



Forensic Investigators of Colorado, LLC

Expert Consultants and Legal Investigators of
Personal Injury, Negligence & Death

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Understanding Post Traumatic Stress Disorder

Part 1 – The Experience of PTSD

Post-Traumatic Stress Disorder or PTSD is a disorder that can affect the brain and body of a person who is suffering from this disorder depending on the severity of their condition. Although we usually think of military veterans when we hear of someone suffering with PTSD, any person who has experienced trauma can develop PTSD. As with any medical condition, there are different degrees of PTSD ranging from mild to severe symptoms.

Although according to the site ptsdinfo.org, PTSD was not established as a medical condition until 1980, one can imagine and it is fairly safe to surmise that people have suffered complications from PTSD since men/woman have walked the earth. As investigators we see all different types of situations where we or someone we are helping may find the events traumatic. The key is recognizing symptoms in ourselves, family, friends, fellow employees and our clients, so we can help the sufferer find some peace. PTSD is what I consider an “invisible” injury, meaning the person who suffers may look “normal” to others in that for example the sufferer is not in a mind and body cast, but they are suffering on the inside.

One thing to keep in mind is that while one person may be mildly affected by a traumatic event, someone witnessing the same event could be devastated. In part this is due to what a person’s history might be, and believe it or not, the history can work to different degrees on the severity of that one event for different reasons. Take for example two people witnessing a horrific automobile accident that have left people dead at the scene. One person could suffer tremendously due to either this being the first time witnessing such an event, or due to having witnessed other similar events. This has to do with how a person either copes, or cannot cope with a given situation.

Another thing to keep in mind is the fact that the symptoms may not show up ranging from a month to years after being traumatized. Again, this is dependent upon the history of a person. According to Mayoclinic.com, the symptoms for PTSD are commonly grouped into three types and the short list of possible symptoms is as follows:

1. Intrusive Memories – including flashbacks, or reliving the traumatic event for minutes or even days at a time, and upsetting dreams about the traumatic event
2. Avoidance and Numbing – including trying to avoid thinking or talking about the traumatic event, feeling numb, avoiding activities once enjoyed, hopelessness about the future, memory problems, trouble concentrating, and difficulty maintaining close relationships
3. Increased Anxiety or Emotional Arousal (hyper arousal) – including irritability or anger, overwhelming guilt or shame, self-destructive behavior, such as drinking too much, trouble sleeping, being easily startled or frightened, and hearing or seeing things that aren’t there

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You can find more symptoms at ptsd.va.gov to include the Diagnostic & Statistical Manual of mental disorders the 4th edition or DSM-IV. Also there is a wealth of information for military veterans who are suffering with PTSD to include this [link](#) for free access to talk with someone about their mental health issues, including PTSD.

One symptom that I must touch on which would fall under the category of Increased Anxiety are panic attacks. Medicinenet.com displays a list of symptoms for panic attacks. The following is a partial list of some common symptoms when one is experiencing a panic attack: Racing or pounding heartbeat (palpitations), chest pains, upset stomach, dizziness, lightheadedness, nausea, difficulty breathing, terror (thoughts of doom) and fear of dying.

As I mentioned in the beginning of this article, anyone can suffer from PTSD, to include myself. The interesting thing about the human mind is it can endure a lot. As was explained to me during one of my help sessions, (which will be explained in next month's newsletter) think of the brain as you would when you build a house. You must first start with a good solid foundation for without this solid foundation, the building up on this foundation can cause it to become a shaky building.

I believe that there are very few of us who have had a "Leave it to Beaver" upbringing. I am not saying that is a bad thing, it is just a reality thing, but many people refuse to believe they were not raised by Ward and June Cleaver. My mind foundation started out pretty shaky, and throughout my life I have endured numerous extraordinary traumas, which although have been hell to endure, they also have given me the insight to help others who may suffer from different traumas.

Back to that foundation idea, you see it's kind of like the game Jenga, where you pull out a wooden piece randomly here and there until eventually the whole thing topples down. Well for people who end up with PTSD, a traumatic event here and there breaks down their coping strength until that final trauma can cause all of your coping to topple and you are left with part or all of the symptoms that are listed above.

I will only go into the trauma that became the final straw and caused my coping foundation to collapse. This event occurred September 01, 2000, and it was an evening I had planned to have time to myself so that I could catch up on some serious video game playing. In fact I was in the middle of a game when the telephone rang at approximately 7:20pm. It was my husband, Dean Beers who had left with his dad earlier in the day to go visit his aunt. It had taken them longer than expected, so Dean was calling to let me know they were about 5 minutes from their destination.

We had not been on the telephone long when I heard an extremely loud crash of metal crunching and then garbling sounds that were inaudible for a few seconds. Things then became silent until

I heard Dean's dad say "Holy shit". At that point I still was not sure what had happened until I heard moaning and an unfamiliar male voice say, "Hang in there buddy, help is on the way, just hang in there, hang on." Then an unfamiliar female voice said, "No, no, no no, don't move, don't move." It was then I realized that I was on the other end of a car accident and my husband was who these voices were talking to and he was not talking back, so I knew he was unconscious.

I won't go into every detail, however although Dean was the driver, he had been using headsets with his cell phones, long before they were used by most people and before "hands free" became law in many states. Also, this was in the day when the service was not as great as it is today, and the cell phone connection would drop at the slightest bump of the phone. On this particular night, even though Dean's headset disconnected from the phone and was flung into the passenger seat floorboard and the cell phone went flying underneath Dean's seat, where it stayed, it never disconnected.

For approximately 90 minutes I was on the other end yelling for Dean to hear me, anyone to hear me on the other end. No one ever heard me screaming into the phone. I ended up with 3 phones calling the aunt they were going to visit and trying to find out from state patrol where the accident was, I just could not bring myself to hang up the phone that was connected to Dean's cell phone. Everything seemed to be moving in slow motion, yet I knew it was all happening fast. I heard the ambulance, fire department, even the tow truck driver who picked up the headset and said, "This looks like a headset, I wonder what this went to". At one point while talking to a hospital on one of the phones, I missed when they actually took Dean from the vehicle, so I wasn't sure if he was alright or not. The two hospitals I was told where they might be had no Dean Beers, it ended up that they had the name spelled wrong, so I assumed the worst.

I eventually hung up the phone after the car was towed away, and I waited for the aunt to call me with some news. It was at approximately 9:15 pm when a friend of the aunt called and asked if I was Karen and I finally got to hear that Dean was in the hospital and was going to be okay. It was such a relief to hear Dean's voice once he was able to get to a telephone almost an hour and a half after I spoke with the friend.

The road to recovery for Dean and his dad was hard, and Dean had a closed-brain injury, which is now referred to as a Traumatic Brain Injury (TBI). I had to be strong, as usual, but approximately two months after the accident, I began to suffer with PTSD, my brain house finally gave in. My anxiety had sky rocketed, and I began to experience 5 to 10 panic attacks a day. I could hear every little thing, even a pen dropping to the floor sounded like a bottle rocket exploding; everything was extremely loud to me. I was irritable, angry and there were several times that my impatience was too much and I left carts full of groceries sitting in an aisle or checkout line due to being overwhelmed with my surroundings. My hypervigilance was wild and I kept waiting for the next horrific event to occur.

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It took a year and a half to quit having the panic attacks; it took a few years before I was able to talk about that night without shedding tears or becoming choked up. I was told that three things I would probably never get over were the issues with things being loud to me, being hypervigilant in my surroundings and my being easily startled. I'm pretty jumpy, but that is something I have learned to live with, not that I like it, but it sure beats what I was living with. People find humor in watching me try to open a can of biscuits or laugh when they watch how I react to an inflated balloon, but one thing I have always had and plan to keep is my sense of humor, it's what has helped me through many trying times. Some people thought I would not be able to be a death investigator due to suffering with PTSD, and guessing what horrible traumas I might see at death scenes. To be honest, I wasn't too sure I could do it myself, but I had to give it a try. I made it, and I believe that having went through what I have in my life that I am an asset to any type of an investigation. I believe my skills are sharpened due to the after effects of suffering with PTSD, or at least that is the "positive" I have found in this situation and I do try to find the positives in life.

You just never know what someone may be suffering with; "invisible" injuries are some of the worst, because they are some of the hardest to talk about. Next month I will provide information for different treatment avenues and what helped me survive.

Karen S. Beers, BSW
January 2011, Forensic Investigators of Colorado, LLC

Continued to Part 2 – Treatments of PTSD

Part 2 – Treatments for PTSD

To continue on from my January article “Understanding PTSD”, this month I will provide information regarding different treatment options to assist people who are suffering with PTSD in coping with their “invisible injury”.

First off, let me explain that what may work great for one person may not help another in the least. So if you recognize symptoms of PTSD in a person, have your list of treatment recommendations handy. A person suffering with PTSD may have to try several options of treatment before getting the relief they so desperately need. Also, the treatment(s) may take several months to years for the person to either obtain complete relief from the symptoms or to subdue most of the symptoms the person is enduring.

One of the better websites to find an array of treatment options is at ptsd.va.gov; mainly due to the treatment plans outlined are treatment specific depending on the type of traumas suffered. However, for an easy read, the Mayoclinic website provides a breakdown of different treatment plans.

No matter what type of treatment a person decides on, the important thing is that the person decides to seek help. Sometimes a person suffering does not realize that their behavior has changed, and it may take an outsider to coax the person into seeking treatment. Perhaps it may even be the knowledgeable investigator who may recognize the symptoms of PTSD to encourage the sufferer into getting the help they need. As I mentioned in the January article, as investigators we see all different types of situations where we or someone we are helping may find the events traumatic. When we accept that trauma of all types may cause a person to develop PTSD, we can open our eyes to be more aware, and perhaps even suggest to the attorneys who may be working with a trauma victim to add a trauma treatment plan to their list of necessary compensation and medical expenses claims.

Personally, I needed to be coaxed into treatment. While Dean was going to his brain therapy sessions, he mentioned to the therapist that I had been on the other end of the phone and heard his collision. She then began to ask questions about my behaviors and if he felt I had been affected. Dean explained some of the symptoms I had been experiencing, and the therapist recommended that I go in for a consultation. It just happened to be at this particular clinic they believed in treating family members who had also been affected by what their patient had been involved in. After much conversing and thought, I took Dean’s advice and went in for the consultation.

I tried the usual talk therapy, but it was not helping. I had a hard time talking about the event to begin with, so I felt I was being re-traumatized. It was suggested that I work with a therapist who used Eye Movement Desensitization Reprocessing or EMDR therapy for trauma victims.

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So I tried this type of therapy, which seemed very hokey and I was skeptical, but I feel EMDR saved my life. If you are interested in learning more about EMDR therapy, please visit the [EMDR](#) website.

I also listened to relaxation tapes (they didn't offer cd's at that time), and these helped tremendously with my shallow breathing and anxiety issues. I highly recommend relaxation cd's for anyone, whether you have PTSD or not, it helps to calm your mind in this over-stressed world we live in. I also used words to bring me back into focus when I found myself getting too tense and felt a panic attack coming. Words like calm, breathe, relax and clouds were some of the trigger words. Exercising was another avenue I used to help with stress. My motto is: Whatever it takes to help someone work through their illness is what they need to try. Some people might need medication to help with anxiety. I chose not to use medication, but if that is what a person who is suffering with PTSD symptoms needs, then by all means try a medication to help find relief.

One thing above all else is to have a support system. I was lucky enough to have the support of a loving family and for that I am grateful. If a family member, friend or an acquaintance is suffering, bring forth your patience and good listening virtues, for they will need those from you.

If you have any questions concerning PTSD and EMDR therapy, I will be happy to answer them. I may be contacted via email: beersks@Forensic-Investigators.com or telephone: 970-690-0775.

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January 2011, Forensic Investigators of Colorado, LLC

Karen S. Beers, BSW manages the agency administrative matters and is the Associate Legal Investigator also specializing in all Personal Injury, Negligence and Wrongful Death investigations. In addition, her education and experience with victim advocacy and counseling are valuable assets in working with families and victims of traumatic events.

Possessing strong interpersonal skills and ability to reach out to people, she brings a unique perspective to cases, particularly lifestyle matters and mitigation. Her death investigation training and experience, together with her social work and general investigative skills and experience, are an asset to the medicolegal and criminal defense investigative processes.

As a death investigator she was the primary investigator in all manners of deaths and incidents. From 2005-2006 she investigated and assisted with numerous death cases and scenes, and assisted with forensic autopsies.

She graduated from Colorado State University, Magna Cum Laude, earning her Bachelor in Social Work degree. This followed an extensive internship at a youth counseling and rehabilitation facility.