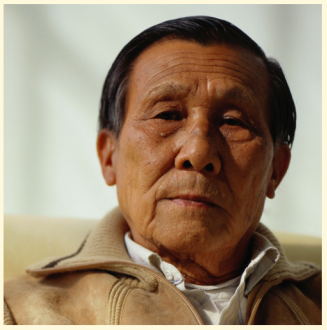
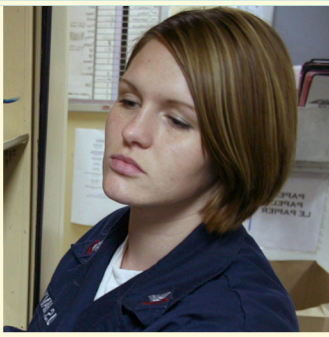


Understanding Posttraumatic Stress Disorder



Have you or a loved one:

Been through combat?

Lived through a disaster?

Been assaulted or raped?

Experienced any other kind of traumatic event?

Are painful memories of that experience still causing problems for you or a loved one?

The important thing to know is that help is available.

Department of Veterans Affairs (VA) and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

This tool was adapted with permission from the National Center for PTSD, U.S. Department of Veterans Affairs.

Introduction

You may have heard of PTSD—posttraumatic stress disorder—on the news or from friends and family and wondered what it is or whether you or someone you know has it.

This booklet will help you understand PTSD. You'll learn how to get help for yourself, a friend or a family member. It includes stories from people who have received help for their PTSD and have returned to their normal lives, activities and relationships.

Effective treatment is available.

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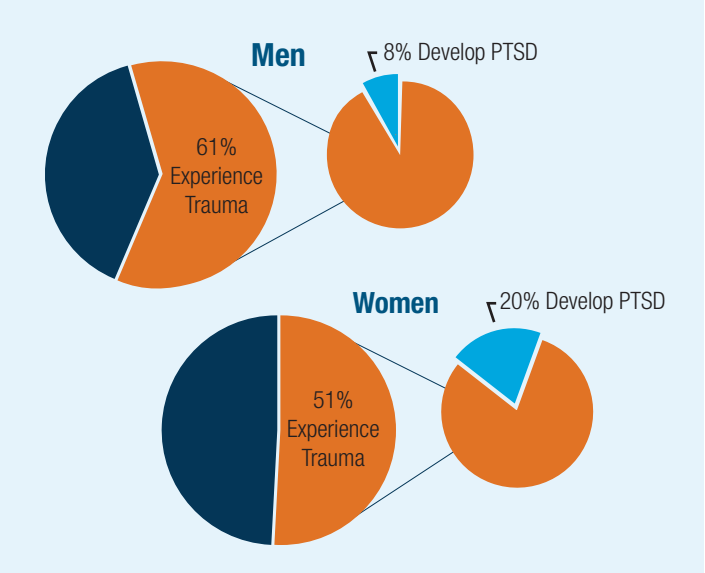
What is PTSD?

- PTSD can occur after someone experiences or sees a traumatic event such as:
  - Combat
  - A terrorist attack
  - Sexual or physical assault
  - A serious accident
  - A natural disaster
  - Childhood sexual or physical abuse
- Most people have some stress-related reactions after a traumatic event. If your reactions don't go away over time and they disrupt your life, you may have PTSD.
- See the next few pages to learn about common reactions to trauma and PTSD symptoms.

How Common is PTSD?

Many Americans experience trauma. About 60 percent of men and 50 percent of women face at least one traumatic event in their lifetimes. Of those who do, about 8 percent of men and 20 percent of women will develop PTSD. Among those who have been in combat or experienced sexual assault, the percentage is higher.



Source: National Center for PTSD, U.S. Department of Veterans Affairs, "Understanding PTSD".

What are Some Common Stress Reactions After a Trauma?

It is normal to have stress reactions after a traumatic event.
Your emotions and behavior may change in ways that are troubling to you.

Fear or anxiety
In moments of danger, our bodies prepare to fight our enemy, flee the situation or freeze in the hope that the danger will move past us. But those feelings of alertness may stay even after the danger has passed. You may:

- Feel tense or afraid
- Be agitated and jumpy
- Feel on alert

Sadness or depression
Sadness after a trauma may come from a sense of loss of a loved one, trust in the world, faith or a previous way of life. You may:

- Have crying spells
- Lose interest in things you used to enjoy
- Want to be alone all the time
- Feel tired, empty and numb

Guilt and shame
You may feel guilty because you think you should have been able to do more to prevent the trauma. You may:

- Feel responsible for what happened
- Feel guilty because others were injured or killed and you survived

Anger and irritability
Anger may result from feeling you have been unfairly treated. Anger can make you feel irritated and cause you to be easily set off. You may:

- Lash out at your partner, spouse or coworker
- Have less patience with your children
- Overreact to small misunderstandings
- Drive aggressively

Behavior changes
You may act in unhealthy ways. You may:

- Drink, use drugs or smoke too much
- Isolate yourself from others
- Neglect your health
- Avoid certain people or situations

After a trauma, most people will have stress reactions, but they usually get better over time. If symptoms cause you great distress or disrupt your work or home life, you should seek treatment and care.

What are the Symptoms of PTSD?

PTSD has three types of symptoms:

Reliving the event (also called reexperiencing)

Unwanted memories of the trauma can come back at any time. You may feel the same threat, fear and/or horror you did when the event took place. You may feel like you're going through it again, also known as a flashback. You may also have nightmares. Sometimes there is a trigger — a sound, sight or smell that causes you to relive the event.

- Seeing someone who reminds you of the trauma may bring back memories of the event.
- You may think about the trauma at work or school when you need to concentrate on something else.

Avoiding situations that remind you of the event

You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

- You may avoid crowds because they feel dangerous.
- If you were in a car accident or if your military convoy was bombed, you may avoid driving.
- Some people may keep very busy or avoid seeking treatment and care. This keeps them from having to think or talk about the event.

You may find it hard to express your feelings; this is another way to avoid memories. It may also be hard to remember or talk about parts of the trauma.

- You may not have positive or loving feelings toward other people and may stay away from relationships.
- You may not be interested in activities you used to enjoy, like spending time with family and friends.

Example Scenario

While on a military mission, a sergeant witnessed the truck in front of her explode because of a roadside bomb – there were no survivors. She was badly injured in the explosion, but the person in the seat where she was supposed to have been was injured much worse. She felt guilty about that.

After her unit returned from deployment, she started having nightmares and panic attacks. The awful images of that day haunted her. The medications prescribed for her anxiety and sleep problems didn't seem to help. She didn't want to leave the house and felt anxious performing her duties, such as riding in a Humvee. One day, she lost control and was insubordinate to her officer in charge. Her first sergeant stepped in and suggested that she see a mental health professional.

She was diagnosed with PTSD. She's doing better thanks to treatment at her local military treatment facility. Her PTSD symptoms have improved, and she now has a great support team to help her.

Feeling keyed up (also called hyperarousal)

You may be jittery, or always on alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal.

- You may have trouble falling asleep or staying asleep.
- You may want to have your back to a wall in a restaurant or waiting room.
- A loud noise can startle you easily.

What Other Problems Do People with PTSD Experience?

People with PTSD may feel hopelessness, shame or despair. Employment and relationship problems are also common. Depression, anxiety and alcohol or drug abuse often occur at the same time as PTSD. In many cases, the PTSD treatments described in the "Getting Help" section will also help these other disorders. These problems are often related and the coping skills you learn may help for all of them.

How Likely is a Person to Develop PTSD After a Trauma?

How likely you are to get PTSD can depend on factors such as:

- How intense the trauma was or how long it lasted
- If you lost someone you were emotionally close to
- If you were hurt
- How close you were physically to where the event happened
- How strong your reaction was
- How much you felt in control of events
- How much help and support you received after the event

Some groups of people may be more likely than others to develop PTSD. You may be more likely to develop PTSD if you:

- Had an earlier life-threatening event or trauma
- Have another mental health issue
- Are female or a minority
- Have a low level of education
- Have family members who have had mental health issues
- Have little support from family and friends
- Have had recent, stressful life changes

Real Stories: Frank

"It was nice to know there was a reason for what I was doing."

Frank served our country in Vietnam. Before the war he had been a happy person, but he rarely smiled once he came home.

For many years, Frank didn't talk about Vietnam, thinking he would spare people the discomfort. He started drinking more. He had a short temper, and had to have his back to the wall in restaurants because he kept thinking someone was after him. He couldn't hold a job or have a successful relationship. He just felt that something was wrong. Frank didn't realize it, but he was having many of the symptoms of PTSD.

Frank went to VA, where he was diagnosed with PTSD and given treatment and support. He's doing much better now.

"I would definitely recommend any veteran go and get help."

Getting Help

When Should a Person Seek Professional Care for PTSD?

If you think you are having symptoms of PTSD that are disrupting your daily activities and relationships, seek treatment. You can feel better!

Who Can Conduct an Evaluation, and What Does it Consist of?

Your primary care provider or a mental health professional will evaluate you. You will be asked about your trauma and symptoms. You may also be asked about other problems you are experiencing. Your spouse or partner may be asked to provide information.

VA has a **PTSD Questionnaire** at myhealth.va.gov; search "PTSD Questionnaire." You can also take the screening test below. An additional online PTSD self-assessment can be found on afterdeployment.org.

If you find that you answered "yes" to any of the questions asked, you may have PTSD. It is best to talk to a mental health professional to find out for sure.

PTSD Screen

In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you:

- ☐ Have had nightmares about the experience or thought about it when you did not want to?
- ☐ Tried hard not to think about the experience or avoided situations that reminded you of it?
- ☐ Were constantly on guard, watchful or easily startled?
- ☐ Felt numb or detached from others, activities or your surroundings?

If you answered "yes" to any of these items, you should seek more information from a mental health care provider. A positive screen does not mean that you have PTSD. Your primary care provider or a mental health professional can determine if you have PTSD.

What Treatments are Effective for PTSD?

There are many beneficial treatments available for PTSD; the two main types are psychotherapy and medication. Sometimes providers recommend a combination of psychotherapy and medication. People who have PTSD should be offered a type of therapy that includes exposure and/or cognitive restructuring or stress inoculation training. Examples of these types of therapies are below.

Types of Cognitive Behavioral Therapies (CBT)

Cognitive processing therapy is a CBT in which you learn skills to better understand how a trauma changed your thoughts and feelings. It will help you see how you have gotten "stuck" in your thinking about the trauma. It helps you identify trauma-related thoughts and change them so they are less distressing.

Prolonged exposure therapy is a CBT in which you talk about your trauma repeatedly until the memories are no longer upsetting. You also learn ways to approach situations that you may have been avoiding because they are related to the trauma.

Other Types of Effective Therapy

Eye movement desensitization and reprocessing involves focusing on distractions like hand movements or sounds while you talk about the traumatic event. Over time, it can help change how you react to memories of your trauma.

Stress inoculation training is designed to help you learn breathing retraining and muscle relaxation, as well as assertiveness training and role-playing skills.

Medication

Selective serotonin reuptake inhibitors (SSRIs) are approved for the treatment of PTSD. The three SSRIs that carry the strongest recommendation for the treatment of PTSD are sertraline (Zoloft), paroxetine (Paxil) and fluoxetine (Prozac).

Serotonin norepinephrine reuptake inhibitors (SNRIs) can raise the levels of serotonin and norepinephrine in your brain, which can make you feel better. The most effective SNRI in treating PTSD is venlafaxine (Effexor).

Real Stories: Gina

Gina had a great job, a loving husband and a beautiful home. But she was miserable. Some days, a kiss from her husband would make her heart start pounding and she would feel very afraid. She did not realize what these panicky feelings were—the reexperiencing of feelings she had when she was a small child and couldn't protect herself.

Gina sought treatment. She went to a therapist and finally revealed that her uncle had repeatedly sexually abused her as a child. Her therapist diagnosed PTSD and started CBT with Gina. Therapy taught her to challenge her thoughts and feel less distress.

"You can be a normal thriving person and have mental health concerns, get help for them and still be okay."

She still has occasional panic attacks, but they're now controllable, and she knows they will pass. Before, she thought she'd always have to live with the bad feelings. Now, she can go weeks without thinking about the abuse, and she feels certain that someday it will be years.

Resources

How Can I Learn More About PTSD?

View other resources at:

- ptsd.va.gov
- afterdeployment.org
- militaryonesource.com
- pdhealth.mil
- dcoe.health.mil
- maketheconnection.net

In a Crisis?

- Call 911.
- Go to an emergency department.
- Call the National Suicide Prevention Lifeline at 1-800-273-TALK (800-273-8255) (Español: 888-628-9454).

Service members and veterans can visit veteranscrisisline.net to chat live with a crisis counselor.

Where Can I Get Help for Myself or a Family Member?

- Your primary care provider
- ptsd.va.gov
- Nearest military treatment facility
- Chaplain
- Service-specific family support offices

Notes

DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

VA/DoD Evidence-Based Practice

National Center for PTSD
Posttraumatic Stress Disorder