

Youth Support Coordinators 12 April 2010



headspace Gold Coast

headspace Gold Coast is one of thirty centres across Australia, as part of the National Youth Mental Health Foundation.

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Post Traumatic Stress Disorder (PTSD)

Young people and PTSD- what to do?



Services

- Primary Care: GP services (4 days a week across 4 GPs)
- Assessment & 1 to 1 support
- Case coordination
- Psychological Services (MBS and ATAPS): 8 psychologists
- Occupational therapist
- Psychiatric services
- Mental Health Nurse Incentive
- ATAPS Rapid Response Pilot- self harm and suicidality
- Case Reviews with Qld Health (Child and Youth and Adult)
- AOD services

Group Programs:

- **Mondays - Energise (boxing and fitness)**
- **Tuesdays - Jam night and 'The Joint'**
- **Wednesday - Girlspace**
- **Thursday - Expressions of self (Photography, writing and arts)**
- **Saturday - Drum beat, Acceptance and Mindfulness Group**

Other activity

- Numerous training events including YMHFA, Early Psychosis, Managing challenging behaviours
- YMHFA run in conjunction with CYMHS staff, minimum 4 times a year.
- ‘Friends of headspace’ - 8 Med Practices involved
- Art Exhibition & Open day in Youth Week
- Exploring School based pilot
- Research projects – eg. Understanding self harm
- Wall program with Inter Urban Arts

headspace activity stats

Total young people seen to 30 Dec 2009: 1560

Current clients open: Approx 1200

Young people seen Oct - Dec 09: 806

On average - 100 new clients registered a month

Approx 100 clients through the private practice a week

4 week wait for assessment

Who are the clients?

Main referral sources: Self, Welfare agency/youth service, school (48% unknown)

Most aged 15-17 (N=306), 40% male, 60% female

Majority in secondary school

Diagnosis not collected on majority

K10: median = 28 mode = 34

CBT most common nature of service

Post Traumatic Stress Disorder (PTSD) - DSM IV

A. The person has been exposed to a traumatic event in which both of the following have been 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.**

Note: In children, this may be expressed instead by disorganized or agitated behavior.

PTSD criteria for diagnosis

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

- **(1) 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.**
- **(2) recurrent distressing dreams of the event. Note: In children, there may be frightening dreams without recognizable content.**

PTSD criteria for diagnosis

- **(3) 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 upon awakening or when intoxicated). Note: In young children, trauma-specific reenactment may occur.**
- **(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.**
- **(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.**

PTSD criteria for diagnosis

- 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:**
- **(1) efforts to avoid thoughts, feelings, or conversations associated with the trauma**
 - **(2) efforts to avoid activities, places, or people that arouse recollections of the trauma**
 - **(3) inability to recall an important aspect of the trauma**
 - **(4) markedly diminished interest or participation in significant activities**
 - **(5) feeling of detachment or estrangement from others**
 - **(6) restricted range of affect (e.g., unable to have loving feelings)**
 - **(7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)**

PTSD criteria for diagnosis

- **D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:**
 - (1) difficulty falling or staying asleep**
 - (2) irritability or outbursts of anger**
 - (3) difficulty concentrating**
 - (4) hypervigilance**
 - (5) exaggerated startle response**

PTSD criteria for diagnosis

- **E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.**
- **F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**
- **Acute: if duration of symptoms is less than 3 months**
Chronic: if duration of symptoms is 3 months or more
With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

Complex PTSD

- **Complex post-traumatic stress disorder (C-PTSD) is a psychological injury that results from protracted exposure to prolonged social and/or interpersonal trauma with lack or loss of control, disempowerment, and in the context of either captivity or entrapment, i.e. the lack of a viable escape route for the victim.**
- **C-PTSD is distinct from, but similar to (PTSD). Though mainstream journals have published papers on C-PTSD, the category is not formally recognized in diagnostic systems such as [DSM](#) or [ICD](#).**

Complex PTSD

- **PTSD descriptions fail to capture some of the core characteristics of C-PTSD. These elements include captivity, psychological fragmentation, the loss of a sense of safety, trust, and self-worth, as well as the tendency to be revictimized, and, most importantly, the loss of a coherent sense of self. It is this loss of a coherent sense of self, and the ensuing symptom profile, that most pointedly differentiates C-PTSD from PTSD.**
- **C-PTSD is characterized by pervasive insecure, often disorganized-type attachment.**

Support & Intervention

- **Be wary of re-telling of the trauma**
- **Mental health first aid**
- **Open and closure**
- **Safety**
- **Grounding exercises**
- **Taking care of self**
- **Needs, fears, feelings**
- **Legacy model: focus on problems that cause functional impairment, emotional dysregulation, interpersonal problems**

Support and intervention

- **Self soothing,**
- **Mindfulness**
- **Self-regulation**
- **Self-reflective information processing (diary etc)**
- **Relational engagement**
- **Positive affect enhancement**

Resources

- www.headspace.org.au/knowledge-centre/
- **PTSD & Addiction: www.seekingsafety.org**
- **The Courage to Heal: Bass and Davis**

