

Trauma: Understanding it and Treating it

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Overview

- What is Trauma
- How does it present
- The Traumatic Brain
- Treatment Modalities and Interventions
- Ancillary Interventions
- Effective treatment
- Final Thoughts

A New Day ... A New Way



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What is Trauma?

- Threatening or distressing
- Recurring and persistent
- Feelings of helplessness and powerless
- Fear and panic
- Fight, Flight or freeze
- Impacts ability to function
 - Physical, cognitive, emotional, relational or spiritual

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Intergenerational Trauma

- Trauma passed on thru generations
 - Relationships – Attachments
 - Genetically / Mental Health
 - Culturally
 - Distortions and Beliefs
 - Behaviors (Anger, Hypervigilance, distrust...)
 - Puts future generations at risk
 - Therapy can stop the process
 - Teach resilience

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All wounds are not external:
America's Soldiers often bring
home conflicts they silently
battle internally.



Moral Injury

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How Does Trauma Present

- Angry, aggressive or controlling
- Obsessive Compulsive
- Detached, reactive or affect driven
- Manic and moody
- Emotional dysregulation
- Anxious, inability to sit still

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How Does Trauma Present

- Avoidant (people, places, topics)
- Scheduling or attendance
- Substance Abuse
- Increased risks for cutting, suicide, homicide
- Something is different

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What Affects Our Response

- Symptoms may occur immediately or several months later
- Early intervention is important
 - Optimally within 6-24 hours
- What affects our traumatic experience
 - Pretraumatic Factors
 - Peritraumatic Factors
 - Posttraumatic Factors

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Presentations Diagnostically

- Acute Stress Disorder
- Posttraumatic Stress disorder
- Major Depressive Disorder
- Anxiety Panic or Dissociative Disorders
- Psychotic Disorders
- Reactive Attachment Disorders
- Learning Disorders
- Possible wrong diagnosis
 - Bipolar, BPDO, ODD, ADHD, Autism

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Impact of Trauma

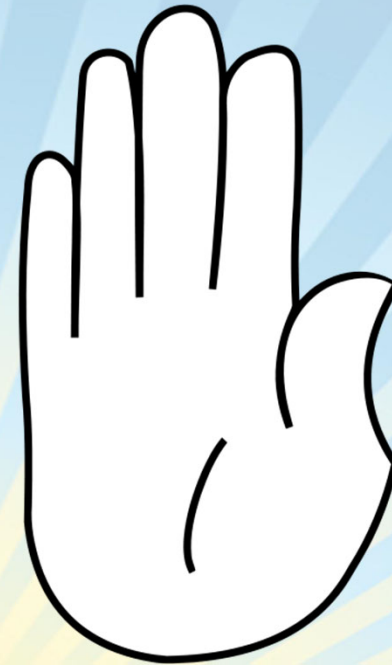
- Individual
- Family
- Friends
- Organizations
- Community
- Globally

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A Look at the Brain

- Sub-cortical
 - Brain stem
 - Regulation of body
 - Fight, Flight or freeze
 - Limbic System
- Pre-frontal cortex
 - Most developed
 - Pause
- Hand Model of the Brain
 - <https://www.youtube.com/watch?v=gm9CIJ74Oxw>
 - https://www.youtube.com/watch?v=H_dxnYhdyuY

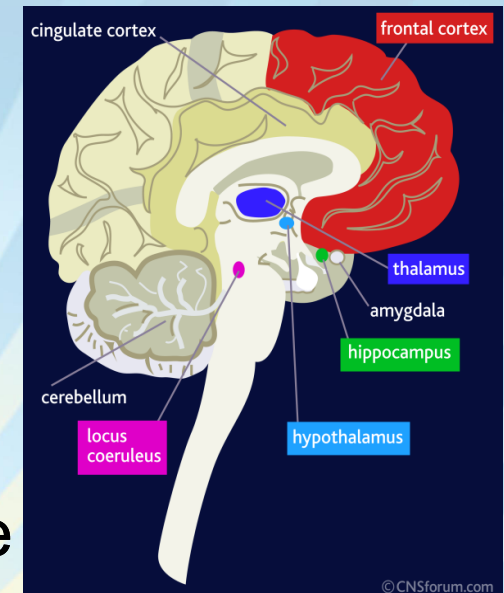


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The Traumatic Brain

- Mind, Body and Brain connections
- Threat is experienced or triggered
- Amygdala activates
 - Hypothalamus: fight or flight response
 - Norepinephrine/epinephrine released
 - Continual arousal state/startle response
 - Prolonged exposure decreases the ability to recognize a real threat
 - unregulated fear response...hypervigilant state
 - Assists the hippocampus in memory and motivation



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The Traumatic Brain

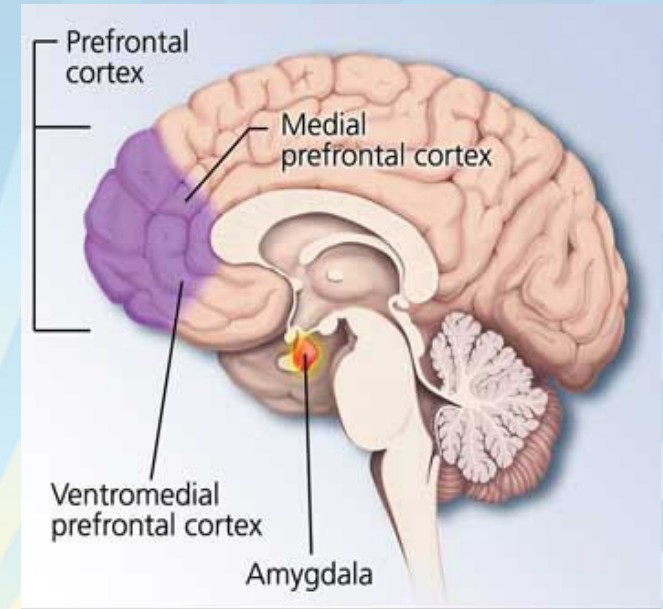
- Sympathetic nervous system
 - Cortisol (Stress hormone) is released
 - Increases heart rate and blood pressure
 - Increases oxygen and muscles are strengthened...
 - Increases alertness and ability to act

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The Traumatic Brain

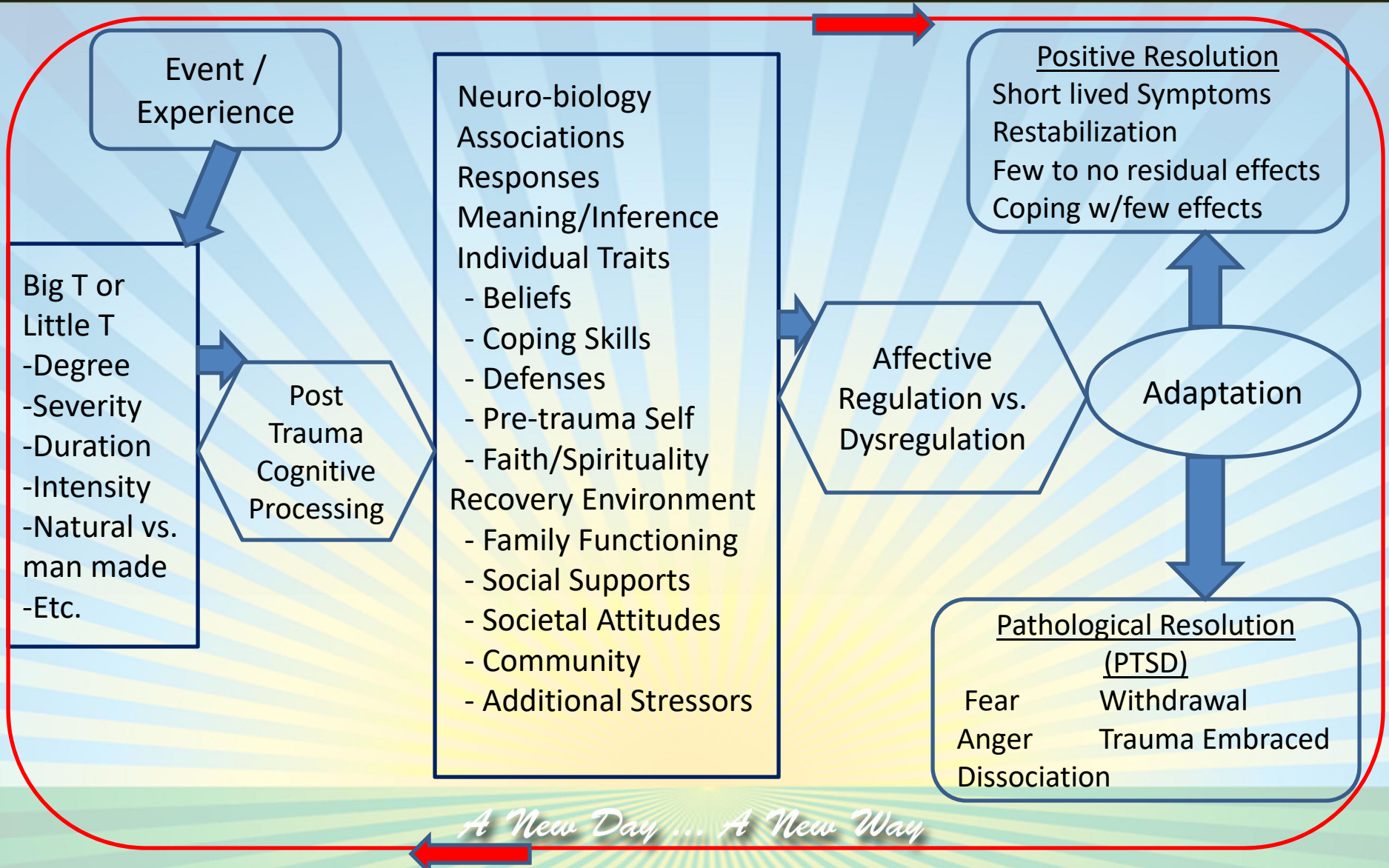
- Frontal Lobe - Cortex
 - Executive functions
 - Planning, evaluating
 - organizing, executing
 - Memory (speed)
 - Limbic System
 - Regulates fear, aggressive and emotional responses
 - Mood Regulation and Emotion



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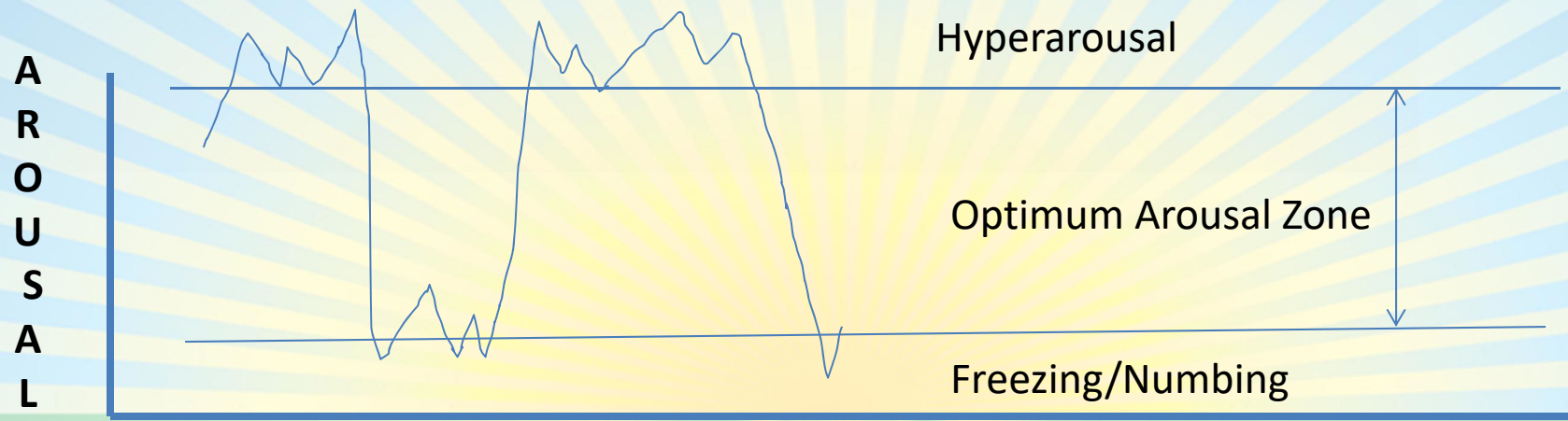
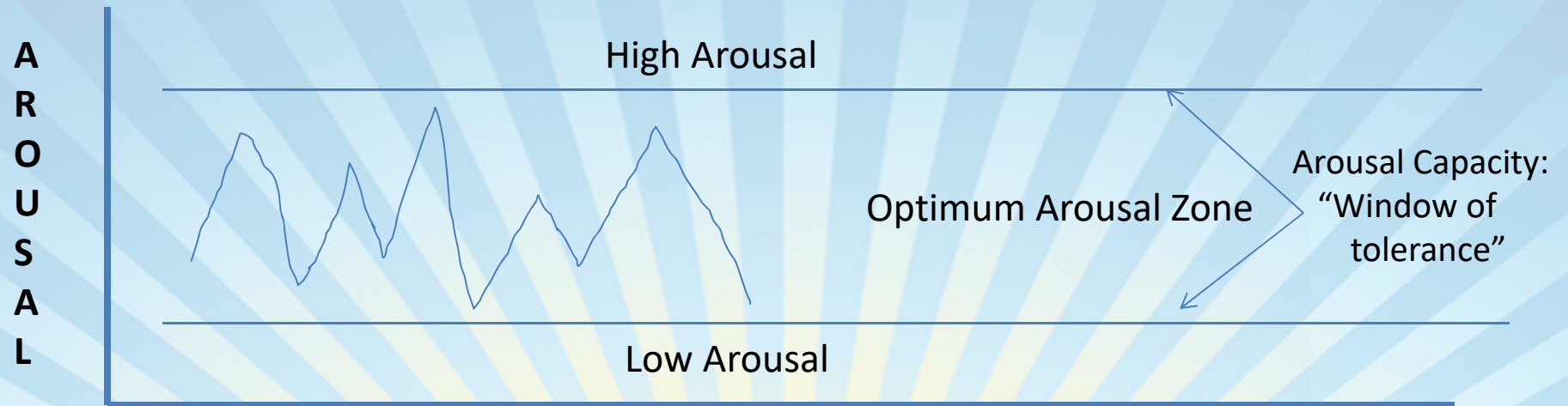


Trauma Loop



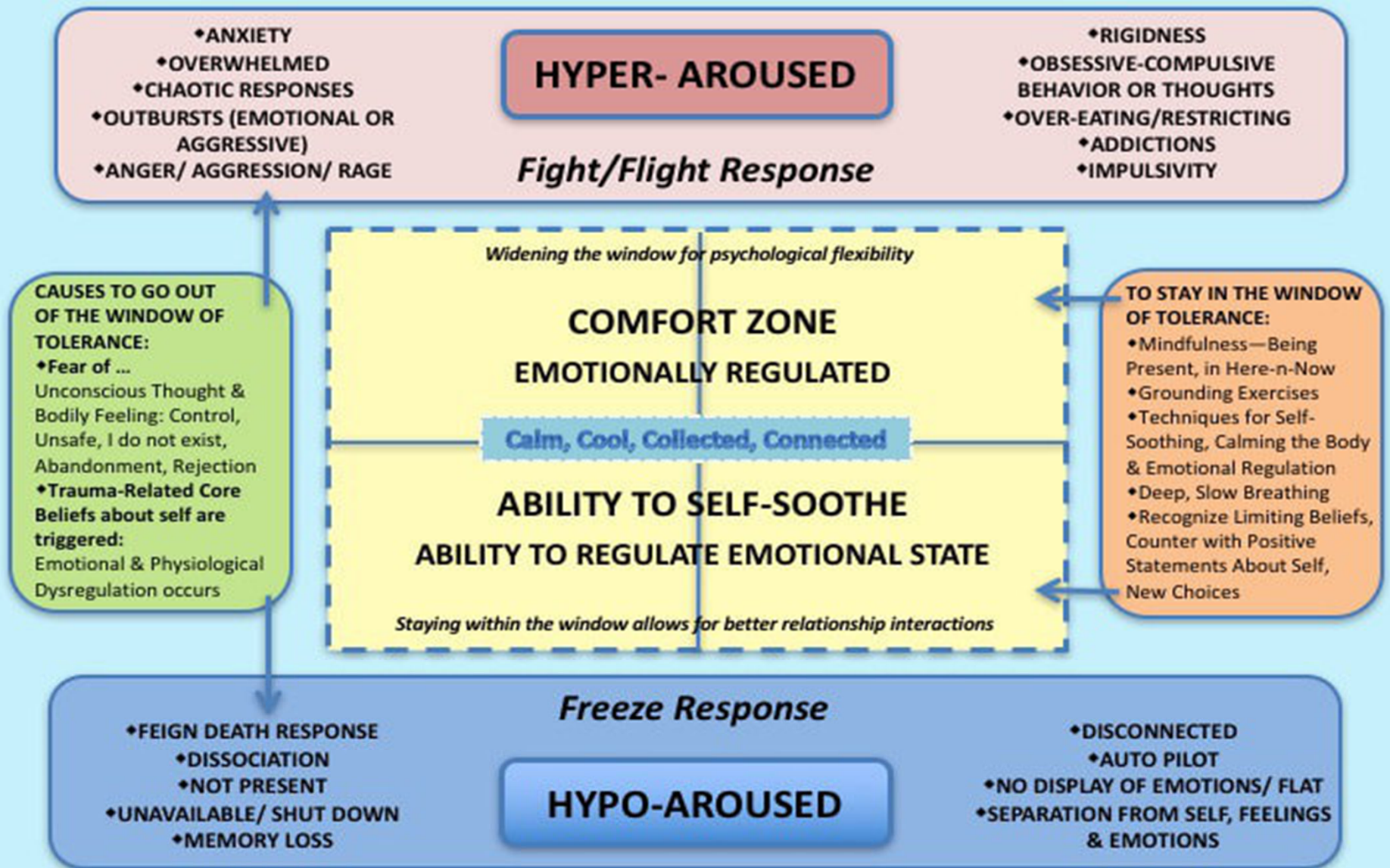


The Trauma Loop Modulation



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WINDOW OF TOLERANCE- TRAUMA/ANXIETY RELATED RESPONSES: *Widening the Comfort Zone for Increased Flexibility*





The Traumatic Brain

- MRIs of trauma survivors
 - Combat and child sexual abuse
 - Have a reduced hippocampus
 - Memory problems (content and emotions)
 - Highest incidences of dissociation



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Left Brain – Right Brain

Frank and Ernest

by Bob Thaves



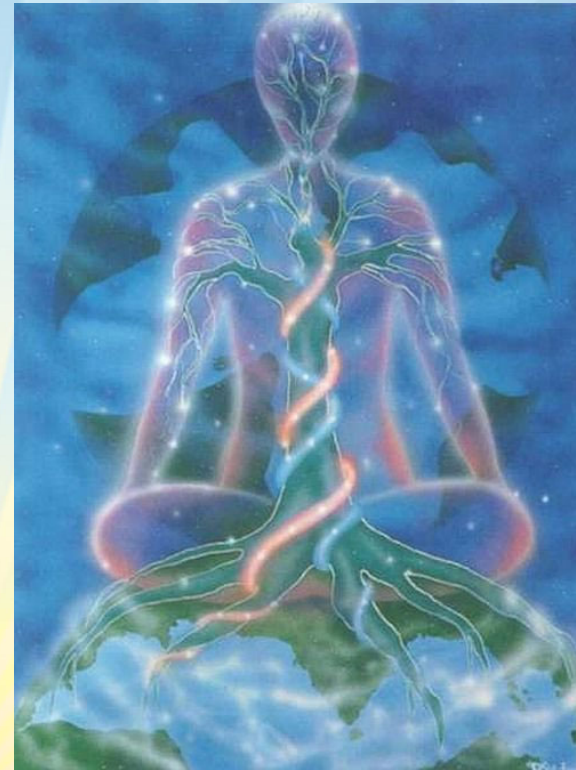
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Treatment Modalities

- Individual
- Family
- Group
 - Psycho-educational
 - Psychotherapy
- Referrals
- Adjunctive therapies



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Treatment Modalities

- Family
 - Psycho-education
 - Individual
 - Couple
 - Family
 - Group
 - Support
- Secondary Trauma



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Treatment Process

- Where to start
 - Establish the therapeutic relationship
 - Ensure safety
 - Teach sustainment skills
 - Grounding/Anchoring
 - Diaphragmatic Breathing
 - Progressive Muscle Relaxation
 - Safe Place
 - Relaxation
 - Mindfulness

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Treatment Interventions

- Psychoeducation
- Trauma Focused Cognitive Behavioral Therapy
- Prolonged Exposure
- Cognitive Processing
- EMDR
- Blast Technique
- Cognitive Therapy
- Interpersonal Therapy

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Yerkes Dodson Effect

THRESHOLD POINT

AROUSAL

**FOCUS &
ATTENTION**

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Treatment Interventions

- Medication Management
 - SSRIs (Zoloft, Prozac, Lexapro, Paxil, Zoloft)
 - SNRIs (Effexor, Pristiq)
 - NDRIs (Wellbutrin – Bupropion)
 - Hydroxyzine, Trazadone, Remeron for sleep
 - Prazosin, Clonidine for nightmares
 - Benzodiazepines – acute anxiety
 - Combinations are often used

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Treatment Interventions

- Memory Work
- Journaling
- Drawing
- Movie making
- Visual Imagery
- Writing the Narrative
- Container Exercises, Protective clothing
- Mindfulness, Yoga, Meditation



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Treatment Goals

- Stabilization
- Decrease SUDS
- Change beliefs / distortions
- Change narratives
- Rebuild relationships
- Emotional regulation
- Improved functioning
- Resolution and reconciliation



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Our Role and Impact

- Be Informed and stay “In the Know”
- Develop good assessment skills – learn to be patient
- Identify Transference/Counter-transferences
- Know your biases (e.g., abuse, war-related situations, cultural, gender, etc.)
- Seek therapy for self regarding past trauma
- Seek supervision / consultation
- Monitor Compassion Fatigue

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Watch Out For Burn Out!

Us & Them

by Wiley Miller & Susan Dewar



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Final Thoughts

- Relationship is key
 - Listen to their story
 - Have empathy
 - Gather the pieces to make the puzzle



- Don't change the pieces to make the pieces fit
- Scars remind us of where we've been
- They do not have to dictate to us where we're going
- Secondary Trauma
- Compassion Fatigue

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Final Thoughts

- I can't change the direction of the wind nor its intensity, but I can adjust my sails to reach my destination
- When we are no longer able to change a situation - we are challenged to change ourselves
- •Life has meaning under all circumstances, even the most miserable ones
- I may not be where I want to be, but thank God I'm not where I used to be
- The last of human freedoms - the ability to chose one's attitude in a given set of circumstances

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The most beautiful people

we have known are those who have known defeat,
known suffering, known struggle, known loss,
and have found their way out of the depths.

These persons have an appreciation, a sensitivity,
and an understanding of life that fills them with compassion,
gentleness, and a deep loving concern.

Beautiful people do not just happen.

- Elisabeth Kubler-Ross

Simple Reminders
SIMPLEREMINDERS.COM

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Summary

- What is Trauma
- The Traumatic brain
- Window of Tolerance
- Treatment Process
- Ancillary Services
- Self care
- Questions



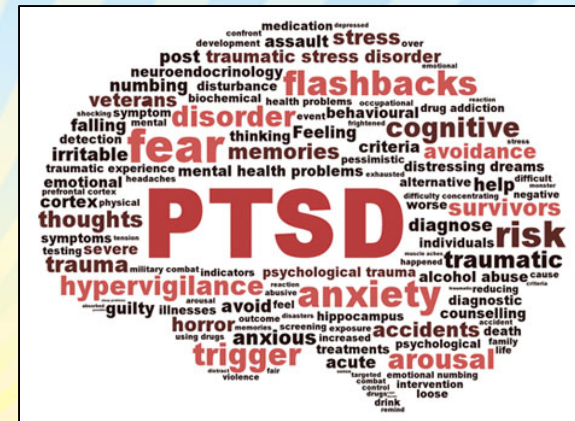
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Back-up Slides



What is PTSD?

- Classified as:
 - Anxiety (DSM IV)
 - Trauma and Stress- Related Disorder (DSM 5)
- Event (Criterion A)
 - Experienced or Witnessed
 - Directly or Indirectly
- Onset
 - > 30 days
 - Acute vs. Delayed (Expression)



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What is PTSD?

- Symptoms
 - Must experience significant DISTRESS
 - Social
 - Occupational
 - Interpersonal
 - Physical Limitations
 - Key areas of functioning
 - Not due to substance abuse or other conditions
 - Specifiers: With
 - Dissociative
 - Depersonalization or Derealization
 - Delayed Expression (6 mos after event)



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What is PTSD?

- Symptoms
 - Intrusive (Criterion B)
 - Recurrent (memories, dreams)
 - Involuntary
 - Dissociative Reactions (Flashbacks)
 - Distressing (Physically and Psychologically)
 - Intense and prolonged



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What is PTSD?

- Symptoms
 - Marked arousal and reactivity (Criterion E)*
 - Irritability and Anger (w/o reasonable provocation)
 - Sleep disturbance
 - Problems with Concentration
 - Exaggerated startle response
 - Reckless or self-destructive behavior
 - Hypervigilance



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What PTSD is not?

- Acute Stress Disorder
- Adjustment Disorder
- Obsessive Compulsive Disorder
- Psychotic Disorder
- Dissociative Disorder
- Personality Disorder
- Major Depressive Disorder

Can be Comorbid (co-occurring)

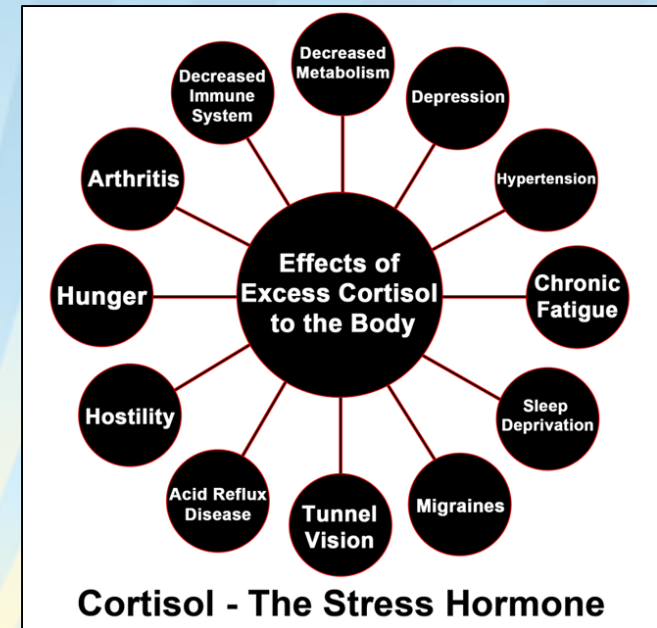
Symptoms **must** have occurred as a result of the event

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The Traumatic Brain

- Cortisol is key to our survival
 - Too much...too often due to continued traumatic events
 - Can damage the hippocampus
 - Impacts learning and memory
 - Affects mood and fatigue
 - Damages the immune system
 - Elevates blood sugar and metabolism
 - Decreases synthesis of proteins
 - Decreases Serotonin's 5HT receptor's ability to bind within the hippocampus which can lead to atrophy



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PTSD



POST TRAUMATIC STRESS DISORDER

PTSD is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or feel that you have no control over what is happening.

After the event, you may feel scared, confused, or angry. If these feelings don't go away or they get worse, you may have PTSD. These symptoms may disrupt your life, making it hard to continue with your daily activities.

All people with PTSD have lived through a traumatic event that caused them to fear for their lives, see horrible things, and feel helpless. Strong emotions caused by the event create changes in the brain that may result in PTSD.

SOLDIERS DIAGNOSED WITH PTSD



GENDER

90.4% Male
9.6% Female



RACE

69% White
17.1% Black
11.2% Hispanic
2.7% Other



AGE GROUP

32.9% 18-24
29.9% 25-29
21.8% 30-39
15.3% 40-67



MARRIED

47.5% Never
40.1% Currently
12.4% no



RANK

96.9% Enlisted
3.1% Officer



BRANCH

73.4% Army
4.8% Navy
3.5% Air Force
18.3% Marines



DEPLOYMENTS

63.4% One
36.6% Multiple



COMPONENT

57% Active Duty
43% Nat. Guard/Reserve

4 TYPES OF PTSD

Reliving the event - Bad memories can come back at any time, you may feel the same fear you did when the event took place, have nightmares, and feel like you're going through the event again. These are flashbacks. Triggers might include car backfires, seeing a car accident, and seeing news reports.

Avoiding situations that remind you of the event - You may try to avoid situations or people that trigger memories. This may include staying away from movies that remind you of the event, or staying overly busy, so as to not have to talk about the event.

Feeling Numb - You may find it hard to express your feelings. You may not have positive or loving feelings, or you may not be interested in activities you used to enjoy.

Hyperarousal - You may be jittery, always alert, and on the lookout for danger. This can cause you to suddenly become angry or irritable, have a hard time sleeping, have trouble concentrating, or fear for your safety.

SOURCES: <http://www3.interscience.wiley.com> | <http://www.ptsd.va.gov>



Supportive Services

- Air Force Wounded Warrior (AFW2) Program (www.woundedwarrior.af.mil)
- Hopes and Dreams Riding Facility (www.hopesanddreamsridingfacility.com)
- Give an Hour (www.giveanhour.org)
- *TF-CBT Triangle for Life* (download from iTunes or Google Play)
- PTSD 101 Courses available through VA (www.ptsd.va.gov/professional/ptsd101/ptsd-101.asp)



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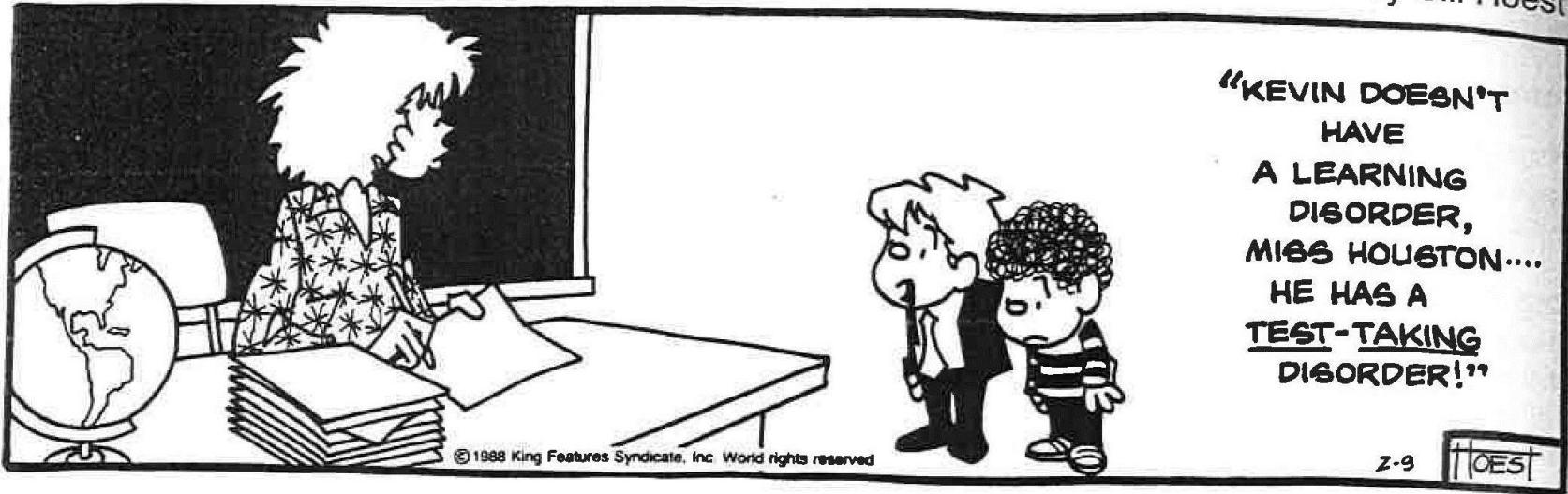
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Maybe it's this simple!

What A Guy!

by Bill Hoest



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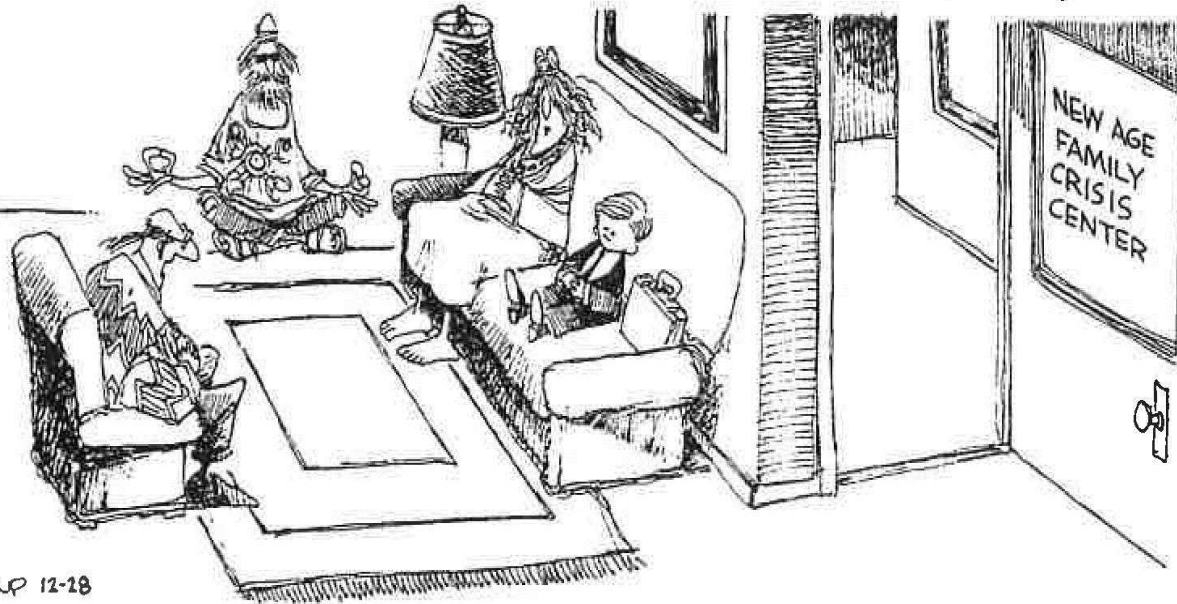
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This is how the client feels sometimes!

Non Sequitur

YOUR PARENTS ARE CONCERNED ABOUT YOUR ANTI-SOCIAL BEHAVIOR, BILLY...



by Wiley Miller

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