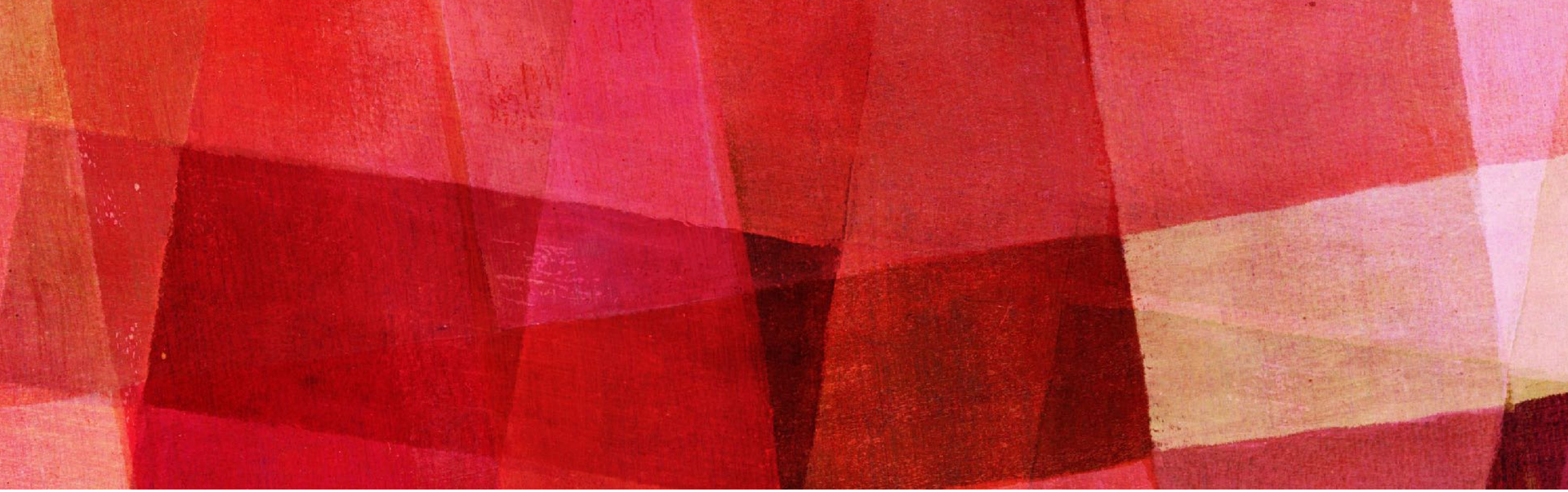


COMPLEX PTSD

A General Practice Approach

Dr Megan Stewart

WHAT IS COMPLEX PTSD?

- PTSD - usually a **single traumatic event**
- Complex PTSD - **prolonged and repeated** trauma, particularly in childhood.
- cPTSD affects:
  - Development of identity
  - Ability to control emotions
  - Ability to form and sustain relationships

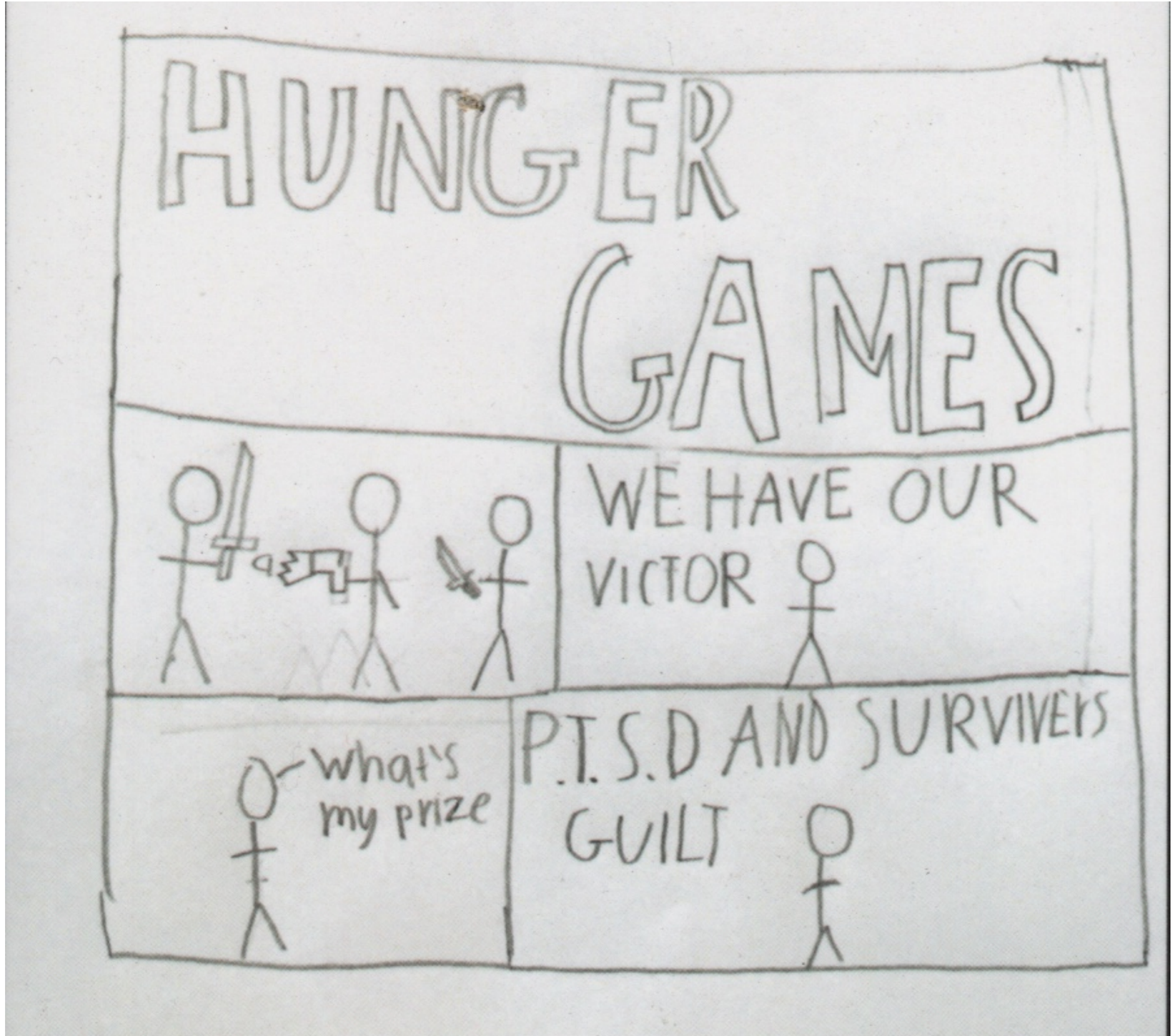
COMPLEX PTSD

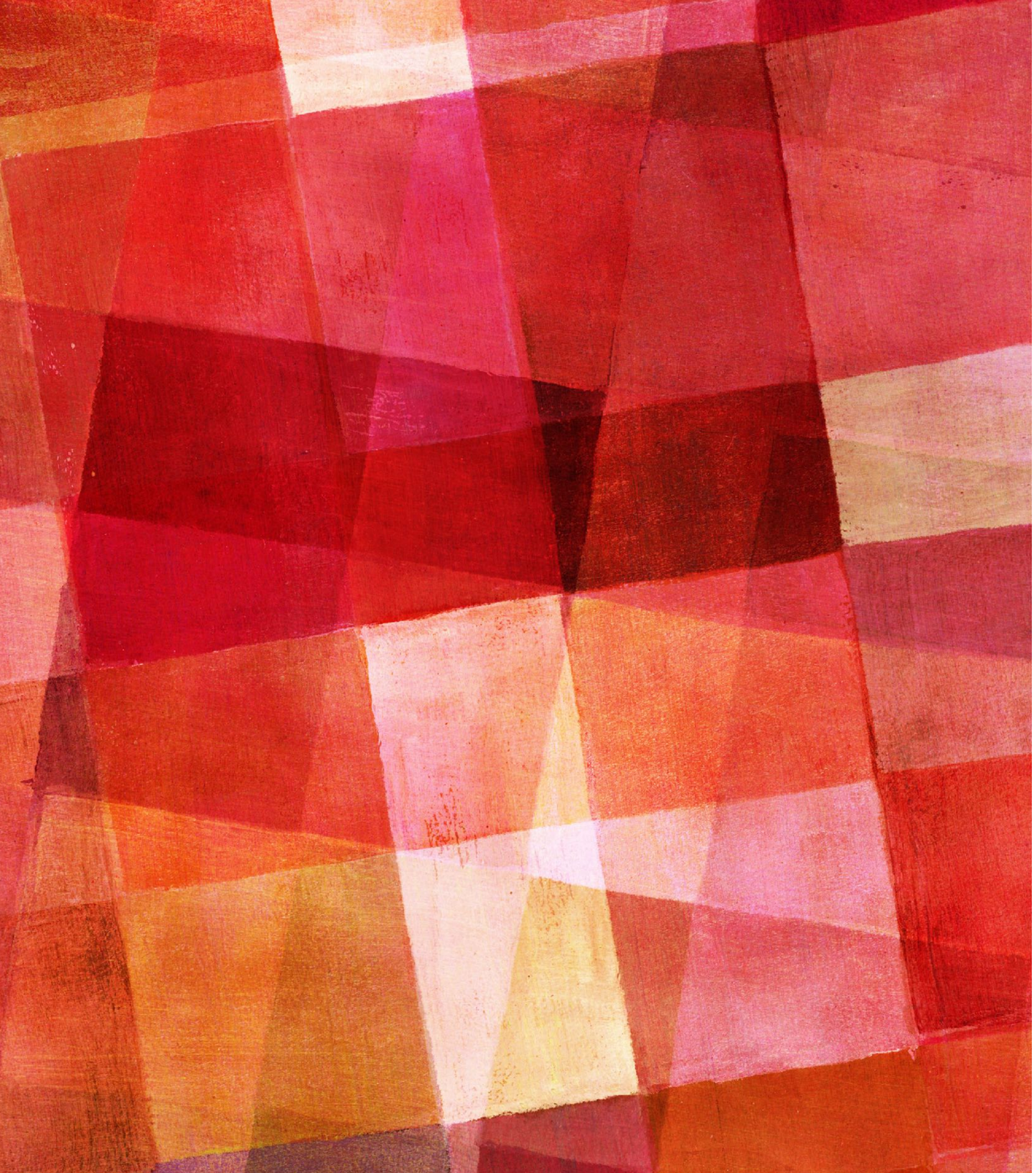
- **Symptoms**
  - emotional dysregulation
  - dissociation
  - somatisation
  - memory loss / blanking-out
  - trust & relationship issues

COMPLEX PTSD

- **Increased risks**
  - further exploitation or abuse
  - substance use disorders
  - anxiety & depression
  - body image disorders
  - self-harm, suicide attempts

- **Significant morbidity and health risks**


HUNGER GAMES
WE HAVE OUR VICTOR
what's my prize
P.T.S.D AND SURVIVERS GUILT



CASE STUDY

- New patient
- Receptionist speaks with you before you start the appointment
- Patient is upset and has complained to receptionist and practice manager that they are waiting
- Nurse called to triage patient
- Patient agitated and confrontational when you call them into your consulting room

GP THOUGHTS & FEELINGS

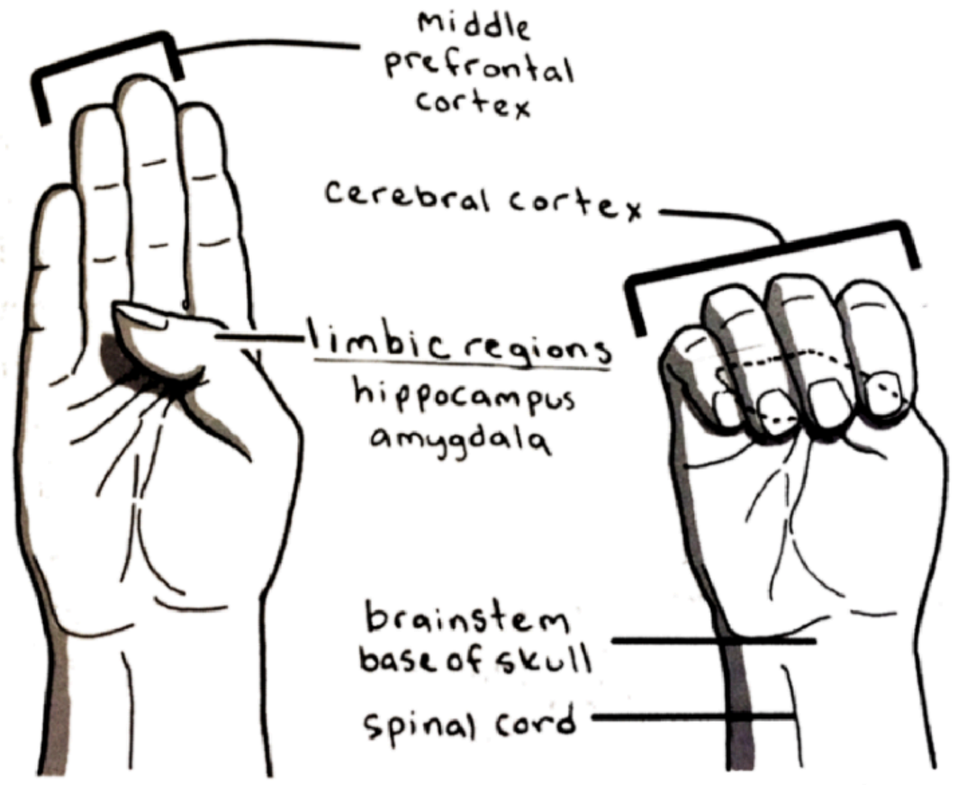
PATIENT THOUGHTS AND FEELINGS

EMOTIONAL DYSREGULATION

- Most GPs find this difficult to deal with…
- Understanding:
  - how emotional dysregulation works
  - your own reaction
  - the patient's perspective
- Strategies to contain and manage
- Appropriate referral

EMOTIONAL DYSREGULATION

- **“Flipping your lid”**
  - Rational frontal lobe no longer in control
  - Emotional limbic system fired up



Dan Siegel, hand model of the brain

EMOTIONAL DYSREGULATION

- **“Faulty controls”**
  - Over-sensitive accelerator
  - Faulty brakes
  - Racing car driving on ice

IMMEDIATE MANAGEMENT

- **Settle everyone's emotions**
  - Keep calm yourself - take a breath
  - Try to avoid being defensive - this will escalate things
  - Speak slowly and calmly. Leave gaps of silence.

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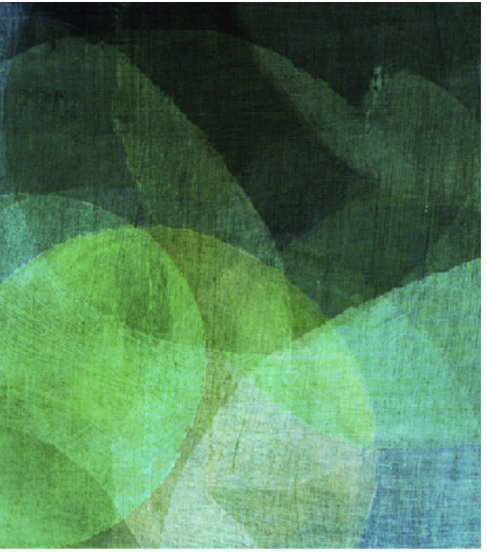
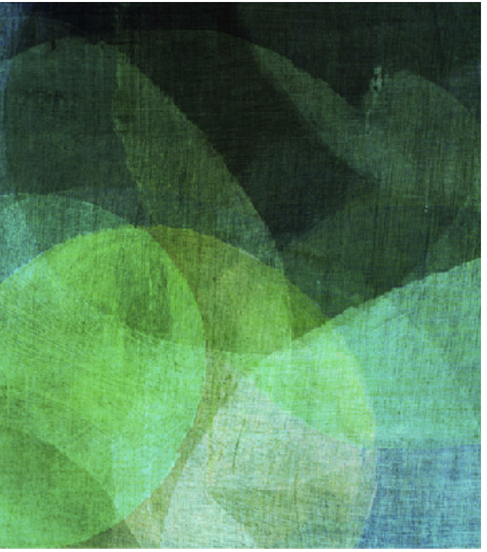
- **Stay in control but give them autonomy**
  - "What would you like to do next?"
  - "What can I do to help you today?"



ONGOING MANAGEMENT

- **Provide structure & predictable boundaries**
  - e.g. Set expectation that you may run late
    - option for reception to call in from their car when they are next
  - e.g. Consistency with appointments
    - repeated failure to attend => only on the day bookings



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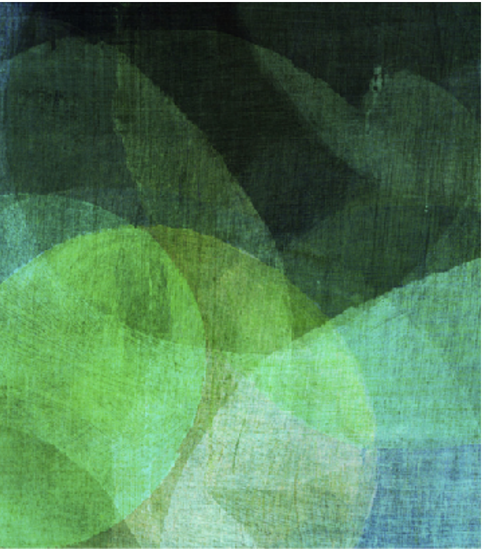
  - May present with a lot of issues
    - To avoid feeling overwhelmed, plan to break up issues into manageable chunks
  - Plan and schedule appointments “I will see you in 2 weeks and then 4 weeks after that”
    - Reduces crisis presentations



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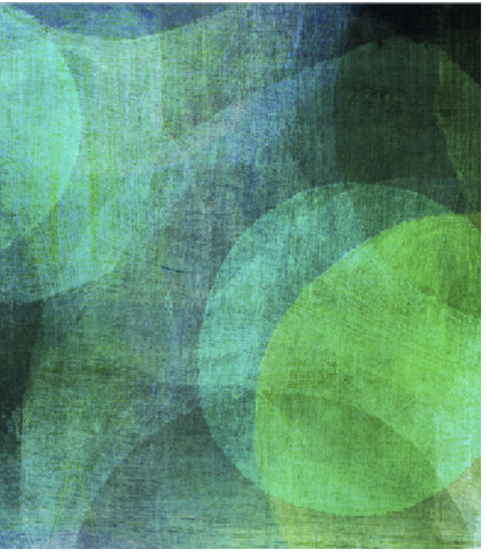
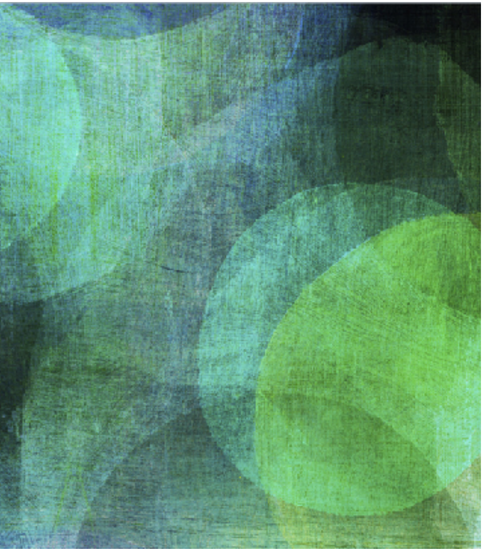
- **Contain the emotional content**
  - Unplanned and unsupported disclosure of trauma can be triggering of a deterioration and a risk for self-harm
  - “That is something that you might want to discuss with your psychologist but we need to focus on the things that I can help you with today”
  - Grounding at the end: “What are you doing for the rest of the day?”



MANAGE YOURSELF

- **Self-Awareness**
  - Acknowledge that content can be distressing
  - Incongruence
  - Vicarious trauma
  - Triggering to personal trauma



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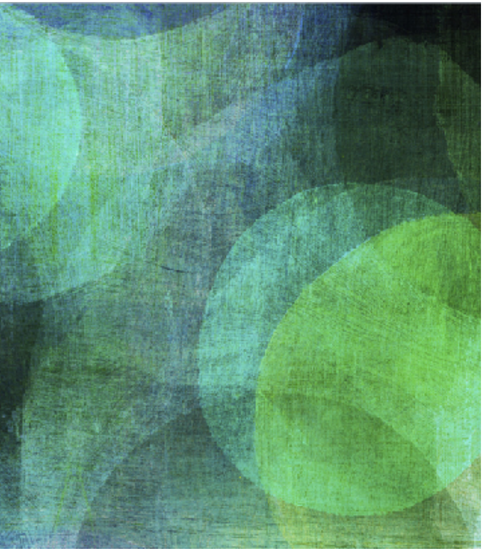
  - “Put on your own oxygen mask first before you attend to the needs of others”
  - Check in with yourself briefly before calling in the patient
  - Recognise your limitations - it is ok to say no



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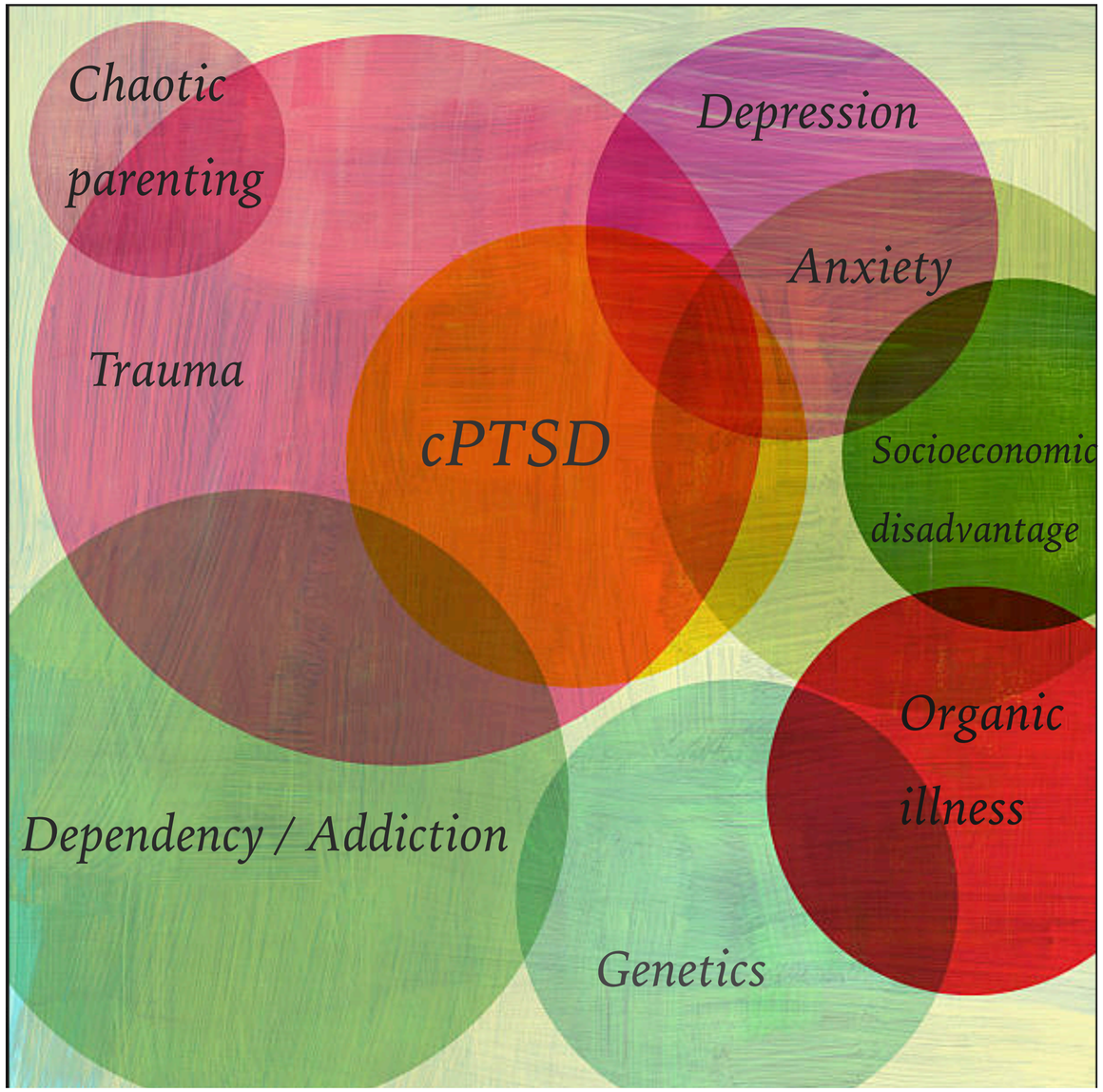
- **Self-referral**
  - If there are issues that affect you, seek your own supports
  - Your own GP
  - Psychologist for ongoing support and debriefing

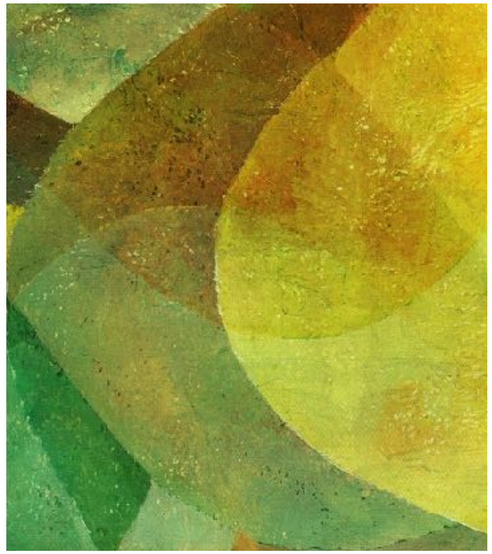


"Look and you will find it - what is unsought will go undetected."

Sophocles

"Stuff can be more than one thing"

Jake Peralta, Brooklyn Nine-Nine

LEARNING POINTS

- Empathy towards the person's lived experience
- The benefits of structure and a longitudinal therapeutic relationship
- An awareness of emotional dysregulation
- The high cross-over of trauma background, addiction issues and other MH issues
- Self-care for you as a GP