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Treatment of Posttraumatic Anxiety

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Other articles in this Newsletter have pointed out how exposure to traumatic events can shatter an individual's sense of security and lead to a marked change in the person's overall level of functioning.

Symptoms of physiological hyperarousal, intrusive recollections of the trauma, behavioural patterns of avoidance, sensitivity to the possibility of other traumas, and the perception of one's self as vulnerable and of the world as a threatening place are all common experiences of individuals who develop anxiety in response to some traumatic event.

Most individuals who experience symptoms of trauma recover within one year. Some, however, go on experiencing symptoms long-term. With the proper assistance, individuals who would otherwise risk developing chronic posttraumatic anxiety can return to more adaptive functioning. Psychological therapy, and exposure-based cognitive behavioural therapy in particular, has been found to be effective in decreasing symptoms and, in some cases, eliminating them entirely.

The ultimate goal of therapy is to reintegrate the individual back into the social environment or, as one of my clients recently expressed, "to become friendly with life again".

Cognitive behaviour therapy (CBT) for posttraumatic anxiety has three principal aims; to decrease the physiological hyperarousal associated with the traumatic event, to decrease avoidance behaviour, and to address the client's thinking so that self-defeating patterns are identified, and restructured into more adaptive ones.

CBT begins with an educational component whereby the client is taught that a traumatic event can shatter one's beliefs about personal invulnerability and about predictability in life and dangers in the environment. The traumatic event can sensitize the individual to react to objectively non-threatening situations as if they were threatening, and to respond to situations which are reminders of the trauma with accelerated levels of arousal (i.e., increased heart rate, muscular tension).

Within the context of managing symptoms, the client is then taught strategies (e.g., rhythmic breathing, deep muscle relaxation) to reduce symptoms of hyperarousal. In so doing, a sense of control can be facilitated. This is an extremely important aspect of the intervention for those individuals who, in response to trauma, develop a sense of helplessness and even a fear of the arousal symptoms themselves (a fear of fear).

Posttraumatic anxiety sufferers typically tend to shy away from re-experiencing

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memories of the trauma because of the overwhelming anxiety associated with them. They avoid stimuli or situations which can give rise to such memories. Psychologists emphasize that proper exposure to memories of the traumatic experience, and to situations which give rise to memories of the trauma, are central components in the treatment of posttraumatic anxiety. The client is encouraged to discuss the traumatic event within the safety of the therapeutic relationship, and to gradually approach real-life situations associated with the event. Such graded exposure allows the individual to gradually process what happened, and to make more sense of the traumatic event, and to allow the memories to be more tolerable. A decrease in ruminative activity, in nightmares, in flashbacks, and in avoidance behaviour is frequently seen as a consequence.

The client is also made aware of how cognitions, (assumptions, beliefs, or thoughts that are used to make sense of situations or events) can affect one's emotional experiences and behavioural expressions. In cases where such thoughts are self-defeating or not rational, the client is taught how to challenge and to restructure them, so as to facilitate a decrease in emotional upset and to generate more adaptive behaviour.

Research suggests that one of the mediating factors that determine whether individuals suffering posttraumatic anxiety go into chronicity is the presence of depression (Freedman et al, 1999). These findings suggest that depression should also become a focus of early intervention.

Research findings indicate that CBT for posttraumatic anxiety is quite effective in facilitating reintegration into life and into the social environment. This approach can help the individual gain relief from the many symptoms experienced; although it does not necessarily lead to complete elimination of such symptoms. Of those individuals who experience high levels of posttraumatic anxiety early on, many will continue experiencing symptoms even at the termination of treatment (Meichenbaum, 1994).

Finally, it is important to provide assistance to the family or loved ones of individuals who are traumatized since they frequently find themselves enraged over the occurrence of the traumatic event and over the changes and stresses that the event has brought to their lives.

REFERENCES

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