

Post Traumatic Stress

GP 10 minute intervention

1. Explain that post traumatic stress results from exposure to an overwhelmingly stressful event or series of events. It is a normal response by normal people to an abnormal situation (helps to normalise it).
2. Check for underlying issue (past or recent trauma i.e. road traffic accident, bullying, difficult childbirth, abuse).
3. Inform the patient that post traumatic stress is associated with a wide range of unpleasant physical feelings and symptoms, which patients may not directly link to the effects of trauma. Such physical symptoms can include an exaggerated startle response, elevation of certain stress hormones in the blood and elevated heart rate. Other symptoms may be present including troubled sleep, irritability, difficulty concentrating as well as feeling watchful and on guard.

Remember to ask the client about any physical symptoms that they are experiencing. It can be reassuring for the patient to realize that these symptoms are related to their response to a traumatic event.

4. Check out with the patient whether they are experiencing any other difficulties in addition to the physical symptoms. Your patient may not be forthcoming about their psychological symptoms to begin with, so it may be helpful for them for their practitioner to gently initiate some discussion reference any psychological disturbance they may be experiencing. Psychological symptoms can include intrusive re-experiencing of the event including flashbacks, nightmares as well as intrusive distressing thoughts. Because the intrusive thoughts and subsequent arousal are so unpleasant, people can desperately try to avoid all reminders of the trauma i.e. refusing to talk about it and avoiding reminders of the trauma. They might try to block any thoughts, images or feelings about the event. Post traumatic stress symptoms can also significantly interfere with people's relationships and work. It is really helpful to enquire about these additional symptoms. It can be very reassuring for the patient to learn that these symptoms are a normal response to the trauma they have experienced.

Effective treatment for most people

1. Encourage your patient to have compassion for their post traumatic stress symptoms. It can be understood as an attempt by their mind and body to survive overwhelming trauma.

Example of viewing PTSD symptoms with compassion:

Harsh view: "I'm unlovable. I deserved what happened to me. I'm a bad person"

Compassionate view: "I learned not to trust people and that helped me survive. I can keep working on my issues, but I need to be respectful of myself and why I have these problems".

2. Establish a 'safe place'. For further information on this intervention please refer to the GP article for Anxiety in this series.
3. Explore with your patient whether they are using any '*safety behaviours*'. People who have experienced a trauma often undertake specific actions that make themselves feel safer. These are known as safety behaviours. They believe that these behaviours can protect them from their most feared outcome. Many of these behaviours become habitual i.e. avoiding the accident site, 'body scanning'- continually checking their body for symptoms that might indicate imminent disaster. Some behaviours can actually make things worse by directly increasing the intensity of physical symptoms. You could explain to the patient that body scanning acts to increase the patient's awareness of normal sensations which do not have any sinister significance. Everybody experiences strange bodily sensations from time to time. It would be beneficial for your patient to opt to working towards reducing these safety behaviours with the help of an appropriate psychological practitioner.

4. Suggest to your client that they try to make good use of their time. Often when people have experienced a traumatic event, or feel stressed or low their motivation to do things often decreases. Your patient may have given up hobbies or activities that they previously enjoyed. Over time they might have found that they do very little. This can lead to them feeling even lower and caught in a cycle which is difficult to break.

Ask your patient to use a diary to plan their week in advance. Recommend that they do more of the things that they want to (that they enjoy and gives them a sense of accomplishment), in addition to the things that they have to do. This can help to lift their mood. When completing their diary, it may be helpful for your patient to start by filling in all the activities that they have to do (e.g. preparing meals, attending appointments, doing housework). This will highlight the time that they have free for themselves. They can then begin to plan other activities that they would like to do (eg. have a bath, listen to calming music, go for a walk, meet up with a friend). Remind your patient to pace themselves. They need to give themselves space to be busy or to have some time to relax.

Remind your patient to pay attention to bedtime. Encourage them to plan regular bedtimes. Having a regular sleeping pattern can help improve mood and energy levels.

5. Discuss with your patient their thoughts on being referred to a psychological practitioner (experienced in working with the psychological effects of trauma) for further assistance on managing their traumatic stress symptoms. The National Institute of Clinical Excellence guidelines (March 2005) for management of PTSD recommends that patients engage in a course of trauma focused cognitive behavioural therapy (TF-CBT) and/or eye movement desensitisation and reprocessing (EMDR) therapy for treatment of traumatic stress symptoms. Patients can access psychological support either via www.talk2gether.nhs.uk/ (NHS) or www.chtc.co.uk (Private).