Complex Trauma
Treatment Implications for
Active Duty, Veterans and First Responders
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Why We Serve

According to the Census Bureau, 7.6% of the US population are veterans. (15)

Since 2001, nearly 2.5 million service members have deployed to Iraq and Afghanistan. According to RAND, at least 20% of Iraq and Afghanistan veterans have PTSD and/or Depression. (21)

According to the Census Bureau, 7.6% of the US population are veterans. (15)

A total of 321 active-duty members took their lives during 2018. This was the highest recorded in six years.

- 57 marines
- 68 sailors
- 58 airmen
- 138 soldiers

According to the Ruderman Family Foundation, more police officers, firefighters and EMTs died by suicide than line of duty deaths in 2017. 2018 data is still being compiled. (4)

According to Blue H.E.L.P, in 2019 we have already lost over 100 Police Officers to suicide this year alone. (18)
Trauma Diagnosis Defined

Exposure to a traumatic event that involves actual or threatened death, serious injury or sexual violence in one of the following ways:

- Directly experiencing the trauma
- Witnessing the events occur to other
- Learning that traumatic events occurred to a close family member
- Experiencing extreme or repeated exposure of trauma to others (such as is often experienced by military service members and first responders)

Symptomology

- Re-experiencing the trauma
  - Intrusive memories, flashbacks, nightmares, reacting to cues
- Avoiding and numbing
  - Avoiding thoughts, reminders, diminished interest in activities, restricted affect
- Negative cognition and mood associated with the trauma
- Hyperarousal
  - Hypervigilance, irritability, insomnia, startle response, and/or poor concentration

(31)

For many, trauma is war’s graffiti on the mind.
Complex Trauma Defined

Complex post-traumatic stress disorder is a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma in a context in which the individual has little or no chance of escape.

(1) repetitive, prolonged, and/or cumulative

(2) most often interpersonal, involving direct harm, exploitation, and maltreatment including neglect/abandonment/antipathy by primary caregivers or other ostensibly responsible adults, and

(3) often occur at developmentally vulnerable times in the victim's life, especially in early childhood or adolescence, but can also occur later in life and in conditions of vulnerability associated with disability/disempowerment/dependency/age/infirmity, and so on.

Those who experience higher rates of trauma exposure, complex trauma, have higher risk for trauma symptoms.

However, not all Active Duty Service Members, Veterans or First Responders have PTS(d). This has a lot to do with individual Neurobiology and/or other protective factors.
Polyvagal Theory Basics

Dr. Porges, neuroscientist behind the Polyvagal Theory related to trauma, explains:

- The Vagal Nerve functions to defend us from threat to enhance survival (Fight, Flight, Freeze).
- Our whole nervous system is involved in our survival mechanisms.
- When our survival mode is activated, even outside of the actual trauma, we start having “Neuroception”.
- Neuroception is when our body sends messages to our brain about an event or situation that may not be an accurate assessment. It is outside of our awareness, but impacts our response/reflex.

Larger system influence of the neurobiology of trauma:

- Prevalence of PTS(d) has a lot to do with epigenetics
  - How the genes are expressed, leading to specific neurotransmitter responses and development
- The amygdala and hippocampus play a large role in the expression of trauma responses.
- The amygdala is the threat processing center and can sense fear/threat and react even without conscious awareness.
- Fear extinction process is often impaired or not available for those suffering from the effects of trauma.

Ultimately, it is important to explain the neurology behind trauma as it:
- Normalizes symptoms
- Reduces shame
- Increases understanding of the holistic person
- For many, it provides hope as they work to overcome/reduce functional impairment

(19)

(32)
Trauma Symptoms and Warning Signs

**Symptoms**
- Avoidance behaviors
- Anger
- Self-harm
- Anxiety
- Depression
- Shame and guilt
- Functional impairment
- Rumination/ Re-experiencing
- Heightened arousal
- Flashbacks

**Warning Signs**
- Isolating or avoiding people, places or things that remind them of the trauma
- Emotional outbursts or change in mood
- Paranoia or fear that something will happen to them (or the trauma will occur again)
- Self-harming or self medicating
- Mentally fixated on the event
- Behaving as if the trauma is currently happening to them or others
- Passively or actively suicidal
Military Specific
Highlights of Military Culture to Consider:

- Military branches have intense rivalries with each other, but also intense loyalty
  - “Only we can insult each other!”
- Military love their acronyms
- Military love their Four-Letter words
- Dark humor is common
- Mistrust of civilians is prevalent
  - “They don’t know what it is like”
  - “They take their life for granted”
- Typical “counseling jargon” is not always helpful:
  - e.g.-“Set better boundaries and stand up for yourself” flies in the face of military collectivism and hierarchy
  - Therapists often push an internal locus of control, but military personnel typically experience an external locus of control
  - Emotional expression vs emotional repression
    - Emotions are seen as weakness
- Glorify tolerance of pain and discomfort
  - “Embrace the suck!”
Influences on Military Trauma

- Combat Trauma
- Military Sexual Trauma (MST)
- Bullying/Hazing
- Moral Injury
- Childhood Trauma/Attachment Wounds
Combat Trauma

Current Overall Iraq and Afghanistan Casualty Count: 6,699 in Iraq and Afghanistan. 6,830 total overall (including missions in other countries related to the War on Terror) \(^{(13)}\)

Total Casualty of Desert Storm: 147 battle deaths \(^{(24)}\)

Total Casualty of Vietnam: 58,220 \(^{(23)}\)

According to the last VA’s Mental Health Suicide Prevention report released in 2016 \(^{(17,20)}\):

- Texas and Florida both lost 530 veterans to suicide – the most in the country
- Older veterans aged 55 -74 killed themselves the most
- 70% of veterans killed themselves with a firearm
## Combat Trauma: Wartime Experience Overview

<table>
<thead>
<tr>
<th>War/Conflict</th>
<th>Traumas</th>
<th>Support at Home</th>
<th>Prevalence of Mental Health Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam</td>
<td>Pit Traps, Fire Fights, Fragging, Venomous Snakes, Disease from insects, “Keepsake, lose hand”, Spiked Dead Falls, Use of Women and Children as Spies for the Viet Cong, Biological Weapons, Torture, Gorilla Warfare, Ambush, etc.</td>
<td>Poor</td>
<td>Alcoholism, “Shell Shock”, Drug Use, Depression, Suicide, Agoraphobia, PTSD, TBI, Prescription Drug Abuse, Severe Anger, Agent Orange Exposure, Survivor’s guilt, POW, High Divorce Rate and Relational Conflict, etc.</td>
</tr>
<tr>
<td>Gulf War</td>
<td>Mine Felds, Air Assault Campaigns, Mass Casualties, Close Quarter Combat, Ambush, etc. (7)</td>
<td>Fair</td>
<td>PTSD, Depression, Alcoholism and Drug Use, Survivor’s Guilt, Suicide (7), High Divorce Rate, etc.</td>
</tr>
<tr>
<td>War on Terror</td>
<td>IEDs, VBIEDs, Mortar Attacks, Gorilla Warfare (civilian militia), Close-quarters Combat, Hand to Hand Combat, Ally Betrayal/Violence, Militant Women and Children, Suicide Bombers, Torture, Use of Children for Ambush, Girl School Bombings, Mass Casualties, MST, etc.</td>
<td>Fair, improving</td>
<td>Alcoholism, Drug Use, Depression, Suicide, Anxiety, Agoraphobia, PTSD, TBI, Prescription Drug Abuse, Severe Anger, Burn Pit Exposure, Public Beheadings, Survivor’s Guilt, High Divorce Rate and Relational Conflict, Isolation and Avoidance Behaviors, etc.</td>
</tr>
</tbody>
</table>

There is significant overlap in war experiences, but significant differences as well. Therefore, it is imperative to therapeutically investigate the experiences of your client. Then, do your homework.
Military Sexual Trauma

Military sexual trauma refers to both sexual harassment and sexual assault that occurs in military setting. (10)

In a 2017 survey conducted by the Iraq and Afghanistan Veterans of America, 40% of women military survivors of sexual assault said they reported their assault. Of those, 71% said they had experienced retaliation after reporting. (25)

<table>
<thead>
<tr>
<th>Service Branch</th>
<th>Reported Sexual Assaults</th>
<th>Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marine Corps</td>
<td>835 reports</td>
<td>20 percent</td>
</tr>
<tr>
<td>Army</td>
<td>2,501 reports</td>
<td>18 percent</td>
</tr>
<tr>
<td>Air Force</td>
<td>1,271 reports</td>
<td>11 percent</td>
</tr>
<tr>
<td>Navy</td>
<td>1,446 reports</td>
<td>10 percent</td>
</tr>
</tbody>
</table>

The Pentagon’s estimate of the number of service members who were sexually assaulted rose 37.5 percent from 14,900 in fiscal 2016 to 20,500 in fiscal 2018, according to the Defense Department's latest report on sexual assault in the military. (26)
### Bullying and Hazing

#### Common Types:
- New Recruit/Transfer Bullying
- First Deployment Hazing
- Home Front Base Hazing
- Rank Bullying (Abuse of Power)
- Hate Crimes and Discrimination

#### Bullying

**Definition:**
seek to harm, intimidate, or coerce (someone perceived as vulnerable). *(27)*

#### Hazing

**Definition:**
the imposition of strenuous, often humiliating, tasks as part of a program of rigorous physical training and initiation. *(27)*

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Moral Injury

“For many, soldiering is not just a job or a career. It is an identity. It is who they become.”
-Nancy Sherman, The Untold War

- Exploiting Trust (e.g.- befriending for pertinent intel, locals used to spy)
- Moral Contradictions (e.g.- Thou shall not kill; Protect women/children)
- Adoption of irrational and illogical thoughts to justify horrors seen and experienced
- Moral Idealism vs Reality
- Over Personalization

https://whatyouthoughtiwentaway.wordpress.com/2015/10/05/u-s-military-in-afghanistan
Childhood Trauma and Attachment Wounds

Childhood traumas may include:

- Domestic Violence
- Gang Violence
- Sexual Abuse/Exploitation (Molestation, Incest, Rape)
- Physical Abuse
- Emotional Abuse
- Neglect
After active duty, veterans may face:

- Loss of Purpose/Mission
  - Who am I now?
- Detachment/Isolation (physical and emotional)
  - Trying to “protect” others from who they have “become” or their experiences down range
- Hindsight Rumination
- Stigma towards mental health services
  - “If I show emotion, I must be weak”
  - “No one understands!”
- Transition “Threats” (29)
  - Threats to Status
  - Threats to Certainty
  - Threats to Autonomy
  - Threats to Relatedness
  - Threats to Fairness

“Soldiering… does not grow skin that a soldier sheds lightly.”
- Nancy Sherman, The Untold War
Grief of perceived loss of the military
- Rumination on the “Glory Days”
- Fixation on the trauma(s)
- Fixation on injustice (real or perceived)

Survivor’s Guilt
- Reduce the lost down to their death
- “Crawl into the grave with them”
- “Walking Dead”
- They may feel they deserve to be “haunted”

Homelessness
- U.S. Department of Housing and Urban Development estimates nearly 60,000 veterans are homeless on any given night in the United States. (28)

Self-Medication/Substance Use
- Alcohol is a large part of the military culture

Service Connected Disabilities
- TBI, amputations, other injuries (mental and physical)

Many veterans look to careers such as a first responder, to reclaim purpose, sense of family, honor and identity. There are many veterans still serving their community.
First Responder Specific
Like military, they have intense rivalries, but severe loyalty for all Responder groups.

- Emotions are often seen as weakness and/or being unfit for the job.
- First Responders want counselors to “get them” and know about them.
  - Culturally trained and aware
  - Active participants in their world (volunteering, ride-along, etc.)
- Partners, Squads, Brothers, and Sisters= Tight, Close Knit, Inner Circle
  - Spending large amounts of time with each other on duty which develops a tight bond.
- Have their own jargon and will test you on it to see if you can be trusted. Know it.
  - E.g.- “End of Watch”, “Quint”, etc.
- They would do anything to help each other, and protect each other
  - Sometimes, they can view the counselor as an invader
- They use dark/inappropriate humor to cope
- Danger is ever present, and often right around the corner
- Each Responder may have different opinions on labels such as:
  - Helpers, Heroes, Guardians and Warriors
- They are often the first to offer help and the last to ask for help
  - May come to their first session with a lot on their chest
As a First Responder, one cannot always “leave work at work”.

Many First Responders and their families live in the very areas they serve and protect.

After briefs are often available after a critical incident. However, responders are not always at the point to talk about what just happened right after the event.

They may experience disturbing symptoms days, weeks or months after the incident.

Over 68% of officers surveyed reported lingering emotional issues after stressful experiences. Here are the top issues that 68% reported.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Responses %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep problems</td>
<td>65.11</td>
</tr>
<tr>
<td>Easily angered or withdrawn</td>
<td>62.17</td>
</tr>
<tr>
<td>Recurring/unwanted memories of incident(s)</td>
<td>60.96</td>
</tr>
<tr>
<td>Change in view of job or future</td>
<td>58.88</td>
</tr>
<tr>
<td>Family/relationship problems</td>
<td>52.11</td>
</tr>
<tr>
<td>Increased jumpiness or watchfulness</td>
<td>49.78</td>
</tr>
<tr>
<td>Thoughts of suicide</td>
<td>16.63</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>14.87</td>
</tr>
</tbody>
</table>

Chart: Thea DiGiammerino

For police officers, many of these issues listed above coincide with symptoms of trauma and may worsen over time.
First Responders

Compared to the general population, Police Officers have a significantly higher rate of PTSD and/or Depression

- PTSD
  - General Population: 6.8%
  - Police Officers: 35%
- Depression
  - General Population: 6.8%
  - Police Officers: 12%

There is often very little time to “process” a crisis before one is called to respond to another.

Multiple traumas can be experienced in one shift, compounded over days, weeks, months, and years.
First Responder Suicide

While studies put the suicide rate for police officers at around 23 per 100,000 officers, the rate of the general population is estimated at 14 suicides per 100,000 people, based on Centers for Disease Control statistics. \(^{(4,5)}\)

At least 160 police officers Nationwide took their own lives in 2018. \(^{(4,5)}\)

According to Blue H.E.L.P., in 2019 we have already lost over 100 Officers to suicide this year alone. \(^{(18)}\)
The Trauma/Cultural Overlap

**Police Officers respond to:**
- Domestic Violence
- Gang Violence/Shootings
- Theft/Robbery
- Rape/Assault
- Homicide/Suicide
- Automobile Accidents
- Drug related crimes
- And more…

**Fire Fighters/EMT/EMS responds to:**
- Respond to Fire
- Investigate Arson
- Medical Emergencies
- Automobile Accidents
- And more…

**Military responds to:**
- Acts of Terror
- Acts of War
- Humanitarian Aid
- Assist Allied Forces
- Guards and Protects
- National/International Incidents
- And more…

They all:
- Protect and Serve
- Have a Chain of Command/Leadership Hierarchy
- Follow Orders
- Have a Mission
- Go through extensive training
- Also want to be seen as human, outside of the uniform
- Their “job” is an identity and a calling
Myths that Perpetuate Stigmas/Barriers

Common phrases and beliefs that prevent Military and First Responders from getting the help they need and deserve:

- Asking for help means I am weak or crazy.
- You can only help me if…
- No one understands…
- If I get help, then I should be able to handle this on my own.
- If I get help, then I will lose my promotion or transfer.
- I shouldn’t complain. At least I…
- I don’t deserve help because…
- If I get help, then I am admitting that I did something wrong.
- I don’t deserve help because…

These, and many more, will need to be addressed quickly in session.
Session Etiquette: Key Points

Before Session
• Refresh your memory from previous session(s) to keep the momentum.
• Manage your time so that you start on time, consistently.

During Session
• Set realistic expectations for counseling (not a quick fix).
• Listen, but also engage as the expert in the therapeutic partnership.
• Try not to interrupt unless therapeutically necessary.
• Passive approaches can frustrate.
• Be respectful but honest.
• Build solid rapport by presenting yourself as knowledgeable and trustworthy.
• Use evidenced based/informed modalities and be willing to explain the “method behind the madness”.
• When identifying the pertinent trauma, do not assume what trauma is the “worst”
  • What may seem to be the most traumatizing to you, may not be what is haunting them. Identify which trauma seems to be at the root of the majority of symptoms.
• Normalize anger early on and set healthy expectations for when it arises in session.
• Be genuine.

After Session
• If you have said you will do something (research a topic or event, provide them with more information, etc.) make sure you follow through. Integrity is crucial.
• Put in the hours to learn about their culture (cultural norms and expectations of the uniform). The less they have to explain or train you, the more you can focus on them.
Some Common Modalities in the Field:

- CBT (8)
- Schema
- CPT (9)
- EMDR
- Prolonged Exposure
- A.R.T.
- Family Therapy
- Peer Support Groups

- Cognitive Distortions
- 18 Primary Schemas
- Stuck Points
- Eye Movement Desensitization and Reprocessing
- Imaginal and In Vivo Exposure
- Accelerated Resolution Therapy
- Focus on the System
- “We are in this together”
Mind/Body Connection

- Yoga
  - Breathe In
  - Hold 4 seconds
  - Breathe Out
  - Hold

- Exercise

- Meditation

- Nutrition

Resources:
- https://mindfulcorrections.org
- https://nationswell.com
- https://upliftconnect.com
- Military.com
- Help for Heroes
Final Message for You:

- You will be in the midst of their pain with them.
- You will hear things that will impact you.
- You will face what is wrong with the world everyday, sometimes multiple times a day.
- You need to have a professional cohort to debrief.
- If you are not working in a “vulnerability safe” place, work to create one.
- Have pride in your work and in your client’s ability/resilience but:
  - Do not enable
  - Do not pity them or overreact
  - Be consistent
  - Be honest
  - Honor them with respect and dignity
- Vicarious Traumatization/Burnout is real
  - It does not necessarily mean you had/have poor boundaries
  - It does not mean you are a “bad therapist”
  - It does mean you are a compassionate, feeling human who reached a limit and needs to focus on healing the self for a time.
  - Help yourself and others through it, without harsh judgement.
- You are making a difference. Keep showing up. You are needed!
Thank You

LOCATIONS:

ARIZONA
Copper Springs

COLORADO
Denver Springs

INDIANA
Brentwood Springs

OHIO
Columbus Springs East

OKLAHOMA
Oakwood Springs

TEXAS
Rock Springs

Visit HelpForHeroes.com to find a location near you

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Hospitals currently offering Help for Heroes program


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