



**Post-traumatic Stress Disorder (PTSD)
and a case study of using brief
Cognitive-Behavioral Therapy (CBT)**

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Outline

- What is PTSD?
- Case Background
- Brief CBT for PTS symptoms
- Support to family
- Summary



Common Post-traumatic Psychological Responses

- Shock
- Denial
- Fear
- Depressed mood
- Helplessness
- Anger
- Sleep disturbance
- Irritability
- Guilt
- Nightmare
- Hypervigilance
- Avoidance behavior



When to intervene?

- Symptoms persist
- Impairment in Functioning

DSM-IV-TR:

Diagnostic and Statistical Manual of Mental Disorders 4th edition, Text Revised

(American Psychiatric Association, 2000)



What is PTSD?

DSM-IV-TR (2000) 309.81

- Exposure to traumatic event (experienced, witnessed or confronted with)
- Life-threatening to self or others
- Involved intense fear, helplessness or horror
- Sx Duration: More than 1 month
- Impairment in functioning



Symptoms of PTSD

(1) Re-experience of traumatic events:

(One or more of the following)

- Recollections (images, thoughts, perceptions)
- Distressing dreams
- Flashbacks (reliving of trauma)
- Intense psychological distress at exposure to cues
- Physiological reactivity on exposure to cues



Symptoms of PTSD

(2) Persistent avoidance of stimuli related to traumatic event: (Three or more of the following)

- Thoughts, feelings or conversations
- Activities, places or people
- Inability to recall important aspects of trauma
- Feeling of detachment from others
- Restricted range of affect
- Sense of foreshortened future



Symptoms of PTSD

(3) Physiological reactivity & increased arousal (Two or more of the following)

- Sleep difficulties
- Irritability
- Difficulty concentrating
- Hypervigilance
- Exaggerated startled response



Prevalence of PTSD

- National Co-morbidity Survey Replication (US, 2003):
Lifetime prevalence: 6.8%
- NICE Guideline – PTSD (2005):
25-30% of people experienced trauma may develop PTSD



Brief CBT for PTS symptoms

- CBT: Cognitive Behavioral Therapy
- Bisson et al. (2004)
 - Randomized Controlled Trial (RCT)
 - Four-session brief CBT for PTS symptoms after physical injury
 - Results:
At 13 months after injury, IES-R total score was significantly more reduced in the intervention group.
- Bisson et al., (2004). Early cognitive-behavioural therapy for post-traumatic stress symptoms after physical injury. *British Journal of Psychiatry*, 184, 63-69.
- Wu, Li, Cho (Dec, 2008). Preliminary findings presented in the 1st Joint International Conference of the Hong Kong College of Psychiatrists and the Royal College of Psychiatrists (UK).



Session structure

- Session 1

- Introduction
 - Psycho-education on PTSD
 - SUDS rating
- Exposure
- Homework

- Session 2

- Exposure
- Underlying Beliefs:
Identify and challenge
- Homework

- Session 3

- Exposure
- Image Habituation
Training (IHT)
- Underlying Beliefs:
Identify and challenge
- Homework

- Session 4

- Exposure
- Follow-up issues
- Review of sessions



- **Case Study**



Support to family

- Adjust your expectation
- Emphasize self-care of family members; try to maintain family routines
- Give information and practical advice: what the family members will anticipate
- Provide emotional support



避免。。

- 給予對方沒有理據的安慰
 - × 佢無事嘅，你放心...
- 批判或否定對方的感受
 - × 唔駛咁擔心，擔心都無用
 - × 樂觀啲、正面啲，向好嘅方面諗



- 反映感受, 尊重對方情緒, 然後多聆聽及鼓勵家人之間互相支持
 - ✓ 你都好擔心佢嘅情況...
 - ✓ 呢件事都發生得幾突然, 一時間真係唔知點樣反應...
 - ✓ 有沒有家人可以跟你談談這個情況?
- 主動協助
 - ✓ 我會在那邊工作, 你有什麼需要可以過來
 - ✓ 我**30**分鐘後再過來看看



Summary

- Post-traumatic stress: Normal Responses to a terrifyingly Abnormal Situation
- Symptoms
 - 1. Re-experience of traumatic events
 - 2. Persistent avoidance of stimuli
 - 3. Increased arousals
- +/- anxiety, depression
- Make timely referral if symptoms persist / cause significant distress or impairment in functioning



THANK YOU