



A Motor Vehicle Accident, a Life Altered: PTSD

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It had started out as any other day but by the time it was over it had left an impression that was still with Sandy today, almost seven years later.

She had started out at 7:00 a.m., taking her usual route to work. It generally took her twenty five minutes or so to get to the senior citizens' home where she was employed as a Practical Nurse. In another month it would be her 18th year working there. While the profession of Licenced Practical Nurse had been rewarding in that it had provided Sandy with steady employment over the years, it had had its drawbacks. One of biggest negative points of her job had been that it was very labour-intensive and after almost 18 years of work, Sandy found it difficult to do. Her plan at the present time was to work there for another two years, before moving on to something else.

The current job and the prospects of the future occupied Sandy's mind as she drove along her usual route to work, unaware of how her life was going to change in a short while. She was almost at the halfway mark to her work when it happened. Sandy was driving through an intersection when out of the corner of her eye she saw something white hurtling towards her. Before she had a chance to react, the speeding car came crashing into the passenger side of her vehicle.

The force of the collision sent Sandy's car - a late model Toyota Corolla sedan - spinning two full 360 degree turns before coming to a stop against the intersection's light posts. She didn't know it then but the driver of the other car had been trying to race the light to get through the intersection before the light turned red. However, the light had turned red, before he had even entered the intersection.

Meanwhile, seeing the light in front of her turn green, Sandy had proceeded through the intersection, unaware of the speeding car heading towards her.

The crash left Sandy dazed and in shock. Her recollection of the immediate aftermath of the accident was of the smell of gasoline, broken glass everywhere, people surrounding her, talking to her, sirens blaring and then EMS Personnel checking her out.

The mental fog did not clear until much later. Upon recovering her bearings, Sandy found herself on a hospital bed. Her daughter was by her side. She had no idea how her daughter had found out about her accident. She knew she had been in an accident but much of what happened after that was a blur.

While in the hospital Sandy was put through several tests. Luckily, she had no broken bones or internal bleeding. Following the tests she was kept under observation for several hours, then released from the hospital with a bottle of pain killers and a recommendation to follow up with her family doctor.

Sandy returned home feeling like she had been hit by a bus. Every part of her body was sore and she could barely move. While the pain was bad what was worse was the car ride back home. She sat with her hands clenched tight as her daughter drove. Every intersection they approached, she half-expected someone to come speeding and crashing into their vehicle. For a significant part of the trip back home Sandy sat in the passenger seat with her eyes closed - she could not bear to look at the traffic around.

The week following the accident, Sandy was so stiff and in pain that she could not get out of bed. It was fortunate that her daughter, who lived with her, was there to help; otherwise, she was incapacitated to the point that she could not even go to the bathroom on her own. What made matters worse was that she continued to have flashbacks of the accident where she would drift into a trance reliving the events of the accident, seeing flashing lights, people surrounding her, broken glass of the passenger window. At night she was unable to sleep because of the pain and when she did fall asleep she would get nightmares. Because she was not sleeping well, she was tired and foggy during the day. Her memory was adversely affected, she was having difficulty concentrating and focusing.

For a period of three weeks, Sandy did not leave home at all. Following that, she started physiotherapy for her neck and her back relying on her daughter to drive her. The drive to the physiotherapist's clinic, even though short, was full of anxiety for her. She was on high alert throughout the time she was in the car; she was constantly pushing against the floor of the vehicle attempting to brake, even though she was not driving. She would repeatedly admonish her daughter for driving too fast, even though she wasn't. Every time they went through an intersection, Sandy would be scanning right and left frantically to see if anyone was running the red light. After a while, she started to make her daughter angry because of her actions and the comments she was making while sitting in the car.

Roughly three months following the accident Sandy returned to work. Though she was back at work, she refused to drive there choosing instead to take the bus, which made her commute to and from work considerably longer than it used to be.

Though not fully recovered, Sandy was feeling considerably better physically, good enough to return to a labor intensive job, but her anxiety about driving had not abated. She was continuing to experience a cluster of symptoms which collectively are referred to as Posttraumatic Stress Disorder or PTSD for short.

PTSD has an establishing criterion and a constellation of symptoms that emerge after the event. These symptoms are divided into several primary categories, namely:

Establishing Criterion

The person has been in a situation in which he or she faced severe injury or feared for his or her life. Or, a person has repeatedly witnessed extreme situations in which others have died or were severely injured (e.g., as in the case of EMS and police personnel). In Sandy's case, she had been in a severe motor vehicle accident in which she was badly injured and she faced the possibility of being killed.

CLUSTER OF SYMPTOMS

Intrusion

The traumatic event is re-experienced in a variety of ways where a person may have:

- Recurrent thoughts about the accident causing the person distress
- Nightmares
- Flashbacks of the event – flashbacks can be visual, auditory or olfactory (e.g., smelling gasoline, when none is present etc.)

Avoidance

Avoidance of thoughts, people or places that remind person of the traumatic event so that the person:

- Avoids people, places or things that remind him or her of the traumatic event
- Avoids doing things that may remind the person of the troubling event
- Has difficulty recalling aspects of the event
- Develops hyperbolic beliefs about the world, e.g., “the world is a dangerous place.”
- Experiences exaggerated emotions related to the event, emotions such as anger, fear, guilt etc.
- Develops a significantly reduced interest in normal activities that were part of the person's life

Hypervigilance

Changes in reactivity and level of arousal so that a person:

- Is hypervigilant – expecting to get into an accident every time he or she drives, for example
- Experiences frequent bouts of irritability and anger
- Is easily startled
- Has difficulty concentrating and focusing
- Develops problems sleeping – either cannot go to sleep or wakes up frequently at night.

If these symptoms last for more than a month and they continue to cause significant impairment in a person's life, the person is considered to be suffering from Posttraumatic Stress Disorder.

At times, a person can have a delayed response to the trauma he or she has experienced. This means that a person may not experience the symptoms I have discussed here until several weeks, months or, in some cases, even years after the traumatic situation or period is over. Armed forces personnel, first responders such as police officers, firefighters and EMS members for example often face the phenomenon of a delayed emergence of symptoms.

PTSD is not generally well understood in the public, or even among health professionals. Often it is left undiagnosed and the person who is struggling from PTSD is left to suffer through it without receiving sufficient help or treatment. This is particularly true when it comes to psychological treatment.

This was the case with Sandy as well, who was receiving medical help for her injuries. She had had a number of x-rays done, as well as an MRI. She was taking pain medication and was undergoing physiotherapy for her neck and back, but she had not been referred to a psychologist for treatment of the very significant issues of PTSD she was facing.

The fact that Sandy was not receiving comprehensive treatment for PTSD unfortunately put her (as well as others) in great jeopardy. One can imagine the dangerous situation she is in if she gets behind the wheel of a car to drive the vehicle while still having flashbacks of the accident. In her hypervigilant psychological state, if while driving Sandy were to overreact and come to a halt in the middle of an intersection, the result could be catastrophic. Or, given the psychological symptoms she is experiencing, Sandy (as many people who have unresolved PTSD do) could have a panic attack while driving. The consequence could be loss of control over the vehicle, leading to another accident.

Because of her altered psychological state, Sandy is prone to making significant mistakes on the road that could prove catastrophic for her or others around her.

PTSD does not occur only in situations of motor vehicle accidents. There are many other experiences that can give rise to it, for example:

- Severe physical or sexual assault
- Exposure to a natural or man-made disaster
- Being exposed to recurrent scenes of serious injury or violent death – as happens to first responders

The establishing criterion for Posttraumatic Stress Disorder is, any situation in which a person faced the risk of severe injury or death or witnessed someone else getting severely injured or dying in a violent way.

Treatment

When a person has been in a severely traumatic incident they have to undergo a medical checkup. They should also be referred to a psychologist for a psychological assessment and treatment.

Part of the task of the psychologist, here, is to try to mitigate the effects of the trauma on the person. With early intervention, it may be possible, that the person will escape developing a case of Posttraumatic Stress Disorder altogether. In those situations where a person does develop PTSD, early psychological intervention could ensure that one, the severity of PTSD is reduced and two, recovery from PTSD is accelerated.

A variety of methods are available to treat PTSD. I utilize Trauma-Focused Cognitive - Behavioural therapy employing methods such as:

- * Imaginal exposure for the purpose of systematic desensitization
- *Direct exposure (when feasible) to the traumatic stimuli to progress the treatment of desensitization and recovery
- *EMDR treatment for trauma recovery
- *Stress inoculation techniques
- *Counseling in management of mood
- *Induction of self-regulation techniques
- *Supportive counseling
- *Coaching in self-regulation and normalizing the elevated fear response
- *Training in anxiety management skills
- *Coaching in implementation of coping skills
- *Counseling in re-establishing normal routines
- *Cognitive-Behavioural and treatment for defusing distorted thinking resulting from Trauma

After beginning psychological treatment for trauma and PTSD Sandy made a significant recovery from the psychological issues from which she was suffering following the accident. She is now able to drive without debilitating anxiety, fear or stress. Though she has had to work very hard and her recovery has taken time, the result has been worth it – it has allowed her to regain control of her life following the accident.