



*Blue Star Mothers
of America, Inc.*

Guide To Post Traumatic Stress

(Revised February 6, 2020)

Liability Disclaimer for PTS Booklet

In preparing this information, we have endeavored to offer current, correct and clearly expressed information. However, since inadvertent errors can occur and since relevant laws and regulations often change, the information may be neither current nor accurate.

Further, the information contained on this site is intended to provide general guidance on matters of interest. Nothing on this site constitutes professional advice, nor does any information on this site constitute a comprehensive or complete statement of the issues discussed.

No action should be taken or omitted resulting from reliance on this site's information. Users should obtain professional advice concerning specific matters. Blue Star Mothers of America Inc. accepts no responsibility for any loss resulting from reliance on any information contained on this site or in respect to any information on any other site to which this site may be linked. None of the above shall be taken to exclude liability for fraud or for negligence causing death or personal injury.

Blue Star Mothers of America Inc. is not responsible for the content of external Internet sites.

Information and Research Aide: Nancy Spoerke, Massachusetts

DEDICATION:

To all of our Gold Star families: in memory of the heroes that we all have lost. With each step we take forward in the fight of PTS, we take it with hope and determination to find a way through the darkness in your loved one's memory... To those of you who are walking this path, it may seem like you are alone, but I promise you are not! For we, the Blue Star Mothers, are walking with you each and every step of the way. There is help. Do not give up, no matter how dark it might seem. There are people out here who care about you...

I Stand Guard

As he sleeps upon the couch
I stand guard
Even though I can touch him
He is not necessarily here
The stillness envelops the both of us
While I sit in my chair
He is quiet for a while then
He begins to stir
His arms jerk occasionally
And he mumbles out something
I cannot understand
I brush his forehead and he quiets again
I now sit on the coffee table
Watching his face
Wondering where he is
His brows furrowed
His jaw set tightly
He turns onto his side
Draws himself into a fetal position
He moans out so I lay my hand
Against his cheek
I feel moistness there from tears
He has shed in his sleep
He opens his eyes and blinks
He sits up and looks around in confusion
I sit next to him
When I open my arms to him
He lays his head upon my chest
I hold him in my arms and we rock I know where he is now
He knows he is safe for the moment
Until he falls asleep again
Then I will stand guard

Who is this child of mine?

One day I sent my baby off to war
We all knew what he was fighting for
And then one day, he came back to me
He was not the same we all could see
He tried to be the one that we had sent
Behind his eyes he hid all his torment

My daughter joined the army and put her time in
We waited patiently until she came home again
The nights that she did sleep we kept all the lights on
From early evenings dusk until last of mornings dawn
Her fear, it did not leave when she was on safe soil
The rest of her young life, for peace of mind she'll toil

My boy, the day he left he was such a handsome man
Proud to wear the uniform and fight to save our land
We knew the day would come that he'd be near
Now that he is home I know that he's not here
He lashes out at everything his anger is so strong
It makes no matter to him we've done nothing wrong

A child of mine I sent to war
To me returns someone I know no more
The blank face stares he gives to me
I wonder what it is he really sees
The simple tasks I ask he do
He always starts but never gets through

The alcohol, the drugs they use
They seem to need for one day to get through
Loud laughter is what we might hear
While they are waiting for the enemy to near
Though outsiders they see nothing wrong
We see the weak where once was strong

WHAT IS THE CAUSE OF PTS?

Medical and mental health professionals do not know why some people have PTS reactions to traumatic situations and other people don't. We do know that it does NOT say anything about the strength or character of the person suffering. Again, there is no relationship between how strong a person is and these symptoms; many people who are brave or strong end up with PTS symptoms after going through a traumatic experience.

WHAT ARE THE SYMPTOMS OF PTS?

PTS varies widely in how severe it can be, from mild and short lasting to severe and chronic. These reactions can cause problems in getting along with family and friends, functioning on the job or at school, or adjusting to the transition back to civilian life. Remember, immediately following a traumatic experience, most people commonly experience symptoms. If these symptoms persist continually after the event, they may indicate the person has PTS.

The common reaction to trauma usually subsides within a few weeks. This can include an upset stomach, being jumpy, easily agitated, feeling numb, and other issues like this. However, these items dissipate in a short period of time.

PTS symptoms can come on stronger and last much longer than normal trauma reactions. It is caused from witnessing or participating in a traumatic event. These events can affect two people standing side by side completely differently. It is very common for those serving in a combat zone to show signs of trauma; it is the severity that needs to be kept track of to see if it is common trauma or PTS.

PTS is a very progressive illness that can become more severe if it is left untreated. It can take over the victim and make it too hard for them to comprehend or handle much at any one time. Those suffering from PTS may also suffer from other physical medical issues as they continue with the effects of the illness because stress brings on physical symptoms.

PTS cannot be cured, it can be treated, and those suffering need to attempt to learn ways of handling their specific issues they are experiencing. Many think they can fix it all by themselves; often this slows the mending process down because they may only come up with quick/temporary fixes. Most likely they cannot learn this on their own; they need professional guidance through counseling and doctors.

The earlier the symptoms are noticed and noted the earlier the evaluation and treatment can be started. The symptoms must be watched so they do not get out of control to the point of harming oneself or someone else.

THREE TYPES OF REACTIONS OR "SYMPTOMS" MAKE UP PTS.

1. RE-EXPERIENCING

Sometimes, after a service member has returned from combat, they may continue to think about things that happened or to feel as if one is still in a combat/war-zone. They may have nightmares about events they have witnessed or actual combat situations. At times, they may feel as though they are actually back in the war-zone. Others report that upsetting images of the war-zone can flash into their minds making it difficult to think or concentrate. Sometimes these images are "triggered" by reminders, such as sights, sounds or smells that remind them of their combat experience.

2. AVOIDING REMINDERS AND NUMBING OF EMOTIONS

It seems normal to not want to think about distressing thoughts and to avoid upsetting reminders. However, individuals with combat stress reactions or PTS often go to great lengths to prevent recalling memories or discussing their past experiences. They may also avoid reminders of their experience. They may appear to withdraw emotionally or physically from family and friends and be numb and detached. Not wanting to discuss the traumatic event, feeling detached from others, feeling shut down emotionally are common occurrences. They may resist or even become angry when asked to talk about their feelings or behaviors. They may use alcohol, drugs, or prescription medications to avoid thinking or feeling. This avoidance is a reaction to their combat experience and is not a sign that they are no longer committed to their family and relationships.

3. AROUSAL

Service members may have difficulty letting their "guard down" and sometimes describe feeling jumpy or easily startled. They may drive aggressively. They might closely examine people or places to look for signs of danger or attack. They may be overly protective of children and fear for the child's safety. Having a hard time relaxing or always "on guard," unable to concentrate, excessive concerns about security, getting angry easily are also symptoms of PTS. Feeling keyed up can also make it harder for them to sleep and concentrate and can cause irritability. Even if the person does not have PTS, these symptoms can cause problems. Acting early can prevent symptoms from becoming worse and negatively influencing relationships, careers and the family's well-being.

THERE ARE FOUR DIFFERENT TYPES OF PTS

They are mainly defined by when the symptoms start coming forth and the duration they remain.

There are four types:

1. **Acute:** shows signs soon following the traumatic event and then dissipates within six months.
2. **Chronic:** shows symptoms of the illness soon after the traumatic event, but goes on a prolonged course lasting more than six months time.
3. **Delayed:** the onset time frame does not start for six months or longer following the traumatic event.
4. **Delayed & chronic:** this type does not start showing signs for the first six months, but then may last a long length of time.

SOME OF THE MORE COMMON SYMPTOMS ASSOCIATED WITH PTS:

Physical	Behavioral	Emotional
Fatigue	Pacing	Anxiety
Nausea	Restless	Panic
Chest pain	Outbursts	Guilt
Twitches	Emotional	Survivor guilt
Thirst	Anti-social	Fear
Weak	Suspicion	Denial
Insomnia	Paranoia	Confused
Nightmares	Inability to rest	Irritability
Breathing problems	Inability to sleep	Depression
Muscle tremors	Loss of interest in hobbies	Intense anger
Grinding teeth	Increased alcohol	Agitation
Profuse sweating	Drug use	Withdrawal
Pounding heart	Suicidal thoughts	Apprehension
Intestinal upsets	Cover-up	Poor self-esteem
Headaches/migraines	Not being honest	Hyper-vigilance (on guard)
Loss/gain of weight	Compulsive	Feeling of being alone
Irritability	Using poor judgment	Feeling accused
Light headed	Arrive late to gatherings (so no one can come up behind them)	No trust in others
Difficulty concentrating	Poor time management	Nightmares
Forgetting things	Continuous mission mode	Reoccurring flashback
Chronic pain	Obsessive	Reliving war experience
Never hungry	Financial issues unstable	Phobias: of stores, buildings, phones, & unfamiliar people
Nervousness	Driving erratically	
Uncontrollable shaking	Communication problems	Feeling a need to have pain to remember those fallen
Nervousness	No organization	
Constantly cold	No follow through action	
Making self sick	Barricading self so no one can enter their comfort zone	
	Cleanliness (personal & environment)	

Signs your loved ones may exhibit include: recurrent and intrusive distressing recollections and/or nightmares of the traumatic event including images, thoughts and perceptions (seeing a comrade's dead body or experiencing flashbacks of the sounds of explosions and screaming); intense psychological distress when exposed to cues or reminders of any aspect of the trauma; extreme physical reactivity (e.g., racing pulse, sweating, intense fear) when exposed to any cues or reminders of the trauma.

Any type of suicidal thoughts, talking of despair, hopelessness.

At this time we need to stress if your loved one shows any type of suicidal intentions don't let this go. Take action. Is your loved one talking of harming themselves or someone else? If you think that there is even a chance of this type of thinking taking place, ask the person. You will NOT be suggesting the action to them.

IF YOU CANNOT TALK THIS PERSON OUT OF THESE ACTIONS DIAL 911 IMMEDIATELY! THESE THREATS SHOULD NOT BE TAKEN LIGHTLY.

This person is not thinking clearly and may attempt to harm someone. Make sure, if this action needs to be handled, that it is told immediately to a medical or appropriate person that this person is contemplating suicide or harming another individual.

TREATMENT TIMELINE

As the survivor starts showing signs of post traumatic stress, time is of the essence so that the most benefit will be received. The following is a condensed timeline that will help walk you through what to do and what will take place.

1. A loved one or yourself starts to recognize there may be a problem.
2. If the individual is still in the military, speak to the first sergeant or someone above you in rank. You may also speak to a chaplain, as they will listen to what is happening or what you feel is happening.
3. If the symptoms last longer than a couple weeks, start recording the symptoms so you will have a record. If the symptoms dissipate within a couple of weeks it may be traumatic stress and not go any further. If symptoms continue, you may be on a path that indicate you will need treatment for PTS.
4. Seek help with a professional
5. At this point, depending on the severity, medication may be prescribed
6. Start treatment which may include education on PTS, training for relaxation, coping suggestions, discussions, assessments, and counseling sessions. The treatment may start before, during, or following the evaluation.
7. Receive an evaluation: to receive an evaluation the symptoms must persist for one month or longer (reason for keeping a record as #3 suggests) and must interfere in an individual's functioning capability. This evaluation may include:
 - a. An interview: this is a short interview to see how your life is affected
 - b. An assessment: this can be 8-1 hour sessions or more. It will include covering your history, your experience (stressors) that affected you, and your symptoms. The assessment is done in depth. Family members may be asked to provide additional information.
 - c. A Global Assessment of Functioning Scale may be completed. This is a rating from the assessment and interview to be used as a diagnosis tool.
8. Counseling sessions will be set up on an on-going basis as the professional deems necessary. They may be an individual session, group session, or both. There are many other

programs available for the survivor if they so desire or want more help and support. Ask at the base hospital facility or the nearest VA/Vet Center.

It is extremely important to request phone numbers to have on hand for any emergency situation that might arise. These numbers should consist of at least one of the following: the counselor and or doctor, an emergency treatment facility (hospital or clinic if there is one on base including for) and the VA. You may choose to have contact numbers for all of these facilities. You should have a copy of these to keep for yourself and for a loved one. Do not wait until they are needed and find you don't have them. You may never need them, but don't take that chance.

PTS verses Personality Disorder within the military:

Many military members that feel they have PTS are often told they have personality disorder instead. Once this decision has been reached and accepted it is hard to have the findings changed. Here are the differences between PTS and a personality disorder:

PTS must be confirmed that, if in a war zone, it is combat related. This is accomplished easily by letters of support from yourself, comrades, family, commanders etc. that can tell how you were prior to this event(s) and how it/they affected you. This may take a few months, but is well worth the time. If the sufferer redeploys with symptoms and is diagnosed with PTS, the Department of Veterans Affairs needs to care for the individual if the symptoms persist. This means if diagnosed, care would continue forever and the individual might be eligible to receive a status for disability. This is decided through evaluations, letters, and other paperwork which is mostly composed of military forms.

Personality disorder is considered a pre-existing condition. This illness would be apparent over the member's youth or adolescence years. It is not considered military related. This is one reason the evaluation covers the history of the patient to see if there is any evidence in this area. If evidence is revealed, a discharge may be and probably will be recommended for the member. This process is much faster than an evaluation process for PTS. If personality disorder is questioned, it only requires one psychologist's findings to make the decision and it can be made in just a couple days. Being discharged with a personality disorder finding means you will not be eligible for disability benefits for this illness. Veterans Affairs may offer treatment, but at your own expense.

PTS AND THE FAMILY OF THE SURVIVOR.

As your family goes through the journey with the effects of PTS please remember: Through time, love, and understanding those suffering with PTS can get better.

When someone returns suffering with PTS symptoms it affects the individual and those around them. The family may feel hurt, frustrated, discouraged, or alienated as their loved one goes through different symptoms of the illness. The family is also likely to be the main source of support for the military member.

SO HOW CAN THE FAMILY HELP?

1. Learn about the illness through books, videos, trained professionals (VA, Vet Centers, and doctors).
2. Encourage the survivor to seek help but don't pressure them to do so though.
3. Provide a belonging and support feeling for the survivor.
4. Participate in treatment, not only for the survivor but for family members also.
5. Offer sympathy, but don't baby them.
6. Listen as the survivor talks, but don't pressure them to tell more than they feel capable to handle. Let them know you will be there if they wish to tell you anything else. It will come as time goes on.
7. Talk of how the illness affects your family and what the whole family can do to help to make it an easier time.
8. Talk with someone when you need to. This includes children of the PTS sufferer who need to understand what is happening in their lives. It may be a friend you can open up to or a professional including your family minister.
9. Be patient and don't try to rush the survivor into a normal life.
10. Ask the survivor for their input so they feel included in decisions.
11. Use respect and don't be judgmental during the adjustment time as everyone has changed. Time has passed, responsibilities have been reestablished and control and dependencies have shifted. It will take time for all members to adjust.
12. Watch for signs of symptoms that may need some medical attention.

Where can the family receive help?

[For more information, contact the National Suicide Prevention Lifeline at 1-800-273-TALK \(8255\) or 1-800-SUICIDE \(National Suicide Hotline\)](tel:1800273TALK)

Vets4Warriors.com

The National Center for PTSD (NCPTSD) aims to advance the clinical care and social welfare of U.S. Veterans through research, education and training on PTS and stress-related disorders. This site is an educational resource on PTS and traumatic stress, for veterans and also for mental health care providers, researchers and the general public.

<https://www.ptsd.va.gov/>

U S Department of Veterans Affairs

<http://www.va.gov/>

**To determine the status of a pending VA claim, you can call 1-800-827-1000 and follow the recorded instructions. **

Health Care for Veterans:

<http://www1.va.gov/health/>

Military One Source provides 24-hour information and referrals. (Tele: 800-342-9647)

A Mother's Reflections:

As my son returned stateside from his 14 month deployment, my first thoughts were he returned home physically all right! We already knew he was showing signs of combat PTS while still in Iraq. He already had spoken to his battalion chaplain while there to relieve some of the issues at hand.

I had completed hours of research to find out as much as I could about this illness, on how to help him through the different symptoms before he came home. This has all been a great help as we have gone through different problem areas and I recognized what was happening and discussed it with my son on how to attempt to "fix it" or work to get that particular issue under control. Not all those suffering realize they have a problem and so the earlier it is recognized, the easier it is to receive help and start a counseling program. We were lucky that my son knew something was not right and requested assistance getting through it all.

We have our ups and downs, but things are always getting better in the long run. Some days are better than others, but we make it through each one with a better outlook, more or less thinking okay this is one item we seem to at least have under control. The earlier we can get it under control and start treatment, the easier his life will be to move forward.

Hopefully having a lot of information available in one booklet will help you find an easier path to follow.

Yes, this is an illness that needs to be recognized more with the medical field and military than it is now. Once it is recognized better guidance can be offered. Sometimes it seems like it is a slow process, as it can be at times.

He knows I am here if he wants to talk, needs some comfort or an embrace, and when his old self shines through and we really have a good laugh I know he is working on his goal for achieving a normal life again. But this comes working as a team with his counselors, him, family support and as we make each step forward this gives us hope for the future.

Nancy Spoerke

A Mother's Silent Agony

After two years of being in Iraq, I knew that my son Dan had come home a different person. I mean what person wouldn't after going through what all of these brave men and women do.

It was Christmas just after his return from his second deployment. I picked him up from the airport. When I saw him my heart just fell, not only was he home but he was alive and he was safe and he was not injured or so I thought. This was when I saw just how much my son had changed and how things were different, but boy, I did not know how different.

I knew about PTS. I knew how it affected people and what the signs were as I grew up around Veterans of other wars. I knew this was a possibility, well really a probability, but deep inside you just hope it is the readjustment to life back in the states, the stuff not happening here, normal life (whatever that is). Then came the reality of it. I got a taste of who Dan had become. He was angry and agitated. He paced around like a caged animal and he was so keyed up I thought he was going to explode. At night I could hear him and I thought he was on his phone. A few times I went into his room to ask him to talk quieter and he would be asleep. He was having nightmares. So again I thought this was something that maybe time would take care of.

Dan returned to his base and we discussed the issue. He admitted he was having some problems but he would try to deal with them. Of course Soldiers never want to feel weak and they feel if they come forward to their command that it may just be the end of everything, so Dan chose to wait.

By March, Dan had decided it was time to seek help as everything he was going through was affecting his whole life. His girlfriend was telling him to get help, his friends were telling him and, as they explained it to him, they were not wanting him to get help for them, they only wanted him to get help for himself. He had to want to do it for himself. So he did.

Being active duty, Dan went to SRP and he told them everything. He let it go and explained how it is affecting his life, his well being and how he cannot be a productive Soldier as long as this is happening and that he needed help. There is more to this but I do not want to take up more of the booklet. Just remember this:

Please, if you are active duty military and you are having any problems, do not be afraid to reach out for help. Go to your Chaplain, your NCOs, and your Command and ask for the help you need. There are people that will listen and who care. If you know of another military person who is having problems please reach out to them and help them get the resources and help they need.

Merinda Mullins

Hi, I just wanted to mention a couple of things, I think most of you know what has happened with my son. It is an ongoing battle that we face every day, but, we face it together as a family with hope and a lot of faith in God.

Also, I wanted to thank my team, who have worked very, very hard along side of me going over, checking, rechecking facts trying to decide what was the most important and how best to present it. Without them this booklet could not have been made possible. I treasure their friendship, their dedication, their wiliness to forge a new path while dealing with their own adversity, but most of all their smarts LOL.

As each of us were starting out, it was very difficult. We were scared, felt alone, reaching out for something and we did not even know what we were reaching for. Yet we knew we needed help. Our hearts and minds were racing like a train, so scared that we would have to tell ourselves to breathe. With this booklet, we hope, sincerely hope, you will not feel that. You will feel like we are here reaching out, holding on to you, until you can become stronger, go forward with PTS and find the help you need to do what you have to do to make sure your love one will get the help they need.

My hopes for our future are that we may never lose another one to this illness; we may become stronger as a nation, united as a country, to take care of our beloved military; past, present and future, to provide for them like they have always provided for us.

God Bless. Please Thank Your Military Member for Their Service to Our Country & yours as well.

Emily Afuola
Past PTS Chairwoman - Blue Star Mothers of America

I would like to give a special thank you to my friend, Tomasina for the beautiful poems she contributed. She is a very talented military mother, one that I am so proud to know her & her work.

Tomasina Bruns
 Our Heroes Publications
 PO Box 354 Pana, IL 62557

