



Dispelling the Myths About Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder is common in the United States with about 8 percent of Americans having PTSD at some point during their lifetime. We know that it is a disorder that particularly affects veterans of Iraq and Afghanistan with some estimates showing 11 to 20 percent of service members potentially having PTSD after having deployed. Post-traumatic stress disorder may occur after experiencing a traumatic event such as combat exposure, physical or sexual assault or a serious accident. Although there are several effective treatment options for service members with PTSD, many service members choose to not come forward to get the help they need due to the stigma regarding psychological health care (e.g., feeling embarrassed for having a condition or worrying about how getting care will affect you). Many of the beliefs people hold about PTSD and psychological health care are actually false, and these myths perpetuate the stigma and keep people who need help from reaching out. It's critical that service members understand the facts about PTSD and seek care.

MYTH: "ONLY WEAK PEOPLE GET PTSD"

Fact: Post-traumatic stress disorder has nothing to do with a lack of toughness. While this has been long known by scientists, it's now acknowledged by top leadership throughout the military. We know that PTSD is the result of changes in how an individual's brain responds to the environment after being exposed to traumatic events. Post-traumatic stress disorder has affected combatants in every war in human history, even when there was no name for it. Several military leaders and Medal of Honor recipients have come forward to let others know that they had PTSD and have recovered.

MYTH: "PEOPLE WHO WEREN'T WOUNDED SHOULDN'T HAVE PTSD..."

Fact: Traumatic events don't have to be physically damaging. Trauma can also involve things such as seeing others die in combat, handling bodies and being exposed to dangers such as incoming mortar fire. Many civilians who were part of the September 11th rescue crews developed PTSD following months of picking through rubble to locate bodies, even though they weren't physically harmed. The bottom line is that you don't have to be wounded to develop PTSD.

MYTH: "PTSD ISN'T REAL; IT'S ALL IN THEIR HEADS"

Fact: The reality is that PTSD is a very real condition caused by traumatic events which change how the brain functions, affecting how you react to the world. Leaders and service members need to understand that PTSD produces measurable changes in the brain and body after trauma exposure, and these changes in brain functioning cannot be faked.

MYTH: "IF PTSD WERE REAL, EVERYONE EXPOSED TO TRAUMA SHOULD HAVE IT..."

Fact: While it's true that only a percentage of people exposed to trauma develop PTSD, this is due to several specific factors. Each individual exposed to a trauma has their own set of risk factors for potentially developing PTSD, some of which are genetics, past history of other traumas and the degree or duration of their exposure to traumatic events.



MYTH: “GETTING CARE WILL HURT MY CAREER...”

Fact: Seeking care can actually strengthen and protect your career by minimizing the impact of symptoms on your performance. Not seeking care worsens your health and increases the likelihood of an adverse event (e.g., anger outbursts, driving under the influence, fights, being late to work). These events could lead to loss in rank, personal relationships, leadership positions, etc.

MYTH: “I WILL LOSE MY SECURITY CLEARANCE IF I SEEK HELP...”

Fact: Most mental health conditions will not result in loss of security clearance. In fact, less than 1 percent of the 800,000 people who applied for a security clearance in 2006 were denied due to mental health status. Additionally, a new regulation allows service members who receive treatment for deployment-related psychological health conditions and other conditions like marital counseling due to deployment issues to answer “No” on the security-screening question asking if they have ever “consulted with a health care professional.”

MYTH: “TREATMENT DOES NOT WORK”

Fact: There are many effective treatments for PTSD supported by decades of research. Several forms of counseling have been shown to improve PTSD, such as cognitive behavioral therapy, cognitive processing therapy, prolonged exposure and eye movement desensitization and reprocessing. Several types of medications have also been shown to help reduce the symptoms of PTSD.

MYTH: “I WILL BE ADMINISTRATIVELY OR MEDICALLY SEPARATED IF I SEEK CARE...”

Fact: Post-traumatic stress disorder is a treatable condition; therefore, a full recovery and return to duty is expected. A medical separation is a last resort, used only after months of aggressive treatment have failed to return the member to a fit for duty status. Service members who disagree with the need for medical separation can always appeal the medical board recommendations and try to continue their service. Despite the misconceptions, a service member cannot be administratively separated due to having PTSD.

MYTH: “I WILL LOSE LEADERSHIP ROLES AND THE TRUST OF MY UNIT...”

Fact: You are much more likely to lose a leadership role if you have a driving under the influence (DUI) or anger outburst at work due to untreated PTSD! Seeking care should not affect your leadership position, but if it does, you can challenge it. Regarding the possible loss of trust, a unit is much better off if one of its members gets help for PTSD compared to “suffering through it”. Untreated PTSD can lead to poor attention, panic attacks, anger outbursts and other symptoms which interfere with the ability to perform your mission. Getting PTSD under control is a way to gain the trust of your leadership.

MYTH: “IF YOU SEEK CARE, EVERYONE IN YOUR UNIT WILL KNOW”

Fact: The majority of psychological health care remains confidential. Providers only break confidentiality in extreme cases - for example when a service member is suicidal or homicidal and needs to be hospitalized, has some duty restriction (e.g., cannot carry a weapon) that the command has to be informed of and in a few other circumstances. If you are hesitant to seek care from your medical treatment facility, you can get information and/or treatment that is even more confidential by going through chaplains or using off-base or online resources. See the handout “*Resources for Psychological Health Care.*”

SOURCES:

America’s Heroes at Work, Understanding PTSD fact sheet.
<http://www.realwarriors.net/active/treatment/ptsdmyths.php>