



# Best Practices in Diagnosis and Treatment of Post Traumatic Stress Disorder in the Canadian Armed Forces

**LCdr Lyn Kingsley, MSW, RSW**  
**Maj Paula Walbourne, RN, CPMHN(C)**

Canadian Forces  
Health Services Group



Groupe des Services de  
santé des Forces Canadiennes

# Objectives

- PTSD Defined
  - DSM-5 diagnostic criteria and current controversies
- Approved treatment modalities for PTSD in the CAF
  - Treatment Standardization Committee
  - Three phase trauma-processing therapy
  - Questions about manualized therapies
- Unique Challenges for Therapists
- Recommendations for Therapists



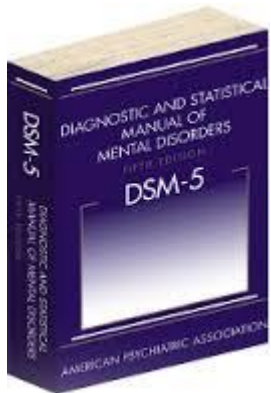
# Posttraumatic Stress Disorder

- A mental disorder that can develop after a person experiences or is witness to a traumatic event such as a serious accident, act of terror, act of war, sexual assault, sudden death of a loved one or other life-threatening event(s).
- Symptoms last >1 month and occur after the event
  - disturbing thoughts or feelings
  - distressing dreams related to the event
  - mental or physical distress to reminders of the trauma
  - avoiding reminders of the trauma
  - alterations in how a person thinks and feels
  - increased arousal



# Diagnostic Criteria Changes and Controversies

- Reclassification from anxiety disorder to a separate Trauma and Stress Related Disorder
- Grouped with other disorders which are preceded by traumatic or adverse event



# Diagnostic Criteria Changes and Controversies

- A. Exposure to actual or threatened death, Exposure to actual or threatened death, serious injury or sexual violence in one (or more) of the following ways:
- Directly experiencing the traumatic event;
  - Witnessing, in person, the event(s) as it occurred to others;
  - Learning that the traumatic event(s) occurred to a close family member or friend;
  - Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).
- (A2) Subjective reaction of intense fear, helplessness or horror



# Changes in symptom clusters

## DSM IV

- B. Re-experiencing
- C. Avoidance
- D. Increased arousal

## DSM5

- B. Intrusion
- C. Avoidance
- D. Persistent negative alterations in cognitions and mood
- E. Alterations in arousal and reactivity



# Diagnostic Criteria Changes and Controversies

- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
- Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
  - Recurrent, distressing dreams related to the traumatic event(s).
  - Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event were recurring.
  - Psychological distress and/or physiological responsivity upon exposure to cues of the traumatic event(s).



# Diagnostic Criteria Changes and Controversies

- C. Persistent avoidance of stimuli associated with the traumatic event(s) beginning after the event(s) has occurred, as evidenced by one or both of the following:
- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
  - Avoidance of or efforts to avoid external reminders (e.g., people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).



# Diagnostic Criteria Changes and Controversies

D. Negative alterations in cognitions and mood associated with the traumatic event(s) beginning or worsening after the traumatic event(s) occurred, as evidenced by two or more of the following:

- Inability to remember an important aspect of the traumatic event(s).
- Persistent or exaggerated negative beliefs or expectations about self, others, the world.
- Persistent, distorted cognitions about cause or consequences of the traumatic event(s).
- Persistent negative emotional state (e.g., fear, horror, anger, shame).
- Markedly diminished interest or participation in significant activities.
- Feelings of detachment or estrangement from others.
- Persistent inability to experience positive emotions.



# Diagnostic Criteria Changes and Controversies

- E. Marked alterations in arousal and reactivity associated with the traumatic event(s) beginning or worsening after the traumatic event(s), as evidenced by two (or more) of the following:
- Irritable behaviour and angry outbursts.
  - Reckless or self-destructive behaviour.
  - Hypervigilance.
  - Exaggerated startle response.
  - Problems with concentration.
  - Sleep disturbance.



# Diagnostic Criteria Changes and Controversies

- F. Duration of the disturbance (Criteria B,C,D, and E) is more than 1 month.
- G. Functional impairment.
- H. Exclusions: not attributable to a substance or other medical condition.



# Approved treatment modalities for PTSD in the CAF

- Treatment Standardization Committee
- The three stage trauma therapy model
  1. safety and stabilization
  2. trauma processing through exposure
  3. reintegration
- Manualized therapies



# Unique Challenges

## High level of co-occurring problems

- Operational stress
- Sleep problems
- Substance abuse
- Depression
- Anxiety
- mTBI
- Chronic pain
- Hearing loss
- Adjustment/transition
- Performance problems at work
- Relationship problems
- Anger or aggressive behaviour
- Moral injuries



# Unique Challenges



- Career consequences
- Financial consequences
- Military culture and language

Canadian Forces  
Health Services Group



Groupe des Services de  
santé des Forces Canadiennes

# Military Patient vs Civilian Patient

- Collectivistic
- External locus of control
- “Who I am”
- Emotional suppression
- Pain: Increased tolerance
- Strength focused
- Self Sacrifice
- Grounded in tradition
- Individualistic
- Internal locus of control
- “What I do”
- Emotional expression
- Pain: Early identification and reduction
- Illness/injury focused
- Self Care
- Focus on change

Adapted from Lunasco et al (2010), “One Shot-One Kill: A Culturally Sensitive Program for the Warrior Culture”

Canadian Forces  
Health Services Group



Groupe des Services de  
santé des Forces Canadiennes

# Common Clinical Presentations

- May be apprehensive or skeptical talking to civilians about service-related experiences
- Stoicism
- Underreporting of symptoms
- Defensiveness, challenging
- Joking
- Avoidance
- May not have well-developed ability to reflect on inner experience, or verbalize symptoms



# Recommendations for Therapists

- Educate yourself about your patient's world and about resources available to military members – VAC OSI clinics, OSISS, MFRC, CFMAP.
- Monitor your countertransference, especially your values about war.
- Use a strengths-based approach in therapy.
- Remember that it is very common to have psychological symptoms on exposure to war or other life-threatening operations. Symptoms may look like PTSD but, in most people, they decrease and disappear without psychological/medical treatment.



# References

- American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, America Psychiatric Association.
- Hoge, C. Y. (2016, May 25). Unintended consequences of changing the definition of posttraumatic stress disorder in DSM5: Critique and call for action. *JAMA Psychiatry*, pp. E1-E3. doi:10.1001/jamapsychiatry.2016.0647.
- Lunasco, C. T., Goodwin, E. A., Ozanian, L. C., & Loflin, L. C. (2010, July). One Shot-One Kill: A Culturally Sensitive Program for the Warrior Culture. *Military Medicine*, 175(7), 509-513. Retrieved from publications.amsus.org  
IP:131.137.245.206
- Steenkamp, M. M. (2016, May ). True Evidence-Based Care for Posttraumatic Stress Disorder in Military Personnel and Veterans. *JAMA Psychiatry*, 79(5), 431. doi:10.1001/jamapsychiatry.2015.2879
- Yehuda, R. (2016, May ). The Meaning of Evidence-Based Treatments for Veterans With Posttraumatic Stress Disorder. *JAMA Psychiatry*, 75(5), 433. doi:10.1001/jamapsychiatry.2015.2878





**Questions or comments?**

Canadian Forces  
Health Services Group



Groupe des Services de  
santé des Forces Canadiennes