

2012

# Post-traumatic Stress Disorder

Nicole Smith  
*Parkland College*

---

## Recommended Citation

Smith, Nicole, "Post-traumatic Stress Disorder" (2012). *A with Honors Projects*. 64.  
<http://spark.parkland.edu/ah/64>

Open access to this Article is brought to you by Parkland College's institutional repository, [SPARK: Scholarship at Parkland](#). For more information, please contact [spark@parkland.edu](mailto:spark@parkland.edu).

Nicole Smith

PSY101-001

A With Honors Paper

### Post-traumatic Stress Disorder

In January 2008 my life changed drastically because I had surgery due to some female reproductive issues. Eight days after my surgery, while recovering at home, I had woken up to the terrifying feeling of not being able to breathe. My shortness of breath was accompanied by a convulsion type of movement in my chest and upper abdominal area. The closest description I can give would be to compare it to that of an asthma attack and muscle spasms, in addition to abdominal pain from surgery. I had called my doctor and then contacted my mother and was immediately taken to the hospital. After being admitted into the emergency room—numerous tests being administered, and blood work being evaluated—the doctor returned with the diagnosis. I had seven blood clots—one in the abdominal area near the surgical site and six clots located in my lungs, otherwise referred to as pulmonary embolisms. Although I had been heavily medicated, I can remember asking the doctor if I was going to die, as I had never heard of anyone having that many blood clots and surviving. His reply was simply stated—had I waited any longer to get medical help, I would not be here. Those words still haunt me to this day. Four years ago my life was almost taken from me. Shortly after this happened I lost two friends—each who had one blood clot, which ended their lives. Why was I still alive after

having seven blood clots, when two of my friends died from having one? Every single day I was questioning my own existence. Now, I still live each day with the memories of what happened. And so my journey started with post-traumatic stress disorder.

What is post-traumatic stress disorder, otherwise known as PTSD? PTSD is a severe anxiety disorder which can develop after exposure to any critical or emotional event and that can result in psychological trauma. It can come in many different forms and can be triggered by many different types of events and is, at times, referred to as “shell shock” or “combat stress”. One of the many types of events that can lead up to this disorder may involve the threat of death to oneself or to someone else. Maybe a person felt like their life or the lives of others were in danger, or that they had no control over what was happening. They may have witnessed people being injured or dying, or they may have been physically harmed yourself. Other events which can lead to PTSD are rape, childhood neglect, physical abuse, molestation, physical threat with a weapon, robbery, car accident, plane crash, terrorist attack, any life-threatening medical diagnosis, as well as many others.

There can be many signs and symptoms for PTSD. These symptoms can include the following:

- \* Re-experiencing the original trauma(s) through memories, nightmares or flashback.
  
- \* Avoiding items or events which are associated with the trauma.
  
- \* Feeling emotionally cut off from others.

\*Difficulty falling or staying asleep.

\*Anger and/or irritability.

\*Times of feeling numb or losing interest in things that a person normally would care about.

\*Depression.

\*Feeling anxious, jittery, or irritated.

\*Experiencing a sense of panic that something bad is about to happen.

\*Having a hard time concentrating or focusing on one thing.

\*Having a hard time relating to and/or getting along with family members or friends.

People of all ages can experience post-traumatic stress disorder. However, there are some factors which may make a person more likely to develop PTSD after a traumatizing event, including:

\*Being female

\*Experiencing intense or long-lasting trauma

\*Having experienced other trauma earlier in life

\*Having other mental health problems, such as anxiety or depression

\*Lacking a good support system of family and friends

\*Having first-degree relative with mental health problems, including PTSD

\*Having first-degree relatives with depression

\*Having been abused or neglected as a child

Women may be at increased risk of PTSD because they are more likely to experience the kinds of trauma that can trigger the condition. Having PTSD can also put a person at risk for other conditions, including: drug abuse, alcohol abuse, depression, eating disorders, and having suicidal thoughts. In addition, it can also increase the risk of medical conditions, such as cardiovascular disease, chronic pain, and autoimmune diseases (such as rheumatoid arthritis and thyroid disease).

PTSD has biological, psychological, and social components. More formal diagnosis of PTSD requires that the symptoms last more than one month and cause significant impairment in social, occupational, or other important areas of functioning. Sometimes these symptoms don't surface for months or years after the event or after someone's returning from deployment. These feelings of uneasiness or depression may also come and go. If these problems won't go away after an extended period of time, are getting worse, or one feels like they are disrupting daily life—a person may have PTSD.

If someone feels these symptoms themselves or if they may know of someone who may be suffering from PTSD, one needs to know that there is treatment and help available. For me, I

had a very hard time accepting the fact that there was something wrong with me. I struggled with many emotions and often felt that I could overcome them on my own, without any medical assistance. I kept telling myself that I wasn't "crazy" and that I didn't need to talk to a medical professional about my problems or issues. The vision of the couch and psychiatrist—as is often seen in movies—kept running through my brain. Did I really need help? Was this really something that I could not handle on my own? During a post-surgical follow up visit with my doctor, and breaking down in tears three times during that visit, he diagnosed me as having PTSD and referred me to a therapist.

Having PTSD does not mean that someone have to live with it forever. Over the years, researchers have found ways of understanding and treating this disorder. There are currently two types of treatment available, which have shown to be effective: counseling and medication. For me, I used both forms of treatment.

Professional counseling finds ways to help an individual understand their thoughts and helps to discover ways to cope with the feelings that they have. My feelings are very real and counseling helps to acknowledge those feelings, not push them away. Also, through counseling, a person can be taught ways to evaluate those feelings, work through them, find out what triggers those emotions, and learn how to cope with them. One type of therapy is called cognitive therapy. This type of talk therapy has helped me to recognize the ways of thinking (cognitive patterns) that are keeping me stuck—for example, negative or inaccurate ways of perceiving normal situations. In PTSD treatment, cognitive therapy often is used along with a behavioral therapy called exposure therapy. Exposure therapy is a behavioral therapy

technique that helps a person to safely face the very thing that they find frightening, so that they can learn to cope with it effectively. A new approach to exposure therapy uses "virtual reality" programs that allows someone to re-enter the setting in which they had experienced trauma—for example, a "Virtual Iraq" program. Another form of therapy is the eye movement desensitization and reprocessing (EMDR). This type of therapy combines exposure therapy with a series of guided eye movements that helps one to process traumatic memories. All of these types of therapy can help someone to regain control over the fear that is caused by the traumatic episodes that they have encountered. For some, professional counseling is enough help to cure their symptoms. For others, medications or a combination of counseling and medication may be needed.

Several types of medication can often help ease some of the symptoms of post-traumatic stress disorder. The medications prescribed for treating PTSD symptoms act upon neurotransmitters related to the fear and anxiety circuitry of the brain including serotonin, norepinephrine, GABA, and dopamine among many others. One type of medication used, is called antipsychotics. In some cases, a person may be prescribed a short course of antipsychotics to relieve severe anxiety or anxiety related problems, such as difficulty sleeping or emotional outbursts. Another type of medication used, is called antidepressants. These medications can help symptoms of both depression and anxiety. They can also help improve sleep problems and improve concentration. The selective serotonin reuptake inhibitor (SSRI) medications sertraline (Zoloft) and paroxetine (Paxil) are FDA-approved for the treatment of PTSD. If symptoms include insomnia or recurrent nightmares, a drug called Prazosin (Minipress) may help. Prazosin, which has been used for years in the treatment of

hypertension, also blocks the brain's response to an adrenaline-like brain chemical called norepinephrine. Although this drug is not specifically approved for the treatment of PTSD, Prazosin may reduce or suppress nightmares in many people with PTSD. Regardless of which type of medication a person chooses to take, they will need to keep in touch with their physician to make sure the medication is helping them, the dosage is correct, and that they are not experiencing any harmful side effects. Some people find that taking these medications for a short amount of time can help to alleviate their symptoms completely. Others may find that they need to take the medications for a longer amount of time. Most of the time, medications do not completely eliminate the symptoms but they do provide a reduction in the symptoms. There are many ways to measure the effects of treatment—the two most commonly used are structured clinical interviews—such as the Post-Traumatic Stress Disorder Checklist (PCL) and the Clinician Administered PTSD Scale (CAPS). The PCL version is a patient self-rating form which excludes any stressor information; while CAPS is a more structured clinical interview which includes stressor information.

The first step to coping with PTSD is to recognize the symptoms and to be willing to get help. Following any traumatic event, most people will experience side effects or a small form of PTSD. When someone's sense of safety and trust are shattered or taken away, it's normal to feel crazy, disconnected, or numb. It's very common to have bad dreams, feel fearful, and find it difficult to stop thinking about what happened. These are normal reactions to abnormal events. For most people, however, these symptoms are short-lived. They may last for several days or even weeks, but they gradually start to diminish and disappear. But if a person has post-traumatic stress disorder (PTSD), the symptoms don't decrease. One doesn't feel a little

better each day. In fact, they may start to feel worse. If someone recognizes any of these symptoms, they shouldn't be afraid to get the help that they need and deserve. A person shouldn't feel the need to be embarrassed or feel bad about them self. Everyone has a low point in life at one time or another. Just remember that there is help and no one has to go through it alone. Talking to a physician, a friend, school counselor or anyone that a person may trust, can help them get onto the path of recovery.