PTSD

WHAT PHYSIOTHERAPIST NEED TO KNOW.

GEORGINA WHELAN
CLINICAL PSYCHOLOGIST AND SEX THERAPIST

MCLINPSYC, MSEXHEALTH, BPSYC(HONS.), RN

OVERVIEW

- PTSD and persistent pain
- PTSD types of trauma, diagnosis & symptoms

- Cultivating the therapeutic relationship
  - Trauma Screening Questions
  - Educate client on connection between psychology and somatic Sx
  - Pacing treatment to connect body to feelings to reduce emotional flooding, non-compliance, drop out
  - Grounding exercises for emotional flooding
  - Client resources

- Case Study Postnatal PTSD

- Questions: Open discussion

PTSD & PERSISTENT PAIN

- Strong correlation of PTSD and Persistent Pain

- Shared mechanisms & vulnerabilities:
  - ➢ Pain severity, pain intrusion, hyperarousal, cognitive biases, lowered self-efficacy, kinesiaphobia

  - ➢ Meta analysis: 50% of persons with persistent pain >12m after transport or combat injury met PTSD.

https://journals.lww.com/painrpts/FullText/2017/10000/Co_occurrence_of_posttraumatic_stress_symptoms,.6.aspx

PTSD: DSM-5

A. Exposed to actual or threatened: Death, serious injury or sexual assault, natural disaster, fires, transport accidents, toxic exposures, severe suffering.

- Direct Exposure; Witness; Learning about Relative/Close Friend (violent or accident, illness)
- Indirect Exposure: professional e.g. first responders, repeated extreme

B. Intrusive Symptoms: re-experiencing of event (1)

C. Persistent Avoidance (internal or external)

D. Negative changes to cognition and mood (2)

E. Arousal and reactivity (2)

F. > 1/12 duration, can be delayed onset, G. Functional distress and impairment.

PTSD VS DEVELOPMENTAL TRAUMA

- Shock Trauma (usually a single event)

- Shock
  - Acute, devastating = frozen in fear and time
  - Fight Flight Freeze is not complete: stuck in Freeze
  - Therapy involves completing the Fight Flight response
  - Exposure to avoided internal or external triggers
  - Cognitive reframing, holistic processing
  - Emotional regulation

COMPLEX PTSD, PERSONALITY INSTABILITY

Developmental (can include specific early shock trauma).

- ➢ Ongoing autonomic activation = developmental impairment of brain, nervous system, endocrine, immune system
- ➢ Impairment in learning of emotional and social soothing. Earlier the trauma more impact: first 10 years most profound.

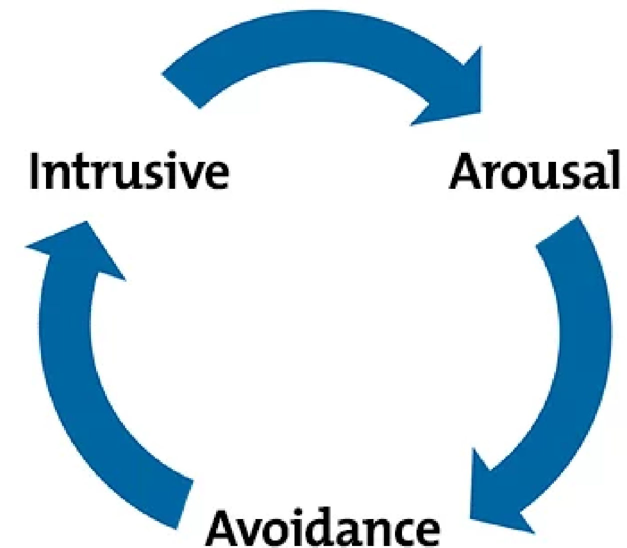
- Parental: neglect, substance use, mental illness, death
- Witnessing DV: emotional, physical, sexual violence
- Threatened or Actual emotional, physical, sexual violence
- Bullying
- Life threatening illness

IMPEDED RECOVERY

Failure to resolve intense life threatening emotional experience

Intrusion = Fear of Feelings = Avoidance

Intrusion: Re-experiencing of the event:
Intrusive memories; nightmares,
flash backs, sensory reminders,
distress when exposed to memory
or trauma cues



PCL-5: PTSD Check List

PHYSIOLOGICAL AROUSAL:

- Insomnia: reduced resilience and body recovery/healing, increases negative mood
- Hypervigilance to body sensations: notice physical symptoms more, scanning body, attention to pain increases intensity of pain
- Hyper-startle: exaggerated reactivity & muscle tension
- Impulsive, recklessness: reduced consistency of homework,

FFF. https://www.youtube.com/watch?v=jEHwB1PG_-Q

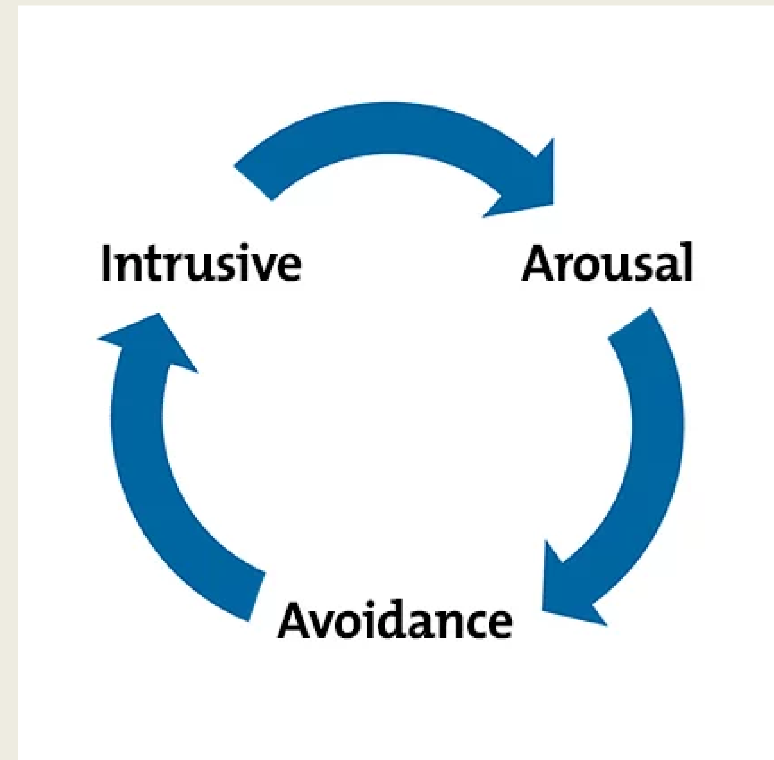
AVOIDANCE

⇢**Avoidance of reminders:** people, place, memories, things, thoughts & feelings.

⇢**Stops new learning:** unable to make sense of event, and maintains activation of intrusive experiences & threat response.

⇢**Emotional numbing**: Freeze response, emotional detachment

⇢**Reinforces beliefs that feelings are intolerable and need to be avoided.**



EMOTIONAL CHANGES

- Fear, horror, terror
- Irritability, anger
- Detachment: zoning out
- Dissociation:
  - De-realisation: feel like in a dream, not real
  - Depersonalisation: observing self as not real self
- Estrangement from relationships
- Withdrawal
- Anhedonia

COGNITIVE CHANGES

- Poor concentration: unable to retain information, need written notes, short sentences & simple info

- Unable to interpret ambiguous information e.g. facial cues.
- ➢ Reduce negative bias: open posture, slow movements, warm affect

- Tunnel vision: Gets stuck in the detail, unable to take in peripheral information e.g. environmental contributions.

- Slow processing speed: unable to do higher order thinking eg. Planning, organisation, consequences, emotional regulation

Unhelpful Thinking Styles

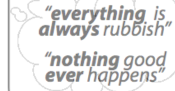
All or nothing thinking

Sometimes called 'black and white thinking'

If I'm not perfect I have failed

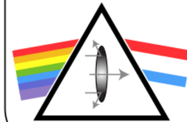
Either I do it right or not at all

Over-generalising



Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

Mental filter



Only paying attention to certain types of evidence.

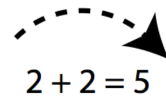
Noticing our failures but not seeing our successes

Disqualifying the positive

Discounting the good things that have happened or that you have done for some reason or another

That doesn't count

Jumping to conclusions



There are two key types of jumping to conclusions:

- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)

Magnification (catastrophising) & minimisation

Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important

Emotional reasoning

Assuming that because we feel a certain way what we think must be true.

I feel embarrassed so I must be an idiot

should must

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

Labelling

Assigning labels to ourselves or other people

I'm a loser
I'm completely useless
They're such an idiot

Personalisation

"this is my fault"

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.

creative commons http://psychology.tools

CHANGES TO CORE BELIEFS

Safety:

- World is unsafe, I cant protect myself, I can’t be alone, you will hurt me

(fear, helplessness, hopelessness)

Trust:

- People who care for me/love me will hurt me (fear)
- Blame: I cant trust others, have to keep my guard up. I can’t trust myself (shame/guilt/anger)

CHANGES TO CORE BELIEFS CONT.

Powerlessness & Control:

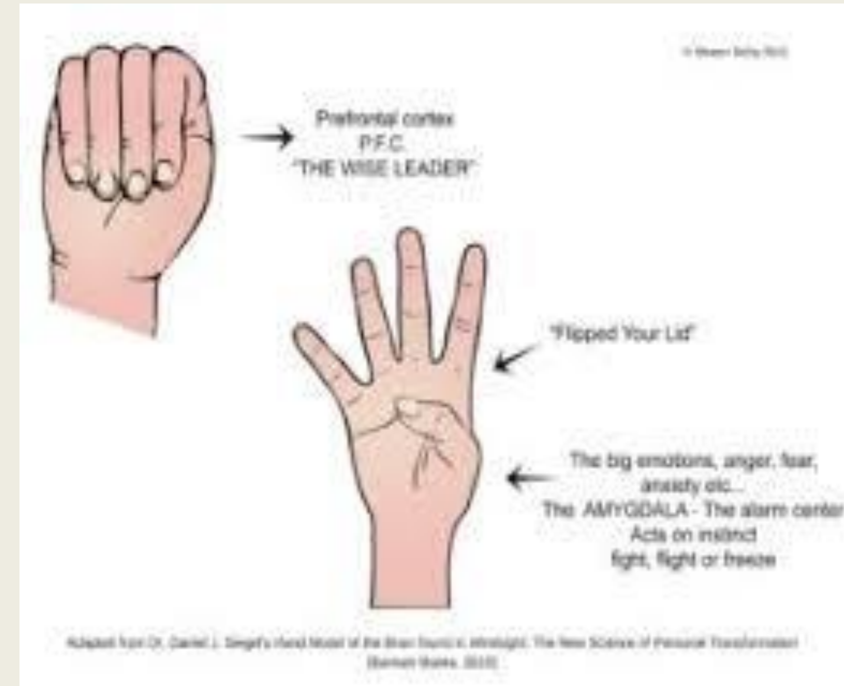
- I cant control anything,
- Helpless, incompetent, what's the point, no use, I wont get better, I can't cope
- Others are trying to control me,
- I will lose control, go crazy, (panic)
- I have to control everything to protect myself,
- I cant ask for help, people will let me down

Self-worth:

- Its my fault, I am a bad person, people think badly of me,
- I'm damaged, nobody wants me (rape)
- I'm useless, I will fail.

THINKING UNDER THREAT: FLIPPING THE LID

Calm the physical safety system
before trying to promote
new ways of thinking and behaving.



CULTIVATING THERAPEUTIC RELATIONSHIP. EXTRA EFFORT TO ESTABLISH ENGAGEMENT

Being able to feel safe with other people is probably the single most important aspect of mental health;

Safe connections are fundamental to meaningful and satisfying lives.

Posttraumatic reactions make it difficult for survivors to connect with other people, since closeness often triggers the sense of danger.

Dr Bessel Van der Kolk

https://www.nicabm.com/

TRUST AND SAFETY

- Fear you will let them down
- Fear that therapy will be ineffective
- Concern for Privacy, noises in the room, people will come in.

- Patience, slow pace, empathetic listening
- Beliefs and body reactions are not silly and are understandable
- Be consistent: appointment times, best time of day, same room
- Explain positions and check if ok before and during using therm.
- Hierarchy: Start with least distressing to most distressing
- Ask permission before touching any body part, undoing bra, moving towels

BRIEF PAIN INVENTORY

THE NATIONAL CANCER INSTITUTE (NCI) AND THE CANCER UNIT OF THE WORLD HEALTH ORGANIZATION (WHO)

9 Qs. Assesses pain symptoms: both pain severity and pain interference

If High Pain Interference Score = suggestive of psychopathology.

PTSD pain similar to cancer pain

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

BPI: http://www.hnehealth.nsw.gov.au/Pain/Documents/BPI.dec06.pdf

SCREENING QUESTIONS:

Any Trauma History:

I’m going to ask you some questions about trauma. Past and current trauma can influence they way we feel pain. Also pain can cause you to remember past trauma.

These are only screening questions. We wont be getting into details. Is this OK with you?

Have you ever experienced trauma in the past?

- Don’t over react with shock or blame or fear

PCL-5: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp#obtain

SCREENING QUESTIONS CONT.

<u>Type of Trauma: Acknowledge</u>

What type of trauma did you experience?

- If DV screen for current trauma: “Are you currently safe?”

If yes: “Is this the first time you have have told any one?”

If so stop and ask how they feel about telling you.

- “How are you feeling telling me about it now?”

Thank them for telling you.

- “Thank you for sharing, it is import for your recovery”

SCREENING QUESTIONS CONT.

Current symptoms that might effect treatment

"Do you ever re-experience the trauma e.g. flashbacks, intrusive thoughts & nightmares, strong emotions?"

Or "do you feel detached from yourself like an outside observer, or feel like things are unreal?"

"Do you ever get dizzy, or ever had a panic attack?"

SCREENING QUESTIONS CONT.

Avoidance or hypersensitivity to touch

Are you comfortable with physical manipulation/touch?

- Do you ever tense up when people touch you?
- What usually happens?

“You may physically tense up or become emotional when we are working together. This is completely normal.”

“I will check in with you as we go along.”

“We will go at your pace: Pacing is an important part of recovery” “I will teach you as we go along”

PACING: CONNECTING FEELINGS AND BODY

- “Part of therapy is being able to identify when you are beginning to tense up and then learn to calm yourself and relax your muscles”

- “Pacing involves identifying what you think, how you feel, and how that impacts on your body sensations and your behaviour”

- “Don’t ignore yourself, don’t just tolerate it, or push through to get to the end”

PACING: ASSESSING AROUSAL SYMPTOMS BY CHECKING DISTRESS

- “How distressed are you now on a scale of 1-10?”
- “I’m going to keep checking in with you”
- “Let me know if we get up over a 6.”
- “We will stop at 7. No new learning occurs after 8.”
- Teach down-regulation of the system.
  - Breathing, muscle relaxation
  - Avoiding collapse (freeze): Grounding

GROUNDING EXERCISES

Describe before start

Hand Warming: Hold hot drink in session

Mindful breathing
https://www.mindfulness.org.au/multimedia-resources

Acute: EYES OPEN. Move attention to cognitive away from intense emotions

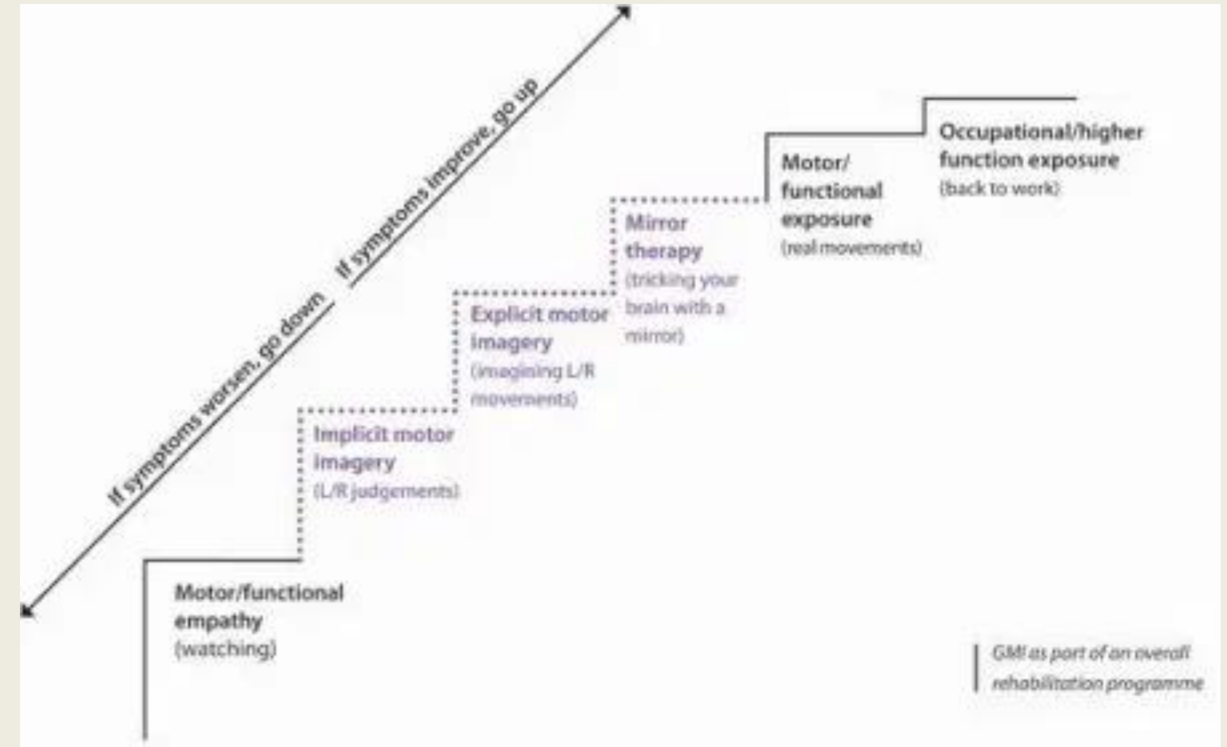
- Name 5 things you can see, hear, touch. Repeat.
- Pick up an object next to you describe it
- Stand up move the body
- List 3 favorite things in different categories

EXPOSURE: GRADED MOTOR IMAGERY

May need GMI before physical exercise. If distress to high for physical manipulation or real movement.

Recognise App

https://www.noigroup.com/product/recogniseapp/



HIGH LEVEL OF NON-COMPLIANCE/DROP OUTS: AVOIDANCE/ HYPERAROUSAL.

- Maybe because exercises are too difficult. Flip lid

- Draw up a structured hierarchy of exercises from easiest to hardest rating distress level 1-10.

- Teach calm and focus

- Maintain calm and focus in response to triggers, thought, sounds, physical sensations

- Make sure they are present and engaged with you as clinician
- Emphasise no secretes from self

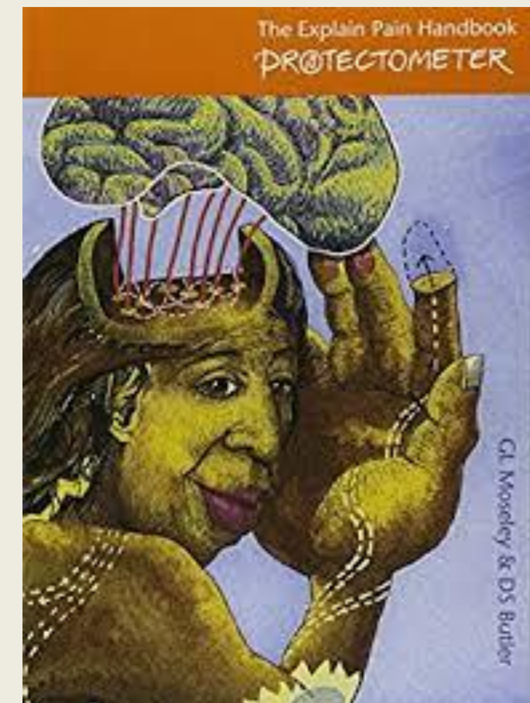
EDUCATION: CBT FUNDAMENTALS

Thoughts = emotions = body sensations = outcome (behaviour)

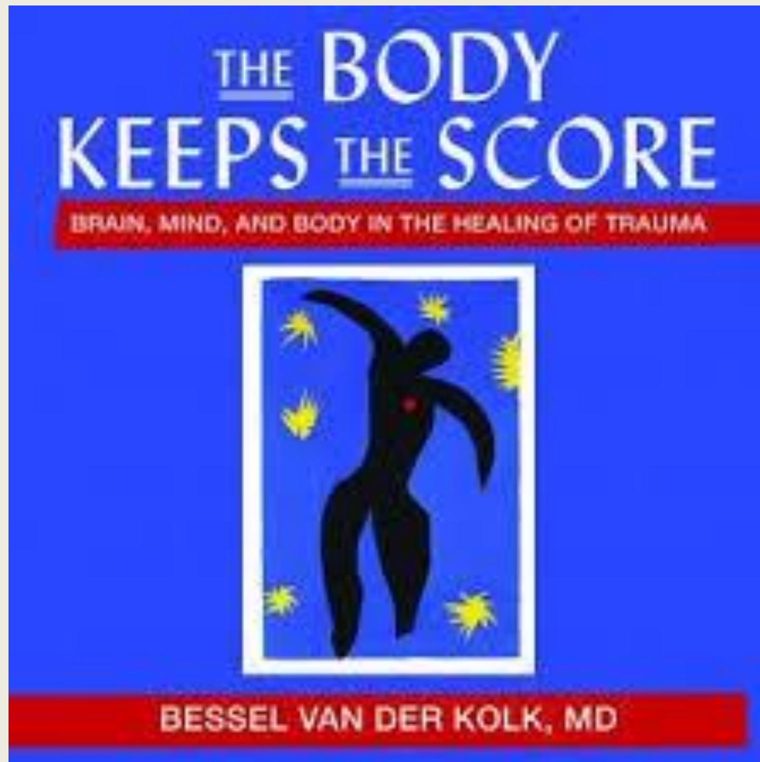
Not the situation that causes the outcome, but how we think and feel and how that changes our body and drives our behaviour

I will never get better = hopelessness/shame = fatigue, tired = give up, unmotivated

This is going to hurt = fear = fast breathing, tense body = avoid



EDUCATION: TRAUMA AND BODY



Childhood trauma: Can’t trust gut feelings

Misperceive threat

Don’t feel safe in their own bodies

https://www.booktopia.com.au/the-body-keeps-the-score-bessel-van-der-kolk/ebook/9780141978628.html?source=pla&gclid=CjwKCAjw4pT1BRBUEiwAm5QuR51V1b5A0rZiLbC5j9tdjxw2vyoUfPS5Zfw04dZPjmBfR-Kty-f1dhoCLaUQAvD_BwE

EDUCATION: TRAUMA AND BODY

- Interior discomfort: learnt to push away/ignore feelings
- Childhood Trauma: Taught to give up when face challenges
- Self-regulation: need to develop friendly relationship with body
- Befriend sensations in body: physical awareness

https://www.booktopia.com.au/the-body-keeps-the-score-bessel-van-der-kolk/ebook/9780141978628.html?source=pla&gclid=CjwKCAjw4pT1BRBUEiwAm5QuR51V1b5A0rZiLbC5j9tdjxw2vyoUfPS5Zfw04dZPjmBfR-Kty-f1dhoCLaUQAvD_BwE

CASE STUDY PP PTSD

"In the months after my son's delivery, it was as if a curtain had descended over my life. In addition to a terrible feeling of numbness, I was haunted by flashbacks and nightmares about what had happened. Billboards for the hospital, people dressed in scrubs, pregnant women, a favourite red velvet cake that now resembled to me a large blood clot and, worst of all, my own baby–the sight of any of these could trigger flashbacks and bouts of heart-stopping, sweat-drenched panic." For my postpartum check up, I saw a new obstetrician, who listened uncomfortably to my tearful story and ultimately dismissed my symptoms as hormone-induced baby blues, "Mother Nature's way of kicking women when they're down."

Difference between Post Natal PTSD & Post Natal Depression

PN PTSD	PND
Persistent intrusive, distressing re-experiences of child birth: flash back, nightmare,	Depressed Mood Diminished interest
Child birth cues trigger Psychological distress/physical reactivity	Roller coaster emotions
Persistent avoidance of childbirth cues, including baby	Anxiety/Insecurity/Uncertainty
Avoidance of feelings, thoughts, emotional numbing to reminders	Changes in sleeping eating
Persistent increase arousal: difficult with sleep, irritability, anger, impending doom	Loss of self
Exaggerated startle	fatigue
Hypervigilance/guilt	Guilt
Poor concentration	Poor concentration
External coping mechanisms: alcohol etc	Suicidal thoughts

PN PTSD: RISK FACTORS

- Severe hypertensive disorders (preeclampsia/eclampsia)
- Neonatal complications
- Intensive care unit admission
- Unplanned Caesarean, Unexpected hysterectomy
- Perineal trauma (3rd or 4th degree tear)
- Prolapsed cord
- High obstetric intervention
- Sexual Assault/Past trauma/ Past PTSD

PNPTSD: PERCEPTIONS:

- Feeling out of control during labour
- Blaming self or others for difficulties of labour
- Fearing for self during labour
- Physically difficult labour
- Extreme pain
- Fear for baby’s well-being
- Fear of unsafe care
- Lack of choice regarding routine medical procedures
- Lack of continuity of care providers
- Care being based solely on delivery outcome

POST NATAL PTSD SCREEN

SELF SCREEN FOR MATERNAL DISTRESS AFTER A DIFFICULT BIRTH BY PENNY SIMKIN AND PHYLLIS KLAUS

http://www.angelfire.com/moon2/jkluchar1995/Docs/Self_Assmt_After_Difficult_Birth.pdf

BRIEF INTERVENTION: REFRAME FAILURE

"I KNOW WHAT THIS IS AND HOW TO HELP YOU GET BETTER"

"YOU ARE NOT ALONE"

"YOU ARE NOT TO BLAME"

"YOU WILL RECOVER"

"YOUR WELLBEING IS JUST AS IMPORTANT AS THE BABIES"

RESOURCES: PN PTSD

Cope: https://www.cope.org.au/preparing-for-birth/things-dont-go-plan/post-traumatic-stress-disorder-ptsd-2/

Prevention and Treatment of Traumatic Birth: http://pattch.org/

Perinatal PTSD Research Network: https://blogs.city.ac.uk/birthptsd/

PANDA National Perinatal Anxiety & Depression Helpline
1300 726 306 (Monday to Friday, 9- 7.30pm)
support@panda.org.au

RESOURCES: PTSD

Phoenix Australia:

https://www.phoenixaustralia.org/recovery/effects-of-trauma/ptsd/?gclid=CjwKCAjw4pT1BRBUEiwAm5QuR6HXzINe7ruRR-aSFdMIR0RB5d3deQKjHj685GI3_9MDnETzNybbFxoCpQ4QAvD_BwE

Black Dog Institute:
https://www.blackdoginstitute.org.au/clinical-resources/post-traumatic-stress-disorder/what-is-ptsd

Open Arms
https://www.openarms.gov.au/health-professionals/evidence-based-treatment/treating-ptsd

PTSD COACH APP
https://www.openarms.gov.au/resources/mobile-apps/ptsd-coach-australia-app

High Res APP: Building resilience APP, controlled breathing, grounding, progressive muscle relaxation
https://highres.dva.gov.au/highres/#!/home