

# Posttraumatic Stress Disorder Explained

Posttraumatic Stress Disorder is an Anxiety Disorder, which can develop when an individual who has been exposed to a traumatic event develops anxiety symptoms, re-experiences the event and avoids stimuli related to the event over a period of more than four weeks.

There are specific diagnostic criteria for Posttraumatic Stress Disorder and you can find a description of Diagnostic criteria for 309.81 Posttraumatic Stress Disorder on BehaveNet Clinical Capsule Posttraumatic Stress Disorder web page:

<http://www.behavenet.com/capsules/disorders/ptsd.htm>

## Diagnostic criteria for 309.81 Posttraumatic Stress Disorder

### A. The person has been exposed to a traumatic event in which both of the following were present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

(2) the person's response involved intense fear, helplessness, or horror.

**Note:** In children, this may be expressed instead by disorganized or agitated behavior

### B. The traumatic event is persistently reexperienced in one (or more) of the following ways:

(1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

(2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.

(3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, [illusions](#), [hallucinations](#), and dissociative [flashback](#) episodes, including those that occur on awakening or when [intoxicated](#)). **Note:** In young children, trauma-specific reenactment may occur.

(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

C. Persistent avoidance of stimuli associated with the trauma and [numbing](#) of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of [affect](#) (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent [symptoms](#) of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep
- (2) [irritability](#) or outbursts of anger
- (3) difficulty concentrating
- (4) [hypervigilance](#)
- (5) exaggerated [startle response](#)

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*Specify if:*

**Acute:** if duration of symptoms is less than 3 months

**Chronic:** if duration of symptoms is 3 months or more

*Specify if:*

**With Delayed Onset:** if onset of symptoms is at least 6 months after the stressor

There is actually a wealth of information on the internet on Posttraumatic Stress Disorder and some interesting web sites to visit include:

There are a number of different incidents, which can trigger off this syndrome including War and Natural Catastrophes; Robberies, Assaults and Abuse; Motor Vehicle Accidents and Electrical Injuries. The American Academy of Experts in Traumatic Stress defines traumatic stress as, the emotional, cognitive and behavioral experiences of individuals

who are exposed to, or who witness, events that are extreme and/or life threatening . They also say that Traumatic stress has many faces . In addition to the devastating effects of large-scale disasters and catastrophes, they are committed to fostering a greater appreciation of the effects of day-to-day traumatic experiences (e.g. chronic illness, accidents, domestic violence and loss).

### **What are the signs that someone has PTSD?**

Reference [www.unmc.edu/FamilyMed/ICE/PTST/signs.html](http://www.unmc.edu/FamilyMed/ICE/PTST/signs.html)

### **What are the symptoms of PTSD and how do they differ from normal stress?**

PTSD may be seen in anyone who has experienced a traumatic, life changing event.

Symptoms of PTSD may include:

- \*Sleep disturbances/nightmares
- \*Harmful behaviors to self/ others
- \*Flashbacks
- \*Eating Disorders
- \*Extreme fear/paranoia
- \*Isolation
- \*Panic attacks: chest pain, shortness of breath
- \*Problems with trust/relationships
- \*Rage
- \*Chronic physical problems
- \*Intimacy issues (i.e. promiscuity)
- \*Difficulty keeping jobs
- \*Suicidal thoughts/attempts
- \*Difficulty in school
- \*Depression
- \*Severe emotional swings

PTSD is different than the normal reaction people have to stress. While the previously listed symptoms may be normal after a stressful event, they usually go away. These symptoms don't go away in PTSD patients and can last anywhere from one month to decades after the event and can severely interfere with the person's social, mental, occupational and spiritual wellbeing. PTSD is different than the normal reaction people have to stress. While the previously listed symptoms may be normal after a stressful event, they usually go away. These symptoms don't go away in PTSD patients and can last anywhere from one month to decades after the event and can severely interfere with the person's social, mental, occupational and spiritual wellbeing.

### **What disorders are associated with PTSD?**

PTSD sufferers are more likely than most people to suffer from mental disorders such as depression, anxiety, and personality disorders. Physically, they may develop high blood pressure, heart disease, chronic pain disorders, digestive problems, and are more susceptible to illnesses like colds and the flu. They are also more likely to smoke, eat poorly, and abuse alcohol and drugs and have marital difficulties and occupational problems. PTSD sufferers also have a greater rate of violent behavior which can lead to

domestic violence, child abuse and assault.

**Does PTSD affect women differently than men?**

Yes. Women are twice as likely as men to develop this disorder. Most often, women develop PTSD as a result of rape, sexual assault, physical attack, or domestic violence. Women with PTSD report a higher incidence of menstrual dysfunction and premenstrual syndrome. They also tend to be more overweight and are at a greater risk of developing Diabetes and heart disease than other women.

**Are Vietnam veterans the only people who develop PTSD?**

No. Anyone who has experienced a traumatic event can develop this disorder. In fact, more and more elderly veterans are now being diagnosed with this disorder. PTSD has been observed in women who have served in the military. Their causes stem not only from their military experience, but also from sexual assaults encountered while they were still serving or after they left the service. PTSD has also been observed in children and in rescue workers such as paramedics and firefighters who deal with stressful situations on a daily basis.

**Treatment Options** (reference: [www.unmc.edu/FamilyMed/ICE/PTSD/treatp.html](http://www.unmc.edu/FamilyMed/ICE/PTSD/treatp.html))

**How will I know if I need treatment?**

If you have experienced traumatic situations, you may be at risk for developing PTSD. Common physical symptoms of PTSD are: aches and pains from throughout the body, sudden sweating of heart palpitations, an ability to be easily startled, changes in sleep patterns and appetite, and an increase in other illnesses such as colds and influenza. Common emotional symptoms are: fear, anxiety, outbursts of anger and rage, difficulties concentrating or remembering, depression, survivor guilt, emotional numbing, and detachment from the world around you. This is only a partial listing of symptoms that you may experience with PTSD. If you are unsure whether or not you need treatment, you should describe your symptoms to your doctor.

**What can I do to help myself if I think that I might have PTSD?**

The most important action that you can take is to utilize social support systems. This can mean talking about your feelings to your family members or others that have been through similar experiences as you. There are often many local support groups available for victims of rape and assault, veterans, and others who have experienced trauma. Exercise, diet, and regular sleep habits may also relieve some of your symptoms. Being a socially active citizen and finding activities that you enjoy may also help. You should also work to avoid stimulants such as nicotine, caffeine, and sugar.

**Whom should I contact for help?**

Your primary care physician is a great place to start. He/she may be able to relieve some of your symptoms with medications and refer you to special therapists that are trained to deal with patients like you. If you are a veteran, your local Veterans Administration or Vets Center may also be a good place to start. Victims of abuse and rape can also find help at such organizations as the YWCA.

**How effective is treatment?**

The efficacy of treatment is highly variable. Success rates of approximately 1/3 have been reported. Success will depend on the severity and duration of your PTSD, the type of trauma suffered, and your commitment to treatment regimens. Although many patients do not appear to fully recover, most can achieve relief of some of their symptoms.

**What types of treatment are available?**

Treatment can be divided into two parts: drug therapy and psychotherapy. Drug therapy often consists of anti-depressants and other medicines to decrease anxiety. The goals of drug therapy are: to reduce symptoms and to alter brain chemical abnormalities that may be at least partially to blame for your problem. Psychotherapy consists of individual and/or group therapy sessions. The goal of psychotherapy is for you to confront your trauma, accept its place in your life, and to concentrate on your present and future life. Group therapy may be especially appealing as it allows you to discuss your feelings with others who have experienced similar trauma. The group works together to help its members cope with the trauma and the difficulties present in their lives.

**Sources:**

Turnbull, GJ. (1998). A review of post-traumatic stress disorder. Part II: treatment. *Injury*, v. 29, no. 3, pp. 169-175.

McIvor TJ, Turner SW. (1995). Drug treatment in post-traumatic stress disorder. *British Journal of Hospital Medicine*, v. 53, no. 10, pp. 501-505.

Biology of Posttraumatic Stress Disorder  
(reference:[www.unmc.edu/FamilyMed/ICE/PTSD/biol.html](http://www.unmc.edu/FamilyMed/ICE/PTSD/biol.html))

It is obvious that this is a serious condition that could not be addressed by Aromatherapy alone so where does the use of essential oils fit in.

Once again I feel that we should look at each specific case individually and see which symptoms are prevalent and then choose essential oils, which may be helpful in controlling and alleviating those symptoms.

**An Aromatherapy treatment plan could include:**

- \*Weekly or By-weekly relaxation massage with an appropriate essential oil blend
- \*Daily baths with essential oils
- \*Inhalation a drop on the pillow at night to aid sleep
- \*Diffuser/aroma lamp with appropriate blend.
- \*Personal perfume/body products made with an appropriate blend to help combat the symptoms

**Essential Oils to consider for the various symptoms include:**

**For Sleep disturbances/nightmares:** Lavender, Mandarin, Linden Blossom, Clary Sage, Marjoram, Vetiver, Chamomile Roman, Sandalwood, Lemon.

**For Anorexia:** Bergamot, Black Pepper, Fennel, Ginger, Grapefruit, Litsea Cubeba, Palmarosa

**For Obesity:** Grapefruit, Lemon, Lime, Mandarin, Orange, Tangerine, Thyme, Juniper, Geranium

**For Fear:** Sandalwood, Roman Chamomile, Cypress, Vetiver, Lemon, Bergamot, Orange, Cedarwood, Neroli, Basil, Frankincense, Clary Sage, Lavender.

**For Anxiety:** Bergamot, Lavender, Neroli, Rose, Melissa, Geranium, Vetiver, Cedarwood, Juniper, Roman Chamomile.

**For Panic:** Lavender, Frankincense, Helichrysum, Marjoram, Ylang ylang, Petitgrain, Rose, Neroli

**For Rage:** Roman Chamomile, Ylang ylang, Vetiver, Clary Sage, Lavender, Marjoram

**For Trauma:** Thyme linalol, Lavender, Geranium, Lemon, Marjoram, Petitgrain, Clary Sage, Roman Chamomile

**For Withdrawal from Life:** Orange

**For Withdrawal of Emotions:** Bergamot, Rose, Roman Chamomile, Neroli, Mandarin and Geranium

**For Stress:** Bergamot, Roman Chamomile, Frankincense, Geranium, Grapefruit, Lavender, Lemon, Mandarin, Marjoram, Melissa, Neroli, Rose, Sandalwood, Vetiver, Clary Sage, Ylang Ylang.

**For Depression:** Mandarin, Roman Chamomile, Lemon, Bergamot, Grapefruit, Orange, Jasmine, Ylang Ylang, Rose, Neroli, Geranium, Petitgrain, Helichrysum, Eucalyptus Citrodora, Sandalwood, Clary Sage, Marjoram, Lavender, Frankincense.