

November 7, 2023

Raising our Hands:

PTSD Identification, Diagnosis, and Treatment Across Diverse Communities

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Summit Agenda

Timing	Panel Session	Speakers
12:00–12:15 PM	Welcome & Introductions	<p>Susan Gurley Executive Director, ADAA</p> <p>Michael Pollock Chief Executive Officer, DBSA</p>
12:15–12:35 PM	A Look at the Data: Expanding Understanding of the PTSD Patient Journey	<p>Lauren Sippel, PhD PTSD Special Interest Group Co-Chair, ADAA; Geisel School of Medicine at Dartmouth; VA National Center for PTSD</p> <p>Jyoti Aggarwal, MHS Senior Director, Global Integrated Evidence & Innovation, Otsuka</p> <p>Katie Russo (moderator) Senior Director, Strategic Business Development and Operations, ADAA</p>
12:35–1:15 PM	Focusing on the Experiences of Individuals with PTSD and Support Partners: Challenges, Solutions, Opportunities	<p>Minister Stephanie Lynne Crisis Intervention Specialist; Director, Mental Health Wellness Alliance</p> <p>Michael Uram Caregiver Coach, BiPolar SMI Family Education and Advocacy Group</p> <p>Brionna Hines Southern Nevada Chapter President, DBSA</p> <p>Robert Dabney Jr. MDiv, CRSS Executive Director, VetPark; Peer Apprentice Program Manager, DBSA</p> <p>Altha Stewart, MD (moderator) Senior Associate Dean for Community Health Engagement, University of Tennessee Health Science Center; Board Member, DBSA</p>
1:15–1:20 PM	Break	
1:20–2:00 PM	Building Bridges for Change: A Call to Action for Advancing PTSD Solutions	<p>Robert Dabney Jr. MDiv, CRSS Executive Director, VetPark; Peer Apprentice Program Manager, DBSA</p> <p>Deborah Lafer Scher Senior Advisor, Milken Institute of Health; former Executive Advisor to VA Secretary</p> <p>Susan Gurley Executive Director, ADAA</p> <p>Michael Pollock Chief Executive Officer, DBSA</p> <p>Kimberly King (moderator) Senior Manager, Mental Health Equity & External Partnerships, DBSA</p>

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A Look at the Data:

Expanding Understanding of the PTSD Patient Journey



Lauren Sippel, PhD

PTSD Special Interest Group
Co-Chair, ADAA; Geisel School
of Medicine at Dartmouth; VA
National Center for PTSD



Jyoti Aggarwal, MHS

Senior Director, Global
Integrated Evidence &
Innovation, Otsuka



Katie Russo (moderator)

Senior Director, Strategic
Business Development and
Operations, ADAA

What is Post-Traumatic Stress Disorder (PTSD)?

Daily hassles can include a car breaking down or doing chores.

Major life events can include losing a job, divorce, buying a new home or getting married.

Serious traumatic events can include war zone exposure, physical or sexual assault, serious accidents, child sexual or physical abuse, mass violence, hate crimes, or disasters.

Experiencing or witnessing a traumatic event can lead to PTSD, which has 4 symptom "clusters":



Experiencing unwanted memories



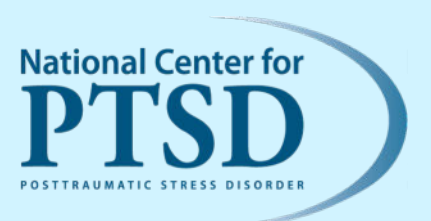
Avoiding reminders of the event



Having negative thoughts and feelings



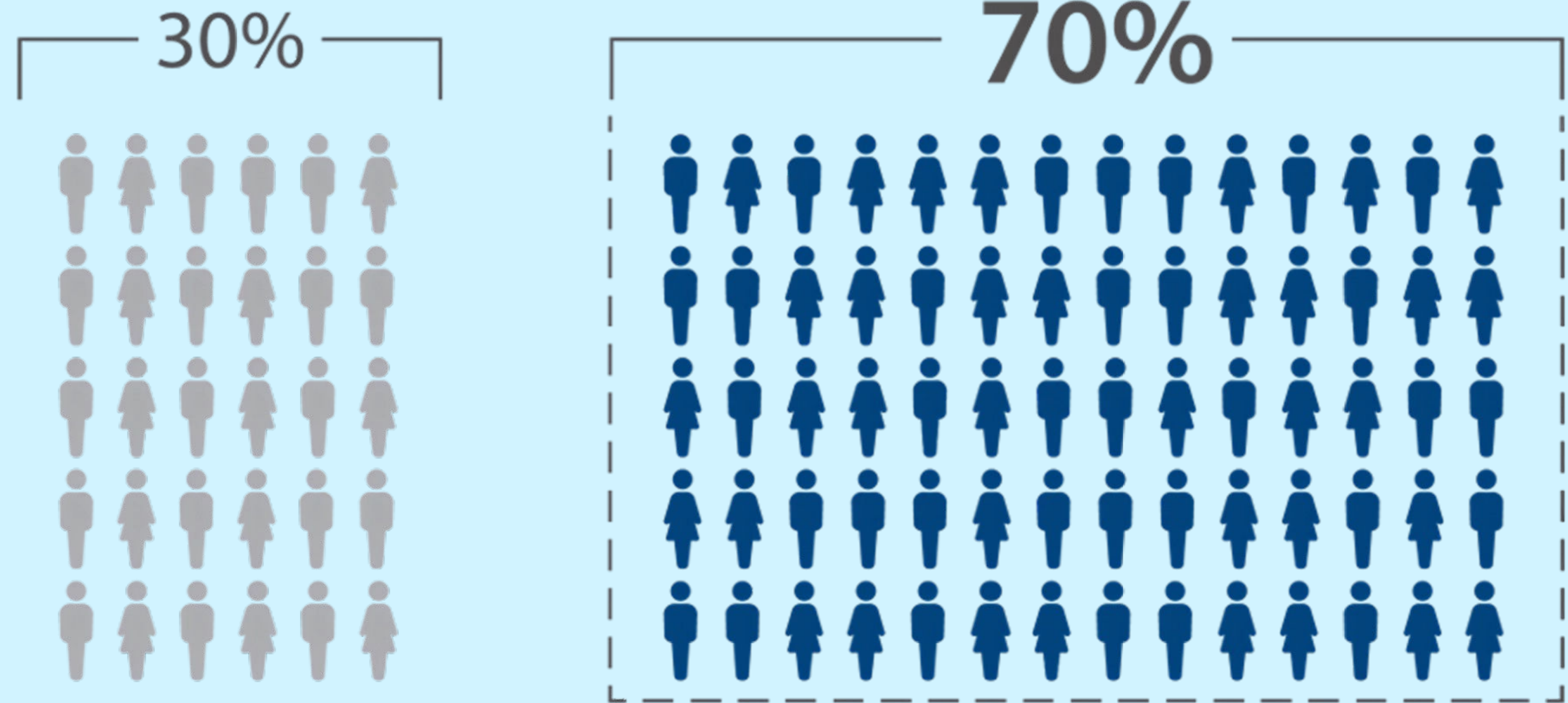
Feeling on edge



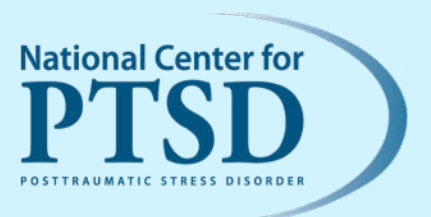
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Trauma is common



Worldwide, about 70% of people experience a traumatic event in their lifetimes.



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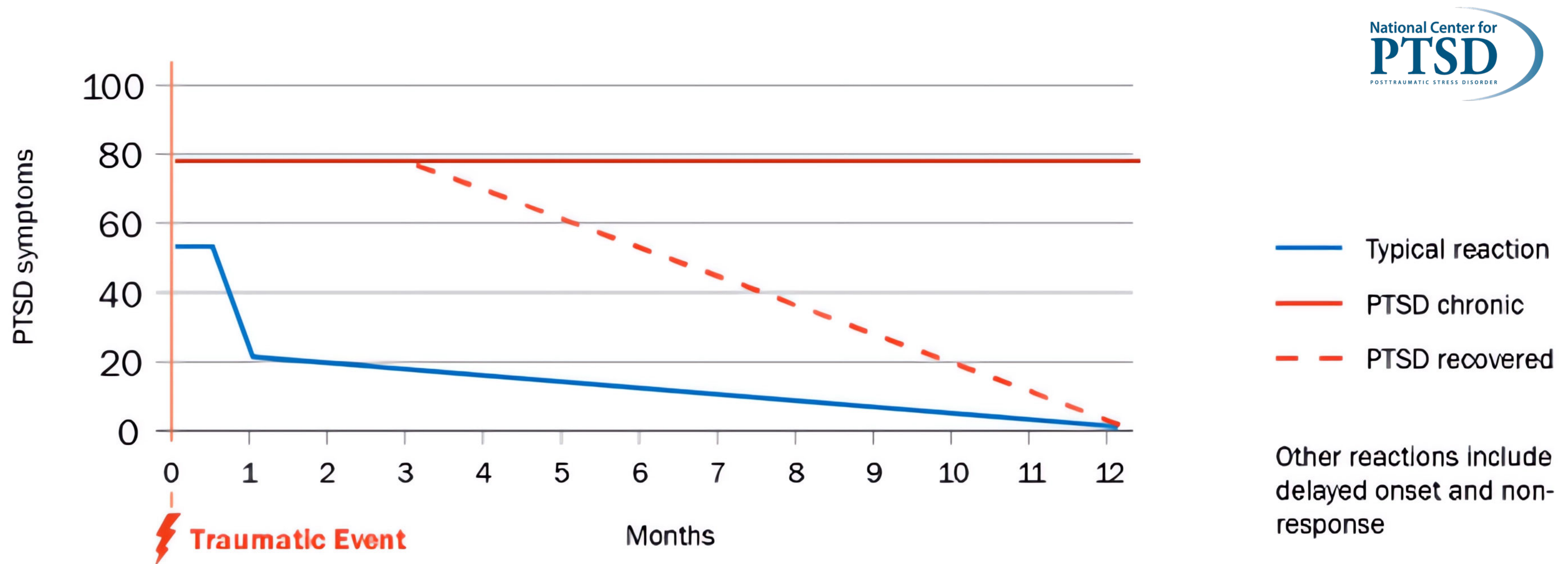


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For most, symptoms fade over time



Source: Richard Tedeschi, PhD, and Lawrence Calhoun, PhD, Journal of Traumatic Stress, 1996

Why do some people develop PTSD while others don't?

Personal factors

- *For example: prior trauma, younger age, female gender*

The traumatic event

- *For example: very severe trauma, physical or sexual assault, feeling very helpless during the trauma*

Recovery environment

- *For example: low social support, stressful life events, new trauma*

Who is at greatest risk of developing PTSD?

Sex:

- Women are more likely to develop PTSD than men.
- About 8% of women and 4% of men will have PTSD at some point in their life.¹

Race/Ethnicity:

- Rates of PTSD are higher among Black/African Americans (8.7%) compared to white (7.4%), Latino (7%) and Asian (4%) individuals.²

Gender Identity/Expression:

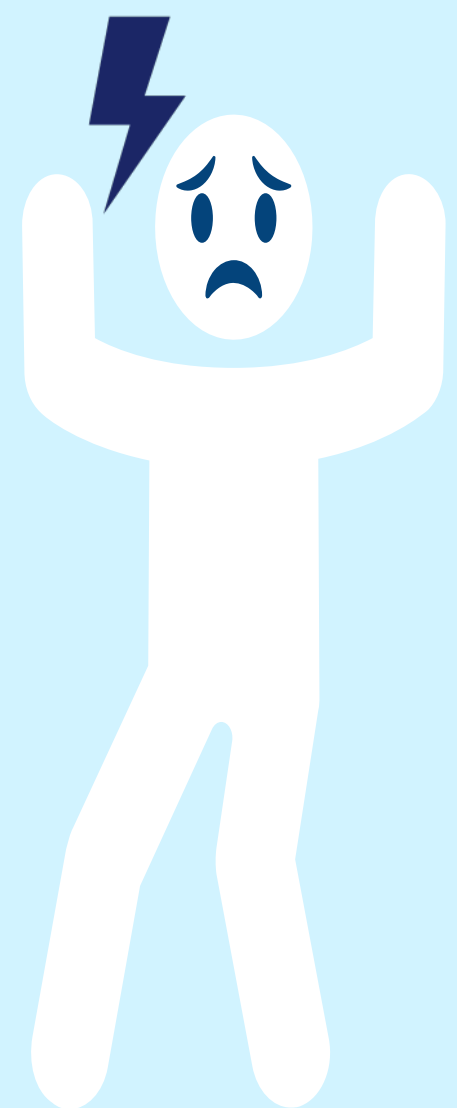
- LGBTQ+ people have the highest risk of developing PTSD— up to 48% of LGB individuals and 42% of transgender and gender diverse individuals have PTSD.³

Indigenous Populations:

- Indigenous populations are 2-3x more likely to experience PTSD (rates of 16% to 22%) compared to the general United States population.⁴

References: (1) "What Is Posttraumatic Stress Disorder (PTSD)?" Psychiatry.org: <https://psychiatry.org/patients-families/ptsd/what-is-ptsd>. (2) Roberts A L, et al. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine*, 41(1), 71–83. doi:10.1017/S0033291710000401 B (3) Livingston N A, et al. (2020a). Addressing diversity in PTSD treatment: Clinical considerations and guidance for the treatment of PTSD in LGBTQ populations. *Current Treatment Options in Psychiatry*, 7, 53-69. <https://doi.org/10.1007/s40501-020-00204-0> (4) Ka'apu K et al. (2019). A Culturally Informed Systematic Review of Mental Health Disparities Among Adult Indigenous Men and Women of the USA: What is known? *British Journal of Social Work* 49, 880–898 doi: 10.1093/bjsw/bcz009 (5) Schein J, Houle C, Urganus A, et al. Prevalence of post-traumatic stress disorder in the United States: a systematic literature review. *Curr Med Res Opin*. 2021;37(12):2151-2161.

Burden of PTSD



Individual Experiencing 4 Core Symptom Clusters

Social Isolation

Increased Risk of Suicide

Substance Abuse

Ability to Work

Reduced Quality of Life

Physical Health

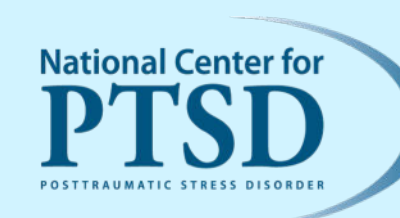
Family and support partner spillover effects

Secondary Stress

Anxiety / Depression

Substance Abuse

Societal economic burden of **\$250 billion** per year



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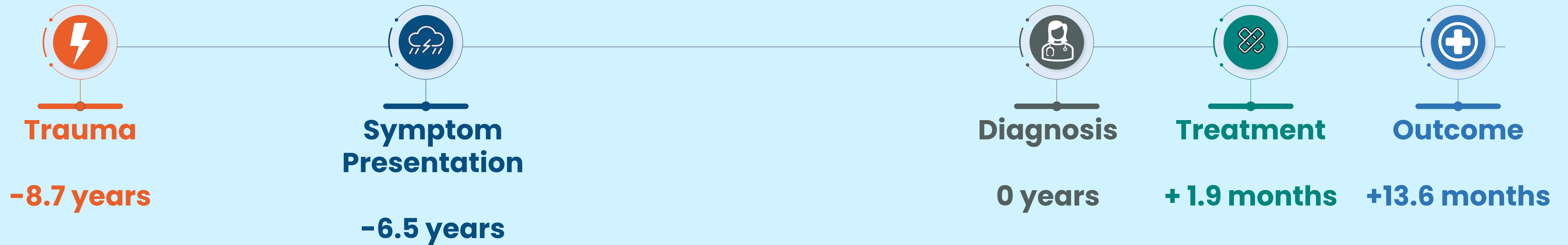


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Overall Patient Timeline: Trauma to Remission



Symptoms are Sub-threshold

Overlapping Symptoms

Concerns with Legal Issues

Social Stigma

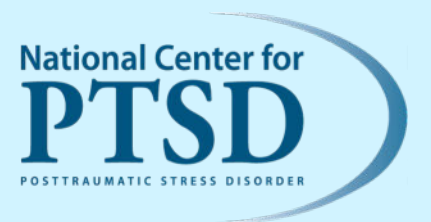
Family Request to Not Share

Not Recognizing a Trauma

Absence of Right Tools

Employment Concerns

Nobody is Asking



PTSD treatment works



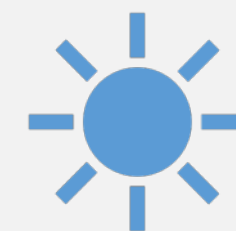
Reduce or eliminate symptoms



Improve relationships



Cope with life's ups and downs



Find hope for the future

Trauma-focused therapy is best



Trauma-focused therapy is effective



Memories of the trauma are the focus



Relief can come in a matter of weeks



Relief can last after treatment is over

Key Takeaways

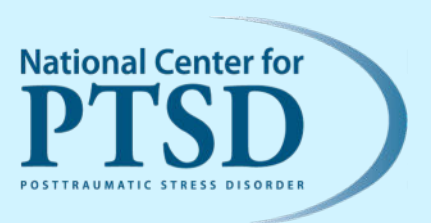
PTSD is a mental health disorder that may develop in individuals after witnessing or experiencing shocking, violent, threatening, or dangerous traumatic event(s)

PTSD is highly prevalent and has a significant negative impact on individuals and society

Some individuals may be at a higher risk for PTSD simply based on who they are and the experiences they have had

There can be an extensive delay from experiencing trauma and being diagnosed and appropriately treated for PTSD

****There are many opportunities to improve the overall patient experience****



Focusing on the Experience of Individuals with PTSD and Support Partners: Challenges, Solutions, Opportunities



Minister Stephanie Lynne

Crisis Intervention
Specialist; Director, Mental
Health Wellness Alliance

Michael Uram

Caregiver Coach, BiPolar
SMI Family Education and
Advocacy Group

Brionna Hines

Southern Nevada Chapter
President, DBSA

Robert Dabney Jr.

MDiv, CRSS

Executive Director, VetPark;
Peer Apprentice Program
Manager, DBSA

Altha Stewart, MD

(moderator)

Senior Associate Dean for
Community Health
Engagement, University of
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Center; Board Member,
DBSA

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BREAK:
1:15–1:20 PM

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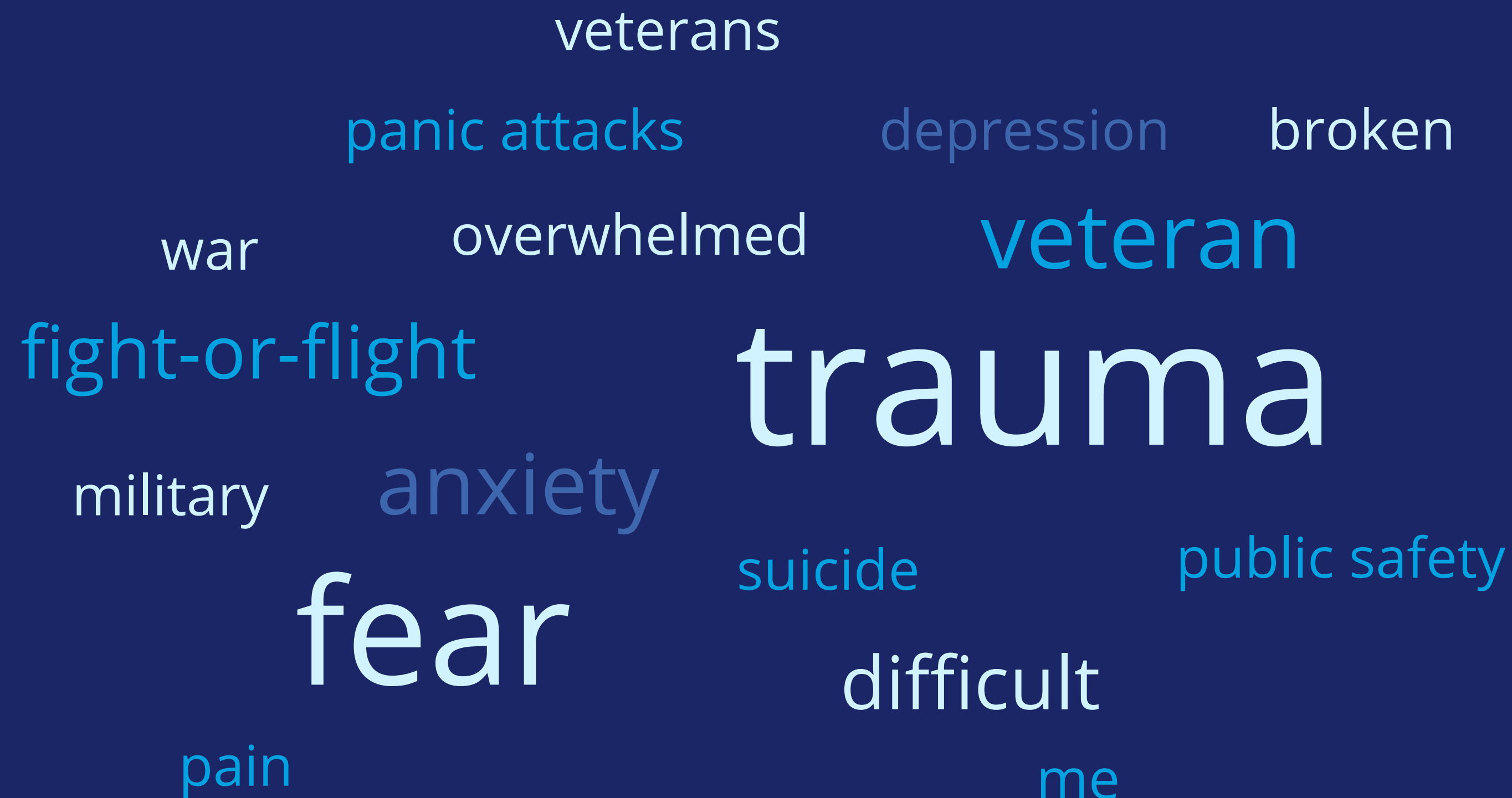
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Newsletter Poll:

When you hear the word PTSD (Post-Traumatic Stress Disorder), what is the first word that comes to your mind?

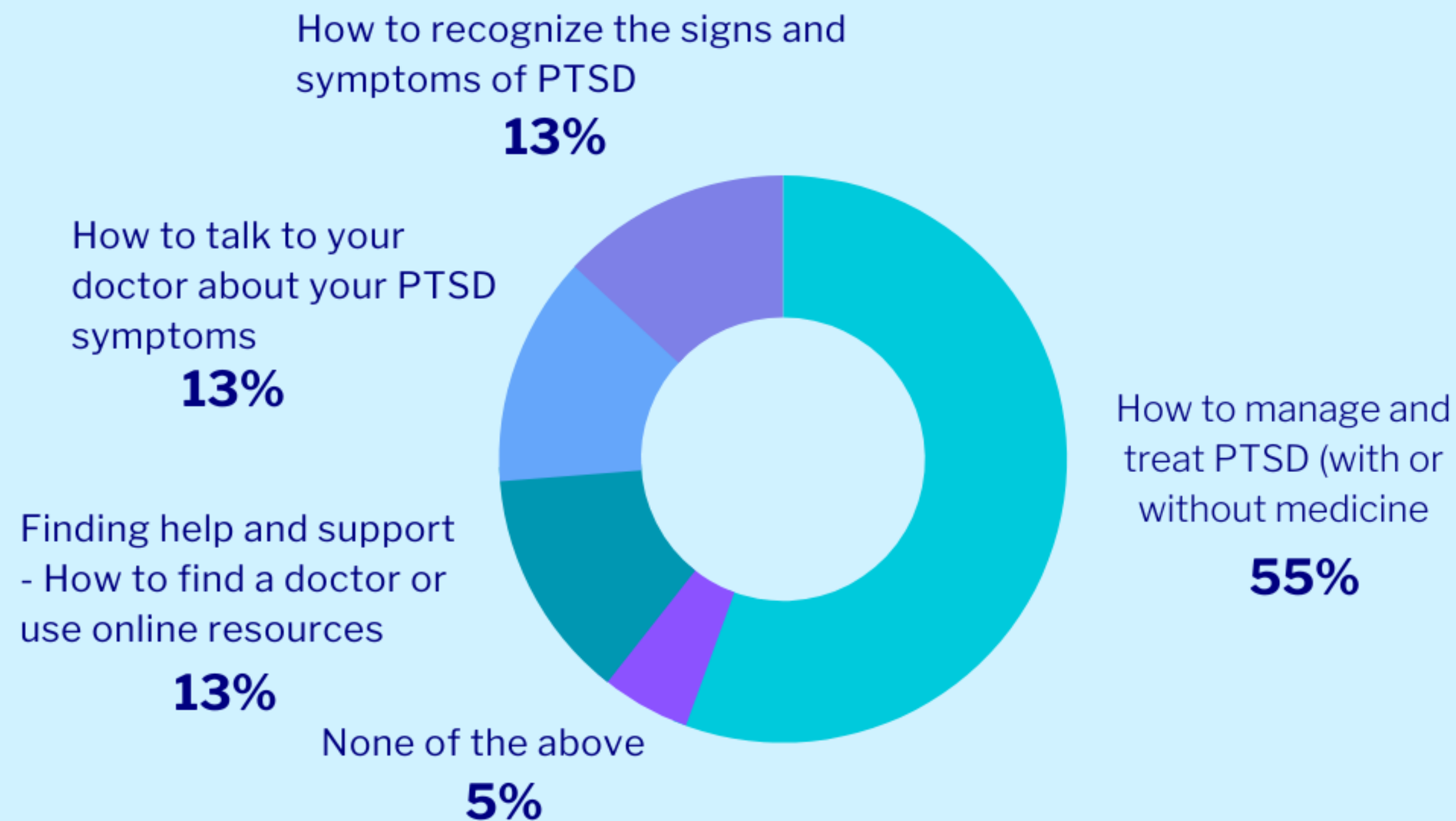


Newsletter poll conducted by ADAA and DBSA from October 1 – November 1 yielded 128 responses.

Newsletter Poll:

Is there something specific you'd like to know more about regarding PTSD? Please choose one.

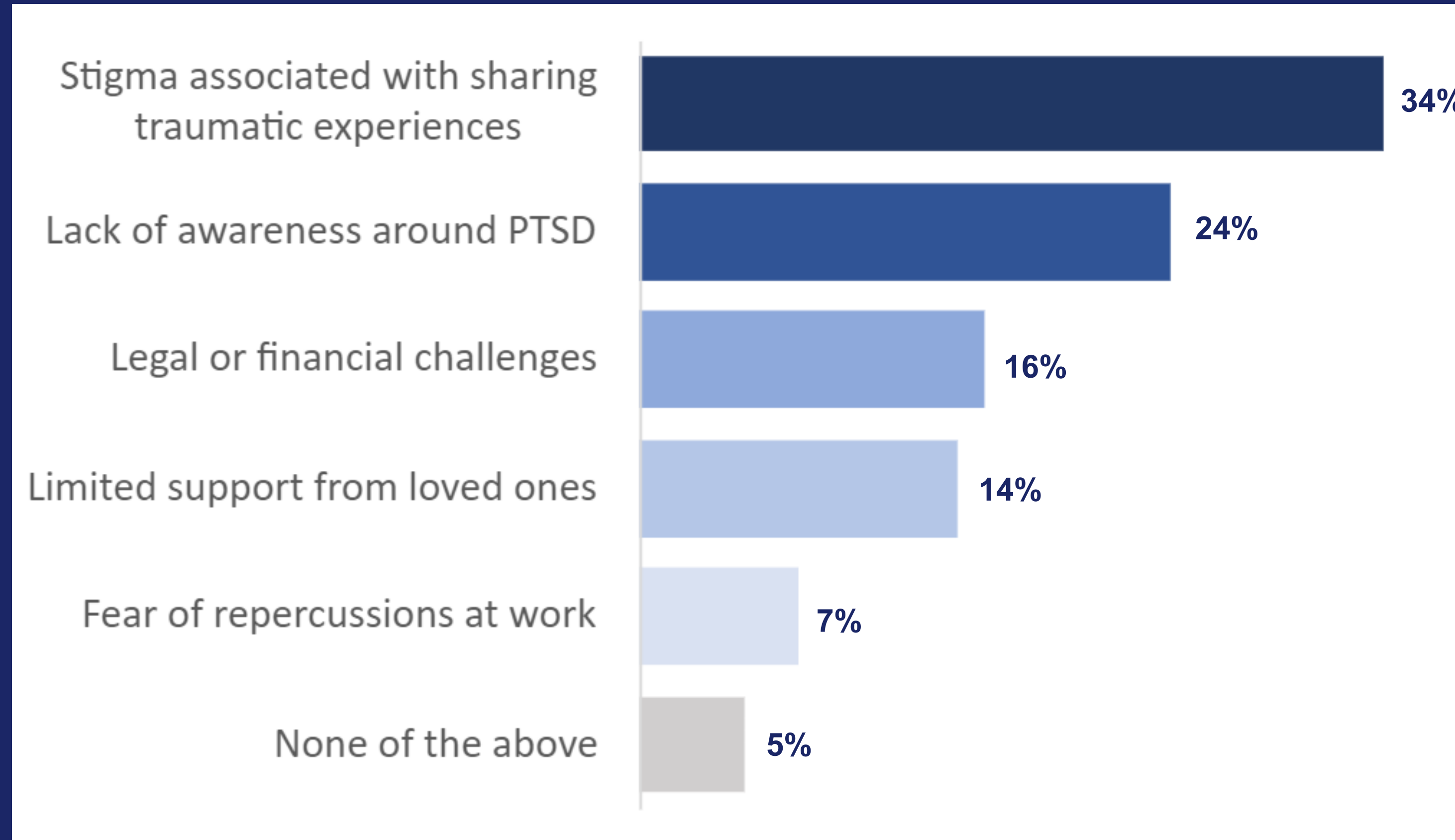
More than half of respondents want to learn how to discuss their PTSD symptoms with their doctor or therapist.



Newsletter poll conducted by ADAA and DBSA from October 1 – November 1 yielded 128 responses.

Newsletter Poll:

Based on your experience, please rank the following barriers to seeking a diagnosis and/or treatment for mental health challenges, with one being most important.



Newsletter poll conducted by ADAA and DBSA from October 1 – November 1 yielded 128 responses. Results above indicate top-ranked barriers chosen by respondents.

Building Bridges for Change:

A Call to Action for Advancing PTSD Solutions



Robert Dabney Jr.
MDiv, CRSS
Executive Director, VetPark;
Peer Apprentice Program
Manager, DBSA



Deborah Lafer Scher
Senior Advisor, Milken
Institute of Health; former
Executive Advisor to VA
Secretary



Susan Gurley
Executive Director,
ADAA



Michael Pollock
Chief Executive Officer,
DBSA



Kimberly King
(moderator)
Senior Manager, Mental
Health Equity & External
Partnerships, DBSA

Post-Traumatic Growth (PTG)

Definition: Positive psychological changes experienced as a result of the struggle with trauma or highly challenging situations.

Post-Traumatic Growth is the **positive psychological change that some individuals experience after a life crisis or traumatic event**. Post-traumatic growth doesn't deny deep distress, but rather posits that adversity can unintentionally yield changes in understanding oneself, others, and the world. Post-traumatic growth can, in fact, co-exist with post-traumatic stress disorder.*

* <https://www.psychologytoday.com/us/basics/post-traumatic-growth>

** <https://hbr.org/2020/07/growth-after-trauma>

“Although post-traumatic growth often happens naturally, without psychotherapy or other formal intervention, it can be facilitated in five ways: through education, emotional regulation, disclosure, narrative development, and service.”

- Dr. Richard G. Tedeschi**

The Post-Traumatic Growth Inventory

To evaluate whether and to what extent someone has achieved growth after a trauma, psychologists look for positive responses in five areas.

- 01** Appreciation of Life
- 02** Relationships with Others
- 03** New Possibilities in Life
- 04** Personal Strength
- 05** Spiritual & Existential Change

Source: Richard Tedeschi, PhD, and Lawrence Calhoun, PhD, Journal of Traumatic Stress, 1996

National Center for PTSD Resources

PTSD

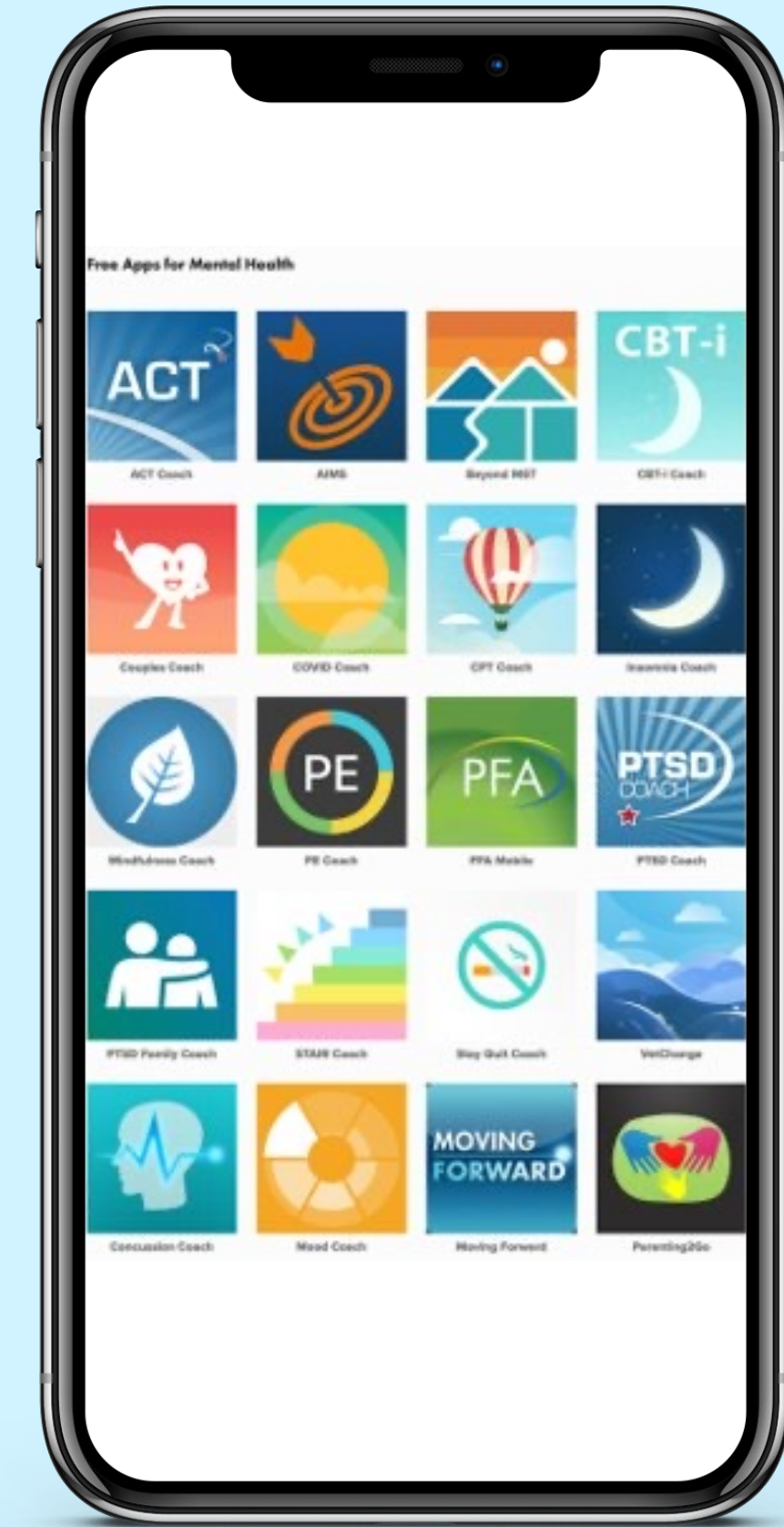
- PTSD Home
- Understand PTSD
- Understand PTSD Treatment
- Get Help
- For Families and Friends
- For Providers
- Apps, Videos and More
- Article Database: PTSDpubs
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DOWNLOAD PTSD FAMILY COACH

Support for Family
PTSD Family Coach provides support for concerned family members of those with PTSD.
[Learn more](#)

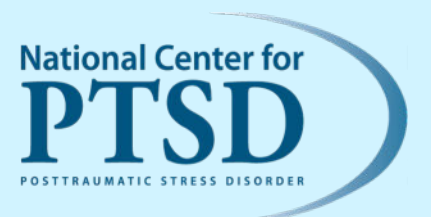
Take a Course **Understand PTSD**

We are the world's leading research and educational center of excellence on PTSD and traumatic stress.
PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening or traumatic event. If symptoms last more than a few months, it may be PTSD. The good news is that there are effective treatments.



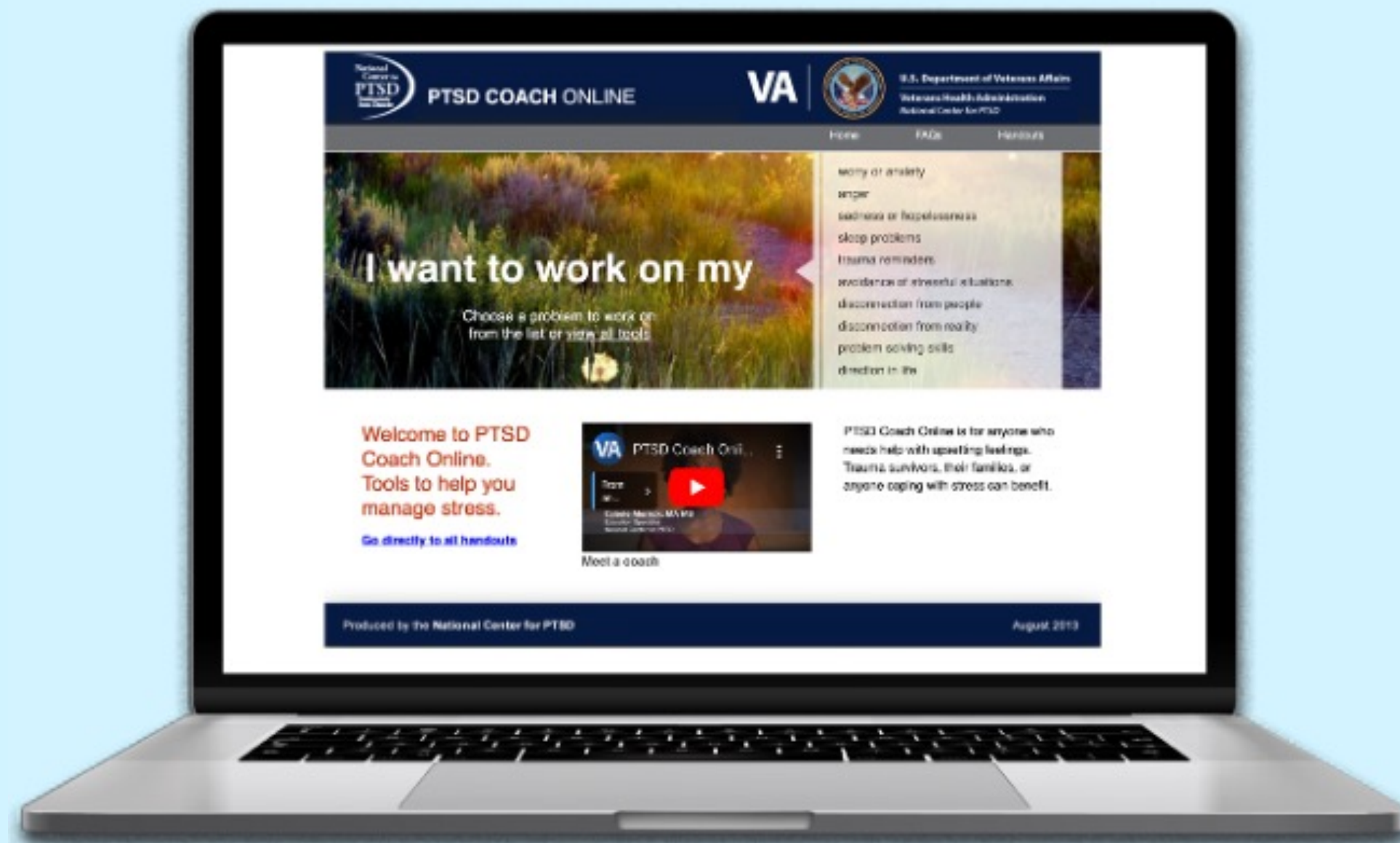
Learn more at: <https://www.ptsd.va.gov>

Learn more at: <https://myvaapps.com/>



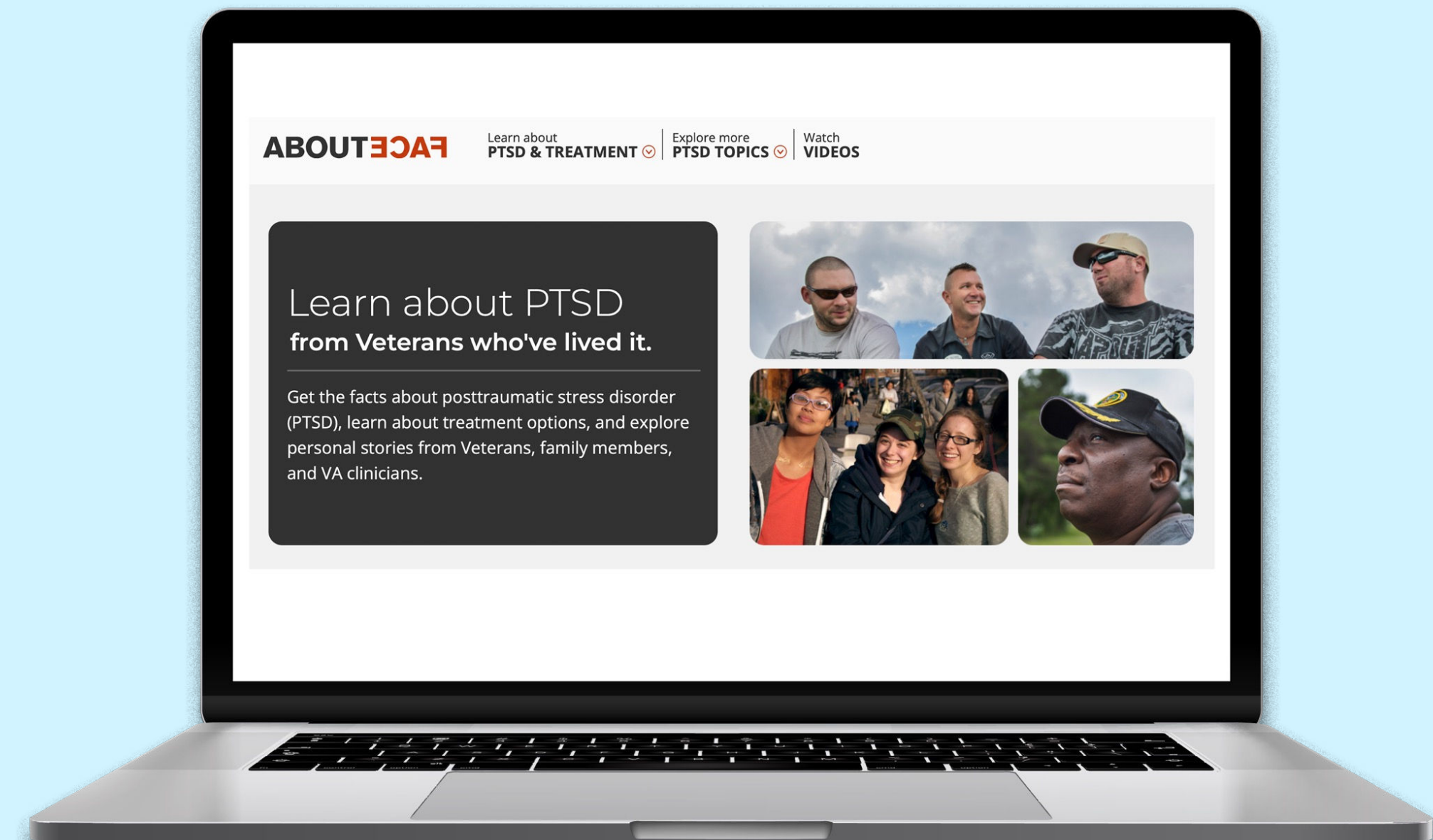
PTSD Coach and AboutFace

PTSD Coach Online

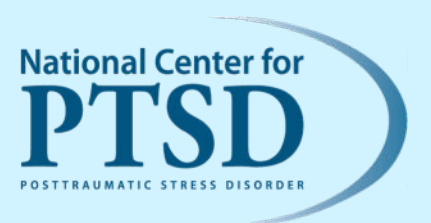


<https://www.ptsd.va.gov/apps/ptsdcoachonline/>

AboutFace



<https://www.ptsd.va.gov/apps/AboutFace/>



PTSD Consultation Program for Providers who Treat Veterans



About the Consultants

- Experienced senior psychologists, psychiatrists, social workers, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from your toughest cases to general PTSD questions

Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans' care
- Developing a PTSD treatment program

Available Resources – www.ptsd.va.gov/consult

- Free continuing education
- Videos, educational handouts, and manuals
- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more



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