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Perception of Control and PTSD

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Perception of control and PTSD.



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Class: Psychology 101
Date: 12/10/2014

Perception of control and PTSD.

- ❖ Introduction and History of PTSD in War.
- ❖ DSMV-5 Criteria for PTSD.
- ❖ Ruling out TBI.
- ❖ Research and findings on links between perception of control and PTSD.
- ❖ New methods of treatment
- ❖ General information about helping people cope with PTSD.
- ❖ Sources to help learn more.

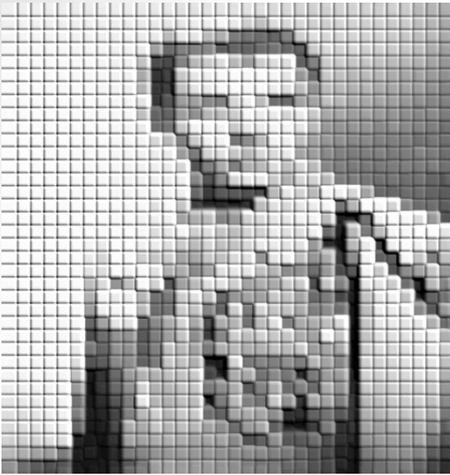
Introduction to PTSD.

- ❖ Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event , either experiencing it or witnessing it.

- ❖ Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

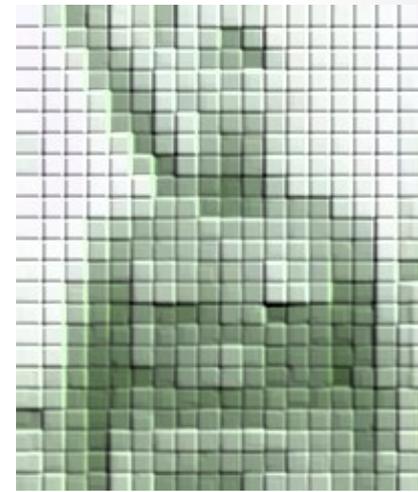
- ❖ The most common causes of PTSD include
 - Sexual assault.
 - Car accidents.
 - Natural disasters.
 - Combat.

- ❖ Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function.



Lt. Audie Murphy

History of PTSD in war.



Sgt. Alvin York

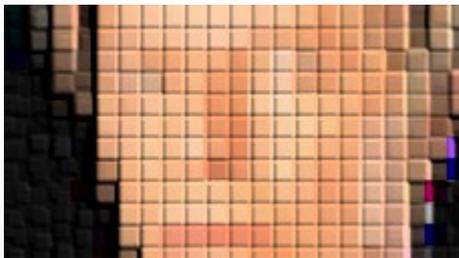
- The risk of exposure to trauma has been a part of the human condition since we evolved as a species.
- Shakespeare's Henry IV appears to meet many, if not all, of the diagnostic criteria for Posttraumatic Stress Disorder (PTSD), as have other heroes and heroines throughout the world's literature.
- In the last 100 years the U.S. Military has had multiple names for this condition to include; Shell Shock, Battle Fatigue, and Combat Stress Disorder.
- Some of the most notable war fighters of the 20th century suffered from these conditions, including Medal of Honor recipients Sgt. Alvin York and Lt. Audie Murphy.

DSM-5 Criteria for PTSD.

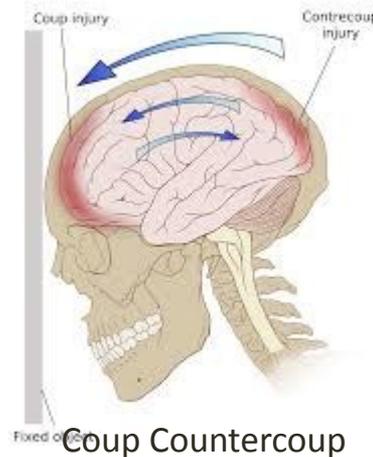
- **Stressor:** The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.
- **Intrusion symptoms:** The traumatic event is persistently re-experienced
- **Avoidance:** Persistent effortful avoidance of distressing trauma-related stimuli after the event.
- **Negative alterations in cognitions and mood:** Fear, horror, anger, guilt, or shame.
- **Alterations in arousal and reactivity:**
 - Irritable or aggressive behavior
 - Self-destructive or reckless behavior
 - Hypervigilance
 - Exaggerated startle response
 - Problems in concentration
 - Sleep disturbance
- **Duration:** Persistence of symptoms (in Criteria B, C, D, and E) for more than one month.
- **Functional significance:** Significant symptom-related distress or functional impairment (e.g., social, occupational).
- **Exclusion:** Disturbance is not due to medication, substance use, or other illness.

Ruling out traumatic brain injury.

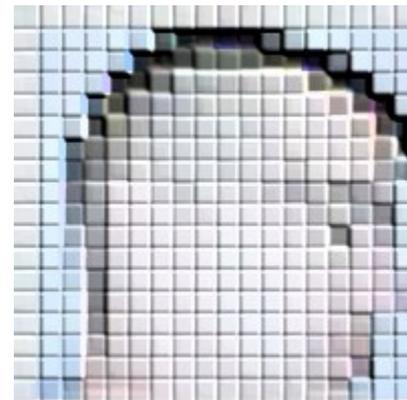
- Traumatic brain injury (TBI) is a complex injury with a broad spectrum of symptoms and disabilities.
- TBIs include injuries that cause physical damage to the brain (temporary or irreversible) that can cause disruptions in normal behavior.
- Explosions and airborne operations are the two leading causes of TBIs in combat soldiers.
- TBIs can present with many similar symptoms to PTSD and thus must be ruled out by a neurologist so that the most effective treatment can be performed.



Negative PERRLA



Coup Countercoup



Penetrating head trauma

Testing correlations between control and PTSD.

Purpose:

To see if there's a direct link to how likely someone is to experience PTSD and the level of control they felt during the traumatic experience.

IED=↑PTSD(↓Control)

FF=↓PTSD(↑Control)

Test Group:

45 Active duty males between the ages of 18 and 31.

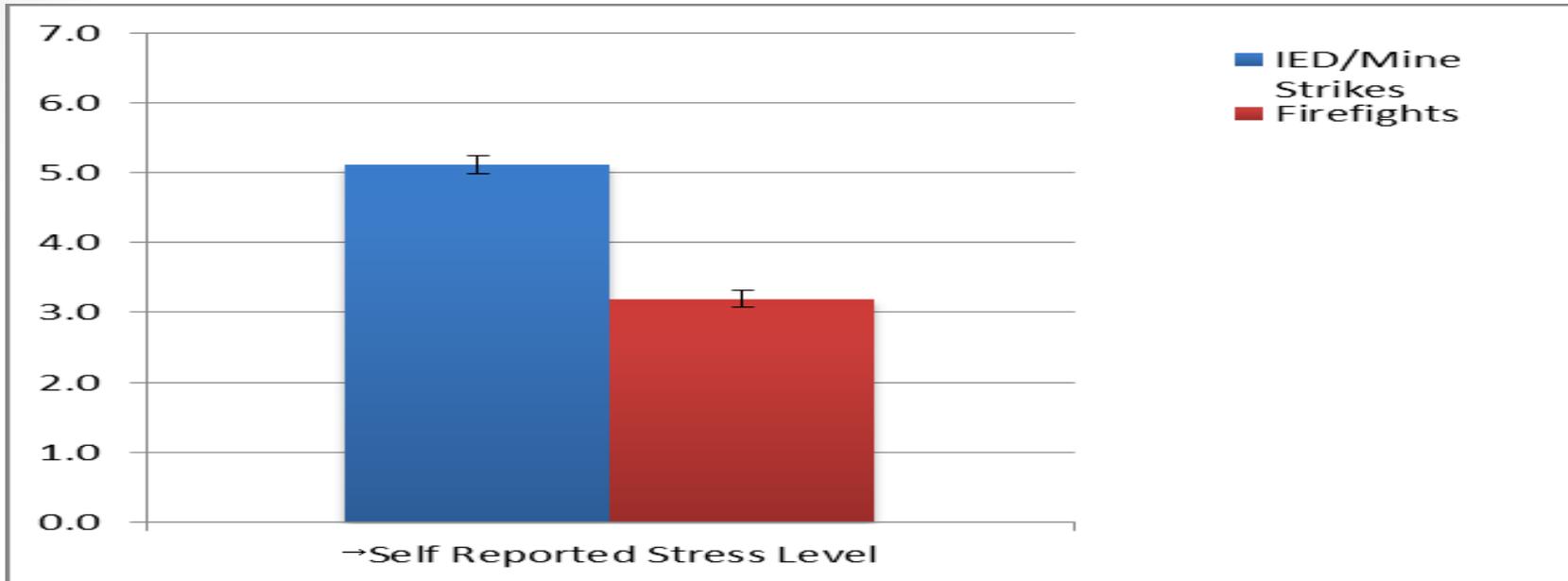
Test Criteria:

Have experienced both direct firefights lasting over an hour and IEDs with no follow on attack. As well have no other psychological disorders and no history of PTSD pre-deployment.

Test conducted:

Survey.

Survey results.



T-Test, 1 tailed

2.689580598E-14 T test results

0.00000000000000269 T-test NOT in SN

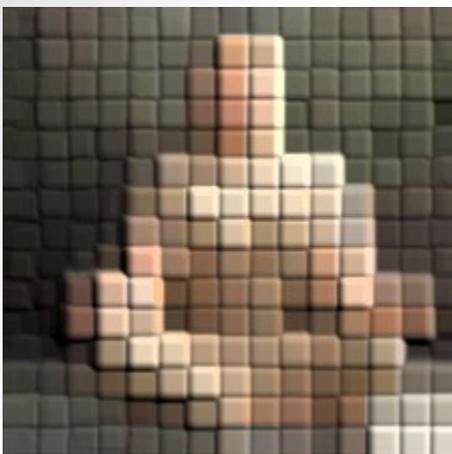
The survey was consistent with my initial hypothesis though not to a degree to draw any definitive conclusions to as to whether or not the perception of control can reduce the likelihood of PTSD from combat in military age males.

New treatments for PTSD.



❖ MDMA

- MDMA popularly known as ecstasy is used in conjunction with systematic desensitization therapy to address the traumatic events that lead to there PTSD.
- Participants were given MDMA up to a maximum of three times, and in a therapeutic setting.
- They found that in the text groups' symptoms improved over time.
- The follow up shows that improvements to most of the participants in the short term persist in the longer term; at least three years after treatment.



New treatments for PTSD cont.

❖ Mindfulness

Mindfulness training which is a form of meditation, may prove to be an important therapeutic tool to help reduce stress and increase focus in individuals with PTSD.

- mindfulness can protect soldiers from anxiety and other stress-related negative emotions.
- The researchers found that after two months, the meditation group reported significantly lower levels of stress and anxiety.
- It has also been shown to make the soldiers smarter. Specifically, it improved their capacity to retain new information, which is known as expanding their working memory.

What can you do to help?

- ❖ The first thing to remember when dealing with someone affected by PTSD is that there's no quick fix. Many soldiers who suffer from PTSD go without treatment for fear of being judged. Many will attempt to mask it with the use of drugs or alcohol.
- ❖ Be understanding, remember that this is their battle.
- ❖ Treat them with respect and demand from them the same. Their recovery is dependent on their ability to return to normal life.
- ❖ Remember you are not a doctor, sometime the only way to help someone with PTSD is to encourage them to seek professional help.

Sources for more information.

- To get the video presentation of this slide show please visit spark.parkland.edu/ and type in Charles Auteberry
- <http://www.ptsd.va.gov/>
- <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder>
- Journal of Psychopharmacology , Pilot Study of MDMA and PTSD
- American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders, (5th ed.). Washington, DC: Author.
- Journal of Clinical Psychology, Volume 68, Issue 1, 28 NOV 2011.