

POST-TRAUMATIC STRESS DISORDER:

Treatment and Referral Guide

How to recognise Post-Traumatic Stress Disorder
The nature and cause of Post-Traumatic Stress Disorder
Treatment and referral
Sources of further information

The South African Depression and Anxiety Group
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Anxiety and Stress Disorders



CASE STUDY:

"I was raped when I was 25 years old. For a long time, I thought and spoke about the rape only on an intellectual level - as though it was something that had happened to somebody else. I have always been aware that it actually happened to me; but I just had no feeling about it all. For a while, I seemed to skid along uncontrollably through life....

I found myself reliving the rape ordeal over and over. I was having flashbacks. These would crash over me and leave me bewildered and terrified. Every instant of each flashback was startling and disturbing. I felt like my entire head was shaking even though I remained perfectly still. I would suddenly feel flushed and my mouth would dry up. I began to feel that I was being held in suspension; my breathing became uncontrolled. I was no longer aware of the cushion on the chair I was sitting in, or that my arm was touching a piece of furniture. I felt as if I was trapped inside a terrible bubble, floating around in the sickly emotions associated with the rape. You feel really shaken after a flashback, physically and mentally exhausted.

The rape happened the week before Christmas, and I felt out of sorts around Christmas time. I couldn't believe or understand why my whole life plunged into constant anxiety and fear.

After seeking help and receiving treatment for Post-Traumatic Stress Disorder from which I was suffering, I have been able to pick up the scattered pieces of my life and start living normally again. It has taken some time, but I am gradually beginning to feel in control of my life again".

What is Post-Traumatic Stress Disorder?

Post-Traumatic Stress Disorder is a debilitating condition which follows a traumatic event. Also called shell shock, battle fatigue, accident neurosis and post-rape syndrome, Post-Traumatic Stress Disorder (PTSD) is often misunderstood and misdiagnosed. However, the condition has very specific symptoms that are part of a definite psychiatric disorder.

A person has PTSD when the symptoms of the disorder cause distress and interference in daily life. Often, people with PTSD are plagued by persistent frightening memories of the traumatic event called flashbacks; and they feel constantly emotionally numbed by the ordeal. What makes the flashbacks especially bad is that they bring back the emotions associated with the traumatic event.

This disorder was first brought to the public attention by war veterans following the Korean and Vietnam wars; it was then seen as a problem specifically suffered by soldiers who have had intimate contact with the actual fighting in the war. But PTSD can result from any traumatic incident; examples are natural disasters, domestic violence and vehicle accidents. The disease can be triggered not only by experiencing a traumatic event, but also through witnessing a traumatic event; witnessing all the same causes are present for the victim of the trauma, but observer's PTSD if from the perspective of a witness. Witness PTSD can be just as serious as for someone who actually experienced the trauma.

Who is affected by Post-Traumatic Stress Disorder?

Psychiatrists estimate that up to 10 % of the population has been affected by PTSD that can be recognized by a psychologist and treated. Still more show only some symptoms of the disorder. While it was once thought to be mostly a disorder of war veterans involved in heavy combat, it is now known that PTSD can affect anyone who has been involved in a significant traumatic event (and sometimes not so significant – PTSD can still be

present even after something small like a bumper bash). Not everyone who has experienced a trauma will develop full PTSD, or require treatment; some recover with the help of family, friends or other support. It is important to note that a sufferer still requires help; it's just not always professional help. However, many people require professional help to successfully and fully recover from the symptoms that result from experiencing, witnessing or participating in a traumatic event.

Although the current understanding of PTSD is based primarily on studies of trauma in adults, PTSD occurs in children as well. It is well known that traumatic occurrences (such as domestic abuse, loss of a parent or parents, war and natural disasters) often have a profound impact specifically on the lives of children. Further research is needed in order to establish the special characteristics of the disorder in children distinguishing it from PTSD in adults. For example, it is not clear how the development and resolution of the condition is affected by the type of trauma, age that PTSD starts to become problematic and the type of treatment used.

What are the symptoms of PTSD?

PTSD usually appears within three months of the trauma, but sometimes the condition may only surface months or even years after the event. Doctors categorise PTSD symptoms into three groups:

Intrusive Symptoms: People suffering from PTSD may have periods where the traumatic event "intrudes" into their current life. This occurs when sudden, vivid memories accompanied by the painful emotions associated with the trauma. This combination dominates the sufferer's attention – this is the flashback, again. The flashback may be so powerful, that the individual may feel as if the trauma is actually being experienced all over again. In traumatised children, this re-living of the trauma often occurs in the form of repetitive play, where some ritual is repeated over and over in the child's play. This often represents in some way the

trauma that the child experienced.

At times, the re-experiencing occurs in nightmares that feel so real that the person wakes up screaming in terror, because it felt as if the trauma was being re-enacted in sleep. In young children, distressing dreams of the traumatic event evolve into generalised nightmares of monsters, threats to other people close to them and rescue attempts.

At other times, the re-experience comes to as a sudden, painful onslaught of emotions that seemingly have no cause, but are usually linked to the traumatic event. These emotions are often those of grief that bring tears and the sensation of a tight throat; there may also be feelings of anger or fear. Fantasies of revenge may also occur. Individuals recount that these experiences of intense emotion occur repeatedly, in much the same way as memories or dreams of the traumatic event would also occur.

Avoidance Symptoms: These symptoms affect a person's relationship with other people because he or she will tend to avoid close emotional ties with family, friends and colleagues. At first, the person may feel emotionally numbed, their emotions are often diminished to the extent that only routine, mechanical activities are completed. Thus, the individual alternates between the flood of emotions caused by the repeated re-experiencing of the event and the inability to feel or express emotion. PTSD sufferers will frequently say that they cannot 'feel' emotion, especially towards those closest to them. When emotions are felt, there is often great difficulty expressing them. As the avoidance continues, the person may seem bored, cold or preoccupied. Family members often feel rebuffed or rejected by the PTSD sufferer because he or she lacks affection and acts in a mechanical manner.

For children, emotional numbness and diminished interest in significant activities may be difficult to explain to a therapist. For this reason, the reports of parents, teachers and other observers are particularly important.

PTSD sufferers also often avoid situations that may serve as reminders of the traumatic event because the

symptoms may worsen around activities or situations which resemble- even in a very small way- the original trauma. A hijack victim, for example, may find it extremely frightening to drive.

Over time, the person may become so fearful of particular situations that his or her daily life is characterised by attempts to avoid these situations.

Hyperarousal Symptoms: PTSD can cause sufferers to act as if they are continually threatened by the trauma that caused their illness. Sufferers often become irritable, even when not provoked, and may have trouble concentrating or remembering current information. Insomnia (difficulty sleeping) may develop as a result of irritability. PTSD sufferers may have an exaggerated startle response - for instance, a war veteran may revert to combat behaviour and dive for cover when the sound of a car backfiring or a string of firecrackers exploding is heard. At times, those with PTSD can suffer panic attacks, resulting from the extreme fear they felt during the traumatic event. During the panic attack, their throats tighten and breathing and heart rate increase dramatically, resulting in feelings of nausea and dizziness. Children may exhibit physical symptoms, including stomach and head aches, in addition to the symptoms of increased arousal.

Associated Features: Finally, many people suffering with PTSD also attempt to rid themselves of painful re-experiences loneliness and panic attacks by abusing, alcohol or other drugs as a form of self medication. Substance abuse helps to blunt emotions and allows traumatic events to be temporarily forgotten. A person with PTSD may also show poor control over impulses and may therefore be at risk for suicide.

Other Related Problems: The inability of PTSD sufferers to resolve grief and anger over the injury or loss brought about by the traumatic episode means that the trauma will continue to control their behaviour without them being aware of it. Some people also feel guilty because they have survived a disaster while others may not have. With combat veterans or survivors of civilian disasters, the guilt may be worsened if they

witnessed or participated in behaviour that was necessary for survival but unacceptable in contemporary society. Such guilt can deepen depression as the person begins to view himself or herself as an unworthy failure.

Appearance of symptoms and diagnosis:

Symptoms typically appear within a few weeks of the trauma event, but on rare occasions, there may be a long gap between the trigger event and the onset of PTSD symptoms. Some people may go on for months or even years before displaying any of the symptoms associated with PTSD. The disease is diagnosed as PTSD only if the symptoms persist for longer than one month, with symptoms appearing within three months of the event. Recovery time can range from six months upwards.

The diagnosis of PTSD may be difficult because both the patient and the therapist may overlook a distant episode or event that may have brought on the disorder or catalysed its development. Often a patient may forget the incident or simply fail to tell the therapist about it in the belief that the event is not important. It is therefore essential that a person seeking help for emotional problems informs the therapist about any traumatic experience. This will enable the therapist to better consider whether the trauma in question is related to the patient's current difficulties.

A further confounding factor is the occurrence of other symptoms and diseases together with PTSD. The very nature of the disease results in feelings of depression, anxiety and even social withdrawal, thus carrying with it symptoms of depression, panic disorder and social phobia. Sleep problems, avoidant behaviour and substance abuse associated with PTSD may mimic other psychiatric disorders.

Treatment:

Today psychiatrists and other medical professionals have good success in treating the very real effects of PTSD. Using a variety of treatment methods, they help people who suffer with PTSD to work through their

trauma and pain to resolve their expressed grief. It is important to be gentle and to give yourself time to heal. Having survived a trauma stresses both the mind and body. A person who has survived a trauma cannot expect to function as they normally do immediately after the trauma and it is not a good time to make important decisions.

One important form of therapy for those with PTSD is cognitive behavioral therapy (CBT). This treatment approach focuses on coping with the PTSD sufferer's painful and intrusive patterns of behaviour by teaching him or her relaxation techniques, and examining (and challenging) his or her mental processes. A therapist using CBT to treat a person with PTSD might, for example, help a patient who is provoked into panic attacks by loud street noises by setting a schedule that gradually exposes the patient to such noises in a controlled setting until he or she becomes "desensitized" and thus is no longer so prone to terror. Using other such techniques, patient and therapist explore the patient's environment to determine what might aggravate the PTSD symptoms and work with the patient to reduce the sensitivity or to teach them new skills for coping. An important part of the desensitization process is teaching the mind and body to relax again. Here the therapist would use relaxation techniques such as progressive muscle relaxation and breathing exercises.

In addition, therapists may recommend family therapy because the behaviour of the spouse and children may result from and affect the individual suffering from PTSD. Spouses and children often report their loved one doesn't communicate, show affection, or share family life. By working with the family, the therapist can work to bring about change within the family. Its members can learn to recognize and cope with the range of emotions each feels. They do this by learning good communications, parenting and stress management techniques.

Therapy involving discussion groups or support groups is another effective treatment for many suffering from PTSD. This method encourages survivors of similar traumatic events to share their experiences and reactions

to them. In doing so, group members help each other realize that many people would have done the same thing and felt the same emotions. That, in turn, helps the individual realise that he or she is not uniquely unworthy or guilty. Over time, individuals change their opinions of themselves and others, and can build a new view of the world and redefine a positive sense of self.

Counseling and debriefing: Trauma counseling is another effective way of coping with the experience. The person may go for individual sessions where he or she can talk through the experience and work through the painful feelings such as anger, sadness and guilt. Ways of coping with the symptoms can be explored. A person seeking help for an emotional problem should always inform the therapist about any traumatic experiences.

Debriefing is a form of crisis intervention which is used when a group of people have been through a traumatic event together. It is a structured group meeting that allows for each group member to vent their feelings and reactions to the event(s). It is not psychotherapy psychological counseling. Debriefing is not a "curative" intervention and does not necessarily prevent reactions from occurring, but it does provide the individual with a framework to contain and understand his/her reaction and to take further action. Currently, the usefulness of debriefing is being reviewed, as it has been shown that in some cases, if the victim of trauma is "forced" into debriefing, this could aggravate the anxiety. It is agreed that in the immediate period following a traumatic exposure, the victim should be offered debriefing, but that this should take place when the person feels ready for such an intervention. To this end, regular contact and follow up of such a patient is useful.

Medication:

Medication can help to control the symptoms of PTSD. Antidepressant medication are particularly helpful in treating the core symptoms of PTSD. The term "antidepressant" is not an appropriate one, as these agents are useful for PTSD even when severe depression

is not present. These agents are safe and non-addictive (in contrast to certain other kinds of medication sometimes used to decrease anxiety).

There are several classes of antidepressants that can be used for PTSD. Tricyclics such as amitriptyline and imipramine have proved to be effective for PTSD, but their usefulness in blocking intrusive thoughts seems to be limited. Dosages for the treatment of PTSD may sometimes be higher than those used for depression, and it is normally necessary to treat the condition for longer periods of time (more than a year).

The SSRI class of antidepressants have also been used with success in the treatment of PTSD, and they generally are better tolerated than the tricyclic antidepressants. Of all the available antidepressants, they seem to address most of the "spectrum" of symptoms of PTSD and in many cases are now considered to be the first line of treatment. These medications can initially worsen agitation and therefore would have to be introduced slowly with the dose being titrated up slowly. Examples of this class are fluoxetine, paroxetine and fluvoxamine.

Whilst tranquilizers such as the class of medications called the benzodiazepines may be useful for managing acutely anxious patients (eg severe panic attacks), they should be used with caution, as they are potentially addictive and could delay the healing process in the long term.

In select cases, additional medication may be prescribed. These include the newer, and safer antipsychotic medications such as olanzapine and risperidone. These should however, only be prescribed by a psychiatrist.

It is important to realise that medication will often bring about a reduction in the symptoms of PTSD, but that continued psychotherapy is also often necessary to resolve the emotions and thoughts regarding the traumatic event.

As with the treatment of all anxiety and depression disorders, the most effective treatment for PTSD often involves a combination of medication and psychotherapy.

Myths and Facts:

Myth PTSD is only seen in people with 'weak' characters, who are unable to cope with traumatic events in the same way as everyone else.

Fact PTSD can affect anyone who has experienced trauma, and involves specific chemical changes in the brain, occurring in response to the experience of a traumatic event.

Myth Everybody has been through a frightening experience and must therefore be suffering from one or more symptoms of PTSD as a result.

Fact The specific brain-based stress responses seen in PTSD differ from those observed in normal anxiety. The experience of normal anxiety and PTSD are in fact markedly different.

Myth Stress reactions to trauma exist, but these should not be considered as a serious medical problem.

Fact PTSD is associated with high levels of co morbid mood, anxiety and substance related disorders. In addition, there may be significant impairment in occupational and social functioning.

Ongoing Research:

Extensive research is currently underway into various aspects of PTSD. Studies are examining a wide range of clinical, genetic and population factors that influence the development and prevalence of the disease.

Research has shown that PTSD clearly alters a number of fundamental brain mechanisms, because of this, abnormalities have been detected in brain chemicals that mediate coping behaviour, learning and memory among people with the disorder. Recent brain imaging studies have detected altered metabolism and blood flow as well as anatomical changes in people with PTSD.

The following are recent findings:

- Some studies show that debriefing people very soon after a catastrophic event may reduce certain PTSD symptoms. A study of 12 000 school children who survived a hurricane in Hawaii found that those who received counseling early on were coping substantially better two years later than those who did not.
- People with PTSD tend to have levels of key hormones involved in response to stress. Cortisol levels are lower than normal, while epinephrine and norepinephrine are higher than normal. Scientists have also discovered that people suffering from PTSD have alterations in the function of the thyroid and in neurotransmitter activity involving serotonin and opiates.
- When people are in danger, they produce higher levels of natural opiates, which can temporarily mask pain. It has been found that PTSD sufferers continue to produce those higher levels even after the danger has passed; this may lead to the blunted emotions associated with the condition.
- It was previously believed that people who tend to disassociate themselves from trauma were showing a healthy response, but researchers now suspect these people may in fact be more prone to PTSD.

Where can I seek Help?

The SA Depression and Anxiety Group

(011) 783 1474/6

(011) 884 7074 (Fax)

www.sadag.co.za

Johannesburg

The trauma clinic is a department of the Centre for the Study of Violence and reconciliation (CSVSR). The clinic has extensive experience in trauma related work, as it has been involved in this field since 1988. The clinic is staffed by a multidisciplinary team, including psychologists, social workers and a psychiatric nurse.

Clinic services include:

- Individual counseling for people who have been affected by violence- both adults and children;
- Group debriefings for couples, families and company employees;
- Educative talks and workshops concerning the experience of and reaction to trauma and violence;
- Training courses for service providers working in trauma related fields (for example- police, social workers, paramedics and teachers.) These courses address different aspects of trauma, including the symptoms and basic management of traumatized employees. Telephone: (011) 403 5102.

Cape Town

- Post-Traumatic Stress Disorder Clinic- Telephone (021) 938-9229. This is part of the MRC Unit on Anxiety and Stress Disorder.
- The clinic offers a multi-model treatment approach, combining psychotherapy and medication. Appointments may be made through the Mental Health Information Centre at the above number.
- The clinic does research on PTSD, and costs are therefore minimal.
- The clinic offers a range of specialized investigations, including brain-imaging.
- Cape Town (021) 465- 7373

Durban

Survivors of violence – (031) 305- 3497

Individual counseling service 8:30 am-4:30pm.

FAMSA Associations offer trauma debriefing in the following areas:

- FAMSA Bloemfontein (051) 525-2395
- FAMSA Boksburg (011) 892-4272/3/6
- FAMSA Cape Town (021) 461- 7360/1/2
- FAMSA Dullstroom (017) 254-0343
- FAMSA Durban (031) 304-8991
- FAMSA East London (043) 743-8277
- FAMSA East Rand (011) 845-1840
- FAMSA George (044) 874-5811
- FAMSA Gordonia (011) 614-6855
- FAMSA Grahamstown (046) 622-2580
- FAMSA Head Office (011) 975-7106
- FAMSA Kimberley (035) 832-1087
- FAMSA Knysna (044) 382-5129
- FAMSA Mafikeng (018) 381-6303
- FAMSA Mossel Bay (044) 691-1411
- FAMSA Outdtshoorn (044) 277-7020
- FAMSA Parkwood (011) 788-4784-5
- FAMSA Pietermaritzburg (033) 342-4945
- FAMSA Port Elizabeth (041) 788-4784-5
- FAMSA Potchefstroom (018) 293-2272
- FAMSA Pretoria (012) 460-0733
- FAMSA Riegerpark (011) 910-4071
- FAMSA Stutterheim (043) 683-1418
- FAMSA Soweto (011) 984-4038
- FAMSA Tshepong (011) 909-3255
- FAMSA Tzaneen (015) 307-4833
- FAMSA Upington (054) 332-5616
- FAMSA Vaal Triangle (016) 933-8128
- FAMSA Welkom (057) 352-5191
- FAMSA West Rand (011) 766-3283
- FAMSA Worcester (023) 347-5231

Alternatively, contact the Federation of Mental Health Offices:

- Daveyton (011) 424-8812
- Eldorado Park (011) 945-1291
- Reiger Park (011) 910-4071
- Soweto (011) 984-4038/9
- Tembisa (011) 926-2857
- Laudium (012) 374-3002
- Pretoria (012) 332-3927
- Cape Town (021) 447-9040
- Durban (031) 304-2404/5/6
- Bloemfontein (051) 447-2973
- East London (043) 722-9680

Empangeni	(0351) 772- 5996 Or 772-7430
Ermelo	(017) 819-3184
Middleburg	(013) 282- 7177
Pietermaritzburg	(033) 345- 6882
Potchefstroom	(018) 297-5270
Secunda	(017) 631- 2506
Tzaneen	(015) 307-4732
Uitenhage	(041) 922- 8025
Vanderbijlpark	(016) 931- 2910
Welkom	(057) 352-1046

THE SIX STEPS TOWARDS RECOVERY:

STEP 1: Understand the symptoms-they are part of the disease and will eventually pass.

STEP 2: Feelings of guilt are normal- they represent a way of taking back control. Help from a counselor may be beneficial.

STEP 3: Talk about your experience in detail- your thoughts, feelings and fears. Tell people you are close to that you want to talk about it.

STEP 4: Take control of your life as soon as possible. It is not advisable to go for sleep therapy, on leave or on holiday. It is best to face your fears and feelings rather than to avoid them.

Exercise (mild aerobic work-outs may help with feelings of depression).

Do what you normally do- if you find this difficult, get the support of family and friends. It is also important not to push yourself to the point of failure; rather take things slowly and gradually.

STEP 5: Understand that you are going through a process- you will get better, but it may take some time.

STEP 6: Help those around you to cope with both their trauma and your trauma. Your family and friends may also be struggling with what you've been through.

There are excellent clinics across the country- please try and get help. You may only need a few sessions with a therapist or counselor.



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