

## The right treatment works



In October 1994, Stuart Tripp's life was turned upside down by a car accident. After weeks in a coma, Stuart faced months of confinement, multiple operations, indescribable physical pain, emotional anguish and finally, the loss of his leg.

*Stuart Tripp and David Forbes, Chair of Guidelines Working Party, ACPMH, at the launch.*

Last year, Stuart, 36 and living in Melbourne, sought psychological help for posttraumatic stress disorder.

"No matter how well I began to cope with my injuries, I just couldn't get away from the memories," Stuart explained.

"It's like they were trapped inside me, holding me back from getting on with my life."

Stuart found confronting those memories and his reactions to them difficult.

"My psychologist used exposure and cognitive therapy with me. He told me what to expect; I trusted him and it was done in a safe environment," Stuart said.

**"I knew it was doing me good, but I have to admit, it was like going to the dentist every week."**

"But if it was tough for me, I reckon it must be pretty hard for the therapist as well," Stuart added.

"And that's why these Guidelines are so important. They will help all health practitioners help people in the same way I was helped."

Stuart shared some of his experiences with guests at our launch of The Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder (ASD and PTSD) which we organised with the National Health and Medical Research Council (NHMRC).

Stuart has written about his experiences in *Travelling Hopefully*, which he released in April 2007 ([www.travellinghopefully.com](http://www.travellinghopefully.com)).

**To download copies of the Guidelines visit: [www.acpmh.unimelb.edu.au](http://www.acpmh.unimelb.edu.au)**

## Director's Message



Thanks to all those who made our launch of the Guidelines for the Treatment of Adults with ASD and PTSD at Parliament House in Canberra such a success. In this edition you'll hear directly from someone who benefited from trauma-related exposure therapy, which is one of the key recommendations of the Guidelines. Stuart Tripp kindly shared a little of his experience at the launch in May. Over the page are a few highlights from the event.

On page three you will find a summary of our research with traumatic injury survivors. The findings of this study highlight the importance of the way in which people think about their traumatic experiences as a major influence in the development of PTSD.

On the back page some of our staff talk about how they maintain the links between clinical practice and the bigger picture work we undertake at ACPMH.

I'm sure that many of you will be interested in our 2006 literature review which is available on our website.

Finally, thank you to all who so kindly responded to our newsletter survey. Responses were generally very positive and we look forward to incorporating your suggestions so as to continue providing you with a useful and informative newsletter.



**Professor Mark Creamer**

ACPMH and the National Health and Medical Research Council co-hosted the launch of The Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder on 23 May at Parliament House, Canberra.

The Hon Bruce Billson, Minister for Veterans' Affairs launched the Guidelines. Sharing the podium with the Minister were Professor Colin Masters, Chair of NHMRC's National Health Committee and Laureate Professor, University of Melbourne, and Professor Beverley Raphael AM, Chair of the Guidelines Multidisciplinary Panel, Professor of Population Mental Health and Disasters, University of Western Sydney.

## Launch snapshots



**1.** Professor Mark Creamer, Professor Colin Masters, Stuart Tripp, Professor Beverley Raphael, Andrea Phelps, Guidelines Project Coordinator, ACPMH; and David Forbes, Chair of Guidelines Working Party, ACPMH.

**2.** Stuart Tripp and BRIG Bill Rolfe, Repatriation Commissioner, Department of Veterans' Affairs.

**3.** Bruce Billson, Minister for Veterans' Affairs and Minister Assisting the Minister for Defence.

**4.** LTCOL Maree Riley, Australian Defence Force; COL Peter Murphy, Australian Defence Force, Virginia Lewis, ACPMH; and Christian Torres, Australian Federal Police.

**5.** Professor Mark Creamer, Professor Grant Devilly, Member of the Guidelines Working Party, Swinburne University; David Forbes, Professor Sandy McFarlane, Member of the Guidelines Working Party and Centre for Military and Veterans' Health; and Stuart Tripp

**6.** Professor Beverley Raphael, Carolyn Worth, Member of the Guidelines Multidisciplinary Panel and Coordinator, South East Centre Against Sexual Assault; Vivian Jarrett, Consumer Representative, Guidelines Multidisciplinary Panel; and Brian McKenzie, Consumer Representative, Guidelines Multidisciplinary Panel

**7.** David Barton, Member of the Guidelines Multidisciplinary Panel, Royal Australian and New Zealand College of Psychiatry; and Professor Beverley Raphael.

**8.** Ian Wilson, Member of the Guidelines Multidisciplinary Panel, Royal Australian College of General Practitioners; and Professor Beverley Raphael.

**9.** Alex Tahmindjis, Member of the Guidelines Multidisciplinary Panel and Australian College of Rural and Remote Medicine and Andrea Phelps, ACPMH.

**10.** Bruce Billson, Minister for Veterans' Affairs and Minister Assisting the Minister for Defence; and Stuart Tripp.

# Making sense of it

Practitioners have long understood that the way a person affected by trauma makes sense of a traumatic event will impact on how well they adjust psychologically. Researchers from ACPMH are interested in this cognitive process and its relationship with the development of PTSD.

Analysing data from our Traumatic Injury Program, ACPMH researchers have concluded that the way a trauma survivor makes sense of a traumatic event in terms of what it says about them as a person and what it says about the world, has a very strong relationship with the development and persistence of PTSD.

“We found that understanding a person’s early thoughts about the event is a good way to determine if they’ll develop PTSD and how long it may endure,” lead author, Dr Meaghan O’Donnell explained.

Publishing in the April edition of the *Journal of Traumatic Stress*, our researchers showed that how someone makes sense of a traumatic event significantly affects whether or not they develop, and maintain, PTSD.

“People who thought that the event meant that they were incapable, unacceptable or helpless were more likely to develop PTSD later,” said assistant author and PhD candidate, Bronwyn Wolfgang.

“Interestingly injury survivors who blame their behaviour for an accident were protected from developing PTSD. We think that self blame in these circumstances increases a person’s perception of control over future similar situations, which in turn decreases their risk of developing PTSD for this current traumatic event,” Bronwyn added.

“We also found that a negative perception of self after a traumatic event, over time, increased the likelihood that a person affected by trauma would start to perceive the world as dangerous and unpredictable, which in turn increased the risk for PTSD symptoms persisting over a 12 month period’,” Dr O’Donnell explained.

The authors are pleased that their findings provide empirical evidence for the role of early cognitive appraisal in the development and persistence of PTSD. This provides support for cognitive theories of PTSD such as those by Anke Ehlers and David Clarke.

“These findings suggest that targeting negative cognitions of self after a traumatic event may be particularly important in preventing or treating PTSD,” said Dr O’Donnell.

For the full article, please refer to the adjacent column.

## Increasing understanding

### Recent publications

Two articles drawing from findings of our Traumatic Injury Research program. The first discusses how beliefs about the world and self interact to impact on the development of PTSD. The second discusses the role of heart rate measured shortly after a traumatic event in the development of later PTSD.

- O’Donnell, M.L., Elliott, P., Wolfgang, B., Creamer, M. (2007). The role of posttraumatic appraisal in the development and maintenance of posttraumatic stress disorder. *Journal of Traumatic Stress*, 20 (2) 173-182.
- O’Donnell, M.L., Creamer, M., Elliott, P., & Bryant, R. (2007). Tonic and phasic heart rate as predictors of posttraumatic stress disorder. *Psychosomatic Medicine*, 69: 256-261.

### In press:

Two articles about the Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder have recently been accepted for publication:

- Forbes, D., Creamer, M., Phelps, A.J., Couineau, A., Cooper, J., Bryant, R., McFarlane, A.C., Devilly, G.J., Matthews, L., and Raphael, B. (InPress). Treating adults with acute stress disorder and posttraumatic stress disorder in general practice: A clinical update. *Medical Journal of Australia*, Accepted May 2007.
- Forbes, D., Creamer, M., Phelps, A.J., Bryant, R., McFarlane, A.C., Devilly, G.J., Matthews, L., Raphael, B., Doran, C., Merlin, T., and Newton, S. The Australian guidelines for the treatment of adults with acute stress disorder (ASD) and posttraumatic stress disorder (PTSD). *Australian and New Zealand Journal of Psychiatry*, Accepted May 2007.

### ACPMH 2006 Literature Summary

Our fourth annual summary of traumatic stress literature is now available from our website ([www.acpmh.unimelb.edu.au/research/annualsummaries.html](http://www.acpmh.unimelb.edu.au/research/annualsummaries.html)). It summarises some of the key literature in the field of PTSD and related conditions published during the calendar year of 2006.

ACPMH is very interested in your feedback about the structure, content and usefulness of this summary. Please email us at [acpmh-info@unimelb.edu.au](mailto:acpmh-info@unimelb.edu.au) and put ‘2006 Literature Summary’ in the subject line.

## Work with us to reduce the effects of trauma

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# Our people in practice

Everyone at ACPMH brings a different combination of specialist psychology and psychiatry experience and skills to their work.

This means we can consider policy and service development issues from a rich range of perspectives. And many of our staff maintain these skills through their ongoing work in private practice.

ACPMH necessarily focuses on the big picture, influencing best practice through research, policy advice, service development and education. Our staff's continued involvement at the 'coalface' helps us to keep sight of our main motivation: that Australians of all ages receive the best care, treatment and opportunity to recover from psychological effects of trauma.

Dr Meaghan O'Donnell, Senior Research Fellow and Clinical Psychologist, sees a direct correlation between her clinical practice and her research.

"You can see it in the type of questions I ask research participants and the way I collect and examine data," Dr O'Donnell explained. "It helps me to keep my research real."

Our consultant psychiatrist, Dr John Cooper, spends the majority of his time directly helping people experiencing mental health problems.

"I believe that helping an individual has a ripple effect influencing relationships, families, workplaces and communities," Dr Cooper said. "I hope that this important work informs, colours and influences the primary work of ACPMH."

Dr Cooper has applied his experience to help ensure that PTSD programs funded by the Department of Veterans' Affairs have met best practice standards over the past 11 years.

Associate Professor John Pead, Clinical Specialist, sees helping people face-to-face as an enormous privilege, very challenging and satisfying.

"Looking back, I think it's really only after seeing a lot of people that I believe I started to ask myself some of the right questions about what causes mental health problems, how people cope or not, and how they recover."

Director Professor Mark Creamer agreed. "Seeing people each week helps me put into practice what I preach. I find it enormously rewarding. Each client teaches me something new about how people recover from trauma."

## Increasing understanding

### Recent and upcoming contributions by ACPMH:

- Associate Professor David Forbes delivered a presentation on recent developments and current challenges in PTSD to the psychiatry department at St Vincent's Hospital in April.
- ACPMH will lead a Guidelines working party symposium on the PTSD Guidelines at the Australian Psychological Society annual conference in September (42nd APS Annual Conference, Brisbane, Queensland, 25-29 September 2007 [www.apsconference.com.au/Default.aspx](http://www.apsconference.com.au/Default.aspx)).
- Dr Meaghan O'Donnell presented a paper entitled Screening and Early Intervention Following Trauma: Current and Future Directions at European Conference of Traumatic Stress in Croatia titled (10th ECOTSS conference Opatija, Croatia, June 5-9, 2007, [www.ecots2007.com](http://www.ecots2007.com)).
- In June, Professor Mark Creamer met the Director of the Southeast Europe Coalition for Work with Psychotrauma and Peace while attending the ECOTSS conference in Croatia to explore whether ACPMH can be of assistance in their work with survivors of the Bosnian conflict.