



**Professor Richard Bryant of UNSW's School of Psychology was recently awarded a Scientia Professorship for his international success and ongoing research in Post Traumatic Stress Disorder (PTSD). He is widely credited with developing the formula to identify people acutely at risk of suffering the condition, and its subsequent treatment.**

"PTSD refers to the psychological reaction people have after being exposed to trauma. For the past decade, we have been looking at the kinds of effects trauma has on people, how and why different people react with varying degrees of symptoms and how best to help people who develop PTSD," said Richard Bryant.

In 1989, Richard became interested in PTSD while working as a senior clinical psychologist at Westmead Hospital's Department of Psychology. In 1995, he joined UNSW's School of Psychology as a lecturer, becoming a professor in 2003.

"We knew that in the initial weeks following traumatic exposure, nearly everybody will show some sign of PTSD

reaction in varying degrees. Flashbacks and nightmares are common and normal reactions. However, three to six months later, most of those people will get better without any help.

"For others, these reactions don't subside and are so distressing that they won't talk about the trauma or even let themselves think about it. They develop anxiety symptoms such as insomnia, startle response and hyper vigilance, which interfere with their ability to concentrate. In fact, about one in four people will end up with a PTSD, which is quite high considering a lot of people get exposed to trauma.

"We wanted to identify those at high risk of getting

PTSD in the first month after trauma. For the last ten years, mainly at Westmead Hospital, we've been looking at the psychological and biological reactions of hundreds of people in the first couple of

weeks after exposure, and then tracking them for months and years later.

"Our research led us to calculate hallmarks of those who are showing the acute stress reactions that are predictive of long-term disorder, and come up with a formula that identifies those who could be at high risk."

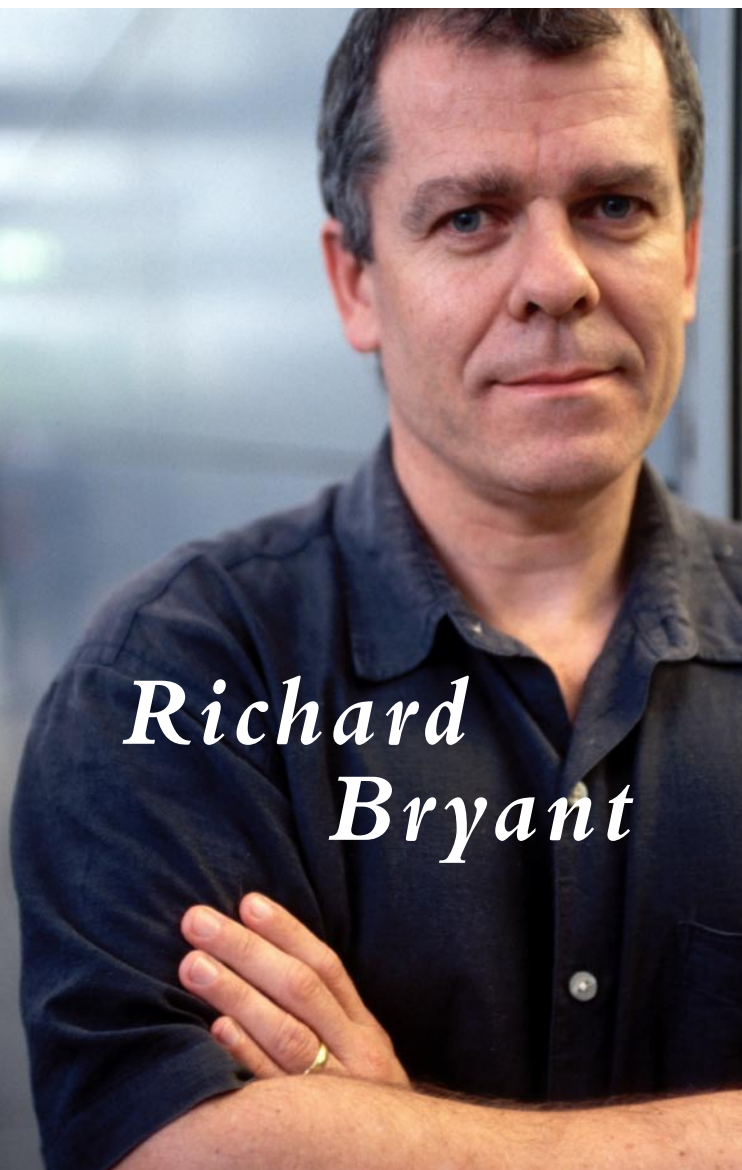
Richard Bryant's team then embarked on a number of early intervention trials to try to prevent PTSD in these high risk people.

"Essentially, we use cognitive behaviour therapy (CBT), an established technique in treating chronic anxiety disorder, in the early intervention phase. We encourage victims to talk about their experiences and feelings every day for a period of time. Initially, this is very distressing, but we find that this kind of therapy reduces the frequency and intensity of the memories," he said.

Trials showed that if people receive traditional counselling, some two-thirds will still have PTSD six months later, but if they have CBT, only around 20 per cent will develop PTSD.

This research raised the question of why only a small proportion of people go on to develop PTSD. In a range of studies with New South Wales Fire Brigade recruits Richard Bryant found that certain biological and cognitive traits were predictive of those who would develop PTSD, such as a tendency to catastrophise, or an elevated startle reaction. These findings highlighted the vulnerability factor of different people and had major practical benefits for recruiting methods.

Richard Bryant's future research includes work on D-cycloserene, a drug which can enhance learning, with potential uses for PTSD in terms of faster recovery as well as in other psychotherapies; web-based treatments for those who can't access or don't want to see a therapist; applying trauma theories to those suffering from grief; the effects of recurring counts of trauma; and working with victims of the Indonesian tsunami to make current treatments culturally relevant.



*Richard  
Bryant*

#### FUNDING

National Health and Medical Research Council Program Grant.