



A Supplemental Take-Home Module for
the NAMI Family-to-Family
Education Program:

Understanding and Coping with PTSD

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Understanding and Coping with PTSD

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1. What is Posttraumatic Stress Disorder?

Posttraumatic Stress Disorder, or PTSD, is a mental health problem that can occur following the direct experience of or witnessing of life-threatening events such as military combat, natural disasters, terrorist attacks, serious accidents, or violent personal assaults like rape. It is a medically recognized anxiety disorder that occurs in normal individuals under extremely stressful conditions. People who suffer from PTSD often relive the experience through a range of symptoms (e.g., nightmares and uncontrollable thoughts, difficulty sleeping, and feeling detached or estranged from other people), and these symptoms can be severe enough and last long enough to significantly worsen the person's quality of life and ability to function.

PTSD is marked by clear biological changes as well as psychological symptoms. It is complicated by the fact that it frequently occurs together with related problems such as depression, substance abuse, problems with memory, and other problems of physical and mental health. PTSD is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorce, family conflict, and difficulties in parenting.

A. War Zone Experiences can be Traumatic

Individuals in a war zone can be exposed to a range of traumatic events. During deployment, they may have been attacked, seen others die, lost friends and comrades, been physically or sexually assaulted, been exposed to mass death or suffering, or otherwise been the victim or observer of frightening events. Or a person may have had to engage in actions that were very difficult, such as holding individuals prisoner or attacking or killing the enemy. Making matters more challenging, these events, and the worries related to them, occur in strange foreign places far from loved ones, familiar places, and comforting things that would help them to more successfully deal with these overwhelming experiences.

B. Reactions to Traumatic Events can develop into PTSD

People react to traumatic events in a number of different ways, and their reactions may change over time. At first, some people find that they experience a high level of distress, and they may find themselves unable to think or concentrate on things other than the trauma. These "acute stress reactions" can last for days or even weeks, and are common normal reactions. Acute stress reactions decrease over time for many people. Unfortunately, many other trauma survivors continue to struggle with the traumatic experience and their reactions to it for much longer. Over time, if the reactions remain frequent and intense, last for months, and cause problems in living, they would be considered "Posttraumatic Stress Disorder" or PTSD.

C. PTSD is a Common Problem and it's not new

PTSD occurs in both men and women, adults and children, Western and non-Western cultures, and all socioeconomic groups. Among adult Americans, it is estimated that about 10% of women and 5% of men will have PTSD at some point in their lives. The traumatic events most often associated with PTSD in men are rape, combat exposure, childhood neglect, and childhood physical abuse. For women, the most common events are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

The estimated rate of lifetime PTSD among American Vietnam veterans is about 30% for men and 27% for women. An additional 22% of men and 21% of women have had partial PTSD at some point in their lives. Thus, more than half of all male Vietnam veterans and almost half of all female Vietnam veterans -about 1,700,000 Vietnam veterans in all- have experienced "clinically serious stress reaction symptoms."

PTSD is not a new problem. There are written accounts of similar symptoms that go back to ancient times, and there is clear documentation in the historical medical literature starting with the American Civil War. There are particularly good descriptions of post-traumatic stress symptoms in the medical literature on combat veterans of World War II and on Holocaust survivors. Careful research and documentation of PTSD began in earnest after the Vietnam War.

PTSD has subsequently been observed in all veteran populations that have been studied, including those serving in World War II, the Korean conflict, Vietnam, and the Persian Gulf, in those deployed for Operation Iraqi Freedom and Operation Enduring Freedom, and in United Nations peacekeeping forces deployed to other war zones around the world. PTSD is not only a problem for veterans, however.

D. The Biological Basis of PTSD

Evidence suggests that there are a number of physiological differences found in individuals with PTSD compared with individuals without the disorder. The autonomic nervous system of individuals with PTSD has been found to be more reactive. Biological differences show up in several body systems, including endocrinal (hormonal) systems and the nervous system (e.g., the brain).

There are clear **hormonal differences** that have been found, including abnormalities in the levels of stress hormones such as cortisol, epinephrine, and norepinephrine. These hormones are responsible for preparing our response to threat. These hormonal abnormalities are thought to explain why individuals with PTSD are kept in a constant heightened state of readiness for threat despite not encountering actual danger.

Brain differences have also been found in those suffering from PTSD. These include a smaller sized hippocampus, a brain structure responsible for processing memories and learning; an over reactive amygdala, a structure involved in the body's fear

reactions; and an under reactive prefrontal cortex, a brain area that inhibits amygdala activation. It is believed that these differences help to explain why the trauma memories of individuals with PTSD are so intrusive, and are experienced so intensely, sometimes feeling as if the trauma were happening again. These neurobiological differences are also thought to account for the excessive fear reactions that are set off very easily by a host of things experienced that are not really dangerous.

E. Three Main Kinds of PTSD Symptoms

There are 3 main kinds of PTSD symptoms: re-experiencing, avoidance, and arousal symptoms.

Re-experiencing Symptoms. Trauma survivors commonly continue re-experiencing or reliving their traumas in a number of the following ways:

- Having upsetting memories such as images, thoughts, and perceptions about the trauma
- Experiencing bad dreams and nightmares about the event
- Feeling as if it the trauma were happening again ("Flashbacks")
- Getting emotionally upset when reminded of the trauma (by something the person sees, hears, feels, smells, or tastes)
- Reacting physically (e.g., sweating, heart racing, trouble breathing) when reminded of the trauma

Avoidance Symptoms. Ways of avoiding thoughts, feelings, and sensations associated with the trauma can include:

- Avoiding trauma-related thoughts, feelings, or conversations
- Avoiding places, activities, or people that might be reminders of the trauma
- Trouble remembering important parts of what happened during the trauma
- Losing interest or not participating in things you used to enjoy doing
- Feeling detached or cutoff from other people
- "Shutting down" emotionally or feeling emotionally numb (e.g., trouble having loving feelings for those close to you).
- Feeling as if your future will be cut short

Arousal Symptoms. Trauma survivors often feel very anxious and fearful. This may show up as the following symptoms:

- Trouble falling or staying asleep
- Experiencing irritability or outbursts of anger
- Problems concentrating or focusing on tasks
- Feeling agitated and constantly on the lookout for danger (i.e., hypervigilant)
- Feeling jumpy or getting very startled by loud noises or someone coming up on you from behind when you don't expect it

Because they have these upsetting feelings, trauma survivors often act as if they are in danger again when they get stressed or reminded of their trauma. They might get overly concerned about keeping safe in situations that really aren't very dangerous. For example, a person living in a good neighborhood might still feel that he has to have an alarm system, double locks on the door, a locked fence, and a guard dog. Because traumatized people often feel like they are in danger even when they aren't, they may be overly aggressive, lashing out to protect themselves when there is no need. For example, a person who was attacked might be quick to yell at or hit someone who seems to be threatening. This happens because, when threatened, people have a natural physical "fight or flight" reaction that prepares them to respond to them danger.

Although re-experiencing symptoms are unpleasant, they are a sign that body and mind are actively struggling to cope with the traumatic experience. These symptoms are automatic, learned responses to trauma reminders: trauma has become associated with lots of things so that they remind the person of the trauma and bring up feelings that they are in danger again.

Because re-experiencing the trauma and feeling as if you are in constant danger are so upsetting, it makes sense that trauma survivors want to avoid things that remind them of the trauma. Sometimes they are aware of this and avoid trauma reminders on purpose and sometimes they do it without realizing what they are doing.

Avoiding thinking about trauma or avoiding treatment for trauma-related problems may keep a person from feeling upset in the short run. But avoiding treatment of PTSD prevents progress on coping with trauma so that people's trauma symptoms don't go away.

F. Other Problems that can Go Along with PTSD

Depression: can happen when a person has losses connected with the trauma situation or when a person avoids other people and becomes isolated or gives up activities they enjoyed before the trauma.

Despair and hopelessness: can happen when a person is afraid that he or she will never feel better again.

Loss of important beliefs: can happen when a traumatic event makes a person lose faith that the world is a good and safe place.

Aggressive behavior toward oneself or others: can happen due to frustration over the inability to control PTSD symptoms (feeling that PTSD symptoms "run your life"). It can also happen when other things that occurred at the time of trauma made the person angry (the unfairness of the situation). Because angry feelings keep people away, they also stop a person from having positive connections and getting help. Anger and aggression can cause job problems, marital and relationship problems, and loss of friendships.

Self-blame, guilt, and shame: can happen when PTSD symptoms make it hard to fulfill current responsibilities. It can also happen when people fall into the common trap of second-guessing what they did or didn't do at the time of a trauma ("Monday-morning quarterbacking"). Many people blame themselves when trying to make sense of their experience. This is usually completely unfair. At best, it fails to take into account the other reasons why the events occurred. Self-blame causes a lot of distress and can prevent a person from reaching out for help. Society sometimes takes a "blame-the-victim" attitude, and this too is wrong.

Problems in relationships with people: can happen because people who have been through traumas often have a hard time feeling close to people or trusting others. This may be especially likely to happen when the trauma was caused or worsened by other people (as opposed to an accident or natural disaster).

Feeling detached or disconnected from others: can happen when a person has difficulty in feeling or expressing positive feelings. After traumas, people can get wrapped up in their problems or feel emotionally numb and then stop putting energy into their relationships with friends and family. It can also be hard to relate to the ordinary activities of daily life, which now seem unimportant.

Getting into arguments and fights with people: can happen because of the angry or aggressive feelings that are common after a trauma. Some trauma survivors feel like their temper is a lot quicker than it was before the trauma (as if they have a hair trigger). Also, a person's avoidance of social situations (such as family gatherings) may annoy family members.

Less or no interest or participation in things the person used to like to do: can happen because of depression following a trauma. Spending less time doing enjoyable things and being with people means a person has less of a chance to feel good and have pleasant interactions.

Social isolation: can happen because of social withdrawal and a lack of trust in others. This often leads to loss of caring support, friendship, and intimacy, and grows fears, worries, loneliness, and depression.

Problems with identity: can happen when PTSD symptoms change important things in a person's life, like relationships or whether they can do their work well. It can also happen when other things that occurred at the time of trauma make a person confused about their own identity. For instance a person who thinks of himself as unselfish might think he acted selfishly by saving himself during a disaster when others did not make it. This might make him question whether he is really who he thought he was.

Feeling permanently damaged: can happen when trauma symptoms don't go away and a person doesn't think they will get any better.

Problems with self-esteem: can happen because PTSD symptoms make it hard for a person to feel good about him or herself. Sometimes, because of things they did or didn't do at the time of trauma, survivors feel, understandably but unfairly, that they are responsible, bad, worthless, stupid, incompetent, evil, and so on.

Alcohol and/or drug abuse: can happen when a person wants to avoid bad feelings that come with PTSD symptoms. This is a common unhelpful way some survivors attempt to cope with upsetting trauma symptoms, but it actually leads to more problems.

All of these reactions and difficulties are common for people who experience PTSD or related stress reactions. It is important to be able to recognize these difficulties, and get treatment in order to prevent them from becoming larger problems.

G. PTSD can Impair Work Functioning

Adjusting back to life at work after experiencing a trauma or being in a war zone can be a very difficult. For some people, going back to work is made harder by changes that have happened on the job during deployment, or a lack of interest in their job after a more exciting time in the war zone. For others, who might have quit their job before deployment or who have been in the military until returning, the difficulty might be in finding a job or a career. Still others find that some of the symptoms of PTSD, such as feeling irritable or “on edge” or having a hard time sleeping or relating to people, make going back to work feel difficult or impossible. In addition, this may be made worse by worries that an employer or future employer would react negatively to having somebody at work that was dealing with PTSD or a stress reaction.

H. Understanding the Trauma Survivor's Anger

Anger is usually a central feature of a survivor's response to trauma, possibly because it is a core component of the survival response in humans. Anger helps people cope with life's adversities by providing us with increased energy to persist in the face of obstacles. However, uncontrolled anger can lead to a continued sense of being out of control of oneself and can create multiple problems in the personal lives of those who suffer from PTSD. One theory of anger and trauma suggests that high levels of anger are related to a natural survival instinct. When initially confronted with extreme threat, anger is a normal response to terror, events that seem unfair, and feeling out of control or victimized. It can help a person survive by mobilizing all of his or her attention, thought, brain energy, and action toward survival. This automatic response of irritability and anger in individuals with PTSD can create serious problems in the workplace and in family life. It can also affect individuals' feelings about themselves and their roles in society.

Anger is marked by the increased activation of the cardiovascular, glandular, and brain systems associated with emotion and survival. It is also marked by increased muscle tension. Sometimes with individuals who have PTSD, this increased internal activation can become reset as the normal level of arousal and can intensify the actual emotional

and physical *experience* of anger. This can cause a person to feel frequently on-edge, keyed-up, or irritable and can cause a person to be more easily provoked. It may also lead to increased use of alcohol or drugs to reduce tension.

The thoughts or beliefs that people have to help them understand and make sense of their environment can often exaggerate threat. Often the individual is not fully aware of these thoughts and beliefs, but they cause the person to perceive more hostility, danger, or threat than others might feel is necessary. For example, a combat veteran may become angry when others around him (wife, children, or co-workers) don't "follow the rules." The strength of his belief is actually related to how important it was for *him* to follow rules during the war in order to prevent deaths. Often, traumatized persons are not aware of the way their beliefs are related to past trauma. For instance, by acting inflexibly toward others because of their need to control their environment, they can provoke others into becoming hostile, which creates a self-fulfilling prophecy. Common thoughts people with PTSD have include: "You can't trust anyone," "If I got out of control, it would be horrible/life-threatening/intolerable," "After all I've been through, I deserve to be treated better than this," and "Others are out to get me, or won't protect me."

2. How Does PTSD Affect Families?

Because the symptoms of PTSD and other trauma reactions change how a trauma survivor feels and acts, traumatic experiences that happen to one member of a family can affect everyone else in the family. Trauma symptoms can make individuals hard to get along with or cause them to withdraw from the rest of the family. When trauma reactions are severe and go on for awhile without treatment, they can cause major problems in a family. Family members coping with a loved one with PTSD may find themselves reacting in many ways. An individual family may experience most of these reactions, or only a few. All of the reactions described, however, are common in families who have had to deal with a family member who has experienced trauma.

A. Families can have Many Reactions

Sympathy. Understandably, one of the first reactions many family members have is sympathy for their loved one. People feel very sorry that someone they care about has had to suffer through a terrifying experience. And they feel sorry when the person continues to suffer from symptoms of PTSD and other trauma responses. It can be helpful for the person who has experienced the trauma to know that his or her family members sympathize with him or her, especially just after the traumatic event occurs.

Although it might sound odd, too much sympathy from family members can have a negative effect. When family members' sympathy leads them to "baby" a trauma survivor and have low expectations of him or her, it may send a message that they don't believe the trauma survivor is strong enough to overcome the ordeal. For example, if a wife has so much sympathy for her husband that she doesn't expect him to work after a traumatic experience, the husband may think that she doesn't have any confidence in his ability to recover and go back to work.

Conflict. Many veterans with PTSD complain of finding themselves more irritable with their families when things don't go as expected or they don't feel in control at home or in their daily lives. They may be more impatient when they perceive others not doing their jobs; children are expected to do well in school, or partners are expected to perform their tasks on time. A veteran may react in anger especially in situations that affect their family (e.g., a child-care worker perceived as slacking on the job). Such emotions may be difficult to manage and explain within the family setting. A short fuse and readiness to defend or fight rather than back down could result in more angry outbursts towards family members and others.

Disconnection and Detachment. In addition to having more family conflict, those who return home from a war zone sometimes feel disconnected or detached from others. One of the symptoms of PTSD is difficulty in feeling or expressing positive feelings. Also, many trauma survivors don't feel able to tell other family members about what happened, not wanting to contaminate them with the realities of the war zone, or just thinking that no one will be able to understand. Sometimes feelings of wanting to be

alone or needing to avoid family gatherings can grow into isolation from the family resulting in a loss of support, understanding, and intimacy.

Returning veterans who are experiencing PTSD symptoms may gradually realize they are “out of line” and seek to protect family members from their negative emotions. In order to do so, they may feel the need to shut down all emotions, even positive ones, or build a safe place in which to isolate themselves from family activities and remain aloof and distant. The family may begin to perceive this as cold and demanding.

Depression. One source of depression for family members can be the traumatic event itself. All traumas involve events where people suddenly find themselves in danger. When this happens in a situation or place where people are used to feeling safe, just knowing the event happened could cause a person to lose faith in their own beliefs of safety and predictability of life. For example, if a woman gets mugged in the parking lot of a neighborhood shopping center, her family members may feel depressed by the idea that they are not really as safe as they thought they were, even in their own neighborhood.

It can also be very depressing when a traumatic event threatens a person's ideals about the world. For instance, if a man gets traumatized in war by seeing someone tortured, it can be very depressing to know that people are capable of doing such cruel things to each other. Before the man was faced with that event, he may have believed that people are basically good and kind.

Depression is also common among family members when the traumatized person acts in ways that cause feelings of pain or loss. There may be changes in family life when a member has PTSD or other trauma symptoms. Traumatized persons may feel too anxious to go out on family outings as they did in the past. The traumatized person may not be able to work because of PTSD symptoms. As a result, the family income may decrease and the family may be unable to buy things and do things the way they did before the trauma. A husband or wife may feel unloved or abandoned when - because of depression - their traumatized spouse withdraws emotionally and avoids being emotionally or sexually intimate. Children whose father can't be in crowds because of combat trauma may feel hurt that their father won't come to see them play sports. When PTSD lasts for a long time, family members can begin to lose hope that their loved one or their family will ever get "back to normal."

Fear and Worry. Knowing that something terrible can happen "out of the blue" can make people very fearful. This is especially true when a family member feels unsafe and often reminds others about possible dangers. Very often, trauma survivors feel "on edge" and become preoccupied with trying to stay safe. They may want to get a guard dog, or put up security lights, or have weapons in the house in order to protect themselves and their family members. When one person in a family is very worried about safety, it can make everyone else feel unsafe too. However, something that helps one person feel safe - like a loaded weapon under the bed - may make another person feel very unsafe.

Family members can also experience fear when the trauma survivor is angry or aggressive. As described above, trauma survivors can become angry and aggressive automatically if they feel they are in danger. Trauma survivors may also become angry and aggressive because they are frustrated that they have trauma symptoms, or because they learned to be aggressive as a way to protect themselves during the traumatic situation. No matter what the reason for the anger and aggression, it naturally makes family members fearful.

Many trauma symptoms can cause family members to worry. A wife might worry that her traumatized husband who becomes angry and violent at the least provocation will be injured in a fight or get in trouble with the police. A daughter may worry that her mother will make herself ill by drinking heavily as a result of a trauma. A person's inability to keep a job because of trauma-related problems may cause his or her family to worry constantly about money and the future.

Avoidance. Just as trauma survivors are often afraid to address what happened to them, family members are frequently fearful of examining the traumatic event as well. Family members may want to avoid talking about the trauma or trauma-related problems, even with their closest friends. People who have experienced trauma hope that if they don't talk about the problems, they will go away. People also don't wish to talk about the trauma because they are afraid that others won't understand or will judge them. Sometimes, if the traumatic event is one associated with shame, such as rape, family members may avoid talking about the event and its effects because of social "rules" that tell us it is inappropriate to talk about such things. Family members may also not discuss the trauma with others because they fear it will bring their loved one more shame.

Family members may avoid the things that the trauma survivor avoids because they want to spare the survivor further pain, or because they are afraid of their loved one's reaction. For example, the wife of a combat veteran who is anxious about going out in public may not make plans for family outings or vacations because she is afraid to upset her husband. Though she doesn't know what she can do to "fix" the problem, she does know that if the family goes to a public event, the husband will be anxious and irritable the whole time.

Guilt and Shame. Family members can feel guilt or shame after a traumatic event for a number of reasons. They may feel guilty if they feel responsible for the trauma survivor's happiness or general well-being, but see no improvement no matter how hard they try to help. Sometimes, after years of trauma-related problems in a family, a family member may learn about PTSD and realize that this is the source of their family problems. The family member may then feel guilty that they were unsupportive across the years. In some situations, a family member may feel responsible for the trauma. For instance, a husband whose wife is assaulted may feel guilty because he was unable to protect her from the attack. A wife may feel responsible for her husband's car accident if she thinks she could have prevented it if she had gotten the car's brakes fixed.

Anger. Anger is a very common emotion in families that have survived a trauma. Family members may feel angry about the trauma and its effects on their lives. They may be angry at whomever they believe is responsible for the traumatic event (this can include being angry at God). They can also feel anger toward the trauma survivor and wish that the survivor should just "forget about it" or "get over it" and get on with life. They may be angry when their loved one continues to "dwell" on the trauma. A wife may be mad because her husband can't keep a job or because he drinks too much or won't go with her to social events or avoids being intimate with her or doesn't take care of the kids. Family members may also feel angry and irritable in response to the anger and irritability the trauma survivor directs at them.

Negative Feelings. Sometimes family members may find themselves having very negative feelings about the traumatized family member. They may believe the trauma survivor no longer shows or even possesses the qualities that they loved and admired. A person who was outgoing before a trauma may become withdrawn. A person who was fun-loving and easy-going before a trauma may become ill tempered. It may be hard to feel good toward a person who seems to have changed in so many ways. Family members may also respond negatively to behaviors that develop following a trauma. For instance, family members may be disgusted by over-drinking in response to a trauma.

Family members may also have negative feelings about the survivor that are directly related to the traumatic event. For example, a wife may no longer respect her husband if she feels he didn't behave bravely during a traumatic event. A husband whose wife was raped may feel disgusted about what happened and wonder if she could have done something to have prevented it. A son may feel ashamed that his father didn't fight back when he was beaten during a robbery. Sometimes people have these negative feelings even when they know that their assessment of the situation is unfair.

Drug and Alcohol Abuse. Drug and alcohol abuse can become a problem for the families of trauma survivors. Family members may try to escape from bad feelings by using drugs or drinking. A child or spouse may spend time drinking with friends to avoid having to go home and face an angry parent or spouse. On the other hand, spouses sometimes abuse drugs or alcohol to keep their loved ones "company" when they're drinking or using drugs to avoid trauma-related feelings.

Sleep Problems. Sleep can become a problem for family members, especially when it is a problem for the trauma survivor. The trauma survivor may stay up late to avoid going to sleep, have trouble getting to sleep, toss and turn, repeatedly get up to check the door locks, or have nightmares, all of which will make it difficult for family members to sleep well. Often family members are also unable to sleep well because they are depressed and/or they are worried about the survivor.

Health Problems. Family members of trauma survivors can develop health problems for a number of reasons. Bad habits, such as drinking, smoking, and not exercising may worsen as a result of coping with a loved one's trauma responses. When family

members constantly feel anxious, worried, angry, or depressed, they are more likely to develop stomach problems, bowel problems, headaches, muscle pain, and other health problems.

Stresses for the Partner and the Relationship: Caregiver Burden. Significant others are presented with a wide variety of challenges related to their veteran partner's PTSD. Wives of PTSD-diagnosed veterans tend to assume greater responsibility for household tasks (e.g., finances, cleaning). Partners feel compelled to care for the veteran and to attend closely to the veteran's problems. Partners are keenly aware of cues that precipitate symptoms of PTSD, and partners take an active role in managing and minimizing their effects. "Caregiver burden" is a term that is sometimes used to describe the types of difficulties associated with caring for someone with a chronic illness, such as PTSD. Caregiver burden includes the objective difficulties of this work (e.g., financial strain) as well as the subjective problems associated with caregiver demands (e.g., emotional strain). Female partners of veterans with PTSD can experience high levels of caregiver burden that includes psychological distress, negative mood, and anxiety. In general, the worse the veteran's PTSD symptoms, the more severe the caregiver burden.

PTSD can affect the mental health and life satisfaction of a veteran's partner. Partners of veterans with PTSD often describe difficulty coping with their partner's PTSD symptoms, and studies have found that partners of veterans with PTSD or other combat stress reactions have a greater likelihood of developing their own mental health problems compared to partners of veterans without these stress reactions.

PTSD is associated with higher rates of marital or relationship problems. Veterans with PTSD often have trouble with self-disclosing and being emotionally intimate and expressive with their partners than veterans without PTSD. Sexual dysfunction also tends to be higher in combat veterans with PTSD than in veterans without PTSD.

B. What Can Families Do to Care for Themselves and their Family Member with PTSD?

Trauma survivors and their families often don't know what to do to care for themselves. First, it is important to continue to **learn more about trauma and its effects**. Some books are listed below that may be helpful. For veterans, educational classes may be available through a local VA Medical Center or VA Readjustment Counseling Service Vet Center (see below).

It is challenging to live with someone who has PTSD and it is important for families to take concrete steps to care for themselves, as well as help their loved one. Some suggestions for self-care include:

- Spend time with other people. Coping is easier with support from caring others, including extended family, friends, church, or other community groups.
- Join or develop a support group.

- Take care of yourself. Family members frequently devote themselves totally to those that they care for, and in the process, neglect their own needs. Pay attention to yourself. Watch your diet, exercise, and get plenty of rest. Take time to do things that feel good to you.
 - Try to maintain family routines, such as dinner together, church, or sports or recreational outings.
 - Take time to listen to all family members and show them that you care.
 - If needed, get professional help as early as possible, and get back in touch with treatment providers if things worsen after treatment.
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Suggested Readings

Allen, J. G. (1995). *Coping with Trauma: A Guide to Self-Understanding*. Washington, DC: American Psychiatric Press.

Armstrong, K., Best, S., & Domenici, P. (2006). *Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families*. Berkeley, California: Ulysses Press.

Mason, P. (1990). *Recovering from the War: A Woman's Guide to Helping Your Vietnam Vet, Your Family, and Yourself*

Matsakis, A. (1992). *I Can't Get Over It: A Handbook for Trauma Survivors*. Oakland, California: New Harbinger Publications.

Matsakis, A. (1996). *Vietnam Wives: Facing the Challenges of Life with Veterans Suffering Post Traumatic Stress* (Sidran Press, 1996, ISBN 1-886968-00-4).

C. The Family's Role in Encouraging their Family Member with PTSD to Seek Professional Help

Adult family members may be the first to notice serious problems in a veteran's adjustment. Their most important task may be to encourage the veteran to seek counseling and treatment from a VA clinic or community-based Veteran's Readjustment Counseling service (Vet Center). This intervention might be considered if the homecoming veteran is adopting negative ways of coping with stress, such as substance use, withdrawal and isolation, or acting out emotions that seem inappropriate within or in front of the family. Adult family members also need to be aware of negative effects on children and adolescents if the returning veteran is experiencing difficulties. They can try to communicate concerns to the veteran in a non-blaming and understanding manner.

Family members can acknowledge their desires to participate, when necessary or helpful, in any counseling activity. While a veteran needs some time to adjust, problems

that continue over several months may be on the way to becoming chronic patterns of family interaction problems. Even chronic patterns of interaction problems can be changed by learning about the root causes of a veteran's stress, and by seeking the help of a professional counselor. Encouraging the veteran to seek help is a benefit for all concerned.

D. The Family's Role in Treatment

Adult family members can help the returning veteran by learning and understanding some of the possible stresses and emotions a veteran may experience after being away from home for a period of time, especially when he or she has served in a war zone. Family members' most important role is to be genuine and assertive in expressing their own needs and expectations, rather than hiding their needs and emotions in an effort to protect the homecoming veteran.

At the same time, adult family members need to be supportive and respectful of the veteran's need for time to readjust. The veteran's spouse or partner needs to be prepared for change, and be ready to adapt to sharing control of the family and important tasks and goals. It is important that partners and spouses demonstrate their trust in the veteran's role as parent, negotiating and supporting mutual decisions.

If a veteran seeks treatment, family members can learn with the veteran, and above all be patient with their struggles. A positive attitude towards treatment and readjustment can go a long way to making the return to civilian life an easier transition. It is also important to remember that all individuals in the family relationship count. Spouses or partners at home should be prepared to seek counseling for themselves and children if needed. Often, couples counseling can begin to identify the needs of individual family members in this regard. Vet Center and VA clinic programs may offer support and education groups for couples or for the spouse or partner of a returning veteran.

3. The Recovery Process: Improving Coping, Finding Treatment

Most people who are exposed to a traumatic stressor experience some of the symptoms of PTSD in the days and weeks following exposure, and for many, these symptoms can become ongoing problems. The course of chronic PTSD usually has periods of symptom worsening and improvement, although for some individuals symptoms may persist at a continuing severe level. Some older veterans who report a lifetime of no or only mild symptoms have experienced symptom worsening following retirement, severe medical illness in themselves or their spouses, or exposure to reminders of their military service (such as reunions or media broadcasts of war events).

Recovery from PTSD is an ongoing, gradual process. Healing doesn't mean forgetting war experiences or having no emotional pain when remembering them. Some level of continuing reactions to memories is normal and reflects a normal body and mind. Healing may mean fewer and less intense and disruptive reactions. But it also means greater ability to manage trauma-related emotions, and greater confidence in ability to cope.

A. Coping with PTSD

Because PTSD symptoms seldom disappear completely, coping with PTSD symptoms and the problems they cause is usually a continuing challenge for veterans. Often, it is through receiving treatment for PTSD that many veterans learn to cope more effectively.

When a trauma survivor takes direct action to cope with problems, he or she often gains a greater sense of personal power and control. Active coping means recognizing and accepting the impact of traumatic experiences, and then taking concrete action to improve things.

Positive Coping Actions are those which help to reduce anxiety, lessen other distressing reactions, and improve the situation in a way that does not make the problem worse or harm the survivor further. Positive coping not only improves things today, but also tomorrow and later. Positive coping methods can include:

Learning about trauma and PTSD. It is useful for trauma survivors to learn about PTSD and how it affects them. By learning just how common PTSD is, and finding that their problems are shared by millions of the world's war veterans and survivors of other types of trauma, they can better recognize that they're not alone, not weak, and not "crazy." When survivors seek treatment and learn to recognize and understand what is triggering them, they are in a better position to cope with the symptoms of PTSD. If the survivor wishes, they can tackle the source of the problem or tell another person specifically what is happening.

Talking to another person for support. When survivors are able to talk about their problems with others, something helpful often results. Of course, veterans must choose their support person(s) carefully, and clearly ask for what they need. However, by receiving support from others the veteran may feel less alone, feel supported or understood, or get concrete help with a problem situation. Often, support around issues related to traumatic experiences themselves is best found by talking to professional counselors, who are more likely to understand trauma and its effects than civilians. One of the best places to find support is in a specially designed “support group.” Being in a group with other veterans with PTSD may help reduce feeling of isolation, rebuild trust in others, and provide an important opportunity to contribute to the recovery of other veterans.

Talking to the family doctor about trauma and PTSD. Part of taking care of yourself means mobilizing the helping resources around you. Your doctor can take care of your family’s physical health better if they know about the PTSD experienced by a family member, and doctors can often refer the survivor for more specialized expert help.

Practicing relaxation methods. These can include muscular relaxation exercises, breathing exercises, meditation, swimming, stretching, yoga, and so on. By engaging in relaxing activities, trauma survivors can learn to quiet their distress and recharge their batteries to cope better with life’s challenges.

Increasing positive distracting activities. Positive recreational or work activities help distract the trauma survivor from their memories and reactions. This can be helpful as a means of improving mood, limiting the harm caused by PTSD, and rebuilding a life. It is important to emphasize that distraction alone is unlikely to lead to recovery; active direct coping with traumatic events and their impact is key.

Calling a counselor for help. Sometimes PTSD symptoms worsen and ordinary efforts at coping don’t seem to work too well. The veteran may feel fearful or depressed. At these times, it is important to reach out and call a counselor, who can help the veteran turn things around.

Taking prescribed medications to tackle PTSD. One tool that many veterans with PTSD have found helpful is medication treatment prescribed by their doctor. By taking medications, some veterans are able to improve their sleep, anxiety, irritability and anger, or reduce urges to drink or use.

Negative Coping Actions help to maintain problems. They may reduce immediate distress, but they often short-circuit more permanent change. Actions that may be immediately effective but cause later problems can be addictive, like smoking or drug use. These habits can become difficult to change. Negative coping methods can include isolation, use of drugs or alcohol, “workaholism,” violent behavior, angry intimidation of others, eating, and different types of self-destructive behavior (e.g., attempting suicide, excessive risk taking). Before learning more effective and healthy coping, many people with PTSD try to cope with their distress and other reactions in

ways that lead to more problems. Consider the following types of problematic coping action:

Use of alcohol or drugs. This may help wash away memories, increase social confidence, or induce sleep, but it causes more problems than it cures by creating a dependence on alcohol, harming judgment and mental abilities, causing problems in relationships with family and friends, and, sometimes, placing a person at risk for suicide, violence, or accidents.

Social isolation. By reducing contact with the outside world, a trauma survivor may avoid many situations that cause him or her to feel afraid, irritable, or angry. However, isolation will also cause new problems. It will result in loss of social support, friendship, and intimacy (which are all vital to recovery). It may breed further depression and fear. Decreased participation in positive activities leads to less opportunity for positive emotions and achievements, keeping the survivor stuck in a negative mood.

Anger. Like isolation, anger gets rid of many upsetting situations by keeping people away. But it also keeps away positive connections and help, and gradually drives away the important people in a person's life. Anger may lead to a host of other problems including job problems, marital or relationship problems, and loss of friendships.

Continuous Avoidance. Avoidance of thinking about the trauma keeps away distress but prevents progress on coping with the trauma and its consequences. Avoidance can prevent people from seeking help with their problems.

B. Lifestyle Changes – Taking Control

Individuals with PTSD need to take active steps to deal more effectively with their PTSD symptoms. Often, these steps involve making a series of thoughtful changes in lifestyle, to reduce symptoms and improve quality of life. Common lifestyle changes include:

Calling about treatment and joining a PTSD support group. Often, it's hard to take the first step and join a PTSD treatment group. Trauma survivors say to themselves "What will happen there? Nobody can help me but myself anyway." And if you're struggling with PTSD, it is often hard to meet new people and trust them enough to open up about yourself. But after starting treatment, most people find that it is a great relief to feel that they've taken positive action.

Reinvesting in personal relationships with family and friends. Most veterans with PTSD have some kind of meaningful relationship with a son or daughter, a wife or partner, an old friend or work acquaintance. Often, by taking action to have more contact with those persons, and working at improving those relationships, they can reconnect to others and get more good things happening in their lives again.

Starting an exercise program. It's important to see a doctor before starting to exercise, but after getting the OK, exercise in moderation has a number of possible

benefits for those with PTSD. Walking, jogging, swimming, weight lifting, and other forms of exercise may reduce physical tension. They may help distract trauma survivors from painful memories or worries, and thus give them a break from difficult emotions. Perhaps most important, they can improve self-esteem and create feelings of personal control.

Stopping drinking alcohol or using drugs/Joining an alcohol or drug treatment program. Many individuals turn to alcohol or drugs to help cope with PTSD. However, alcohol and other drugs, while possibly having some positive effects on PTSD symptoms in the short-term, always makes things worse in the medium- or long-term. Therefore, it is important for veterans with PTSD who are using drugs or alcohol to cope to stop using. Most people are more effective in stopping drinking or using drugs if they team up with others in recovery and get involved in a treatment program.

C. What Happens in Treatment for PTSD?

PTSD is treated by a variety of forms of psychotherapy (psychological treatment or counseling) and pharmacotherapy (medication). Treatment may last a few weeks or months or for several years. Usually, contact with a counselor is more frequent at first, and gradually becomes less regular.

Psychotherapy treatment for PTSD is really very practical. Trauma survivors have regular conversations with a trained mental health professional, in order to think about their situation and decide how they want to change it. They learn more about what PTSD is and how it's affecting them, and they learn and practice new ways of coping. Therapy teaches the survivor to cope with post-traumatic memories, reminders, reactions, and feelings without becoming overwhelmed. It also addresses strong feelings such as anger, shame, or guilt, which are common among survivors of trauma.

Many veterans receive treatment for PTSD in VA PTSD treatment programs and Readjustment Counseling Service Vet Centers. Others get help in general mental health clinics within VA. Most treatment is outpatient treatment in which the veteran continues to live at home and comes into a clinic for individual appointments and groups. Some treatment is residential, so that the veteran lives in the treatment program during treatment.

Whatever the treatment, the therapist should provide a clear rationale for the therapy. That is, he or she should explain why a specific treatment is being suggested, how long that treatment is expected to last, and how the therapist will know the treatment is or is not working. Therapist and trauma survivor should agree at the outset that this treatment plan makes sense and what will be done if it does not seem to be working.

The relationship between trauma survivor and therapist is important. If the survivor feels comfortable with the therapist and that they are working as a team to tackle problems, it is likely that the therapy will go well. If the survivor has concerns about the therapist, or concerns about the therapy, it is important that to speak to the therapist about them.

Therapy is not easy. It can be difficult to talk about painful situations or about traumatic experiences. Feelings that emerge during therapy can be frightening and challenging. Talking with the therapist about hopes and fears in regard to therapy will help make therapy successful.

Treatment usually focuses on the following activities:

Being assessed. Treatment typically begins with a detailed assessment of the trauma survivor: problems they're facing, symptoms they have, other difficulties in addition to PTSD, and living situation. This assessment takes place mainly through a discussion with a counselor, but sometimes the person fills out questionnaires that evaluate their levels of PTSD symptoms or depression.

Setting goals. The person and their counselor decide what they want to accomplish and what changes will help them achieve those goals.

Learning about PTSD. Through discussions with the counselor and classes with other veterans, the person will learn what PTSD is and how it affects them and their loved ones. Understanding that PTSD is a medically recognized anxiety disorder that occurs in normal individuals under extremely stressful conditions is an important start to recovery. By learning just how common PTSD is, and finding that these problems are shared by millions of the world's war veterans and survivors of other types of trauma, the veteran can better recognize that they're not alone, not weak, and not "crazy." When a person learns to recognize and understand what is triggering their emotions, they are in a better position to cope with their symptoms of PTSD.

Learning coping skills or "tools." There are a lot of skills that can help in recovery, including skills for lowering physical tension, skills for communicating more effectively with family and friends, and skills for handling anger and conflict with others. Treatment involves learning new ways of dealing with the things that make the person afraid, depressed, angry, or sad. These new ways of coping gradually replace the old ways that have not worked, or have actually made things worse.

Connecting with other trauma survivors. VA PTSD treatment involves increasing contact with other vets who have similar problems. As part of treatment, the person talks with other veterans, learns from their experiences, and gives support to them - Veterans helping veterans.

Participating in support groups. Veterans in PTSD treatment almost always meet regularly in groups with other vets, to discuss how they're doing, get feedback and support, develop friendships, and help each other. These meetings are usually led by a group leader who is a mental health professional.

Looking at yourself. Treatment involves taking a fresh look at oneself. The individual learns to notice what they are thinking and feeling, and how they act with other people. They learn what kinds of situations or thoughts trigger distressing emotions. When

individuals learn more about themselves and their effect on others, they are in a better position to decide what needs to change.

Telling the trauma story. Talking about what happened is painful. But talking about traumatic experiences can be very helpful to recovery. If a person is able to talk to someone they begin to learn to trust again and take a fresh look at their experiences and their opinions about them. Often, this kind of therapeutic talking takes place over many discussions, and gradually, veterans find that the memories become more controllable, and less painful or frightening. When done systematically, such “Exposure Therapy” methods involve supporting the survivor as he or she repeatedly tells the story of the trauma in a safe, controlled context, to help the survivor face and gain control of the fear and distress that was overwhelming in the trauma. They also involve encouraging the person to approach and learn to handle situations that he or she has been avoiding, that bring up memories of the trauma.

Rethinking the meaning of the trauma. Because so many trauma survivors have very negative thoughts about the trauma and its effects that keep them distressed and help maintain PTSD symptoms, it is important to explore these beliefs and judgments and review them for accuracy and helpfulness. With methods of “Cognitive Therapy,” individuals can be helped to identify and challenge their own negative thoughts.

Taking medications. Treatment also usually involves consulting with a doctor about possible medication. Sometimes, medications can reduce the anxiety, depression, irritability, or insomnia often associated with PTSD. Medications can also make it easier to participate in other counseling activities. At this time, certain kinds of anti-depressant medications, known as Selective Serotonin Re-uptake Inhibitors (SSRI’s), are the most used medications for treatment of PTSD.

D. What to Ask Your Doctor

If you think you or a loved one have PTSD, or even just some of the symptoms, it is important for you to let your primary care physician know. This information is invaluable in planning your medical treatment. It can also help your doctor in providing you with appropriate referrals for other services you may need (e.g., psychologist, social worker, child abuse protective services, lab tests, etc.). It is important to talk with your primary care physician --- even if he/she does not ask first. Keep in mind that your doctor may not know about the emotional or psychological aftereffects of trauma or the many-associated medical problems. You can help your doctor understand you or your loved one better and provide better care by sharing this crucial information about yourself.

At first, individuals may find it hard to discuss their experience(s). Because it may be difficult to discuss what happened, and the symptoms that are being experienced, there is a quick checklist provided at the end of these materials that you or your loved one can use to show to your doctor.

E. What are Treatment Options for Partners of Individuals with PTSD?

The first step for partners of veterans with PTSD is to gain a better understanding of PTSD and the impact on families by gathering information. Resources on the National Center for PTSD website (www.ncptsd.va.gov) may be useful.

Partners may benefit from getting involved in counseling, to receive family education, join a support group that combines both partners and veterans, pursue individual counseling, or participate in couples or family therapy. Educational groups teach coping strategies and educate veterans and their partners about the effects of trauma on individuals and families. VA PTSD programs and Vet Centers across the country are beginning to offer some kinds of group and couples activities that provide opportunities for families of veterans to get involved in treatment.

The most important message for partners is that relationship difficulties and social and emotional struggles are common when living with a traumatized veteran. The treatment options listed above are but a few of the available approaches that partners may find useful in their search for improved family relationships and mental health.

F. VA Services for Veterans: Where to Go for Help

VA health care centers are located across the country, and range from small, local clinics to large hospitals. At these facilities, veterans can receive help for both physical and mental health problems. Many VA facilities have experts in PTSD and related problems that your family member can talk with.

Vet Centers are another great resource for getting help after returning home. Vet Centers are located throughout the country and are primarily focused on helping veterans readjust to life after deployment. They offer readjustment and mental health counseling, and provide veterans with resources for the experiences associated with post-deployment.

Operation Iraqi Freedom and Operation Enduring Freedom veterans are eligible to receive cost-free health care and readjustment services for any conditions related to combat service through the Veterans Healthcare Administration for two years following active duty. Those who served in the National Guard or Reserves and were deployed to a war zone are eligible for the same benefits.

To find out more information about veterans benefits, or to locate the VA clinic or hospital nearest you, call 1-800-827-1000 or go to <http://www.seamlesstransition.va.gov/index.asp>. For Vet Center information, call toll free during normal business hours: 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific) or go to <http://www.vetcenter.va.gov/>.

Veteran Service Organizations

Other great resources for individuals with PTSD are the Veteran Service Organizations (VSO). These organizations specialize in providing resources and assistance to military servicemen and women following deployment, and help bring individuals with similar experiences together. These groups are organized by branch of service, religion, ethnicity, war zone theater, purpose, and many other categories. Some are large organizations, such as the American Legion and Veterans of Foreign Wars, which are focused on the needs of veterans in general. To find out more information or become involved with one of these organizations, check out <http://www1.va.gov/vso/>.

4. Useful Internet Links

United States Department of Veterans Affairs: The VA's web site provides a wide range of information on veterans' benefits and treatment facilities.

<http://www.va.gov>

Readjustment Counseling Services Vet Centers: Information on the mission, organization, location, and contact information for Readjustment Counseling Service's Vet Centers.

<http://www.vetcenter.va.gov/>

The National Center for PTSD Website: The National Center for PTSD is a research and education organization whose mission is to help increase the understanding about trauma and its aftereffects. Their website has a wealth of information on trauma and PTSD for all audiences.

www.ncptsd.va.gov

International Society for Traumatic Stress Studies Website: ISTSS has a membership directory of clinicians by state who are interested in or specialize in trauma and traumatic stress studies.

<http://www.istss.org/>

National Institute for Mental Health Website: Has excellent overviews of a number of disorders related to trauma exposure, including anxiety disorders, depressive disorders, and substance use disorders.

<http://www.nimh.nih.gov/healthinformation/ptsdmenu.cfm>

5. Quick Checklist of Questions to Ask Your Doctor

Check those symptoms below that you (or your loved one) experiences that you may want to discuss with your doctor:

- Having bad dreams or nightmares about the event or something similar
- Behaving or feeling as if the event were actually happening all over again
- Having a lot of emotional feelings when I am reminded of the event
- Having a lot of physical sensations when I am reminded of the event (e.g. heart races, pounds, or "misses a beat"; sweating, hard to breathe, feel faint, feel like I'm "going to lose control")
- Avoiding thoughts, conversations, or feelings that remind me about the event
- Avoiding people, places, or activities that remind me of the event
- Having difficulty remembering some important part of the event
- Lost interest in, or just don't do things that used to be important to me
- Feeling "detached" from people-I find it hard to trust people
- Feeling emotionally "numb" or finding it hard to have loving feelings even toward family members
- Having a hard time falling or staying asleep
- Feeling irritable or having problems with anger
- Having a hard time concentrating
- Thinking I may not live very long-so why plan for the future?
- Feeling "jumpy" and getting startled easily
- Always feeling "on guard"

Medical or stress problems:

- Stomach problems
- Intestinal problems
- Gynecological problems
- Weight gain or loss
- Chronic pain (e.g. back, neck, in women-pelvic area)
- Problems getting to sleep
- Problems staying asleep
- Headaches
- Skin rashes and other problems
- Nightmares
- Depression
- Lack of energy, chronic fatigue
- Alcohol and other substance use problems
- General nervousness
- Anxiety (panic) attacks

Other symptoms I have are: _____

Some possible questions that may help you identify what you might like to ask your doctor or counselor (check ones you might want to ask):

- “What do people have to do to recover from PTSD?”
- “Why do I have PTSD and other people don’t?”
- “Does having PTSD mean that I’m crazy or mentally ill?”
- “What will happen if I go for treatment?”
- “How long will treatment last?”
- “What will be the likely effects of treatment?”
- “What should I tell my wife/partner/other family members about PTSD?”
- “Where can I meet other families with a relative/partner with PTSD?”
- “What are the best resources to help families learn about PTSD?”
- “What should I tell others about my relative/partner with PTSD?”

If medication treatment is being discussed, you might like to ask some of these questions:

- “How is this medication supposed to help me?”
- “How will it affect my symptoms?”
- “How long will I have to take it?”
- “Can I stop it if I don’t like it?”
- “How will we know if it is working or not?”
- “What will happen if it doesn’t work?”
- “What are the side effects of the medication?”
- “How will it affect my other medications that I’m taking?”
- “Why do I need to go for counseling if I’m receiving medication treatment?”
- “How will medication treatment fit in with my PTSD counseling?”
- “How will medication affect my substance abuse recovery?”