

Module 4: Post-traumatic stress disorder



What is post-traumatic stress disorder? (continuation)

Traumatic events that include interpersonal violence such as war related trauma and sexual violations are the one's which are more likely to cause posttraumatic stress symptoms.

Almost 80% of individuals with PTSD have at least one more mental health disorder, most commonly depression and substance abuse.

In most cases PTSD symptoms spontaneously disappear or go into remission five to seven years after the trauma but reappear around the time of anniversary of the event.

One of the basic hallmarks of traumatic experience and its consequences is a destructive and an indelible feeling of loneliness and separation from others.

PTSD can negatively influence individual's ability to establish and maintain interpersonal relationships.

Having a loved one affected with PTSD can be thus very burdensome for the partner or the family. At the same time, family support is a key role in recovery from PTSD.

Behaviour

All organism tend to be in a state of equilibrium (homeostasis). When something threatening disturbs the homeostasis human brain sends out all kinds of alarms and we become hyperaroused in order to preserve ourselves (fight of flight actions). In most cases, we recover shortly after the event and we go back to homeostasis.

However, after prolonged and/or repetitive exposure to traumatic events a homeostatic condition may not be re-established and the organism stays in the prolonged state of “red alarm” (allostasis) even though the crisis has long ended.

In a state of allostasis re-experiencing, avoidance and hyperarousal symptoms are dynamically interrelated in an attempt to seek stability in functioning following a change in the homeostatic baseline.



Image source: <https://freesvg.org/fire-alarm-silhouette>

Behaviour (continuation)

So what does that mean for you and your loved one?

For example, a reminder of traumatic stressor such as seeing news footage on the sexual abuse case will activate the memories on the trauma (re-experiencing) which in turn will active physiological response of fight or flight such as changes in heart rate and affect (hyperarousal/heightened sense of threat). The unpleasantness of the feelings leads to conscious effort not to think about trauma or for some other coping strategies such as alcohol abuse (avoidance).

Person with PTSD functions in the survival mode are constantly on the guard, troubled by memories and physical reactions they cannot control. They have problems sleeping, easily become irritated, and often feel better when they are isolated from the world.

Behaviour (continuation)

Intense and prolonged exposure to traumatic events combined with other risk factors can lead to significant changes in personality development.

This long-term effect of trauma is called **complex PTSD** and it encompasses alterations in:

- regulation of affect and impulses
- relations with others
- systems of meaning

Trauma can alter sense of identity, self-worth and core beliefs about the world. Some of typical cognitive distortions are:

- persistent negative beliefs about themselves/the world (“I am no good”; “I cannot trust anyone”)
- an exaggerated blame of self or others for causing the trauma (“I deserved this to happen to me”).



Photo credit: PlusLexia. Source: <https://www.flickr.com/photos/153278281@N07/25414027407>

Do you want to learn more?

Our interactive Resource Pack will give you information about

- concerns that you as caregiver might have
- what can be done
- useful tips how to handle the burden of care
- how to avoid stress and burnout
- how to deal with your emotions
- acceptance of the disorder
- and more!

You will also find exercises and activities for YOU and for the care receiver!



The Resource Pack will be available in May 2020!