



Fact Sheet: **Post-traumatic Stress Disorder**

Introduction

Most people have some stress-related reactions after a traumatic event. If their reactions don't go away over time and they disrupt normal life activities, it may be a sign of Post-traumatic Stress Disorder (PTSD). Most Americans have had a trauma; in fact an estimated 60% of men and 50% of women have experienced at least one traumatic event. Of those, about 8% of men and 20% of women will develop PTSD. These numbers increase for individuals in combat or individuals who suffered a sexual assault ("What is PTSD?", 2013).

Definition

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that some people develop after experiencing a traumatic event that caused or threatened serious health consequences or death. PTSD symptoms include flashbacks or bad dreams, emotional numbness, intense guilt or worry, angry outbursts, feeling on edge or avoiding thoughts and situations that remind them of the trauma. In PTSD, these symptoms last at least one month (NIMH, Post-traumatic Stress Disorder Research).

Traumatic events may include, but are not limited to the following:

- Combat exposure
- Child sexual or physical abuse
- Terrorist attack
- Sexual/physical assault
- Serious accident
- Natural disaster

How is PTSD detected?

A clinical psychologist or psychiatrist who has experience with mental illness is qualified to diagnose an individual with PTSD. An assessment or evaluation will be made by the licensed clinician to determine diagnosis. In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (1). Diagnostic criteria for PTSD include a history of exposure to a traumatic event that meets specific stipulations and symptoms from each of four symptom clusters: intrusion, avoidance, negative alterations in cognitions and mood, and alterations in arousal and reactivity. The sixth criterion concerns duration of symptoms; the seventh assesses functioning; and, the eighth criterion clarifies symptoms as not attributable to a substance or co-occurring medical condition.

Treatment

Treatments for people with PTSD continue to unfold. Psychotherapy such as cognitive behavioral therapy (CBT) is used by many clinicians. CBT can include exposure therapy where people face and control their fear, cognitive restructuring where therapists help people make sense of the bad memories, stress inoculation training where therapists teach people how to reduce anxiety (NIMH, Post-traumatic Stress Disorder, PTSD). There is also another kind of therapy called eye movement desensitization and reprocessing (EMDR). EMDR can help change how you react to memories of your trauma. Experts are still learning how EMDR works and research continues to be conducted (Treatment of PTSD, 2013). Medications also continue to be a form of treatment.

Recovery Tips for People Who Have PTSD

The recovery process is different for everyone. Just as no two people are alike, no two traumatic events are alike. These tips may be able to assist someone diagnosed with PTSD:

- Get lots of rest
- Seek emotional support
- Seek professional help
- Take prescription medication according to the doctor's instructions
- Seek support from family or friends
- Follow your therapist's or Doctor's advice/treatment plan

Tips on how to help a friend or relative with PTSD

To help a family member or a friend with PTSD you can do the following:

- Offer emotional support, understanding, patience and encouragement
- Learn about PTSD so you can understand what your friend or relative is experiencing
- Talk to you friend or relative and listen carefully
- Listen to feelings your friend or relative expresses and be understanding of situations that may trigger PTSD symptoms
- Invite your friend or relative out for positive distractions such as walks, outings, and other activities
- Remind your friend or relative that, with time and treatment, he or she can get better
- Do not ignore comments your relative or friend may make about harming him or herself and report such comments to your friend's or relative's therapist or doctor.

Credits

American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders*, (5th ed.). Washington, DC.

National Center for PTSD, Department of Veterans Affairs. (2013). *What is ptsd?*. Retrieved from website: What is ptsd?. (2013, October). Retrieved from <http://www.ptsd.va.gov/public/PTSD-overview/basics/what-is-ptsd.asp>

National Center for PTSD, Department of Veterans Affairs. (2013). *Treatment of PTSD*. Retrieved from website: What is ptsd?. (2013, October). Retrieved from <http://www.ptsd.va.gov/public/treatment/therapy-med/treatment-ptsd.asp>

U.S. Department of Health & Human Services, National Institute of Health, (n.d.). *Nimh Post-traumatic stress disorder research*. Retrieved from website: <http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-research-fact-sheet/index.shtml>

Resources

Southern Caregiver Resource Center
3675 Ruffin Rd. Ste. 230, San Diego, CA 92123
(858) 268-4432; (800) 827-1008 (in CA)
Fax: (858) 268-7816
E-mail: scrc@caregivercenter.org
Web site: www.caregivercenter.org

Southern Caregiver Resource Center offers free support services to caregivers of adults with chronic and disabling conditions in San Diego and Imperial counties. Services include: information and referral, needs assessments, care planning, family consultation, case management, individual counseling, legal and financial consultation, respite care, education and training, and support groups.