

MILITARY POSTTRAUMATIC STRESS DISORDER

What Is Posttraumatic Stress Disorder (PTSD)?

PTSD is a stress-related disorder that develops after a traumatic experience. It involves a combination of emotional, physical, and behavioral symptoms that occur as a consequence of experiencing the traumatic event and that greatly affect a person's everyday life. PTSD is not uncommon in military personnel who have deployed and experienced one or more of the many traumas that can occur in a combat zone. Although PTSD is often thought to be a chronic, lifelong condition, it is actually a disorder that can be effectively treated in most military service members and veterans.

What Is a Trauma?

Most people experience one or more potentially traumatic events during their lifetime. The most common forms of trauma include motor vehicle accidents, natural disasters (hurricanes, tornados, earthquakes, floods, fires, etc.), physical or sexual assaults, or the sudden death of a loved one. Traumatic events often include situations in which your life or the life of someone else was in danger; you experienced or witnessed an assault or severe injury; or you were involved in an event in which someone was killed. Deployed military personnel are at risk for exposure to a number of unique combat-related traumas. Some of these events include exposure to gruesome injuries or human remains, which commonly occur after the detonation of improvised explosive devices (IEDs) or other explosions. Many deployed military personnel are frequently exposed to life-threatening situations, and some fear for their life on a daily basis. Some common sources of trauma in deployed military settings include exposure to the following:

- o Seriously injured people
- o Dead bodies, human remains, or body parts
- o Blast explosions (IEDs, mortars, rockets, rocket-propelled grenades [RPGs])
- o Mortuary duty
- o Near misses
- o Seeing others die
- o Motor vehicle accidents
- o Fearing for your own life
- o Severely injured or ill medical patients
- o Moral injuries (events that impact your moral values or beliefs)
- o Hearing details or viewing images of traumatic events
- o Sexual assault
- o Physical assault
- o Severe sexual harassment

What Happens After Trauma Exposure?

After trauma exposure, military personnel often have repeated thoughts about the details of traumatic events they have experienced, and these memories may trigger physical reactions such as muscle tightness, an upset stomach, excessive

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- **changing behaviors:** going to places that the child has been avoiding;
- **changing feelings:** helping the child be less scared, less depressed, or less anxious;
- **changing thoughts:** learning to challenge thoughts of self-blame;
- **helping to deal with physical or medical problems:** helping the child identify questions he or she has for his or her doctor or helping a person comply with the doctor's instructions;
- **helping with coping:** helping a parent help a child.

Behavior therapists and Cognitive behavior therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior therapists and cognitive behavior therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

sweating, or a rapid heartbeat. Recurring nightmares about the traumatic event are also common. For most individuals, these repeated thoughts, physical symptoms, and nightmares will fade away naturally with the resumption of regular duties and the support of their supervisors and leaders, battle buddies, friends, and family. This often occurs without any professional help, counseling, or treatment. When symptoms following a traumatic event persist and start to interfere with everyday life, it may be an indication of a combat-related stress disorder. The military often uses the term “Combat Operational Stress Disorders” to describe these reactions to combat-related or deployment-related traumas. However, other terms are used by the diagnostic classification manuals such as the International Classification of Diseases (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM). When a person’s trauma-related symptoms are significant enough to interfere with his or her day-to-day life, and when these symptoms continue for more than a few days but less than a month, this is called Acute Stress Disorder. When the symptoms continue for more than a month, get in the way of everyday life, and cause distress, it is called Posttraumatic Stress Disorder, or PTSD. People who have PTSD have four types of symptoms. Most people do not have all of the symptoms, but to have PTSD, they will have some symptoms of each type.

- o *Reexperiencing symptoms*: Memories of the traumatic event that come out of the blue, dreams related to the event, flashbacks, or other intense distress when reminded of the experience.

- o *Avoidance symptoms*: Avoiding distressing memories, thoughts, or feelings or reminders of the event.

- o *Arousal*: Aggressive, reckless or self-destructive behavior, sleep problems, being on guard, difficulty concentrating.

- o *Negative thoughts and mood*: Blame of self or others, feeling cutoff from others, loss of interest in activities, inability to remember important parts of the event.

Common Problems for Service Members and Veterans With PTSD

Alcohol or drug use: Many service members and veterans with PTSD use nonprescription drugs or drink alcohol to try not to think about what happened to them. Some people drink to help themselves sleep or because they think it will help them avoid nightmares. Although drinking sometimes helps people fall asleep, it actually makes it more likely they will wake up during the night, makes it harder to stay asleep, and can increase flashbacks and nightmares. Using drugs and alcohol can also increase anger, create problems at work and home, and result in many other health problems. Alcohol may seem to work in the short term, but it causes even more problems in the long term.

Relationship problems / not being close to others: The symptoms of PTSD can get in the way of important relationships. Marital problems and divorce are common for people who have PTSD. They can have a hard time talking with others about what they’ve gone through or what they’re experiencing. Some people with PTSD think others won’t understand or be able to love them if they know some of the things they’ve done during combat or deployments. People who have PTSD often worry that they aren’t good parents. They may have a hard time feeling love or closeness to other people.

Depression: Avoidance is a symptom of PTSD that keeps people from doing things that they used to enjoy. The result of avoidance can be depression as they stop spending time with other people or doing things that used to be meaningful or fun.

Feelings of guilt: Many people who have PTSD feel guilty about what they've been through and what they have done or not done. It's common for them to think that they could have done something differently that might have changed the outcome. People with PTSD often think, "It's my fault" about situations that they could not control.

Difficulties at work: PTSD symptoms can hurt people's job performance. For example, if nightmares or other symptoms cause sleep problems, they are likely to go to work feeling tired and lacking the energy required to do their jobs effectively. Thoughts about the trauma may come up during work and make it hard for them to stay focused, or they may feel less interested in a job that they used to care about. They may also feel irritable or prefer to be left alone, making it difficult to get along with coworkers.

Having a hard time trusting (leadership, people in general): Trust is an area that is often impacted by PTSD. Some people who have PTSD feel as if their leaders let them down. They may go so far as to think they can't trust anyone. While not trusting people or not opening up to them can protect a person from getting hurt in the short term, it can lead to long-term feelings of loneliness.

Being worried about safety: Some people who have PTSD never feel completely safe. Others only feel safe after they check their surroundings many times. They may feel as if they have to do "guard duty" in their own home or check the perimeters of their yard. Some people with PTSD get up several times a night to check on every noise they hear. Not feeling safe can keep people from doing things in life that they need to do, like going to the store or driving in traffic, because they believe these things are dangerous.

Working long hours: There are many ways that people with PTSD try to avoid the distressing memories and thoughts that come into their minds. Some people will work long hours or take jobs that involve overtime just to keep themselves from thinking about the trauma. However, for people with PTSD, the memories keep coming up anyway.

Being a perfectionist or needing to have control of everything around you: When you go through a terrible situation over which you have no control, it can be terrifying. It can also lead to the belief that if you would have taken control of the situation, you could have changed the outcome. People with PTSD often think, "If we had just followed all of the rules, nothing bad would have happened." They may think this even though many things in combat don't go by the book, and even when everything is done perfectly, people can still be killed. This way of thinking can lead people with PTSD to try to control every aspect of the world around them, a tendency that can cause problems at home. Some people with PTSD treat their family members as if they are in the military. They may think there is a "right" way to do everything and demand that their family live up to this standard. This can put a lot of stress on relationships.

Who Gets PTSD?

PTSD can develop after exposure to a significant trauma. However, not everyone who experiences a trauma will develop PTSD. It is currently estimated that about 12% to 17% of military service members and veterans who have deployed to Iraq and Afghanistan are at significant risk for the disorder. Individuals do not have to be combatants to develop combat-related PTSD. Medical personnel, individuals tasked to work at mortuary affairs, and people who collect human remains are all at risk, as are combat support personnel at locations with frequent indirect fire from mortars and rockets. The most significant factors related to the development of PTSD are the frequency, intensity, and duration of trauma exposure. The majority of military personnel cope extremely well with exposure to multiple, sometimes even hundreds of traumatic events that occur during their deployment. This is usually because they are well trained for their deployments, and they are prepared for exposure to certain types of trauma. Unfortunately, even the best military training cannot prepare people for the unexpected or for the gruesome horrors that can occur in a war zone. In fact, some events that occur during military deployments are so unbelievably horrific that the majority of people who experience them are haunted by the memories of these events, sometimes for the rest of their lives.

What Makes PTSD Worse?

Avoidance: Avoidance of thinking or talking about previous traumatic events and the avoidance of activities that trigger trauma-related reactions makes things worse over the long run. The following are some examples of avoidance.

Not spending time with people and not talking about the traumatic event: When you have PTSD, you might not want to be around other people. You might not feel like talking to people or worry that they will ask you questions about what happened when you were deployed. Not spending time with people or talking about what happened to you can make PTSD worse and can also lead to depression. People who get better from PTSD talk about what happened to them, even though this is a hard thing to do.

Not going out: You may feel that you don't want to go anywhere, including places that you used to enjoy. You may feel that crowded places like stores or sporting events are dangerous. Not going out makes PTSD worse. It also slowly robs you of your life and your freedom. The more you avoid, the smaller your world becomes.

Trying to not think about the traumatic event: The more you try to not think about something, the more you think about it. Try it right now. Try to not think about a purple cow. If you are like most people, an image of a purple cow popped into your mind. The harder you try to keep pushing a memory down, the more it will keep coming back. Trying to not think about the trauma will make your PTSD worse.

Drinking too much: Drinking alcohol can cause many PTSD symptoms to get worse, including sleep disruption, increased flashbacks, feelings of anger, problems controlling your impulses, and making your nightmares seem more real. Drinking can also create new problems in your life in addition to your PTSD.

Being on "guard duty" 24 hours a day: You may feel that you have to patrol your house and respond to every noise that you hear. Consider how much time you've spent doing this in the last year. How many times have you

checked only to find that the noise you heard was your neighbor's dog barking or the wind? If you are always on guard, you can never relax. The more you check, the more you will feel that you need to check.

What Makes PTSD Better?

The most effective treatments for PTSD are talk therapies, all of which are referred to as a form of cognitive-behavioral therapy. The types of these treatments with the most scientific evidence for their effectiveness are Prolonged Exposure and Cognitive Processing Therapy.

Prolonged Exposure (PE)

PE is the therapy that has the most evidence to show that it works to treat PTSD. When you do this therapy, you will meet individually with a counselor or therapist for about 10-12 treatment sessions that last 90 minutes each. During these sessions, you will make a plan to face many of the things that you've been avoiding. Between therapy sessions you practice going to places that you have been avoiding using the skills that you've learned with your therapist. You will also talk about the traumatic event and make recordings of this. You will listen to these recordings between sessions. Doing this work will help you learn that you don't have to avoid things that remind you of your trauma. The trauma is not happening now. Now it is only a memory, and memories can't hurt you. Completing PE can not only reduce the symptoms of PTSD, but it also can give you a strong feeling of accomplishment that you were able to face many things that you thought you couldn't. In addition to PTSD, PE has been shown to help with depression.

Cognitive Processing Therapy (CPT)

CPT has more than two decades of research to show that it works to treat PTSD. CPT can be done in either a group or individual format, usually for about 12 sessions lasting 60 to 90 minutes each. CPT focuses on thoughts that get in the way of healing from PTSD. Thoughts about guilt are the focus at the start of treatment. During this treatment, your therapist will teach you how to use tools to test out your thoughts about the trauma, and you will decide if these thoughts are based on facts or feelings. You will also come up with more balanced thoughts and work toward accepting what happened. Later on in CPT, there are special sessions that target specific issues related to PTSD, including trust, power and control, safety, self-esteem, esteem for other people, and intimacy.

Studies of civilians with PTSD indicate that about 80% of individuals treated with PE or CPT do well and recover to the point where they no longer have significant PTSD symptoms that interfere with daily living. These results have been found to be stable 5 to 10 years after completing treatment. How well these treatments work for active duty service members and veterans with combat-related PTSD is less clear. Both the Department of Defense and the VA have selected these two treatments as the primary treatments to be available at military treatment facilities and VA hospitals and clinics. There are also other cognitive-behavioral therapies similar to PE and CPT that have also been found to be effective for the treatment of PTSD.

Things You Can Start Doing Now

Stop avoiding. The treatments that work the best for PTSD all help you to stop avoiding. This means you should live your life and go out even when you don't feel like it. Try to remember that when you feel like you don't want to do something, this is often a symptom of PTSD, and it keeps PTSD going. What makes PTSD better is to talk with others about what you've been through and continue to go out, even when you don't want to. Going out and doing things that you used to avoid—such as driving a car—helps you to understand that these are not dangerous activities, or that they involve only an acceptable level of danger, and that nothing bad is likely to happen to you.

Experience your feelings. Many people with PTSD start to feel numb or say that they don't have any feelings other than anger. It is important that you allow yourself to experience your feelings instead of pushing them away. This includes feelings that most of us don't like, such as sadness, fear, and grief. Continuing to push your feelings down will not make them go away and will stop you from getting better. Allowing yourself to experience them again allows you to see that you can tolerate them and that there is no need to avoid these human emotions as you work through them.

What Family Members Can Do to Help

Don't encourage avoidance. It's okay for your partner or family member to feel anxious in some situations, such as at a store or a restaurant, but it is important for them to have the goal of trying to stay in the location or situation anyway. The more they do it, the easier it gets. Remember that anxiety is uncomfortable, but avoiding it will keep PTSD going. To get better, it's important for your loved one to hang in there and stay in the situation even when it's hard. Encouragement and support of your loved one's efforts to stay and to tolerate the discomfort until it passes is therapeutic for them in the long-term, keeping in mind that they may have to work up to this goal.

Let your loved one know that you won't judge him or her no matter what he or she has been through. Sometimes people who have PTSD think that their family members will be shocked to learn about some of the things they did while deployed and will no longer love them. This may cause them not to talk about their experiences, which will worsen their PTSD. Encourage your loved one to talk to someone about it, even if it isn't you. Let him or her know that you will love them no matter what happened or what they did.

Don't be afraid if he or she starts to show more emotions when treatment starts. Showing emotions is actually a sign that your loved one is getting better, not worse! It may look like your loved one is "getting worse" or "falling apart," but this isn't true. Feeling emotions is a part of the healing process.

Don't ask him or her to leave therapy because it seems hard. Let your loved one know that you will be there to support him or her through therapy and after.

It's okay to sleep in separate bedrooms. It doesn't mean you have a bad marriage; sometimes people who have PTSD will kick or punch in their sleep. If this is the case, don't be afraid to sleep in another room until the symptoms get better.

Difficulty with anger and concentration are symptoms of PTSD, not signs that your partner doesn't love you. If your partner seems irritable or has a hard time remembering what you said, try not to take it personally.

Top Myths About PTSD

1. PTSD is an untreatable, lifelong condition [FALSE]. We know from decades of research that treatments such as PE and CPT are highly effective.
2. You should avoid “triggers,” or situations that remind you of your trauma and trigger PTSD symptoms [FALSE]. Avoiding your PTSD triggers will just make them last longer. Remember to stop avoiding and face your triggers.
3. Other people’s traumas are much worse than yours [FALSE]. Traumas affect people differently. Don’t let this myth stop you from getting help.
4. You should just be able to get over it [FALSE]. No matter how strong you are mentally or physically, you can still get PTSD. Cognitive-behavior therapy can give you the skills to get better.
5. It must get worse before it gets better [FALSE]. Talking about traumatic events can be difficult and temporarily distressing, but only a small percent of people with PTSD (about 1 out of 10) actually get worse before they get better.
6. Treatment is dangerous [FALSE]. Although it may sound or feel dangerous, treatments for PTSD are safe and effective!
7. You shouldn’t get help because you may be treated differently at work [FALSE]. The military and VA have made great strides in not treating people differently because they are getting help for PTSD. Help is available. If you have concerns about how treatment might affect your job, don’t be afraid to ask.
8. No one will understand [FALSE]. You aren’t the only one with PTSD! While no one has been through exactly what you’ve been through, there are people with the similar symptoms and therapists who know how to help.
9. You don’t have any control of your anger [FALSE]. If you really didn’t have control of your anger, you probably would have punched a few people in the face today and you’d likely already be in jail. Think of all the times you didn’t act on your anger.
10. You’ll have to give up your career and be disabled for life [FALSE]. The majority of people with PTSD continue to work and are not on disability.
11. Having PTSD means you’re weak [FALSE]. Many service members and veterans have PTSD because they were strong enough to face the most difficult dangers. Even the strongest person could develop PTSD.
12. If you see a doctor, they’ll take away your security clearance or weapons [FALSE]. Although this does occur in some circumstances, it is rare that seeking PTSD treatment results in a loss of a security clearance or weapons-bearing status.

Where to Get Help

- **ABCT providers** (http://www.abct.org/Members/?m=FindTherapist&fa=FT_Form&nolm=1)
- **Military One Source** (<http://www.militaryonesource.mil/>)
- **National Center for PTSD** (<http://www.ptsd.va.gov/>)
- **VA** (<http://www.va.gov/>)
- **Vet Centers** (<http://www.vetcenter.va.gov/>)
- **Veterans Crisis Line** (1-800-273-8255)
- **STRONG STAR** (<http://www.STRONGSTAR.org>)

For more information or to find a therapist:

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