KRONKOSKY CHARITABLE FOUNDATION

RESEARCH BRIEF

POST TRAUMATIC STRESS DISORDER

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Post Traumatic Stress Disorder, or PTSD will affect 10% to 20% of adults in the United States at some point during their lifetime. Furthermore, an estimated 5% of Americans, over 13 million people, have PTSD at any given time (PTSD Alliance 2001a). While this figure represents a small portion of those who have experienced at least one traumatic event in their lives, 50% to 60% of Americans, it is still a large number considering the often debilitating nature of the disease (National Center for PTSD 2005b).

PTSD occurs when people face a traumatic event, or a series of traumatic events, and when their responses to the events are so severe that they become unable to cope and experience significantly decreased functioning in their daily lives. Interestingly, the onset of PTSD often occurs several months after the trauma or traumas once this spiral of being unable to cope and function sets in permanently. The most common traumatic events that precipitate PTSD are; military combat, natural disasters, acts of terrorism, life threatening accidents, and violent personal assaults such as rape. Though PTSD, classified as a type of anxiety disorder, is a relatively new label, people have been suffering from PTSD for generations. Written accounts of PTSD symptoms following traumatic events date back to the civil war. The field of research and the specific designation of PTSD as an actual mental disorder in the Diagnostic and Statistical manual published by the American Psychiatric Association emerged quite suddenly after the Vietnam war because of the prevalence of PTSD and PTSD symptoms in that group of veterans (National Center for PTSD 2005a). A diagnosis of PTSD is assessed by examining the patient's symptoms that fall into three clusters. The three symptom clusters and the specific details they may include are (PTSD Alliance 2001b):

- Re-living the traumatic event
  - Recurring nightmares
  - Other intrusive images that occur at any time
  - Extreme physical reactions to re-living the event such as chills, heart palpitations, or panic
- Avoiding reminders of the trauma
  - Places
  - People
  - Thoughts or activities
  - Tendency to withdraw from friends and families and loose interest in everyday activities.
- Being on guard, hyper-aroused or vigilant
  - Sudden irritability
  - Sudden anger
  - Difficulty sleeping or concentrating
  - Easily startled

The post traumatic stress symptoms seen above are obviously present in many people who have been through a severe trauma, but if the symptoms of these trauma survivors become so severe that their ability to function on a daily basis is disrupted, and this disruption continues for over one month, they may be diagnosed with PTSD. In addition to the cluster symptoms listed above, people suffering from PTSD often have low self-esteem or relationship problems (often complicated by the above symptoms),

psychiatric problems such as depression, other anxiety disorders, alcohol or drug abuse, and a high rate of suicide. While these symptoms sometimes occur after the initial onset of PTSD, they also often help perpetuate its devastating course.

Like many mental disorders, PTSD does not effect all populations equally. Some traumatic events are significantly more likely to result in the onset of PTSD. The following traumas and percentages represent the estimated risk of developing PTSD for people who have experienced these traumas (National Center for PTSD 2005b, PTSDAlliance 2001a):

- Rape- 49% (in other words 49% of rape victims are diagnosed with PTSD)
- Severe beating or physical assault- 32%
- Vietnam theater veteran- 31%
- Other sexual assault- 24%
- Serious accident or injury (car crash, train crash, plane crash etc.)- 17%
- Shooting or stabbing- 15%
- Sudden and unexpected death of a family member or friend- 14%
- Life threatening illness in a child- 10%
- Witnessing a killing or serious injury- 7%
- Natural disasters- 4%

As evidenced by the statistics above, some traumas have common factors within them that make the survivors much more likely to develop PTSD or PTSD like symptoms. The common factors likely to increase the survivor's chances of developing PTSD are; intensity, unpredictability, uncontrollability, traumas of a sexual nature, victimization, a sense of betrayal, and a real or perceived responsibility for the survivor's actions leading up to the trauma (National Center for PTSD 2005a). In addition to factors within the trauma itself, there are several pre-disaster factors that influence the likelihood of a PTSD diagnosis, and the severity of PTSD symptoms. Interestingly, women are twice as likely as men to develop this debilitating disorder, and in one large review of several studies, the researchers found that 93% of women or girls were affected more adversely, with stronger and longer lasting psychological affects than males (National Center for PTSD 2005c).

Similarly, middle-aged adults were more adversely affected by traumatic events than their younger or older counterparts. Some suggest these disparities in gender and age could be due to cultural causes. It is possible that the social definitions of women (such as being passive or timid), especially in traditional cultures, exacerbate their negative reactions to traumatic events. Some experts also suggest that middle-aged adults are most at risk because they have greater stress and burdens from society both before and after the trauma because of their prescribed culture role as breadwinners and caretakers. There are also effects from cultural variables such as ethnicity, socioeconomic status, and many family factors. Upon analyzing differences in PTSD between ethnicity groups, results were highly consistent with majority groups constantly faring better than minority groups. Lower socioeconomic status is also indicative (in 10 of 11 samples) of greater post-disaster distress, and these effects grow stronger as the severity of the exposure to the traumatic event increases. There are several family factors that play a part in developing PTSD. Among the most significant, is the finding that parental psychopathology (PTSD or otherwise) is the best predictor of PTSD in a child. In other words, after a traumatic event it is imperative to the health of the child that their parents have access to adequate mental healthcare. In addition, the effectiveness of interventions for the child is often limited if the intervention does not examine the family as a whole unit. Perhaps most importantly in predicting the likelihood of developing PTSD in a sample of trauma survivors, pre-trauma psychopathology or psychopathology symptoms are consistently the best predictor of developing PTSD. Specifically, one large scale study found that 88% of men and 78% of women with PTSD met the criteria for at least one other psychiatric disorder. This is a significant finding because it suggests that mental health practitioners should concentrate their treatment efforts on survivors who have had previous problems (National Center for PTSD 2005c, National Center for

PTSD 2005a). Another general culture moderator of PTSD is the social support a survivor receives after the traumatic events. Survivors who receive a lot of quality social support from family, friends, and community, are much less likely to develop PTSD later in life. This in part could explain why victims of traumas such as rape and war experience PTSD at higher rates than traumas society is more comfortable discussing such as car accidents or natural disasters.

In light of the severe nature of PTSD and the many factors contributing to it, it is important to realize that once diagnosed accurately, it is a highly treatable disorder. PTSD is treated by several forms of psychotherapy as well as some prescription drugs. Medications that appear to help alleviate PTSD symptoms are Zoloft and Prozac as well as other selective serotonin reuptake inhibitors. Perhaps the best use of medication is for extremely severe PTSD patients who can not make it into therapy sessions without pharmacological help. While medications appear somewhat beneficial, they are not as helpful as the most effective therapy; cognitive behavioral therapy (National Center for PTSD 2005a, National Center for PTSD 2005d).

Variants of cognitive behavioral therapy for PTSD differ somewhat but include prolonged exposure and cognitive processing therapy. Prolonged exposure therapy includes both "in vivo" and "imaginal" exposure elements. In vivo exposure is slowly exposing the patient to the feared stimulus in a highly controlled setting until it no longer causes an anxious response. Imaginal exposure requires the patient to describe in detail the traumatic event to the therapist repeatedly until it is done with ease (Foa 1991). Cognitive processing therapy focuses on restructuring the client's thoughts and assumptions surrounding feelings such as shame and trust, therefore letting the survivor know they are not responsible for the trauma. It also involves an element many argue is actually a form of exposure. Clients write down their traumatic experience in vivid detail and read it out loud until it no longer elicits an extreme emotional response (Resick 2002, Tarrier 1999). While these two forms of therapy are undoubtedly the most effective, the research has a long way to go in addressing what specifically causes them to succeed, and how they could improve. Additionally, while these therapies are effective they can be problematic because many practitioners choose not to utilize them in light of their disturbing and painful nature in exposing survivors to their worst fears.

Post Traumatic Stress Disorder is a severe and debilitating disease that affects many Americans. Furthermore, while this is not one of the most preventable mental disorders, it is fairly simple to diagnose and identify groups of people most at risk, and there are several effective treatment options available. PTSD does not have to be as predominant and severe as it is today. While PTSD is a serious disease, there is hope in the future for the population suffering from this devastating disorder.

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