

PTSD Guide for Veterans, Civilians, Patients and Family

Overview

There are a variety of PTSD booklets available, so with ours we wanted to hand-pick the content we felt our audience could use most. We reviewed guides written for clinical professionals and the general public. We also wanted it to download quickly. Many we did took quite a long time.

In the United States about 3.5% of adults have PTSD in a given year, and 9% of people develop it at some point in their life. In much of the rest of the world, rates during a given year are between 0.5% and 1%. Higher rates may occur in regions of armed conflict. It is more common in women than men. Symptoms of trauma-related mental disorders have been documented since at least the time of the ancient Greeks.

During the World Wars the condition was known under various terms including "shell shock" and "combat neurosis". The term "posttraumatic stress disorder" came into use in the 1970s in large part due to the diagnoses of U.S. military veterans of the Vietnam War. It was officially recognized by the American Psychiatric Association in 1980 in the third edition of the Diagnostic and Statistical Manual of Mental Disorders.

Definition

PTSD (posttraumatic stress disorder) is a mental health problem that some people - soldiers and civilians - develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault.

It's normal to have upsetting memories, feel on edge, or have trouble sleeping after this type of event. At first, it may be hard to do normal daily activities, like go to work, go to school, or spend time with people you care about, but most people start to feel better after a few weeks or months. If it's been longer than a few months and you're still having symptoms, you may have PTSD.

Prevention

There is little evidence to suggest that prevention is possible, so all claims from any source should be met with skepticism and caution. Once a Soldier likes the idea and term “resilience”, but recognizes that prevention is not possible at this time.

Modest benefits have been seen from early access to cognitive behavioral therapy. Critical incident stress management has been suggested as a means of preventing PTSD, but subsequent studies suggest the likelihood of its producing negative outcomes. A review "...did not find any evidence to support the use of an intervention offered to everyone", and that "...multiple session interventions may result in worse outcome than no intervention for some individuals."

The World Health Organization recommends against the use of benzodiazepines and antidepressants in those having experienced trauma. Some evidence supports the use of hydrocortisone for prevention in adults, however there is limited or no evidence supporting propranolol, escitalopram, temazepam, or gabapentin.

Resilience can be strengthened through:

Realistic, duty-related stress training (e.g., live-fire exercises, survival and captivity training)

Coping skills training (e.g., relaxation, cognitive reframing and problem-solving skills training)

Supportive work environment (e.g., open team communication and peer support)

Adaptive beliefs about the work role and traumatic experiences (e.g., confidence in leadership and realistic expectancies about work environment)

Workplace-specific traumatic stress management programs (e.g., chaplains and mental health professionals)

Causes

Anyone can get PTSD at any age. This includes war veterans and survivors of physical and sexual assault, abuse, accidents, disasters and many other traumatic events. Not everyone with PTSD has been through a dangerous event. Some people get PTSD

after a friend or family member experiences danger or harm. The sudden, unexpected death of a loved one can also cause PTSD.

Symptoms

Symptoms may include disturbing thoughts, feelings, or dreams related to the events, mental or physical distress to trauma-related cues, attempts to avoid trauma-related cues, alterations in how a person thinks and feels, and an increase in the fight-or-flight response. These symptoms last for more than a month after the event. Young children are less likely to show distress but instead may express their memories through play.

Symptoms of PTSD generally begin within the first 3 months after the inciting traumatic event, but may not begin until years later. In the typical case, the individual with PTSD persistently avoids trauma-related thoughts and emotions, and discussion of the traumatic event, and may even have amnesia of the event. However, the event is commonly re-lived by the individual through intrusive, recurrent recollections, dissociative episodes of reliving the trauma ("flashbacks"), and nightmares.

While it is common to have symptoms after any traumatic event, these must persist to a sufficient degree (i.e., causing dysfunction in life or clinical levels of distress) for longer than one month after the trauma to be classified as PTSD (clinically significant dysfunction or distress for less than one month after the trauma may be acute stress disorder).

According to the VA, there are 4 types of PTSD symptoms, but they may not be exactly the same for everyone. Each person experiences symptoms in their own way.

Reliving the Event

Unwelcome memories about the trauma can come up at any time. They can feel very real and scary, as if the event is happening again. This is called a flashback. You may also have nightmares.

Memories of the trauma can happen because of a trigger — something that reminds you of the event. For example, seeing a news report about a disaster may trigger someone who lived through a hurricane. Or hearing a car backfire might bring back memories of gunfire for a combat Veteran.

Avoiding things that remind you of the event

You may try to avoid certain people or situations that remind you of the event. For example, someone who was assaulted on the bus might avoid taking public transportation. Or a combat Veteran may avoid crowded places like

shopping malls because it feels dangerous to be around so many people. You may also try to stay busy all the time so you don't have to talk or think about the event.

More Negative Thoughts and Feelings

You may feel more negative than you did before the trauma. You might be sad or numb — and lose interest in things you used to enjoy, like spending time with friends. You may feel that the world is dangerous and you can't trust anyone. It may be hard for you to feel or express happiness, or other positive Emotions.

You might also feel guilt or shame about the traumatic event itself. For example, you may wish you had done more to keep it from happening.

Feeling on Edge

It's common to feel jittery or "keyed up" — like it's hard to relax. This is called hyperarousal. You might have trouble sleeping or concentrating, or feel like you're always on the lookout for danger. You may suddenly get angry and irritable — and if someone surprises you, you might startle easily.

Screening

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example, a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, or having a loved one die through homicide or suicide.

Have you ever experienced a serious accident or fire, a physical or sexual assault or abuse, an earthquake or flood, a war, seeing someone be killed or seriously injured, or having a loved one die through homicide or suicide?

If yes, please answer the questions below. In the past month, have you:

Had nightmares about the event(s) or thought about the event(s) when you didn't want to?

Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

Been constantly on guard, watchful, or easily startled?

Felt numb or detached from people, activities, or your surroundings?

Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

If you answered “yes” to 3 or more of these questions, talk to a mental health care provider to learn more about PTSD and PTSD treatment.

Answering “yes” to 3 or more questions does not mean you have PTSD.

Only a mental health care provider can tell you for sure. You may still want to talk to a mental health care provider. If thoughts and feelings from the trauma are bothering you, treatment can help — whether or not you have PTSD.

Management/Treatment/Recovery

All three of these categories can't erase your memories, but they are tools to help you manage them.

A quick word about medications that are available with or without a prescription.

When you have PTSD, you may not have enough of certain chemicals in your brain that help you manage stress. SSRIs (selective serotonin reuptake inhibitors) and SNRIs (selective norepinephrine reuptake inhibitors) are medications that can help raise the level of these chemicals in your brain so you feel better. Sertraline, paroxetine, and fluoxetine are SSRIs that work for PTSD. Venlafaxine is an SNRI that is effective.

Benzodiazepines or other opioids

Some doctors may prescribe a type of anxiety medication called benzodiazepines (or benzos) - but benzodiazepines aren't a good treatment for PTSD. They can be addictive, cause other mental health problems, and make PTSD therapy less effective.

If you've been taking benzodiazepines for a long time, talk to your doctor about making a plan to stop. Ask about PTSD treatments that are proven to work and other ways to manage your anxiety.

Marijuana

Medical marijuana may be available in your state and the most recent studies have shown that there marijuana is not addictive and offers some relief. The effects vary from person to person, so there is no clear-cut recommendation except to try it and see if it works for you.

Medications can treat PTSD symptoms alone or with therapy — but only therapy treats the underlying cause of your symptoms. If you treat your PTSD symptoms only with medication, you'll need to keep taking it for it to keep working.

Therapy

Once a Soldier does not have an opinion on whether therapy works or not, but we believe that giving it a try it a good idea.

Here are the types of treatment available from the VA and then some information from a Virginia treatment facility that gives you a bit of an “insider’s” view of what you can expect should you go for treatment.

Trauma-focused Psychotherapies

Trauma-focused psychotherapies are the most highly recommended treatment for PTSD.

“Trauma-focused” means that the treatment focuses on the memory of the traumatic event or its meaning. In this booklet, we’ll tell you about 3 of the most effective traumafocuse psychotherapies for PTSD. In each of these psychotherapies, you’ll meet with a therapist once or twice a week, for 50 to 90 minutes. You and your therapist will have specific goals and topics to cover during each session. Treatment usually lasts for 3 to 4 months. Then, if you still have symptoms, you and your therapist can talk about other ways to manage them.

Prolonged Exposure Therapy (PE)

People with PTSD often try to avoid things that remind them of the trauma. This can help you feel better in the moment, but in the long term it can keep you from recovering from PTSD.

In PE, you expose yourself to the thoughts, feelings, and situations that you’ve been

avoiding. It sounds scary, but facing things you're afraid of in a safe way can help you learn that you don't need to avoid reminders of the trauma.

What happens during PE?

Your therapist will ask you to talk about your trauma over and over. This will help you get more control of your thoughts and feelings about the trauma so you don't need to be afraid of your memories. She will also help you work up to doing the things you've been avoiding.

For example, let's say you avoid driving because it reminds you of an accident. At first, you might just sit in the car and practice staying calm with breathing exercises. Gradually, you'll work towards driving without being upset by memories of your trauma.

The following is from a Virginia-based program:

The purpose of the treatment program you are entering is to help you recover from PTSD (Posttraumatic Stress Disorder). No one can say your symptoms will be completely removed from your life forever, but we can help you learn skills to regain control of your life, manage your reactions and responses, and live a meaningful life. To do this, we will provide you with information and teach you skills and strategies that you can use to improve your life and reduce your PTSD symptoms. Your part will be to learn this information, practice these skills, and implement these new approaches so that you can experience the recovery that you deserve. This manual will act as a written guide to help you through this process, so please bring it with you to each session.

Goals: to help you recover from PTSD and live a meaningful life.

This program is designed to help you:

1. Develop a full and accurate understanding of the physical and emotional responses that are characteristic of PTSD.
2. Develop a mindset that helps you maintain control of yourself at all times and know the skills and tools to do so.
3. Learn, practice, and instill coping skills as a necessary part of your recovery.
4. Learn how to fully integrate back into the family, community, and civilian life.

Strategies: These are some of the ways we will facilitate your recovery.

1. We will use a group format to help you learn information and skills. This will help you discover you are not the only one experiencing these symptoms and to learn from

others how they have successfully overcome problems and learned to cope.

2. These groups will be very structured. Each will have a purpose and goal. It will be important for you to attend all groups and learn the entire sequence of skill development.

3. We will give you homework to complete between sessions. Doing your homework is what helps your recovery.

4. You will learn several skills that will help you deal with expected and unexpected difficulties, interpersonal conflicts, and avoidant behavior.

Source for this guide include:

Wikipedia

VA: Understanding PTSD and PTSD Treatment

VA: Posttraumatic Stress Disorder Pocket Guide: To Accompany the 2010

VA/DoD Clinical Practice Guideline for the Management of Post-traumatic Stress

From Hunter Holmes McGuire VAMC's PTSD Recovery Program Treatment Manual