

Understanding PTSD

Effects of Traumatic Experiences

Sometimes, when suddenly in danger, people are overcome with feelings of fear, helplessness, or horror. These events are called traumatic experiences. Some common traumatic experiences include being:

Effects of Traumatic Experiences continued

- physically attacked
- in a serious accident
- in combat
- sexually assaulted
- in a fire
- in a disaster like a hurricane or a tornado

If these problems are severe and the survivor does not get help, they can begin to cause problems in the survivor's family.

How Do Traumatic Experiences Affect People?

People who go through traumatic experiences often have symptoms and problems afterwards. How serious the symptoms and problems are depends on many things, including a person's life experiences before the trauma, a person's own natural ability to cope with stress, how serious the trauma was, and what kinds of help and support a person gets from family, friends, and professionals immediately following the trauma.

How Do Traumatic Experiences Affect People?

continued

Because most trauma survivors don't know how trauma usually affects people, they often have trouble understanding what is happening to them. They may think it is their fault that the trauma happened, that they are going crazy, or that there is something wrong with them because other people who were there don't seem to have the same problems. They may turn to drugs or alcohol to make them feel better. They may turn away from friends and family who don't seem to understand. They may not know what they can do to get better.

What Do Trauma Survivors Need to Know?

- Traumas happen to many competent, healthy, strong, good people. No one can completely protect themselves from traumatic experiences.
- Many people have long-lasting problems following exposure to trauma. Up to 8% of persons will have PTSD at some time in their lives.
- People who react to traumas are not going crazy. What is happening to them is part of a set of common symptoms and problems that are connected with being in a traumatic situation.
- Having symptoms after a traumatic event is not a sign of personal weakness. Many psychologically well-adjusted and physically healthy people develop PTSD. Given exposure to a trauma that is bad enough, probably all people would develop PTSD.
- By understanding trauma symptoms better, a person can become less fearful of them and better able to manage them.
- By recognizing the effects of trauma and knowing more about the symptoms a person will be better able to decide about getting treatment.

What are Common Effects of Trauma?

Because they get overwhelmed with fear during a trauma, survivors often have particular symptoms that begin soon after the traumatic experience. The main symptoms are:

- re-experiencing the trauma both mentally and physically
- avoidance of trauma reminders

Together, these symptoms create a problem that is called Post-Traumatic Stress Disorder (PTSD). PTSD is a specific set of problems resulting from a traumatic experience that is recognized by medical and mental health professionals.

Post–Trauma Do's and Don'ts

People who have experienced a traumatic event often demonstrate changes in behavior. These suggestions reduce the probability of long–term stress reactions.

Post–Trauma Do's and Don'ts continued

Don't –

- drink alcohol excessively
- use drugs or alcohol to numb consequences
- withdraw from significant others
- reduce leisure activities
- stay away from work
- increase caffeine intake
- have unrealistic expectations for recovery
- look for easy answers
- take on new major projects
- make major changes if you don't need to

Post-Trauma Do's and Don'ts continued 1

Do –

- get enough rest
- maintain a good diet and exercise program
- find time and talk to supportive peers and family about the incident
- take time for leisure activities
- spend time with family and friends
- attend meetings regarding this traumatic event
- create a serene scene to escape to either visually or literally
- expect the experience to bother you
- seek professional help if your symptoms persist

What is Post Traumatic Stress Disorder (PTSD)?

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.

Many people with PTSD repeatedly re-experience the ordeal in the form of flashback episodes, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects reminiscent of the trauma.

What is Post Traumatic Stress Disorder (PTSD)?

People with PTSD also experience emotional numbness and sleep disturbances, depression, anxiety, and irritability or outbursts of anger. Feelings of intense guilt are also common.

Physical symptoms such as headaches, gastrointestinal distress, immune system problems, dizziness, chest pain, or discomfort in other parts of the body are common in people with PTSD.

From [Deployment Health Clinic Center at http://www.pdhealth.mil/clinicians/ptsd.asp](http://www.pdhealth.mil/clinicians/ptsd.asp)

Essential Features of PTSD

Re-experiencing: The most disruptive symptoms of PTSD involve flashbacks, nightmares, and intrusive memories of the traumatic event. The individual may be flooded with horrifying images, sounds, and recollections of what happened. He or she may even feel like it is happening again. These symptoms are sometimes referred to as intrusions, since memories of the past intrude on the present. These symptoms can appear at any time, sometimes seemingly out of the blue. At other times, something triggers a memory of the original traumatic event: a noise, an image, certain words, or a smell.

Essential Features of PTSD continued

Avoidance/Numbing: Individuals with PTSD may attempt to avoid thoughts or activities that could remind them of the traumatic event. In addition, they may lose their ability to experience pleasure and may seem emotionally “flat” or nonresponsive. They may feel detached or estranged from others. Often, they have a sense of a “foreshortened future” feeling that tomorrow may never exist.

Essential Features of PTSD continued 2

Hyperarousal/Hypervigilance: Individuals with PTSD may feel and react as if they are constantly in danger. This increased arousal may disrupt sleep, contribute to irritability and anger, and impair concentration. Hypervigilance may coexist with an exaggerated startle response.

PTSD Screening Quiz

[PsychCentral access at](#)

<https://psychcentral.com/quizzes/ptsd-quiz/>

6 Questions

Results – No Disorder Likely, PTSD Possible, PTSD May be Likely

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past? Never

Rarely

Sometimes

Often

Very Often

2. Feeling very upset when something reminded you of a stressful experience from the past? Never

Rarely

Sometimes

Often

Very Often

3. Avoid activities or situations because they remind you of a stressful experience from the past? Never

Rarely

Sometimes

Often

Very Often

4. Feeling distant or cut off from other people? Never

Rarely

Sometimes

Often

Very Often

5. Feeling irritable or having angry outbursts? Never

Rarely

Sometimes

Often

Very Often

6. Having difficulty concentrating? Never

Rarely

Sometimes

Often

Very Often

What Treatments Are Available for PTSD?

There are two primary types of treatment for posttraumatic stress disorder (PTSD) — psychotherapy and medications. PTSD treatment is readily available to those suffering from the symptoms of this condition — things like flashbacks, anxiety, and nightmares. The kinds of PTSD treatments available will depend on whether you're a veteran or non-veteran, whether you have insurance or pay for it out of pocket, or rely on public healthcare options.

Psychotherapy for PTSD

Most people who experience PTSD undergo some type of psychotherapy (most commonly either individual therapy or group psychotherapy, or a combination of the two). The most common and effective types of psychotherapy used to treat PTSD include exposure therapies (such as trauma-focused cognitive behavioral therapy or cognitive processing therapy) and reprocessing therapy (known as EMDR for eye movement desensitization and reprocessing). These are all evidence-based treatments that are supported by a multitude of research studies demonstrating their effectiveness in the treatment of PTSD.

Psychotherapy for PTSD continued

Most psychotherapy approaches to help a person with this condition are time-limited and can be successfully completed by most people with mild to medium severity within a year. Some people will take less time, and more severe forms of PTSD can often take longer to treat. Some treatment approaches recommend both once-weekly individual and group therapy, while other approaches focus on just individual therapy.

Medications for PTSD

Medications are nearly always used in conjunction with psychotherapy for PTSD, because while medications may treat some of the symptoms commonly associated with the disorder, they will not relieve a person of the flashbacks or feelings associated with the original trauma. If one is receiving a medication from a general practitioner or their doctor, they should nearly always seek a psychotherapy referral in addition to the prescription.

Antidepressants

The most commonly prescribed class of medications for PTSD (and the one approved by the U.S. Food and Drug Administration) are the selective serotonin reuptake inhibitor (SSRI) antidepressants. These include drugs such as fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil). Research shows that this group of medicines tends to decrease anxiety, depression, and panic associated with PTSD in many people. These types of antidepressants may also help reduce aggression, impulsivity, and suicidal thoughts that can occur in people with PTSD.

This class of antidepressants generally takes 6 to 8 weeks to work, so patience is needed when taking them. Many people don't respond to the first type of antidepressant tried, so another antidepressant may need to be tried if the first one is ineffective. A relapse of posttraumatic stress disorder is less likely if antidepressants are prescribed for at least a year. Antidepressants are particularly useful in patients who also suffer from depression (although they can be useful even in the absence of depression). They are also useful when there is a history of abuse of alcohol or other substances.

Other Medications

There are a variety of other medications often prescribed to try and help reduce the symptoms associated with PTSD. The most common alternative to antidepressants are the atypical antipsychotics. Atypical antipsychotics include medications such as risperidone (Risperdal), olanzapine (Zyprexa), and quetiapine (Seroquel). Antipsychotic medicines seem to be most useful in the treatment of PTSD in those who suffer from agitation, dissociation, hypervigilance, intense suspiciousness (paranoia), or brief breaks in being in touch with reality (brief psychotic reactions).

Other Medications continued

Benzodiazepines (commonly referred to as minor tranquilizers, sleeping tablets, or anti-anxiety medications) are sometimes prescribed for certain symptoms of PTSD because they provide rapid relief of anxiety, but are also associated with dependence. In general, there is far more evidence for the use of antidepressants in PTSD than for the use of benzodiazepines. There is even a small amount of data indicating that although the benzodiazepines can provide immediate relief of symptoms, over the long haul they can exacerbate PTSD.

In general, medications should be prescribed for PTSD only by a psychiatrist. Specialists may prescribe two medications at the same time for people with PTSD who fail to respond to various single medications.

Indications an Employee May Need Support

An employee may not be aware of, been diagnosed or may not inform an employer of any mental health disability. As an additional challenge, employees suffering from these issues may be resistant to admit that there are complications, or to seek support. *Therefore, it is important for those that surround these individuals through a full work week, to recognize when an employee is in need of additional support.*

Personality and Demeanor

- Mood swings that may include irritability and hostility
- Limited coping skills
- Low threshold for managing stress
- Outbursts
- Avoidant behavior
- Appears to be lacking adequate sleep
- Disheveled appearance

Job Performance Issues

- Tardiness
- Absenteeism
- Mistakes in calculations or in written reports
- Memory deficiencies
- Difficulty with concentration
- Difficulty working with others
- Inability to maintain organization

Accommodations

Memory Deficits:

Provide written instructions

Post written instructions for use of equipment

Use a wall calendar

Use a daily or weekly task list

Provide verbal prompts and reminders

Use electronic organizers or hand held devices

Allow the employee to tape record meetings

Provide written minutes of each meeting

Allow additional training time

Accommodations continued

Lack of Concentration:

Reduce distractions in the work environment

Provide space enclosures or a private space

Allow for the use of white noise or environmental sound machines

Allow the employee to play soothing music using a music player and a headset

Increase natural lighting or increase full spectrum lighting

Divide large assignments into smaller goal-oriented tasks or steps

Accommodations continued 2

Time Management:

Make daily “TO-DO” lists and check items off as they are completed

Divide large assignments into smaller tasks and steps

Schedule weekly meetings with supervisor, manager or mentor to determine if goals are being met

Remind employee of important deadlines via memos or e-mail

Accommodations continued 3

Dealing with Stress:

Allow longer or more frequent work breaks

Provide backup coverage for when the employee needs to take breaks

Provide additional time to learn new responsibilities

Allow time off for counseling

Assign a supervisor, manager or mentor to answer employee's questions

Accommodations continued 4

Working Effectively with a Supervisor:

Give assignments, instructions or training in writing or via e-mail

Provide detailed day-to-day guidance and feedback

Provide positive reinforcement

Provide clear expectations and the consequences of not meeting expectations

Develop strategies to deal with problems

Interacting with Co-workers:

Encourage the employee to walk away from frustrating situations and confrontations

Allow employee to work from home part-time

Provide partitions or closed doors to allow for privacy

Provide disability awareness training to co-workers and supervisors

Dealing with Emotions:

Refer to employee assistance programs (EAP)

Use stress management techniques to deal with frustration

Allow the use of a support animal

Allow telephone calls during work hours to doctors and others for needed support

Allow frequent breaks

Sleep Disturbance:

Allow the employee to work one consistent schedule

Allow for a flexible start time

Combine regularly scheduled short breaks into one longer break

Provide a place for the employee to sleep during break

Muscle Tension or Fatigue:

Build in “stretch breaks” during the workday

Allow private space to meditate or do yoga

Allow time off for physical therapy or massage therapy

Encourage use of the company’s wellness program

Absenteeism:

Allow for a flexible start time or end time, or work from home

Provide straight shift or permanent schedule

Modify attendance policy (e.g., count one occurrence for all PTSD-related absences, or allow the employee to make up the time missed)

Panic Attacks:

Allow the employee to take a break and go to a place where s/ he feels comfortable to use relaxation techniques or contact a support person

Identify and remove environmental triggers such as particular smells or noises

Allow the presence of a support animal

Headaches:

Provide alternative lighting

Take breaks from computer work or from reading print material

Practice stress-relieving techniques

Know When to Get Help

Sometimes things become so overwhelming that you need help from a mental health or substance abuse professional. If you or someone you know threatens to hurt or kill him or herself or another person; looks for ways to kill him or herself; talks or writes about death, dying, or suicide; or shows signs of stress for several days or weeks; get help by calling a hotline such as the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or someone else you trust.

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