

# Help Me! I've Been Traumatized

The Walls We Build To Protect Ourselves.

Question:

What are the the top five stressors in life?

Answer:

1. Death of a loved one
2. Divorce
3. Moving
4. Major illness or injury
5. Job loss

## Warning:

It is possible as we proceed today that you might find yourself triggering on the information being presented. In the event this should occur please follow through with one or more of the following:

1. Take a deep breath and slowly exhale as if you are bending the flame of a candle but are not blowing it out.

## Warning:

2. Use a soft and pleasant fabric to rub up and down your arm in a gentle and slow motion, paying particular attention to the physical sensation being created.
3. Find a pleasant and enjoyable aroma, such as vanilla or lavender, and breathe in the scent, noticing the positive reaction occurring in the body.
4. If the reaction is too strong, stop watching the presentation and take a short 5-minute walk outside, then come back in and rejoin the session.

## Warning:

5. If the reaction is severe, stop watching the video and seek out the company of good friends.
6. Should thoughts of wanting to cause yourself harm arise, stop watching the presentation and call The National Suicide Prevention Lifeline at 800-273-8255 or proceed to the nearest emergency room.
  1. You can also visit <https://www.nami.org/NAMI/media/NAMI-Media/BlogImageArchive/2020/NAMI-National-HelpLine-WarmLine-Directory-3-11-20.pdf> to obtain the local warm line in your area.

## Trauma Statistics:

- ❖ Estimated 12-month prevalence of PTSD in the U.S. adult population was 3.6% with a lifetime prevalence of 6.8%. (National Comorbidity Survey—Replication 2001 to 2002.)
- ❖ Women were more likely than men to have PTSD (9.7% vs 3.6% for lifetime) (Harvard Medical School, 2007a.b)

## Trauma Statistics:

- ❖ National Epidemiologic Survey on Alcohol and Related conditions, found a lifetime prevalence of PTSD of 7.3%.
- ❖ For Major Depression the 12-month and lifetime prevalence in the adult U.S. population was 6.8% and 16.9%.
- ❖ 12-month and lifetime prevalence of any mental health disorder were 32.4% and 57.4% (NIMH, 2013).





Trauma on the brain

# DSM-V Trauma Related Disorders

## Adult

1. Adjustment Disorders
2. Acute Stress Disorder
3. Posttraumatic Stress Disorder

## Children:

1. Reactive Attachment Disorders
2. Disinhibited Social Engagement Disorder

## Adjustment Disorder Continued

- A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

## Adjustment Disorder Continued

- B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:
  1. Marked distress that is out of proportion to” “the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
  2. Significant impairment in social, occupational, or other important areas of functioning.

## Adjustment Disorder Continued

- C. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:
  1. Marked distress that is out of proportion to” “the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
  2. Significant impairment in social, occupational, or other important areas of functioning.

# Adjustment Disorder Continued

- D. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- E. The symptoms do not represent normal bereavement.
- F. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months

# Acute Stress Disorder

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
1. Directly experiencing the traumatic event(s).
  2. Witnessing, in person, the event(s) as it occurred to others.
  3. Learning that the event(s) occurred to a close family member or close friend. Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental

## Acute Stress Disorder Continued

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse). Note: This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.



## Acute Stress Disorder Continued

- B. Presence of nine (or more) of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:

### Intrusion Symptoms

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

# Acute Stress Disorder Continued

## Intrusion Symptoms Continued

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenact reenactment may occur in play.

# Acute Stress Disorder Continued

## Intrusion Symptoms Continued

4. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

## Negative Mood

5. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

# Acute Stress Disorder Continued

## Dissociative Symptoms

6. An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing).
7. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

# Acute Stress Disorder Continued

## Avoidance Symptoms

8. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
9. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

# Acute Stress Disorder Continued

## Arousal Symptoms

10. Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep).
11. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
12. Hypervigilance.
13. Problems with concentration.
14. Exaggerated startle response.

## Acute Stress Disorder Continued

- C. Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure. Note: Symptoms typically begin immediately after the trauma, but persistence for at least 3 days and “up to a month is needed to meet disorder criteria.
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

## Acute Stress Disorder Continued

- E. The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder.



# Posttraumatic Stress Disorder

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see corresponding criteria below.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

# Posttraumatic Stress Disorder Continued

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

# Posttraumatic Stress Disorder Continued

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, “movies, or pictures, unless this exposure is work related.

# Posttraumatic Stress Disorder Continued

- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
  1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

# Posttraumatic Stress Disorder Continued

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). Note: In children, there may be frightening dreams without recognizable content.
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.

# Posttraumatic Stress Disorder Continued

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

## Posttraumatic Stress Disorder Continued

- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
  1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

# Posttraumatic Stress Disorder Continued

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, “activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).



## Posttraumatic Stress Disorder Continued

- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
  1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

# Posttraumatic Stress Disorder Continued

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

# Posttraumatic Stress Disorder Continued

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

## Posttraumatic Stress Disorder Continued

- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
  1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

# Posttraumatic Stress Disorder Continued

2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

## Posttraumatic Stress Disorder Continued

- F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

## Posttraumatic Stress Disorder Continued

- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

## Posttraumatic Stress Disorder Continued

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:



# Posttraumatic Stress Disorder Continued

1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

## Posttraumatic Stress Disorder Continued

2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

## Posttraumatic Stress Disorder Continued

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

## Question:

Given the descriptions I have provided about the DSM-V trauma related diagnosis and the current state of the world with the pandemic and social unrest, how many of you believe you potentially fit one of these categories?

Respond simply by giving a thumbs up for yes or a thumbs down for no.



Trauma on the brain

How Is Trauma Defined?

# Trauma Defined



# Trauma Defined

## A. Webster's Dictionary:

1. deeply distressing or disturbing experience.  
Such as: an auto accident or losing a loved one.
2. emotional shock following a stressful event or a physical injury, which may be associated with physical shock and sometimes leads to long-term neurosis.



# Trauma Defined

## A. Wikipedia:

1. Psychological trauma is damage to the mind that occurs as a result of a distressing event. Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope, or integrate the emotions involved with that experience.

# Types of Trauma

- Acute trauma: This results from a single stressful or dangerous event (Big T Trauma).
- Chronic trauma: This results from repeated and prolonged exposure to highly stressful events. Examples include child abuse, bullying, or verbal and physical abuse (Little t Trauma).

# Types of Trauma

- **Complex trauma:** This results from exposure to multiple traumatic events whether Big T or Little t trauma.



Trauma on the brain

# Types of Triggers

- Can come from any of the 5 senses:
  - Images similar to traumatic experiences.
  - Sounds similar to traumatic experiences.
  - Smells similar to traumatic experiences.
  - Tactile sensations similar to traumatic experiences
  - Tastes similar to traumatic experiences.

# Types of Triggers

- Can come from the time of year.
- Can come from the temperature of the environment.
- People can be triggers
- Things can be triggers
- Places
- TV shows/News, even words
- Music
- Anniversaries



Question:

How does trauma effect the body?



# Answer:

Can include but is not limited to:

exhaustion, confusion, sadness, anxiety, agitation, numbness, dissociation, confusion, physical arousal, blunted affect, or anhedonia (an inability to experience pleasure).

Trauma can create somatic responses where the horrific experience is stored physically in the body.

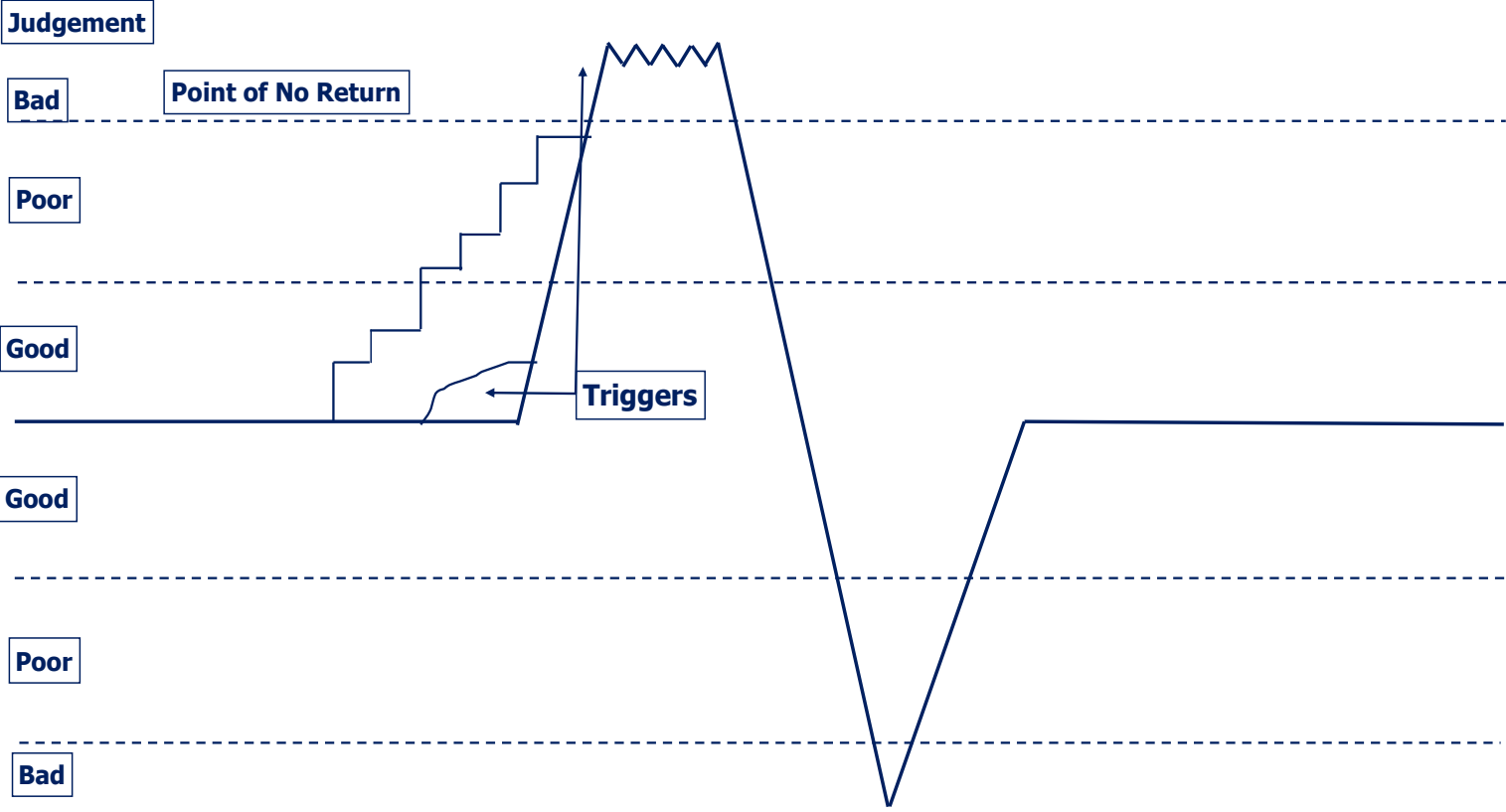
Question:

How does trauma effect our judgement and decision-making process?

# Window of Tolerance

- First coined by Daniel Seigel, M.D.
- I affectionately call this the Goldie Locks Zone

# Window of Tolerance

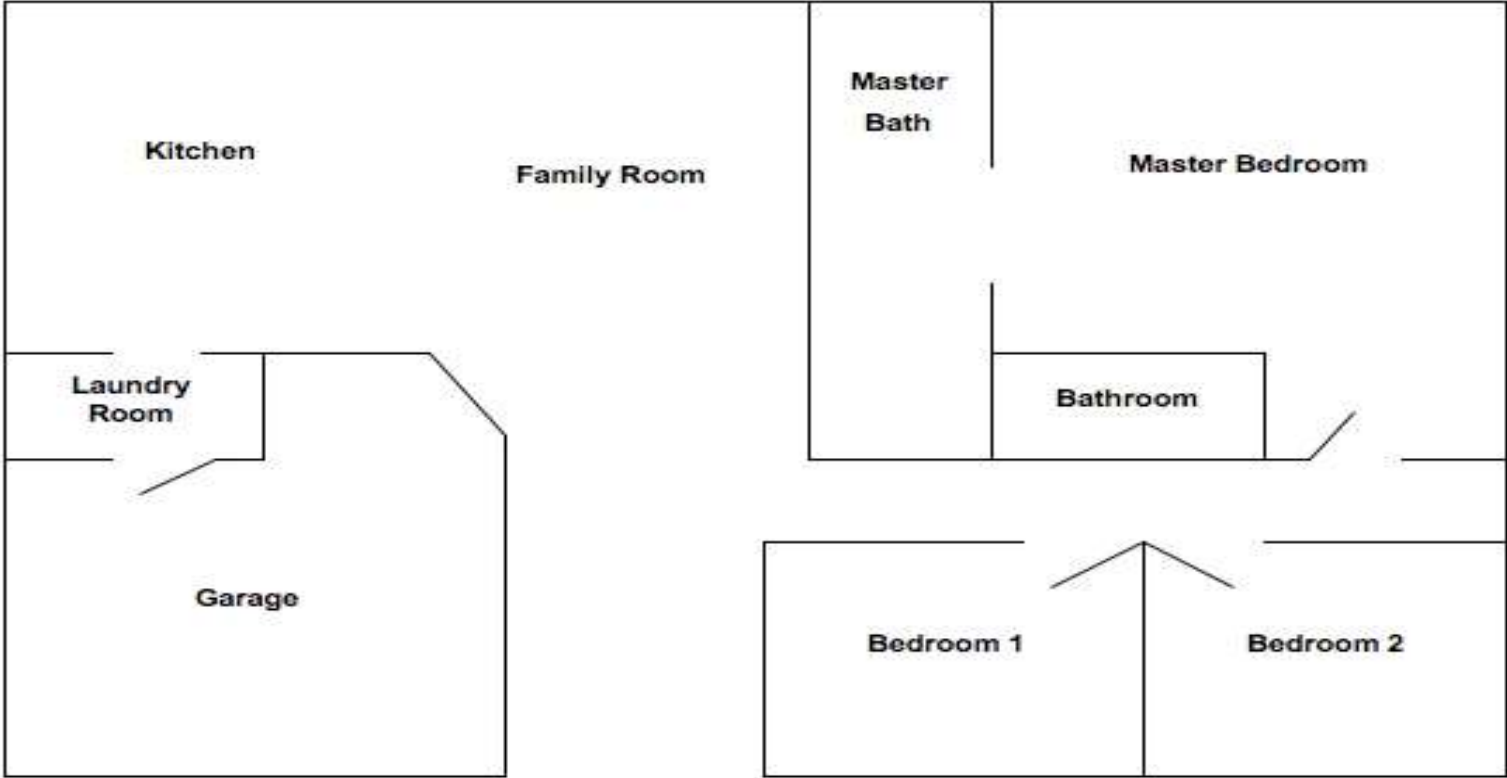


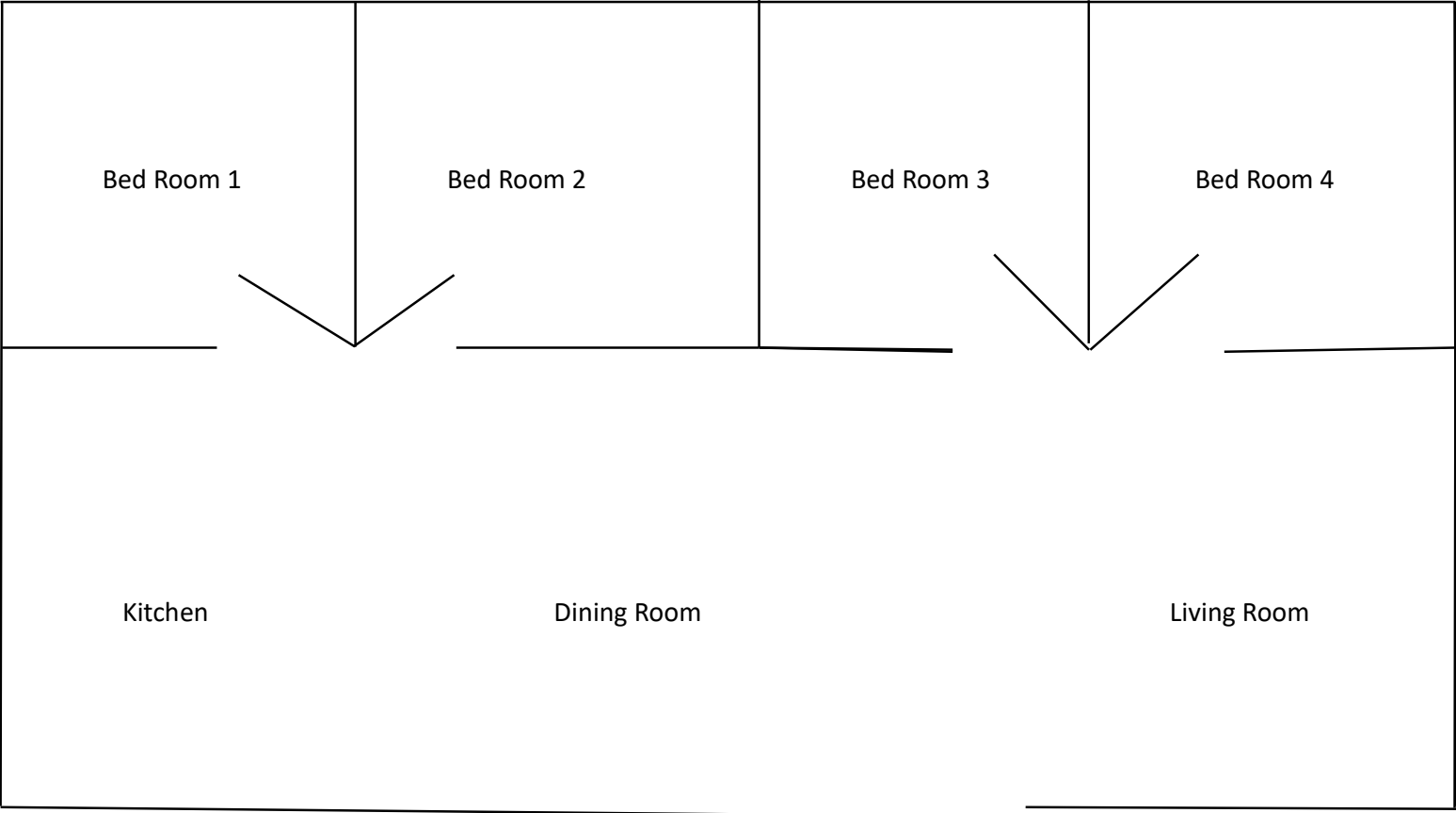


Trauma on the brain

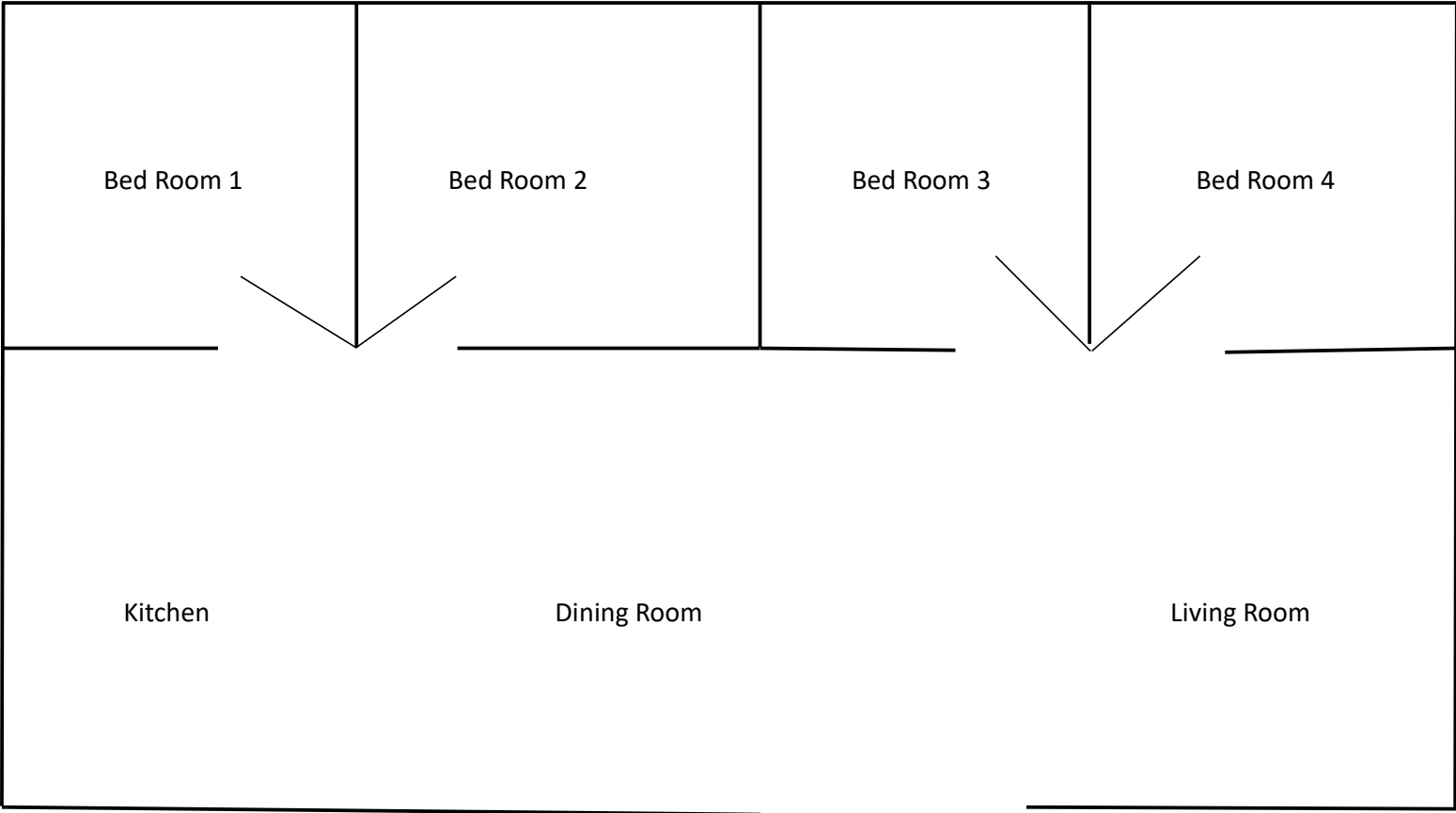
# Tin Man by Miranda Lambert

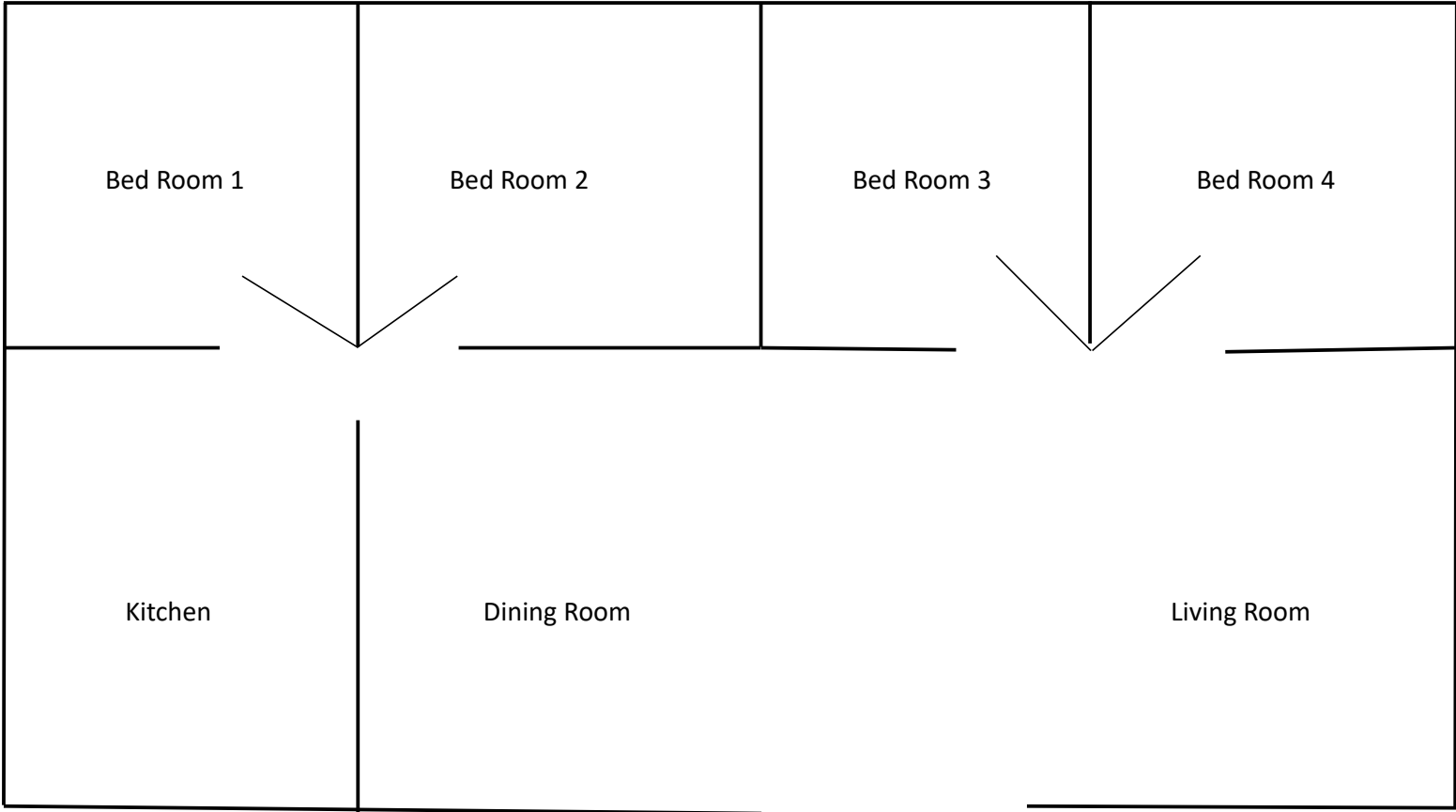


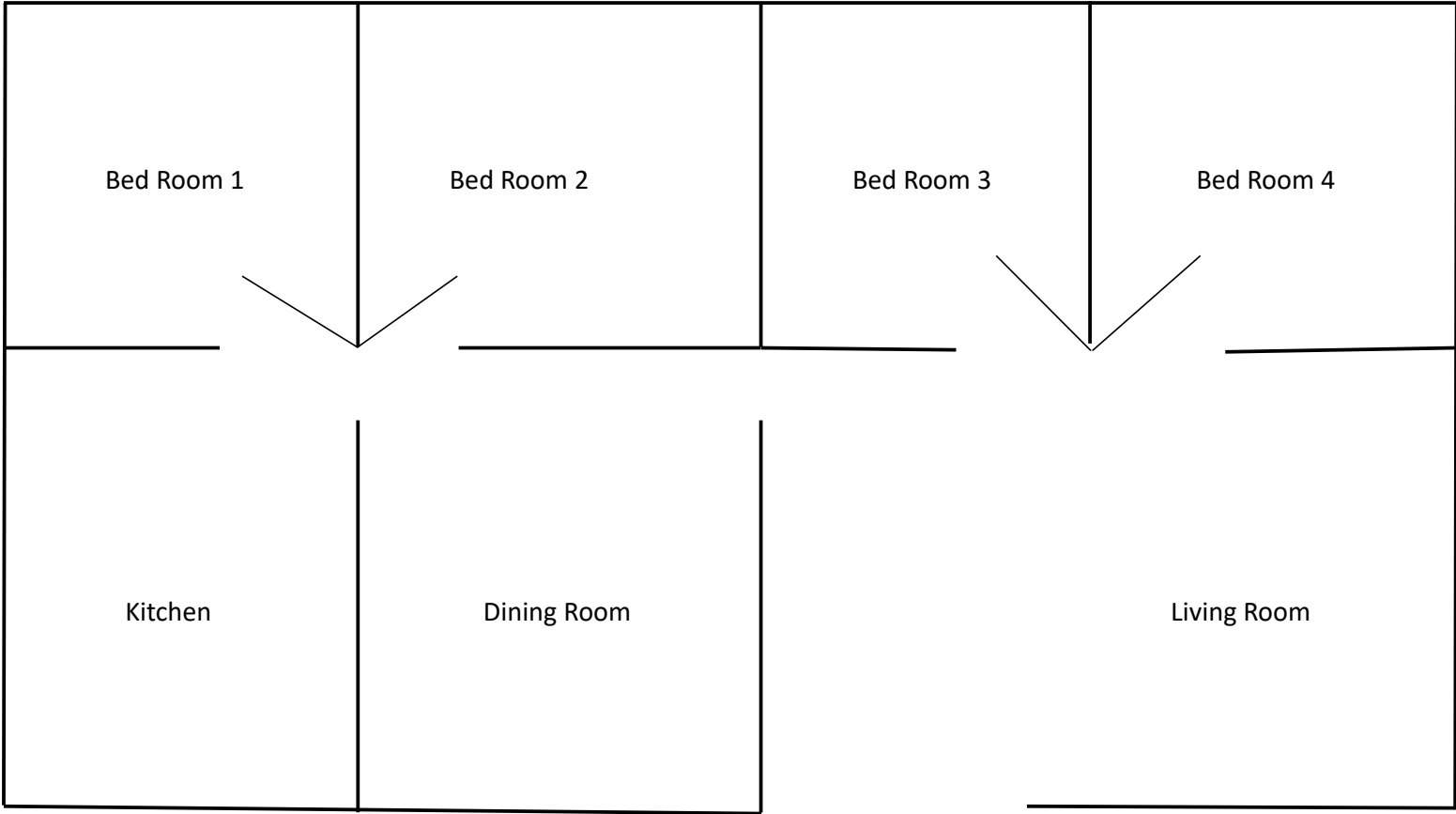


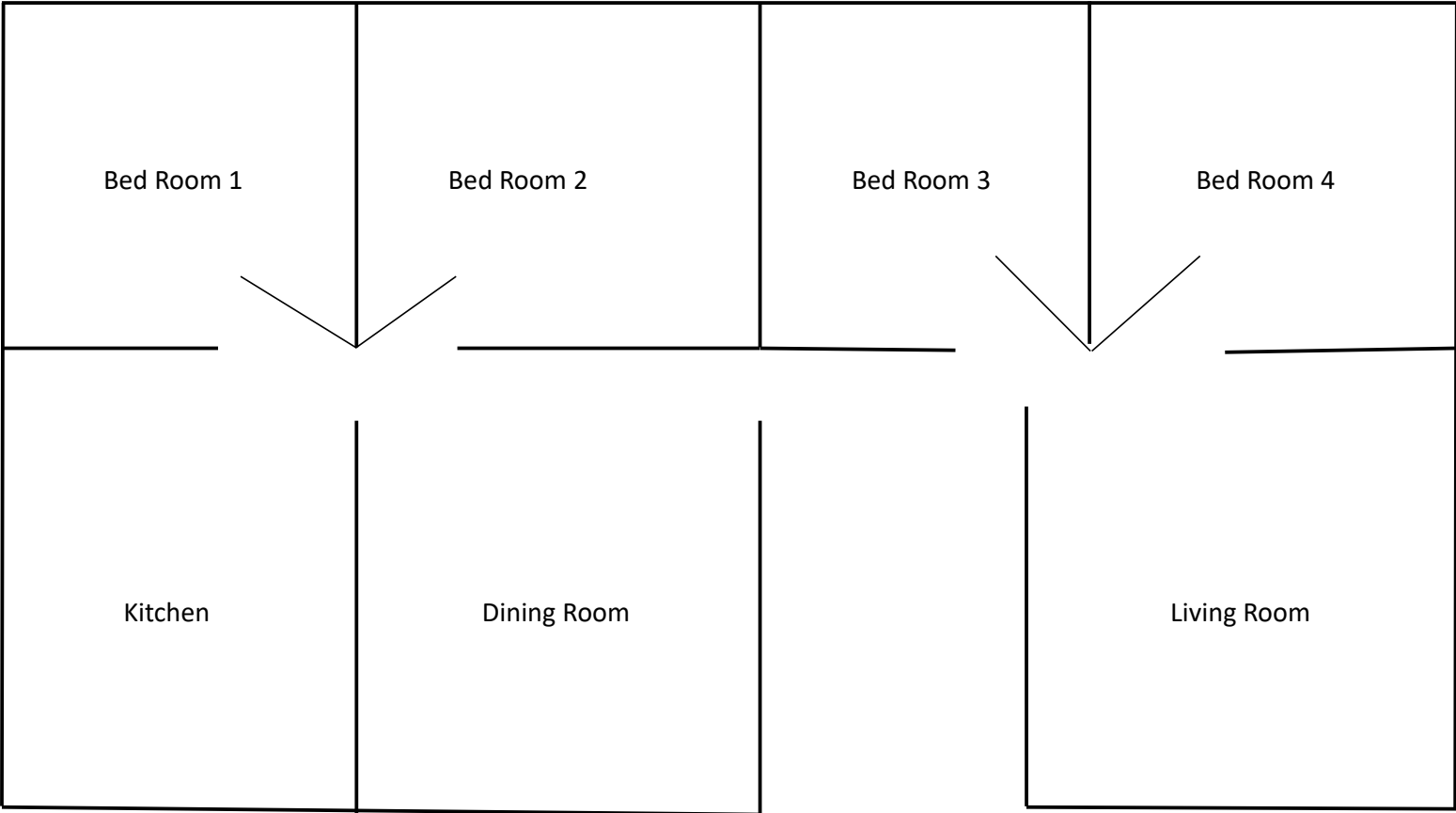


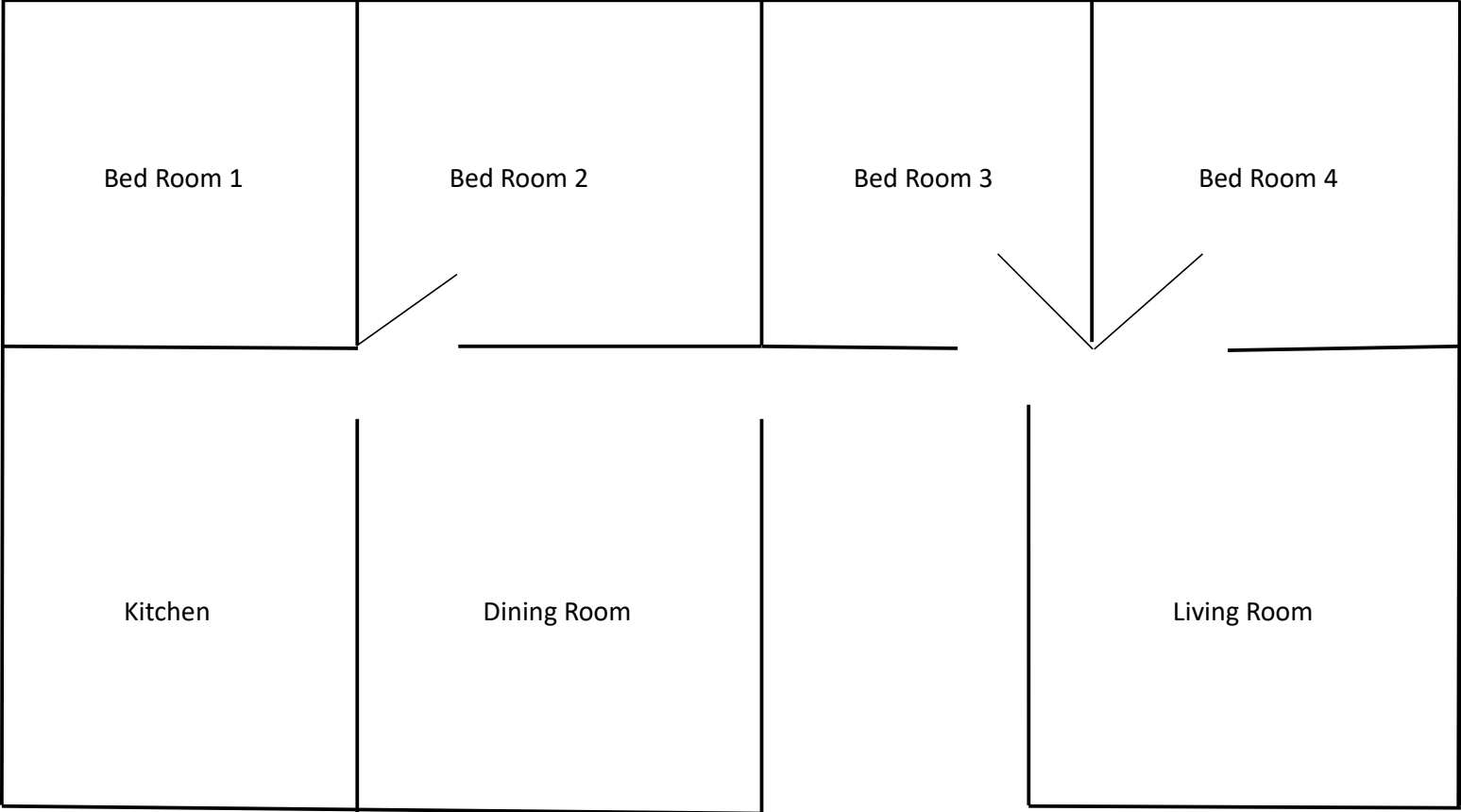


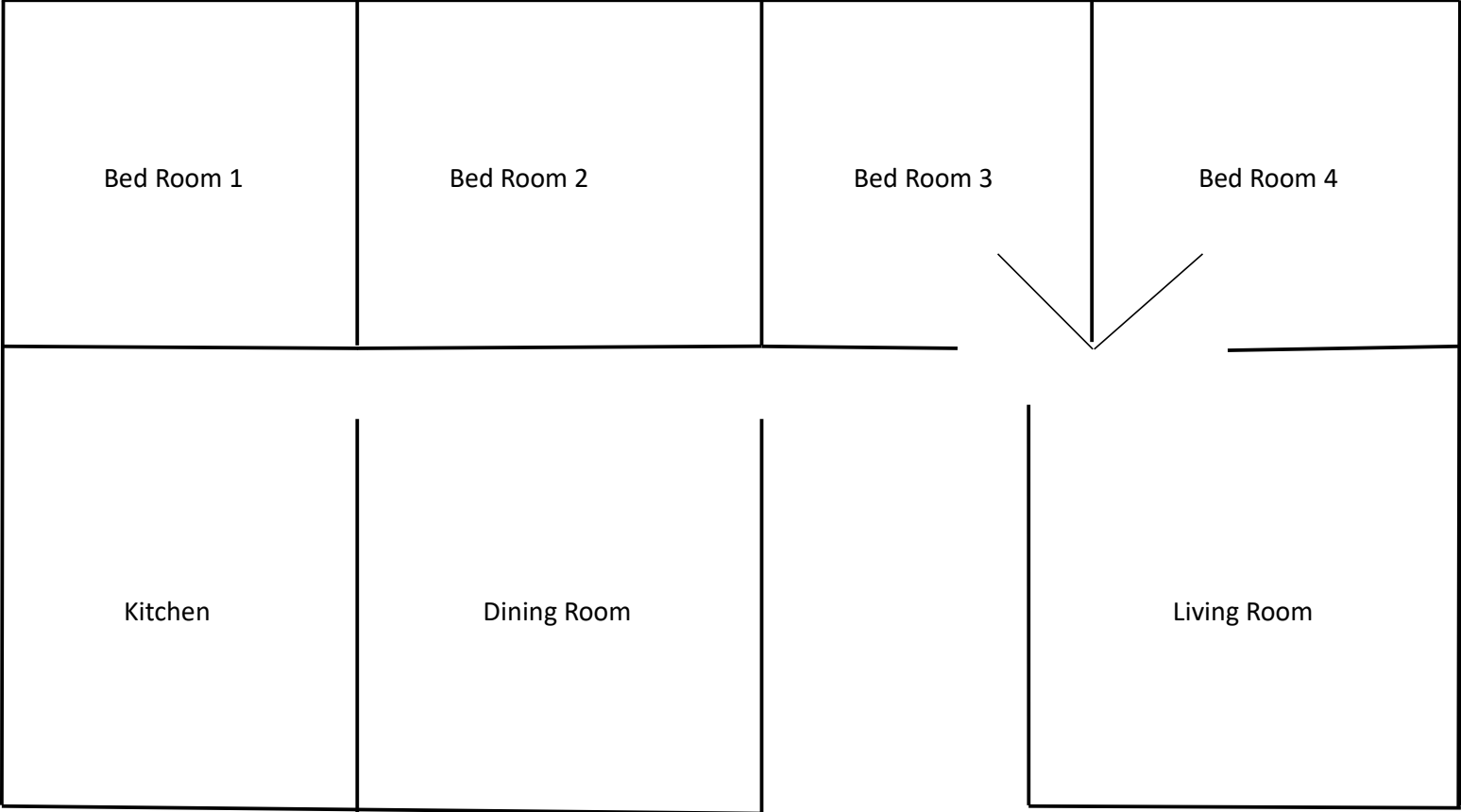


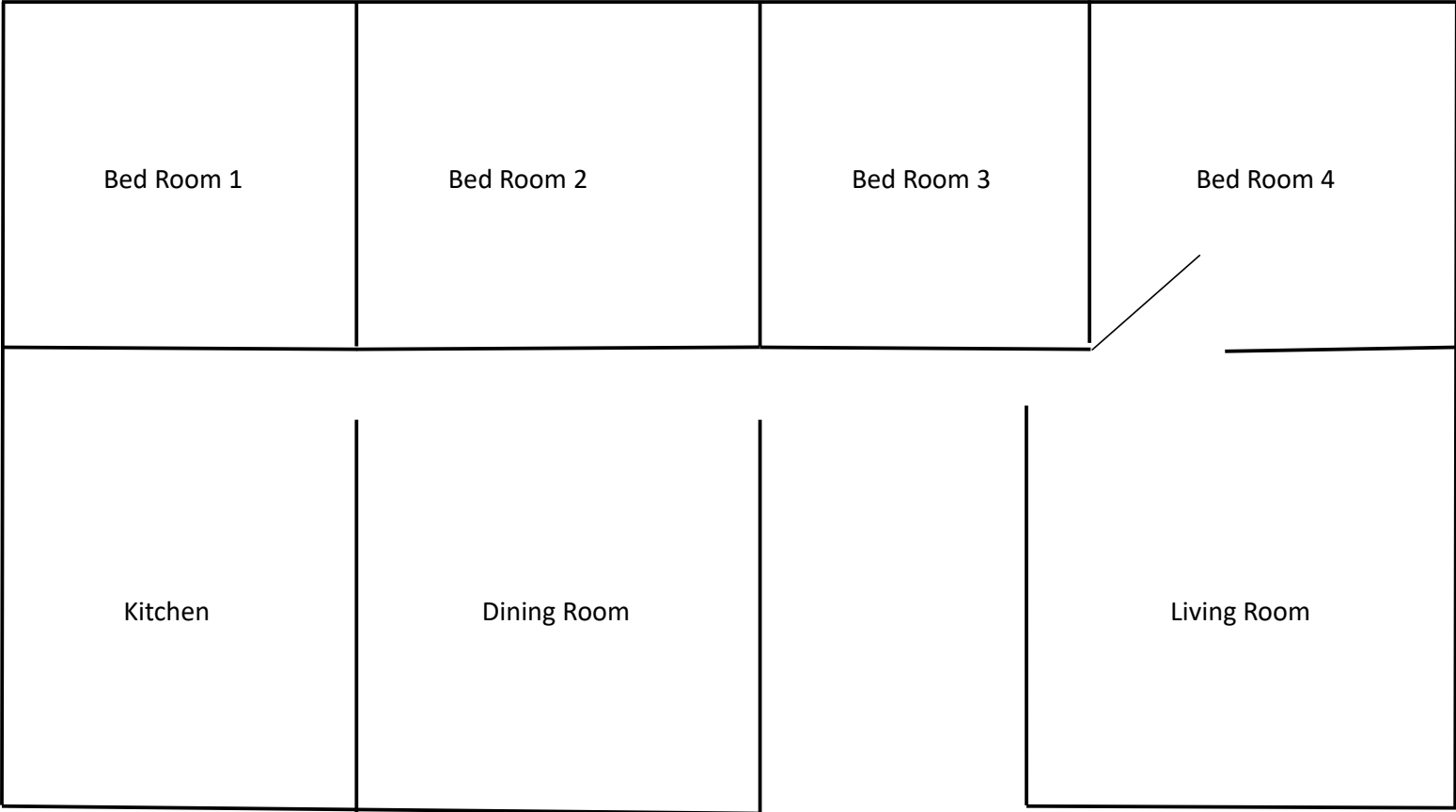


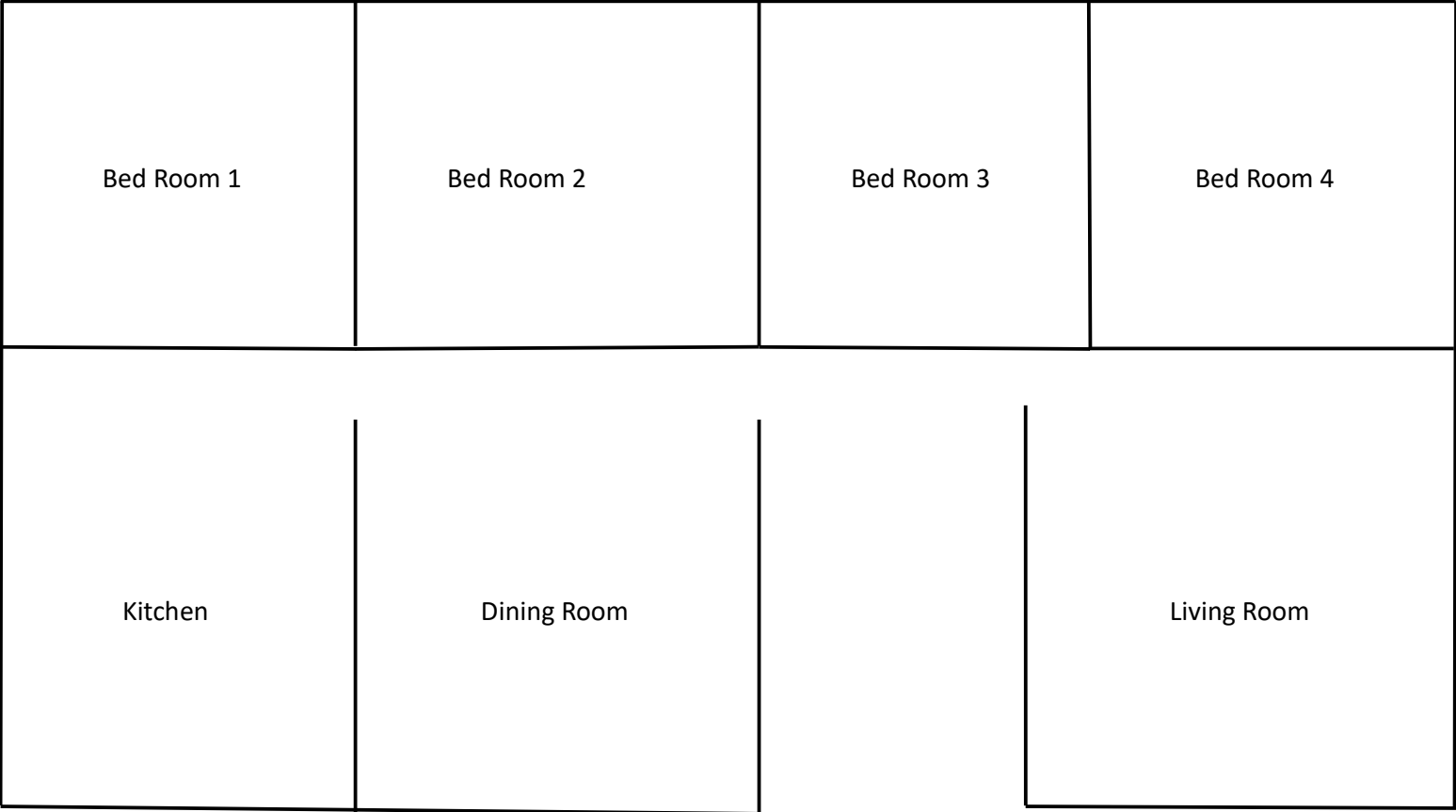












Bed Room 1

Bed Room 2

Bed Room 3

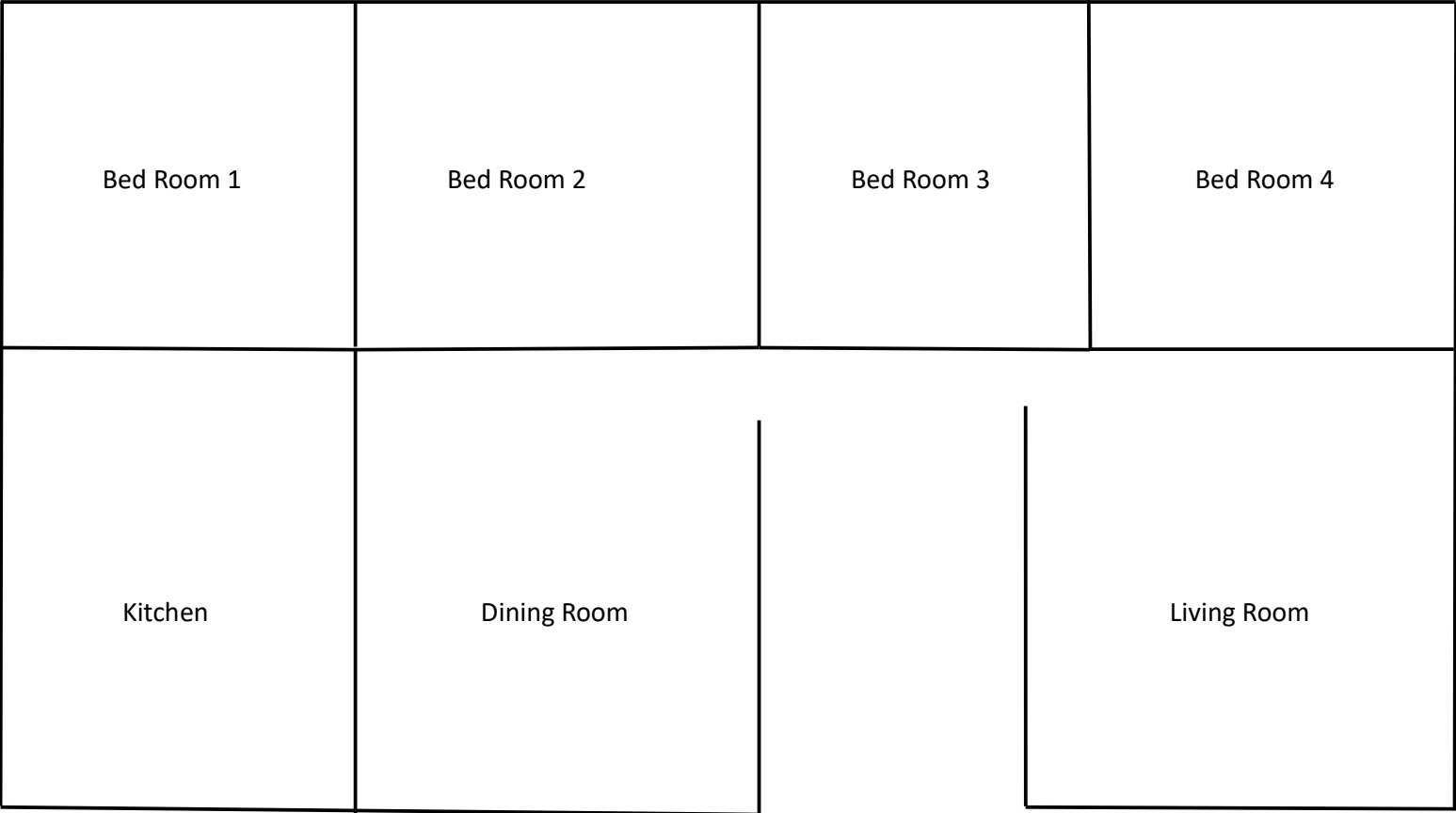
Bed Room 4

Kitchen

Dining Room

Living Room





Bed Room 1

Bed Room 2

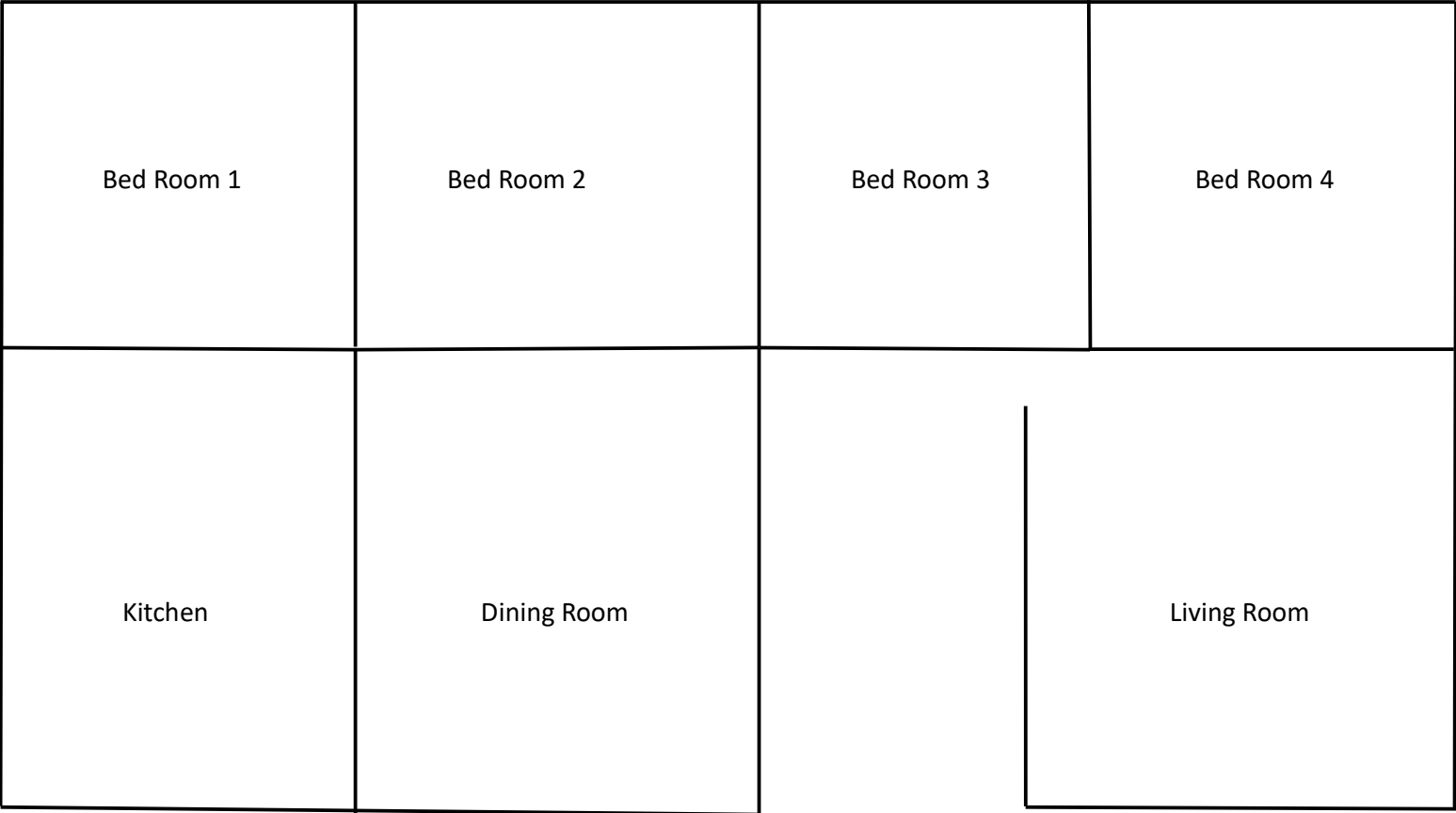
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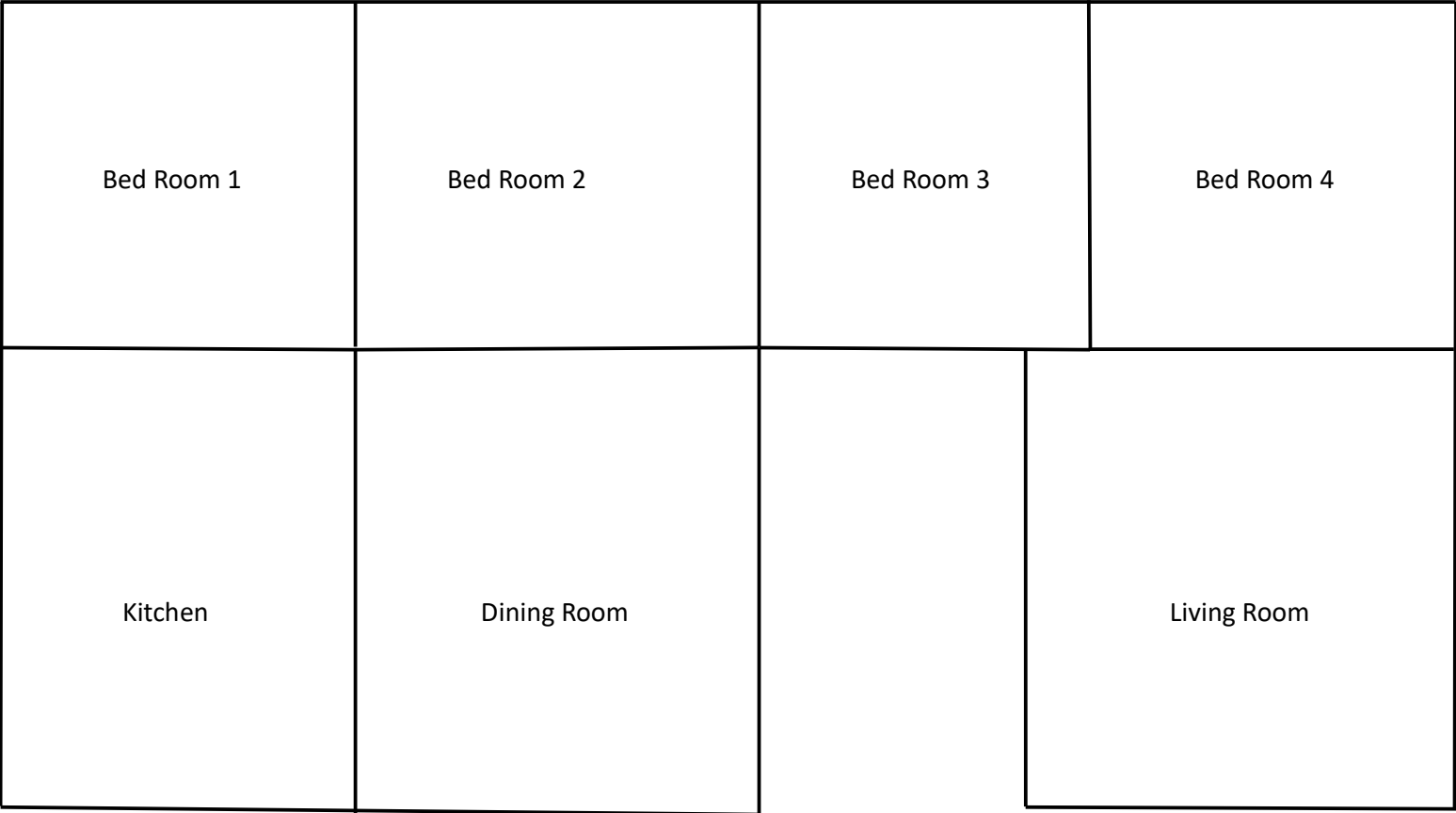
Bed Room 4

Kitchen


Dining Room


Living Room







Infancy Trauma	Toddler Age Trauma	Early Elementary School Trauma	Late Elementary School Trauma
Jr High School Trauma	High School Trauma	Apparently Normal Part	Adult/Professional Trauma



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<p>Infancy Trauma</p>	<p>Toddler Age Trauma</p>	<p> Early Elementary School Trauma </p>	<p>Late Elementary School Trauma</p>
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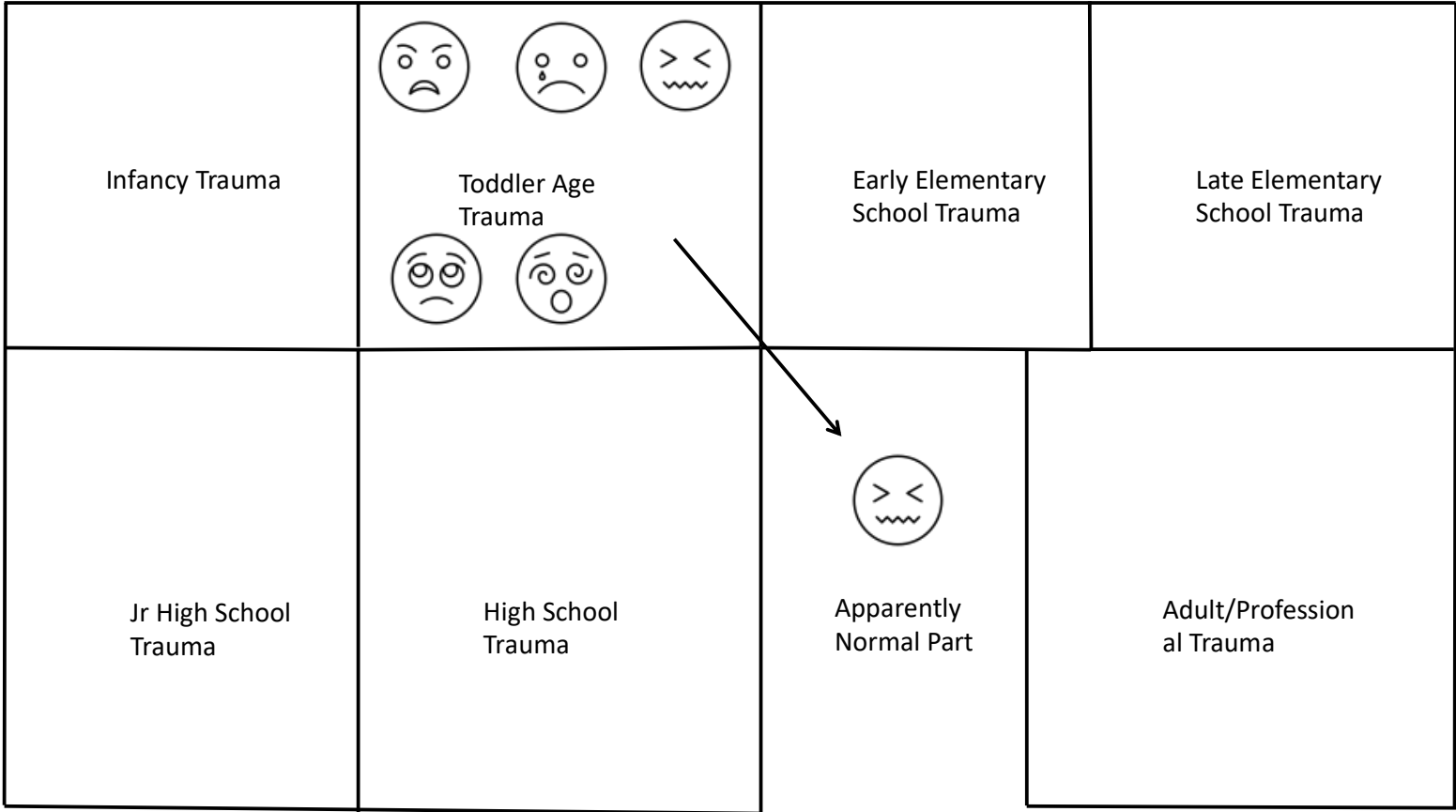
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Trauma on the brain

# Trauma History Questions

1. What difficulties have I experiences in my past in each of the areas in the floor plan?
2. What hard or tragic encounters have I lived through?
3. What hard or tragic situations have those I care about suffered?
4. What Cultural adversity have I faced?
5. What historical events have negatively affected me?
6. Have I ever or do I continue to suffer from medical issues?

<p>Infancy Trauma:</p> <ul style="list-style-type: none"> <li>• Seizure due to high fever</li> </ul>	<p>Toddler Age Trauma:</p> <ul style="list-style-type: none"> <li>• Moved</li> <li>• Brother was born blind in right eye, he had several surgeries</li> </ul>	<p>Early Elementary School Trauma:</p> <ul style="list-style-type: none"> <li>• Parents fought</li> <li>• Dad often gone with work</li> <li>• Mom's anger</li> </ul>	<p>Late Elementary School Trauma:</p> <ul style="list-style-type: none"> <li>• Parents divorced</li> <li>• Parents married their second spouse.</li> <li>• Abusive/alcoholic step-father</li> </ul>
<p>Jr High School Trauma:</p> <ul style="list-style-type: none"> <li>• Moved to live with dad</li> <li>• Lost all friends</li> <li>• Separated from brother</li> </ul>	<p>High School Trauma:</p> <ul style="list-style-type: none"> <li>• Maternal grandfather passes away</li> <li>• Father divorces second wife.</li> </ul>	<p>Apparently Normal Part</p>	<p>Adult/Professional Trauma</p> <ul style="list-style-type: none"> <li>• Challenger Disaster</li> <li>• 9-11</li> <li>• Pandemic</li> <li>• Surgery</li> <li>• Daughter's asthma</li> <li>• Coming face to face with an alligator in a tiny plastic kayak.</li> </ul>

# Thank You!

For allowing me to speak with you this morning.

Question & Answer: