

PTSD and Traumatic Stress

**From Bench to Bedside to Community
[From Gene to Public Health]**

Robert J. Ursano, M.D.

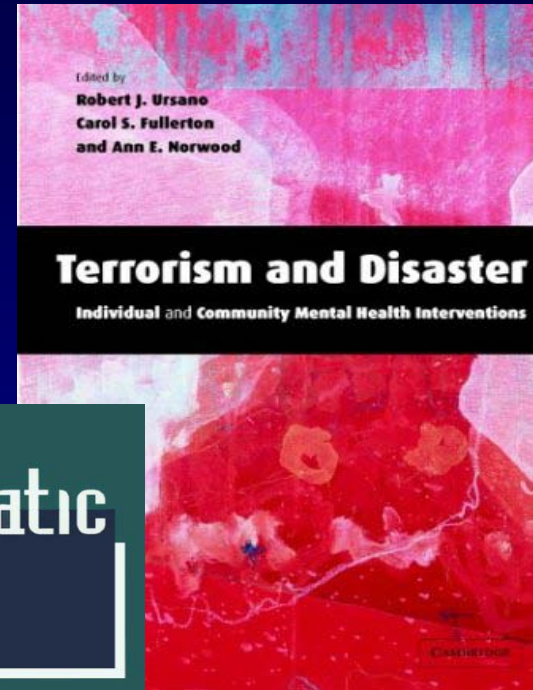
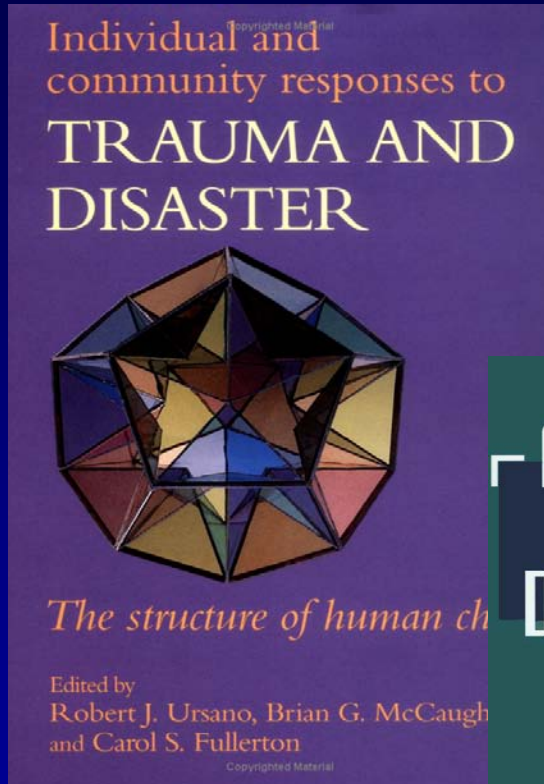
**Prof/Chair
Dept of Psychiatry
Uniformed Services University**

**Director
Center for the Study of Traumatic Stress**

Center for the Study of Traumatic Stress

- **Over 25,000 people studied**
- **Civilian & Military populations**
 - Primary victims**
 - 1st Responders & Spouses**
 - Health care personnel**
 - Adults & Adolescents**
- **Component Center of the Defense Centers of Excellence for Psychological Health and TBI**

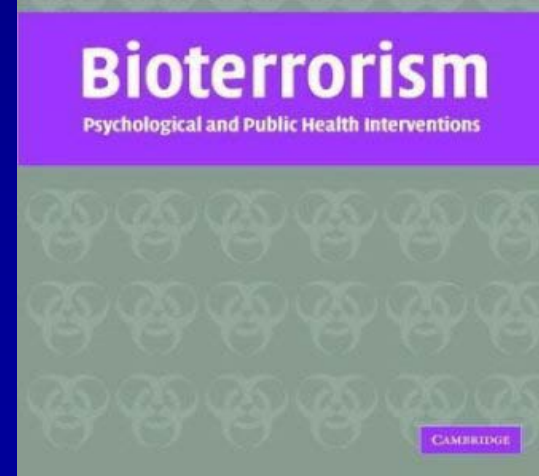
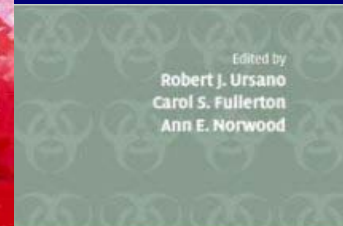
CSTS Books



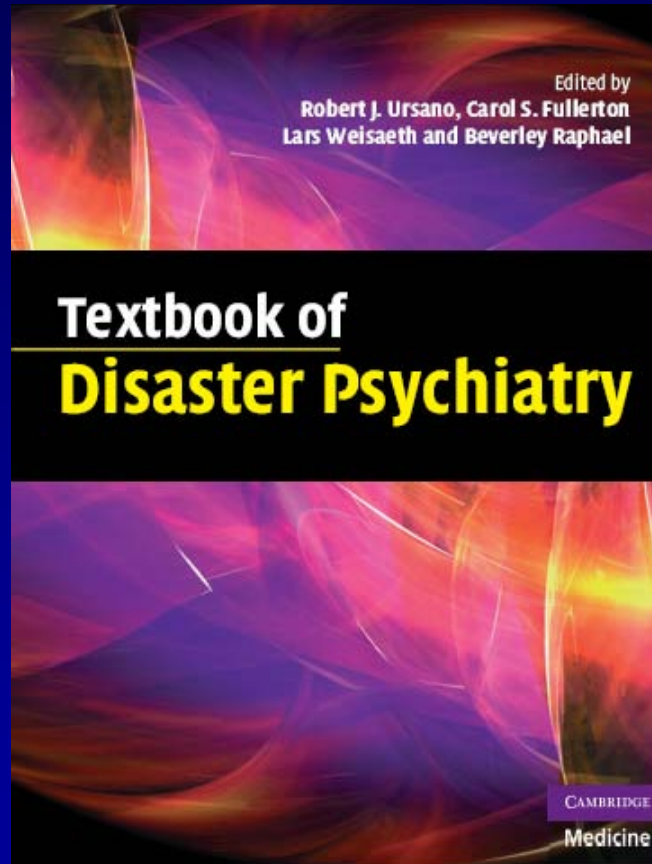
Posttraumatic
Stress
Disorder

Acute and
Long-Term
Responses to
Trauma
and Disaster

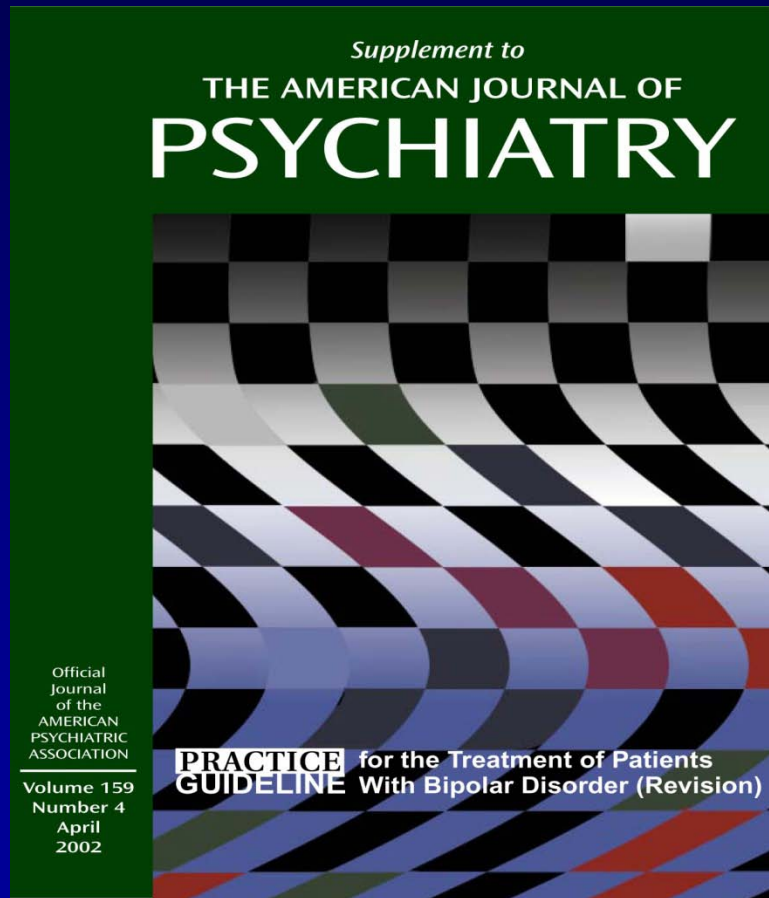
Edited by
Carol S. Fullerton, Ph.D.
Robert J. Ursano, M.D.



CSTS Books



Practice Guidelines: PTSD/ASD



American Psychiatric Association Practice Guidelines

Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder

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FACT SHEET FOR PROVIDERS

Center for the Study of Traumatic Stress

AUGUST 2005

Understanding the Effects of Trauma and Traumatic Events to Help Prevent, Mitigate and Foster Recovery for Individuals, Organizations and Communities
A Program of Uniformed Services University, Our Nation's Federal Medical School, Bethesda, Maryland • www.usuhs.mil/csts/

PSYCHOLOGICAL FIRST AID

Helping Victims in the Immediate Aftermath

As a healthcare provider, first responder, leader or manager of disaster operations, this fact sheet describes an evidence-informed approach for helping victims cope in the immediate aftermath of a disaster known as *Psychological First Aid*, and explains how to administer it.

Psychological First Aid aims to mollify the painful range of emotions and physical responses experienced by people exposed to disaster. These reactions include combinations of confusion, fear,



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Psychosocial Concerns after Hurricane Katrina Tips for Medical Care Providers

of natural disasters: caregiver, leader, comforter, and
ds, destroyed countless homes and property, and claimed
ated, its aftermath will be felt for considerable time to come.
ndful of the losses experienced by the population they will
st step in assessing specific needs. This issue of *Courage to*
icanes and pays special attention to some of the issues for



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HURRICANE KATRINA EVACUEE MENTAL HEALTH AND CARE



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Hurricane Katrina: Sustaining Effectiveness in First Responders

Public Education: The Teachable Moment

FACT SHEET FOR PATIENTS


COURAGE TO CARE

A HEALTH PROMOTION CAMPAIGN FROM
Uniformed Services University of the Health Sciences, your federal medical school, Bethesda, Maryland • www.usuhs.mil

CARING FOR CHILDREN DURING THE FLU SEASON

If you are a military mom or dad, grandparent or caregiver, here are some important things you should know about the flu, and caring for children during the flu season.

FACTS ABOUT THE FLU
What is the flu?



TIPS TO AVOID GETTING THE FLU

Here are some ways to help avoid getting the flu. This is a good time to teach or remind children about good health habits that can last a lifetime.

- Avoid close contact with people who are sick, and don't expose others to you or your family if sick.

FACT SHEET FOR PROVIDERS

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FLU SEASON: A TEACHABLE MOMENT

We hope this fact sheet and the attached fact sheet for patients will enhance your communication with service members and their families during the flu season.

This year's flu season is a time of heightened anxiety. The flu vaccine has been in limited supply. Military families, especially those with young children, are experiencing stress due to lengthened deployments and escalation in fighting. Many young caretakers—mothers and fathers—spouses are deployed—may be health experiences for the first



Addressing your patient's concerns about the flu provides a 'teachable moment' for educating patients, especially parents, about important health habits that can last a lifetime.

Please share this fact sheet with your office staff, as they will surely encounter many questions addressed below. You can download the patient fact sheets as office takeaways, put


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BECOMING A COUPLE AGAIN

How to Create a Shared Sense of Purpose After Deployment

Coming together as a couple after war deployment isn't always easy or something that happens naturally. It requires effort, and an understanding that each person has grown and changed during the separation. A positive way to think about this is that both of you, service person and spouse, have developed your own sense of purpose coping with new experiences while apart. What's important now is to come together and



□ **Emotional changes.** Some spouses may have experienced growing independence and thrived on it; others may have found this a difficult time leading to depression, anxiety, increased alcohol or substance use and abuse, and other symptoms of stress.

STEP #2: Recognize that the following concerns upon return are common, often shared or felt

FACT SHEET FOR PROVIDERS

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REINTEGRATION ROADMAP

Shared Sense of Purpose

REINTEGRATION CHALLENGES

Uniformed Services University applauds the educational efforts and programs our Department of Defense community is providing to assist troops and their families in the reintegration process post deployment. To enhance these efforts, our military trauma experts have prepared this concise and friendly, two-part fact sheet that is based upon recent interviews with affected families. You may forward this Provider Fact Sheet and the



REFRAMING THE CHALLENGE: SHARED-SENSE-OF-PURPOSE PARADIGM

The challenge of reintegration can be summed up in three words: *sense of purpose*. The biggest task for the returning service member is to transform a sense of purpose created by the intensity of war into the routines and safety of everyday life. Similarly, the service member's family has established a sense of purpose sustaining the home and its routines in the absence of the spouse. Helping couples



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<http://www.USUHS.Mil /CSTS>

Controversies

or “ Please answer”

- | | |
|---|-----------|
| 1) Debriefing | No |
| 2) EMDR? | No/Yes/No |
| 3) CBT? | Yes |
| 4) Benzodiazapines? | No |
| 5) SSRIs? | Yes |
| 6) We can prevent PTSD? | Yes |
| 7) We should intervene early to prevent PTSD? | Early? |
| 8) Psychodynamic Rx is irrelevent to PTSD? | No |
| 9) Prazosin, Virtual Real, DcycloS (alpha adrenergic antagonist) | |

Psychological First Aid: Fostering Resilience and recovery

Safety - be safe, feel safe

Calming – rest, relax, sleep

Efficacy – skills and confidence

Connectedness – social support
emotional and instrumental

Hope - optimism



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PSYCHIATRY
INTERPERSONAL AND
BIOLOGICAL PROCESSES
A Journal of the Washington School of Psychiatry

SPECIAL TOPIC:
**Five Essential Elements of Immediate
and Mid-Term Mass Trauma Intervention:
Empirical Evidence**

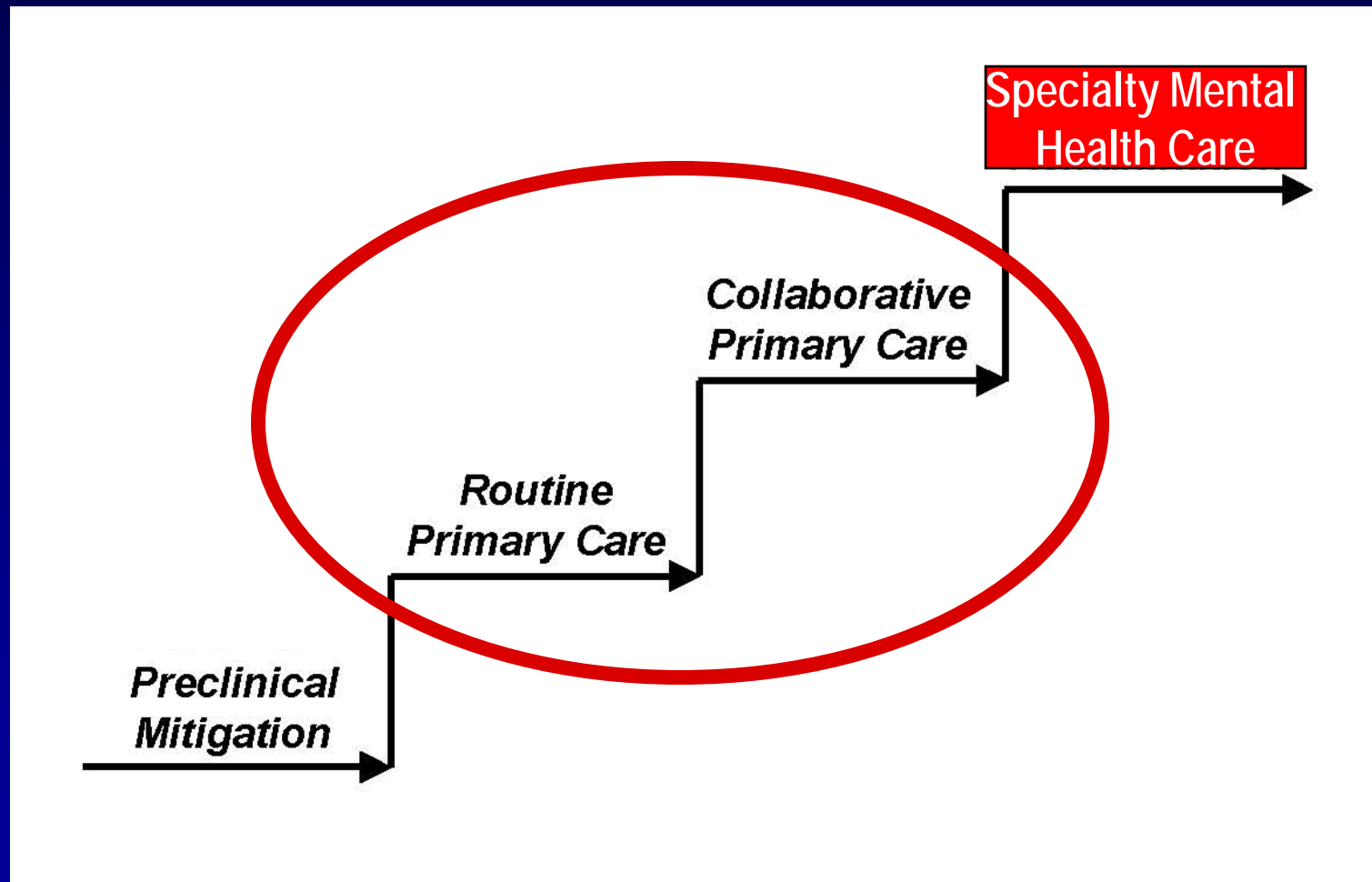
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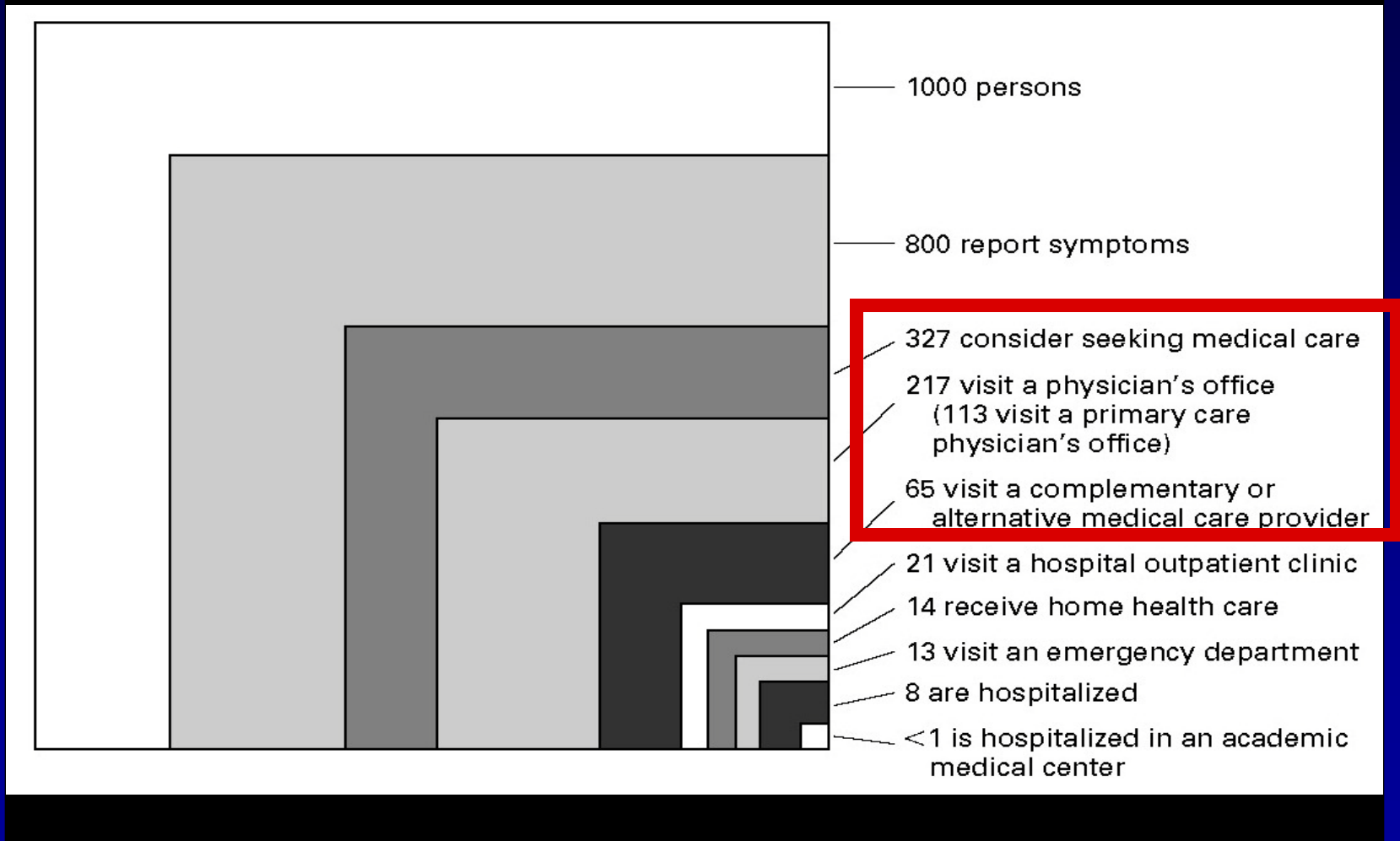
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THE GUILFORD PRESS
NEW YORK
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Spectrum of mental health services after mass trauma



Where people seek care (each month)



Team Intervention for Body Handlers

- ◆ **Addresses:**
 - Post deployment problems
 - Improving coping skills
 - Secondary adversities
 - Barriers to health care utilization
 - Problems at home (marital & family)
- ◆ **Uses natural environmental support:
Spouse and Buddies**



So What Do We Know About PTSD and Traumatic Stress for Individuals and Communities?

PTSD and Traumatic Stress

- All are at risk, expect resilience
- PTSD - acute & chronic
- Effective treatments for PTSD
- Trajectories vary
- Barriers to care and stigma
- Public Health Interventions for communities are needed
- **Neurobiology of PTSD is coming and is needed**



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Hurricane Katrina CAG

www.HurricaneKatrina.med.harvard.edu

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