



Post Traumatic Stress



PICKING UP THE PEACES

PTSD EDUCATION & AWARENESS

Most people associate Post Traumatic Stress (PTSD) with battle-scarred soldiers, but any overwhelming life experience can trigger PTSD, especially if the event feels unpredictable and uncontrollable.

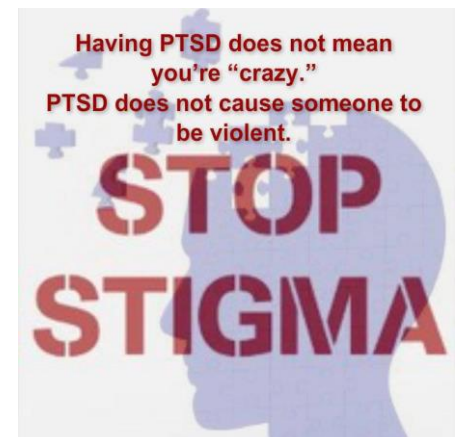
There are two main types of traumatic disorders.

Acute Stress Disorder (ASD) occurs after a traumatic experience, and symptoms last for less than three months.

Post-Traumatic Stress Disorder (PTSD) is the diagnosis given when symptoms occur for longer than three months. These conditions are diagnosed with consideration to the level of impairment and distress that it causes the individual.

The more we know of Post-Traumatic Stress, the greater the chance that we will effectively control, manage or overcome it.

Personality, weakness, or character flaws do not cause PTSD, the only cause of PTSD is a horrific experience.



What is Post Traumatic Stress Disorder?

Post-Traumatic Stress Disorder (PTSD) is a severe health condition that may develop after you are exposed to a horrific and catastrophic event where you feel intense fear, helplessness or horror.

PTSD develops differently from person to person. While the symptoms of PTSD most commonly develop in the hours or



days following the traumatic event, it can sometimes take weeks, months, or even years before symptoms appear. It can be one significant incident that can cause PTSD, however, with our military and uniformed service personnel it has been identified to usually be a culmination of many exposures over time or the course of one's career.

Experiencing a traumatic event or events does not mean that you will develop PTSD.

Traumatic events that can lead to PTSD include;

Or any catastrophic event that leaves you having difficulties and feeling helpless and hopeless such as,

- **War – Conflict zone**
- **Natural disasters**
- **Life threatening accidents**
- **Terrorist attacks**
- **Violent crimes**
- **Threat of serious injury or death**
- **Serious assaults – physical/sexual**
- **Torture**
- **Witnessing violent death or mutilation of others**
- **Childhood neglect**

The difference between PTSD and a normal response to trauma

Following a traumatic event, almost everyone experiences at least some of the symptoms of PTSD. When your sense of safety and trust are shattered, it's normal to feel disconnected, or numb.



It's very common to have bad dreams, feel fearful, and find it difficult to stop thinking about what happened as your mind and body are in shock. But as you make sense of what happened and process your emotions, you will come out of it. For most people these symptoms are short-lived. They may last for several days or even weeks, but they gradually lift. These are normal reactions to abnormal events. With PTSD, however, you remain in psychological shock. Your memory of what happened and your feelings about it are disconnected and the symptoms don't decrease. You don't feel a little better each day. In fact, you may start to feel worse. You may also become agitated and confused and begin displaying uncharacteristic behaviours such as sudden extremes of anger, fear, sadness, helplessness and

emotional withdrawal. Self-medicating with alcohol and drugs as a means to forget or working excessively to exhaust yourself can also become a way of trying to cope.



Signs and symptoms of PTSD

The symptoms of PTSD can arise suddenly, gradually, or come and go over time. Sometimes symptoms appear seemingly out of the blue. At other times, they are triggered by something that reminds you of the original traumatic event, such as a noise, an image, certain words, or a smell.

Many risk factors revolve around the nature of the traumatic event itself. Traumatic events are more likely to cause PTSD when they involve a severe threat to your life or personal safety: the more extreme and prolonged the threat, the greater the risk of developing PTSD in response. Intentional, human-inflicted harm—such as rape, assault, and torture—also tends to be more traumatic than “acts of God” or more impersonal accidents and disasters. The extent to which the traumatic event was unexpected, uncontrollable, and inescapable also plays a role.

Other risk factors for PTSD include:

- Previous traumatic experiences, especially in early life
- Family history of PTSD or depression
- History of physical or sexual abuse
- History of substance abuse
- History of depression, anxiety, or another mental illness
- High level of stress in everyday life
- Lack of support after the trauma
- Lack of coping skills



Certain occupations can place you more at Risk.

Most sufferers of PTSD re-experience their trauma in nightmares or flashbacks, particularly when confronted with reminders or triggers. Others find it difficult to feel anything at all and can no longer experience positive

feelings such as affection, joy, happiness or excitement. This is known as becoming emotionally numb and is the most difficult symptom for loved ones to cope with. Irritability or angry outbursts mean that it is difficult to maintain relationships and family members often need assistance too. (See fact sheet – PTSD & relationships) Getting to sleep or staying asleep becomes difficult, and long term sleep deprivation further weakens coping mechanisms. (See fact sheet – PTSD and Sleep)

Memory and concentration is affected when you have PTSD leading to problems with focusing and staying on task. Things that used to be simple are no longer so. You may begin to doubt yourself and emotionally detach from life and social networks, become depressed and withdrawn, and lose interest in activities they once enjoyed.

For some, threat can be your constant companion, and you will become acutely attuned and hyper-responsive to the environment. You may find yourself constantly scanning for danger, and adopting 'safe' positions and routes. You may also display an exaggerated startle response to unexpected noise and movement even in the peripheral vision field.

These aspects of PTSD are a direct result of the changes that happen in the brain at the moment of trauma. From then on, your body becomes aware of danger, threat and the need for maintaining safety. It is like there is a switch in the brain that cannot be turned off. This effect is necessary for survival in a threatening environment but not so useful in

everyday life.

Long term PTSD can lead to other disorders, such as depression, panic attacks, sleep disturbance, anxiety, bruxism (teeth Grinding), gastric disorders, irritable bowel syndrome, and diabetes. PTSD is essentially a disorder of the stress system. It means experiencing stress in a more acute way and for longer periods. It is the ongoing day-to-day stress that is the problem. As a result of this condition, the immune function can be compromised.

PTSD symptoms and secondary conditions can become chronic or recur off and on, substantially impairing your ability to cope with daily life. At its most severe, PTSD can lead feelings of suicide. It is important to seek effective treatment and stay with it. If you ever have thoughts of suicide it is important to notify someone immediately. Call Lifeline on [131114](tel:131114)

While everyone experiences PTSD differently, there are three main clusters of symptoms:

- 1. Re-experiencing the traumatic event**
- 2. Avoiding reminders of the trauma**
- 3. Hyperarousal**

PTSD Is an injury, not a weakness

Re-experiencing Symptoms

Intrusive and upsetting memories of the event.

Flashbacks (acting or feeling like the event is happening again)

Nightmares (either of the event or of other frightening things)

Feelings of intense distress when reminded of the trauma

Intense physical reactions to reminders of the event (e.g. pounding heart, rapid breathing, nausea, muscle tension, sweating)

Avoidance and numbing Symptoms

Avoiding activities, places, thoughts, or feelings that remind you of the trauma

Inability to remember important aspects of the trauma

Loss of interest in activities and life in general

Feeling detached from others and emotionally numb

Sense of a limited future (you don't expect to live a normal life span, get married, have a career)

Increased anxiety and emotional arousal

Difficulty falling or staying asleep

Irritability or outbursts of anger

Difficulty concentrating

Hypervigilance (on constant "high alert")

Feeling jumpy and easily startled

Please see PTSD and Sleeping Fact sheet



Other common symptoms of PTSD

Anger and irritability

Guilt, shame, or self-blame

Substance abuse

Feelings of mistrust and betrayal

Depression and hopelessness / helplessness

Suicidal thoughts and feelings

Feeling alienated and alone

Physical aches and pain



Families can suffer as a result of undetected and untreated PTSD - Seek assistance early. Please see PTSD and Relationships fact sheet for more information.

Where To Go For Help

For information on services, check the Community Help and Welfare Services and 24 hour emergency numbers in the front of your white pages telephone directory

Your general practitioner.

Get a referral to a mental health professional.

Your agency wellbeing unit such as ex-service organisations, Defence, Police or Emergency Service employee hotlines.

Veterans and Veterans Families Counselling (VVCS) Line 1800 011 046
Davidson Trahaire EAP 1300 360 364

www.acpmh.unimelb.edu.au

www.sane.org

www.pickingupthepeaces.org.au

"Stomp out the STIGMA of PTSD"



PICKING UP THE PEACES

PTSD EDUCATION & AWARENESS

Disclaimer: This fact sheet is a guide and not a substitute for appropriate medical or psychological treatment. It serves only for informational and educational purposes. For those experiencing any difficulties, please seek the assistance of your GP, specialist or therapist.

¹Information partially sourced and adapted from the National Centre for PTSD – Posttraumatic Stress Disorder – American

