**Post-traumatic stress disorder**

* This is a mental disorder which is triggered through experiencing or witnessing a horrible event which could cause terror (Hoge, et al, 2014).
* It is very hard for most individuals who have been through traumatic event to cope or even adjust accordingly.

**Signs and symptoms of post-traumatic stress disorder**

**The signs and symptoms are in four groups;**

1. Intrusive memories. Examples include flashbacks, nightmares or memories about the traumatizing event.
2. Avoidance. It includes avoiding locations, events or people that cause remembrance of the traumatic events.

The individual also avoids talking about what happened.

1. Negative change in thinking as well as moods.  For example having negative views about yourself or others.
2. Reaction change in reactions either physical or emotions. Examples include concentration troubles, easily frightened and also shame.

**Effects on work, family and social functioning**

1. Being unable to trust other people including workmates and family members
2. Having troubles to maintain a job.
3. Difficulties in concentrating which affects efficiency at the job place.
4. Having the feeling to isolate oneself from others which becomes an issue in maintaining a family.

**Legal and ethical concern**

* One legal concern is right to treatment where the law states the individual has the right to medical services.

Therapies commonly used

**Therapies used are mainly to offer psychological treatment, they include;**

1. Trauma focused cognitive behavior therapy with the aim of showing how thinking affects moods.
2. Psychotherapy which deals with cognitive processing.
3. Eye movement desensitization & reprocessing to capture patients’ attention to enhance processing the traumatic events.

**Medications commonly used**

* Use of anti-depressants known as selective serotonin reuptake inhibitors e.g. citalopram.
* Evidence based nursing interventions that could be used.
* Desensitizing the patient to his memories about the traumatic events.
* Providing the patient with the opportunity to express feelings.

**Nurse to patient relationship**

* The nurse should create rapport with the patient so as to win his/her trust.
* Through the good relationship, the patient is able to express personal feelings about the traumatic events.
* The patient is also able to share personal feelings when he/she is angered for the nurse to help.

**Personal feelings**

* Patients with post-traumatic stress disorder should be provided with proper medical treatment services.
* The medical services help to reduce the symptoms of this mental disorder hence leading to recovery.
* Although the patient recovers gradually, I am interested with working with such a patient since treatment is a way of protecting him.
* When treated, the patient safety is guaranteed since it prevents damage to him or others, e.g. through violence or suicide attempt.

**Reference**

Hoge, C. W., Riviere, L. A., Wilk, J. E., Herrell, R. K., & Weathers, F. W. (2014). The prevalence of post-traumatic stress disorder (PTSD) in US combat soldiers: a head-to-head comparison of DSM-5 versus DSM-IV-TR symptom criteria with the PTSD checklist. *The Lancet Psychiatry*, *1*(4), 269-277.