

## **Recognizing the Signs and Symptoms of Posttraumatic Stress Disorder, or PTSD.**

Greetings,

This is Dr. Joan Lartin-Drake; I am a psychotherapist practicing in Gettysburg and Carlisle, Pennsylvania. I have treated clients with Post-Traumatic Stress Disorder-men and women, teenagers and school age children -for almost 15 years.

The purpose of this program is to provide professionals with information that will help you help you to determine if your patients, clients, students or parishioners might benefit from assessment and treatment of Posttraumatic Stress Disorder or PTSD. This information is geared for clinical professionals such as physicians, nurses, guidance counselors, and dentists; as well as members of other non-clinical

Please note, that accompanying this tape or CD, is a folder with written material, including web sites and books that may be of interest. Also, please note that the clinical examples I use are a composite of many different clients. The materials presented are relevant to adults and older teenagers; a subsequent presentation will be available concerning PTSD in children.

### **Introduction**

The incidence of PTSD in the US is about 8 % in women, and 4 % in males; many experts believe that the incidence is fact quite a bit higher. PTSD is considered to trigger or exacerbate many physical conditions, as research has demonstrated that it causes hormonal, neuro-chemical, immune system and autonomic nervous system changes that effect physical health.

Additionally, patients who have experienced serious threats to their health, such as burn patients, severe physical trauma, or life threatening surgery are at a higher risk for PTSD.

I've organized the rest of this material into 7 sections.

First, We'll take a look at the idea of a traumatic event

Then I'll review the signs and symptoms of PTSD

Third, we'll take a look at some clinical vignettes that illustrate the connection between traumatic events and the presentation of various s and symptoms of PTSD

Next - what is there about PTSD that makes it so hard to diagnose?

Then, I'll describe some of the physiological, emotional, and cognitive changes we see in PTSD

Next, I'll review the formal diagnostic criteria for PTSD, and end with some suggested steps to take if you suspect that someone has PTSD

1 What makes an event a traumatic one? A traumatic event has two essential components;

First, A person has experienced, witnessed, or been confronted with an event that involved

actual or threatened death, serious injury, or A threat to the physical safety of oneself or others.

Responses to the event such as intense fear, helplessness, or horror are the second component, and help us to understand the impact of the event.

For example, if a child is watching a cartoon in which a character gets his head blown off and then appears in the next scene, the child will most likely not respond with horror. But if a child witnesses a series of grisly murders on screen and does not have the cognitive capacities to realize that the violence is staged, he or she may respond in horror and be traumatized by the event.

Examples of traumatic events include natural disasters, such as floods, fires, earthquakes, and those suffered at human hands, such as torture, war experiences, crime, or automobile accidents. Trauma inflicted by persons known to the victim is considered among the most harmful as it impacts the person's ability to trust and relate to others, particularly when the trauma is inflicted upon a child.

So we can see that one of the most fundamental aspects of PTSD is that it results from an individual's inability to cope with an overwhelming stressor -this is what makes the experience "traumatic." If the traumatic experience is not dealt with and processed in the context of support and validation from others, months or years after the trauma, the person manifests a series of mal adaptations to the trauma.

These mal-adaptations include a host of psychiatric and medical symptoms. Some of these include:

Sleep disturbances, flashbacks, anxiety, hyper vigilance, an extreme startle response, clinical depression and or suicidal feelings and thoughts, serious problems with anger, a pattern of problematic relationships, .emotional numbing and or avoidance of potential triggers of emotional responses, over protectiveness of others or expectations of future cats, & all or nothing thinking.

Additionally, there are a number of coping mechanisms or responses to trauma that can create further problems. These include substance abuse, eating and sleeping disorders, compulsive behaviors, phobias, amnesia, panic attacks, aggression towards self or others, including self mutilation, dissociative disorders, and a host of psychosomatic disorders, those whose lives seem to be in constant turmoil are often externalizing much of their internal pain;

If a person has an extreme phobia or avoidance of doctors, dentists and physical examinations, gynecologic, or dental exams, this may be a sign of an attempt to cope with an earlier trauma.

Everyone has patients or clients, who are difficult to treat because one problem seems to melt into another. There are students and parishioners who are very needy, very emotionally volatile on the one hand or very shut down on the other, and whose lives just seem to be in constant turmoil. Since the incidence of PTSD is about 1 in 10 (and is generally higher among females). So, there is a strong likelihood that a good percentage of people with this disorder comprise the “difficult” patients, clients, students and others who present quite a challenge for professionals to deal with. It can be quite useful, then, to be familiar with the signs and symptoms of PTSD so that if you suspect this disorder to be present, you can take positive steps to help.

### Clinical examples

One of my clients is a 36-year-old woman whose medical problems appear to continue regardless of appropriate treatment. There seem to be no end of physical disorders, most of which seem to have a physiological component She has an intensity about her even when one considers the many dramas that seem to characterize her life. She is on many medications, psychotropics and pain medications among them, yet continues to experience a degree of anxiety, anger, and depression that seems to be out of proportion with the objective realities of her life. An assessment of her childhood revealed child sexual abuse over 10 years by two family members at different times. She has been married multiple times, and when her marriage gets rocky, her physical and mental state declines sharply.

Another of my clients sought treatment after his wife threatened to leave if he hits her one more time. He is a retired law enforcement officer who for most of his career dealt with homicides in an inner city and has been vicariously traumatized by his work.

There is a 15 year old student who is frequently ill, moody, angry, disheveled, and is doing poorly academically. His parents died in a car accident when he was 5 years old and he has spent most of his life being moved from one relative's home to another.

Another client, a young adult who can't seem to get launched independently from his parents, drinks alcohol excessively and uses recreational drugs. He is aloof and directionless. He had been emotionally abused by his father since early childhood, and emotionally neglected by his depressed mother.

Another client, a young woman, survived a car crash with serious injuries. She's become addicted to pain medication although she has recovered physically. As a child and teen, she witnessed repeated physical abuse of her mother by her father. Additionally, her job as a health insurance adjuster, working with other accident survivors, served to re-traumatize her on an almost daily basis.

These are all people who are manifesting several signs of PTSD. Due to the nature of the disorder, they may be unaware of the connection between the trauma they have experienced in the past, and the problems they are having in the present. Because the trauma and its impact can be hidden to many survivors, it is also hidden to their doctor, nurse, dentist, guidance counselor or pastor. Frequently, the symptoms are being treated but not the cause.

Frequently, an additional stressful event can trigger acute symptoms, and it is as though the unhealed wound opens up. Events such as an unexpected or traumatic death, job loss, a serious illness or an automobile accident have been noted to trigger anxiety, acute depression, panic attacks, substance abuse problems or marital conflict. One common trigger is very subtle but powerful for survivors of childhood abuse: When one of their own children reaches an age when abuse occurred or escalated, I have seen many survivors react quite strongly. Sometimes the emotional process is so subtle that the child him or herself develops symptoms in response to the parent's anxiety-the repressed or buried memories come up to the surface, unbidden. Sometimes the source of the anxiety, that is the abuse or the trauma, remains hidden but for reasons that are essentially invisible to the adult, he or she is flooded with anxiety, depression or concern for the child that is out of proportion to the family's situation.

In practical terms, this hidden quality creates any number of problems, chief among them mis- or non-diagnosis. Many people are being treated for anxiety disorders, various physical problems, panic attacks, depression or substance abuse who do not seem to be responding well to treatment.

PTSD tends to be under diagnosed or misdiagnosed, for several reasons having to do with the complexity of this problem. Additionally, many human service professionals completed their formal training before this diagnosis was understood as well as it is today.

Most experts agree that there are physiological, emotional, cognitive and interpersonal deficits or symptoms. Unfortunately, the interplay of these often creates a complex set of problems that defy easy diagnosis and treatment. For example, the neurotransmitters of PTSD survivors are thought to be affected by the trauma. This change is usually manifested in a pattern of over-arousal of emotions alternating with a shutdown of emotional responses. This pattern can wreak havoc with physical health as well as with interpersonal relationships.

It might be helpful to review the three essential components of PTSD. The following material is taken from the DSM IV: spell out

First, for many, but not all people with PTSD, the traumatic event, or events and situations that are similar to that event, continues to trigger intense emotional, behavioral, and often physical reactions. These are called intrusive recollections. At one extreme are people, who experience flashbacks, and at the other, individuals who have managed to bury the event, and/or the emotional responses associated with it, from conscious memory. Sometimes these two reactions cycle from one to the other to present a pattern of intrusive recollections followed by numbing.

This second component is this avoidance or numbing via denial, avoidance of triggers, substance abuse or excessive amounts of prescription medications. The denial may be simple and readily seen by an objective other, such as the client who reports that he was beaten by his father “only when he deserved it”, or, profound, such as the person who has managed to bury all memories of a trauma that others in her family verify as having happened.

Many survivors of trauma, especially those traumatized in childhood, have problems dealing with intense emotions. They react so intensely to ordinary situations, that they often have more than their share of interpersonal difficulties, such as losing jobs, multiple divorces, and alienation from family members and friends.

7. What can you do if you suspect that someone you know may be experiencing PTSD?

(Please note, the materials in this presentation concern adults only; PTSD in children will be addressed in an upcoming presentation.)

First, You can mentally note persons who present with depression, anxiety, panic attacks, serious problems with anger, ongoing physical problems that seem to be emotionally driven, people whose lives seem to be in constant turmoil, people with substance abuse problems, those with chronic marital problems, phobias, especially of going out, avoidance of dentists, OBGYN exams. For therapists, parents of kids who

have serious emotional and behavioral problems are often survivors themselves of childhood abuse and or neglect.

You can ask the person if he or she have ever experienced any serious emotional trauma such as abuse, rape, an automobile accident, or tragic death such as a suicide. You can reassure the person that you do not seek to know any information about the trauma, only that if there has been such an experience, that it may help to explain some of their difficulties, and that this is part of you standard assessment. For ex. many health care practitioners routinely ask about domestic violence as part of their intake procedure.

If you have reason to believe that the person may have PTSD,

1. Tell them that you are concerned about this possibility, and that it may be helpful to them to explore this further. If you are both comfortable in doing so, you might ask a general question, such as “To the best of you knowledge, have you ever experienced anything, directly or indirectly, that was so overwhelming, scary, or horrible, that it may have traumatized you emotionally? There is also standard evaluation tool that can be used-see printed material.

Next, if the person is open to the idea, give him or her access to one or more of the resources listed in the accompanying printed material.

Again, to emphasize, you needn't inquire about the nature of the trauma. Many people with PTSD choose not to deal the their traumatic events, and of course it is critical to respect this. You can also refer your patient or client to a professional for a consultation. An evaluation can shed light on the reasons that existing treatment or medications are not working as well as they should be.

you should gently recommend a consultation or evaluation by an experienced mental health practitioner. Look in the yellow pages under counseling, therapists, psychologist, social worker or call one of the many state or county funded mental health centers, listed in the human services section of the phone book. You can explain that therapy may be preferred to continued suffering and distress. As difficult as it can be to confront these painful events, most clients find great relief in connecting their present day symptoms with something that they have worked so hard to keep out of conscious awareness. “Maybe I'm not crazy after all” is a frequent response to making sense of it all. These clients experience relief, too, in the realization that their victimization was not their fault. Given their profound loss of feeling safe in the world, these are comforting insights.

Each year brings more research and more innovative methods for the treatment of PTSD, many of which do not require extensive ‘talk therapy’ to be effective. For

those, especially men, for whom there is a cultural taboo in being a victim, some of these new methods, such as EMDR and neurofeedback, can be a godsend.

So there is reason for hope, and reason for action on behalf of those whom you serve. I hope this has been helpful to you. You are welcome to give me feedback on any aspect of this presentation in person or via e-mail, you can check the printed material for that information. Thank you for your interest in this topic, this is Joan Lartin-Drake