

Goals of Life Review Counseling:

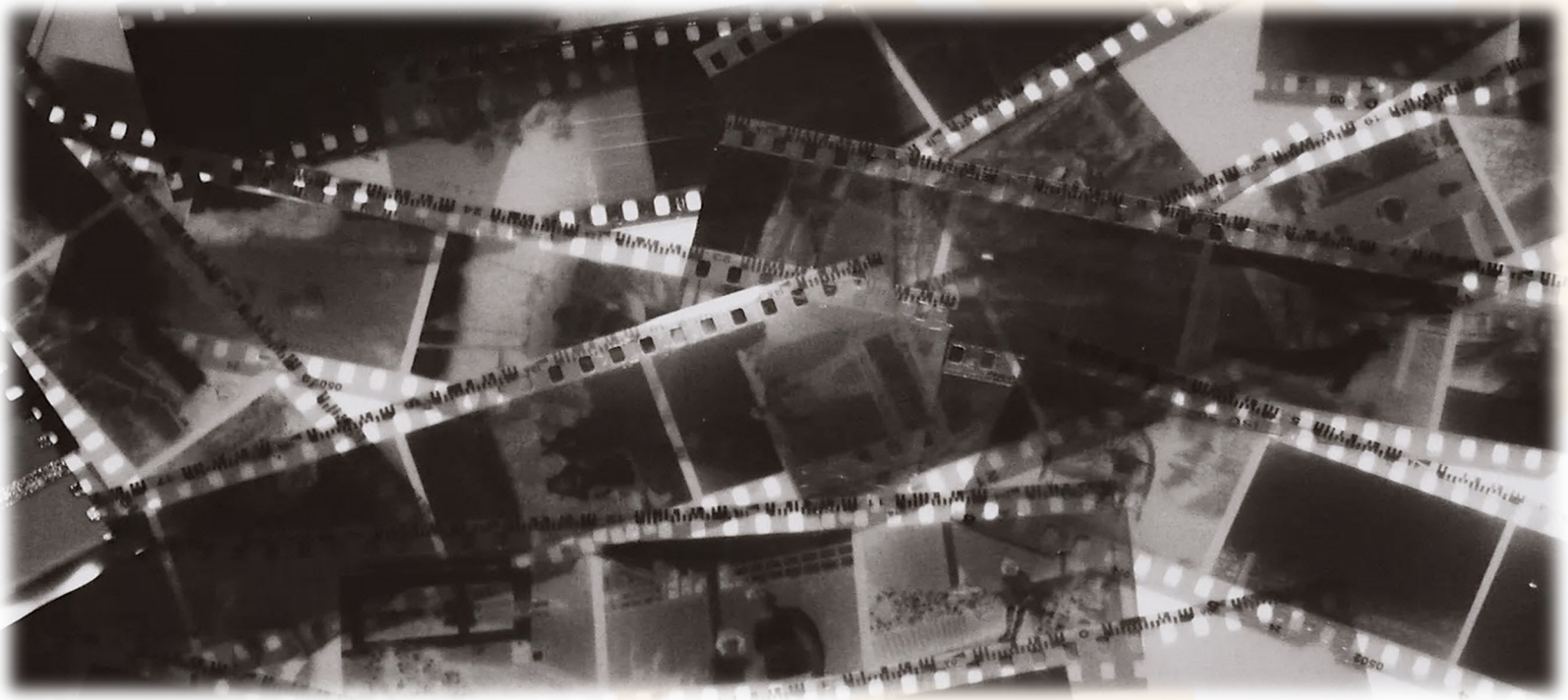
- Reminiscence (type of reminiscence changes): Shifts; goes from bitter style of reminiscence to productive, integrated reminiscence
- Life Satisfaction: Increased
- Morale (Geriatric): Increased

Ultimate goal: *Optimal aging; better death preparation; easier to let go*

Daniels LR, et al. *J Gerontol Soc Work*. 2015;58(4):420-436. Daniels LR, et al. The role of reminiscence and Life Review in healthy aging. In: Kaplan DB, et al (Eds). *Oxford Handbook of Social Work and Healthy Aging.* New York, NY: Oxford University Press; 2015. Kae-Hwa J, et al. Effects of a group reminiscence program on self-forgiveness, life satisfaction, and death anxiety among institutionalized older adults. *Korean Journal of Adult Nursing*. 2018;30(5):546-554.

We combined 2 interventions from 2 disciplines (with 2 groups!):

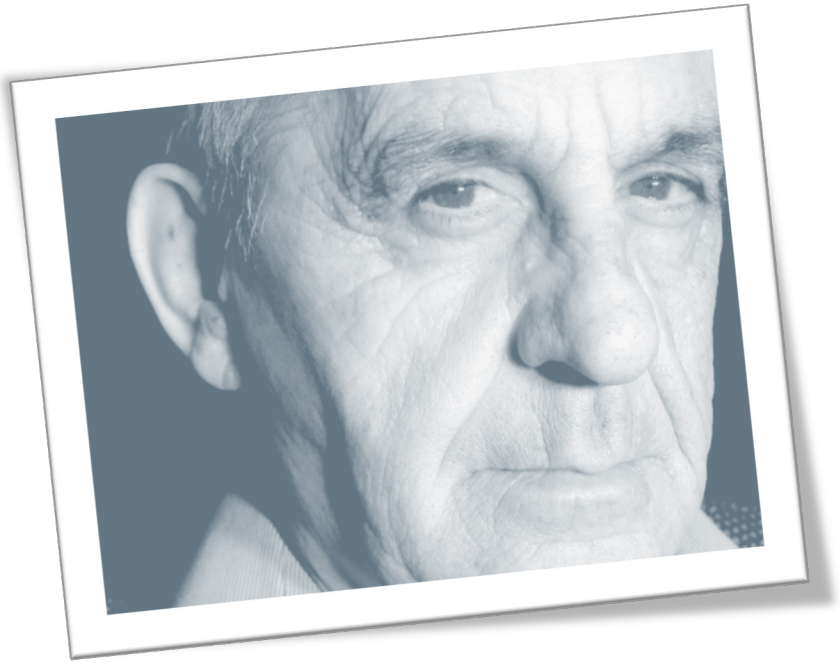
PTSD Group Therapy + Facilitated Reminiscence through Life Review



Consolidation of memories about the past are the focus of both

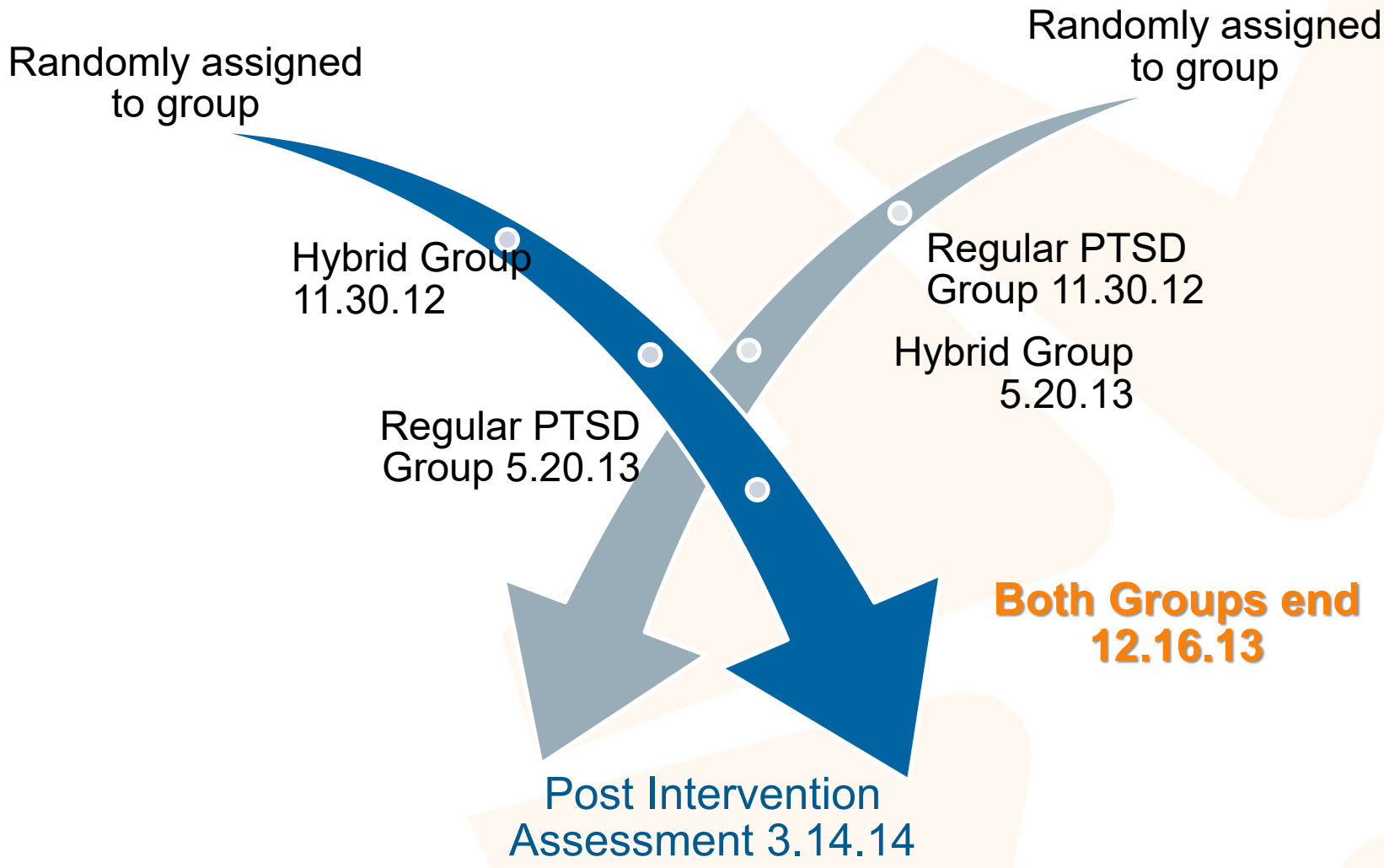
Daniels LR, et al. *J Gerontol Soc Work*. 2015;58(4):420-436. Daniels LR, et al. The role of reminiscence and Life Review in healthy aging. In: Kaplan DB, et al (Eds). *Oxford Handbook of Social Work and Healthy Aging.* New York, NY: Oxford University Press; 2015.

Addressing the Gap of Treatment: Hypotheses



1. That a structured life review component superimposed on a PTSD group therapy will help reduce trauma survivors' *disrupted* (self-denigrated) reflections of past memories over the course of a year
   - Reduce PTSD symptoms, depression
   - Increase morale, subjective well-being, satisfaction with life
2. That the sequencing of group structure may make a difference in terms of symptomatic outcomes
3. That "style of reminiscence" may shift

RESEARCH DESIGN: Random Assignment, Cross-over, Repeated Measures



Measures and Data Analysis

1. PTSD symptoms – ***PTSD Checklist, Military Version*** (PCL-M); ***Late-Onset Stress Symptomatology*** (LOSS)
2. Depression – ***Older Adult Health and Mood Questionnaire*** (OAHMQ)
3. Morale – ***Philadelphia Geriatric Center Morale Scale*** (PGCMS)
4. Life Satisfaction – ***Satisfaction with Life Scale*** (SWLS)
5. Reminiscence – ***Reminiscence Functions Scale*** (RFS)
6. ***Subjective Wisdom***
7. ***Forgiveness*** (qualitative question)

- Data analysis: Effect size for each measure; confidence intervals; repeated measures ANOVA; and paired samples and independent samples t-test

Daniels LR, et al. Life-review and PTSD community counseling with two groups of Vietnam war veterans. *Traumatology*. 2015;21(3):161-171.

Participants: Demographics of Sample:

RESEARCH SITE: **VET CENTER** (Portland, OR); community-based counseling center – Department of VA

12 Vietnam War veterans (ages 63–71) consented to study; **9 completed the study**. New patients or existing counseling patients; new to PTSD group therapy

Comorbidities: Depression, anxiety, problems with interpersonal relationships, physical limitations, high blood pressure, past alcohol abuse

Characteristic	*N*
Total number of participants	9
Branch of service	
Army	5
Marines	3
Navy	1
Rank status during Vietnam War	
Enlisted/drafted	8
Officer	1
Age of participants at start of group meetings	
60–65	6
65–70	2
70–75	1
Marital status	
Single	1
Married/remarried	7
Divorced	1
Race/ethnicity	
Caucasian	9
Asian	1
Employment status	
Retired/disability	7
Part time	2

Daniels LR, et al. Life-review and PTSD community counseling with two groups of Vietnam war veterans. *Traumatology*. 2015;21(3):161-171.

Procedure for the Groups: *Facilitated Life Review*

Each session: Vets checked in with emotions/feelings (2–3) that they are aware of as they arrive to session

Vets given open-ended questions about their pre-military lives, military time, post-military (based on the Life Review and Experiencing Form [LREF])

4 sessions total: Each vet had 1 session for pre-military, 1–2 sessions for military, and 1–2 for post-military

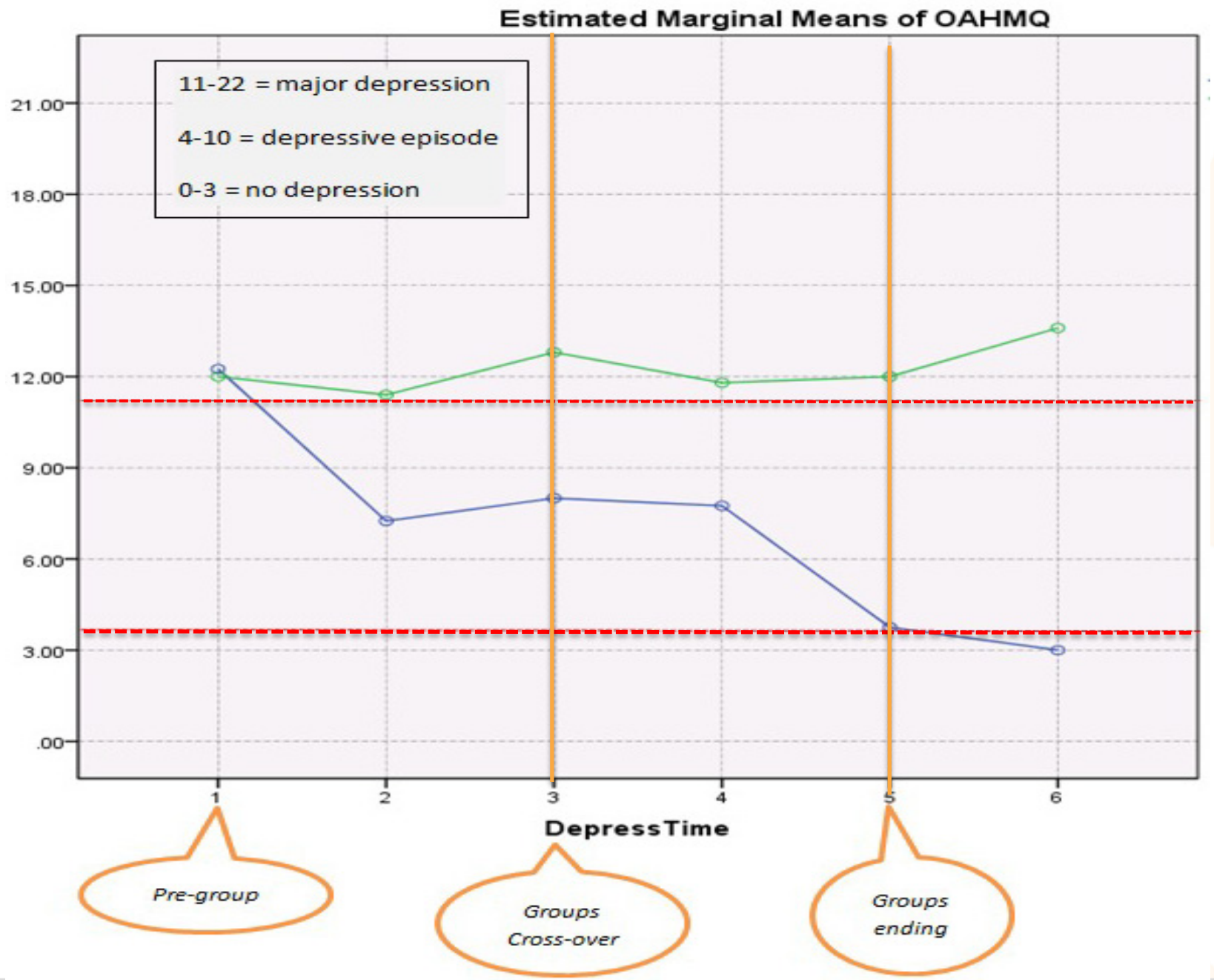
Daniels LR, et al. Life-review and PTSD community counseling with two groups of Vietnam war veterans. *Traumatology*. 2015;21(3):161-171.

$F=3.42$, df 1; $p=.107$

DEPRESSION (OAHMQ): MEAN SCORES SPLIT BY GROUPS ACROSS TIME

LR1 = LIFE REVIEW FIRST

PTSD1 = REG PTSD FIRST



Group assignment differentiated the groups at very close to statistical significance at Time 6 (3 months after meetings ended).

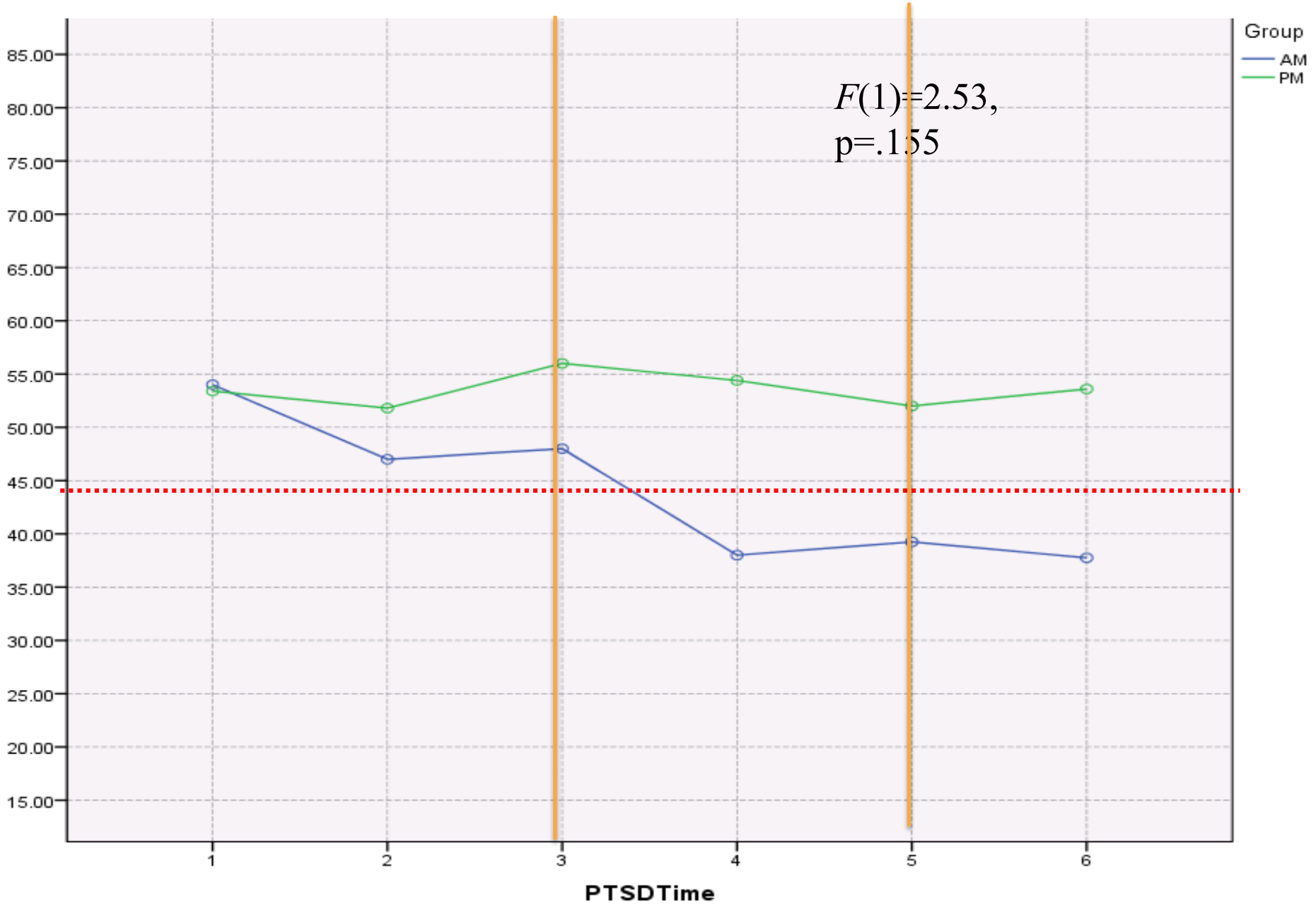
Paired samples t: LR1 GROUP: *t = 7.141, df 3; P<.01 from pre-grpup to end of groups; t*(3)= 6.19; *P*<.01, from Pre-group to end of study.

Partial eta-squared for this ANOVA = **.328 suggesting a large effect-size.**

Cohen's *d* = 2.49 (A–F) for LR1 Group; **very large effect size and practical/ clinical significant change for LR1 Group.**

Clinical significance noted with LR1 group dropping into the "no depression" zone at Time 5, and trending further down at Time 6.

Mean PTSD (PCL-M) Scores for 2 Groups across Time Periods



Effect size for PCL-M; LR1 group only. LARGE EFFECT SIZE. Pre-group to End of group meetings (Time 5/E) **Cohen's *d* = 1.35.** And to end of study (Time 6/F) for LR1. **Cohen's *d* = 1.58**

CLINICAL SIGNIFICANCE: decrease/change of 10 points = clinically relevant.

Legend: *PCL-M: Total symptom severity score (range = 17-85); cut-off of 44 recommended by Blanchard et al. (1996); NC-PTSD: 5–10 pt change = reliable change (not due to chance); 10–20 pt change = clinically significant change; 10 pt change considered a minimum threshold for determining whether the improvement is clinically meaningful.*

Conclusions

- **Sequencing of the group conditions may have made a difference**
  - Having veterans share their life story PRIOR to less structured PTSD group therapy may have helped them bond more quickly and possibly better prepared toward working on their war experiences in the latter 6 months of the study
  - Life review may have a functional role for older war trauma survivors in a group setting: bonding, connection, “not alone”, shared histories
- **Long-term psychotherapy likely helps participants over the course of several months, vs short-term sessions of therapy**
  - All but 3 patients reported improvements; and of those 3: 1 was the same, 2 had gotten slightly “worse” but not at a clinically problematic level
- **Talking about traumatic events in sessions (once the group had built rapport) did not result in symptomatic regression by participants**
  - Several veterans shifted their negative statements toward more positive statements about themselves, which they had not done in any previous therapy
  - Most gained insights that they have been able to use toward their overall recovery efforts

Daniels LR, et al. *J Gerontol Soc Work*. 2015;58(4):420-436. Daniels LR, et al. Life-review and PTSD community counseling with two groups of Vietnam war veterans. *Traumatology*. 2015;21(3):161-171.

Migration Challenges Complicating PTSD: Third Dilemma

- Uprooting
- Loss of homeland
- Loss of previous work
- Loss of family
- Changes in family and social role
- Changes in family and social network
- Language challenges
- Cultural values (intrafamilial and family/society)
- Legal challenges
- Inability to access resources/discrimination

Boehnlein JK, et al. The Cultural Formulation Interview for Refugees and Immigrants. In: Lewis-Fernandez R, et al (Eds). *DSM-5 Handbook on the Cultural Formulation Interview*. Washington DC: American Psychiatric Association Publishing; 2015.

CASE STUDY: Ex-POW Group – Aging and Life Review

History

- 67-year-old married, retired ex-POW, European theatre WWII
- Nightmares, intrusive memories, poor concentration
- Coped with symptoms for decades through hard work and suppression
- Prior to captivity was on corpse detail stacking bodies
- During captivity experienced extreme cold, inadequate food and clothing, extreme weight loss, bombardment by American planes

Treatment

- Group therapy with other ex-POWs began 45 years after repatriation
- Collective acknowledgement of shared feelings/experiences (loss, shame)
- Enhanced integration of memories (“putting a puzzle together”)
- Enhanced trust, empathy, social, and community engagement
  - **Mechanism of change:** Enhancing cognitive, emotional, and social integration

CASE STUDY: Making Connections Using Life Review

History

- 68-year-old Caucasian Vietnam Veteran
- Married, has a son; raised on a farm in mid-west United States; favorite sister killed in car crash when patient was 12 years old
- Door Gunner during Vietnam War (1969–1970)
- Symptoms: Emotional numbing, intrusive memories of specific incidents from war zone, nightmares, startle, shaking hands, low self-esteem
- New to group therapy, counseling

Treatment

- Medication – Antidepressant
- Group Psychotherapy – Focus on past life (abusive father, loss of sister, being in war zone; facilitated understanding of sources of distorted self-talk, unresolved grief)
  - **Mechanism of change:** Other patients in group (feedback); facilitated focused discussion about beliefs during past traumatic events; challenging long-established narratives; helping patient identify new narrative

CASE STUDY: Social and Spiritual Variables

History

- 67-year-old Cambodian widow
- Husband and brother executed by Khmer Rouge
- Raising teenage son
- Symptoms: Anorexia, weight loss, emotional numbing, intrusive memories of Khmer Rouge camps, nightmares, startle, multiple somatic symptoms, suicidal ideation
- Obsessive-compulsive personality style

Treatment

- Medication – Antidepressant
- Psychotherapy – Focus on chronic grief, parental role, self-image, connections between feelings and somatic symptoms, spiritual beliefs, dream resolution, social connections
  - **Mechanism of change:** Resolution of grief focused on current/future connections — role as a parent; enhanced present and future social relationships

Clinician Reactions

- Sadness
- Anger
- Vulnerability
- Fatigue
- Painful memories get triggered
- Intolerance of other patients
- Intolerance/avoidance of violence images
- Indifference vs overinvolvement

Kinzie JD, et al. *Am J Psychother*. 1993;47(1):90-102. Boehnlein JK, et al. Countertransference and Ethical Principles for Treatment of Torture Survivors. In: Jaranson JM, et al (Eds). *Caring for Victims of Torture*. Washington, DC: American Psychiatric Association Publishing; 1998.

Pharmacotherapy of PTSD

- First-line pharmacotherapy includes SSRIs and SNRIs (sertraline and paroxetine are the only FDA-approved drugs for PTSD)
- Second-line agents have less evidence for usefulness and require further controlled trials
- Prazosin beneficial for nightmares
  - α_1 adrenoreceptor antagonist for PTSD hyperarousal
  - Increases total sleep time and REM sleep time without sedation or sleep onset latency
  - Level A designation for treatment of PTSD nightmares from American Academy of Sleep Medicine
- Benzodiazepines and antipsychotics generally are not recommended
- Assessing and treating co-occurring disorders is essential (major depression, traumatic brain injury, substance use, pain)

SSRI = selective serotonin reuptake inhibitor; SNRI = serotonin–norepinephrine reuptake inhibitor; REM = rapid eye movement.

Boehnlein JK, et al. *J Psychiatr Pract*. 2007;13(2):72-78. Raskind MA, et al. *Biol Psychiatry*. 2007;61(8):928-934. Simon PY, et al. *Can J Psychiatry*. 2017;62(3):186-198.

After All of This: Mechanisms toward Change/Healing

- *Taking time to engage patients/clients is essential*
  - **ESTABLISHED RAPPORT/RELATIONSHIP:** Allowed for safe disclosure of survivor's story, more accurate assessment of presenting issues, increased opportunities to intervene with patient's unique traumatic stress reactions
- Assessment with the assumption that a **patient is the expert of their own life**
  - **DEVELOPMENTAL CONTEXT:** Allows increased awareness of past traumatic incidents linked with subsequent traumatic experiences; can intervene using a full life perspective from each survivor's own life story; can facilitate each patient's increased insight into PTSD symptoms/reactions
  - **CULTURAL CONTEXT**: Allows awareness of cultural, community, and familial discourses that contribute to patients being stuck in their self-denigrating thoughts and/or feeling stuck in traumatic stress symptoms; interventions can include culturally-based healing
  - **EMOTIONAL CONTEXT:** Allows more awareness about stuck emotions: to tailor interventions to patient's needs, and to provide experiences that allowed expression and follow-up with feelings (eg, grief ceremonies at cemetery, burning letters, group interactions of support)

Mechanisms toward Change/Healing → Outcomes

- **Attending to interactive patterns of survivor's own family, cultural, religious values/beliefs; facilitate increased understanding** of how these impact on unique traumatic stress response
- **Using a patient's life story to assess a survivor's degree of family cohesion, and social support network, strengths**; **"connecting the dots" of different life experiences**
- **Assessing patients' level of acculturation**
- **Being consistent and emotionally available with patients**; awareness of **fragility of relationships** (past betrayals, disappointments, lack of social support) while **building rapport**
- **Providing experiential opportunities for patients to get "unstuck"**
- **Being more aware of your own biases, blind spots, and strengths as a person and clinician**

Boehnlein JK, et al. The Cultural Formulation Interview for Refugees and Immigrants. In: Lewis-Fernandez R, et al (Eds). *DSM-5 Handbook on the Cultural Formulation Interview*. Washington DC: American Psychiatric Association Publishing; 2015. Daniels LR, et al. Life-review and PTSD community counseling with two groups of Vietnam war veterans. *Traumatology*. 2015;21(3):161-171.