



“Psychology Works” Fact Sheet: Post-Traumatic Stress Disorder

Most of us have experienced at least one traumatic event in our life. The events can have long lasting impact on our life, on our sense of self and identity, our belief system and on our overall functioning, whether personal, social, or occupational. We might have constant distressing memories of the upsetting or traumatic event, have bad dreams, feel that we are constantly on guard for any signs of threat or danger, fear of an impending doom or something bad happening, feel emotionally numb, feeling withdrawn, not having much tolerance for stress or public, feel angry, irritable, anxious, ashamed or guilty, or feel excessively jumpy.

Trauma has an individual impact. Each person might experience and feel the symptoms of trauma differently. For some PTSD is associated with emotional dysregulation such as flashbacks, distressing memories of the trauma, feeling excessively jumpy and being constantly on guard whereas for others, it is related to emotional numbness and self-isolation.

The majority of individuals exposed to potentially traumatic events experience posttraumatic symptoms, shortly after the traumatic event. Over time, in particular within the first month or so, the symptoms tend to gradually improve. In some cases, however, the symptoms can increase over time, create more emotional and psychological distress and interfere with overall functioning. In the latter case, the symptoms might be reflective of diagnosis of posttraumatic stress disorder.

There are as well risk factors that can increase vulnerability to PTSD (e.g., childhood adversity and abuse; high stress), risk factors during PTSD (e.g., accumulations of traumatic incidents; lack of social support), and risk factors following PTSD (e.g., financial or relationships strains; physical injuries); and the risk factors can contribute to severity and duration of posttraumatic stress reactions and impact functioning and recovery. Furthermore, the risk factors that contribute to the development of PTSD are not the same risk factors maintaining PTSD.

If the symptoms do not improve over time, and exacerbate over time, in particular over a month, cause more distress or you feel that you have more and more difficulty engaging in your daily activities or responsibilities and/or the symptoms are impacting your overall functioning then you might be suffering from PTSD. In such case, seeking professional from a mental health professional such as a qualified clinical psychologist can be helpful.

What are the symptoms of PTSD?

The *Diagnostic and Statistical Manual of Mental Disorders, 5th edition, DSM-5*, (American Psychiatric Association, 2013)¹, defines PTSD and its four clusters of symptoms, including intrusive memories of the trauma, avoidance of trauma related stimuli, negative changes in mood or cognitions, and arousal symptoms.

¹ American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.). Author: Washington, DC.





PTSD symptoms² for adults, adolescents, and children older than six; symptoms must persist for more than one month:

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the followings:
 - 1. Directly experiencing the traumatic event(s).
 - 2. Witnessing the event occurring to others
 - 3. Learning that the traumatic event(s) occurred to a loved one such as family member or a close friend; and in such case, the event(s) must have been violent or accidental.
 - 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s). For instance, police officers conducting child abuse investigations. The exposure in this category is work related.

- B. Intrusion symptoms:
 - 1. Recurrent, distressing and intrusive memories or images of the traumatic event(s).
 - 2. Distressing dreams or nightmares related to the traumatic event.
 - 3. Flashbacks, a sense of reliving the event or acting or feeling as if the event were recurring. Note: children may re-enact the event in their play.
 - 4. Experiencing psychological distress following any triggers related to the traumatic event or any cues that might resemble the event.
 - 5. Experiencing physiological reactions following triggers. For instance, heart pounding, sweating, and/or chest pain.

- C. Persistent avoidance:
 - 1. Avoidance of distressing memories, thoughts, or feelings about the trauma.
 - 2. Avoidance of reminders of the trauma. For instance, location, going out alone, conversations, some people or objects, some materials on TV, and/or activities related to the event. It also not uncommon to engage in safety behaviours such as leaving the house always accompanied; when sitting in public, ensuring the back is against the wall.

- D. Negative alterations in cognitions and mood:
 - 1. Inability to remember certain important aspect of the traumatic event(s).
 - 2. Exaggerated negative beliefs about self, others or the world. For instance, "I am a failure", "I am weak", "I cannot trust anyone", "the world is completely dangerous no matter where you go or what you do".
 - 3. Distorted cognitions about the cause or consequences of the traumatic event. In such case, it leads to either blaming self and/or blaming others. For instance, "it is my fault it happened", "I should have done this, done that".
 - 4. Persistent negative emotions such as feeling constant anxiety, guilt or shame.
 - 5. Diminished interest in activities or hobbies previously enjoyed
 - 6. Feeling emotionally numb or emotionally distant or cut off from others. For instance, you know you love your family but feel emotionally distant or numb and have difficulty feeling the love.

²Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults American Psychological Association. Guideline Development Panel for the Treatment of PTSD in Adults. Adopted as APA Policy February 24, 2017 <https://www.apa.org/ptsd-guideline>





7. Inability to experience positive emotions such as feeling happy or love.
- E. Marked alterations in arousal:
1. Irritable behavior and angry outbursts. It could be either verbal or physical
 2. Reckless or self-destructive behavior. For instance, if alcohol is consumed excessively to reduce distress then that can also be a type of self-destructive behaviour.
 3. Hypervigilance. For instance, feeling constantly on guard for signs of threat or danger.
 4. Exaggerated startle response. For instance, feeling excessively jumpy at any sound or noise.
 5. Difficulties with concentration, focusing or attention or memory.
 6. Sleep disturbance. For instance, difficulty falling or staying asleep; early morning awakening.

The American Psychological Association (APA)² developed a guideline that provides recommendations on psychological and pharmacological treatments for posttraumatic stress disorder (PTSD) in adults. The guideline is based on recommendations of the Institute of Medicine report, *Clinical Practice Guidelines We Can Trust* (IOM, 2011).

Among many recommendations, strong recommendations are provided for the following interventions: cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), cognitive therapy (CT), and prolonged exposure therapy (PE). For pharmacological treatment, there are recommendations for fluoxetine, paroxetine, sertraline, and venlafaxine. There are significant individual differences as well as comorbidities among mental health conditions and comorbidities between mental and physical health conditions. Co-morbidities such as depression, anxiety disorders, substance use disorders, personality disorders, or and/psychosis are common. Thus, a comprehensive assessment to help with a comprehensive case conceptualization and whole person management approach can subsequently help towards optimizing treatment options for each person. It is recommended to always consult with your mental health professional and prescribing physician for any pharmacological treatment that might help concurrent with evidence-based psychological treatment.

Self-care, including for instance, balanced healthy diet, proper sleep hygiene, exercise, seeking quality support, managing thoughts and emotions, setting meaningful and realistic graduated goals, active problem solving, and remaining hopeful are among the many proactive strategies that help towards health, quality of life and well-being.

Where do I go for more information?

More information about PTSD/treatment of PTSD can be found at:

- American Psychiatric Association <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>
- Australian Centre for Posttraumatic Mental Health <https://www.phoenixaustralia.org/>
- International Society for Traumatic Stress Studies (ISTSS) <https://istss.org/home>
- Institute of Medicine (IOM) of the National Academies of Sciences, Engineering, and Medicine <https://www.nationalacademies.org/hmd/about>
- United Kingdom’s National Institute for Health and Care Excellence (NICE) <https://www.nice.org.uk/>





- US Department of Veterans Affairs and Department of Defense (VA, DoD)
<https://www.healthquality.va.gov/>
- World Health Organization (WHO)
https://apps.who.int/iris/bitstream/handle/10665/85119/9789241505406_eng.pdf;jsessionid=F8FFF3C6CF9401DDCD81EEA15A16C564?sequence=1
- Global Collaboration on Traumatic Stress - <https://www.global-psychotrauma.net/>
- Canadian Mental Health Association: <http://www.cmha.ca/>
- Centre for Addiction and Mental Health (CAMH) <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/posttraumatic-stress-disorder>
- National Institute of Mental Health: <http://www.nimh.nih.gov>
- Anxiety Disorders Association of Canada, <http://www.anxietycanada.ca/>
- Society of Clinical Psychology of the American Psychological Association, <http://www.apa.org/divisions/div12>

Where can I get more information about psychology/psychologists?

Provincial associations of psychology: <https://cpa.ca/public/whatisapsychologist/PTassociations/>

Psychology Foundation of Canada: <http://www.psychologyfoundation.org>

American Psychological Association (APA): <http://www.apa.org/helpcenter>

You can consult with a registered psychologist to find out if psychological interventions might be of help to you. Provincial, territorial, and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, please visit: <https://cpa.ca/public/whatisapsychologist/PTassociations/>

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Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: factsheets@cpa.ca

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