USE OF THESES

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Trauma, PTSD, and Self-Reported Physical Health
Prior to and Following Counselling: A Longitudinal
Study

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A thesis submitted for the degree of Doctor of Psychology (Clinical) of
the Australian National University
I hereby certify that the work embodied in this thesis is the result of original research and contains acknowledgement of all non-original work.

[Signature]

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ABSTRACT

Posttraumatic stress disorder (PTSD) is an often chronic condition affecting a substantial minority of individuals exposed to traumatic events, particularly when multiple or complex trauma histories are present (e.g., repeated violence, child sexual abuse). Research conducted primarily with Vietnam veterans and sexual assault victims has supported an association between a diagnosis of PTSD and increased self-reported—and in some cases medically diagnosed—health problems.

This dissertation reports two pieces of research—together forming one longitudinal study—that examine the self-reported physical health of victims of crime in the Canberra area prior to and following receipt of counseling in the community. Participants were predominantly female (n = 88, or 88.9% of the sample), treatment-seeking, and in many cases victims of domestic violence and/or child sexual abuse. The mean age was 35.9 years (sd = 11.14). 99 participants completed three questionnaires in each study: the Posttraumatic Diagnostic Scale, the BDI-II, and a health questionnaire specifically designed for this research (a slightly different version of this latter questionnaire was used in the second study).

The initial study found a PTSD prevalence rate of 44.3%, with over 30% of participants reporting that they had experienced four or more traumatic events. Hierarchical multiple regression analyses confirmed that PTSD was a significant predictor of both specific self-reported health symptoms and a poorer perception of health following exposure to the trauma(s), over and above the contribution of depression and other variables associated with poor health. However, contrary to expectations PTSD was not a significant predictor of self-reported medically diagnosed conditions (possibly attributable to both the relative youth of this sample and recency of the traumatic event). Similarly, the PTSD avoidance/numbing cluster was the only significant predictor of self-reported health problems, rather than the expected hyperarousal symptom cluster.
Participants were followed up five to seven months after the initial study, with 59 returning the second set of questionnaires. The aim of the second study was to evaluate whether the provision of counselling between the two studies led to a reduction in both PTSD symptoms and self-reported health problems. The results were complicated, with initial repeated measures analyses of covariance (ANCOVA) showing a reduction in PTSD symptoms over time, but little change in health symptom reporting between the two studies in either the counselling or no counselling group, raising questions about the effectiveness of the treatment being provided to this sample. Further analyses of variance were undertaken depending on whether participants had received no or up to seven sessions or counselling, or more than seven sessions. These subsequent analyses revealed a significant reduction in PTSD symptoms in the shorter-term (or no) counselling group, as well as a non-significant trend towards reduced health symptom reporting for those who met criteria for PTSD. Contrary to expectations, provision of more counselling not only did not improve PTSD or health symptoms, but actually appeared to result in greater endorsement of self-reported health symptoms. Reasons for these results canvassed in this dissertation relate to the effectiveness of the counselling being provided in the community for this client group, in addition to certain complex characteristics of this sample (including exposure to repeated trauma, and the nature of the traumatic events experienced). The need to stipulate the nature of therapy provided to victims of crime is highlighted as one area for further research in the PTSD – health relationship.
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