

READ MORE ABOUT POST TRAUMATIC STRESS DISORDER

What is it?

Post-Traumatic Stress Disorder (PTSD) has been around for a very long time. Military medicine had recognized this condition with a variety of labels. During the Civil War the condition was called "Soldier's Heart." By WWI, it was re-named "Shell Shock," and during WWII, "Battle Fatigue." Korean War veterans were diagnosed with "War Neurosis," and "Vietnam Syndrome" was the label for that generation of veterans. VA was service connecting former combatants with a "Nervous Condition" or some other type of disorder prior to the advent of PTSD.

Post-Traumatic Stress Disorder is a condition recognized by the American Psychiatric Association (APA). Criteria for diagnosing PTSD are published in the Diagnostic and Statistical Manual of Mental Disorders (commonly referred to as the DSM-IV). PTSD first appeared in this manual, published by the APA, in 1980 after significant research studies with Vietnam combat veterans.

PTSD may occur after a person has been exposed to a traumatic event in which the person experienced or witnessed an event that involved death, serious injury, or mass destruction. This could include events that occur in war, natural disasters, and acts of terrorism, crime or abuse. For veterans, in particular, stressful traumatic events include combat zones, peacekeeping missions, training accidents, disasters, medical emergencies, and assaults. These events cause the survivor to react with intense fear, helplessness, hopelessness and horror.

Symptoms of PTSD include, but are not limited to:

- Recurrent, intrusive, and distressing thoughts about the event
- Recurrent dreams, nightmares (sometimes called "night-terrors") about the event

- Flashbacks (a sense of reliving the event)
- Distress caused by reminders of the event (sights, sounds, smells)
- Alienation, isolation, and avoidance of people and places
- Emotional numbing
- No sense of future
- Survivor guilt (for having survived when others did not, or for behavior required for survival)
- Difficulty falling or staying asleep
- Anger and rage
- Difficulty concentrating or remembering
- Hyper-vigilant, or survivalist behavior
Exaggerated startled response (usually to loud noises)

These symptoms may lead to substance abuse or other self-destructive addictive behavior.

Who Gets It?

Anyone can experience PTSD symptoms after being exposed to a traumatic event. A PTSD diagnosis is NOT a sign of weakness or malingering, but rather is a normal reaction to a horrific situation. There is no way to predict who will and who will not develop PTSD symptoms because it depends on how people perceive a situation, and what other experiences they have had in the past. Some people may be more affected than others based on their perceptions and learned views of the world. Current research shows that there may also be genetic or biological factors that influence how a person will react to extreme stress.

In the military, there are many dangers that service members are trained to deal with, and usually they are able to function during a traumatic time. However, when the war is over or the crisis resolved, and troops have deployed home, then psychiatric problems can begin to appear. It is not unusual for problems to appear months or years after the initial trauma. Sometimes, experiencing another stressful situation, like job or marital problems, or even military retirement brings on symptoms.

Often during deployments, the service members' families have had to get along without them, so when they come home, they often feel out of place,

and not needed. Military reunions are glamorized in the media, and, although joyous, they can be very stressful. Families can also be affected by PTSD. Living with someone who has PTSD symptoms can be stressful. Many spouses of Vietnam veterans have reported feeling as if PTSD is contagious. Children will mimic the behaviors and attitudes of their parents. If PTSD symptoms have led to violence in the home, then another generation of PTSD sufferers has been created. Family counseling is always recommended when a person has been diagnosed with PTSD. If you are still on active duty, and experiencing domestic violence or child abuse, you should contact the Family Advocacy Program (FAP) for assistance or the Mental Health Clinic.

For many military women sexual harassment, assault, and rape are the cause of their PTSD. However, these incidents often go unreported because the women are usually of lower rank than their assailants, or are in their chain of command. If they report, they are at risk of being shunned, or losing their jobs. There are many other complicating factors that affect military women who have been raped, which are different from the civilian community. Military women are faced with issues of betrayal, role identification (Soldier/Victim) and loyalty to their service after being assaulted. This can be even more difficult if the rape occurred in a combat zone. The Navy operates the Sexual Assault Victim Intervention (SAVI) program.

Perpetrators may also experience PTSD symptoms after an incident because of their own behavior or past history.

What Can Be Done?

There is help available. Whether you were in the military many years ago, or if you are still in uniform, there are trained professionals who understand military trauma and PTSD treatment. VA has over 206 Vet Centers and Sexual Assault Treatment Programs nationwide. The Vet Centers were started for Vietnam veterans, but now offer services to veterans from WWII, Korea, Panama, Lebanon, Grenada, Persian Gulf, Haiti, Somalia, and Bosnia. You can contact your local VA hospital to find out what services are available closest to you, and if you are eligible. The Vet Centers offer group therapy, individual counseling, marriage and family counseling. VA also has inpatient PTSD programs, residential treatment, and day hospital programs. In addition, VA has special programs for substance abuse, homeless veterans, and women's coordinators for female veterans.

There are also many private clinicians or not-for-profit agencies that offer specialized treatment for PTSD similar to care provided by VA. There are clinicians -- psychiatrists, psychologists, and social workers -- that are Certified Trauma Specialists (CTS) who are very qualified to treat PTSD. Interview potential therapists to be sure you feel they can help you. Get recommendations from other people, and do not be afraid to "shop around."

If symptoms are particularly severe and persistent, medication might be necessary. A psychiatrist should be consulted. You should have a complete physical exam to be sure there are no other conditions that are contributing to the problem.

Twelve step programs, like Alcoholics Anonymous, can be helpful. These self-help groups offer emotional support. There are meetings held all over, and at various times of day. Many groups are specifically for active duty service members and veterans. These groups are confidential. Check your local phone book for chapters near you.

There are a variety of military and veteran groups and chat rooms on the Internet. You can access the VA <http://www.va.gov> for medical and benefits information.