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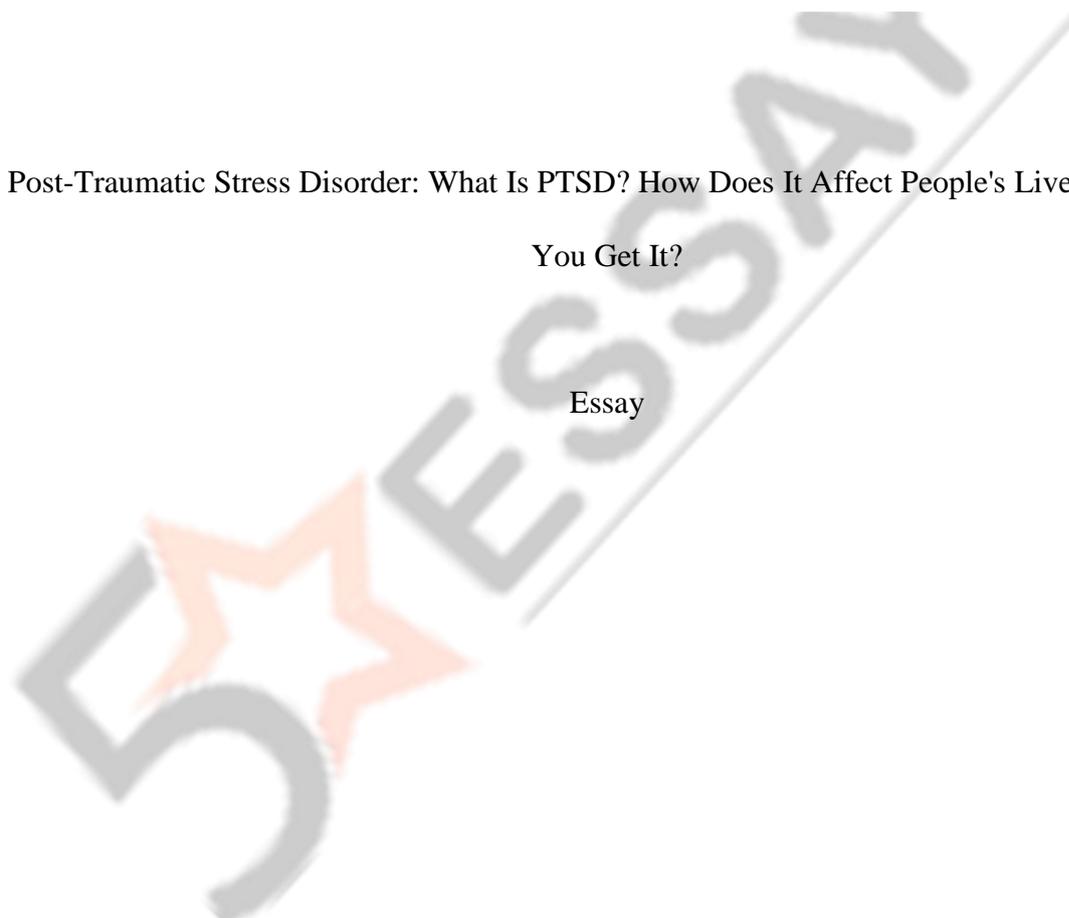
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Post-Traumatic Stress Disorder: What Is PTSD? How Does It Affect People's Live? How Do

You Get It?

Essay



Abstract

Post-traumatic stress disorder is caused due to experience with a traumatic event. The traumatic event could be an accident, war, terrorist activity or abuse. Traumatic stress could occur at any age and any gender. Family history, genes and other factors play an important role in determining the vulnerability to this disorder. Women are at higher risk to develop it than man. Sleeping and eating habits, an outburst of anger, moodiness, irritability etc. are some of the symptoms of this order. Post-traumatic stress disorder can be managed with healthy coping methods and professional help.

Post-Traumatic Stress Disorder: What Is PTSD? How Does It Affect People's Live? How Do You Get It?

Post-traumatic stress disorder is a psychological condition. This condition is a result of experience to some events that may be frightful, scary or shocking. These events may be termed as traumatic events. An accident, a sudden shock or any other stressful event may create this disorder. People of any age may suffer from it at any time. Sometimes due to the adoption of good coping methods and techniques, disorder symptoms fade away. But in some cases, these symptoms may last for a very long time. They may last for months or years. This could produce adverse impacts on the life of a person suffering from it. The disorder may interfere with the normal routine of sufferers. It may make one's life difficult and stressful. Anxiety could take over a person suffering from this disorder. Early treatments can play a vital role in treating the disorder. To prevent this disorder to interfere in one's life, a proper treatment must be taken as early as possible.

PTSD

The disorder may be defined as one's experience with a traumatic event that may be outside the control of a person. The experience with the event may cause the sufferer to avoid stimuli associated with the event, experiencing the event again and again over a period of time or suffering from various dysfunction including autonomic and cognitive ones. Dysphoria may be a result of post-traumatic stress disorder.

Traumatic events that result in this particular order may be several in number. They may include witnessing a war, a terrorist activity, an accident, natural disasters, rape, childhood abuse, robbery, kidnapping, death or any other event that may be extremely frightful, terrible and shocking to the one witnessing or experiencing it.

Post-traumatic stress disorder is more common among women than among men. The stress could create one's ability to live a normal life. Flashbacks or event are experienced by the sufferer. Sleeping disorder may result due to PTSD sometimes the symptoms are so severe that the ability to live in a normal way is much difficult. Suffers may even detach themselves from others and may begin to live in complete isolation.

The sufferer may experience a variety of symptoms as a result of post-traumatic stress disorder. They may experience trembling and sweating. Nightmares, flashbacks, moodiness, inability to concentrate, avoidance of every that is associated with the event, insomnia, suddenly become angry and annoyed, being irritated all the time and social detachment are some of the symptoms of post-traumatic stress disorders. These symptoms may be related to behavior. There are other symptoms that may impact the physical condition of the sufferer. This includes body aches, chest pains, and a weak immune system. The sufferer may depend on drugs so as to cope with the disorder or to forget the traumatic event. They may find it difficult to work and do tasks of a daily routine. Thus, post-traumatic stress disorder could make one's life worse and terrible.

People may experience symptoms after experiencing a traumatic event. There are times when these symptoms are not severe and go away with the passage of time. Sleeping habits and eating habits may be affected. Moodiness or inability to concentrate may result for a short period of time and may vanish over a short period time. However, these symptoms may persist and may stay for considerably a longer span. More symptoms may appear as a result of experience with a traumatic event. When symptoms stay for more than one month, then it is the time to consult a doctor. A doctor's guidance and advice must be immediately sought if symptoms last for more than a month. Sometimes suffers may even harm them self to cope up with the event.

Individuals having a family history of mental disorders are at a high risk of developing post-traumatic stress disorder. Child abuse sufferer is also more likely to be a victim of this disorder. A study revealed that breast can patients may also develop this disorder. Women are at a greater risk than man to develop post-traumatic stress disorder. Women are four times more vulnerable to PTSD than man. Giving childbirth may give rise to PTSD among women. Domestic violence, abuse, and rape may develop post-traumatic stress disorder. Hormonal disturbances and certain genes are associated with post-traumatic stress disorder. People having poor and improper mental and physical health are at increased risk of post-traumatic stress disorder.

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The prevalence rate of post-traumatic stress disorder is higher among people working in military police and emergency services. These people are more likely to develop post-traumatic stress disorder because they have greater exposure to traumatic events. Men are exposed to greater traumatic events but women are affected by these events the most. It has been researched that majority of the people are at a risk of experiencing post-traumatic disorder at least once in their lifetimes. In America about 7.8% of the population is affected by post-traumatic stress disorder. Among them, ten percent are women and five percent are men.

It has been researched that individuals with rape history are at the highest risk of developing post-traumatic stress disorder. This is followed by child abuse and negligence. Both child abuse and negligence are at the second highest risk of developing post-traumatic stress disorders. Witnesses of accidents and deaths are at the lowest risk of developing post-traumatic stress disorder.

Diagnosis of post-traumatic stress is mentioned below. These guidelines are presented by ICS-10 criteria for diagnostic of posttraumatic stress. They have been mentioned in the sequence below:

- Exposure to a traumatic event that is treating, frightful or scary.
- Have flashbacks or the traumatic event or remembrance of the traumatic event
- Staying away from things that remind the post traumatic event
- Any of these may be experienced after experiencing post-traumatic event
- o Having difficulty in recalling the complete event
- o Having sleeping, eating disorders, sudden outburst of anger or having difficulty in concentrating

- Above symptoms should arise within the time period of six months after experiencing a traumatic event.

DSM-IV criteria for diagnosing post-traumatic stress is somewhat different are stricter than the previous ones. It lays the greatest stress on symptoms relating to avoiding stimuli that recall the events, emotional numbing, inability to maintain normal routine and inability to lead a normal life. Both these criteria are being used to diagnose post-traumatic stress disorder.

In order to diagnose post-traumatic stress disorder different well-structured and researched instrument are used. These instruments have been thoroughly researched and are valid in diagnosing post-traumatic stress disorder. Structured interviews at clinics can be helpful in diagnosing post-traumatic stress disorder. Some of the instruments used in diagnosing post-traumatic stress disorder have been discussed below:

- Post-traumatic diagnostic scale by Foa et all, 1997 (Foa EB, 1997)
- Davidson son trauma scale by Davidson et all, 1997 (Davidson JR1, 1997)
- Impact of event scale by Horowitz et all, 1979 (Horowitz MJ, 1979)
- Post-traumatic stress disorder checklist by Weathers and Ford, 1996 (Weathers FW, 1996)

Hofstede's Collectivist Dimension

In order to understand possibility of treating and managing PTSD in adolescents, the collects theory by Hofstede can by analyzed which explains how an integrated and joint culture ensures psychological stability of the individuals. Hofstede (1997) argues that it is important to better understand the organizational culture because it has a significant influence on the attitudes, responses and motivation level

Considering the scope of our research, it must be understood that from Collectivist point of view, communities vary from each other in the level of significance they put on Group Relatedness or Association. Some anticipate that individuals will assemble a solid bond with their in-groups, consequently emphasizing an abnormal state of Group Relatedness. We can call this trademark collectivistic. Some others permit individuals to cultivate a certain level of independence and have a free relationship with their in-groups, in this way emphasizing the low level of Group Relatedness, or individualistic. The term individualistic can delude since nobody can be completely all alone.

Group Relatedness is only about the relationship between one individual and his/her in-groups. Be that as it may, this can't be utilized index for a group; or for an inter-group incidents. At the point when a group of individuals is working in groups, joining a challenge, or forming a gathering, and so forth., it doesn't mean they are collectivistic as these are only an all-inclusive, standardized methods for group functioning (Gupta V, 2007). It additionally says nothing in regards to this esteem since there is no relationship between this in-group and an individual inside it. So also, without an in-group setting, we can't choose if the individual is individualistic or collectivistic. Subsequently the depiction of a man as "independent, flexibility cherishing, and defiant" does not consequently indicate this is an individualist since we don't know how they are joined to their in-group.

A standout amongst the most notable attributes of this esteem is the view of agreement. In spite of the fact that this thought is all around vital in all social orders, the emphasis set on it varies along the size of individualistic-normal collectivistic. Concordance is connected with significantly more criticalness on the collectivistic end, showcasing a solid Group Relatedness and eagerness to maintain request and security. Head on the encounter is viewed as discourteous and undesirable.

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Furthermore, in a group setting, collectivists will probably see themselves as a component of a group and it can be outlandish to talk up without being authorized by the group. As a rule, it is more invaluable to give collectivists a chance to frame groups and let them talk up later as a representative of a group. Essentially, while talking the fact of the matter is all around critical, this prudence might be more adaptable if reality turns out to conceivably hurt the concordance of a group that inclines toward the collectivistic end of this esteem measurement.

The second specification for Group Relatedness is a general idea called respect, comprehended as open nobility of a man or a group. The craving for face runs as an inseparable unit with the longing for agreement, since losing face prompts to disgrace and encounter, and therefore, losing concordance. Maintaining a constructive face is attractive for everybody, be that as it may, it is a great deal more vital towards the collectivistic end of this esteem measurement where losing respect is a genuine individual attack. Respect is likewise viewed as a social money, for it can be lost, increased, developed, or given to others in the feeling of respect or prestige. By and large, permitting somebody to conceal any hint of failure face is more imperative than coming clean. That is the reason face is to a great degree helpless at the transaction table where only a seemingly innocuous remedy of somebody's announcement can prompt to serious loss of respect and effect the entire procedure.

Another specification is that of self-esteem that is the means by which interdependence is seen in every general public. Despite the fact that this is a widespread righteousness and

nobody can get by without relying on a system of proportional support, individuals can be relied upon to achieve different levels of interdependence. Interdependence shows itself in what every individual should contribute, and thus, can hope to pick up from the group they have a place with. Numerous organizations miss the point to calculate purchasing power depending on individual income, basically in light of the fact that collectivistic families ordinarily pool their resources.

The last thought we have to investigate inside this esteem measurement is trust. Trust is general, and it can be further distinguished as influence based trust and perception based trust. The previous is more connected with collectivism and the last with individualism.

RECOMMENDATION: Accessible AND State of Art Clinical Facility

Considering the risks, threats, and barriers faced by the Adolescents to seek quality treatment for PTSD, it is important that specialized clinics must be established within the accessible vicinity that are capable of providing immediate care to the war adolescents. The proposed accessible clinic for the PTSD-suffering adolescents will include the following features:

1. Authorized with the standards of PTSD identified and regulated by Department of VA and concerned Health Care authorities.
2. Easy to Access health care centers that may also have the facility of Tele-pathology or eServices for the patients who may not be able to travel or have personal issues to visit the clinical facility.
3. The centers will be able to treat inpatients as well as Outpatients.
4. The health care providers will be specialized in PTSD associated with adolescents only.

5. The centers will be authorized with government funding departments as well as local funding and charity organizations to ensure that the economic burden is lifted off the PTSD-suffering Adolescent patients and their families.
6. The organization of the Clinical Facilities will be in accordance with the standard specified by VA as shown in the figure below:

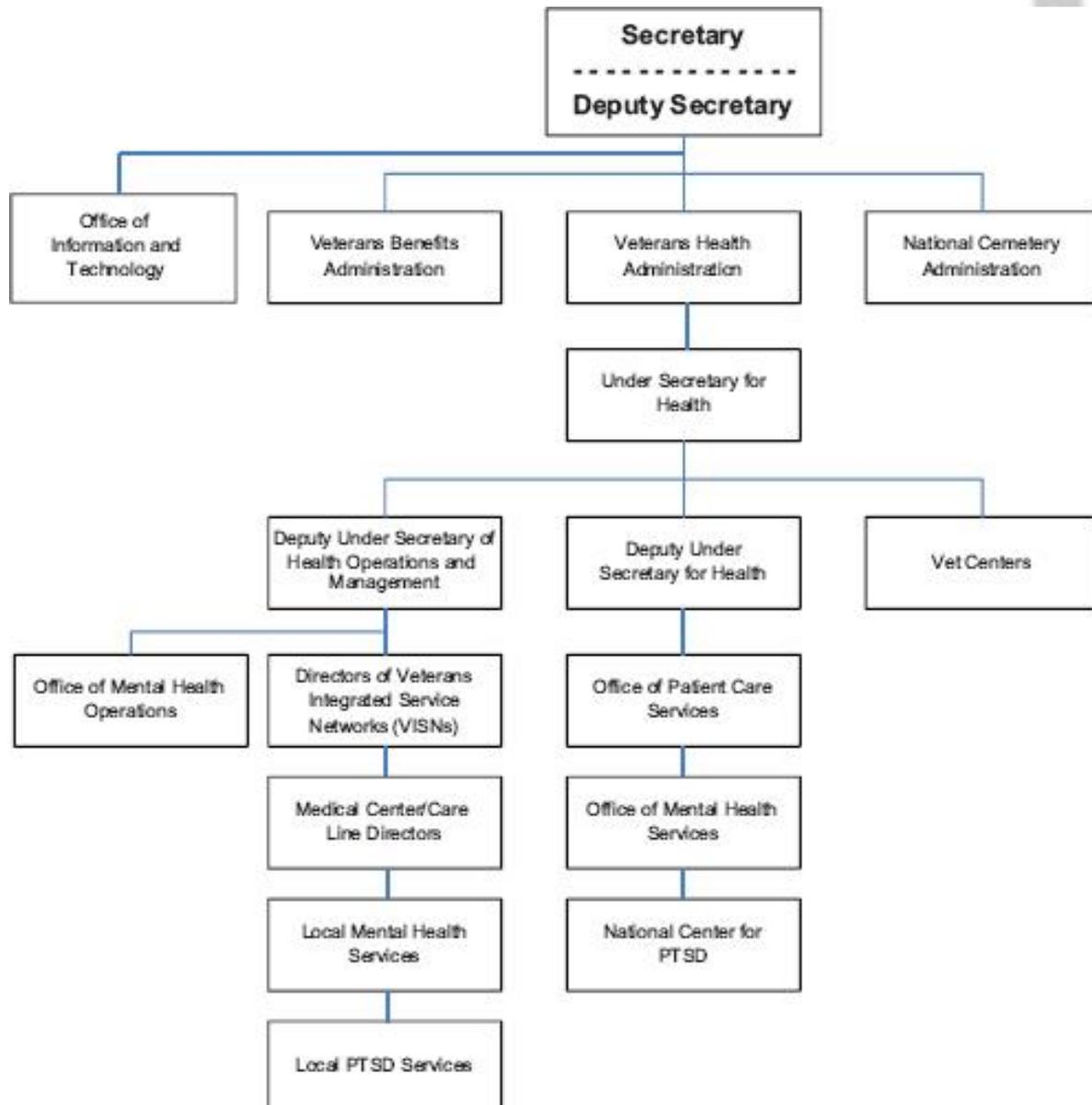
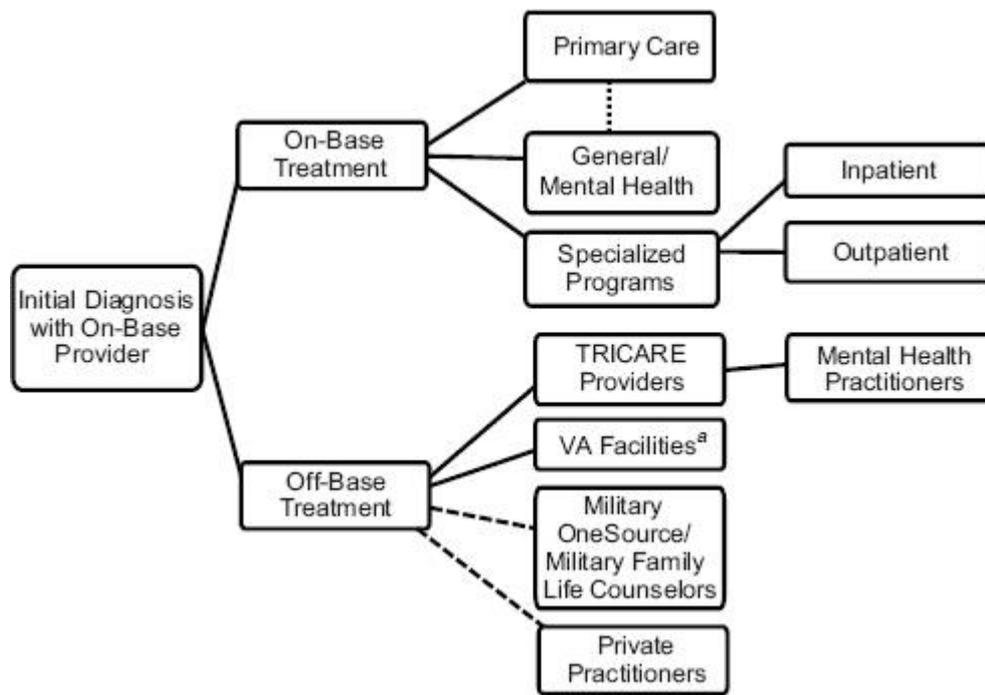


Figure: VA Established standards for PTSD Clinical Facilities¹

7. Furthermore, the pathway of providing healthcare facility to Adolescents will be as specified below:

Figure: Organization of Clinical Supervision for PTSD Adolescents²

Most prominently, the adolescents displayed an egoistic and emotional attitude where they feared of being called coward or psycho patients if they express their PTSD status or similar disorders.. One system to lower this worry of adolescents with PTSD is to make accessible successful, prove based behavioral treatment for PTSD, for example, delayed exposure or intellectual handling treatment, for adolescents who don't wish to take medications.

Similarly vital are training and media awareness that addresses adolescents and accentuates that treatment may take diverse structures, including approaches that do and don't require medications. In a joint effort with such endeavors, it will be imperative that adolescents with

¹ https://www.ncbi.nlm.nih.gov/books/NBK224875/figure/fig_3_3/?report=objectonly

² https://www.ncbi.nlm.nih.gov/books/NBK224875/figure/fig_3_2/?report=objectonly

PTSD symptoms which look for care are given decisions or are alluded to suppliers who will settle on decisions accessible.

Moreover, the stability of "Emotions" was likewise a common barrier to looking for treatment, detailed by few of members. This class encompassed two sorts of concerns: the discernment that discussing troubles would incite an abnormal state of nervousness, subsequently making a motivation to dodge or defer treatment, and the worry that they didn't require treatment and preferred some possibly maladaptive adapting systems. Media battles may help on the off chance that they stress that treatment gives a protected environment where people can work at their particular pace, that confirmation based treatments for PTSD help decrease symptoms, and that staying away from traumatic memories and the related uneasiness adds to, or even increments, progressing challenges.

The last barrier might be hard to overcome. For instance, a few adolescents see their liquor use as helping them adapt. This adapting aptitude might be viable on a transitory premise, yet if utilized long term, it might prompt to different issues. Adolescents ought to be urged to fabricate their collection of adapting abilities so they can adequately oversee symptoms without over-relying on one, particularly if that adapting expertise is possibly unsafe.

A potential clarification for the low prevalence of worries about shame is that battles focusing on disgrace have had some positive effect. Earlier reviews on treatment looking for having to a great extent concentrated on disgrace, possibly setting the phase for decisions about the significance of decreasing shame. It is likewise possible that the relative absence of concern on shame identifies with a more extensive pattern of developing acknowledgment of mental wellbeing diagnoses and treatments in the U.S. populace. This impact may have been opened up by the adolescent, because more youngsters might not have been exposed to the previous era's dispositions toward treatment.

In this way, keeping in mind the end goal to increment mental wellbeing treatment looking for among adolescents coming back from obligation with PTSD symptoms, suppliers should first clear up for adolescents what they can anticipate from treatment and the treatment alternatives accessible and address their worries about availability for treatment. Our outcomes recommend that tending to shame and strategic barriers are to some degree less critical in this exertion.

Discussion

Therefore, it can be said that while numerous vital advancements have been made in the course of recent decades in comprehension and treating symptoms of PTSD, the rising number of American adolescents who experience the ill effects of the disorder keeps on being a genuine national general medical issue. Intellectual, behavioral treatment is a acknowledged technique for treatment for PTSD, yet there is obviously a dire need to recognize more viable pharmacological methodologies for the management of symptoms, as not all patients will react enough to psychotherapy or pharmacotherapy. Additionally, comprehension of the fundamental physiological and neurological procedures will be useful in growing new and successful treatments to treat PTSD.

Conclusion

Some coping methods can help sufferers to cope up with post-traumatic stresses. Coping methods include exercising, meditating, deep breathing, playing a sport, relaxing and taking a healthy diet can help sufferers to cope up with the symptoms of post-traumatic stress. Family members and friends can also help their loved ones to cope with this disorder. They can talk to them and help them in fighting with the disorder. However, if symptoms persist and worsen, it is best to seek the help of a professional (helpguide.org, n.d.).

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