

AUSTRALIAN GUIDELINES FOR THE TREATMENT OF ADULTS WITH

Acute Stress Disorder and Posttraumatic Stress Disorder



Information for People with ASD
and PTSD, their Families and Carers

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Copies of the full set of the Guidelines, this booklet and a brief guide for practitioners are available online www.acpmh.unimelb.edu.au

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A number of people directly affected by traumatic experience were involved in focus testing this booklet. Their feedback has helped to make it relevant and accessible to others with asd and ptsd, their families and carers and is gratefully acknowledged.

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Australian Centre for Posttraumatic Mental Health

February 2007

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Posttraumatic Mental Health



Australian Government

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How to use this booklet

This booklet is for people who have gone through a traumatic event, or are close to someone who has, and are looking for help to cope with the experience. It was produced by the Australian Centre for Posttraumatic Mental Health at the University of Melbourne. We hope it will help people affected by trauma and their families make more informed decisions about the care they receive, and help them to discuss their needs openly with the practitioner involved in their care.

This booklet summarises treatment recommendations given to health practitioners in the *Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Post Traumatic Stress Disorder*.

About the Guidelines

There is a growing amount of information available on how to deal with trauma, acute stress disorder (asd) and posttraumatic stress disorder (ptsd). For people affected by a traumatic experience, finding the most appropriate and up-to-date information can be a challenge. The guideline recommendations are based on the latest research. They were developed in consultation with trauma experts from a range of disciplines, as well as people who have experienced a traumatic event or have used mental health services.

What are the main guideline recommendations?

The guidelines include advice about:

- The best way to help someone in the first few days and weeks after a traumatic event.
- The kind of personal information your health practitioner needs from you in order to provide you with the right kind of care.
- The most effective treatments for asd and ptsd, including psychological treatment and medication.

Making decisions with people involved in your care

You should be involved in making decisions about the care you receive every step of the way and be given enough information to participate fully in those decisions. Asking questions is important and this booklet will give you some ideas about what you might want to ask.

What are ASD and PTSD?

asd and ptsd are a set of reactions that can develop in people who have experienced or witnessed a traumatic event. Traumatic events involve life threatening situations or serious injury that lead to feelings of intense fear, helplessness or horror. They include physical or sexual assault, natural disaster, war or a serious accident. For asd and ptsd the definition of traumatic events does not include other stressful and life changing situations such as being retrenched, getting divorced or the death of an ill family member.

Unfortunately, traumatic experiences are common. As many as 65% of Australians have experienced at least one traumatic event in their lives. Most people exposed to a traumatic event experience strong feelings such as fear, sadness, guilt and anger in the first days and weeks following the event. The majority recover without professional assistance and get back to their normal lives with the support of family and friends. However, if someone continues to feel distressed beyond the first couple of weeks and is unable to cope at work or at home, he or she may be experiencing asd or ptsd.

Anyone can develop asd and ptsd following a traumatic event, but people are at greater risk if they have been physically or sexually assaulted, or have had repeated traumatic experiences such as sexual abuse or living in a war zone.

If you or someone you love has been diagnosed with one of these conditions, you are not alone. It is estimated that around 5% of Australians have had ptsd at some point in their lives.

What is it like to have ASD or PTSD?

asd and ptsd are very similar. The main difference between them is the length of time that problems remain after the traumatic event. asd is diagnosed when serious problems occur in the first month after a traumatic incident. If problems continue to impact on a person's life for longer than one month, ptsd may be diagnosed.

A person with asd or ptsd has three main types of difficulties:

- Re-living the traumatic event—through unwanted and recurring memories or vivid nightmares. There may be intense emotional or physical reactions, such as sweating, heart palpitations or panic, when reminded of the event.
- Being overly alert or wound-up—sleeping difficulties, irritability, lack of concentration, becoming easily startled and constantly being on the look out for signs of danger.
- Avoiding reminders of the event—avoiding activities, places, people, thoughts or feelings associated with the event. This can lead to losing interest in day to day activities, feeling cut off and detached from friends and family, or feeling flat and numb.

In addition, some people report experiences like: “...it was as though I wasn't even there...”, “...time was standing still...”, “...I felt like I was watching things happening from above...” or “...I can't remember most of what happened...”. These are sometimes referred to as “dissociative experiences”.

asd and ptsd can affect many aspects of people's lives, including their ability to work, perform day-to-day activities or relate to their family and friends.

For some people, these problems can improve on their own, particularly with support from family and friends. Others may be affected for a longer period of time and need professional help before they can get on with their lives.

It is not unusual for people with ptsd to experience other mental health problems at the same time. These may have developed directly in response to the traumatic event or have followed the ptsd. These additional problems are more likely to occur if ptsd has persisted for a long time. Up to 80% of people who have long-standing ptsd develop additional problems, most commonly depression and anxiety. Many also start using alcohol or drugs as a way of coping.

Some people who develop ptsd after a traumatic event will have had other mental health problems in the past. For these people, a traumatic experience may lead to the reappearance or worsening of previous problems. Previous mental health problems may also contribute to the distress caused by the traumatic event.



Getting Help

It can be difficult and frightening to accept that there is something wrong and to take the first steps to seek help. If you suspect that you or someone you care about is not coping, it is important to talk with a professional that you trust. Your GP is often a good first port of call and can help you determine if there is a problem and what the best approach might be. Mental health professionals such as psychiatrists, psychologists and social workers can also help you decide what form of care will suit you.



i wasn't sure what was wrong with me. All I knew was that I didn't want to leave the house and that I was starting to have three or four beers every night to help me get to sleep. My wife kept telling me that I should go see someone, that I'd changed since the bushfire. I just could not see how anyone could possibly understand and I didn't want some doctor telling me that I was mad and giving me drugs. I just didn't want to talk about it.



Getting help in the first days and weeks following the traumatic event

There is no standard recipe for how people cope with trauma. What is important is that you are supported in doing what you need to do in order to get through this experience. Practical information and support is the best way to start. If you seek professional support during the first two weeks, it is likely that your practitioner will address your immediate needs and help you cope with your distress. This approach is sometimes referred to as psychological first aid.

For example, if you were in a severe car accident, your practitioner might:

- make sure that you feel safe
- encourage you to ask for help from family and friends
- inform you about the right pain relief
- inform you about possible emotional reactions to traumatic events
- offer gentle encouragement and support to get back into a car

If things don't improve after two weeks and your health practitioner believes that you have asd or ptsd, there are effective treatments available. Most involve psychological treatment but medication can also be prescribed. Generally, it is recommended that you start with psychological treatment rather than use medication as your first and only solution to the problem. It is important to discuss these options with your health practitioner to determine what is best for you.

Getting psychological help for ASD and PTSD

What will happen when I first see someone?

Before you first start treatment, your practitioner will ask you questions to find out what your needs are and what approach will suit you best. To make a thorough assessment, your health practitioner is likely to ask you about four things:

- 1 What is the problem? You are likely to be asked about what has happened to you. Have you experienced problems such as nightmares, being easily startled, feeling flat or drinking too much? How often and for how long have you experienced these problems?

Making sure that you are safe will be one of the most important concerns of your practitioner. If you are in an unsafe situation such as being threatened or experiencing domestic violence, or if you are thinking about harming yourself or suicide, please let your health practitioner know so he or she can provide you with assistance.

- 2 What other experiences or problems may impact on your wellbeing? Have you had any other experiences that may have been difficult or traumatic for you? Have you had periods in your life when you struggled to cope? How did you deal with those? Did you receive any treatment?
- 3 How is this impacting on your life? Your practitioner will try to get a sense of how you feel about your life at the moment. What is the impact of what's happening on your ability to work, to study or to do the things that you enjoy? How is the problem affecting your relationship with your family, friends and other people you interact with on a daily basis?

- 4 What are the strengths and supports you can draw on? Your health practitioner will also find out about who can support you, how you usually cope with painful or stressful situations, and what helps you get through crises.

Often, more than one person will be involved in your care. You may have a GP, a psychologist or counsellor, and a psychiatrist looking after you. It is important that they work together to make sure you get the best treatment.

What will happen during treatment?

The most important thing when getting help for asd or ptsd is to face, and deal with, the memory of the traumatic event rather than push it into the back of your mind.

Because the memory can cause intense fear, anxiety and distress, people often want to escape or avoid anything associated with the event. Although avoidance provides temporary relief, it is one of the main reasons why people don't recover.

When people start relying on avoidance to cope, they have no opportunity to develop skills that will help them feel safe or comfortable when faced with reminders of the traumatic event. The anxiety then starts to spread to other areas of their lives. They also don't give themselves a chance to come to terms with what happened.

There are two things your practitioner will ask you to do:

- 1 First, your health practitioner will help to you find a safe way to face traumatic memories and confront situations, people or places that you have avoided since the event. You will be encouraged to gradually recall and think about traumatic memories until they no longer create high levels of distress. This is called 'imaginal exposure'. You will be encouraged to do so at your own pace and be given skills to manage any distress that emerges during sessions.

You will also be helped to go into situations which you want to avoid because they remind you of the trauma or trigger anxiety (called '*in vivo* exposure'). You will learn skills to help you start driving a car again after being involved in a car accident, or to go back to work when the trauma occurred in your workplace. Your health practitioner will take things slowly, help you gain control of your fears step by step, and make sure that you never feel overwhelmed by your feelings.

- 2 Secondly, you will be encouraged to examine your thoughts, feelings, and interpretations of the event. You will also be given tools to change any of the beliefs that are having a negative impact on your life.

You will be encouraged to explore thoughts that may make the memories of the event more painful. Many people blame themselves or start seeing the world as a dangerous place after a traumatic event, and need help to grapple with these thoughts. For example, a woman who has been sexually assaulted may blame herself for not being more careful or not fighting off her aggressor more vigorously. Her health practitioner may encourage her to assess the strength of her attacker realistically. She may also help her remember that she was not taking any unreasonable risk.



i witnessed an armed robbery while taking cash out at a bank. After the robbery, I started to get anxious every time I got close to the bank. The first time I was walking in the direction of the bank, I took a detour. I didn't want to be anywhere near there. As soon as I went in the opposite direction, I felt immediate relief. Pretty soon, I found myself avoiding the whole neighbourhood surrounding the bank. The anxiety just keeps getting worse. I am now starting to get anxious at the thought of going into town.



Simple reassurances like “it wasn’t your fault” from well-meaning family or friends often have little impact on feelings. Instead, questioning specific thoughts while looking carefully and realistically at what actually happened is more likely to help people move on.

Treatments that involve facing your memories and beliefs and that have been proven to be effective include trauma-focussed cognitive behavioural therapy (cbt) and Eye Movement Desensitisation and Reprocessing (emdr) with *in vivo* exposure.

What if the event I experienced is so distressing that I can’t bear to think about it?

People sometimes fear that they will ‘lose their mind’ if they think and talk about the traumatic event they have been through. While this fear is understandable, thinking and talking about a traumatic experience will not make you lose your mind.

It is important to bear in mind that you will be confronting the traumatic experience at your own pace. Your health practitioner will teach you skills so that you won’t feel overwhelmed when recalling traumatic events. While you do this work, he or she will continually check how you are going.

If you have been exposed to a particularly distressing traumatic event or experienced it over a long period of time, your health practitioner may take more time to establish a good relationship with you so that you can build feelings of trust that may have been damaged by the traumatic experience. They will also spend more time teaching you how to soothe strong negative emotions and will take a slow and gradual approach to helping you recall traumatic events.

At what point should I start psychological treatment and how long will it last?

Many people experience some of the symptoms of asd and ptsd in the first couple of weeks after the traumatic event but most recover on their own or with the help of family and friends. For this reason, formal treatment for asd or ptsd does not usually start until about two weeks after a traumatic experience.

It is important during those first few days and weeks to get practical help like information and support to access the people and resources that can assist you during your recovery. Family, friends and your general practitioner can often help with this.

After two weeks, if you are still experiencing problems, you should see your GP or a mental health professional to discuss the possibility of starting treatment. If you do start treatment, you can expect to have around 8–12 sessions. Treatment may last somewhat longer if your distress is severe, you have been exposed to a number of traumatic events or have lost someone you cared about during the event. It is important to note that a delay in beginning treatment should not affect its success and that it’s never too late to start addressing the problem.



i was incredibly nervous the first time i went to counselling and a bit angry. I was really doing it for my family but I didn't see how talking about things would help. It took me a little while to get used to the whole thing. My counsellor taught me how to relax when I got scared or angry. We started talking about what happened. This was really hard to start with but it got easier after a while. I talked a lot about questions that kept popping into my mind and made me feel angry– how could this have happened to me? What if I'd left work half an hour before? The accident wouldn't have happened and my life wouldn't have changed. It's not the kind of questions I felt comfortable talking to my family about but it felt good talking to someone about them. It's been a hard journey but I know how to deal with my demons now.



What about other psychological approaches?

There are other treatments that focus on traumatic memories but they have not been mentioned in this booklet either because they have not yet been properly tested (for example, brief psychodynamic therapy) or because they have been tested and found to be less effective than trauma-focussed cbt or emdr with *in vivo* exposure (for example hypnotherapy and supportive counselling).

Treatments that do not focus on traumatic memories, such as practising stress management techniques or developing more effective general coping skills, are very useful when provided alongside treatments recommended in this booklet but have been shown to be less effective when offered on their own.

What if I don't feel better when I expect to?

Some people with ptsd improve quickly while others take more time to get better. ptsd can also feel more manageable for a while and come back at times of stress or when a particularly strong reminder of the trauma triggers a reaction. Anniversary dates, news coverage of similar events or going through a major change like a new job or a divorce can lead to problems coming back or getting worse.

If you are not feeling better after treatment, your health practitioner is likely to review his or her assessment to be sure that the treatment is suitable for you. This might involve checking that important details in your background or current circumstances have not been overlooked, or that you are not suffering from other problems that may be complicating your recovery. In many cases, treatment may just take a little longer but sometimes other problems may need to be addressed first. Your health practitioner may also suggest that you start taking medication in addition to continuing with psychological treatment.

Sometimes what happens when you see your practitioner can get in the way of your recovery. This may include:

- Not getting enough information—it is important that your health practitioner gives you a clear explanation about your treatment and a clear idea about what kind of results you might expect.
- Not feeling comfortable with your health practitioner—it takes time to develop trust in someone, particularly if you were deliberately harmed during the traumatic event. You may need to allow for enough time to form a good relationship with your health practitioner. If you continue to feel uncomfortable, it is important to discuss it with them or give yourself permission to change and look for the right person to provide you with psychological care.
- Feeling overwhelmed by emotions during session—let your health practitioner know and talk with them about slowing down the process.

Making decisions about psychological treatment

What can I ask my practitioner?

Here are some questions that can help you get the information you need about your treatment:

Can you tell me how this type of treatment works?

Does this treatment have any adverse effect?

Can you tell me something about your experience of, or training in, providing this type of treatment?

What is the difference between treatments that focus on trauma and those that don't, and why is this treatment best for me?

How long will treatment last?

What can I expect to happen during treatment?

Can you tell me what I will need to do during treatment or in my day-to-day life to help my recovery?

What kind of results can I expect?

What support will I need while I am having treatment?

When you are not sure you're on track or whether treatment is helpful, some of the following questions may be helpful:

My sleep, nightmares, mood, ... aren't improving. What else can we do?

I had expected to feel better. Can we talk about my progress?

Do you think I need more time or do I need to try something else?

Can we talk about other treatments? What else is available?

Can you give me strategies to help me manage my sleep, panic attacks.... better?

What about medication?

Trauma-focussed therapy is generally the first choice of treatment. There will be times, however, when you may be offered medication. Your health practitioner may suggest antidepressants if you are too depressed to benefit from therapy. Medication may also be used if therapy is not available where you live or you would rather not do it.

The types of medication offered to treat PTSD are usually antidepressants. Even in the absence of depression, antidepressants can help make feelings associated with trauma more manageable. There are different kinds of antidepressants, but research has shown that selective serotonin reuptake inhibitors (SSRIs) are more likely to help. Other forms of antidepressants such as tricyclics or new generation antidepressants can be used as a second option if your symptoms are not getting better with the SSRIs. Remember that antidepressants take a few weeks to reach their full effect, so do not expect immediate results.

If you are having trouble sleeping, medication used in moderation can also be useful. Sleep often improves when other PTSD symptoms are managed through psychological treatment. Sleeping tablets should only be used once other means of improving your sleep have been explored or on advice from your doctor. They should generally only be taken short term as some may be addictive. Some antidepressant medication can also help you sleep, particularly if your sleep has been disturbed for over a month.

The medications most commonly used for treating PTSD are listed in a table on page 23.

Before you start taking medication, you should be given information about possible side effects. When taking antidepressants for the first time, particularly SSRIs, some people can feel agitated, are unable to stay still, and may even have thoughts about suicide. If this happens to you, you should immediately contact the person who prescribed them for you. Likewise, it is important to know what you might experience if you stop taking medication suddenly, forget to take a pill or reduce the amount you are taking. Your health practitioner will be monitoring your response to the medication regularly, particularly in the early stages. It is recommended that you see your health practitioner at least once a fortnight or weekly if you are severely depressed and feel suicidal.

How long should I take medication for and what should I do if I don't improve?

If antidepressants are working, it is recommended that you take them for at least 12 months. After this period of time, you can stop by gradually reducing the dose, generally over a four-week period. This should only be done after discussion with your doctor and should be carefully monitored. Remember, sleeping tablets should generally only be taken over a short period of time and should be monitored by you and your doctor.

Not all medication works in the same way for everybody. If a particular type of medication is not working for you, your doctor may ask you to try another type, increase the dose or ask you to try psychological treatment again.



Medications used to treat PTSD

The medications most commonly used for treating PTSD are listed in this table. All medications have two names, a generic name and a brand name. You may have heard names like Prozac, Zoloft or Avanza. These are all brand names associated with a particular type of antidepressant. As brand names are constantly being added, it is important for doctors, pharmacists and people using medications to be familiar with the generic name. Please note that only the main medications are listed in this table as it is beyond the scope of this booklet to list all of the medications used in treating PTSD.

Medication type and generic names

Types of antidepressants	Generic name	
SSRIs	fluoxetine	sertraline
	paroxetine	citalopram
	escitalopram	fluvoxamine
Other new generation antidepressants	venlafaxine	reboxetine
	moclobemide	mirtazepine
Tricyclic antidepressants	imipramine	amitriptyline
	doxepin	dothiepin
	clomipramine	nortriptyline
	trimipramine	
<hr/>		
Types of sleeping tablets	Generic name	
Benzodiazepines	temazepam	oxazepam
	Non-benzodiazepines	zolpidem

What can I ask my health practitioner about medication?

How does this medication work?

What can I expect to feel like if it works?

Does it have any side effects and how long will they last for?

How long will it take before I start to feel better?

How long will I have to take it?

What do I do if I forget to take my tablets?

When it's time, how do I go about stopping the medication?

What will happen when I stop taking it?

What if I experience other problems besides ASD or PTSD?

Responses to trauma can be complex. For most people, seeking treatment is not just about dealing with PTSD. You may need to find ways to cope with depression, anxiety or your use of drugs and/or alcohol. Many of these problems will improve when PTSD is successfully treated, but some may require additional treatment on their own. For example, if you have depression, PTSD will usually be treated first because depression often improves as the symptoms of PTSD become less pronounced. But if feeling flat, hopeless and unmotivated prevents you from working through memories, you may need treatment for the depression first.

Your safety is also an important concern when planning treatment. If you are thinking about suicide, it is vital that you tell your health practitioner who will focus on ways to keep you safe before dealing with the trauma.

If you have been using drugs and/or alcohol to help you cope, treatment will include strategies to help you reduce your consumption to safe levels or to stop entirely. If you are only focussing on managing PTSD, and drug and alcohol problems are left untreated, you are unlikely to get better in the long term. During treatment, your health practitioner will usually help you to find ways to manage your distress without feeling the need to resort to drugs or alcohol before he or she starts to focus on traumatic memories.

Sometimes traumatic events involve a great deal of loss. You may have lost someone you knew or cared about. You may also have lost a sense of safety or normality. Because of this, you may need help coping with grief and sadness alongside problems caused by ASD or PTSD. Your health practitioner can help you explore these feelings and find strategies to deal with them.

ASD and PTSD can have a significant impact on your family, social and work life. Your health practitioner can give you information on where to get practical support and rehabilitation if you need it. For example, if you are unable to return to work or are having difficulties remaining there, you may be referred to a program that helps you identify the steps you need to take to stay in your job or to find a different type of work. If you are feeling isolated and don't have anyone to talk to about what is happening to you, your health practitioner may encourage you to contact groups of people going through similar problems. Your health practitioner will help you access appropriate support regardless of how mild the problem might appear. It is often easier to prevent a problem getting worse than trying to manage it when it is having a significant impact on your life.

What if I am a family member or a carer?

As a family member or carer, you should be involved, wherever possible, in the assessment and treatment of your loved one. asd and ptsd often impact on the whole family and it is important that your needs and perspective are taken into account throughout treatment. This can only be done if you think it is appropriate and with the approval of the person who has experienced the traumatic event. If you are finding the situation very distressing you may seek treatment for these issues in your own right.

It can be very difficult to watch someone you care about struggle with the distress caused by a traumatic event. You may find yourself constantly worrying about their wellbeing and feel helpless when confronted with their emotions. People with asd and ptsd can often seem disinterested or distant as they try not to think or feel in order to block out painful memories, so you may feel shut out. They may stop participating in family life, ignore your offers of help or become irritable. It is important to remember that these behaviours are part of the problem; they are not about you. Your loved one probably needs your support but doesn't know what they need or how to ask for help. There are many ways you can help:

Listen and show that you care

You can encourage your family member to share their thoughts and feelings about what is happening to them. Remember that you are not their therapist and don't have to find solutions for them. If you feel you cannot bear to hear all the details of the trauma, you need to let the person know, while at the same time reassuring them about your support and understanding. You can still provide reassurance that you care, and acknowledge how difficult things are for them by making statements like "this must be hard for you". Sometimes people say things that are meant to be helpful but instead just leave the person feeling more isolated and misunderstood. Examples of such statements are "you just need to get on with your life" and "I know how you feel".

Remember that providing support doesn't have to be complicated. It often involves small things like spending time together, having a cup of tea, chatting about day-to-day life or giving them a hug. Some people find it helpful to have time to themselves after a traumatic experience. If this is the case for your loved one, try to give them some space and time alone when they request it. Encourage a balance between time spent alone and time spent with others.

Encourage your family member to seek help and stay focused on recovery

Your loved one may not realise that they need help or find it hard to admit that they do. They might be worried about being vulnerable or having to talk about what happened. Getting professional help can sometimes be difficult as it often means facing painful memories. Also, recovery is rarely a straight path to feeling better. Your family member may experience ups and down as they work through their memories and may become discouraged at times. Acknowledging that things can be difficult can help them feel supported. Commenting on positive changes or small steps taken by your loved one can also help them stay hopeful.

Look after yourself

This may be the most important thing you can do to help your family member. Supporting someone who has been through a traumatic event can take a toll on you, sometimes so much so that your own health can be affected and you can no longer help them effectively. It is crucial that you take time out and reach out to friends and other supportive people in your community. You can also enlist the help of a counsellor or a support group. Your GP or a mental health practitioner can provide you with information and the names of people and organisations that can help.

Resources



Where can I find more information and start getting help?

We encourage you to discuss the contents of this booklet with your GP or mental health practitioner so you can ask questions and get information about other resources you might find useful.

You can access the full version of the Guidelines at www.nhmrc.gov.au. You can also contact the Australian Centre for Posttraumatic Mental Health for more information about the Guidelines by visiting www.acpmh.edu.au. The centre does not provide clinical care, but can give you information on posttraumatic mental health problems and directions for treatment.

Your GP can be a good starting point when seeking help. He or she can help confirm what is going wrong and refer you to the appropriate organisations and practitioners.

If you need immediate assistance or support, you can call Lifeline on **13 11 14** for confidential 24-hour counselling and referrals.

Useful information and resources are also available through the following organisations:

Alcohol and other drugs

The Australian Drug Information Network (ADIN) gives comprehensive information and a list of resources across Australia at www.adin.com.au and the Alcohol and other Drugs Council of Australia (ADCA) can provide you with the number of an information service in your state or territory on **(02) 6281 0686** or at www.adca.org.au

Asylum seekers and migrants that have experienced torture and trauma

The Forum of Australian Services for Survivors of Torture and Trauma (FASST) has a list of agencies that provide support, advocacy and treatment at www.fasst.org.au

Carers

Carers Australia offers information, resources and access to support groups at www.carersaustralia.com.au or you can call the Commonwealth Carer Resource Centre on **1800 242 636**

Children of parents with a mental illness

The COPMI resource centre provides information, resources and access to services at www.copmi.net.au

Depression and anxiety

Several organisations offer access to information, resources and services, including Beyondblue at www.beyondblue.org and the Clinical Research Unit for Anxiety and Depression at www.crufad.org

Domestic violence and sexual abuse

The Domestic Violence & Incest Resource Centre is a statewide Victorian service that can provide the name and contact details of agencies and support groups throughout Australia at www.dvirc.org.au

Immigrant women's domestic violence services

There are several services in each state and territory. See www.iwdvs.org.au or www.speakout.org.au for a list of services throughout Australia.

Psychologists

The Australian Psychological Society has a register of psychologists that lists their speciality at www.psychology.org.au or on **1800 333 497**

Sexual assault

The Australian Centre for the Study of Sexual Assault has a list of the main sexual assault services in Australia at www.aifs.gov.au/acssa/crisis. All states and territories have crisis lines listed in the front page of the white pages.

Veterans and their families

The Department of Veterans' Affairs can provide information and referral advice at www.dva.gov.au or on **1800 555 254**. The department can provide the number of the Veterans and Veterans Families Counselling Service in your state and territory.

Victims of crime

The Victims of Crime website provides information about services throughout Australia at www.lawlink.nsw.gov.au. All states and territories have victim support hotlines listed in the front page of the white pages.

Vocational rehabilitation

See www.crsaustralia.gov.au

Information Checklist: key points to remember

The experience of a traumatic event is common. Most people will recover with the support of family and friends.

But some people will need professional help before they can get on with their lives.

Following a traumatic event, people should be offered practical support, information and encouragement to actively seek the support of family, friends and community groups. Only those who go on to develop psychological problems such as asd or ptsd should be offered specialist treatment.

A person with asd or ptsd has three main types of problems:

- Re-living the traumatic event
- Being overly alert or wound-up
- Avoiding reminders of the event

It is not unusual for people with ptsd to have other mental health problems at the same time. The most common problems include depression, anxiety and drug and alcohol abuse.

Effective treatment for asd and ptsd involves confronting the memory of the traumatic event and beliefs associated with it. Medication may not be the first choice of treatment but can be useful in many cases.

It's never too late to start addressing asd or ptsd. A delay to treatment should not affect its success.

Remember, it's your treatment; it's OK to ask questions.

If something is not working, tell your health practitioner and, if necessary, ask them to change it.

Your local GP is a good place to start if you need help.

We would greatly value your comments on this booklet. Please complete the form, tear off (and fold) as instructed. Please tape the edges closed before posting.

How did you receive a copy of the booklet?

- From my doctor
- From my psychologist, counsellor or psychiatrist
- From a hospital
- From a friend
- From the Australian Centre for Posttraumatic Mental Health
- Other

Content

How useful did you find the information in this booklet?

- Very useful
- Fairly useful
- Useful
- Not useful

Impact

Did you learn anything from reading this booklet?

- Yes – a lot
- Yes – quite a lot
- Only a little
- No – nothing at all

Presentation

What do you think of the layout of the information?

- Excellent
- Good
- Fair
- Poor

Would you recommend this booklet to a friend or family member?

- yes
- no

Has/would it provide you with enough information to find help?

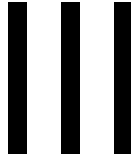
- yes
- no

Has/would it help you talk to your doctor or other helping professional?

- yes
- no

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