Travel Phobias and Related Conditions

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Agenda

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- PTSD
- Travel Phobias
- Assessment and Treatment
- CBT
- EMDR

Psychological Illnesses Seen After Road Traffic Accidents

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- PTSD
- Anxiety
- Depression
- Substance Abuse i.e. alcohol
- Travel anxiety
- Chronic pain
- Adjustment Disorders

PTSD and Related Conditions

PTSD is a Real Disease

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- It was initially codified in 1980 by the American Psychiatric Association based on research with Vietnam War survivors. (DSM III)

The Definition Has Undergone A Number Of Modifications And The Current Definition In DSM IV is:

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Gateway Criteria have to be met:

- Perception of death or serious injury, i.e. car accident, assault
- Overwhelming helplessness / horror

Also:

- Re-experience phenomena, i.e. flashbacks
- Persistent avoidance behaviours, i.e. driving
- Persistent symptoms of arousal, i.e. palpitations
- Clinically significant distress **longer than one month**

Radcliffe (Oxford) Study

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- A&E: Followed up 967 consecutive RTA's
- 20%: no physical injuries
- 60% soft tissue injury
- 20% injuries involving bone
- 26% admitted as inpatients

(Mayou et al 1999)

Assessment At 3 & 12 Months After

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- Posttraumatic Stress Symptom Scale
- 3 months: 23% met criteria for DSMIV PTSD
- 12 months: dropped to 16%
- 6% who did NOT have PTSD at 3 months, developed it by 12 months
- Using Radcliffe Figures: 52,000 new cases of PTSD annually

(Mayou et al, 1999)

Determinants : Pre-accident

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- Pre-Accident Characteristics:
  - Female gender
  - Previous mental health problems
  - Poor coping
  - Poor social support
  - Previous history of untreated trauma

Determinants : At The Time

- At the time of the Accident:
  - Perceived threat to self or others
  - Fear of dying or serious injury
  - Helplessness

Determinants: After The Accident

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- Other later variables:
  - Feeling not to blame
  - Failure to fully re-engage in work and social activities
  - Lack of social support
  - Severity of injury not significant

(Mayou et al 2002)

Diagnosing PTSD

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- Important to distinguish between PTSD, symptoms of PTSD (PTS) and travel phobia
- Often no differentiation
- Only after one month; after three months “chronic”

Travel Phobia

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- Travel Phobia the new “whiplash”
- Physiological Hyper-Arousal
- Subjective Perception of Vulnerability
- Negative Assumptions about Future Events
- Avoidance Behaviour

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Psychological Treatments:

1- Counselling

What is Counselling?

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- Generic Term – generally acceptable
- Support
- Often non-focussed
- Often based on psychodynamic theory (past events)
- Usually ineffective for specific problems
- Most effective for “talking things over”
- It is therefore not cost effective due to its generality

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2 - CBT

Cognitive Behaviour Therapy

The Origins Of CBT

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- Psycho-analysis: Change feelings for improvement. Long treatment, past events, “insight”
- 1965 - Aaron Beck: Role of thoughts
- Thoughts determine mood
- Once mood is low, thoughts and behaviour become more maladaptive

How Does CBT Work?

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- Negative Automatic Thoughts
  - I can't return to work as people now think I am mad
- Negative assumptions about self, world and others
  - I can only be happy if everyone approves of me
  - Other people are critical and just ready to judge
  - The world is a threatening place
- Core belief
  - I am not good enough
  - I am a failure
- Result: anxiety and / or depression

When is CBT Effective?

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- Sound and extensive evidence base for
  - Depression
  - Anxiety Disorders including
    - Panic
    - Phobias such as travel and work phobia
    - Avoidance Behaviour

When Does CBT Not Work?

- When the client is not motivated to do the “homework”
- When the client is not “psychologically minded”
- Intelligence is no obstacle

3 - EMDR

Eye Movement Desensitisation and Reprocessing Therapy

The Origins of EMDR

Developed by Francine Shapiro, an American Clinical Psychologist in 1986

First controlled study: 1987 – Vietnam War veterans

Saccadic eye movements used in conjunction with carefully developed protocol

The Traumatised Mind

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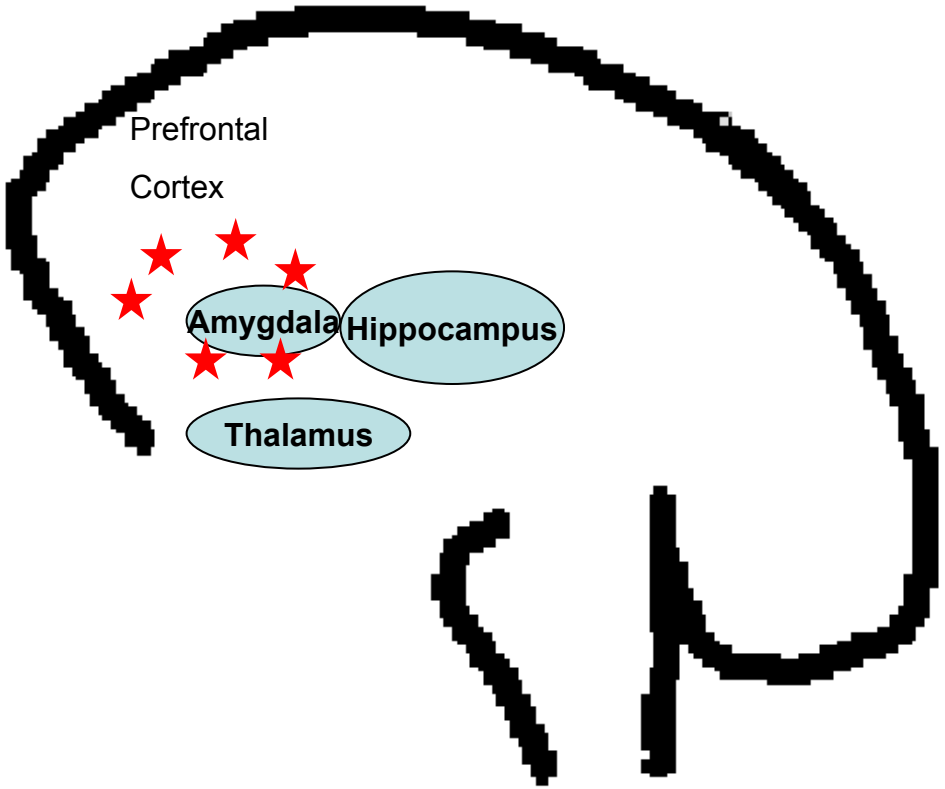

Brewin, C R: A Cognitive neuroscience account of posttraumatic stress disorder and its treatment. Behaviour Research & Treatment, 39, 2001

Van der Kolk, B A: Trauma and Memory in Traumatic Stress, Van der Kolk et al, Guilford Press, 1996

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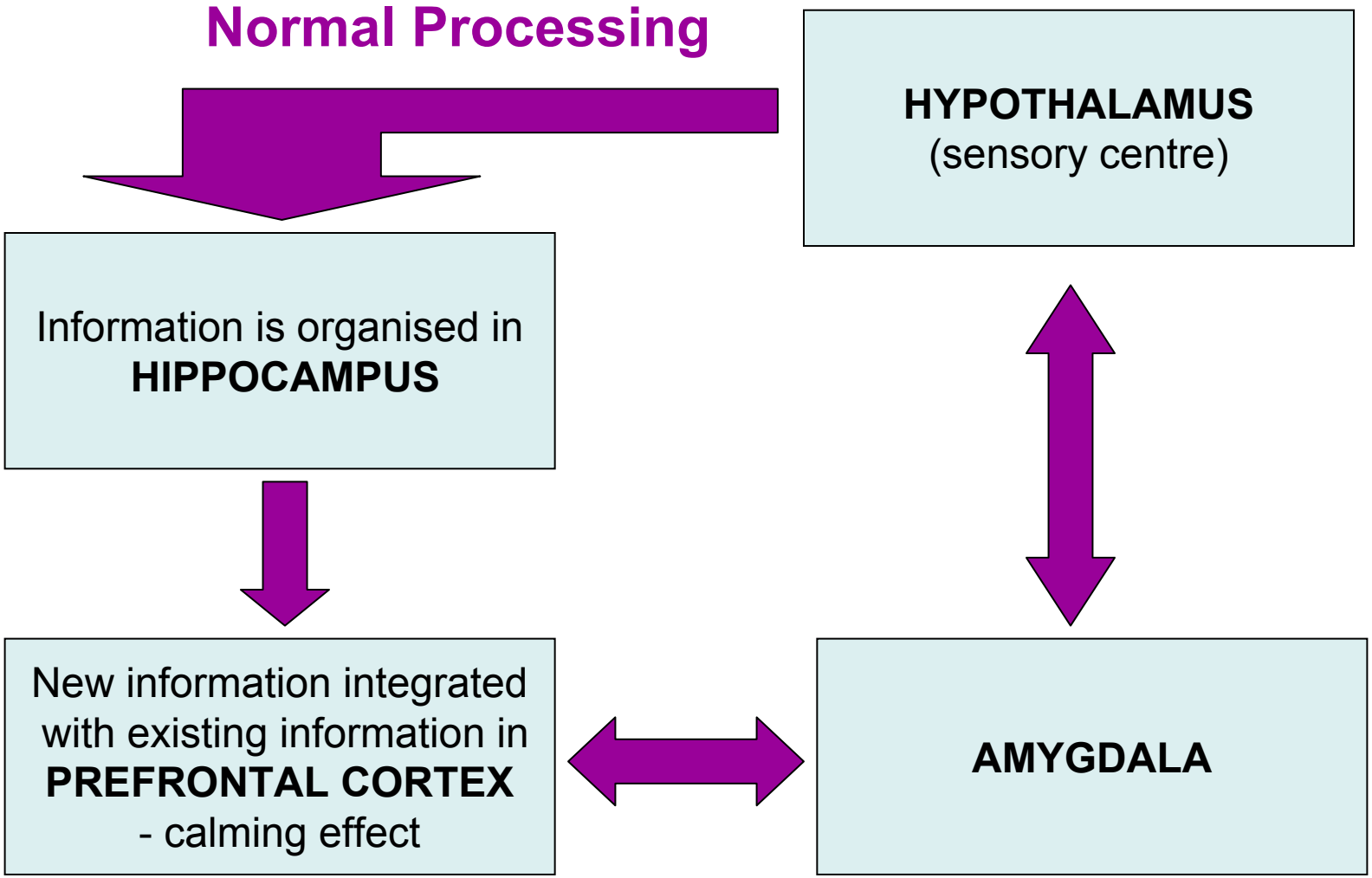
Normal Processing



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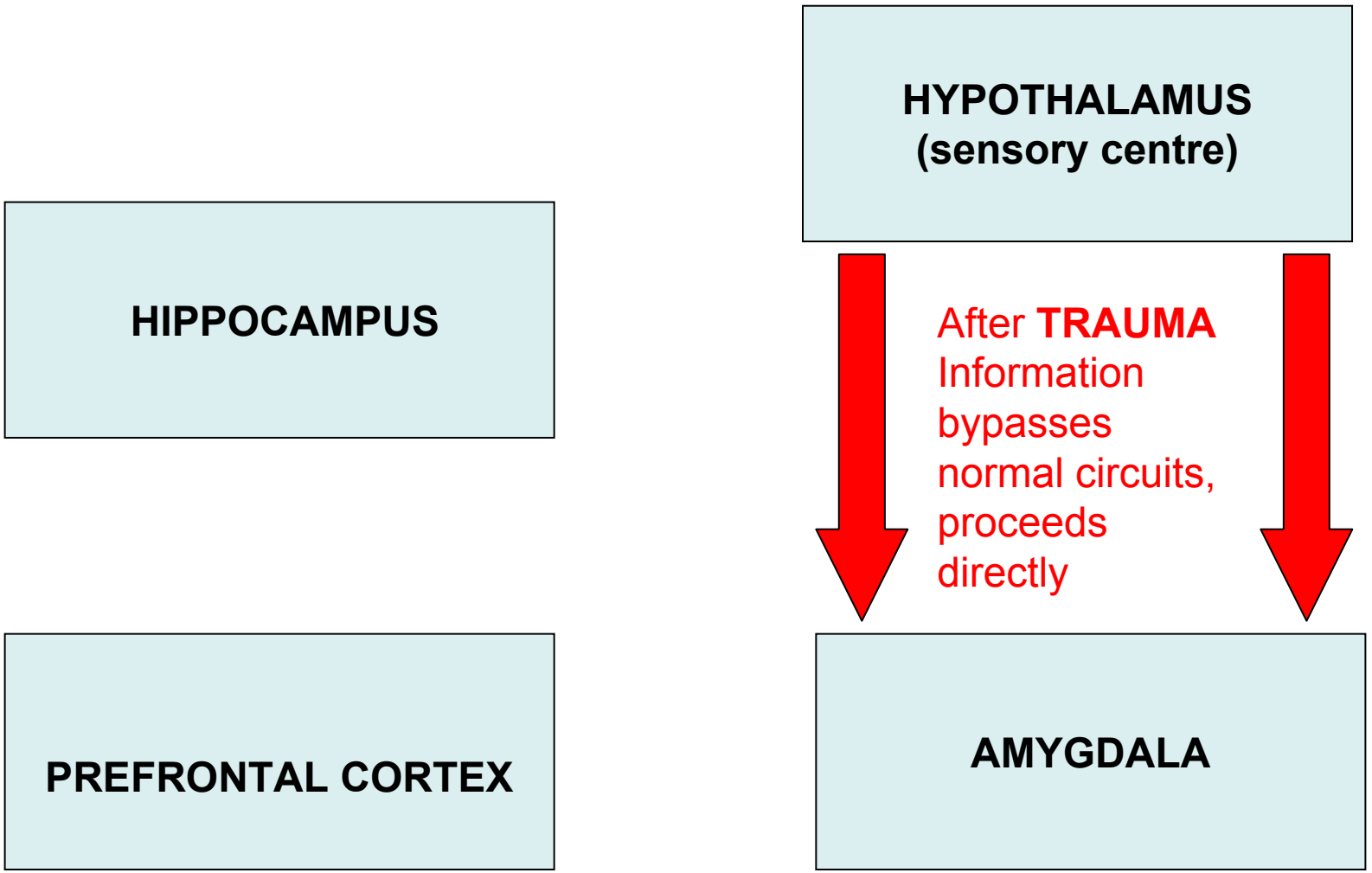

SPECT: The Physical Evidence

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SPECT (Single Photon Emission Tomography)

- Method to investigate brain function
- Confirms anatomical findings / provides validation for EMDR
- Results of recent study on police officers with PTSD: remarkable physiological change concurrent with behaviour change

Who Does EMDR Work For?

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- Research / evidence base for:
  - Trauma-induced disorders
  - Anxiety disorders, especially phobias
  - Avoidance problems (i.e. fear of returning to work after a long absence, driving phobia)
  - Performance problems

What Works for Whom?

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Psychological illness/ symptoms	Most effective therapeutic interventions
Depression	CBT and/or antidepressants (but not tranquillisers). Assisted increase in activity levels
Anxiety disorders (“stress”) , Panic Disorders, Feeling “wound up”, unable to “switch off”	CBT including relaxation skills and anxiety management
Phobias (such as social phobia, agoraphobia and claustrophobia)	CBT, EMDR, graduated exposure therapy, Desensitisation
Posttraumatic Stress Disorders (PTSD)	EMDR, CBT, Exposure Therapy
Travel anxiety	EMDR, CBT, Exposure Therapy
Chronic Pain without apparent cause	EMDR, CBT, Relaxation training
Workplace Phobia	CBT, EMDR, relaxation, graduated exposure
Anger problems, overwork due to an inability to say “no”; bullying	Assertiveness training; relaxation training, CBT
Chronic Fatigue Syndrome. Usually with depression and / or anxiety	A combination of CBT and graded exercise

How to find an appropriate clinician?

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- Basic profession?
- Psychological training?
- Member of British Psychological Society (BPS) or British Association for Cognitive and Behaviour Therapists (BABCP)
- Supervision and ongoing CPD

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- Independent
- Rehabilitation First
- Managed Psychological Care
- National Network of Trauma Specialists