

BACKGROUND

A diagnosis of Post-traumatic stress disorder (PTSD) is based on an individual's exposure to an event they experienced as traumatic. According to the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM V), PTSD results from exposure to actual or threatened scenarios such as death, sexual violation or serious injury. It can occur if individuals have direct experiences of an event perceived as traumatic, or learns that the event happened to somebody close, such as family or friends. People can develop PTSD from intensive and direct exposure to specific information about significantly threatening events.

PTSD is characterised by clinically significant distress across major life areas, for instance in their occupation, interpersonal interactions, and general planning and activities of daily life. There are four main groups of symptoms within the diagnosis. The DSM V describes that individuals may either: re-experience memories of the event, have dreams, nightmares or flashbacks. People may also have severe psychological distress as a result of these thoughts. The second area of symptoms includes individuals who avoid any memories thoughts, feelings, or reminders in their environment of the original event. The third area includes displaying negative thoughts or mood states. This can include a decreased interest in activities, self-blame, or poor memory recall of the event. The fourth area of symptoms includes individuals who show arousal. This can include displaying overt aggressive behaviour, recklessness, or being on guard or hypervigilant. Some individuals may also experience significant sleep problems.

PTSD can be experienced by anybody exposed to a traumatising event, for instance accidents, threats of violence or natural disasters. PTSD can affect those in high risk industries, for instance those in the police force, or front line work involving people and risky situations. A common area where PTSD can occur is for people who are in the military, and are exposed to war torn areas of the world.

Helping individuals with PTSD as a HYPAR mentor:

As a HYPAR mentor, you may be working alongside males who have been diagnosed with PTSD or exhibit these symptoms. As part of your role with people who have PTSD there will be common themes in line with other work completed by HYPAR mentors. This includes: being a steadying influence on the individual, building rapport and being attuned to the needs of individuals in need of your support. Other important HYPAR practices will include having a clear awareness of PTSD, the needs of the individual, as well as purposeful planning. The power of rapport within the therapeutic relationship is key to positive outcomes for people with PTSD.

It may not be possible for you to pre-empt the right types of support for the individual at all times. However, being present focussed with the individual, being supportive and listening will be important. It is good to let the person know that they can take interactions at their own pace, and they will not be pressured to participate if they are feeling uncomfortable. Let them know that you are there as a supportive influence and that it is ok if events do not occur according to plan.

Individuals with PTSD may feel self-conscious about their abilities to manage. They may not feel as though they are a strong person and may wish to avoid feeling reliant on other people or helpless. If you encounter behaviour where you feel the person appears self-conscious, remember to gently reinforce that you are there as a supportive influence, and are experienced in working with people from a wide variety of backgrounds. This will help to reinforce the HYPAR environment as a safe, nonjudgmental place of support.

HYPAR'S HANDS ON APPROACHES FOR RELATIONSHIP DEVELOPMENT: PRACTICE STEPS

- It is important to take some time to understand PTSD and how people experience it– understand the diagnosis so you can be mindful of the various needs of the person, and anticipate difficulties and triggers before they occur.
- You may be able to sense the person's interpersonal style, however it is important to couple this understanding with a developed awareness of the person's interests and the types of activities they would enjoy whilst working with you, and their preferred style of communication or interaction.

- Hold awareness of the mixed feelings the individual with PTSD may have as well as other associated difficulties such as embarrassment, stigmatisation of the label “disorder”, shame, or frustration with life. PTSD can often affect other people such as loved ones or close friends or colleagues within the person’s life.
- Understand the impact of trauma responses on the individual- support the person starting with where they are most comfortable and avoid placing undue pressure. Sit and be with the person. Listen when required. Think about how the person may feel about their own identity – gently engage the person as you build rapport in an awareness of themselves without strong attachment to the PTSD label. Look for the underlying qualities about the person which may be hidden by their difficulties.
- Apply the same principles as for people with challenging behaviour, disability, trauma and attachment needs. This can include positive and practice support, acceptance, patience, understanding and empathy, steadying influence, negotiate room for progress or goal setting and focus and revisit on how the working relationship unfolds.
- Offer soothing and guiding support, even where this may be difficult for the individual you are working with. Remind the person that they do not need to talk about any specific topics, but that you are there and will be ready to listen if they want to share information with you.
- Uphold and respect the person’s evaluation of their experience and listen openly in an accepting and supportive way.
- Remember you do not need to be a therapist or need to give any special advice as there is lots of power in building rapport, listening and being with and alongside the individual in their journey.
- If you feel you would like to converse with the person (if they share some of their story with you) try reflecting back general feelings or content, for example: “that would have been an extremely difficult situation”. “I cannot imagine what that may have been like”, “I can understand it must feel difficult to adjust back to life at home/ work after this event”. Together you may find particular interests and styles of communication that match your personalities.
- Ensure that you check to make sure you can discuss certain topics and move at the pace of the person sharing information with you.
- Maintain awareness of the strong physiological responses for the individual which may not subside, even with the passing of time. Understand that the process to recovery is personal, it may be difficult and take some time. It is important to sit and be with the person, and to walk alongside them in their journey, without needing to find quick solutions or ways to make things better right away.
- Offer a safe space for support, guidance and sharing of activities. The experience of living with PTSD may take lots of energy. Suggestions made without holding an awareness of the person’s experience may feel threatening or rushed. Check with the person about their comfort level and give the option for the person to say no or opt out of an activity.
- As with other areas of practice, remember to take an objective look at the needs of a person with PTSD. Avoid personalising their responses, as you are a valuable influence in their lives, even if they cannot express this. Being present for the person, and offering your time, attention and energy, may be greatly appreciated by the individual.
- Create a general plan that you can both follow about how you will progress your work. This can help you to be aware of general goals and what to do when progress does not occur according to plan, or where changes in circumstances occur. Describe your responsibilities in these situations and outline for the person what they can expect you.
- If the person demonstrates flashbacks or panic: remember to support them to calm, give space to the person, move in a calm way around them, remind them of their surrounds and prompt them to breathe slowly.
- If the person shows volatile or aggressive behaviour, use your behaviour support principles, which include offering space, active listening and actions which help rapidly de-escalate the situation (for instance prompting a change in activity to something less stressful, or offering to return after the person has had a moment to calm). When the person is calm, discuss ways to manage the same situation in the future.
- A positive approach includes an awareness of helpful activities which can assist the recovery of people with PTSD.
- Include activities to establish trust and safety, engage in physical activity, make connections with others, and identifying self-regulating activities to calm the nervous system. Other activities can include physical self-care, managing unwanted thoughts, flashbacks or nightmares. Some individuals may need to address occurrences such as survivor’s guilt, or may also need to seek professional help such as counselling.

FURTHER READING:

References

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