

Diagnosing and Treating Post-Traumatic Stress Disorder

By Michelle Parker,
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Shattering of the SOUL

I went looking for my daughter and granddaughter. I found the crash. There was yellow police tape. I was about 100 feet away from Wendy's car. Her body was hanging out of it. Kimberly's body lay on the ground next to it. I could see them, but I couldn't see them.

I kept asking the police officers where my kids were. They just kept answering, "They're gone." Gone where? To the hospital? In the ambulance? Finally, an officer said, "They are dead."

Liar! My kids weren't dead! Where were they? I remember seeing something partially covered by a yellow tarp.

One of the officers said that an alleged drunk driver ran a stop sign at approximately 90 mph. He said that my daughter was the point of impact. Liar! Where are they? Are they together?

A lot of people were around, but all I could hear was the police officer who was speaking to me. He said I should have a closed casket for Wendy. How could he know it was my daughter if it needed to be a closed casket?

I don't remember seeing any emergency vehicles or seeing her car. I do remember I needed to throw up. I couldn't breathe. It wasn't real.

The officer told me the license plate number of the vehicle struck—it was Wendy's. He described the passengers killed—a 26-year-old female and 6-year-old girl, both blonde. It was Wendy and Kimberly. But it couldn't be them—it wasn't real.

The officer said they identified the driver by the license she had in her back pocket. That's when I knew—these were my kids.

I watched myself separate. I was floating above, looking at myself talking to the officers. I was congratulating myself. "Wow, you are cool! You aren't screaming, yelling, ranting or raving. I would be screaming and yelling and ranting and raving. You are being so polite to the officers, thanking them, asking if there is anything you can do. I am quite impressed with you." It was as if I were two people.

I called my sisters. They didn't recognize my voice. They could barely hear me. I thought I was shouting, but they said I was speaking just barely above a whisper.

I had to get home. I had to empty the dishwasher. I promised Wendy I would do it before she got home. If I emptied it, then this didn't happen.

Kneeling on the kitchen floor, every plate weighed a ton. I heard this horrible, horrible sound. I didn't know where it was coming from. Someone was shaking.

I realized my sister Terry was standing behind me. No, she was holding me. I was the one shaking. I was the one making the noise.

My other self kept saying I had to empty the dishwasher because, if I did, this wasn't real. But, it was real anyway.



That is what Sherry Hampton-Sands recalls of June 10, 2000—the day her daughter Wendy and granddaughter Kimberly were killed. And she relives it every day.

From nightmares and flashbacks, to forgetfulness and confusion, to startled responses and the inability to sleep, Sherry cannot do anything but think about June 10, 2000.

But there is hope. Sherry has been diagnosed with and is being treated for Post-Traumatic Stress Disorder (PTSD).

Triggered by Trauma

PTSD is a disorder marked by biological changes and psychological symptoms that can result from exposure to a traumatic event. And, as Sherry can attest, it can significantly impair a person's daily life.

"The normal mundane things that I could do by rote, I could no longer do," Sherry says. "Not only that, I couldn't even remember if I did them. 'Did I brush my teeth? How do I find my house? I had to go to the bathroom; did I?' It was constant and it made me crazy. I felt so angry, inept and disorientated."

"I call PTSD 'the shattering of the soul,'" says Glenn Schiraldi, Ph.D., author of *The Post-Traumatic Stress Disorder Sourcebook* and member of the board of directors of the Depression and Related Affective Disorders Association. "A trauma is a wound. PTSD refers to a profound emotional wound that is deeper, broader and more complex than depression."

PTSD is the only mental illness where a requirement of experiencing a trauma is part of the diagnostic criteria. In other words, a person must experience a catastrophic event in order to develop PTSD.

These catastrophic events—also known as traumatic events or severe stressors—fall into three categories:

- Intentional human events such as combat, abuse (sexual, physical, emotional), torture, violent crime or terrorism
- Unintentional human stressors such as a plane crash, train wreck, explosion or the collapse of a building, bridge or dam
- Acts of nature such as hurricanes, tornados, floods, earthquakes, avalanches or animal attacks.



PTSD Resources

For information, referrals and other helpful resources on Post-Traumatic Stress Disorder (PTSD), visit:

- Anxiety Disorders Association of America—www.adaa.org
- Association for Advancement of Behavior Therapy—www.aabt.org
- International Society for Traumatic Stress Studies—www.istss.org
- Sidran Institute—www.sidran.org
- Trauma Recovery Institute—www.traumarecoveryinstitute.org

Who Is Affected?

Of the three categories, Dr. Schiraldi says, "Intentional human traumas are usually the worst because they are typically the most degrading, and are most likely to cause people to lose faith and trust in humanity, love and themselves. PTSD symptoms from such stressors are usually more complex, longer in duration and more difficult to treat."

Drunk driving falls into the category of intentional human trauma in that drunk driving is a violent crime and that it is a conscious—intentional—decision by the person to drive after drinking. But not everyone who has experienced a drunk driving crash, or other traumatic event, will develop PTSD.

"The closer you are to an event and the duration of the event are good predictors of whether a person will develop the disorder," Dr. Schiraldi explains.

In his book, Dr. Schiraldi outlines other factors that can increase the likelihood of developing the disorder: if the event(s) is sudden and unpredictable, lasts a long time, recurs or is thought likely to recur, contains real or threatened violence, involves multiple stressors, or occurs in early years before the personality is fully developed.

In addition, these risk factors exist: those who experience the stressor with greater intensity, unpredictability, uncontrollability, and real or perceived responsibility; those with prior vulnerability factors such as genetics, early age of onset and longer-lasting childhood trauma; those who have a perceived threat or danger, suffering, upset, terror and fear; and those with a social environment that produces shame, guilt or self-hatred.

Signs and Symptoms

While it's important to understand the complexities of how PTSD develops and who is affected, recognizing the symptoms of the disorder is the most vital aspect in seeking treatment.

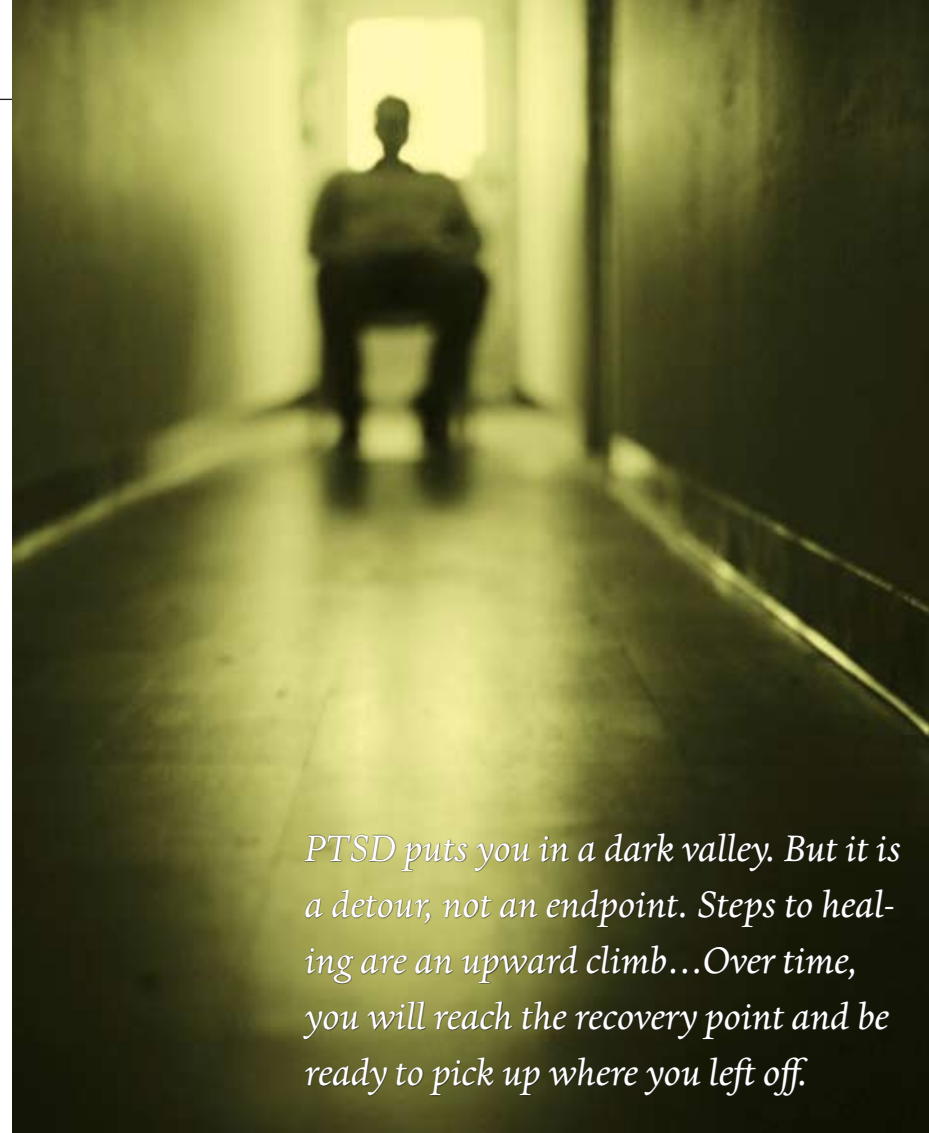
At first, the symptoms of PTSD seem to be part of a normal response to a traumatic experience. But if they persist for a month or more, it could be PTSD. And, the disorder doesn't necessarily occur immediately following the trauma. Sometimes PTSD surfaces months or even years later.

There are three categories of PTSD symptoms: intrusive, hyperarousal and avoidant.

Intrusive symptoms—also referred to as event re-experienced—are when unpleasant memories of the event repeatedly intrude into a person's thoughts or awareness.

"Thoughts, images and perceptions are forms of intrusive recollections," Dr. Schiraldi explains. "Nightmares are a common form. So are flashbacks, which are particularly upsetting because it feels like you are reliving the trauma."

Intrusions are unwelcome, uninvited and painful. They also cause feelings of fear, rage, sadness, guilt and vulnerability.



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They often occur when a person's guard is down and a "trigger" can remind them of the trauma, which starts the intrusions.

"A certain word or song would send me into what I refer to as my 'zone out,'" Sherry says. "About 15 or 20 minutes later, I would come out of it and have no idea what I was thinking. I would just lose blocks of time."

Dr. Schiraldi says, "I liken trauma to a screaming, emotional 2-year-old trying to escape from a playpen in the middle of the living room while you are trying to watch television. You wish for a few moments of peace, but the more you ignore the child, the more the child demands attention and the more effort it takes to concentrate on the television. Seeing a child on television reminds you of your own child."

Even more troubling can be the **hyperarousal symptoms** of PTSD. Because the nervous system has become accustomed to being overwhelmed, it remains nervous and overreacts to the smallest of stressors. As a result, someone with PTSD can experience trouble sleeping, outbursts of anger, difficulty concentrating or remembering, hypervigilance or exaggerated startle response.

"You don't go into the closet to look for milk, but I did," Sherry says of the time before seeking treatment. "I literally couldn't remember anything."

"At work I would take a patient's measurements and leave the room to get their brace. My secretary would find me working on something else and say, 'Sherry, do you know you have a patient?' In the time it took me to walk out the door to get the brace, I would have completely forgotten I had a patient and would start working on something else.

"I also couldn't sleep. I would try, but my mind would go on and on," Sherry recalls. "And if someone just tapped me on the back, I would about jump out of my skin."

"It made it so that I not only had thoughts of suicide, I couldn't wait to die."

Because of intrusive thoughts and hyperarousal, many with PTSD also have **avoidance issues**. Desperately trying to escape the trauma, many victims avoid people, places and activities that could arouse recollections, some use drugs or overwork, some pretend the trauma never happened, and others simply shut down.

Treatment Options

"Time heals all wounds" doesn't necessarily apply to PTSD. In fact, if left untreated, the effects of PTSD can be prolonged and worsen over time. There are, however, many treatment options that have a good success rate in helping overcome PTSD.

But, Dr. Schiraldi cautions, "The sooner you get treated, the better the prognosis. And, you need to work with a clinician who specializes in treating trauma. Most clinicians understand how to treat depression, there are far fewer who understand how to treat trauma because it is so much more complex."

"My symptoms went on for about three months before I sought treatment," Sherry says. "I saw my family doctor, a psychiatrist and two counselors. None of them worked out. A friend told me about a clinician who specializes in trauma. She was the one who was finally able to help me."

Whether you seek treatment from a skilled mental health professional, utilize medication to help in coping with symptoms, participate in support groups, incorporate self-managed treatment approaches or try a combination of the options, you must go into it understanding that treatment is not easy.

"PTSD puts you in a dark valley. But it is a detour, not an endpoint," Dr. Schiraldi says. "Steps to healing are an upward climb. You may take two steps forward and one back. And it is often not a smooth climb. You may feel worse before you get better. But, over time, you will reach the recovery point and be ready to pick up where you left off."

Strength to Overcome

PTSD is a debilitating disorder that can steal your life away from you. But it doesn't have to be that way. By understanding the causes of PTSD, recognizing the symptoms and seeking treatment, PTSD can be successfully overcome.

"These are things I have to deal with," Sherry says. "For how long, I don't know. But I know that I am getting better and my treatment has been worth it."

"I would tell anyone who thinks they have PTSD to go to someone who specializes in trauma recovery and take your life one day at a time."

It continues to be a journey, but, with treatment, Sherry is finally able to move from finding the crash that killed her daughter and granddaughter to finding herself again.