PTSD Basics for Anyone Serving Survivors of Trauma

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Learning Objectives

- To acquire basic knowledge about PTSD and its effect on survivors of trauma
- To establish means of providing some immediate help and support to survivors of trauma while beginning to instill hope of healing and recovery
- To explore special considerations to be made when working with survivors of trauma in any capacity
- To understand the signs of vicarious trauma and review possible remedies

PTSD Defined

- Posttraumatic Stress Disorder is a set of emotional problems that can occur after someone has experienced a terrible, stressful event

POST	TRAUMATIC	STRESS	DISORDER
⇩	⇩	⇩	⇩
AFTER	TRAUMA	ANXIETY	REACTION

Najavits, 2002

A (Very) Brief History of PTSD

- **1900 B.C.-** Egyptian physicians first report hysterical reactions
- **1880s-** Pierre Janet studies and treats traumatic stress and eventually describes "hysterical and dissociative symptoms, inability to integrate memories" and other symptoms often resulting from abuse
- **World War I-** The term shell shock is used to describe symptoms believed to be caused by artillery barrages
- **World War II-** The terms battle fatigue, combat exhaustion, and traumatic neurosis are used to describe symptoms thought to be caused primarily by the stress of combat
- **1980-** PTSD becomes a diagnostic category in DSM III
- **1991-** Dr. George Everly coins the term psychotraumatology to describe the study of traumatic experience and the prevention and treatment of symptoms
- **Present-** Thousands specialize worldwide in psychotraumatology

Schiraldi, 2009

Potentially Traumatic Events and Stressors

Intentional Human

Unintentional Human

Acts of Nature

Schiraldi, 2009

Types of PTSD

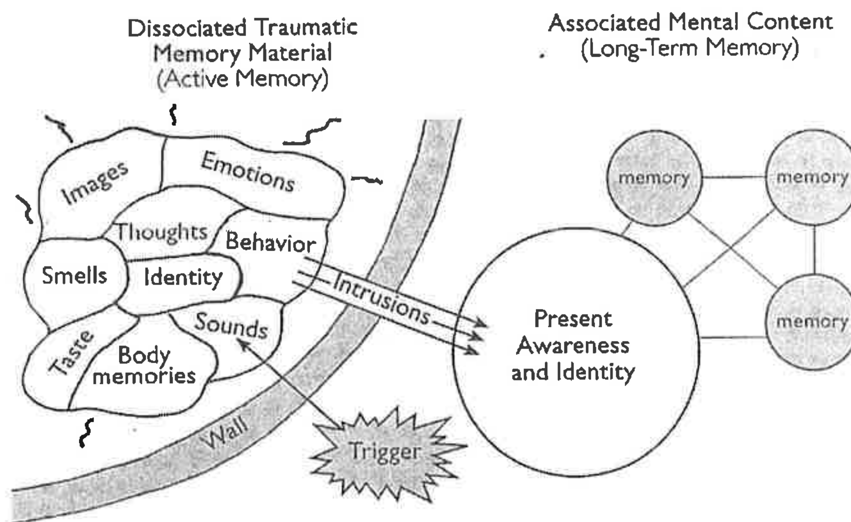
- **Simple PTSD**
  - Single incident
- **Complex PTSD**
  - Repeated incidents
  - Broader range of symptoms

Najavits, 2002

Symptoms of PTSD Explained

- **Event re-experienced**
  - Intrusive memories
    - Trigger may or may not be obvious
    - Often elicit feelings of fear and vulnerability, rage at the cause, sadness, disgust or guilt
  - Flashbacks
    - Often a visual re-experience but can also involve sensations, behavior, or emotions
  - Nightmares
    - Accurate replays
    - Symbolic

Schiraldi, 2009



Schiraldi, 2009

Symptoms of PTSD Explained Cont.

- **Arousal**
  - Sleep disturbance
  - Irritability or anger outbursts
  - Difficulty concentrating or remembering
  - Hypervigilance
  - Exaggerated startle response

www.minddisorders.com

Schiraldi, 2009

Symptoms of PTSD Explained Cont.

- **Avoidance and Numbing**
  - Dissociation
    - Depersonalization- Person can feel as if they are an outside observer of self
    - Derealization- Looks at the event as if it is not really happening
    - Dissociative Identity Disorder (DID)- People form at least two different personality states, or identities, in order to cope with unacceptable material
  - Avoidance and numbing through behaviors
    - Link between trauma and substance use
      - PTSD can lead to substance use
      - Substance use can lead to PTSD
      - PTSD and substance use connected in a "downward spiral"

Najavits, 2002
Schiraldi, 2009

Diagnosing PTSD

- Full diagnostic criteria must be met
  - Alternative would be Unspecified Trauma- and Stressor- Related Disorder
- Duration of disturbance is more than 1 month
- Disturbance causes clinically significant distress or impairment
- Disturbance is not attributable to the physiological effects of a substance or another medical condition
- Criteria is different for children 6 years and younger

DSM-5, 2013

Automatic Fear Responses

Fight *Flight*

FREEZE

Matsakis, 1996

PTSD Triggers

- Visual
- Auditory
- Olfactory
- Gustatory
- Physical
  - Kinesthesia
  - Tactile
  - Pain
- Significant dates or seasons
- Stressful events and arousal
- Strong emotions
- Thoughts
- Behaviors
- Out of the blue
- Combinations

Matsakis, 1996

Establishing Safety

- Remove self from dangerous situations
- Achieve abstinence from substances
- Eliminate self-harm
- Acquire trustworthy relationships
- Gain control over overwhelming symptoms
- Attain healthy self-care
- Vulnerability to revictimization

Najavits, 2002

Substance Use Prevents Healing from PTSD

- Can make PTSD symptoms worse
- Prevents self-awareness
- Stalls emotional development
- Isolates
- Prevents development of healthy ways to cope with feelings
- Takes away control
- Is a means of self-neglect

https://woundcareadvisor.com

Najavits, 2002

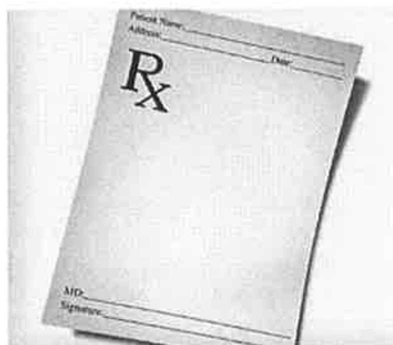
Approaches to Treatment

- Professional treatment
  - Seeking Safety
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Dialectical Behavior Therapy (DBT)
  - Narrative Therapy
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Medication
- Survivor support groups

Schiraldi, 2009
Curran, 2010

Medication Helpful in the Treatment of PTSD

- **Antidepressants**- Zoloft, Paxil, Prozac, Celexa, Lexapro, Effexor, Cymbalta, Elavil
- **Mood stabilizers and atypical antipsychotics-** Risperdal, Zyprexa, Seroquel, Depakote
- **Antiadrenergic agents-** Propranolol, Prazosin
- **Benzodiazepines**- Valium, Ativan, Xanax, Klonopin
- **Buspar**



www.accessdata.fda.gov

Schiraldi, 2009

Survivor Support Groups

- Counter alienation and estrangement
- Sense of community
- Help destigmatize the experience
- Facilitate the disclosing of secrets
- Families may be able to be involved to increase understanding and social support
- Can create an environment where members can learn to trust others and repair their ability to relate to others

https://tmsforacure.org

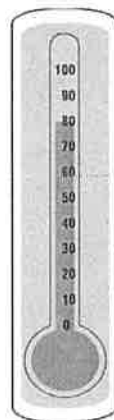
Schiraldi, 2009

Quick Interventions

- Subjective Units of Distress Scale (SUDs)
- Physical, mental, and soothing grounding techniques
- Breathing retraining
- Beginning to challenge cognitive distortions

Schiraldi, 2009
Najavits, 2002

SUDS: The Subjective Units of Distress Scale



100 – Highest anxiety/distress that you have ever felt

90 – Extremely anxious/distressed

80 – Very anxious/distressed; can't concentrate. Physiological signs present.

70 – Quite anxious/distressed; interfering with functioning. Physiological signs may be present.

60 – Moderate-to-strong anxiety or distress

50 – Moderate anxiety/distress; uncomfortable, but can continue to function

40 – Mild-to-moderate anxiety or distress

30 – Mild anxiety/distress; no interference with functioning

20 – Minimal anxiety/distress

10 – Alert and awake; concentrating well

0 – No distress, totally relaxed

Note: "SUDS" stands for "Subjective Units of Distress Scale." Physiological signs may include, for example, sweating, shaking, increased heart rate or respiration, gastrointestinal distress.

Chapter: SUDS: The Subjective Units of Distress Scale
From: Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE): Patient Workbook

Physical, Mental, and Soothing Grounding Techniques

- The goal is to shift attention toward the external world, away from negative feelings
- Grounding is not a relaxation exercise
- Actively reduce negative feelings over a 6 on the SUDs scale
- **Mental grounding**- ex. Categories game, asking informational questions
- **Physical grounding**- ex. Exercise that engages all 5 senses (5-see, 4-touch, 3-hear, 2-smell, 1-taste)
- **Soothing grounding**- ex. Repeat positive affirmation on every exhale (i.e. "I am calm" or "I will get through this")

Najavits, 2002

Breathing Retraining

- Body and mind are connected in regards to anxiety
- When someone is hyperventilating, or over-breathing, they are engaging in rapid, shallow "chest" breathing
- Goal of breathing retraining is to change from erratic breathing to slow, regular, rhythmic abdominal breathing and to make this kind of breathing automatic
- Note that excessive caffeine, nicotine, and other stimulants can simulate an anxiety attack

Schiraldi, 2009

Breathing Retraining Cont.

- **To practice breathing retraining:**
  - Reclined or half-lying position and place a reasonable weight over abdomen
  - Inhale through nose or through pursed lips
  - Keep all of your body above your diaphragm relaxed and still, moving only your abdomen
  - Suggested that individuals gradually work up to practicing twice a day or more, for five to ten minutes each time
- **Using breathing retraining in response to acute anxiety attack:**
  - Start by emptying lungs completely
  - Breathe in like breathing in through straw and exhale through mouth
  - On exhales count (up to 10 and repeat or count indefinitely) or say a soothing word or phrase

Schiraldi, 2009

Beginning to Challenge Cognitive Distortions

- Three of the most common cognitive distortion for survivors:
  - **Abusive labeling-** often names or labels imposed by others (namely the perpetrator)
  - **Dismissing the positive-** don't give self credit for what we did right or what we are able to accomplish
  - **Personalizing-** assigning an inappropriate amount of blame to oneself

https://blogs.psychcentral.com

Schiraldi, 2009

Forms of Secondary Wounding

- Disbelief, denial, discounting
- Blaming the victim
- Stigmatization
- Denial of assistance

Matsakis, 1996

Signs of recovery from PTSD

- Ability to talk about the trauma without feeling either very upset or numb
- Ability to function well in daily life
- Are safe (e.g. not suicidal or abusing substances)
- Are able to be in healthy relationships without feeling completely vulnerable or isolated
- Are able to take pleasure in life
- Take good care of body
- Can rely on self and others
- Can control the most overwhelming symptoms
- Believe that they deserve to take good care of themselves
- Have confidence that they can protect themselves

Najavits, 2002

Special Considerations for Working with Survivors of Trauma

https://drkathleenyoung.wordpress.com

Practicing Cultural Humility and Awareness of Intersectionality

- One's own cultural identities and experiences may limit their perspective and awareness in understanding the cultural experiences of others
- "Other-oriented" stance that includes openness, respect, consideration, humility and interest regarding their cultural identity and experiences
- Invite feedback from survivors regarding your perceived cultural humility and awareness of intersectionality
  - "Does this individual experience me as culturally competent?"
- Multicultural Competencies Self-Assessment Survey (MCSA) developed by Manivong Ratts

Shaw, 2016

Special considerations for Working with Survivors of Trauma

- Use their verbiage
- Allow individuals to decide what was traumatic for them
- The compassionate view is that the symptoms served a functional role
- Have "fidget" items available
- Refrain from making assumptions (i.e. gender of perpetrator, use of substances)
- Create a safe and supportive environment
- Allow survivors to remain in control and make their own decisions

Najavits, 2002
Schiraldi, 2009

Quotes from Survivors of Trauma

"In a perfect world the hurting would find professionalism from authority figures. Not deep sorrow from their faces that only remind us what sets us apart. Nothing is colder than a glance of disapproval or even look of disbelief. The last thing I wanted to feel like was that I had to explain myself. It's easy to look from the outside and pick and choose what to do, but he that has been through the fire acted from instinct not reason."

-R

Quotes from Survivors of Trauma Cont.

"When the physical abuse was going on I would call my sister and she would call the police. Unfortunately, when they came to the house, they would seem annoyed with me because I didn't want to file a report. I was too scared to file a report. They made me feel like I was wasting their time. It was like they thought 'if you're not doing anything about it, it must not be that bad'. They would separate me from my abuser to talk to me but even then I didn't feel like I could tell them the truth. In fact, it made it worse because then my abuser would accuse me of telling the officer things I never said. The only way I could have told the truth is if he didn't know I was talking to the officer."

-K

Quotes from Survivors of Trauma Cont.

"I understand that there are some things that the prosecutor's office may know that they don't want me to know but they really do need to communicate better. I don't get called back. A victim has the right to know what's going on. I was told I would be in the loop the whole time and I'm not at all."

-J

Vicarious Trauma

EFFECT ON ONE'S PHYSICAL, PSYCHOLOGICAL, EMOTIONAL AND SPIRITUAL HEALTH WHEN THEY LISTEN TO TRAUMATIC STORIES REPEATEDLY OR RESPOND TO TRAUMATIC SITUATIONS **WHILE HAVING TO CONTROL THEIR REACTION**

KASAP, 2014

Possible Effects of Vicarious Trauma

- Difficulty managing emotions
- Difficulty accepting or feeling ok about yourself
- Difficulty making good decisions
- Problems managing boundaries
- Problems in relationships
- Feeling underappreciated and under-resourced
- Physical problems
- Difficulty connecting to what is going on around and within you
- Loss of meaning and hope
- Self-entitlement

Cunningham, 2016
KASAP, 2014

Signs of Vicarious Trauma

Physical &Psychological
- Hyperarousal symptoms
- Intrusive thoughts
- Feeling numb
- Feeling unable to tolerate strong emotions
- Increased sensitivity to violence
- Cynicism
- Generalized despair and hopelessness
- Guilt regarding your own survival and/or pleasure
- Anger

Behavioral &Relational
- Difficulty setting boundaries
- No time or energy for self
- Feel disconnected with loved ones
- General social withdrawal
- Directing people to talk about less distressing material
- Decreased interest
- Increase in irritability, intolerance, moodiness
- Increased dependencies or addictions
- Sexual difficulties
- Impulsivity

KASAP, 2014

Incorporating Self-Care

Physical
- Regular exercise
- Sleep
- Healthy eating
- Humor and laughter
- Limit consumption of alcohol, nicotine, and/or caffeine
- Relaxation techniques
- Repetitive activities

Emotional & Relational
- Nurturing relationships
- Reflection (i.e. journaling, meditating)
- Creative activity
- Movies, books, music
- Having balanced priorities
- Counseling

Spiritual
- Knowing your values
- Participating in a community of meaning and purpose
- Regular times of prayer, reading, meditation
- Spiritually meaningful conversations
- Singing or listening to meaningful music
- Contact with religious leaders or inspiring individuals
- Time with art or nature
- Solitude

KASAP, 2014

Combating Vicarious Trauma in the Workplace

- Maintain boundaries
- Review old thank you notes from survivors
- Manage expectations
- Utilize supervision and debriefing
- Do something fun with colleagues
- Don't skimp on vacations and lunches
- Vary the work that you do
- Focus on what you did well
- Find rituals that help you transition in and out of work-mode
- Attend conferences and trainings

http://gliec.org

KASAP, 2014
www.proqol.org

"Although the world is full of suffering, it is also full of the overcoming of it."

- Helen Keller

https://www.psychologytoday.com/us/blog/here-there-and-everywhere/201102/30-quotes-healing

References

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- Trauma Competency: A Clinician's Guide by Linda A. Curran
- I Can't Get Over It: A Handbook for Trauma Survivors: Second Edition by Aphrodite Matsakis, Ph.D.
- KASAP-provided lesson plan on vicarious trauma and self-care
- *Practicing cultural humility* by Sidney Shaw
- Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE): Patient Workbook by Sudie E. Back et al.
- http://www.traumacenter.org/
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- Drowning in Empathy: The Cost of Vicarious Trauma– Amy Cunningham—TED Talks, 2016