Understanding PTSD

Have you, or someone you love

- Been through combat?
- Lived through a disaster?
- Been raped?
- Experienced any other kind of traumatic event?

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Have you ever thought that painful memories of that experience were still causing problems for you or a loved one?

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 what PTSD is. You'll learn how to get help for yourself, a friend, or a family member. It includes stories from people who have gotten help for their PTSD and have returned to their normal lives, activities, and relationships.

The important thing to remember is that **effective treatment is available**.

You don't have to live with your symptoms forever.

National Center for PTSD
Posttraumatic Stress Disorder

What Is PTSD?

PTSD

Posttraumatic stress disorder, or PTSD, can occur after someone goes through, sees, or learns about a traumatic event like:

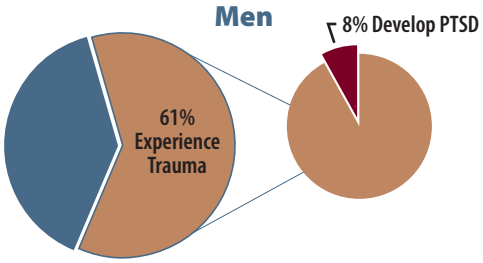
- Combat exposure
- Child sexual or physical abuse
- Terrorist attack
- Sexual/physical assault
- Serious accident
- Natural disaster

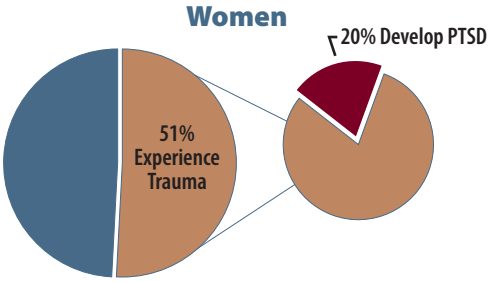
Most people have some stress-related reactions after a traumatic event. If your reactions don't go away over time and they disrupt your life, you may have PTSD.

See the next few pages for common reactions to trauma and PTSD symptoms.

How Common Is PTSD?

Many Americans have had a trauma. About 60% of men and 50% of women experience at least one traumatic event. Of those who do, about 8% of men and 20% of women will develop PTSD. For some events, like combat and sexual assault, more people develop 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 can 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, of 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 that you did not do more to prevent the trauma. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. 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 or spouse
- have less patience with your children
- overreact to small misunderstandings

Behavior changes

You may act in unhealthy ways. You may:

- drink, use drugs, or smoke too much
- drive aggressively
- neglect your health
- avoid certain people or situations

Most people will have some of these reactions at first, but they will get better at some time. If symptoms last longer than three months, cause you great distress, or disrupt your work or home life, you should seek help.

What Are the Symptoms of PTSD?

PTSD has four types of symptoms.

Reliving the event (also called reexperiencing)
Memories of the trauma can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares or feel like you're going through it again. This is called a flashback. Sometimes there is a trigger—a sound or sight 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 help. This keeps them from having to think or talk about the event.

Feeling numb
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 find it hard to experience your emotions.
- 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.

Feeling keyed up (also called hyperarousal)
You may be jittery, or always on the alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal.

- You may want to have your back to a wall in a restaurant or waiting room.
- A loud noise can startle you easily.
- If someone bumps into you, you might fly into a rage.

Real Stories: Teresa

"Now I've got a great support team. I owe a tremendous thanks to my counselor."

On a military mission, the truck in front of Teresa's went over a roadside bomb, and there were no survivors. She was badly injured in the explosion, but the person in the seat where Teresa was supposed to have been was injured much worse. Teresa felt guilty about that.

After returning home, Teresa started having nightmares and panic attacks. The awful images of that day haunted her. The medicines she was prescribed for her anxiety and sleep problems didn't seem to help. She didn't want to leave the house, go to work, or do anything. One day she lost control and verbally abused her platoon leader. Her first sergeant stepped in and insisted that she see a psychiatrist.

Teresa was diagnosed with PTSD. She's doing better thanks to treatment at her local VA. Although Teresa's problems have not gone away, she now has a great support team to help her.

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. 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 the 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."

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 use 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, because the problems are often related and the coping skills you learn work 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 things like:

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

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

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

Getting Help

When Should a Person Get Evaluated for PTSD?

If you continue to be upset for more than three months, seek help. You can feel better!

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

PTSD is usually diagnosed in one or two sessions. Your doctor 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 have. Your spouse or partner may be asked to provide information.

The Department of Veterans Affairs has a PTSD questionnaire that you can take online. You can also take the screening test below.

If you find that you answered "yes" to many 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?

Current research recommends that if you answered "yes" to any three items, you should seek more information from a mental health care provider. *A positive screen does not mean that you have PTSD. Only a qualified mental health care practitioner, such as a clinician or psychologist, can diagnose you with PTSD.*

What Treatments Are Effective for PTSD?

There are good treatments available for PTSD. The two main types are psychotherapy, sometimes called "counseling," and medication. Sometimes people combine psychotherapy and medication.

Psychotherapy

Cognitive Behavioral Therapy (CBT) is the most effective treatment for PTSD. CBT usually involves meeting with your therapist once a week for 3-6 months. There are different types of CBT that are effective for PTSD.

Cognitive Processing Therapy (CPT) 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 more accurate and less distressing.

Prolonged Exposure (PE) therapy is a CBT in which you talk about your trauma repeatedly until the memories are no longer upsetting. You also go into situations that are safe but which you may have been avoiding because they are related to the trauma.

Eye Movement Desensitization and Reprocessing (EMDR) 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.

Medication

Selective Serotonin Reuptake Inhibitors (SSRIs) can raise the level of serotonin in your brain, which can make you feel better. The two SSRIs that are currently approved by the FDA for the treatment of PTSD are sertraline (Zoloft) and paroxetine (Paxil).

Sometimes, doctors prescribe medicines called benzodiazepines for people with PTSD. These medicines are often given to people who have problems with anxiety. While they may be of some help at first, they do not treat the core PTSD symptoms. They may lead to addiction and are not recommended for long-term PTSD treatment.

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 that these panicky feelings were flashbacks—the rexperiencing of the feelings that she had felt when she was a small child and couldn't protect herself.

Gina sought help. 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 cognitive behavioral therapy with Gina. Therapy taught her to challenge her thoughts and feel less distress.

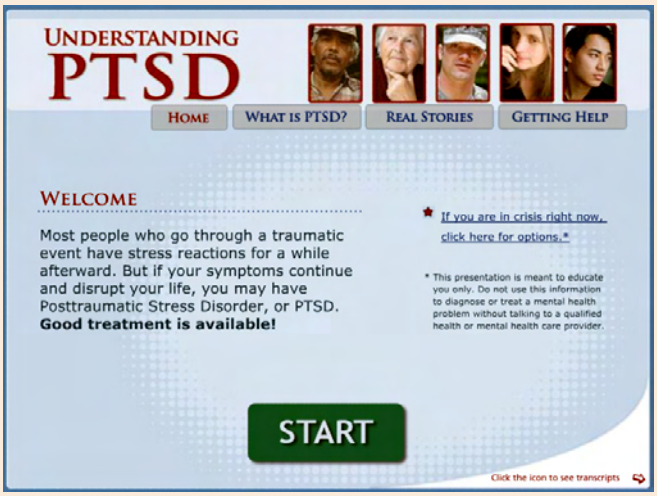
"You can be a normal thriving person and have mental health issues, get help for those, and still be okay."

She still has occasional flashbacks and panic attacks, but they're now controllable, and she knows they will pass. Before, she thought she'd always have to live with the flashbacks and 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 the multimedia companion to this brochure and other resources at www.ptsd.va.gov/public/



In a Crisis?

- Call 911
- Go to an emergency room
- Call 1-800-273-TALK (1-800-273-8255) (Español: 1-888-628-9454)

Veterans, go to www.suicidepreventionlifeline.org/Veterans to chat live with a crisis counselor

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

These links are accessible online at http://www.ptsd.va.gov/public/where-to-get-help.asp

- Where to Get Help for PTSD
- Mental Health Services Locator
- VA PTSD Program Locator

This guide was created by the National Center for PTSD, U.S. Department of Veterans Affairs. The Center conducts research and education on trauma and PTSD. Our website offers extensive information, educational materials, and multimedia presentations for a variety of audiences, including Veterans and their families, providers, and researchers. Website: www.ptsd.va.gov