

# Post Traumatic Stress Disorder

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## *Description of the Disability*

Post Traumatic Stress Disorder is a set of typical symptoms that develop after a person sees, is involved in, or hears of an “extreme traumatic stressor”. The person reacts to this experience with fear and helplessness, persistently relives the event, and tries to avoid being reminded of it. This can be thought of as a persistent, involuntary response to past danger that is no longer appropriate and has become disruptive. The danger or trauma may have been over for months or years, but the individual's mind and body are still reacting as if it is immediate. To match the DSM criteria for PTSD, the symptoms must last one month and must significantly affect important areas of life such as family and work.

Although most people think of PTSD as being caused by "single blow" traumas such as rape, violent crime, or an accident, it can also be caused by long-term exposure to "chronic traumas" such as witnessing childhood abuse, living in a high crime area, experiencing domestic abuse, or living in extreme poverty. In fact, trauma, in the context of PTSD, is a subjective experience - an event in which the individual feels overwhelmed physically, emotionally, or cognitively. The same event can be traumatizing to one person but not traumatizing to another. In some cases, hearing about traumatic events that happened to others can be traumatic enough to cause PTSD. Cancer can also result in PTSD, particularly if the individual has several bouts of cancer and treatment. For some people, the disorder might not develop until months or years after the event, especially in the case of chronic trauma.

## Symptoms Associated with PTSD

The principle clinical features of PTSD are the painful re-experiencing of the event, a pattern of avoidance, emotional numbing, and fairly constant hyper-arousal:

- Intrusive Re-experiencing - the individual may feel as if the trauma is happening again. There may be vivid images in their head, nightmares, or even mild hallucinations. They may lose connection with their surroundings as they relive the event(s) and begin to react to those memories. On occasion, individuals are misdiagnosed as schizophrenic because of these flashbacks.
- Avoidance Behavior - the individual may work very hard to avoid triggers or reminders of the trauma. They may stay away from particular places, avoid certain kinds of situations (such as crowds, or being alone in the house), or refuse to watch certain kinds of movies. They may refuse to have conversations about the event. They may also avoid particular thoughts or emotions. Sometimes this causes a kind of amnesia associated with parts of the traumatic event.
- Emotional Detachment - Besides avoiding particular emotions, individuals may avoid all emotional closeness and stay detached from their feelings. This can severely disrupt social and family relationships. The individual may also describe dissociative states (“out-of-body” experiences).

- Arousal - the individual may be jumpy, irritable, hypervigilant, and have difficulty sleeping. They may develop a quick temper and get in a lot of fights. In addition, they may have occasional panic attacks, including shortness of breath and chest pains.

In addition, the following symptoms may occur:

- Feelings of guilt, shame, hopelessness, or ineffectiveness.
- Feelings of constant threat
- Hostility
- Social withdrawal
- Self-destructive or impulsive behavior
- Somatic complaints

### Coexisting Disorders

Individuals with PTSD may also have the following disorders, among others:

- Substance abuse
- Personality disorders (especially borderline personality disorder)
- Depression
- Anxiety (PTSD is a type of anxiety disorder)
- Dissociative disorders (including Dissociative Identity Disorder)
- Eating Disorders
- Obsessive Compulsive Disorder
- Social Phobia

### DESNOS (Complex PTSD)

Some researchers think there is a subtype of PTSD that they call **Disorder of Extreme Stress Not Otherwise Specified (DESNOS)** or **Complex PTSD**. These researchers report that people who experience PTSD from long-term exposure to "chronic traumas" (such as child abuse, prostitution situations, or living in a war zone) seem to be somewhat different from others with PTSD. . For these people, PTSD nearly always has coexisting diagnoses of substance abuse, depression, or related disorders. The researchers believe that, because these coexisting disorders are so consistently present, they are part of the PTSD instead of being separate conditions. The researchers think these coexisting symptoms/disorders are part of how a person's personality changes and reorganizes in response to chronic traumas. They feel that the current description of PTSD does not show the complexity and severity of this reorganization of the person's personality and want DESNOS added as a subtype of PTSD. The editorial board for the DSM-IV considered this proposal but decided to assimilate it into "associated features" of PTSD instead of making a new diagnosis. (Those "associated features" are part of the additional

symptoms listed above.) The ICD-10, which is the European equivalent of the DSM, has adopted a diagnostic category for "enduring personality changes" following catastrophic experience, which is similar to DESNOS.

### ***Incidence Statistics***

- Women are twice as likely as men to develop PTSD.
- In around half of all cases of PTSD, the symptoms fade within 3 months of the traumatic event. This is considered "acute" PTSD, as opposed to "chronic" PTSD.
- Around 40% of people with PTSD reported symptoms lasting more than a year after the traumatic event
- 30% of people who develop PTSD will have chronic symptoms lasting most of their lives
- Individuals with PTSD are 2-4 times more likely to have a second psychiatric diagnosis as well.
- Individuals with PTSD are 90 times more likely to have somatization disorder than the general population.
- It is estimated that 70% of US adults will experience a traumatic event during their life.
- Among rape victims, 65% of men and 45.9% of women who had been raped develop PTSD (NIH National Comorbidity Survey)

The severity of the PTSD symptoms will probably be highest when the trauma:

- Is caused by a person rather than a natural event or accident
- Is repeated
- Happens unpredictably
- Is sadistically inflicted to cause pain
- Happens during childhood
- Is caused by a caregiver

The traumatic events most often associated with PTSD are:

- For men: rape, combat exposure, childhood neglect, and childhood physical abuse.
- For women: rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

Counselors and therapists can sometimes get "vicarious PTSD" from repeated exposure to trauma through their clients. Family members of individuals with PTSD can get "secondary PTSD" through that relationship.

## ***Common Treatments, Medications, and Side Effects***

There is no definitive treatment for PTSD, but a combination of drug therapy and counseling is most common.

**Drug Therapy** - only one drug, Zoloft, is approved by the FDA for treatment of PTSD, but sometimes physicians will prescribe related drugs instead, including the Selective Serotonin Reuptake Inhibitors (SSRIs) such as Paxil (paroxetine), Prozac (fluoxetine), Luvox (fluvoxamine), and Celexa (citalopram). See Drugs section for the possible side effects of SSRIs.

**Counseling** - exposure therapy has proven helpful for many individuals with PTSD. Exposure therapy may include imagined exposure (in which the person imagines being in uncomfortable settings) and real exposure (in which the person is actually in the uncomfortable settings, but in a controlled way). Group therapy and individual counseling also can help.

## ***Possible Functional Issues***

- Unwillingness to be in certain situations (avoidance)
- Difficulty concentrating
- Social withdrawal
- Drowsiness (from lack of sleep)
- Panic attacks
- Irritability
- Agitation

## ***Initial Interview Considerations***

### Initial Questions

- What happens when they have an episode of PTSD? What are the major symptoms?
- What places or situations that they need to avoid?
- Are there social situations that they need to avoid? Crowds, for instance? Or being alone?
- How often do episodes happen? Several times a day? Several times a month?
- What helps them recover from the episodes?
- Are they taking any medications? Are there any side effects?
- How often do they use alcohol or drugs, if at all?
- How often do they have difficulty sleeping? How often do they feel sleepy during the day?
- How well do they get along with other people?

- What if any coexisting conditions do they have?
- What hobbies do they have?
- What do they do on a typical weekend? (gets at other interests)
- How well are they able to drive?
- Do they have any trouble going out in public, either alone or with someone else?

It may be helpful to talk to family members, if the individual approves, to ask about social skills, avoidance behaviors, and general comfort level.

### Initial Observations

- Do they appear tired?
- Is there any indication they are self medicating?
- Do they appear agitated or jittery?

### ***Possible Accommodations and Assistive Technology***

- Flexible work schedule
- Safe haven at work site in case of panic attack
- Removal of any potential triggers from work environment (triggers will vary from person to person)

### ***Career Planning Issues***

- Social skills may or may not be an issue
- Much will depend on what kinds of situations the individual has to avoid
- Learning skills should not be affected, so training or higher education may be an option
- Dexterity, mobility, and strength should not be affected
- Cognitive skills should not be affected
- If they prefer to be alone, home-based employment or self-employment may be an option
- Discuss carefully with the client any jobs in which they would have to "meet the public" (receptionist, sales, guide, customer service, etc.) to make sure they are willing to handle the range of encounters that might be involved. This does not mean to avoid such jobs - they may work out very well. But the client should agree to the level of risk, if any.

### ***Emerging Issues***

- Treatment options

- Misdiagnosis of PTSD as other conditions, awareness by health care providers
- Reducing stigma associated with PTSD

### ***Additional Information Resources***

- National Center for Post Traumatic Stress Disorder: [www.ncptsd.org/index.html](http://www.ncptsd.org/index.html)
- The Sidran Foundation (an advocacy group): [www.sidran.org](http://www.sidran.org)
- The Anxiety Disorders Association of America: [www.adaa.org](http://www.adaa.org)