CASAT Podcast Network

So we're here again today with Dr. Trudy Gilbert-Eliot talking about how to support a spouse with post traumatic stress disorder.

Trudy, what are the most important things someone can do to be supportive of a person with PTSD?

Probably beyond any other thing is to understand your particular spouses symptoms.

So that would mean that you'd have to get somewhat educated about the symptoms of post traumatic stress disorder, learn about it so that you can actually discuss what you learned with your spouse.

So, so the diagnostic criteria for PTSD is very extensive, and so no two people with PTSD are gonna necessarily look the same.

And so even if you know somebody else who has it, your spouse may look entirely different.

And sometimes that can end up causing a problem, because you're gonna think, oh, he can't possibly have PTSD because he doesn't look like this other guy.

I know whether it's a coworker or friend or another first responder.

And so, um, so we really want to understand what their particular cluster of symptoms are.

Um, and also, I think one of the other things that's really important for family members, it's also a very big frustration for family members is our ability to understand another person is really limited by our own experiences.

So, if again, easy analogy, but if, you know, if you've ever been a parent and some other person tried to kind of give you some advice about parenting who'd never had Children, you're gonna have a tendency to very quickly dismissed every single thing that came out of their mouth because it's like, you have no idea what it is like to be a parent and and to have a baby or whatever.

So the same thing also applies, unfortunately too, if you have PTSD because you you really have a sense that your spouse really can't understand, and sometimes the spouses really wants to and comes from this very, very beautiful place of wanting to understand that there's a limitation and to really acknowledge that limitation, I think is actually the more helpful route to take to say yes, I I cannot even imagine what it must feel like for you that's much more helpful.

Um and then, so basically you acknowledge what you can understand and don't compare your experiences with theirs because their experiences are needed to there as well.

So we'll sometimes, for many of us, if you've ever had that experience, it feels very dismissive, so we just want to make sure that their experience gets to stand on their own, and certainly our experience gets to stand on its own, but I'm not comparing like, minds worse than yours or I know exactly how you feel, because no, actually I don't, there's no way I can know exactly how you feel.

Um and also really when it comes down to it, all of us feel supported in different ways bottom line and opening a dialogue about how to be supportive and how also you like to be supportive, so to be able to share that information, this is how I like to be supported or this is in in in in some ways to there's gonna be those ways we like to be supportive and that's gonna be tend to be our default, but that may not be what's actually most useful to that person.

So some of us really need to talk and talk and talk and talk about something and other people just need their handheld.

There's just different things that each of us need.

Um and so this can also be a great conversation to have with kids because to be able to start talking about openly with Children, like every person in the family has different needs and we want to have an open conversation about like, what do you feel like when you're really sad?

What would be most supportive to you?

What would could mom and dad do that would really help you when you're sad?

And then also, you know, like to be able to adults say like, and when I've had a really difficult day at work, this is something that would be really helpful for me.

Um my kids and I which uh I will probably share at some point in the future if if we do an episode of this podcast that will it'll fit into my kids and I used to have this thing called Family Council and one of the things which was so sweet of them, we were talking about mom, mom's transition home at one point and they actually came up with something and they all agreed that, That they wouldn't ask me any questions for 15 minutes is when I got home because they realized that I wasn't really very present for about the 1st 15 minutes and I was really distracted in that transition between work and home.

So I would go upstairs and I would change my clothes and then I would come home, come downstairs and then I'd be ready to answer questions.

And so it was just really so those kinds of things that we can share, what we need to be supported and what also what, what ways that we can be supportive and so that can be really helpful.

I love it.

It comes back to that awareness again in communication, right?

But being aware of what we need in communicating that what about the family overall does the family change as a result of living with someone with PTSD?

The, the answer to that is yes.

For the most part, I would say most families, if not all families do make some adjustments in order to live with the person with with PtsD and and that could be just again, a whole nother range sort of complementary range.

So for example, if the person with PTSD is having issues with anger, which is part of the symptom cluster and is a possibility.

Sometimes the family will end up making adjustments to deal with that family member who is angry and and so each different person and each different family is again going to try to figure out a way to cope with this particular symptom, some of the ways we cope with a symptom may be pretty functional and other ways we cope with the symptom can be very, very damaging or dysfunctional in a family.

So being able to notice those habits, those adjustments we make, even to the point of some families are walking on eggshells around the person with PTSD, which can end up being creating just a whole set another set of problems.

And also, quite frankly, the spouse themselves will acquire habits to cope with the person, the family will acquire habits.

And even when treatment is very, very successful, a lot of those habits remain in place.

So even though the family member, the with PTSD is no longer angry all the time, everyone's still walking on eggshells, no one is making, you know, asking certain things or asking for certain things or challenging the person in in certain ways.

So it becomes, it can become an issue that we end up having to, in the aftermath of treatment of the person with PTSD, we may actually have to work with the family to unravel some of those habits that usually I will tell you from just my own observation, they're creative, they are doing their very best with what they have.

It's just that when we are trying to cope in a really difficult situation, we're not always looking for what's best we're looking for, what works right now and sometimes what works right now is not best in the long run.

And so we do end up having to look at that, but that's not, that's not that's usually easier.

And after the person is stabilized, what are some of the biggest mistakes that you can make when living with a person with PTSD?

So I would say if you were gonna categorize things as a mistake just to be able to kind of look at like, okay, I don't want to get myself in this trap because it's going to end up creating those problems we were just talking about.

So that's that's where the mistake kind of gets held, one would be adjusting yourself to the point where your own needs go unmet because if you end up just focusing so much on this person who is definitely in a state of need that I start neglecting myself or the family starts neglecting themselves.

Then over a period of time there will be less and less and less to give it becomes this really difficult cycle that will get established in the family of, in a sense, self neglect and that this person's needs are more important than all of the rest of our needs combined.

And especially to in that sort of, that long haul sort of vision of it that becomes that can become very, very, very problematic.

Um and also I think one of the other big mistakes is not getting help when, when it's needed.

It's it's is to have some kind of, especially for really young families just entering the first responder world to already decide up ahead of time what are going to be some of the signals that as a family or as an individual, we need help and and to be able to make sure that you have those help systems established because I don't know about you.

But in my life I've noticed that if something falls into a pattern and I can figure out the pattern when it's a one or two or three, again, a scale of 1 to 10, it's one or two or three and it's already established as a pattern.

It's like man that is pretty straight forward and fairly uncomplicated to solve.

But if I wait all the way until a pattern reaches an eight or nine or 10, how entrenched it becomes.

It becomes overwhelming for a family sometimes to even begin to approach that or to get the help that's needed because it feels like they're, you know, being able to, you know, being asked to run a marathon, you know, the day after they've climbed to the top of Kilimanjaro or something.

So it's just really a difficult, it's really, really difficult.

Um Also, another thing, I think that's really important for family members to learn to do, which is again, nobody's fault if you don't know how to do it because honestly I didn't know how to do it when I first even became a therapist, which is to to learn how to have a variety of ways of checking in with someone instead of some kind of just trite way like how you doing because because sometimes we'll get in that like so or how was your day?

And we'll just ask the same question every single time and then of course I'm gonna after a while just get the same answer.

So learning how to check in with somebody about things like, so what do you notice about your sleep like is your, what is how is your sleep then or like um how do you what do you, how do you think you're dealing with your stress?

Do you feel like you're you're doing well with yourself?

So to ask actually richer questions, more specific questions.

And sometimes even if the person is is somewhat defensive if not really defensive, maybe starting with something that would still be a unique question but might be perhaps easier for them to answer and then building up to having them be more and more intimate questions, more and more emotionally important questions and that's something that is really important.

Um Another one is you can use just if if the person is really highly defended a little technique you can use is what's called, it's it's kind of a distancing technique is to be an example of that would be to go, you know, I have this friend, her boyfriends, a cop too and he's going through this and this and maybe it's something he's not going through.

So you pick something that he's not going through.

What advice would you say I should give her about how to talk to him about it.

Because what will tend to do is we're going to answer that for ways that would work for us.

So you're actually going to get a little bit of an insight about what might work for your actual partner.

If you sort of ask it from that distance.

I used to use this a lot with my adolescence because sometimes you can ask about like, hey, I know this kid, he's about your age and he's going through X, Y, Z.

What would you what do you think would be useful to?

And they go, oh, I would tell him this and this.

It's like, okay, so now now I have some information is helpful and also really, really, really watch being relentless and some and I know it comes from this really, really loving place, but sometimes we're a little too pushy about wanting to get our spouses to talk about something.

And I think that ends up just just maybe making some people want to go into their cave and never come out.

And so they really don't want to talk.

So it becomes something very unpleasant for them.

So we don't, we do want to be gentle around some topics and and sometimes if someone doesn't want to talk about something, the next follow up would be like, okay, I can see that this is kind of right now, this isn't a topic you want to talk about.

But let me know if there is a time when you would like to talk about it because I'd really like to be available to you or I'd really like to be helpful to you.

And that way at least that door is open.

But I, you know, since I stepped back and I let go of that, I'm not just hammering and you need to tell me what's going on because that's just gonna end up being, you know, it's not gonna be helpful.

These are such helpful strategies.

Trudy I am guilty of every day when my husband comes home saying, hey, how was your day and I get good or fine depending on the day.

And so I love this idea of checking in multiple ways.

What is it like for the family?

Once the first responder no longer has severe symptoms.

So one of the, obviously for the actual first responder who gets into treatment and their symptomology begins to reduce and gets to the point where we call that subclinical symptoms or pro drama symptoms.

So they will have a phew low level symptoms that they noticed that usually they're just functioning so much better.

They're coping so much better.

Uh then, unfortunately, or fortunately, I guess I should say we actually do end up needing to start working on some of those habits that we've all gotten into.

The first responder will need to start deconstructing some of those habits that they have constructed around coping with parts of their symptomology that are no longer needed, but there, but trust me, they will still be there.

They will still continue to do those things even though they have no purpose because it's a habit.

But family members also are gonna have to look at these kinds of things, Those things like we talked about earlier, which is walking on eggshells, or I'm giving the person their way all of the time, or or putting our own needs aside all of the time in order to make room for this person's, this person's needs.

Um Sometimes actually, what's interesting is it can be sometimes really hard on families when the person gets, well there's sometimes some resentment around that and that can be something also that families can work on.

We see this pretty frequently in alcoholic families or or addict families when the alcoholic addict actually gets help and gets really, really healthy.

Then the rest of the family Allison starts really resenting them a whole lot because uh for all of the various different reasons around it and then gets, and then that causes this whole new set of problems for us, so we have to end up working through those sometimes.

Um and what's really neat is there is a really some great research around a concept called post traumatic growth, that there is a certain subset of people that are gonna in the aftermath of trauma that are gonna end the treatment for trauma just really end up in this just amazing renaissance in their own life where they're just growing and and uh and just working on just like multiple things and really changing themselves in ways because they're really seeing themselves as as strong and as it's just this person who's overcome well, families can also experience this and that they end up having this just just renewal of their connections to one another and they actually will then sometimes tell the story of the aftermath of their experience with with the member with PtsD and just share the story about how, how strong they are and how much they learned about the value of this, that and the other thing within their own family.

And so it can be actually sometimes be just beautiful stories that come out of the work that a family does to really overcome some of these challenges.

I really like that.

I've actually never heard that phrase, post traumatic growth.

Um and I love that you talked about it and just kind of speaks to the resiliency and I think all of that, that first responders can go through as well.

So we, because we focus so much on the trauma a lot of times, but not as much naturally on the growth that can come from that.

And I think that's so interesting and fascinating.

Are there some people who are more vulnerable to PTSD or secondary trauma than other folks?

Yeah, there are actually some different ways a brain could end up being more vulnerable to just about anything really, but PTSD in particular, um we really usually don't know necessarily what our vulnerabilities are.

So some people are going to just have a maybe a brain type of vulnerability to pTSD maybe based on some parts of our personality or how we are mindset, how we approach life, those different kinds of things.

But one thing we do know for sure is if a person has had childhood exposure to trauma that they are more likely than someone without any childhood exposure to trauma, they're more likely to be impacted by adult trauma and then also obviously people and are more vulnerable, the more trauma that they are exposed to.

So any brain with enough trauma exposure is going to eventually reach some point of, I'm sick of this and I don't want to do it anymore.

And so you're gonna have a reaction to that and that's a, you know, that is just going to be the way it is for some brains.

Trudy, what are some of the resources that are available to families who have a first responder in their family who's experienced post traumatic stress.

So there are a lot of for a lot of folks there are amazing amounts of help from their actual department.

So most first responder departments, whether it's fire or police for example, they will have entities within the department that are going to be able to help them with referrals to outpatient treatment and even for some inpatient treatment if that's what's necessary.

Um so that they would be able to access that.

And then usually many departments do a great job of ongoing support and making sure that the family has some support around them.

There's a lot of really nice like groups that the spouses are first responders will actually collectively get together and have like information.

Some departments I know that the Las Vegas Metropolitan Police Department, they used to of course they will probably do it again once covid is completely hi resolved is they used to have a year least like symposium usually asked us a few days and they would have different professionals come in and talk about different topics but those types on, on all sorts of things including trauma or including different ways of coping with this that pieces and parts of their job and of the how the family response to it.

And uh and so those are some those are, so I would always tap into the department and then other spouses of the department because they tend to be just, especially spouses who, who's the first responders been on the department a while because they usually know about local resources that are just like, wow, I didn't even know that existed.

So it sounds like really tapping into the community that's there and getting to know that community, it's important.

Trudy, what are some action steps you would recommend for someone either for someone who's dealing with PTSD or thinks they are or maybe family members, any action steps you would have around that to help somebody out.

Okay, so one thing I would, I always suggest to people is make sure you get educated about the symptoms of PTSD and and certainly don't get to two fond of sort of self diagnosing or other diagnosing.

Either just having an awareness of what they look like just because somebody has a symptom or two does not mean that they have been that the diagnosable.

So if your spouse has an angry day, that doesn't automatically mean wow, that person has PTSD or that must be PTSD because it has to actually meet a certain criteria.

And the only one who can really diagnose is a, is a, is a professional, can has to diagnose somebody with PTSD.

So, but, but understanding it is important because then it allows you to have a talk with your first responder about how they are experiencing any of the symptoms and which ones they feel are most difficult for them because you might be surprised that the ones that they, because some of the symptoms can be very privately experienced.

So it might be that they're struggling with their thinking and that that's the one.

And you may not even know that they're having issues with their thinking unless you ask them those questions.

And also, you know, talking to the first responders about how they feel that they're different since they began working in their field.

So sometimes having that as sort of a as an ongoing conversation maybe once or twice a year saying, do you feel like you're different as a result of it?

And how would you describe those differences?

Like compared to when you first entered the field and how you are now, so that they even can hear themselves talk out loud?

I find that sometimes that's one of the other really advantages of having some friends who are in your own department or having another spouse whose whose whose whose husband or wife is a first responder is because you're able to hear yourself talk about and you go, oh, that's how I feel about that, or, oh, that's what that is.

And sometimes if we aren't talking about it loud, it just sort of goes in this really interesting loop in our own brain that we really can't really get as much understanding as we can when we talk out loud.

And also it's really important to ask the first responder to describe to you any strengths that they've noticed since they've become a first responder because sometimes even having that as a reference point so that the person can share those out loud, but then also that you can hear there were like, oh I hadn't even thought about that, but he's right, he is, he has changed in that way and because you know, again, we are changing so slowly that sometimes even the people in our own life aren't necessarily noticing those really important changes.

But then when asked a good question, we go okay, and that way you can also see yourself as that person who is strong and who's learning and growing and standing up to challenges in ways that are really self affirming to you and I think that's important.

That's really good.

I do have another question if that's okay about really, and I'm just curious with within the community because you've done a lot of work with obviously first responders in their family.

Is there a stigma with PTSD within first responders or is it is it fairly accepted now that it's almost like part of the job?

Yes and no and no and yes.

Um so what I would say is that is is there a stigma for many.

Yes.

And I think that has a lot to do with older officers or there's going to be a lot more, potentially a lot more stoicism involved in that.

And, and very frequently they will wait longer maybe than would have been in their best interest to have sought help.

But I do see this as something that is radically changing within the, the first responder world that there is more talk about it.

There's even been some changes in laws I know in the state of Nevada and I think in some other states recognizing PTSD as a potentially as a disorder that could be, um, could be a workers comp issue for some people were workers compensation insurance issue for some folks.

Um, it's, it's also, I think one of those things where there's, because there is more and more conversation about it and it's becoming normalized.

One of the things that I've found to be most fascinating in just these last 56 years of working with first responders alone is that people are more and more willing to admit they're going to see a therapist, which I find to be interesting because of a very large majority of the referrals I get now are from somebody else who's already seen me and that they've shared it with a friend and that they've actually been open about this is what I've been going through and this is the, I've gotten some treatment and I feel so much better.

And, and so they are actually more open in talking about it because they, because they're seeing an advantage in it.

They're seeing a value in it.

And so I think it's that that that level of change that from the ground up level of change that is going to really make a difference.

And like in some of the academy's, I also know that as part of the Academy of the original Academy for Fire and for Police, that they do have.

Sometimes experts come in and talk about noticing some of their responses to trauma and and giving them that information as a tool for them to self assess as they go.

That's really good.

So for for some folks, it may be a really difficult conversation and some folks that maybe just part of the normal dialogue, like we've talked about of checking in and communicating that and I really like that piece you said would be aware of the symptoms but not to pre diagnose, right?

I think I tell students that as they get into, you know, the Master's program is to be careful because you can diagnose yourself with probably almost anything in the DS.

Um and then you start to extend it.

Yeah, they call that intern's disease.

I almost remember almost bought a t shirt in my grad school that says that said keep talking.

I'm diagnosing you because it was so hard to watch, you know, romantic comedy is anything, you were just like, oh, that's I think that's borderline er, you know, to normalize the conversation, but to be careful of extenuating that, but I think this is I mean this is to me this is a topic, we've we hear ptsd we know it happens and so I think it's just fascinating to have a conversation.

How do you even approach it from an individual standpoint?

And so I love the the action steps and the resources.

Thank you so much for another great podcast.

I'm loving this series.

I'm looking forward to how this is all going to be put together.

But I I I love this piece.

Um just around, I think the theme that keeps coming up of you know creating awareness, communicating, finding the time to talk and stuff like that is really, really interesting.

So thank you so much for today.

Trudy thanks Trudy CASAT Podcast Network.

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