

immediately after the traumatic event.

- ◆ Medication is often combined with therapy.
- ◆ Group Therapy with other survivors of trauma is supportive and uplifting.
- ◆ Service Dogs are becoming increasingly common especially for veterans.
- ◆ Psychotherapy that includes structured interventions and is very supportive seems to work best for people with PTSD. Interventions may include the following:
  - ◇ Cognitive behavioral therapy (CBT) which employs tailored exposure to the traumatic event to increase tolerance, thereby gradually reducing anxiety and symptoms.
  - ◇ Eye Movement Desensitization Reprocess (EMDR) which employs several strategies involving exposure to memories with alternating stimuli in a structured session.

## Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

## How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

### If you have PTSD:

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. *\*Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- ◆ Take NAMI's Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

### If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

## SHOW YOU CARE. WEAR A SILVER RIBBON.



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.  
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.  
THERE ARE MANY WAYS TO HELP.  
BECOME A MEMBER, VOLUNTEER OR DONATE.**

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NAMIisa@NAMIisa.org

**COMMUNITY-WIDE CRISIS LINE:**  
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NAMIisa.org



Educational information and local support provided by:



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## What is posttraumatic stress disorder (PTSD) and who is at risk?

Combat, sexual assault, a natural disaster or a terrorist attack are examples of traumatic psychological events that can cause PTSD. These severely traumatic events often have a direct physical impact and occur within a violent context. Veterans who have been injured in combat are at high risk for PTSD because they have sustained a direct injury in a violent setting. Survivors of rape have experienced physical and emotional trauma which is associated with very high rates of posttraumatic responses.

These events can be a single occurrence in a person's lifetime or they can occur repeatedly, such as in the case of ongoing physical abuse or an extended or repeated tour of duty in a war zone. The severity of traumatic events and duration of exposure are critical risk factors for developing PTSD.

## The Neurobiology of PTSD

People are programmed to respond to threats to their safety. Unfortunately, this set of adaptive responses in the face of terror, which are lifesaving in the moment, can leave people with ongoing, long-term psychological symptoms. The biological mechanisms that encourage the powerful and protective "fight or flight" response and maximize physical safety at the time, such as enabling a woman to fight off an attacker during a sexual assault, can create complex problems later.

When faced with terror, less critical body functions (e.g., the parts of the brain where

memory, emotion and thinking are processed) get "turned off" in the service of immediate physical safety. Specifically, this "fight or flight" response increases the heart rate, moves more blood to muscles in order to run and adds stress hormones to help fight off infection and bleeding in case of a wound. As a result, the traumatic experiences are not integrated at the time they happen because the body is focusing entirely on immediate physical safety. A poorly integrated traumatic experience can be unpredictable and unexpected. The unprocessed memories of a traumatic event can occur without warning. As long as thoughts, memories and feelings associated with the trauma remain disconnected from the actual event, it is difficult for people living with PTSD to access their inner experiences because the normal flow of emotion remains deeply affected by the traumatic event.

## What happens when we are involved in a traumatic event?

Humans are programmed with a set of adaptive responses that are life-saving. The signs of the poorly integrated traumatic experience can appear unexpectedly and unpredictably, representing unprocessed feelings associated with the terror and memories of the trauma.

## People living with PTSD may experience the following abnormal responses to the normal flow of emotion.

- ◆ Hypoarousal is a numbness and avoidance of events or feelings that represents self-protective efforts by the

brain to keep overwhelming feelings under control.

- ◆ Hyperarousal is a heightened "startle response" to triggers seen as threatening. This state is an attempt to prevent a repeat traumatic experience.

These states demonstrate the difficulty people living with PTSD have in regulating their emotional and physical responses. Brain imaging studies show that these psychological problems are biologically controlled. The area of the brain involved in emotional processing (hippocampus) is reduced in size, the body's alarm system (amygdala) is over-reactive and the brain's alarm system (prefrontal cortex) is under-reactive.

## How is PTSD diagnosed?

The DSM-5 criteria for identifying PTSD requires that symptoms must be active for more than one month after the trauma and associated with a decline in social, occupational or other important area of functioning. The three broad symptom clusters can be summarized as follows:

**Persistent Re-experiencing.** A person experiences one or more of the following:

- ◆ Recurrent nightmares or flashbacks.
- ◆ Recurrent images or memories of the event.
- ◆ Intense distress at reminders of trauma.
- ◆ Physical reactions to triggers that symbolize or resemble the event.

**Avoidant/Numbness Responses.** A person experiences three or more of the following:

- ◆ Efforts to avoid feelings or triggers associated with the trauma.
- ◆ Avoidance of activities, places or people that remind the person of the trauma.
- ◆ Inability to recall an important aspect of the trauma.
- ◆ Feelings of detachment or estrangement from others.
- ◆ Restricted range of feelings.
- ◆ Difficulty thinking about the long-term future.

**Increased Arousal.** A person experiences two or more of the following:

- ◆ Difficulty falling asleep or staying asleep.
- ◆ Outbursts of anger/irritability.
- ◆ Difficulty concentrating.
- ◆ Increased vigilance that may be maladaptive.
- ◆ Exaggerated startle response.

## What are the treatment options for coping with PTSD and achieving recovery?

- ◆ Treatment strategies should be customized to the individual's needs and preferences. Stage of recovery is important because interventions useful immediately after a trauma may not be appropriate years later.
- ◆ Psychological first aid includes support and compassion and is critical