

## **Self-Help for Post-Traumatic Stress**

The term post-trauma says it all: The trauma is in the past, but people with post-traumatic stress find it difficult to leave it behind and move on. They may relive the event over and over—sometimes in bad dreams that cause disturbed sleep, in flashbacks that have them time traveling back to a distressing past moment, and in recurrent negative thoughts that can't be stopped. This leaves them stuck in the muck of time, frequently making it impossible to escape its grip.

Post-traumatic stress disorder (PTSD or as we refer to it in this column, PTS) was first recognized as a trauma-related mental disorder in 1980 by the American Psychiatric Association following research on the effects of war on soldiers and veterans of Vietnam. But PTS can be caused by a number of traumatic experiences other than military- or war-related trauma. To name a few: accidents, including and especially automobile accidents that threaten life or injury (the number one cause of PTS in U.S. civilian men is serious automobile accidents), physical and/or sexual abuse (the number one cause of PTS in U.S. civilian women), terrorist attacks, as well as natural disasters such as hurricanes, tornadoes, earthquakes and floods.

### ***How do you know if you have PTS?***

According to the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, after a traumatic event if you have symptoms that include depression, anxiety, flashbacks, avoidance, isolation, difficulty falling and/or staying asleep, difficulty concentrating, irritability, an exaggerated startle response and hypervigilance, you may have Acute Stress Disorder (ASD). If these symptoms last longer than a month, then you may have PTS. In a nutshell, PTS is made up of three basic things — trauma, depression and anxiety. (We encourage you to visit our column [This is Your Brain](#).)

### ***Degrees of trauma***

Just as you can suffer from a little to a lot of depression or anxiety, you can suffer from minimal to extreme degrees of PTS. If a traumatic event is severe, it becomes a long-lived, deeply embedded memory as opposed to a short-term memory like what you had for lunch last Tuesday. A person with minimal PTS will probably get better over time without therapy. For instance if they were in a fender bender, they will get their car fixed so they don't think about the accident every time they see the car. In time they will be able to drive by the accident site without constantly thinking of the "what ifs": What if I had left home five minutes earlier? What if I had taken a different route to work? A person with severe PTS may find that where once they viewed life positively, since their traumatic experience they view life through a darker lens. And their relationships, both personal and professional, might have changed--and not for the better.

### ***How trauma can affect your life***

Sometimes when you have PTS, the normal things you would do for or with others—going to work, preparing meals, being interested in what they did that day—become chores that eventually turn into resentment, which can cause you to feel irritable and angry toward them. Simple things both at work and at home that would never have bothered you before the trauma—finding a parking place in a

crowded parking lot, riding the elevator to the office, the mounting pile of laundry—are now monolithic obstructions that must be dealt with before you can mentally revert to focusing on the bad thing that happened and how it changed your life.

### ***PTS therapies***

Several mental health therapies, some with better results than others, are currently used to treat PTS:

Cognitive behavior therapy—a talk therapy, is a blend of behavioral therapy and cognitive therapy. It is arguably the most commonly practiced form of mental health therapy and has been successful in treating PTS.

Cognitive processing therapy, prolonged exposure therapy, and virtual reality therapy—are currently employed by the Veterans Administration to treat veterans suffering from PTSD. In all three processes, the client relives past traumas in an attempt to extinguish the negative emotions associated with the traumatic experience.

Drug therapy—for the past several decades, drug therapy has been a common approach to the treatment of anxiety, depression, trauma, and other behavioral disorders. The assumption is that the medications will break up the nonfunctional pattern of thought, allowing the individual's mental health to return naturally. Unfortunately, drugs do not get to the root of the problem. They are temporary solutions that alter behavior; drugs do not address the cause. Predictably, the behavior often returns when the drugs wear off. For this reason, pharmacologic treatments are frequently used in conjunction with CBT although studies have found that the addition of drugs did not enhance the overall results.

Time perspective therapy (TPT)—was developed in 2008 based on Zimbardo's time perspective theory. TPT falls under the umbrella of cognitive behavioral therapy and was developed to help people with PTS. Over the course of therapy, people stuck in the past move away from a narrow focus on the traumatic past, the fatalistic present, and a distant and often dismal future. Instead they journey toward a balanced time perspective in which it seems possible once again to live a full and promising life. Additionally, reframing their “illness” as an “injury,” and recasting their depression and anxiety as a “negative past” that they can replace with a “past positive” and “brighter future”—and ultimately with a balanced time perspective—may seem overly simplistic, especially to those trained in psychotherapy. But to those with PTS, the idea of having a forward-leaning framework in which to understand and work on their issues most often comes as an enormous relief and a welcome ray of light in the darkness.

### ***The birth of mental health apps***

When initially created, apps were considered an extension of the entertainment industry. Candy Crush and Angry Birds provide amusement and “kill” time when waiting on line, traveling, or taking a few minutes to unwind. Mental health apps were unheard of. And anyway, how could an app replace one-on-one therapy? Someone who needed help or counseling made an office visit, bought a book, or dealt with their problems as best they could on their own.

But all that changed a few years ago when the psychological and psychiatric communities concluded that mental health apps were a feasible supplement to clinical therapy and medications and the app

industry opened its virtual doors to include such apps. Since then, researchers and clinicians have joined developers to create apps that can provide a wealth of self-help.

Now people have the option to use their down time to establish calm and improve their sense of well-being with “nutritious” apps that help reduce or improve depression, anxiety, stress level, and moods, as well as boost optimism. Mental health apps are particularly appealing to people needing a little help as well as those who don’t or can’t—perhaps due to time constraints, no insurance, living in remote locations, or the stigma of visiting a therapist’s office—meet in person with a therapist.

### ***PTS apps***

As for apps designed for PTS, the Veterans Administration leads the way in this new part of a burgeoning field with PTSD Coach, an app designed specifically for veterans and military service personnel. Other PTS apps currently on the market appear to be meditation-based.

For this reason, we recently joined with Happify to develop a digital PTS solution based on the principles of CBT. The 4-week TPT/PTS track is for everyone with PTS.

We believe that a person’s potential is not limited by their past. Quite the contrary, past experiences help make us who we are; they can strengthen us to be our better selves and do things we’ve only dreamed about. So it is best for all of us to convert that negative past into past positive memories, enjoy living in the present, and always plan for a more enjoyable, pleasurable and successful tomorrow.

Ref: Sword and Zimbardo (2018) as cited in The Open University (2019)