

## **USARA Distinguished Speaker Series**

**MAJ Jeremy Noble**

**Friday, April 16, 2021**

A few months back at a RASP2 board, I briefed the board on a candidate with some Posttraumatic Stress symptoms. I broke down what PTSD was and the implications for hiring this individual so the board could make a well-informed decision. Here I will provide a similar breakdown.

So, tonight's topic will be PTSD. But more specifically, I want to hit 3 major areas:

- 1) I want to demystify PTSD by explaining what it is and what it's not
- 2) I'd like to discuss how it's treated
- 3) If you are experiencing anything like this, ways to have a more fulfilling life by engaging in self-treatment or formal therapy

### 1. What is PTSD?

PTSD is the body doing what it's designed to do: survive. There are 3 major components of PTSD: 1) there's exposure to an extremely traumatic event (usually life-threatening), 2) you re-experience that event through nightmares, intrusive thoughts, or physiological reactions to reminders of the traumatic event and 3) you do your best to avoid those reminders of the traumatic event. Again, this is normal human (and animal) behavior.

If you have a near-death experience, your body automatically takes meticulous notes of everything associated with that situation...the sights, smells, sounds, etc. It puts those notes in a file labeled "DANGER!" and then it does its best to avoid similar situations in the future to heighten the likelihood that you will survive. There's nothing wrong with this. It's an adaptive mechanism. If we weren't programmed this way, the human race would have been extinct a long time ago. It becomes problematic when that avoidance becomes too overgeneralized and applies to things that actually aren't dangerous. It's when it interferes with your ability to live your life is when it becomes a disorder.

As an example, let's say someone stops for gas on his way home from work. While he's pumping gas, someone sticks a gun to the back of his head and robs him. Everything associated with this incident will likely go into that "DANGER!" file that I mentioned before: the smell of gasoline, standing outside the vehicle, the sound of the gas pump, etc. The next time this person has to pump gas, his heart rate will be more elevated than usual. He may stand with his back to his car and constantly scan his surroundings. Again, this is to decrease the likelihood of a similar incident happening again. However, let's say the next time this individual needs to stop at the gas station, his anxiety is too high and he decides to "just fill up later." That decision is an important one, because he just engaged in a behavior that made his anxiety temporarily go away. He just took one major step in the direction of training his body to flee from the gas station whenever possible. The next time he has to get gas, his anxiety will be even higher. And, if he avoids it again, the cycle gets stronger. Now, we have surpassed the point of adaptive for survival. Now, we have PTSD.

2. This brings me to point number 2: How to treat it?

As you can see, PTSD is not like a blood disease. It's not something you just get and can never get rid of. It's a set of learned behaviors that become problematic for someone. The beauty of learned behaviors is they can be unlearned. Let's take the gas station example again. The very next time the person had to fill his car up with gas following the mugging, instead of avoiding the gas station, if he would have made himself turn into the gas station even if it was just to park at a pump, then he would have taken one step in the direction of recovery. And, each and every subsequent time he pumped gas, the easier and easier it would get. It would eventually reach a point of extinction where the body no longer associates the smell of gasoline with danger. This is a hypothetical example, but the same mechanism applies to combat-related trauma. Exposure to reminders of the event, whether it's physically being around reminders or talking about past events, exposure is the gold standard to recovery.

I would like to add there's another variant of PTSD that is less physiological and more psychological. Some refer to this as a "moral injury." This still refers to someone

witnessing a traumatic event but feeling like they had some part to play in causing it to happen or not preventing it from happening. There's more guilt and depression associated with this one. The treatment for this is the same, but the exposure is more discussion-based. The individual often changes their beliefs about themselves or the world. For example, someone may have been involved with a civilian casualty downrange. Instead of acknowledging the incident as a mistake, the person may shift their view of themselves to being a bad or evil person. The goal for treatment then is to process what happened and analyze how the event has shifted your views of yourself and the world.

3. If you are experiencing any of this, the first question to ask yourself is "does this interfere with my life?" If it doesn't, then it's not technically a disorder and there's nothing to worry about. Most people who are exposed to trauma don't go on to develop PTSD. If it does, then my top recommendation is to seek treatment. There are some really good PTSD treatment protocols that are relatively quick and effective. The VA is mandated to provide these treatments since they are what's been proven by research to work. You might be surprised at the difference in your life in 10-12 sessions. If you are not interested in doing formal treatment but still experience some of these symptoms, you can do your own exposure therapy. Create a list of situations that make you anxious or create that fight or flight response. Rank order each item on the list from least anxiety-provoking to greatest. Start with the least anxiety-provoking situation and expose yourself to it. Just stay in that fight or flight mode until it goes away. It always goes away. Your body can't stay in fight or flight mode forever. Repeat this until you no longer want to avoid the first item on your list. After that, move to #2 and repeat the process. It will be extremely important to maximize your defenses if you plan to do this: get your sleep squared away, have a strong social support system, exercise regularly, get your diet right, etc. Essentially get on a mental health training program and treat it like you would any other PT program. Assess your baseline, dedicate time daily to it, and track your progress. You may be surprised where you get in a few months.