Developments in PTSD: Implications for Crisis Negotiations

Michael J. McMains, Ph.D.
Diplomate in Police Psychology, SPCP
Objectives

- Understand the need
- Discuss brief overview of traumatic stress
- Review physiological findings in PTSD
- Understand management issues- from research
- Discuss PTSD as attachment disorder
- Explore implications for negotiators
- Brainstorm
The extent of the problem?
The need?

- 49% of crisis incidents involve family members - HOBAS
  - 21% of DV in 2014 were veteran involved
- Washington Post- Kaiser Foundation Survey:
  - 45% of veterans report relationship problems returning home
  - 41% of veterans report anger outbursts after deployment
  - 69% felt that average American did not understand their experience
  - 25% reported doing something that made them feel guilty
- Suicide rate among veterans estimated at 22 per day
- Sixty to eighty percent of Vietnam Veterans seeking PTSD treatment have alcohol use problems- National Center for PTSD
  - 30% of HODAS incident- alcohol involved
- Homeless veterans: 8.6% - tend to be male (91 percent), single (98 percent), live in a city (76 percent), and have a mental and/or physical disability (54 percent).
Recent Incidents

- Suicidal veteran takes woman hostage in high rise apartment building.
- Nurse taken hostage at VA hospital in Denver
- Veteran takes hostages and demands treatment
- Veterans shoots and kills 5 Dallas police officers

- PTSD hyper-arousal symptoms—anger and aggressiveness, irritability, difficulty concentrating, sleep deprivation, increased startle reflex, and high anxiety—were most often associated with excessive anger and aggressive behaviors
Remember this sentence

- Always Remember

P.T.S.D.

ISN’T ABOUT WHAT’S WRONG WITH YOU
IT’S ABOUT WHAT’S HAPPENED TO YOU

Creative Pictures By Larry Mann
PTSD

- Reaction to video?
- What did you notice?
- What is helpful?
PTSD Development: Brief Overview
From Viet Nam to today
PTSD: DSM III & IV

DSM-III: 1980

- A traumatic event was conceptualized as a catastrophic stressor that was outside the range of usual human experience
- War

An anxiety disorder

DSM IV (1994)

- Exposure to a traumatic event
- Intrusive recollections
- Avoidant/numbing
- Hyper-arousal symptoms
- Duration of symptoms- greater than 1 month
- Causes significant distress or functional impairment.
PTSD: DSM V

DSM V (2013)

- PTSD in DSM-5 has expanded - anhedonia/dysphoric presentations, which are
  - most prominent.
  - negative cognitions and mood (depression)
  - disruptive (e.g. angry, impulsive, reckless and self-destructive) behavior.

A disorder of disregulation

- Traumatic Event(s)
- Reexperiencing the event
- Avoidance Of Stimuli
- Negative Changes In Thinking And Mood
- Marked Alterations In Arousal And Reactivity
- Duration - More Than 1 Month
- Significant Distress Or Impairment In Functioning
- Not A Substance Or Other Medical Condition
Intrusive memories

Hopelessness

Nightmares, Flashbacks

Startle response

Shame, self-hatred

Panic attacks

Emotional overwhelm

Chronic pain, headaches

Eating disorders

Substance abuse

Self-destructive behaviors

Trauma

Hypervigilance

Little or no memories

Depression

Dissociation

Irritability

Loss of interest

Numbing

Insomnia

Decreased concentration

Adapted from Janina Fisher
Recent developments: Neurology, physiology and therapy.
PTSD: Neuroanatomy

- Structural brain imaging suggests reduced volume of the hippocampus and anterior cingulate.
- Functional brain imaging suggests
  - excessive amygdala activity and
  - reduced activation of the prefrontal cortex and hippocampus.
PTSD: Neuropharmacology

- Neuropharmacological and neuroendocrine abnormalities:
  - Cortisol
  - Glutamate
  - GABA
PTSD: Psychophysiology

- Psychophysiological alterations:
  - hyperarousal of the sympathetic nervous system,
  - increased sensitivity and augmentation of the acoustic-startle eye blink reflex,
  - sleep abnormalities.
Pause and Process

- What do you remember?
- What will you use?
- How?
I am sick,
I am sick and tired of fighting,
I am sick of the daily struggle,
I am sick of the pain,
I am sick of the nightmares,
I am sick of people saying,
You don’t look sick to me,
I am sick of being told,
PULL YOURSELF TOGETHER MAN,
I am sick of doing battle,
OFF HAVING TO PROVE THAT I AM SICK,
In fact I am sick of being sick
BECAUSE NO ONE CARE’S,

I AM SICK OF BEING SICK,
BECAUSE NO ONE BELIEVES ME.
YOURS AN EX SOLDIER........
Moral Injury
Moral Injuries

Events that "transgress deeply held moral beliefs and expectations" (1). An act of transgression, shatters moral and ethical expectations rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life,. 

Kansas Association of Hostage Negotiators
Moral Injuries

Emotional responses
- Shame, which stems from global self-attributions (for example "I am an evil terrible person; I am unforgivable")
- Guilt
- Anxiety about possible consequences
- Anger about betrayal-based moral injuries

Behavioral manifestations
- Anomie (for example alienation, purposelessness, and/or social instability caused by a breakdown in standards and values)
- Withdrawal and self-condemnation
- Self-harming (for example suicidal ideation or attempts)
- Self-handicapping behaviors (for example alcohol or drug use, self-sabotaging relationships, etc.)
Pause and Process

- What do you remember?
- What will you use?
- How?
PTSD - Andrew McFarlane. MD - Long term consequences of PTSD

- Delayed stress disorder - majority of people with PTSD did not show acute symptoms.
- Millennium cohort study - 83% of soldiers do well; soldiers who develop PTSD develop it “delayed”
- Proper trauma histories
- Traumatic memories - 400+% chances of depression
- PTSD is not just amygdala - common to anxiety - unique to PTSD is disruption of frontal lobes.
- Multiple trauma exposures
- Sensitization - amplitude and longevity increases with multiple traumas.
- Amygdala settles over time - pre-frontal lobes does not. Ability to monitor self decreases and stays low.
Another thought for your tool bag

“Depression is not a sign of weakness, it is a sign that you have been strong for too long”
So, can we do it?
Tips from Vets-2017

- **Attitude**
  - Stay calm
  - Stay respectful
  - Be reassuring
  - Be real
    - Will recognize manipulation
  - Bottom line-up front

- Do not generalize - every soldier is different

- Do not play “1 up game” - my job is like yours
- First responder role may work as similarity - not identity.

- Conversation starters:
  - Branch
  - Unit
  - Rank
  - Stationed?
  - What was it like?
Tips from Vets-2017

- Normalize experience
  - Symptoms are survival skills and indicate resilience.
- Battle mind
  - What kept you safe in combat?
- Use outside resources-TPI?
  - Battle Buddies
  - Who do you trust?
  - Iden BB

- Assume alcohol and/or drugs
- Watch for manipulator- uses PTSD as excuse
- Rank as indicator of good soldier
Tips from Vets-2017

- Iding vets
  - Bracelets
  - Young guys with grey hair
  - Hollow looking eyes
  - Scanning of environment
  - Protecting others is motivator

- Rules of engagement work for you
- Aggression is often situational
- Is it PTSD?
  - Not all problems involving vets are combat related
Do not hallucinate.

- Relationship accounts for 5x more variance than intervention
- Trusting, authentic, respectful relationship
- De-pathologize
- Core skills- use psychoeducation
- Valuable tools- art of questioning
- Encourage hope by collaborative goal setting
- Behavioral descriptive and achievable goals
- Narrative that shapes perception and leads to magnification of fears
- Narratives highlight strengths- focus on their experience- what strengths did you develop overseas?
- Courage to move forward
Art of using questions

Instead of this:
- Describing the advantages of cooperating
- Emphasizing the importance of cooperating

Try this:
- Give no advice. Try to understand the veteran.
- Ask: how would settling this peacefully benefit you?
Steven Porges, Ph.D.

- Not what people say but how they say it—use normal conversational mode
  - Low pitch = aggression
  - High pitch = fear, anxiety, threat
- Reciprocal interactions
- Goal-immobilize without fear
- Enteroception—safety, danger or life-threat.
- Threat = no social engagement.
- Face-heart connection
You are a vet with PTSD. You look out the window and you see......

What do you think, feel?
Threat or life-threat?
Pause and Process

- What do you remember?
- What will you use?
- How?
An analogy - driving on cruise control

- Getting up to speed
- Passing and being passed
- And then-somebody cuts it close
- Or- you drive into a fog bank
- Driving from here to Salina
- Driving from here to LA
Anticipated issues

- Mixed emotions
- Fragmented thinking
- Flashbacks
- Self-medication
- Mental health experience
- Emotion driven
- Hyper-vigilance
- Impaired cognitive functioning
- Impulse control problems
PTSD - Guidelines

- Check attitude and focus on actor.
- Attitude -
  - patient, patient, patient,
  - respect, respect, respect
- Expect anxiety, depression and irritation
- Validate and normalize experience
  - Symptoms are survival skills
  - Addiction is effort to self-regulate
- Assess suicide potential
- Manage stress - breathing, imagery and grounding.
- Self-medication - assess time frame; get non-use agreement
- Flashbacks - refocus on here and now.
- Ask problem-solving questions
- Assess prior experiences with MHP
- Raise hope

Refer to Handout
Risk Factors: Veterans who act out

- Alcohol misuse
- Criminal background
- Hyper-arousal symptoms,
- Socioeconomic factors including
  - lack of employment,
  - poverty,
  - unstable living situations
General Principles for starting a conversation

- First words - invite conversation
- Skip small talk - get personal right away
- Find “me too’s” - find common ground, experiences
- Provide unique compliments - listen for things vet has done well and is specific to him or her
- Ask vet’s opinion - always include vet in decision-making
- Be present to other - listen and respond
- Names, places, animals and things - pay attention to details and use them frequently
Treatment: With Veterans

- CBT approaches such as prolonged exposure therapy (PE) and Cognitive Processing Therapy (CPT),
- Eye Movement Desensitization and Reprocessing (EMDR) and Stress Inoculation Therapy (SIT).
- Sertraline (Zoloft) and paroxetine (Paxil) are selective serotonin reuptake inhibitors (SSRIs)
- Neurofeedback
Treatment

Rated Most Effective by 513 People with PTSD

1. Cognitive Behavior Therapy
2. Avoid certain places
3. Avoid certain noises
4. Art therapy
5. Exercise
6. Use clear shower curtain
7. Psychotherapy
8. Medical marijuana
9. Anti-anxiety medication
10. Daily routine
Pause and Ponder

- What will you remember?
- What was helpful?
- What was not useful?
Comorbidity

- Most often, these comorbid diagnoses include:
  - major affective disorders,
  - dysthymia,
  - alcohol or substance abuse disorders,
  - anxiety disorders,
  - personality disorders

---

Co-morbidity in Post Traumatic Stress Disorder, i.e. other disorders suffered by those with PTSD

[Bar chart showing co-morbidity rates for different disorders among males and females with PTSD]
Simple and Complex PTSD
One size does not fit all
PTSD

Simple
- Issues of arousal
- Lack of filter to focus on new stimuli

Complex
- Early and multiple traumas
- Issues of attachment
- Rhythm
- In synch
- Feedback
- Voice
Complex PTSD
Complex Trauma

PTSD – Not Just Caused by Combat

The essential feature of Post Traumatic Stress Disorder (PTSD) is the development of characteristic symptoms that follow a psychologically traumatic event. This event is generally considered to be outside the range of usual human experience.

- Rape or Assault
- Witnessed Death
- Terrorist attacks
- Natural Disasters
- Abuse
- Kidnapping
- Car or Plane Crashes
- Severe threat to your life or personal safety

www.militarywithptsd.com

- Disrupts social connectedness
- Distorts social awareness
- Displaces social engagement behavior with defensiveness
- Interferes with “coregulation”
Pause and Ponder

- Helpful?
- Not helpful?
- Why?
Summary

- PTSD is neurological and biochemical based
- It involves hyper-arousal, difficulty relating to others and poor decision making
- It can be managed
- Practice
Resources

- For help with moral injury or other mental health issues
- The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury’s 24/7 live chat outreach center (also at 866-966-1020 or email resources@dcoeoutreach.org).
- The Pentagon website Military OneSource for short-term, non-medical counseling.
- Veterans can call, text or chat with the Veterans Crisis Line. Dial 800-273-8255