I’m Caring for a Veteran with Post Traumatic Stress Disorder (PTSD)

What Do I Need to Know?

Physical and Mental Changes to Expect

While the general symptoms for PTSD are similar, the types and severity of symptoms will differ for each Veteran.

**Physical changes may include:** difficulty staying or falling asleep; irritability or outbursts of anger; physical reactions — such as profuse sweating, increased heart rate and rapid breathing — when exposed to internal or external cues or reminders of the traumatic event; intense distress when exposed to internal or external reminders of the event such as certain sounds or smells; avoiding any activities, places or people that remind the Veteran of the trauma.

**Mental changes may include:** recurring and intrusive thoughts about the event; recurring and distressing dreams of the event; acting or feeling as if the traumatic event were recurring — also known as having flashbacks; being unable to recall an important aspect of the trauma; difficulty concentrating; and efforts to avoid thoughts, feeling or conversations associated with the trauma.

**Emotional changes may include:** intense distress when exposed to internal or external reminders of the event such as certain sounds or smells; a noticeable lack of interest or participation in important activities; feelings of detachment or estrangement from others; limited ability or inability to show affection or love; feelings of a bleak future, such as limited career or family opportunities, and shortened life span; overly alert or on guard — also known as “hyper-vigilance” — and/or exaggerated response when startled.

What Does This Mean for Me?

One of the areas in which you may notice a difference is in your social lives. The Veteran you care for may become uncomfortable in large crowds or unfamiliar places, and so you may find yourself feeling more socially isolated, losing support networks, or feeling the need to compensate for the Veteran you care for in social situations that are uncomfortable for him or her while providing support and encouragement at the same time. You may also have to learn coping skills to manage the stigma that is sometimes associated with mental health disorders.

You may also notice a difference in your personal relationship with the Veteran you care for. It is important to understand that it may be harder to talk to the Veteran due to changes in his or her behavior and/or communication style.

(continued on back)
In addition, if the Veteran is experiencing difficulty managing his or her anger, you may feel like you live in an atmosphere of constant chaos. If the Veteran you are caring for is your spouse or partner, you may experience additional changes in your relationship. This might include feeling worried that your Veteran is no longer emotionally or physically attracted to you due to emotional unavailability, or a decreased interest in physical intimacy and sexual activity. In addition, due to sleep disturbance (for example, insomnia, waking-up frequently, nightmares), many couples choose to sleep in separate beds (and rooms), which may cause further feelings of emotional separation.

At times, you may experience your own feelings of sadness, anger, frustration, discouragement and loss when the Veteran you care for experiences symptoms of PTSD. These reactions are normal, but can be challenging to deal with on your own. Consider seeking help either by confiding in a friend, participating in a support group or consulting a professional mental health practitioner.

**Caregiving Tips**

1. Learn as much as you can about PTSD by reading, going to lectures, talking with others in similar situations, and talking with the Veteran’s treatment team.
2. Consider encouraging the Veteran you care for to seek mental health treatment. VA has proven treatments for PTSD that help Veterans manage their symptoms in all types of environments. Just remember that not everyone is ready to admit they need help, so if there is no threat of harming themselves or others, respect a Veteran’s decision about seeking treatment.
3. If the Veteran you care for decides to seek treatment, encourage and fully support that decision. It’s important for both of you.
4. Request to be part of the Veteran’s treatment. If the Veteran you care for agrees, talk with the mental health providers regularly. Ask questions and take notes.
5. Recognize the Veteran’s social and/or emotional withdrawal is due to his or her own issues and not your relationship. A Veteran with PTSD will have good days and bad days. Foster relationships with family, friends, and others to stay connected and get support.
6. Learn coping skills to manage stigma sometimes associated with mental health disorders.
7. Pay attention to warning signs of a potential relapse, including an increase in symptoms or other changes in behavior. Keep the psychiatrist and/or therapist, local crisis team, Veterans Crisis Line, and other emergency phone numbers handy.
8. If any Veteran talks about suicide, take it seriously and seek help immediately. The Veterans Crisis Line is 1-800-273-8255 (Press 1 for Veterans).
9. Don’t forget to pay attention to your own needs. Visit your doctor regularly, and get plenty of rest so you can stay strong. Your health is essential to your ability to keep providing for the Veteran you care for.

**I have more questions. Where can I go for help?**

VA knows that being a Caregiver can be both rewarding and hard. You can always find more information at [www.caregiver.va.gov](http://www.caregiver.va.gov), including contact information for the VA Caregiver Support Coordinator nearest you.

You can also call VA’s Caregiver Support Line toll-free at 1-855-260-3274.

The Caregiver Support Line is open Monday through Friday, 8:00 am – 11:00 pm ET, and Saturday, 10:30 am – 6:00 pm ET.

**Call to talk to caring professionals who can:**

- Tell you about the assistance available from VA.
- Help you access services and benefits.
- Connect you with your local Caregiver Support Coordinator at a VA Medical Center near you.
- Just listen, if that’s what you need right now.
