

Non-Drug Treatments of Trauma Symptoms and Posttraumatic Stress Disorder (PTSD)

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Traumatic events are relatively common in the lives of childbearing women. According to the U.S. National Center for PTSD, 51% of American women have been exposed to at least one potentially trauma-producing event in their lifetimes, and 6% have been exposed to four or more. Fortunately, exposure to traumatic events does not automatically lead to a diagnosis of PTSD (American Psychiatric Association, 2004).

But women are twice as likely as men to meet full diagnostic criteria (10.4% of women vs. 5% of men). And even when they don't, up to one third can have symptoms of trauma that impair their physical and mental health (Kendall-Tackett, 2003; Kendall-Tackett, 2005).

The National Center for PTSD lists the most common traumatic experiences for women as rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse (www.ncptsd.va.gov). Trauma in the perinatal period can also be caused by previous pregnancy loss, preterm birth, neonatal death, or a frightening or life-threatening birth experience (Kendall-Tackett, 2005; 2010).

Diagnostic Criteria for PTSD

Screening questions can indicate whether patients have experienced traumatic events. However, a formal diagnosis of PTSD is more exacting. According to *Diagnostic and Statistical Manual IV TR* Criteria (American Psychiatric Association, 2000), and the American Psychiatric Association's Practice Guidelines for PTSD (2004), a diagnosis of PTSD requires a discernible traumatic event, one that victims perceive as life-threatening for themselves or a loved one. The victim must have responded with fear, helplessness or horror. In addition, there must be symptoms in each of three clusters: 1) Re-experiencing, 2) Avoidance/numbing, and 3) Hyperarousal.

Re-experiencing includes frequent intrusive thoughts of the event via nightmares or repetitive daytime thoughts. Avoidance includes numbing, avoiding situations that remind them of the traumatic event, and even amnesia about all or part of the event. Hyperarousal includes persistent jumpiness, sleep disturbances, poor concentration, and chronic activation of the sympathetic nervous system. Depression, another manifestation of chronic hyperarousal, is a common co-occurring symptom that must be addressed as well.

Treatments for PTSD and Trauma Symptoms

Comprehensive trauma treatment involves a wide range of activities including patient education, peer support, and trauma-focused psychotherapy--all of which are compatible with breastfeeding. There are also medications that can be added to the treatment regimen. While medications are useful adjuncts, they are not the primary treatments for PTSD and are described in an article entitled, *Medications for Trauma Symptoms and PTSD in Pregnant and Breastfeeding Women*. Non-drug treatments are described below.

Psychoeducation and Peer Counseling

The role of both psychoeducation and peer counseling is to help clients understand their experiences and their reactions in the wake of traumatic events. Clients are given information on how to avoid secondary exposure to the event, how to reduce stress responses, and where to go if they need ongoing support. By understanding that their reactions are predictable after traumatic events, clients are less likely to blame themselves and are more likely to comply with treatment.

Trauma-focused Psychotherapy

The two most effective therapies for PTSD and trauma symptoms are cognitive behavioral therapy and EMDR. As non-drug treatments, they are both safe for pregnancy and breastfeeding.

Cognitive-Behavioral Therapy. The focus of cognitive therapy, in general, is to help clients identify faulty ways of thinking that increase the risk of depression, and challenging those beliefs with more accurate cognitions. In trauma treatment, this same approach targets distortions in clients' threat appraisal processes, and helps to desensitize them to trauma-related triggers (i.e., events that remind them of the traumatic event; American Psychiatric Association, 2004). CBT is a highly effective approach and variants to this approach include exposure therapy and stress-inoculation training (Friedman, 2001; Kendall-Tackett, 2003).

Eye Movement Desensitization and Reprocessing (EMDR). In EMDR the client is instructed to focus on the image, negative thought, and body sensations while simultaneously moving his/her eyes back and forth following the therapist's fingers as they briefly



move across his/her field of vision. Eye movements are the most commonly used external stimulus. But therapists often use auditory tones, tapping, or other types of tactile stimulation. Clients can simply think about their traumatic experiences, rather than having to verbalize them. This technique has proven highly effective in reducing symptoms after a few sessions, and has been approved by the American Psychiatric Association and the U.S. Veterans Administration for treating PTSD. Certified practitioners of EMDR are available in many parts of the world. An international list of practitioners can be found at the EMDR Institute (www.emdr.com) or the EMDR International Association (www.emdria.com).

Summary

Trauma symptoms and PTSD are both treatable conditions, with a wide array of treatment options available. Non-drug modalities are frontline treatments for PTSD. And all of these modalities are safe for pregnant and breastfeeding women.

References

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