

PTSD

Trauma and what helps

Why a stuck fear system keeps the past in the present, and how treatment moves it along.

WHAT PTSD IS

Trauma is a big bucket. PTSD can follow an event involving death, serious injury or sexual violence that you lived through, saw, learned happened to someone close, or met again and again through work. How it felt to you matters.

Most people who go through trauma don't develop PTSD, and symptoms in the first month are common. If they stay, get help.

THE FOUR PARTS

- Intrusion: flashbacks and nightmares
- Avoidance of reminders
- Changed mood and beliefs, like shame, self-blame and "the world is dangerous"
- A body on alert: startle, poor sleep, irritability

The irritability is physical. It isn't a flaw in your character.

THERAPY LEADS, AND THE REST SUPPORTS IT

Trauma therapy

The real treatment, such as exposure-based CBT or EMDR. It moves from safety to processing to rebuilding life.

Sleep and nightmares

Fix these early. Image rehearsal therapy, and sometimes prazosin, treat nightmares.

Medication

A helper, not the cure. It can steady you enough to do therapy. Avoid benzodiazepines, which get in the way.

Medication alone is for people who truly don't want therapy, or who need to stabilize first.

WHY IT STAYS STUCK

Your fear system stays switched on. Avoiding reminders feels safer but keeps the fear alive, because your brain never learns the danger is over.

New experiences that don't fit "danger" recalibrate it. Move toward them at your own pace, with support, and never into real danger.

WHEN YOU DISSOCIATE

Dissociation is feeling blank, frozen or far away. Let it come and go without fighting it. Active grounding beats sitting still: move, touch something, name what you can see.

Hearing a voice or reliving something can be dissociation, not psychosis. Tell your clinician exactly what you experience.

Steps that help. Check one or two to start with.

- ☐ See a therapist trained to treat trauma
- ☐ Protect sleep: a fixed wake time and a dark room
- ☐ Ask about nightmare treatment
- ☐ Avoid avoidance, one small step at a time
- ☐ Never walk into danger to prove a point

- ☐ Get out of the house and be around safe people
- ☐ Join a trusted community, faith or support group
- ☐ Use active grounding when you drift or freeze
- ☐ At first, share just the facts, and take breaks
- ☐ Avoid benzodiazepines, which can block therapy

CHOOSING A THERAPIST

- Experienced and qualified to treat trauma
- A clear frame: their role and the schedule
- Keeps promises, and earns trust before processing
- Doesn't rush you into telling the whole story

Long-running or childhood trauma may need longer, different therapy.

BOOKS

Complex PTSD: From Surviving to Thriving by Pete Walker.

Adult Children of Emotionally Immature Parents by Lindsay Gibson.

Once a Warrior, Always a Warrior by Charles Hoge, for veterans.

The Rape Recovery Handbook by Aphrodite Matsakis.

IF YOU ARE THINKING ABOUT SUICIDE OR HURTING YOURSELF

Call or text **988** (Suicide & Crisis Lifeline) any time, or go to the nearest emergency room. If you are in immediate danger, call **911**.

Source. Adapted from Psychofarm podcast conversations on trauma, PTSD and dissociation with Dr. Malzberg and Dr. Fu.

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