

# Post-traumatic stress

**Not all people who sustain a brain injury will experience post-traumatic stress and not all people who develop post-traumatic stress will experience the same severity of symptoms.**

Post-traumatic stress disorder (PTSD) is common after a traumatic event that leads to a brain injury (e.g. an assault, a near drowning or a motor vehicle accident). Post-traumatic stress reactions can include:

- Re-experiencing the trauma through nightmares and vivid memories of the event
- A person frequently thinking that they might die or that something bad will happen
- A pounding heart, shortness of breath, dizziness, chest pain, sweating, or flushes
- Feeling detached from the world or a sense of unreality
- Avoiding situations or thoughts related to the event
- Having a desire to escape
- A sense of losing control
- Being easily startled
- Experiencing episodes of panic.

One of the most significant factors influencing the development of PTSD relates to the personal meaning associated with the event. For example:

## **Case study**

Ethan was walking home from work late at night when three men attacked him. He was knocked to the ground with a blow to the head from a metal bar. He was then bound and gagged and left on the side of the street until he was found one hour later. Ethan kept thinking that the men would return and kill him. Several years later the most distressing part for Ethan was his sense of powerlessness, lack of safety and the mistrust of other people that he still experienced walking down the street, even in broad daylight.

It is common for people with post-traumatic stress to experience sleep disturbance, irritability, guilt and self-accusations, depression, suicidal thoughts and dependency on alcohol and drugs. A person experiencing both post-traumatic stress and the effects of brain injury, requires a high level of understanding and support. They may try to avoid various situations which act as reminders of the trauma or even avoid thoughts and feelings associated with the trauma. When a person avoids such situations their mind is mistakenly linking memories of the trauma with current situations and anxiety symptoms. As the person continues to avoid being in situations or thinking about a situation, they become more convinced that it is safer not to think about or be in such

situations. As a result the person becomes restricted from various activities and other aspects of life, such as personal relationships, are also affected.

## **MISDIAGNOSIS**

PTSD has had a checkered career with brain injury. In the past, medical professionals have failed to diagnose the effects of a mild brain injury, and claimed that the sleeping disorders, irritability, depression and emotional problems were due to PTSD. This has led to terrible situations where the person has not responded to counseling and they are seen as not willing to change or face their problems.

Even after horrific accidents, survivors of a brain injury may have no signs of PTSD because they have no memories of the actual accident—often their earliest memories are of being in rehabilitation weeks later. It is crucial that any suspicions of PTSD be checked thoroughly by medical professionals who are well acquainted with brain injury.

## **COPING WITH POST-TRAUMATIC STRESS REACTIONS**

### **Psychological therapy**

Specialized treatment may involve a range of techniques within different forms of therapy. The eventual goal of psychological therapy is self-management. However, due to the severity of their PTSD many people will benefit from seeing a psychologist or psychiatrist for a prolonged period of time.

### **Medication**

This should be [prescribed] by a psychiatrist.

### **Self-management**

The individual strategies required to respond to post-traumatic stress need to be designed according to the individual's coping mechanisms and the nature of the event that led to the complaint. Self-management can be effective but it is not recommended without the initial support of a professional.

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