



A toolkit for anyone coping with the effects of trauma

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What is trauma?

Trauma is an emotional response to an extremely distressing experience.

Unlike typical hardships, traumatic events tend to be:

- sudden and unpredictable
- associated with a serious threat to one's life or bodily safety
- out of a person's control
- traumatic to the degree that they undermine a person's sense of safety in the world

Traumatic events that commonly cause posttraumatic stress include (but are not limited to):

- Physical violence
- Sexual violence
- Childhood abuse or neglect
- Domestic violence or abuse
- Natural disasters
- Automobile accidents
- Sudden death of a loved one
- Military combat

Types of trauma

Acute trauma: intense distress in the immediate aftermath of a one-time event, such as a car crash, physical or sexual assault, or the sudden death of a loved one

Chronic trauma: arises from harmful events that are repeated or prolonged, such as persistent bullying, neglect, abuse (emotional, physical, or sexual), and domestic violence

Complex trauma: arises from experiencing multiple or repeated traumatic events, usually in childhood, from which there is no possibility of escape

Secondary/vicarious trauma: arises from intense exposure to other people's suffering- often seen in helping professions such as medical professionals, social workers or therapists, first responders, etc

Adverse Childhood Experiences (ACES): difficult or traumatic experiences either experienced or witnessed in childhood- abuse, neglect, poverty, violence, substance abuse, mental illness, incarceration, divorce, serious illness, loss of a parent or loved one

Acute stress responses

When faced with a stressful and traumatic experience, your nervous system reacts to this fear and stress and causes the physical/psychological symptoms of one of 4 stress responses: fight, flight, freeze, or fawn. You cannot control how your body will react, but it is helpful to understand that this is a natural biological response to danger.



- Active self-preservation response to threat or fear where one moves reactively towards conflict
- May look like: intense anger, fighting, yelling, throwing things, hands in fists, tight jaw, crying, arguing

Flight



- Avoidant behavior as a response to threat or fear
- May look like: physically leaving the situation/running away, avoiding others, self-isolation, keeping self busy to avoid discomfort, constant movement/restlessness

Freeze



- Dissociation and immobilization in response to threat or fear
- May look like: being physically frozen, unable to move or speak, feeling spaced out/detached from reality, going emotionally and/or physically numb, overwhelming feeling of dread

Fawn



- Engaging in pacifying behaviors to try and diffuse conflict when faced with threat or fear
- May look like: acquiescing to the demands of an aggressor, peoplepleasing without regard for self, inability to form/maintain boundaries or say no, repressing own needs

Symptoms of post-traumatic stress

Intrusive symptoms:

- Recurrent, unwanted distressing memories of the traumatic event
- Reliving the traumatic event as if it were happening again (flashbacks)
- Upsetting dreams or nightmares about the traumatic event
- Severe emotional distress or physical reactions to something that reminds you of the traumatic event

Avoidant symptoms:

- Trying to avoid thinking about or talking about the traumatic event
- Avoiding people, places, or activities that remind you about the traumatic event

Arousal symptoms:

- Being easily startled or frightened
- Always being on guard/hypervigilant of danger
- Difficulty falling asleep and/or staying asleep
- Trouble concentrating
- Irritability, angry outbursts, or aggressive behavior
- Overwhelming guilt or shame

Symptoms of post-traumatic stress

Changes in mood or thinking:

- Negative thoughts about yourself, others, or the world
- Hopelessness about the future
- Memory problems, including not remembering important aspects of the traumatic event
- Difficulty maintaining close relationships
- Feeling detached from family and friends
- Lack of interest in activities you once enjoyed
- Difficulty experiencing positive emotions
- Feeling emotionally numb

Additional symptoms in young children:

- Frightening dreams that may seem unrelated to the traumatic event
- Re-enacting the traumatic event or aspects of the traumatic event through play
- Restlessness, inattention, issues staying organized, and other symptoms that may be mistaken for childhood ADHD
- Regressive behaviors such as thumb-sucking or bedwetting; acting younger than their age

Post-traumatic stress disorder (PTSD)

If symptoms of post-traumatic stress continue for at least a month after the occurrence of the traumatic event, if symptoms are severe, and if you feel your symptoms are interfering with your life and functionality, you should speak to a doctor or mental health professional about a PTSD diagnosis.

If you do not develop PTSD after a traumatic event, this does <u>not</u> mean that your experience was not traumatic or shouldn't be taken seriously; only 10-30% of trauma survivors develop PTSD. Whether or not you develop PTSD depends on a combination of factors, including your mental health, family history of mental health, the way your brain responds to stress, support or early intervention after the traumatic event, and how much stress and trauma you've been exposed to throughout your life.

Even if you do not think you have PTSD, you can still seek help in processing the traumatic experience and any of the symptoms you may be dealing with.

You are deserving of help and healing.

Types of trauma treatment

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):

A form of cognitive behavioral therapy that addresses maladaptive and unhealthy thoughts or behaviors regarding or stemming from traumatic experiences; designed as a trauma treatment option for children and adolescents

Eye Movement Desensitization and Reprocessing (EMDR): Utilizes bilateral stimulation (rhythmic left-right stimulation) to reprocess traumatic memories, reduce their emotional impact and level of distress felt when thinking about the trauma, and change how traumatic memories are stored in the brain by integrating them with non-traumatic memories

Cognitive Processing Therapy (CPT): A cognitive behavioral treatment focused on helping people who are feeling "stuck" in their trauma by addressing the internal conflict between pre-trauma and post-trauma beliefs about the self and the world

Prolonged Exposure (PE): Exposure therapy targeted at treating the avoidant symptoms by exposure to the source of fear or anxiety in order to lessen the associated fear/anxiety

Medication: The SSRIs Zoloft and Paxil have been approved for treatment of PTSD; medication can help treat some of the anxious and depressive symptoms of PTSD if symptoms cannot be managed through therapy alone

Post-traumatic growth

Some trauma survivors experience **post-traumatic growth**- positive psychological or spiritual change experienced after a life crisis or traumatic event. The forms of post-traumatic growth include:

- Changes in how one relates to other people
- Recognition of new opportunities, priorities, or pathways in life
- Greater appreciation for the values of one's own life, and life in general
- Recognition of one's own strength
- Spiritual or existential development

Cultivating growth in the wake of trauma requires having enough distance from the traumatic event to process it.

Many trauma survivors do not experience an upside to their experiences- and that's okay. It is most important to process the traumatic event and curb its impact on your daily life. With trauma-focused therapy, you can change your current situation and grow- whether that's because of your trauma or in spite of it.

Books on trauma and healing

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma (Bessel van der Kolk)

What Happened to You? Conversations on Trauma, Resilience, and Healing (Bruce D. Perry and Oprah Winfrey)

It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How to End the Cycle (Mark Wolynn)

Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing (David A. Treleaven)

Complex PTSD: From Surviving to Thriving (Pete Walker)

Healing from Trauma: A Survivor's Guide (Jasmin Lee Cori)

Transformed by Trauma: Stories of Post-traumatic Growth (Richard G. Tedeschi and Bret A. Moore)

The Resilience Workbook: Essential Skills to Recover from Stress, Trauma, and Adversity (Glenn R. Schiraldi)

Resources

NAMI Mercer Helpline: (609) 799-8994, ext. 17

NAMI Mercer Connection Support Group: <u>namimercer.org/find-support/connections-support-group</u>

National Suicide and Crisis Lifeline: 988

National Child Traumatic Stress Network: <u>nctsn.org</u>

National Center for PTSD: <u>ptsd.va.gov</u>

Princeton House Behavioral Health has specialized intensive outpatient programs for trauma survivors; learn more at <u>princetonhcs.org/care-services/princetonhouse-behavioral-health/treatment-programs</u>

To find a therapist who specializes in trauma treatment, go to <u>psychologytoday.com/us/therapists</u>, input your location, and use the "Issues" filter to select "Trauma and PTSD" or use the "Types of Therapy" filter to select whichever trauma focused treatment modality you are interested in.