

Transcript

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Guest:	Lisa-Ann Cuccurullo
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Dr. Colleen Becket-Davenport:

Welcome to the PTSD Bytes podcast, brought to you by the Department of Veterans Affairs National Center for PTSD. In this series, we talk to experts about post-traumatic stress disorder and mental health with a focus on free digital resources that can help. This is your host, Dr. Colleen Becket-Davenport.

Today we will be continuing our discussion from last episode when we started debunking PTSD myths. I'm joined today by Dr. Lisa-Ann Cuccurullo, who is a clinical psychologist and consultant for the National Center for PTSD's PTSD consultation program and NCPTSD's Mentor and Implementation Program.

Dr. Lisa-Ann Cuccurullo:

Hi. Thanks for having me.

Dr. Colleen Becket-Davenport:

So, last episode, we talked a lot about PTSD symptoms, and I'd like to open today's episode with another question about symptoms. I've heard some people say that PTSD is all in your head. Would you agree with this?

Dr. Lisa-Ann Cuccurullo:

Sometimes I wonder when people say all in your head, I think people might be talking about some of the cognitive symptoms related to PTSD – like having unhelpful thoughts and beliefs about what happened or why it happened. Some of these thoughts might include something like, if someone was in combat, 'my friend was hurt or killed in combat because I didn't do my job right, and that means I'm 100% at fault.' But PTSD has many symptoms beyond unhelpful thoughts and beliefs. In fact, besides having a trauma, PTSD has 20 other symptoms that we can identify and ask questions about. Some of these 20 symptoms look at people's behaviors and behavior change after their trauma experience, like being on guard or always looking out for danger, maybe even being easily startled. I want to acknowledge that there's lots of different types of symptoms for PTSD and each person doesn't have to have all 20 symptoms. Actually, they only need to meet a minimum of six symptoms out of those 20. So PTSD doesn't look the same for all people. Some might have more cognitive symptoms while others have more behavioral symptoms. That's why we encourage people to get out, get a good assessment of PTSD with a well-trained provider, so that they can determine if they have PTSD and what those symptoms look like for them.

Dr. Colleen Becket-Davenport:

I appreciate you acknowledging that there are many symptoms of PTSD and not everyone experiences the same symptoms, so PTSD might look different for different people. Although I think when people say that PTSD is all in their head, it seems like they're implying that it's not real or somehow made up. I'm sure you have thoughts about this belief.

Dr. Lisa-Ann Cuccurullo:

PTSD is real. What we know about PTSD as a mental health disorder is that it has serious implications in people's lives. But one unique thing about PTSD that those of us who assess for and ask questions about how a trauma has impacted someone's life, is that we have that point of the trauma. So we can ask about people's functioning or patterns of behavior before that event occurred and compare them to after the trauma has occurred. And because of that, we can really look at how people's lives have been changed and how the trauma has affected them.

Dr. Colleen Becket-Davenport:

So another myth we hear all the time is that once you have PTSD, you have it for life. And I really think this sends a message that PTSD isn't treatable, what do you say to that?

Dr. Lisa-Ann Cuccurullo:

Spreading the word about great treatment for PTSD is part of actually both of my positions at the National Center for PTSD. We have treatments that have excellent results. A way to learn more about treatment options and treatments that have great results is to visit the National Center for PTSD's Decision Aid. The Decision Aid is a tool that helps people compare treatment options that have great outcomes. And even within that tool, you can hear from Veterans that have successfully completed these treatments. And honestly, I love watching the videos because the Veterans are so inspirational and are generous to share their stories of treatment and their movement towards health. It can be a one-stop shop to learn about treatments that have great outcomes. When we talk about these treatments that have great outcomes, we mean that a little more than 50 out of a hundred people who engage and complete these treatments don't meet criteria for PTSD any longer. So when people say, "once you have PTSD, you have it for life," we actually have great treatments to show that that might not be true.

Dr. Colleen Becket-Davenport:

So bottom line is that PTSD is completely treatable, but some people might hear that 50 out of a hundred who complete treatment no longer meet criteria for PTSD and think, okay, so treatment only works for 50% of people. Do you have any reassurance or words of encouragement about those numbers?

Dr. Lisa-Ann Cuccurullo:

That's a great point. When we say treatment works, that could mean many things. In this instance, 50 out of a hundred don't meet criteria for PTSD any longer, but many people can still get benefits from treatment. In fact, they can have dramatic changes in the way they live their lives and experience much less distress. What we know is if you engage and complete these treatments, the odds of getting benefit are in your favor. So I encourage anyone who has experienced a trauma and has symptoms of PTSD to talk to a provider about what you want out of treatment. And together you can work to reach a treatment goal.

Dr. Colleen Becket-Davenport:

And what happens if people don't get treatment? Because another myth I hear is that PTSD will go away on its own with time.

Dr. Lisa-Ann Cuccurullo:

Yeah, I think many well-meaning people will often say to loved ones, “just give it some time.” But going to treatment for PTSD is a personal decision. Some research suggests that about 12 out of a hundred people will no longer have PTSD if they do no treatment and in fact, just give it time. But that's only 12 out of a hundred. So the odds aren't in your favor if you do nothing. So like I just shared before, we suggest that if your distress continues after your traumatic experience to go get an assessment to see if you have PTSD and to learn more about treatments.

Dr. Colleen Becket-Davenport:

Absolutely. I think that's good advice. But I think another reason that people don't seek treatment is this belief that PTSD treatment may be too painful. Or that talking about the trauma can make PTSD worse somehow. So what do you say to that?

Dr. Lisa-Ann Cuccurullo:

Like I shared before, getting PTSD treatment is a personal decision, and often someone's trauma experience is the worst thing that has happened to them. But what we also know is one of the hallmark symptoms of PTSD is avoidance. That can be avoidance of the memory, avoidance of things in the world that remind you of the event that happened to you. So it makes sense that talking about this experience can be hard when people are diagnosed with PTSD, especially if they are excellent at avoiding.

But like most life experiences, the more you do it, the easier it gets. So when you have a provider who has been well-trained in the diagnosis and the treatment of PTSD, you can get help with any discomfort that might come with treatment. I think anyone who is thinking about PTSD treatment should be engaging in some shared decision-making with their provider. And that is when you speak with your provider and talk to them about treatment options, how do these treatment options work in your life? How do they work with the symptoms that you're presenting with and sharing with your provider? We know that not all treatments work the same way. So we know some treatments might require more writing, some treatments might require more at-home or between-session practices. What you should also talk to your provider about is what you have time to do, what you're comfortable doing, and what works best in your life.

Dr. Colleen Becket-Davenport:

I love that point about shared decision-making because I think that that is so important for a good working relationship. But I also think it can be hard for people to open up to others or to find a therapist that they trust. I think there's this idea that if someone hasn't been through my trauma or even any trauma themselves, they can't possibly understand what I'm going through. Do you think there's any truth to that?

Dr. Lisa-Ann Cuccurullo:

That's something I've heard actually pretty often. I often remind the people that I have treated that about 60% of men and 50% of women have had a past experience of trauma in their lifetime. So trauma is more common than we might think. But responses to trauma look different from person to person. My job as a psychologist is to determine how someone's experience has influenced how they live their life everyday. So if you are a person who has had this thought, my guess is that you're looking for a therapist to know that your experience was life-changing. And to offer you empathy and support as you go through treatment. We've spoken a bit about how PTSD doesn't look the same for every person. With a supportive provider, they're going to focus on you, your experience, and how it has changed the way you live your life. And that's what helps us develop a treatment plan that can work for you.

Together, your provider is your partner. I bring my expertise of PTSD, but you'll bring your expertise of yourself and how this trauma has affected your life. And with that, it can be a winning team.

Dr. Colleen Becket-Davenport:

Interestingly, I think another belief that prevents people from seeking treatment is this idea that other people have it worse than me, so I don't need help. So what do you say to people who have said this to you?

Dr. Lisa-Ann Cuccurullo:

I try to remind people that their experience of trauma and PTSD is personal, and working on PTSD is about your personal experience. It's normal to compare yourself to other people and maybe even acknowledge other people's pain and suffering. But suffering is suffering. And we as providers look at everyone as an individual and help to alleviate your distress and suffering. Your distress is important and we want you to reach out for help.

Dr. Colleen Becket-Davenport:

Absolutely. Couldn't agree more. Thank you so much, Dr. Cuccurullo, for joining us on the podcast today.

Dr. Lisa-Ann Cuccurullo:

Thanks so much for having me and allowing me to bust some myths about PTSD.

Dr. Colleen Becket-Davenport:

And as a reminder to our listeners, you can learn more about effective treatments for PTSD and figure out which treatment might work best for you by checking out the PTSD Treatment Decision Aid. This decision aid can be found at www.ptsd.va.gov/apps/decisionaid/.

Dr. Andrea Jamison:

Hello, this is Andrea Jamison and I'm the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Show notes and more information are on our website, www.pts.va.gov/podcast. Thank you for joining us.