Trauma & Post-Traumatic Stress Disorder

Have you ever been in a situation where you were afraid that you would be hurt or killed? All of us at certain times of our lives encounter danger and the feelings that accompany it. We may have been in a ‘near miss’ accident that took our breath away or escaped from someone trying to break into our home. As human beings, we all experience different trauma and respond to it in various ways.

What is trauma?
Trauma is any situation where a person fears they will be seriously hurt or will die. This can come from being injured or threatened, or from violent things people may see or hear that makes them fear for their safety. Trauma can include events such as earthquakes or accidents, or serious problems such as domestic violence, childhood sexual abuse, or living with others who are aggressive.

Individuals who have problems getting around or expressing themselves may not be able to defend themselves or escape from frightening situations. Others may not be able to recognize danger. Individuals who have limited understanding may also feel traumatized in commonplace situations. For example, a person who does not understand what a blood test is for may simply feel that he or she is being attacked with a needle.

Trauma affects people in many ways. Many people will experience disturbing memories, anxiety, trouble sleeping, or nightmares about the traumatic event. If you or a family member experiences these symptoms, you may want to learn more and talk about getting help from your case manager or your doctor.

What is PTSD?
An individual is diagnosed with Post-Traumatic Stress Disorder (PTSD) when symptoms are severe, interfere with a person’s usual activity, and last for more than a month. About 1 person out of 4 in the general public who are exposed to trauma will develop PTSD symptoms.

Post-traumatic stress disorder includes symptoms of the following:
- Re-living the traumatic event(s)
- Avoiding activities that remind you of the trauma
- Increase in the body’s “fight-or-flight” response

Most people will have repeated memories of trauma. A person who was abused as a child may smell the aftershave lotion of the person who abused her. The person who was in a car accident may picture the road, hear sirens, or smell burnt rubber. Sometimes the person suddenly becomes angry, fearful, or suspicious. This can be so overwhelming that people can become confused about where they are and what they are doing. This is called a flashback. During flashbacks, people may act as if the trauma is happening again. Flashbacks can occur as the person is falling asleep or waking up. Some individuals will try to avoid going to sleep because they are afraid of having a nightmare. In addition to problems with nightmares, people may have trouble getting to sleep or staying asleep.
Triggers are things that remind the person of the trauma and cause him or her to feel intense fear, anxiety, or anger. These may include places, odors, sounds, or people. For example, a woman who had been bitten by a dog may panic when she is walking by a park where dogs are playing. People may avoid known triggers; for example, a person who had a serious car accident may refuse to ride in a car.

All humans have a physical reaction to danger that is called the “fight-or-flight” response. In these situations, the body gears up to fight (or defend), or to get away to a safe place. Individuals having PTSD often appear anxious and watchful and some feel they are “on the lookout” or constantly worrying about danger. They may startle excessively in response to loud noise or touch. Some people will strike out when surprised by others.

What’s helpful?
Since realistically we can never completely rid our lives of trauma, we must do our best to prepare for it occurring. Learning about past trauma, including any suspected abuse and neglect, can be very important first step.

This is frequently an uncomfortable topic and, often, families may understandably feel defensive. At times families have guilt because they were unable to protect their loved one or because they did not recognize the problem sooner. It is important to remember that this is not intended to accuse or blame, but is an important part of the person’s medical and social history. This history may include medical trauma, including early surgeries, or other significant events in the person’s life.

Unusual behaviors that may occur as a result of flashbacks or other PTSD symptoms may be misunderstood. For example, someone who withdraws from a group walk may be considered ‘non-compliant’, yet what really might be happening is that the person is trying to avoid walking past a house that looks like a former residence that burned down. PTSD symptoms are not intentional or ‘manipulative’ on the part of the consumer. Negative responses from others usually increase anxiety, anger, and shame, and in the end, make matters worse.

Thinking about the possible impact of certain healthcare procedures, e.g., blood draws, injections, and teeth cleaning, and planning for increased support to the consumer during these procedures may lessen the risk of post-traumatic symptoms.

Symptoms of PTSD are best addressed by the consumer, family, service provider, and health professionals, working together to understand the symptoms and to help the individual develop healthy ways of coping. Service providers and families can work with the consumer to identify and manage situations that may trigger symptoms. Getting help for PTSD involves the coordination of various therapies and strategies. Cautious use of medications can reduce irritability and sleep problems. Though no cure for PTSD is known, appropriate treatment often allows people to feel significant relief of symptoms and lead full lives.