# PTSD

## POST-TRAUMATIC STRESS DISORDER

***A TRAUMA and STRESSOR-RELATED DISORDER***


*To help yourself, you need to take care of yourself and be willing to have other people help you."*

***This pamphlet furnishes general information on Post-Traumatic Stress Disorder to assist in understanding the nature of this type of injury or condition. It will not make you a medical health care or mental health care expert but is just to offer you background information on PTSD. It is not designed for mental/health care professionals conducting medical or mental health treatment and is not a medical treatment or mental health care reference document. It is also not a Department of Defense official document medical or otherwise. Any difference between the information in this document and any health care professional or mental health care professional should be resolved in favor of the medical, mental and health care professionals. Any references to medical information are not necessarily DoD's health care policies. Should you have a question on medical or mental health care treatment, ask a member of your medical care team or Nurse Case Manager.***

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## What is Post Traumatic Stress Disorder[1] (PTSD)?

### ▶ It is a "Trauma- and Stressor- Related Disorder"

Post Traumatic Stress Disorder (PTSD) was formerly classified by the American Psychiatric Association/American Psychological Association (APA) (DSM-IV-TR) as an **anxiety disorder/condition.** When the fifth edition of the **"Diagnostic and Statistical Manual of Mental Disorders" (DSM-5)** was released May 2013 **PTSD** is no longer classified under **"Anxiety Disorders**." It's now in a new category, **"Trauma- and Stressor- Related Disorders" a new (DSM-5) separate group of disorders.**

**PTSD** can occur after someone has been through a traumatic event or series of events (traumatic stressors) like sustained exposure to combat operations or even a single particular horrific combat action. These events are out of the ordinary of one's normal life's experiences. During these types of events, either the soldier's life or other soldiers' lives are in danger. Or that they have experienced the death of other soldiers and/or been wounded themselves. Soldiers in a continuous combat environment feel that they have no control over what is happening, become frustrated, and even horrified at what they experience. They can't get the experiences out of their conscious mind. PTSD is sometimes confused with POST-TRAUMATIC STRESS (PTS)—see article later on in this document.

The DSM-IV listed three types of PTSD symptoms: ***re-experiencing the event***, ***avoiding thinking of the event***, and ***hyperarousal (trouble sleeping***, always being anxious or "on edge," etc.). The **DSM-5** includes the previous categories and **adds** "**negative cognitions and moods**." This category includes a distorted sense of blame or guilt, inappropriate anger, social withdrawal, inability to remember key parts of the traumatic experience, and other related signs and symptoms.

### OFFICIAL DSM-5 NARRATIVE DIAGNOSTIC CRITERIA FOR PTSD:

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms involving exposure to one or more traumatic events. Emotional reactions to the traumatic event (e.g., fear, helplessness, horror) are no longer a part of (DSM IV TR) Criterion A. The presentation of PTSD varies. In some individuals, fear-based re-experiencing, emotional, and behavioral symptoms may predominate. In others, anhedonic *(lack of pleasure or of the capacity to experience it in normally pleasurable acts)* or dysphoric *(a state of dissatisfaction, of feeling acutely hopeless, uncomfortable, and unhappy—anxiety)* mood states and negative cognitions may be most distressing. In some other individuals, arousal and reactive-externalizing symptoms are prominent, while in others, dissociative symptoms *(disruptions or breakdowns of memory, awareness,*

[1] *It is important to note, recognize, and know that the term* ***"disorder"*** *is an American Psychiatric Association/ American Psychological Association( APA) DSM IV-TR & DSM-5 official clinical diagnosis term and to not add any more significance or denotation to the term than that—just a diagnostic term.*

*identity or perception)* predominate. Finally, some individuals exhibit combinations of these symptom patterns.

PTSD is not limited to military personnel in combat operations. Anyone who has gone through a life-threatening event can develop PTSD. These events can include:

- Personal attack – robbery, rape, other sexual assault, etc.
- Traumatic loss of a spouse or child
- Terrorist attacks
- Serious accidents, such as a car wreck.
- Natural disasters, such as a fire, tornado, hurricane, flood, or earthquake.
- **(NEW in DSM-5)** A person no longer has to directly witness or be involved with a traumatic event to be diagnosed with PTSD. Learning of a traumatic event that happened to a close friend or family member or experiencing first-hand repeated or extreme exposure to aversive details of a traumatic event (not through TV, media or movies) qualifies a person for the diagnosis.

After the event, the person will feel scared, confused, and angry. If these feelings don't go away or they get worse, they may have PTSD. These symptoms may disrupt their life, making it hard to continue with your daily activities.

## ➔ How does PTSD develop?

People with PTSD have lived through a traumatic event that caused them to fear for their lives, see horrible things, and feel helpless. Strong emotions caused by the event create changes in the brain that may result in PTSD. However, many people who go through a traumatic event don't get PTSD. It isn't clear why some people develop PTSD and others don't. How likely one is to get PTSD depends on many things. These include:

- How intense the trauma was
- If they lost a loved one, a very close “combat buddy” or were hurt
- How close they were to the event
- How strong their reaction was
- How much they felt in control of events
- How much help and support they got immediately after the event

## ➔ KINDS OF PTSD:

- **Acute:** If duration of PTSD symptoms is less than 3 months *(see section on "Acute Stress Disorder")*
- **Chronic:** If duration of PTSD symptoms is 3 months or more
- **With Delayed Onset:** If onset of symptoms is at least 6 months after the traumatic stressor(s)

**PTSD** may manifest many of the attributes of anxiety. See section on **"Generalized Anxiety."** Generalized Anxiety can affect anyone. Anxiety often comes when people hold in their fears in until they begin to feel concern and distress. The effects and symptoms of ***Generalized Anxiety*** include:

- Endless checking or rechecking actions.
- A constant and unrealistic worry about everyday occurrences and activities.
- Fear and anxiety that appear for no apparent reason.

Other related disorders are:

- ***Panic Disorder:*** a sudden, uncontrollable attack of terror that can manifest itself with heart palpitations, dizziness, shortness of breath, and an out of control or terribly frightening feeling;
- ***Generalized Anxiety Disorder:*** excessive anxiety and worry that lasts for at least six months accompanied by other physical and behavioral problems;
- ***Social Phobia****:* a persistent fear of one or more situations in which the person is exposed to possible scrutiny of others;
- ***Obsessive Compulsive Disorder:*** repeated, intrusive and unwanted thoughts that cause anxiety, often accompanied by ritualized behavior that relieve this anxiety;
- ***Post-traumatic Stress Disorder****:* caused when someone experiences a severely distressing or traumatic event. Recurring nightmares and/or flashbacks and unprovoked anger are common symptoms.

By contacting a psychologist, those who suffer from an anxiety disorder can take the first step on the road to recovery. According to the National Institutes of Mental Health, 90 percent of people with emotional illnesses will improve or recover--if they get treatment.

## ➔ WHAT ARE THE SYMPTOMS OF PTSD?

Symptoms of post-traumatic stress disorder (PTSD) may disrupt the person's life and make it hard to continue with their daily activities. It may be hard for them to just get through the day. PTSD symptoms usually start soon after the traumatic event, but they may not happen until months or years later. They also may come and go over many years. **About half (40% to 60%) of people who develop PTSD get better at some time**. But about 1 out of 3 people who develop PTSD always will have some symptoms. If the symptoms last longer than 4 weeks, cause the person great distress, or interfere with their work or home life, they probably have PTSD. Even if the person has some symptoms almost always, counseling can help them cope. PTSD symptoms don't have to interfere with everyday activities, work, and relationships. Most people who go through a traumatic event have some symptoms at the beginning but don't develop PTSD. There are four types of symptoms: 1) re-living symptoms; 2) avoidance symptoms; 3) numbing symptoms; 4) feeling keyed up symptoms.

**SYMPTOMS:**

1. **RE-LIVING:** Re-experiencing the trauma;
2. **AVOIDANCE:** Isolating oneself
3. **NUMBING:** Emotional Numbing
4. **KEYED-UP:** Increased arousal--
    - **i.** Irritability or outbursts of anger
    - **ii.** Develops conflicts with people;
    - **iii.** Difficulty concentrating
    - **iv.** Hypervigilance
    - **v.** Exaggerated startle response

# HERE IS A SIMPLE PTSD QUIZ ---

**PTSD QUIZ:**
Have you experienced, witnessed, or learned of an extreme traumatic event?

AND after the event:

1. Do you avoid being reminded of this experience by staying away from certain places, people, or activities?
2. Do you lose interest in activities that were once important or enjoyable?
3. Do you begin to feel more isolated or distant from other people?
4. Do you find it hard to have love or affection for other people?
5. Do you find yourself thinking that there is no point in planning for the future?
6. Do you have more trouble than usual falling asleep or staying asleep?
7. Do you become jumpy or get easily startled by ordinary noises or movements?
8. Do you feel bad about yourself or feeling that you are a failure or have let yourself down?
9. Do you have trouble concentrating on things like reading the newspaper or watching television?
10. Do you move or speak so slowly that other people notice...OR…the opposite, being so fidgety or restless that you move around a lot more than you did before?

## ➔ DSM-IV-TR NARRATIVE DIAGNOSTIC CRITERIA FOR PTSD:

The essential feature of Posttraumatic Stress Disorder is the development of characteristic symptoms involving exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner war or in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness.

### DIAGNOSTIC CRITERIA FROM DSM IV TR: 309.81 POST TRAUMATIC STRESS DISORDER:

A. The person has been exposed to a traumatic event in which both of the following were present:
   1) The person has been exposed, witnessed, or was confronted with a an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
   2) The person's response involved intense fear, helplessness, or horror.

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
   1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
   2) Recurrent distressing dreams of the event.
   3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated.
   4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
   5) Physiological reactivity on exposure to internal or external cures that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
   1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma
   2) Efforts to avoid activities, places, or people that arouse recollections of the trauma
   3) Inability to recall an important aspect of the trauma
   4) Markedly diminished interest or participation in significant activities
   5) Feeling of detachment or estrangement from others
   6) Restricted range of affect (e.g., unable to have loving feelings)
   7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
   1) Difficulty falling or staying asleep
   2) Irritability or outbursts of anger
   3) Difficulty concentrating
   4) Hypervigilance
   5) Exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month

F. The disturbance causes clinically significant distress or impairment is social, occupational, or other important areas of functioning.

## DIAGNOSTIC CRITERIA FROM DSM-5: 309.81 (F43.10) POST TRAUMATIC STRESS DISORDER:

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
   1. Directly experiencing the traumatic event(s).
   2. Witnessing, in person, the event(s) as it occurred to others.
   3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
   4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

NOTE: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
   1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
   2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
   3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
   4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
   5. Marked physiological reactions to internal or external cues that symbolize or resemble and aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
   1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
   2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
   1. Avoidance Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
   2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
   3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
   4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
   5. Markedly diminished interest or participation in significant activities.
   6. Feelings of detachment or estrangement from others.
   7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following: following:
   1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
   2. Reckless or self-destructive behavior.
   3. Hypervigilance.
   4. Exaggerated startle response.
   5. Problems with concentration.
   6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

# "ACUTE[2] STRESS DISORDER"

***(a form of anxiety disorder lasting only 3 days to 1 month)***

The essential feature of *"Acute Stress Disorder"* is the ***development of characteristic symptoms lasting from 3 day to 1 month following exposure*** to one or more traumatic events. Typically involves an anxiety response to include some form of re-experiencing of or reactivity to the traumatic event(s). The traumatic event(s) can be re-experienced in various ways. Commonly, the individual has recurrent and intrusive recollections of the event(s). However, some individuals may not have intrusive memories of the event(s) itself. ***Distressing dreams*** may contain themes that are representative of or related to the major threats involved in the traumatic event(s). ***Dissociative states*** during which components of the event(s) are relived and the individual behaves as though experiencing the event at that moment. These may last from a few seconds to several hours, or even days. ***Alterations in awareness*** can include *depersonalization*, a detached sense of oneself, or *derealization* (having a distorted view of ones surroundings (e.g., perceiving that things are moving in slow motion, seeing things in a daze, not being aware of events that one would normally encode). ***Behavioral Avoidance:*** Stimuli associated with the trauma are persistently avoided. The individual may refuse to discuss the traumatic experience or may engage in avoidance strategies to minimize awareness of emotional reactions (e.g., excessive alcohol use when reminded of the experience). This Behavioral Avoidance may include avoiding watching news coverage of the traumatic experience, refusing to return to a workplace where the trauma occurred, or avoiding interacting with others who shared the same traumatic experience(s). ***Sleep:*** It is very common for individuals with *"Acute Stress Disorder"* to experience problems with sleep onset and maintenance, which may be associated with nightmares or with generalized elevated arousal that prevents adequate sleep. Individual with *"Acute Stress Disorder"* may be ***quick tempered*** and may even engage in aggressive verbal and/or physical behavior with little provocation. It is often characterized by a heightened sensitivity to potential threats, including those that are related to the traumatic experience. ***Concentration Difficulties***, including difficulty remembering daily events (e.g., forgetting one's telephone number) or attending to focused tasks (e.g., following a conversation for a sustained period of time), are commonly reported. ***Hypervigilance:*** Individuals with *"Acute Stress Disorder*" may be very reactive to unexpected stimuli, displaying a ***heightened startle response*** or jumpiness to loud noises or unexpected movements.

[2] ***Definition of "ACUTE" used herein:*** *having a sudden onset, sharp rise, and short course.*

## DIAGNOSTIC CRITERIA FROM DSM-5: 308.3 (F43.0) ACUTE STRESS DISORDER:

**A.** Exposure to actual or threatened death, serious injury, or sexual violation in one f(or more) of the following areas:

5. Directly experiencing the traumatic event(s).
6. Witnessing, in person, the event(s) as it occurred to others.
7. Learning that the event(s) occurred to a close family member or close friend. **Note**: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
8. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

**NOTE**: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

**B.** Presence of nine (or more) of the following intrusion symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:

**Intrusion Symptoms**

6. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **NOTE***: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.*
7. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). ***NOTE:*** *In children there may be frightening dreams without recognizable content.*
8. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **NOTE:** *In children, trauma-specific reenactment may occur om play.*
9. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

**Negative Mood**

10. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
11. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

**Dissociative Symptoms**

12. An altered sense of reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing).
13. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

**Avoidance Symptoms**

14. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
15. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

**Arousal Symptoms**

16. Sleep disturbances (e.g., difficulty falling or staying asleep, restless sleep).
17. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
18. Hypervigilance
19. Problems with concentration.
20. Exaggerated startle response.

**C.** Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure. **NOTE:** *Symptoms typically begin immediately after the trauma, but persistence for at least 3 days and up to a month is needed to meet disorder criteria.*

**D.** The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**E.** The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition (e.g., mild traumatic brain injury) and is better explained by brief psychotic disorder.

# ➔ ASSOCIATED FEATURES OF PTSD:

There are "associated" features and disorders: PTSD patients experience increased rates of Major Depressive-Compulsive disorder, Generalized Anxiety disorder, Social Phobia, specific phobia, and Bipolar Disorder. These disorders can either precede, follow, or emerge concurrently with the onset of Posttraumatic Stress Disorder.

### ► TBI and PTSD

- Be aware that persistent effects of TBIs often include secondary psychological disorders sometimes summarized as simply “mood disorders”
- In addition, symptoms and signs of TBI (especially mild cases) and PTSD may comingle and be very difficult to separate. These are the comorbid (co-occurring) effects3 of the primary medical condition of TBI

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> - **Be aware that persistent effects of TBIs often include secondary psychological disorders sometimes summarized as simply “mood disorders”**
> - **In addition, symptoms and signs of TBI (especially mild TBI cases) and PTSD may commingle and be very difficult to separate. *These are the comorbid (co-occurring) effects of the primary medical condition of TBI***

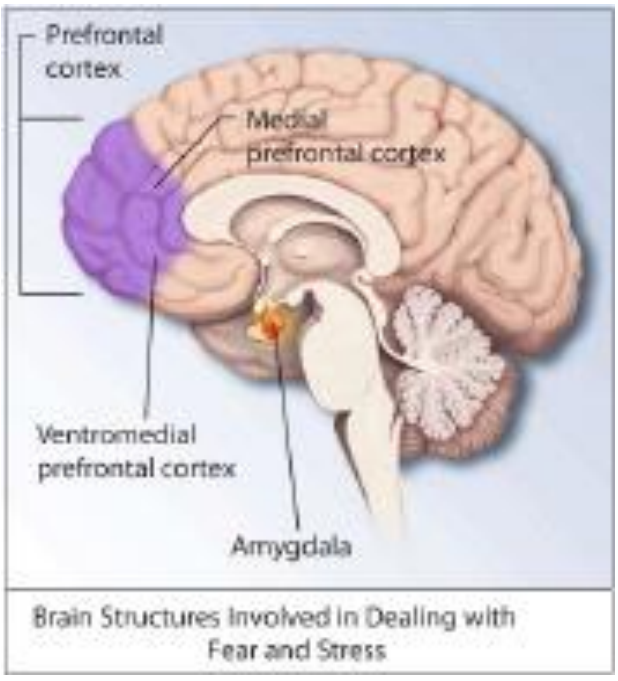
### Physiologic (structural) factors of PTSD:

SEE BRAIN DIAGRAM BELOW: The amygdala is a key brain structure implicated in PTSD. Research has shown that exposure to traumatic stimuli can lead to fear conditioning, with resultant activation of the amygdala and associated structures, such as the hypothalamus, locus ceruleus, periaqueductal gray, and parabrachial nucleus. This activation and the accompanying autonomic neurotransmitter and endocrine activity produce many of the symptoms of PTSD.

[3] ***Comorbid:*** *a medical condition in a patient that causes, is caused by, or is otherwise related to another condition in the same patient*

The orbitoprefrontal cortex exerts an inhibiting effect on this activation. The hippocampus also may have a modulating effect on the amygdala. However, in people who develop PTSD, the orbitoprefrontal cortex appears to be less capable of inhibiting this activation, possibly due to stress-induced atrophy of specific nuclei in this region.

So please note the areas of the brain that influence PTSD. If one has their TBI in those areas, then it would not be unreasonable nor surprising to have co-occurring (comorbid) effects.



Brain Structures Involved in Dealing with Fear and Stress

## ➔ OBSERVATIONS & RECOMMENDATIONS FOR A PERSON WITH PTSD:

**Reliving the event (also called re-experiencing symptoms):** Bad memories of the traumatic event can come back at any time. You the Wounded Warrior may feel the same fear and horror they did when the event took place. You/they may feel like they are going through the event again. This is called a flashback. Sometimes there is a trigger: a sound or sight that causes them to relive the event. Triggers might include:

- **Reminders/Spontaneous Recall:** Hearing a car backfire, which can bring back memories of combat gunfire, explosions, and the horrors they experiences for a combat veteran

- **Reminders/Spontaneous Recall:** Seeing a vehicular accident, which can remind a the Wounded Warrior survivor of their own IED type “accident”

- **Reminders/Spontaneous Recall:** Seeing a news report of a combat situation or simply news reel video of the area of operations

- **Feeling numb:** A PTSD Wounded Warrior may find it hard to express their feelings. You/they may not have positive or loving feelings toward other people and may stay away from relationships

- **Loss of Interest:** You/they may not be interested in activities they used to enjoy

- **Memory Suppression**: You/they may forget about parts of the traumatic event or not be able to talk about them.

**Feeling keyed up (also called arousal or hyper-arousal symptoms):**
They may be always on the alert and on the lookout for danger. This is known as increased emotional arousal. It can cause them to:

- Suddenly become angry or irritable

- Have a hard time sleeping

- Have trouble concentrating

- Fear for your safety and always feel on guard

- Having anxiety attacks when encountering people who look like your former enemy combatants

- Be very startled when someone surprises you

- Avoiding situations that others find normal, e.g., a Wounded Warrior that was shot by a sniper may avoid standing near windows or demand that curtains be drawn or avoid “silhouetting” yourself/themselves especially at night

## ➔ What are other common problems?

People with PTSD may also have other problems. These include:

- Drinking or drug problems

- Feelings of hopelessness, shame, or despair

- Employment problems

- Relationships problems including divorce and violence

- Physical symptoms

- Survivor’s guilt

## ➔ What treatments are available?

Today, there are many very effective treatments available for PTSD. When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. But talking with a therapist can help get better.

***Cognitive-behavioral therapy (CBT),*** a type of therapeutic counseling--it is the most effective treatment for PTSD is cognitive behavioral therapy.[4]There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. There is also a similar kind of therapy called eye movement desensitization and reprocessing (EMDR) that is used for PTSD. Medications have also been shown to be effective. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is sometimes effective for PTSD.

## ➔ For the Individual: "What can I do if I think I have PTSD?"

If you think you, the Wounded Warrior, may have PTSD, it's important to get treatment. **Treatment can work, and early treatment may help reduce long-term symptoms**. So if you think that the Wounded Warrior may have PTSD, have them:

- Talk to your family doctor.
- Talk to a mental health professional, such as a therapist or a social worker.
- Upon discharge and as a veteran, contact your local VA hospital or Vet Center.
- Talk to a close friend or family member. He or she may be able to support you and find you help.
- Talk to a religious leader.
- Fill out a PTSD screen and take it with you to the doctor. An online PTSD screen is available for PTSD related to stressful military experiences, but the Wounded Warrior can also answer the questions as they would apply to any other traumatic event.

Many people who might need assistance with something like the symptoms of PTSD are afraid to go for help.

- 1 out of 5 people say they might not get help because of what other people might think.

[4] Bisson, J, Andrew M. "Psychological treatment of post-traumatic stress disorder and acute stress reaction." *Cochrane Database Syst. Rev. 2007*, (3): CDOO3388

- 1 out of 3 people say they would not want anyone else to know they were in therapy.
- A study that's been done of soldiers coming home from Iraq found that only 4 in 10 service members with mental health problems said they would get help. Some of the most common reasons they gave were:
- Worried about what others would think
- Thought it might hurt their military career
- Might be seen as weak

## ➔ Why seek help?

Here are some of the reasons why the Wounded Warrior should seek help:

- **Early treatment is better**

Symptoms of PTSD may get worse. Dealing with them now might help stop them from getting worse in the future. Finding out more about what treatments work, what therapists sync with the Wounded Warrior, where to look for help, and what kind of questions to ask can make it easier to get help and lead to better outcomes.

- **PTSD symptoms can change family life**

PTSD symptoms can get in the way of the Wounded Warrior's family life. You may find that they pull away from loved ones, are not able to get along with people, or that they are angry or even violent. Getting help for the Wounded Warrior's PTSD can help improve their family life. It is not beyond the West Point WRAMC Wounded Warrior Program's scope to research and recommend couples/family/marriage counseling.

- **PTSD can be related to other health problems**

PTSD symptoms can worsen physical health problems. For example, a few studies have shown a relationship between PTSD and heart trouble. By getting help for the Wounded Warrior's PTSD it could also improve their physical health.

## ➔ What YOU, the Person with PTSD, can do:

If you or your Wounded Warrior has PTSD or PTSD symptoms they may feel helpless. But, there are things the Wounded Warrior can do. Here are ways the Wounded Warrior can help their selves:

- Learn more about PTSD from a website or from other places.

- Have the Wounded Warrior talk to their doctor or a chaplain or other religious leader or mental health counselor
- Go for a PTSD evaluation by a mental health professional specifically trained to assess psychological problems.
- If the Wounded Warrior does not want to be evaluated but you feel they have symptoms of PTSD you may choose "watchful waiting." Watchful waiting means taking a wait-and-see approach.
- If the Wounded Warrior gets better on their own, they may not need treatment.
- If the symptoms do not get better after 3 months and they are either causing the Wounded Warrior distress or are getting in the way of their work or home life, encourage them to talk with a mental health professional.

In a few cases, the Wounded Warrior's symptoms may be so severe that they need immediate help. Call 911 or other emergency services immediately if you think that they cannot keep from hurting themselves or someone else.

## ➔ THE FAMILY MEMBERS/CAREGIVERS: Helping a family member or someone you are mentoring who has PTSD

When someone has PTSD it can change family life. The person with PTSD may act differently and get angry easily. He or she may not want to do things you used to enjoy together.

Family members may feel scared and frustrated about the changes they see in their loved one. They also may feel angry about what's happening to their family, or wonder if things will ever go back to the way they were. These feelings and worries are common in people who have a family member with PTSD.

For the Wounded Warriors and their families, is important to learn about PTSD so all can understand why it happened, how it is treated, and what they can do to help themselves. It is very important that everyone take care of themselves. Changes in family life are stressful, and taking care of themselves, as a PTSD victim or the family member of one, will make it easier to cope.

## ➔ YOU THE INDIVIDUAL: "How can I help myself?"

You may feel helpless, but there are many things you can do. Nobody expects you, the Wounded, Ill or Injured (WII) Wounded Warrior (WW) or their families to have all the answers. Here are ways you as a WW Mentor or Caregiver can help and assist the Wounded Warrior (WW) to help themselves:

- **INDIVIDUAL WITH PTSD:** Learn as much as you can about PTSD. Knowing how PTSD affects people may help you understand what the family members are going through. The more both you and the WII WW know, the better they and their family can handle PTSD.

- **MENTOR/CAREGIVER/FAMILY MEMBER:** Offer to go to doctor visits with your family member. You can help keep track of medicine and therapy, and you can be there for support.

- **MENTOR/CAREGIVER/FAMILY MEMBER:** Tell your loved one you want to listen and that you also understand if he or she doesn't feel like talking.

- **MENTOR/CAREGIVER/FAMILY MEMBER:** Plan family activities together, like having dinner or going to a movie.

- **INDIVIDUAL WITH PTSD:** Take a walk, go for a bike ride, or do some other physical activity together. Exercise is important for health and helps clear your mind.

- **MENTOR/CAREGIVER/FAMILY MEMBER:** Encourage contact with family and close friends. A support system will help your family member get through difficult changes and stressful times.

- **MENTOR/CAREGIVER/FAMILY MEMBER:** Your family member may not want your help. If this happens, keep in mind that withdrawal can be a symptom of PTSD. A person who withdraws may not feel like talking, taking part in group activities, or being around other people. Give your loved one space, but tell him or her that you will always be ready to help.

## ➔ THE FAMILY MEMBERS/CAREGIVERS: "How can I deal with anger or violent behavior of my loved one?"

- Your family member may feel angry about many things. Anger is a normal reaction to trauma, but it can hurt relationships and make it hard to think clearly. Anger also can be frightening.

- If anger leads to violent behavior or abuse, it's dangerous. Go to a safe place and call for help right away. Make sure children are in a safe place as well.

- It's hard to talk to someone who is angry. One thing you can do is set up a time-out system. This helps you find a way to talk even while angry. Here's one way to do this.

- Agree that either of you can call a time-out at any time.
- Agree that when someone calls a time-out, the discussion must stop right then.
- Decide on a signal you will use to call a time-out. The signal can be a word that you say or a hand signal.
- Agree to tell each other where you will be and what you will be doing during the time-out. Tell each other what time you will come back.
- While you are taking a time-out, don't focus on how angry you feel. Instead, think calmly about how you will talk things over and solve the problem.

## ➔ After you come back from a "time-out":

- Take turns talking about solutions to the problem. Listen without interrupting.
- Use statements starting with "I," such as "I think" or "I feel." Using "you" statements can sound accusing.
- Be open to each other's ideas. Don't criticize each other.
- Focus on things you both think will work. It's likely you will both have good ideas.
- Together, agree which solutions you will use.

## ➔ INDIVIDUAL WITH PTSD: "How can I communicate better?"

- You and your family may have trouble talking about feelings, worries, and everyday problems. Here are some ways to communicate better:
- Be clear and to the point.
- Be positive. Blame and negative talk won't help the situation.
- Be a good listener. Don't argue or interrupt. Repeat what you hear to make sure you understand, and ask questions if you need to know more.
- Put your feelings into words. Your loved one may not know you are sad or frustrated unless you are clear about your feelings.
- Help your family member put feelings into words. Ask, "Are you feeling angry? Sad? Worried?"
- Ask how you can help.

- Don't give advice unless you are asked.

If your family is having a lot of trouble talking things over, consider recommending family therapy. Family therapy is a type of counseling that involves your whole family. A therapist helps the WW and their family communicate, maintain good relationships, and cope with tough emotions.

During therapy, each person can talk about how a problem is affecting the family. Family therapy can help family members understand and cope with PTSD.
The health professional or a religious or social services organization can help you find a family therapist who specializes in PTSD. The WRAMC Wounded Warrior Mentor Program subject matter experts (SME's) have access to direct Mental and Behavioral Health Care sources within the WRAMC system…if you as a Mentor cannot find a source, contact one of our SME's or your class/group leader.

## ➔ How can the Persons with PTSD and their Families/Caregivers take care of themselves?

Helping a person with PTSD can be hard on the family members. They may have their own feelings of fear and anger about the trauma. They may feel guilty because they wish the WW family member would just forget his or her problems and get on with life. They may feel confused or frustrated because their loved one has changed, and they may worry that their family life will never get back to normal again.

All of this can drain family members. It can affect their health and make it hard for them to help their loved one with PTSD. If they are not careful, they may get sick themselves, become depressed, or burn out and stop helping your loved one.

A good rule is***: "To help yourself, you need to take care of yourself and be willing to have other people help you."***

# ➔ CARE FOR YOURSELF!!!!

- Don't feel guilty or feel that you have to know it all. Remind yourself that nobody has all the answers. It's normal to feel helpless at times.
- Don't feel bad if things change slowly. You cannot change anyone. People have to change themselves.
- Take care of your physical and mental health. If you feel yourself getting sick or often feel sad and hopeless, see your doctor.
- Don't give up your outside life. Make time for activities and hobbies you enjoy. Continue to see your friends.

- Take time to be by yourself. Find a quiet place to gather your thoughts and "recharge."
- Get regular exercise, even just a few minutes a day. Exercise is a healthy way to deal with stress.
- Eat healthy foods. When you are busy, it may seem easier to eat fast food than to prepare healthy meals. But healthy foods will give you more energy to carry you through the day.
- Remember the good things. It's easy to get weighed down by worry and stress. But don't forget to see and celebrate the good things that happen to you and your family.

## ➔ GET HELP!

During difficult times, it is important to have people in their life that they can depend on. These people are the support network. They can help with everyday jobs, like taking a child to school, or by giving love and understanding.

The Wounded Warrior PTSD and their families may get support from:

- Other family members.
- Friends, coworkers, and neighbors.
- Members of your religious or spiritual group.
- Support groups.
- Doctors and other health professionals
- Therapists[5]: For example: Psychologists (PhD, PsyD); Licensed Clinical Social Workers (LCSW))

[5] **GIVE AN HOUR** (Gives Help/Gives Hope): Give an Hour is a 501 ( c ) (3) nonprofit charitable organization dedicated to providing free and confidential civilian mental health services to Post-9/11 service members, Veterans and their loved ones. Over the past 9 years (since 2014) the Give An Hour nationwide network of approximately 7,000 volunteer mental health care providers have donated nearly 140,000 hours of free counseling and consulting services to individuals, couples, and families, children and adolescents, and other organizations. http://www.giveanhour.org/ Contact email: info@giveanhour.org

# ➔ Frequently Asked Questions

### 1. What treatments are available for PTSD?

There are many types of treatment for PTSD. The individuals and their doctor(s) will discuss the best treatment. **IT IS IMPORTANT FOR YOU and YOUR MENTOR/CAREGIVER TO KNOW and REMEMBER THAT YOU MAY HAVE TO TRY A NUMBER OF TREATMENTS AND THERAPISTS BEFORE THEY FIND ONE THAT WORKS FOR THEM.**

A type of counseling called cognitive-behavioral therapy and medicines known as SSRIs[6] appear to be the most effective treatments for PTSD. Treatment can help the PTSD Wounded Warrior feel more in control of their emotions and result in fewer symptoms, but they may still have some bad memories.

### 2. How do I locate specialists or support groups for PTSD?

If you are in an immediate crisis, please go to your nearest Emergency Room or call 911. Although the Center does not provide any direct clinical care, they provide links and information to help you locate mental health services in your area.

### 3. I am an American Veteran. Who do I contact for help with PTSD?

You can contact your local VA Hospital or Veterans Center located in your telephone book, or call the VA Health Benefits Service Center toll free at 1-877-222-VETS. In addition to its medical centers, VA also has many CBOCs (Community Based Outpatient Clinics) around each state so you can look for one in your community. You can also use any of the information on treatment for the general public.
For online help, the VA also offers the ***MyHealtheVet*** and Seamless Transition websites. Please also see Specialized **PTSD Treatment Programs** in the U.S. Department of Veterans Affairs at **http://www.ptsd.va.gov/public/pages/gen-treatment.asp** also go to **http://www.va.gov/** and **http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp** for PTSD in general.

### 4. As an American Veteran, how do I file a claim for disability due to PTSD?

A formal request ("claim") must be filed by the veteran using forms provided by the VA's Veterans Benefits Administration. After the forms are completely submitted, the veteran must complete interviews concerning her or his "social history" (a review of family, work, and educational experiences before, during, and after military service) and "psychiatric status" (a review of past and current psychological symptoms, and of traumatic experiences during military service). The forms and information about the application

[6] Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants used in the treatment of depression, anxiety disorders, and some personality disorders.

process can be obtained from Benefits Officers at any VA Medical Center, Outpatient Clinic, or Regional Office.

### *APPLYING FOR VA DISABILITY FOR PTSD*

The process of applying for a VA disability for PTSD can take months or even years, and can be both complicated and quite stressful. The Veteran's Service Organizations (VSOs) provide "Service Officers" at no cost to help veterans and family members pursue VA disability claims. Service Officers are familiar with every step in the application and interview process, and can provide both technical guidance and moral support. In addition, some Service Officers particularly specialize in assisting veterans with PTSD disability claims. See the Department of Veterans Affairs web site: **http://www1.va.gov/vso/** for a list and hyperlinks to the VA approved VSO's.

Even if a veteran has not been a member of a specific Veterans Service Organization, the veteran still can request the assistance of a Service Officer working for that organization. In order to get representation by a qualified and helpful Service Officer, you can directly contact the local office of any Veterans Service Organization -- or ask for recommendations from other veterans who have applied for VA disability, or from a PTSD specialist at a VA PTSD clinic or a Vet Center. [7]

## 5. OTHER SOURCES OF INFORMATION & ASSISTANCE:

Department of Veterans Affairs (VA) National Center for PTSD **http://www.ptsd.va.gov/** This site has an excellent **PTSD Overview** source—see next under extract:

***"After a trauma or life-threatening event, it is common to have reactions such as upsetting memories of the event, increased jumpiness, or trouble sleeping. If these reactions do not go away or if they get worse, you may have Posttraumatic Stress Disorder (PTSD)."***

- **What is Posttraumatic Stress Disorder (PTSD)?**
- **Find out about the symptoms of PTSD and how they develop.**
- **Frequently Asked Questions About PTSD**
- **Basic information about PTSD and its treatment. Includes links to resources for getting help.**
- **Helping a Family Member Who Has PTSD**
- **Ways you can help a loved one with PTSD and ways you can help yourself.**

[7] **Taken from the U.S. Department of Veterans Affairs National Center for PTSD**
http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/

- **How Common is PTSD?**
- **Find out how many people have PTSD and who is most likely to develop PTSD.**
- **Treatment of PTSD**
- **Describes the treatments shown to be effective for PTSD and what you can expect from your therapist.**
- **What Can I Do if I Think I Have PTSD?**
- **Learn what you can do if you think you have PTSD.**

## REFERENCES & HELPFUL AIDS

- **"POST TRAUMATIC STRESS DISORDER"** ***QUICK SERIES:*** A guide that presents general, commonsense, guidelines to assist military service members and veterans and their families in managing and recovering from traumatic stress. The guidelines in this ***"QUICK SERIES"*** "flip-spiral" booklet provide essential information for developing a strategic stress recovery program and contains instructions for actively combating the effects of traumatic stress. It is NOT a substitute for traumatic stress control training/therapy. The principles in this ***"QUICK SERIES"*** booklet are not a form of psychotherapy or a substitute for psychotherapy. The suggestions in this ***"QUICK SERIES"*** booklet are not intended to cure physical or psychological disorders. Chronic or extreme stress may cause a wide assortment of physical and psychological problems. Some may require evaluation and treatment by medical or mental health professionals.

- **"ANGER MANAGEMENT"** ***QUICK SERIES:*** A guide that presents general, commonsense, guidelines to assist military service members and veterans and their families in controlling emotions before they control you. This ***"QUICK SERIES"*** booklet guide helps with: Recognizing if you have a problem with **anger**; Understanding the role **anger** plays in daily life; Become aware of the ways **anger** can affect the individual and others; Manage **anger** more effectively; and Channel anger constructively. It includes quick tips and self-help techniques to cope with **anger**.

These ***"QUICK SERIES"*** booklets are available for purchase from "Quick Series" 1-800-361-4653 www.quickseries.com

- **The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury**

http://www.dcoe.health.mil/

# DCoE Blog

**http://www.dcoe.health.mil/blog/article.aspx?id=1&postid=297**

## Frontline Psych with Doc Bender: What's the Difference between PTS, PTSD?

Posted by Dr. James Bender, DCoE psychologist on September 27, 2011

*Dr. James Bender is a former Army psychologist who deployed to Iraq as the brigade psychologist for the 1st Cavalry Division's 4th Brigade Combat Team out of Fort Hood, Texas. During his deployment, he traveled through Southern Iraq, from Basra to Baghdad. He writes a monthly post for the **DCoE Blog** on psychological health concerns related to deployment and being in the military*

Hello. I was talking to our DCoE social media people a few weeks ago and they were saying that some people confuse **post-traumatic stress disorder** (PTSD) with **post-traumatic stress**. It's an easy mistake to make, especially for people who don't spend a lot of time studying the topic. However, there are significant differences between the two and it's useful for our nation's warriors and the people who support them to know about them.

**Post-traumatic stress** is a common, normal and often adaptive response to experiencing a traumatic or stressful event. If you've ever been a bit shocked or rattled after a car accident or had a close call with a physical injury (falling off a ladder, nearly drowning or being in a combat situation) you may have noticed your heart racing and maybe your hands shook for a while. You might find yourself leery about engaging in the activity that almost injured you. Being more careful in a potentially dangerous situation is one of the positive outcomes of post-traumatic stress. Other experiences, like avoiding the activity that almost got you hurt or feeling scared, will subside in time.

**Post-traumatic stress disorder** is a clinically-diagnosed condition. Anyone who has experienced or witnessed a situation involving the possibility of death or serious injury can develop PTSD (although many people who experience traumatic situations recover after a period of adjustment). **PTSD symptoms** include reliving the event through nightmares, flashbacks or constantly thinking about the incident. Other symptoms include avoiding situations or people that remind you of the event, trouble feeling positive emotions, and being constantly jittery, nervous, or "on edge." These symptoms must be present for more than one month to qualify for a PTSD diagnoses.

**Key differences:**

- Post-traumatic stress symptoms resolve on their own and improve within a month. PTSD symptoms are more severe, numerous and interfere with normal life
- Post-traumatic stress is common and most people with post-traumatic stress do not develop PTSD
- PTSD is a medically-diagnosed condition

Those with PTSD have many effective treatments available to them. There are **medications that are FDA-approved to treat PTSD** and therapy techniques, like **exposure therapy and cognitive therapy**. If you have, or think you may have PTSD, the best thing for you to do is to educate yourself, download the **PTSD Coach** mobile app, visit the **Department of Veterans Affairs National Center for PTSD**, or contact the **DCoE Outreach Center** for material.

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**DEPARTMENT OF VETERANS AFFAIRS NATIONAL CENTER FOR PTSD**
**http://www.ptsd.va.gov/**

**Mission of the NATIONAL CENTER for PTSD**

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

Vision

The National Center has emerged as the world's leading research and educational center of excellence on PTSD. Its vision is to be the foremost leader in information on PTSD and trauma; information generated internally through its extensive research program, and information synthesized from published scientific research and collective clinical experience that is efficiently disseminated to the field.

The Center is organized to facilitate rapid translation of science into practice, assuring that the latest research findings inform clinical care; and translation of practice into science, assuring that questions raised by clinical challenges are addressed using rigorous experimental protocols.

By drawing on the specific expertise vested at each separate division (e.g., behavioral, neuroscientific, etc.), the National Center provides a unique infrastructure within which to implement multidisciplinary initiatives regarding the etiology, pathophysiology, diagnosis and treatment of PTSD

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## WARZONE-RELATED STRESS REACTIONS: WHAT FAMILIES NEED TO KNOW

***A National Center for PTSD Fact Sheet*** Julia M. Whealin, Ph.D.

Military personnel in war zones frequently have serious reactions to their traumatic war experiences. Sometimes the reactions continue after they return home. Ongoing reactions to war zone fear, horror, or helplessness connected with posttraumatic stress and can include:

- Nightmares or difficulty sleeping
- Unwanted distressing memories or thoughts
- Anxiety and panic
- Irritability and anger
- Emotional numbing or loss of interest in activities or people
- Problem alcohol or drug use to cope with stress reactions

## How Traumatic Stress Reactions Can Affect Families

Stress reactions in a returning war veteran may interfere with the ability to trust and be emotionally close to others. As a result, families may feel emotionally cut off from the service member. The veteran may feel irritable and have difficulty with communication, making him/her hard to get along with. He or she may experience a loss of interest in family social activities. The veteran may lose interest in sex and feel distant from his or her spouse. Traumatized war veterans often feel that something terrible may happen “out of the blue” and can become preoccupied with trying to keep themselves and family members safe.

Just as war veterans are often afraid to address what happened to them, family members also may avoid talking about the trauma or related problems. They may avoid talking because they want to spare the veteran further pain, or because they are afraid of his or her reaction. Family members may feel hurt, alienated, or discouraged because the veteran has not overcome the effects of the trauma and may become angry or feel distant from the veteran.

## The Important Role of Families in Recovery

The primary source of support for the returning soldier is likely to be his or her family. Families can help the veteran avoid withdrawal from others. Families can provide companionship and a sense of belonging, which can help counter feelings

of separateness and difference from other people. They can provide practical and emotional support for coping with life stressors.

If the veteran agrees, it is important for family members to participate in treatment. It is also important to talk about how the post-trauma stress is affecting the family and what the family can do about it. Adult family members should also let their loved ones know that they are willing to listen if the service member would like to talk about war experiences. Family members should talk with treatment providers about how they can help in the recovery effort.

## What Happens in Treatment for PTSD

Treatment for PTSD focuses upon helping the veteran reduce fear and anxiety, gain control over traumatic stress reactions, make sense of traumatic experiences, and function better at work and in the family. A standard course of treatment may include:

- Assessment and development of an individual treatment plan.
- Education of veterans and their families about posttraumatic stress and its effects.
- Training in relaxation methods, to help reduce physical arousal/tension.
- Practical instruction in skills for coping with anger, stress, and ongoing problems.
- Discussion of feelings of anger or guilt, which are common among survivors of war trauma.
- Detailed discussion to help change distressing beliefs about self and others (e.g., self-blame).
- If appropriate, careful, repeated discussions of the trauma (exposure therapy) to help the service member reduce the fear associated with trauma memories.

- Medication to reduce anxiety, depression, or insomnia.

- Group support from other veterans, often felt to be the most valued treatment experience.

Mental health professionals in VA Medical Centers and community clinics and Readjustment Counseling Service Vet Centers have a long tradition of working with family members of veterans with PTSD. Educational classes for families and couples counseling may be available. Family members can encourage the veteran to seek education and counseling, but should not try to force their loved one to get help. Family members should consider getting help for themselves, whether or not their loved one is getting treatment.

## Self-Care Suggestions for Families

- Become educated about PTSD.
- Take time to listen to all family members and show them that you care.
- Spend time with other people. Coping is easier with support from caring others, including extended family, friends, church, or other community groups.
- Join or develop a support group.
- Take care of yourself. Family members frequently devote themselves totally to those they care for, and in the process, neglect their own needs. Watch your diet, exercise, and get plenty of rest. Take time to do things that feel good to you.
- Try to maintain family routines, such as dinner together, church, or sports outings.

### Additional Resources

For more information about PTSD and treatment, visit the National Center for PTSD website at **www.ncptsd.org**

Matsakis, A. (1996). Vietnam wives: Facing the challenges of life with veterans suffering posttraumatic stress. Baltimore, MD: Sidran.
Mason, P. (1999). Recovering from the war: A woman's guide to helping your Vietnam vet, your family, and yourself. High Springs, FL: Patience Press.

http://www.ptsd.va.gov/public/pages/warzone-stress-reactions-family.asp

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# PTSD and the Family

**Eve B. Carlson, PhD and Joseph Ruzek, PhD**

## How does PTSD affect family members?

Because PTSD and other trauma reactions change how a trauma survivor feels and acts, traumatic experiences that happen to one member of a family can affect everyone else in the family. When trauma reactions are severe and go on for some time without treatment, they can cause major problems in a family. This fact sheet will describe family members' reactions to the traumatic event and to the survivor's symptoms and behaviors.

It's no wonder that family members react to the fact that their loved one has gone through a trauma. It's upsetting when someone you care about goes through a terrible ordeal. And it's no wonder that people react to the way a traumatized family member feels and acts. Trauma symptoms can make a family member hard to get along with or cause him or her to withdraw from the rest of the family. It can be very difficult for everyone when these changes occur. Just as people have different reactions to traumatic experiences, families also react differently when a loved one is traumatized. In the section below, many different types of reactions are described. A family may experience many of these reactions, or only a few. All of the reactions described, however, are common in families who have had to deal with trauma.

## Sympathy

One of the first reactions many family members have is sympathy for their loved one. People feel very sorry that someone they care about has had to suffer through a terrifying experience. And they feel sorry when the person continues to suffer from symptoms of PTSD and other trauma responses. It can be helpful for the person who has experienced the trauma to know that his or her family members sympathize with him or her, especially just after the traumatic event occurs.

Sympathy from family members can also have a negative effect, though. When family members' sympathy leads them to "baby" a trauma survivor

and have low expectations of him or her, it may send a message that the family doesn't believe the trauma survivor is strong enough to overcome the ordeal. For example, if a wife has so much sympathy for her husband that she doesn't expect him to work after a traumatic experience, the husband may think that she doesn't have any confidence in his ability to recover and go back to work.

## Depression

One source of depression for family members can be the traumatic event itself. All traumas involve events where people suddenly find themselves in danger. When this happens in a situation or place where people are used to feeling safe, just knowing the event happened could cause a person to lose faith in the safety and predictability of life. For example, if a woman gets mugged in the parking lot of a neighborhood shopping center, her family may find they feel depressed by the idea that they are not really as safe as they thought they were, even in their own neighborhood.

It can also be very depressing when a traumatic event threatens a person's ideals about the world. For instance, if a man gets traumatized in combat by seeing someone tortured, it can be very depressing to know that people are capable of doing such cruel things to each other. Before the man was faced with that event, he may have been able to believe that people are basically good and kind.

Depression is also common among family members when the traumatized person acts in a way that causes feelings of pain or loss. There may be changes in family life when a member has PTSD or other symptoms after trauma. The traumatized person may feel too anxious to go out on family outings as he or she did in the past. The traumatized person may not be able to work because of PTSD symptoms. As a result, the family income may decrease and the family may be unable to buy things and do things the way they did before the traumatic event. A husband may feel unloved or abandoned when, because of her depression, his traumatized wife withdraws emotionally and avoids being intimate or sexual. Children whose father can't be in crowds because of combat trauma may feel hurt that their father won't come to see them play sports. When PTSD lasts for a long time, family members can begin to lose hope that their loved one or their family will ever get "back to normal."

## Fear and worry

Knowing that something terrible can happen "out of the blue" can make people very fearful. This is especially true when a family member feels unsafe and often reminds others about possible dangers. Very often, trauma survivors feel "on edge" and become preoccupied with trying to stay safe. They may want to get a guard dog, or put up security lights, or have

weapons in the house in order to protect themselves and their family members. When one person in a family is very worried about safety, it can make everyone else feel unsafe too. However, something that helps one person feel safe-like a loaded weapon under the bed-may make another person feel unsafe.

Family members can also experience fear when the trauma survivor is angry or aggressive. As described above, trauma survivors can become angry and aggressive automatically if they feel they are in danger. Trauma survivors may also become angry and aggressive because they are frustrated that they have trauma symptoms, or because they learned to be aggressive as a way to protect themselves in the trauma situation. No matter what the reason for the anger and aggression, it naturally makes family members fearful.

Many trauma symptoms can cause family members to worry. A wife might worry that her traumatized husband who becomes angry and violent at the least provocation will be injured in a fight or get in trouble with the police. A daughter may worry that her mother will make herself ill by drinking heavily as a result of a traumatic event. A man's inability to keep a job because of trauma-related problems may cause his family to worry constantly about money and the future.

## Avoidance

Just as trauma survivors are often afraid to address what happened to them, family members are frequently fearful of examining the traumatic event as well. Family members may want to avoid talking about the trauma or trauma-related problems, even with friends. People who have experienced trauma hope that if they don't talk about the problem, it will go away. People also don't wish to talk about the trauma with others because they are afraid that others won't understand or will judge them. Sometimes, if the traumatic event is one associated with shame, such as rape, family members may avoid talking about the event and its effects because of social "rules" that tell us it is inappropriate to talk about such things. Family members may also not discuss the trauma with others because they fear it will bring their loved one more shame.

Family members may avoid the things that the trauma survivor avoids because they want to spare the survivor further pain, or because they are afraid of his or her reaction. For example, the wife of a combat Veteran who is anxious about going out in public may not make plans for family outings or vacations because she is afraid to upset her husband. Though she doesn't know what she can do to "fix" the problem, she does know that if the family goes to a public event, the husband will be anxious and irritable the whole time.

## Guilt and shame

Family members can feel guilt or shame after a traumatic event for a number of reasons. A family member may experience these feelings if he or she feels responsible for the trauma. For instance, a husband whose wife is assaulted may feel guilt or shame because he was unable to protect her from the attack. A wife may feel responsible for her husband's car accident if she thinks she could have prevented it if she had gotten the car's brakes fixed. A family member may feel guilt and shame if he or she feels responsible for the trauma survivor's happiness or general well-being, but sees no improvement no matter how hard he or she tries to help. Sometimes, after years of trauma-related problems in a family, a family member may learn about PTSD and realize that this is the source of their family problems. The family member may then feel guilty that he or she was unsupportive during the years.

## Anger

Anger is a very common problem in families that have survived a trauma. Family members may feel angry about the trauma and its effect on their lives. They may be angry at whoever they believe is responsible for the traumatic event (this includes being angry at God). They can also feel anger toward the trauma survivor. Family members may feel that the survivor should just "forget about it" and get on with life. They may be angry when their loved one continues to "dwell" on the trauma. A wife may be mad because her husband can't keep a job or because he drinks too much or won't go with her to social events or avoids being intimate with her or doesn't take care of the kids. Family members may also feel angry and irritable in response to the anger and irritability the trauma survivor directs at them.

## Negative feelings

Sometimes family members have surprisingly negative feelings about the traumatized family member. They may believe the trauma survivor no longer exhibits the qualities that they loved and admired. A person who was outgoing before a trauma may become withdrawn. A person who was fun-loving and easy-going before a trauma may become ill-tempered. It may be hard to feel good toward a person who seems to have changed in many ways. Family members may also respond negatively to behaviors that develop following a trauma. For instance, family members may be disgusted by a woman's excessive drinking in response to a trauma.

Family members may also have negative feelings about the survivor that are directly related to the traumatic event. For example, a wife may no longer respect her husband if she feels he didn't behave bravely during a traumatic event. A husband whose wife was raped may feel disgusted about what

happened and wonder if she could have done something to prevent the assault. A son may feel ashamed that his father didn't fight back when he was beaten during a robbery. Sometimes people have these negative feelings even when they know that their assessment of the situation is unfair.

## Drug and alcohol abuse

Drug and alcohol abuse can become a problem for the families of trauma survivors. Family members may try to escape from bad feelings by using drugs or drinking. A child or spouse may spend time drinking with friends to avoid having to go home and face an angry parent or spouse. On the other hand, spouses sometimes abuse drugs or alcohol to keep their loved ones "company" when the survivor is drinking or using drugs to avoid trauma-related feelings.

## Sleep problems

Sleep can become a problem for family members, especially when it is a problem for the trauma survivor. When the trauma survivor stays up late to avoid going to sleep, can't get to sleep, tosses and turns in his or her sleep, or has nightmares, it is difficult for family members to sleep well. Often family members are also unable to sleep well because they are depressed or are worried about the survivor.

## Health problems

Family members of trauma survivors can develop health problems for a number of reasons. Bad habits, such as drinking, smoking, and not exercising may worsen as a result of coping with a loved one's trauma responses. In addition, many illnesses can be caused by trauma-related stress if it goes on for an extended period of time. When family members constantly feel anxious, worried, angry, or depressed, they are more likely to develop stomach problems, bowel problems, headaches, muscle pain, and other health problems.

## What can providers do to help families of trauma survivors?

Trauma survivors and their families often don't know what to do to care for themselves. As a provider, you can encourage survivors and families to learn more about trauma and its effects. Family members of a traumatized person should find out as much as they can about PTSD and get help for themselves, even if their loved one doesn't seek treatment. Family members can encourage the survivor to inquire about education and counseling, but they should not pressure or try to force their loved one to get help. Classes or treatment may also be useful for stress and anger management, addiction, couples communication, or parenting.

**http://www.ptsd.va.gov/professional/pages/ptsd-and-the-family.asp**

# Effects of PTSD on Family

PTSD can make somebody hard to be with. Living with someone who is easily startled, has nightmares, and often avoids social situations can take a toll on the most caring family. Early research on PTSD has shown the harmful impact of PTSD on families. This research showed that Vietnam Veterans have more marital problems and family violence. Their partners have more distress. Their children have more behavior problems than do those of Veterans without PTSD. Veterans with the most severe symptoms had families with the worst functioning.

How does PTSD have such a negative effect? It may be because those suffering with PTSD have a hard time feeling emotions. They may feel detached from others. This can cause problems in personal relationships, and may even lead to behavior problems in their children. The numbing and avoidance that occurs with PTSD is linked with lower satisfaction in parenting.

## Common reactions of family members

Family members of a person with PTSD may experience the following:

- Sympathy

  You may feel sorry for your loved one's suffering. This may help your loved one know that you sympathize with him or her. However, be careful that you are not treating him or her like a permanently disabled person. With help, he or she can feel better.

- Negative feelings

  PTSD can make someone seem like a different person. If you believe your family member no longer has the traits you loved, it may be hard to feel good about them. The best way to avoid negative feelings is to educate yourself about PTSD. Even if your loved one refuses treatment, you will probably benefit from some support. If you care for a family member with PTSD also see Partners of Veterans with PTSD.

- Avoidance

  Avoidance is one of the symptoms of PTSD. Those with PTSD avoid situations and reminders of their trauma. As a family member, you may be avoiding the same things as your loved one. Or, you may be afraid of his or her reaction to certain cues. One possible solution is to do some social activities, but let your family member stay home if he or she

wishes. However, he or she might be so afraid for your safety that you also can't go out. If so, seek professional help.

- Depression

This is common among family members when the person with PTSD causes feelings of pain or loss. When PTSD lasts for a long time, you may begin to lose hope that your family will ever "get back to normal."

- Anger and guilt

If you feel responsible for your family member's happiness, you might feel guilty when you can't make a difference. You could also be angry if he or she can't keep a job or drinks too much, or because he or she is angry or irritable. You and your loved one must get past this anger and guilt by understanding that the feelings are no one's fault.

- Health problems

Everyone's bad habits, such as drinking, smoking, and not exercising, can get worse when trying to cope with their family member's PTSD symptoms. You may also develop other health problems when you're constantly worried, angry, or depressed.

## Summary

Family members may feel hurt, alienated, or discouraged because your loved one has not been able to overcome the effects of the trauma. Family members frequently devote themselves totally to those they care for and, in the process, neglect their own needs.

Social support is extremely important for preventing and helping with PTSD. It is important for family members to take care of themselves; both for their own good and to help the person dealing with PTSD.

## Sources

This fact sheet is based on a more detailed version, located in the "Professional" section of our website (http://www.ptsd.va.gov/): **PTSD and the Family** (http://www.ptsd.va.gov/professional/pages/ptsd-and-the-family.asp) and based in part on the Iraq War Clinician Guide.

**http://www.ptsd.va.gov/public/pages/effects-ptsd-family.asp**