Stress is a part of everyday life for most people. The added stress that results from natural or manmade disasters can push many to their emotional limits. Typical reactions include fear, grief, anger, and helplessness, as well as nausea, withdrawal from other people, and irritability.

The stress reactions that most disaster survivors experience tend to diminish after a few weeks. People are able to resume their normal responsibilities and their emotional state regains its balance, even though the events surrounding the disaster may still be fresh. The disaster is not forgotten, but life goes on as each victim copes and functions day to day.

For some disaster survivors, however, the emotional trauma continues to haunt them long afterward. When this happens, the victim is sometimes diagnosed as suffering from Post-Traumatic Stress Disorder (PTSD). This publication reviews the causes, symptoms, and treatment of PTSD, especially as a result of surviving a disaster.

**Diagnosing PTSD**

PTSD is best diagnosed and treated by a mental health professional, but many of the symptoms may be evident to friends and family of a victim. Depending on many circumstances, about one in four disaster survivors experiences some or all of the following severe stress symptoms:

- **Dissociation** (feeling completely unreal or outside yourself, like in a dream; having blank periods of time you cannot remember)
- **Avoidance behavior** (refusing to go places or do things that remind you of the disaster)
- **Intrusive re-experiencing** (terrifying memories, nightmares, or flashbacks),
- **Extreme attempts to avoid disturbing memories** (such as through substance abuse)
- **Extreme emotional numbing** (completely unable to feel emotions)
- **Hyperarousal** (panic attacks, rage, extreme irritability, intense agitation, or being easily startled)
- **Severe anxiety** (paralyzing worry, extreme helplessness, compulsions, or obsessions)
- **Severe depression** (complete loss of hope, self-worth, motivation, or purpose in life)

Many disaster survivors experience many of these symptoms to some degree. When these symptoms persist longer than one or two months after the disaster, however, or begin suddenly months after the event, consider talking with a mental health professional.
PTSD Risk Factors

What conditions surrounding a traumatic disaster make a severe reaction such as PTSD more likely? Three risk factors have been identified, especially for children:

• Characteristics of the disaster itself (how severe it is, how long it lasts, how close it is perceived to be to the people involved)
• Characteristics of the victims (resilient personalities, sense of control, prior emotional illness)
• Factors after the disaster (availability of support, prevention of recurrence, re-experiencing aspects of the disaster such as sounds and smells)

Other conditions also contribute to the severity of a person's reactions. For example, trauma that results directly from another person (such as rape or child abuse) is typically more serious than trauma not inflicted directly by other people. For example, nearly all children who witness a parent being murdered develop PTSD. For reasons that are not well understood, girls are twice as likely as boys to develop PTSD. Victims who have previously experienced numerous traumatic events are more at risk of developing PTSD from additional threats, compared to people who have not experienced as much trauma in their lives. For example, about one-third of urban youth exposed to chronic community violence develop PTSD over time. Chemicals in the brain actually change and thereby affect behavior, learning, and memory.

Research with children following the Oklahoma City terrorist bombing showed that children exposed to more media coverage of the disaster were more traumatized. With the intense media attention following the more recent World Trade Center terrorism, many children nationwide may have experienced PTSD symptoms.

Treating PTSD

With proper treatment, PTSD victims stand a good chance of controlling the symptoms that interfere with their day-to-day lives. Two types of treatment, used separately or in combination, seem to be most effective:

• Psychotherapy, especially one type called “cognitive behavioral therapy,” or CBT. With CBT, the therapist helps the patient examine the events of the disaster and re-evaluate the patient's beliefs and fears in realistic ways. With children, CBT often includes art therapy and play therapy to help children express their fears safely. Improvements are usually clear after six to twelve weeks of CBT, especially when the patient has supportive family and friends.
• Use of medication, especially to minimize the symptoms of PTSD that interfere with the patient's daily life. Medications are effective with adults in reducing sleep disturbances, depression, intrusive thoughts, panic attacks, and impulse control. Less is known about the use of these medications with teens and children.

Interestingly, sometimes the persons closest to a disaster don't believe they need help and will not seek out support. Some reasons for this include:

• A feeling that you are better off than those who were more affected, and therefore you should not be upset
• Pride, or a feeling that showing distress is a weakness
• A belief that there is too much recovery work (clearing debris, searching for victims, recovering lost possessions) to be done to worry about emotional symptoms

Relief workers who have direct contact with victims, such as firefighters and medical personnel, are particularly prone to these beliefs and may require special attention to ensure their healthy coping.

Steps to Help Your Own Recovery

Most disaster victims try to deal with their emotional trauma by themselves and with the support of their family, friends, and faith. The resilience of individuals
and communities is strong. Here are some positive steps that you can take to speed your own recovery:

- Talk with the people you feel closest to, at your own pace. Be a good listener yourself. Different people need to talk in different amounts and at different times.
- Talk with other trauma survivors specifically about your shared experiences and feelings. Consider meeting from time to time to reduce your sense of isolation and to rebuild trust.
- Reconsider the beliefs you have about yourself. For example, move past regret you may feel about past decisions. Focus on what you can do from now on. Remind yourself of all the things you do well. Consider whether any goodness can be found in the aftermath of the disaster, such as people coming together to help one another.
- Find and practice ways of relaxing. Some people use exercises, prayer, breathing exercises, listening to music, and many other ways.
- Start an exercise program, with a doctor’s OK. When you are physically fit, your body is more resilient against many stress-related conditions. Exercise can also get your mind off painful memories and enhance your sense of control.
- Volunteer in your community. You have lots to offer others, and communities are rebuilt when everyone pitches in. Even if you are limited physically or by time, there is almost certainly something you can do to contribute to recovery.

Researchers are still learning about how and why different disasters affect people and communities in different ways, and how best to treat such trauma. Finding help soon after a disaster, and continuing to monitor emotional recovery, are important steps in every situation.

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