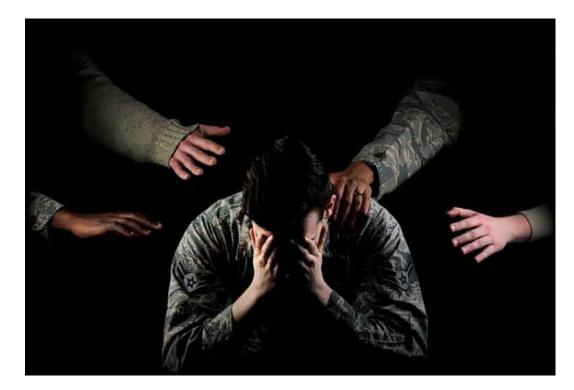
# Module 4: Post-traumatic stress disorder



## What is post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) is a set of emotional, cognitive and behavioural disturbances that occur as a result of being exposed to a single or multiple traumatic events.

It is characterized by a triade of symptoms (Brewin et al., 2017):

- re-experiencing symptoms
- avoidance symptoms
- heightened sense of threat

(more on symptoms can be found in guidelines)

It is a chronic condition which causes social, work- and health related problems.

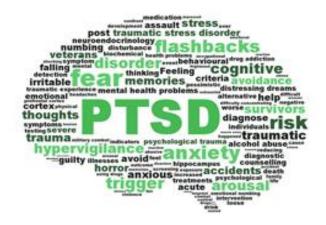


Image source: http://www.dissociative-identitydisorder.net/w/images/PTSD.png

# 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. (Wilson & Keane, 2004)



Image source: https://freesvg.org/fire-alarmsilhouette

## **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 (Cloitre et al., 2013)

Trauma can alter sense of identity, self-worth and core believes 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").

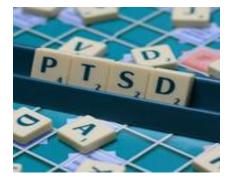
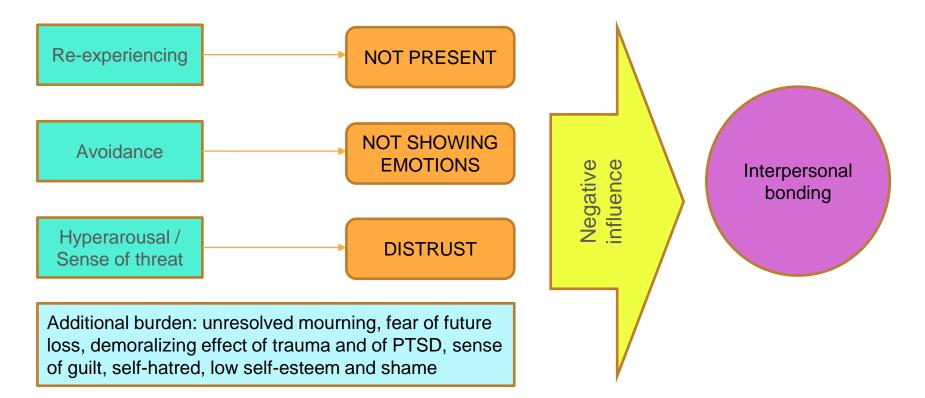


Photo credit: PlusLexia. Source: https://www.flickr.com/pphotos/153278281@N07/25 414027407

#### **Caregiver concerns**

Influence of PTSD on interpesonal relationships.



## **Caregiver concerns (continuation)**

Personal accounts of family members say that what they find the most difficult is:

- feeling of an emotional void
- sensation of living with a stranger
- lack of emotional responsiveness
- lack of involvement in family activities

The consequence of emotional absence is a serious functional loss of a family member.

Family members sometimes feel the need to fill up that "emotional void" with their own feelings of guilt and some become **overly functional** while affected member takes a passive role. Feeling of **Guilt**, at the same time, is something that haunts the traumatized individual as well.

Unfortunatly, PTSD symptoms can lead to job loss, substance abuse, and other problems that affect the entire family.

### **Caregiver concerns (continuation)**

Other important PTSD related issues that greatly affect the family are **anger** outbursts and violent destructive behaviours which can even become physical violence.

People suffering from PTSD due to their illness have difficulties regulating their emotions and impulses and are often sleep deprived. All of these makes them overreact to daily stressors and causes extreme irritability, moodiness, or explosions of rage.

Your loved one may try hard to repress their angry feelings but usually they erupt when least expected. The volatility of the outbursts leaves the family members fearful, hurt and angry and family atmosphere of tension, anxiety, and hypervigilance builds up. Feelings are not expressed, and everyone feels like walking on eggshells. Such atmosphere in turn can lead to depression, somatic complaints and destructive behaviour in the family.

#### What can be done?

- 1. Do not force your loved one to talk about the traumatic event.
- 2. Instead of talking, just spend time with the loved one.
- 3. If the loved one does want to talk about their experience, try to listen without

**expectations or judgments** – no need to give advice, it's the act of listening that is helpful; do not tell them how they should feel

4. Encourage them to join a support group with others with similar traumatic experiences.

5. **Do things** with your loved one that have nothing to do with PTSD or the trauma.

6. To help with trust issues **let them know that you're here for the long run** so they feel loved and supported.

7. Create routines and schedules with tasks which create sense of stability and predictability and get the loved one involved in family activities and chores
8. Minimize stress at home. Do not expect that he/she will be active or emotionally present

all of the time. It is important that they have the space and the time for rest and relaxation.

# What can be done? (continuation)

9. Trauma triggers can take your loved one right back in the past - learn the triggers and try to minimize them.

10. Talk about the triggers and together come up with a game plan.

11. When **anniversaries** come around - keep in mind that the period will pass and be there for them.

12. Decide together on how to respond when they have a **nightmare**, **flashback**, **or panic attack**.

13. Decide together on **how to tackle sleeping problems** – like having the entire family following sleep hygiene.

14. In general, **keep your promises** – show you're trustworthy by being consistent and by following through on what you say you're going to do.

15. People with PTSD have a feeling of shortened future – help by **making plans for both** and be sure to talk about them so your loved own can regain some sense of it.

16. Anger outbursts and violent behaviour are **difficult to deal with** - Keep in mind that **your safety comes first** and if necessary, call the emergency number

## What can be done? (continuation)

Taking care of the ill family member can cause emotional burnout - taking care of the family member with PTSD can even lead to secondary traumatization and PTSD on your own.

You should educate yourself about PTSD - the more you know about it the easier it will be for you to help your loved and to keep things in perspective.

As hard as it sometimes is try not to take the symptoms personally. More often than not, it is the disorder that makes them behave and interact as they do.

That being said, it is very important that you do not let your family member's PTSD dominate your life while ignoring your own needs so try and take care of yourself as well.



## 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!

More information is available in the Resource Pack: https://developfc.csicy.com/?page\_id=11708