PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

Post-traumatic Stress Disorder

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Many people think about post-traumatic stress disorder (PTSD) as an issue affecting mainly combat veterans. Movies and TV shows often depict people with PTSD as troubled individuals returning from war who experience paranoia and angrily lash out at others. In reality, PTSD can affect anyone at all, not just veterans. PTSD occurs for a variety of reasons, and symptoms may vary widely from person to person.

The World Health Organization estimates that about 70% of people will experience a potentially traumatic event in their lifetime, and about 6% of trauma survivors will go on to develop PTSD. Researchers consider PTSD a significant public health concern due to the high global rate of exposure to trauma, and the major consequences to physical and mental health as traumatic events occur over the lifespan. Moreover, PTSD doesn't just affect its victims; there are also significant social and economic burdens to society. A recent study indicated that the economic burden of PTSD was $232.2 billion in the U.S. alone in 2018. Fortunately, our strategies for battling PTSD are improving as research continues.

What is PTSD?

Trauma occurs when a person is in a dangerous and overwhelming situation beyond their control, putting them at risk for serious physical or psychological injury. This can happen in many ways including war, natural disaster, accidents, sexual assault, violent crime, or repeated exposure to abuse of some kind. Most trauma occurs when the experience happens directly to the person, but people can also experience trauma indirectly by hearing about others' traumatic experiences. After direct or indirect trauma, it is normal to experience intrusive thoughts or dreams, sleep disturbances, memory and concentration difficulties, irritability, and hyper-alertness for a while. In most people, these symptoms gradually fade away within a few weeks of the traumatic experience.

PTSD occurs when a person continues to experience significant symptoms for more than a month after exposure to a trauma. According to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), a diagnosis of PTSD requires that the person experience symptoms that interfere with their ability to function at work or in their social relationships. The inability to function must not be caused by medications, substance use, or other medical conditions. Symptoms may include the following:

- Intrusive memories and/or dreams; having upsetting flashbacks to the event
- Avoidance of thoughts, feelings, memories, or reminders of the trauma

- Problems with memory or concentration, a sense of detachment, depression
- Irritability, aggressive outbursts, exaggerated startle response, sleep disturbances, impulsive or reckless behavior

The likelihood of developing PTSD depends on an individual's risk factors and protective factors. Risk factors make it more likely that the person will develop PTSD. They include a history of childhood trauma, having a mental disorder, abusing alcohol or other substances, and being socially isolated. Protective factors make it less likely that the person will develop PTSD. These include having good coping strategies, strong social support, a sense of meaning or faith, and an optimistic outlook.

Treatment of PTSD

Psychotherapy for PTSD focuses on helping the person learn to manage the memories, thoughts, and feelings surrounding traumatic events. Exposure-based therapies, such as Prolonged Exposure Therapy, involve a therapist guiding the person to slowly approach rather than avoid the environments and situations they fear. Cognitive-based therapies, such as Cognitive Processing Therapy and Trauma-Focused Cognitive Behavioral Therapy, help the person learn to think differently about the trauma so that it interferes less with their current life.

Medication can also be helpful for some people with PTSD. Research shows that selective serotonin reuptake inhibitors (SSRI) and selective norepinephrine reuptake inhibitors (SNRI) benefit patients by reducing relevant symptoms, and side effects have been generally well-tolerated. Further benefits of pharmacotherapy include that it requires much less time and effort (e.g., no homework between therapy sessions; less frequent and shorter appointments). Unfortunately, research evidence to date does not support the use of cannabinoids, antipsychotics, benzodiazepines, Electroconvulsive Therapy, Repetitive Transcranial Magnetic Stimulation, Hyperbaric Oxygen Therapy, Stellate Ganglion Block, and Vagal Nerve Stimulation for treating PTSD.

Although PTSD can affect different people in different ways, research continues to develop effective treatment methods that can be tailored to an individual's needs. If you or someone you know may be experiencing symptoms of PTSD or similar mental health challenges, please consider utilizing these resources to help with recovery.

Talk to someone who can help! To find a licensed psychologist near you, use PPA's Psychologist Locator at https://www.papsy.org/locator. For information on other mental health topics, go to https://www.papsy.org, then "Resources" and then "Public Resources". PPA offers these articles for informational purposes only; they are not a substitute for professional diagnosis and treatment.