

<http://www.realwarriors.net/active/treatment/ptsdmyths.php> (retrieved 11/11/12)

Five Myths and Facts about PTSD

- **Myth:** I cannot get or maintain my security clearance if I am diagnosed with PTSD.
Fact: Getting treatment for PTSD is not necessarily a threat to an individual's security clearance. In fact, mental health counseling can be a positive factor in the clearance process.¹ Army records show that 99.98 percent of cases with psychological concerns obtained/retained their security clearance.² Additionally, service members are not required to report some treatments, including those for PTSD, they received due to service in the military when they apply for a security clearance.³ Factors that could result in clearance refusal include not meeting financial obligations, criminal actions, or engaging in activities benefiting a foreign nation.¹
- **Myth:** My military career will end if I am diagnosed with PTSD.
Fact: Being diagnosed with PTSD in and of itself does not end your military career. There are plenty of examples where service members have sought treatment for various psychological health concerns, including PTSD, and it did not put their careers in jeopardy. In fact, a failure to seek treatment can lead to a more serious psychological condition, and could eventually prevent someone from carrying out some sensitive tasks.² Seeking support to address psychological health concerns shows inner strength and is commonly looked on favorably.
- **Myth:** Service members only experience PTSD symptoms immediately following combat or a traumatic event.
Fact: Symptoms associated with PTSD usually occur within three months after the traumatic event⁴, but symptoms may not appear until six months, or even years later.⁵ The types of symptoms can be broken down into four categories: hyperarousal (feeling "keyed up"), avoidance (avoiding reminders of the event), intrusion (reliving the event), and feeling numb or detached.⁶ Nightmares, one of the most common symptoms, are experienced by 71-96 percent of those with PTSD.⁷

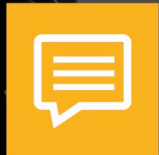




Reaching out for care is an important step since symptoms, such as nightmares, may lessen or disappear and then re-appear later in life. Early intervention can provide the right coping tools to deal with these symptoms, and sometimes even prevent development of chronic PTSD. Visit the National Center for PTSD to learn more about the types of symptoms associated with PTSD.

- **Myth:** Service members can never fully recover from PTSD.
Fact: Successful treatment and positive outcome are greatly enhanced by early intervention. With therapy, and in some cases medication, the symptoms of PTSD can be greatly reduced, even eliminated.⁴ Treatment can help you feel more in control and teach effective coping mechanisms to deal with stressful situations when they arise. There are many types of treatment; your medical provider can help you determine which one is best. You can also contact the DCoE Outreach Center 24/7 at 866-966-1020 where highly trained professionals can answer questions and connect you with local resources for support.
- **Myth:** PTSD is a sign of weakness in character.
Fact: PTSD is a common human reaction to very traumatic situations. PTSD seems to be due to complex chemical changes in the brain when an individual witnesses or experiences a traumatic event. The symptoms of PTSD appear to be frequently experienced in situations where someone perceives they have been exposed to a life-threatening event, although symptoms and reactions vary from person to person.⁸ As a service member dealing with PTSD symptoms, seeking help demonstrates strength and will provide benefits to yourself, your family, your unit, and your service. Do not hesitate to seek care – PTSD is treatable and reaching out early often leads to the best outcomes.⁷





Sources

¹ Implementation of Adjudicative Guidelines for Determining Eligibility for Access to Classified Information [PDF 1.1 MB], Department of Defense. Published August 30, 2006.

² Haire, Tamara. "Financial Problems or PTSD Need Not Affect Security Clearance," Army News Service. Published July 8, 2009.

³ Miles, Donna. "Gates Works to Reduce Mental Health Stigma," American Forces Press Service. Published May 1, 2008.

⁴ "TBI and PTSD Quick Facts [PDF 28.7 KB]," Deployment Health Clinical Center, Department of Defense. Last accessed Sep. 10, 2012.

⁵ Pueschel, Matt. "Combat Exposure Raises PTSD, Smoking, Alcohol Abuse Risks," Force Health Protection & Readiness, Department of Defense. Published May 22, 2009.

⁶ "What is PTSD?," National Center for PTSD, Department of Veterans Affairs. Last accessed Sep. 10, 2012.

⁷ "Nightmares & PTSD," National Center for PTSD, Department of Veterans Affairs. Last accessed Sep. 10, 2012.

⁸ Stress & Trauma, Fact Sheets: A Normal Reaction to an Abnormal Situation, Deployment Health Clinical Center, Department of Defense. Last accessed Sep. 10, 2012.

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