

The missed diagnosis of PTSD

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Post-traumatic stress disorder or PTSD is gaining and more and more momentum in the public spotlight. This is for good reason. Clinicians and people in the mental health world have been discussing this idea of trauma and how it affects our current lives for a long time. It's only been in relatively recent years that it has been more accepted as a 'real thing' or more specifically, an accurate diagnosis.

After the First World War, people started to discuss the idea of shell shock. They noticed that soldiers coming back from the war often responded poorly to loud noises, and had 'changed' after the war. There was a noticeable gap in mental health for years. Many different clinicians noted the idea that trauma affected people, but no major movement was made on the topic until after the Vietnam War.

Just five years after the Vietnam War ended, PTSD was introduced as a controversial new diagnosis. "In 1980, the American Psychiatric Association (APA) added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III)." (U.S. Department of Veterans Affairs, 2016)

Since more people than just soldiers are affected by this debilitating diagnosis, this topic has been growing in conversations among mental health professionals in recent years. Many medical health professionals are also realizing the impact of PTSD as they are working to treat a variety of medical diagnoses that are closely linked to PTSD. This can include gastrointestinal issues, cardiopulmonary issues, autoimmune disorders, obesity, migraines, chronic pain, insomnia and even panic attacks that can be mistaken for cardiopulmonary episodes.

Being exposed to the traumatic event is essential for a diagnosis of PTSD. People may experience nightmares, flashbacks and distressing memories of the event. This also includes triggers, which remind the individual of the traumatic event and cause them to have distressing memories.

Due to having nightmares, flashbacks and distressing memories individuals may seek to avoid anything related to the traumatic event. They may try to avoid thinking about it, talking about it, or anything that may remind them of the event. People may have difficulty remembering details of the traumatic event. They may start to believe exaggerated ideas like "No one can be trusted" or "I am bad" or "The world is completely dangerous." They may feel guilty, or constantly blame someone else. They may have a hard time feeling happy, or feeling loving feelings. They may feel alienated or different from everyone else.

Individuals may seek to protect themselves and view everything as a threat. This may mean irritability and angry outbursts. This could mean reckless behavior or a heightened startle response. This could mean having a hard time relaxing and not being 'on-guard'. This could also mean having a difficult time sleeping. The level of distress and impairment in work and social functioning is important to discern. (American Psychiatric Association, 2013).

Even within mental health arenas, PTSD is often mistaken for other diagnoses. The difficulty concentrating and heightened arousal can be attributed to ADHD. The negative thoughts of themselves or the world can contribute to or be diagnosed as depression. The constant need to be aware and to try to protect themselves can be diagnosed as anxiety. While these diagnoses are not inaccurate, they do not capture the full picture of what is going on for the individual. This leads to interventions which are not effective. This can lead to the individual with PTSD feeling more helpless and hopeless. This is because they believe they are doing what they need to be doing without achieving results. Their conclusion is that they cannot heal, or their future looks very bleak.

Post-Traumatic Stress Disorder is fairly common. The general belief, however, is that there are far fewer traumatic events happening on a regular basis. The reality, within our homes in the United States, is that there are many events happening that can result in a diagnosis of PTSD. The research often quotes a difference in women being diagnosed with PTSD more often than men. This could be because of underreporting or potential other factors.

About 7 or 8 out of every 100 people (or 7-8% of the population) will have PTSD at some point in their lives. About 8 million adults have PTSD during a given year. This is only a small portion of those who have gone through a trauma. About 10 of every 100 women (or 10%) develop PTSD sometime in their lives compared with about 4 of every 100 men (or 4%). (U.S. Department of Veterans Affairs, 2016)

Understanding what it is, and how pervasive it is, the next natural question is what to do about it. While many mental health organizations are moving towards trauma-informed care, it is still widely not understood. The first step for organizations, communities, families and individuals is education. It is so important for people to understand what is happening in their minds and bodies and why they are experiencing what they are experiencing. If they understand, then they can more fully engage in other forms of treatment to help themselves heal. Based on their negative mood change and exaggerated ideas about the world, it can be difficult for them to even believe that they can feel better. Helping them understand things is the first step to helping them take the steps necessary to heal.

The next step is building a regular pattern of relaxation and self-soothing skills to help people bring the intense emotions towards less intensity. Once they have established this pattern, exposure therapy is the gold standard treatment to help deal with the intrusive flashbacks and nightmares.

Many times, trauma work does not mean rehashing the events that have happened in the past, though that used to be the typical approach. Often the current treatment methods are focused on how to be present in the present.

For a hundred years or more, every textbook of psychology and psychotherapy has advised that some method of talking about distressing feelings can resolve them. However, as we've seen, the experience of trauma itself gets in the way of being able to do that. No matter how much insight and understanding we develop, the rational brain is basically impotent to talk the

emotional brain out of its own reality. I am continually impressed by how difficult it is for people who have gone through the unspeakable to convey the essence of their experience. It is so much easier for them to talk about what has been done to them—to tell a story of victimization and revenge—than to notice, feel, and put into words the reality of their internal experience. Our scans had revealed how their dread persisted and could be triggered by multiple aspects of daily experience. They had not integrated their experience into the ongoing stream of their life. They continued to be “there” and did not know how to be “here”—fully alive in the present. (Van der Kolk, 2014).

The immobilization of trauma often induces this form of helplessness. Helping people stop avoiding, and start engaging is absolutely the work of a trauma therapist. Trauma takes people out of the driver’s seat of their life. They were helpless to fix or stop the event; they now question their ability to be effective in their lives. They spend a majority of their time either preparing for and anticipating the next “bad” thing that might happen or reliving the past.

Teaching people to be present and being present in their bodies is an essential component of trauma treatment. This can be done through a variety of activities that combine body movement and paying attention to their experience at the time it is happening. Yoga is an excellent idea, as well as many martial arts practices. Theater has been suggested as a good way to process through trauma as well as other activities such as boxing, dance, art, music and even equine-assisted work.

We live in a time where we witness the contrast of tremendous heroism and depravity on a regular basis. It is more important now than ever that we are able to address those who are suffering with PTSD in real and concrete ways. This will allow them to experience an alleviation of their symptoms and live more healthy, full, and meaningful lives.

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