# HCR 25

<TARGET><BILL>HCR 25</BILL><SUBJECT>HCR 25</SUBJECT><COMM>HMLV29</COMM></TARGET>

# Representative Chris Tuck

## House Minority Leader

Alaska State Legislature

District 23 - Representing Dimond Estates, Foxridge, Taku, Campbell, Northwood and Windemere

Sponsor Statement
House Concurrent Resolution 25
Post-Traumatic Stress Injury Awareness Day

Post-traumatic stress develops in many people who have seen or lived through a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it.

Many Americans have had a trauma. About 60% of men and 50% of women experience at least one traumatic event. Of those who do, about 8% of men and 20% of women will develop post-traumatic stress injury (PTSI). For some events, like combat and sexual assault, people are more likely to develop PTSI.

Between 2000 and 2014, approximately 139,000 active-duty service members were diagnosed with new-onset of post-traumatic stress within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The numbers presented reflect only those service members identified by the MHS as meeting official criteria for post-traumatic stress. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that may discourage them from seeking help.

Post-traumatic stress has historically been wrongly viewed as a mental illness caused by a pre-existing "flaw" in a person's brain or character, and the term "post-traumatic stress disorder" - or PTSD - carries a stigma that perpetuates this misconception.

Referring to a post-traumatic stress injury as a disorder perpetuates the stigma which in turn discourages people seeking proper medical treatment. Raising awareness of the condition and eliminating the stigma may encourage people affected to seek help voluntarily and allow for timely treatment that may prevent suicide. Efforts should continue to make the condition less stigmatizing and more honorable to increase the number of affected people who seek assistance.

The brave men and women of the United States Armed Forces and many other Americans who survive a traumatic experience deserve the investment of every possible resource to ensure their lasting physical, mental and emotional well-being.

The United States Senate, United State House of Representatives and eight states have passed a similar resolution to establish June 27 as Post-Traumatic Injury Awareness Day. This is a nationwide effort to change the conversation referring to post-traumatic stress from a disorder to an injury and to bring awareness, remove the stigma and help more Americans get the help they need to battle PTSI.

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# Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HCR 25
Fiscal Note Number:
() Publish Date:

Identifier: LEG-SESS-03-14-16
Title: POST-TRAUMATIC STRESS INJURY DAY
Sponsor: TUCK
Requester: House Military & Veteran's Affairs

Department:
Appropriation:
Allocation:
OMB Component Number: 0

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

| | FY2017 Appropriation Requested | Included in Governor's FY2017 Request | Out-Year Cost Estimates | | | | |
|---|---|---|---|---|---|---|---|
| **OPERATING EXPENDITURES** | **FY 2017** | **FY 2017** | **FY 2018** | **FY 2019** | **FY 2020** | **FY 2021** | **FY 2022** |
| Personal Services | | | | | | | |
| Travel | | | | | | | |
| Services | | | | | | | |
| Commodities | | | | | | | |
| Capital Outlay | | | | | | | |
| Grants & Benefits | | | | | | | |
| Miscellaneous | | | | | | | |
| **Total Operating** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |

**Fund Source (Operating Only)**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| None | | | | | | | |
| **Total** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |

**Positions**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full-time | | | | | | | |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Change in Revenues** | | | | | | | |

**Estimated SUPPLEMENTAL (FY2016) cost:** 0.0 *(separate supplemental appropriation required)*
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2017) cost:** 0.0 *(separate capital appropriation required)*
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency?
If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

N/A Initial Version. One Page. Zero Note.

Prepared By: Jessica Geary, Finance Manager
Division: Legislative Affairs Agency
Approved By: Pam Varni, Executive Director
Agency: Legislative Affairs Agency

Phone: (907)465-6626
Date: 03/14/2016 11:50 AM
Date: 03/14/2016

# Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HCR 25
Fiscal Note Number:
() Publish Date:

Identifier: HCR025-MVA-OVA-3-11-16
Title: POST-TRAUMATIC STRESS INJURY DAY
Sponsor: TUCK
Requester: House Special Committee on MVA

Department: Department of Military and Veterans' Affairs
Appropriation: Military and Veterans' Affairs
Allocation: Office of the Commissioner
OMB Component Number: 414

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

| | FY2017 Appropriation Requested | Included in Governor's FY2017 Request | Out-Year Cost Estimates | | | | |
|---|---|---|---|---|---|---|---|
| **OPERATING EXPENDITURES** | **FY 2017** | **FY 2017** | **FY 2018** | **FY 2019** | **FY 2020** | **FY 2021** | **FY 2022** |
| Personal Services | | | | | | | |
| Travel | | | | | | | |
| Services | | | | | | | |
| Commodities | | | | | | | |
| Capital Outlay | | | | | | | |
| Grants & Benefits | | | | | | | |
| Miscellaneous | | | | | | | |
| **Total Operating** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |

**Fund Source (Operating Only)**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| None | | | | | | | |
| **Total** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |

**Positions**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full-time | | | | | | | |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

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|---|---|---|---|---|---|---|---|
| **Change in Revenues** | | | | | | | |

**Estimated SUPPLEMENTAL (FY2016) cost:** 0.0 *(separate supplemental appropriation required)*
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2017) cost:** 0.0 *(separate capital appropriation required)*
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

**Why this fiscal note differs from previous version:**

Not applicable, initial version.

Prepared By: Ronald G. Clarke Phone: (907)428-6007
Division: Office of the Commissioner Date: 03/11/2016 09:30 PM
Approved By: Robert A.K. Doehl, Deputy Commissioner Date: 03/11/16
Agency: Department of Military and Veterans' Affairs

## FISCAL NOTE ANALYSIS

**STATE OF ALASKA**
**2016 LEGISLATIVE SESSION**

**BILL NO.** HCR 25

### Analysis

HCR 25 would establish 27 June 2016 as "Post-Traumatic Stress Injury Awareness Day" in Alaska in an effort to 1) bring awareness to the people suffering from
post-traumatic stress injury, 2) encourage people to reach out to their fellow citizens to provide support and eliminate the stigma associated with such injuries, 3) encourage the Departments of Military and Veterans' Affairs and Health and Social Services to continue educating service members and veterans, victims of abuse, crime, and natural disaster, their families, and the public about the causes, symptoms, and possible treatment of post-traumatic stress injuries.

A nationwide effort is under way to change the convention of referring to post-traumatic stress from a disorder to an injury in order to increase awareness, remove the stigma, and help more Americans get the help they need to recover from post-traumatic stress injuries. The United States Senate, United States House of Representatives, and eight states have passed similar resolutions to establish 27 June as "Post-Traumatic Injury Awareness Day."

The Alaska Department of Military and Veterans' Affairs applauds any effort to raise public awareness of post-traumatic stress injuries in both military and civilian populations, and welcomes broader understanding of their causes, effects, and treatments. While it is conceivable and even desirable more sufferers of post-traumatic stress injuries would seek treatment as a result of the passage of this bill, the Department's Office of Veterans' Affairs anticipates no measurable increase in service demand. OVA personnel and Veteran Service Officers assist tens of thousands of veterans each year and are equipped to address whatever case load increase might result. Consequently, the Department anticipates no fiscal impacts from the passage of this bill.

THE STATE of ALASKA

GOVERNOR BILL WALKER

**Department of Military and Veterans Affairs**

Office of the Commissioner

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The Honorable Chris Tuck
Alaska State Legislature
404 Alaska State Capitol
Juneau, AK 99801

Dear Representative Tuck:

Thank you for introducing House Concurrent Resolution 25 to designate June 27, 2016, as "Post-Traumatic Stress Injury Awareness Day." We support this and, indeed, any effort to increase awareness of psychological injuries in all their forms, especially the emotional trauma of military combat.

As you correctly note in your resolution, combat veterans and other military service members often struggle with post-traumatic stress, sometimes for decades. The human and economic costs of allowing these injuries to go untreated can be enormous, on a personal level, for sufferers' families, and to Alaska society in general. It is in our greater interest to confront and surmount psychological injuries; understanding they are indeed injuries and not individual shortcomings is an important step toward bettering our collective mental health.

Treatments for these injuries are steadily improving, but many sufferers remain reluctant to seek assistance. People seeking treatment for mental health challenges are too often seen as personally responsible for their conditions, which does not inspire people to ask for help, especially those from a military culture that expects strength, self-reliance, and resilience in the face of everything a hostile world can throw at them. The stigma attached to the term "Post-Traumatic Stress Disorder" carries the implication the person suffering is at fault or somehow inadequate to deal with the aftermath of an externally applied injury. Anything we can do to eliminate that stigma is worth pursuing. This resolution represents one more step toward recognizing and diminishing this long-standing injustice.

Please let us know how we may assist you in gaining the necessary support to pass this measure through the Alaska State Legislature.

Sincerely,

Laurel J. Hummel
Brigadier General, Alaska National Guard, and
Commissioner, Alaska Department of Military and Veterans' Affairs

December 31, 2015

Representative Chris Tuck
Alaska House of Representatives
716 W. 4th Ave
Anchorage, AK 99501

Dear Representative Tuck:

Honor for ALL thanks you for the initiative you have exhibited in your willingness to present before the Alaska State Legislature a resolution designating June 27, 2016 as Post-traumatic Stress Injury Awareness Day for the state of Alaska.

With the assistance of dedicated individuals such as yourself we can better ensure our service members and veterans embrace their injuries and seek the help they deserve without fear of shame or retribution.

Post-traumatic Stress (Disorder) Awareness Day was first proposed by then Senator Kent Conrad of North Dakota in 2010. In 2015, with the assistance of the Adjutant Generals Association (AGAUS) and the National Guard Association (NGAUS), Honor for ALL was able to secure proclamations and/or resolutions designating June 27 as Post-traumatic Stress Awareness Day in 8 states, the United States Senate, and the House of Representatives – some still standing with the word disorder, but many making the advancement to *Injury*.

In making this distinction we can effectually diminish the stigma associated with invisible wounds and their perception as mental illness. The word "disorder" frequently portrays a negative image which can lead to discourage some from seeking care and others from caring. Service members who fight for our nation and return home suffering from invisible wounds ought not have to be subjected to a stigma which labels their battle-borne injury a disorder. Beyond interfering with timely treatment, the use of the word in this instance further unreasonably assails the sense of honor that should accompany any wound received in action against an enemy of the United States.

Our goal is to secure proclamations and resolutions in all 50 states and Congress, designating June 27 as Post-traumatic Stress Injury Awareness Day for the year 2016 and beyond. With your help and other like you we can make a difference.

Once again we thank you for your contribution.

Sincerely,

Thomas Mahany
President, Honor for ALL
tom@honorforall.org

# Posttraumatic Stress Disorder Fact Sheet

## PTSD Numbers

- Based on research findings, it is estimated that up to 20 percent of the more than 2.6 million service members who deployed to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn have or (may develop) symptoms of posttraumatic stress disorder (PTSD)[1]. However, these estimates vary widely across studies depending on sampling procedures and reflect individuals with symptoms rather than formal diagnoses.
- Between 2000 and 2014, approximately 139,000 active-duty service members (including members of the Coast Guard) were diagnosed with new-onset PTSD within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The remaining 27,000 service members diagnosed with new-onset PTSD had not deployed at the time that they met criteria for diagnosis.
- As of late 2014, approximately 2.5 percent of active-duty service members received a diagnosis of PTSD at some point during their military careers. Roughly 4.3 percent of service members who had deployed at least once, and who remained on active duty at the end of 2014, were diagnosed with PTSD during their time in service, compared to only 0.8 percent of service members who had not deployed.
- Numbers presented above reflect only those service members identified by the MHS as meeting criteria for PTSD. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that limit help-seeking.

## What is PTSD?

- The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, describes PTSD as a clinically significant condition with symptoms continuing more than one month after exposure to a trauma that has caused significant distress or impairment in social, occupational or other important areas of functioning.
- PTSD can occur after someone is exposed to a traumatic event such as combat, a terrorist attack, sexual or physical assault, a serious accident, a natural disaster, childhood sexual or physical abuse, or threat of injury or death. Trauma exposure may happen through directly experiencing the event, witnessing the event, or in certain circumstances, learning the details of traumatic events that happened to others.
- Symptoms are a common response to a stressful event. Many people experience post-traumatic stress symptoms. If symptoms persist for more than one month after a trauma, worsen, cause significant distress or interfere with daily functioning at home and work, then an evaluation by a mental health provider is needed to determine if a diagnosis of PTSD and treatment are appropriate.

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[1] All statistics noted in this section are from Armed Forces Health Surveillance Center.

# PTSD Fact Sheet

- The vast majority of people who experience or are exposed to traumatic events will have a reaction soon after and may experience some initial symptoms, but most will recover over time.
- PTSD can have a delayed onset with symptoms appearing six months to many years after exposure to trauma.
- A person who has sustained a traumatic brain injury (TBI) is at greater risk for PTSD and depression[2]. PTSD may result from the psychological impact of the same incident that caused the TBI, for example: car crash, fall, blast exposure or blunt trauma to the head.

## Screening and Diagnosis

- Early detection of PTSD allows for early intervention. Early treatment maximizes the chances for recovery.
- There is no objective medical test that can definitively diagnose PTSD such as a blood test or X-ray. A person receives a diagnosis of PTSD from a qualified mental health care provider based on a thorough mental health assessment.
- The Defense Department implements a variety of mental health screening initiatives aimed at early detection. The Pre-deployment Health Assessment and the Post-deployment Health Assessment/Reassessment (PDHA/PDHRA) processes include screening for major mental illnesses. The Primary Care Behavioral Health program in the primary care setting also includes mandatory annual screening for depression and PTSD for all Military Health System beneficiaries to include active duty, retirees and family members.
- The clinical tools used for screening purposes are empirically validated and prove reliable for both screening and outcome monitoring. A positive screen on a provider or self-report measure suggests PTSD but does not constitute a definitive diagnosis.
- Individuals who screen positive for PTSD should receive a thorough assessment of their symptoms that includes details such as time of onset, frequency, course, severity, level of distress and functional impairment to guide accurate diagnosis and appropriate decision-making by a health care provider.
- Based on a recent change to how PTSD is diagnosed, the symptoms are now grouped into four, rather than three, main categories: *intrusive* (reoccurring distressing memories, dreams or flashbacks); *avoidance* (of people or places reminiscent of the trauma); *persistent negative mood or thoughts* (such as inability to recall events, excessive blame, fear, guilt or shame; feeling detached from others; inability to experience positive emotions); *arousal or reactivity* (irritable, hypervigilance, difficulty concentrating, self-destructive behaviors).

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[2] O'Donnell, M.L.; Creamer, M. & Pattison, P. (2004). Posttraumatic stress disorder and depression following trauma: Understanding comorbidity. *American Journal of Psychiatry,* 161, 1390-1396.

Ramsawh, H. J., Fullerton, C. S., Mash, H. H., Ng, T. H., Kessler, R. C., Stein, M. B., & Ursano, R. J. (2014). Risk for suicidal behaviors associated with PTSD, depression, and their comorbidity in the U.S. Army. *Journal of Affective Disorders*,161116-122.

# PTSD Fact Sheet

## Treatment

- There are many effective treatments for PTSD. Treatment may be broadly divided into two categories:
  - evidence-based psychotherapies or counseling (trauma-focused therapies that include components of exposure and/or cognitive restructuring)
  - evidence-based medication interventions (particularly selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs)
- Adjunctive methods of care including complementary integrative medicine (mindfulness, yoga, acupuncture and others), social support and spiritual support can help those with PTSD as supplements to evidence-based treatment.
- The duration of psychotherapy is contingent on progress, which is gauged by reduction of symptoms, decrease in symptom intensity, or based on the agreed upon goals established by the provider and patient. Treatment generally ranges from four to 15 sessions but may take longer for some people.
- Co-occurring mental health conditions, such as depression and substance use disorders, are very common in PTSD. Physical conditions such as chronic pain and the effects of TBI are also common with PTSD.

## Resources

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury operates a 24/7 outreach center to provide information and resources for PTSD and other psychological health concerns. Access the center via live chat at realwarriors.net/livechat, phone at 866-966-1020, or email at resources@dcoeoutreach.org.
- The Military Crisis Line (800-273-8255 and press 1) provides free, confidential support for service members and veterans in crisis, and their families and friends.
- The Real Warriors Campaign encourages help-seeking and provides information and resources for PTSD and combat stress. The campaign features video profiles of service members and veterans who have experienced PTSD, sought treatment and are experiencing success in their personal and professional lives.
- AfterDeployment is an online wellness resource that provides information, assessments and resources for service members, veterans and families coping with PTSD and other post-deployment conditions such as depression, anger, sleep problems, substance abuse and stress management.
- The National Center for Telehealth and Technology offers a variety of mobile applications that help manage symptoms of combat stress and can serve as accessories to treatment under the supervision of a health care provider.
- The Department of Veterans Affairs National Center for PTSD provides PTSD information to providers, veterans and the public.

# PTSD Fact Sheet

- Continuity of mental health care is provided by inTransition, a mental health coaching and support program that assists service members receiving mental health services with their transition between health care systems or providers.
- The Center for the Study of Traumatic Stress provides information and resources for providers, service members and veterans about PTSD and other reactions to traumatic events.
- National Intrepid Center of Excellence advances TBI and psychological health treatment, research and education.
- Defense and Veterans Brain Injury Center offers information and resources on the co-occurring symptoms of PTSD and TBI.

# UNDERSTANDING PTSD

## Have you, or someone you love

## Been through combat?

## Lived through a disaster?

## Been raped?

## Experienced any other kind of traumatic event?

**This guide covers:**


What Is PTSD? .................... 2

Getting Help...................... 6

Resources ........................ 8


Have you ever thought that painful memories of that experience were still causing problems for you or a loved one?

You may have heard of **PTSD—posttraumatic stress disorder**—on the news or from friends and family, and wondered what it is, or whether you or someone you know has it.

This booklet will help you understand what PTSD is. You'll learn how to get help for yourself, a friend, or a family member. It includes stories from people who have gotten help for their PTSD and have returned to their normal lives, activities, and relationships.

The important thing to remember is that **effective treatment is available**.

## You don't have to live with your symptoms forever.

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER


Produced by the National Center for PTSD | August 2013
U.S. Department of Veterans Affairs | www.ptsd.va.gov

# What Is PTSD?

## PTSD

Posttraumatic stress disorder, or PTSD, can occur after someone goes through, sees, or learns about a traumatic event like:

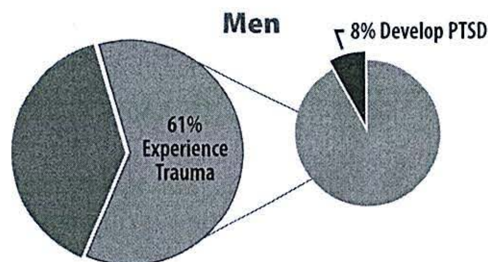
- Combat exposure
- Child sexual or physical abuse
- Terrorist attack
- Sexual/physical assault
- Serious accident
- Natural disaster

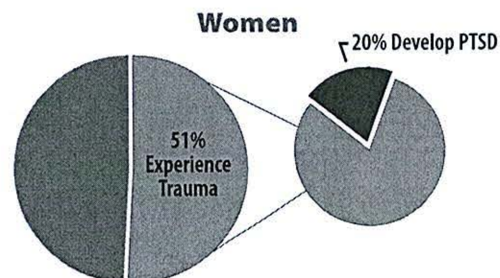
Most people have some stress-related reactions after a traumatic event. If your reactions don't go away over time and they disrupt your life, you may have PTSD.

See the next few pages for common reactions to trauma and PTSD symptoms.

## How Common Is PTSD?

Many Americans have had a trauma. About 60% of men and 50% of women experience at least one traumatic event. Of those who do, about 8% of men and 20% of women will develop PTSD. For some events, like combat and sexual assault, more people develop PTSD.



# What Are Some Common Stress Reactions after a Trauma?

It is normal to have stress reactions after a traumatic event. Your emotions and behavior can change in ways that are troubling to you.

**Fear or anxiety**
In moments of danger, our bodies prepare to fight our enemy, flee the situation, or freeze in the hope that the danger will move past us. But those feelings of alertness may stay even after the danger has passed. You may:

- feel tense or afraid
- be agitated and jumpy
- feel on alert

**Sadness or depression**
Sadness after a trauma may come from a sense of loss---of a loved one, of trust in the world, faith, or a previous way of life. You may:

- have crying spells
- lose interest in things you used to enjoy
- want to be alone all the time
- feel tired, empty, and numb

**Guilt and shame**
You may feel guilty that you did not do more to prevent the trauma. You may feel ashamed because during the trauma you acted in ways that you would not otherwise have done. You may:

- feel responsible for what happened
- feel guilty because others were injured or killed and you survived

**Anger and irritability**
Anger may result from feeling you have been unfairly treated. Anger can make you feel irritated and cause you to be easily set off. You may:

- lash out at your partner or spouse
- have less patience with your children
- overreact to small misunderstandings

**Behavior changes**
You may act in unhealthy ways. You may:

- drink, use drugs, or smoke too much
- drive aggressively
- neglect your health
- avoid certain people or situations

Most people will have some of these reactions at first, but they will get better at some time. If symptoms last longer than three months, cause you great distress, or disrupt your work or home life, you should seek help.

## What Are the Symptoms of PTSD?

PTSD has four types of symptoms.

**Reliving the event (also called reexperiencing)**
Memories of the trauma can come back at any time. You may feel the same fear and horror you did when the event took place. You may have nightmares or feel like you're going through it again. This is called a flashback. Sometimes there is a trigger—a sound or sight that causes you to relive the event.

- Seeing someone who reminds you of the trauma may bring back memories of the event.
- You may think about the trauma at work or school when you need to concentrate on something else.

**Avoiding situations that remind you of the event**
You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

- You may avoid crowds, because they feel dangerous.
- If you were in a car accident or if your military convoy was bombed, you may avoid driving.
- Some people may keep very busy or avoid seeking help. This keeps them from having to think or talk about the event.

**Negative changes in beliefs and feelings**
The way you think about yourself and others changes because of the trauma. This symptom has many aspects, including the following:

- You may not have positive or loving feelings toward other people and may stay away from relationships.
- You may forget about parts of the traumatic event or not be able to talk about them.
- You may think the world is completely dangerous, and no one can be trusted.

**Feeling keyed up (also called hyperarousal)**
You may be jittery, or always on the alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal.

- You may want to have your back to a wall in a restaurant or waiting room.
- A loud noise can startle you easily.
- If someone bumps into you, you might fly into a rage.

## Real Stories: Teresa

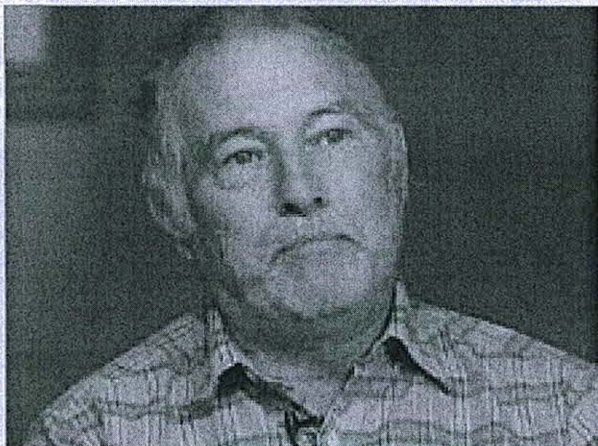
"Now I've got a great support team. I owe a tremendous thanks to my counselor."

On a military mission, the truck in front of Teresa's went over a roadside bomb, and there were no survivors. She was badly injured in the explosion, but the person in the seat where Teresa was supposed to have been was injured much worse. Teresa felt guilty about that.

After returning home, Teresa started having nightmares and panic attacks. The awful images of that day haunted her. The medicines she was prescribed for her anxiety and sleep problems didn't seem to help. She didn't want to leave the house, go to work, or do anything. One day she lost control and verbally abused her platoon leader. Her first sergeant stepped in and insisted that she see a psychiatrist.

Teresa was diagnosed with PTSD. She's doing better thanks to treatment at her local VA. Although Teresa's problems have not gone away, she now has a great support team to help her.

## Real Stories: Frank



"It was nice to know there was a reason for what I was doing."

Frank served our country in Vietnam. Before the war, he had been a happy person, but he rarely smiled once he came home.

For many years, Frank didn't talk about Vietnam, thinking he would spare people. He started drinking more. He had a short temper, and had to have his back to the wall in restaurants because he kept thinking someone was after him. He couldn't hold a job or have a successful relationship. He just felt that something was wrong. Frank didn't realize it, but he was having many of the symptoms of PTSD.

Frank went to the VA, where he was diagnosed with PTSD and given treatment and support. He's doing much better now.

"I would definitely recommend any Veteran go and get help."

## What Other Problems Do People with PTSD Experience?

People with PTSD may feel hopelessness, shame, or despair. Employment and relationship problems are also common. Depression, anxiety, and alcohol or drug use often occur at the same time as PTSD. In many cases, the PTSD treatments described in the Getting Help section will also help these other disorders, because the problems are often related and the coping skills you learn work for all of them.

## How Likely Is a Person to Develop PTSD after a Trauma?

How likely you are to get PTSD can depend on things like:

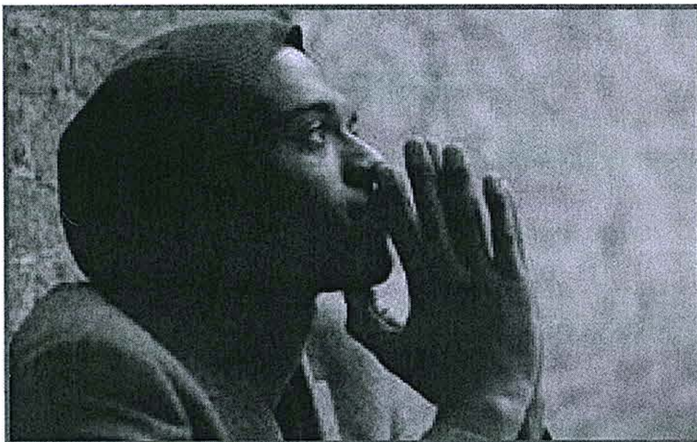
- How intense the trauma was or how long it lasted
- If you lost someone you were close to or if you were hurt
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event

Some groups of people may be more likely than others to develop PTSD. You are more likely to develop PTSD if you:

- Are female or a minority
- Have little education
- Had an earlier life-threatening event or trauma
- Have another mental health problem
- Have family members who have had mental health problems
- Have little support from family and friends
- Have had recent, stressful life changes

## When Should a Person Get Evaluated for PTSD?

If you continue to be upset for more than three months, seek help. You can feel better!



## Who Can Conduct an Evaluation, and What Does It Consist of?

PTSD is usually diagnosed in one or two sessions. Your doctor or a mental health professional will evaluate you. You will be asked about your trauma and symptoms. You may also be asked about other problems you have. Your spouse or partner may be asked to provide information.

The Department of Veterans Affairs has a PTSD questionnaire that you can take online. You can also take the screening test below.

If you find that you answered "yes" to many of the questions asked, you may have PTSD. It is best to talk to a mental health professional to find out for sure.

### PTSD Screen

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

- ❑ Have had nightmares about the experience or thought about it when you did not want to?
- ❑ Tried hard not to think about the experience or avoided situations that reminded you of it?
- ❑ Were constantly on guard, watchful, or easily startled?
- ❑ Felt numb or detached from others, activities, or your surroundings?

Current research recommends that if you answered "yes" to any three items, you should seek more information from a mental health care provider. *A positive screen does not mean that you have PTSD. Only a qualified mental health care practitioner, such as a clinician or psychologist, can diagnose you with PTSD.*

# What Treatments Are Effective for PTSD?

There are good treatments available for PTSD. The two main types are psychotherapy, sometimes called "counseling," and medication. Sometimes people combine psychotherapy and medication.

### Psychotherapy

**Cognitive Behavioral Therapy (CBT)** is the most effective treatment for PTSD. CBT usually involves meeting with your therapist once a week for 3-6 months. There are different types of CBT that are effective for PTSD.

Cognitive Processing Therapy (CPT) is a CBT in which you learn skills to better understand how a trauma changed your thoughts and feelings. It will help you see how you have gotten "stuck" in your thinking about the trauma. It helps you identify trauma-related thoughts and change them so they are more accurate and less distressing.

Prolonged Exposure (PE) therapy is a CBT in which you talk about your trauma repeatedly until the memories are no longer upsetting. You also go into situations that are safe but which you may have been avoiding because they are related to the trauma.

**Eye Movement Desensitization and Reprocessing (EMDR)** involves focusing on distractions like hand movements or sounds while you talk about the traumatic event. Over time, it can help change how you react to memories of your trauma.

### Medication

**Selective Serotonin Reuptake Inhibitors (SSRIs)** can raise the level of serotonin in your brain, which can make you feel better. The two SSRIs that are currently approved by the FDA for the treatment of PTSD are sertraline (Zoloft) and paroxetine (Paxil).

Sometimes, doctors prescribe medicines called benzodiazepines for people with PTSD. These medicines are often given to people who have problems with anxiety. While they may be of some help at first, they do not treat the core PTSD symptoms. They may lead to addiction and are not recommended for long-term PTSD treatment.

## Real Stories: Gina

Gina had a great job, a loving husband, and a beautiful home. But she was miserable. Some days, a kiss from her husband would make her heart start pounding, and she would feel very afraid. She did not realize that these panicky feelings were flashbacks—the rexperiencing of the feelings that she had felt when she was a small child and couldn't protect herself.

"You can be a normal thriving person and have mental health issues, get help for those, and still be okay."

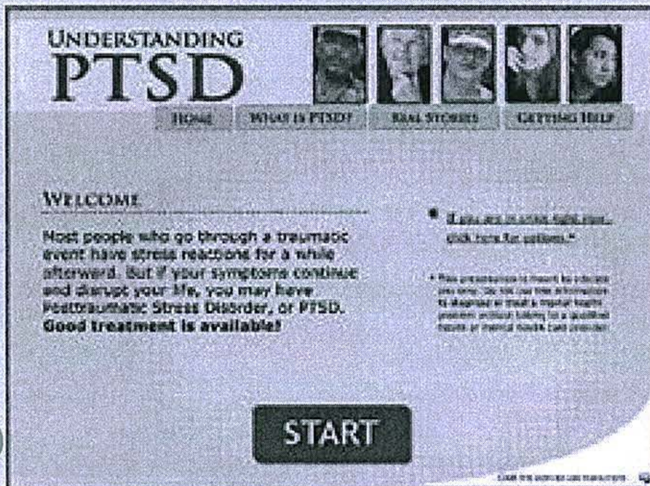
Gina sought help. She went to a therapist, and finally revealed that her uncle had repeatedly sexually abused her as a child. Her therapist diagnosed PTSD, and started cognitive behavioral therapy with Gina. Therapy taught her to challenge her thoughts and feel less distress.

She still has occasional flashbacks and panic attacks, but they're now controllable, and she knows they will pass. Before, she thought she'd always have to live with the flashbacks and bad feelings. Now, she can go weeks without thinking about the abuse, and she feels certain that someday it will be years.

# Resources

## How Can I Learn More About PTSD?

View the multimedia companion to this brochure and other resources at www.ptsd.va.gov/public/




## In a Crisis?

- Call 911
- Go to an emergency room
- Call 1-800-273-TALK (1-800-273-8255) (Español: 1-888-628-9454)

Veterans, go to www.suicidepreventionlifeline.org/Veterans to chat live with a crisis counselor

## Where Can I Get Help for Myself or a Family Member?

These links are accessible online at http://www.ptsd.va.gov/public/where-to-get-help.asp

- Where to Get Help for PTSD
- Mental Health Services Locator
- VA PTSD Program Locator

This guide was created by the National Center for PTSD, U.S. Department of Veterans Affairs. The Center conducts research and education on trauma and PTSD. Our website offers extensive information, educational materials, and multimedia presentations for a variety of audiences, including Veterans and their families, providers, and researchers. Website: www.ptsd.va.gov