

# **Post Traumatic Stress and PTSD**

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# Post Traumatic Stress



- ▶ Normal reaction to an abnormal event
- ▶ Abnormal events can include violence, natural disasters, abuse, neglect, etc.
- ▶ This is not technically a diagnosis, and most people recover without intervention



## What is PTSD?

PTSD is a normal response to an abnormal event.

It is the result of exposure to an overwhelmingly stressful event or series of events.

- Examples:
  - car accidents
  - childbirth
  - death of a loved one
  - development of a life-threatening disease or condition
  - divorce
  - loss of employment
  - money problems
  - participating in war
  - physical, emotional or sexual abuse
  - rape
  - serious physical injury.

# History of PTSD

- ▶ Other names for PTSD
  - ▶ *battle fatigue* or *gross stress reaction* for soldiers who came down with PTSD after World War II
  - ▶ *combat fatigue* or *shell shock* for soldiers who experienced PTSD symptoms after World War I
  - ▶ *soldier's heart* for soldiers who developed the symptoms of PTSD after the Civil War.
  - ▶ *compassion fatigue* for social service workers
- ▶ PTSD was just added as a diagnostic criteria to the DSM in 1980





# Prevalence



Today, about 7 percent to 8 percent of the general population will develop PTSD. These numbers go up significantly for veterans and rape victims, among whom PTSD has anywhere from a 10 percent to 30 percent chance of developing.

# Diagnosis

- ▶ **Criterion A: stressor**
- ▶ The person has been exposed to a traumatic event in which both of the following have been present:
  - ▶ The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
  - ▶ The person's response involved intense fear, helplessness, or horror.

# Diagnosis

- Criterion B: intrusive recollection

- The traumatic event is persistently re-experienced in at least one of the following ways:
    - Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
    - Recurrent distressing dreams of the event.
    - Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated).
    - Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
    - Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

# Diagnosis

- **Criterion C: avoidant/numbing**

- Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least **three** of the following:
- Efforts to avoid thoughts, feelings, or conversations associated with the trauma
- Efforts to avoid activities, places, or people that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect (e.g., unable to have loving feelings)
- Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

# Diagnosis

## ► Criterion D: hyper-arousal

- Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least **two** of the following:
  - Difficulty falling or staying asleep
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Hyper-vigilance
  - Exaggerated startle response

# Diagnosis

- ▶ **Criterion E: duration**

- ▶ Duration of the disturbance (symptoms in B, C, and D) is more than one month.

- ▶ **Criterion F: functional significance**

- ▶ The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.



# Medications

- Antidepressants
  - Celexa, Lexapro, Luvox, Paxil, Prozac, Zoloft
- Axiolytics
  - Benzodiazepines: Ativan, Klonopin, Halcion, Librium, Restoril, Valium, Xanax, BuSpar
- Anticonvulsants
  - Neurontin, Depakote, Gabitril, Topimax, Lamictal
- Noradrenergic
  - Minipress, Inderal, Tenomin, Catapres, Tenex
- Atypical Antipsychotics
  - Abilify, Geodon, Risperdal, Seroquel, Zyprexa



# Things To Be Concerned About

- ▶ Violence
- ▶ Inability to recall events
- ▶ Inability to communicate effectively
- ▶ Possibility of disassociation
- ▶ Depression
- ▶ Drug and Alcohol use and abuse
- ▶ Rage
- ▶ How the young and elderly are impacted by PTSD



# What Can You Do?

- Slow things down
- Quiet things down/ reduce stimulation
- Do not touch them (or tell them you are going to touch them or ask if it is ok)
- Calm slow voice
- Ask them
  - Where are you right now?
  - Have you been drinking or using drugs?
  - Is there anything I can do to help you right now?
  - Have you been a victim of crime?
  - Did you serve in the military?

# Questions ?

