

All people have the right to be involved in discussions and make informed decisions about their care. The following recommendations relate to everyone who is at risk of or has post-traumatic stress disorder (PTSD).

## What is PTSD?



**What?** Post-traumatic stress disorder (PTSD) is a type of anxiety disorder caused by very stressful, frightening, or distressing events (NHS, 2018). Any situation that a person finds traumatic can cause PTSD.



**How?** This could be experiencing or witnessing single, repeated, or multiple events. Events may include serious road accidents, violent personal assaults, abuse, work related exposure to trauma, war and conflict, or serious health problems.



**When & What?** PTSD can develop immediately after someone experiences a disturbing event, or it can occur weeks, months or even years later. For further information see the [NICE Guidelines for PTSD \(2018\)](#) for a full clinical guidance document.

## Recommended Treatment

### Trauma- focused CBT

Individual trauma-focused Cognitive Behavioural Therapy (CBT) interventions. See [NICE Guidelines for PTSD \(2018\)](#) for specific interventions within the trauma-focused CBT class.

#### Who is it for?

Adults with a diagnosis of PTSD, or clinically important symptoms of PTSD, who have presented more than 1 month after a traumatic event.

#### How many sessions?

8 to 12 sessions. However, additional sessions may be required if clinically indicated, e.g., if experiencing multiple traumas. To be delivered by clinically trained practitioners with ongoing supervision.

### EMDR

Eye Movement Desensitisation and Reprocessing (EMDR) therapy. See [NICE Guidelines for PTSD \(2018\)](#).

#### Who is it for?

Adults with a diagnosis of PTSD, or clinically important symptoms of PTSD, who have presented between 1 and 3 months after a non-combat-related trauma if the person prefers EMDR. Also offered if an adult has presented with such symptoms more than 3 months, after a non-combat-related trauma.

#### How many sessions?

8 to 12 sessions. However, additional sessions may be required if clinically indicated, e.g., if experiencing multiple traumas. To be delivered by clinically trained practitioners with ongoing supervision.

## Let's take a closer look...

“With rehabilitation, his return to work was also established **earlier than previously expected**”.

### What happened?

The injured party sustained injuries in the form of lacerations to the head, burns to his left arm, ringing in his ears, discomfort to his back, loss of memory and psychological injury following an explosion of a water cylinder. Following this he began reporting regular nightmares and daily intrusive memories about the accident. He also became fearful of boilers and water cylinders, to the extent that he would not switch on his own central heating at home, due to fear of it exploding.

### Outcome

Following the rehabilitation interventions that helped the injured party with his anxiety, we were able to support him in a return to work earlier than expected. Without rehabilitation, this may not have been possible due to the subcontracting element of his employment.

At the time of the assessment the injured party had been on sick leave since the accident and felt terrified about returning to work as he felt construction was an unsafe working environment. Due to therapeutic input the injured party was able to achieve small goals, such as being able to turn on the central heating and being confident to leave it on a timer, which over the course of the treatment enabled the injured party to regain enough confidence to both resume and maintain a successful return to work.

### Rehabilitation

The injured party appeared to suffer from the trauma of the event as he became easily startled by loud noises, was excessively worrying that something bad was going to happen and felt constantly 'on edge'. Anger outbursts were also noted along with prolonged periods of irritability and low moods.

Following a referral to the QBE Rehabilitation Team two months after the incident, the injured party was referred for a psychological assessment and received a course of Cognitive Behavioural Therapy (CBT) to overcome his psychological difficulties.

**Please note: "Medical treatment, including diagnostics and equipment (if relevant to treatment), is VAT exempt. Medical legal reports are VAT applicable as this is not regarded as treatment. Registered psychologists and psychiatrists are able to offer VAT exempt services, but not counsellors or psychotherapists (HMRC, 2021)."**

**References:**

NHS. (2018). Overview - Post-traumatic stress disorder. <https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/overview/>

NHS. (2018). Overview - Post-traumatic stress disorder. NHS. <https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/overview/>

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