

ARCvic

Anxiety Recovery Centre Victoria



Post Traumatic Stress

## Post Traumatic Stress Disorder

### *An Overview*

- **Post Traumatic Stress Disorder (PTSD)** is a relatively common condition that can develop in people following a traumatic or life threatening event. Many people will experience a traumatic event in their lifetime however most people recover in the weeks following it. Some people may react in a more severe and enduring way, resulting in a diagnosis of PTSD.
- Studies have reported prevalence rates of PTSD in the general community between 1% and 10% with women being more likely to suffer from PTSD than men.
- The types of traumatic events that can precipitate PTSD can be divided into three subtypes being human-made disasters (such as war, terrorist attacks and violent crime), technological disasters (for example, mining accidents), and natural disasters (such as floods and bushfires).

### *Symptoms*

While some psychological reaction to a traumatic event is normal, PTSD is an extreme and chronic reaction. The symptoms of PTSD can be characterised into *persistent re-experiencing* of the event (such as intrusive thoughts, dreams and flashbacks of the event), *avoidance and numbing* (characterised by efforts to avoid thoughts, feelings and memories of the event and a decreased interest in significant events or people), and *increased arousal* (characterised

by heightened anxiety, moodiness and trouble sleeping). These symptoms persist after the event and cause disturbances in the person's ability to function socially and occupationally.

A common aspect of PTSD is comorbidity (the experience of two or more psychological conditions simultaneously). Common comorbid conditions are substance abuse and Depression.

### *When to seek treatment*

- ✓ Not all people who experience trauma require treatment. Most are able to recover with the help of family and friends. However, if the event was especially severe, or the person had other problems in their life at the time, survivors may need professional help to restore well-being. A range of mental health professionals can assist.
- ✓ Untreated PTSD can become a chronic disabling disorder, so it is important that effective diagnosis and treatment is obtained at the earliest opportunity. Help should be sought where the individual:
  - ✓ Experiences problems which are severe or last for more than a month
  - ✓ Is constantly on edge or irritable
  - ✓ Has difficulty responding emotionally to others
  - ✓ Increasingly uses alcohol or other drugs
  - ✓ Becomes unusually busy to avoid dealing with issues

- ✓ Has a strong need to share experiences, but no-one is available or able to listen

### *Treatment and Recovery*

The goals of PTSD treatment can differ between individuals. People with more recent onset of symptoms and few complications aim to achieve elimination of their PTSD symptoms and to return to the level of functioning they experienced before the traumatic event. Clients with a long history of PTSD symptoms and more severe comorbidity with poor social and occupational functioning may not reach such goals. For these clients it may be more realistic to aim to reduce the severity of their PTSD symptoms and improve their overall functioning. In these cases there is also a need to treat the comorbid conditions (such as substance abuse and Depression) which potentially complicates the treatment of PTSD symptoms.

No single treatment for PTSD has been developed. Treatment options include Exposure Therapy, Cognitive Restructuring and Eye Movement Desensitisation and Reprocessing, Medication Treatments, as detailed below:

### *Exposure Treatments*

Exposure is a form of Cognitive Behaviour Therapy (CBT) used to treat many anxiety disorders including PTSD. Clients are asked to remember the traumatic event and to focus on the thoughts and emotions connected to it. Details of the event are also focused on, such as sights, smells and sounds associated with it. While reliving the event, clients report on their level of anxiety and distress. The

therapist aids the client in decreasing the anxiety they are feeling during the process by using relaxation techniques such as breathing control.

Before the treatment begins different elements of the event are graded in terms of how anxiety provoking they are. The exposure then proceeds in accordance with this hierarchy such that the least anxiety provoking elements are confronted first. This allows the client to move gradually to the most difficult aspects of the event. Exposure treatments need to be prolonged (to allow anxiety to decrease during the session) and to be repeated over a number of sessions.

The gradual and prolonged nature of exposure treatment allows clients to remember and process traumatic events while decreasing the emotional and cognitive distress associated with them.

### *Cognitive Restructuring*

Like exposure treatment, cognitive restructuring is a form of CBT. Cognitive restructuring in PTSD assists the client to identify dysfunctional or negative thoughts and beliefs that have developed since, or been exacerbated by, the traumatic event. These thoughts can involve the client's beliefs about the safety of the world, their belief in their own competence, their guilt surrounding the event and their opinions about their PTSD symptoms.

The therapist and the client work together to discuss these thoughts and beliefs and to challenge them. A common method of challenging these thoughts and beliefs is to ask questions about them such as

“what will happen if I continue to think like this?” “Will it help me to live a happy and relaxed life?” The goal is to eventually replace the negative or unhelpful thoughts and beliefs with more balanced and rational alternatives.

The therapist also helps the client to focus on positive aspects of the trauma such as the fact that they have survived and are able to learn skills to help them recover.

### *Eye Movement Desensitisation and Reprocessing (EMDR)*

EMDR is a relatively new treatment program used primarily for PTSD. The client is asked to remember the traumatic event and to focus on the thoughts and emotions connected to it. When the client is focused on this the therapist moves his/her finger horizontally in front of the client’s face. The client is asked to follow the movement of the therapist’s finger with their eyes. This activates both sides of the brain - a process known as bilateral stimulation.

It is thought that the stimulation of the brain and the simultaneous focusing on the traumatic event allows the brain to process the event. With repeated sessions of EMDR the client becomes more able to talk about and remember the event without the negative feelings previously associated with it.

### *Medication Treatments*

Medication in isolation is not the most optimal treatment for PTSD. Given the psychological nature of PTSD symptoms it is also desirable to undergo psychological treatment. Nevertheless, medication can be important in maximising the effectiveness of

psychological treatments. Clients with particularly severe PTSD symptoms may find psychological treatments difficult to tolerate as, during the treatment process, feelings of anxiety and distress can be exacerbated. Medication may be useful in moderating these feelings to allow clients to cope with psychological treatments.

There is no PTSD specific drug; the drugs of choice are antidepressants. Research suggests that the most effective class of antidepressants for treatment of PTSD is the Selective Serotonin Reuptake Inhibitors.

Medication can also be useful in the treatment of comorbid psychological conditions. Antidepressants can be useful in treating depression which is a common comorbid condition in sufferers of PTSD.

### *What can you do if you are suffering from PTSD?*

- ✧ Acknowledge the symptoms of PTSD which may be affecting you.
- ✧ Recognise that PTSD can be difficult to deal with and that recovery does not occur without effort. It is not simply a matter of snapping out of it.
- ✧ Review your lifestyle for appropriate adjustments e.g., balance the daily stresses of your life with pleasurable and relaxing activities.

- ✧ Take up stress reduction methods, such as exercise and relaxation, and pay attention to your physical health, especially sleep and diet.
- ✧ Recognise, and try to cut down, those things which do not work, particularly the overuse of alcohol, caffeine and prescription medications.
- ✧ If symptoms persist, seek professional help.

### *How you can support someone with PTSD*

- ✧ Offer general support. In traumatised people, support and security offered by loved ones is very important to recovery. Offer to help out with everyday tasks and show them you care.
- ✧ Provide a listening ear for the survivor to talk about what happened. Having the opportunity to discuss, and make sense of, the experience is often crucial in helping people to deal with trauma. Equally, remember that not everyone will be ready to talk about the trauma at the same time.
- ✧ Adopt a helpful and realistic attitude to what the person is capable of – expect neither too much nor too little.
- ✧ Acknowledge and attempt to understand the individual's reactions to what they have experienced. This may be as simple as recognising that PTSD can cause the same person to react with extreme anger and numbed feelings at different times.

- ✧ Support the individual to seek further assistance if they choose to. Getting professional help with the symptoms of traumatic stress can sometimes be very important.

### *Relaxation techniques*

#### *Deep breathing can reduce your anxiety*

It only takes a few minutes and it is easy to learn and can be practised anywhere. The main idea is to breathe deeply from the abdomen rather than shallow breaths from your upper chest, getting more oxygen into your lungs. The more oxygen you get, the less tense and anxious you feel.

- ✧ Sit comfortably with your back straight. Put one hand on your chest and the other on your stomach.
- ✧ Breathe in through your nose. The hand on your chest should have little or no movement.
- ✧ Exhale through your mouth, pushing out as much air as you can while contracting your stomach muscles. The hand on your stomach should move in as you exhale, but your other hand should move very little.
- ✧ Continue to breathe in through your nose and out through your mouth. Try to inhale enough so that your lower abdomen rises and falls. Count slowly as you exhale.

If you have a hard time breathing from your abdomen while sitting up, try lying on the floor. Put a small book on your stomach, and try to breathe so that the book rises as you inhale and falls as you exhale.

(Acknowledgements: <http://www.reachout.com.au>)

## SELF-HELP BOOKS

**The PTSD Workbook: Simple, effective, techniques for overcoming traumatic stress symptoms.**

Mary B. Williams & Soili Poijula, 2002

**The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery and Growth.**

Glenn Schiraldi, USA, 2000

***Coping with Trauma: A Guide to Self-Understanding***

Jon Allen, USA, 1995/99

**Growing Beyond Survival: A Self-help Toolkit for Managing Traumatic Stress**

Elizabeth Vermilyea, USA, 2000



### ARCVic Services:

Support & Social Groups

Information Kits & Publications

OCD & Anxiety HelpLine

Library

Newsletters

Community Education Seminars

Recovery Programs

School Education Program

Professional Education &

Early Intervention

Consultation Programs

Advocacy

Research

*In addition to this booklet, a comprehensive range of literature on anxiety disorders and strategies for recovery is available from ARCVic on request.*

*Please phone the OCD and Anxiety Helpline on (03) 9830 0533 or 1300 269 438 and a Helpline volunteer will arrange for a kit to be mailed to you.*

*The ARCVic library is open during office hours and includes a wide range of books which you may read in a comfortable, quiet setting. ARCVic members are also able to borrow books and DVDs from the library for up to two weeks.*

#### **Anxiety Recovery Centre Victoria**

ARCVic is a state-wide community mental health organisation, providing support, recovery, early intervention and educational services to people and families living with anxiety disorders. Education, training and consultation services are provided to professionals and agencies to promote wider availability of services for people with anxiety disorders. ARCVic is a charitable, non-profit organisation, funded by the Department of Human Services, and supported by membership, donations and sponsorships. ARCVic is the business and promotional name of the Obsessive Compulsive & Anxiety Disorders Foundation Victoria (OCADF Vic). The OCADF Vic was established in 1987. OCADF Vic is an incorporated association under the Associations Incorporations Act, governed by a committee of management. The Committee of Management includes people with anxiety disorders, family members, carers and professionals.

ARCVic's core functions encompass the following areas: support, self-help, recovery, skills, education, training and advocacy. Services include: telephone counselling Helpline; support, self-help and social groups; recovery programs and workshops; family and carer support and education programs; community education; information & library services; advocacy; counselling; early intervention programs; professional education and training programs.

ARCVic's mission is to foster the emotional, mental and social well-being of people living with anxiety disorders; and to empower people with support, knowledge and skills that will build resilience and recovery, and reduce the impact of anxiety disorders on people's lives.

### Disclaimers

Views expressed in personal stories do not necessarily reflect the views of the ARCVic Committee of Management. The printing of stories of people's personal experiences of anxiety disorders and recovery stories does not indicate that ARCVic endorses any treatments or coping strategies suggested. People with an anxiety disorder should not consider any information or stories in this Publication as personal advice regarding treatment. Such advice should be obtained directly from a clinician.

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Matsakis, A. Ph.D. (2002). Stress and trauma, *ADAA Reporter, USA, Vol X111, 5, October. Edited version, reprinted with permission in ARCVic Newsletter, 10 (3), July 2003.*

Posttraumatic Stress Disorder, General Information brochure: Treatment and Recovery; *No 2 in a series of National Centre Brochures produced by the National Centre for War Related Posttraumatic Stress Disorder [now known as The Australian Centre for PostTraumatic Mental Health] – A collaborative project of the Commonwealth Department of Veterans' Affairs, the University of Melbourne and the Austin & Repatriation Medical Centre, Victoria*

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