

Treating Flashbacks, Nightmares, and Intrusive Memories

February 22, 2015 // kathleen.sales

Exposure Therapy is still the gold standard for reducing Re-experiencing Symptoms like flashbacks, nightmares, and intrusive memories. The goal in therapy is to separate your triggers from your traumatic memory and integrate that memory back into your normal memory flow. There are many different ways to accomplish this goal, but they all contain the following steps.

- 1) **Letting Go** of negative emotions and pain
- 2) **Exploring** the memory in detail
- 3) **Reexamining your feelings**, emotional and physical, about the memory
- 4) **Reexamining your beliefs** about the memory
- 5) **Repeating the process** until the memory is normalized

This is a highly repetitive process, like peeling skin off an onion one layer at a time. The first time you approach the memory, you probably won't do much letting go of feelings or exploring the memory in detail. But as you repeat the process, it should get easier each time. If not, you may be repeating a flashback and need to choose a different approach. But you'll undoubtedly repeat these five steps many times before you find yourself at peace.

The first step, letting go of emotions and pain, is the hardest for most folks. We all avoid terror, fear, grief, disgust, anger, shame, guilt, and other negative emotions. If the memory involves a physical injury, pain remembered by the body can be released through exercise or massage therapy. Different approaches work at different times and for different personalities and traumas. Pick what works for you, but if it doesn't work, try something new.

Ways to Let Go:

- 1) Cry, scream, curse
- 2) Share with others and accept support.
- 3) Use art, music, poetry, theater, or dance to express yourself
- 4) Visualize draining the feelings and pain into an object, another person, or pet.

5) Exercise of all kinds

6) Mindfulness (keeping your focus on something in the present like your breathing) and Meditation (emptying your mind of emotions and thought, while focusing on a higher concept)

7) Eye movements (like in REM sleep or EMDR)

8) Massage

9) Spirituality (giving your problems over to a higher power) and Forgiveness (of both yourself and others)

Medications that help with Exposure Therapy:

1) Propranolol is a beta-blocker developed for treating hypertension, but it's been widely used to reduce anxiety, especially in stressful situations like public speaking. There is also evidence that it helps with exposure therapy and may prevent PTSD if given right after severe stress.

2) D-Cycloserene is an older medication used at high doses to treat tuberculosis and more recently at low doses shown to enhance the effects of NMDA in the brain. NMDA appears to be important both in the formation and extinction of traumatic memories. Research in mice found it helped mice recover from fear induced by a shock paired with a sound. Also in people with a fear of heights, it was given right before exposure to a terrifying virtual reality film of riding in an open elevator. After two therapy sessions with D-Cycloserene given before the film, the patients showed marked improvement in their phobia, and their improvement persisted for months afterward. Some desensitization programs are experimenting with this approach.

3) Cannabinoids also affect the amygdala, as many sufferers of PTSD have already discovered. Our natural cannabinoid, anandamide, is decreased in PTSD and there is an increase in receptors in the amygdala—listening hard for a weakened signal. Cannabinoids in marijuana can activate these receptors and have been shown to help desensitize people to their triggers. With the increasing legalization of medical marijuana, there will soon be more research in this area.

4) MDMA was used in the 1970s to facilitate psychotherapy. Then it became a party drug and was banned. But now it's finding favor with therapists again, and research supports that it aids in the separation of triggers from traumatic memories.

Types of Exposure Therapy:

Telling your story is the oldest approach and still widely used. Back in ancient times warriors told stories around the campfire about their most dangerous adventures. This approach was formalized in Latin America for victims of governmental torture. It involves simply telling your story in detail to a receptive and supportive audience.

You can tell it, write it, draw it, or even act it out, but you need at least one person to provide an audience. The more detail you include, and the more you repeat your story, the better. Both detail and repetition are essential.

The first time you tell a memory, you may feel overwhelmed by your emotions. Don't let that scare you off. The affect should decrease with each telling. Encouragement and supportive feedback help. Listeners need to listen and support, not judge, but their realistic feedback can positively change how you perceive the memory. Remember to include all the details. Even a song playing in the background may become a trigger if you don't consciously recall it.

CBT stands for Cognitive Behavioral Therapy and is widely taught to social workers and psychologists. It grew out of Behavioral approaches, like reinforcement of positive behaviors, and Cognitive approaches, like following your thinking back to your assumptions and questioning those. It works well for treating Obsessive Compulsive Disorder and Anxiety Disorders, and is effective with medication for Depression.

Some therapists are trained to use behavioral desensitization—through progressive exposure to a feared object—to reduce fear, avoidance, and obsessive thinking. This works best if combined with medications.

When talking fails. If talking triggers you into a flashback, then the talking therapies may fail. I found the following approaches to be more helpful for those memories.

EMDR is an abbreviation for “Eye movement desensitization and restructuring” and accomplishes the same goal of detoxifying memories and integrating them into your normal memory flow. But EMDR uses a natural mechanism that we use every night when we sleep—eye-movements.

You've heard of REM sleep? That stands for rapid eye movements. It's a very important stage of sleep, and if you're deprived of REM sleep, after a few days you will hallucinate. We're taught that REM sleep helps us process the previous day's memories. Aha! That's what we want to do with traumatic memories—right?

EMDR is as simple as moving your eyes back and forth while remembering the trauma in detail. Initially it requires a trained therapist, but it doesn't require you to talk, and once you learn the technique, you can use it anywhere, anytime. This treatment is specific for PTSD, is proven to work, and there are many licensed therapists who use it both in the VA and private practice.

Virtual Reality Exposure programs are offered at the VAH for veterans with PTSD. These are designed to reproduce the combat situation in which the trauma originally occurred. Medications may be given first and the exposure can be done in time-limited bursts, often controlled by the client. Then a therapist helps the veteran to talk and reprocess the traumatic memories. I believe this is only available through the VA, and research shows that it works.

Somatic Re-experiencing is a formal approach to massage and bodywork that helps your body remember and work through both the physical and emotional aspects of the trauma. Physical sensations form the core of a traumatic memory and mastering them is crucial, a step often overlooked in talk therapy. Like EMDR, somatic work does not require you to talk about your memory, although you may. It has been shown to provide significant relief. I would recommend finding a trained therapist as bodywork often triggers flashbacks.

Rewriting your Trauma is a creative approach. This was formalized for treating traumatic nightmares but may work equally well for flashbacks. You have to start at the beginning, at the same place the nightmare or memory always starts and write the memory out like a story. Then you change the story's ending so it makes you feel happy.

The new story you create doesn't have to be real. You're working with a dream, after all. But it must satisfy your emotional needs. Once you're comfortable with your story, practice visualizing it—over and over. I explain to folks that the old dream wore a rut into their brain, and they have to practice their revised dream until it makes an even deeper rut. What usually happens is they never dream either the original or the revised dream again.

Other Treatments:



Transcranial Magnetic Stimulation is a new treatment that is currently awaiting FDA approval but is offered in some facilities. Already approved for depression and showing promise in treating autistic spectrum disorders, TMS had been shown to make a significant difference in PTSD symptoms.

The procedure involves putting a strong magnet close to your head. The magnetic field creates an electrical current in the frontal lobe of your brain. The prefrontal cortex in your brain normally calms the amygdala (emotions) and increases focus and concentration. When stimulated by the electrical current, this part seems to turn on and work better. Perhaps TMS works much like ECT without the seizures or memory loss, and there is no need for medication.

Clinical trials are still underway, but so far the results are good and the side effects are minimal—often a headache that quickly resolves. The most prominent areas of improvement have been marked reductions in both flashbacks and intrusive memories.

Bottom line:

It's important to have your sympathetic nervous system calm before you address traumatic memories. (see Treatments for Hyper-Arousal). If after treating those symptoms you're still struggling with intrusive memories, flashbacks, or nightmares, then you need to add Exposure Therapy.

All of the therapies listed above can be helpful. If one doesn't work, try another, and the addition of medication right before exposure can make the process faster and more tolerable.

If you're fed up with Exposure Therapy and want to try something new, sign up for a clinical trial of TMS. The results are very promising.