



Post Traumatic Stress Disorder

What Is Post Traumatic Stress Disorder?

Post Traumatic Stress Disorder (PTSD) was introduced into the American Psychiatric Association's official manual (DSM) in 1980. PTSD is a label for the range of symptoms that may be experienced days, weeks, months or even years after being exposed to a traumatic event or series of events. These traumatic events range from experience of war, child abuse, domestic violence, rape, robbery, assault or car accidents. Sometimes PTSD arises from witnessing the trauma of another person, particularly a friend or relative. The events usually involve threat to the person's life or physical integrity. The immediate feelings are helplessness, horror and/or intense fear. PTSD is unique amongst mental disorders because the person has to have been exposed to a previous event that is considered traumatic to be diagnosed with PTSD.

What are the Symptoms of PTSD?

The symptoms that commonly occur in people suffering from PTSD have been divided into three categories: intrusions; hyper-alertness; and avoidance.

Intrusions: Re-experiencing the events as flashbacks or nightmares that occur suddenly, without conscious control. These are very distressing, disrupting sleep and normal activities of life.

Hyper-alertness: A state of hyper-vigilance or increased sensitivity to things such as a phone ringing or the sudden appearance of a person which leads to a physical reaction (eg jumping with fear; feeling nauseous) which is out of proportion to the stimulus. The person is edgy, agitated and appears to be on the lookout for a perceived danger.

Avoidance: The person tends to avoid anything (eg certain places, going out at night, being alone) that may result in a memory of or a feeling from the original traumatic experience. This symptom particularly impacts upon interpersonal relationships. The person may report feeling emotionally numb; unable to experience their usual feelings for people and things, and will often act very impersonally to people with whom they are closest.

Other Characteristic Symptoms of PTSD

Often the person finds it difficult to trust others or to feel safe and secure anywhere. As this continues the person becomes detached from friends, colleagues and family, thus adding to his/her isolation. Furthermore, the person may experience physical signs of anxiety such as rapid breathing, sweating and becoming agitated. Poor sleep patterns

(due to insomnia and nightmares) affect concentration and memory, and thus can lead to deterioration of work and study performance.

Post-Traumatic Stress Disorder is rarely diagnosed on its own. It is often accompanied by depression, anxiety, panic attacks, social phobia, agoraphobia or other psychiatric illnesses. Many people recovering from the after-effects of trauma abuse alcohol, nicotine and other drugs; thus complicating the situation further. Substance abuse is addressed within PTSD treatment.

Most people who experience catastrophic trauma do not develop PTSD or depression. Grief and loss are frequently experienced but respond to social support and care of family and friends. Providing for the person's normal needs: shelter, food, financial support and a caring response are important in the immediate period after the trauma ('psychological first aid'). However, some people may experience high levels of distress following a trauma.

What Treatment is Available?

When the trauma has just occurred, you will need to take good physical and emotional care of yourself. In the days and weeks following the traumatic event, try to get adequate rest, exercise, sleep and nutrition. Try not to push painful memories and feelings away but take them as they come. Find someone caring and empathic to talk to if you feel the need to talk about what happened – this could be a friend or family member or a professional such as a counsellor. Controversy exists over the benefits of immediate intervention after trauma in the form of counselling or 'critical incident stress debriefing', where a person can recount the details of the event, express their feelings and become aware that their reactions are a normal part of coping with traumatic stress. This may sometimes prevent an acute reaction from becoming chronic (a long-term problem), however the benefits for each individual varies greatly. If you feel such counselling may be helpful, discuss this with your GP.

There is a range of effective psychological and pharmacological treatments available. Therapists treating PTSD aim to provide a safe and trusting environment in which the person can deal safely with the impact of the event/s. Treatment often involves basic counselling - listening and allowing the person to tell his/her story. Further treatment may involve cognitive behavioural therapy and group work.

The aim of therapy is to help people accept the original trauma without being so overwhelmed by memories or planning their lives around avoiding situations that remind them of the trauma. Cognitive-behavioural treatments use 'response prevention' techniques that encourage the person to learn how to think about the trauma but not experience such high levels of arousal and distress. Anti-depressants, anxiety medication and/or sleeping medications may assist a person to cope with the symptoms whilst learning to gain some control over their behaviour, thoughts and feelings again. Often these symptoms need to be treated to provide symptom relief so a person can participate effectively in other treatment –i.e. group therapy. Individual therapy followed at some later point by group therapy is sometimes considered a useful treatment pattern for PTSD. Group therapy can be of great value as it helps people regain a sense of community and practice their interpersonal skills and healthy ways of relating to people.

Reluctance to Seek Treatment

Almost all people with PTSD can be assisted to some extent by treatment. However, often people are reluctant to ask for help, as avoidance is part of the disorder. Reasons that a person may not want to seek help may include:

- Fear that instead of helping them, therapy will only make them feel worse about themselves
- Feelings that if they forget about things that the feelings will just go away
- Beliefs that nothing will help, that nothing could possibly work
- Beliefs that they ought to be able to handle it themselves, without any help
- Talking about what happened is painful

Families and Friends

- Listen when the person talks of his/her feelings: don't judge
- Offer support, not pity.
- Acknowledge that the experience of a traumatic event has made a major impact on his/her life
- Recognise that the traumatic event/s was the cause: don't blame the survivor
- Believe the victim; validate his/her experience
- Accept your own limits, and communicate this. Encourage him/her to find professional help
- Take care of yourself; maintain a life of your own;
- Seek emotional support for yourself from other sources - a person with PTSD may not be able to be as emotionally available as before
- Avoid survivor guilt. It isn't your fault that it happened to others and not to you
- You cannot "fix" a person. You can listen - that is good enough.

Where to Get Help

Local Community Health Centre - see listing under 'Community Health Centres' in White Pages, check the NSW Health Department website or contact us at the Mental Health Information Service.

General Practitioner - for referral to a psychologist, psychiatrist or counsellor

NSW Rape Crisis Centre 1800 424 017 (Counselling) 24 hour crisis intervention, support, counselling and referral service for women who have experienced sexual violence.

STARTTS (Service for Treatment & Rehabilitation for Trauma & Torture Survivors): Head office (02) 9794 1900 counselling & various rehabilitation programmes available.

Post Traumatic Stress Disorder Unit – (02) 9845 6904 – free psychological service for victims of crime, accident or other traumatic event. Westmead Hospital

Lifeline: 13 1114 - for 24 hour counselling/support

Victims of Crime: 1800 633 063 - telephone counselling for emotional trauma resulting from any crime

Vietnam Veterans Counselling Service: Phone: 02 9761 5000, 1800 011 046 (24 hrs)



**Telephone Interpreter
Service 131 450**

If English is not your first language please call the Mental Health Information Service through the Telephone Interpreter Service (TIS). This service is free to non-English speaking Australian citizens or permanent residents. TIS have access to interpreters speaking more than 120 languages and dialects.

References

Foy, DW (1992) *Treating PTSD*, The Guildford Press. / Porterfield, KM (1996)

Straight Talk About Post Traumatic Stress Disorder, Facts on File. / The Harvard Mental Health Letter (posted July 1996)

Post-Traumatic Stress Disorder, Internet Mental Health, Public Information - <http://www.mentalhealth.com> / Public Information (posted September 1996)



Medicare Rebates and Accessing Private Practitioners

What is the difference between psychiatrists and psychologists?

Psychiatrists are medically trained doctors who specialise in the treatment of mental illness. Like GPs they can prescribe, administer and monitor medication. Psychiatrists do not advertise so it is up to your GP to refer you to someone appropriate.

Psychologists are trained in human behaviour and use a range of therapies to treat patients. They provide services including assessment, psychological testing, and various types of psychotherapy and counselling.

Medicare rebate for psychologists

A Medicare rebate is now available for a number of sessions per calendar year with a registered psychologist* with a Medicare Provider Number. To obtain the rebate you must be referred by an appropriate medical practitioner, i.e. a GP, psychiatrist or paediatrician. The practitioner will ensure that you meet the eligibility requirements and develop a management plan for your condition.

The cost and rebate from Medicare can vary depending on the consultation length and fee charged. If the psychologist bulk bills there will be no extra cost.

For further information about the rebate or to locate a psychologist in your area contact the Australian Psychological Society on 1800 333 497 www.psychology.org.au.

* Similar Medicare rebates also exist for mental health accredited social workers and occupational therapists.

Mental Health Resource Centre

The Resource Centre contains material that promotes a better understanding of mental health issues. New books and DVDs are purchased on a regular basis and visitors are welcome to come in and browse.

Members of MHA, CAG and ARAFMI may check-out resources on loan. The length of the loan is 3 weeks. Membership costs between \$10 - \$30 per individual per annum. Please note that most of the reference books are not available for loan

You will find the Resource Centre Booklist on our website: www.mentalhealth.asn.au for further information contact 1300 794 991.

Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed. The listed websites provide additional information, but should not be taken as an endorsement or recommendation.

This information may be reproduced with an acknowledgement to the Mental Health Association NSW. This and other fact sheets are available for download from www.mentalhealth.asn.au. The Association encourages feedback and welcomes comments about the information provided.

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Mental Health Information Service
Mental Health Association NSW Inc
Level 5, 80 William Street
East Sydney NSW 2011

Phone: 1300 794 991
Fax: (02) 9339 6066
Email: info@mentalhealth.asn.au
Web: www.mentalhealth.asn.au
