

HEALTHY MINDS

A Weekly Column All About Mental Wellness
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PTSD – Posttraumatic Stress Disorder (Part I)



This week we are going to plunge headlong into a topic in response to a query that I received within hours after the paper hit the stands last week; the questioner was a fellow professional working in the field, with the goal of improving mental health services in our area, and hopefully enough clout to make a difference. I should like to discuss her work in future columns.

This topic which touches us perhaps more than we imagine is PTSD (Posttraumatic Stress Disorder), which basically means a serious condition that affects the well-being of people who have experienced an event or series of events so stressful that it has shaken them to their core. It used to be called shell-shock, a serious condition brought about by experiencing the horrors of war: seeing friends and innocent bystanders, often women, children and the elderly, blown apart, horribly wounded or burnt; it meant seeing and hearing the awful process of their dying and suffering. Sometimes, the victims of PTSD are the ones who have inflicted the grievous injuries. Images and sounds like this aren't easily forgotten or erased. Unlike the violent video games, that often serve modern soldiers as models of conducting the killing process, this is real life and there is, alas, no re-set button.

Posttraumatic Stress Disorder (PTSD) is an anxiety disorder of the highest order. It can occur after you have been through any traumatic event - something frightening and horrific, where you experience actual or threatened death or serious injury; this event may happen to you or to others, especially family members. During this type of event you think that your life or others' lives are in danger. You may feel totally helpless to prevent or change those events. Even hearing about such events, or being threatened in a credible and frightening way can bring about this condition.

These circumstances don't just include exposure to combat, but may be brought about by terrorist attacks, child or adult physical or sexual assault, serious accidents such as a car wreck, being taken hostage or kidnapped, being robbed or mugged, or natural or man made disasters such as a tornado, hurricane, flood, earthquake or fire. They can also include being diagnosed with a life-threatening disease, or learning of such a diagnosis of your child or other loved one. This disorder can even come about due to a second-hand experiencing of the events in question, such as witnessing them directly, or hearing about them indirectly.

Afterwards, you may feel confused or angry or frightened, and these feelings can persist or even get stronger. These are symptoms and they may disrupt your life by making it difficult to complete your normal daily tasks.

Not everybody who experiences traumatic and frightening events develops PTSD, although most show some symptoms at first. In some people, these events actually cause changes in the brain. It is not possible to predict who will develop this disorder, but there are certain factors at work: the intensity of the event; how long it lasted; if a loved one was hurt or killed; your proximity to the event; the strength of your reaction to the event; how much you felt in control of circumstances, and; how much help you got after the event.

About 2 out of 3 people who develop PTSD eventually recover, but one third can continue to have symptoms; however, they may learn how to cope with these symptoms and lead normal lives.

Untreated, PTSD can be a frightening and disruptive state of mind. It usually begins after the original traumatic event, but may not begin until months or even years later. If it does develop, you may become so distressed as to be helpless to work or to follow your normal routine.

In order to be “officially” diagnosed as PTSD, according to the diagnostic standards followed by all mental health practitioners (which includes: psychiatrists, clinical psychologists, licensed professional counselors, licensed marriage and family therapists, licensed clinical social workers and psychiatric nurse practitioners), certain symptoms must be present, as follows:

- 1) **THE EVENT** - The patient has experienced or witnessed an unusual event that had **BOTH** of these elements
 - i) The event actually threatened death or serious injury to the patient or others, and
 - ii) The patient felt intense fear, helplessness, or horror
- 2) **RELIVING THE EVENT** - The patient continuously relives the event in at least **ONE** of the following ways
 - i) Distressing thoughts and images that burst into his/her mind
 - ii) Repeated worrisome dreams
 - iii) Flashbacks or hallucinations of the event recurring (even if intoxicated, or just waking).
 - iv) The body responds to reminders or triggers, with fast heartbeat or high blood pressure
- 3) **AVOIDING SITUATIONS and FEELING NUMB** - The patient avoids any stimuli that will remind him/her of the event in at least **THREE** of the following:
 - i) Avoiding thoughts or conversations about the event
 - ii) Avoids activities, people, or places concerned with the event
 - iii) Cannot remember certain aspects of the event
 - iv) Seriously loses interest in activities formerly important
 - v) Feels detached from others
 - vi) Loses ability to feel love or other strong emotions
 - vii) Feels that life will be brief or unfulfilled

- 4) FEELING KEYED-UP - The patient has TWO symptoms of feeling jittery (called hyperarousal) which developed after the event
 - i) Insomnia (trouble sleeping)
 - ii) Angry outbursts or irritability
 - iii) Poor concentration
 - iv) Extra vigilance (being jumpy)
 - v) Being more easily startled [like hearing a car backfire]
- 5) DURATION - The symptoms have lasted longer than a month
- 6) SEVERE IMPAIRMENT - The symptoms significantly cause severe distress or interfere with work, social, or personal functioning.

People with PTSD can have related problems, including drug or alcohol use, employment problems, feelings of shame or despair, relationship problems, including divorce and violence, and various physical symptoms. Children also can suffer from PTSD, and may become upset when separated from their parents, may have problems with toilet training, may become more irritable or aggressive, and sometimes can reveal their trauma through drawings, stories, or patterns of play.

Can PTSD be treated? The answer is yes. As with most emotional problems such as anxieties, great success is possible using various kinds of talk therapy, rather than using medications, although medications can be part of a treatment program. Next week we shall discuss a variety of treatments, and we shall also look at the problems of PTSD so common in our returning troops, and how they impact our nation.

TIP OF THE WEEK: *Remember that you usually have choices in what you do, what you say, and how you say it. Train yourself to hesitate for just a moment in order to make the right choice when dealing with some important issues. It is easier to stop yourself before you act or speak than to try to undo the past, even if that past was 10 seconds ago. Kindness and meanness both come back to haunt you, so try to make the best choices when acting or speaking.*