

A close-up, high-contrast photograph of a person's face, focusing on the eyes. The person has a wide-eyed, intense, and somewhat unsettling expression, with the whites of their eyes appearing bright and slightly bloodshot. The lighting is dramatic, with deep shadows and bright highlights, creating a somber and intense atmosphere. The background is dark and out of focus.

Post Traumatic Stress Disorder (PTSD)

(PTSD)

A VETERAN'S WORST WOUNDS MAY BE THE ONES YOU CAN'T SEE.



More military deaths by suicide than in combat in **2012**



Military suicides are at their highest rate in **10 years**



8% to 20% of military personnel deployed in Iraq and Afghanistan experienced a traumatic brain injury



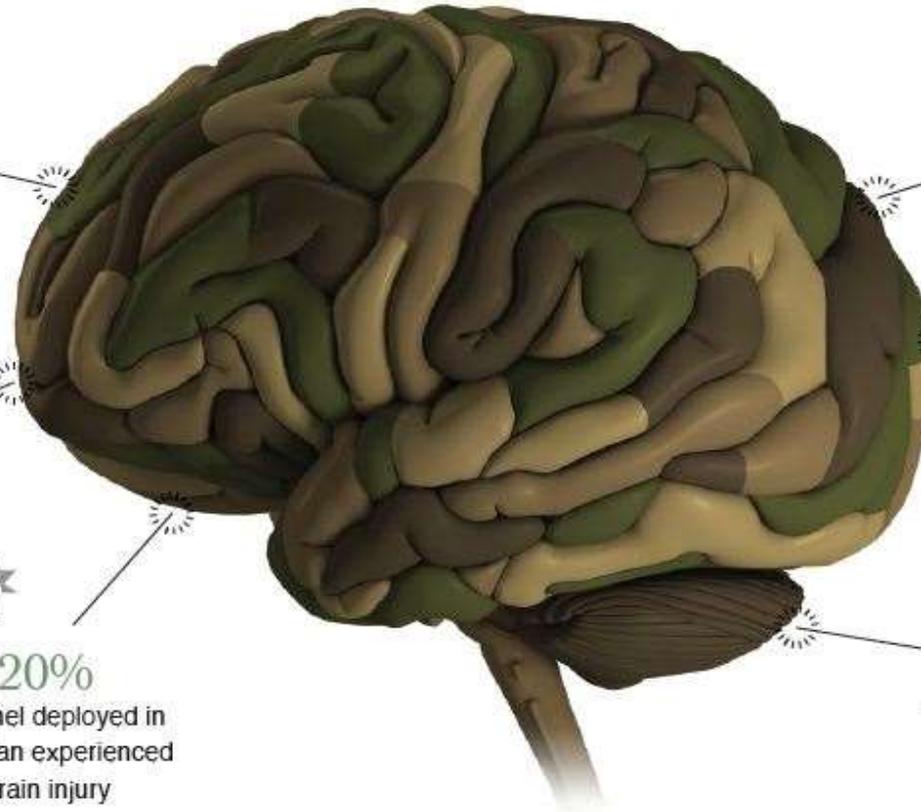
20% of national suicides are completed by veterans



300,000 veterans of the wars in Iraq and Afghanistan have been diagnosed with PTSD



Traumatic brain injuries can increase suicidal thoughts and behavior



Recognizing mental illness is the first step toward recovery. Show returning soldiers that seeking help is a sign of strength. Learn more at [psychiatry.org/mentalhealth](http://www.psychiatry.org/mentalhealth)



Prevalence of PTSD

- One in five veterans of the Iraq and Afghanistan wars is diagnosed with PTSD.

(<http://www.psychiatry.org/military> and CONGRESSIONAL BUDGET OFFICE Report (2012)).

- More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced “clinically serious stress reaction symptoms.”
- The suicide rates of veteran VA users is nearly twice that of the general population. Some 8,000 veterans are thought to die by suicide each year, about 22 per day. (Veterans Affairs, 2012.)

Prevalence (Continued)

- In general, people with PTSD have more unemployment, divorce or separation, spouse abuse and chance of being fired than people without PTSD.
- It is very common for other conditions to occur along with PTSD, such as depression, anxiety, or substance abuse.

Prevalence (Continued)

- In men- More than half of men with PTSD also have problems with alcohol. The next most common co-occurring problems in men are depression, followed by conduct disorder, and then problems with drugs.
- In women, the most common co-occurring problem is depression. Just under half of women with PTSD have reported an experience with depression. The next most common co-occurring problems in women are specific fears, social anxiety, and then problems with alcohol.

What is Post Traumatic Stress Disorder?

Posttraumatic stress disorder (PTSD) is a common disorder in which a person experiences disabling anxiety after a traumatic event. People with PTSD cannot stop thinking about the traumatic event and, in many cases, relive the event repeatedly.

When can PTSD occur?

PTSD may develop after experiencing traumatic events such as:

- Military combat
- Rape or sexual abuse
- Kidnapping or torture
- a car accident or plane crash
- a natural disaster such as a flood, earthquake or hurricane
- Prolonged exposure to a “heightened situation” or “emotional event”

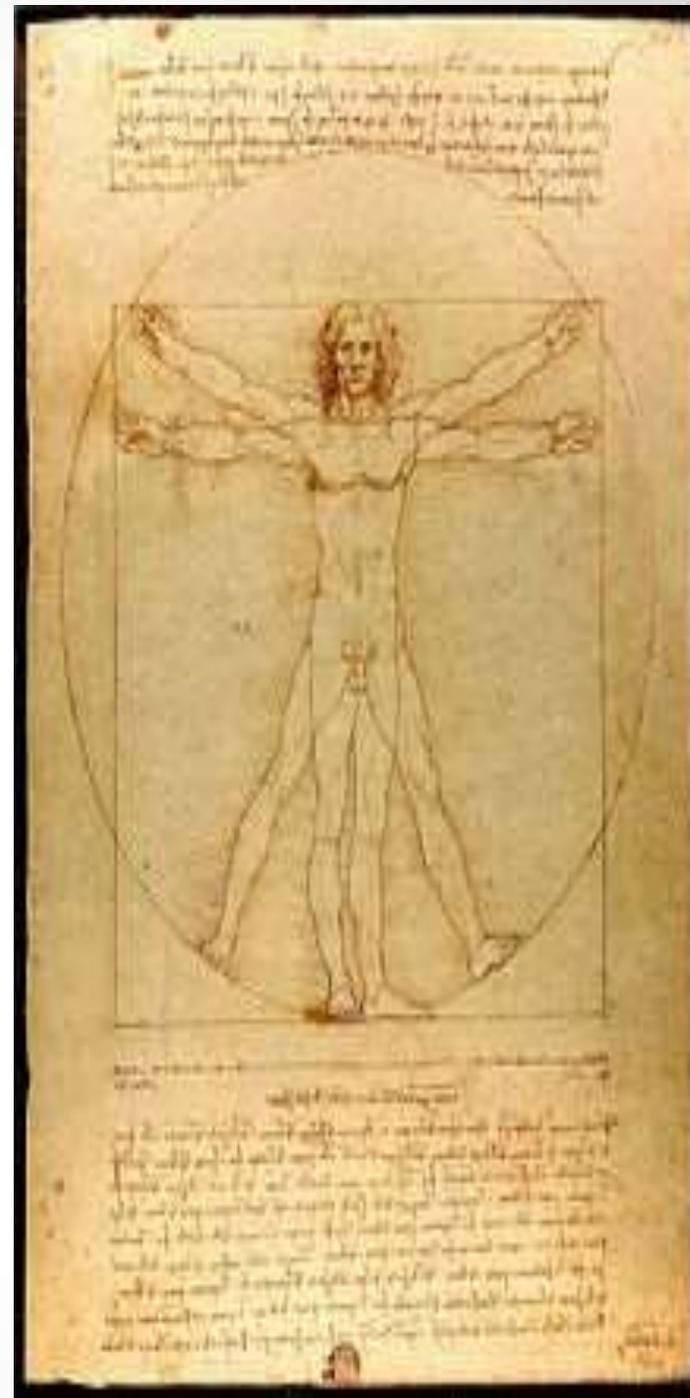
Manifestations of PTSD

Arousal Symptoms- Hyper vigilance (on constant “red alert”)

They may feel constantly alert after the traumatic event. This is known as increased emotional arousal, and it can cause difficulty sleeping, outbursts of anger or irritability, and difficulty concentrating. They may find that they are constantly ‘on guard’ and on the lookout for signs of danger.

Which leads to:

Startle responses- An extremely rapid psychophysiological response of an individual to a sudden and unexpected stimulus such as a loud sound or a blinding flash of light. (for example, A loud noise can startle them easily ,or if someone bumps into them, they might fly into a rage.)



(Manifestations Continued)

- Depression and Guilt- Often survivors are flooded with a sense of guilt for having survived, or about things they did or failed to do.
- Phobias – especially social
- They may want to have their back to a wall in a restaurant or waiting room. An escape route.

Manifestations continued

- * Common quick change in moods or labile mood changes
- * Multiple physical complaints-Psychophysiological- Such as headaches, gastrointestinal distress, immune system problems. Dizziness, chest pain or discomfort in other parts of the body.
- * Flashback- The person may feel as if they are living the trauma over and over again. In the daytime they may think about the trauma. At night, they may relive the trauma through nightmares. Images, sounds, smells or feeling can trigger a flashback.

Manifestations Continued

- Avoidance symptoms are efforts people make to avoid the traumatic event.
- Individuals may try to avoid situations that trigger memories of the traumatic event. They may avoid other sights, sounds, smells, or people that are reminders of the traumatic event.
- Some individuals find that they try to distract themselves (make themselves busy, e.g. work, etc.) as one way to avoid thinking about the traumatic event.

Manifestations Continued

- Numbing- Individuals may find it difficult to be in touch with their feelings or express emotions toward other people. For example, they may feel emotionally "numb" and may isolate from others.
- They may be less interested in activities they once enjoyed. Some people forget, or are unable to talk about, important parts of the event.
- Some think that they will have a shortened life span or will not reach personal goals such as having a career or family.

Manifestations Continued

- Impaired concentration and memory- self reported or observed by others
- Over-eating/ not eating enough
- Self-injurious behavior or high risk behavior.
- Sleeping problems and/or nightmares (night terrors)- unable to sleep, especially a full nights rest. Service animals can assist with this.

Diagnosis of PTSD

- Although PTSD symptoms can begin right after a traumatic event, PTSD is not diagnosed unless the symptoms last for at least one month, and either cause significant distress or interfere with work or home life.
- It is possible to have a delayed onset. At least 6 months have passed between the traumatic event and the onset of the symptoms.
- In order to be diagnosed with PTSD, a person must have three different types of symptoms: re-experiencing symptoms, avoidance and numbing symptoms, and arousal symptoms.
- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author. Page. 465

Why some people with PTSD may be reluctant to get help

- The individual may have expectations or others may expect them to be able to handle a traumatic on their own. They may look at it as shameful to “get help”.
- They may blame themselves
- Traumatic experience might be too painful to discuss/ Some try to avoid the event all together
- PTSD can make some people feel isolated making it hard for them to get help
- People don't always make the connection between the traumatic event and the symptoms; anxiety, anger, and possible physical symptoms
- They may have “survivor's guilt”
- People often have more than one anxiety disorder or may suffer from depression or substance abuse

Office space use and Individual's with Post Traumatic Stress Disorder

- * You may want to consider setting up your office to allow the individual to choose a safe sitting area. (multiple sitting places)
 - * Avoid a very loud or busy working area.
 - * Allow sitting for “escape” or to have someone's back against the wall.
- • •
- * Avoid strong smells, noises, lights (especially flashing)
 - * Try to avoid an enclosed or restrictive or too open situation.
 - * Try to limit foot-traffic through the meeting area.

Common Academic Accommodations

1. Reduction in course load.

- * may consider alternative means of classes

- * e-core, etc.

- * It needs to be their choice.

2. Extended time for testing

3. Separate/ Quiet testing areas

4. Withdrawal from a class and placed into another class.

** remember there is not a common list for a specific barrier.
Accommodations can be individualized.

Service Animals

The use of a service animal for PTSD related barriers.

* IT IS VITAL TO REMEMBER THAT THE USE OF A SERVICE ANIMAL IS A CIVIL RIGHT.

Service animals can be a Canine or a miniature horse.



If an individual brings in a service animal to your department, it should be clearly marked and you can only ask several questions:

1. Is the service animal needed because of a disability?
2. What work or task has the dog been trained to perform?

Service Animal Continued

- Remember- This is a working animal- ** Do not feed or pet it.



Service animals- How do they help?

- Assist handler in places of public accommodation (e.g. grocery stores, shopping malls, public transportation, and etc.).
- Remind their handler to take medication.
- Wake handler for school or work. Provide a buffer or a shield for the handler in crowded areas by creating a physical boundary.
- Extinguish flashbacks by bringing handler into the here and now.
 - * They may be trained to sense flashbacks and orient the handler during panic/anxiety attack.
- Stand behind handler to increase feelings of safety, reduce hyper-vigilance, and decrease the likelihood of the handler being startled by another person coming up behind them. (reduce chance of being startled).
- Search dwelling (reduction of being startled).

What?

KHOU on Feb. 27, 2014 reported that Houston police kick out veteran with service dog from a local restaurant

“I told him what my disabilities were,” Ohayon (the veteran) told KHOU. “That’s when he said, you’re not blind. [He said] I don’t see why you need the dog.”

“It feels like your service and experience that you’ve done to defend and uphold the Constitution and protect this country have been belittled,” he added. (as reported by KHOU)

This discrimination is happening way too often.



What can be done to effectively help someone with PTSD?

- Treatment can involve counseling techniques or medication. I suggest a specialist to help co-ordinate the treatment (e.g. Psychiatrist). Some medications can impact the effectiveness of counseling (e.g. Benzodiazepine).
- A good psychologist or counselor will co-ordinate services with the psychiatrist. Releases will need to be signed in order to allow for that to happen.
- Medications can focus on the symptoms of worries and fears.
- Research has shown that a combination of both is the most effective.
- Of Course- always follow the prescribers directions to
- avoid complications.

Counseling treatments available for PTSD.

- Cognitive Behavioral Therapy (CBT)
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- (EMDR) Eye Movement Desensitization and Reprocessing

All require specifically trained specialist to ensure progress is made without causing undue stress or anxiety.

Cognitive Behavior Therapy

- Cognitive Behavior Therapy (CBT) is a type of psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders including phobias, addiction, depression and anxiety.



Exposure Therapy

is a type of therapy that helps you decrease distress about your trauma. This therapy works by helping you approach trauma-related thoughts, feelings, and situations that you have been avoiding due to the distress they cause. Repeated exposure to these thoughts, feelings, and situations helps reduce the power they have to cause distress.

References

- <http://www.ptsd.va.gov/public/PTSD-overview/basics/what-is-ptsd.asp>
- http://www.ptsdalliance.org/about_what.html<http://www.psychiatry.org/military> and CONGRESSIONAL BUDGET OFFICE Report (2012)
- * http://www.ptsd.va.gov/public/understanding_TX/booklet.pdf
- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC: Author.

Unfortunately, research has found a connection between PTSD and relationship violence. In fact, in general, intimate partner abuse happens more than you may think. National estimates indicate that, in a period of one year, 8 to 21% of people in a serious relationship will have engaged in some kind of aggressive act aimed at an intimate partner.