

Post-traumatic stress disorder: causes, symptoms and treatments



Abstract

Post-Traumatic Stress Disorder, which is also called “ shell shock”, is a mental health disorder that is linked to the anxiety that is generated after a considerably stressful event; examples of this are military fighting sexual assaults and physical aggression. Initially, it was thought that this disorder only affected the military, so the name of “ shell clash”, and some related the phenomenon, incorrectly, with a weak character or a lack of moral fiber.

As studies were developed, psychologists were able to realize that the phenomenon could arise after any traumatic event and that it was not a sign of weakness or bad character. In 1980, in DMS-3, it was officially recognized as a mental health disorder.

Post-Traumatic Stress Disorder

History

It cannot be said with exactitude since when the Post-Traumatic Stress Disorder exists but it is believed that for many years human beings experience trauma. Already in 1980, it was certified as a diagnosable condition by the American Psychological Association, which incorporated it into its Diagnostic and Statistical Manual for mental health professionals.

Posttraumatic stress disorder is a mental disorder that can be observed after someone is exposed to a traumatic situation, such as sexual assault, traffic accidents, death exposures or war. Symptoms can manifest with disturbing thoughts, feelings or dreams linked to the event, mental or physical

depression in situations related to trauma, attempts to avoid situations related to trauma and changes in the way of thinking or feeling.

Children are generally not characterized by expressing their depression, but instead, they can expose their memories through play.

They are less likely than adults to develop post-traumatic stress disorder after trauma, especially if they are under 10 years old.

Suicide or intentional self-aggression is more prone in people with post-traumatic stress disorder than in normal people. The person who lives an interpersonal trauma (rape, child abuse, etc) tend to develop the disorder more easily, than a person who lives a trauma not based on aggression (natural disasters, accidents, etc). It is thought that about half of the people who are raped, in the future, develop the disorder. The diagnosis is based on the presence of specific symptoms after a traumatic event.

Symptoms & Signs

Post-traumatic stress disorder does not develop in the same way in all people since the nervous system and tolerance varies depending on each person. The symptoms do not have an exact date to manifest, it can be in hours, days, months and there are cases that even years. Sometimes, apparently, symptoms arise out of nowhere; in other cases, it is triggered due to something reminiscent of the original traumatic event.

Although PTSD manifests itself differently, there are four main types of symptoms:

1. Re-experiencing Symptoms:

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These symptoms are what make you feel as if you are living the original event again. Examples of these are nightmares, flashbacks, bad memories. These symptoms can lead to your tachycardia or sweating.

2. Avoidance Symptoms:

It is characterized by avoiding places, people or situations that generate bad memories of the traumatic event. The person tends to avoid thinking or talking about the event and even changes their daily routine for this reason. For example, a young man who had an accident while on his way home from work may choose to avoid this usual road or change his means of transportation to drive.

3. Cognitive Symptoms:

Cognitive symptoms are based on negative thoughts about oneself or the world. According to the National Center for PTSD, people who manifest cognitive symptoms may have difficulty trusting other people and generally do not feel happy. They may have trouble remembering important elements of the event and often feel guilty.

4. Hyperarousal (Reactivity) Symptoms:

Instead of being caused by a particular person or situation, the symptoms of stimulation are constant. Usually, the person is stressed, angry or easily startled. A person with these reactivity symptoms may have trouble sleeping or concentrating. These symptoms can generate unhealthy or risky behaviors such as smoking, using alcohol or driving irresponsibly.

Causes

The causes that can cause PTSD is to have experienced a traumatic event, such as a serious accident, a physical or sexual assault, war or torture; or a natural disaster, like a flood. Post-traumatic stress disorder can arise immediately after the disturbing event or weeks, months or even years later. It is estimated that one-third of people living in traumatic situations are affected by PTSD; although it is not clear because there are people more resistant to developing the disease than others. In addition to being very annoying, the symptoms influence the person's ability to continue with their daily life, work and relationships.

The treatment helps deal with the symptoms so that people can continue their life again.

Posttraumatic stress disorder (PTSD) can develop after a very stressful, scary or distressing event, or after a prolonged traumatic experience.

Types of events that can lead to PTSD include:

- serious accidents
- physical or sexual assault
- abuse, including childhood or domestic abuse
- exposure to traumatic events at work, including remote exposure
- serious health problems, such as being admitted to intensive care
- childbirth experiences, such as losing a baby

- war and conflict
- torture

Posttraumatic stress disorder is not usually related to situations that are simply disturbing, such as divorce, job loss or exams that do not pass.

PTSD usually develops in people who experience severe trauma. Certain factors seem to make some people less resistant to developing PTSD. If the person has had depression or anxiety in the past, if they do not receive support from their family or friends, they are more susceptible to developing PTSD after a traumatic event.

Diagnosis.

Before diagnosing PTSD, a person must manifest these “grouping” symptoms for more than a month: relive the traumatic event over and over again; avoid unleashing people, places or activities; and hypervigilance in the face of danger.

These symptoms must generate significant problems in daily life. A person should seek a diagnosis of posttraumatic stress disorder if these symptoms are present and affect their daily lives, even if several months or even years have passed since a relevant trauma since PTSD symptoms can sometimes take a long time to manifest. Each person reacts differently to life situations, whether traumatic or not. While some people “recover” after trauma, others need support and treatment to be able to heal mentally and emotionally from trauma.

DSM-5 Criteria for PTSD

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All the criteria are required for the diagnosis of PTSD. The following text summarizes the diagnostic criteria:

Criterion A(one required): The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e. g., first responders, medics)

Criterion B(one required): The traumatic event is persistently re-experienced, in the following way(s):

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

Criterion C(one required): Avoidance of trauma-related stimuli after the trauma, in the following way(s):

- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D(two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

Criterion E(two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating

- Difficulty sleeping

Criterion F(required): Symptoms last for more than 1 month.

Criterion G(required): Symptoms create distress or functional impairment (e. g., social, occupational).

Criterion H(required): Symptoms are not due to medication, substance use, or other illness.

Treatment Plans

When you have PTSD, it might feel like you'll never get your life back. But it can be treated. Short- and long-term psychotherapy and medications can work very well. Often, the two kinds of treatment are more effective together.

Therapy

PTSD therapy has three main goals:

- Improve your symptoms
- Teach you skills to deal with it
- Restore your self-esteem

Much of the therapies for PTSD are under the world of cognitive-behavioral therapy. The objective is to modify the thought patterns that affect daily life. This can happen when you talk about your trauma or think about the origin of your fears.

Depending on the situation, group or family therapy may be a better option instead of individual sessions.

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Cognitive Processing Therapy

CPT is a 12-week course of treatment, with weekly sessions of 60-90 minutes.

Initially, we will talk about the traumatic event with the therapist and how the thoughts related to the event have affected your daily life. Then what happened will be written in detail. This process will help to investigate how you think about trauma and find new ways to live with this situation.

Prolonged Exposure Therapy

PE will help you face those memories that are avoided so as not to relive the traumatic event again. It involves 8 to 15 sessions, usually 90 minutes each.

In the first sessions, the therapist will teach you relaxation methods to relieve your anxiety that generates thinking and remembers the traumatic event.

Then, a list of the things that have been avoided will be written and you will learn to face them, one by one. In another session, you will tell your therapist the traumatic experience, then go home and listen to a recording of yourself.

Doing this as “ homework” over time can help relieve your symptoms.

Eye Movement Desensitization and Reprocessing

With EMDR, you may not have to report your experience to the therapist.

However, you will concentrate on the traumatic event while observing or

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hearing something that is happening around you, perhaps moving a hand, making a light blink or making a sound.

The goal is to think about something positive while remembering your trauma. It takes about 3 months of weekly sessions.

Stress Inoculation Training

It can be done individually or in a group. You will not have to detail what happened. The focus is more on changing the way to handle the stress of the event.

You can learn massage and breathing techniques and other ways to curb negative thoughts by relaxing your mind and body. After about 3 months, you should have the skills to release the extra stress of your life.

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