

A DISEASE PROCESS MODULE:

POST TRAUMATIC STRESS DISORDER (PTSD)



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We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

A Disease Process Module:

POST TRAUMATIC STRESS DISORDER (PTSD)

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Define PTSD and describe how it develops.



List the three main categories of symptoms seen in people with PTSD.



Compare "risk factors" to "resilience factors" and discuss how each influences the risk for PTSD.



Discuss at least three treatment options for people with PTSD.



Demonstrate care and competence when caring for clients with PTSD in your daily work.



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A Disease Process Module:

Post Traumatic Stress Disorder (PTSD)

GET THE MONSTER OUT OF THE CLOSET

Richard, a 64 year old veteran of the US Army was wounded in hand-to-hand combat in Vietnam in 1966. He lost most of his combat brothers that day and after returning home, grieved their loss by turning to drugs and alcohol.

Over the next 20 years, Richard would marry 3 different times. The first two marriages ended in divorce after claims of physical and mental abuse.

Fortunately, Richard's third wife was not having it! Soon after they met, she began asking questions about his time in the service. She noticed that every time the subject came up, Richard would *shake* and *sweat*. He would start to *breathe harder*, and his face would *flush*. He would reach for a *drink* to calm his nerves. When the buzz of the alcohol kicked in, he was able to forget everything again.

Richard's wife told him, **"You're going to have to let that monster out of the closet if you ever want to be free."**

As it turned out, Richard's third wife was a nurse. She recognized his symptoms right away as PTSD, or Post Traumatic Stress Disorder. She located a therapist that specialized in this type of disorder and made the appointment.

Richard started going to counseling once a week. In addition to starting an anti-depressant medication, his therapy included talking to professionals and to other Vietnam Vets about his experiences. He learned that he was not alone, and he began to be able to speak about that horrible day.

After about 7 months of therapy, Richard came home one day and told his wife, **"I let the monster out of the closet."**

Although Richard's treatment was far from over, the healing had finally begun.

Keep reading to learn more about the affects of PTSD. You'll find out what cau how it's treated, and how you can help someone who is suffering.



WHAT EXACTLY IS PTSD?

Post-traumatic stress disorder (PTSD) is a serious condition that can develop after a person has experienced or witnessed a traumatic or terrifying event in which serious physical harm occurred or was threatened.

PTSD was once called *shell shock* or *battle fatigue syndrome* because it was first identified in people who were involved in combat situations. However, **anyone** can suffer from PTSD after a traumatic event that causes intense fear, helplessness or horror.

- Sexual or physical assault, the unexpected death of a loved one, an accident, a terror attack (like the events of 9/11) or even a natural disaster (like Hurricane Katrina) can cause a person to suffer from PTSD.

THERE ARE SIX CRITERIA FOR A DIAGNOSIS OF PTSD. THEY ARE:



1. The person **goes through** or **sees** something that involves actual or threatened death or serious injury. The person responds to this with intense fear, helplessness or horror.
2. The person then **relives** this traumatic event through dreams or memories. It may feel as if the traumatic event is actually happening right then, and the person can react strongly to events that even resemble the original trauma.
3. The person tries desperately to **avoid** reliving this fear and in doing so, avoids anything associated with the trauma. In some cases, the person may avoid even remembering the trauma, but will still react strongly to certain situations.
4. The person often has **difficulty sleeping** and **concentrating**.
5. Symptoms lasts **longer than a month**.
6. Symptoms cause significant **distress in daily life**.

(See more details about symptoms on page 3.)

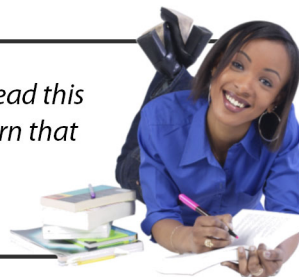


The Facts

- An estimated 7.8 million Americans will experience PTSD at some point in life.
- Studies have shown that about 30 percent of veterans, 45 percent of battered women, 50 percent of sexually abused children, and 35 percent of adult rape victims are likely to suffer from PTSD at some point in life.
- Women are more likely than men to develop PTSD. About 10 percent of women develop PTSD sometime in their lives compared with 5 percent of men.
- Sadly, eighteen percent of military veterans reported they would be *too embarrassed* to seek mental health services if they had symptoms of PTSD. Twenty four percent felt admitting a problem could hurt their careers, and 31 percent felt they would be seen as weak.

WHAT'S NEW?

Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!





THE SIGNS AND SYMPTOMS OF PTSD

There are three main categories of symptoms seen in someone with PTSD. They are "Reliving," "Avoidance," and "Increased Vigilance."

WHAT EXCITES YOU?

PTSD & paws4vets™

A non-profit organization called paws4people has been training and placing therapy dogs with kids who suffer from a range of illnesses and disabilities for the past 13 years.

Now, they have rolled out a new program called **paws4vets™**. This program, provides Veterans with Psychiatric Service Dogs, Mobility Service Dogs and Rehabilitative Assistance Dogs, free of charge.

All of the dogs are trained by federal inmates and the paws4vets™ Wounded Warrior PTSD Intervention and Assistance Dog Training Program.

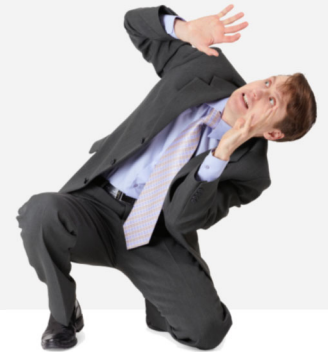
The dogs have shown to be especially useful to Vets with PTSD.

To find out more, visit www.helpkyria.com

RELIVING

The person will continually re-experience the event by having:

- Frequent and intense memories of the event.
- Disturbing dreams or nightmares.
- Flashbacks, hallucinations or illusions of the event.



AVOIDANCE

People with PTSD avoid things that remind them of the event by:



- Denying certain thoughts or feelings.
- Avoiding conversations about the event.
- Forgetting the event.
- Withdrawing from others, avoiding close relationships.
- Restricting themselves from intense feelings such as love or joy.
- Self medicating with drugs or alcohol to dull their feelings.

INCREASED VIGILANCE

People with PTSD may seem "on edge" and may experience:

- Difficulty falling asleep or staying asleep.
- Extreme irritability.
- Outbursts of anger.
- Difficulty concentrating.



WHAT CAN CAUSE PTSD?

There will never be a complete list of traumatic events that can cause PTSD. However, there are certain events that are known (in certain people) to have the potential to cause PTSD. They are:

- Combat or military exposure.
- Childhood sexual or physical abuse.
- Witnessing a parent or sibling being abused.
- Physical or emotional abuse as an adult.
- Rape.
- Violent crime (such as being held up or car-jacked).
- Having your home burglarized.
- Being kidnapped or taken hostage.
- Senseless acts of violence (such as school or neighborhood shootings).
- Being in prison.
- Witnessing a violent crime (even if not involved).
- Terrorist attacks.
- Witnessing a terror attack (even if not involved).
- Car accidents.
- Plane crashes.
- Natural disasters (like hurricanes, earthquakes or floods).
- House fires.
- Life-threatening illness.
- Unexpected death of loved one (especially a spouse, child or parent).
- Suicide of a loved one (especially a spouse, child or parent).
- Working in an environment with a high risk for exposure to trauma (hospital, first-response team, crisis intervention team).

Although the diagnosis of PTSD requires that the sufferer has actually experienced a traumatic event (like one of the above), people may develop PTSD in reaction to events that may not *qualify* as traumatic but are still devastating life events like ***divorce*** or ***unemployment***.



THINK ABOUT IT!

Many people were greatly affected by the events on 9/11 and, as a result, were placed at risk of developing PTSD.

Some people were directly involved, while others were indirectly exposed through extensive television coverage of the attacks.

Several studies have been published that examined rates of PTSD as a result of the 9/11 terrorist attacks.

- One study found that 11 percent of New York City residents had PTSD.
- Four percent of all U.S. residents had PTSD as a result of the attacks.
- Nearly 7 percent of relief workers showed signs of PTSD as a result of direct and indirect exposure to traumatic events at Ground Zero.

How did you feel after the 9/11 attacks? Share your thoughts with your co-workers and supervisor.



WHO GETS PTSD?

People experience dangerous events in different ways. And fortunately, only a small percentage of people who live through a dangerous event will get PTSD. In fact, most will not get the disorder.

There are several factors that play a part in whether a person will get PTSD.

- Some factors, called **risk factors** make a person *more likely* to get PTSD.
- Other factors, called **resilience factors**, can help *reduce* the risk of getting the disorder.

Risk or resilience factors can present *before* the trauma or become present *during* or *after* the traumatic event.

Risk factors that make PTSD more likely include:

- Having a history of mental illness.
- Getting hurt during the traumatic event.
- Seeing people hurt or killed.
- Having little or no social support after the event.
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.

Resilience factors that may reduce the risk of PTSD include:

- Seeking out support from other people, such as friends and family.
- Finding a support group after a traumatic event.
- Being able to act and respond effectively—even while feeling fear.
- Feeling good about one’s own actions in the face of danger.
- Having a coping strategy, or a way of getting through the bad event and learning from it.

Researchers are studying the importance of various risk and resilience factors. With more study, it may be possible someday to predict who is likely to get PTSD and prevent it.



THE NEXT STEP!

Working with clients who suffer from PTSD can be very challenging and at the same time, extremely rewarding!

If you have cared for a client with PTSD, think about the challenges you faced. **What was the hardest part of caring of this person?**

(If you have never had a client with PTSD, ask a co-worker these questions.)

What was the most rewarding thing about caring for your client with PTSD?

What was the most valuable thing you learned about PTSD when caring for this client?

HOW IS PTSD TREATED?

Since every person with PTSD is different, a treatment that works for one person may not work for another. In addition, some people with PTSD may need to try more than one treatment to find what works for their symptoms.

- It's important to note that if someone with PTSD is going through an **ongoing trauma**, such as being in an abusive relationship, then **both** of the problems need to be treated.

The most common treatments for people with PTSD usually include psychotherapy ("talk" therapy), medications, education, coping strategies, sleep hygiene or a combination of all of these.

- **Talk Therapy:** This type of therapy usually involves helping the person manage the symptoms of PTSD by talking about it directly. A therapist can help the person explore and change false beliefs about the trauma and help come up with more productive ways of dealing with the memories.
- **Medications:** Medications that are used to help PTSD sufferers include antidepressants like Prozac, Zoloft, and Paxil. It has been determined that individuals with PTSD are much less likely to experience a relapse of their illness if antidepressant treatment is continued for at least one year.
- **Education:** Providing information about what PTSD is, how many others suffer from the same illness, that it is caused by stress rather than weakness, how it is treated, and what to expect in treatment can increase the likelihood that the person will benefit from therapy and relieve any shame the person may feel about having the disorder.
- **Coping Strategies:** Coping strategies are practical approaches to dealing with intense and disturbing symptoms. Giving a PTSD sufferer coping strategies has been found to be a very useful way to treat the illness. Coping strategies can help sufferers learn how to manage their anger and anxiety, improve their communication skills, and use breathing and other relaxation techniques to gain a sense of control over their emotional and physical symptoms.
- **Sleep Hygiene:** Directly addressing the sleep problems associated with PTSD can help decrease many of the symptoms of PTSD. A counselor can help the person rehearse ways of coping with nightmares, and provide training in relaxation techniques.
- **Family Involvement:** PTSD often affects the *entire* family. Families of sufferers should be encouraged to participate in family counseling or couples counseling along with the person who is suffering.



THINK ABOUT IT!

UNDERSTANDING PTSD TRIGGERS

People with PTSD can decrease or even prevent certain symptoms by identifying their triggers.

Triggers are specific types of thoughts, feelings, and situations that cause the person to have memories of their traumatic event or feelings of being on edge or anxious.

Triggers may include:

- An argument.
- Seeing a news article that reminds you of your traumatic event.
- Watching a movie or television show that reminds you of your traumatic event.
- Seeing a car accident.
- Certain smells.
- The end of a relationship.
- An anniversary.
- Holidays.

Find out the triggers for your PTSD client and help him avoid them!



GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for Paul, a 32 year old Iraq war veteran who lost a leg during combat.
- Since returning home he has been diagnosed with PTSD and other health problems, but he has refused all counseling services. His wife recently left him and took their two children to another state.
- **WHAT YOU KNOW:** Paul is deeply depressed and is even showing signs of being suicidal. Sadly, he won't talk to anyone about his feelings. He is self medicating with alcohol.
- **GET CREATIVE:** What will you do? Think of three creative ways you might try to help Paul to help himself.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

ADDRESSING THE RISK FOR SUICIDE

People who suffer from PTSD are at an increased risk for suicidal thoughts and suicidal behaviors. It's important to know the warning signs that a person is suicidal and how to prevent it.

Not all suicidal clients will give warning signs—but many will. The following is a list of **warning signs** you may observe with your clients:

- Severe depression.
- Talking about suicide.
- Seeking out the means to carry out a suicide (pills, gun, etcetera).
- Preoccupation with death.
- Sense of worthlessness, self hatred.
- Change in personality, showing irritability, pessimism, or apathy.
- Isolation, inability to relate to family and friends.
- Feeling of loneliness, helplessness, hopelessness.
- Anxiety or panic.
- Writing suicide notes.
- Saying goodbye to people—as if they may never see them again.
- Self destructive behaviors— increase in drinking, taking drugs, or other reckless behaviors.
- Sudden desire to tidy up personal affairs, writing a will, etc.
- Sudden sense of calm after being extremely depressed.

SUICIDE PREVENTION STRATEGIES

- **Take all comments about suicide seriously.** If your client tells you he is thinking about or planning a suicide . . . believe him!
- **Remember: you are NOT a counselor or a psychologist.** Do not attempt to give advice or try to “fix” the problem yourself. You must report what your client tells you to a nurse or your supervisor so that professional intervention can be started.
- **Do not leave the person alone.** Never leave a suicidal client alone. Stay with the person until help arrives.
- **Remove the means.** If you client has discussed committing suicide by taking pills ,do what you can **safely** do to remove the pills. If the person has a gun, call 911 immediately.
- **Communicate with care:** Stay relaxed and listen very carefully. Do your best to understand your client's feelings. Make it known by your body language that you are listening. Express compassion. Focus on your client's feelings.

HANDLING VIOLENT BEHAVIORS

Violent behavior and angry outbursts are common symptoms of PTSD. It's important to be prepared with a plan to deal with this behavior when or if it occurs.

Signs that a client may become violent include:



- Yelling, swearing and making threats.
- Looking flushed and tense, with clenched fists.
- Speaking or breathing too fast.
- Glaring intensely.
- Standing too close to others.
- Pacing or stamping their feet.
- Throwing objects.

PROTECT YOUR PERSONAL SAFETY:

- Stand at least an arm's length away from a violent person.
- Avoid letting the person trap you into a corner or block your exit from the room.
- If you fear for your safety, leave the room and contact your supervisor.
- "Buddy up" to provide care to clients who are known to become violent.
- Don't wear jewelry—especially necklaces—to reduce your risk of being strangled during a violent situation.
- Avoid touching an angry person unless you know from past experience that touching them is safe.
- Be a good role model. If you get angry or aggressive because of a client's violence, it will only make the situation worse.
- Make sure you know your workplace policy for getting help if a client becomes violent.



TALK ABOUT IT!

ARE YOU AT RISK?

On page 4 you learned that working in an environment with a high risk for exposure to trauma can lead to PTSD.

This means that nurses and nursing assistants who work in areas of healthcare like the Emergency Room, on a trauma team, first-response team, crisis intervention team, and in psychiatric units are all at risk for experiencing an event that can lead to a diagnosis of PTSD.

Ask yourself and your co-workers these questions:

- Do you now, or have you ever, worked in a high risk healthcare situation?
- What steps would/did/ do you take to protect yourself from PTSD?
- What advice would you give to other healthcare workers in these areas to prevent PTSD?



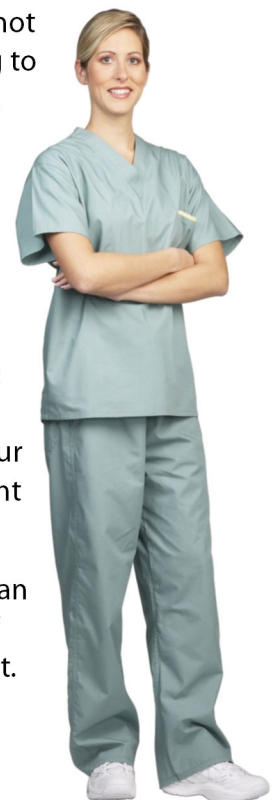
FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. PTSD is a condition that can develop after a person experiences or witnesses a traumatic or terrifying event in which serious physical harm occurred or was threatened.
2. There three main symptoms of PTSD include "Reliving," "Avoidance," and "Increased Vigilance."
3. People experience dangerous events in different ways. And fortunately, only a small percentage of people who live through a dangerous event will get PTSD.
4. The most common treatments for people with PTSD usually include "talk" therapy, meds, coping strategies, sleep hygiene, and/or a combination of all of these.
5. Getting better takes time. A person with PTSD may need years of therapy to recover completely.

HOW YOU CAN HELP WITH PTSD

- **Learn everything you can about PTSD.** Studying this inservice is a great first step, but each person's PTSD will be unique. Knowing all you can will help you to better handle any situation that comes up.
- **Encourage physical exercise (if possible).** Exercising strengthens the body as well as the mind. It can increase a person's physical strength and strengthen their will to recover from PTSD.
- **Never judge.** Remember, PTSD is a reaction to extreme stress . . . not a sign of weakness.
- **Be there to listen.** Make yourself available to your client when he or she needs to talk. Practice active listening.
- **Look out for your client.** Show you care by recognizing if something seems wrong. For example, if your client seems particularly quiet or "down" or if he or she seems to have a poor appetite, mention it. Say, "You don't seem quite yourself today." Ask, "What's going on?"
- **Allow room for setbacks.** Recognize that setbacks may happen, but always remind clients of the progress they have made and will continue to make.
- **Be positive.** A positive attitude is contagious! If you are positive and hopeful for the future, it will rub off on your clients.
- **Give them their space.** Your clients with PTSD may not always feel like talking or having company. Be willing to step aside once in a while and give them some space.
- **Encourage family participation.** Help your client plan and participate in family activities. This can be a fun way for your client to practice normal interaction and feel supported.
- **Weigh your expectations.** While it is important to avoid expecting too much, not expecting anything at all can be just as harmful. Help your clients help themselves by encouraging self care. Don't do for your clients what they can do for themselves—or you might increase dependence and prolong recovery.
- **Take care of yourself.** Caring for clients with PTSD can be exhausting. Remember that you can't take care of someone else if you haven't taken care of yourself first. Eat right, get plenty of rest and take time to have fun outside of work!



FINAL TIPS!

- **Discourage isolation.** PTSD can make people feel disconnected from others. Your PTSD clients may be tempted to withdraw from social activities and loved ones. Remind them that it's important to stay connected to life and to the people who care about them. Support from others is vital to recovery from PTSD.
- **Seek outside support.** Talk to your client about joining a support group for survivors of the same type of trauma. For example, there are support groups for combat veterans, and for survivors of rape and domestic violence. There are support groups for people who suffered abuse as a child and groups for people who have been victims of violent crimes.
 - Ask your supervisor for a list of resources or go online to help your client locate an appropriate support group.
- **Discourage the use of alcohol and drugs.** People who are struggling with difficult emotions and traumatic memories may be tempted to self-medicate with alcohol or drugs. Unfortunately, alcohol and drugs only make the person feel better *temporarily* . . . and they make PTSD worse in the long run.
 - If you feel your client with PTSD is abusing drugs or alcohol, report your observations right away. Help is available.
- **Be patient and understanding.** Getting better takes time. A person with PTSD may need to talk about the traumatic event over and over again. This is part of the healing process, so avoid the temptation to tell your client to stop rehashing the past and move on.
- **Try to anticipate and prepare for PTSD triggers.** Common triggers include anniversary dates; people or places associated with the trauma; and certain sights, sounds, or smells. If you are aware of which triggers may cause an upsetting reaction, you'll be in a better position to offer your support and help your client through it.



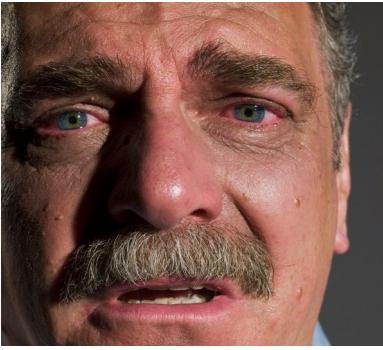
WHAT I KNOW NOW!

Now that you've read this inservice on PTSD, jot down a couple of things you learned that you didn't know before.

GET MORE INFORMATION

Here are some websites you and your clients with PTSD may find helpful:

- **The Gateway to PTSD Info** at: www.ptsdinfo.org
- **The National Center for PTSD** at: www.ptsd.va.gov
- **Make the Connection** at: maketheconnection.net
- **A Gift from Within** at: www.giftfromwithin.org
- **Strength to Heal** at: www.strengthtoheal.com



A Disease Process Module:
Post Traumatic Stress Disorder (PTSD)

EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.

Are you "In the Know" about PTSD? Circle the best choice. Then check your answers with your supervisor!

- Intense memories, disturbing dreams and flashbacks are all part of :**
 - A. Increased vigilance.
 - B. Avoidance.
 - C. Reliving.
 - D. Self medicating.
- Common treatments for PTSD include medication and:**
 - A. Talk therapy.
 - B. Sleep hygiene.
 - C. Joining a support group.
 - D. All of the above.
- Your client tells you he has been thinking about ending his life. He has access to a large amount of pain medication and plans on taking the pills as soon as he can say a final good-bye to his daughter. You should:**
 - A. Arrange for the daughter to come for a final visit—just in case.
 - B. Report the situation right away and stay with him until help arrives.
 - C. Take all of the pain medication home with you when your shift is over.
 - D. Do nothing, you're not trained to stop someone from committing suicide.
- Factors that may reduce the risk of PTSD are called:**
 - A. Resilience factors
 - B. Supportive factors.
 - C. Risk factors.
 - D. Stress factors
- True or False**
Everyone who experiences a traumatic event will develop some level of PTSD.
- True or False**
Self-medicating with drugs or alcohol can help with the symptoms of PTSD.
- True or False**
A movie or television show can trigger the symptoms of PTSD.
- True or False**
People with PTSD often withdraw from social activities and loved ones.
- True or False**
Problems falling asleep and staying asleep are common in people with PTSD.
- True or False**
Combat veterans are the only people at risk of developing true PTSD.

