

Post-traumatic stress disorder, depression, and anxiety disorders



Post-traumatic Stress Disorder, Depression, and Anxiety Disorders:

Correlation in Patients When Treated and Untreated Misty Caldwell & Evelyn Sheets Wytheville Community College Life Span Development PSY 232-95

November 2, 2011 Ann Benson Post-traumatic Stress Disorder, Depression, and Anxiety Disorders: Correlation in Patients When Treated and Untreated

What is post-traumatic stress disorder? In this paper we review what post-traumatic stress disorder is, how this disorder affects individuals, how individuals cope, and how individuals function in a modern society.

In this paper we will show the signs and symptoms to be watchful for, as well as, where to go to for help and the different types of treatment available, for example, medication, types of behavioral therapy and alternative therapies, such as acupuncture and aromatherapy. We also discuss the types of trauma that could lead to PTSD, depression and other anxiety disorders, for example, abuse, accidents, hate crimes and war.

We discuss the correlation between PTSD and depression, and other anxiety disorders; we discuss dependency in the victim; we provide discussion about non-treatment results, as well as the dangers of thought suppression and the dangers of abusing drugs and alcohol. We also discuss how childhood abuse affects an individual's health later in life; how post-traumatic stress disorder could lead to more problems if left untreated, such as depression, anxiety disorders, cardiovascular disease, and diabetes in both adults and adolescents. Kendall-Tackett, (2002), Kendall-Tackett, Marshall & Ness (2003); Groer, Thomas, Evans, Helton, & Weldon (2006); Kendall-Tackett (2007, April); Kendall-Tackett (2007, Spring/Summer); Kendall-Tackett (2007, Winter); Kendall-Tackett (2008); Kendall-Tackett & Klest (2009)] Post-
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Traumatic Stress Disorder What is Post-traumatic Stress Disorder? Who does it affect? How do we help someone who has been through a traumatic experience? These questions are serious to those who know someone affected by this disorder. " Trauma is by nature interpersonal and is, therefore, a systemic entity. (Figley & Figley, 2009, p. 173) Mental Health America (2011) reported that after " a traumatic experience, it is normal to feel lots of emotions, such as distress, fear, hopelessness, guilt, shame, or anger. You may start to feel better after days or weeks, but sometimes, these feelings just don't go away. If the symptoms last for more than a month, you may have post-traumatic stress disorder...PTSD is a real problem and can happen at any age. If you have PTSD, you are not alone. It affects nearly eight million American adults. The best definition and description found through our research was from Smith & Segal (2011) and it stated that PTSD develops " Following any traumatic event that threatens your safety or makes you feel helpless...can affect those who personally experience the catastrophe, those who witness it, and those picking up the pieces afterwards...it can even occur in the friends or family members of those who went through the actual trauma. " " Nearly half of U. S. adults experience a traumatic event, but only 10% of women and 5% of men develop PTSD" (Ozer & Weiss, 2004, p. 69). The types of traumatic events that affect individuals vary from person to person, the range is quite large. For adolescents, " most traumas begin at home (Van der Kolk, 2005, p. 402)" and approximately 80% responsible for the abuses are their parents (Van der Kolk, 2005, p. 402). Events such as abuse, accidents, hate crimes and war are a few examples. For many people, symptoms begin almost right away

after the trauma happens. For others, the symptoms may not begin or may not become a problem until years later.

Symptoms of PTSD may include: * Repeatedly thinking about the trauma. You may find that thoughts about the trauma come to mind even when you don't want them to. You might also have nightmares or flashbacks about the trauma or may become upset when something reminds you of the event. * Being constantly alert or on guard. You may be easily startled or angered, irritable or anxious and preoccupied with staying safe. You may also find it hard to concentrate or sleep or have physical problems, like constipation, diarrhea, rapid breathing, muscle tension or rapid heart rate. Avoiding reminders of the trauma. You may not want to talk about the event or be around people or places that remind you of the event. You also may feel emotionally numb, detached from friends and family, and lose interest in activities. These are other symptoms of PTSD: * Panic attacks: a feeling of intense fear, with shortness of breath, dizziness, sweating, nausea and racing heart. * Physical symptoms: chronic pain, headaches, stomach pain, diarrhea, tightness or burning in the chest, muscle cramps or low back pain. Feelings of mistrust: losing trust in others and thinking the world is a dangerous place. * Problems in daily living: having problems functioning in your job, at school, or in social situations. * Substance abuse: using drugs or alcohol to cope with the emotional pain. * Relationship problems: having problems with intimacy, or feeling detached from your family and friends. * Depression: persistent sad, anxious or empty mood; loss of interest in once-enjoyed activities; feelings of guilt and shame; or hopelessness about the future.

Other symptoms of depression may also develop. * Suicidal thoughts: thoughts about taking one's own life. Note: from Mental Health America (2011) In children and adolescents, the " symptomatology is pervasive and multifaceted and is likely to include depression, various mental illnesses, and a variety of impulsive and self-destructive behaviors. " (Van der Kolk, 2005, p. 402) PTSD in children and adolescents is different from adults. Children and adolescents display symptoms differently (Changaris, 2010).

In children—especially those who are very young—the symptoms of PTSD can be different than the symptoms in adults. Symptoms in children include:

- * Fear of being separated from parent
- * Losing previously-acquired skills (such as toilet training)
- * Sleep problems and nightmares without recognizable content
- * Somber, compulsive play in which themes or aspects of the trauma are repeated
- * New phobias and anxieties that seem unrelated to the trauma (such as a fear of monsters)
- * Acting out the trauma through play, stories, or drawings
- * Aches and pains with no apparent cause

Irritability and aggression Note: from Smith & Segal (2011) Abuse is a major player in the traumatic experience category. We, as a whole, in society know that there are a variety of abuses in the world; emotional, mental, physical and sexual. Most abuse goes hand in hand. Yes, there can be one without another, but typically, we see them in conjunction with another. Examples of abuse are assault, childhood neglect and abuse, kidnapping, and rape.

Most of these are acts of violence and are personal in nature. Accidents could be natural, such as a hurricane or tsunami, or unnatural such as car and planes crashes, or something tragic, like the shootings at Virginia Tech in April of 2007 (Figley & Jones, 2008). They are called accidents because we, <https://assignbuster.com/post-traumatic-stress-disorder-depression-and-anxiety-disorders/>

individual or societal, can not control these events. Hate crimes can vary from cultural, ethnical, to sexual orientation. We have seen reports of these in the news often.

Roberts, Austin, Corliss, Vandermorris & Koenen (2010) reported that “ Lesbians and gay men, bisexuals, and heterosexuals who reported any same-sex sexual partners over their lifetime had greater risk of childhood maltreatment, interpersonal violence, trauma to a close friend or relative, and unexpected death of someone close than did heterosexuals with no same-sex attractions or partners... Profound sexual orientation disparities exist in risk of PTSD and in violence exposure, beginning in childhood. ”

(Roberts et al. , p. 2433)

We, as a society, have witnessed the act of terrorism against the United States in 2001. The beginning of the war in Afghanistan began with the bombing of the World Trade Towers in New York City and the Pentagon in Washington, D. C. ; we have witnessed how traumatic the impact was and still is. The United States is still locked in a battle for control against terrorism ten years later. The soldiers returning from the battle overseas are more than just physically scarred, but suffering from the effects of PTSD and fighting to maintain composure in the world.

We know more today than we did in 1980 when this diagnosis became recognized, but because PTSD develops differently from person to person (Smith & Segal, 2011), there is still a lot to be learned about individual treatment, but the sooner you seek treatment, the easier it will be to overcome PTSD(Smith & Segal, 2011). There are a few basic treatments for

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this disorder and it is important that an individual seeks at least one of these treatments for their own benefit. Smith & Segal (2011) provided a comprehensive list for the types of treatments available. Trauma-focused cognitive-behavioral therapy. Cognitive-behavioral therapy for PTSD and trauma involves carefully and gradually “exposing” yourself to thoughts, feelings, and situations that remind you of the trauma. Therapy also involves identifying upsetting thoughts about the traumatic event—particularly thoughts that are distorted and irrational—and replacing them with more balanced picture. * Family therapy. Since PTSD affects both you and those close to you, family therapy can be especially productive. Family therapy can help your loved ones understand what you’re going through.

It can also help everyone in the family communicate better and work through relationship problems caused by PTSD symptoms. Note: from Smith & Segal, 2011 “Although PTSD is often challenging to assess, treat, and prevent most people are resilient and ‘spontaneously recover’ over time; meaning-making emerges from discussion and reflection within an intimate, relational context... Treatments should be systemic in considering the role of the family in conceptualizing the trauma experience and alleviating symptoms of individual pain while working with family members to assist this healing process.

At the same time it is critical to recognize and value the role of individualized treatment approaches, as long as they are compatible with understanding and respecting systems implications for those who love or live with the traumatized client. ” (Figley & Figley, 2009, p. 177 & 182) * Medication is sometimes prescribed to people with PTSD to relieve secondary symptoms of <https://assignbuster.com/post-traumatic-stress-disorder-depression-and-anxiety-disorders/>

depression or anxiety. Antidepressants such as Prozac and Zoloft are the medications most commonly used for PTSD. While antidepressants may help you feel less sad, worried, or on edge, they do not treat the causes of PTSD.

Note: from Smith & Segal, 2011 “ There are several classes of medications that can be used to treat PTSD. Medications are not the central treatment for PTSD. ” (Kendall-Tackett, 2007, p. 2) Research provided has shown us that combination of medication, therapy and peer support (Kendall-Tackett, 2007, October; Cukor, Spitalnick, Difede, Rizzo, & Rothbaum, 2009) work best in the treatment of PTSD and its correlates. * EMDR (Eye Movement Desensitization and Reprocessing) incorporates elements of cognitive-behavioral therapy with eye movements or other forms of rhythmic, left-right stimulation, such as hand taps or sounds.

Eye movements and other bilateral forms of stimulation are thought to work by “ unfreezing” the brain’s information processing system, which is interrupted in times of extreme stress. Note: from Smith & Segal, 2011 The first treatment option can be broken down into four different types of therapy and Mental Health America (2011) has it listed as such * Cognitive behavioral therapy helps you change the thought patterns that keep you from overcoming your anxiety. During exposure therapy, you work with a mental health professional to help you confront the memories and situations that cause your distress. * Cognitive Processing Therapy helps you process your emotions about the traumatic event and learn how to challenge your thinking patterns. * Psychodynamic psychotherapy focuses on identifying current life situations that set off traumatic memories and worsen PTSD symptoms. These are not the only treatments available.

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There are alternative treatments such as acupuncture (Goff, 2011), as defined by Merriam-Webster Dictionary (2011): an originally Chinese practice of inserting fine needles through the skin at specific points especially to cure disease or relieve pain (as in surgery), and aromatherapy (Harmon, 2009), as defined by Merriam-Webster Dictionary (2011) : massage of the body and especially of the face with a preparation of fragrant essential oils extracted from herbs, flowers, and fruits; broadly : the use of aroma to enhance a feeling of well-being.

If you have decided on self-care, then it is recommended that you connect with friends and family, they are your support system in your time of crisis; relax, whether you relax by reading a good book or listening to music; exercise, it loosens you up physically and releases endorphins; get enough rest; keep a journal; refrain from using drugs and alcohol and limit your caffeine intake; help others, this will help to put things into perspective; and limit the amount of TV watching (Mental Health America, 2011). It has been stated that dependency is also a major part of treatment in individuals who suffer from PTSD, though it is not a thoroughly understood phenomenon (Steele, Hart, & Nijenhuis, 2001). An individual's need for others to show them their worth, an understanding as to where said individual is, in reference to their mental state, to know that someone cares. The Effects of Non-Treatment: Anxiety Disorders and Depression " Posttraumatic stress disorder (PTSD) is a common disorder that often occurs comorbid with depression and/or panic attacks. " (Falsetti, 2003, p. 78) People who suffer from untreated PTSD are more likely to suffer from other mental disorders if left untreated.

Many survivors of traumatic events will also suffer from anxiety disorders with symptoms of guilt, sleeplessness, anger, avoidance, and panic attacks.

“ Depression is one of the most common of all mood disorders and is a common symptom among trauma survivors. ” (Kendall-Tackett, 2009, p. 38)

Most individuals with PTSD will relive the trauma through flashbacks and nightmares causing them to have many sleepless nights (Kendall-Tackett, 2007). The fear and worry will cause the individual to detach themselves from society often losing their jobs and jeopardizing family relationships.

Individuals may also incur more hostility. Some victims of PTSD will even turn to alcohol or drugs to help them deal with it. In adolescents the symptoms are similar to the symptoms that an adult may have. Adolescents with PTSD often turn to dangerous behaviors to cope with the trauma.

Symptoms for both adults and adolescents are often the same. Adults will withdraw from friends and family, as do adolescents. Both adults and adolescents may turn to drugs, alcohol or other dangerous behaviors after such traumatic events (Gostecnik, Repic, Cvetek, & Cvetek 2010).

This is a form of thought suppression and is defined as “ a maladaptive regulation strategy that refers to deliberate attempts to avoid unpleasant thoughts, specifically” (Rosenthal, Cheavens, Lynch, & Follette, 2006, p. 741). In the research we obtained, it is explained that thought suppression is likely to exacerbate the symptoms of PTSD (Rosenthal, et al. , 2006, p. 741-742). Treatment for both adults and adolescents can be successful. These treatment options are therapy, including cognitive behavior therapy, and some medications such as antidepressants.

People who suffer from posttraumatic stress disorder often have depression, too. Depression is the feeling of sadness and helplessness. People with depression often do not find enjoyment or excitement in things that once made them happy and will withdraw from friends, family, and activities that they had enjoyed. Some signs of depression in adults are: sadness or feeling down for more days than not in a two week period, feelings of frustration, withdrawing from family and friends, changes in sleeping and eating, and frequent thoughts of dying or suicide. In adolescents signs of depression may include; anger, rage, anxiety, and avoidance.

In adolescents behavior problems may accompany depression. Treatment for depression is almost the same as treatment for PTSD. The symptoms of both PTSD and depression are mirrored. Often time's therapy or medication alone is not enough and may have to be used in conjunction. Medications that treat depression work by affecting the way the chemicals in the brain work. Some of the different types of medications are selective serotonin reuptake inhibitors (SSRI's), serotonin and norepinephrine reuptake inhibitors (SNRI's), and Monoamine oxidase inhibitors (MAOI's).

Untreated depression can lead to more dangerous problems such as alcoholism, drug addiction, and even suicide. Individuals will turn to dangerous and reckless behavior to try to numb the pain or forget the trauma. If left untreated for too long the feelings of helplessness and depression could make the individual attempt to or commit suicide. Relatives of people with depression need to watch for signs of this behavior and take steps to get the person the help that they need. Childhood Abuse, PTSD, and

Health Related Issues as Adults

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We have seen that abuse is a key to most sufferers of PTSD and studies that have been conducted in the last ten years are beginning to show just how much trauma impacts our lives and health. Kendall-Tackett's research has provided us with key points in which to realize that "Survivors of childhood abuse often suffer from health problems long after the abuse has ended." (2002, p. 715) In a later study conducted, she stated that "the most exciting work in family violence research demonstrates that abusive experiences change the body.

We also know that people, who experience family violence, particularly if severe, are often in poorer health than their non-abused counterparts. "(2004, p. 4) Recent research has stated that trauma has the likelihood of causing much more severe health impacts, for example, chronic pain syndromes in women, such as fibromyalgia, or for instance cardiovascular diseases and diabetes [Kendall-Tackett, (2002), Kendall-Tackett, Marshall & Ness (2003); Groer, et al, (2006); Kendall-Tackett (2007, April); Kendall-Tackett (2007, Spring/Summer); Kendall-Tackett (2007, Winter); Kendall-Tackett (2008); Kendall-Tackett & Klest (2009)].

In order to prevent some potentially more life-threatening conditions, an individual who has suffered through a traumatic experience should seek treatment as soon as possible. Conclusion We have presented you with our combined research on Post-traumatic Stress Disorder. You should now know what Post-Traumatic Stress Disorder is, who is affected by it, as well as, the differences and similarities in adolescents and adults, signs and symptoms to be wary of, how if left untreated it could result in more serious problems,

such as depression, anxiety disorders, and other serious health problems, and the types of treatments.

If you, or anyone you know, have suffered a traumatic event or think that you suffer from Post-traumatic Stress Disorder we recommend that you seek treatment from a licensed clinical physician in your area, to insure that you are able to get the appropriate treatment. Whether it is just medication, or a combination of medication and therapy, or just therapy, you and your physician can make that decision. References Asmundson, G. , & Katz, J.

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