

Post-Traumatic Stress Disorder

Overview

Post-traumatic stress disorder (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

While most but not all traumatized people experience short term symptoms, the majority do not develop ongoing (chronic) 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 for a few weeks after a dangerous event. 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.

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 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.

When people think of trauma, they often focus on physical injuries. However, people also can experience psychological trauma after witnessing or experiencing distressing events.

Trauma can be caused by natural disasters such as hurricanes, earthquakes, and floods. It also can be caused by acts of violence—such as terrorist attacks and mass shootings—as well as motor vehicle and other accidents.

Reactions to trauma can be immediate or delayed. Responses may differ in severity and can include a wide range of behaviors and responses, sometimes influenced by culture.

Factors that may make people more sensitive to trauma include:

- Having direct involvement in the trauma, especially as a victim
- Having severe or prolonged exposure to the event
- Having a personal history of prior trauma

- Having a family or personal history of mental illness or severe behavioral problems
- Having limited social support or a lack of caring family and friends
- Having ongoing life stressors such as moving to a new home or new school

Common Responses to Trauma Among Children

Children age five and younger may:

- Cling to parents or caregivers.
- Cry and be tearful.
- Have tantrums and be irritable.
- Complain of physical problems such as stomachaches or headaches.
- Suddenly return to behaviors such as bed-wetting and thumb-sucking.
- Show increased fearfulness (for example, of the dark, monsters, or being alone).
- Incorporate aspects of the traumatic event into imaginary play.

Children age six to 11 may:

- Have problems in school.
- Isolate themselves from family and friends.
- Have nightmares, refuse to go to bed, or experience other sleep problems.
- Become irritable, angry, or disruptive.
- Be unable to concentrate.
- Complain of physical problems such as stomachaches and headaches.
- Develop unfounded fears.
- Lose interest in fun activities.

Adolescents age 12 to 17 may:

- Have nightmares or other sleep problems.
- Avoid reminders of the event.
- Use or abuse drugs, alcohol, or tobacco.
- Be disruptive or disrespectful or behave destructively.
- Complain of physical problems such as stomachaches and headaches.
- Become isolated from friends and family.
- Be angry or resentful.
- Lose interest in fun activities.

In addition, children and adolescents may feel guilty for not preventing injury or deaths. They also may have thoughts of revenge.

Many of these are normal and expected early responses, which for most people will lessen with time. If they last for more than a month, contact a licensed mental health professional.

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.

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 factors that may promote recovery after trauma 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 may 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 type of medication for treating PTSD are antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Other medications may be helpful for treating specific PTSD symptoms, such as sleep problems and nightmares.

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 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).

Coping and support

If stress and other problems caused by a traumatic event affect your life, see your doctor or mental health professional. You can also take these actions as you continue with treatment for post-traumatic stress disorder:

- **Follow your treatment plan.** Although it may take a while to feel benefits from therapy or medications, treatment can be effective, and most people do recover. Remind yourself that it takes time. Following your treatment plan and routinely communicating with your mental health professional will help move you forward.
- **Learn about PTSD.** This knowledge can help you understand what you're feeling, and then you can develop coping strategies to help you respond effectively.
- **Take care of yourself.** Get enough rest, eat a healthy diet, exercise and take time to relax. Try to reduce or avoid caffeine and nicotine, which can worsen anxiety.
- **Don't self-medicate.** Turning to alcohol or drugs to numb your feelings isn't healthy, even though it may be a tempting way to cope. It can lead to more

problems down the road, interfere with effective treatments and prevent real healing.

- **Break the cycle.** When you feel anxious, take a brisk walk or jump into a hobby to re-focus.
- **Stay connected.** Spend time with supportive and caring people — family, friends, faith leaders or others. You don't have to talk about what happened if you don't want to. Just sharing time with loved ones can offer healing and comfort.
- **Consider a support group.** Ask your mental health professional for help finding a support group, or contact veterans' organizations or your community's social services system. Or look for local support groups in an online directory.

When someone you love has PTSD

The person you love may seem like a different person than you knew before the trauma — angry and irritable, for example, or withdrawn and depressed. PTSD can significantly strain the emotional and mental health of loved ones and friends.

Hearing about the trauma that led to your loved one's PTSD may be painful for you and even cause you to relive difficult events. You may find yourself avoiding his or her attempts to talk about the trauma or feeling hopeless that your loved one will get better. At the same time, you may feel guilty that you can't fix your loved one or hurry up the process of healing.

Remember that you can't change someone. However, you can:

- **Learn about PTSD.** This can help you understand what your loved one is going through.
- **Recognize that avoidance and withdrawal are part of the disorder.** If your loved one resists your help, allow space and let your loved one know that you're available when he or she is ready to accept your help.
- **Offer to attend medical appointments.** If your loved one is willing, attending appointments can help you understand and assist with treatment.

- **Be willing to listen.** Let your loved one know you're willing to listen, but you understand if he or she doesn't want to talk. Try not to force your loved one to talk about the trauma until he or she is ready.
- **Encourage participation.** Plan opportunities for activities with family and friends
- **Make your own health a priority.** Take care of yourself by eating healthy, being physically active and getting enough rest. Take time alone or with friends, doing activities that help you recharge.
- **Seek help if you need it.** If you have difficulty coping, talk with your doctor. He or she may refer you to a therapist who can help you work through your stress.
- **Stay safe.** Plan a safe place for yourself and your children if your loved one becomes violent or abusive.

If you have suicidal thoughts

If you or someone you know has suicidal thoughts, get help right away through one or more of these resources:

- Reach out to a close friend or loved one.
- Contact a minister, a spiritual leader or someone in your faith community.
- Call a suicide hotline number — in the United States, call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) to reach a trained counselor. Use that same number and press 1 to reach the Veterans Crisis Line.
- Make an appointment with your doctor or a mental health professional.

When to get emergency help

If you think you may hurt yourself or attempt suicide, call 911 or your local emergency number immediately.

If you know someone who's in danger of attempting suicide or has made a suicide attempt, make sure someone stays with that person to keep him or her safe. Call 911 or your local emergency number immediately. Or, if you can do so safely, take the person to the nearest hospital emergency room.