

# Ptsd treatments



I found my sources on Ebsco. I just typed in PTSD and psychotherapies. PTSD is a type of an anxiety disorder. It might occur after having a traumatic experience that involves injury or death. There are three categories for the symptoms of PTSD. There is reliving, avoidance, and arousal. In reliving symptoms you have flashbacks, frequent memories of the event, nightmares of the event and, reactions to situations that remind you of the event.

For avoidance symptoms you feel emotional " numbing," or feeling like you don't care about anything anymore, feeling separated, being unable to remember important aspects of the trauma, be short of interest in normal activities, avoid places, people, or thoughts that remind you of the event and, feel like you have no future. The last type of symptoms is arousal. For arousal symptoms you have hard times concentrating, you are startled easily, you over exaggerate things when you are startled, you get angry and have outburst, and have troubles with falling or staying asleep at night. There is a variety of events that can cause PTSD.

Assault, domestic abuse, a prison stay, rape, terrorism, war and etc. can cause PTSD. PTSD can occur at any age and to anyone who experienced a traumatic event. PTSD is becoming quite common because of the war that we are going through and all the violence in the world. Around 19 percent of Vietnam veterans have Post Traumatic Stress Disorder (PTSD) at some point after their service in the war. There are a variety of treatments. There is Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Group Therapy and Family/Couples Therapy. Cognitive Processing Therapy

Another treatment is, Cognitive Processing Therapy (CPT). In CPT you focus on examining and challenging thoughts about your experience. It gives you the skills to handle the distressing thoughts. The treatment helps you understand what you experienced and how it changed your perspective of the world, yourself and others. You have to visit your therapist regularly for twelve sessions. CPT has four parts just like PE. First you learn your symptoms and how treatment can help. Secondly you become aware of your thoughts and feelings. Thirdly you learn skills to challenge your thoughts and feelings.

Lastly you understand the common changes in beliefs that occur after your trauma. In addition with your sessions your therapist will give you an assignment to help use your skills outside of therapy (Sharpless, 2010). A technique for Cognitive Therapy is flooding. Flooding is exposing a client to their fear with avoiding it. Flooding is based on classical conditioning. An example of flooding would be if a person had a trauma experience with a dog then the therapist would bring a dog in and put it right next to you. While the dog is by you the therapist will go through the techniques steps.

The first step is for the client to tell a 15 to 20 minute " story" with a lot of detail and images. The next step is for the therapist to ask questions and encourage the client to stay on task. The therapist wants the client to say all details and not to leave anything out. The third step is the therapist to monitor and record the client's heart rate at regular intervals. The last step is to stage the treatment depending on the schedule. The schedule is pretreatment for 2 minutes, flooding trial 1 for 20 minutes, intertrial interval

for 5 minutes, flooding trial 2 for 20 minutes and post treatment for 5 minutes.

The five phases should be organized and repeated each session (Foy, 1992) Eye Movement Desensitization and Reprocessing Furthermore, there is Eye Movement Desensitization and Reprocessing (EMDR). In EMDR you learn skills to help you relax and handle emotional distress. You focus on hand movement and tapping while you talk about the experience. Focusing on hand movements and sound while talking about the experience might help change how you react to memories of the trauma over time. The point is that the rapid eye movements help your brain work through the emories. People usually take four to 12 sessions (Sharpless, 2010). There are eight phases of EMDR. The first phase is the client's history and the treatment planning. In this phase the therapist will evaluate the client and find out all about them like their safety factors. The therapist does not want the client to be uncomfortable. The client should be able to handle intense emotions. Once the client is selected for EMDR the therapist will look at the client's health history. The therapist will then find the specific target that triggered the fear.

EMDR is used only after the evaluation of the client is over and the therapist makes a detailed treatment plan (Shapiro, 2009). The second phase is preparation. In this phase EMDR is explained to the client and talks about their concerns and the safety procedures. The therapist tells the clients about emotional disturbances and to be ready for them (Shapiro, 2009). The third phase is assessment. Before the process begins the client identifies a component of the target. Once the client has remembered the target they are asked to select an image that best describes the target.

The client chooses negative cognition of themselves. After that the client chooses a positive cognition of themselves that will be used later in the session. The therapist asks the client to combine the image and negative cognition to see how much of a disturbance it is. The client picks a number one through ten that indicates the stress and emotion. After all that is settled there is a baseline response with the targeted memory (Shapiro, 2009). The fourth phase is desensitization. This phase focuses on the negative affect.

In this phase the therapist will continue to show the image until the client's stress goes down to zero or one. This does not mean the treatment over (Shapiro, 2009). The fifth phase is installation. This is called installation because the therapist is going to get the positive cognition stuck into the client's head. An example would be a veteran looking at an image and say that they are helpless. In the installation phase the client will start to think I tried my best. The phase can only start once the client's stress is to a zero or a one.

While the picture is showing the therapist asks the client to keep the positive cognition into mind. The showing of the picture will keep going until the client feels the positive cognition is at a 7 (Shapiro, 2009). The sixth phase is body scan. After the positive cognition is installed completely the client is asked to keep the target in mind along with the positive cognition and to mentally body scan their body top to bottom. Sometimes people find something else wrong while doing the body scan and the therapist will have to go the process to get that target stress down.

This is an important phases. This is where you can find other tension that the client did not talk about (Shapiro, 2009). The seventh phase is Closure. By

the end of each session the client must be emotionally equal whether or not if the reprocessing is complete. The therapist talks to the client and tells them to keep a journal or log of their dreams, thoughts, situation, etc. With them writing it will help with emotional disturbances. The client is asked to take a mental picture of any disturbances for they can talk about them in the next session (Shapiro, 2009). The last phase is reevaluation.

The reevaluation phase happens at the start of every new session. The client is asked if they can go over the targeted images to see how their stress goes and to see if the treatment was effective. The therapist starts asking the client questions about how they feel about the targeted images. The therapist may decide to choose another target but only if the one target has been treated. The therapist goes over the EMDR protocols and treatment planning with the client at the end of the treatment phases (Shapiro, 2009).  
Prolonged Exposure The first therapy is Prolonged Exposure (PE).

PE is an approach intended to reduce PTSD through an adjustment of the memory structures primary emotions such as the pervasive fear found in PTSD. PE shows that you do not have to avoid your trauma. You confront your experience until your distress decreases. The treatment typically takes eight to 15 weeks for 90 minutes a session (Sharpless, 2010). The first session begins with psychoeducation. In the first session you learn about why you are in treatment. The psychoeducation continues into the second session. In the next few session the therapist will introduce techniques called imaginal exposure and in vivo exposure.

In the second session the client and the therapist have a talk about common reactions to trauma. This is where the therapist will look at the client's

symptoms, emotions and behavior. The therapist will look at the client's reactions and try to control them (Foa, Hembree ; amp; Rothbaum, 2010). PE has four parts to the treatment. There is education, breathing training, real world training and talking through the trauma. In education you learn about your symptoms and how treatment can help. Breathing training helps you relax and manage the distress.

Real world practicing reduces your distress in safe situations you have been avoiding. It is an in vivo exposure. For example, if you're scared of dogs the therapist would put you in a room by nice dogs just being walked by their owners. The last part is talking through the trauma. It helps you get control of your thoughts and feelings about the trauma. This part is also called imagine exposure. It is called this because the therapist has the client imagine feared images and situations. They have to imagine the fear because some are dangerous to confront. For example, a veteran cannot confront combat. Sharpless, 2010) Group Therapy Also, there is Group Therapy. People with a disorder might benefit from seeing and hearing others cope with a similar disorder. You get this benefit from group therapy. In group therapy you see and hear people who have the same disorder as you, in this case PTSD. In group therapy they use a variety of approaches. There are six structures that make group therapy an eye-catching treatment. The six structures are information, universality, altruism, experiencing a positive family group, development of social skills, and interpersonal learning.

Information is the individual learning about their problems from other group members or the leader. Universality is you seeing others frightened and

suffering and just like you. The altruism structure is members supporting each other and giving advice. Experiencing a positive family group is the group member often resembles family. The development of social skills structure is you getting feedback from the members and realizes that you are anti-social. Interpersonal learning is good practicing for new behaviors and relationship (King, 2010). Family/Couples Therapy

Next, treatment is Family/Couples therapy. Family therapy is group therapy among family members. Couples therapy is a group therapy with married or unmarried couples. These approaches stress that although one person may have psychological symptoms; these symptoms are a function of the family or relationship. There are four techniques used widely for family therapy. There is validation, reframing, structural change, and detriangulation. Validation is when the therapist shows an understanding of the family member's feelings and beliefs. The therapist talks to them and finds something positive to say.

Reframing is the therapist helping the family with problems as a family not as an individual. For example if a teen boy has a problem he would tell the therapist how each family member contributed to his problem. Another technique is structural change. What happens in this technique is the therapist will try to change how things work at home. For example instead of the mother discipline the son or daughter the father will. Restructuring can be very simple. The last technique is detriangulation. This technique is where the therapist distangulate the family.

One member in the family would be the distraction of the other two people. For example a couple has a daughter with anorexia. The parents would talk



about the daughter's conflict instead of theirs. That is when the therapist comes and gets the parents to talk about their conflict by pulling away the attention of the daughter to the situation. Couples therapy is similar to family therapy. The conflict between married and unmarried couples is usually poor communication. The therapist would help make the communication get better which makes the relationship better (King, 2010).