

Facts

Post-Traumatic Stress Disorder (PTSD) is an emotional and psychological reaction to trauma. Although it has been called shell shock, battle fatigue, traumatic neurosis and war neurosis, the disorder is not limited to soldiers. Traumatic events that trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat.

About 3.6% of U.S. adults aged 18 to 54 have PTSD. About 12%-30% of those who have spent time in war zones experience PTSD. The highest rates (from one-third to one-half exposed) are found among survivors of rape, military combat and captivity, and ethnically or politically motivated internment and genocide. PTSD can develop at any age, including childhood.

Signs & Symptoms

Symptoms usually begin within three months of the traumatic event, although sometimes they do not appear until years later. As people with PTSD experience the trauma again and again through flashback episodes, memories, nightmares, or frightening thoughts, symptoms often come and go for years, especially when things remind the person of the event. Anniversaries of the event can also trigger symptoms. People with PTSD may experience emotional numbness and sleep disturbances, depression, anxiety, irritability, "jumpiness," or outbursts of anger. "Survivor Guilt" is also common. PTSD is diagnosed when symptoms last longer than a month.

Headaches, stomach problems, immune system difficulties, dizziness, or chest pain are all associated with PTSD. Co-occurring depression, alcohol or other drug abuse, or an additional anxiety disorder are common.

Causes

Post-traumatic Stress Disorder develops from experiencing a life-threatening event. The likelihood of developing the disorder is greater the more intense the event is and the closer the person is to it.

Treatments

Trauma-focused psychotherapies are the most highly recommended type of treatment for PTSD. "Trauma-focused" means that the treatment focuses on the memory of the traumatic event or its meaning. These treatments use different techniques to help the person process the traumatic experience. Some involve visualizing, talking, or thinking about the traumatic memory. Others focus on changing unhelpful beliefs about the trauma. They usually last about 8-16 sessions.

Cognitive-behavioral therapy, which focuses on correcting the painful patterns of behavior and thought, can also be helpful. In this therapy, people learn relaxation techniques and examine and challenge the thinking processes that cause the problem.

As the behavior of spouse and/or children may result from and affect the person with PTSD, family therapy may be recommended.

Discussion or peer counseling groups encourage survivors of similar traumas to share their experiences and reactions to them. Group members help each other realize that many people have acted and felt the same.

In addition, medication can promote sleep and ease symptoms of depression and anxiety.

Helping Yourself

- Talk about the experience; vent your feelings instead of keeping them bottled up.

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- Relax. Do something you enjoy each day. Avoid major sources of stress if you can (such as moving or a new job).
- Eat right. Emotional stress puts extra demands on your physical health. A balanced diet is more important than ever.
- Develop inner peace. Joining or returning to a religious group can be a positive force in your life.
- Exercise. It's a great stress reducer.
- Stay involved. Spend time with people and do things for others.

Helping Someone Else

- Be supportive - Encourage the survivor to get help if needed and try to be understanding. Continue to give your love and support even if the person tries to push you away.
- Be sympathetic - Listen when the person needs to talk.
- Share everyday chores - Help with shopping, cleaning, and other daily chores, but don't take over the person's responsibilities.
- Take time for yourself - Find someone you can talk with, too.
- Be involved - Become a resource for others who want to know more about PTSD.

Sources:

Diagnostic Statistical Manual, 5th Edition (DSM-5)
National Institute of Mental Health
American Psychiatric Association
US Dept of Veterans Affairs National Center for PTSD

For more information contact

Northern Lakes Community Mental Health Authority
 1-800-337-8598
 (231) 922-4850

National Alliance on Mental Illness
www.nami.org
 (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
 (800) 421-4211 (depression info)
 (888) 826-9438 (anxiety info)
 (301) 443-4513 (other info)

Mental Health America
www.nmha.org
 (800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/