



DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

Generational PTSD and Post-traumatic Growth

DCoE Monthly Webinar

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Christopher Burke, PhD
Clinical Psychologist, DCoE

Anita Brown, PhD
Clinical Psychologist, DCoE

Darlene Powell Garlington, PhD
Clinical Psychologist, DCoE



Agenda

- Present description of post-traumatic stress disorder (PTSD) as an intergenerational phenomenon that has evolved conceptually throughout time
- Discuss its potential as a risk factor for manifestation in the offspring of the primary holder of the diagnosis
- Present resources for families for addressing challenges and fostering resilience if not growth

Schedule:

- Evolution of the concept
- Intergenerational PTSD
- Post-traumatic growth
- DCoE and other resources
- Q&A/discussion



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Historical Evolution

Shaping the concept and treatment of
PTSD in the 20th Century

Dr. Christopher Burke
Clinical Psychologist, DCoE



Three Perspectives

- Prevention of war trauma through screening of individuals unsuitable for combat
- Immediate treatment of signs/symptoms of war trauma
- Long-term care after exposure

World War I – Beliefs about War Trauma

- Screening out those vulnerable to breakdown because of “stable characteristics” like genetics, temperament, childhood history, etc.
- Treatment was removal from unit to rear for specialized treatment
- Return to service and recovery rate low/issue of reinforcement because of compensation/question of malingering

World War II – Changes to Treatment

- “Shell shock”: seen as psychological reaction to combat stress vs. predisposed factors
- “Forward psychiatry” proposed initial treatment close to front and immediately as first tier
- Concept rejected by mainstream and replaced with more stringent screening
- Strategic failure resulting in double rates of war trauma and increased rejection of conscripts
- Forward/rapid treatment embraced mid-war with greatly improved outcomes

World War II – Emergence of Post-deployment Focus

- Post-treatment aided by post-war America
 - GI Bill
 - Booming economy
 - Creation of Department of Veterans Affairs (VA) hospitals
 - Resilience related to levels of support and morale

Vietnam Era

- Quick and successful treatment at front seen as mitigating long-term consequences
- Any long term disability viewed as due to pre-existing condition
- Grass-roots movements increased services to veterans
- Diagnostic and Statistical Manual (DSM) III diagnosis acknowledged delayed onset of symptoms

Operations Desert Shield/Storm

- Treatment use hindered by stigma
- Unable to identify unique cause of symptom clusters
 - psychogenic vs. medical
- Treat spontaneous symptoms believed to be related to wartime conditions
- Resistance to symptoms included under umbrella of PTSD

Operations Enduring/Iraqi Freedom (OEF/OIF)

- Pre-clinical prevention
- Resilience/Recovery/Reintegration
- Primary care setting as initial intervention-stepped care model
- Focus on comorbid conditions, especially traumatic brain injury (TBI)
- Emerging technologies allow increased understanding of biological correlates

What Does History tell us?

- Effects of war trauma are environmentally induced
- Forward treatment is necessary but not sufficient for recovery
- Flexible treatment approaches to meet unique needs should be available
- Morale and support have strong impact on outcomes
- OIF/OEF veterans may have unique profiles
- Anticipation and reduction of treatment stigma is important



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Intergenerational PTSD

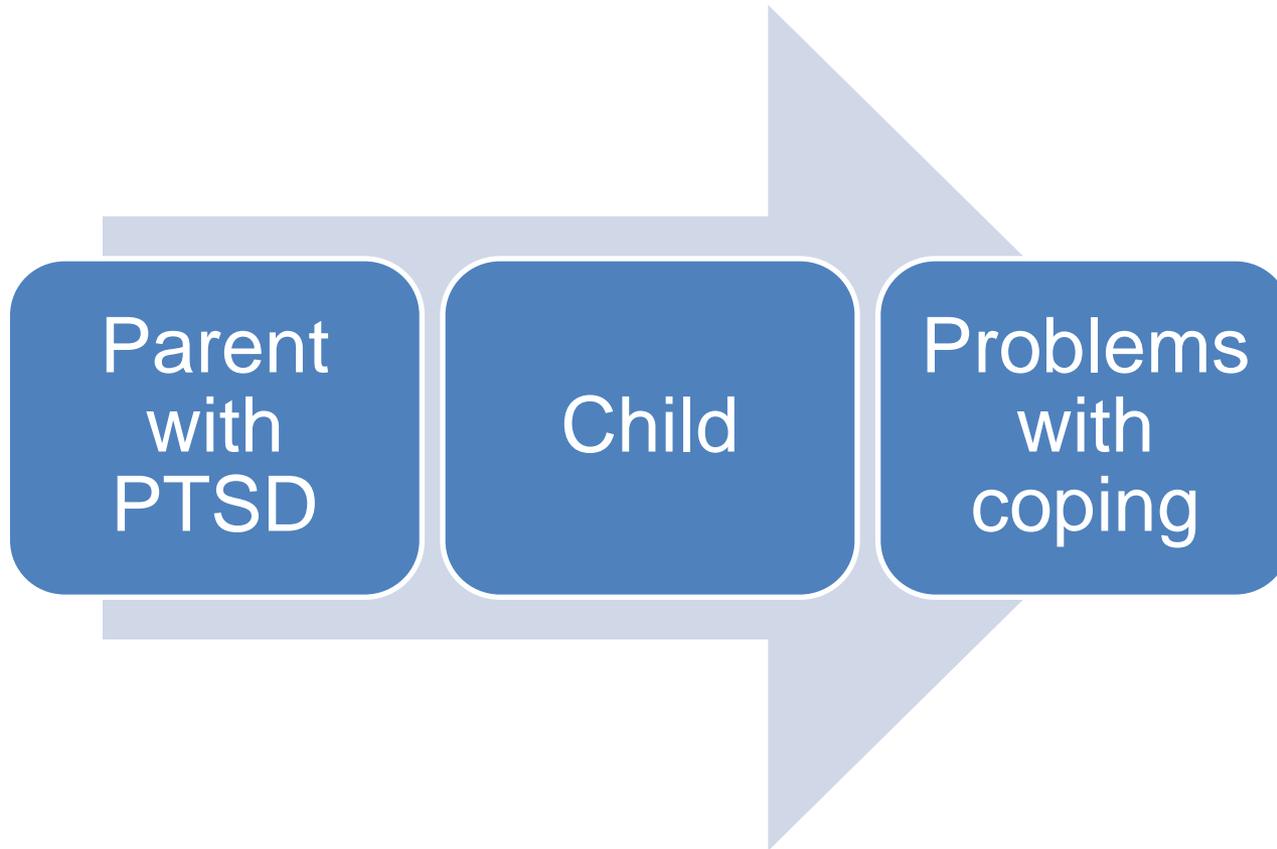
Historical shifts in understanding and treating effects of exposure to war trauma lead us to exploration of effects for families with children

Dr. Anita Brown
Clinical Psychologist, DCoE



What is Intergenerational PTSD?

Intergenerational PTSD



What is Intergenerational PTSD?

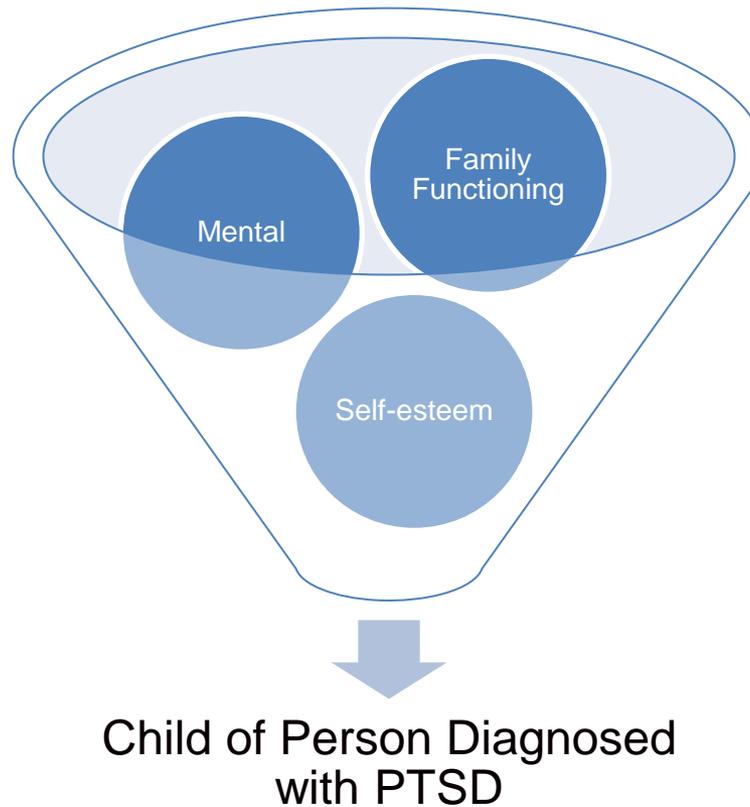
Research has suggested that secondary generations of individuals exposed to traumatic events are likely to experience symptoms consistent with PTSD:

- Anger/aggression
- Anxiety
- Headaches
- Breathing difficulties
- Intrusive imagery
- Heightened sense of vulnerability
- Difficulty trusting others
- Emotional numbing

Historical Research

- Robust literature base examining the transmission of trauma to family members
- Most studies failed to confirm increased rates of psychopathology in the children of Holocaust survivors as compared to matched control groups
- However, studies examining clinical populations of the children of Holocaust survivors found that this second generation presented difficulties in coping with stress and a higher vulnerability to PTSD as compared to other populations experiencing distress

Types of Distress Transmitted



Mental Distress

- Do children of parents diagnosed with PTSD have symptoms of PTSD, anxiety, depression or behavior problems?
- Findings are inconsistent

Family Functioning

- Do children of parents diagnosed with PTSD experience problems with family functioning?
- Several studies have examined family functioning. Findings have suggested that parents diagnosed with PTSD impact family functioning negatively.

Self Esteem

- Do children of parents meeting diagnostic criteria for PTSD experience problems with self-esteem?
- Studies found no significant differences in self-esteem between children of war veterans with PTSD and matched controls.

The Mechanisms of Transmission?

- Is distress learned (psychological response) or passed on genetically?
 - Learned behavior
 - Family functioning
 - Biological perspectives

Learned Behavior?

Hypothetical Case Example

Family Functioning?

Hypothetical Case Example

Biological: Is there a genetic link?

- Long recognized as a contributing factor to developing PTSD, little progress has been made in identifying true/causal risk genetic variants for PTSD.
- Research is limited to twin and candidate gene association studies.

PTSD is Heritable: Twin Studies

- Twin studies contribute to our understanding of the genetic etiology of PTSD in the following ways:
 - Genetic factors influence exposure to a potentially traumatic event
 - Genetic influences explain a substantial proportion of vulnerability to PTSD even after accounting for genetic influences on trauma exposure
 - Genetic influences on PTSD overlap with those for other mental disorders.
 - Provide important information regarding possible biological “endophenotypes,” or intervening phenotypes

Candidate Gene Association Studies

- Candidate gene association studies also contribute to our understanding of the genetic etiology of PTSD by potentially identifying biomarkers of vulnerability or resilience.
 - 11 published studies
 - Limited to a few biological pathways
 - Low rates of PTSD, with apparent inconsistencies in gene associations linked to marked differences in methodology

Future Research

- Co-occurring and comorbid conditions (e.g., depression, substance abuse/dependence)
- Secondary traumatization among children of war veterans who are not clinical populations
- Studies examining representative samples of veterans using qualitative and longitudinal designs
- Risk factors for child vulnerabilities for PTSD
- The role of the care giver in secondary traumatization

Future Research (cont'd)

- Mitigating factors that might reduce the intensity of distress caused by the parent's exposure to PTSD
- Research examining post-traumatic growth
- Studies that examine the genetic etiology of PTSD
- Studies that examine violence and aggressive behaviors of the children of veterans



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Post-traumatic Growth

Emergence of discussion of alternative outcomes from exposure to war trauma

Dr. Darlene Powell Garlington
Clinical Psychologist, DCoE



Post-traumatic Growth Defined

Post-traumatic Growth is the positive psychological change experienced as a result of a struggle with challenging life circumstances that represent significant challenges to the adaptive resources of the individual and/or an individual's way of understanding the world and one's their place in it.

It is an experience of improvement that for some is deeply profound.

Post-traumatic Growth Concept History

- The general understanding that suffering and distress can potentially yield positive change is thousands of years old
- Theme was present in ancient spiritual and religious traditions, literature and philosophy
- Scholarly interest in post-traumatic growth increased in the 1990s
- Emphasis was not placed on studying healthy people in view of overwhelming evidence that individuals who face a wide variety of difficult circumstances experience significant changes in their lives - many of which are positive

Post-traumatic Growth Today

- Term, “**post-traumatic growth**,” was coined in 1995 by Dr. Richard Tedeschi, a psychology professor at the University of North Carolina in Charlotte, and co-author of the “Handbook of Post-traumatic Growth”
- While the concept is historical, according to Dr. Tedeschi, the “systematic study of this phenomenon by psychologists, social workers, counselors and scholars in other traditions of clinical practice and scientific investigation is new.”

Post-traumatic Growth (Cont.)

- An individual's struggle with the new reality in the aftermath of trauma is crucial in determining the extent to which post-traumatic growth occurs
- Post-traumatic growth occurs with attempts to adapt to highly-negative sets of circumstances that often engender high levels of psychological distress and unpleasant psychological reactions
- Reports of growth experiences in the aftermath of traumatic events far outnumber reports of psychiatric disorders
- Personal distress and growth often co-exist
- Growth from trauma has been conceptualized not only for individuals but also for families as systems

Evidence and Controversies

- Research with former prisoners of war who spent up to eight years in Vietnam's infamous Hanoi Hilton prison confirms two things:
 - Most of them experienced positive growth from the experience (and a PTSD rate of only 4 percent)
 - Those who experienced the worst trauma (including repeated torture, starvation, solitary confinement and physical injury over many years) reported the most personal growth in the decades after their release
- Post-traumatic growth is an ongoing process
- While none of them expressed a desire to go through the experience again, a number have said they are stronger and better people because of it

Post-traumatic Growth Inventory

The Post-traumatic Growth Inventory (PTGI) is the standardized inventory most often used to measure growth that follows a traumatic life event.

- It is a 21-item self-report inventory that uses a six-point Likert scale to measure positive outcomes that result from traumatic experiences.
- In addition to an overall scale score, the PTGI comprises five factors:
 - relating to others
 - new possibilities
 - personal strength
 - spiritual change
 - appreciation for life

Post-traumatic Growth Inventory (cont'd.)

- Because of the common variance found among these five subscales, many researchers have considered the total score on the PTGI as a single factor.
- Debate continues about whether these five subscales are best understood as distinct factors and whether a three-factor or five-factor version of the PTGI is better supported by the data.
- A recent study by Taku, Cann, Tedeschi & Calhoun (2008) provided support for the five factor PTGI.
- Further research is necessary to ascertain whether or not the factor structure will vary depending on particular characteristics of a sample or specific types of traumatic experiences.

Controversies

There are concerns expressed regarding the utility of the Post-traumatic Growth Inventory Instrument. As highlighted by Camille B. Wortman in Post-traumatic Growth: Progress and Problems:

- It is suggested that what is called growth in many studies may not be growth at all.
- Her analysis questions *How Prevalent Is Growth* and *What Constitutes Significant Growth?*
- If people say the crisis has made them stronger, should this be accepted at face value?

Controversies (cont'd.)

Wortman challenges the position which states that there are two factors that can facilitate post-traumatic growth:

- Cognitive Processing
- Disclosure

Wortman presents data indicating:

- Often, cognitive processing does not seem to be involved in growth.
- Those who do best following adversity frequently show little evidence of processing.
- There has been far too much optimism in assuming that others will respond to disclosures of distress with empathy and concern.

Post-traumatic Growth vs Resilience

Resiliency is the process of adapting well in the face of:

- Adversity
- Trauma
- Tragedy
- Threats
- Significant Sources of Stress:
 - Family & relationship problems
 - Serious Health Problems
 - Workplace stress
 - Financial Stress

Studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family.

Post-traumatic Growth vs. Resilience (cont'd.)

Resiliency is bolstered by relationships that create:

- Love and trust
- Provide role models
- Offer encouragement and reassurance

Several additional factors are associated with resilience, including:

- The capacity to make realistic plans and take steps to carry them out
- A positive view of yourself and confidence in your strengths and abilities
- Skills in communication and problem solving
- The capacity to manage strong feelings and impulses

Post-traumatic Growth vs Resilience (cont'd.)

In contrast to resilience:

- PTG refers to a change in people going beyond an ability to resist and not be damaged by highly stressful circumstances
- Involves a movement beyond pre-trauma levels of adaptation
- Possible that those who are highest on these dimensions of coping ability will report relatively little growth
- Primarily because these people have coping strategies that allow them to be less challenged by trauma.
- Possibly, the struggle with trauma may be crucial for post-traumatic growth

Post-traumatic Growth vs. Resilience (cont'd.)

Resilience in children exists prior to exposure to trauma or a stressful life experience.

- Resilient individuals have a high level of coping after trauma.
- The following factors are associated with resilience in children:
 - Above average communication skills, cognitive abilities, and problem-solving abilities
 - Positive beliefs about self and future talents, hobbies, and/or special skills
 - Ability to self-regulate behavior
 - Able to ask for help from adults
 - Stable, nurturing parent or caretaker and extended family
 - Supportive, positive school experiences
 - Consistent family environment such as family traditions, rituals, and/or structured routines
 - Strong cultural connections and cultural identity

Post-traumatic Growth vs. Resilience (cont'd.)

Post-traumatic Growth in children develops as a result of lessons learned from exposure to trauma or crisis (Tedeschi & Calhoun, 2004)

Post-traumatic growth is manifested in several clearly defined behaviors and thought patterns not necessarily present prior to exposure (Turner & Cox, 2004)

Post-traumatic Growth vs. Resilience (cont'd.)

Experiences that children and adolescents may have that are associated with post-traumatic growth include (Tedeschi & Calhoun, 2004; Ungerleider, 2003):

- Feeling more compassion and empathy for others after personal trauma or loss
- Increased psychological and emotional maturity when compared to age-related peerships
- Increased resiliency, the ability to “bounce back”
- A more complex appreciation of life when compared to age related peers
- A deeper understanding of one’s personal values, purpose, and meaning in life
- A greater value of interpersonal relations

Recommended Resources

Title: DCoE Children of Military Service Members Resource Guide

Author/Source: Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury

Link:

<http://www.dcoe.health.mil/Content/Navigation/Documents/DCoE%20Children%20of%20Military%20Service%20Members%20Resource%20Guide.pdf>

Title: After Deployment Website

Author/Source: A DoD-sponsored website

Link: <http://www.afterdeployment.org>

Title: When a Child's Parent Has PTSD

Author/Source: Jennifer L. Price, PhD

Link: http://www.ptsd.va.gov/professional/pages/pro_child_parent_ptsd.asp

Title: How Deployment Stress Affects Children and Families: Research Findings

Author/Source: National Center for PTSD

Link: <http://unitedchildrenofveterans.com/>

Title: Helping Parents Cope with Disaster

Author/Source: CDC Tip Sheet

Link: <http://www.bt.cdc.gov/mentalhealth/pdf/Helping-Parents-Cope-with-Disaster.pdf>

Recommended Resources (cont'd.)

Title: Effects of Soldiers' Deployment on Children's Academic Performance and Behavioral Health

Author/Source: The Rand Corporation (Amy Richardson, Anita Chandra, Laurie T. Martin, Claude Messan Setodji, Bryan W. Hallmark, Nancy F. Campbell, Stacy Hawkins, Patrick Grady)

Link:

<http://www.dcoe.health.mil/include/exitwarning.aspx?link=http%3A//www.rand.org/pubs/mo-nographs/MG1095.html>

Title: When war's trauma spills over to the kids

Author/Source: Robin Rowland, CBC News

Link: <http://www.cbc.ca/news/background/health/posttraumaticstress-kids.html>

Title: Helping Children Cope with Tragedy-Related Anxiety

Author/Source: Mental Health America (formerly the National Mental Health Association)

Link: <http://www.mentalhealthamerica.net/go/information/get-info/coping-with-disaster/helping-children-handle-disaster-related-anxiety>

Title: Deployments, Homecomings, Changes

Author/Source: Sesame Workshop, a non-profit organization behind Sesame Street

Link: <http://archive.sesameworkshop.org/tlc/>

Contact Info

866-966-1020 Toll Free

www.dcoe.health.mil

resources@dcoeoutreach.org

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