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PTSD, WHAT CAN BE DONE?

A fact is a fact. Memory is a fact. War is a fact. Unfortunately, for many veterans, the latter two facts collide. Every soldier, at some point, leaves the battlefield, but the battlefield never leaves the soldier. After soldiers return state side and stand down from 24/7 battle readiness, vivid images of missions they experienced begin to flash in their minds. These mental images are normal and are called "flashbacks".

When a child experiences a painful, scary, and/or confusing molest, long after the molester is no longer in that person's life, those mental images still intrude in their memories as flashbacks. Sometimes, the mental images occur and are gone so quickly that all that is left is traumatic feelings without the image or flashback. Rape victims will often have very similar emotional responses.

Traumatic events that impact the brain and leave vivid images can range from major hurricanes, earthquakes, car crashes, to dog or wild animal attacks. The major difference in all of these cases is number and frequency of the experiences. The more often and the more traumatic the events, the more severe is the PTSD.

However, it is not the traumatic event or events that created PTSD. It is the shift in the persons thinking. If, after a trauma, the person's thinking shifts from "the world is safe and I am safe in this world," to "the world is not safe and I am not safe in this world," the person develops PTSD.

Children who are over protected are being given the message that the world is not safe. (If the world was safe, Mom and Dad would not be so protective.) We are starting to look at school phobia as PTSD caused by over protective parents!

Children who are raised in alcoholic/drug homes where there is constant fighting and one parent or the other is leaving, or the family keeps having to move from one place to another, that child learns early that the world is not safe and they are not able to protect themselves. What often follows is PTSD.

Neurological research has shown that the Right side of the brain processes and stores traumatic memory differently than non-traumatic memory. The Left side of the human brain is logical and systematic. Its job is to process non-traumatic memories, to order them and to bring closure. Simply put, the brain receives all the information from an event; it processes all the images, smells and sounds, achieves closure with the associated emotions and then puts the event into long-term storage for future retrieval and replay. (Google: Jill Bolte Taylor TED, and Two Brained Man, Alan Alda to see how the two sides of the brain work.)

When the brain is faced with an intense traumatic event, the processing, left side is put on hold as well as the closure of associated emotions. The brains normal function of order and storage is not achieved and the imprint of the event remains active. Usually, at some point, the brain will bring the imprint back to consciousness (this could be years later) in order to process the event, make emotional closure and integrate it into long-term storage.

This process of making emotional closure and integrating can be very traumatic in itself. The Client is a 43 year old female who, as an adult, went through a number of very abusive relationships filled with violence. Finally, she "stumbled onto a fantastic guy who treated me with love and respect even though I was not always very nice to him." One day, when they were going to make love and his face came close to hers, she suddenly sat up and started screaming! What she saw was her Grandfathers face. He was the county sheriff, and he was raping her. She was a just a child of 12 or 13. At first, she did not believe the flashback, so she checked with her cousins and all validated that they had had similar encounters with him. Now she is in therapy, trying to help her brain process the events and to bring emotional closure and integrate this experience into her long-term storage.

Soldiers from every service are highly trained professionals and, when in battle mode, their brain responds and functions differently. In the heat of battle, a soldier's brain is so focused on completion of the mission that there is no time to process its impact or to make closure.

An example of this can be seen through the experience of a close friend of mine who returned from the Vietnam War. He was well decorated and involved in many battles during his two tours in country. Initially, his transition back into civilian life went smoothly. He lived with his wife and went back to work in his chosen profession. He lived in a large city where the police relied heavily on helicopters to

patrol, and less on squad cars. One evening, it all changed. A police helicopter began to circle low over the neighborhood looking for a robbery suspect. That night, the police helicopter triggered him into a combat flashback. In his mind, he was back in Vietnam. He felt that he, along with his brothers-in-arms, was under attack. He ran to his closet, pulled out his rifle, ran outside into his backyard and began to fire at the police helicopter. After that, he had more combat flashbacks, slept less, became more anxious, and used illegal drugs to attempt to stop the images. On another occasion, his wife woke up with him holding a knife to her throat telling her to be silent or they would be found. She left him the next day and did not return. Two months later, he lost his job. Stories like this one are not uncommon for Vietnam Veterans.

Many stories like the one above will happen again and again. Back in 2010, research reported: "America has a new generation of veterans (289,328) that have returned from the Iraq and Afghanistan wars and each one has brought back their combat memories. 106,726 (36.9%) of the veterans received mental health diagnoses. 62,929 (21.8%) were diagnosed with posttraumatic stress disorder (PTSD)." Today, there are teachable skills that will target one memory at a time and help veterans and other trauma victims to process through their flashbacks one by one.

One approach to the treatment of PTSD uses a Cognitive > Affective > Behavioral Therapy approach, CABT, to change the "pictures". The CABT approach improves on the effectiveness of the popular CBT methodology by adding the right-brain, affective component to traditional cognitive, left-brain therapy. The most successful therapy for PTSD must change both the left and right sides of the brain. This model allows the therapist and the client to conceptualize and focus on working with both sides of the brain.

The CABT approach has been working with PTSD victims for over twenty-five years. (See Larry's Story)

A similar approach, a guided protocol called Rapid Reduction Technique (RRT), was developed to reduce the effects of traumatic flashbacks and memories for women who have been traumatized as well as abused. The RRT approach has been used and studied with this population for the past 9 years. RRT has been successful in helping survivors reduce the intensity of the flashbacks, help in processing all the images, smells and sounds, achieve closure with the associated emotions and facilitate storage into long-term memory. RRT is a teachable and safe skill which works on one memory at a time. RRT is

based on revisiting, not reliving or re-experiencing. Flashbacks are an attempt of the brain to achieve order. The RRT protocol teaches a survivor to bring a reoccurring flashback up to consciousness safely, work with the emotions associated with them and assist the brain in bringing emotional closure and integrating this experience into long-term storage.

In 2009, a pilot study was conducted to assess the effectiveness of the Rapid Reduction Technique. The study looked at seven (7) areas of intrusive traumatic flashbacks and memories. Those areas were; inability to function, strength of memory pain, degree of triggering, level of emotional, physical, spiritual and audio pain. 66 women in an inpatient setting with diagnoses of Post-traumatic Stress Disorder (PTSD) participated. All 66 women were experiencing dysfunction in their lives due to flashbacks and memories from childhood and adulthood trauma and abuse. All areas studied showed a significant decrease in level of pain related to their chosen flashbacks or memories.

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