

Anxiety Disorders Association of British Columbia

www.anxietybc.com
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Our Mission

- Increase awareness & promote education of anxiety disorders.
- Increase access to evidence based treatment.
- Encourage & develop new treatments & delivery

Small steps lead to big ...

STRIDES



POST TRAUMATIC STRESS DISORDERS

Hello Everyone,

Good to make connection with you through our fall issue of Strides.

We have a bit of reporting to do in this issue :-

Invitations:

Watch Knowledge Network series on **Child and Youth Anxiety** outlining causes, symptoms & treatment of anxiety disorders

- **Anxiety disorders:** October 18, at 9 p.m. & October 21, at 11 p.m.
- **Early Psychosis:** November 15, at 9 p.m. & November 18, at 11p.m.

Thank You : Special thanks to Dana Bales & Jacquelyn Weatherall for their help with the media launch. A big thanks to Bill Koch for his comments on Dawn's story.

Welcome: A big warm welcome to Jim Stabler who is our new editor for Strides.


LEAF PROGRAM LEADERS WANTED

We are looking for people to act as group leaders for our successful **Living Effectively with Anxiety and Fear (LEAF)** program in Burnaby, Delta and Tri-Cities. Leaders are individuals who have overcome their own difficulties with panic and anxiety by using Cognitive Behavioral skills. Leaders will guide group participants to effectively manage their panic through a fourteen session CBT skills-based curriculum and will participate in weekly telephone supervision with a clinical expert from ADABC. Leaders are required to commit to running at least two groups over a 12-month period and are paid a small honorarium. If you are interested, and want to know more, please contact us by telephone or e-mail.

HIGHLIGHTS

The "Back To School" initiative will provide resources for kids and families and also fact sheet topics identifying problems with anxiety, depression or substance abuse and what parents can do.

Copies are available at www.heretohelp.bc.ca
 or at Community Centers, Libraries, Schools, Mental Health Centers, or from us at ADABC.



ADABC Helps Train Ministry of Child and Family Development Clinicians (MCFD)


MCFD has the responsibility "for the mental health" for children and youth under 19 and recently determined that anxiety disorders represent a major concern. MCFD collaborated with ADABC and its contractor, CBT Connections to develop a certificate training "program" for the Ministry of Child and Youth Clinicians in the area of anxiety disorders. MCFD wanted its clinicians to upgrade their knowledge and skills in the area of cognitive behavioral therapy. The result is a 10 month flexible web-based learning platform allowing the C&Y Clinicians to remain in their own communities. Clinicians participate in 2-day regional workshops and have the option of proceeding to the certificate program. This allows clinicians to access the web based learning modules, and when the clinician is ready to challenge the knowledge test on-line. When this is passed clinicians move to the mentored practicum part of the course submitting case formulations, treatment plans and audio treatment tapes that will be evaluated by specialists. Upon successful completion clinicians receive a certificate awarded by ADABC

Senators Hear About Anxiety Disorders

In 2002 a major report was produced, entitled, "The Health of Canadians- The Federal Role". This report did not focus on the magnitude and implications of mental health problems in Canada. Senator Kirby called mental health the "orphan child" of our health care system. A second inquiry focused exclusively on mental health will be released in 2005. Dr Peter McLean Vice President of the Anxiety Disorders of Canada, and former board member of ADABC addressed the role of anxiety disorders in health reform with the Senate Community.

Please accept our apologies:

Unfortunately the much anticipated boat cruise that was scheduled to take place on December 2, 2004 is cancelled due lack of sponsors. We apologize for such short notice.





Dawn's Story

I was a victim of repeated sexual assaults between the ages of twelve and sixteen. The sexual abuse was frequent, often occurring between four to five nights a week. These assaults took place in my home, and I learned to cope with the sense of danger every day. Anxiety became so unconsciously integrated that I no longer recognized its presence. I was plagued by intrusive thoughts so powerful that I would vocally respond at times. I existed in a state of hyper vigilance where seemingly innocent things would trigger a violent emotional reaction. I sabotaged relationships with my inability to trust not only others but my own instincts. The climax to this anxiety happened when, only one year ago, I attempted to take my life. My suicide attempt occurred after a long period of depression that I was so used to living with, I did not recognize.

I entered therapy when at nineteen. I married and had children almost immediately. I had the sense that my upbringing had not prepared me to parent, considering the consistent sexual abuse of my stepfather and the neglect and indifference of my mother. I proceeded to seek therapy to correct the damage of the abuse so I could be free to be a healthy mother to my children. The next eight and a half years was an exasperating journey. During this time I sought out many therapists. I did not know what qualifications to look for and I assumed all therapists were competent and could address my issues. My ignorance cost me many years and left me

feeling that I must be very damaged and would need a long time to get emotionally healthy. I accepted this assessment, and as I saw no other recourse, I was motivated to complete treatment regardless of the time it would take.

My therapeutic journey led me to therapists from many psychological perspectives. I saw clinical therapists, existential therapists (as I learned their title in my Psychology courses), client centered talk therapists, classic psychoanalysts and basic marital therapists. The one thing they all had in common is that none of them correctly diagnosed or treated me. During the course of these treatments, my marriage had disintegrated, although I continued to pursue therapy for a considerable period of time.

Six years after the demise of my marriage, I became involved in a serious relationship. I decided to start up therapy again after a two year hiatus to erase any 'residual damage' of past abuse that might affect my new relationship. At this time I literally stumbled onto a Psychotherapist and Cognitive Behavioral Therapist, who in short form diagnosed me with Post-Traumatic Stress Disorder (PTSD). In the course of 12 weeks, he walked me through a cognitive-behavioral exposure based protocol for PTSD, and I saw immediate results. After 12 weeks of therapy, I was able to recognize irrational thoughts that tempted to pull me into old patterns of behavior that was counterproductive. The emphasis of the therapy was on exposure, brief and prolonged, assimilation and learning the skills to cope with anxiety. I had

homework often after every session, but each assignment brought such encouraging results that I was motivated to move ahead. The remaining sessions dealt with relapse prevention, and by this time I felt like I had reclaimed my life.

The difference in my life in one year has been remarkable. I went from my lowest point, from attempting suicide, to a sense that my life is full of possibility. I see potential in everything around me. I am no longer satisfied with being 'undamaged' or 'normal,' I want to live out my potential, and I see this as achievable.

The anxiety has been reduced to such a level that I am aware of its absence. I have clarity of mind, the former intrusive thoughts are gone, and when circumstances produce a reaction in me, they are manageable. I have the necessary skills to cope with them. I am currently pursuing a law degree at UBC. My undergraduate degree is a mixture of Political Science and Psychology. I have two teenage sons who are healthy and well adjusted, and I look forward to a fulfilling relationship in the future.

Dr Bill Koch Comments

On Dawn's Story

This case illustrates several important points about trauma and PTSD. First psychological trauma can have long-lasting negative consequences for survivors personal and work lives. Second, PTSD is a condition characterized by an inadequate sense of safety that limits the sufferer's ability to develop and maintain trusting

TREATING POST TRAUMATIC STRESS DISORDER

by Jim Stabler, M.S.W

relationships, as well as participate in normal activities of daily living. This reinforces what most of us understand implicitly; we need to feel safe in order to function effectively in our social, intimate, as well as vocational lives. Third, many well-intentioned therapies have little benefit for PTSD. However, effective treatments for PTSD, such as **Cognitive Behavioral Therapy (CBT)**, can result in marked improvement in as many as 60% of patients. The success of CBT for PTSD is an illustration of the contribution of psychological science (e.g. learning theory, cognitive science) relieving human misery. Unfortunately, our current systems for delivering health care limit effective treatments for PTSD such as CBT to teaching in hospital clinics or a limited number of specialists. Thus, Canadian healthcare delivery systems need to catch up to our scientific understanding of PTSD.

Talk to us -

- Any suggestions....
- Want to share a Story
- Help us fund raise
- Join our mailing List.

Simply send us an e-mail requesting to join and you will receive all our updates!

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Trauma causes a disruption in an individual's ability to adapt to life demands. This ability can be restored by providing cognitive-behavioral exposure based psychotherapy.

This article presents information about trauma and the symptoms and treatment of PTSD. The aim of treatment is to help clients to regain their sense of self-efficacy when faced with distress inducing life situations.

What is Trauma?

There are a variety of traumatic events that are outside the normal range of human experience. These are traumas that would produce intense fear, terror and feelings of helplessness in anyone. Examples of traumatic experiences are natural disasters such as earthquakes, tornadoes, car or plane crashes, sexual or physical assault and domestic violence. Most people following a trauma will experience symptoms such as sleep disruption, decrease in appetite, difficulty concentrating, intrusive thoughts or memories, nightmares and other common symptoms of anxiety. For the majority of people these symptoms begin to decrease in intensity over time and they are able to move on with their lives without ongoing anxiety problems.

What is PTSD (Post Traumatic Stress Disorder)?

The essential feature of Post Traumatic Stress Disorder is the development of disabling psychological symptoms following a traumatic event. There are a variety of symptoms that can occur: 1. Repetitive, distressing thoughts about the event; 2. Nightmares; 3. Flashbacks so intense that you feel or act as though the trauma were occurring over again; 4. An attempt to avoid thoughts or feelings associated with the trauma; 5. An attempt to avoid activities associated with the trauma-such as a phobia about driving after you have been in an auto accident; 6. Emotional numbness-being out of touch with your feelings; 7. Losing interest in activities that used to give you pleasure; 8. Persistent symptoms of increased anxiety, such as falling asleep, difficulty concentrating, or startling easily.

If you suffer from PTSD, you tend to be anxious and depressed. Sometimes you will find yourself acting impulsively, suddenly changing residence or going on a trip with hardly any plans. If you have been through a trauma where others around you died, you may suffer from guilt about having survived. The symptoms cause you significant distress or impairment in psychological functioning and involve having trouble at work, school, social situations or in relationships.

Your efforts to avoid the traumatic memories are doomed to failure. They return in the form of nightmares and/or intrusive unwanted thoughts during the day. These re-experiencing symptoms occur because the traumatic memories are "stuck" in what is called the active memory system. In addition you almost always worry about a repetition of the traumatic experience and/or losing emotional control and having an anxiety attack or a rage attack. Your chronic worry leaves you constantly on edge, irritable, easily startled and often experiencing impaired sleep. In an effort to cope with your symptoms you begin to avoid people, places and activities you previously enjoyed and you may also tend to cope by drinking alcohol or using drugs.

Treating PTSD

Exposure based cognitive-behavioral therapy is the treatment of choice. Adjunctive medication, particularly anti-depressants, can help with depression, sleep disturbances, generalized anxiety and panic attacks. Approximately 60% of those who seek treatment significantly improve in 15 sessions or less. Not all PTSD can be treated so quickly, however, if it is complicated by substance abuse or by multiple traumatic experiences that occur over an extensive period of time.

Treating Post Traumatic Stress DisorderContinued

The treatment protocol emphasizes the importance of integrating and applying two forms of **Exposure**: brief and prolonged. This is a gradual form of psychotherapy which induces clients to confront distressing stimuli such as memories, worries, sensations, objects or situations in such a manner that the emotional distress is always in the mild to moderate range.

Exposure Strategies

The brief exposure strategy incorporates client-directed emotion focused coping skills: including the relaxation response and rational thinking. Clients are taught to apply these coping skills to reduce moderate levels of distress produced by brief exposure in imagination and in real life to traumatic memories and other trauma-related cues such as thoughts, worries, images, objects, sensations, or situations. The relaxation response training is designed to teach the client to induce relaxation in stressful or competitive situations. There are a variety of procedures including progressive muscle relaxation, passive muscle relaxation, breathing exercises, and directed visual imagery. Rational thinking as a coping skill is accomplished by educating the client about the importance of cognitive appraisals, beliefs or assumptions and modifying the stress inducing irrational self talk and associated beliefs.

Prolonged exposure is introduced after the client demonstrates strong coping ability and a sense of mastery has been achieved by way of the brief exposure strategy. The emotion focused coping skills are again applied while the client reviews distress-producing memories, worries, thoughts, images, sensations, objects, and situations for prolonged periods of time. The exposure exercises are conducted first in imagination and then later in real life. Prolonged exposure emphasizes rational thinking and assimilation strategies to manage the distress of prolonged exposure. Assimilation, like rational thinking, is a cognitive reframing strategy employed to help clients correct their faulty appraisals and underlying beliefs regarding themselves and their world. However, assimilation strategies are more philosophic in nature and more often target a client's overarching beliefs. Both types of cognitive reframing strategies utilize metaphors, Socratic questioning and straightforward teaching maneuvers to correct their faulty appraisals and beliefs.

The two desired outcomes for both types of exposure are **Desensitization** and **Coping**.

Desensitization is defined as the reduction of client's distress upon exposure to traumatic memories, thoughts, worries, images, objects, sensations, or situations. This reduction is experienced as occurring outside of the individual's control. Coping effects, on the other hand, are defined as an increase in the ease and quickness with which clients can calm themselves down using the emotion focused coping skills. This reduction is experienced under the individual's control. It is thought that prolonged exposure strategies produce stronger desensitization effects than brief exposure, and that brief exposure strategies pro-

duce stronger coping effects than prolonged exposure. Thus, it is important to integrate and apply both forms of exposure to maintain treatment gains.

By learning anxiety management skills and gaining the benefits of exposure strategies PTSD sufferers can overcome their pervasive sense of vulnerability, the tendency to devalue their problem solving ability and exaggerate the degree of threat in a problematic situation.

James Stabler, MSW, RSW, RCC is Psychotherapist in private practice and specializes in the treatment of Stress and Anxiety Disorders.

For more information about PTSD....

- See the Anxiety Disorders Toolkit www.heretohelpbc.ca
- Check out www.anxieties.ca for more information about PTSD and other anxiety disorders.

By way of reading material we recommend:

- Smyth, Larry. *Overcoming Post-Traumatic Stress Disorder*. Client Manual New Harbinger Publications, Inc 1999.
- Mataskis, Aphrodite. *A Handbook for Trauma Survivors—I can't Get Over It*. New Harbinger Publications Inc. 1996
- Other helpful books about CBT—Beck, Aaron & Emery Gary—*Anxiety Disorders and Phobia*. Basic book 1985
- Greenberger, Dennis & Padesky, Christine—*Mind Over Mood*. The Guilford Press 1995

