

Post Traumatic Stress Disorder

Difficult situations are part of life. We all must cope with tough circumstances, such as bereavement or conflict in our personal and professional relationships, and learn to move on. But sometimes people experience an event which is so unexpected and so shattering that it continues to have a serious effect on them, long after any physical danger involved has passed. Individuals with this kind of experience may suffer flashbacks and nightmares, in which they re-live the situation that caused them intense fear and horror. They may become emotionally numb. When this condition persists for over a month, it is diagnosed as post-traumatic stress disorder.

Post-traumatic stress disorder (PTSD) is one of several conditions known as an anxiety disorder. This kind of medical disorder affects approximately 1 in 10 people. They are among the most common of mental health problems. Children and adults can develop PTSD. The disorder can become so severe that the individual finds it difficult to lead a normal life. Fortunately, treatments exist to help people with PTSD bring their lives back into balance.

What causes it?

PTSD is caused by a psychologically traumatic event involving actual or threatened death or serious injury to oneself or others. Such triggering events are called 'stressors'; they may be experienced alone or while in a large group.

Violent personal assault such as rape or mugging, car or plane accidents, military combat, industrial accidents and natural disasters such as earthquakes and hurricanes, are stressors which have caused people to suffer from PTSD. In some cases, seeing another person harmed or killed, or learning that a close friend or family member is in serious danger has caused the disorder.

What are the signs?

The symptoms of PTSD usually begin within 3 months of the traumatic event. However, sometimes they surface many years later. The duration of PTSD, and the strength of the symptoms, vary. For some people, recovery may be achieved in 6 months; for others, it may take much longer.

There are three categories of symptoms. The first involves re-experiencing the event. This is the main characteristic of PTSD and it can happen in different ways. Most commonly the person has powerful, recurrent memories of the event, or recurrent nightmares or flashbacks in which they re-live their distressing experience. The anniversary of the triggering event, or situations which remind them of it, can also cause extreme discomfort. Avoidance and emotional numbing are the second category of symptoms. The first occurs when people with PTSD avoid encountering scenarios which may remind them of the trauma. Emotional numbing generally begins very soon after the event. A person with PTSD may withdraw from friends and family, they may

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lose interest in activities they previously enjoyed and have difficulty feeling emotions, especially those associated with intimacy. Feelings of extreme guilt are also common. In rare cases, a person may enter dissociative states, lasting anywhere from a few minutes to several days, during which they believe they are re-living the episode, and behave as if it is happening all over again. The third category of symptoms involves changes in sleeping patterns and increased alertness. Insomnia is common and some people with PTSD have difficulty concentrating and finishing tasks. Increased aggression can also result.

Other illnesses may accompany PTSD

People with PTSD may develop a dependence on drugs or alcohol. They may become depressed. It is not uncommon for another anxiety disorder to be present at the same time as PTSD. As well, dizziness, chest pain, gastrointestinal complaints and immune system problems may be linked to PTSD. These are often treated as self-contained illnesses; the link with PTSD will be revealed only if a patient volunteers information about a traumatic event, or if a doctor investigates a possible link with psychological trauma.

How is PTSD treated?

Medication can help with the depression and anxiety often felt by people with PTSD, and assist them in re-establishing regular sleep patterns.

Cognitive-behavioural therapy and group therapy are generally felt to be more promising treatments for PTSD. They are often performed by therapists experienced in a particular type of trauma, such as rape counsellors. Exposure therapy, in which the patient re-lives the experience under controlled conditions in order to work through the trauma, can also be beneficial.

Research into the causes of PTSD and its treatment is ongoing. Determining which treatments work best for which types of trauma is currently under study.

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