

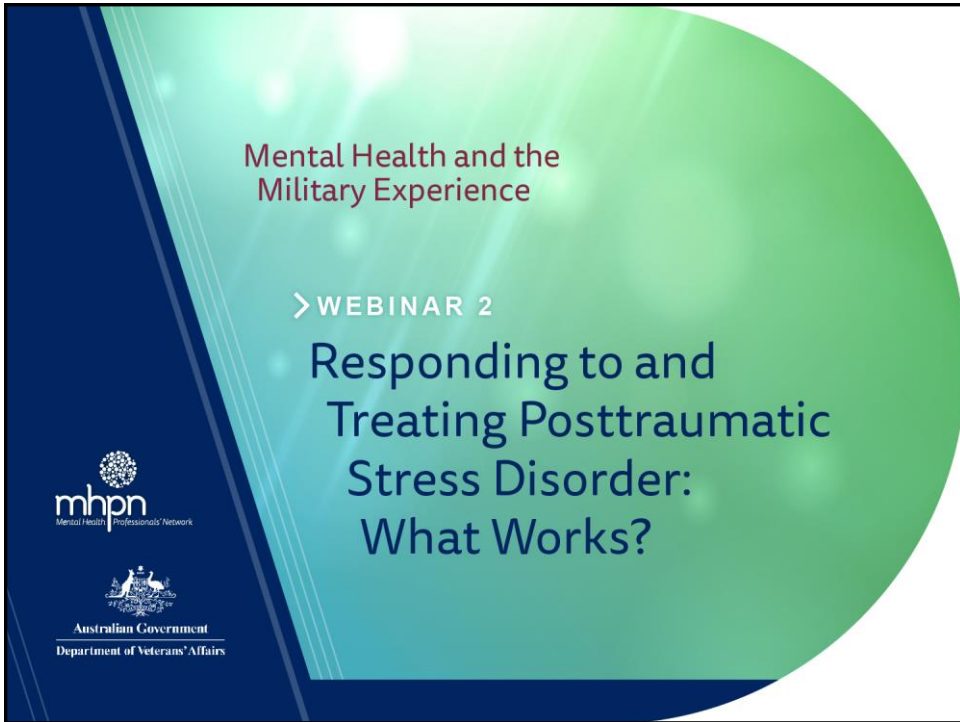


Mental Health
and the Military
Experience

> WEBINAR SERIES


Mental Health Professionals' Network



Australian Government
Department of Veterans' Affairs




Mental Health and the
Military Experience

> WEBINAR 2

Responding to and
Treating Posttraumatic
Stress Disorder:
What Works?


Mental Health Professionals' Network


Australian Government
Department of Veterans' Affairs

Mental Health and the
Military Experience

Tonight's panel



Dr Sam Hay
General Practitioner



Dr Andrew Khoo
Psychiatrist



Prof David Forbes
Clinical Psychologist



Prof Mark Creamer
Clinical Psychologist
(Facilitator)



Mental Health and the
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This webinar series

This webinar is the second in a series of six and has been made possible through funding provided by the Department of Veterans' Affairs.

Learn more about the Department of Veterans' Affairs by visiting:
www.dva.gov.au



Ground rules

To help ensure everyone has the opportunity to gain the most from the webinar, we ask all participants to consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box.
- Be mindful that comments posted in the chat boxes can be seen by **all** participants and panellists. Please keep comments on topic.
- If you find the chat distracting, hide it by clicking the small down-arrow at the top of the chat box.
- Your feedback is important. Please complete the short feedback survey which will appear as a pop up when the webinar finishes.

Learning Outcomes

Through a facilitated panel discussion of Rob's story, participants will have:


- a better understanding of current and emerging evidence-based treatment options for responding to and treating Posttraumatic Stress Disorder
- heightened awareness of the challenges, merits and opportunities of current and emerging evidence-based Posttraumatic Stress Disorder treatment options
- increased confidence in responding to Posttraumatic Stress Disorder presentations.

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General Practitioner perspective

Develop rapport


- Engage trust
- Assess risk to self / others



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General Practitioner perspective

Conduct a full assessment


- History, examination, investigations
- Rule out unknown / diagnosed medical issues
- Facilitate rapport development



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General Practitioner perspective

Assess the family as a whole


- How is Marion?
- Does she need counselling / support?
- Does she need simple education?
- Who provides that?



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General Practitioner perspective

Ensure relationship is open, and opportunities available for Rob to return


- This is the key for the GP!



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Dr Sam Hay



Mental Health and the Military Experience

Psychiatrist perspective

DSM5 diagnosis

- Trauma
- Re-experiencing
- Avoidance
- Physical / Psychological Anxiety
- Depressive thoughts / mood

• The mnemonic **TRAPD** is a good memory aid - patients will often feel "trapped".



Dr Andrew Khoo

Mental Health and the Military Experience

Psychiatrist perspective

Historical/aetiological considerations

- Family history/genetic contributions
- Childhood trauma, domestic violence
- Personality factors – extroversion, risk taking, Antisocial Personality

Dr Andrew Khoo

Psychiatrist perspective

Treatment considerations

- Evidence base advocates psychological therapies as the core treatment modality in PTSD.
- The evidence for medication in reducing core PTSD symptoms is relatively poor.
- Medication is best used to modify symptoms/comorbidity which may inhibit response to psychological therapy.
 - Severe depression
 - Significant anxiety
 - Explosive anger
 - Insomnia
 - Substance use problems
- The co-administration of complimentary approaches eg exercise, yoga, companion animals, adventure activities, etc are typically helpful to individuals but haven't as yet developed a stand alone evidence base.



Dr Andrew Khoo

Psychiatrist perspective

Treatment principles

- Preventative measures – positive mental health, education and addressing stigma, resilience training
- Comprehensive treatment approach
- Whilst the evidence base is vital when making general or population based treatment recommendations, we must remember to treat each case individually and FIT TREATMENTS TO PATIENTS, NOT PATIENTS TO TREATMENTS.



Dr Andrew Khoo

Psychologist perspective

Rob's risk factors

- Pre-trauma:
 - prior trauma (DV, family dysfunction); premorbid personality – short fuse, volatile interpersonal relationships
- Peri-trauma:
 - threat to own life; exposure to the death/suffering of others; moral complexity
- Post-trauma:
 - on-going life stress (unstable employment, unstable relationships with ex-wife & son); poor social support networks



Prof David Forbes

Psychologist perspective

Rob's strengths

- No solid evidence of pre-trauma mental health problems
- Reasonably stable employment history
- Current relationship
- Some enjoyable activities (albeit solo, thrill seeking)
- Motivated to seek treatment (albeit attempts are not EBT and “shopping around”)



Prof David Forbes

Psychologist perspective

Rob's clinical profile

- Re-experiencing: memories, "flashbacks", nightmares, distress on reminders
- Avoidance: TV news and newspapers, other?
- Negative cognitions/mood: negative beliefs, self blame, negative emotions
- Hyperarousal: hypervigilance, exaggerated startle, risk taking, irritability, aggression and poor frustration tolerance (DV risk?), risk taking
- Dx: Probable PTSD. Possible depression? Check out substance use



Prof David Forbes

Psychologist perspective

Treatment options

- NB: See Australian Treatment Guidelines (Evidence Based)
- First line treatments: Trauma focussed (TF) psychological treatments - TFCBT (prolonged exposure; CPT) or EMDR
- Second line treatments: Pharmacotherapy (SSRI and related antidepressants)
- TFCBT – usual treatment stages:
 - Psychoeducation and symptom management strategies
 - Trauma focused treatment - my choice - prolonged exposure
 - Cognitive restructuring
 - Relapse prevention



Prof David Forbes

Psychologist perspective

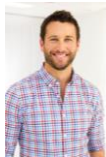
Contra-indicators or other management issues

- Consider indications and contraindications for TFCBT and PE
- Other management issues?
 - Social reintegration / improving social support
 - Increasing enjoyable / meaningful activities
 - Occupational rehabilitation
 - Anger intervention?



Prof David Forbes

Questions and answers



Dr Sam Hay
General Practitioner



Dr Andrew Khoo
Psychiatrist



Prof David Forbes
Clinical Psychologist



Prof Mark Creamer
Clinical Psychologist
(Facilitator)



Local networking

- **Interested in leading a face-to-face network of mental health professionals with a shared interest in veterans' mental health in your local area?** MHPN can support you to do so.
- Provide your details in the relevant section of the feedback survey. MHPN will follow up with you directly.
- For more information about MHPN networks and online activities, visit www.mhpn.org.au.

Panellist and DVA recommended resources

- For access to resources recommend by the Department of Veterans' Affairs and the panel, view the supporting resources document in the documents tab at the bottom right of the screen.

Thank you for your participation

- Please complete the feedback survey before you log out (it will appear on your screen after the session closes).
- Attendance Certificates will be emailed within two weeks.
- You will receive an email with a link to online resources associated with this webinar in the next few weeks.
- Future topics in the series include: insomnia and sleep disorders; addiction and avoidance; anger; families and partners.

