



Why PTSD 12-Step Recovery Fellowship was established specifically for Veterans and First Responders

Post-traumatic stress disorder (PTSD) is caused by experiencing or witnessing terrifying, life-threatening, or violent events, such as combat, sexual assault, natural disasters, or severe accidents. While many people experience trauma, PTSD develops when the brain fails to process these events correctly, leading to lasting fear, nightmares, and flashbacks. Key factors that contribute to the development of PTSD include:

- **Type of Trauma:** Intense, prolonged, or personal, violent acts (e.g., child abuse, sexual assault) are more likely to cause PTSD than impersonal events.
- **Biological Factors:** Differences in brain structure—such as a [hyperactive amygdala YouTube](#) which processes fear, and a less active medial prefrontal cortex—can prevent the brain from calming down after a threat. Genetic factors also contribute to susceptibility

Psychological and Social Factors: A lack of support after the event, pre-existing mental health conditions (anxiety, depression), and higher levels of distress during the event increase risk.

- **Secondary Stressors:** Ongoing life stress, such as job loss, pain, or injury following the incident, can worsen the condition.

It is estimated that about 1 in 3 people who experience severe trauma may develop PTSD.

- Causes - Post-traumatic stress disorder - NHS
serious accidents. physical or sexual assault. abuse, including childhood or domestic abuse. exposure to traumatic events at work,

Post-traumatic stress disorder (PTSD) is a mental health condition that can develop after experiencing, witnessing, or learning about a shocking, scary, or dangerous event. While many people experience trauma, PTSD occurs when the body's natural "fight-or-flight" response fails to recover, leaving the individual in a state of persistent distress.

Primary Causes (Traumatic Events)

PTSD can be triggered by a wide range of intense experiences, including:

- **Violent Crimes:** Physical assault, sexual violence, mugging, or being threatened with a weapon.
- **Military Combat:** Exposure to war-related violence as a service member or civilian.
- **Accidents:** Serious motor vehicle crashes, plane crashes, or falls.
- **Abuse and Neglect:** Physical, sexual, or emotional abuse, including childhood or domestic abuse.
- **Natural Disasters:** Life-threatening events like floods, earthquakes, hurricanes, or fires.
- **Secondary Trauma:** Witnessing a traumatic event happening to someone else or learning about a trauma involving a close friend or family member.
- **Workplace Exposure:** Repeatedly seeing or hearing distressing details of traumatic events (common among first responders, medical staff, and military personnel).

Underlying Biological & Psychological Factors

Researchers believe a combination of factors determines whether someone will develop PTSD after a trauma:

- **Brain Structure:** Scans of people with PTSD often show a smaller **hippocampus** (responsible for memory) and an over-reactive **amygdala** (responsible for fear), which may prevent the brain from properly processing traumatic memories as things of the past.
- **Hormonal Changes:** Individuals with PTSD may have abnormal levels of stress hormones like **adrenaline** and **cortisol**, keeping them in a constant state of hyperarousal.
- **Genetics:** Inherited traits, such as a family history of anxiety or depression, may increase vulnerability.
- **Survival Mechanisms:** Some symptoms, like hypervigilance, may be an instinctive but maladaptive attempt to survive future crises.

Risk Factors

Certain circumstances increase the likelihood of developing PTSD:

- **Intensity of Trauma:** Experiences that are long-lasting, severe, or involve personal injury.
- **Lack of Support:** Having little to no social support from family or friends after the event.
- **Pre-existing Conditions:** A history of other mental health issues, such as depression, anxiety, or substance abuse.

Delayed-Onset PTSD

- **Definition:** Diagnosed when symptoms do not appear until **at least six months** (and sometimes years) after the traumatic event.
- **Key Differences:** It is often triggered by a later life event that reminds the individual of the original trauma, making it difficult to diagnose early on.

5. Comorbid PTSD

- **Definition:** Occurs when PTSD is present alongside **other mental health conditions**.
- **Key Differences:** It most commonly involves co-occurring depression, anxiety disorders, or substance abuse issues. Research indicates that those with PTSD are 2 to 4 times more likely to struggle with substance use as a form of self-medication.

Related Condition: Acute Stress Disorder (ASD)

- **How it differs:** ASD occurs within the **first month** after a trauma. If symptoms persist for longer than four weeks, the diagnosis is typically updated to PTSD.

The Department of Veterans Affairs (VA) follows treatment protocols established in the **2023 VA/DoD Clinical Practice Guideline (CPG)**, which prioritizes evidence-based psychotherapies over medication as the primary treatment for PTSD.

Primary Psychotherapy Protocols

The VA recommends "trauma-focused" psychotherapies as the most effective first-line treatments. These protocols generally involve 8–16 weekly sessions.

- **Cognitive Processing Therapy (CPT):** Focuses on identifying and challenging "stuck points"—distorted beliefs about the trauma, such as self-blame or the idea that the world is entirely dangerous.

- **Prolonged Exposure (PE):** Uses gradual "in vivo" and "imaginal" exposure to help veterans confront safe situations they have been avoiding and process traumatic memories until they become less upsetting.
- **Eye Movement Desensitization and Reprocessing (EMDR):** Helps patients process trauma while focusing on external stimuli, such as a therapist's hand movements or rhythmic sounds.
- **Written Exposure Therapy (WET):** A briefer, 5-session protocol where veterans write about their trauma during sessions with no between-session homework.

Medication Protocols

If a veteran prefers medication or if therapy is unavailable, the VA recommends specific antidepressants.

- **Strongly Recommended:** Paroxetine (Paxil), Sertraline (Zoloft), and Venlafaxine (Effexor).
- **Notable Changes:** Fluoxetine (Prozac) was downgraded in the 2023 guidelines to "neither for nor against," and **Prazosin** is now only suggested specifically for nightmares rather than global PTSD symptoms.
- **Strongly Discouraged:** Benzodiazepines (e.g., Xanax, Valium) and cannabis are recommended against, as they can interfere with recovery or cause harm.

Specialized Support Services

- **Primary Care-Mental Health Integration (PCMHI):** Provides brief, trauma-informed education and coping skills within a primary care setting.
- **PTSD Clinical Teams (PCT):** Specialized teams for veterans requiring intensive, weekly trauma-focused services.
- **Mobile Tools:** The VA provides digital companions like the CPT Coach and PE Coach 2 apps to support treatment between sessions.

In 2026, medical experts generally do not use the term "complete cure" for PTSD, as it implies the permanent erasure of the traumatic memory or a 100% guarantee that symptoms will never return. Instead, the standard for successful treatment is remission.

Remission and Recovery

Remission means an individual no longer meets the clinical diagnostic criteria for PTSD and can live a healthy, fulfilling life.

- **Success Rates:** Approximately **53%** of people who complete evidence-based therapies (CPT, PE, or EMDR) no longer meet the criteria for PTSD. Some studies in 2025 indicated that "diagnosis loss" in general populations can range between **65% and 86%**, depending on the therapy used.
- **Symptom-Free Status:** While many become symptom-free, others may still experience mild to moderate "lingering" symptoms that are manageable.
- **Natural Recovery:** Most trauma survivors naturally recover within a few weeks without professional intervention. However, if symptoms persist for over a year, they are unlikely to resolve without treatment.

Why a "Cure" is Challenging

- **Biological Changes:** PTSD can cause lasting physical changes to brain regions like the **amygdala** and **prefrontal cortex**. While treatment helps "reset" these circuits, the brain may remain more sensitive to future stress.
- **Memory Integration:** Treatment aims to process traumatic memories so they become "just another memory" rather than a source of distress, but the memory itself is not deleted.
- **Relapse Risk:** Even after successful treatment, significant life stressors or new traumas can sometimes re-trigger symptoms.

2026 Breakthroughs in Treatment

Ongoing research continues to improve recovery rates by targeting the root biological causes of PTSD:

- **KDS2010:** A new drug candidate that entered human trials in 2025, designed to reverse PTSD-like symptoms by blocking specific enzymes in the brain.
- **Implanted Vagus Nerve Stimulation (VNS):** A 2025 study showed that pairing implanted VNS devices with therapy led to significant symptom reduction for at least six months.
- **Rapid Relief:** Therapies like **IV Ketamine** have shown the ability to reduce symptoms within 24 hours for some patients with treatment-resistant PTSD.

In 2026, data continues to show that veterans and first responders have significantly higher rates of PTSD compared to the general civilian population due to frequent exposure to high-stress, life-threatening events.

Comparative PTSD Prevalence Rates

The estimated lifetime prevalence of PTSD varies across these groups:

- **Civilians (General Population):** Approximately **6% to 7%**.
- **Veterans:** Lifetime prevalence varies significantly by era but is estimated at **7% overall** for all living veterans. However, this rate climbs to **29%** for those who served in Iraq/Afghanistan (OIF/OEF) and **21%** for Gulf War veterans.
- **First Responders:** Estimated between **10% and 33%** depending on the specific role. This is roughly **three times** the rate of the general population.

Ratios and Specific Subgroups

- **Veterans vs. Civilians:** Combat veterans are **3.42 to 4.87 times** more likely to report a PTSD diagnosis than non-veterans.
- **Police Officers:** Recent studies indicate rates of roughly **22% to 33%**.
- **Firefighters and EMTs:** Some research suggests rates for these groups can be as high as **15% to 51%**.
- **Gender Differences:** Within the veteran community, **13% to 24% of women** are diagnosed with PTSD compared to **6% to 14% of men**, often due to the additional impact of military sexual trauma.

Occupational Impact

While **80%** of first responders experience traumatic events on the job, the development of PTSD is not universal. However, for those who use VA health care group with higher service-connected needs—the prevalence is significantly higher, with roughly **23%** having PTSD.