## **FACT SHEET:**

## Category: Mental Health

### **Audience:**

Person with ABI; Family and Support Workers; and Professionals

For more information contact the Acquired Brain Injury Outreach Service (ABIOS)

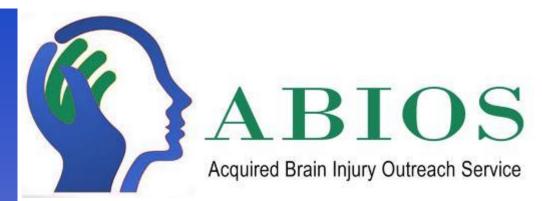
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# Post Traumatic Stress Disorder in ABI

Post Traumatic Stress Disorder is a severe psychological reaction to a traumatic event. This could be a life threatening accident or violent attack, or witnessing someone being killed or severely injured. These traumatic events are outside the range of usual human experiences. The response is usually one of intense fear, helplessness and horror.



Some of the reactions or symptoms people may experience following a trauma include:

- Nightmares and flashbacks of the event
- Physical symptoms of arousal e.g. racing heart, shortness of breath, dizziness, sweating, particularly in response to reminders of the trauma.
- Easily startled, feeling on edge
- Irritability
- Feeling detached or disconnected from self, others and the world (e.g. dissociation)
- Avoidance of thoughts, feelings or other reminders of the trauma
- Reduced interest in activities
- Negative thoughts or mood
- Difficulty sleeping
- Difficulty concentrating

It is common to experience a range of these symptoms immediately following a trauma, however they usually get better in the days and weeks that follow. Not everyone who experiences a traumatic event will go on to develop PTSD. Factors such as post-trauma support, long term social support, stress response, physical health and other biological factors can influence whether a person develops PTSD following a traumatic event. If your symptoms do not improve with time than it is important to seek assistance.

It is also quite common to experience some of these symptoms as a result of sustaining a traumatic brain injury. Common outcomes of a traumatic brain injury include; concentration problems, irritability, and sleep disturbance. It can be difficult to identify if the symptoms are from the traumatic brain injury or are symptoms of post-traumatic stress or a combination of both.

Until recent years it was thought that people who sustained a traumatic brain injury could not develop post-traumatic stress because they could not remember the trauma. However, there is growing evidence that a small proportion of individuals who sustain a moderate or severe traumatic brain injury can also develop post-traumatic stress disorder.

PTSD is most commonly experienced after mild brain injuries when memories of the circumstances surrounding the injury are retained. Some people develop a fear of circumstances similar to that of their injury (e.g. being assaulted), and a small number of people have disturbing memories of the early stages of their recovery.

It is important to gain an accurate diagnosis from a health professional with experience in ABI and trauma to ensure appropriate treatment.



### **Treatment**

In relation to treating trauma, research suggests that treatment delivered soon after the event may reduce the overall negative impacts of the trauma.

Psychotherapy (talk therapy) is useful in treating PTSD. The forms of treatment recommended by the World Health Organisation and National Institute for Clinical Excellence (NICE) guidelines are forms of cognitive behaviour therapy (e.g. cognitive processing therapy, exposure therapy, anxiety management/relaxation training) and Eye Movement Desensitisation and Reprocessing (EMDR).

The aim of therapy for PTSD is to assist the person to process the memory of the traumatic event or its meaning and to provide tools for managing the symptoms of PTSD.

Depending on the severity of your brain injury the treatment for post-traumatic stress disorder may need to be modified.

#### For more Information and Assistance see:

- Phoenix Australia: Centre for Post Traumatic Mental Health
  - http://phoenixaustralia.org/
- David Baldwin's Trauma Pages website: up-to-date comprehensive information about trauma including leading articles
  - www.trauma-pages.com
- Your GP can refer you to a psychologist trained in treating PTSD