



1-877-507-PTSD
www.PTSDAlliance.org

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POSTTRAUMATIC STRESS DISORDER

A GUIDE FOR THE FRONTLINE



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OVERVIEW

As a society, we value and teach the importance of self-reliance, inner strength, and the ability to overcome adversity. In fact, it is common for people to feel that no matter what they've faced or lived with, no matter how extreme the ordeal, they should be able to carry on.

But regardless of how competent people may be personally or professionally, sometimes they face trauma of such magnitude that they may become unable to cope and function in their daily lives. Some people become so distressed by memories of the trauma – memories that won't go away – that they begin to live their lives trying to avoid any reminders of what happened to them.

A person who feels this way months after the trauma has passed may be suffering from posttraumatic stress disorder, or PTSD, a serious and common health condition. For these people, getting beyond the trauma and overcoming PTSD requires the help of a professional.

It is estimated that almost 70 percent of adults in this country have experienced a traumatic event at least once in their lives and that up to 20 percent of these people go on to develop PTSD. An estimated five percent of Americans – more than 13 million people – have PTSD at any given time.

PTSD is a complex disorder associated with exposure to extreme trauma. Clusters of symptoms may or may not appear for months – even years – following the traumatic experience. PTSD sufferers often feel alone and isolated by their experience and tend to disconnect from others and, in a sense, from their own lives.

Fortunately, a lot has been learned about PTSD in the last several years, and many people with PTSD can be helped with the appropriate treatment as a result of early recognition and intervention.

PTSD ALLIANCE MEMBER ORGANIZATIONS

The PTSD Alliance includes four national organizations representing a spectrum of healthcare issues related to PTSD including trauma-related stress, anxiety disorders and women's healthcare.

Alliance member organizations include:

The American College of Obstetricians and Gynecologists (ACOG)

409 12th Street, SW, PO Box 96920
Washington, DC 20090-6920
202/638-5577
www.acog.org

A national medical organization representing more than 40,000 physicians who provide healthcare for women.



The Anxiety Disorders Association of America (ADAA)

11900 Parklawn Drive, Suite 100
Rockville, MD 20852
301/231-9350
www.adaa.org

A national, non-profit partnership of researchers, clinicians and consumers dedicated to promoting the prevention and cure of anxiety disorders and improving the lives of all people who suffer from them.

**ANXIETY
DISORDERS
ASSOCIATION
OF AMERICA**

The International Society for Traumatic Stress Studies (ISTSS)

60 Revere Drive, Suite 500
Northbrook, IL 60062
847/480-9028
www.istss.org

An international organization representing psychiatrists, psychologists, social workers, nurses, counselors, researchers, administrators, advocates and others with an interest in the study and treatment of traumatic stress.



The Sidran Traumatic Stress Foundation

200 E. Joppa Road, Suite 207
Baltimore, MD 21286
410/825-8888
www.sidran.org

A national, non-profit organization devoted to education, advocacy and research related to the early recognition and treatment of traumatic stress and trauma-generated disorders.

Sidran
TRAUMATIC STRESS FOUNDATION

PTSD ALLIANCE

The PTSD Alliance is a group of professional and advocacy organizations that have joined forces to increase awareness and promote a better understanding of posttraumatic stress disorder.

The PTSD Alliance provides educational materials through the PTSD Alliance Resource Center for medical and healthcare professionals, individuals diagnosed with PTSD and their loved ones, and the general public, to educate them about the prevalence, diagnosis and treatment of this common and serious health condition.

The PTSD Alliance Resource Center offers:

- A variety of brochures, books and educational information for the general public on PTSD.
- Support programs for those with PTSD and their families.
- Screening tools, continuing education programs, books and other published literature for medical, healthcare and other frontline professionals.
- Referral information for professional and patient support services.



For a list of materials available through
the PTSD Alliance Resource Center,
call toll-free 1-877-507-PTSD

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This guide was developed as a primer for “frontline” professionals who interact every day with trauma survivors and people suffering from PTSD. It addresses a spectrum of issues related to causes, recognition and treatment of PTSD:

- For primary care clinicians, who treat patients suffering physiological, psychological and other symptoms for which past trauma may be the underlying cause, this guide may provide new perspective on recognizing and treating PTSD.
- For professionals who respond to or provide relief in traumatic situations, or counsel crisis or trauma victims, this guide may serve as a quick reference for you, your colleagues or your staff in recognizing the signs and providing guidance to those at risk.
- For those who specialize in treating PTSD patients, this guide may be an appropriate resource that you can share with your colleagues or other non-mental health professionals with whom you may interact when helping those with PTSD or others at risk.

Foremost, this guide is intended as an invitation to all frontline professionals to learn more about resources offered through the PTSD Alliance. The mission of the PTSD Alliance is to help those with PTSD, as well as those at risk.

The purpose of this guide is to help you:

- Learn to recognize and assess the signs of PTSD from what may seem to be unrelated symptoms.
- Develop a communications approach that enables you to assess a patient for a history of trauma in a respectful, non-threatening way.
- Establish a level of trust that encourages a patient to open up to you within what may be limited time available for interaction.
- Know how to access available resources in your area so that you can effectively refer patients in need.
- Support the continuum of diagnosis and treatment beyond the parameters of your professional involvement and responsibility.

PTSD IS PREVALENT AND SERIOUS

PTSD is a prevalent and serious health condition that evokes emotional, psychological and physiological responses resulting from trauma.

PTSD results from exposure to a traumatic or extremely psychologically distressing event. At some time in life a person with PTSD has experienced, witnessed or learned about a terrifying event or ordeal that was perceived as life-threatening or caused physical harm.

Extreme trauma that can lead to the development of PTSD evokes intense fear, horror, or a sense of helplessness. Its aftermath can leave the person overwhelmed, affecting that person's ability to cope with daily life.

Those at risk for developing PTSD include anyone who has been victimized or has witnessed a violent act, or who has been repeatedly exposed to life-threatening situations. This includes:

- Survivors of:
 - Domestic or intimate partner violence.
 - Childhood abuse.
 - Rape or sexual assault.
 - Physical assault such as mugging or car-jacking.
 - Random violent acts such as those that take place in public, in schools or in the workplace.
- Survivors of unexpected events in daily life:
 - Car accidents or fires.
 - Natural disasters, such as tornadoes or earthquakes.
 - Major catastrophic events such as a plane crash or terrorist act.
 - Disasters caused by human error, such as industrial accidents.

SELF CARE FOR THE PROFESSIONAL

Vicarious traumatization, also known as secondary trauma or compassion fatigue, is a normal occupational hazard when working with people who have been traumatized. By listening empathetically to the experiences of traumatized people with the goal of helping them, treatment providers often find their own beliefs challenged and world view changed. They may even begin to show symptoms of traumatic stress themselves.

It is important to be prepared for this effect and to know that it is a natural outgrowth of the compassionate connection to intense human suffering. Self care is imperative and effective.

You may need to pay close attention to the following:

- Monitor your personal reactions to patient stories and note when you are feeling overwhelmed.
- Try not to visualize the stories.
- Set and maintain healthy professional and personal boundaries.
- Acknowledge the toll of constant exposure to traumatic situations. This is of particular importance to emergency room personnel or domestic violence agency staff.
- Balance work with enjoyable personal activities to avoid burnout.
- Attend to your spiritual needs in a way that is meaningful to you.
- Enlist the support of your clinical supervisor and/or colleagues when you work with trauma survivors.

Specific strategies have been developed for addressing and transforming vicarious trauma. More information about these topics is available from the PTSD Alliance member organizations.

RESOURCES AND HELPLINE NUMBERS

PTSD Alliance
877-507-PTSD (7873)
www.PTSDAlliance.org

National Coalition Against
Domestic Violence
303-839-1852
www.ncadv.org

RAINN
(Rape, Abuse, & Incest National Network)
800-656-HOPE (4673)
www.rainn.org

National Sexual Violence
Resource Center
877-739-3895
www.nsvrc.org

International Critical Incident
Stress Foundation, Inc.
410-750-9600
www.icisf.org

National Center for
Victims of Crime
800-394-2255
800-211-7996 (TTY)
www.ncvc.org

Concerns of Police Survivors, Inc.
(COPS)
573-346-4911
www.nationalcops.org

- Combat veterans or civilian victims of war.
- People who learn of the sudden tragic death of a family member or close friend.
- Those diagnosed with a life-threatening illness or who have undergone invasive medical procedures.
- Professionals who respond to victims in traumatic situations, including emergency medical service workers, police, firefighters, military, and search and rescue workers.

It is important to know that not everyone who experiences a traumatic event will develop PTSD. It also is important to understand that responses to trauma vary widely. Some people will have few problems, and the problems they do have will resolve themselves without treatment. But many people do develop PTSD.

PTSD has no boundaries. It can affect anyone, regardless of age, gender, race, ethnicity, or socio-economic background.

Victims of trauma related to physical and sexual assault face the greatest risk of developing PTSD. Women are about twice as likely to develop PTSD as men. This may be due to the fact that women are more likely to experience interpersonal violence, such as rape, or physical or sexual abuse, especially in childhood. Women also experience repeated trauma, as in the case of domestic violence.

THE PTSD FRONTLINE

A wide range of professionals interact with people at risk for developing PTSD, or who already have PTSD – diagnosed or not:

- Psychiatrists, psychologists, social workers and other mental health professionals in various settings including private practice, community hospitals and clinics, or public health agencies.
- Primary care providers such as family and general practitioners, obstetrician-gynecologists and internists.
- Nurses and physician assistants in private practice, clinics, public health agencies or emergency room settings.
- Counselors who work in domestic violence shelters, rape crisis outreach, substance abuse programs, or family service agencies.
- Staff with advocacy and support groups for survivors of specific traumas.
- Others in contact with people at risk such as:
 - Clergy who counsel people in distress.
 - Emergency service personnel such as police, firefighters or emergency management technicians, or disaster relief workers who are generally the first to deal with those in life-threatening situations.

ENLISTING HELP FROM FAMILY AND FRIENDS

It can be difficult for a family member or friend to watch helplessly as a loved one struggles to deal with the after-effects of trauma. Friends and family can play a critical role as part of the support system. However, because PTSD can foster an emotional disconnect, PTSD sufferers may resist their efforts.

Family members or friends need to understand their important role in the recovery process. Advise them to:

- Encourage the PTSD sufferer to seek and continue treatment. This can be difficult because treatment means confronting the trauma and all the upsetting and frightening emotions and memories connected to it. But encouragement and support are important elements in the treatment process.
- Provide emotional support and listen. Encourage the person with PTSD to share their feelings. However, family members also need to understand how to be supportive without taking on the role of a therapist.
- Be patient and have realistic expectations for recovery. The healing process after a trauma can take some time. Depending on the severity of the situation, it may take several months and probably longer for a person suffering from PTSD to recover. Understanding this will help maintain a positive outlook when it is needed most.

When Family Is The Source of Trauma

The exception to enlisting the help of family is when a member of the family is the source of trauma, in the case of domestic violence or childhood abuse. All too frequently, when family members have been the source of the trauma, survivors feel alienated and isolated from social support systems. You may find that a survivor cannot identify anyone whom he or she trusts or can turn to in a crisis. It becomes especially important to be supportive and help your patient connect with professional resources.

The PTSD Alliance member organizations are important resources in the referral process. Local mental health centers, rape crisis centers and domestic violence organizations also may be your strong allies in helping your patients find appropriate services. If you begin to look for trauma in the lives of patients, you will see how frequently it occurs. It is important to develop relationships with referring organizations to ease patients into appropriate treatment.

TREATMENT OPTIONS

There are a number of effective treatment options for PTSD. Treatment can involve psychotherapy, medication or a combination of both.

- **PSYCHOTHERAPY** – Psychotherapeutic or counseling methods, such as cognitive behavior therapy (including exposure and anxiety management treatments), are effective in treating PTSD. Effective psychotherapy usually involves helping the survivor maintain safety, manage symptoms, and work through the traumatic experiences. While the techniques employed vary, the primary goals of psychotherapy for trauma survivors are to:
 - Examine the role of the traumatic experience in the context of the person’s life, currently and historically.
 - Make meaning of the experience.
 - Learn skills to manage symptoms and to develop alternative ways of coping.
 - Build or rebuild the ability to trust within relationships in order to view the world as an increasingly tolerable place to function.
- **MEDICATION** – Prescription medication is effective in treating PTSD. For some people, medication can significantly reduce symptoms, enhance the effectiveness of psychotherapy, and improve quality of life. Those diagnosed with PTSD should talk with their healthcare provider about the use of medication as a part of their treatment regimen.

Who To Refer To?

PTSD Alliance member organizations can help you locate treatment professionals in your area who are knowledgeable about and have experience treating the mental health needs of trauma survivors.

Most communities have organizations that are trauma-specific or that specialize in mental health, substance abuse, sexual assault, and domestic violence. Become familiar with these organizations. Develop a relationship with someone within the organization who can facilitate the referral process.

YOUR ROLE ON THE FRONTLINE

Because intervention is critical in treating persistent PTSD, you can facilitate the recovery process if you can integrate the following as a part of your routine practice:

- Learn to recognize and identify PTSD symptoms.
- Screen for signs of PTSD or past trauma through routine history-taking.
- Explore the possibility of PTSD as an underlying problem when appropriate.
- Be familiar with local referral options for treatment and direct patients to appropriate referrals when merited.
- Offer support to patients and their families.

Role of Primary Care

The healthcare provider’s role in a primary care setting is important because people with PTSD often seek medical care for a range of healthcare problems for which past trauma may be the underlying cause. In many cases, the traumatic cause has not been recognized or associated with the after-effects.

In addition, the prevalence of physical and sexual abuse among the general patient population seen in primary care and emergency room settings justifies a universal screening for trauma and PTSD as part of the history-taking process. Because PTSD often manifests with physiological as well as psychological symptoms, it is important that treatment be coordinated between the mental health and medical healthcare providers.

WHAT SHOULD YOU LOOK FOR?

Trauma comes in many forms. There are vast differences among people who experience trauma. Not all trauma survivors react the same way. Some of the symptoms of PTSD are very dramatic, such as haunting memories or panic attacks. Other symptoms, such as feeling emotionally empty, are more subtle and can be difficult to pinpoint or describe. Still they can be devastating to someone suffering from PTSD and to those who care about that person. It is important to think broadly about trauma because the similarities and patterns of responses can be consistent across the variety of experiences. While the outward display of PTSD symptoms is highly variable, three symptom categories – or “clusters” – are associated with PTSD:

- **Re-living the event** through recurring nightmares, flashbacks or other intrusive images that “pop” into one’s head at any time. People who suffer from PTSD also may have extreme emotional or physical reactions, such as uncontrollable shaking, chills or heart palpitations, or panic when faced with reminders of the event.
- **Avoiding reminders of the event** including places, people, thoughts or other activities associated with the trauma. PTSD sufferers become emotionally numb, withdrawing from friends and family and losing interest in everyday activities. Sufferers may “avoid” the awareness that the trauma happened at all, a deeper form of denial.
- **Being on guard or hyper-aroused at all times**, including irritability or sudden anger, difficulty sleeping, lack of concentration, being overly alert or easily startled.

A PTSD diagnosis should be considered if a certain number of symptoms from each of the “clusters” have lasted for one month or more, and if they cause severe problems or distress at home or at work, or in general affect daily life.

PTSD symptoms usually appear within several weeks of the traumatic experience but some people don’t notice symptoms until months, even years, later. These symptoms may continue for years following the trauma or, in some cases, symptoms may subside and return later, which is often the case with victims of childhood abuse.

THE RICH MODEL®

The “RICH” model is an ideal framework for interaction around the subject of trauma:

- **RESPECT** – Respect your patient or client as a person. Respect their experience, reserve judgement, provide assurance of confidentiality and offer yourself as a professional worthy of their trust. Address them respectfully, make eye contact, take the time to listen to what they are saying. Observe what they aren’t saying, and look for other cues. Keep in mind they may be reluctant to talk because they may feel guilty or responsible, or may be embarrassed by the intensely personal nature of their situation.
- **INFORMATION** – Provide resources, such as the PTSD Alliance consumer booklet, that will help them better understand PTSD and encourage them or their family members to seek help. Offering appropriate referrals is important. This requires familiarity with local qualified professionals, community services or other patient-based organizations that can offer assistance to a person, confirm diagnosis, and explore treatment options.
- **CONNECTION** – Be supportive and try to connect with them even if the exchange is brief. Help them understand that you care and are concerned for their personal well-being.
- **HOPE** – Offer hope for healing and recovery. Let them know that with appropriate diagnosis, treatment is available. Help them take the next step in seeking help.

Source: *Risking Connection* © The Sidran Press, 2000

Domestic Violence Screening, Identification and Intervention

Domestic violence and abuse are major risk factors for PTSD. Research showing the prevalence of violence against women supports universal screening in primary care and emergency settings.

For PTSD sufferers who currently are involved in abusive relationships or exposed to domestic violence on a daily basis, getting safe and staying safe are the first critical steps.

- In assessing situations that may involve domestic violence or abuse, ask direct questions related to behavior:
 - “Has anyone close to you ever threatened to hurt you?”
 - “Are you afraid of your partner?”
 - “Have you ever been hit, kicked, choked or hurt physically?”
 - “Has anyone – including your partner – ever forced you to do something sexual that you didn’t want to do?”
- It is important to ask these questions in private, away from any other family members – the possible perpetrators – who may have accompanied the person.
- The decision to leave a violent relationship may precipitate greater danger for the victim. Do not push domestic violence victims to “get out.” Help the victim contact a local domestic violence organization. You may also refer your patient to the hotlines and other resources provided in this booklet.
- Although physicians are required by law to report suspected child abuse, mandatory reporting laws regarding domestic violence vary by state. Contact the state attorney general’s office, state medical association or domestic violence coalition for information on mandatory reporting of domestic violence.

APPROACHING THE TOPIC OF PTSD

The first steps in treating PTSD can be difficult — recognizing the problem and offering appropriate guidance and support. There are many reasons why this may be challenging:

- A person who has experienced an extremely traumatic event may hope or even expect to be able to “handle it” or “get over it” on his or her own.
- Sometimes victims feel guilty about what happened and may mistakenly believe they were to blame or deserved the pain and hurt. Sometimes, the experience may be too personal, painful or embarrassing to discuss.
- One of the hallmark symptoms is the avoidance of thinking or talking about anything related to the trauma, especially as survivors try to restore activities in their daily lives.
- Some trauma survivors have learned from experience that the world is a dangerous place, where trust has little meaning. PTSD tends to foster isolation, making it difficult for some to reach out for help.
- People with PTSD don’t always make the connection between the traumatic event and the emotional emptiness, anger, anxiety, and sometimes physical symptoms they unexpectedly find themselves feeling months, even years, after the trauma.
- In domestic violence situations, victims may not realize that their prolonged, constant exposure to abuse puts them at risk for PTSD.
- Often people don’t know that treatment is available or don’t know where to turn for help.

It is vital, however, to break through the isolation and silence.

Therefore, it is important that you establish a comfort level with recognizing the signs and symptoms of PTSD and initiate a dialogue when PTSD is suspected. In doing so, you can help your patient or client seek appropriate treatment, support and resources.

THE CHALLENGE OF RECOGNIZING PTSD

The inherent challenge of recognizing PTSD is that some people may present with somatic symptoms that may not be clearly associated with past trauma. Or in some cases, the person realizes the symptoms are trauma-related but chooses not to volunteer that information or opts not to disclose the nature of the trauma. In these cases, you should approach the topic of past trauma if you suspect PTSD as a possible diagnosis based on cluster symptoms as well as other signs.

People with PTSD may have low self-esteem or problems with personal relationships, or may seem disconnected from others or their lives. In addition, other co-occurring problems can mask or intensify PTSD symptoms including:

- Psychiatric problems such as depression, dissociation (losing conscious awareness of the “here and now”), or another anxiety disorder, such as panic disorder.
- Self-destructive behavior including:
 - Alcohol or drug abuse.
 - Suicidal impulses.
 - High-risk sexual behaviors that may result in unintended pregnancy or sexually transmitted diseases (STDs), including HIV.
 - Other high-risk behavior that may be life-endangering, such as fast or reckless driving.
- Physical complaints, any or all of which may be accompanied by depression, including:
 - Chronic pain with no medical basis (frequently gynecological problems in women).
 - Stress-related conditions such as chronic fatigue syndrome or fibromyalgia.
 - Stomach pain or other digestive problems, such as irritable bowel syndrome or alternating bouts of diarrhea and constipation.
 - Eating disorders.
 - Breathing problems or asthma.
 - Headaches.
 - Muscle cramps or aches, such as low back pain.
 - Cardiovascular problems.
 - Sleep disorders.

SCREENING FOR PTSD

The following are different approaches and examples of questions that can be integrated into the personal history-gathering process, based on a person's symptoms or their overall personal situation. The premise of the general framework outlined below is based on a "patient-provider" dialogue in a healthcare setting. However, it can be easily modified for other settings to facilitate the communication process between a client or survivor, and the professional.

- Incorporate questions about past or present trauma as a part of all personal history assessments. Be matter-of-fact and make screening a part of the process. This will decrease the likelihood that your patient will feel singled out and will help to de-stigmatize symptoms and fears.

- Introduce questions with a statement such as:

- *“Because the things we experience sometimes affect our health, I ask all of my patients the following questions:”*
 - *“How are things at home?”*
 - *“How is your relationship with your spouse (or partner)?
With your family?”*
 - *“Have you ever experienced a traumatic event, or been seriously injured, or felt your life was threatened?”*
 - *“Has anything terrible happened to you recently or in the past?
Did you have a hard time coping with it?”*
 - *“Are there things going on in your life that cause you concern?”*
 - *“Has anyone ever forced you into doing something sexual that made you uncomfortable or that you didn't want to do?”*

- Offer your impression or assessment of the situation based on their symptoms and responses:
 - *“This is what I've been noticing, and I wonder if this is what's going on?”*
 - *“I don't know if this is the case, but in evaluating what you've been telling me, it occurs to me that some of your symptoms may reflect a past experience that may have been traumatic for you...”*
- Ask screening questions that may help clarify a PTSD diagnosis:
 - *“Have you been having repeated distressing dreams?”*
 - *“Are you bothered (or haunted) by things from your past?”*
 - *“Are you unable to remember details about the past?”*
 - *“How are things with your family and friends? (that is, do you feel a part of things at home or do you feel alone or isolated from people in your life?)”*
 - *“Do you no longer enjoy taking part in activities you once enjoyed?”*
 - *“Are you having problems falling asleep? Staying asleep?”*
 - *“Do you startle easily? Are you jumpy?”*
 - *“Do your symptoms cause you distress or problems at work or in daily life?”*
- Be sensitive to the response:
 - Respect the patient's reaction if he or she becomes upset.
 - Apologize for upsetting the patient but don't apologize for asking the questions as this essentially undermines your effort and intent in reaching out to them.
 - Offer an “open door” if there is ever anything the patient would like to discuss in the future and convey that he or she may find it helpful ultimately.
- If the person opens up, listen and help them understand that if they have PTSD, treatment is available. Discuss options and help identify next steps in seeking treatment and accessing appropriate support services.