



Post Traumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) can occur after any traumatic event. Historically, PTSD was considered a character flaw. During World War I, it was called “shell shock.” During World War II it was referred to as “combat fatigue.” The medical diagnosis of PTSD emerged during the Vietnam War era, but it was the events of September 11, 2001 that brought the impact of PTSD into focus.

Studies show that approximately 8-10 percent of Americans experienced or will experience PTSD, and it can occur at any age. However, people often underestimate the very real effects of intense stress and shock. Below are four fundamental facts of PTSD.

Fundamental Facts about PTSD

- PTSD occurs when there is exposure to a physically or psychologically traumatic event resulting in an intense emotional response of fear, helplessness or horror. Trauma is a familiar word, but in terms of PTSD it can have a variety of unique and subjective meanings. Examples of traumatic events include: tornadoes, plane crashes, murders, school shootings, car accidents, death of a loved one, assault, abuse or any negative event with significant impact.
- Individuals with PTSD typically experience persistent recurrence of the traumatic event. The individual experiences intrusive thoughts, mental images and/or disturbing dreams recalling the traumatic event. Some people may experience illusions or flashbacks, as if the traumatic event is reoccurring. Any reminders of the trauma are distressing. Avoiding anything symbolic of the event becomes priority.
- It is common for individuals with PTSD to be alert, yet unable to concentrate. PTSD can cause people to act extremely watchful to protect themselves from danger. Constant worry, anxiety, becoming easily startled and even panic attacks may be common. Falling asleep and staying asleep can be a daily distress. Rage, extreme irritability and intense agitation are also symptoms of PTSD.
- PTSD disrupts the functioning of people affected by it, interfering with their daily tasks and needs. It hinders interest in otherwise pleasurable activities and events. To be diagnosed with PTSD, symptoms must be present for more than one month, and the traumatic event must cause significant clinical distress or impairment in social, occupational or other important areas of life.

Complications can result from untreated PTSD, including: generalized anxiety disorder, panic attacks, major depression, substance abuse and problems with health, career and relationships. According to research, a person who has been traumatized before is more likely to develop PTSD after a second trauma. People may have posttraumatic stress from a previous event, but they may not be aware of it until after a new trauma occurs.

PTSD and Soldiers

One out of every four American soldiers and veterans of our nation’s modern wars suffered from PTSD.

In a recent report from The Center for Military Health Policy Research, titled “Invisible Wounds of War,” early evidence suggests that the psychological toll of these deployments (many involving prolonged exposure to combat-related stress over multiple rotations) may be disproportionately high compared with the physical

injuries of combat. Concerns most recently centered on two combat related injuries in particular: posttraumatic stress disorder and traumatic brain injury. Many recent reports have referred to these as the signature wounds of the Afghanistan and Iraq conflicts. With increasing concern about the incidence of suicide and suicide attempts among returning veterans, concern about depression is also on the rise.

Dealing with PTSD

- Educate yourself. Learn the symptoms of PTSD, and identify the triggers and warning signs of your particular case. Knowledge and acceptance are the first steps in recovery.
- Reduce stress. Find anxiety reducing techniques such as praying, meditation, exercising, yoga, deep breathing or spending time with close friends and family.
- Manage behaviors. Practice anger control and conflict resolution skills.
- Practice patience. Learn to forgive yourself. Learn new things. Set both short and long term goals. Acknowledge your accomplishments. Count your victories in the battle of PTSD recovery in incremental steps.
- Seek support. Talk with a counselor for direction and support. The goal of treatment is to reduce the emotional and physical symptoms of PTSD, to improve daily functioning and to help individuals cope with the traumatic event that triggered the disorder.

Treatment approaches for severe cases of PTSD

- Psychodynamic
- Behavioral
- EMDR
- Hypnosis
- Psychopharmacological

Workplace Crisis Recovery

Critical Incident Stress Management (CISM) is an integrated, comprehensive, multi-component crisis intervention approach to critical incidents. Its purpose is to stabilize and mitigate the acute psychological distress associated with psychological trauma and to prevent or mitigate any potentially adverse posttraumatic affects associated with Acute Stress Disorder, PTSD and other manifestations of acute human crisis.

For more information about crisis management services for your business or workplace, contact Centerstone's Crisis Management Strategies at 615-460-4445, or visit <http://www.centerstone.org/crisis-management-strategies>

Centerstone (615) 460-HELP (4357)

About Centerstone

Centerstone (www.centerstone.org), a not-for-profit organization is the nation's largest provider of community-based behavioral healthcare. With a history that spans over fifty years, Centerstone provides a full range of behavioral health and related educational services to more than 69,000 individuals of all ages and their families annually. Children, adolescents, adults, seniors, and families all receive help from a multitude of different programs in more than 120 facilities and 150 partnership locations in Tennessee and Indiana. Centerstone is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in Tennessee and The Joint Commission in Indiana. For more information about Centerstone, please call toll free at (888) 291-4357.

About Susan Gillpatrick, MEd, LPC, CTS

Susan Gillpatrick, Centerstone Crisis Management Specialist, primarily works in the field with clients in critical incident response situations, and in Centerstone's wellness trainings and presentations. She is also responsible for planning and implementing marketing and growth strategies for Centerstone's Crisis Management Strategies.

In recent years, Ms. Gillpatrick worked for the Shelby County Government Victims Assistance Center in Memphis. There, she co-developed a model program for the state of Tennessee entitled, "Homicide Response." Her work in this area received the 2000 Achievement Award from the National Association of Counties.

Ms. Gillpatrick is a Licensed Professional Counselor, Certified Trauma Specialist, Certified Workplace Conflict Mediator, and Mental Health Service Provider in the state of Tennessee and a National Certified Counselor. She is also a member the American Counseling Association, the Association of Traumatic Stress Specialists, the Tennessee Mental Health Counseling Association, and the Middle Tennessee Employee Assistance Professionals Association. She is a frequent presenter at local and national conferences, and has had numerous articles published. She received her Master of Education degree in Human Development Counseling from Peabody College at Vanderbilt University.