**PTSD**

<https://www.apa.org/ptsd-guideline/resources/prolonged-exposure-example>

**Case Study :**

As Terry’s symptoms worsened, his therapist recommended him treatment through imaginal exposures. In these sessions, Terry was encouraged to live through his traumatic experiences in a controlled environment with help from his therapist. Terry opened up and shared the experience to reduce the weight the incidents have and the heavy toll it took on his personal life. In these sessions, he shared details like who he was with, the flow of events as they occur, his emotional state at every point of time as the incident occurs. These retellings were recorded so that Terry could listen to them outside of session for homework. Terry slowly began to feel more comfortable with discussing the trauma and telling people about his experience. He no longer feared the memory and was able to recognise that the memory itself was not dangerous.

**Effects :**

* PTSD impacts the family as much as it impacts ones personal life.

Most patients fail to understand this, but when they are part of a family, their pain is just not their own and is shared by everyone around them, especially their loved ones. *Living with someone who is easily startled, has nightmares, and often avoids social situations can take a toll on the most caring family. In many cases married couples end up taking divorce and ending their relationships, and with it their anchor to the real world.*

They would not like doing things that used to be fun, like going to the movies or their child's event or have good feelings at all. This makes them feel "cut off" from family and children which makes the children feel not cared for enough.

* Re-experiencing symptoms

People who have PTSD often "re-experience" traumatic events through memories or dreams. This can happen quickly and can seem to come out of nowhere. These symptoms often come with strong feelings of grief, guilt, fear, or anger. Sometimes the experience can be so strong that you may think the trauma is happening again. These symptoms can be scary not only for you but also for your children.

* It also causes Depression, Anxiety, Social isolation, lack of interpersonal relationships, Substance abuse and addiction, Self-harm and Suicidal thoughts

A few more : <https://reallifecounseling.us/effects-of-ptsd/>

**Solutions :**

* **Medications**

The brains of people with PTSD process "threats" differently, in part because the balance of chemicals called neurotransmitters. They have an easily triggered "fight or flight" response, which is what makes you jumpy and on-edge. Constantly trying to shut that down could lead to feeling emotionally cold and removed. Medications help you stop thinking about and reacting to what happened, including having nightmares and flashbacks.

Medications include Antidepressants, beta blockers, Zoloft, Paxil.

But when we have a closer look, we can see that this leads to a much larger issue — addiction to drugs. These medications like antidepressants are addictive, and are very dangerous if not consumed as advised by the physician. Most cases of drug junkies are the ones who started out with prescription medicines. Most people complete the course of medications in days which were meant for months, and consult different physicians for more. And once this has been revealed, and are being blocked from receiving pain killers and anti depressants, they move on to off the shelf drugs which provide a similar state of mind. From here the story only gets worse. So medications should only be considered as a last resort in cases where the chemical composition of the brain needs to be corrected.

* **repeated imaginal exposures**

<https://www.sfbacct.com/from-ocd-to-anxiety/nuts-and-bolts-of-imaginal-exposure/>

Many clients are poor imagers, particularly clients who suffer with generalized anxiety disorder, and will require imagery training in order to benefit fully from imaginal exposure. Imagery training involves instructing clients to imagine pleasant scenes that tap into all five senses.

Block cognitive avoidance. At times during imaginal exposure, clients will distract themselves to a neutral image to avoid fully interacting with the fear-evoking scene. I recommend therapists ask their clients whether they are doing this, particularly if they observe that the client has reported little or no anxiety as they listen to the imaginal exposure recording.

this component of exposure therapy too closely resembles the life-like flashbacks that emotionally cripple many PTSD patients. Forcing a traumatized [soldier](https://www.wisegeek.com/what-does-a-soldier-do.htm) to relive scenes of death and mutilation, for example, could possibly do more harm than good.

Individuals who have experienced a [trauma](https://www.wisegeek.com/what-is-a-trauma.htm) usually have a range of complex thoughts and emotions. Talking through these issues may be a needed cathartic outlet that is largely absent in many forms of exposure therapy PTSD.