

Post-Traumatic Stress Disorder



National Institute
of Mental Health

What is post-traumatic stress disorder, or PTSD?

Some people develop post-traumatic stress disorder (PTSD) after experiencing a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. Fear is a part of the body's normal "fight-or-flight" response, which helps us avoid or respond to potential danger. People may experience a range of reactions after trauma, and most will recover from their symptoms over time. Those who continue to experience symptoms may be diagnosed with PTSD.

Who develops PTSD?

Anyone can develop PTSD at any age. This includes combat veterans as well as people who have experienced or witnessed a physical or sexual assault, abuse, an accident, a disaster, a terror attack, or other serious events. People who have PTSD may feel stressed or frightened, even when they are no longer in danger.

Not everyone with PTSD has been through a dangerous event. In some cases, learning that a relative or close friend experienced trauma can cause PTSD.

According to the National Center for PTSD, a program of the U.S. Department of Veterans Affairs, about seven or eight of every 100 people will experience PTSD in their lifetime. Women are more likely than men to develop PTSD. Certain aspects of the traumatic event and some biological factors (such as genes) may make some people more likely to develop PTSD.

What are the symptoms of PTSD?

Symptoms of PTSD usually begin within 3 months of the traumatic incident, but they sometimes emerge later. To meet the criteria for PTSD, symptoms must last longer than 1 month, and they must be severe enough to interfere with aspects of daily life, such as relationships or work. The symptoms also must be unrelated to medication, substance use, or other illness.

The course of the illness varies: Although some people recover within 6 months, others have symptoms that last for a year or longer. People with PTSD often have co-occurring conditions, such as depression, substance use, or one or more anxiety disorders.

After a dangerous event, it is natural to have some symptoms or even to feel detached from the experience, as though you are observing things rather than experiencing them. A health care provider—such as a psychiatrist, psychologist, or clinical social worker—who has experience helping people with mental illnesses can determine whether symptoms meet the criteria for PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- ▶ At least one re-experiencing symptom
- ▶ At least one avoidance symptom
- ▶ At least two arousal and reactivity symptoms
- ▶ At least two cognition and mood symptoms

Re-experiencing symptoms

- ▶ Flashbacks—reliving the traumatic event, including physical symptoms such as a racing heart or sweating
- ▶ Reoccurring memories or dreams related to the event
- ▶ Distressing thoughts
- ▶ Physical signs of stress

Thoughts and feelings can trigger these symptoms, as can words, objects, or situations that are reminders of the event.

Avoidance symptoms

- ▶ Staying away from places, events, or objects that are reminders of the experience
- ▶ Avoiding thoughts or feelings related to the traumatic event

Avoidance symptoms may cause people to change their routines. For example, after a serious car accident, a person may avoid driving or riding in a car.

Arousal and reactivity symptoms

- ▶ Being easily startled
- ▶ Feeling tense, on guard, or “on edge”
- ▶ Having difficulty concentrating
- ▶ Having difficulty falling asleep or staying asleep
- ▶ Feeling irritable and having angry or aggressive outbursts
- ▶ Engaging in risky, reckless, or destructive behavior

Arousal symptoms are often present—they can lead to feelings of stress and anger and may interfere with parts of daily life, such as sleeping, eating, or concentrating.

Cognition and mood symptoms

- ▶ Trouble remembering key features of the traumatic event
- ▶ Negative thoughts about oneself or the world
- ▶ Distorted thoughts about the event that cause feelings of blame
- ▶ Ongoing negative emotions, such as fear, anger, guilt, or shame
- ▶ Loss of interest in previous activities
- ▶ Feelings of social isolation
- ▶ Difficulty feeling positive emotions, such as happiness or satisfaction

Cognition and mood symptoms can begin or worsen after the traumatic event and can lead a person to feel detached from friends or family members.

How do children and teens react to trauma?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as those seen in adults. In young children under the age of 6, symptoms can include:

- ▶ Wetting the bed after having learned to use the toilet
- ▶ Forgetting how or being unable to talk
- ▶ Acting out the scary event during playtime
- ▶ Being unusually clingy with a parent or other adult

Older children and teens usually show symptoms more like those seen in adults. They also may develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They also may have thoughts of revenge.

For more information, see the National Institute of Mental Health (NIMH) brochure, *Helping Children and Adolescents Cope With Disasters and Other Traumatic Events*, available online at www.nimh.nih.gov/helpchildrencope.

Why do some people develop PTSD and other people do not?

Not everyone who lives through a dangerous event develops PTSD—many factors play a part. Some of these factors are present before the trauma; others become important during and after a traumatic event.

Risk factors that may increase the likelihood of developing PTSD include:

- ▶ Exposure to dangerous events or traumas
- ▶ Getting hurt or seeing people hurt or killed
- ▶ Childhood trauma
- ▶ Feeling horror, helplessness, or extreme fear
- ▶ Having little or no social support after the event
- ▶ Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- ▶ Having a personal history or family history of mental illness or substance use

Resilience factors that may reduce the likelihood of developing PTSD include:

- ▶ Seeking out support from friends, family, or support groups
- ▶ Learning to feel okay with one's actions in response to a traumatic event
- ▶ Having a coping strategy for getting through and learning from a traumatic event
- ▶ Being prepared and able to respond to upsetting events as they occur, despite feeling fear

How is PTSD treated?

It is important for anyone with PTSD symptoms to work with a mental health professional who has experience treating PTSD. The main treatments are psychotherapy, medications, or both. An experienced mental health professional can help people find the treatment plan that meets their symptoms and needs.

Some people with PTSD may be living through an ongoing trauma, such as being in an abusive relationship. In these cases, treatment is usually most effective when it addresses both the traumatic situation and the symptoms. People who have PTSD or who are exposed to trauma also may experience panic disorder, depression, substance use, or suicidal thoughts. Treatment for these conditions can help with recovery after trauma. Research shows that support from family and friends also can be an important part of recovery.

For tips to help prepare and guide you on how to talk to your health care provider about your mental health and get the most out of your visit, read NIMH's fact sheet, *Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider*, available at www.nimh.nih.gov/talkingtips.

Psychotherapy

Psychotherapy, sometimes called “talk therapy,” includes a variety of treatment techniques that mental health professionals use to help people identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can provide support, education, and guidance to people with PTSD and their families. This type of treatment can occur one on one or in a group and usually lasts 6 to 12 weeks but can last longer.

Some types of psychotherapy target PTSD symptoms, and others focus on social, family, or job-related problems. Effective psychotherapies tend to emphasize a few key components, including learning skills to help identify triggers and manage symptoms.

One common type of psychotherapy, called cognitive behavioral therapy, can include exposure therapy and cognitive restructuring.

- ▶ **Exposure therapy** helps people learn to manage their fear by gradually exposing them, in a safe way, to the trauma they experienced. As part of exposure therapy, people may think or write about the trauma or visit the place where it happened. This therapy can help people with PTSD reduce symptoms that cause them distress.
- ▶ **Cognitive restructuring** helps people make sense of the traumatic event. Sometimes people remember the event differently than how it happened, or they may feel guilt or shame about something that is not their fault. Cognitive restructuring can help people with PTSD think about what happened in a realistic way.

You can learn more about different types of psychotherapy on the NIMH website at www.nimh.nih.gov/psychotherapies.

Medications

The most studied type of medication for treating PTSD is a type of antidepressant medication called selective serotonin reuptake inhibitors (SSRIs). SSRIs may help control PTSD symptoms such as sadness, worry, anger, and feeling emotionally numb. SSRIs and other medications may be prescribed along with psychotherapy. Other medications may help address specific PTSD symptoms, such as sleep problems and nightmares.

Health care providers and patients can work together to find the best medication or combination of medications, as well as the right dose. Check the U.S. Food and Drug Administration website (www.fda.gov) for the latest information on patient medication guides, warnings, or newly approved medications.

How can I find help?

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Behavioral Health Treatment Services Locator, an online tool for finding mental health services in your area. Find treatment programs in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the **Crisis Text Line** (HELLO to 741741) or go to the **National Suicide Prevention Lifeline** website at <https://suicidepreventionlifeline.org>.

What can I do to help myself?

It is important to know that, although it may take some time, you can get better with treatment. Here are some things you can do to help yourself:

- ▶ Talk with your health care provider about treatment options, and follow your treatment plan.
- ▶ Engage in exercise, mindfulness, or other activities that help reduce stress.
- ▶ Try to maintain routines for meals, exercise, and sleep.
- ▶ Set realistic goals and do what you can as you are able.
- ▶ Spend time with trusted friends or relatives, and tell them about things that may trigger symptoms.
- ▶ Expect your symptoms to improve gradually, not immediately.
- ▶ Avoid use of alcohol or drugs.

How can I help a friend or relative who has PTSD?

If you know someone who may be experiencing PTSD, the most important thing you can do is to help that person get the right diagnosis and treatment. Some people may need help making an appointment with their health care provider; others may benefit from having someone accompany them to their health care visits.

If a close friend or relative is diagnosed with PTSD, you can encourage them to follow their treatment plan. If their symptoms do not get better after 6 to 8 weeks, you can encourage them to talk to their health care provider. You also can:

- ▶ Offer emotional support, understanding, patience, and encouragement.
- ▶ Learn about PTSD so you can understand what your friend is experiencing.
- ▶ Listen carefully. Pay attention to the person's feelings and the situations that may trigger PTSD symptoms.
- ▶ Share positive distractions, such as walks, outings, and other activities.

Where can I find more information on PTSD?

The National Center for PTSD, a program of the U.S. Department of Veterans Affairs, is the leading federal center for research and education on PTSD and traumatic stress. You can find information about PTSD, treatment options, and getting help, as well as additional resources for families, friends, and providers, at www.ptsd.va.gov.

What should I know about participating in clinical research?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct many studies with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

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For More Information

NIMH website

www.nimh.nih.gov

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

(En español: <https://medlineplus.gov/spanish>)

ClinicalTrials.gov

www.clinicaltrials.gov

(En español: <https://salud.nih.gov/investigacion-clinica>)

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National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 20-MH-8124

Revised 2020