

The following is a synopsis of the National Institute of Mental Health page on Post Traumatic Stress Disorder. Full details can be found at;

<https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

WHAT IS POST TRAUMATIC STRESS DISORDER (PTSD)

****A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.**

Diagnosis;

The diagnosis of PTSD requires exposure to an extreme stressor, characteristic symptoms which are described below and which interfere with the persons ability to function.

If symptoms have lasted only 1–3 months, this is called acute PTSD.

Anyone who continues to have severe symptoms for longer than a month after a trauma should consult a health professional.

Examples of extreme stressors include;

- Serious accident or natural disaster
- Rape or criminal assault
- Combat exposure
- Child sexual or physical abuse or severe neglect
- Hostage/imprisonment/torture/displacement as refugee
- Witnessing a traumatic event
- Sudden unexpected death of a loved one

(Some people do not have direct experience of an extreme event, but may be in proximity of the event or of a close person who has experienced an extreme event. They may experience vicarious traumatization.)

Other problems associated with PTSD

- Panic Attacks
- Severe Avoidant Behavior
- Depression
- Suicidal thoughts and feelings
- Substance abuse
- Feelings of alienation and isolation
- Feelings of mistrust and betrayal
- Anger and irritability
- Severe impairments in daily functioning
- Dissociation (a sense that the mind is detached from the emotional state or even from the body. It is characterized by a sense of the world as a dreamlike or unreal place and may be accompanied by poor memory of specific events.)

Symptoms of 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

Re-experiencing symptoms include: (at least one)

Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating

Bad dreams

Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms include: (at least one)

Staying away from places, events, or objects that are reminders of the traumatic experience

Avoiding thoughts or feelings related to the traumatic event

Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms include: (at least two)

Being easily startled

Feeling tense or "on edge"

Having difficulty sleeping

Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms include: (at least two)

Trouble remembering key features of the traumatic event

Negative thoughts about oneself or the world

Distorted feelings like guilt or blame

Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. *When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD.*

Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders. Although the symptoms of PTSD usually begin immediately after (or within a few weeks of) the trauma, they sometimes appear only several months or even years later. This is more likely to happen on the anniversary of the traumatic event or if another trauma is experienced, especially if it reminds the person of the original event

Chronic PTSD

If symptoms continue for longer than 3 months, this is called chronic PTSD. Once PTSD becomes established, it is less likely to improve *without treatment and you should definitely get help right away.*

TREATMENT OF PTSD;

Two types of treatment are helpful for PTSD: psychotherapy and medication. Some people recover from PTSD with psychotherapy alone, while others need a combination of psychotherapy and medication. You and your doctor will discuss what is best for you.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website (<http://www.fda.gov/>) for the latest information on patient medication guides, warnings, or newly approved medications.

Psychotherapy alone may be best for you if;

- Your symptoms are milder
- You are pregnant or breastfeeding
- You prefer not to take medication
- You have a medical condition that medication might interfere with

Medication is often needed if;

- Your symptoms are severe or have lasted a long time
- You have another psychiatric problem (e.g., depression or anxiety) that is making it harder for you to recover from PTSD
- You are thinking about suicide

Psychotherapy may include the following;

Education and supportive counseling

*The experts consider it very important for people with PTSD (and their families) to learn about the symptoms of PTSD and the various treatments that are available for it. Even if you have had PTSD symptoms for a long time, the first step in finally getting control of them is to understand the problem and what can be done to help it.

A number of types of psychotherapy such as eye movement desensitization reprocessing [EMDR], hypnotherapy, somatic experiencing, therapeutic yoga and psychodynamic psychotherapy have been used in the treatment of PTSD and can be helpful for some people.

Here are some common approaches to treating PTSD;

Anxiety Management

- Relaxation training: you learn to control fear and anxiety by systematically relaxing your major muscle groups.
- Breathing retraining: you learn slow, abdominal breathing to relax and/or avoid hyperventilation with its unpleasant and often frightening physical sensations (e.g., palpitations, dizziness, tingling).
- Positive thinking and self-talk: you learn to replace negative thoughts (e.g., "I'm going to lose control") with positive thoughts (e.g., "I did it before and I can do it again") when facing reminders of a stressor.
- Assertiveness training: you learn how to express your wishes, opinions, and emotions without alienating others.
- Thought stopping: you learn how to use distraction to overcome distressing thoughts (inwardly "shouting stop").

Cognitive Therapy

The therapist helps you change the irrational beliefs that may be disturbing your emotions and making it hard for you to function. For example, trauma victims often feel unrealistically guilty as if they had brought about the trauma: a crime victim may blame himself for not being more careful, or a war veteran may feel it was his fault that his best friend was killed. The goal of cognitive therapy is to teach you how to identify your own particular upsetting thoughts, weigh the evidence for and against them, and then to adopt more realistic thoughts that can help you achieve more balanced emotions.

Exposure therapy (**not to be done without assistance**)

In exposure therapy, the therapist helps you confront specific situations, people, objects, memories, or emotions that remind you of the trauma and now evoke an unrealistically intense fear in your everyday life. This can be done in two ways:
Exposure in the imagination: the therapist asks you to repeatedly retell the traumatic memories until they no longer evoke high levels of distress.

Exposure in reality: the therapist helps you to confront the situations in your life that are now safe but which you want to avoid because they trigger strong fear (e.g., driving a car again after being involved in an accident, using elevators after being assaulted in an elevator, going back home after being robbed there). Your fear will gradually begin to dissipate if you force yourself to remain in the situation rather than trying to escape it. Repeated exposures will help you to realize that the feared situation is no longer dangerous and that you can handle it.

Play Therapy

Play therapy is used to treat children with PTSD. The therapist uses games to introduce topics that cannot be dealt with more directly. This can help children confront and re-process traumatic memories.

WHAT CAN I DO TO HELP MY RECOVERY?

Learn about your disorder

Talk about the problem to others

Seek treatment

If medication is prescribed, be sure to take it in the recommended doses and report any side effects you have

Avoid alcohol or illicit drugs

Join a support group

Don't quit your treatment and don't give up hope

WHAT CAN FAMILIES AND FRIENDS DO TO HELP?

Provide emotional support and be a good listener

Learn about the disorder

Encourage the person to stick with treatment

Family counseling

Drnancy's book recommendations to help on your journey;

Carnes, Patrick, The Betrayal Bond

Herman, Judith, Trauma and Recovery

Van Der Kolk, Bessel, The Body Keeps the Score, Brain, Mind and Body in the Healing of Trauma

Rothschild, Babette, 8 Keys to Safe Trauma Recovery: Take-charge Strategies to Empower Your Healing (8 Keys to Mental Health)

Hendricks, Gay, The Centering Book;Awareness Activities for Children, Parents, and Teachers

Levine, Peter, Waking the Tiger: Healing Trauma - The Innate Capacity to Transform Overwhelming Experiences

Brown, Brene', The Gifts of Imperfection

Walker, Pete, Complex PTSD: From Surviving to Thriving: A GUIDE AND MAP FOR RECOVERING FROM CHILDHOOD TRAUMA

OTHER RESOURCES;

Trauma Survivors Anonymous
2022 Fifteenth Avenue Columbus, VA 31901
706-649-6500

National Organization for Victim Assistance (NOVA)
1757 Park Road, NW Washington, DC 20010 202-232-6682
Website: www.try-nova.org

Free Booklets and Brochures

You can download or order free copies of the following booklets and brochures in English or en Español:

Helping Children and Adolescents Cope with Violence and Disasters: What Community Members Can Do: A brochure that describes what community members can do to help children and adolescents cope with violence and disasters.

Helping Children and Adolescents Cope with Violence and Disasters: What Parents Can Do: A brochure that describes what parents can do to help children and adolescents cope with violence and disasters.

Helping Children and Adolescents Cope with Violence and Disasters: What Rescue Workers Can Do: A brochure that describes what rescue workers can do to help children and adolescents cope with violence and disasters.

Post-Traumatic Stress Disorder: This brochure describes post-traumatic stress disorder, signs and symptoms, treatment choices, and helpful resources.

MedlinePlus offers information in English and en Español

The National Center for PTSD, part of the U.S. Department of Veterans Affairs, has a website with targeted information for anyone interested in PTSD (including veterans, family, and friends) and for professional researchers and health care providers. The site also offers videos and information about an online app called PTSD Coach

Journal Articles: References and abstracts from MEDLINE/PubMed (National Library of Medicine).

Statistics: PTSD Among Adults

Statistics: PTSD Among Children

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