



POST-TRAUMATIC STRESS DISORDER (PTSD)

Let's talk about it

Post-traumatic stress disorder (PTSD) develops in some people who have experienced a shocking, scary, or dangerous event. Nearly everyone experiences a range of reactions after a traumatic event, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. Anyone can develop PTSD, including children, teens, and adults, who have been through physical or sexual assault, abuse, accident, disaster, war or combat, or other serious events.

What is PTSD?

Some people develop post-traumatic stress disorder (PTSD) after experiencing a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear is a part of the body's normal "fight-or-flight" response, which helps us avoid or respond to potential danger. People may experience a range of reactions after trauma, and most will recover from their symptoms over time. Those who continue to experience symptoms may be diagnosed with PTSD.

Who develops PTSD?

Anyone can develop PTSD at any age. This includes combat veterans as well as people who have experienced or witnessed a physical or sexual assault, abuse, an accident, a disaster, a terror attack, or other serious events. People who have PTSD may feel stressed or frightened, even when they are no longer in danger.

Not everyone with PTSD has been through a dangerous event. In some cases, learning that a relative or close friend experienced trauma can cause PTSD.

According to the National Center for PTSD, a program of the U.S. Department of Veterans Affairs, about seven or eight of every 100 people will experience PTSD in their lifetime. Women are more likely than men to develop PTSD. Certain aspects of the traumatic event and some biological factors (such as genes) may make some people more likely to develop PTSD.

Signs & Symptoms

Symptoms of PTSD usually begin within 3 months of the traumatic incident, but they sometimes emerge later. To meet the criteria for PTSD, symptoms must last longer than 1 month, and they must be severe enough to interfere with aspects of daily life, such as relationships or work. The symptoms also must be unrelated to medication, substance use, or other illness.

The course of the illness varies: Although some people recover within 6 months, others have symptoms that last for a year or longer. People with PTSD often have co-occurring conditions, such as depression, substance use, or one or more anxiety disorders.

After a dangerous event, it is natural to have some symptoms or even to feel detached from the experience, as though you are observing things rather than experiencing them. A health care provider—such as a psychiatrist, psychologist, or clinical social worker—who has experience helping people with mental illnesses can determine whether symptoms meet the criteria for PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

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Signs & Symptoms (cont.)

Re-experiencing symptoms

- Flashbacks—reliving the traumatic event, including physical symptoms such as a racing heart or sweating
- Reoccurring memories or dreams related to the event
- Distressing thoughts
- Physical signs of stress

Thoughts and feelings can trigger these symptoms, as can words, objects, or situations that are reminders of the event.

Avoidance symptoms

- Staying away from places, events, or objects that are reminders of the experience
- Avoiding thoughts or feelings related to the traumatic event

Avoidance symptoms may cause people to change their routines. For example, after a serious car accident, a person may avoid driving or riding in a car.

Arousal and reactivity symptoms

- Being easily startled
- Feeling tense, on guard, or “on edge”
- Having difficulty concentrating
- Having difficulty falling asleep or staying asleep
- Feeling irritable and having angry or aggressive outbursts
- Engaging in risky, reckless, or destructive behavior

Arousal symptoms are often present—they can lead to feelings of stress and anger and may interfere with parts of daily life, such as sleeping, eating, or concentrating.

Cognition and mood symptoms

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted thoughts about the event that cause feelings of blame
- Ongoing negative emotions, such as fear, anger, guilt, or shame
- Loss of interest in previous activities
- Feelings of social isolation
- Difficulty feeling positive emotions, such as happiness or satisfaction

Cognition and mood symptoms can begin or worsen after the traumatic event and can lead a person to feel detached from friends or family members.

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Source: National Institute of Mental Health



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Signs & Symptoms (cont.)

How do children and teens react to trauma?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as those seen in adults. In young children under the age of 6, symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens usually show symptoms more like those seen in adults. They also may develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They also may have thoughts of revenge.

How is PTSD treated?

It is important for anyone with PTSD symptoms to work with a mental health professional who has experience treating PTSD. The main treatments are psychotherapy, medications, or both. An experienced mental health professional can help people find the treatment plan that meets their symptoms and needs.

Some people with PTSD may be living through an ongoing trauma, such as being in an abusive relationship. In these cases, treatment is usually most effective when it addresses both the traumatic situation and the symptoms. People who have PTSD or who are exposed to trauma also may experience panic disorder, depression, substance use, or suicidal thoughts. Treatment for these conditions can help with recovery after trauma. Research shows that support from family and friends also can be an important part of recovery.

Psychotherapy

Psychotherapy, sometimes called “talk therapy,” includes a variety of treatment techniques that mental health professionals use to help people identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can provide support, education, and guidance to people with PTSD and their families. This type of treatment can occur one on one or in a group and usually lasts 6 to 12 weeks but can last longer.

Medications

The most studied type of medication for treating PTSD is a type of antidepressant medication called selective serotonin reuptake inhibitors (SSRIs). SSRIs may help control PTSD symptoms such as sadness, worry, anger, and feeling emotionally numb. SSRIs and other medications may be prescribed along with psychotherapy. Other medications may help address specific PTSD symptoms, such as sleep problems and nightmares.

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