SHOREHAVEN
BEHAVIORAL HEALTH, INC.

3900 West Brown Deer Road, Suite 200
Brown Deer, WI 53209
Phone: 414.540.2170 • Fax: 414.540.2171
www.shorehavenbhi.com

LEARN ABOUT TRAUMA REDUCTION THERAPIES FOR POST-TRAUMATIC STRESS DISORDER©

Don Rosenberg
2024

Major Treatments for PTSD

Fortunately, we have effective treatments for PTSD! Some treatments can eliminate the symptoms. Others can help manage the symptoms so they are less disturbing.

In the case of Complex PTSD, it may take several years to understand repair the damage done to the person's development. Some people with C PTSD can function more adequately if they have therapeutic support over many years.

When you watch old movies from the 1930s and 1940s you noticed that the doctor sometimes gives a traumatized person a sedative. Those would have been barbiturates. You may have also noticed the heavy use of alcohol under those circumstances. We not do neither of those any more.

We have very effective treatments. Some 80 to 90% of people who receive these treatments report moderate to significant improvement. The exposure therapies often produce a an elimination of symptoms completely.

The major treatments for PTSD include psychotherapy, medication, or a combination of both. As for the psychotherapies, they are often used in combination. A therapist may specialize in or be certified in one or more of these treatments. A therapist may also call upon a specialist for what we call *adjunctive treatment*. For example, you may be working with the therapist on a variety of problems and the therapist may send you to or take you to an EMDR therapist to reprocess a specific memory.

Treatment falls into two categories.

1) One is to **manage the symptoms**, helping reduce all that arousal and to reduce the

intrusive thoughts. The symptoms generally fall into the categories of

- Arousal of the body, physiological reactivity
- Cognitive symptoms, what we believe about ourselves
- Emotional Symptoms

Body Work. For the body, we may work on reducing the extremes of heart rate, rapid breathing, sweating, and tension. We use **anchoring** and **calming** techniques to lower arousal. **Progressive muscle relaxation** is one such method. Imagery of safe places or **mindfulness** Body Scan exercises help lower arousal. Medications may also help (e.g.,Hydroxyzine, Prazosin)

For emotional symptoms, we may we may work on trying to reduce nightmares by understanding their origin or **re-processing** them. We use **mindfulness** techniques to separate the mind from the intrusive memories

Cognitive work may help change the way we think about the trauma and the negative words we say about ourselves in regard to the trauma people. Often, we say things that are self-blaming. Or we give inaccurate attributions to the cause of the event. "I should have been there." "It was my fault."

2) The other approach is **Memory Reconsolidation**, that is, actually changing the memory. For example, one client was recovering from an industrial accident. His intrusive thoughts were of the equipment that caused the accident. When the memory was evoked and the whole event re-evaluated, he realized how much his co-workers and the medical personnel helped him and how this all worked out better than it could have. After that, his symptoms stopped.

Exposure & Re-processing.

Most treatments that resolve the symptoms use exposure. That means going back into one's memories of the events in the safe confines of the therapist's office, with empathic support from the therapist, and directions that help the brain re-process the memory, in effect, shifting how it is remembered.

A) Exposure takes advantage of a phenomenon called **extinction**. What that means is that when we are exposed to a stimulus and find that the stimulus becomes unimportant, we stop responding to it.

B) Exposure also takes advantage of the fact that when the mind brings up a memory and then puts that memory back in storage, it makes subtle changes to the way that memory is stored. If something reminds us of a trauma memory and that current thing is unpleasant, we may form a connection that says unpleasant things happen to me in a world is not safe. For example, a client who had been subject to violence in a short-term marriage subsequently left her apartment door unlocked to go to the laundry room. She came back to find an intruder in her apartment. He knocked her down on his way out. After that, she could no longer sleep in her bedroom. She slept near the front door to the apartment. So for her, the second unpleasant thing only consolidated her fearfulness.

But, when the exposure takes place in therapy where the therapist is safeguarding the client and directing the process, that memory can be stored with positive changes. We used gradual exposure, mindfulness, and progressive relaxation in order to keep that client calmer as she step-by-step returned to sleeping in her bedroom. Furthermore, reprocessing the memory using EMDR, which I explain below, helped convert it so that instead of feeling a foolish and unsafe, she realized that when she locks her door, she is very safe. She realized that the mugging was a one-off event and not a measure of her world since she had lived decades without any kind of violence in her apartment and community.

C) Exposure also takes advantage of what we call **reprocessing.** What that means is that the memory originally was left in an unprocessed state. Think about something mildly troubling that happened at school or work recently Your mind knows that it is not happening now and that it is something that happened back then. It becomes historical event. It loses its emotional power.

But an unprocessed memory is frozen in time. It retains its vividness as if it just happened. Reprocessing takes advantage of an exposure procedure to bring up that memory and help us see it in new ways that reconsolidate the memory so that it becomes historical like any other Our techniques take advantage of these phenomena by accelerating them in the consulting room.

Specific Therapies for Trauma

Cognitive Processing Therapy (CPT) and Cognitive Behavioral Therapy (CBT) helps reframe (change our perspective) negative thoughts about the trauma. It involves exposure therapy to desensitize trauma reminders, and **cognitive restructuring** to change negative thought patterns.

The essence of CBT for trauma has two parts.

- One part is behavioral, that is, using techniques such as relaxation and imagery for calming and staying within what is called the *window of tolerance*. We can tolerate emotional arousal if it stays within a certain frame. When it's too high, we become overly aroused, hypervigilant, with rapid heart rate, and trouble breathing evenly. When it's too low, we may feel numb, lacking in energy, fatigued. So, we want to use behavioral techniques that help us stay within that window and also give us a means of maintaining a calmer physiology.
- The second part is to change how we think about ourselves and our world and our past. Our past is filled with all kinds of memories. If we only have a 1 or 2 trauma experiences, our past is probably filled with many positive experiences. And yet we are focused on the trauma and not on all the other experiences This is common in traumatic grief where we don't have access to all the positive memories of the relationship to the person that was lost. So we want to shift the way the person remembers the past. We want to shift the way they remember themselves. They may be filled with guilty or shameful thoughts. Our thoughts of failure. We want to clarify those and put them into words so the person could change them. Frequently people miss-attribute self-blame to an event and, after we evaluate it, we find out that they were not the likely cause of what happened. So they could shift their feelings of guilt and be more self-forgiving.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a well-researched method for trauma in youth. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents learn skills for going over the trauma; managing distressing thoughts, feelings, and behaviors; enhancing safety; parenting skills; and positive family communication.

GOAL: The goal of TF-CBT is to help address the needs of children, with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers. We enhance future personal safety and enhance an optimal developmental trajectory through providing safety and social skills training as needed.

TF-CBT has several components.

- **Psychoeducation:** Giving detailed information about common reactions to trauma. That helps us realize how so many of our symptoms and behaviors are part of one syndrome.
- **Specific Coping skills:** Relaxation skills, identifying feelings, *reframing* our

experience ("It hurt, but I survived it." "We worked through it together.")

- **Exposure:** Gradual exposure in imagery and perhaps out in the world. It's done in small steps. For example, the child may have school avoidance due to something that happened there. So, we may use all the TF-CBT interventions plus gradual exposure – first to drive past school, then to play in the school yard on a weekend, then to go into the building with a parent, then to go to just half a day, etc. All that is accompanied by continual work on relaxation, mindfulness, *reframing*, and perhaps imaginal exposure.
- **Cognitive processing:** Discussion of trauma-related thoughts and beliefs
- **Parental Participation:** Parent training to manage symptoms without reinforcing them, child-parent sessions, and psychoeducation about how to respond to the child.
- **Trauma narrative:** Ultimately, recasting the entire understanding of the story – what we tell ourselves about a trauma is in effect a story – with the new understanding and the new skills into a coherent narrative.
- **Affect expression and modulation:** Learning to identify and name one's emotions, realize the cues that bring them up, learn to express them effectively.
- **Self-soothing techniques:** Ultimately, just like a child learns to calm and go to sleep, learning to self-soothe, to calm, to keep arousal down, to bring it down when it is too high.
- **Social skills and problem solving:** Enhancing social skills and problem solving

Prolonged Exposure Therapy is a form of CBT that involves reliving the traumatic event in a safe environment to help reduce the power it holds over the patient. The memory is detailed in therapy. The session is recorded so the person can listen to it over and over. This reduces the power of the memory.

Eye Movement Desensitization and Reprocessing (EMDR) involves focusing on traumatic memories while receiving bilateral sensory input (e.g., eye movements, side-to-side tapping) to help process and integrate traumatic memories rapidly and effectively. It

is highly researched and shown to be effective and rapid.

EMDR is a procedure in eight phases, starting with taking a history of the trauma. The therapist will want to understand the images related to your trauma, the negative beliefs you have developed about yourself in relation to it, positive beliefs that would be healthier, the emotions you feel when you think about those beliefs, and the bodily sensations you experience related to the trauma. The therapist will then haven you measure the level of disturbance from almost no distress whatsoever to the highest you can imagine, using a 0 to 10 scale. Reprocessing is having you bring all of that into your mind while using eye movements, tapping, or other bilateral stimulation (that is, side to side) stimulation. During the session the therapist will ask you to allow your mind to go wherever it may go and just to explain whatever associations come up as you go through. You will be actually processing not only the trauma, but all the associations that are related to it – often from much earlier trauma experiences that emerge during this reprocessing. The treatment continues until the memory produces a zero or one score on the 0 to 10 distress scale

Psychodynamic Therapy helps uncover deeper beliefs and behaviors that may not have been understood previously to be trauma-related, and helps understand adult behaviors that have roots in earlier trauma. This therapy helps us understand *transference*. That means the way in which our earlier experiences with important caregivers gets transferred or transposed on to our current relationships. So, for example, if someone grew up in an alcoholic household or in a household where there was a great deal of hostility, they might relate to someone in their adult life as if that person were going to be just as hostile, whether they are or not. So they would be vigilant to, and orient towards, any time that person might be irritable or annoyed, and then will experience a great deal of anxiety. This all is likely to be unconscious. Psychodynamic therapists also look at what are called *defenses*. That is the way in which we unconsciously master our anxieties. For example, we may repress them. We may reenact them. We may project them and see the turmoil within ourselves as if it were in the outside world. We may try to overcompensate. So if we felt helpless, we act overtly as if we were very strong. This therapy is based upon insight within a safe relationship.

Brainspotting is a technique that takes advantage of the fact that our eye position tends to be part of the conditioned (learned) behaviors associated with the trauma event and its recall. That suggests brain activation occurs when the eyes fixate on those positions. The therapist guides you to find those spots and recall the memories behind them. Brainspotting activates reprocessing on an unconscious level.

We know where you look relates to what you are mental processing. By following a wand or pointer across the visual field, we can identify places (a point in space) in the field associated trauma feelings. The experience is organized around the point in space. As you ask the Cl to think of the event and the feelings *in the body*, The therapist has the client look to spots across the field. We ask, "How does it feel when you look here? Better or worse?" We can locate spots associated where the trauma is activated and where skills and abilities are located in space. The spot helps focus client on the entire complex of internal associations around the trauma.

Vergence: to activate calming, the eyes focus on the object and then on the distance behind it, alternatively.

Grounding spot: A resource spot – in the visual field, we identify spots associated with positive emotion.

In the process, the relationship is crucial. Attunement with the client's experiencing helps down-regulate the client's arousal.

A number of other approaches have been promising for PTSD, such as

Accelerated Processing Therapy
Acceptance and Commitment Therapy
Emotional Freedom Technique (also called tapping)
Hypnosis
Imagery Rescripting
Internal Family Systems (IFS)
Mindfulness
Neuro-linguistic Programming dissociation technique
Seeking Safety
Solution-Focused Therapy
Somatic Experiencing

All of these methods can contribute to effective therapies.

Psychotropic Medications

Medications for post-traumatic stress disorder (PTSD) include:

Sertraline (Zoloft): An FDA-approved selective serotonin reuptake inhibitor (SSRI) that can treat PTSD

Paroxetine (Paxil): An FDA-approved SSRI that can treat PTSD

Venlafaxine (Effexor): A serotonin norepinephrine reuptake inhibitor (SNRI) that can treat PTSD

Alpha blockers: Such as prazosin, these medications block the stress response

Antipsychotics: Such as Aripiprazole (Abilify), Olanzapine (Zyprexa), and Risperdone (Risperdal), these medications can reduce delusions, hallucinations, anxiety, and agitation that may sometimes accompany severe PTSD.

Hydroxyzine is an anti-histamine used to calm the system.

Medications for PTSD work by affecting neurotransmitters in the brain that regulate fear and anxiety, such as serotonin, norepinephrine, and dopamine. Other antidepressants are usually only considered if a person is feeling very depressed, anxious, or irritable. It can take several weeks for antidepressants to have a noticeable effect.

When starting a medication for PTSD, you should work with your provider to monitor your response, discuss side effects, and adjust your dose if needed. The benefits of medications take time to work and end after you stop taking them.

Conclusion

We intend this overview to give you an introduction to what may be taking place in therapy. You can use these ideas to understand treatment that may be recommended. Although these therapies are evidence-based, the clinician needs to assess many factors that determine the best treatments for a specific person with his or her specific trauma. And his or her ways of coping. For example, the use of alcohol or drugs may complicate the treatment. The therapist may want to work on that before working on the trauma. It's always a case-by-case decision-making process on how to proceed.

Shorehaven Behavioral Health is a mental health clinic and training center with therapy offices in Brown Deer, Greenfield, and Mt. Pleasant, and also offering telehealth throughout Wisconsin. We specialize in challenging cases and rapid access to services. In addition to depression, anxiety, behavioral problems, and most other psychological problems, we work extensively with children & families and with substance use problems. Our DBT program has three groups – for younger adolescents, older adolescents, and adults – and has openings. We also accept referrals for substance abuse care from clinicians who are not comfortable with that population. Call 414-540-2170.
Follow us on Facebook https://www.facebook.com/shorehavenbhi
LinkedIn https://www.linkedin.com/company/shorehaven-behavioral-health/
Instagram https://www.instagram.com/shorehavenbhi/