

POST TRAUMATIC STRESS DISORDER - GENERAL INFORMATION

The concept of trauma is the key to understanding PTSD. A traumatic event is defined as a catastrophic stressor, outside the range of usual human experience. Survivors of war often witness and/or experience traumas and torture.

When faced with a traumatic event, individual's adaptive capacities are likely to be overwhelmed. The common denominator to psychological trauma is a feeling of intense fear, helplessness, loss of control and threat of annihilation.

The level of harm created by trauma is dependent on whether there was physical injury, exposure to extreme violence, or witnessing grotesque death.

DSM-IV (1994) diagnostic criteria for PTSD include:

- a history of exposure or experience of a traumatic event which involved serious injury, threatened/actual death, and/or a threat to the physical integrity of self or others.
- a response of intense fear, helplessness or horror (in children this may be displayed as disorganized or agitated behaviour)

The symptoms fall in each of the three symptom clusters:

- intrusive recollections,
- avoidant/numbing symptoms,
- hyperarousal symptoms.
- The period of time that symptoms must have been present to meet the duration criterion is one month. The individual must have experienced significant social, occupational or other distress as a result of these symptoms.

Reference: *Diagnostic and Statistical Manual for Mental Disorders IV pp. 429*

Individual responses to trauma

Some individuals manage to cope with trauma, whilst others cannot cope well and develop PTSD. Different individuals have different trauma thresholds. However it is important to note that nearly everyone experiences events such as rape, torture, genocide, severe war stress, as traumatic events.

PTSD symptoms include:

Anger	hypervigilance
Avoidance of distressing reminders associated with trauma	concentration and learning problems
Anxiety	dissociation
depression	memory problems

flashbacks/intrusive recollections	nightmares
irritability	loss of interest in significant activities
sense of a foreshortened future (not being able to see a future for themselves)	sleeping problems
confusion	limited range of emotions
startle response	physiological reactions (such as headaches, stomach problems, rashes)
relationship issues	Suicidal ideation

Intrusive recollections of the traumatic event may remain for decades or a lifetime in some cases. This experience evokes panic terror, dread, grief, or despair as manifested in daytime fantasies, traumatic nightmares, and psychotic reenactments known as PTSD flashbacks. There are events or certain things that may trigger recollections of the original event. These triggers have the power to evoke mental images, emotional responses and psychological reactions associated with the trauma.

The avoidant or numbing criterion consists of behavioural strategies which may include avoiding any situation in which they perceive a risk of confronting triggers. Dissociation and psychogenic amnesia are included among the avoidant/numbing symptoms by which individuals cut off the conscious experience of trauma-based memories and feelings. Finally since individuals with PTSD cannot tolerate strong emotions especially those associated with the traumatic experience, they separate their thoughts from the emotional aspects of the psychological experience and perceive only the former. Such emotional anesthesia if you like, makes it difficult for people with PTSD to maintain meaningful interpersonal relationships.

Course of PTSD

PTSD can occur at any age including childhood. PTSD may start within the first few months after the trauma. However there may be a delayed onset of symptoms after months or years. The symptoms of the disorder, and the relative predominance of re-experiencing avoidance and hyperarousal symptoms may vary over time.

Recovery

Duration of symptoms varies, with complete recovery being possible within 3 months whilst in many other cases the symptoms persist for longer than 12 months after the trauma. The severity, duration and proximity of an individual's exposure to the traumatic event are the most important factors determining the severity of PTSD.

There is some evidence that social supports, family history, childhood experiences, personality variables and preexisting mental disorders may influence the development of PTSD. In saying this Post Traumatic Stress Disorder can develop without any predisposing

conditions, particularly if the stressor is especially extreme. Post Traumatic Stress Disorder symptoms are a normal reaction to abnormal circumstances.

Some services and strategies which may assist recovery

Psychotherapy, Hypnotherapy, relaxation-based therapies, medication, group programs, exercise and/or a stress management program suited to the individual.

Medication on its own is not sufficient for successful recovery. However it can significantly aid in the process of therapy, by reducing the level of depression or anxiety which may be associated with PTSD.

Sensitivity to Culture and PTSD

There are many gaps in the understanding of the effects of ethnicity and culture on the clinical expression of PTSD syndromes. Research has only just begun to apply vigorous ethnocultural research strategies to delineate possible differences between Western and non-Western societies regarding the psychological impact of traumatic exposure and the clinical manifestations of such exposure.

If you would like further information please contact ASeTTS

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