POST TRAUMATIC STRESS INFORMATION BOOKLET
- ITALY-

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Information booklet - Italy

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1. What is Post Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental condition characterised by a range of emotional and behavioural symptoms that occur after a traumatic event. Symptoms may include nightmares, flashbacks, avoidance of situations or people reminiscent of the traumatic event, irritability, difficulties to concentrate, hypervigilance and an increased stress response.

There are several risk factors for post-traumatic stress disorder. Studies with a psychodynamic orientation have found that things are not quite the way the DSM (Diagnostic and Statistical Manual of Mental Disorders) proposes. In fact, although one cannot ignore the objective and catastrophic characteristics of a stressful event, this does not mean that the subject must necessarily develop a post- traumatic syndrome. The diagnosis of PTSD requires that the symptoms are always a consequence of a critical event, but having had a critical experience in itself does not automatically generate a post-traumatic disorder.

There are differences between trauma and stress. Fonagy and colleagues (2002) have afferme that the reaction of a traumatised subject to a stressor falls within a 90-10 ratio, meaning that 10 per cent of his or her emotional reaction is based on the current stressor and 90 per cent is based on the past traumatic stress factor. This 90-10 ratio emphasises the need not to make the concept of trauma coincide with the objective nature of the stressful event, but to link it to the more or less significant presence of psychological vulnerabilities that may lead the subject to respond to the current stressor in a dysfunctional manner, developing the symptoms of a post-traumatic stress

disorder.

From this point of view, trauma does not precede or coincide with, but rather follows stress. So what predisposes only a small proportion of trauma survivors to develop PTSD? In terms of specific vulnerability factors for the disorder, there is evidence that certain characteristics of traumatic events are more likely to trigger PTSD. The onset of the disorder is more likely after prolonged trauma or after interpersonal traumatic events. For example, there are significantly lower rates of the disorder following natural disasters (typically 5-10%).

Post-Traumatic Stress Disorder (PTSD) is a mental problem that can develop as a result of exposure to traumatic events, such as accidents, assaults, terrorism or threats to life. This disorder can cause great psychological distress and impair the ability to interact socially, work and perform other important activities in an individual's life.

PTSD is a form of mental disorder that can occur after a person has been exposed to a traumatic event, such as being involved in a car accident, an earthquake, a sexual assault, an act of terrorism or any other threat to life. Traumatic events can cause a series of psychological sofference for an individual, which can be extremely difficult to manage and overcome.

To diagnose PTSD, it is necessary for the person to experience a series of intrusive symptoms related to the traumatic event, such as recurrent memories, unpleasant dreams and dissociative reactions. In addition, it is necessary for the person to manifest persistent avoidance of stimuli associated with the traumatic event and negative changes in thoughts and emotions related to the traumatic event.

2. How to reinforce the psychological resilience of the military

The military can reinforce its resilience through various strategies, including:

1. Regular exercise: physical activity can help reduce stress, improve mood and promote a feeling of general well-being.
2. Meditation and relaxation practices: meditation and deep breathing can help reduce anxiety and stress, improve concentration and increase resilience.
3. Social support: having a support network is important for resilience. Soldiers should try to surround themselves with friends and family members who can offrire emotional support and backing during difficile moments.
4. Psychotherapy: psychotherapy can help soldiers process trauma and stressful events, improve their coping skills and increase their resilience.
5. Education on trauma processing: Learning how to process and manage traumatic events can help prevent the development of post-traumatic disorders and increase resilience.
6. Adaptation to new situations of coping with new situations and learning to manage them can help build resilience in the long term.
7. Planning and scheduling: Having a plan and a goal can help to keep perspective and not lose sight of long-term objectives.

In general, it is important that soldiers have access to adequate resources to handle stressful events and that they actively work to build and maintain their resilience.

3. How to encounter the stigma associated with mental health and psychological services in the military

To afftreat the stigma attached to mental health problems in the military, several strategies can be used, including:

1. Education: providing information and training on the subject of mental

health to military personnel and leaders can help dispel preconceived ideas and promote greater understanding and acceptance of mental health problems.

2. Awareness-raising campaigns: organise awareness-raising campaigns to raise awareness and understanding of mental health problems, and encourage soldiers to seek help if needed.

3. Psychological support: provide psychological and therapeutic support to soldiers who soffronof mental health problems, so that they can receive efficute and appropriate treatment.

4. Culture change: work to change the military culture so that it is more acceptable and encouraging for military personnel to seek help for mental health problems.

5. Anonymity: ensure anonymity for those requesting help, so that military personnel do not have to worry about possible negative consequences for their careers.

6. Supportive leaders: encourage military leaders to be open and supportive towards mental health problems and to encourage their subordinates to seek help.

7. Job protection: ensuring that soldiers who seek help for mental health problems do not suffer negative consequences for their professional career.

8. Ongoing support: provide ongoing support to military personnel who have sought help for mental health problems, to ensure they receive the treatment and support they need to recover and resume their service.

Post-Traumatic Stress Disorder in the Military Context

There are a variety of traumatic situations that can cause the development of Post Traumatic Stress Disorder (PTSD), some examples are: extreme natural events such as floods, fires, earthquakes, hurricanes and tsunamis;

situations of war, violence and threat of death; car accidents, robberies, air disasters; illnesses with poor prognosis; complex and traumatic bereavements, whether witnessing the death or involving a loved one; jobs that expose one to traumatic events such as those performed by the military, police or rescue personnel. The severity of the trauma, the perception of threat and the frequency of traumatic events are determining factors in the development of PTSD. Traumas can be single or multiple and can be divided into two categories: 'major' traumas, i.e. those involving the perception of an immediate danger to life, and 'minor' traumas, i.e. those involving a perception of danger but without extreme consequences.

The cognitive reworking method

The method in question aims to help clients deal with Post- Traumatic Stress Disorder (PTSD) and emotional disturbances through comprehensive trauma processing, acceptance of the traumatic event and the adaptation of pre-existing schemas to include the new information. A key point of therapy is the identification and modification of so-called 'stuck points', i.e. areas of incomplete processing, often manifested in the form of cognitive distortions such as denial, self-blame and over-generalisation. The assessment of stuck points is a constant aspect during the therapeutic process, focusing mainly during the core treatment sessions.

The causes of stuck points can be varied, generally they are form because the trauma conflicts with pre-existing schemas, but also because other people inculcate conflicting information, or because the patient uses avoidance as a defence strategy, or because the patient has no valid schemas to classify the traumatic event.

To facilitate trauma processing, CPT uses information, exposure, and cognitive restructuring means, the therapist provides information

about PTSD and demonstrates the relationship between thoughts and emotions, stuck points are brought to light by prompting memories of the trauma with related affects, then erroneous or conflicting beliefs are questioned and resolved, the therapist focuses particularly on the effects of the trauma on the five areas of functioning identified by McCann et al. i.e. safety, trust, power, esteem and intimacy, naturally different traumas can particularly affect some of these areas. According to Resick and Mechanic's clinical observations, it is easier to restore positive beliefs in crisis than to change entrenched negative beliefs.

The Neurofeedback method

Neurofeedback lends itself particularly well to supporting active duty military for several reasons. Firstly, it allows the subject's arousal level to be altered in a controlled and precise manner, enabling any mission-related stress or anxiety states to be better managed. Secondly, in difference from traditional biofeedback, control is bidirectional, allowing the soldier to move to a higher or lower arousal level as needed. Third, with neurofeedback one can operate over a wide and variable range of electroencephalogram (EEG) frequencies and scalp positions, making it possible to be more specific in the search for targets and fine-tuning of details.

Both basic approaches have their advantages. Targeting specific, focusing on conditions with a strong cortical representation, such as diffispecific learning disabilities, is appropriate for problems with a strong mission-related brain component. More general, mechanism-based targeting, on the other hand, is appropriate for the deeper, diffuse and non-specific dysregulation that characterises many of the mental health problems associated with military service.

A recent study explored the effect of neurofeedback on a person's arousal state, focusing on tonic rather than phasic arousal. Neurofeedback training guides the person to an arousal level that allows them to explore their 'state space'.

The immediate objective is to identify the person's comfort zone, i.e. the point at which neurofeedback training can best be tolerated. This comfort zone is highly individual and registers the person's characteristic arousal level.

Arousal can be thought of as a composite of many specific activations, such as cognitive arousal, arousal of the autonomic nervous system and activation of the executive control system. Each neurofeedback training influences the arousal state in general and, through the use of specific electrodes, it is possible to influence the activation of certain systems.

Neurofeedback was used to support veterans with Post- Traumatic Stress Disorder (PTSD). Among the veterans who agreed to undergo this therapy, positive results were obtained for two of them.

The veterans who participated in the study presented a range of symptoms including intrusive memories, panic attacks, irrational fears, frequent headaches, hypervigilance, mood swings, anxiety and depression, fatigue, anger, chronic pain, bruxism and gastrointestinal problems.

To identify the optimal conditions for training, electrodes were placed in different areas of the scalp and a signal was sent at different hertz frequencies, starting at a low level and gradually increasing. This made it possible to characterise the response of the nervous system.

Once the optimal condition was identified, the signal was sent at specific frequencies to different parts of the brain to re-educate the nervous system, exploiting the neuroplasticity of the brain.

The immediate goal of this technique is to improve the nervous system's ability to self-regulate, using the protocols to which each nervous system

responds. Symptoms are only reference points of progress, determining only the training procedures in a general way.

4. How to treat PTSD

The treatment of Post-Traumatic Stress Disorder (PTSD) begins with a careful assessment and the creation of a specific treatment plan for the patient. During this phase, it is important that the patient and their family members are informed about how PTSD works and how it affects their lives and those around them. In addition, the patient is encouraged to mentally review the traumatic event in order to examine it in a safe and controlled manner. Therapy aims to process the patient's emotional experience, such as anger, shame or guilt, often associated with trauma. In addition, the patient learns to better manage post-traumatic memories, reactions and feelings, so as not to be sopraffected by them but at the same time avoiding emotional repression.

Trauma therapy is divided into three phases according to Friedman. First, a trusting relationship and a safe environment to access the patient's t rauma material is established. Next, it focuses on the exploration and examination of the traumatic material, as well as intrusive memories and avoidance/understanding symptoms. Finally, the patient is helped to detach from the trauma and reconnect with family, friends and society. Once this third stage is reached, one can focus on the problems of the present, such as marriage and family.

Some therapy techniques for trauma

The treatment of Post-Traumatic Stress Disorder can be effected through different therapeutic techniques, including cognitive- behavioural psychotherapy. The aim of this type of therapy is to help the patient identify and control negative thoughts and beliefs related to the traumatic event and to

develop more efficacious alternatives in thinking and behaviour. Cognitive-behavioural therapy also aims to identify logical errors present in the patient's beliefs and to replace them with more realistic and useful ideas.

The treatment of Post-Traumatic Stress Disorder (PTSD) in the military requires a specific approach, as soldiers may be exposed to unique and intense traumatic events such as war and combat missions. One of the techniques used to treat PTSD in the military is exposure. This method consists of having the patient relive the traumatic event in his or her imagination and tell the therapist about it, so that he or she can manage and control his or her fears. The exposure procedure, if gradual, allows the patient to recover the social and everyday functions that he/she has lost due to acute anxiety symptoms and anticipatory anxiety syndrome. It is important that the patient and his/her family members are informed and involved in the planning and execution of the exposures to ensure full cooperation and efficacious treatment.

The re-labelling of somatic sensations consists of discussing with the soldier the nature of the different physical sensations he/she is experiencing. Through this conversation, an attempt is made to realistically categorise and understand the symptoms of anxiety as a consequence of post-traumatic stress disorder. This method helps the soldier to understand the causes of the individual symptoms and to see them as a normal part of the condition, instead of seeing them as something extraordinary and frightening.

"Stress management techniques: the use of relaxation methods and controlled breathing enables the soldier to have an efficable means of managing tension and stress on a daily basis."

The process of identifying and modifying negative thoughts associated with the traumatic event through cognitive restructuring is important to help the

soldier become aware of his or her thought patterns and how they influence his or her emotional state. In addition, the involvement of family members can be helpful in gaining cooperation in implementing live exposure techniques and managing relationships within the family.

EMDR is a psychotherapeutic technique developed to help military personnel who have experienced trauma, through desensitisation and reprocessing using eye movements during the re- enactment of the traumatic event to overcome the trauma and resume or accelerate the processing of information related to the trauma.

Out-of-session activities: Another important component of treatment is the performance of activities between sessions, known as 'homework' or homework. It is important to emphasise the importance of following these tasks as they often have a specific purpose and are necessary for treatment progress. Specific activities are designed in collaboration with the military and may include the recording of diaries on specific targets, the use of cards to analyse cognitions related to traumatic events or the practice of relaxation techniques.

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