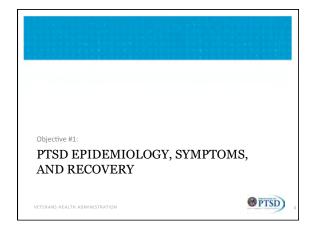
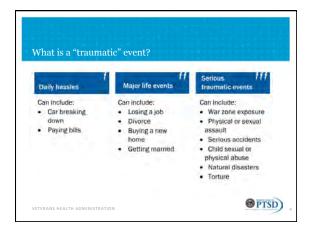
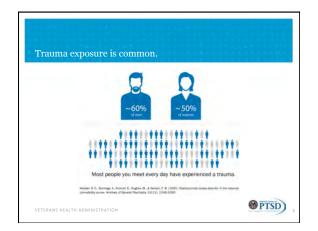


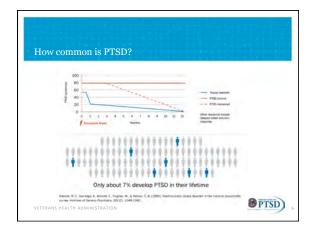
Objectives	
Learn about PTSD epidemiology, symptoms, and rec	covery
 Review available resources for veterans with PTSD, i educational videos, mobile apps, and VA services 	including websites,
 Address common misconceptions about PTSD that r veterans and/or the public 	nay be held by
 Develop a greater understanding of how to interact with veterans who may have PTSD 	
VETERANS HEALTH ADMINISTRATION	1 PTSD



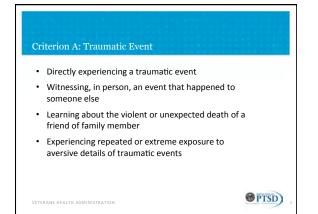


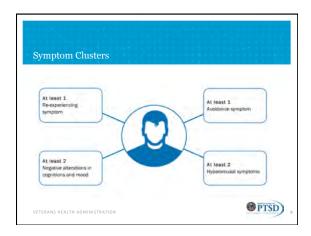














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Symptom Clusters: Intrusions (Re-experiencing Criterion B))
 Recurrent, involuntary, and intrusive distressing memories traumatic event(s) 	of the
Recurrent, distressing dreams related to the traumatic eve	nt(s)
 Dissociative reactions (e.g., flashbacks) 	
 Intense or prolonged psychological distress at exposure to reminders 	trauma
 Marked physiological reactions to trauma reminders 	
	(PTSD)

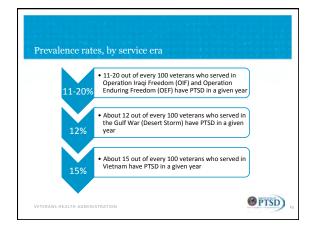
Symptom Clusters: Persistent Avoidance (Criterion C)	
 Effortful avoidance of distressing memories, though to the traumatic event(s) 	hts, or feelings related
Effortful avoidance of external reminders (e.g., peo conversations, situations) related to the traumatic of the traumati	
	(DITCH
VETERANS HEALTH ADMINISTRATION	WP15D)

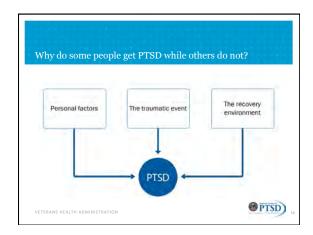
Symptom Clusters: Negative changes in beliefs and feelings (Criterion D)

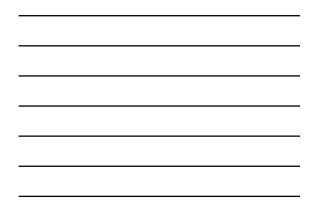
- Persistent, exaggerated negative beliefs about oneself, others, and/or the world
- Distorted blame of self or others
- Persistent negative emotions
- Difficulty feeling positive emotions
- Feeling detached or cut off from others
- Diminished interest or participation in significant activities
- Difficulty remembering important aspects of the trauma

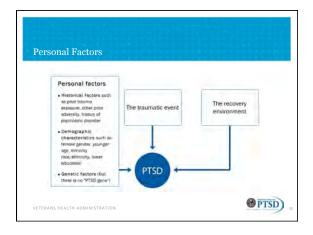
PTSD ...

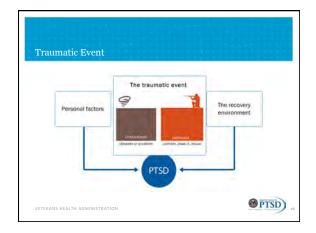
(Criterion E)			
 Irritable beha 	avior and angry out	tbursts	
Reckless or se	elf-destructive beh	avior	
 Hypervigiland 	ce		
 Exaggerated : 	startle response		
 Problems wit 	h concentration		
Sleep disturb	ance		



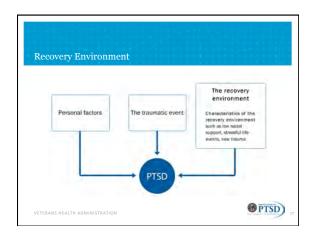




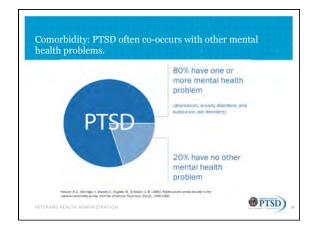




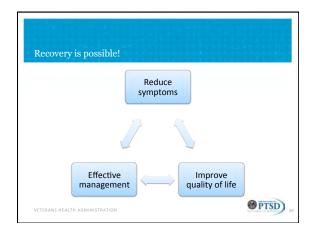






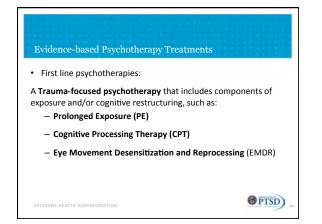


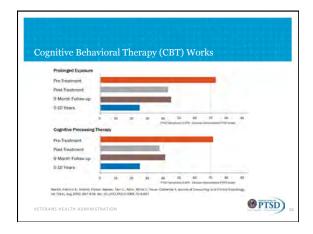




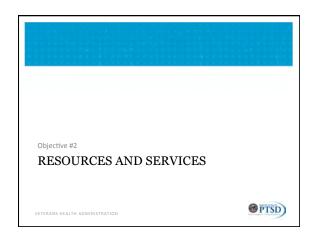


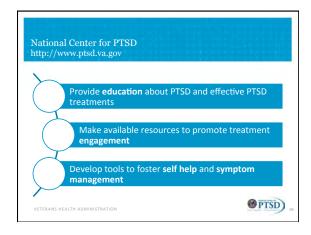




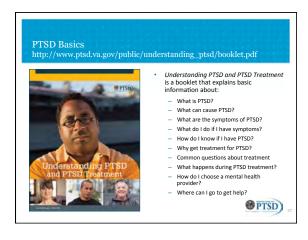


Evidence-based Pharmacological Treatments	
 First line medications: Selective Serotonin Reuptake Inhibitors (SSRIs) E.g., paroxetine (Paxil), sertraline (Zoloft), fluo: Serotonin-Norepinephrine Reuptake Inhibitors (SN E.g., venlafaxine (Effexor) 	. ,
 Warning: Benzodiazepines (e.g., Xanax, Valiu) Limited efficacy Increased safety concerns – potential for harm <u>Not recommended for PTSD</u> 	m, Klonopin)
VETERANS HEALTH ADMINISTRATION	PTSD 24





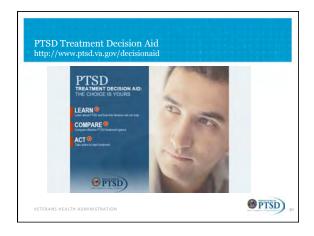




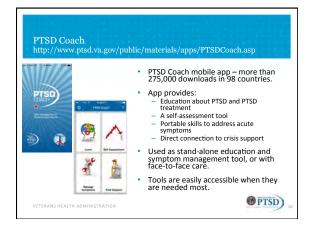






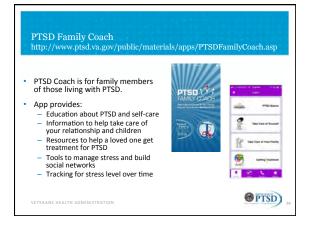










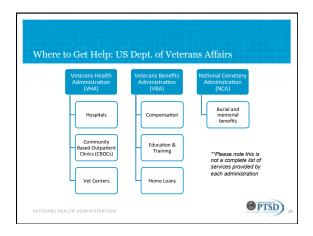




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California by the State Librarian.











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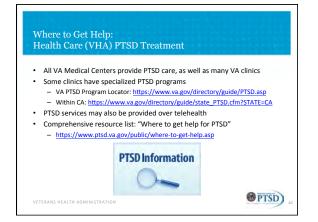
Where to Get Help: Health Care (VHA) Locations

Hospitals and Community Based Outpatient Clinics
 Hospital & Clinic Locator:
 https://www.va.gov/directory/guide/division.asp?dnum=1

Vet Centers

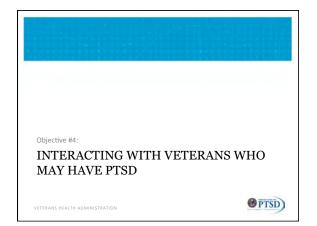
- Readjustment Counseling for veterans and their families
 For those who served in a combat theater or area of hostility, experienced MST, provided mortuary services, operated unmanned aerial vehicles in support of combat operations
- Bereavement counseling
- CA Locations: <u>https://www.va.gov/directory/guide/state.asp?dnum=ALL&STATE=CA</u>

PTSD)





		Sec 1
a sha a fa a		
		ommon Misconceptions
$a \rightarrow b \rightarrow b \rightarrow b$		Similar Subconceptions
	ng PTSD:	out trauma exposure and/or havir
	t	You can only have PTSD from comba
		PTSD is a lifelong, chronic disease
	, broken, or damaged	Having PTSD means I am weak, crazy
		out recovery:
		It is too late for me to recover
	PTSD	Everyone who served in combat has
		out services:
	cause I am not service connected	I am not eligible for VHA services bec
	a VA hospital	I can only get treatment for PTSD at a
PTSD 44		ERANS HEALTH ADMINISTRATION
PTSD 4		I can only get treatment for PTSD at a



Interacting with Veterans with PTSD

- Many veterans will not know or disclose if they have PTSD
- Provide information and assistance connecting them to VBA benefits and VHA services
- Focus questions on ways they need help what do you need to know in order to help them?
 - Talking about specifics of military service, including deployments, may be personal or triggering
- Trauma exposure or details are not needed
 Be mindful of personal space (e.g., approaching from behind, physical
- touch, sudden movements)
- Offer validation, normalization, and gratitude
- Instill hope

ERANS HEALTH ADMINISTRATION



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PTSD)



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