POST TRAMATIC STRESS DISORDER (PTSD)

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What is PTSD?*

- Post-Traumatic Stress Disorder
  - is an anxiety disorder that develops in response to a single or multiple traumatic event(s) where death or severe injury occurred or were possible to you and/or someone near you.
  - During the event or events the victim feels terrified, feels that their own or other’s lives are in danger, and/or feels that he/she has no control over what is happening and/or what will happen.
  - The trauma survivor experiences the events as unexpected, unpredictable, uncontrollable and/or inescapable.
  - The trauma or traumas are scary, horrible, and force the victim to witness, hear or experience horrific things.
  - Examples of PTSD producing events include:
    - War
    - Natural disasters such as fire, tornado, hurricane, flood or earthquake
    - Car, motorcycle or plane crash
    - Physical or sexual assault and/or abuse (or believable threat of assault)
    - Severe verbal and/or mental abuse (especially in childhood)
    - Kidnapping
    - Violent crimes such as a robbery or shooting
    - Terrorist attack

Who is at risk for developing PTSD?*

- The victim of a catastrophe or attack
- Those who witness the event(s)
- Friends and family of the victim
- Emergency workers who witness the event and/or aftermath (i.e., ambulance and hospital workers, law enforcement, counselors and advocates) may acquire secondary trauma
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What Factors Influence PTSD Development?

- PTSD develops differently person to person.
- Most people who live through a traumatic event have some symptoms of PTSD immediately afterward, but not all develop diagnosable PTSD.
- 1 in 3 people who develop PTSD may continue to experience symptoms that interfere with everyday life, work and relationships
- PTSD may develop within hours, or over several days, months or years
- Multiple factors play a part in the development and severity of PTSD.
- Intentional, human-inflicted harm such as physical or sexual violence and torture also tend to be more traumatic than “acts of God,” or more impersonal accidents and disasters
- Some factors that increase the risk for development and increased severity of PTSD include:
  - Previous traumatic experiences, especially in early development (car wreck, death of parent or close friend or family member, etc.)
  - History of physical, sexual, and/or severe verbal and/or emotional abuse (especially in childhood)
  - How intense/extreme the trauma(s) was and how long the event or threat lasted
  - How emotionally close the victim was to a perpetrator prior to the event(s) (i.e., perpetrators who are the parent, sibling, other family member, teacher, religious leader, and/or friend of the victim)
  - How close the victim was to the event (i.e., front lines in war, in a tornado, being physically attacked, etc.)
  - If someone the victim cared about died during the event
  - If the victim witnessed someone they cared about getting hurt during the event
  - How strong the victim’s reaction was to the event
  - How much the victim felt the events were out of his/her control
  - How much help and/or support the victim received immediately after or later on after an event
  - Whether or not the victim lacked adequate coping skills at the time of the event
  - History of depression, anxiety, bipolar or another disorder
  - Family history of PTSD, depression, anxiety, bipolar or another disorder
  - High levels of stress in everyday life
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The Neuroscience of PTSD*

- Gene studies – It is likely that many genes, each with small effects contribute to PTSD.
  - Stathmin – protein needed to form fear memories
    - Mice that did not make stathmin were less likely than normal mice to ‘freeze’ and more likely to explore open spaces than normal mice
  - GRP (gastrin-releasing peptide)
    - Released during emotional events
    - Helps control fear response
    - May lead to creation of greater and longer lasting memories of fear
  - Serotonin levels – controlled by the 5-HTTLPR gene
    - Neurotransmitter related to mood
    - Appears to fuel the fear response

- Brain Structures
  - Amygdala
    - Plays a huge role in emotion, learning and memory
    - Appears to be active in fear acquisition and extinction
    - Can be structurally altered through long-term exposure to cortisol (stress hormone)
  - PFC (prefrontal cortex)
    - Storing extinction memories and dampening the original fear response
    - Area of the brain that involves decision-making, problem-solving and judgment
    - When PFC deems a source of stress manageable, the medial PFC suppresses an alarm center deep in the brainstem that controls the stress response
    - The ventromedial PFC helps sustain long-term extinction of fearful memories
    - Size of PFC area may affect fear reactions and PFC’s abilities to monitor fear

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How Can PTSD be Identified?

- Symptoms may start immediately after an event, or days, months and even years later.
- Symptoms may disrupt daily life, work and relationships and may make it difficult to survive each day.
- If symptoms last longer than 4 weeks after an event, or if the survivor has had many of the symptoms for a prolonged time, he/she probably has PTSD.
- There are four major categories that account for most PTSD symptoms
  - Reliving the event (also called re-experiencing symptoms)
  - Avoiding situations that remind the survivor of the event
  - Feeling numb or not being able to remember events
  - Hyper-arousal – feeling jittery and ‘all keyed up’ (ex: high startle response)

What are Some Specific Symptoms of PTSD?

Reliving the Event

- Flashbacks - Feeling the same fear and horror that the victim felt when the trauma happened
- Feeling like the event is happening right now
- May be caused by ‘triggering events’ that reminds the victim or his/her subconscious of the trauma(s). Anything can trigger a flashback.
  - Some examples of triggers and flashback responses are:
    - A robbery victim who was held at gunpoint hears a car backfiring jumps to avoid being shot
    - A car wreck survivor sees a car’s brake light and dives to the floorboard
    - A rape victim who was assaulted during a storm sees lightning or hears thunder and freezes in fear
    - An adult victim of child abuse smells an odor that was in his/her home as a child which triggers flashbacks of his/her abuse with the same feelings of powerlessness, helplessness, terror, etc.
    - A hurricane victim suddenly becomes moody, irritable, and/or depressed years after the event. Later he/she realizes that seeing the leaves turning colors triggered flashbacks of the hurricane happening (during the same time of year).

- Bad memories
- Nightmares and/or bad dreams
- Intrusive and scary thoughts that the victim cannot stop or control
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Avoiding situations that remind the victim of the trauma(s)

People experiencing PTSD may try to avoid memories of the trauma in a variety of ways, such as:

- Avoiding daily events such as watching television, going outside, riding on an elevator, etc., if that daily activity in some way reminds them of their trauma(s).
- Avoiding situations, people, thoughts and/or emotions that trigger memories of the traumatic event(s).
- PTSD survivors may develop coping styles that help them avoid and survive the trauma(s), but costs them in other areas of life. Some examples of common PTSD avoidance techniques include:
  o *Staying very busy* - avoid thinking or feeling the negative emotions associated with PTSD
  o *Avoiding meaningful conversations/relationships* – avoidance of conversations or relationships that may be deep enough to ignite thoughts and emotions the victim is trying to ignore.
  o *Flight Response* - ‘disappear’ and become invisible in an effort to avoid future trauma
  o *Fight Response* - attack first to avoid being attacked. These survivors may lash out at those around them, interpret threatening cues that are not present and over react to situations, etc. This is an avoidance device in that the victim attempts to aggressively avoid any relationship or situation that would allow the victim to be hurt again.
  o *Freeze Response* – freeze like a ‘bunny in the woods.’ This response paralyses survivors. Many times the survivor feels completely powerless and may develop anxiety or depression so severe that everyday responsibilities become impossible.

- PTSD symptoms may be so powerful that the survivor resorts to chemical use and/or abuse in an attempt to avoid his/her emotions
- Some survivors become addicted to power and abuse others to avoid feeling the powerlessness they felt during their own victimization
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Feeling Numb

Trauma survivors who experience PTSD may:
- not remember portions or any part of traumatic events.
- remember the event, but not be able to express what they remember
- not have positive or loving feelings toward other people and may stay away from relationships.
- feel detached or estranged from other people
- feel emotionally numb
- have a loss of interest in activities and life in general.
- have a sense of a limited future (do not expect to live a normal life span, get married, have a career, etc.)
- survive minute to minute with few or no goals or plans for the future
- have suffered multiple traumas or one trauma over an extended period of time, may not have a zest for life, and remain in depression.

Increased Arousal - Hyper-vigilance

People who are experiencing PTSD have increased arousal responses such as:
- A constant state of feeling upset, on edge and tense, always feeling ‘on guard’
- An exaggerated startle response or jumpiness
- Increased irritability and outbursts of anger
- Difficulty falling asleep or staying asleep
- Difficulty concentrating
- Memory difficulties
- Constant worry and anxiety, intrusive upsetting thoughts, fear that the trauma(s) could happen again

Other Common Symptoms:

- Survivor Guilt – the victim feels guilty that he/she lived when others died
- Self-blame – the victim feels responsible for what happened or believes that he/she is such a bad person that the trauma was deserved
- Feelings of shame and hopelessness
- Physical symptoms
  - Headaches
  - Stomach problems
  - Chest pain
  - Lower back pain
- Emotional symptoms
  - Depression/psychological disorders
  - Anxiety/Panic attacks/social phobias
  - Disassociation
  - Other stress and/or mood related
  - Chemical dependency or other addictions
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Is It Normal for PTSD Symptoms to Change?

Yes! Because of so many losses, trauma survivors go through a grief process that resembles a roller coaster. Sometimes the survivor will regress back to stages he/she has already gone through. Current events and stressors may move the survivor from one state to another. It is a constant process for the trauma survivor. Healing involves some steps toward healing, other steps back within the trauma. Most trauma survivors experience variations of the following stages:

Shock – “I’m numb.”

Information at this stage may not be helpful. People in shock remember very little, if anything, about what occurs during this time. Shock victims are in a purely ‘survival’ mentality and need their immediate physical and/or emotional safety addressed. Physical presence, validation, care and concern may be the things that most help a recent trauma survivor.

Denial – “This can’t have happened to me.”

Not yet able to face the severity of the crisis, or the loss(es) involved, the trauma survivor spends time during this stage gathering strength. The period of denial serves as a cushion for the more difficult stages of adjustment which follow. Denial may last days, weeks, months or years, depending on the survivor’s resources, ability to gain information, support systems, and the amount of prior support and/or trauma.

Bargaining – “Why?” “What if...?” “If only I had/hadn’t...” “Let’s go on as if it didn’t happen.”

Trauma survivors ask a myriad of unanswerable questions. Victims may replay the events leading up to an assault thousands of times while wondering what would have happened if they had only done something different. Child abuse victims may convince themselves that their behaviors caused their abuse and repeatedly examine how they could act differently to avoid future abuse. Death survivors may spend months questioning why their loved one died.

Many, if not most, survivors believe at some level that they were somehow to blame for the trauma and question themselves looking for answers that are not there because the trauma is not their fault.

In natural disasters, it is not uncommon for a survivor to question his/her value to mankind or a Higher Power. A survivor may bargain or ‘make deals’ with his/her Higher Power. “I’ll do such and such behavior if you will...,” or, “I won’t do such and such behavior if you will...” The rational behind such bargaining is that the survivor may deeply believe that his/her behaviors (or lack of behaviors) were somehow to blame for his/her Higher Power’s wrath.

The survivor may also set up a bargain that states: “I will not think or talk about the trauma in exchange for not having to continue to experience the pain.” In doing so, the survivor continues to deny the emotional impact the trauma had upon his/her life.

Anger – “Why me?” “It’s not fair!” “How could a Higher Power let this happen?”
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Much of the anger may be a result of the survivor’s feeling of loss of strength and loss of control over his/her own life. The anger may be directed toward a perpetrator, a gender or race, a helping professional such as police or medical staff, friends, family, the survivor him/herself or anyone or anything else. The survivor’s anger may become irrationally displaced. The displaced anger may affect the reactions of those near the survivor and/or the response from helping professionals. However, even though the survivor may be eliciting negative responses, the survivor perceives that he/she is being re-victimized.

It is especially difficult for survivors of a natural disaster, because unlike most other traumas, there is no one to blame, unless the survivor believes a Higher Power caused the disaster.

Depression – “I feel so worthless, damaged, hopeless, powerless, helpless, useless, and/or dirty.” “I’ve lost things I can never regain.” “I am less than other people.”

If the survivor is warned of this stage ahead of time, he/she may not be as thrown by it. He/She may experience drastic changes in sleeping and/or eating habits, indulging in compulsive rituals or obsessive thinking, or may be ruled by generalized fears and anxiety that completely take over everyday life. Professional counseling may be advisable.

Though a painful time, this stage shows that the survivor has begun to face the reality of his/her trauma(s). As the survivor allows the negative emotions to surface, he/she should be reminded that these feelings are normal and will not last forever.

Acceptance – “Life can go on.”

When enough of the anger and depression is released, the survivor enters the stage of acceptance. He/She may spend time thinking and talking about the trauma, but still begin to gain control of his/her own emotions. The survivor starts to deeply accept what has happened to him/her, knowing that though it will never be forgotten, the trauma does not have to rule his/her life.

In addition, the survivor begins to realize that he/she has hidden strengths and new knowledge as a result of having survived the trauma. No one would ever ask to go through the pain the survivor has endured, but he/she begins to learn that even the trauma can become a piece of the tapestry of his/her life and the knowledge gained from it has benefit.

Assimilation – “It’s part of my life.”

By the time a survivor reaches this stage, he/she has realized his/her own self-worth and strength. The survivor no longer needs to spend time dealing with the trauma, as the total experience now meshes with the other experiences of his/her life.*

* Adapted from “Raped” by Deborah Roberts. Zondervan Publishing House, 1981)
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What Can be Done to Help as a Survivor Works Through Different Stages of Recovery?

**Chronic Shock** – Lack of awareness that includes cycles of intense feelings, emotional shutdowns and dysfunctional behaviors that are related to the trauma and/or abuse

**Help:**
- Physical presence, active listening and validation.
- Do not overwhelm the survivor with too much information.

**Calls for Help** – Sudden escalation of feelings necessitates outside assistance or the subjective experience of “not being able to handle” situations alone.

**Help:**
- Active listening
- Complete validation with NO judgment of any kind.
- Physical presence
- Do not overwhelm the survivor with too much information.
- Be realistic with survivor, but never judgmental
- Begin to help survivor realize that his/her brain, thoughts feelings and emotions are reacting in a normal way to an abnormal situation.
- Offer referrals for additional support (i.e., trauma counselor, support groups, etc.)

**Disclosure** – makes the trauma real; fears of retribution; feelings of shame/guilt; being disloyal

**Help:**
- Active listening
- Complete validation with NO judgment of any kind.
  - There will be a time later in the process where the survivor will begin self-evaluation, but during the disclosure phase, active listening with no advice or judgment is highly recommended. Any other response is likely to shut-down the survivor.
- Help the survivor expand their contextual understanding by placing blame on the perpetrator or the trauma instead of the survivor’s reactions to the trauma
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**Flooding** – intrusive memories, thoughts, feelings and flashbacks. Survivors may have a strong need to talk about the trauma and recount the story in great detail. During this stage, survivors will have tendencies toward hyper-alertness and hyper-vigilance.

Help:
- Patience and active listening even if the survivor retells the story repeatedly. There is a natural healing process that occurs in the retelling of a trauma.
  - As the survivor heals, the ‘story’ will naturally shorten and the survivor will begin to examine his/her own reactions to the trauma.
- Normalize and validate the survivor’s feelings and reactions.
- Assure survivor that he/she is safe now.

**Transitional Stage** – finding and using new coping skills. This stage may include feelings of identity loss or fear of annihilation, fear of the unknown and/or fear of or resistance to change.

Help:
- Validation of the survivor’s worth and non-judgmental, realistic feedback.
- Help the survivor examine his/her own reality.
- Begin to share educational information about the natural effects of trauma.
- Offer non-directive feedback and perspectives that enable the survivor to expand their own understanding of themselves and the trauma.
- Help the survivor examine the costs and/or consequences of their choices in reaction to the trauma.
- Help the survivor keep the big picture and offer hope for the future.

**Personal Growth** – more present and future oriented; confusion clears, clearer sense of self and relationships; more spontaneity, inner motivation to gain new information and practice new skills, less chaotic lifestyle.

Help:
- Validate the survivors newly acquired skill set.
- Offer reality-based, non-judgmental feedback when you notice the survivor slipping into dysfunctional coping styles.
- Offer alternate coping strategies when the survivor gets ‘stuck.’
- Help the survivor examine the costs and/or consequences of their choices.
- Validate the survivor’s ability to survive and thrive in spite of the trauma.

**Integration** – fears no longer guide them; not controlled by memories; life seen as a series of options and opportunities rather than a series of controlling influences and events.

** Adapted from: Women’s Resource Center Crisis Intervention Volunteer Training Manual, Virginia, 1989**
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Is it Possible to Recover from PTSD?

YES! It is possible to recover from PTSD.

- Some of the trauma will be resolved as the survivor goes through the natural cycle of recovery.
- Those survivors who develop PTSD will probably need extra assistance to move through the phases into a complete recovery.
- PTSD is not a sign of weakness. Rather, it is the brain’s natural response to extreme, life-threatening stress and trauma.
- The more severe and/or long-lasting, or personal the trauma is, the more likely a human being will develop PTSD.

- The best way to heal from PTSD is for the survivor to:
  - Explore the events that created PTSD and gain self-acceptance of negative feelings such as anger, helplessness, powerlessness, loss, guilt, shame, mistrust and self-blame, etc.
  - learn how to manage the myriad of emotions connected to trauma and examine PTSD’s effects on current relationships and life
  - learn how to cope with and manage intrusive memories
  - Learn how to move blame from self to the perpetrator or trauma event
  - examine the consequences and benefits of continuing to use the skills that were developed in order to survive
  - develop a larger repertoire of coping skills that are more productive
  - confront what happened, understand the brain’s natural coping devices, grieve the losses incurred because of it, and eventually learn to accept the trauma as part of the fabric of life
  - Consider when the trauma occurred. If trauma occurred during brain development in childhood, it may be necessary to continue medication indefinitely due to permanent changes in the brain.

What types of treatments are most successful in treating PTSD?*

The single most important thing that affects a survivor’s healing after a trauma, is the treatment of that survivor by those around him/her (i.e., family, medical and law enforcement professionals, work or school cohorts and administrators, etc.).

- Cognitive Restructuring
  - Focus of treatment is to identify upsetting thoughts about the traumatic event—particularly those that are irrational and distorted—and replace them with more accurate and realistic thoughts.
- Exposure Therapy
  - Also called desensitization, this therapy involves slowly exposing the survivor to the trauma within a safe environment, along with thoughts, feelings and
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situations that may remind the survivor of the trauma. Once a person has faced terrifying situations within a safe environment, the person may be better able to manage their feelings and fears.

- EMDR (Eye Movement Desensitization and Reprocessing
  - This treatment incorporates elements of cognitive behavioral therapy with eye movements or other forms of rhythmic, left-right stimulation, such as hand taps or sounds. (EX: The survivor talks about an event while following the therapist’s finger back and forth with his/her eyes). The theory behind EMDR is that eye movements and other bilateral forms of brain stimulation may “unfreeze” the brain’s information processing system which is interrupted in times of extreme stress

- Medication
  - Medication is sometimes necessary to mitigate every day life while trying to recover from trauma.
  - If the trauma occurred in childhood, the survivor’s brain development may produce clinical diagnosis in adulthood such as Anxiety disorders, Depression and Bi-Polar disorders, ADHD, and others.
    i. These disorders are created from chemicals in the brain that send the brain wrong messages. The brain may have developed with high levels of hyper-alertness as “normal.”
    ii. If the survivor has altered brain chemistry because of the trauma, it may be necessary to medicate indefinitely.
  - Medications do not ‘cure’ PTSD, but they may help the survivor better manage negative emotions and behaviors that were created during trauma.

- Other Forms of Treatment
  - Individual therapy
  - Family therapy
  - Group therapy

Do Survivors of Trauma ever FULLY recover from PTSD?*

- Recovery is a gradual, ongoing process. Healing doesn’t happen overnight, and survivors never forget the trauma(s) they experienced. At times, the feelings, thoughts and behaviors created through trauma will be more and less manageable. Current life events such as stress may cause more symptoms. However, most PTSD survivors, who are willing to work hard at their recovery, can learn how to manage PTSD in a way that allows them to have full and happy lives.

There is hope….

Adapted from www.nimh.nih.gov