

What is PTSD?



By SingleCare Team | Updated on September 2, 2020
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PTSD stands for post-traumatic stress disorder and can cause upsetting and unwanted physical and emotional reactions in people who have experienced a frightening or unexpected event. Combat veterans and first responders are at high risk for developing PTSD; although, people from all walks of life could develop a post-traumatic response which could interfere with daily functioning

Humans generally experience events in three stages.

1. The event occurs
2. You process the event, consciously or unconsciously
3. You come to terms/acceptance with the event

Sometimes we experience something so horrific or stressful that our brains can't make sense of what has happened to us. Because we are unable to move through the second stage of processing, our brain can return us to the exact same emotional and physical state as when the traumatic event occurred, especially when triggered. Factors that make developing PTSD more likely inherited mental health risks, personality factors, and biological factors.

The symptoms of PTSD vary drastically from person to person. They can emerge soon after the traumatic event or years later. PTSD sufferers may try to hide their symptoms from close friends and family. They may not even share that they've suffered a traumatic event.

This guide will help PTSD patients and their families understand the disorder and what can be done to manage it.

What causes PTSD?

PTSD is a mental health condition or diagnosis resulting from a physically or emotionally damaging event or life situation. The triggering life situation need not be a specific event, or something that happens to the patient. The sudden death of a loved one could be a triggering event. So could a long period of emotional abuse.

The event or situation does not “cause” PTSD. Two people who experience the same traumatic event both will not necessarily both develop PTSD.

What are some risk factors of PTSD?

The National Institute of Mental Health has identified these risk factors for developing post-traumatic stress disorder.

- Living through dangerous events and traumas
- Getting hurt
- Seeing another person hurt, or seeing a dead body
- Childhood trauma
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

Is PTSD a disability?

Yes, PTSD is considered a disabling condition by the Social Security Administration and by the United States Department of Veterans Affairs. Those living with PTSD who qualify, and have documented evidence of their condition, may be eligible for payment of disability benefits.

Getting disability benefits can be a long process, even if a patient meets all the criteria. Eligible patients are sometimes even rejected the first time they apply — though, if they keep trying, they may be able to get their benefits.

To receive Social Security Benefits, someone living with PTSD must meet these qualifications:

Medical documentation of all of the following

- Exposure to actual or threatened death, serious injury, or violence
- Subsequent involuntary re-experiencing of the traumatic event (for example, intrusive memories, dreams, or flashbacks)
- Avoidance of external reminders of the event
- Disturbance in mood and behavior, and
- Increases in arousal and reactivity (e.g., exaggerated startle response, sleep disturbance).

AND EITHER OF THE FOLLOWING

1) Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning

- Understand, remember, or apply information
- Interact with others

- Concentrate, persist, or maintain pace
- Adapt or manage oneself

2) The disorder is persistent—you have a medically documented history going back at least two years that includes treatment, therapy, or support.

You must also meet the marginal adjustment criteria—that is, have limited ability to deal with changes to your daily life (such as those that holding a job would require).

To receive VA benefits, someone living with PTSD must be a veteran of the armed forces and meet certain qualifications.

- The traumatic event happened during your service, and
- You can't function as well as you once could because of your symptoms, and
- A doctor has diagnosed you with PTSD.

Traumatic events do not necessarily need to be combat related. Any veteran who suffered a serious injury, personal or sexual trauma or sexual violation, or was threatened with injury, sexual assault, or death, during their service, may be eligible.

The VA also runs the National Center for PTSD (founded in 1989) which funds millions of dollars annually in PTSD and traumatic stress research.

What are the criteria for a diagnosis of PTSD?

There are 20 criteria for a diagnosis of PTSD according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). The previous edition of this widely used diagnostic manual, the DSM-IV, listed 17 criteria.

Diagnostic criteria for PTSD

Re-experiencing symptoms

- Intrusive distressing memories of the traumatic event
- Nightmares about the traumatic event
- Flashbacks, where the person feels that the event is occurring again
- Strong emotional reactions when exposed to reminders of the event
- Strong physical reactions when exposed to reminders of the event

Avoidance symptoms

- Trying to avoid thinking about the event
- Trying to avoid external reminders associated with the event

Cognition and mood symptoms

- Amnesia regarding the event
- Exaggerated negative beliefs about oneself, others, or the world
- Distorted or exaggerated blaming of the event on oneself or others
- Persistent negative emotions such as fear or anger
- Diminished interest in socializing or other activities
- Feelings of detachment from others
- Inability to experience positive emotions

Arousal and reactivity symptoms

- Irritable behavior and angry outbursts
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance



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A patient does not need to experience all of these symptoms in order to meet the criteria for PTSD.

What does a post-traumatic episode feel like?

Some people who suffer from PTSD experience panic attacks. These can include flashbacks to the traumatic event, or severe physical reactions.

How long does PTSD last?

PTSD was once considered a chronic disease and the treatment focused on treating the symptoms. But newer therapies, especially a category known as trauma-focused psychotherapies, help patients process the trauma they experienced and treat the root cause of the disorder.

The National Center for PTSD has been studying massed treatment, where 12 sessions of PTSD therapy that would normally take place over six weeks is compressed into five days.

Studies have shown that holding intensive sessions every day can be as effective as the typical format of one day a week, and may actually be more effective for some people.

“With massed treatment, a person commits to the five days, clears his or her schedule, and sees that the light at the end of the tunnel is within reach,” says Tara Galovski, Ph.D., director of the

National Center for PTSD's Women's Health Sciences Division. "From a clinical perspective, it is truly remarkable to watch recovery take place in just one week."

While results like these are very encouraging, there is no way to predict how fast someone will recover from PTSD. The most important thing is to seek treatment, and stick with it.

Who's most likely to suffer from PTSD?

Anyone who is likely to experience traumatic events is more likely to develop PTSD.

The disorder itself was first identified as a result of diagnoses of Vietnam War combat veterans. In combat, it's possible to experience many of the risk factors listed above (dangerous events, getting hurt, seeing another person getting hurt, extreme fear) all in a single day or even within a few minutes.

As PTSD research became more prevalent, medical professionals began to understand that noncombat traumatic events could also trigger the disorder.

A 2013 research study identified occupations that are high risk for PTSD.

- Police officers
- Firefighters
- Ambulance personnel
- Healthcare professionals
- War correspondents
- Employees at retail establishments at high risk of armed robbery

Women are more likely to be diagnosed with PTSD than men and no one can say exactly why. It may have to do with the nature of the trauma that women experience. For example, women are far more likely to experience sexual assault than men.

Can children suffer from PTSD?

Children can suffer from PTSD. Starting at around 8 years of age, children who experience traumatic events show reactions similar to those of adults.

The latest edition of the DSM, which medical professionals use to diagnose PTSD, makes a distinction between people over and under the age of 6.

The DSM-V includes two sets of diagnostic criteria for PTSD: One for those 6 years of age and older, and the other for those under 6 years of age.

For children younger than age 6, the primary events that lead to PTSD are actual or threatened death, serious injury, or sexual violation. Something they experienced, something they saw happen, or something that learned about having happened to a parent or other primary caregiver.

The diagnostic criteria for PTSD in children is slightly different than for adults.

How does PTSD treatment work?

The two main treatment options for PTSD are psychotherapy and medication.

Psychotherapy for PTSD

Psychotherapy for PTSD involves meeting with a counselor who will recommend a treatment plan for you. There are several different therapeutic strategies for PTSD, but they share a common goal: Helping the patient successfully process the traumatic memory.

Many people experience traumatic events in their lifetime, but not all develop PTSD. It's thought that these people are able to process and move past the traumatic experience without experiencing long-term PTSD symptoms. Psychotherapy can support the natural process of dealing with trauma.

These are two of the most common treatment options for PTSD.

Cognitive therapy or cognitive behavioral therapy

This form of therapy is very common and used to treat a range of mental and emotional problems. Fundamentally, CBT is about changing behavior. A patient and their therapist will discuss the traumatic event and the feelings that go with it, among other things. Then they will work on strategies to help the patient become handle the negative feelings and thoughts. Practicing relaxation, coping, resilience, stress management, and assertiveness, the patient develops a toolkit that promotes a better life.

Exposure therapy

Exposure therapy helps a patient safely re-experience their stressor events, or events that trigger traumatic memories. The goal is to learn how to cope with these memories effectively. Exposure therapy is often used in conjunction with cognitive behavioral therapy for patients who experience flashbacks or nightmares.

Since the early 2000s, virtual reality simulation technology has been used in exposure therapy. Some researchers call it transformative technology in the treatment of PTSD. "Clinicians can now create simulated environments that mimic the outside world and use them ... to immerse patients in simulations that support the aims and mechanics of a specific assessment or therapeutic approach."

Medication for PTSD

A class of medications called selective serotonin reuptake inhibitors (SSRIs), aka antidepressants, are the most common drugs used to treat PTSD patients. Some of the well-

known brands include Zoloft and Paxil, both of which have been shown in clinical trials to improve outcomes for PTSD patients.

A drug called prazosin, which was designed to treat high blood pressure, has been shown in some studies to lessen nightmares and flashbacks in PTSD patients. However, the results of a large clinical trial released in 2018 showed prazosin was no more effective than a placebo.

PTSD is rarely treated with medication alone because medication only addresses the symptoms of PTSD, and not the root cause. Medical experts believe that successful psychotherapy is the best path to long-term recovery for PTSD patients.

How to help someone with PTSD? You're doing it now.

Just by reading this guide, you've made an important positive step toward helping someone with PTSD. Learn as much as you can about the disorder to help you understand what they are going through, and be an informed resource as they make treatment decisions.

The National Center for PTSD suggests these other important ways to support a friend or family member living with PTSD.

- Assist with their care. Offer to accompany them to doctor visits, and help them track medicines they need to take and upcoming appointments.
- Be a listener. Tell them you want to hear what they have to say. If they don't want to talk, that's okay too.
- Plan social activities outside the home with friends and family that the person will enjoy.
- Suggest physical activities you can do together like taking a walk.
- Encourage the person to speak to other close family members and friends.
- Take care of your own mental health by reaching out for support if you need it, from a therapist or support group.

What should you not do with PTSD?

Here are some behaviors to avoid when helping support someone with PTSD.

- Don't interrupt the person when they are talking about how they feel.
- Don't criticize them (or let them get away with criticizing you).
- Avoid blame and negative talk. Staying away from these behaviors is a key part of healing from PTSD.
- Don't give advice unless the person asks for it.
- Don't feel bad or guilty if things aren't going well.
- Don't give up your outside friends and interests.

Get help with PTSD right now

If you start to feel overwhelmed, call the U.S. Substance Abuse and Mental Health Services Administration National Helpline at 1-800-662-HELP (4357). They get nearly 1 million calls per year from people seeking treatment for mental health or substance abuse issues, and can refer you to a local provider who can help. Another option for military families is the Veterans Crisis Line at 1-800-273-8255 (press 1). There is also a chat and text option.

Both of these services are available 24/7, and are completely confidential.