

POST TRAUMATIC STRESS DISORDER

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1. Introduction

The diagnostic criteria for Post Traumatic Stress Disorder is described in DSM IV TR (Diagnostic and Statistical Manual of Mental Disorders – Trade Revision¹). A similar classification occurs in the World Health Organization ICD 10 (International Classification of Disorders – Version 10). Although this is a term used currently, previous terms which covered this condition included Shell Shock and Battle Fatigue. There is another disorder described called Acute Stress Disorder which has similar characteristics, but is acute, and is of shorter duration. As you can see in Table 1 for Post Traumatic Stress Disorder, DSM-IV Post Traumatic Stress Disorder specifies that the traumatic event involves either “witnessing or experiencing threatened death or injury or witnessing or experiencing a threat to physical integrity.”² Further, the response to the event must involve intense fear, helplessness, or horror. The traumatic experiences that can bring on such a reaction can involve traumas during war such as the military recurrently experience. An example would be our soldiers, airforce and navy serving overseas in a combat zone on operational service, and either being injured themselves, or witnessing injuries to others. Some may also be involved in casualty clearance. The first author is currently working with war veterans, and has been involved in using yoga as an adjunct or as what is called augmentation to ordinary psychiatric treatment in a group of mainly Vietnam War Veterans. It has been because of this that both authors have been asked to present this seminar to the Sydney Vedanta Society in the hope that much better dialogue can occur between the yoga community and the medical profession. Other stressful situations which are likely to cause a similar condition include witnessing a violent accident or crime, (such as the Bali Bombing, September 11) assault, being kidnapped, being involved in natural disasters, being diagnosed with a life-threatening illness, or experiencing systematic physical or sexual abuse. This list is described in Kaplan & Saddock. Both Post Traumatic Stress Disorder (PTSD) and acute stress disorder also require characteristic symptoms following such trauma. For a diagnosis to be made there must be evidence of a relation between the degree of trauma and the likelihood of symptoms. Being close to the trauma, and the intensity of the trauma both relate to the likelihood of developing symptoms immediately in the case of acute stress disorder, or either immediately or with delayed onset in the case of PTSD.

2. Assessment Methods

Table 1.

DSM-IV Diagnostic Criteria for Post Traumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following were present:

The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

The person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behaviour.

B. The traumatic event is persistently re-experienced in one (or more) of the following ways:

recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.

acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated). **Note:** in young children, trauma-specific re-enactment may occur.

Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

efforts to avoid thoughts, feelings, or conversations associated with the trauma

efforts to avoid activities, places, or people that arouse recollections of the trauma

inability to recall an important aspect of the trauma

markedly diminished interest or participation in significant activities

feeling of detachment or estrangement from others

restricted range of affect (e.g., unable to have loving feelings)

sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

difficulty falling or staying asleep
irritability or outbursts of anger
difficulty concentrating
hypervigilance
exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Acute: if duration of symptoms is less than 3 months

Chronic: If duration of symptoms is 3 months or more

Specify if:

With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

An easy way for those not used to reading such scales is to administer a rating scale called the Davidson's scale for PTSD designed for War Veterans by Prof Mark Creamer³. This is shown in Table 2 below.

STRUCTURED INTERVIEW FOR POST TRAUMATIC STRESS DISORDER
(SI-PTSD: Adapted for DSM-IV from Davidson et al, 1989)

A. EXPERIENCE OF TRAUMA

Have you ever experienced an extremely stressful event, such as serious physical injury, combat, rape, assault, captivity, being kidnapped, being burned, seeing loss of life, or your own life being threatened, destruction of property, threat or harm to your family? (If yes) How did you react?

Probes:

What do you remember about it?
 Were you exposed to combat?
 Were you a POW?
 How long were you in that situation?
 What was the worst thing about it for you?
 How old were you at the time of this event?

NB: If more than one event, relate the following questions to the event that appears to be most closely related to symptoms.

A.1 Has the subject experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others? If yes, did the person's response involve intense fear, helplessness, or horror?

Yes: Continue with interview

No: Terminate

A.2 Define the event. (Identify by the numbers below; narrative comment may be added).

1 = Combat	6 = Complicated bereavement
2 = Physical assault/attack	7 = Threat or close call
3 = Seeing someone killed or hurt	8 = Life threatening illness
4 = Natural disaster	9 = Captivity
5 = Personal injury in accident	10 = Other

Now I would like to ask you about some problems people sometimes have after that kind of experience. I will ask you a few questions about each problem to find out how severe it has been for you. In particular, I need to know for each problem area how bad it was when it was at its worst, and how bad it has been in the last four weeks. Is that clear?

B.1 RECURRENT INTRUSIVE RECOLLECTIONS

Have you experienced painful images or memories of your experiences which you couldn't get out of your mind, even though you may have wanted to?

Probes:

Have these been recurrent?

How often are you troubled by the memories?

Have they been distressing?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = not at all

1 = mild; rarely and/or not bothersome

2 = moderate; at least once a week, and/or rare but produces significant impairment of function or distress

3 = severe; at least 4 times a week

4 = extremely severe; daily or produces so much impairment that patient cannot work or enter social situations

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

B.2 DREAMS

I'd like to ask you about your dreams. Have you had repeated dreams of violence, death, or other themes related to your experience?

Probes:

How frequent are these dreams?

Do you wake up sweating or shouting? Trembling? Palpitations? Trouble breathing?

Are the nightmares so bad that your spouse (partner) does not sleep in the bed, or in the same room?

Were these of actual scenes you were involved in?

Do you recognise people in the dream?

Are these dreams of the event?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no problems

1 = mild; infrequent, or not disruptive

2 = moderate

3 = severe; at least once a week or sleep in separate bed, same room as partner

4 = extremely severe; more than 3 times a week; partner not sleep in the same room because of ongoing nightmares

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

B.3 ACTING OR FEELING AS IF EVENT WERE RECURRING

At times have you reacted to something as if you were back in the traumatic situation? Has it seemed that the event was recurring or that you were living through it again?

Probes:

Do you try to escape from the reminder (sound, etc)?

Do you hide, shout, attack someone, or act as if you were going to attack someone?

How often does this happen?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = not at all

1 = rarely

2 = sometimes

3 = often, or one instance of obvious significance

4 = every week, or more than one instance of serious significance

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

B.4 INTENSE PSYCHOLOGICAL DISTRESS ON EXPOSURE TO REMINDERS

Do any of the symptoms occur, or get worse, if something reminds you of the stressful event?

Probes:

For example, TV programs, weather conditions, news, Anzac Day, recent disasters involving the loss of life, loss of good friends, etc.

Do these things make you feel angry, sad, irritable, anxious, frightened?

Have you ever had to see your doctor or come into hospital because reminders have made you upset?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = not at all

1 = a little bit; infrequent, or of questionable significance

2 = somewhat; one or two symptoms occur

3 = significantly; several symptoms occur or one symptom with much distress

4 = marked; very distressing, may have activated an episode of the illness, resulting in hospitalisation, different treatment, etc.

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

B.5 PHYSIOLOGICAL REACTIVITY

Does exposure to an event that reminds you of, or resembles the trauma, cause you to have any physical response?

NB: Do not include nightmares

Probes:

When you are reminded of your combat experiences, do you have problems like sweating, trembling, heart racing, nausea, hyperventilating, feeling frozen?

Are these symptoms distressing?

Have you ever seen a doctor because of these problems?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = not at all

1 = a little bit; infrequent or questionable

2 = somewhat; mild response

3 = significantly; causes much distress

4 = marked; very distressing or has sought help from doctors because of the physical response (eg. chest pain so severe that patient was sure he or she was having a heart attack)

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.1 AVOIDANCE OF THOUGHTS AND FEELINGS

Do you try to avoid thoughts or feelings about the trauma?

Probes:

How do you try to avoid the thoughts and feelings?

Do you try not to talk about it?

Have you used alcohol or drugs to block thoughts or feelings?

Do you try to stay busy or move house a lot to block thoughts or feelings?

Is your life affected by attempts to avoid thoughts or feelings?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no avoidance

1 = mild; of doubtful significance

2 = moderate; definite effort is made, but is able to function at work or socially

3 = severe; definite avoidance which affects life in some way (keeps moving from place to place/cannot work/works excessively/or episodic substance abuse because of need to avoid thoughts or feelings)

4 = very severe; dramatic effect on life (frequent substance abuse or inability to work or form relationships attributed to need to avoid thoughts or feelings)

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.2 AVOIDANCE OF SITUATIONS OR ACTIVITIES

Do you avoid activities, places, or people, that remind you of the event?

Probes:

For example, movies, noisy places, veterans' meetings, funerals, airports, other places.

Does this avoidance affect your ability to work or your social life in any way?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no avoidance

1 = mild; of doubtful significance (uncomfortable, but doesn't avoid)

2 = moderate; definite avoidance of situations

3 = severe; very uncomfortable and avoidance affects life in some way

4 = extremely severe; goes beyond reminders of combat, house-bound, cannot go out to shops and restaurants

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.3 PSYCHOGENIC AMNESIA

Is there an important part of your experiences that you cannot remember?

Probes:

Even if the events are clear, do they seem unreal to you?

Are the feelings you had at the time of the trauma difficult to recall?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no problem

1 = mild; remembers most details

2 = moderate; some difficulty remembering significant details

3 = severe; remembers only a few details

4 = very severe; claims total amnesia for an important aspect of the trauma

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.4 LOSS OF INTEREST

Since these problems began, have you experienced less interest or pleasure in things that you used to enjoy?

Probes:

What things have you lost interest in?

What do you still enjoy?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no loss of interest

1 = one or two activities less pleasurable

2 = several activities less pleasurable

3 = most activities less pleasurable

4 = almost all activities less pleasurable

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.5 DETACHMENT/ESTRANGEMENT

Do you have less to do with other people than normal? Was it different before?

Probes:

Do you prefer to be alone?

Do you have many friends that you see often?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no problem

1 = less contact or more avoidance

2 = sometimes avoids contact that would normally participate in

3 = definitely, and usually avoids people with whom would previously associate

4 = absolutely refuses or actively avoids all social contact since the stress

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.6 RESTRICTED RANGE OF AFFECT

Can you have warm feelings and feel close to other people?

Probes:

Do you feel numb?

Was it different before?

How close do you feel to your family and friends?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no problem

1 = mild; of questionable significance

2 = moderate; some difficulty feeling close to people

3 = severe; definite problems feeling close to people

4 = very severe; estranged from family

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

C.7 FORESHORTENED FUTURE

What do you see happening in your future?

Probes:

What do you visualise as you grow old?

What are your expectations of the future?

Would you say that you're optimistic or pessimistic about the future?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = describes positive or realistic future

1 = mild; describes pessimistic outlook at times, but varies from day to day depending on events

2 = moderate; pessimistic much of the time

3 = severe; constantly pessimistic

4 = can see no future/views early death as likely (but without adequate medical basis)

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

D.1 SLEEP DISTURBANCES

We spoke earlier about nightmares - what about other aspects of sleeping? Have you had trouble sleeping?

Probes:

Do you have trouble falling asleep?

Do you wake in the middle of the night?

Are you unable to go back to sleep after waking?

How often do you have problems sleeping?

How many hours sleep do you get each night?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no loss of sleep

1 = mild; occasional difficulty but no more than two nights/week

2 = moderate; difficulty sleeping at least three nights/week

3 = severe; difficulty sleeping every night

4 = extremely severe; less than 3 hours sleep/night

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

D.2 IRRITABILITY

Are you more irritable or more easily annoyed than before the trauma?

Probes:

How do you show your feelings?

Have you had angry outbursts?

How often do you get angry or irritable?

Have others commented on your irritability?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = not at all

1 = mild; occasional feelings of annoyance or anger which may go unnoticed by others

2 = moderate; increased feelings of annoyance, becomes snappy or argumentative at least once every 2 weeks, others may have commented

3 = severe; almost constantly irritable or angry/often loses temper or has significant impairment in ability to relate to others as a result of this

4 = very severe; preoccupied with anger or feelings of retaliation, overtly aggressive or assaultive/marked impairment in function

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

D.3 IMPAIRMENT IN MEMORY/CONCENTRATION

Have you noticed any trouble concentrating?

Probes:

Is it hard to keep your mind on things?

Can you pay attention easily?

What about reading or watching TV?

Are you forgetful?

Do your problems with concentration interfere with your life in any way?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no difficulty

1 = patient acknowledges slight problem: (serial subtraction, 1 mistake out of 5)

2 = patient describes definite difficulty: (serial subtraction, 2 mistakes out of 5)

3 = interferes with daily activities, job, etc: (serial subtraction, 3 mistakes out of 5)

4 = constant problems, unable to do simple tasks: (serial subtraction, 4 or 5 mistakes, or will not even attempt subtraction)

9 = not recorded

Rate worst ever _____

Rate past 4 weeks _____

D.4 HYPERVIGILANCE

Do you have to stay on guard? Do you feel on edge much of the time?

Probes:

Are you easily distracted?

Are you often on the look-out for signs of danger?

Does it affect your life in any way?

How do you feel about sitting in a room with your back to the door?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no problem

1 = mild; occasional/not disruptive

2 = moderate; causes definite discomfort/feels on edge or watchful in most situations

3 = severe; causes extreme discomfort and alters life (feels constantly on guard/must keep back to wall/socially impaired because of feeling on edge)

4 = very severe; preoccupied with need to maintain vigilance

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

D.5 STARTLE

Do you startle easily or have a tendency to jump?

Probes:

Is this a problem after unexpected noise?

Are you likely to jump if you hear or see something that reminds you of the trauma?

How often does this happen?

Have other people commented on how jumpy you are?

When these problems were at their worst, how bad were they?

How bad have these problems been over the last four weeks?

0 = no problem

1 = mild; occasional but not disruptive

2 = moderate; causes definite discomfort or an exaggerated startle response at least every 2 weeks

3 = severe; causes avoidance of places, makes others comment, happens more than once a week

4 = extremely severe; so bad that patient cannot function at work or socially

9 = no information

Rate worst ever _____

Rate past 4 weeks _____

E: DURATION: (if not already clear)

How long have these symptoms lasted altogether?

F: DISTRESS AND IMPAIRMENT: (NB: Fulfills either a or b or c)

a) Overall, how much have you been bothered by these symptoms?

0 = none

1 = mild, minimal distress

2 = moderate, distress clearly present but still manageable

3 = severe, considerable distress

4 = extreme, incapacitating distress

9 = no information

b) Have these symptoms affected your relationships with other people? In what way?

0 = no adverse impact

1 = mild impact, minimal impairment in social functioning

2 = moderate impact, definite impairment but many aspects of social functioning still intact

3 = severe impact, marked impairment, few aspects of social functioning still intact

4 = extreme impact, little or no social functioning

9 = no information

c) Have these symptoms affected your work or your ability to work?

0 = no adverse impact

1 = mild impact, minimal impairment in occupational functioning

2 = moderate impact, definite impairment but many aspects of occupational functioning still intact

3 = severe impact, marked impairment, few aspects of occupational functioning still intact

4 = extreme impact, little or no occupational functioning

9 = no information

DIAGNOSTIC STATUS:

Note: A cut-off score of two or more on a particular symptom, as recommended by Davidson et al (1989), is used below. However, a more conservative cut-off of three or more is probably more appropriate to make a formal diagnosis of PTSD.

Criterion A met?		Yes	No
One or more criteria B symptoms with a score of two or more?	Yes	No	
Three or more criteria C symptoms with a score of two or more?		Yes	No
Two or more criteria D symptoms with a score of two or more?	Yes	No	
Criterion E: Have the symptoms been present for at least one month?		Yes	No
Criterion F: Do the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (a score of two or more on a or b or c)?	Yes	No	
PTSD Diagnosis: (Criteria A to F met)?		Yes	No

Adapted for DSM-IV by Mark Creamer (1997).

Davidson, J., Smith, R., & Kudler, H. (1989). Validity and reliability of the DSM-III criteria for posttraumatic stress disorder: Experience with a structured interview. Journal of Nervous and Mental Disease, 177, 336-41.

3. General Discussion

With PTSD for a diagnosis, the sufferer develops symptoms in three main categories which are B, C and D in DSM IV, called re-experiencing phenomena (B) with classical symptoms such as flashbacks, avoidance phenomena (C), with symptoms such as avoiding anything associated with the trauma, and arousal phenomena (D) with symptoms such as sleep, anger, jumping at noise (startle) and forever being on the lookout for danger (hypervigilance).

For a diagnosis of PTSD to be made, the patient must satisfy A-E, and the required sub criteria within A-E.

The diagnosis of acute stress disorder is given to syndromes that resemble PTSD but last for less than one month after the trauma. Acute stress disorder is also associated with at least three of the re-experiencing, avoidance, and increased arousal, much like PTSD. Acute stress disorder is also associated with at least three of the dissociative symptoms (where mind and body seem disconnected) listed in Table 3

Table 3

DSM-IV Diagnostic Criteria 308.3 for Acute Stress Disorder:

A. The person has been exposed to a traumatic event in which both of the following were present:

1. the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
2. the person's response involved intense fear, helplessness, or horror

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

1. a subjective sense of numbing, detachment, or absence of emotional responsiveness
2. a reduction in awareness of his or her surroundings (e.g., "being in a daze")
3. derealization
4. depersonalization
5. dissociative amnesia (i.e. inability to recall an important aspect of the trauma)

C. The traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event

- D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g. thoughts, feelings, conversations, activities, places, people).
- E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness).
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources of telling family members about the traumatic experience.
- G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.
- H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

Hence, the essential feature of PTSD is the development of a characteristic constellation of symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or some other threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person's response to the event must involve intense fear, helplessness, or horror (Criterion A2), as well as the characteristic development of the other symptoms Criterion B-E. with re-experiencing, avoidance and arousal phenomena.

Traumatic events include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness. The criteria for children are expressed further in DSM IV TR p. 464

Treatment of PTSD

(1) Cognitive Behaviour Therapy

This technique has many components:

(a) Relaxation techniques

It is always started by the teaching of general relaxation techniques such as Jacobsen's Progressive muscular Relaxation (not unlike Yoga Nidra relaxation sequence, but with muscular contraction then relaxation of large muscle groups). These techniques include Alternate Nostril Breathing, Visualization (as in Yoga Nidra), though not as healing, but mainly focused on finding a safe place with a safe guide.

(b) Assertiveness training

This is a behavioural technique, where one identifies his communication type. The types include passive, aggressive, and assertive. The training aims at making one more assertive. Many sufferers of PTSD have the fight-flight reaction, and are either avoidant or aggressive, and need to become assertive.

(c) Cognitive restructuring

This is a behavioural model that requires one to formulate the case history along cognitive behaviour therapy (CBT) lines, apply the cognitive model, and from that extract the Core Beliefs, the Intermediate Beliefs, Automatic Thoughts and Cognitive Distortions. These need to be evaluated, responded to and then modified if necessary. It is beyond the scope of this workshop to detail this methodology much further, but it is an effective therapeutic mode.

(2) Group Therapy

Many sufferers of PTSD benefit from mixing with similar sufferers. The group we are working with consisting of war veterans suffering from PTSD and very socially avoidant, and are prepared reluctantly to join a veterans group. Over two years, there have been very interesting observations. They are a disciplined, dedicated group who mostly practice daily. They have shown good progress in most areas of their life. However, they have not befriended each other to the extent of making telephone calls, meeting up with each other. They sometimes arrive early and talk with their fellow sufferers, but can still be regarded as socially avoidant. They understand each other. They constitute a group like none other we have treated in our long clinical lives, and would be an interesting study from the point of view of group dynamics alone.

(3) Exercise

Exercise generally produces general benefits for health and well being, but these effects are often not specific.

Consider the case of Fred:

He is a naval veteran suffering from PTSD and depression. He is an exercise enthusiast, and takes the appropriate medication for his condition. He loves weight training, but until he began yoga, he did not have a consistent improvement in his depression. He started with Iyengar Yoga, then Viniyoga, and finally just general yoga. He improved markedly with all of these. However, when Qi Gong was added, he became very creative, singing, playing the guitar, and is generally a lot happier, though still socially avoidant. It is our contention that he needs all those treatments to maintain him to a point, where the psychiatrist can move back quite a bit, and allow him to take much more control of his own life, and encourage further self mastery.

Consider the case of Ronald:

He is an 86 year old Veteran who suffers from PTSD and depression. He is physically intolerant of most medication. He is disciplined, and practices his yoga twice a day, and has been successful after many years in not needing psychiatric treatment, but he has three yoga lessons (Iyengar style) per week, and is very satisfactorily maintained, and has an excellent quality of life, though still socially avoidant.

¹ Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision, American Psychiatric Association, Washington, DC DSM-IV-™ 2000

² Kaplan & Sadock's Comprehensive Textbook of Psychiatry, Seventh Edition, Volume one, Lippincott Williams & Wilkins 2000 ISBN 0-683-30128-4 p 1484

³ Creamer, Mark: Davidson Scale for PTSD