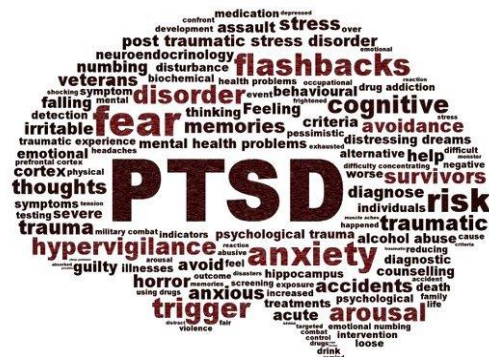


Trauma and PTSD



What is trauma

- Trauma: (Greek) *injury* or *wound*
- Traumatic event: External event involving “actual or threatened death or serious injury, or a threat to physical integrity of self or others, provoking intense fear, helplessness or horror” (MH Guideline)
- What are examples of a traumatic event?

Stress reaction

- Stimuli (event) creates a response
- Increased level of adrenaline makes us ready to perform (alert, fast heartbeat, short breath etc.)
- Examples of a stress reaction you encountered?

What is Post Traumatic Stress Disorder?

- *Traumatic stress* is caused by the confrontation with helplessness and death, a complete loss of control.
- *Post* refers to the fact that the traumatic stress symptoms are still there long after the event happened.
- Symptoms persisting >1 month
- *PTSD can occur years after the precipitating event*

Symptoms

- Intrusion
- Avoidance
- Hyperarousal

Intrusion

- Unconsciously re-living the traumatic experience
 - Flashbacks, nightmares, thoughts about the traumatic event.
 - Attempt to process, evaluate, and define.
 - Can sometimes lead to recovery.

Avoidance

- Avoiding trauma-related thoughts and memories.
- Avoiding physical trauma reminders (such as conversations, places).
- Forgetting important aspects of the trauma (amnesia).
- ‘Shutting down’ (*emotional numbing*).
- Interpreting surroundings as strange or unreal (de-realization).
- Feeling ‘not oneself’ (*depersonalization*) .

Hyperarousal

- Increased (hyper) anxiety
- Alert
- Difficulty falling asleep
- Irritability/anger
- Impulsiveness
- Difficulties with concentrating

Children

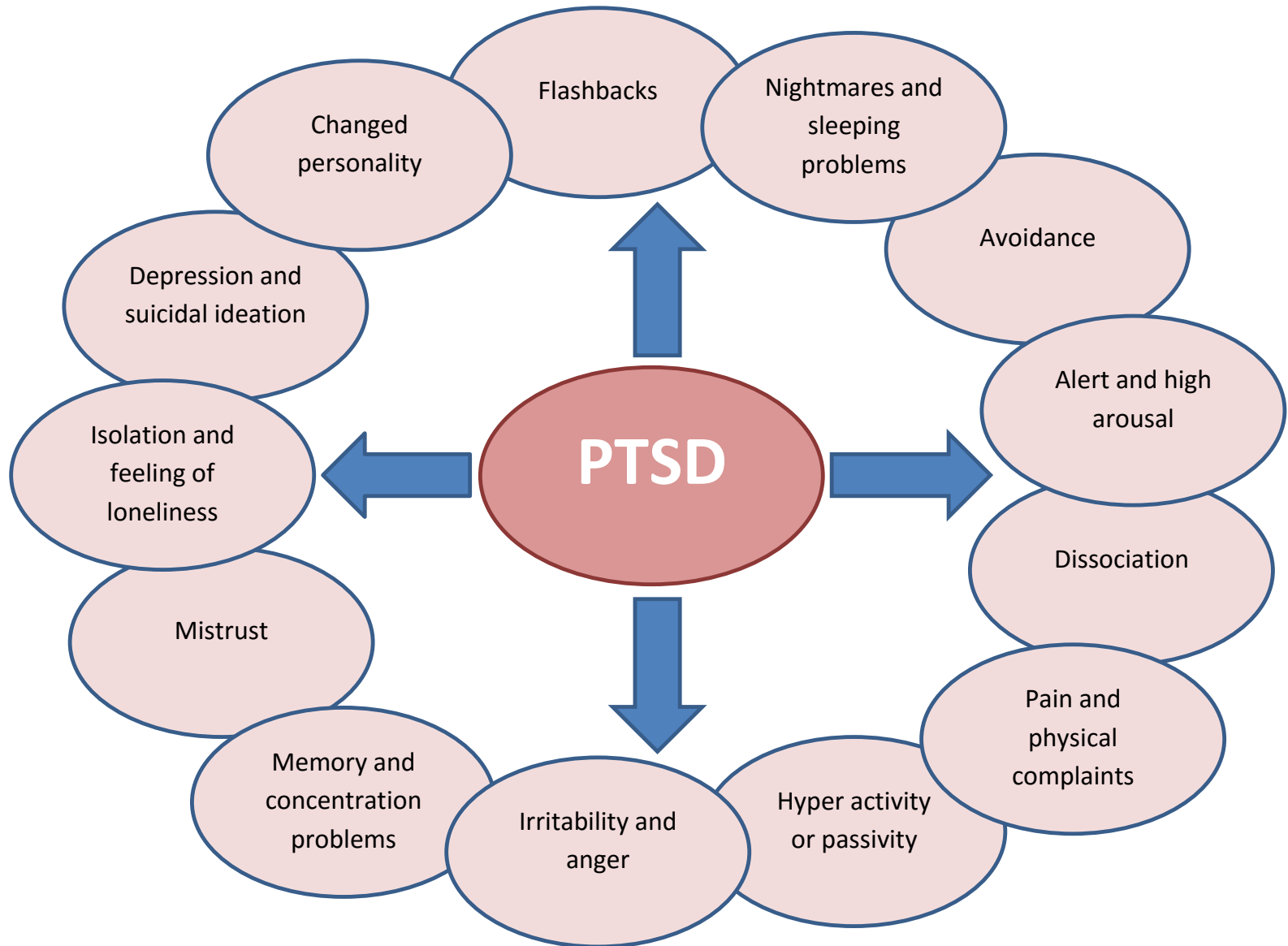
Children don't have ability to talk about traumatic events like an adult would do.

Possible symptoms:

Behavior disorganized or agitated.

Frightening dreams.

Themes or aspects of the trauma expressed in play.



Differential diagnoses

- Depression
- Anxiety

Assessment

- What questions would you ask the client if you suspect PTSD?

Questions

- How do you sleep at night?
- Do you sometimes feel like you are experiencing the traumatic event again?
- Do you try to avoid things that remind you of the traumatic event?
- Do you try to avoid thinking about what happened?
- Do you feel more alert?
- Do you get easily upset or agitated?

What happens in the brain?

- The triune brain (McLean, 1990)
 - “Reptile brain”: senses, instinct (fight/flight/freeze)
 - Limbic system: emotions, memory
 - Neocortex: thinking, planning, affect regulation
- Survival mode. The brain adapts and the area that prepares the body for danger is more active.

Implications of adaptation

- The fear network
 - Cues (senses, thoughts etc.) activates high arousal and fear.
 - Disconnected from time and place the fear can become generalized.
- When the body is constantly exposed to stress hormones:
 - Memory/concentration
 - Immune system

Resilience

- Why some get PTSD and others not:
 - Intensity and frequency of trauma
 - Age
 - Level of social support
 - Personal or non-personal trauma
 - Personality
 - Psychological preparation

INTERVENTION

Exposure

- During therapeutic intervention, survivors must be allowed to control the speed and level of exposure of their intrusive memories.
- Don't force the client to explain details but follow the pace of the client.
- Forcing someone to relive the traumatic memories is counter-productive. It reinforces *avoidance*, induces fear and subsequently hinders integration and *adaptation*.
- If the story is very detailed or disorganized, it can be helpful to pause the story, remind the client of time and place, and do grounding exercises.

“What to do” guide

- Explanation of the stress reaction and focus on understanding how this is *a normal reaction to an abnormal event*.
- Talk about symptoms of PTSD and how the client experiences this (use PTSD bubbles).
- Help the client understand what is happening to him/her (nervous system).
 - Fight/flight reaction.
- Gently help the client to find (new) coping strategies that are helpful to regain control in his/her own life (relaxation/grounding techniques).
 - Relaxation/grounding
 - Deep breathing calms the nervous system
 - Grounding by the use of senses (opposite flash-back)
 - Physical activity (not running etc. as it stimulates arousal)
 - Motivate to do exercises on a regular base and to go for walks.
 - Social support (talk to trusted people)
 - Reinforces feeling loved or connected and prevents isolation

Secondary traumatization

- Working with traumatized clients
 - Over/under involved
- How to “de-poison”
 - Supervision
 - Relaxation
 - “Me-time”

References

- Mental Health Guideline (MSF, 2011)
- MH GAP Humanitarian Intervention Guide (WHO, 2015)
- DSM-5 (American Psychiatric Association, 2013)
- Guidance for Mental Health Counseling (MSF, 2009)
- Psychological First Aid (WHO, 2011)
- “The Triune Brain” (McLean, 1990)

Additional

Youtube video

‘Trauma and the brain’

<https://www.youtube.com/watch?v=4-tcKYx24aA>