

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES
REHABILITATION SERVICES ADMINISTRATION
WASHINGTON, DC 20202

INFORMATION MEMORANDUM
RSA-IM-01-43
DATE: September 25, 2001

ADDRESSEES: STATE VOCATIONAL REHABILITATION AGENCIES (GENERAL)
STATE VOCATIONAL REHABILITATION AGENCIES (BLIND)
STATE REHABILITATION COUNCILS
CLIENT ASSISTANCE PROGRAMS
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AMERICAN INDIAN VOCATIONAL REHABILITATION
PROGRAMS
RSA SENIOR MANAGEMENT TEAM

SUBJECT: Basic Information and Resources Available Regarding Post Traumatic
Stress Disorder

CONTENT: This Information Memorandum is designed to provide Vocational
Rehabilitation providers and other interested parties with basic guidance
on Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder
(PTSD), as well as a listing of resources available for those seeking more
detailed information. In light of the tragic events that occurred on
September 11, 2001, as a result of terrorist activities, the Rehabilitation
Services Administration (RSA) is hopeful that this information will prove
useful to rehabilitation professionals and consumers.

Please Note: This document is designed as background material and is not
a substitute for medical advice. A more detailed resource list follows.
The primary source of information regarding the causes and
symptomology of PTSD and ASD used for this document is the
Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition
(DSM-IV). The pages referred to are 424-432.

PTSD

What It Is

According to the DSM-IV, PTSD is a disorder that can occur following the experience or witnessing of an event in which there is actual or threatened death or serious injury or a threat to an individual's physical integrity. The person's response to the event must involve intense fear, helplessness, or horror (in children, disorganized or agitated behavior). Symptoms of PTSD include: persistent reexperiencing of the traumatic event, persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, and persistent symptoms of increased arousal. The symptoms must be present for more than one month and the disorder must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A partial list of traumatic events that are experienced directly can include: military combat, violent personal assault or kidnapping, or terrorist attack. Witnessed events include: observing the serious injury or unnatural death of another person due to violent assault, accident, war, or disaster. Events experienced by others that are learned about by the individual could include: violent assault, accident, or injury experienced by a family member or close friend.

The DSM-IV states that PTSD may be especially severe and/or long lasting when the stressor is of human design, such as torture or rape. Also, the individual becomes more likely to develop PTSD as the intensity and physical proximity to the stressor increase.

PTSD prompts the individual to reexperience the event through recurrent and intrusive recollection, recurrent dreams, or, in rare cases, dissociative states during which the individual behaves as if experiencing the event at that moment. Trigger events, such as anniversaries or similar crises, can cause intense psychological distress and physiological reactions.

Behaviors often exhibited by individuals with PTSD include: avoidance of thoughts, feelings, or conversations about the trauma, as well as avoidance of activities, situations, or people who arouse recollection of it. Individuals with PTSD may experience amnesia related to certain aspects of the event and may complain of diminished interest in previously enjoyed activities. They may have a diminished capability to feel emotions (especially those associated with intimacy or tenderness).

Individuals with PTSD may have persistent anxiety, difficulty falling or staying asleep, hypervigilance, exaggerated startle response, or, in some

instances, irritability, outbursts of anger, or difficulty concentrating or completing tasks.

Individuals with PTSD may experience survivors' guilt or phobias associated with things that symbolize or resemble the traumatic event. These phobias can interfere significantly with the individual's interpersonal relationships and lead to loss of job, marital conflict, or divorce, among other changes.

For individuals with PTSD, there may be an increased risk of the onset of Panic Disorder, Agoraphobia, and Substance-Related Disorders, among others. It is unclear whether or not PTSD precedes these other disorders.

How It Is Treated

Like most psychiatric disorders, there is no cure, per se, for PTSD. It is treated through cognitive-behavioral therapy, group therapy, and exposure therapy, among other modalities. Medications used for treatment of depression can also be beneficial.

ASD

ASD has the same causes as were stated above for PTSD. ASD has an immediate onset during or following the traumatic event. The individual will experience emotional numbness, detachment, or absence of responsiveness. The trauma is persistently reexperienced. ASD usually begins within two days of the event and lasts only four weeks. ASD could be referred to as a "precursor" to PTSD.

Resource List

What follows is a partial list of possible web-based resources for further information regarding PTSD and assistance in dealing with the tragic events of September 11, 2001.

<http://ed.gov/inits/september11/index.html>: The U.S. Department of Education's response to the events on September 11, 2001.

<http://www.apa.org/psychnet/coverage.html>: The American Psychiatric Association's on-line information source.

http://www.ncptsd.org/what_is_new.html: The National Council on Post-Traumatic Stress Disorder's Web site.

<http://www.nimh.nih.gov/anxiety/ptsdmenu.cfm>: The National Institute of Mental Health's on-line information regarding PTSD.

<http://www.nami.org/helpline/traumaresources.html>: The web-based resources of the National Alliance for the Mentally Ill.

CONCLUSION: This document is designed to provide basic information on PTSD, its effects, and the ways in which it can be treated. We at RSA hope you will use the information included here as a starting point for learning about the disorder. For more information regarding this IM, please contact Jenn Rigger at 202-260-2179 or via e-mail at jenn.rigger@ed.gov. For more information regarding PTSD, please refer to the resources listed.

Joanne M. Wilson
Commissioner

cc: COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION
NATIONAL ORGANIZATION OF REHABILITATION PARTNERS
NATIONAL COUNCIL ON INDEPENDENT LIVING
NATIONAL ASSOCIATION OF PROTECTION AND ADVOCACY SYSTEMS
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