

# Posttraumatic Stress Disorder (PTSD) and War-Related Stress

Posttraumatic Stress Disorder



PTSD

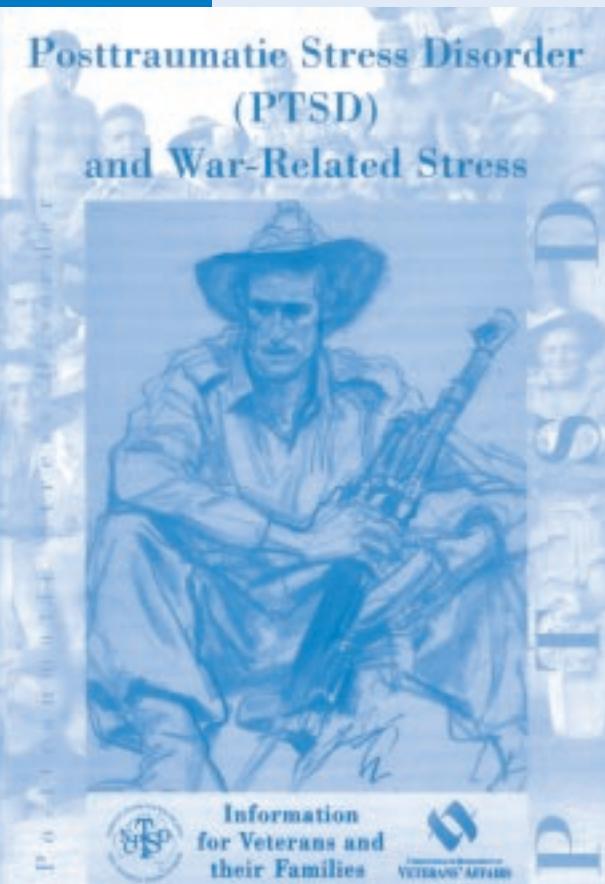


**Information  
for Veterans and  
their Families**



**COMMONWEALTH DEPARTMENT OF  
VETERANS' AFFAIRS**

# POSTTRAUMATIC STRESS DISORDER (PTSD) AND WAR RELATED STRESS



The National Centre for War Related Posttraumatic Stress Disorder's most recent publication, Posttraumatic Stress Disorder (PTSD) and War Related Stress provides a description of the nature of PTSD and related conditions in lay terms.

Written by Mark Creamer and David Forbes from the National Centre for War Related PTSD and Grant Devilly from the University of Queensland the book incorporates a considerable number of insights from veterans with PTSD, their partners and counsellors from the Vietnam Veterans Counselling Service.

It also offers commonsense hints for coping better with the condition and a description of what formal treatment may entail.

To receive a free copy of Posttraumatic Stress Disorder (PTSD) and War Related Stress phone: (03) 9496 2922, email: [ncptsd@austin.unimelb.edu.au](mailto:ncptsd@austin.unimelb.edu.au) or visit [www.ncptsd.unimelb.edu.au](http://www.ncptsd.unimelb.edu.au)



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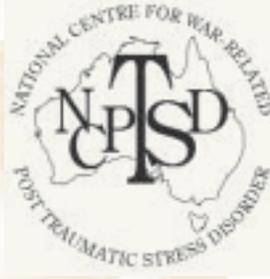
*Frontpiece*



*Ivor Hele  
Private John White 1941  
crayon with charcoal  
56 x 37.8 cm  
AWM.28483*

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# Posttraumatic Stress Disorder (PTSD) and War-Related Stress

## Information For Veterans And Their Families National Centre for War-Related Posttraumatic Stress Disorder

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*The National Centre is a collaborative project between  
the Commonwealth Department of Veterans' Affairs,  
The University of Melbourne, and  
the Austin and Repatriation Medical Centre.*

## Message From The Minister For Veterans' Affairs

In recent years, we have seen an increasing awareness of the emotional and psychiatric effects that traumatic events may precipitate. Such events may occur in civilian life, in the form of assaults, accidents, and traumatic bereavements. They may occur in the work context, particularly in high-risk occupations such as the emergency services, overseas aid agencies, and financial institutions at risk of armed hold-up. Perhaps the most obvious examples, however, are the traumatic events that the men and women of our Defence Forces face on our behalf.

The stress of military service has been identified under many names over the years, including shell shock, war neurosis, and battle fatigue. In more recent times, the term posttraumatic stress disorder, or PTSD, has been adopted and considerable effort has been devoted to assisting veterans and currently serving personnel suffering from this debilitating disorder. The Department of Veterans' Affairs, through the National Centre for War-Related PTSD, has taken a lead role in helping veterans to recover from the stress of their military experiences.

This booklet provides sound advice and practical suggestions to assist veterans who are experiencing PTSD or related problems. It is useful also for



*Bruce Scott*

partners and families in helping them to understand their loved one's reactions and in knowing how to respond. Specialised treatment programs are now available in every state of Australia. If you are suffering from the kinds of problems described in this book, you may wish to think seriously about getting some professional help. Call your local VVCS Office or the National Centre for more information (see the contact details at the back of this book).

In the meantime, I hope you will find the information and advice contained in this book to be helpful and supportive.

The Hon. Bruce Scott MP  
Minister for Veterans' Affairs

Minister Assisting the Minister  
for Defence

## How To Use This Book

**T**his book was developed by mental health professionals with considerable experience in the area of posttraumatic stress. Although it is directed primarily at veterans and their families, the information is equally applicable to survivors of other kinds of trauma.

A large amount of information and advice is contained in these pages and we recommend that you do not try to master it all in one go. Read a small bit at a time and, if necessary, re-read it several times until you understand it.

Then move on to the next section. You will gain much more from the book if you read it slowly and carefully. If you have a partner or close friend, you may wish to read it with him or her. Take it in turns to read a section and then discuss it – does it apply to you and your relationship? If so, is there anything you can do about it?

When you have finished the book, you may decide that you would like to obtain some extra professional help. By then you will have a good knowledge of traumatic stress and the kinds of things that treatment may involve. In the meantime, we hope that the information in this book will help you understand your problems and how to begin the process of recovery. Remember, there is much that you can do to improve your quality of life, your relationships, and the way you feel. Good luck!



*Light Horse Signallers at Tiberius (WW1) – AWM.B00277*

## Acknowledgements

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*"The Original 11th Battalion, 3rd Brigade AIF, Egypt 1915 – AWM.A02875*

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*AWM.8257*

## BACKGROUND



*Ivor Hele*  
*Australian Soldier. Libya 1941*  
oil on canvas  
58.4 x 48.2 cm  
AWM.28474

## Background

**W**hether in the military or as a civilian, at some point during our lives nearly all of us will experience a traumatic event that will challenge our view of the world or ourselves. Depending upon a range of factors, some people's reactions may last for just a short period of time, while others may experience more long-lasting effects. The question of why some people are affected more than others

has no simple answer. However, we know that between 12 and 15 percent of war-zone veterans – including peace-keeping forces – will go on to experience a chronic condition known as Posttraumatic Stress Disorder (PTSD), while a further 12 to 15 percent will experience at least some of the symptoms associated with this condition. This booklet is aimed at providing information for veterans who have developed some of the more common symptoms of PTSD. It is designed to provide some suggestions as to what veterans can do to help themselves and what they can expect in the way of treatment for this condition.



*Ivor Hele, Meteor Jet, 1952, oil on canvas on plywood, 40.4 x 45.6 cm – AWM.40326*

### What is PTSD?

PTSD is a psychological response to the experience of intense traumatic events, particularly those that threaten life. It can affect people of any age, culture or gender. Although we have started to hear a lot more about it in recent years, the condition has been known to exist at least since the times of ancient Greece and has been called by many different names. It is referred to often in literature and the work of Shakespeare provides several good examples - some of these appear in this book. In the American Civil War it was referred to as “soldier’s heart”, in World War I it was called “shell shock”, while by World War II it was known as “war neurosis”. Many soldiers were labelled as having “combat fatigue” when experiencing symptoms associat-

ed with PTSD during combat. In the Vietnam War, this became known as a “combat stress reaction”. Some of these people continued on to develop what became known, in 1980, as Posttraumatic Stress Disorder.

Traumatic stress can be seen as part of a normal human response to intense experiences. In the majority of people, the symptoms reduce or disappear over the first few months, particularly with the help of caring family members and friends. In a significant minority, however, the symptoms do not seem to resolve quickly and, in some cases, may continue to cause problems for the rest of the person’s life. It is also common for symptoms to vary in intensity over time. Some people go for long periods without any significant problems, only to relapse when they have to deal with other major life stress. In rare cases, the symptoms may not appear for months, or even years, after the trauma.



*VJ Day Melbourne – AWM.AO3637*

### What is a Traumatic Event?

Trauma is a very personal thing. What traumatises one person can be of less significance to others. This variation in peoples' reactions occurs because of their individual personality, beliefs, personal values, and previous experiences (especially of other traumatic events in their life). It occurs also because each person's experience of the incident is unique. However, in all cases

the individual has experienced a threatening event that has caused them to respond with intense fear, helplessness, or horror. For military veterans, the trauma may relate to direct combat duties, being in a dangerous war-zone, or taking part in peacekeeping missions under difficult and stressful conditions. For civilians, the trauma can stem from either man-made events (such as physical assault, sexual assault, accidents, and witnessing the death or injury of others) or natural disasters (such as fires, earthquakes, floods, and cyclones). Overall, there are no hard and fast rules to define trauma.



*Vichy surrender 1941 – AWM.8997*

## COMMON SYMPTOMS OF PTSD



*Ivor Hele*  
*Briefing room* 1953  
oil on canvas on plywood  
40.3 x 45.5 cm  
AWM.40320

# Common Symptoms of PTSD

**P** PTSD is characterised by three main groups of problems. They can be classified under the headings of intrusive, avoidant and arousal symptoms.

## Intrusive Symptoms:

Memories, images, smells, sounds, and feelings of the traumatic event can “intrude” into the lives of individuals with PTSD. Sufferers may remain so captured by the memory of past horror that they have difficulty paying attention to the present. People with PTSD report frequent, distressing memories of the event that they wish they did not have. They may have nightmares of the event or other frightening themes. Movement, excessive sweating, and sometimes even acting out the dream while still asleep may accompany these nightmares. They sometimes feel as though the events were happening again; this is referred to as “flashbacks”, or “reliving” the event. They may become distressed, or experience physical signs such as sweating, heart racing,



*'Jericho' – AWM.B1477*

and muscle tension when things happen which remind them of the incident. Overall, these “intrusive” symptoms cause intense distress and can result in other emotions such as grief, guilt, fear or anger.



*New Guinea, 1944 – AWM.016593*

### Intrusive Symptoms of PTSD:

- ◆ Distressing memories or images of the incident
- ◆ Nightmares of the event or other frightening themes
- ◆ Flashbacks (reliving the event)
- ◆ Becoming upset when reminded of the incident
- ◆ Physical symptoms, such as sweating, heart racing, or muscle tension when reminded of the event

### Avoidance Symptoms:

Memories and reminders of traumatic events are very unpleasant and usually lead to considerable distress. Therefore, people with PTSD often avoid situations, people, or events that may remind them of the trauma. They

often try not to think about, or talk about, what happened, and attempt to cut themselves off from the painful feelings associated with the memories. In their attempts to do this, they often withdraw from family, friends, and society in general, and begin to do less and less. This may help them to shut out the painful memories, but it can also lead to a feeling of not belonging to the rest of society and no longer taking part in activities they used to enjoy. In this way the person can become “numb” to their surroundings and not experience normal everyday emotions such as love and joy, even towards those close to them. Such reactions can lead to depression, feelings of isolation and problems within the family. They can also lead to severe problems with motivation – people with PTSD often find it hard to make decisions and get themselves going. They may have difficulty making the effort to help themselves or even to do things that they would previously have found enjoyable or easy. This can be very hard for family and friends, who often think that the sufferer is just being lazy or difficult.



*9th Division, 1942 – AWM.41991*

### Avoidance and Numbing Symptoms of PTSD:

- ◆ Trying to avoid any reminders of the trauma, such as thoughts, feelings, conversations, activities, places and people
- ◆ Gaps in memory – forgetting parts of the experience
- ◆ Losing interest in normal activities
- ◆ Feeling cut-off or detached from loved ones
- ◆ Feeling flat or numb
- ◆ Difficulty imagining a future

### Arousal Symptoms:

Often people who have experienced a trauma have been confronted with their own mortality. Their assumptions and beliefs that the world is safe and fair, that other people are basically good, and that “it won’t happen to me”, may be shattered by the experience. After the event, these people often see danger everywhere and become “tuned in” to threat. As a consequence, they may become jumpy, on edge, and feel constantly on guard. This can lead to being overly alert or watchful and to having problems concentrating (for example, not able to read a book

for long, getting only a small amount of work completed in a few hours, easily distracted). Disturbed sleep is very common.

Anger is often a central feature in PTSD, with sufferers feeling irritable and prone to angry outbursts with themselves, others around them, and the world in general. Many veterans feel let down, abandoned, and judged by others. They may have a sense of betrayal about the way they were treated by a range of people on their return to Australia or about things that have happened since. These feelings of betrayal often result in bitterness and anger. Some people only express their anger verbally (which can still be very damaging). Others become physically aggressive and violent to property or people, even to those who are closest to them. Often veterans feel unable to control their anger. The power of their anger may be frightening for them and they often feel considerable remorse afterwards. Such symptoms frequently cause major problems at work, as well as with family and friends.



*Gulf of Oman. 1990 – AWM.P1403.48*



*Aust. Spitfire, Millingimbi 1942 – AWM.60732*

### Arousal Symptoms of PTSD:

- ◆ Sleep disturbance
- ◆ Anger and irritability
- ◆ Concentration problems
- ◆ Constantly on the look-out for signs of danger
- ◆ Jumpy, easily startled

### Why Do Traumatic Stress Reactions Develop?

It is important to understand where the signs and symptoms of PTSD come from. One of the leading clinicians in the area, Mardi Horowitz, described trauma as an experience that is, by its very nature, overwhelming. It contains

a mass of new information that is hard to accept or understand. It doesn't fit with our view of the world or ourselves – the way we think things are or should be. Human beings have a natural tendency to try and make sense of things that happen around them. When people experience a trauma, the event keeps coming back into their mind in an attempt to make sense of what happened. This is a natural way of trying to deal with, or come to terms with, difficult experiences and seems to work well for many stressful life events. However, due to the high level of distress associated with memories of more severe trauma, the thoughts and feelings tend to be pushed away to protect the person from this distress. The result is that, whilst the memory may go away for a while, the need for it to be dealt with has not been addressed and it keeps coming back. The movement backward and forward from intrusive thoughts and feelings about the trauma to avoidance and numbing can then continue almost indefinitely unless the cycle is addressed in some way.

## WHY DO TRAUMATIC SYMTOMS DEVELOP?

Throughout this, alternating between short bursts of painful memories and periods of avoidance and numbing, the sense of feeling keyed-up persists. The traumatised person has been through an event that potentially threatened their life, or the life of someone else, so the mind and body stay on alert to make sure that it won't miss any sign in the future that such an event may recur. It is safer to get it wrong by overestimating potential threat than to risk the possibility of missing any future threat. The persistent activation of this threat detection system, however, leaves the traumatised person feeling keyed-up or on edge much of the time. In addition, the threat detection system is so sensitive that it is constantly going off when there is no danger, in a way that interferes with the person's capacity to live a normal and happy life.

A similar explanation exists with regard to anger. Anger was useful in

battle or other situations of threat. It hypes us up and promotes our survival – it may often be an adaptive way to respond to a life threatening situation and certainly better than being immobilised with fear. Again, however, it is no longer useful for our survival once the danger has passed. In fact, as we all know, it starts to cause serious problems in our day to day lives.

Traumatic stress reactions are therefore sensible and adaptive both as part of survival during the trauma and in attempts to come to terms with the trauma afterward. Once we recognise where these symptoms come from, it is easier to understand the typical traumatic stress reactions. The difficult part is letting go of aspects of these reactions that have ceased to provide benefit and are primarily interfering with the traumatised person's quality of life.



*El Alamein 1942 – AWM.13660*

## ASSOCIATED PROBLEMS



*Ivor Hele*  
*Private John Growns 1952*  
*crayon with charcoal*  
*56 x 37.9 cm*  
*AWM.40410*

## Associated Problems

**P**TSD is not the only psychological response to trauma. People may develop a range of other problems that can affect their quality of life, their ability to relate to other people, and their capacity for work. These problems may occur on their own, or as part of the PTSD. Many of these problems

are thought to be the result of people trying to control either themselves and their symptoms (such as alcohol and drug abuse) or their environment (such as avoidance behaviour and angry outbursts). Also, many of the signs are directly related to stress (such as skin complaints and general aches and pains). Overall, the most commonly associated problems in PTSD are those relating to anxiety, depression, and alcohol or drug use. These can be very disabling to the person suffering from them, and may affect family members and work colleagues.



*“Ajana” – AWM.PB0084*

## Anxiety:

Anxiety is best described as a state of apprehension and worry that something unpleasant is about to happen. It is often accompanied by a range of physical symptoms which are, in themselves, very frightening. Sometimes people experiencing these symptoms believe that they are going to die from a heart attack or go crazy. Anxiety can be specific to certain situations (such as social events, crowded places, or public transport), or it can be a general state of worry about many things in our lives. It can become very disabling, as people tend to avoid a wide range of situations that make them anxious. The symptoms are very unpleasant and may cause a great deal of distress. Some of the common anxiety and stress symptoms are shown at right.

## Common Symptoms of Anxiety:

- ◆ Apprehension, fearfulness, or terror
- ◆ Shortness of breath and tightness in the chest
- ◆ Palpitations and increased heart rate
- ◆ Sweating
- ◆ Shaking, trembling, or dizziness
- ◆ Fear of losing control or going crazy
- ◆ Excessive worry
- ◆ Feeling restless and on edge
- ◆ Muscle tension
- ◆ Physical disorders (e.g., skin complaints, stomach upsets, aches and pains)



AWM.75924

## Depression:

Depression is a general state of low mood and a loss of interest or pleasure in activities that were once enjoyed. Life becomes flat and grey, and nothing seems fun, exciting, or enjoyable anymore. These depressed states can be very intense, leading to a total withdrawal from others and a state of numbness, or they can be lower in intensity – just feeling “down in the dumps”. They may last for as little as a few hours or as long as months or even years. In more severe cases, the person may believe that life is no longer worth living. Around 50% of people with chronic PTSD also have significant problems with depression. Some of the common signs of depression are shown at right.

## Common Symptoms of Depression:

- ◆ **Feeling low, down in the dumps, miserable**
- ◆ **Feelings of worthlessness, helplessness, and hopelessness**
- ◆ **Lack of energy, easily tired**
- ◆ **Lack of enthusiasm, difficulties with motivation**
- ◆ **Loss of interest and pleasure in normal activities**
- ◆ **Lack of appetite and weight loss**
- ◆ **Loss of sexual interest**
- ◆ **Difficulty sleeping or sleeping too much**
- ◆ **Poor concentration, memory, and decision making**
- ◆ **Thoughts of suicide / death**



*Sergeant R. Simes – AWM.23118*

Depression is often associated with guilt. People with PTSD often report strong feelings of guilt, shame, and remorse. This may be about the fact that they survived while others did not; it may be about what they had to do to survive; it may be related to things they did about which they now feel ashamed. The nature of war is such that there are often no acceptable or “good” options: all options are bad (for example, kill or be killed). Sometimes the guilt results from trying to apply civilian, or peacetime, standards to a combat situation. If we judge our actions then by our standards now, we may end up feeling guilty and ashamed. For some veterans, those feelings can be very damaging and can get in the way of recovery. They are hard to work on, but it is important to try and reduce the intensity and strength of guilt by challenging the thoughts and beliefs associated with those feelings.

### Alcohol and Drugs:

In an attempt to cope with the unpleasant symptoms, many people turn to alcohol or other drugs. Around 50% of males and 25% of females with chronic PTSD also have major problems with alcohol and drugs; the figures for veterans are even higher. In Australia, the most common problem drug is alcohol but many people also abuse other illicit drugs (for example, marijuana) or prescription medications. Drug and alcohol abuse impairs the person’s ability to function effectively and to relate to other people. It can cause great difficulties in areas such as relationships, work, finances, and can cause violent behaviour.



*Housie, Empress Japan 1942 – AWM.3999*

## Impact on Relationships and Work

Traumatized people can become “consumed” or overwhelmed by their feelings. They may become preoccupied with survival in situations that they perceive as threatening. This may lead others to believe that individuals with PTSD are selfish, thinking only of themselves. This “egocentric” behaviour, together with the symptoms of PTSD, can impact on relationships with family and friends, as well as on the person’s ability to function at work, hobbies, or other life areas.



*Sth Vietnam 1967 – AWM.EKN 67/130/VN*

## Family Functioning:

PTSD can directly affect family life on a number of levels. A common sign of PTSD is inability or difficulty feeling and expressing emotions (for example, love and enthusiasm). This may lead partners, family members, and friends to feel “pushed away” and rejected. This, in turn, can leave the sufferer feeling isolated and unloved. In an attempt to reassure themselves that they are normal, traumatized people sometimes become sexually demanding, yet still find it difficult to be emotional-

ly intimate. On the other hand, feelings of worthlessness, anxiety, and depression may result in a complete loss of interest in sex and difficulties becoming aroused. This tends to compound feelings of inadequacy or guilt and their partner may become resentful and hurt.

Traumatized people often feel a more general sense of detachment – feeling generally “cut-off” from other people. This often leads to reduced participation in activities and hobbies that they used to enjoy before the trauma. This absence of shared enjoyable activities makes it difficult to have a normal family life. The partner is often left with the full burden of running the family. In some cases, a

great deal of time is spent focussing on the veteran's problems at the expense of the partner's needs.

Traumatized people are often tired, due to disturbed sleep and depression, and can become cranky and irritable. Being worn-out by nightmares and an inability to get a good night's sleep frequently means that the person simply has less energy to offer the relationship. They may say hurtful things without really considering the implications of what they are saying.

Traumatized people may try to compensate for their feelings of fear and vulnerability by using anger to pre-empt any perceived potential threat. As one veteran stated "the best form of defense is attack". This fear can also motivate traumatized people

to act in controlling ways toward family members in attempts to protect them from perceived dangers.

Over a period of time, these problems with family and friends can severely erode trust and intimacy. Eventually, it may become too much for those close to the individual. Following trauma, the likelihood of separation and divorce is considerably increased.

**The feelings of detachment, difficulty in expressing emotion, and persistent irritability, which are frequently part of PTSD, can all impact negatively on relationships with the family.**



*Receiving mail – AWM.11303/25*

## Occupational Functioning:

The traumatised veteran may have difficulty coping with pressure at work. Irritability, jumpiness, mood swings, poor concentration, and memory problems may lead to disputes in the workplace and frequent job changes. They may be intolerant of other people's inefficiency, comparing "civvy street" with the organised, military way. Some veterans with PTSD adopt a workaholic pattern, shutting themselves away in their work and putting in very long hours. This seems to be part of the avoidance component of PTSD – keeping very busy helps to prevent the memories and unpleasant thoughts coming back. Other veterans find that their problems prohibit them

from working effectively at all.

The decision to stop work is a difficult one. The veteran needs to weigh up the personal cost of remaining in the workforce against the benefits of trying to continue work, perhaps with reduced hours or responsibility (for example, sense of belonging, achievement, self esteem, and financial well-being). Although the benefits of a regular pension and retirement from the workforce may seem very appealing, this is not a decision that should be taken lightly.

**Problems such as irritability, mood swings, poor concentration, and memory disturbance can often interfere with the veteran's capacity to work effectively. Alternatively, the veteran may use a "workaholic" pattern as a way of attempting to avoid the unpleasant memories.**



*Sydney, NSW, C. 1918? – AWM.H11576*

## COPING



*Ivor Hele  
Flight Lieutenant Peter Middleton 1952  
oil on canvas on plywood  
45.5 x 40.5 cm  
AWM.40328*

## Coping

**I**t is not very helpful to think of “curing” PTSD in a black-and-white, all-or-nothing manner. Everyone who experiences trauma will be affected by it. Some of those changes may be positive – for example, the survivor may become stronger in some ways, perhaps more caring and understanding of other’s misfortune. They may find that the experience has made them better equipped to deal with future life stress. Unfortunately, some of the changes will be negative, especially in cases of PTSD, and coping with even the smallest frustrations and difficulties becomes a major challenge.

Some people who develop PTSD seem to recover completely and are left with little or no on-going distress and impairment. For others, the symptoms may persist and the individual must learn to manage and cope with them in order to minimise the effects on their lives. There is much that people with PTSD can do to help themselves deal with the disorder.

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### Coping Yourself:

The following is a list of tips that some people have found to be useful. Many of them are basic common sense, but that does not mean they are unim-



*Salvation Army Hut – AWM.93717*

portant. On the contrary, if you can do the basics (which is not easy) you will go a long way to successfully managing your PTSD symptoms.

Do not try to do everything at once. When you have read the following sections, you may wish to stop for a while and work out a “plan of action”. Which strategies sound particularly useful for you? Which ones are you prepared to try? We suggest that you select only one or two to begin with. Work out a plan to achieve them, one at a time, and set yourself some realistic goals for the next week. At the end of the week, review your progress: modify your goals if necessary and/or try some additional strategies for the following week. Over time, you will gradually develop a range of coping strategies and changes to your lifestyle that will help you to feel more in control of your symptoms and get more out of life. You



*Firebase – AWM.CRO-68-579/VN*

may be able to find programs in your local community or VVCS (such as Heartsafe, Gutbusters, and Lifestyle Programs) to assist with some of these areas.

- ◆ Eat healthy meals. This sounds so simple, but how many of us actually do it? A poor diet will increase your stress levels – if in doubt, talk to your general practitioner or a dietician.
- ◆ Get regular aerobic exercise like walking, jogging, swimming, or cycling. You might want to take the opportunity to go for regular walks with your partner. Exercise is vital in effectively managing stress. If you have PTSD, your body is almost constantly geared up for “fight or flight”. Exercise helps to burn up those chemicals (like adrenalin) that are hyping you up and will help you to become more relaxed.
- ◆ Get enough rest, even if you can’t sleep. Rest will help to increase your reserves of strength and energy. You may wish to try some kind of meditation, yoga, or relaxation exercises. (See also the section on “Sleeping Better” later in this booklet).
- ◆ Establish, and try to stick to, daily routines (e.g., go to bed at a set time, get out of bed at a set time, plan activities for the day). Routine is very important in helping us to feel in control and to function effectively.

- ◆ Set small, realistic goals to help tackle obstacles. At first, things may seem insurmountable but broken down into small steps they are manageable. Some people like to keep lists of tasks to accomplish when they feel capable, crossing them off as they are completed. This can be very rewarding, helping you to acknowledge that you are achieving something.
- ◆ Redefine your priorities and work out what is, and is not, achievable. Try to be realistic – expect neither too much nor too little of yourself. Then focus your energy and resources on those priorities.
- ◆ To help stop the constant stream of worrying and anger-producing thoughts, set aside a specific time each day for thinking. Give yourself permission to reflect and deal with issues related to the trauma (e.g., corresponding with the DVA) at appropriate times for a defined period (perhaps 30 minutes each day between 6:00 and 6:30pm). If unwanted thoughts come into your mind at other times, gently remind yourself that you will be thinking about it later in the day.
- ◆ Ask for support and help from your family, friends, church, or other community resources when you need it. This is not a sign of weakness. In general, other people are very keen to help as long as you let them know what you want.
- ◆ Join or develop support groups—sharing experiences with others who understand is often useful. Good starting points would be the veterans' organisations (e.g., RSL, VVAA, VVF, etc.) or the Vietnam Veterans Counselling Service (VVCS) despite the name, they welcome inquiries from veterans of all conflicts).



SEYMOUR, VIC. 1944-11-25.

LT T.C. DERRICK, VC DCM (right) SHAKING HANDS WITH LT R.W. SAUNDERS (left), AS THEY CONGRATULATE EACH OTHER FOLLOWING THEIR SUCCESSFUL GRADUATION FROM THE OFFICERS' CADET TRAINING UNIT AT SEYMOUR. LIEUTENANT SAUNDERS WAS THE FIRST ABORIGINAL COMMISSIONED IN THE AUSTRALIAN ARMY.

AWM.083166

- ◆ Continue to educate yourself and your family about reactions to trauma. A good understanding of PTSD and related disorders is important in coming to terms with your experiences and beginning to deal with your problems.
- ◆ Look after your partner, if you have one. Try to clarify your feelings and assumptions about him or her, and check out whether those feelings and assumptions are accurate. Many problems are caused by one partner jumping to conclusions or assuming that they know what the other is thinking. Remember that men and women tend to react differently. Women tend to be caretakers and put others first. Men tend to have more difficulty acknowledging and expressing feelings of helplessness and sadness and believe in “toughing it out”. We all like our partners to say and do things that show that they value and care for us – make an effort to do this from time to time.
- ◆ Acknowledge unresolved issues and be honest with yourself: what do you still feel hurt or frightened or angry or guilty about? Recognising, and admitting to, the issues is an important first step to recovery. Use the hurt and pain as a motivator to make the necessary changes to heal (i.e., if you don’t want to continue feeling like that, what can you do about it?).
- ◆ Talk to your children. Try to be supportive and patient. Obviously, this is not always easy, but losing control and getting angry only makes things worse. Set an example by expressing your feelings gently, controlling your anger, and showing problem solving skills in dealing with family difficulties as they arise. (What exactly is the problem? Let’s work out a plan to handle it and see how we go).



*VJ Day Balikpapan – AWM.113723*

- ◆ When you're feeling rotten, remember that those around you are probably also under stress.
- ◆ Focus on your strengths and coping skills. It may not feel like it at times, but you have many strengths and strategies to deal with difficult times.
- ◆ Try not to use your PTSD or your war experiences as an excuse for hurting yourself or others. There is no excuse for being violent, aggressive, or otherwise mistreating other human beings. It is important that you take responsibility for your own behaviour.
- ◆ Remember that you are not alone. Lots of other veterans over the centuries have experienced these kinds of problems. There is always hope.

Often some simple strategies and healthy habits can go a long way to better managing your symptoms. The little things can make a difference in the way you look after yourself!

## Coping Within A Family:

Partners and close friends are often at a loss as to how to help someone with PTSD. There are several things that loved ones can do to help the traumatised person and you may find the following suggestions useful.

- ◆ If possible, listen and empathise when the traumatised person wants to talk. Remember that it may be very hard for them to express what they're going through. A sympathetic listener is important in minimising the tendencies of people with PTSD to withdraw and "shut down". It is best not to say "I understand what you're feeling" (you probably don't, since you haven't been through the same experiences). Instead, show your empathy by



*Returning Prisoner of war 1945 – AWM.108005*

## COPING WITHIN A FAMILY

comments such as “it must be really difficult for you; I can see that it upsets you; is there anything I can do to help?”

- ◆ Spend time with the traumatised person. There is no substitute for personal presence. Just keep doing the usual things that people do together. Do not feel that you have to talk about the trauma or be their counsellor. Just being with people who care about them is very important for traumatised individuals. Equally, try to respect the person’s need for privacy and private grief at times.
- ◆ Don’t tell survivors that they are “lucky it wasn’t worse” or to “pull themselves together and get over it”. They are not consoled by such statements. Tell them, instead, that you’re sorry they were involved in such an event, and that you want to understand and assist them.
- ◆ Re-assure them that they are now safe.
- ◆ Care about each other. Give hugs. Tell each other how much they are appreciated. Offer praise. Make a point of saying something nice to each other every day. Good relationships are characterised by lots of positive interactions, but they take a lot of hard work.
- ◆ Don’t be afraid to suggest that they see a clinical psychologist, psychiatrist, or counsellor, or that they seek support from peer groups. (But remember to do this in a tactful and caring manner – not in the middle of an argument!).
- ◆ Laugh. Use humour (although not about the traumatic event).



*35th Infantry in Captured Punt, New Guinea 1944 – AWM.73274*

## Sleeping Better:

Sleep disturbance is very common in PTSD and in depression. Medication sometimes helps, but it should be used with caution and only as directed by your medical practitioner. There are several simple “non-drug” strategies you can try that can be very helpful in improving sleep:

- ◆ Get into a regular routine. In particular, get up at the same time each morning even if you haven't slept well
- ◆ If you are not asleep within 30 minutes, get up for a while before returning to bed. If you don't drop off within 30 minutes, get up again and so on
- ◆ Try to avoid caffeine (coffee, tea, cola, chocolate) from 6 pm onwards. Avoid alcohol and, if possible, cigarettes from dinner-time onwards. Try not to eat a meal within a couple of hours of going to bed
- ◆ Starting a gentle exercise routine and losing a bit of weight often helps with sleep
- ◆ Don't do anything in bed except sleep (and, perhaps, sex): don't watch TV, read, do crosswords, or think about worrying things. Reserve bed for sleeping.
- ◆ Get into the habit of doing something relaxing before bed: listen to a relaxation tape or some relaxing music, have a warm bath, slow down!
- ◆ Try not to worry about not sleeping: the more you worry about it, the less likely you are to drop off to sleep. You can survive without much sleep, even though you will be tired
- ◆ Sleep, like any habit, takes a while to change. Try to stick to the above guidelines for at least two weeks before deciding whether or not they help



*VJ Day Melbourne – AWM112854*

# TREATMENT



*Ivor Hele*  
*Untitled* 1949  
*crayon with charcoal*  
37.9 x 56 cm  
AWM.40383

# Treatment

**O**btaining appropriate treatment for PTSD is not always as straightforward as one might think. First, the person has to accept that there is something wrong and see the benefit of seeking help. Getting help is often frightening – for many, it is a leap into the unknown – but without this first step, progress is not possible. Secondly, it is not always easy to find a helping professional who understands PTSD and to whom you can relate and trust. Sometimes it may be necessary to try a few different sources of help until you find the right one for you. As one starting point, contact details for some useful organisations are provided in the back of this booklet. Alternatively, try asking your general practitioner, community health centre, or veterans’ organisation for advice. There are many different aspects to treatment and many different approaches. However, this section will deal predominantly with the most common forms of treatment and the ones that have been shown to be effective. Most require the services of an experienced mental health professional.

Treatment for PTSD often involves several stages:

1. Crisis stabilisation and engagement
2. Education about PTSD and related conditions
3. Strategies to manage the symptoms (such as anxiety, anger, depression, alcohol abuse, sleep problems, and relationship problems)
4. Trauma focussed therapy (confronting the painful memories and feared situations)
5. Cognitive restructuring (learning to think more realistically and re-evaluating the meaning of the event)
6. Relapse prevention and on-going support

It is important to remember that treatment can be painful and hard work. Unfortunately, there is no easy way to get rid of the memories or make them less distressing. There is no magic wand and no “sweet oblivious antidote”. But the long term gains can be enormous: effective treatment can dramatically assist your recovery, helping you to live a normal life once again.



*Vichy Surrender – AWM.8997*

Macbeth consults a doctor about his wife being troubled with thick coming fantasies that keep her from rest. He demands of the doctor:

*“Cure her of that:  
Canst thou not minister to a mind  
diseas’d;  
Pluck from the memory a rooted  
sorrow;  
Raze out the written troubles of  
the brain;  
And with some sweet oblivious  
antidote  
Cleanse the stuff’d bosom of that  
perilous stuff  
Which weighs upon the heart?”*  
The doctor replies:  
*“Therein the patient must minister  
to himself”*

**Shakespeare: Macbeth  
(Scene 1, Act 5)**



AWM.P516.05.03

## Stabilisation Of A Crisis And Engagement In Treatment:

PTSD symptoms are not usually constant in their intensity. Rather, they tend to fluctuate and there may be times when they “flare up” or worsen. Although this can occur at any time, it is most likely to be triggered by things such as anniversaries or other reminders of the trauma and stressful life events (such as family arguments, problems at work, death of a friend or relative). Crises can occur at any time of the day or night. Several 24-hour telephone counselling services are available (for example “Veterans’ Line” – see the back of this book under “Resources”). Although talking on the telephone to someone you do not know may not sound like much help, it can often be very effective. At least it may help you get through the night or weekend until other support is available. During especially difficult times it may be necessary for the veteran to attend hospital as an inpatient. During his or her stay, the crisis may be treated with medication, psychotherapy, and general counselling. As well as stabilising the symptoms, a brief inpatient stay also provides a “time-out” period for both the veteran and their family to refocus on their direction.

It is important that any current life crises are resolved, or at least put “on hold”, before the real treatment of

## STABILISATION OF A CRISIS

PTSD can begin. It is not possible to devote the necessary concentration, time, and energy to your recovery if you are constantly worried about your job, your relationship, your children, or other important life areas. That is not to say that you have to be able to solve all those problems before you can work on your PTSD, but you will need to be able to put them to one side for a while to concentrate on your treatment. Therapy is hard work – there is no easy way to do it – and you will need to devote all your personal resources to the task.

The first part of treatment will often be devoted to developing a relationship with the therapist (or the

treatment team if you are taking part in a group program). You will need to spend some time getting to know each other, and building trust, if you are to work on the difficult issues. We call this process “engagement”. For many veterans with PTSD, this is a very difficult process – it may have been a long time since they really trusted another person, particularly someone who is not a veteran. In many cases, you will need to tell your therapist about experiences and feelings that you have never discussed with anyone before. We need to recognise that this is a difficult process that will take a lot of courage, but it will be worth it and it is the only way to recovery.



*Japanese Swords, Labuan 1945 – AWM.109724*

## Education And Information:

Trauma can sometimes feel like an incomprehensible cloud that hangs over all areas of the person's life. The first step in treatment is to understand exactly what trauma is, why we have the symptoms we do and, therefore, why it is treated the way it is. In this regard, it is hoped that the current booklet is a first step in understanding the disorder. You need to know what the common signs and symptoms are, and you need to recognise that you are not alone – many people who have experienced traumatic events have responded in exactly the same way as you have. You need to understand why the symptoms have appeared – the fact that they were very useful for survival while the traumatic events were happening but that they are no longer useful. They have become “maladaptive” and now only serve to create problems and distress for you. You need to understand what treatment will involve and how it may affect you. It is very important that you feel able to ask your therapist questions about the nature of your problems and the process of treatment. He or she will not have all the answers, but together you will reach a better understanding of what has happened and how you will recover.

Sometimes, people who have been through a traumatic event have trouble understanding what happened and why

it happened. This is because, when we are under threat, our attention is very focussed on the source of the danger and we do not take in all the other things that are happening around us. We may end up with a distorted and confused memory of the experience, so that it becomes difficult to understand and make sense of the event. This confusion often stops us from being able to put the experience behind us. For this reason, your therapist may help you to find out more about what happened during the event. (Although we have put this under the heading of “Education and Information”, it is actually something that may happen at several stages throughout treatment). This process is important in being able to “put the pieces of the jigsaw puzzle together” and make sense of your experience. A good understanding of exactly what happened and why it happened often facilitates recovery. Unfortunately, of course, this is not always possible. Sometimes we may never find out exactly what happened or, more commonly, why it happened and we have to learn to live with that uncertainty.



AWM.73274

## Symptom Management:

As already noted, PTSD has many symptoms that interfere with the traumatised person's daily functioning. Part of treatment usually involves providing the person with strategies to cope with and manage these symptoms. Medication will often play a part in this stage of treatment. Unfortunately, such strategies rarely make the symptoms go away altogether. However, they help sufferers to carry on with their day-to-day functioning, no longer being "helpless victims" of the symptoms. A range of strategies may be used and some of the more common are outlined below. However, it is important to keep in mind that the following is just a guide; an experienced and qualified therapist can help you accomplish these techniques.

*Anxiety Management:* Techniques aimed at reducing levels of anxiety and arousal are an important part of treatment. These techniques may include:

- ◆ Relaxation training to reduce overall levels of anxiety
- ◆ Breathing techniques to reduce panic-like symptoms
- ◆ Thought stopping methods to break the tendency to 'ruminate' or think excessively about the past
- ◆ Rational self-talk to help manage high anxiety situations and depressing thoughts

- ◆ Techniques to help you organise your time effectively, scheduling enjoyable and productive activities and providing some structure to your days

*Anger Management:* Techniques to reduce levels of anger and irritability with others is always an important part in helping the PTSD sufferer. Not only does it help them to be more relaxed, but it assists them in relating to others and being part of normal society. Strategies that are commonly used include:

- ◆ Education to understand the nature and purpose of anger
- ◆ Methods of identifying early warning signs of stress and irritability
- ◆ Methods of identifying high risk situations and how to prepare for them
- ◆ Methods of realistically re-evaluating the situation, keeping it in perspective
- ◆ Strategies to reduce arousal and stay calm in difficult situations
- ◆ Effective communication methods (verbal and non-verbal)
- ◆ Differentiating assertive from aggressive behaviour
- ◆ Problem solving strategies to effectively deal with disagreements
- ◆ Distraction and removal techniques to avoid 'flare-ups'
- ◆ Practice in imagined and real-life situations

## SYMPTOM MANAGEMENT

**Management of Depression:** As mentioned above, people with PTSD frequently develop symptoms of depression. Therefore, strategies to reduce and manage depression are frequently employed as part of treatment. Strategies may include the following:

- ◆ Increasing positive, enjoyable events and scheduling these into daily living
- ◆ Methods of understanding the underlying assumptions and beliefs about the self (e.g., “I’m a worthless failure”) or the world (e.g., “Nobody cares about me”) that can lead to feelings of sadness and depression
- ◆ Identifying patterns of depressive thoughts on a day-to-day basis
- ◆ Realistically evaluating and challenging negative beliefs and thoughts
- ◆ Rational, realistic coping self-talk

### **Medication Self-Management:**

Medication is frequently used to help manage severe PTSD symptoms (although, on its own, it will not change the underlying problems and should be combined with other treatments). To minimise unintended difficulties associated with medication, the following strategies are frequently used:

- ◆ Education about the use and effect of the drug
- ◆ Education about possible side-effects and activities or substances to avoid
- ◆ Methods of keeping track of medication use
- ◆ Discussing the effects and desire to change medication with your psychiatrist
- ◆ Methods of reducing and stopping medication intake



*Gulf War, I. Parrot – AWM.P1403/47*

**Substance Abuse:** As mentioned, many people with PTSD attempt to cope or “self-medicate” with excessive amounts of alcohol and inappropriate drug use (including prescribed drugs). Treatment for alcohol or other drug use can include:

- ◆ Education about the use and effect of the substance
- ◆ Decisions regarding total abstinence versus controlled use of the drug
- ◆ Recording “danger” times and identifying patterns of use
- ◆ Developing coping strategies for high risk times
- ◆ Assertiveness training for when others are applying peer pressure
- ◆ Planning and scheduling activities not associated with the substance
- ◆ Response prevention – methods of resisting the ‘urge’

**Sleep Disturbance:** Many sufferers of PTSD report disturbances of sleep. Several strategies may be useful in addressing the difficulty of going to sleep, waking repeatedly throughout the night, or waking early in the morning. It is common for therapists to assist clients in developing a healthy sleep routine in line with the suggestions provided above. Other strategies, including medication, may be adopted when those are not proving effective. (See the earlier section on Sleeping Better).

**Relationship Difficulties:** People who have been traumatised often lose track of who and what they can trust in the world. This often has a major impact on relationships. To address the difficulties that can occur between couples and family members, PTSD sufferers are frequently taken through a range of strategies to improve relationships. Some of the methods used may include active listening (how to really listen to your partner or children), communication training (how to say effectively what you need and feel), and problem solving (how to solve everyday problems without fighting). Some of this may occur with the veteran alone and some with their partner. Separate support and counselling for the partner is often beneficial. Sometimes family therapy is provided, where the whole family meet to address their issues, with the aim of developing a healthy environment for all.



Sergeant J. Trease, Vietnam – AWM.FOD.71254/VN

## Exposure Therapy – Confronting Feared Situations:

Anxiety frequently causes people to stay away from the frightening situation. It is quite normal for people to want to escape or avoid situations, thoughts, memories, or feelings that are painful or distressing. However, this is one of the major impediments to recovery. Avoidance and escape provide temporary relief – the anxiety reduces. Unfortunately, the next time the person encounters that situation again, he or she is likely to become anxious long before it is planned to occur. We call this “anticipatory anxiety”. The more the situation is avoided, the more the person continues to believe that it is dangerous. Further, even if the person does not avoid, the anxiety may continue to build once they are in the situation. You may have

had this experience in a range of situations, such as going to a shopping centre or watching a movie about war. Very often people believe that if they do not leave the situation they will “lose control”, “go crazy”, “have a heart attack”, or have some other dire consequences. At the very least, they are likely to believe that the unpleasant feelings will be intolerable. Exposure therapy aims to show that this is not the case by helping the person to confront the feared situation. This is done in a very controlled and gradual fashion, overseen by therapists who are experienced with the procedure, so that discomfort is kept to a minimum. By building upon repeated successes in facing these feared situations, the person is eventually able to confront them without anxiety and they are no longer avoided.

In many ways, this approach is common sense. Let’s take an example of a little boy who is standing on the beach when a big wave knocks him over. He becomes very frightened of the sea and refuses to go to the beach the



*VJ Day Balikpapan – AWM.113723*

next day. How would his mother or father help? In order to overcome the fear, his parents may take him for a walk along the beach, staying away from the sea, holding his hand and reassuring him. Gradually, they walk closer and closer to the water's edge. Eventually, the boy is able to go into the sea again unaided. This is a simple example, but exactly the same process applies to treating more severe and complex fears in adults.

In conducting exposure treatment, your therapist will work with you in constructing a hierarchy – a list of feared situations in order of difficulty. Treatment involves tackling each item, one at a time, and moving on to the next only when you are confident to do so. More difficult items may be broken up into several steps. Exposure treatment can be difficult and painful, but it is the most effective way of treating many anxieties.



*Sih Vietnam 1967 – AWM.EKN 67/130/VN*

### Exposure Therapy – Confronting The Memories:

A form of exposure therapy is also used to treat distressing memories of the trauma. In cases of PTSD, the memories are the “feared situation”. These memories are so frightening, and cause so much distress, that the person tries to avoid or escape from them by blocking them out. Often, exposure treatments are used to assist in confronting the memories. Exposure is only one term used to describe this process. Some people talk about “trauma focus work”, “working through the trauma”, “coming to terms with the experience” or simply “confronting the memories”. There are many analogies used to explain this process to PTSD sufferers before treatment commences. The following analogies may help you to understand the process.

“Very often, after a trauma we tend to pack the event away into a box. We try to file away what happened, putting it to the back of our mind. We then use a little strength to keep the lid tightly closed and try to leave it undisturbed. However, over time, two things happen. Firstly, our strength begins to wane and it becomes more of an effort to keep it sealed. Secondly, due to the pressure, the box begins to lose its shape and small cracks begin to appear. What we experience as symptoms (such as memories of the trauma, and having nightmares and disturbed sleep) is like the content of the box spilling out

through these cracks. This is usually very frightening, so we try to avoid anything that reminds us of the trauma. We try to stop thinking and talking through what happened and how we felt. In this way the content of the box becomes a “ghost” which we have learned to fear. As part of therapy, we are going to open the box and inspect the content for what it really is. In this way we can talk through what happened and how you felt. We will be inspecting the “ghosts” that have been created and throwing away any maladaptive and distressing beliefs you may have about the event. We find that once the trauma has been dealt with in this manner the symptoms become much less severe and less frequent.”

Another analogy talks about the dentist:

“When dentists work on a decayed tooth, they don’t just slap the filling on top of the decay. If they did, it may be

fine for a few weeks or months, but the problems would keep coming back as the tooth continued to deteriorate. Instead, they spend some time drilling and scraping, cleaning out all the decay before putting the tooth back together. This is a very unpleasant and painful process, but we know it is worth going through this short term pain for the long term gain. Traumatic memories are a bit like tooth decay. We need to make sure that we have confronted all aspects of the trauma before we try to put the event behind us. We need to give ourselves time to face up to even the worst parts of the experience so that there are no skeletons in the closet to come and haunt us in the future. Like the dentist’s drilling, it is a painful process but an important part of recovery”.

A final analogy comes from the work of Edna Foa, one of the leading experts in the treatment of PTSD:

“Suppose you have eaten a very large and heavy meal that you are unable to digest. This is an uncomfortable feeling. But when you have digested the food, you feel a great sense of relief. Flashbacks, nightmares, and troublesome thoughts continue to occur because the traumatic event has not been adequately digested. Treatment will help you to start digesting your heavy memories so that they will stop interfering with your daily life”.

Exposure based treatments are not for everybody. In some cases, if the memories are not causing too much of a problem, it may be best not to drag everything up again. You may wish to talk to your therapist about whether this approach would be beneficial for you.



*Somalia, 1993 – AWM.MSU93/138/14*

### Cognitive Restructuring:

Following a traumatic experience, people may be left with a range of negative interpretations or beliefs about what happened, as well as about themselves and the world. For example, they may think that they are bad or evil for acting in the way they did; they may think that what happened was their fault; they may see themselves as weak or inadequate; they may think that the world has become a dangerous place and that other people are nasty, cruel, and out to take advantage. Sometimes, there may be elements of truth in these thoughts. Often, however, they are completely untrue or, at least, grossly exaggerated. This kind of thinking leads to all sorts of unpleasant emotions such as depression and guilt, anxiety and fear, and anger. Sometimes therapy will be aimed at helping the person to identify those maladaptive thoughts, to challenge and dispute them, and to replace them with a more realistic view of themselves and the world.

In a similar vein, people often believe that certain events cause specific reactions. For example, one may believe that being in a crowded shopping centre causes panic, as if there is some automatic connection between shopping centres and panic. However, the anxiety that people feel is not the result of the event itself. An inanimate object such as a shopping centre cannot make someone anxious by its own doing. It is our interpretation about the situation that creates the anxiety, and this interpretation is based upon beliefs we hold. In the above example the active belief may be that one is in danger of being trapped. Therefore, when the person is in a shopping centre they may have thoughts such as “I’m trapped, I can’t escape, I’m going to lose control”. It is these *thoughts* that cause the feelings of panic.

Cognitive restructuring is a procedure whereby people’s thoughts, beliefs and interpretations about past experiences are identified and mistakes in thinking are highlighted. (Cognition is just a technical word for thoughts). For example, it may be that the person is thinking in “black and white terms” – seeing things as all good or all



*CWA Volunteers – AWM.89251*

bad – when in reality the world holds much that is “grey”. It may not be perfect, but it’s not all bad either. The person may be overgeneralising (e.g., “no-one can be trusted”) or over-focussing on the negatives and minimising the positives in most situations. They may see one negative thing as confirmation that they are not coping, while ignoring other evidence that they are, in fact, coping quite well. Once these erroneous thoughts and patterns are discovered, it is the goal of cognitive therapy to replace these with more adaptive, realistic and flexible beliefs. This, of course, includes re-evaluating our experiences and, in particular, the traumatic event. It is a difficult process that can take a lot of hard work, but it can be very effective in minimising and managing unpleasant emotions.



*Vietnam: Kevin A. “Dasher” Wheatly – AWM.4438*

### Psychodynamic Psychotherapy:

Therapists working with a psychodynamic approach attempt to integrate the person’s traumatic experience with his or her life as a whole. They do not focus on symptoms alone, but seek to make connections between the traumatic experience and vulnerabilities in the person’s earlier life. They try to understand how current situations evoke traumatic responses even though the original trauma is past. The psychodynamic approach seeks to understand the way in which the individual continues to interpret the world in distressing and often self-destructive ways.

Disruptive and traumatic experience earlier in life can predispose the individual to more deeply troubled responses to trauma later in life. So, for example, even though he would not have been responsible, a young boy may feel that he caused his parents’ relationship to break-up, leading to divorce. Later in life, as a young man, he may feel responsible for the death of his comrade in the war, even though in fact he would have been powerless to prevent his friend’s death. Psychodynamic psychotherapy can bring to light connections between such experiences. By means of this process, it may free the individual from excessive and unreasonable guilt (for example), once these experiences have been worked through.

However, the focus of the therapy is on current life experience and persisting difficulties. The past is re-visited only to the extent that it is being replayed in the present, often in self-defeating ways. Psychodynamic therapy is usually a longer term therapy and is not suited to all people.

have of doing something about it. Skills acquired during treatment can then be applied to cope with the recurrence of symptoms. At times, additional help may be required – do not hesitate to seek professional assistance if you think you need it. Possible sources of help in case of relapse should be identified as part of treatment so that you know where to seek help quickly if you require it.

### Relapse Prevention:

In some people, even following treatment, PTSD can be a chronic disorder with lapses from time to time. Preventing a recurrence of symptoms is most important for veterans with PTSD. Times of stress (for example, family or work problems, bereavements, and financial difficulties) may lead to a recurrence of symptoms in some people. When this happens, it is important to remember that it was expected and not to feel that you are back to square one. As long as it is not too severe, and does not last too long, you can deal with it.

As part of treatment, it is common to provide specific help directed towards maintaining the gains made during therapy and, as far as possible, avoiding relapse. In order to do this, the coping strategies listed above are integrated into all areas of the person's life in order to minimise causes of stress and its intensity. Education and discussion to identify the early warning signs of a relapse is important – the earlier you recognise that things are going wrong, the more chance you

### Alternative and Adjunctive Treatments:

There are a host of other treatment techniques ranging from homeopathy to hypnosis that, while not being “run of the mill”, can help some people. It is our suggestion that these alternative techniques are used only when more mainstream methods have proved ineffective or as an adjunct to those treatments when appropriate. Everyone is different in their reaction to therapy and, occasionally, some treatments may do more harm than good, especially in the hands of inexperienced practitioners. Therefore, we suggest that, before embarking upon these treatments, the sufferer discuss the possibilities with a skilled mental health professional who is knowledgeable in all available resources for the treatment of PTSD.

## RESOURCES



*Ivor Hele*  
*Digger Walking 1941*  
crayon  
65.5 x 39 cm  
AWM.21896

## Resources

**T**his section lists some of the resources available to veterans (and families of veterans). These are in addition to standard health and mental health services. To find out what is available in your local area, you may wish to talk to your general practitioner or community health centre. The following organisations provide more specialist assistance and advice:



*Sth Vietnam 1967 – AWM.EKN 67/130/VN*



### The Vietnam Veterans Counselling Service (VVCS):

The VVCS is a free and confidential service provided by the Department of Veterans Affairs. Despite the name, veterans of any conflict are welcome to attend and you do not need to have a war-related disability or entitlement from the Department of Veteran's Affairs. Those who may use the services of the VVCS include Australian veterans of all conflicts and peacekeeping operations, as well as their families. VVCS will also see people with concern for a veteran's welfare who wish to seek advice. Services offered

include: crisis counselling (face to face or telephone, and an emergency after hours toll-free telephone service); individual, family and group counselling; country outreach programs for rural Australia; education and information resources (including a library); case management roles; referrals to other treatment services.

#### Contact details:

VVCS is available in all states - see the phone book under Vietnam Veterans Counselling Service for your nearest office. A 24-hour emergency free-call service is available on 1800 043 503 in Sydney, Lismore and Newcastle, and 1800 011 046 in all other areas. The postal address for VVCS is:

VVCS National Office  
GPO Box 21  
Woden, ACT 2606.

Tel: (02) 6289 6168

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## Accredited PTSD Treatment Programs:

In every state of Australia there are hospitals and/or community facilities which have been accredited by the National Centre to provide treatment for veterans with PTSD and related problems. These facilities provide a range of program options including inpatient/outpatient models, day hospital programs, and less intensive community based treatments. These treatment programs are carefully evaluated and new programs are continually becoming available. For an up-to-date list of accredited programs contact the National Centre or visit their web pages.

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## Support Groups:

There are various support groups, run by veterans themselves or by associations related to the well-being of veterans. Some of these are nationwide while others are based only within certain states. As the list of organisations available can be different in various states, we suggest that interested veterans (or their partners and families) contact either the VVCS or your local DVA office for available organisations in that area.



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## The National Centre For War-Related PTSD:

The National Centre was formed to improve services to veterans and currently serving personnel with PTSD and related disorders. The mission of the National Centre is to advance knowledge about PTSD, improve treatment of the condition, and prevent the disorder. The goals of the National Centre for War-Related PTSD include:

- ◆ Facilitating the development of effective treatment services for veterans suffering from PTSD and related problems
- ◆ Training health professionals in the recognition, assessment and management of PTSD
- ◆ Educating the general and veteran community, the defence forces, and health professionals about PTSD and related conditions
- ◆ Collaborating with the Australian Defence Forces on prevention and early intervention in traumatic stress
- ◆ Encouraging and directing research into PTSD
- ◆ Collaborating with international agencies with similar objectives

### Contact details:

The National Centre For  
War-Related PTSD.

Locked Bag 1,  
West Heidelberg,  
Victoria 3081.

Tel: (03) 9496 2922

Fax: (03) 9496 2830

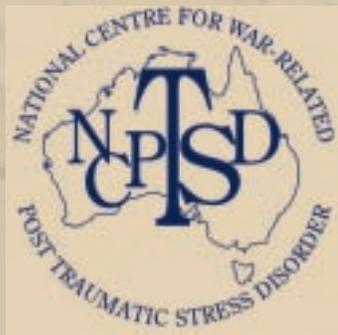
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*Lance Corporal Albert Jacka VC*





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