UNLOCKING THE GRIP IN PTS(D) NIGHTMARES

A Presentation on Integrated Posttraumatic Stress Dream Therapy (IPDT)* by Wayne Hankammer, LPC

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Critical Incident Stress Management (CISM)

Comprehensive,
Integrated,
Systematic,
Multi-component approach to crisis/disaster intervention
CRISIS INTERVENTION

Goals:

1. Stabilization
2. Symptom reduction
3. Return to adaptive functioning, or
4. Facilitation of access to continued care

(adapted from Caplan, 1964, Preventive Psychiatry)
Let’s get this Party Started!
Motivation

- Are you dreaming now?
My dream self meets friends, strangers, the dead, the living...and holds both rational and irrational conversations with them upon subjects which often have not been in my waking mind and which, in some cases could never have been in it.

Samuel Clemens,
AKA Mark Twain
Purpose

Encourage development of clinical skills toward an ethical treatment of PTS(D) nightmares

Modality: lecture
Overview of Presentation

- Objectives & terms
- Problem ID
- PTS(D)
- Research
- Helping the New Warrior
- Neurobiology
- Why Dream Work?
- Integrated PTS(D) Dream Therapy
- Tools and resources
Learning Objectives

• Understand nature of traumatic memory

• Sleep & traumatic nightmares are sensorimotor process’

• Alternative Treatments

• Basic knowledge of the Integrated Posttraumatic Stress Dream Therapy
Leader Concepts in IPDT

- Demonstrate mutual respect b/c nightmare is personal
- Mindfulness fosters teamwork at home/work
- Step-wise process builds on success identity
- Goal directed enhances self-efficacy
- Developmental Model
Key terms: AKA

- **Archetypal**: Spiritual organizing principles of the collective unconscious. Carl Jung 1875-1961
- **Imagery rehearsal**: Writing & imagine scene
- **Limbic System**: brain related to emotion/behavior
- **Lucid Dreaming**: dream awareness while dreaming
- **Mindfulness**: Attention & orientation; a skill
- **Norepinephrine**: brain awareness neurochemical.
- **Psychosis**: reality testing is far out of normal range or limits and there may be disorganization.
- **REM**: 5th stage of sleep
Key terms

- **Sensorimotor**: Relates to two parts of the brain that control the 5 senses & muscle coordination.
- **Serotonin**: Brain chemical or neurochemicals made in the brain and liver that chemically sends a message from one brain cell to another over a gap called a synapse.
- **Topographical**: This is like a map that in Freud’s term mapped the psyche of humans.
- **Transcend**: Exceeding or surpassing the limits.
- **Typhonic**: Transition stage in human development. The typhonic stage is also called the body-ego stage enroute to the mental-ego state. It is dominated by needs for safety.
Problem
The Problem
The Problem

- We estimate 2.7 million Americans have traumatic nightmares in any given year. This is based on data from the National Center for PTSD that 5.2 million Americans are afflicted with PTSD and data from Nylan, et al (1998) that at least 52% of veterans reported significant nightmares of one or more per week.
Mental Health Professionals in US

- 400,000 total in 2002
- 112,000 of these are professional counselors
- 100,000 were social workers

Problem

- Operation Iraqi Freedom (OIF) study (n=13,226)
- Finding 23-31% OIF Army veterans diagnose with PTSD a/o depression
- Figure jumps to 40% in Guard units
  - Assumption Guard units more likely to report

Source: Combat and Operational Stress research Quarterly (2010) 2 (3).
Problem

1. Anger
2. Sleep loss
3. Loss of intimacy
4. Loss of self, meaning or ability to make meaning
Addressing the Problem
PTS/D Criteria

• Overview in brief

• Origins
  • Symptoms
  • Diagnosis
  • Care Concepts
PTS/D Origins

- One or more traumatic stressors
- Activation of fight/flight/freeze response
- Normal person’s way of dealing w intense fear
- Recorded in all 5 senses
PTS/D Diagnosis

- **A:** Trauma w intense fear/helplessness at source
- **B:** Recurrence of experience (one of 5)
- **C:** Avoidance of cues (3 of 7)
- **D:** Hyperarousal states (including sleep difficulties) need 2 of 5 SX.
- **E:** Month or more since Trauma
- **F:** Significant impairment in functioning
  - May co-occur w depression, substance abuse, anger, sexual dysfunction, obsessive rituals for safety
PTS/D Dream Differential

- Interview and assess content/context of dream
- Other anxiety D/O or axis II
- Other sleep disorders:
  1. Night terror
  2. Sleep apnea (either obstruction or hypoventilation)
  3. Primary insomnia/hypersomnia
  4. Circadian rhythm D/O
  5. Sleep D/O due to other AXIS I or medical cond.
  6. Sleep D/O due to substance abuse
PTS/D Care Concepts

- Trauma alters biological, psychological, physical, social and spiritual domains.
- Focus on just symptoms will limit treatment – relates to IPDT
- Trauma is not integrated to memory
PTS/D Care Concepts 2

- Biological aspect notes memory is stored in affect & non-verbal forms (van der Kolk, 2005).
- Social: Disconnect from society as veteran or survivor experiences are dissimilar to most people.
- Psychological: Loss of belief that world is a relatively safe place or similar catastrophic loss in worldview.
- Fear-based system stems from trauma w/o integration, assimilation or accommodation of experience creates “what if” filter.
PTS/D Concepts 3

- Fear-based system overload ➔ HPA-axis burnout
  - System fatigue and depression
- Isolation and narrowing of ability to cope/problem solve
- Conflict in universal truths
  - Dealing with issues of death with resulting guilt, shame, grief, helplessness (victim/victim maker)
PTS/D Stages of Treatment

- Rapport: Safety a paramount concern for client
- Psycho-education
- Core process to calm the arousal system
- Self-efficacy foster independence from treatment center
Research

- PTSD was associated with enhanced cortisol suppression indicating HPA-Axis burn-out
Dose-Response

- Multiple stressors lead to HPA axis burnout (Lindqvist, 2010) & brain inflammation.
- Depletes tryptophan which lowers monoamines (serotonin, dopamine and noradrenalin).
- Lowers levels of orexins (a neuropeptide) which help regulate sleep & arousal were found to be low in suicidal persons w MDD
- AKA the “Wear and tear” hypothesis...

See ICISF slides
Research – Combat Related

- Combat related nightmares are typically threatening
- Vary a little in regard to replication of trauma
- More intense the trauma the more they tend not to vary from actual.

Research – Combat Related

- Imagery Rehearsal Therapy: what is it???
  - In-patient study. 90% of patients reported nightmares while there despite meds. 1/3 fully successful in target nightmare elimination in 4 week protocol: Thomson et al (1995). Group Treatment for nightmares in Veterans w combat related PTSD. Nat’l Center for PTSD Clinical Quarterly.
  - Aussie study (n=12) reductions continued well after TX stopped. Freq= 4.0 to 1.13 @ 3 month post to 0.83 @ 12m Int 1.5 – .047 @ 3 month to 0.33 @ 12.

Research – Combat Related

- 124 Vietnam vets w 61 getting IRT vs Active Comparison found IRT did not improve significantly over comparison grp.
  - Sleep quality improved in both

- 58 veterans of diverse backgrounds and eras from WWII to OIF/OEF had IRT in San Diego VA/UCSD.
  - 35 completed (60.3%) 10 sessions w 33% reduction in freq and 36% reduction in intensity
Research - Neurobiology of Sleep

- Sleeping brain alive with activity
- Dreaming is a **sensorimotor** process as limbic system (limbic and paralimbic area) activates (Hobson, 2002). These areas are associated most closely to the survival process (fight/flight).
- Somatic memory stored in limbic system (van der Kolk, 2005). Traumatic memory is a sensorimotor process.... Hello!
- Van der Kolk concluded cognitive therapies less effective b/c trauma is not stored in cortical areas.
- Trauma & dreaming are sensorimotor. **Natural pathway**
Research - Neurobiology

- Nightmares tend to wake person at the height of terror

- Nightmares tend to sensitize the sufferer & increase levels of fear w/o benefit of process

- Evidence of rehearsal of survival instinct*

Morgan and Read (1995) sought a creative route to address the aspect of trauma not found in words. They suggested drawing was a non-invasive method to process the content of nightmares. Art fostered increased awareness while dreaming.

Research - Dreaming

- Rothbaum & Mellman (2001) suggest lucid dreaming. Spadfora and Hunt (1990) found:
  - Both Nightmares and Lucid Dreaming can be bridge to Archetypal dreaming.
  - Active nightmares impact spatial-analytic ability
  - Lucid and archetypal dreamers highest in imagination.
  - Archetypal dreams open dreamer to transformation dreams.

Research – Lucid Dreaming

- Small study instructed patients to become aware of dream while in the dream then before terrifying aspect they could shut down the previous action.
- Half the subjects learned to become lucid in only 1 treatment
- All six were able to weaken “fright”
- Improvements continued after TX stopped

Research – Lucid Dreaming

Benefits:

• Improves rest
• Enhances problem solving skills
• Overall improvements in problem solving can be tested in Stroop Task Application

Research: Standard VA Therapy

- Prolonged Exposure (PE) and Cognitive Processing Theory (CPT).
- 96% of VA facilities have at least one
  - PE shown to reduce SX in general by 33%
  - CPT demonstrated a 28% reduction. (Karlin et al 2010)
Drug therapy

- **Prazosin** is an alpha-1 blocker current drug of choice (start at 1 mg at bedtime) for PTSD/ASD
- FDA approved: sertraline (Zoloft) and paroxetine (Paxil) for PTSD
- Fluvoxamine best effect on reducing traumatic dreams 2.9 at baseline to 2.0 @ 10 weeks (150 mg modal dose)
- Risperidone under study (n=400)
Helping the New Warrior
How to Deal with the New Warrior

- New Warriors are: goal directed & problem solving focused.
- They want: brevity, limited focus & directness
- Tools you’ll need: Create sanctuary, focus on crisis, define desired outcome, game plan, induce confidence, encourage self-efficacy, listen attentively, empathy, humor, defer lesser concerns, use supportive and interpretive counseling.

Deal with the New Warrior

- Clients who are **conclusion oriented** receive the most out of dream interpretation session.

- Study focused on making treatment brief and focused

Why Dream Work?
Why Dream Work?

Components of traumatic nightmares
- Fear or terror
- Helplessness
- Guilt
- Grief

Why Dream Work?

- Process info
- Change Behaviors
- Learn about self
- And may help with PTSD


- Assessment, Progress, Process and Insight

Why Dream Work?

Cognitive processing route

- Clients confront depressed or anxious thoughts through dreams


- Dream work can achieve processing similar to CPT in the VA
IPDT Modules
Integrated Posttraumatic Dream Therapy Defined

- Goal: arrest the nightmare and exploit those gains.
- Reset the limbic system.
- Addresses social needs to connect & trust
- Goal directed setting.
- Improves problem solving skills.
IPDT for the Client

This therapy is designed to:

• Eliminate or reduce nightmares
• Enable you to welcome sleep
• Encourage healing dreams
• Enrich your life to accomplish other goals like school, work, spiritual and family areas
IPDT support

- Interventions that mitigate worry or fear reduce sleep problems
- OIF/OEF vets who perceived higher levels of unit cohesion report fewer sleep problems
- Maladaptive coping associated with increased sleep prob.
- Early adaptive coping, like above noted to mitigate later development of traumatic memory. *

Mellman et al (2001) Dreams in the acute aftermath of Trauma & their relationship to PTSD. Jrrl of Traumatic Stress, 14 (1).
IPDT

- Concept: author – actor – director
- Mindfulness
- Approach TX: Welcome sleep counters avoidance
- Changes the physical how they sleep
- Cognitive restructure
- Empowerment of client
Recommended Exclusion Criteria

- Active substance abuse
- Dependency on benzodiazepines
- History of non-compliance
- Not in supportive counseling
- No evidence of nightmares
Assessment Tools

- Broad Spectrum
- PTSD
- Nightmares
PCL-S: WEEKLY

Instructions:

1. Consider the most stressful experience you have experienced _________________________________.

2. Here is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then indicate, using the numbers to the right, how much you have been bothered by that problem in the past WEEK.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing memories, thoughts, or images, of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Suddenly acting or feeling as if the stressful experience was happening again (as if you were reliving it)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Avoiding activities or situations because they reminded you of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Trouble remembering important parts of the stressful experience?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Loss of interest in activities that you used to enjoy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Feeling distant or cut off from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Feeling as if your future will somehow be cut short?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Trouble falling or staying asleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Feeling irritable or having angry outbursts?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. Having difficulty concentrating?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. Being “super-alert” or watchful or on guard?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>17. Feeling jumpy or easily startled?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

PCL-S for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD – Behavioral Science Division.
IPDT Phases and Blocks

Three phases:
- Rapport wks 1-4
- Reset (core treatment) wks 5-8
- Renew wks 9-13

Main components:
- Imagery Rehearsal Therapy (IRT)
- Lucid Dreaming
- Restructure
- Archetypal Interpretation

Blocks
- Education
- Tools
- Skills building
IPDT Tools

- Group Support or S.O.
- Rapport building
- Psychoeducation
- Report forms
- Sleep Hygiene
- Guided Imagery (scripts incl'd) Relaxation techniques
- Art
- Action or escape to re-boot limbic system (brain)
Implementation

- Assessment of need
- Agency Policy
- Preparation or training
- Sustainment
Summary

- Problem defined with PTSD nightmares
- Research indicated with New Warrior
- Neurobiology of stress response
- Utility of dream work
- IPDT
“Give sorrow words. The grief that does not speak whispers the o’er-fraught heart, and bids it break.”

Wm. Shakespeare’s: *The tragedy of Macbeth* circa 1603
Learning Resources

- You can go to the websites below and register for a VA account, that website contains VA educational courses.
  - https://www.ees-learning.net
  - https://www ptsd.va.gov/professional/ptsd101/course-modules/course-modules.asp
  - To learn CPT: https://cpt.musc.edu/register
Questions???
Break time!