

# AU InforMed

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## Key Inforbits

- National PTSD Awareness Month
- Common Misconceptions about PTSD
- PTSD Diagnostic Criteria
- Common Medications to Treat PTSD
- Recent Developments in PTSD
- Counseling Options

## National PTSD Awareness Month

In 2014, the US federal government began recognizing June as Posttraumatic Stress Disorder (PTSD) Awareness Month, and June 27th as National PTSD Awareness Day.<sup>1</sup> Many organizations, including the US Department of Veterans Affairs, the Wounded Warrior Project, and the National Center for PTSD host virtual activities and social media campaigns throughout the month of June to highlight information about PTSD, including symptoms and available treatments. The PTSD Foundation of America also offers "Camp Hope", an interim housing facility created to aid veterans in their journey towards healing various traumas.<sup>2</sup>



### Common Misconceptions about PTSD<sup>3</sup>

Do traumatic events always cause PTSD?	NO, there is a common misconception that experiencing a traumatic event will always lead to PTSD; this is untrue. A variety of factors play a role, such as family history of PTSD, stress, access to support, and other mental disorders.
Does PTSD only happen to those in the military or first responders?	NO, while many veterans and first responders may have higher exposures to trauma, that does not mean it only applies to them. Anyone can experience a trauma, and even those who were not directly involved but may have witnessed an event can still develop PTSD.
Does PTSD develop due to mental weakness?	NO, PTSD in no way means a person is weak or there are flaws in their makeup; PTSD is simply a response to a traumatic experience and occurs naturally.
Are people with PTSD dangerous?	NO, major films love to portray mental illness as something to be scared of. This is not the case. Most persons with PTSD are actually more likely to be a victim than a perpetrator in violent behavior.
Can people with PTSD be treated?	YES, People with PTSD have many options to work with and treat their illness, such as therapy, medications, and support groups.
Can People with PTSD function normally?	YES, Many believe people with PTSD are "unhinged" and "unreliable", with proper treatment and access to support, many can live a normal life.
Does PTSD go away over time?	DEPENDS, when accessing treatment and seeking talk therapy, PTSD symptoms can go away with time, as patients can learn to break the association in their mind. However, symptoms and triggers may always be present, and if treatment is not sought out, these associations can continue to be a source of stress for the patient.
Do all people with PTSD have the same symptoms?	NO, PTSD symptoms are vastly different for everyone. Symptoms vary based on the trauma and the person themselves.

## PTSD Diagnostic Criteria<sup>4</sup>

1. Exposure to actual or threatened death, serious injury, or sexual violence
2. Presence of one of the following:
  - a. recurring, involuntary, or intrusive memories
  - b. Recurring dreams related to the traumatic event
  - c. flashbacks in which the traumatic event feels as if it is recurring
  - d. intense or prolonged psychological distress to cues that symbolize the event
  - e. physiological reaction to cues that symbolize the event
3. Persistent avoidance of distressing thoughts, memories, or external reminders of the event
4. Presence of two of the following negative alterations in cognition and mood following the traumatic event:
  - a. difficulty remembering important aspects of the traumatic event
  - b. persistent negative beliefs about oneself or the world
  - c. excessive self-blame or blaming others for the trauma
  - d. Ongoing negative emotions
  - e. Reduced engagement in enjoyable activities
  - f. feelings of detachment from others
  - g. trouble feeling positive emotions
5. Alterations in arousal or activity, such as irritability or angry outbursts, engaging in dangerous or self-destructive actions, being constantly on edge or alert, an exaggerated response to being startled, trouble focusing or maintaining attention, problems falling or staying asleep
6. Duration of disturbance is greater than 1 month
7. Symptoms create functional impairment or distress
8. Symptoms are not due to the physiological effects of a substance such as medication, alcohol, or another medical condition



## **Current PTSD Treatments**<sup>5</sup>

The 2025 guidelines from the American Psychological Association (APA) currently do not recommend drug therapy as first-line PTSD treatment, but rather Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and Prolonged Exposure. All 3 of these interventions are forms of Cognitive Behavioral Therapy.

**CBT**: a form of therapy that focuses on the relationships between feelings, thoughts, and actions, and targets the patterns of these behaviors that lead to a difficulty in functioning.

**CPT**: a type of therapy that teaches patients how to modify unhelpful thoughts and beliefs related to the trauma(s) they have experienced

**Prolonged Exposure**: a type of therapy that teaches participants to gradually approach trauma-related memories to learn that they are not dangerous and do not have to be avoided

As part of second-line therapy, the APA guidelines continue to endorse the importance of CBT, but also incorporate 2 other forms of psychotherapies (Eye Movement Desensitization and Reprocessing Therapy and Narrative Exposure Therapy), as well the addition of a selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI).

**Eye Movement Desensitization and Reprocessing Therapy (EMDR)**: a type of therapy that has the patient briefly focus on a trauma memory while experiencing bilateral eye movements to reduce the vividness and emotion of the memories

**Narrative Exposure Therapy (NET)**: a type of therapy that teaches participants how to establish a coherent life narrative in which the experienced trauma is properly contextualized

**SSRIs/SNRIs**: Fluoxetine, Paroxetine, and Sertraline (SSRIs) and Venlafaxine (SNRI) have shown moderate symptom improvement in PTSD symptoms and remain the only medications conditionally recommended for the treatment of PTSD in the APA Guidelines

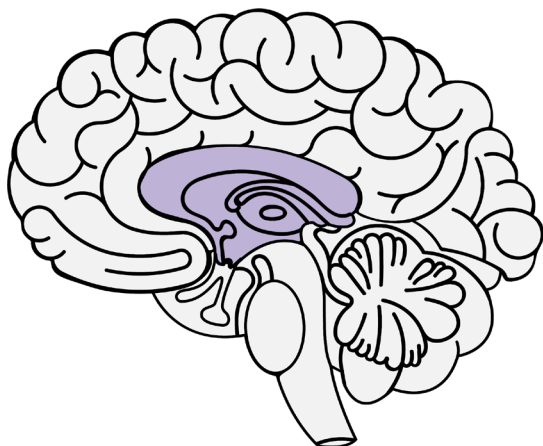
## **Recent Developments in PTSD**

1. A recent Phase 1 trial out of the University of Texas at Dallas and Baylor University demonstrated that those with treatment-resistant PTSD were symptom-free for 6 months when treated with traditional therapy along with vagal nerve stimulation. Investigators paired the therapy sessions with concurrent short blasts of vagal nerve stimulation through a small device inserted in the patient's neck. All 9 patients in the trial remained symptom-free. The next step is a phase 2, double-blind, placebo-controlled trial, ongoing now.<sup>6</sup>
2. New research from Virginia Tech shows that a protein has been discovered that is a mechanism for PTSD in women. PTSD is more common in women than men. The protein, Ubiquitin, and the form K-63, were found to be able to be manipulated in forming fear memories in the female brain. This research is now being used to formulate gender specific targets for the treatment of PTSD.<sup>7</sup>
3. Dr. Stephen Ross from NYU has pioneered a study in cancer patients. He treated half his patients with psilocybin, a psychedelic compound found in "magic mushrooms", and found that it helped reduce psychological stress. This compound has also been studied in mice. It has been found to stimulate neurogenesis and initiate growth and repair in the hippocampus, which is the center for emotion and memory. Dr. Ross believes that if this compound can be tested in PTSD patients, it could provide significant psychological relief from the fear and anxiety symptoms brought forth by PTSD.<sup>8</sup>

## **Auburn Campus Counseling Options**

At Auburn University, students experiencing post-traumatic stress disorder (PTSD) can find support through Student Counseling & Psychological Services (SCPS). SCPS offers a variety of clinical services that are confidential, free for enrolled students, and specific to the individual's needs. These services include individual therapy, group therapy, and psychiatric services. Students may begin the process by scheduling an initial appointment, where a counselor will help the student determine the best form of care. SCPS also helps connect students with community providers for those requiring long-term PTSD treatment.

SCPS also provides trauma-informed counseling for students dealing with issues such as grief, trauma, and loss, interpersonal violence, or sexual assault, all of



which may relate to PTSD. Individual counseling offers students the opportunity to work with a counselor to define concerns and set meaningful goals in a safe and supportive environment. Additionally, group counseling can be an especially effective and powerful form of therapy for PTSD, offering peer connection in a confidential setting.

To explore counseling options, students are encouraged to contact SCPS at 334-844-5123 or visit their offices in the Auburn University Medical Clinic or the Haley Center. More information about mindfulness, crisis intervention, and other helpful resources can also be accessed through the SCPS website.<sup>9</sup>

### **South Alabama Counseling Options**

At the University of South Alabama, the University Counseling and Wellness Center (UCWC) offers support to students who may be dealing with PTSD. The center takes a collaborative, goal-focused approach to counseling, aiming to help students build the tools they need to manage their mental health and succeed both in and out of the classroom. UCWC works to meet students where they are and guide them toward meaningful progress.

Students typically begin with an initial consultation, where they talk through what they are experiencing and work with a counselor to come up with a plan for care. This might include individual or group counseling, referrals to other campus resources, or even support finding services in the community. If individual counseling is the best fit, students are paired with a specific counselor who will help create a personalized treatment plan. UCWC also works to connect students with the right resources outside of the university if long term care is warranted.

To make an appointment, students can visit the University Counseling and Wellness Center website through the University of South Alabama's homepage or call (251) 460-7051. Students may fill out an online form to request an initial consultation, and the staff will follow up to schedule your visit.<sup>10</sup>

## Nationwide Counseling Services & Helplines

- **988 Suicide & Crisis Lifeline<sup>11</sup>**  
Dial **988** - 24/7 free, confidential crisis support.  
Website: [988lifeline.org](https://988lifeline.org)
- **Veterans Crisis Line<sup>12</sup>**  
Dial **988**, then press **1** or text **838255** - Support for veterans and service members.  
Website: [veteranscrisisline.net](https://veteranscrisisline.net)
- **SAMHSA National Helpline<sup>13</sup>**  
Call **1-800-662-HELP (4357)** - 24/7 confidential help for mental health and substance use.  
Website: [samhsa.gov/find-help/national-helpline](https://samhsa.gov/find-help/national-helpline)
- **Give an Hour<sup>14</sup>**  
Free mental health services for those affected by trauma.  
Website: [giveanhour.org](https://giveanhour.org)
- **PTSD Coach App<sup>15</sup>**  
Free mobile app with coping tools and resources (iOS & Android).  
Website: [ptsd.va.gov/appvid/mobile/](https://ptsd.va.gov/appvid/mobile/)
- **National Center for PTSD<sup>16</sup>**  
Information and resources for PTSD (veterans and civilians).  
Website: [ptsd.va.gov](https://ptsd.va.gov)



### The last “dose” ...

“Trauma creates change you don’t choose. Healing is about creating change, you do choose”

- Michelle Rosenthal [a trauma recovery specialist, author, and mental health advocate.<sup>17</sup>]



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