

Expert Consensus Treatment Guidelines For Posttraumatic Stress Disorder:

A Guide For Patients and Families

If you or someone you care about has been diagnosed with posttraumatic stress disorder (PTSD), you may feel that your problem is rare and that you have to face it alone. This is not the case. There are many people in a similar situation, and lots of help is available. As many as 70% of adults in the United States have experienced at least one major trauma in their lives, and many of them have suffered from the emotional reactions that are called PTSD. It is estimated that 5% of the population currently have PTSD, and that 8% have had PTSD at some point in their lives. Women are twice as likely to have PTSD as men. Fortunately, very effective treatments for PTSD are now available to help you or your loved one overcome this problem and get back to a normal life. This guide is designed to answer the most commonly asked questions about PTSD based on answers to a recent survey of 100 experts.

WHAT IS POSTTRAUMATIC STRESS DISORDER?

The diagnosis of PTSD requires exposure to an extreme stressor and a characteristic set of symptoms that have lasted for at least 1 month.

What is an extreme stressor?

Examples include

- Serious accident or natural disaster
- Rape or criminal assault
- Combat exposure
- Child sexual or physical abuse or severe neglect
- Hostage/imprisonment/torture/displacement as refugee
- Witnessing a traumatic event
- Sudden unexpected death of a loved one

Other kinds of severe (but not extreme) stress can be very upsetting but generally do not cause PTSD (such as losing a job, divorce, failing in school, the expected death of an elderly parent).

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Reprinted from J Clin Psychiatry 1999;60 (suppl 16).

A person with PTSD has three main types of symptoms:

Re-experiencing of the traumatic event as indicated by

- Intrusive distressing recollections of the event
- Flashbacks (feeling as if the event were recurring while awake)
- Nightmares (the event or other frightening images recur frequently in dreams)
- Exaggerated emotional and physical reactions to triggers that remind the person of the event

Avoidance and emotional numbing as indicated by

- Extensive avoidance of activities, places, thoughts, feelings, or conversations related to the trauma
- Loss of interest
- Feeling detached from others
- Restricted emotions

Increased arousal as indicated by

- Difficulty sleeping
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- An exaggerated startle response

What other problems are associated with PTSD?

The three types of symptoms of PTSD described above are the most typical reactions to traumas. However, there are other problems that are also common. Many of these will improve when the PTSD symptoms are successfully treated, but some may require additional treatment on their own.

Panic attacks

Individuals who have experienced a trauma may have panic attacks when exposed to something that reminds them of the trauma (e.g., encountering a man who looks like the rapist; riding in a car again after having had a bad accident, hearing a storm blow up after being in a destructive hurricane). A panic attack involves intense feelings of fear or discomfort that are accompanied by physical or psychological symptoms. Physical symptoms include pounding or racing heart, sweating, trembling or shaking, a feeling of shortness of breath or choking, chest pain, nausea, dizziness, chills, hot flushes, numbness, or tingling. The person may also experience psychological symptoms such as feeling unreal or detached or fearing that he is going crazy, dying, or is having a heart attack.

Severe avoidant behavior

Avoidance of reminders of the trauma is one of the characteristic symptoms of PTSD. However, sometimes the avoidance begins to extend far beyond reminders of the original trauma to all sorts of situations in everyday life. This can become so severe that the person becomes virtually housebound or is able to go out only if accompanied by someone else.

Depression

Many people become depressed after experiencing a trauma and no longer take interest or pleasure in things they used to enjoy before. They may also develop unjustified feelings of guilt and self-blame and feel that the experience was their fault, even when this is clearly not true. For example, a rape victim may blame herself for having walked in the parking lot alone early in the evening; a victim of industrial disaster may blame himself for not having noticed an imperceptible noise in the engine that preceded the explosion.

Suicidal thoughts and feelings

Sometimes the depression can become so severe that people feel that life is no longer worth living. Studies show that as many as 50% of rape victims report suicidal thoughts. If you or your loved one is having suicidal thoughts following a traumatic event, it is very important to consult a professional right away and get the help you need to overcome this.

Substance abuse

People with PTSD may turn to alcohol or drugs to try to deaden their pain. They may also misuse prescription or over-the-counter drugs. Although this may seem to be an understandable reaction, inappropriate substance use greatly aggravates the person's symptoms and makes successful treatment much more difficult. Alcohol and drugs can provide only temporary relief and, in the long run, make a bad situation much worse. Facing the problem without alcohol or drugs will help you get over it sooner and with fewer problems.

Feelings of alienation and isolation

People with PTSD need increased social support, but they often feel very alone and isolated by their experience and find it very difficult to reach out to others for help. They find it especially hard to believe that other people will be able to understand what they have gone through. PTSD symptoms may also make it difficult to function socially. For example, someone who has been assaulted by a stranger may develop a fear of all strangers. Marital and family misunderstandings are also common after a severe trauma.

Feelings of mistrust and betrayal

After going through a terrible experience, you may lose faith in other people and feel that you have been betrayed or cheated by the world, by fate, or by God. However, getting

better requires reaching out and taking the chance that other people will understand. A good alliance with your therapist and/or spiritual counselor can go a long way towards helping you reconnect.

Anger and irritability

Anger and irritability are common reactions among trauma survivors. Of course, anytime we have been treated wrongly, and especially when we have been assaulted, anger is a natural and justified reaction. However, extreme anger can interfere with recovery and make it hard for a person to get along with others at home, at work, and in treatment.

Severe impairment in daily functioning

Some people with PTSD have very severe problems functioning both socially and at work or school for a long period of time after the trauma. For example, an assault victim may refuse to leave the house alone after dark, thus severely curtailing social and leisure activities. A person may lose his ability to concentrate and be unable to fulfill his obligations at work. A rape victim may become too fearful to stay alone and have to move back into her parents' home after 10 years of independent living. Prompt treatment is crucial because it helps prevent these problems from ever developing.

Strange beliefs and perceptions

Occasionally, someone who has undergone a severe trauma may temporarily develop strange ideas or perceptions (e.g., believing that they can communicate with or actually see a dead parent). Although these symptoms are scary and resemble delusions and hallucinations, they are usually temporary and often go away on their own.

What is the usual course after exposure to an extreme stressor?

How long psychological disturbances last after a trauma can vary greatly. Some people have few or no long-lasting effects, whereas others may continue to have problems for months or even years after the trauma and will not get better unless treated by a professional. The range of possible responses to a trauma are described below in order of severity.

Only a mild and brief response to a stressor

Although some people may have no problems at all after a terrible experience, it is more common to have at least some symptoms after a trauma. Often these go away quickly without any treatment.

Acute stress disorder

Acute stress disorder is diagnosed when symptoms last for less than 1 month, but are more severe than what most people have. This is too brief to be considered PTSD but increases the risk of later developing PTSD.

Acute PTSD

When the symptoms last for longer than 1 month and are seriously interfering with the person's ability to function, the diagnosis is changed to PTSD. If symptoms have lasted only 1–3 months, this is called acute PTSD. Anyone who continues to have severe symptoms for longer than a month after a trauma should consult a health professional.

Chronic PTSD

If symptoms continue for longer than 3 months, this is called chronic PTSD. Once PTSD becomes established, it is less likely to improve without treatment and you should definitely get help right away.

Delayed PTSD

Although the symptoms of PTSD usually begin immediately after (or within a few weeks of) the trauma, they sometimes appear only several months or even years later. This is more likely to happen on the anniversary of the traumatic event or if another trauma is experienced, especially if it reminds the person of the original event.

Why do some people recover from a trauma while others don't?

We do not know exactly why one person may have little difficulty after a trauma, while someone else may suffer for years afterwards. However, the following factors appear to make it more likely that the person will develop PTSD:

- the more severe the trauma
- the longer it lasted
- the closer the person was to it
- the more dangerous it seemed
- the more times the person has been traumatized
- the trauma was inflicted by other people (e.g., rape)
- the person gets negative reactions from friends and relatives

For example, if you actually see someone being shot or are shot at yourself, it is more likely that you will get PTSD than if you just heard the shots and found out about the murder afterward. A rape victim whose life was in danger is more likely to develop chronic PTSD than a rape victim who did not believe she was likely to be killed. People are much more likely to get PTSD after being raped or tortured than after being in an earthquake or hurricane. The boyfriend of a rape victim might blame her for not being careful enough, or friends may refuse to listen sympathetically to the victim, instead strongly urging her to “forget about it and get on with life.”

Guilt and intense anger may also interfere with recovery. Failing to process the traumatic event by sharing it with significant others can make it difficult to get over its effects. Finally, substance use makes it more likely that people will have a hard time dealing with the aftermath of a trauma.

THE TREATMENT OF PTSD

Two types of treatment are helpful for PTSD: psychotherapy and medication. Some people recover from PTSD with psychotherapy alone, while others need a combination of psychotherapy and medication, and some need only medication. You and your doctor will discuss what is best for you.

Psychotherapy alone may be best for you if

- Your symptoms are milder
- You are pregnant or breastfeeding
- You prefer not to take medication
- You have a medical condition that medication might interfere with

Medication is often needed if

- Your symptoms are severe or have lasted a long time
- You have another psychiatric problem (e.g., depression or anxiety) that is making it harder for you to recover from PTSD
- You are thinking about suicide
- You are experiencing a lot of stress in your life
- You are having a very hard time functioning
- You have been receiving psychotherapy alone and are still having many disturbing PTSD symptoms

PSYCHOTHERAPY

The experts on PTSD believe that three types of psychotherapy are especially effective in treating it—anxiety management, cognitive therapy, exposure therapy. Play therapy may be useful in the treatment of children with PTSD.

Anxiety management

In anxiety management, the therapist will teach you the following skills to help you cope better with the symptoms of PTSD:

- **Relaxation training:** you learn to control fear and anxiety by systematically relaxing your major muscle groups.
- **Breathing retraining:** you learn slow, abdominal breathing to relax and/or avoid hyperventilation with its unpleasant and often frightening physical sensations (e.g., palpitations, dizziness, tingling).
- **Positive thinking and self-talk:** you learn to replace negative thoughts (e.g., “I’m going to lose control”) with positive thoughts (e.g., “I did it before and I can do it again”) when facing reminders of a stressor.
- **Assertiveness training:** you learn how to express your wishes, opinions, and emotions without alienating others.
- **Thought stopping:** you learn how to use distraction to overcome distressing thoughts (inwardly “shouting stop”).

Cognitive therapy

The therapist helps you change the irrational beliefs that may be disturbing your emotions and making it hard for you to function. For example, trauma victims often feel unrealistically guilty as if they had brought about the trauma: a crime victim may blame himself for not being more careful, or a war veteran may feel it was his fault that his best friend was killed. The goal of cognitive therapy is to teach you how to identify your own particular upsetting thoughts, weigh the evidence for and against them, and then to adopt more realistic thoughts that can help you achieve more balanced emotions.

Exposure therapy

In exposure therapy, the therapist helps you confront specific situations, people, objects, memories, or emotions that remind you of the trauma and now evoke an unrealistically intense fear in your everyday life. This can be done in two ways:

- **Exposure in the imagination:** the therapist asks you to repeatedly retell the traumatic memories until they no longer evoke high levels of distress.
- **Exposure in reality:** the therapist helps you to confront the situations in your life that are now safe but which you want to avoid because they trigger strong fear (e.g., driving a car again after being involved in an accident, using elevators after being assaulted in an elevator, going back home after being robbed there). Your fear will gradually begin to dissipate if you force yourself to remain in the situation rather than trying to escape it. Repeated exposures will help you to realize that the feared situation is no longer dangerous and that you can handle it.

Play therapy

Play therapy is used to treat children with PTSD. The therapist uses games to introduce topics that cannot be dealt with more directly. This can help children confront and reprocess traumatic memories.

Education and supportive counseling

The experts consider it very important for people with PTSD (and their families) to learn about the symptoms of PTSD and the various treatments that are available for it. Even if you have had PTSD symptoms for a long time, the first step in finally getting control of them is to understand the problem and what can be done to help it.

Other types of psychotherapy

A number of other types of psychotherapy (eye movement desensitization reprocessing [EMDR], hypnotherapy, and psychodynamic psychotherapy) have been used in the treatment of PTSD and may sometimes be helpful for some people. However, the group of experts we surveyed did not rate

the effectiveness of these treatments nearly as highly as those that were described in detail above.

MEDICATION TREATMENT

A number of different types of medication can be used to treat PTSD.

SSRI antidepressants

The experts consider the selective serotonin reuptake inhibitor (SSRI) antidepressant medications to be the best first choice for treating the symptoms of PTSD. There are currently five SSRIs available in the United States:

- Zoloft (sertraline)
- Paxil (paroxetine)
- Prozac (fluoxetine)
- Luvox (fluvoxamine)
- Celexa (citalopram)

Other newer antidepressants

The experts also thought highly of two other newer antidepressants and one of these would be the next choice if the SSRI antidepressant did not work or caused side effects that required a switch to a different class of medication:

- Serzone (nefazodone)
- Effexor (venlafazine)

Your doctor may sometimes recommend other types of medication, particularly if you have not responded to treatment with one of the newer antidepressants listed above.

Tricyclic antidepressants

The tricyclic antidepressants (e.g., imipramine, amitriptyline [Elavil]) are helpful in PTSD. However, they are not generally first-choice drugs because they have more side effects than the newer antidepressants.

Mood stabilizers

The experts recommend adding a mood stabilizer, such as divalproex (Depakote), to the antidepressant if the person is having only a partial response. Mood stabilizers are the usual treatment for bipolar disorder (manic-depressive illness) and they are recommended for treating people who have both bipolar disorder and PTSD. They are also used especially for certain types of PTSD symptoms (such as prominent irritability or anger).

Anti-anxiety medications

Benzodiazepines are a type of medication used to reduce anxiety, usually only on a short-term or intermittent basis. They include

- Valium (diazepam)
- Xanax (alprazolam)
- Klonopin (clonazepam)
- Ativan (lorazepam)

Your doctor should not prescribe a benzodiazepine for you if you have current problems with substance abuse or a history of such problems, because of the risk of developing dependence on them.

BuSpar (buspirone) is another medication that is used to treat anxiety on a more long-term basis, since it takes several weeks to start working. It has the great advantage of not being addictive.

Sequencing and combining medications

Most of the time, one of the SSRIs will be the first-choice medication. If this does not help, your doctor may then suggest a different type of drug, probably nefazodone or venlafaxine. As a third choice, you may be given one of the older tricyclic antidepressants. Your doctor may also try combining another kind of medication, particularly a mood stabilizer, with the antidepressant if your PTSD symptoms have responded only partially to treatment with a single medication. The doctor might also try adding an anti-anxiety drug, such as BuSpar or a benzodiazepine, to the antidepressant.

How long is medication usually needed?

For acute PTSD (when your symptoms have lasted less than 3 months), most experts recommend continuing your medication for 6–12 months. For chronic PTSD (when your symptoms have lasted longer than 3 months), it is recommended that you continue to take your medication for at least 12–24 months and perhaps even longer if you are still having significant symptoms.

What are the side effects of the medications used to treat PTSD?

Any medication can have side effects, especially early in the course of taking it. If you stay on the medication, you will usually get used to it and the side effects will often go away by themselves. Sometimes the dose may need to be lowered to achieve this. Be sure to tell your doctor about any side effects you are having so that your medication dosage can be adjusted to help the problem. *Don't stop your medication on your own.*

The newer antidepressants can cause nausea and bowel symptoms, weight loss or gain, impaired sexual functioning, sleep disturbances, and increased nervousness. In addition to the side effects listed above, the older antidepressants are more likely to cause dry mouth, constipation, dizziness, sleepiness, and altered heart rate. Benzodiazepines can cause sedation, tiredness, forgetfulness, unsteadiness, impaired attention and reactions in driving, and physical dependence.

Selecting medication for relapses

If you start to have troublesome PTSD symptoms again after stopping medication, your doctor will probably suggest restarting the medicine that helped you before. If you start to relapse while you are still taking medication, then the doctor

will probably try switching you to the next medication in the sequence described above (see “Sequencing and combining medications”) or he might try adding another medication to the one you are taking.

TREATMENT OF ASSOCIATED PROBLEMS

Sometimes people with PTSD develop depressive symptoms that are severe enough to require additional treatment. It is especially important to seek treatment if you are having suicidal thoughts or feelings. Your doctor may recommend psychotherapy or medication treatment or a combination of both, depending on how severe your depression is. Two kinds of psychotherapy, cognitive-behavioral therapy and interpersonal therapy, may be especially helpful for depression. You doctor may also prescribe an antidepressant medication if you are not already taking one.

Sometimes people with PTSD have other anxiety symptoms, such as panic disorder, that may require additional treatment. Your doctor may recommend that you be taught special anxiety management techniques and/or may prescribe a medication to reduce your symptoms.

It is fortunate that the antidepressant medications that have been found to be most effective for treating PTSD are also the ones used to treat anxiety or depression. This means that your doctor can often treat your PTSD symptoms and any associated anxiety or depression you have with just one medication. It also means that if you do have a lot of anxiety or depression, you are much more likely to need an antidepressant medication.

People with PTSD frequently turn to drugs or alcohol for comfort. However, substance abuse only makes it harder to recover from PTSD, since it is necessary to face the memories of the trauma in order to get over it. If you are having substance use problems that are interfering with your recovery, your doctor may recommend that you enroll in a special treatment program for substance problems.

WHY DO MANY PEOPLE NOT RECEIVE APPROPRIATE TREATMENT FOR PTSD?

People with PTSD often do not seek professional help. This may be because they do not realize that they have a problem or that the problem can be treated. There is also a natural tendency to avoid dealing with the unpleasant feelings associated with the trauma. The very symptoms of PTSD—withdrawal, feelings of guilt or mistrust—may make it difficult for some people to seek help and get treatment.

Fortunately, our knowledge of PTSD has grown greatly over the last 10 years and the disorder has received extensive research and media attention. This has increased the chances that people will recognize their PTSD symptoms and seek treatment for them. There are many effective treatment approaches that can be used and chances of improvement with treatment are very good.

ARE THERE WAYS TO PREVENT PTSD?

People have a natural tendency to avoid inflicting pain on themselves and it certainly *is* painful to stay in touch with traumatic memories. However, if you try to push the memories of the trauma away, PTSD symptoms are likely to become more severe and last longer. It is therefore important to face the memories, feel the emotions, and try to work through them. It can also be very helpful to reach out to other people who can provide support and share your feelings about what happened. It is common and natural to feel guilty after a trauma, but it is also irrational and not helpful. Revealing your sense of guilt to other people you trust can help you see that what happened was not your fault. Try to get back to doing the things you've always done as soon as possible.

WHAT CAN I DO TO HELP MY RECOVERY?

There are a number of things you can do to help yourself recover from PTSD:

- Learn about your disorder
- Talk about the problem to others
- Expose yourself to situations that remind you of the trauma
- Seek treatment
- If medication is prescribed, be sure to take it in the recommended doses and report any side effects you have
- Avoid alcohol or illicit drugs
- Don't quit your treatment and don't give up hope
- Join a support group

WHAT CAN FAMILIES AND FRIENDS DO TO HELP?

Provide emotional support and be a good listener

It can be very painful for friends and family members to watch a loved one suffer after a severe trauma. Unfortunately, common sense reactions are often counterproductive and may make the person feel even more isolated and hopeless. Undoubtedly, you will be tempted time and again to encourage the person to stop reliving and simply forget about the trauma and get on with life. Unfortunately, this seemingly reasonable advice is usually not helpful in this situation and is likely to make things worse.

In the long run, the person's chances of recovery and regaining a good quality of life are enhanced when he or she is encouraged to share the pain and memories associated with the traumatic experience. The person may need to talk about the traumatic events over and over again, and one of the best things family members and friends can do is to be patient and sympathetic listeners. Being able to share the feelings and pain can help the person feel less alone. Friends and family members can provide important emotional support and can also try to help the person let go of any unrealistic guilt they feel about what they have been through. One of the most

important things you can do is to give the message: "You are not to blame—and you are not alone." It is also important to have realistic expectations while the person is recovering and not to expect too much or too little from the person.

Encourage your loved one to join a PTSD support group. Participating in a group with others who have experienced extreme trauma can help people to understand that they are not alone and to learn how to cope with their symptoms and work towards their own recovery.

Learn about the disorder

If you have a family member or friend with PTSD, learn all you can about the illness and its treatment. This will help you understand behavior that might otherwise seem frustrating or difficult to deal with. A number of educational books are listed at the end of this guide.

Encourage the person to stick with treatment

During treatment, the therapist may try to help your loved one get in touch with feelings about the trauma. This can be very difficult and there may be a temporary increase in symptoms and distress. Emotional support from family and friends can be especially helpful during this period. Sometimes you can help the person perform the exposure tasks that are part of the therapy (e.g., driving a car after a serious accident, revisiting the street where a mugging occurred).

It can be hard for your loved one to stick with treatment, especially when the therapist is asking him to face emotionally frightening and upsetting memories. Your encouragement and support can make a big difference if your loved one is tempted to quit treatment.

Consider family counseling

If a member of your family is having PTSD symptoms that are seriously interfering with the functioning of your family, you may want to ask the therapist about family counseling. Such counseling can improve communications and help return the family to normal.

FINAL THOUGHTS

No matter how long you have been suffering from PTSD, something can be done to help you get over it and dramatically improve your life. It is important to accept that the treatment will also ask something of you—you may need to revisit painful experiences you would rather avoid, and you may need to take medication that might have some side effects. But if you commit yourself to the treatment and stick with it, there is a good chance that you will soon begin to feel better and regain your quality of life. PTSD is painful—but fortunately it is a treatable condition, and you can get better.

ORGANIZATIONS YOU SHOULD KNOW ABOUT

Anxiety Disorders Association of American (ADAA)
maintains a national network of 165 self-help support groups, has a catalogue bookstore of educational materials for consumers and professionals, and publishes a list of therapists to help people locate specialists where they live. Contact them at
11900 Parklawn Drive, Suite 100
Rockville, MD 20852-2624
301-231-9350
Website: www.adaa.org

The following organizations can also provide information and support.

National Organization for Victim Assistance (NOVA)
1757 Park Road, NW
Washington, DC 20010
202-232-6682
Website: www.try-nova.org

National Victim Center
2111 Wilson Boulevard, Suite 300
Arlington, VA 22201
800-394-2255
Website: www.nvc.org

Trauma Survivors Anonymous
2022 Fifteenth Avenue
Columbus, VA 31901
706-649-6500

International Society for Traumatic Stress Studies (ISTSS)
60 Revere Drive, Suite 500
Northbrook, IL 60062
847-480-9028
Website: www.istss.org

National Depressive and Manic-Depressive Association (NDMDA)
730 N. Franklin St., Suite 501
Chicago IL, 60610-3526
800-82-NDMDA (800-826-3632)
Website: www.ndmda.org

National Mental Health Association (NMHA)
National Mental Health Information Center
1021 Prince Street
Alexandria, VA 22314-2971
800-969-6642
Website: www.nmha.org

The National Mental Health Consumer Self Help Clearinghouse

1211 Chestnut St., 11th Floor
Philadelphia, PA 19107
800-688-4226
website: www.mentalhelp.net

FOR MORE INFORMATION

The following materials provide more information on PTSD. Unless otherwise indicated, they are available from ADAA. To order or to obtain a complete ADAA publications list, call 301-231-9350.

- Allen JG. *Coping with Trauma: A Guide to Self Understanding*. American Psychiatric Press, 1995
- Brooks B, Siegel PM. *The Scared Child: Helping Kids Overcome Traumatic Events*. John Wiley, 1996 (to order, call 732-469-4400)
- Coffey R. *Unspeakable Truths and Happy Endings: Human Cruelty and the New Trauma Therapy*. Sidran Press, 1998
- Davidson JRT, Foa EB, eds. *Posttraumatic Stress Disorder: DSM-IV and Beyond*. American Psychiatric Press, 1993 (to order, call 800-368-5777)
- Finney LD. *Clear Your Past: Change Your Future*. New Harbinger, 1997
- Foa EB, Rothbaum BO. *Treating the Trauma of Rape: Cognitive-Behavioral Therapy for PTSD*. Guilford, 1998 (to order, call 800-365-7006)
- Frances AF, First MB. *Your Mental Health*, Scribner, 1999 (available at bookstores)
- Gorman J. *The Essential Guide to Psychiatric Drugs*. St. Martin's, 1995
- Herman JL. *Trauma and Recovery*. Basic Books, 1997 (to order, call 800-386-5656)
- Matsakis A. *Trust after Trauma: A Guide to Relationships for Survivors and Those Who Love Them*. New Harbinger, 1998
- Porterfield KM. *Straight Talk about Post-traumatic Stress Disorder: Coping with the Aftermath of Trauma*. Facts on File, 1996 (to order, call 800-322-8755)
- Rothbaum B, Foa E. *Reclaiming Your Life after Rape*. Psychological Corporation, 1999 (to order, call 800-211-8378)

To request more copies of this handout, please contact ADAA at 301-231-9350. You can also download the text of this handout on the Internet at:

www.psychguides.com

HOW CAN I TELL IF I HAVE PTSD?*

PTSD is a serious, yet treatable, medical disorder. It is not a sign of personal weakness. If you think you may have PTSD, answer the following questions and show this checklist to your health care professional.

Yes or No?

Have you experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror?
Yes No

Do you re-experience the event in at least one of the following ways?

Repeated, distressing memories and/or dreams?
Yes No

Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)?
Yes No

Intense physical and/or emotional distress when you are exposed to things that remind you of the event?
Yes No

Do you avoid reminders of the event and feel numb, compared to the way you felt before, in three or more of the following ways?

Avoiding thoughts, feelings, or conversation about it?
Yes No

Avoiding activities, places, or people who remind you of it?
Yes No

Being unable to remember important parts of it?
Yes No

Losing interest in significant activities in your life?
Yes No

Feeling detached from other people?
Yes No

Feeling that your range of emotions is restricted?
Yes No

Feeling as if your future has shrunk (for example, you don't expect to have a career, marriage, children, or a normal life span)?
Yes No

Are you troubled by two or more of the following?

Problems sleeping?
Yes No

Irritability or outbursts of anger?
Yes No

Problems concentrating?
Yes No

Feeling "on guard"?
Yes No

An exaggerated startle response?
Yes No

Do your symptoms interfere with your daily life?
Yes No

Have your symptoms lasted at least 1 month?
Yes No

Having more than one illness at the same time can make it more difficult to diagnose and treat the different conditions. Illnesses that sometimes complicate PTSD include depression and substance abuse. To see if you have other problems that may need treatment, please complete the following questions.

Have you experienced changes in sleeping or eating habits?
Yes No

More days than not, do you feel

Sad or depressed?
Yes No

Uninterested in life?
Yes No

Worthless or guilty?
Yes No

During the last year, has the use of alcohol or drugs

Resulted in your failure to fulfill responsibilities related to work, school, or family?
Yes No

Placed you in a dangerous situation, such as driving a car under the influence?
Yes No

Gotten you arrested?
Yes No

Continued despite causing problems for you and/or your loved ones?
Yes No

* Symptoms listed here are based on criteria for posttraumatic stress disorder, major depressive disorder, and substance use disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC: American Psychiatric Association; 1994. Checklist reprinted by permission of the Anxiety Disorders Association of America.