Information Handout

Professional Version | US English

What Keeps Post-Traumatic Stress Disorder (PTSD) Going?



Description

If you have been through a trauma, it is normal to feel shocked, scared, guilty, ashamed, angry, vulnerable, or numb. With time, most people recover from their experiences, or find a way to live with them, without needing professional help. In spite of this, for many people the effects of trauma last for much longer and may develop into post-traumatic stress disorder (PTSD). Symptoms of PTSD can be split into groups (APA, 2013):

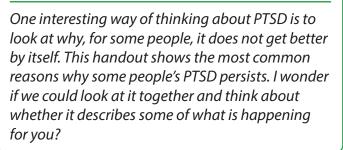
- Re-experiencing symptoms.
- Arousal symptoms.
- Avoidance symptoms.
- Negative thoughts and mood.

Research studies have shown that Cognitive Behavioral Therapy (CBT) is one of the most effective treatments for PTSD (Watkins et al, 2018). CBT therapists work a bit like firefighters: while the fire is burning they aren't very interested in what caused it, but are more focused on what is keeping it going. This is because if they can work out what keeps the problem going, they can treat it by 'removing the fuel' and interrupting this maintaining cycle.

Psychologists Anke Ehlers and David Clark identified the key components that are thought to explain why PTSD persists (Ehlers & Clark, 2000). The *What Keeps Post-Traumatic Stress Disorder Going?* information handout describes these factors, which maintain PTSD. It illustrates them in a vicious flower format in which each 'petal' represents a separate maintenance cycle. Helping clients to understand more about the cognitive model is an essential part of cognitive therapy for PTSD. Therapists can use this handout as a focus for discussion, or as a template from which to formulate an idiosyncratic model of a client's experiences of PTSD.

Instructions

Suggested Question



References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®*). American Psychiatric Pub.

Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319-345.

Watkins, L. E., Sprang, K. R., & Rothbaum, B. (2018). Treating PTSD: a review of evidence-based psychotherapy interventions. *Frontiers in Behavioral Neuroscience*, 12, 258.

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Psychologists think that memories of traumatic events are processed and stored in the brain differently from non-traumatic memories. The result is that memories of your

trauma might:

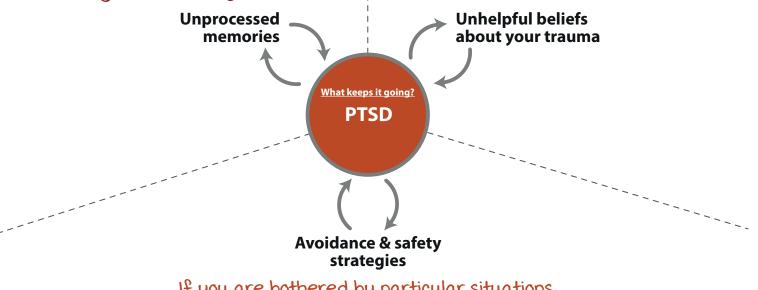
- 'Pop' unwanted into your mind.
- Be vivid and emotionally powerful.
- Make you think and feel that the trauma is happening again right now, and that you are in danger.

We can't help but try and make sense of what has happened to us. You will have beliefs about yourself, what you did, and what others might think of you.

If you have PTSD, your beliefs might keep you feeling threatened:

Your memories of the trauma can be so strong that they make you believe the danger is still present.
You might blame yourself for things that are not your fault.

• You might think that the symptoms of PTSD mean that you are going mad.



If you are bothered by particular situations, whether because they make you feel afraid or ashamed, or because they trigger unwanted memories, it is natural to try to avoid them. Unfortunately, avoidance and safety strategies mean that your memories remain unprocessed, and you have fewer opportunities to update any unhelpful beliefs.

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Resource details

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