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**Police Spiritual Welfare Info-Journal:**  
**Post-Traumatic Stress Disorder (PTSD)**

**Diagnostic criteria:**

According to DSM IV (Diagnostic and Statistical Manual of the American Psychiatric Society) it is a prerequisite to speak of a post-traumatic stress disorder (PTSD) the confrontation with an event, at which the following factors were effective: the person witnessed or experienced actual or threatened death or serious injury or threat of physical integrity of others or themselves and associated were intense feelings of fear, helplessness or horror. In ICD-10 WHO (International Classification of Diseases of the World Health Organization, 1991), the event criterion is described as a stressful event or situation exceptionally threatening or catastrophic, which would produce in almost everybody deep despair.

The reactions represented in the INFO-Journal "stress reactions" may develop to PTSD. In the course of time of 2 days to 1 month after the event it is called an acute PTSD, in a longer course of time of more than 1 month from the PTSD, it is called a delayed start of symptoms when symptoms become obvious after at least 6 months of the event, it is called a chronically PTSD with symptoms occurring more than 2 years later. Some symptoms of stress reaction, acute or chronic, can be a hint of the beginning of PTSD - but are not compulsory. A diagnosis may only be made by psychotraumatologists or psychotherapists.

Knowledge of PTSD symptoms before the possible event and off intervention-teams and mental health professionals offers a higher level of security concerning preventive support, on-scene support and aftercare.

**Symptoms:**

Recurrent re-experiencing the traumatic event in at least one of the following ways: repeated highly stressful memories, images, thoughts or perceptions, repetitive nightmares, the feeling to be suspended actually to that what has been traumatic with illusions, hallucinations and flashbacks, intense emotional suffering (possibly with physical side effects) for internal or external triggers that symbolize the traumatic event or an aspect thereof.

Continuous avoidance of stimuli reminiscent of the trauma (e.g. thoughts, talks, activities, places, people) with an overall reduced vitality, lack of remembrance of key aspects of the trauma, alienation from their own environment, affect reduction, doubt on a positive own future.

Continuously increased level of arousal, increased aggression, difficulties of concentration and sleep disturbances.

For the diagnosis of PTSD the presence of individual symptoms is sufficient, if they trouble the lives of those affected in a clinically significant way. The number of these symptoms seems to be less crucial than the resulting impacts of each of them on the personal and social aspects of life.

