

NATIONAL PTSD AWARENESS DAY: TRAUMA, THE BRAIN, AND RECOVERY

Bloom's Level: Understand

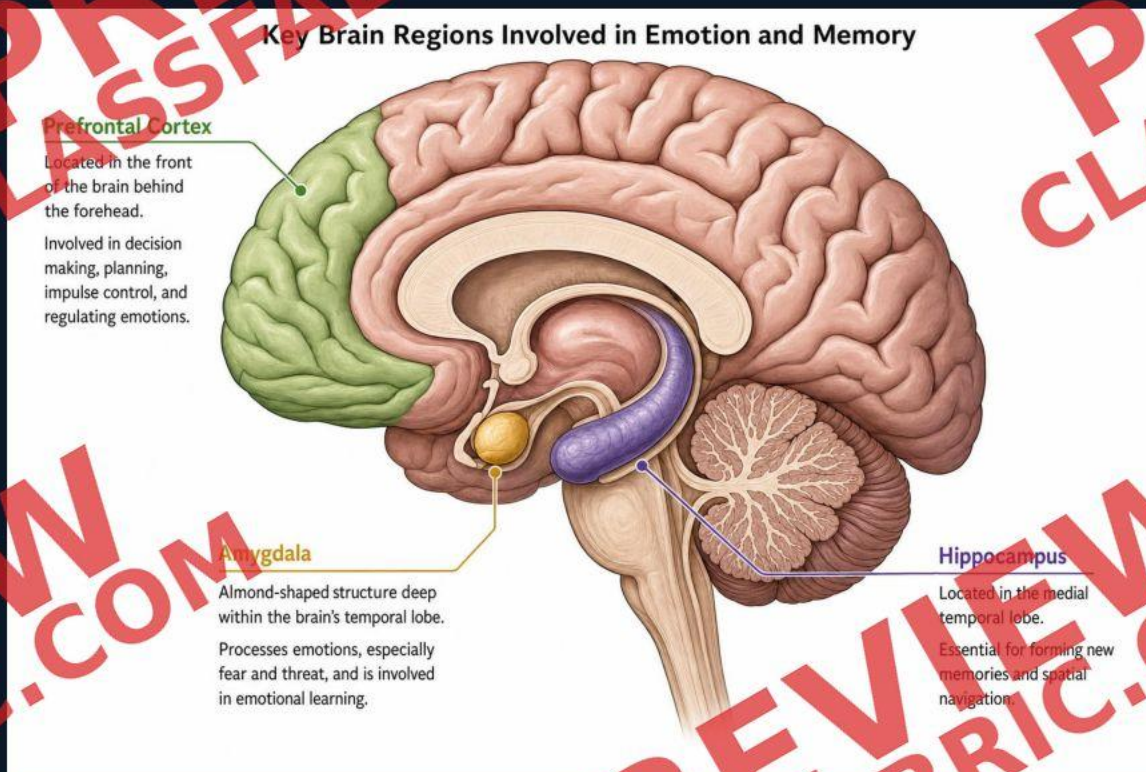
Standard:

HOSA-HE.1.1 — Understanding Mental Health

NGSS.6-8.LS1.3 — Structure and Function of the Brain

TEKS §130.202(c)(8)(A) — Body's Response to Stress

STUDENT EDITION



The amygdala, hippocampus, and prefrontal cortex each play a key role in how the brain processes fear and traumatic memories.

National PTSD Awareness Day: Trauma, the Brain, and Recovery

When the Brain Gets Stuck in Survival Mode

Imagine your smoke detector going off every time you make toast — not because there's a fire, but because it can't tell the difference anymore. Now imagine that detector is your brain, and instead of smoke, it's responding to ordinary sights, sounds, or smells as if they were life-threatening dangers. That's a simplified way of describing what happens in Post-Traumatic Stress Disorder, or PTSD.

PTSD is not a sign of weakness. It is not something that only affects soldiers. It is a documented neurological condition — meaning it involves real, measurable changes in how the brain functions — that can develop in anyone who has experienced or witnessed an overwhelming traumatic event. Approximately 6% of Americans will experience PTSD at some point in their lives, including survivors of car accidents, natural disasters, assault, serious illness, and more. On National PTSD Awareness Day, we replace stigma with science.

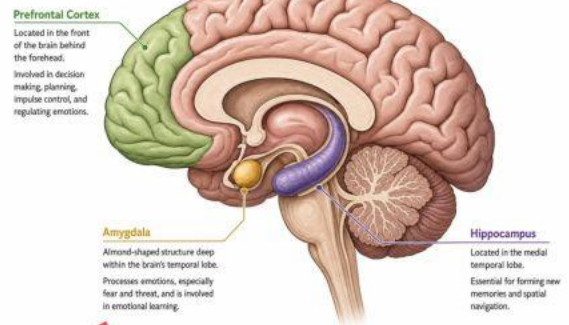
What Happens in the Brain During Trauma

To understand PTSD, you first need to understand how the brain responds to danger. When you encounter a threat — real or perceived — your brain activates what's known as the **stress response**, sometimes called "fight-or-flight." Three brain structures play a central role in this process:

The Amygdala

Think of the amygdala as your brain's alarm system. It detects threats and sends out emergency signals, triggering the release of stress hormones like adrenaline and

Key Brain Regions Involved in Emotion and Memory



The amygdala, hippocampus, and prefrontal cortex each play a key role in how the brain processes fear and traumatic memories.

cortisol. These hormones prepare your body to fight or flee — your heart races, your muscles tense, and your focus narrows.

The Hippocampus

The hippocampus is responsible for forming and organizing memories. It helps your brain understand context — for example, distinguishing between a car backfiring and an actual gunshot. In people with PTSD, research shows that the hippocampus can actually shrink in volume, making it harder to process and "file away" traumatic memories correctly.

The Prefrontal Cortex

This is the brain's rational decision-maker. It normally helps calm the amygdala down after a threat has passed. In PTSD, the connection between the prefrontal cortex and the amygdala becomes weakened, meaning the "alarm" keeps ringing even when there is no real danger.

Together, these three structures — and the disruptions trauma causes among them — explain why someone with PTSD might feel terrified by a loud noise, a certain smell, or even a specific time of year. Their brain has learned to treat those cues as threats, even when no danger is present.

How PTSD Is Diagnosed

Not everyone who experiences trauma develops PTSD. Mental health professionals use specific criteria to diagnose it. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a person may be diagnosed with PTSD if they experience the following symptoms for more than one month after a traumatic event:

- **Re-experiencing symptoms** — flashbacks, nightmares, or intrusive memories that feel vivid and real
- **Avoidance** — staying away from people, places, or situations that serve as reminders of the trauma
- **Negative changes in mood or thinking** — persistent feelings of guilt, shame, or emotional numbness

- **Hyperarousal** — being easily startled, having difficulty sleeping, or feeling constantly "on edge"

It's important to classify these symptoms not as personal failures, but as the brain's attempt to protect itself from further harm. The brain is doing exactly what it was designed to do — it simply hasn't received the signal that the danger is over. Understanding this distinction is key to replacing judgment with compassion, both for others and for oneself.

Evidence-Based Treatments That Work

The encouraging truth about PTSD is that it is treatable. Several therapies have strong scientific support:

Cognitive Processing Therapy (CPT)

CPT helps patients examine and reframe unhelpful thoughts connected to their trauma. For example, a survivor might believe "It was my fault" — CPT helps them challenge and replace that belief with a more accurate understanding of what happened.

Prolonged Exposure Therapy (PE)

This approach gradually and safely exposes patients to trauma-related memories and situations in a controlled setting. Over time, the brain learns that these reminders are not actually dangerous, reducing the fear response.

EMDR (Eye Movement Desensitization and Reprocessing)

EMDR uses guided eye movements while a patient recalls traumatic memories. Research suggests this process helps the brain reprocess those memories so they feel less overwhelming and intrusive.

In some cases, medication — particularly certain antidepressants — may also be used alongside therapy to help manage symptoms. Treatment is most effective when it is tailored to the individual, which is why working with a qualified mental health professional matters so much.

Recognizing When Someone Needs Support

Understanding PTSD also means knowing how to respond when someone around you might be struggling. If a friend or classmate seems withdrawn, easily startled, avoids certain topics, or mentions recurring nightmares, these could be signs they need support. You don't need to be a therapist to help — sometimes the most powerful thing you can do is listen without judgment and encourage them to speak with a trusted adult or mental health professional.

This kind of empathetic response reflects one of the most important lessons PTSD awareness teaches us: that understanding someone's experience, even without fully sharing it, can make a meaningful difference in their recovery.

Resources like the **988 Suicide and Crisis Lifeline** (call or text 988) and the **National Center for PTSD** ([ptsd.va.gov](https://www.ptsd.va.gov)) offer free, confidential support.

Summary: Science Over Stigma

PTSD is a neurological response to overwhelming stress — not a character flaw, not a choice, and not a condition limited to any one group of people. When the amygdala, hippocampus, and prefrontal cortex are disrupted by trauma, the brain can become stuck in survival mode. Understanding this biology helps us replace judgment with compassion. Evidence-based treatments exist and they work. The first step toward recovery — for anyone — is understanding that what they're experiencing has a name, a cause, and a clear path forward.

LESSON OBJECTIVE

By the end of this lesson, you will be able to explain how trauma affects key brain structures — the amygdala, hippocampus, and prefrontal cortex — and describe how these changes contribute to PTSD symptoms. You will also be able to summarize evidence-based treatments for PTSD and recognize how understanding mental health science can reduce stigma and support others.

Standard: HOSA-HE.1.1 — Understanding Mental Health; NGSS.6-8.LS1.3 — Structure and Function of the Brain; TEKS §130.202(c)(8)(A) — Body's Response to Stress

Bloom's Level: Understand

Bloom's Goal: Students will demonstrate understanding by explaining in their own words how the brain's stress response relates to PTSD symptoms and recovery.

Explanation: At the Understand level, students move beyond memorizing facts to making sense of concepts and being able to explain them clearly. This lesson asks students to interpret how brain structure and function connect to real mental health experiences, which is a hallmark of understanding rather than simple recall.



Evidence-based therapies like Cognitive Processing Therapy help people with PTSD safely work through traumatic memories with professional support.

APPLICATION QUESTIONS

Read each question carefully, use what you learned from the article to guide your thinking, and write a complete response in your own words.

1. Explain how the three brain structures — the amygdala, hippocampus, and prefrontal cortex — each play a role in why someone with PTSD might feel terrified by an ordinary sound, like a car backfiring.

Think about: Think about what each brain structure normally does and how PTSD disrupts those functions. How do the three structures work together, and what goes wrong when trauma is involved?

2. The article compares the brain in PTSD to a smoke detector that goes off every time someone makes toast. In your own words, explain what this comparison means and why it helps us understand PTSD as a neurological condition rather than a personal weakness.

Think about: What is the smoke detector doing in the comparison, and what part of the brain does it represent? Why does understanding PTSD as a brain-based condition matter for how we treat people who have it?

3. Describe two of the evidence-based treatments for PTSD discussed in the article and explain how each one helps the brain move out of 'survival mode.'

Think about: What does each treatment actually do — how does it change the way the brain responds to traumatic memories? Use specific details from the article to support your explanation.

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PRIMARY SOURCE ANALYSIS (DBQ)

Read the following primary source excerpt carefully. Then answer the four analysis questions below using evidence from the source and your knowledge of PTSD, brain function, and mental health.

Letter from a World War I Veteran to His Physician [Letter]

Dear Dr. Hartwell, I write to you again because the nights have become unbearable. It has been two years since I returned from the front, yet I cannot escape what I saw there. Last Tuesday, a motorcar backfired on the street below my window, and I threw myself to the floor, certain I was under artillery fire. My wife stood over me, frightened and confused, and I could not explain to her what had happened, because I do not fully understand it myself. I am not a coward — I served honorably for three years — but something in my mind will not accept that the war is finished. The doctors here call it 'shell shock' and suggest I simply rest and avoid excitement. I do not believe rest alone will cure what ails me. I am writing to ask whether there is any treatment that might help a man whose mind remains at war even when his body has come home.

— Adapted from a letter written by a British World War I veteran, circa 1920, held in the Imperial War Museum archives, London.

1. Who wrote this letter, and what is his purpose in writing it? How might his identity as a veteran affect the way he describes his symptoms and his view of his own condition?

[Sourcing]

2. This letter was written around 1920, before PTSD was a recognized medical diagnosis. What does the term 'shell shock' suggest about how society understood trauma at that time, and how does that historical context help explain why the veteran feels he cannot fully explain his experience? [Context]

3. The veteran describes throwing himself to the floor when a motorcar backfired. Using what you have learned about the amygdala, hippocampus, and prefrontal cortex, explain what was happening in his brain during that moment. [Close Reading]

4. How does the veteran's description of his symptoms — including his reaction to the backfiring motorcar, his sleepless nights, and his feeling that his mind 'remains at war' — align with the DSM-5 criteria for PTSD described in the article? Identify at least two specific symptom categories. [Corroboration]

REFLECTION QUESTIONS

Answer each question in your own words using what you learned from the article.

1. In your own words, explain why someone with PTSD might feel intense fear in response to an ordinary sound or smell, even when there is no real danger present.

Think about: Think about the roles of the amygdala, hippocampus, and prefrontal cortex and how trauma disrupts the way they work together.

2. Why is it important to understand PTSD as a neurological condition rather than a personal weakness or character flaw?

Think about: Consider how this understanding changes the way we treat people with PTSD and how it might affect someone's willingness to seek help.

3. Describe two symptoms of PTSD and explain how each one reflects the brain's attempt to protect itself from further harm.

Think about: Look back at the four categories of PTSD symptoms listed in the article and think about what purpose each symptom might serve from the brain's perspective.

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CAUSE & EFFECT MAP

Read each cause carefully. Then review the effect and contributing factors listed. In your own words, explain how the cause leads to the effect, using what you have learned about the brain and PTSD. Write 2-3 sentences for each pair.

1. Cause: A traumatic event disrupts the normal functioning of the hippocampus, causing it to shrink in volume over time.

Effect: A person with PTSD struggles to correctly process and store traumatic memories, making those memories feel vivid, fragmented, and constantly present.

Contributing Factors:

- The hippocampus loses its ability to provide context, such as distinguishing a car backfiring from a gunshot
- Traumatic memories are not properly 'filed away,' leaving them intrusive and unresolved
- Stress hormones like cortisol released during trauma can damage hippocampal tissue

2. Cause: Trauma weakens the connection between the prefrontal cortex and the amygdala in the brain.

Effect: The amygdala's alarm system continues to fire in response to ordinary sights, sounds, or smells, even when no real danger is present.

Contributing Factors:

- The prefrontal cortex can no longer effectively calm the amygdala after a perceived threat passes
- The brain has learned to treat neutral cues — such as a smell or a time of year — as life-threatening signals
- Hyperarousal symptoms such as being easily startled and feeling constantly on edge develop as a result

3. Cause: A person with PTSD repeatedly avoids people, places, and situations that remind them of their trauma.

Effect: The brain never receives the signal that those reminders are safe, which prevents recovery and reinforces the fear response over time.

Contributing Factors:

- Avoidance prevents the brain from learning that trauma-related cues are not actually dangerous
- Negative changes in mood and thinking, such as persistent guilt or emotional numbness, deepen without intervention
- Evidence-based treatments like Prolonged Exposure Therapy directly target avoidance by gradually and safely reintroducing trauma-related memories

HYPOTHESIS BUILDER

Read the context below carefully. Then complete each component to build a scientific hypothesis about PTSD and the brain's stress response. Use what you know about the amygdala, hippocampus, and prefrontal cortex to guide your answers.

Researchers are studying how chronic stress affects the structure and function of the brain in people who develop PTSD. They know that the hippocampus helps the brain organize and contextualize memories, and that prolonged exposure to stress hormones like cortisol can damage brain tissue over time. Scientists want to investigate whether the amount of time a person is exposed to high cortisol levels following a traumatic event is related to measurable changes in hippocampal volume and the severity of PTSD re-experiencing symptoms.

Independent Variable

What is the factor the researchers are deliberately changing or comparing across participants in this study? Identify the variable being manipulated or observed as a cause.

Dependent Variable

What outcomes are the researchers measuring to see if a change occurred? Identify the two measurable effects being observed in response to the independent variable.

If

State the condition being tested. Begin your statement with 'If' and describe what happens to the independent variable in this experiment.

Then

Predict the expected outcome. Begin your statement with 'then' and describe what you expect to happen to the dependent variable(s) based on the condition stated in your 'If' statement.

Because

Explain the scientific reasoning behind your prediction. Begin with 'because' and use what you know about cortisol, the hippocampus, and PTSD brain function to justify your hypothesis.

CLAIM-EVIDENCE-REASONING (CER)

Read the phenomenon below carefully. Then complete each component of the Claim-Evidence-Reasoning (CER) framework by responding to the guiding prompt. Your responses should demonstrate your understanding of how trauma affects brain structure and function and how this relates to PTSD symptoms.

Phenomenon: A combat veteran who returned home two years ago flinches and ducks for cover every time he hears a car backfire in his neighborhood. His heart races, he begins to sweat, and he feels certain he is in danger — even though he knows logically that he is safe at home. These reactions happen automatically and are difficult for him to control, despite the fact that no real threat is present.

Claim

Make a claim: What is happening in the veteran's brain that causes him to react as if he is in danger when no real threat exists? State your claim in one to two clear sentences.

Evidence

Provide evidence: Using specific information from the article about the amygdala, hippocampus, and prefrontal cortex, identify at least two pieces of scientific evidence that support your claim.

Reasoning

Explain your reasoning: How does the evidence you provided connect to your claim? Explain how the structural and functional changes in the brain caused by trauma lead to the specific symptoms the veteran is experiencing.

MULTIPLE CHOICE

Choose the best answer for each question based on what you have learned about PTSD, the brain's response to trauma, and mental health. Select one answer (A, B, C, or D) for each question.

1. Which brain structure is best described as the brain's 'alarm system' because it detects threats and triggers the release of stress hormones?

- A. Amygdala
- B. Hippocampus
- C. Prefrontal cortex
- D. Cerebellum

2. In people with PTSD, the hippocampus is affected in a specific way. Which of the following best describes this effect?

- A. It becomes overactive and produces too many stress hormones.
- B. It can shrink in volume, making it harder to process traumatic memories correctly.
- C. It grows larger and stores more memories than normal.
- D. It disconnects entirely from the rest of the brain.

3. What is the primary role of the prefrontal cortex in the brain's stress response?

- A. It releases adrenaline to prepare the body for danger.
- B. It stores long-term memories of traumatic events.
- C. It helps calm the amygdala after a threat has passed.
- D. It controls the body's heart rate and breathing during exercise.

4. According to the DSM-5, which of the following is a required condition for a PTSD diagnosis?

- A. Symptoms must be present for more than one month after a traumatic event.
- B. The person must have served in the military.
- C. Symptoms must include physical injury.
- D. The person must have witnessed the trauma directly, not experienced it personally.

5. A student who survived a car accident now avoids riding in cars and refuses to talk about the event. Which PTSD symptom category does this behavior best represent?

- A. Hyperarousal
- B. Re-experiencing
- C. Avoidance
- D. Negative changes in mood

6. Which of the following best explains why a person with PTSD might feel intense fear when hearing a loud noise, even in a safe environment?

- A. Their prefrontal cortex has grown too large and overrides the amygdala.
- B. Their brain has learned to treat certain cues as threats, even when no real danger is present.
- C. Their hippocampus is producing too much cortisol in response to sound.
- D. Their stress response has been permanently switched off.

7. Cognitive Processing Therapy (CPT) helps patients with PTSD primarily by doing which of the following?

- A. Using guided eye movements to help the brain reprocess traumatic memories.
- B. Gradually exposing patients to trauma-related situations in a controlled setting.
- C. Helping patients examine and reframe unhelpful thoughts connected to their trauma.
- D. Prescribing antidepressants to reduce physical symptoms of stress.

8. Which statement about PTSD is most accurate based on the information presented?

- A. PTSD only affects military veterans who have experienced combat.
- B. PTSD is a sign of personal weakness and poor coping skills.
- C. PTSD is a documented neurological condition that can develop in anyone after a traumatic event.
- D. PTSD cannot be treated and will always worsen over time.

9. If a classmate seems easily startled, has trouble sleeping, and feels constantly on edge after a traumatic experience, which PTSD symptom category do these signs most likely represent?

- A. Avoidance
- B. Re-experiencing
- C. Negative changes in mood
- D. Hyperarousal

10. Which of the following is the most appropriate first step you can take if you notice a friend showing possible signs of PTSD?

- A.** Avoid the topic entirely so you do not make things worse.
- B.** Listen without judgment and encourage them to speak with a trusted adult or mental health professional.
- C.** Diagnose them yourself using the DSM-5 criteria.
- D.** Tell them their feelings are not rational because they are no longer in danger.

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TRUE / FALSE

Read each statement carefully. Write T if the statement is true or F if the statement is false based on what you have learned about PTSD, the brain, and mental health.

1. PTSD is a neurological condition that involves real, measurable changes in how the brain functions.

True False

2. The amygdala is the part of the brain responsible for forming and organizing memories.

True False

3. In people with PTSD, the hippocampus can shrink in volume, making it harder to process traumatic memories correctly.

True False

4. The prefrontal cortex normally helps calm the amygdala after a threat has passed.

True False

5. Everyone who experiences a traumatic event will eventually develop PTSD.

True False

6. According to the DSM-5, PTSD symptoms must be present for more than one month after a traumatic event before a diagnosis can be made.

True False

7. Avoidance, hyperarousal, and re-experiencing symptoms are all recognized signs of PTSD.

True False

8. Cognitive Processing Therapy (CPT) works by gradually and safely exposing patients to trauma-related memories in a controlled setting.

True False

9. EMDR uses guided eye movements to help the brain reprocess traumatic memories so they feel less overwhelming.

True False

10. PTSD is considered a character flaw and is limited to military veterans who have experienced combat.

True False

VOCABULARY

Review the following key terms and their definitions before reading the lesson. As you study, pay attention to how each term connects to the brain's response to trauma and mental health.

PTSD (Post-Traumatic Stress Disorder)

A documented neurological condition that can develop after a person experiences or witnesses an overwhelming traumatic event, causing lasting changes in how the brain functions.

Explain in your own words:

Stress Response

The brain's automatic reaction to a real or perceived threat, often called "fight-or-flight," which triggers the release of stress hormones to prepare the body for danger.

Explain in your own words:

Amygdala

A brain structure that acts like an alarm system, detecting threats and triggering the release of stress hormones such as adrenaline and cortisol.

Explain in your own words:

Hippocampus

A brain structure responsible for forming and organizing memories, including helping the brain understand context and correctly process past experiences.

Explain in your own words:

Prefrontal Cortex

The part of the brain that acts as a rational decision-maker and normally helps calm the amygdala after a threat has passed.

Explain in your own words:

Hyperarousal

A PTSD symptom in which a person feels constantly "on edge," is easily startled, or has difficulty sleeping due to the brain remaining in a heightened state of alertness.

Explain in your own words:

Flashback

A re-experiencing symptom of PTSD in which a person relives a traumatic memory so vividly that it feels as though the event is happening again in the present.

Explain in your own words:

Cognitive Processing Therapy (CPT)

An evidence-based treatment for PTSD that helps patients identify and reframe unhelpful or inaccurate thoughts connected to their traumatic experience.

Explain in your own words:

Prolonged Exposure Therapy (PE)

An evidence-based PTSD treatment that gradually and safely exposes patients to trauma-related memories and situations so the brain can learn they are no longer dangerous.

Explain in your own words:

EMDR (Eye Movement Desensitization and Reprocessing)

A therapy for PTSD that uses guided eye movements while a patient recalls traumatic memories to help the brain reprocess those memories so they feel less overwhelming.

Explain in your own words:

EXIT TICKET

Answer both questions in 1-2 sentences each based on what you learned in today's lesson. Be specific and use vocabulary from the article.

1. Explain what happens in the brain during a PTSD response by describing the roles of the amygdala and the prefrontal cortex.

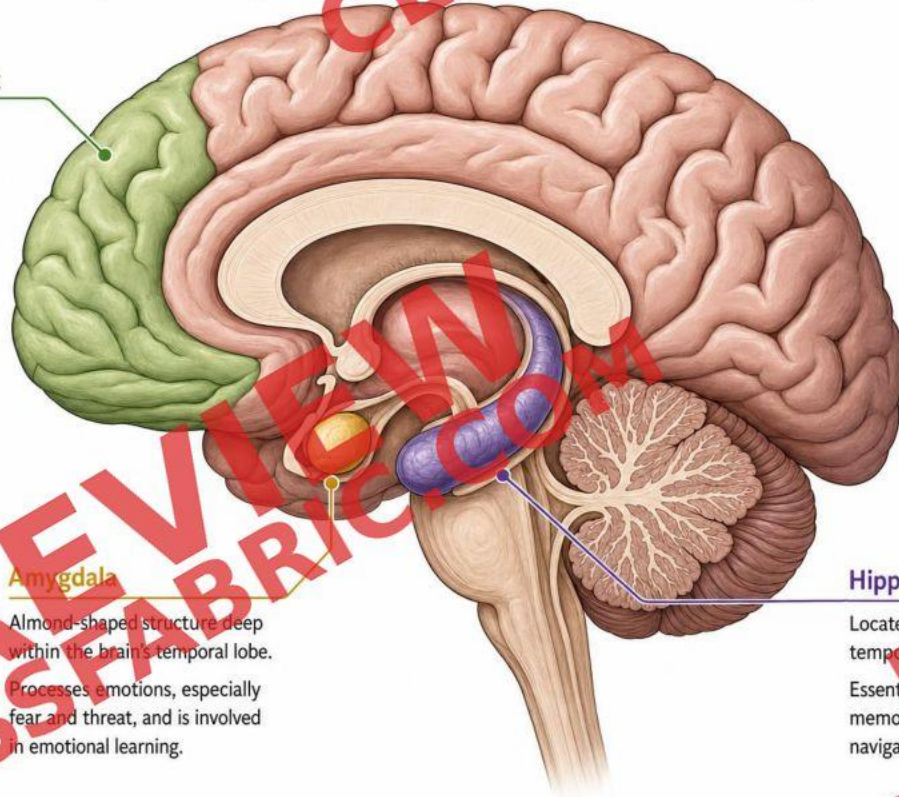
2. Identify one evidence-based treatment for PTSD and explain how it helps the brain recover from trauma.

Key Brain Regions Involved in Emotion and Memory

Prefrontal Cortex

Located in the front of the brain behind the forehead.

Involved in decision making, planning, impulse control, and regulating emotions.



Amygdala

Almond-shaped structure deep within the brain's temporal lobe.

Processes emotions, especially fear and threat, and is involved in emotional learning.

Hippocampus

Located in the medial temporal lobe.

Essential for forming new memories and spatial navigation.

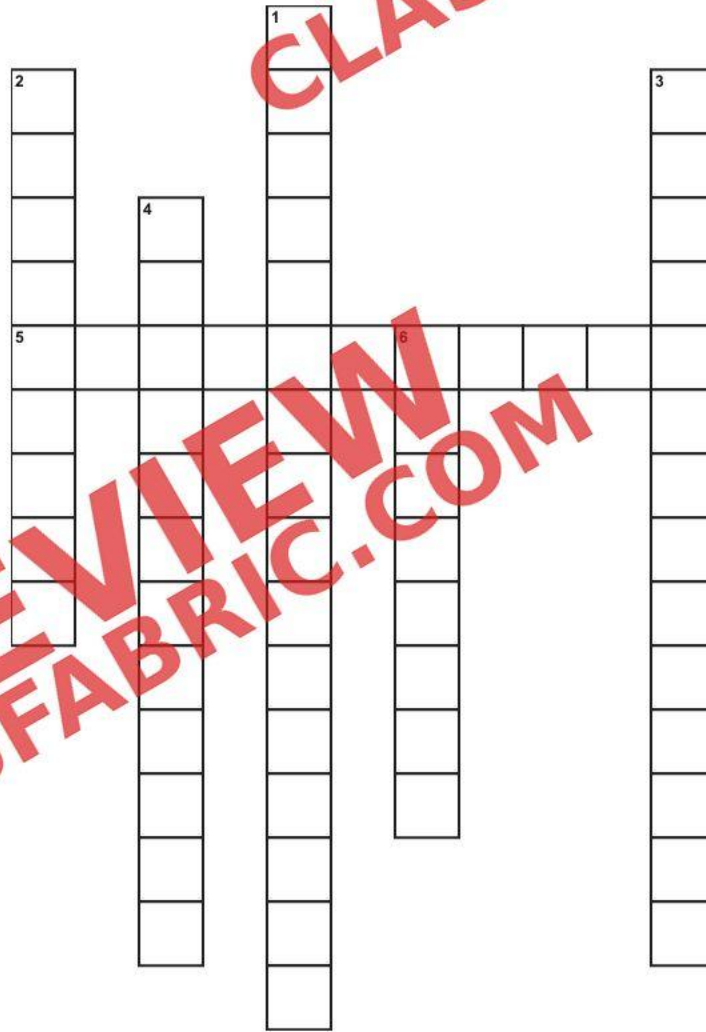
The amygdala, hippocampus, and prefrontal cortex each play a key role in how the brain processes fear and traumatic memories.



Evidence-based therapies like Cognitive Processing Therapy help people with PTSD safely work through traumatic memories with professional support.

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CROSSWORD PUZZLE



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National PTSD Awareness Day: Trauma, the Brain, and Recovery

CROSSWORD PUZZLE

ACROSS

5. A brain structure responsible for forming and organizing memories, including helping the brain understand context and correctly process past experiences.

DOWN

1. The part of the brain that acts as a rational decision-maker and normally helps calm the amygdala after a threat has passed.
2. A re-experiencing symptom of PTSD in which a person relives a traumatic memory so vividly that it feels as though the event is happening again in the present.
3. The brain's automatic reaction to a real or perceived threat, often called "fight-or-flight," which triggers the release of stress hormones to prepare the body for danger.
4. A PTSD symptom in which a person feels constantly "on edge," is easily startled, or has difficulty sleeping due to the brain remaining in a heightened state of alertness.
6. A brain structure that acts like an alarm system, detecting threats and triggering the release of stress hormones such as adrenaline and cortisol.

National PTSD Awareness Day: Trauma, the Brain, and Recovery

WORD SEARCH

Y R E G O Z M L I S C A C B R D N G A N S R T G F
D C S R U O T T U Y W G O V E L I M S O T A C G V
D V S V F I O F D M U Z C O M V R O P N R T X J V
J W F W R F H E S S K K L C E Q C E K I E L E W G
Q H H E P J Y I S E J X H T C O Z X A X S F R U P
M T J J W K P I D W Z L Z N Y Y O I V B S H S W W
C H K Z F W E I U B F T S S A A A I V U R O E O W
J M U D X W R A K K L H D Y M W R Y B X E U N A H
K N X T U G A H C F A S I T I O E Y V D S L V B V
T A Z D D D R B G Z S F L O J A D N W R P U R W D
A N U M H J O Z R R H D A A I E J Q O N O L K R T
B M V J E U U V N J B P U Q V P K F W W N K J N L
T V Y L Z K S E U L A N C X I P T L A H S U B Z E
Q G T G Y T A O O N C Q E C Z I E D S F E M G L M
D A M V D Z L R J T K C D W H E F R A O Q B C H T
K N D P A A O L W T Q H T M D W Z W N B X L N I N
T S O W P R L D X B P I L C Q T N P Z J Z G W P V
D W Q J T C Z A K C S A K Q G U B U J X K A U P E
U H L J N E Q K J G X V B L D S X C W U K J H O I
E H E H C N B Z F M Z V T D Y E A E F H I P N C I
H C Y P Y H Z D J Y G K C D X N U J O I E G S A W
L H K K E I I D U Q V G M N O T U K S O O W Z M P
C F J F Y Z X O I Q W W X D Q E I H G P V I E P P
M W R B S T E V E G M I M N O D L O A N Y Q L U J
D N N N I P R E F R O N T A L C O R T E X O R S R

FIND THESE WORDS

Prefrontal Cortex
Hyperarousal

Hippocampus
Flashback

Amygdala

Stress Response