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Healing from War Trauma and Moving on. Creative Approaches and Psychological Therapy Based on the Neurobiology of PTSD

Palermo Sara
University of Turin
Italy

Palermo Sara[1,2]*

[1]Department of Psychology, University of Turin, Italy

[2]European Innovation Partnership on Active and Healthy Ageing, Belgium

COLUMN ARTICLE

In Ottawa there is a War museum. It was the year 2011. An exhibition called "Medicine at War" was inaugurated. It provided an unflinching look at the relationship between medical practice and military operations over the past 150 years. The material was organized into thematic sections, which explored the military medical system and the traumatic effects of weapons on the body. A special section about the psychological effects of war was named "The Mind". Testimonies from soldiers, their relatives and commanders told about experiences, trauma and treatments that were used for those who showed distressful symptoms after combat. At the end of the exhibition there was a conclusion: "War and violence can cause invisible injuries. The lingering effects of war on the mind can last long after the fighting ends. The importance of medicine at war is to save lives and to restore hope to those traumatized in war". We previously described these invisible psychological wounds [1,2]: traumatic brain injury resulting from current combat operations (mTBI/concussion) and post-traumatic stress disorder (PTSD) [1,2]. Military personnel are highly trained, skilled, and resilient. Yet there is no preparation for the extreme danger and deadly encounters of war. Long-term consequences of these mTBI/concussion and PTSD occur for years to at least one in three soldiers [3]. To date is clear: in addition to recovering from physical wounds, those who have served in recent conflicts face the complex interplay between mTBI/concussion and PTSD [1,2,4]. As well expressed by Lew [4]: "The symptoms of comorbid mental health conditions such as PTSD or depression interfere with normal cognitive functioning. On the other hand, the cognitive impairment and emotional control problems associated with TBI are likely detrimental to the resilience essential to overcome PTSD".

A combined approach - in which combat–related cognitive and behavioral/emotional consequences are dealt with together - seems reasonable to employ. A wide range of innovative therapeutic approaches have been proposed over time to complement and supplement cognitive-behavioral treatment protocols - and, ultimately, to help clinicians transcend the limits of those protocols [3]. Veterans suffering from mTBI/concussion and PTSD who do not benefit from traditional cognitive-behavioral therapy can now count on more creative approaches [3]: expressive-experiential or art approaches; mind-body approaches; animal-assisted and outdoor approaches; technological and web-based approaches; return to work approaches; spirituality approaches.

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New approaches to psychotherapy for PTSD without re-experiencing trauma memories have also been developed. In 2006, Ford and Russo presented a trauma-focused, present-centered, emotion self-regulation model for the prevention and treatment of PTSD [5]: the Trauma Affect Regulation: Guide for Education and Therapy (TARGET©). TARGET is the only psychological therapy based on the neurobiology of PTSD and the brain. Until post-traumatic stress-related biological reactivity is addressed, all other psychological or medical therapies are limited in their effectiveness [5]. TARGET shows recipients how their brains have shifted into a perpetual alarm state in order to survive traumatic danger - and how to use the mind's capacity to focus to reset that alarm system in the brain. The intervention provides a seven-step sequence of skills (FREEDOM) designed to enable subjects to understand and gain control of trauma-related reactions:

- Focus - reduce anxiety and increase mental alertness
- Recognize - specific stress triggers
- Emotions - identify primary feelings
- Evaluate - primary thoughts/self-statements
- Define - primary personal goal(s)
- Option - identify one choice that represents a successful step toward the primary goal(s) that the individual actually accomplished during a current stressful experience
- Make a contribution - recognize how that option had the added benefit by reflecting the person's core values and made a difference in others' lives.

The main goal is to help people recognize their personal strengths and to use these skills consistently and purposefully when they experience stress reactions in their current lives [5].

All the soldiers experience the "alarm in the mind", the adrenaline rush in the body and the fight-flight response essential to survive. Nevertheless, they have never been provided before with a "manual" to turning down/resetting this sensation in order to stop a healthy survival reaction (stress) from becoming a toxic perpetual alarm state (over-stress). TARGET can be effective to reset this "alarm in the mind", so that it no longer destroys prefrontal cortex networks and causes PTSD.

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