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## **What is Post Traumatic Stress Disorder?**

Post-Traumatic Stress Disorder is a psychiatric disorder precipitated by life threatening experiences that result in clear biological changes, psychological symptoms, and impairment of the ability to function well in life.

Post-Traumatic Stress Disorder is a term used to explain the distress of those who have gone through such an extraordinary and stressful event in their lives that it has left them psychologically wounded. Generally, individuals with PTSD experience intense fear, helplessness, or horror during trauma exposure. The trauma of military service in war such as being under enemy fire or ambushed; very hazardous duty such as being a team member in reconnaissance aircraft, patrol boats, navy ships or cargo and transport trucks is one such cause. Being on frequent or prolonged combat missions in enemy territory (including Cambodia and Laos), being attacked by sappers, snipers, artillery or rockets is yet another cause. The witnessing of death and terrible harm to your own body or the bodies of others; or walking point, being a radio operator, a medic, a scout, a tunnel rat, and perimeter sentry were other stressors. Members of long range recon patrols or door gunners and the extreme conflict of having to kill or be killed is another primary cause of PTSD during war times in the military.

Other stresses sufficient to cause PTSD other than those are situation where the demands made on a person strain his or her immediate coping capacities. When a person feels unable to resolve conflicts with work or family, he or she begins to feel tense and strained. Where there is extreme or overwhelming stress, i.e. stress that is beyond what is expected in the "normal" life cycle, trauma results. It is this shock reaction to catastrophic events, such as war, sexual assault, physical assaults, serious accidents or natural disasters that can lead to PTSD. The aftermath of childhood sexual assaults, physical abuse or severe neglect and the sudden unexpected death of a love one are others can lead to PTSD triggering within the individuals an experience of intense fear, helplessness, or horror during trauma exposure.

Most Veterans with PTSD also have other psychiatric disorders, which are a consequence of PTSD. These veterans have co-occurring disorders, which include depression, alcohol and/or drug abuse problems, panic, and/or other anxiety disorders. PTSD sufferers are more likely to have more physical health complaints and disorders; exhibit functional deficits in employment, social and family relationships, memory and cognition.

PTSD is one of the most prevalent mental disorders in America's society and it affects approximately 40% to 70% of the population, and it has a lifetime prevalence range of 8% to 31%. Approximately twenty two percent (22%) or 830,000 Vietnam Veterans have clinically significant symptoms of PTSD that has existed for decades. To date, fifteen percent (15%) of Gulf War veterans have a lifetime diagnosis of PTSD, while 40% to 75% of Veterans held captive as POWs suffer from the effects of PTSD.

Lifetime prevalence of PTSD is highest among minority veterans of the Vietnam Era, per Congressionally Mandated Readjustment Studies conducted during the 1900s. Further, research shows All Veterans

diagnosed with PTSD are significantly more likely to suffer from a variety of chronic and infectious diseases which will affect their circulatory, digestive, musculoskeletal, and respiratory systems more than 20 or 30 years after military service.

Women are twice as likely as men are to develop PTSD, and the disorder is considerably longer lasting for women than men. The severity, frequency, intensity, reaction and support following the incidence including the duration of the exposure are the single most important determinant of the likelihood for developing PTSD, its severity, and its duration.

## **Complex Post Traumatic Stress Disorder and Psychiatric Disorders**

Complex PTSD (sometimes called "Disorder of Extreme Stress") is found among individuals who have been exposed to prolonged traumatic circumstances, especially during childhood, such as childhood sexual abuse. Developmental research is revealing that many brain and hormonal changes may occur because of early, prolonged trauma, and these changes contribute to difficulties with memory, learning, and regulating impulses and emotions. Combined with a disruptive, abusive home environment that does not foster healthy interaction, these brain and hormonal changes may contribute to severe behavioral difficulties (such as impulsivity, aggression, sexual acting out, eating disorders, alcohol/drug abuse, and self-destructive actions), emotional regulation difficulties (such as intense rage, depression, or panic attacks), and mental difficulties (such as extremely scattered thoughts, dissociation, and amnesia). As adults, these individuals often are diagnosed with depressive disorders, personality disorders, or dissociative disorders. Treatment often takes much longer than with regular PTSD; may progress at a much slower rate, and requires a sensitive and structured treatment program delivered by a trauma specialist.

Psychiatric disorders that commonly co-occur with PTSD include depression, alcohol/substance abuse, panic disorder, and other anxiety disorders. Although crises that threaten the safety of the survivor or others must be addressed first, the best treatment results are achieved when both PTSD and the other disorder(s) are treated together rather than one after the other. This is especially true for PTSD and alcohol/substance abuse.

## **Effects of Post-Traumatic Stress Disorder**

Post-Traumatic Stress Disorder is a hidden enemy and must be exposed if we are to better understand the serious effects that post-traumatic stress disorder has on the lives of so many minorities. Decades of haunting memories and overwhelming feelings leave these Veterans suffering, demoralized, and alone. Others including the spouse, children, family members, friends, and co-workers are often more aware of the Veteran's emotional distress than he is.

Often the Veteran believes his family or community needs him to bear the burden of pain, anger, shame and guilt silently. He also believes post-traumatic stress disorder symptoms are a sign of weakness and failure, due to a lack of will power, self-discipline, or self-control and a shameful personal flaw that must be hidden or corrected by behaving more correctly. Yet, for these veterans, post-traumatic stress disorder may be an extreme spiritual crisis because when family or friends see signs of the veterans' inner turmoil; they do not know why it is happening and often blame themselves.

Post-traumatic stress disorder as included here and listed in the "Publication Manual of the American Psychological Association" fourth and fifth edition (DSM-IV/DSM-V) should be viewed by Veterans and health-care providers as a physical illness and treated as such. Some of the effects of post-traumatic stress disorder are:

- Unwanted distressing memories or a feeling of reliving (flashbacks) traumatic experiences (Vietnam/Gulf War).
- Nightmares and difficulty falling or staying asleep restfully.
- Bodily stress and tension, especially when reminded of those traumatic experiences (Vietnam/Gulf War).
- Loss of interest in activities and difficulty in concentrating on activities or projects.
- Detachment or withdrawal from emotional involvement in relationships.
- Difficulty feeling or expressing emotions other than irritability or frustration.
- Feeling as if there is no future or their lives will be cut short by an untimely death.
- Feeling jumpy, on edge, easily startled and unable to let down their guard (hyper-vigilance).

Neither these symptoms nor others are what the Veterans, their families or Veterans Administration (VA) Counselors and Doctors realized would be so tremendous and would later be diagnosed as post-traumatic stress disorder. This is evident by the many minorities that were separated from military service with entries in their medical records and papers of separation implying their mental disorder was anything except what is now described in the DSM – IV and DSM – V, as post-traumatic stress disorder. It is time for this cycle to end, as it no longer affects only the veteran. Signs of post-traumatic stress disorder are very prevalent in the lives of many family members where there is a veteran who suffers from the disease now recognized as post-traumatic stress disorder.

## **TREATMENTS**

Treatment for PTSD typically begins with a detailed evaluation and the development of a treatment plan that meets the unique needs of the survivor. Generally, PTSD-specific treatment is begun only after the survivor has been safely removed from a crisis situation. If a survivor is still being exposed to trauma (such as ongoing domestic or community violence, abuse, or homelessness), is severely depressed or suicidal, is experiencing extreme panic or disorganized thinking, or is in need of drug or alcohol detoxification, it is important to address these crisis problems as a part of the first phase of treatment.

- It is important that the first phase of treatment include educating trauma survivors and their families about how persons get PTSD, how PTSD affects survivors and their loved ones, and other problems that commonly come along with PTSD symptoms. Understanding that PTSD is a medically recognized anxiety disorder that occurs in normal individuals under extremely stressful conditions is essential for effective treatment.
- Exposure to the event via imagery allows the survivor to re-experience the event in a safe, controlled environment, while also carefully examining his or her reactions and beliefs in relation to that event.
- One aspect of the first treatment phase is to have the survivor examine and resolve strong feelings such as anger, shame, or guilt, which are common among survivors of trauma.
- Another step in the first phase is to teach the survivor to cope with posttraumatic memories, reminders, reactions, and feelings without becoming overwhelmed or emotionally numb. Trauma memories usually do not go away entirely as a result of therapy but become manageable with the mastery of new coping skills.

## **Therapeutic Approaches Commonly Used To Treat Post Traumatic Stress Disorder**

Cognitive-behavioral therapy (CBT) involves working with cognitions to change emotions, thoughts, and behaviors. Exposure therapy is one form of CBT that is unique to trauma treatment. It uses careful,

repeated, detailed imagining of the trauma (exposure) in a safe, controlled context to help the survivor face and gain control of the fear and distress that was overwhelming during the trauma. In some cases, trauma memories or reminders can be confronted all at once ("flooding"). For other individuals or traumas, it is preferable to work up to the most severe trauma gradually by using relaxation techniques and by starting with less upsetting life stresses or by taking the trauma one piece at a time ("desensitization").

Pharmacotherapy (medication) can reduce the anxiety, depression, and insomnia often experienced with PTSD and in some cases, it may help relieve the distress and emotional numbness caused by trauma memories. Several kinds of antidepressant drugs have contributed to patient improvement in most (but not all) clinical trials, and some other classes of drugs have shown promise. At this time, no particular drug has emerged as a definitive treatment for PTSD. However, medication is clearly useful for symptom relief, which makes it possible for survivors to participate in psychotherapy.

Eye Movement Desensitization and Reprocessing (EMDR) is a relatively new treatment for traumatic memories that involves elements of exposure therapy and cognitive-behavioral therapy combined with techniques (eye movements, hand taps, sounds) that create an alternation of attention back and forth across the person's midline. While the theory and research are still evolving for this form of treatment, there is some evidence that the therapeutic element unique to EMDR, attention alternation, may facilitate the accessing and processing of traumatic material.

Group treatment is often an ideal therapeutic setting because trauma survivors are able to share traumatic material within the safety, cohesion, and empathy provided by other survivors. As group members achieve greater understanding and resolution of their trauma, they often feel more confident and able to trust. As they discuss and share how they cope with trauma-related shame, guilt, rage, fear, doubt, and self-condemnation, they prepare themselves to focus on the present rather than the past. Telling one's story (the "trauma narrative") and directly facing the grief, anxiety, and guilt related to trauma enables many survivors to cope with their symptoms, memories, and other aspects of their lives.

Brief psychodynamic psychotherapy focuses on the emotional conflicts caused by the traumatic event, particularly as they relate to early life experiences. Through the retelling of the traumatic event to a calm, empathic, compassionate, and nonjudgmental therapist, the survivor achieves a greater sense of self-esteem, develops effective ways of thinking and coping, and learns to deal more successfully with intense emotions. The therapist helps the survivor identify current life situations that set off traumatic memories and worsen PTSD symptoms.