

Trauma: It Complicates Everything!

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Overview

- 1 Introduction
- 2 What is Trauma?
- 3 How is Trauma displayed in one's life?
- 4 Conclusion
- 5 Discussion

Introduction

- Presenter background
- How many in room know someone that has experienced some form of trauma, big or small?
- How many people have seen some individuals resilient to “move on” from a traumatic event?
- How many have seen an individual struggle and never seem to “kick it”?
- 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That’s 223.4 million people (National Council)

What is trauma?

Definition of Trauma

Merriam-Webster.com

a : an injury (as a wound) to living tissue caused by an extrinsic agent

b : a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury

c : an emotional upset <the personal *trauma* of an executive who is not living up to his own expectations — Karen W. Arenson>

Important to realize:

Taken from an interview with Bessel van der Kolk, MD

“What most people do not realize is that trauma is not the story of something awful that happened in the past, but the residue of imprints left behind in people’s sensory and hormonal systems. Traumatized people often are terrified of the sensations in their own bodies.”

Trauma and PTSD

- After a traumatic experience, it's normal to feel frightened, sad, anxious, and disconnected.
- If the upset doesn't fade and there are feelings of being stuck with a constant sense of danger and painful memories, there could be suffering from post-traumatic stress disorder

PTSD in DSM-IV-TR

- A. The person has been exposed to a traumatic event in which both of the following were present:
1. the person experienced, witnessed, or was confronted with an event(s) that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 2. the person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behavior.
- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
 2. recurrent or distressing dreams of the event. **Note:** in children, there may be frightening dreams without recognizable content.
 3. acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).
 4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
 5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by
- 3 (or more) of the following:
1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
 2. efforts for avoid activities, places, or people that arouse recollections of the trauma
 3. inability to recall an important aspect of the trauma
 4. markedly diminished interest or participation in significant activities
 5. feeling of detachment or estrangement from others
 6. restricted range of affect (e.g., unable to have loving feelings)
 7. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)
- D. Persistent Persistent symptoms of increased arousal (not present before the trauma), as indicated by 2 (or more) of the following:
1. difficulty falling or staying asleep; 2. irritability; 3. difficulty concentrating; 4. hypervigilance; 5. exaggerated startle response
- E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

What are some common experiences and what can life look like after the experience?

Traumatic Experiences

- War
- Natural disasters
- Car or plane crashes
- Terrorist attacks
- Sudden death of a loved one
- Witnessing murder or abuse
- Rape
- Kidnapping
- Assault
- Sexual or physical abuse
- Childhood neglect
- Bullying
- Severity or size of trauma doesn't matter, it's how the individual defines 'trauma'!



What can happen?

- Resiliency!
- Self harming behaviors
- Isolation
- Substance use
- Violence
- Exacerbated Mental Health symptoms
- Eating Disorder
- Startle easily
- Sleep issues
- Not trusting
- Guilt/shame
- Possibility of Borderline Personality Dx
- Losses (jobs, support system)
- Physical consequences

Substance Use

- Some individuals turn to alcohol and drugs to self-medicate or control overwhelming feelings as a result of trauma.
- Short term benefit – temporary relief from the overwhelming feelings
- Long term complication – makes recovery efforts more difficult.
- 21-43 percent will develop a long-term substance abuse problem, as compared with 8-25 percent of the general population.
- Individuals using can be at a greater risk for experiencing more trauma
- People who have both PTSD and substance abuse tend to also be diagnosed with another psychiatric diagnosis as well, most commonly major depression or an anxiety disorder.

Statistics taken from NAMI

Mental Health Prevalence

- Common diagnosis with PTSD include: Depression, Anxiety, Eating Disorder, Borderline Personality Disorder
- Borderline Personality Disorder: 58% of people with BPD meet criteria for PTSD. 50-80% remember and report childhood sexual abuse and physical abuse. (Cox)
- Individuals may benefit from medications to help them cope with the changes occurring in their life and body as a result of the traumatic experience.

The Brain



- Exposure to triggers creates an increased blood flow to a part of the brain, while decreasing it to another. Neuroscience research and Neuroimaging have helped in the study of the brain effected after trauma, see Bessel van der Kolk article for more details on specific areas of the brain effected.
- This imbalance effects functioning:
 - Area of speech to communicate needs or feelings
 - Organization
 - Physical response may not match up with stimulus. For example a war veteran may duck while riding in a subway when entering a tunnel, because of memories in the trenches.
 - “Fight or Flight” response
 - The brain determines movement of the body, therefore many “reactions” may occur physically without conscious decision to react in such ways.
 - Attention and working memory will cause difficulty with concentration, and being fully engaged in the present.

The Body

- After a trauma people's bodies continue to recall the environment of trauma. The body keeps replaying the past.
- Physical reactions will occur automatically in self defense to avoid being trapped or harmed again.
- It is important people learn what is going on inside their body and how to manage their physical response during times of arousal.
- Yoga is an Asian tradition that can help reintegrate body and mind. It can help someone reprogram automatic physical responses and teach them there is an end to this memory sensation they are experiencing.
- Breathing is also a component of Yoga that helps to regulate the core of the body.
- At times silent meditation isn't always the first tool that should be tried until the individual is able to regulate their physiology with breath, posture and relaxation. After traumatization being in silence can be scary, so meditation can be something to work toward.
- Some individuals may experience health issues that need to be addressed by a nutrient supplement, or better self care. Taking care of these things can help an individual address the trauma in a more effective way.

Professional help is available

Variety of forms of treatment with clinician



EMDR: Eye movement, desensitization and reprocessing. Processing by bi-lateral stimulation. Founded by Francine Shapiro, PhD

CBT: Cognitive Behavioral Therapy. Focuses on emotions, behaviors and cognitive approaches.

Family Therapy: Can help family members to understand what the individual is going through and how best to be supportive.

Medication Management: Helps to manage secondary symptoms of anxiety and depression.

DBT: Dialectical Behavioral Therapy. Helps individuals to learn “mindfulness”

Seeking Safety: Present focused therapy to help individuals attain safety from PTSD. By Lisa Najavitis.

Hypnotherapy: Therapy with hypnosis

Talk Therapy

Group Therapy

***Note: This is a sampling of treatments available clinically and could potentially be addressed in therapy when it is appropriate. Licensed clinicians will make the determination which intervention is appropriate. There are many, many more forms of treatment available!

Whatever Treatment the individual chooses, make sure it includes:

- Empowerment: The individual is in charge of their healing in every way, opposite of trauma where that is all taken away.
- Validation: Others need to listen and validate the importance of what happened, big or small.
- Connection: It is important to reconnect with others, traumatic events makes others feel isolated and alone.
- Have hope: It is important to know they can feel better

Options outside of a clinical setting

Natural supports/Self Help



- Yoga: There are specialized trauma yoga teachers across the nation
- WRAP planning: by Mary Ellen Copeland. Our agency has available online at no cost if interested
- Peer support (if available)
- If appropriate – join a survivors group specific to the trauma
- Support Groups (such as NAMI, 12 Steps, Dual, etc)
- Identify health family and friends
- Exercise: join a gym or get outside and get active.
- Spiritual resources: whatever feels right is what the individual should go with, from attending church to meditating to reading affirmations, it's not bound to organized religion
- Set a routine: perhaps volunteer, or just do something normal everyday like taking a shower, making a sandwich, calling a friend/family member
- Wear something that helps them feel good
- Get something little done like reading a page from a book or sending someone a card
- Learn something new, find something at the library, read a poem, etc
- Be present in the moment: mindfulness. Feel the weather, observe nature
- Play! With a child or pet
- Relaxation exercises: Practice for 10 mins per day
- Take a warm bath
- Smell something good: flowers, baked bread
- Listen to music, make music, or sing

Important role of Case Managers!

- Encourage the individual to 'challenge' the helplessness. Do this by utilizing their strengths by volunteering, reach out to a friend, **DO ANYTHING POSITIVE!** Review the list in the previous slide and prioritize what may work best for the individual.
- Use Trauma Informed language like "What has happened to you" instead of "What's wrong with you". Encourage/ensure your agency is as Trauma Informed as possible
- Keep healthy boundaries. You are seen as someone with "power", which can be frightening. Be aware of this, but don't go so far boundaries are broken and harm is done.
- Be cautious of "Retraumatization" that would trigger feelings and reactions because they are in a situation that replicates the events or dynamics of the trauma
 - Examples: being restrained, surrounded by escalated individuals, being 'forced' to take meds, derogatory names, being referred to as a diagnosis, closed doors, ignoring or minimizing what they are reporting, forcing to talk about it when they don't want to, being separated from others, being told they are "noncompliant", anger/frustration, threats, touching of any kind, betrayal of privacy and it goes on and on.
 - Building rapport with the individual is KEY so if something happens inadvertently you have the relationship to discuss what happened and learn from it to continue to help the individual.

Experiences and Responses = Complexity!

- Trauma has the potential to make a life very complex and literally change everything in their world. From daily functioning or relationships to own self worth.
- It is important to have an understanding that it is important to be flexible with individuals who have experienced trauma and that the future is unpredictable. Some people may be effected in the short term, but others could be very long term life changing events. Think of veterans and what families have said about family members returning from active duty!
- It is important to be there for the individuals walking through the process and lead them to the supports they need.

Brief Discussion

- What have you seen in the behavioral health field?
- How do you as a Case Manager or other professional feel you can support individuals experiencing both trauma AND PTSD?

Resources

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4. Yoga and Post-Traumatic Stress Disorder. *Internal Yoga Magazine*. Retrieved from:
<http://www.traumacenter.org/clients/MagInside.Su09.p12-13.pdf>
5. Sheralyn Cox, Ph.D. Weathering Stormy Seas: How to Stay Afloat While Working with the Client Who Has Borderline Personality Disorder.
6. Van der Kolk, Bessel. (2006, June). *Clinical Implications of Neuroscience Research in PTSD*. Retrieved from: <http://www.docstyles.com/apacrib.htm#Sec65>.
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