

The National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Handout 17

The National Institute of Mental Health: www.nimh.nih.gov

Post-Traumatic Stress Disorder

Definition

PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

Signs and Symptoms

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms include:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person’s everyday routine. The symptoms can start from the person’s own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms include:

- Staying away from places, events, or objects that are reminders of the traumatic experience
- Avoiding thoughts or feelings related to the traumatic event

Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms include:

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms include:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect one’s ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don’t show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

Do children react differently than adults?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens are more likely to show symptoms similar to those seen in adults. They may also develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge. For additional information, visit the Learn More section below. The National Institute of Mental Health (NIMH) offers free print materials in English and Spanish. These can be read online, downloaded, or delivered to you in the mail.

Risk Factors

Anyone can develop PTSD at any age. This includes war veterans, children, and people who have been through a physical or sexual assault, abuse, accident, disaster, or many other serious events. According to [the National Center for PTSD](#), about 7 or 8 out of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men, and genes may make some people more likely to develop PTSD than others.

Not everyone with PTSD has been through a dangerous event. Some people develop PTSD after a friend or family member experiences danger or harm. The sudden, unexpected death of a loved one can also lead to PTSD.

Why do some people develop PTSD and other people do not?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most people will not develop the disorder.

Many factors play a part in whether a person will develop PTSD. Some examples are listed below. *Risk factors* make a person more likely to develop PTSD. Other factors, called *resilience factors*, can help reduce the risk of the disorder.

Risk Factors and Resilience Factors for PTSD

Some factors that increase risk for PTSD include:

- Living through dangerous events and traumas
- Getting hurt
- Seeing another person hurt, or seeing a dead body
- Childhood trauma
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

Some resilience factors that may reduce the risk of PTSD include:

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Learning to feel good about one's own actions in the face of danger
- Having a positive coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of these and other risk and resilience factors, including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

Treatments and Therapies

The main treatments for people with PTSD are medications, psychotherapy ("talk" therapy), or both. Everyone is different, and PTSD affects people differently so a treatment that works for one person may not work for another. It is important for anyone with PTSD to be treated by a mental health provider who is experienced with PTSD. Some people with PTSD need to try different treatments to find what works for their symptoms.

If someone with PTSD is going through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal.

Medications

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website (<http://www.fda.gov/>) for the latest information on patient medication guides, warnings, or newly approved medications.

Psychotherapy

Psychotherapy (sometimes called “talk therapy”) involves talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group. Talk therapy treatment for PTSD usually lasts 6 to 12 weeks, but it can last longer. Research shows that support from family and friends can be an important part of recovery.

Many types of psychotherapy can help people with PTSD. Some types target the symptoms of PTSD directly. Other therapies focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person’s needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One helpful form of therapy is called cognitive behavioral therapy, or CBT. CBT can include:

Exposure therapy. This helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses imagining, writing, or visiting the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.

Cognitive restructuring. This helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about something that is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with a therapist. Treatment should equip individuals with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.

How Talk Therapies Help People Overcome PTSD

Talk therapies teach people helpful ways to react to the frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger-control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms. For example, therapy helps people face reminders of the trauma.

Beyond Treatment: How can I help myself?

It may be very hard to take that first step to help yourself. It is important to realize that although it may take some time, with treatment, you can get better. If you are unsure where to go for help, ask your family doctor. You can also check NIMH's [Help for Mental Illnesses page](#) or search online for “mental health providers,” “social services,” “hotlines,” or “physicians” for phone numbers and addresses. An emergency room doctor can also provide temporary help and can tell you where and how to get further help.

To help yourself while in treatment:

- Talk with your doctor about treatment options

- Engage in mild physical activity or exercise to help reduce stress

- Set realistic goals for yourself

- Break up large tasks into small ones, set some priorities, and do what you can as you can

- Try to spend time with other people, and confide in a trusted friend or relative. Tell others about things that may trigger symptoms.

- Expect your symptoms to improve gradually, not immediately

- Identify and seek out comforting situations, places, and people

Caring for yourself and others is especially important when large numbers of people are exposed to traumatic events (such as natural disasters, accidents, and violent acts). For more information, see the Learn More section, below.

Next Steps for PTSD Research

In the last decade, progress in research on the mental and biological foundations of PTSD has lead scientists to focus on better understanding the underlying causes of why people experience a range of reactions to trauma.

NIMH-funded researchers are exploring trauma patients in acute care settings to better understand the changes that occur in individuals whose symptoms improve naturally.

Other research is looking at how fear memories are affected by learning, changes in the body, or even sleep.

Research on preventing the development of PTSD soon after trauma exposure is also under way.

Still other research is attempting to identify what factors determine whether someone with PTSD will respond well to one type of intervention or another, aiming to develop more personalized, effective, and efficient treatments.

As gene research and brain imaging technologies continue to improve, scientists are more likely to be able to pinpoint when and where in the brain PTSD begins. This understanding may then lead to better targeted treatments to suit each person's own needs or even prevent the disorder before it causes harm.

Join a Study

What are Clinical Trials?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions, including PTSD. During clinical trials, treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Please Note: Decisions about whether to participate in a clinical trial, and which ones are best suited for a given individual, are best made in collaboration with your licensed health professional.

How do I find a Clinical Trials at NIMH on Depression?

Doctors at NIMH are dedicated to mental health research. The studies take place at the NIH Clinical Center in Bethesda, Maryland and require regular visits. After the initial phone interview, you will come to an appointment at the clinic and meet with one of our clinicians. Find NIH-funded studies currently recruiting participants with PTSD by using ClinicalTrials.gov (search: PTSD).

How Do I Find a Clinical Trial Near Me?

To search for a clinical trial near you, you can visit ClinicalTrials.gov. This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers to call for more details. This information should be used in conjunction with advice from health professionals.

Learn More

Free Booklets and Brochures

You can download or order free copies of the following booklets and brochures in English or en Español:

Helping Children and Adolescents Cope with Violence and Disasters: What Community Members Can Do:

A brochure that describes what community members can do to help children and adolescents cope with violence and disasters.

Helping Children and Adolescents Cope with Violence and Disasters: What Parents Can Do:

A brochure that describes what parents can do to help children and adolescents cope with violence and disasters.

Helping Children and Adolescents Cope with Violence and Disasters: What Rescue Workers Can Do:

A brochure that describes what rescue workers can do to help children and adolescents cope with violence and disasters.

Post-Traumatic Stress Disorder: This brochure describes post-traumatic stress disorder, signs and symptoms, treatment choices, and helpful resources.

Multimedia

Watch: Dr. Daniel Pine on Boosting Resilience to PTSD: Dr. Daniel Pine on a NIH study that tracked Israeli soldiers through deployment to ID predictors. Study found that soldiers preoccupied with threat at the time of enlistment or with avoiding it just before deployment were more likely to develop post-traumatic stress disorder (PTSD).

For more videos, visit [PTSD – Multimedia](#).

Federal Resources

MedlinePlus offers information [in English](#) and [en Español](#).

The [National Center for PTSD](#), part of the U.S. Department of Veterans Affairs, has a website with targeted information for anyone interested in PTSD (including veterans, family, and friends) and for professional researchers and health care providers. The site also offers videos and information about an online app called PTSD Coach.

[Clinician's Guide to Medications for PTSD](#) : This material was developed for researchers, providers and helpers by the U.S. Department of Veterans Affairs.

Mass Trauma:

Information for health care professionals: The National Center for PTSD offers a [page of general information](#) about the effects of events such as natural disasters and terrorist acts, reviews of disaster research, and useful resources for care providers.

Information for the general public: The National Center for PTSD offers a [page of resources](#) for people who have experienced an act of terrorism. Materials include resources for survivors and the public, tips for veterans coping with violent events, and suggestions for helping caregivers respond to children.

Research and Statistics

Journal Articles: References and abstracts from MEDLINE/PubMed (National Library of Medicine).

Statistics: PTSD Among Adults

Statistics: PTSD Among Children

Last Revised: February 2016

Unless otherwise specified, NIMH information and publications are in the public domain and available for use free of charge. Citation of the NIMH is appreciated. Please see our [Citing NIMH Information and Publications](#) page for more information.

