



# POST-TRAUMATIC STRESS DISORDER:

An Introduction  
for Supervised Visitation Program Staff

Clearinghouse on Supervised Visitation

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# OBJECTIVES

After viewing this training, your staff will be able to do the following:

- Define PTSD
- Describe the effects of PTSD
- Understand who may be affected by PTSD
- List ways in which SV staff may be able to help people suffering from PTSD

# WHAT IS POST-TRAUMATIC STRESS DISORDER (OR PTSD)?

PTSD is a response to trauma that may develop after an individual is exposed to the following:

- threatened death or severe injury,
- a threat to the physical integrity of oneself or another person, or
- death or injury to another person.

# EVENTS THAT MAY LEAD TO PTSD

The following are just a few of the events that may lead to PTSD:

- sexual or physical abuse,
- firsthand exposure to trauma such as crimes and serious accidents,
- witnessing the death of a loved one,
- ongoing violent relationships,
- combat in military service,
- ongoing exposure to community violence, or
- terrorist attacks.



# RESPONSES TO TRAUMA

- There are many immediate responses to trauma, including fluctuations in heart rate and blood pressure and other physiological responses.
- However, many symptoms of PTSD usually begin to develop three to twelve months after a traumatic event has occurred.

# COMMON SYMPTOMS OF PTSD



Commonly reported symptoms associated with PTSD include:

- intrusive memories,
- avoidance,
- anxiety or emotional arousal,
- sleep disturbances, and
- eating disorders.

# COMMON SYMPTOMS OF PTSD (CONTINUED)

## ■ Intrusive Memories

*Examples:*

- Flashbacks
- Dreams
- Reliving the event

These events are often caused by triggers  
(e.g., the sound of a car backfiring or seeing  
a new story similar to the traumatic event)



# COMMON SYMPTOMS OF PTSD (CONTINUED)

## ■ Avoidance

*Examples:*

- Feeling hopeless
- Reporting memory loss
- Avoiding once enjoyable activities
- Experiencing difficulty concentrating
- Having trouble maintaining close relationships
- Avoiding thoughts about the event
- Feeling emotionally numb



# COMMON SYMPTOMS OF PTSD (CONTINUED)

## ■ Anxiety or Emotional Arousal

*Examples:*

- Anger
- Irritability
- Guilt or shame
- Trouble sleeping
- Trouble concentrating
- Being easily frightened
- Self-destructive behavior
- Hearing or seeing things that aren't there



# ADVERSE EFFECTS OF PTSD

PTSD can cause:

- Personality change
- Issues with employment  
*(e.g. disorganization, memory issues, and a lack of concentration)*
- Relationship Problems  
*(e.g., domestic violence and divorce)*
- Physical symptoms  
*(e.g., increased heart rate or sweating)*

# ADVERSE EFFECTS OF PTSD

PTSD is strongly associated with substance abuse.

- 34.5% of men who had a history of PTSD reported dependence on or abuse of drugs at some time in their lives; the rate was 15.1% for men in the general population.
- 26.9% of women with a history of PTSD reported dependence on or abuse of drugs at some time in their lives as opposed to 7.6% of women in the general population.



# PREVALENCE OF PTSD

- PTSD affects between 2% and 9% of people in the general population.

There is a greater likelihood of developing the disorder if a person has been exposed to:

- Trauma in early life
- Long-term trauma
- Recurring trauma





# PTSD PREVALENCE AMONG WOMEN

- Women are vulnerable to developing PTSD because they are more likely to be victims of domestic violence.
- Women can also have symptoms of PTSD from an experience of physical or sexual assault, domestic violence, or other traumatic events.
- Women are increasingly being affected by PTSD due in part to their deployment to overseas wars.
- Female veterans have about the same rates of mental illness as male veterans.



# PTSD PREVALENCE AMONG MILITARY

- Between 15-30% of the armed forces who served in Vietnam are thought to suffer from PTSD.
- One out of six (around 17%) veterans who served in Iraq and Afghanistan are thought to suffer from PTSD. Some estimates are higher.
- 38% of soldiers, 31% of Marines, and 49% of National Guard members report psychological concerns like PTSD and traumatic brain injury.

# PTSD PREVALENCE AMONG WOMEN IN THE MILITARY

Women in the military are often more likely to be isolated because they:

- may not be seen as “real soldiers” by family members and friends and may therefore suffer alone with unacknowledged feelings and experiences.
- still comprise a minority of the military and veteran population in the US despite growing numbers.



# PTSD PREVALENCE AMONG LAW ENFORCEMENT

The rate of police officers with duty-related PTSD is estimated at 7-19%.

The following events can cause PTSD in police officers:

- a violent crime
- the aftermath of a car accident
- a natural disaster
- a homicide
- being threatened or assaulted by a criminal offender





# PTSD & DOMESTIC VIOLENCE

- Domestic violence is considered by the United States Department of Veterans Affairs (2009) as a type of trauma that may be related to PTSD.
- In one study, 35% of domestic violence victims were found to have PTSD as a result of their victimization.
- PTSD is the most common anxiety disorder associated with domestic violence.



# PTSD & DOMESTIC VIOLENCE

Several symptoms can heighten the negative experiences of PTSD:

- The length of time someone is exposed to domestic violence.
- The severity of the violence.
- The violence beginning at an early age.
- The woman's assessment of the violence (for example, her perception of threat). This threat to self is constant, recurring, and unpredictable, which may contribute to PTSD symptoms.

# PTSD: AN IMPORTANT NOTE

Not all people who see trauma have PTSD or have symptoms of the disorder.

However, everyone who is suffering from PTSD can benefit from treatment.



# DEVELOPMENT OF PTSD

PTSD is not the fault of the person suffering.

In past years, the symptoms of PTSD were discussed as the “fault” of the sufferer.

Contrary to this notion, recent research has revealed that

- exposure to trauma can alter brain chemistry;
- PTSD is probably caused by a mix of factors, including an individual's brain chemistry and hormones, inherited personality traits, inherited predisposition to mental illness, and life experiences; and
- a person suffering from PTSD is not to blame for the development of the disorder.



# DEVELOPMENT OF PTSD

## (CONTINUED)

### Risk Factors for PTSD

Apart from brain chemistry, there are other risk factors for the development of PTSD.

These factors could include:

- being hurt in the traumatic event,
- seeing someone else killed or hurt,
- having a history of mental illness,
- feeling extreme fear or hopelessness,
- having little social support after the event, or
- dealing with extra stress after the event.



# DEVELOPMENT OF PTSD

## (CONTINUED)

### Protective Factors of PTSD

Just as there are many factors that increase the risk of development of PTSD, protective factors can reduce the risk of experiencing PTSD.

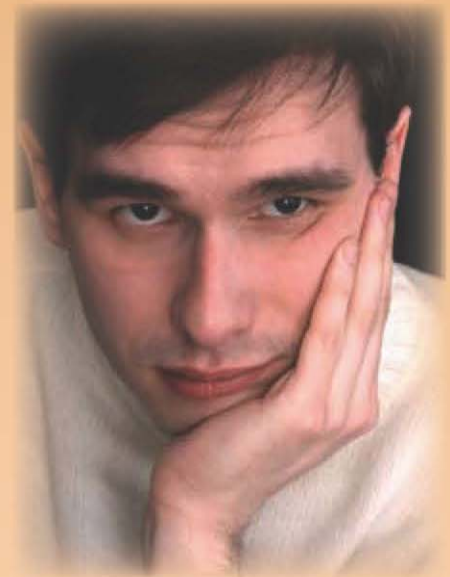
These factors could include:

- seeking support from others, such as friends and family,
- having a coping strategy, or
- attending a support group.

# IGNORING PTSD

Ignoring PTSD will *not* make it go away.

Someone who suspects that a colleague or employee has symptoms that may be related to PTSD should try to help him/her.





# PTSD AT SV: A CASE SCENARIO

Susan has been bringing her two children to the supervised visitation program for several weeks to visit with their father. Staff have noticed that she always seems nervous and jumpy. For example, whenever a passing car honks or breaks loudly, and sometimes even when someone slams a door, Susan experiences a moment of intense panic and takes several minutes to calm down. She seems momentarily dazed and removed from the moment, but afterwards refuses to discuss it and pretends it has never happened. This has occurred at intake, and while Susan was filling out forms and paying service costs. Susan's case history reveals that she was granted an Injunction for Protection Against Domestic Violence.

- 1) What are some indicators that Susan might have PTSD?
- 2) Why might Susan deny that she is experiencing any difficulties?
- 3) What can the SV staff do to help Susan?



# THE GOOD NEWS ABOUT PTSD

The good news about PTSD  
is that it can be treated.

But first the person suffering needs help!

# TREATMENT OF PTSD

There are many very effective treatments for PTSD. What works for some people may not work for others.

The absence of accessible and effective treatment may lead to:

- an increased likelihood of self-medication with alcohol and drugs, and/or
- a higher risk of suicide.

# TREATMENT OF PTSD

## (CONTINUED)

Often people suffering from PTSD are treated with therapy, medications, or some combination of the two.

Therapy as treatment for PTSD:

- should be conducted by trained professionals who are skilled in PTSD treatment.
- can be individual counseling or group therapy.
- can be a place where those struggling with PTSD can meet and learn that their experiences and feelings are shared by others.



# IF SYMPTOMS OF PTSD ARE PRESENT

Anyone experiencing symptoms of PTSD and who may be suffering from the disorder should talk to his/her doctor or someone at a community health center about symptoms and possibilities for treatment.

# IF SYMPTOMS OF PTSD ARE PRESENT (CONTINUED)

After talking to a medical professional, the person can *also* do the following:

- utilize other support systems like family and friends.
- learn more about PTSD.
- talk to others who have been through trauma.
- practice relaxation methods.
- start an exercise program.
- realize that symptoms will most likely go away gradually, not immediately, with treatment from a professional.

# THE ROLE OF THE LOCAL CERTIFIED DOMESTIC VIOLENCE CENTER

The local certified domestic violence center may be able to help most survivors of domestic violence who are suffering for PTSD.

A list of certified programs can be found at [www.fcadv.org](http://www.fcadv.org).



# THE ROLE OF THE CASE/CARE MANAGER

If the case is a referral from a child protective agency, these staff may be able to connect the parent who might be exhibiting symptoms of PTSD with local services.

# **IF SYMPTOMS OF PTSD ARE PRESENT (CONTINUED)**

Anyone who may be considering harming him/herself should contact the 24-hour hotline of the National Suicide Prevention Lifeline at

1-800-273-TALK (1-800-273-8255)

TTY: 1-800-799-4TTY (4889)

# **IF SYMPTOMS OF PTSD ARE PRESENT (CONTINUED)**

Anyone experiencing suicidal thoughts should also call 911 or go to a hospital emergency room immediately.

The website below lists crisis telephone numbers for different cities and counties in Florida.

<http://suicidehotlines.com/florida.html>



# IF SOMEONE YOU KNOW HAS SYMPTOMS THAT MIGHT INDICATE PTSD

It is important that you help him or her to:

- talk to a doctor,
- get the right diagnosis, and
- receive treatment.

# **IF SOMEONE YOU KNOW HAS PTSD (CONTINUED)**

**It is very important to pay attention  
to any statements the person makes about  
harming him/herself.**

**If the person is a child,  
call the Child Abuse Hotline at 1-800-96-ABUSE.**

**Refer adults to the National Suicide Prevention Lifeline at  
1-800-273-TALK (1-800-273-8255)  
TTY: 1-800-799-4TTY (4889)**

# IF SOMEONE YOU KNOW HAS PTSD (CONTINUED)

While the person is receiving treatment, other suggestions to help might include:

- Providing empathy and community referrals.
- Learning about PTSD.
- Listening to the individual.



# REVIEW:

## MYTHS & FACTS ABOUT PTSD

*Myth:* PTSD is caused by a weakness of character.

*Fact:* PTSD is caused by many factors beyond the control of the person suffering from it.

*Myth:* Once a person develops PTSD, he/she will never recover.

*Fact:* PTSD is curable. This means that everyone who is suffering from it should get help.

*Myth:* PTSD is “all in your head.”

*Fact:* PTSD is real, diagnosable, and painful.

*Myth:* PTSD always happens immediately after a traumatic event.

*Fact:* Sometimes weeks or months go by after the event before the person begins to suffer from PTSD, and some people never develop it, even after a traumatic event.

*Myth:* An individual's alcohol and drug use can cure PTSD.

*Fact:* These are depressants which can make PTSD worse.

# ONLINE TRAININGS

There are several online trainings where anyone can get more information about PTSD.

The following programs offer training which may be of interest:

The United States Department of Veterans Affairs offers a free online training in PTSD with continuing education credits available.

The training focuses on assessment, treatment, specific trauma, and special populations.

To start viewing the modules, go to this website:

<http://www.ptsd.va.gov/professional/ptsd101/course-modules/course-modules.asp>.

# ONLINE TRAININGS

## (CONTINUED)

The National Library of Medicine and National Institutes of Health have a fact sheet with many references to more information about PTSD.

[http://www.nlm.nih.gov/medlineplus/  
posttraumaticstressdisorder.html](http://www.nlm.nih.gov/medlineplus/posttraumaticstressdisorder.html)

Here is the link to a tutorial which you can watch to learn more about PTSD:

[http://www.nlm.nih.gov/medlineplus/tutorials/  
ptsd/htm/index.htm.](http://www.nlm.nih.gov/medlineplus/tutorials/ptsd/htm/index.htm)



# ONLINE TRAININGS

## (CONTINUED)

The Center for Deployment Psychology has several tutorial programs that have no fee. There may be information about continuing education credits for these courses at a later date:

<http://deploymentpsych.org/>

The following are training programs this center offers:

Working with Service Members and Veterans with PTSD:

<http://www.essentiallearning.net/student/content/sections/lectora/VeteransPTSD/index.html>

Prolonged Exposure Therapy for PTSD:

<http://www.essentiallearning.net/student/content/sections/lectora/ProlongedExposureTherapyVets/index.html>

Cognitive Processing Therapy for PTSD in Veterans and Military Personnel:

<http://www.essentiallearning.net/Student/content/sections/Lectora/CognitiveProcessingTherapyforPTSDinVeteransandMilitaryPersonnel/index.html>

Please refer to the references if you are interested  
in more information



# REFERENCES

- Cave, D. (2009). A combat role, and anguish, too. The New York Times. Retrieved from <http://www.nytimes.com/2009/11/01/us/01trauma.html?pagewanted=1&sq=ptsd&st=cse&scp=1>.
- Duxbury, F. (2006). Recognising domestic violence in clinical practice using the diagnoses of posttraumatic stress disorder, depression and low self-esteem. The British Journal of General Practice, 56(525): 294-300. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1832239/>.
- Flannery, Jr., R.B. (2001). The employee victim of violence: Recognizing the impact of untreated psychological trauma. American Journal of Alzheimer's Disease and Other Dimentias, 16, 230-233. Retrieved from <http://aja.sagepub.com/cgi/reprint/16/4/230>.
- Florida Guard Online (n.d.) About us. Retrieved from <http://www.floridaguard.army.mil/aboutus/default.aspx>.
- Gajilan, A.C. (2008). Iraq vets and post-traumatic stress: No easy answers. CNN. Retrieved from <http://www.cnn.com/2008/HEALTH/conditions/10/24/ptsd.struggle/index.html>.
- Hughes, M.J. & Jones, L. (2000). Women, domestic violence, and posttraumatic stress disorder (PTSD). Retrieved from [http://www.csus.edu/calst/government\\_affairs/reports/ffp32.pdf](http://www.csus.edu/calst/government_affairs/reports/ffp32.pdf).
- Job Accommodation Network (2008). Accommodation and compliance series: Employees with PostTraumatic Stress Disorder. Retrieved from <http://www.jan.wvu.edu/media/ptsd.html>.
- Kipp-Casati, C. & Chait, R. (2008). 'Copshock': The secret cop killer. The Epoch Times. Retrieved from <http://www.theepochtimes.com/n2/arts-entertainment/copshock-police-ptsd-posttraumaticstress-disord-4373.html>.



# REFERENCES

- Lawford, B.R., Young, R., Noble, E.P., Kann, B., & Ritchie, T. (2005). The D2 dopamine receptor gene is associated with co-morbid depression, anxiety and social dysfunction in veterans with posttraumatic stress disorder. *European Psychiatry*, 21(3), 180-185.
- Marmar, C.R., McCaslin, S.E., Metzler, T.J., Best, S., Weiss, D.S., Fagan, J., . . . Neylan, T. (2006). Predictors of posttraumatic stress in police and other first responders. *Annals of the New York Academy of Sciences*, 1071, 1-18.
- Mayo Clinic (2009). Post-traumatic stress disorder. Retrieved from <http://www.mayoclinic.com/health/post-traumatic-stress-disorder/DS00246/DSECTION=symptoms>.
- Minnick, F. (2007). Higher anxiety. National Guard Association of the United States. Retrieved from <http://www.ngaus.org/NGAUS/files/ccLibraryFiles/Filename/000000002627/ptsd06072.pdf>.
- National Alliance on Mental Illness (2003). Post-traumatic stress disorder. Retrieved from [http://www.nami.org/Template.cfm?Section=By\\_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=68642](http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=68642).
- National Institute of Mental Health (2009). Post-traumatic stress disorder. Retrieved from <http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/complete-index.shtml>.
- National Institute on Drug Abuse (n.d.). Stress and substance abuse: A special report after the 9/11 terrorist attacks. Retrieved from <http://www.drugabuse.gov/stressanddrugabuse.html>.
- Riggs, D.S. (n.d.). Posttraumatic stress disorder and domestic violence. Center for Deployment Psychology. Retrieved from [http://www.familyofavet.com/PTSD\\_domestic\\_violence.html](http://www.familyofavet.com/PTSD_domestic_violence.html).



# REFERENCES

- Shalev, A.YI, Sahar, T., Freedman, S., Peri, T., Glick, N., Brandes, D., Orr, S.P, & Pitman, R.K. (1998). A prospective study of heart rate response following trauma and the subsequent development of Posttraumatic Stress Disorder. *Archive of General Psychiatry*.1998;55(6): 553-559.
- Sherman, M.D., Sautter, F., Jackson, M.H., Lyons, J.A., & Han, X. (2006). Domestic violence in veterans with posttraumatic stress disorder who seek couples therapy. *Journal of Marital and Family Therapy*, 32(4), 479-90.
- Spradling, J. (n.d.). The cycle of violence. Retrieved from [http://www.ksag.org/files/ shared/ Cycle.of. Violence.pdf](http://www.ksag.org/files/shared/Cycle.of.Violence.pdf).
- United States Department of Veterans Affairs (2009). National Center for PTSD. Retrieved from <http://www.ptsd.va.gov/index.asp>.
- Yeager, K.R. and Roberts, A.R. (2005). Differentiating Among Stress, Acute Stress Disorder, Acute Crisis Episodes, Trauma, and PTSD: Paradigm and Treatment Goals. In A.R. Roberts. *Crisis Intervention Handbook: Assessment, Treatment, and Research*. New York: Oxford University Press.



# TO CONTACT THE INSTITUTE

The Institute for Family Violence Studies can be reached at:

Florida State University

College of Social Work

Institute for Family Violence Studies

296 Champions Way

University Center C 2306

Tallahassee FL

850-644-6303

<http://familyvio.csw.fsu.edu/lef>



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An Introduction for Supervised Visitation Program Staff

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*Karen Oehme*

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