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Treating Trauma with Exposure Therapy

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TREATING TRAUMA WITH EXPOSURE THERAPY

Gretchen Otto

A Capstone Project submitted in partial fulfillment of the

Requirements for the Master of Science Degree in

Counselor Education at

Winona State University

Fall 2016

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Treating Trauma with Exposure Therapy

This is to certify that the Capstone Project of

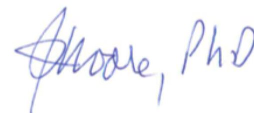
Gretchen Otto

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education



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Approval Date: 12/06/2016

Abstract

Posttraumatic Stress Disorder will be a common diagnosis that is seen in the counseling profession. The disorder is becoming more frequent than any time before. Individuals suffering from Posttraumatic Stress Disorder experience a wide range of symptomology and often try to cope with PTSD until treatment is received. This paper will discuss in detail what Posttraumatic Stress Disorder is and how one is diagnosed with the disorder. In addition, Posttraumatic Stress Disorder symptomology varies from individual to individual. Throughout the paper, PTSD's wide range of symptoms will be discussed in great detail. If Posttraumatic Stress Disorder is not treated properly, the symptomology can affect an individual for the rest of his or her life. So therefore, it is crucial for individuals to receive the right kind of treatment for their symptomology. There are many types of treatment for Posttraumatic Stress Disorder, although, this paper will focus on exposure therapy and how it helps individuals suffering from PTSD.

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Introduction

Posttraumatic Stress Disorder affects many individuals in our society and can have a great impact on their quality of life and development. Posttraumatic Stress Disorder is not immune to any age groups and can affect children, adolescents, adults, and elderly. Posttraumatic stress disorder is a public health concern as it is associated with loss of productivity, a high risk for future suicide attempts, and significant levels of lifetime psychiatric comorbidity as high as 80 percent of people diagnosed with the disorder (Fairbank, Ebert, & Caddell, 2001). According to surveys in multiple countries, about 20-90% of the general population is exposed to some type of extreme traumatic stressors at least once throughout their life (Perrin, Vandeleur, Castelao, Rothen, Galus, Vollenweider, & Preisig, 2013). So therefore, a significant part of the world's population experiences some type of trauma throughout their life, which increases their risk for suffering from Posttraumatic Stress Disorder. With a significant portion of the population experiencing such events, it is even more crucial for clinicians to understand trauma and different types of therapy to treat trauma.

Review of Literature

Trauma

Trauma is a term that is often over used in our society with an incorrect meaning. The word is spoken loosely in our every day language explaining how a negative situation is traumatic. To clarify, for an event to be considered traumatic, it needs to fit all three criteria. First, exposure to an event that threatens or harms physically or emotionally of the individual or someone close to them needs to be present (Allen, 2001). Second, the exposure to the event needs to affect the person's ability to respond (Allen, 2001). Lastly, the event needs to create significant difficulty in every day functioning (Allen, 2001). If all three of the criteria are met, the event is then considered traumatic. Scary events and situations happen frequently throughout our lives. It is important to remember there is a difference between an event that is considered frightening and an event that was actually traumatic.

What is PTSD?

Traumatic events can often be challenging to cope without any professional support. In many cases, such traumatic events can often lead to a clinical diagnosis of posttraumatic stress disorder. Posttraumatic Stress Disorder, also known as PTSD, is a major health concern and becoming increasingly more prevalent in the mental health world. PTSD can affect all ages and does not seclude anyone. Symptoms of the disorder can look different for each individual and may depend on the type of trauma experience. Posttraumatic stress disorder can be caused by many different traumatic events such as: real exposure or threat of exposure to death, serious injury, car accidents, sexual assault, and other stressful situations (Holmer, Willhelm, & Martins de Almeida, 2014)

Individuals suffering from PTSD experience a wide range of symptoms. Posttraumatic stress disorder can be considered a major life difficulty that puts one's mental and even physical health at risk. One of the major and most common symptoms is distress with intrusive recurrent and involuntary memories or flashbacks of the traumatic event (American Psychiatric Association, 2013). Many individuals suffering from PTSD relive the traumatic event, which causes significant amounts of psychological distress (McFarlane, 2010). These memories or flashbacks can appear at any given moment during the day and may even occur throughout the night while sleeping and dreaming, known as night terrors. Other symptoms that may be exhibited with the disorder are but not limited to: aggressiveness, reckless behavior, difficulty concentrating, impulsivity, sleep disturbances, irritability, exaggerated startle response, and self-destructing.

Traumatic events can have a wide range of effects on different parts of the brain such as: the amygdala, hippocampus, hypothalamus, and prefrontal cortex. All these areas of the brain are involved in responses to stress. Individuals suffering from posttraumatic stress disorder display heightened receptor responsiveness, signifying that negative feedback inhibition plays a substantial role in the disorder (Sherin & Nemoroff, 2011). The amygdala is part of the limbic system, which is involved in emotional processing and expressing oneself. In addition, the amydgala plays a significant part in the acquisition of fear responses, which is directly related to PTSD (Sherin & Nemoroff, 2011). A study does by Sherin & Nemoroff (2011) shared greater reactivity of the amygdala may be a early representation of a biological risk factor for developing posttraumatic stress disorder at some point.

To be diagnosed with posttraumatic stress disorder, an individual must have experienced a traumatic event or witnessed a traumatic event categorized as, direct exposure or indirect exposure (May & Wisco, 2015). In addition, there needs to be significant symptomology lasting longer than one month that are causing great impairments in occupational, social, and other major areas of functioning (American Psyciatric Association, 2013). Diagnosing PTSD can be difficult for clinicians due to the fact individuals are often unwilling or scared to talk about their traumatic experiences. The traumatic experiences may not be rare or severe, but individuals who are predisposed may be more sensitive than other individuals to certain psychosocial factors (Yehuda, 2002). So therefore, it is critical to analyze and understand the symptomology of each individual exhibits signs of posttraumatic stress disorder.

Direct Exposure

Direct exposure refers to personally experiencing a traumatic event or witnessing a traumatic event as it occurs to others (May & Wisco, 2015). Posttraumatic stress disorder is primarily seen as direct exposure to at least one traumatic event. In addition, individuals who have experienced one direct exposure traumatic event are more likely to have a history of exposure to several more events rather than just that single traumatic event (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). When an individual experiences direct exposure to more than one traumatic event is referred to as cumulative effect of trauma (May & Wisco, 2015). Cumulative effect can be defined as how many times an individual has exposure to trauma. Often times, when an individual experiences direct exposure to trauma, it is more likely that he or she will experience several more traumatic events throughout their life (May & Wisco, 2015). So therefore, direct

exposure to trauma several times is more prevalent compared to a single trauma event (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).

Indirect Exposure

Events such as learning about the sudden death of a family member or close friend can lead to posttraumatic stress disorder as well. This type of traumatic event would be classified as an indirect exposure traumatic experience. Learning about a sudden death of a loved one accounts for approximately 38 percent of total posttraumatic stress disorder cases (Weathers & Keane, 2007). Secondary trauma is another part of indirect exposure to traumatic experiences. Secondary trauma can be thought of as significant stress experienced by an individual who is indirectly exposed to a traumatic event, which usually occurs through narrative interpretations (APA, 2013). Mental health professionals who frequently provide services to individuals who have been traumatized and are suffering from PTSD can often experience secondary trauma.

Media exposure can be another form of indirect exposure to some type of trauma. Some traumatic events such as, attacks on the World Trade Center, Boston marathon bombing, and Oklahoma City bombing, being broadcasted on live television have the possibility of exposing individuals to traumatic events. The media-exposed individuals often experience some type of distress after a trauma, but the symptoms may be short-lived and limited compared to direct exposure to trauma. An individual can be traumatized through the media, although, compared with individuals who have experienced other types of indirect exposure or direct exposure, a media-exposed individual will have far less and acute symptomology (Saylor, 2003)

Retraumatization

Retraumatization is a term that means the occurrence of traumatic stress reactions and symptoms after exposure to multiple events (Duckworth & Follette, 2011). This can be a significant concern for trauma survivors because they are at a higher risk for retraumatization. In addition, trauma survivors of multiple traumatic experiences often have more serious trauma-related symptoms compared to individuals with a single traumatic experience (Duckwork & Follette, 2011). Retraumatization can vary for each individual. Some individuals may experience retraumatization by being exposed to another traumatic even, whereas, other individuals may experience retraumatization simply by the process of re-experiencing traumatic stress that replicates the prior traumatic experience in some way, such as but not limited to: smells, sensory input, feelings of being emotionally or physically trapped, interpersonal context, and interactions with others (Duckworth & Follette, 2011).

Types of Treatment

An estimation of 20 million American develop posttraumatic stress disorder at some point in their life (Simiola, Neilson, Thompson, & Cook, 2015), those with PTSD will most likely suffer from physical health problems and significant psychological issues (Kessler, 2000). Without adequate and appropriate treatment, symptoms will most likely linger and even exacerbate over time and cause significant impairments in functioning (Sigel, Benton, Lynch, & Kramer, 2013). Individuals who suffer from posttraumatic stress disorder and do not receive treatment are at a higher risk for criminal activity, risky sexual behaviors, and substance abuse (Sigel, Benton, Lynch, & Kramer, 2013). So

therefore, it is crucial for individuals exhibit symptomology of posttraumatic stress disorder to receive appropriate treatment.

Trauma informed care. Clinicians need to have an awareness of the impact trauma can have on the lives of their clients. In order for treatment to be successful, SAMHSA (2012) recommends all clinicians follow the trauma informed care guide throughout treatment regardless of the type of treatment. The three key elements to following a trauma informed care approach are: "(1) realizing the prevalence of trauma, (2) recognizing how trauma affects all individuals involved with the program, organization, or system, and (3) responding by putting this knowledge into practice" (SAMHSA, 2012, p. 4). When following a trauma informed care model, clinicians view trauma through a cultural and ecological lens and understand that context plays a substantial role in how each individual perceives and processes traumatic events.

Integrating trauma informed care (TIC) into practice provides many benefits to clients, their families, communities, and behavioral health organizations. Trauma informed care is strength-based approach that is "grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2010, p. 82).

Eye movement desensitization and reprocessing. Effective treatments for posttraumatic stress disorder have been and continue to be well established including several types of cognitive behavior therapy (CBT), such as prolonged exposure (PE), cognitive processing therapy (CPT), and Eye Movement Desensitization and

Reprocessing (EMDR) (Bradley, Greene, Russ, Dutra, & Westen, 2005). Eye movement desensitization and reprocessing has been emerging as one of the most popular approaches used to treat symptoms of posttraumatic stress disorder (Broad & Wheeler, 2006). There are two main thoughts and views associated with EMDR. The first view is the present problems that the individual is experiencing are based on earlier experiences that have been stored in the brain and the old feelings, thoughts, and sensations need to be reprocessed (Broad & Wheeler, 2006). The second viewpoint of EMDR is therapists are able to facilitate significant therapeutic change much quicker than originally anticipated (Broad & Wheeler, 2006).

This type of therapy asks the client to focus on a traumatic event and all the negative symptoms associated with that traumatic event. During EMDR treatment, all the body sensations, images, thoughts, and emotions are accessed through eye movements or auditory tones. For eye movements, the client's eyes will follow the clinician 's moving finger back and forth across their field of vision (Broad & Wheeler, 2006). When auditory tones are used, an individual will listen to an audiotape with headphones to alternating sounds in each ear. While focusing on eye movements or auditory tones, the client is continuing to pay attention to the traumatic event and the negative symptoms associated with that traumatic event. Clients are hopefully then able to process those painful memories and integrate new information, which will allow for healing to occur (Broad & Wheeler, 2006).

Dialectical behavior therapy. Dialectical behavior therapy is a type of treatment that was once used only for suicidal adults but now is used in many different situations including individuals who have difficulties regulating emotions, which can specifically

relate to posttraumatic stress disorder (Ritschel, Lim, & Stewart, 2015). This type of treatment is often used with individuals who have a diagnosis of Borderline Personality disorder, although many have co-occurring diagnosis of PTSD (Klonsky, 2009). Dialectical behavior therapy is focused on alleviating severe dysregulation by teaching effective skills to replace the negative behaviors with more effective coping strategies (Ritschel, Lim, & Stewart, 2015). Often times, individuals suffering from posttraumatic stress disorder experience a broad range of symptoms such as but not limited to: anger outbursts, depression, substance abuse, flashbacks of the trauma.

Dialectical behavior therapy focuses on skills to utilize to decrease those negative symptoms of the disorder. For an example, DBT teaches skills that can specifically relate to anger outbursts and can be used to cope in situations that would normally result in anger outbursts. In addition, dialectical behavior therapy places an emphasis on balancing change and acceptance strategies as well as focuses on emotion dysregulation as a common element in psychological distress as opposed to a singular focus on a specific diagnosis (Ritschel, Lim, & Stewart, 2015). PTSD symptoms can be difficult to treat due to the wide range of symptomology, although, research reports after one year of DBT, the remission rate for PTSD is approximately 35 percent (Ritschel, Lim, & Stewart, 2015). So therefore, it is suggested that dialectical behavioral therapy is not the only type of treatment individuals with posttraumatic stress disorder receive.

Prolonged Exposure. Prolonged Exposure is a cognitive behavioral therapy technique that focuses on teaching the individuals to approach feared and avoided trauma-related memories in order to decrease the distress and to process and develop a realistic perspective on their traumatic experience (Ruzek, Eftekhari, Rosen, Crowley,

Kuhn, Foa, Hembree, & Karlin, 2015), in other words, a treatment based on emotional processing theory. Typically, prolonged exposure treatment takes about ten to fifteen 90-minutes psychotherapy sessions (Regar, Skopp, Edwards-Stewart, & Lemus, 2015).

There are four main components of prolonged exposure therapy. The first part is imaginal exposure. This component focuses on revisiting and recounting the most upsetting trauma memory (Ruzek, Eftekhari, Rosen, & et al., 2015). In this component, the individual is pushed to discuss the experience in detail to assist with emotional processing of the traumatic event. The second component is vivo exposure. This component, clients will engage repeatedly in nondangerous activities and situations that are normally avoided due to past trauma (Ruzek, Eftekhari, Rosen, & et al., 2015). The third part of exposure therapy is psychoeduction. During this part of the treatment, clients will learn about different types of treatment and common symptomology of trauma. In addition, clients will learn about posttraumatic stress disorder and what it entails. The fourth and final component of exposure therapy is breathing and retraining (Foa, Hembree, & Rothbaum, 2007). The goal of all four components is for individuals to overcome distress and to be able to process through difficult emotions associated with the traumatic memory (Garcia, Finley, D. McGeary, C. McGeary, Ketchum, & Peterson, 2015).

Prolonged exposure treatment has been an effective form of treatment for individuals suffering from posttraumatic stress disorder. Studies have supported and shown the use of prolonged exposure in victims of many different types of traumas, including, traffic accident, war, natural disasters, and sexual assult (Foa & Rothbaum, 1998). Recent studies reported prolonged exposure out-performed comparative cognitive

behavioral and “treatment as usual” treatments in most conducted studies (Marks, Lovell, Noshirvani, Livanou, & Thrasher, 1998). In addition, another study that focused on sexual abuse found that 79% of the participants that received trauma focused cognitive behavioral therapy, which included exposure therapy, no longer met diagnostic criteria for posttraumatic stress disorder at the end of the study (Cohen, Deblinger, Mannarino, & Steer, 2004). Prolonged exposure has been proven to significantly improve the symptomology of posttraumatic stress disorder and is capable of treating a wide range of different types of traumatic events.

Importance of Treatment

Untreated and undertreated trauma continues to be a growing problem in our society (Salvadore, 2009). PTSD currently affects around 6.8% of the general population (Salvadore, 2009) and there are reports of Iraq and Afghanistan veterans returning with PTSD rates as high as 50 percent (Helmer, Rossignol, Blatt, Agarwal, & Lange, 2007). Affected individuals can have difficulty functioning in all aspects in their life. Posttraumatic stress disorder can be a scary disorder if left untreated. PTSD can cause many different negative symptoms in an individual’s life such as: sleep disturbances, anger outbursts, impulsivity, self-destructing, irritability, substance abuse, suicidality, and aggressiveness. These symptoms can prevent an individual from sustaining employment obtaining and sustaining relationships. PTSD affects all areas of an individual’s life and will continue to impair functioning unless otherwise treated with effective therapy approach.

Adverse Childhood Experiences (ACE) is a recent study that examines trauma related experiences as a child and how it affects the individual as an adult. Adverse

childhood experiences could potentially be traumatic events, which can have negative and lasting effects on the individual's health and well-being as an adult. Those experiences could be, but not limited to, physical, sexual, or emotional abuse to parental divorce or even incarceration of a parent or guardian. The ACE study uses a scoring system based on the individuals' reports and uses the score to assess the total amount of stressful events during their childhood. The study has shown that as the number of ACE increases, the risk for developing problems increases (Sacks, Murphy, & Moore, 2014). So therefore, the more stressful situations a child experiences, the higher the risk they are for developing significant concerns later in life as an adult. ACES has reported the following health problems increases as the ACE number increases: alcoholism, depression, illicit drug use, risk for intimate partner violence, sexually transmitted diseases, multiple sexual partners, suicide attempts, adolescent pregnancy, early initiation of sexual activity, and liver disease (Sacks, Murphy, & Moore, 2014).

Childhood experiences can affect the individual for the rest of their life if not properly treated. ACEs provided clinicians with crucial information regarding the risks children are at when they have faced significant adverse experiences as a child. By knowing this important information regarding risks for children, clinicians are able to do some preventative work with the individuals so their experiences do not lead to life-altering trauma effects.

Conclusion

Trauma can affect any age group and all types of race and ethnicity. Trauma does not single out age groups or cultures. So therefore, therapists will work with clients who have been affected by trauma at some point during their career. A significant amount of the world's population experiences some type of trauma throughout their life, which increases the risk for suffering from posttraumatic stress disorder. Clinicians will deal with posttraumatic stress disorder quite frequently, which makes it even more crucial for therapists to understand the disorder and how to best support individuals who have been exposed to traumatic events.

In order to understand the disorder, it is vital to understand the different types of trauma that can later lead to posttraumatic stress disorder. The two most common types of trauma are direct and indirect trauma. Direct trauma refers to an individual experiencing trauma first hand or witnessing a traumatic event happening to others. Indirect exposure to trauma may be a sudden death of a loved one living throughout someone else's trauma through personal narrative. In addition, media exposure is a type of indirect trauma that has possibilities of leading to posttraumatic stress disorder. By understanding the different types of trauma and the risks each type presents, clinicians are able to gain a better understanding how to best support each client based on their past traumatic experiences.

Unfortunately, not one traumatic experience is alike another traumatic experience. Each client suffering from posttraumatic stress disorder will have symptomology unique to him or her compared to another individual suffering from the same disorder. Symptomology of the disorder is not universal and consistent. So therefore,

understanding different types of treatment will be beneficial in treating many individuals who suffer from posttraumatic stress disorder. There are many types of treatment that can be beneficial in treating the disorder. Although, exposure type of therapies have been proven to have the most success in eliminating the symptomology of posttraumatic stress disorder. Prolonged exposure therapy and EMDR and are two main types of exposure therapy regarding trauma treatment. Each type of therapy takes a significant amount of training and supervision to gain competency in order for clinicians to have success with the treatment.

When trauma is left untreated, the symptomology can control an individual’s life. Traumatic experiences cause significant distress in one’s emotional and physical well-being. Untreated trauma can cause impairments in all aspects the one’s life including, professional, social, personal, and intimacy. So therefore, it is extremely crucial for posttraumatic stress disorder to be recognized early and treated appropriately so the individual can live a high quality of life with low symptomology.

Author's Note

I have always had a dream to work with individuals who have experienced trauma throughout their life and suffer from posttraumatic stress disorder. My current job at a mental health practitioner, I have realized more than ever how prevalent trauma can be. Majority of my caseload is diagnosed with posttraumatic stress disorder. When I first started, I had no idea who to handle their symptoms and coach them through the difficult times. That is when I knew I needed to learn more about the disorder and types of treatment to better support clients suffering from posttraumatic stress disorder.

When I first started researching posttraumatic stress disorder, I was unaware really how many symptoms can affect an individual who has experienced some type of trauma. The symptomology is a wide range of physical and emotional symptoms that can create significant impairments in an individual's life. I learned many different symptoms that can present when one is suffering from posttraumatic stress disorder. Gaining knowledge of the wide range of symptoms of the disorder will help me recognize and understand how to support clients who are suffering from PTSD.

In addition to the symptoms, I learned many new aspects of all the different types of treatment for posttraumatic stress disorder. I was not aware of how many different treatments are available for PTSD. Prior to researching for my capstone, I will admit I was a bit naïve in thinking exposure therapy was really the only type of treatment for posttraumatic stress disorder. The clients I currently work with have or will be doing exposure therapy for their PTSD, which led me to think that is the only form of therapy. After doing lengthy research, I have come to the conclusion that exposure therapy is not the only type of treatment. In the near future, I will continue to research and gain

knowledge on the other types of therapy since I, as a future counselor, plan on working with individuals suffering from posttraumatic stress disorder.

I have a long way to go in being competent regarding posttraumatic stress disorder and treatment for the disorder. I plan to continue reading research and seeking supervision when working with individuals who have past traumatic experiences. In addition, if I plan on doing a certain type of treatment, I will attend lengthy training in order to become more competent in that area. For example, I would eventually like to become EMDR certified. So therefore, I will need to attend training in order to meet my goal of becoming an EMDR therapist. Overall, I have thoroughly enjoyed the capstone project. It has provided me many new aspects of posttraumatic stress disorder and the different types of treatment. In addition, the research has made me even more eager to start my work as a future therapist and working with individuals who have experienced some type of trauma throughout their life.

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