

Post Traumatic Stress Disorder

Post traumatic stress (PTSD) is the term for a severe and ongoing emotional reaction to an extreme psychological trauma. The latter may involve someone's actual death or a threat to the patient's or someone else's life, serious physical injury, or threat to physical and/or psychological integrity, to a degree that usual psychological defenses are incapable of coping. Formerly the condition was sometimes known as **shell shock** or **traumatic war neurosis** or **post-traumatic stress syndrome (PTSS)**.

Many Americans experience individual traumatic events ranging from car and airplane accidents to sexual assault and domestic violence. Other experiences, including those associated with natural disasters, such as hurricanes, earthquakes, and tornadoes, affect multiple people simultaneously. Dramatic and tragic events, like the terrorist attacks on the World Trade Center and Pentagon, and wars occur, and with media exposure such as we have today, even people not directly involved might be affected. Simply put, PTSD is a state in which you "can't stop remembering."

The worse the trauma, the more likely a person will develop PTSD, and the worse the symptoms. The most severely affected are unable to work, have trouble with relationships, and have great difficulty parenting their children.

Post-traumatic Stress Disorder Symptoms

The main symptoms of PTSD are flashbacks, emotional detachment, and jumpiness.

Flashbacks: Imagine experiencing the most terrifying horror movie you've ever seen playing over and over in your mind. You can't make the images go away. These are the flashbacks so commonly associated with PTSD and usually are thought of in connection with combat veterans in war.

Emotional detachment: Emotional detachment is a second symptom of PTSD, which is often not as obvious outwardly to anyone other than the person experiencing it. For these people, their emotional systems are in overdrive. They have a hard time being a loving family member. They avoid activities, places, and people associated with the traumatic event. They are simply drained emotionally and have trouble functioning every day.

Jumpiness: Any sudden noise might startle you, but for someone with PTSD that noise would make them practically "jump out of their skin" (known as hyperactive startle reflex). These people might overreact to small things and have difficulty concentrating, which would affect their job performance. They may always be looking around as if searching their environment for danger (this is hypervigilance). Trouble falling asleep or staying asleep in this high state of arousal is also a common consequence.

When to Seek Medical Care

Most people bounce back from traumatic events such as car crashes or assaults including rape. Short-term, most of us would experience some of these symptoms. But if any symptoms last more than a month and affect job performance or the ability to function in day-to-day life, consult a licensed mental health professional.

Similar symptoms that begin immediately after a traumatic event and last more than 2 days might be considered acute stress disorder—a condition similar to post-traumatic stress disorder (PTSD). When symptoms start weeks, months, or years after the experience and last longer than a month, it becomes PTSD.

Children and Post-traumatic Stress Disorder

Children question whether someone is trying to hurt them. They want to know what's wrong with them. Someone they trust may betray that trust, for example, if a child is sexually abused by a parent or trusted caregiver or authority figure.

The more personal the trauma, evidence suggests, the more likely long-term psychological problems are to arise from it. Such traumas are also more likely to include elements of anger and hostility. In addition, childhood experiences such as sexual abuse may interfere with a child's development and affect him or her throughout life. For example, women who had been sexually abused as children, according to research, almost universally experienced trauma later in life as well. In contrast, women who were physically but not sexually abused as children had a rate of trauma later in life that was similar to that of people who were not physically abused.

Young children (1-6 years)

- Helplessness and passivity, lack of usual responsiveness
- Generalized fear
- Heightened arousal and confusion
- Cognitive confusion
- Difficulty talking about the event
- Difficulty identifying feelings
- Nightmares, sleep disturbances
- Separation fears and clinging to caregivers
- Regressive symptoms (for example, returning to bed-wetting or loss of speech/motor skills)
- Inability to understand death as permanent
- Anxieties about death
- Grief related to abandonment by caregiver
- Somatic symptoms (such as stomach aches, headaches)
- Startle response to loud noises
- Freezing (sudden immobility)
- Fussiness, uncharacteristic crying, neediness
- Avoidance of or alarm response to specific trauma-related reminders involving sights/physical sensations

School-aged children (6-11 years)

- Feelings of responsibility and guilt
- Repetitious traumatic play
- Feeling disturbed by reminders of the event
- Nightmares, other sleep disturbances
- Concerns about safety, preoccupation with danger
- Aggressive behavior, angry outbursts
- Fear of feelings, trauma reactions
- Close attention to parents' anxieties
- School avoidance
- Worry/concern for others
- Behavior, mood, personality changes
- Somatic symptoms (complaints about bodily aches/pains)
- Obvious anxiety/fearfulness
- Withdrawal
- Specific trauma-related fears, general fearfulness
- Regression (behaving like a younger child)
- Separation anxiety
- Loss of interest in activities
- Confusion, inadequate understanding of traumatic events (more evident in play than in discussion)
- Unclear understanding of death, causes of "bad" events
- Giving magical explanations to fill in gaps in understanding
- Loss of ability to concentrate at school, with lower performance
- Spacey or distractible behavior

Preadolescents and adolescents (12-18 years)

- Self-consciousness
- Life-threatening re-enactment

- Rebellion at home or school
- Abrupt shift in relationships
- Depression, social withdrawal
- Decline in school performance
- Trauma-driven acting out, such as sexual activity or other reckless risk-taking
- Effort to distance self from feelings of shame, guilt, humiliation
- Excessive activity/involvement with others, or retreat from others in order to manage inner turmoil
- Accident proneness
- Wish for revenge, action-oriented responses to trauma
- Increased self-focusing, withdrawal
- Sleep/eating disturbances, including nightmares

Treatment: Treatment of children should include the involvement of parents and other important people such as teachers and school counselors in the child's life. Treatment of traumatic stress in adults is generally focused on individual treatment or group therapy with other individual adults who have experienced a similar type of trauma.

Medical Care

Talk about it: Early on, grief counseling can be helpful. Dealing with the thoughts and emotions with a counselor is important.

Outcome

Knowledge is one of the best ways to cope with post-traumatic stress disorder. That's why grief counseling works if the counselor concentrates on talking things through.

For More Information

[Posttraumatic Stress Disorder Alliance](#)

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[National Mental Health Association](#)

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