Posttraumatic Growth and Posttraumatic Stress Disorder

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Most people have heard of Post-Traumatic Stress Disorder (PTSD), Post-Traumatic Growth (PTG) is an alternate outcome to those who have suffered psychological trauma and/or stress.

PTSD is an anxiety disorder characterized by inability to cope with life's stresses, emotionally numbness, confusion, altered sense of time, impulsive behavior and rapid mood swings. PTG has, at it's core, improvements in life areas such as relationships, personality, spirituality and the ability to take care of oneself and others with a greater appreciation of life, being open to new possibilities and an increased sense of personal strength.

Both of these are a result of how an individual reacts to having been through stress of some sort. Stress is the common theme, the response can be much different, leading to improvement (PTG) or harm (PTSD). PTG is an ongoing coping mechanism that is brought to other parts of one's life. Mental health therapists can help convert PTSD to PTG.

PTG is associated with 5 character traits that are present before the trauma;

- 1. Interpersonal traits such as humor, kindness, leadership ability
- 2. Thinking abilities such as creativity and curiosity
- 3. Fortitude such as honesty, bravery and judgement
- 4. Temperance; forgiveness, modesty, and fairness
- 5. Transcendence, gratitude, hope & zest

Other personality traits such as being outgoing, open and agreeable/getting along well with others, perseverance and effort in activities also promote PTG over PTSD after trauma.

Finding benefit of the trauma after the trauma, helps promote long-term growth and maintenance of PTG Being able to "see the bright side" is very helpful for this. Having strong religious beliefs leading to the ability to accept what has happened is important for PTG after trauma/ stress. Those who develop PTG generally value life more, have greater patience, creativity, honesty, broader perspectives, better relationships, self esteem, coping skills and sense of fairness. They are more likely to assume leadership roles and become more valued members of society and better employees.

Therapists generally work with a variety of techniques to build PTG including Proonged Exposure to Therapy, Cognitive (thinking change) therapies, Dialectical Behavior Therapy & Mindfullness, and Journaling.

Prolonged Exposure therapy involves imaging a revisit o the traumatic memory, recounting the memory aloud and discussing it immediately for brain processing. Exposure to safe but trauma

related situations that the patient fears and avoids with psychoeducation and training in slow-breathing and relaxation techniques during the exposure; "facing your fears from a safe place".

Cognitive (thinking) therapies challenge the "automatic thoughts" that the memories bring up usig themes of safety, trust, power & control, intimacy and self-esteem. These therapies are typically done by the patient writing about the experiences with the therapist available to help them when they get "stuck" at certain points along the story of their trauma. Trcking automatic thoughts and beliefs are the focus of this form of therapy. This form of therapy can be combined with the Prolonged Exposure technique's use of relaxation techniques, imaging and exposure to objects related to the trauma.

Dialectical Behavior Therapy (DBT) & Mindfulness focuses on improving interpersonal effectiveness, mindfulness, emotional regulation/steadiness nad distress tolerance with an emphasis on wholeness, inter-relatedness and change as fundamental characteristics of reality. It can also be used in combination with the Prolonged Exposure types of therapy. DBT improves patient tolerance, has a low dropout rate and increases the effectiveness of exposure therapy. It frequently is used before prolonged exposure in order to put the patient in the right mind-set.

Journaling helps patients to emotionally and cognitively process traumas by allowing them to organize their thoughts and feelings into a sensible story. This can also be done with the aid of a therapist to help provide insight and help with processing the events that caused the trauma.

Rehabilitation counselors can help change from PTSD to PTG by providing social support and a therapeutic alliance, development of positive coping and rumination (thinking, processing) styles and changing the narrative of what happened into a more sensible story of the events involved in the trauma while growing through the experience.

Rumination is the act of reflecting on, remembering, recalling and trying to make sense in a larger picture of what significance the trauma/stress has had on one's life. Posite reappraisal, acceptance coping and religious coping have been found to be the most effective coping strategies for development of PTG. Coping styles to avoid include wishful thinking, dissociation, suppression of negative material and are related to increases in PTSD.

Maladaptive coping styles are common with PTSD. Rumination is essential to the coping process. There are two major types; brooding, a passive comparison of ones current situation with some unachieved standard and reflective rumination, a purposeful tuning inward to engage in cognitive problem solving in order to relieve stress and depression. Brooding has a bad outcome, reflection provides growth. There is a good mneumonic to help understand reflective rumination; TRAP-Trigger (usually something in the environment sucha s loud sounds), Response (often an emotional reaction Eg. Extreme fear), Avoidance Pattern (used to cope with the emotional response, Eg numbness/paralysis), Therapists can help guide from RAP to TRAC which involves Alternative Coping strategies.

The ACTION acronym provides steps for the patient to take when identifying and examining effects of avoidance coping styles: 1)Access-determine if behavior is avoidant or self-deprecating; 2) Choose—either to continue the behavior, even if it makes me feel worse or try a new behavior (such as religious coping, acceptance, positive reframing); 3) Try—the chosen

behavior; 4) Integrate-the new behavior into a routine to test it's effectiveness; 5) Observe the results; 6) Never give up, remembering that change often takes repeated efforts.

Schema and Narrative Change

Trauma/stress can invalidate prior belief of a safe and secure world. Traumatized patients need to learn to detach from over-generalized negative assumptions of the world and develop more complex beliefs that account for the trauma while still providing a positive view of the world through rumination by confronting the trauma and developing a schema that accounts and allows it.

A revision is one's schema is also a revision of the life narrative. This reconstruction is essential to healing. It may involve single or group therapy, discussions of what has happened and how beliefs have changed and/or journaling the experience with assistance from the therapist in a supportive environment. Therapy involves rebuilding the schema taking into consideration personal relationships, cultural context, spiritual beliefs and family values.

Therapists can help guide the narrative n a healing direction. Negative effects must be avoided including A) Dominant narratives resulting from organizing the narrative under a single all-encompassing cohesive label with the client viewing self as "nothing but a case of PTSD"; B) Disorganized narratives resulting from unresolved impulsive ruminations that disrupt the reconstructed narrative invalidating the critical life theme; C) Dissociated narratives resulting from denial of vital aspects of the trauma or the entire trauma itself.

The therapists job is to help patients externalize these labels, revise dysfunctional narratives and develop healthy coping styles based on a new schema.

Finally, social support is a key ingredient for PTG development. This is provided with a combination of family therapy, peer therapy nd the therapeutic relationship. With an understanding of the basic therapeutic principles necessary for the facilitation of PTG such as the enhancement of specific positive and religious coping styles and reflective rumination, schema reorganization and narrative reconstruction and the inclusion of social support, counselors can help facilitate PTG and move forward with successfully rehabilitating patients into the workforce.