



A Family's Guide to Posttraumatic Stress Disorder



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Introduction

Many of us have a family member or care for someone who has experienced a traumatic event. While most people who experience a trauma do not develop acute stress disorder (ASD) or posttraumatic stress disorder (PTSD), some people will. These disorders are difficult for the people who experience them and for family members or loved ones who care for them. You can support your loved ones by learning more. This brochure will help you:

- Learn the signs and symptoms of ASD and PTSD
- Understand the possible impact on family and friends
- Learn where and when to get professional help
- Learn about treatment options
- Take steps to support your loved one's treatment

What is ASD? What is PTSD?

ASD and/or PTSD may develop after trauma exposure. Trauma exposure includes experiencing, witnessing or learning that a close family member or friend experienced trauma. Some examples of traumatic events that may lead to ASD or PTSD include:

- Military combat
- Child abuse
- Terrorist attack or physical attack
- Seeing seriously injured or deceased people
- Sexual violence
- Serious accident (e.g., car accident)
- Natural disaster

A family member or friend may be thinking...

When I saw her, I knew that things wouldn't be the same. Something inside of her had changed and I felt helpless. She was now a different person.

ASD or PTSD may also develop following repeated or extreme exposure to disturbing details of traumatic events such as those experienced by first responders or police officers.

What does ASD and PTSD look like?

Without physical wounds like the loss of a limb, it can be difficult to recognize symptoms of ASD or PTSD. ASD and PTSD symptoms are similar and may start soon after a traumatic event. The symptoms will likely cause your loved one to experience problems at work, in social situations, or other important areas of his or her life. Most people who are diagnosed with PTSD have not been diagnosed with ASD – although the symptoms are similar, they are different conditions.

A family member or friend may be thinking...

He looks great. It looks like Afghanistan treated him well. Why does he seem so anxious all the time?

Your loved one may experience different combinations of symptoms. If the person has PTSD, the symptoms will last more than 30 days, may not appear until months or years after the traumatic event and may come and go over time.

Common symptoms of ASD and PTSD:

- Intrusive memories (reliving the event)
 - Experiencing feelings of threat or fear like those felt during the traumatic event
 - Having nightmares or feeling like they are reliving the traumatic event
- Avoiding reminders of the event
 - Avoiding situations or people that trigger memories of the traumatic event
 - Avoiding talking or thinking about the traumatic event
- Negative thinking and negative mood
 - Negative thoughts about self and others
 - Loss of interest in activities and hobbies
 - Feeling distant from family and friends
 - Has trouble feeling positive emotions
- Hyperarousal (feeling keyed up)
 - Feeling jittery or always on alert
 - Feeling always on the lookout for danger
 - Feeling excessive anger or irritability
 - Having trouble falling asleep or staying asleep

What is the difference between ASD and PTSD?

ASD and PTSD each may develop following exposure to any trauma. However, there are two important differences:

- ASD only happens within the first month following trauma exposure
- ASD places more emphasis on feeling disconnected such as:
 - Being in a daze
 - Inability to remember important details of the event (not due to injury, like a concussion)

Common Reactions of Family Members or Friends

Sometimes, family members or friends are unsure how to respond to their loved one's symptoms. The following table lists some common reactions you may have.

Sympathy	You may feel sorry for your loved one's suffering. This may help your loved one know that you sympathize with him or her. However, be careful that you are not treating him or her as if the symptoms will never go away. With professional help, he or she can feel better.
Negative feelings	PTSD can make someone seem like a different person. If you believe your loved one no longer has the traits you loved, it may be hard to feel good about him or her. The best way to avoid negative feelings is to educate yourself about trauma reactions.
Avoidance	Those with PTSD often avoid situations and reminders of their trauma. As a family member, you may be avoiding the same things as your loved one. Or, you may be afraid of his or her reaction to reminders or triggers. One possible solution is to participate in some social activities, but let your loved one stay home if he or she wishes.
Sadness	Sadness is common among family members when your loved one has feelings of pain or loss. When PTSD lasts for a long time, you may begin to lose hope that your family will ever "get back to normal."
Anger or guilt	If you feel responsible for your loved one's happiness, you might feel guilty or that you can't make a difference. You might also feel angry if he or she drinks too much or is angry or irritable. It will be helpful if you and your loved one can get past this anger and guilt by understanding that the feelings are normal.
Health problems	Bad habits, such as drinking, smoking and not exercising can get worse when trying to cope with your loved one's symptoms. Other health problems may also arise.
Social support	Friends and family are important. Reach out to others and stay connected.

You may feel hurt, alienated or discouraged because your loved one has not been able to overcome the effects of the trauma. Family members often devote themselves totally to those they care for and, in the process, neglect their own needs.



A family member or friend may be thinking...

Ever since he came back from Iraq, he's been avoiding me. I don't understand why he's acting different. What did I do wrong for him to avoid me like this?

Encourage Loved Ones to Get Help

Family members and friends need to pay close attention to their loved ones' actions and attitudes. If your loved one has any of the common symptoms listed on page 4, encourage him or her to seek help. If symptoms don't go away and disrupt his or her ability to function emotionally, socially or on the job, he or she may have a stress disorder. Experienced health care providers are needed to determine whether or not a person has a stress disorder or another psychological health problem.



Do not ignore comments or written notes about suicide. The risk increases if your loved one has attempted suicide before, has a friend or family member who died by suicide or has had a suicide in his or her unit.

Treatment Options

Recent research demonstrates that for most people the rate of recovery from PTSD is greatly improved with effective treatment.¹

It is helpful to know about the time and energy involved in psychotherapy, the primary recommended treatment for PTSD, so you can support your loved one.



Individual standardized trauma-focused psychotherapy is recommended over medication or other treatments as a primary treatment for PTSD.

Psychotherapy

Individual, standardized trauma-focused psychotherapy is recommended for PTSD. Most often, treatment requires eight to 16 sessions in which the person meets regularly with a trained mental health care provider to talk about the trauma and learn useful techniques to reduce symptoms. The table on the following page lists the types of psychotherapy that can reduce posttraumatic stress symptoms. Remind your loved one to talk to his or her mental health care provider for more information.

Psychotherapy Techniques

Cognitive Behavioral Therapy (CBT)

There are different types of CBT that may be effective:

- **Cognitive processing therapy (CPT):** The goal of CPT is to help your loved one learn skills to better understand how a trauma changed his or her thoughts and feelings. It may help your loved one understand that he or she has gotten “stuck” when thinking about the trauma. CPT may help your loved one identify and change trauma-related thoughts so they are less distressing. CPT is typically provided in 8 – 14 sessions each lasting 60 – 90 minutes.
- **Prolonged exposure therapy (PE):** The goal of PE is to help your loved one talk about his or her trauma until the memories are no longer upsetting. He or she will also be encouraged by the health care provider to enter safe situations that he or she may have been avoiding because the situation reminds your loved one of the trauma. PE is typically provided in 8 – 15 sessions each lasting 60 – 90 minutes.

Eye Movement Desensitization and Reprocessing (EMDR)

The goal of EMDR is to change how your loved one reacts to the memories of trauma by learning how to think differently about the trauma and practicing breathing exercises and muscle relaxation skills. EMDR is typically provided in 4 – 12 sessions each lasting 60 – 90 minutes.

Brief Eclectic Psychotherapy (BEP)

The goal of BEP is to help your loved one understand how the traumatic event has changed his or her perspective by talking about the trauma until his or her memories are no longer upsetting. Your family member may be encouraged to write and complete assignments. BEP is typically provided in 13 –17 sessions each lasting 60 minutes.

Narrative Exposure Therapy (NET)

The goal of NET is to teach your loved one to make a clear narrative or story out of broken traumatic memories. This story may help him or her to process painful emotions and to begin to feel less distressed. NET is typically provided in 4 – 6 sessions each lasting 60 – 120 minutes.

Medication

Some medications can help treat PTSD. Health care providers may prescribe medications alone, or in combination with psychotherapy. Family members should be aware of the medications their loved one may be prescribed due to potential side effects and impact on recovery.

- The two most effective types of FDA-approved medications for treatment of PTSD are:
 - Selective serotonin reuptake inhibitors (SSRIs) such as sertraline (Zoloft®), paroxetine (Paxil®) and fluoxetine (Prozac®)
 - Serotonin–norepinephrine reuptake inhibitors (SNRIs) such as venlafaxine (Effexor®)
- Health care providers may prescribe other medications at their professional discretion
- Medications take time to work – most people begin to feel better in four to six weeks
- Encourage your loved one to take the medication even after he or she feels better
- The benefits of medication require consistent doses; if the medication is discontinued or doses are missed the medication may not be effective



Benzodiazepines (such as Xanax®, Ativan® and Restoril®) are not recommended.



Complementary and integrative health (CIH)

CIH, such as meditation (including mindfulness), yoga and mantram meditation, may be used along with psychotherapy or medication, but should not be used as the only treatment for PTSD.

Healthy Coping

Educate Yourself: Learn about the symptoms of PTSD and the different types of psychotherapies, medications and resources available to you and your loved one. The resources listed at the back of this booklet have reliable information about PTSD.

Provide Social Support: Social support is critical in PTSD recovery.² Ways to provide support include:

- Practice effective communication
- Help your loved one to schedule and attend appointments and to take prescribed medication
- Listen if your loved one wants to share his or her feelings or experiences
- Ask your loved one what would be helpful when he or she becomes frightened, angry or upset

Remain Healthy: Take care of yourself, both for your health and to help your loved one cope with PTSD. Help your loved one remain healthy by finding positive ways to cope. The National Center for PTSD has self-help and coping information at [ptsd.va.gov/public/pages/fslist-self-help-cope.asp](https://www.ptsd.va.gov/public/pages/fslist-self-help-cope.asp).

Adjust: Family members and friends may also need to change their routines based on a loved one's symptoms. Flexibility is an essential part of healthy support for your loved one.

Know The Triggers

It may be helpful to know what may trigger PTSD symptoms in your loved one. If you have questions, ask if you can speak to his or her health care provider (with your loved one) about ways to support treatment and manage symptom triggers.



References

- 1 The Management of Posttraumatic Stress Disorder Work Group, Department of Veterans Affairs & Department of Defense. (2017). VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. Version 3.0. Retrieved from <https://www.healthquality.va.gov/guidelines/MH/ptsd/VADoDPTSDCPGFinal.pdf>
- 2 Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry (Edmont)*, 4(5), 35–40.

Resources

Internet sites from established health care agencies or patient advocacy organizations are recommended over chat rooms, non-specialist or commercial sites. Recommended resources include:

DoD and VA Resources

Military/Veterans Crisis Line
800 273 8255, service members
and veterans, press 1
www.veteranscrisisline.net

Military OneSource
800-342 9647
www.militaryonesource.mil

Be There
844 357 PEER (7337)
www.betherepeersupport.org

My HealtheVet
www.myhealth.va.gov Real Warriors
www.realwarriors.net

DoD Deployment Health Clinical Center
www.pdhealth.mil/

National Center for PTSD
www.ptsd.va.gov

Make the Connection
www.maketheconnection.net

External Resources

National Institute of Mental Health
866-615-6464
<https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

The Substance Abuse and Mental Health
Services Administration <https://www.samhsa.gov/treatment/mental-disorders/post-traumatic-stress-disorder>

Mobile Apps



PTSD Coach is available for
your phone t2health.dcoe.mil/apps/ptsd-coach



PTSD Family is available
for families of those
with PTSD ptsd.va.gov/public/materials/apps/PTSDFamilyCoach.asp

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