



# The Institute of Family Living

## TREATMENT OF PTSD

The treatment of PTSD is usually divided into three stages: stabilization, trauma-focused therapy, and reconnecting with family, community, and friends.

The role of a family therapist is to take seriously the place of the individual in their network of relationships and particularly the intimate connections of family. Family members can be of great support to the healing process if they are helped to understand the symptoms and experience of their traumatized loved one.

When trust has been broken, children who have been sexually or physically abused can be helped by a child and family therapist to begin to respond to the genuine affection and warmth of a trustworthy family member.

On the other hand, adults who have lived a long time with untreated childhood abuse may take years to learn how to build trusting intimate connections. Learning how to negotiate safety in interpersonal relationships, learning to regulate their own emotional arousal and to identify and label their feelings, learning how to relax, learning how to think about a catastrophic experience without being obsessed or psychically numb — all these require the opportunity to process, to grieve, to reclaim a sense of control over one's life, and to set realistic goals for one's future.

Often people who have experienced trauma without treatment develop phobias, addictions, depression, psychosomatic illnesses, and increased interpersonal conflicts. For some, these conditions go away once the PTSD symptoms are treated appropriately with cognitive-behavioural therapy and anxiety management.

Therapists need to combine various therapeutic techniques with the client's unique needs in the wake of their specific traumatic experience. Thus, there is a general approach to healing, but always a specific approach based on the uniqueness of the person. As with all good therapy, the quality of the therapeutic relationship is foundational to the development of a healing process.

### Some Strategies for Coping with Trauma and Stressful Circumstances

The following self-care strategies can help deal with the impact of traumatic stress:

## What You Can Do For Yourself

- **Exercise regularly.** Exercise alternated with relaxation will help alleviate physical reactions.
- **Talk to people.** Talk is healing; isolation is not.
- **Accept support.** Remember that loved ones, friends, colleagues, and neighbours care.
- **Eat well-balanced, regular meals; drink in moderation.** Be careful not to binge, eat junk food, or drink in excess to self-medicate.
- **Don't make any big life changes immediately.** During periods of extreme stress, we tend to have poorer judgement.
- **See your physician if you are having trouble sleeping or concentrating.** Medication may help you manage depression and anxiety.

## What You Can Do For Family Members Or Friends

- **Listen and empathize.** A sympathetic listener is very important.
- **Spend time with the traumatized person.** There is no substitute for personal presence.
- **Offer assistance and sympathy.** Voicing your support is crucial, as is giving permission for the traumatized person to ask for help.
- **Don't lecture or tell the traumatized person to be stoical.** Instead, tell the person who is suffering that you're sorry such an event has occurred and that you want to understand and support them.
- **Respect a family member's need for privacy.** People may need to grieve in private, as well as stay connected. Checking when someone needs space and time for privacy can be very supportive.

## What You Can Do To Help Children

- **Be reassuring.** Children need to feel emotionally protected and connected, so give them affection and a safe place to be comforted.
- **Model stability.** Children take their cues from the ways their parents respond. Parents should admit their concerns to their children, but also show good coping strategies.
- **Understand what a child can cope with.** A child's reactions depends on how much destruction he or she sees during or after a disaster, and their age affects how they will respond. It is important to be age-appropriate in terms of the television, movies, or computer information the child is exposed to, and to explain events in words the child can comprehend.
- **Understand the meaning of a child's behaviour.** Children often relive trauma through repetitive play, distressing daydreams, and nightmares and may exhibit a variety of changes in their behaviours to which parents should pay attention:
  - "clinging" behaviour: following a parent or caregiver around the house;
  - refusal to return to school or to go to normal activities;
  - sleep disturbances (e.g., refusing to go to bed, nightmares, bed-wetting);
  - loss of concentration;
  - irritability;

- behavioural “acting out” (e.g., sudden hyperactivity or aggression);
- physical complaints (e.g., headaches, stomach aches, dizziness, etc.) for which a physical cause cannot otherwise be found; and/or
- withdrawal from family and friends, listlessness, decreased activity.

### For Further Reading

The Canadian Journal of CME, September 2001

Figley, C.R., ed. Burnout in families: The systemic costs of caring. Boca Raton: CRC Press, 1988.

Herman, J.L. Trauma and recovery. New York: Basic Books, 1992.

Matsakis, A. Trust after trauma: A guide to relationships for survivors and those who love them. Oakland, CA: New Harbinger, 1998.

Sapolsky, R.M. Why zebras don't get ulcers: An updated guide to stress, stress-related diseases, and coping. 2<sup>nd</sup> ed. New York: Freeman, 1998.

Schiraldi, G.R. The post-traumatic stress disorder sourcebook: A guide to healing, recovery, and growth. Los Angeles: Lowell House, 2000.

Van der Kolk, B., McFarlane, A.C., Weisath, L., eds. Traumatic stress: The effects of overwhelming experience on mind, body, and society. New York: Guildford Press, 1996.



3080 Yonge St. • Suite 5062 • Toronto • ON • M4N 3N1  
 Ph: 416•487•3613 Fax: 416•487•2096  
 E-mail: [ifl@interlog.com](mailto:ifl@interlog.com) Web Site: <http://www.ifl.on.ca>

