

Condition Insight Report (CIR)

Post Traumatic Stress Disorder (PTSD)

Version 1.1

Released: 18.05.21

Updated: 29.03.23

Slide 2 – Overview

Slide 3 – Fluctuations and reliability

Slide 4 – Sensitivities and customer care

Slide 5 – Functional impact 1-3

Slide 6 – Functional impact 4-6

Slide 7 – Functional impact 7-9

Slide 8 – Functional impact 10-12

Slide 9 – Additional reading/ resources

PLEASE NOTE: This is a document for internal use only and not intended for distribution.

Throughout this document you will find links to external websites. These links are being provided as a convenience and for informational purposes only and do not imply on the part of Capita, IAS, DWP or DfC any endorsement or guarantee of any of the organisations, opinions or information (including the right to display such information) found on their respective websites. Any comments or enquiries regarding the linked websites or their content should be directed to the owners of the website.

Overview

What is the condition usually called/ any abbreviations used?

Post Traumatic Stress Disorder (PTSD)

Brief overview of the condition

PTSD is a mental health condition you may develop after experiencing one or repeated traumatic events.

If you are given a diagnosis of PTSD, you might be told that you have mild, moderate or severe PTSD. This explains what sort of impact your symptoms are having on you currently – it's not a description of how frightening or upsetting your experiences might have been.

PTSD may be described differently in various situations:

Delayed-onset PTSD. If someone's symptoms emerge more than six months after experiencing trauma, this might be described as 'delayed PTSD' or 'delayed-onset PTSD'.

Complex PTSD. If someone experienced trauma at an early age or it lasted for a long time, they might be given a diagnosis of 'complex PTSD'.

Birth trauma. PTSD that develops after a traumatic experience of childbirth is also known as 'birth trauma'.

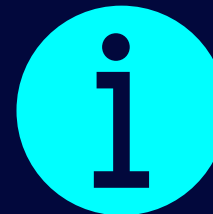
If someone experiences some PTSD symptoms whilst supporting someone close to you who's experienced trauma, this is sometimes known as secondary trauma.

Presenting Symptoms

Each person's experience of PTSD is unique to them and can impact people in different ways.

Common symptoms of PTSD

- Vivid **flashbacks** (feeling like the trauma is happening right now)
 - **Intrusive thoughts** or images
 - Nightmares
 - Intense distress at real or symbolic reminders of the trauma
 - Alertness or feeling on edge/**hypervigilance**
 - Anxiety
 - Panicking when reminded of the trauma
 - Being **easily upset or angry**
 - Disturbed sleep or a **lack of sleep**
 - Irritability or aggressive behaviour
 - Difficulty concentrating – including on simple or everyday tasks
-
- Some people also experience physical sensations or symptoms similar to symptoms of anxiety, such as headaches, dizziness, chest pains, shaking, sweating, nausea and stomach aches.



What are flashbacks?

A flashback is a vivid experience in which you relive some aspects of a traumatic event or feel as if it is happening right now. This can sometimes be like watching a video of what happened, but flashbacks do not necessarily involve seeing images, or reliving events from start to finish. You might experience any of the following: □ seeing full or partial images of what happened □ noticing sounds, smells or tastes connected to the trauma □ feeling physical sensations, such as pain or pressure □ experiencing emotions that you felt during the trauma. You might notice that particular places, people or situations can trigger a flashback for you, which could be due to them reminding you of the trauma in some way. Or you might find that flashbacks seem to happen at random. Flashbacks can last for just a few seconds, or continue for several hours or even days

Fluctuations



Severe flashbacks, panic attacks or nightmares that strike with no warning. Flashbacks experienced & severe panic is debilitating. Fear of actions, such as driving a vehicle, being in certain places, or intrusive unpleasant thoughts, make it very difficult or sometimes impossible to carry these activities out.

Whilst many have a level of anxiety which is present at all times there are triggers causing unpredictable panic which can change hour to hour, day to day and/or week to week depending on various factors.

Exploring the extent of this for the individual and getting a clear understanding of majority of days for them is KEY. Think about exploring things like:

- **Flashbacks**
What triggers these? How often do they have them? When do they typically present? What impact does this have on their mood and/or behaviour and how do they manage these?
- **Increased/general anxiety triggers**
How often does their anxiety present? What is the severity? Is there a particular situation/object/task which is a specific trigger and what amount of this is enough to cause further limitation? E.g. the thought of, carrying it out alone etc.
How are triggers managed?
- **Panic attacks**
How long do they last? How are they managed? How often to they occur? What triggers? How do these typically present?

Reliability

What specific areas should be covered to ensure a complete, reflective report?

SAFETY



TIMELY



ACEPTABLE
STANDARD



REPEATEDLY



Do they have any symptoms which could cause a safety consideration?

For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

Are they able to repeat a task as often as required? Is this the same every day?

Safety risks can manifest to the individual as a result of their own actions. You need to clearly explore how the anxiety, panic attacks or flashbacks manifests and how they respond to it to determine what risks, if any, you need to consider in the appropriate activities.

Understanding what their triggers are that cause flashbacks, panic attacks or heightened anxiety is linked to will help you determine where to explore timing factors. If it is general anxiety or low mood caused by their PTSD consider exploring distraction triggers, management and what support they need. Exploration to timings within relevant activities should also covered.

This is what may be considered 'good enough'. Understand what triggers the individuals, flashbacks, panic attacks and anxiety, to what extent and how this is then managed. Additionally, some individuals with PTSD may have difficulty concentration or with motivation to complete ADL's, so it is important to explore this and what support may be needed.

Anxiety or panic can be constant or be triggered. You need to determine whether functional restrictions as a result of their PTSD are present on the majority of days. It would help to explore how they feel before during and after any task completion to support your understanding.

Sensitivities



What areas might they find difficult to mention or perhaps understate the impact of?

There are lots of misconceptions about PTSD. For example, people may wrongly assume it means you are 'dwelling' on past events. They might even suggest that you should 'get over it' or 'move on'.

The psychological and physical impact that PTSD can have on an individual can be extremely profound.

Someone with PTSD may find it hard to admit that they are struggling to perform basic tasks such as cooking, washing and dressing or may fear that they will not be believed if they have managed to perform these tasks on the day of the assessment. They may find it hard to mention the effects that PTSD can have on personal relationships and their ability to go out. They may also find it hard to describe their symptoms (e.g. flashbacks and panic attacks as this may be distressing) and may also find it hard to mention feelings they have had of wanting to take their own lives.

Watch Larry, Anamoli, Paul and Maisie talk about their lived experience of PTSD [HERE](#).

Customer Care

How is it best to ask about any sensitive topics and what are the common courtesies?



In general

- Brief them on exactly what the consultation involves and what they will be asked to do.
- Ask them if they have any initial concerns about the consultation and see if you can address these.
- Ask if there are any adjustments that would make them more comfortable e.g. if they would like a friend or family member for support, and offer them breaks if they need it.
- **Do not** ask the individual to talk about or describe their traumatic life event which caused their PTSD as this can be a trigger for symptoms to be exacerbated. PIP is an assessment of current function and it is not relevant or necessary to explore what caused the symptoms.
- Instead focus on how PTSD affects their ability to function in relation to the PIP activities.
- Be understanding, empathetic, patient and try not to put the individual under any pressure as anxiety or anxiety related symptoms may be triggered by completing an assessment. Also be prepared for what you would do if the person mentioned feeling suicidal or wanting to harm themselves.
- Do not assume the person lacks intelligence, or does not care, if they have difficulty responding to questions, are showing evidence of distractable behaviour or appear as if they are taking no interest.
- Maintaining concentration during an assessment may be difficult so comprehension may be slow. Keep questions straightforward and give people time to respond. Some anxiolytic medication may also slow people down and if assessment has caused anxiety on the lead up to the consultation, some individuals may be present as tired/exhausted.
- Some people with PTSD may appear irritable, agitated or angry as a result of their condition and it is easy to misinterpret this. Take your time and regularly recap information to show the individual they are being listened to and understood.
- If they do not have a physical condition please do not ask them about their physical ability to complete tasks but instead focus on the psychological ability.

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 1: Preparing food

Depending on the state/ trigger of the anxiety will depend on the extent they are affected for this task. Anxiety can cause distraction, difficulty concentrating and difficulty engaging in or initiating the task. PTSD may also lead to some individuals experiencing low mood and a subsequent lack of motivation to complete a task such as cooking.

Remember in PIP...

Specifics around whether they complete this task, how often and under what circumstances is required. Any restrictions need to be explored such as ritualistic behaviour, triggers for any anxiety and how they manage this. Are they cooking on the majority of days? Do they require prompting? Are there any risk in the kitchen due to flashbacks?

Activity 2: Taking nutrition

Anxiety can reduce appetite and cause distraction. For some, food can be the source of their anxiety and can cause limitations with their initiation of eating and having enough nutrition.

Remember in PIP...

You need to have established the individual's ability to be nourished. Where there is anxiety such as any ritualistic anxiety, how do they manage this. How is their weight managed? How often are they eating? Is taking nutrition a trigger to their anxiety/distress? Do they require prompting to eat? If so, is this required throughout the duration of the meal?

Activity 3: Managing therapy and monitoring a health condition

Whilst many may manage their anxiety and mood with medication, some may have counselling or CBT etc, to support their condition.

Remember in PIP...

If therapy occurs on the home environment, does this occur on the majority of weeks? If therapy is in the home environment, is this as a direct result of their condition. For example, an inability to leave the home due to anxiety.

You must also ensure to explore how any medication is managed including compensation strategies like alarms to combat restrictions where there is anxiety or low motivation around medication management. Do they require prompting to take their medication?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 4: Washing and Bathing

Depending on the level of anxiety a person experiences may distract them from personal care all together, or others may become obsessive over being clean. Washing may be a trigger to their anxiety or alternatively, due to potential low mood, an individual may not be motivated to wash.

Remember in PIP...

Consider if anything impairs their ability to get washed. E.g. consider time taken to complete the task and explore what management strategies are used to manage the effects of symptoms e.g. timers/prompting from others. Are they motivated to wash on the majority of days? Alternatively, if someone has ritualistic behaviour around washing, is this timely or to an acceptable standard? How long does it take them to wash? How many times a day must they do this?

Activity 5: Managing toileting needs and incontinence

Explore any other conditions.

Remember in PIP...

Whilst there might not be a restriction here consider that some may have extreme anxiety that may impact symptoms of other health conditions. E.g. Irritable Bowel Syndrome or overactive bladder etc.

Activity 6: Dressing and undressing

Individuals may report reduction in their concern for appearance and getting dressed regularly due to mood or anxiety.

Remember in PIP...

Consider if anything impairs their ability to get dressed and how this is managed. If they report low mood, are they motivated to change their clothes regularly? Can they dress appropriately for the environment?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 7: Communicating Verbally

Consider any co-morbidities which may impact this activity or if any anxiety as a result of their PTSD impacts insight, cognition or their ability to speak.

Remember in PIP...

There are specific boundaries for basic and complex. How their emotions impact on their ability to manage relationships and socially engage with an individual is likely to be covered in A9. Gather specific detail.

Activity 8: Reading and understanding signs and symbols

Explore any other conditions.

Remember in PIP...

That there are specific boundaries for what is considered basic and complex. Whilst concentration can break someone's reading focus you need to consider whether it is sufficient to impair their ability to understand and process the written information.

Remember the ability to retain or remember information is not considered within this activity.

Activity 9: Engaging with others face to face

PTSD causing anxiety, panic, agitation, anger and/or low mood can affect an individual's ability to form relationships with others and effectively engage in social situations. Many need support to do so, or will only do so with certain individuals.

Remember in PIP...

Cover where specific restrictions are reported how they manage this. Detail of any support provided and whether this support can be provided by anyone or only specific individuals. If it must be specific individuals – why is this the case? Are they trained and/or experienced in supporting the individual with social engagement?

Functional Impact

A brief summary of the functional impact those living with this condition may experience

Activity 10: Budgeting

People with PTSD may find themselves worrying all the time about things that are part of their everyday life or about things that are unlikely to happen, which can impair their ability to plan and budget for the future. Consider if finances cause stress, trigger anxiety and if the individual is motivated to manage their finances.

Remember in PIP...

We must not simply explore cognitive ability to manage finances, but also any lack of motivation or anxiety that may impact this activity. Do they manage their own finances? How would they manage an unexpected bill? Can they plan for future purchases? Do they do any only shopping or banking?

Activity 11: Planning and following a journey

PTSD can make a person very nervous and tense and cause difficulty concentrating to complete a journey. Additionally, it may be a trigger for flashbacks, cause overwhelming anxiety and/or lead to cause panic attacks. Due to this, individuals may avoid journeys all together. It is important to consider symptoms experienced on a journey, does this differ with familiar and unfamiliar journeys (if so, how?) and what support (if any) do they need to go out.

Remember in PIP...

Where there are associated conditions you must explore the 4 stages to a journey 1. Frequency and type of outings 2. before a journey 3. during a journey and 4 post a journey.

Any social anxiety and/or anxiety related to change? If so to what extent, how and when does this manifest, how it is managed, is it present on all journeys or just unfamiliar ones? If they report anxiety symptoms, do these meet the high threshold of OPD? If so, how many times are they leaving the home? Do they require support on all journeys? Also, if there are flashbacks or a lack of concentration, has this caused any risk when out of the home?

Activity 12: Moving Around

Consider any co-morbidities.

Remember in PIP...

Unless they have other comorbidities they are unlikely to have restriction in this area. Make sure you appropriately explore all conditions and refer to resources available to you for support on exploring this as needed.

Additional reading or other resources

EXTERNAL

[About PTSD | Mind, the mental health charity - help for mental health problems](#)

[Post-traumatic stress disorder \(PTSD\) - NHS \(www.nhs.uk\)](#)

INTERNAL

- Desktop Aid – Activity 11, Activity 9, Mental Health, MSE
- CPD Activity 11, Activity 9

Version control

Version	Date	Signed off by	Comments
1.0	18/05/2021	Laura Erskine (Clinical Director)	New re-banded document
1.1	29/03/2023	Rebecca Sparks	2 year document review. Amendments made to 12 PIP Activities.