

Update on post traumatic stress disorder

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Earlier this year, members of APLA's Medical Negligence Special Interest Group were treated to an intimate session with Dr Richard Bryant, Senior Lecturer in clinical psychology at the University of New South Wales and trauma expert. Dr Bryant was an expert witness in the *Voyager* case and has had experience treating employees of emergency services whose employment can give rise to traumatic situations.

Post Traumatic Stress Disorder (PTSD) is defined in DSM IV as a specific anxiety disorder where a defined stressor can be identified. The disorder is ongoing and by definition includes a precipitating traumatic event.

Following this article is a list of fourteen useful questions for clinicians to use to identify clients who may suffer from PTSD.

In terms of symptomatology, people will often re-experience past trauma in a variety of ways. Dr Bryant said this was not "reliving" in the common sense but often the "sensation of going through it again". Sufferers will engage in avoidance behaviour or "numbness" and may often be in a dissociative state. The disorder can be debilitating.

Of great interest to legal practitioners were Dr Bryant's comments on the possibility of secondary liability for organisations that use standard counselling or 'de-briefing' immediately following a traumatic event. We know that in extreme situations like the massacres at Dunblane and Port Arthur, employers and health authorities have provided immediate counselling in an effort to avert future trauma with people involved. It sounds like common sense, but does it work?

Dr Bryant said that since 1990 the 'reputable body of opinion' is that 'de-briefing' has not been successful and may actually be harmful. The case of *Howell v State Rail Authority* (400071/93, judgment by Abadee J of 7 June 1996), which is currently before the Court of Appeal, is a case in point.

Here, a SRA worker attended the scene of an incident where a woman threw herself in front of an XPT train. SRA policy was for the

employee to undergo a "trauma debriefing session" by a trained and experienced health professional within the next 48 hours. The worker was contacted by telephone by a psychologist immediately after the event but no face to face session ensued. The Court held the SRA liable for the negligent performance of the debriefing, but did not go so far as to say that it is negligent not to provide long-term or ongoing assessment that was recommended by Dr Bryant.

Dr Bryant recommends early intervention and ongoing assessment of the people involved in traumatic events.

The last issue discussed was the oft-used defence argument that PTSD is precipitated by one or more previous events rather than the traumatic event which is the subject of the claim.

Dr Bryant agreed that people who have suffered, for example, an early childhood trauma, may be more likely to develop PTSD after a traumatic event than those who have not. In cases of multiple trauma, the causal event is often indicated by the content of the PTSD symptoms. Dr Bryant opined that more than a third of the population would probably have experienced a trauma as defined by DSM IV.

For the record, 43 years is the longest documented period between a traumatic event and the development of PTSD symptoms.

Some useful questions to assess PTSD and related conditions

1. Have you experienced painful images or memories of the incident which you couldn't get out of your mind? How often do these occur? Are they distressing?
2. Have you had repeated dreams of the incident or related themes? How frequent are these dreams? Do you wake up sweating or shouting? Are the nightmares so bad that your spouse (partner) does not sleep in the same bed, or in the same room?
3. Have you reacted to something as if you were back in the incident? Has it ever seemed that you were living through it again?
4. Do any of the symptoms occur, or get worse, if something reminds you of your experiences? (eg TV programs, weather conditions, news, etc). Do you become angry, sad, irritable, anxious or frightened?
5. When you have been reminded of the incident, did you have any physical reactions, such as sweating, trembling, heart racing, nausea?
6. Have you tried to avoid thoughts or feelings about your experiences? This may include using alcohol or drugs to block out thoughts or feelings; or keeping very busy all the time to avoid thinking about it.
7. Have you avoided places, people or occasions that remind you of the incident? (eg movies, meetings, airports, other places).
8. Is there an important part of your experiences that you can not remember?
9. Have you lost interest in pleasurable activities since the incident? How about hobbies or other things you used to enjoy?
10. Have you had less to do with other people than you did before the incident? Do you feel distant or "cut-off" from loved ones?
11. Have you felt numb or flat, as if you don't feel anything? Have you been able to have warm feelings and feel close to other people?
12. What do you see happening in your future? What are your expectations of the future?
13. Have you had trouble sleeping? Falling asleep? Waking in the middle of the night? Unable to go back to sleep after waking?
14. Have you been more irritable or more easily annoyed than you used to be before the incident? Has anyone commented? ■

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