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| **Dialogue** | **Comments** | **Notes** |
| *Scene: Amy is in a consult with Emma, her treating psychiatrist.*Emma: Amy, we’ve been talking about all the ways the accident and, your brain injury, have been affecting you and your life. Um, I wanted to cover a few more areas in a bit more detail.  |  |  |
| Emma: So, you mentioned that when you eventually fall asleep, you don’t stay asleep for very long. Can you tell me a bit more about that? | This is a nice open-ended question, likely to give more information than asking, for example, “Do you wake with nightmares?” |  |
| Amy: Well, I wake with these horrible nightmares. They’re always about the accident. But there are variations. Sometimes I’m in the driver’s seat, sometimes I’m in the passenger seat. And there are times when a car hits me from behind. And other times where I crash into someone else. | Intrusion symptoms or re-experiencing are one of the criteria for diagnosing a post-traumatic stress disorder (PTSD). Nightmares are a way that this manifests and involves recurrent distressing dreams in which the content or affect of the dream are related to the traumatic event. |  |

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| Amy: But it always ends the same, with the car just crumpling around me. It feels *so* real and I wake with this feeling of dread and, I don’t want to feel scared and go through it all again so, I just stay awake until morning. |  |  |
| Emma: What a distressing time the nights sound like for you. | Does this seem like a reasonable comment to make at this point? Do you feel it conveys empathy? |  |
| Amy: It’s not just the nights. I have similar experiences during the day. I don’t remember the accident but I asked a friend of mine about it and, he told me what was on the police report in quite a bit of detail.  | Flashbacks or dissociative reactions are another form of intrusion in which an individual feels or acts as if the traumatic events are recurring. Intrusion symptoms can occur even in the presence of amnesia for the traumatic event. |  |
| Amy: Now I just avoid anything that might remind me of it. But… it doesn’t- it doesn’t really help. | Avoidance symptoms are required to diagnose PTSD with efforts to avoid distressing memories, thoughts or feelings associated with the traumatic event and/or external reminders that arouse this. |  |

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| Emma: What have you found yourself avoiding? |  |  |
| Amy: Ideally anything to do cars or roads. But, I mean, that doesn’t- that’s not possible because I have to go to appointments and to the shops. And so, I just end up using public transport and I just go as infrequently as possible. | Amy is experiencing clinically significant impairment in important areas of functioning, which is a required criterion for a diagnosis of PTSD. |  |
| Emma: Have you been in a car since the accident? |  |  |
| Amy: Yes. It was awful. I was cleared to drive and I was supported. I had help from the psychologist and I thought it would be fine.  | One way of managing avoidance is by gradual desensitisation which can occur in vitro (i.e., through imagery or a virtually constructed scenario), prior to the in vivo (direct real-world) exposure. This process usually involves learning strategies to reduce arousal as part of the exposure.  |  |

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| Amy: But the first time I got in the car, to drive by myself, I thought I was going to die. |  |  |
| Amy: Um, and I knew how to manage my anxiety and, I was focusing on my breathing as I was entering the car, but it was just too much. |  |  |
| Amy: So, I don’t want to try that again but, I also don’t want to think that I’ll always be using public transport. I- I used to love driving. | Amy didn’t feel prepared and has since avoided the potential trigger. |  |
| Emma: That’s totally understandable. And, I certainly wouldn’t want you to go through it like that again. But there are ways to prepare you and to progress gradually once we have your symptoms a bit more under control. | Does this seem like a helpful way to instil hope? |  |

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| Amy: Am I going crazy, Dr Waverton? I feel so different to everyone else and, I- I don’t know who I am anymore or what I’m doing with my life.  | A specifier of PTSD is whether or not dissociative symptoms are present in the form of depersonalisation or derealisation. Amy may be experiencing depersonalisation in which one feels detached from their emotions or body. |  |
| Amy: I’ve always been so close to my family but when I’m around them, I don’t feel connected or at ease.  | Derealisation is when one feels like their surroundings are unreal, for example, like they are distant or in a dreamlike state. This would need to be further explored to determine. |  |
| Amy: And, you know, I’m- when I’m- when I’m with- they’re so- they’re so patient and understanding and I’m the complete opposite. I’m always on high-alert and I jump at the slightest sound and I’m- I’m snappy and inpatient. | Marked alterations in arousal and reactivity are seen in PTSD, with hypervigilance and an exaggerated startle response being two forms of evidence for this. |  |
| Amy: But they keep visiting me, but I know- I know I’m no fun to be around – who wants to be around someone who’s distracted and irritable? | Irritability, angry outbursts with aggression and problems with concentration are further indicators of an alteration in arousal. |  |

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| Emma: Amy, there are a few more things we will need to discuss before we come up with a definitive diagnosis and plan but, it seems to me like you are suffering from post-traumatic stress disorder.  | Do you think it’s helpful to provisionally inform Amy of her diagnosis? |  |
| Emma: It’s been increasingly recognised that this can be a debilitating disorder after a traumatic brain injury, even if you don’t remember the accident. | Indicating that this is well recognised after a traumatic brain injury can provide some solace and may make Amy feel less like she is “going crazy”. |  |
| Emma: The good news is that there are many treatment options, which gives reason to believe that with appropriate treatment your symptoms can be managed successfully. |  |  |

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| Emma: And, in turn, this is most likely gonna bring a positive flow-on effect to other aspects of your traumatic brain injury recovery. | One can imagine how treating PTSD can have a significant impact. E.g., a reduction in avoidance, an improvement in sleep with reduced nightmares, a return to driving with reduced flashbacks and an improvement in irritability, may help improve social and occupational functioning. |  |
| Amy: Thank you. I feel so- I feel so much better knowing that I’m not doing this alone.*End of scene.* |  |  |