

The Importance of Resolving Trauma

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The Trauma Resolution Center

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www.thetrcenter.org

Stress



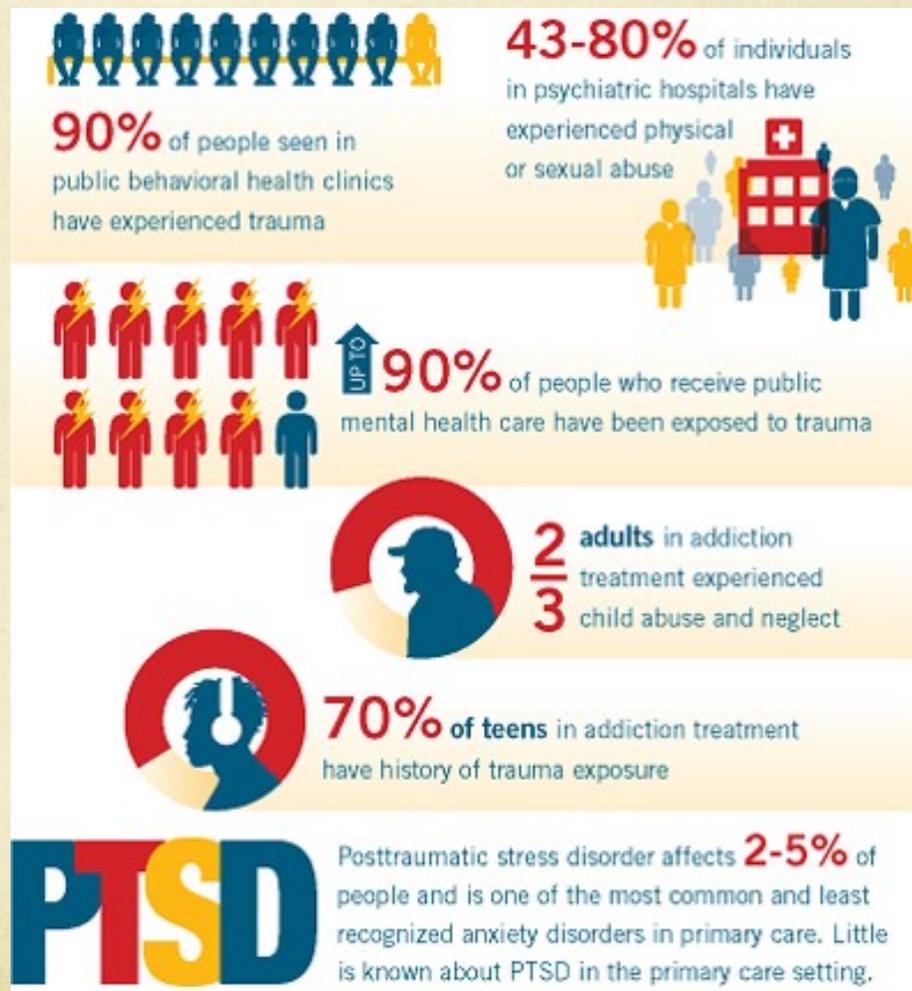
- Comes from the Latin and means to pull tight
- Good stress
- Too much stress
- Traumatic stress

Trauma Definition



- Trauma occurs when an actual or perceived threat of danger or loss overwhelms a person's usual coping ability. (From Beverly James, 1994)
 - How long does the overwhelm have to last for a traumatic memory to be recorded?
 - How does someone identify an area of low coping ability?
 - Big News #1

Prevalence of Trauma



National
Council of
Behavioral
Health

Prevalence of Trauma



- 90% of public mental health clients have been exposed to trauma.
- In the general population, 61% of men and 51% of women reported exposure to at least one lifetime traumatic event, but majority reporting more than one traumatic event. (Kessler, et al, 1995)

Prevalence of Trauma



- 70-80% of mental health clients have severe trauma histories
- In state hospitals, estimates range up to 95%
- 90% or more of women in jails and prisons are victims of physical or sexual abuse

Prevalence of Trauma



- Up to 2/3 of men and women in substance abuse treatment report childhood abuse or neglect
- Similar statistics exist for foster care, juvenile justice, homeless shelters, welfare programs, etc
- Boys who experience or witness violence are 1000x more likely to commit violence

Prevalence of Mental Health Issues in Settled Refugees

- Different studies have shown rates of PTSD and major depression in settled refugees to range from 10-40% and 5-15%, respectively. Children and adolescents often have higher levels with various investigations revealing rates of PTSD from 50-90% and major depression from 6-40%. Risk factors for the development of mental health problems include the number of traumas, delayed asylum application process, detention, and the loss of culture and support systems.

Refugee Health Technical Assistance Center

Prevalence of Mental Health Issues in Victims of IPV

- IPV victims report significant levels of mild to severe PTSD (55%-92%), rates much higher than those found in the general population or women (i.e., 10.4%).
- Depression has been diagnosed in 35% to 70% of women who are victimized by IPV compared to 12% of women in the general population
- A study by [Lipsky and colleagues \(2005\)](#) demonstrated that 13.5% of IPV victims were alcohol dependent in comparison with 1.4% in non-victims. Similarly, 22.8% of IPV victims used illicit drugs within the past 12 months in comparison to 2.8% in non-IPV women.

Partner Abuse. Author manuscript; available in PMC 2012 Jun 25. Published in final edited form as: Partner Abuse. 2012 Jan; 3(1): 59-75.

- 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. This equates to approximately 223.4 million people
- Up to 20% of these people go on to develop PTSD. As of today, that equates to approximately 44.7 million people who were or are struggling with PTSD.
- An estimated 8% of Americans — 24.4 million people — have PTSD at any given time. That is equal to the total population of Texas.
- An estimated one out of every nine women develops PTSD, making them about twice as likely as men.

The Basics of the Impact of Trauma

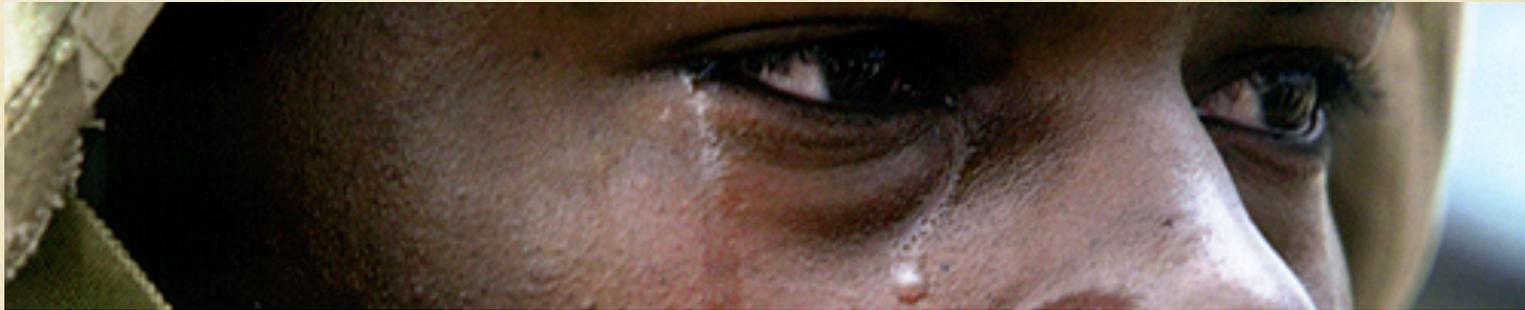


Body and Mind



- The body doesn't know the difference between a mental image and an actual event.
- Exercise psychology research:
 - Those that imagined exercise achieved a 16% increase of muscle mass compared to 30% increase for those who actually exercised.
 - David Smith, University of Chester, UK ODE magazine 1/07
 - Unresolved Trauma
 - Fear imagery – news and negative focus
 - Procrastination – keep thinking not finishing

Trauma Spectrum Disorders



- PTSD, Dissociative Disorders, Borderline Personality Disorder, Depression and Anxiety may be better classified as trauma-spectrum disorders.

(Bremner)

Post Traumatic Injury



- Know now that chemistry of trauma actually injures the brain, new perspective.

(Dr. Charles Figley)

Posttraumatic Stress Disorder

DSM V



- Still off the mark. Only certain types of experiences qualify one for a diagnosis of PTSD

DSM-5 Criticized for Financial Conflicts of Interest -ABC News

March 13, 2012, By Katie Moisse, Health Editor, via World News

Controversy continues to swell around the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, better known as DSM-5. A new study suggests the 900-page bible of mental health, scheduled for publication in May 2013, is rife with financial conflicts of interest.

The manual, published by the American Psychiatric Association, details the diagnostic criteria for each and every psychiatric disorder, many of which have pharmacological treatments. After the 1994 release of DSM-4, the APA instituted a policy requiring expert advisors to disclose drug industry ties. But the move toward transparency did little to cut down on conflicts, with nearly 70 percent of DSM-5 task force members reporting financial relationships with pharmaceutical companies - up from 57 percent for DSM-4.

Labeling



- Big News #2
- Dangers of
- Does it really matter?
https://m.youtube.com/watch?v=8_j5mmBa
- What ever manifests after trauma is the result of trauma
 - 70% of those diagnosed with schizophrenia receive the diagnosis after a traumatic event
 - 62% of Vietnam vets in one program reported hearing voices after Vietnam



Toxoplasmosis Parasite

May Trigger Schizophrenia And Bipolar Disorders

- Symptoms may not be about a mental condition at all
- The cause may be completely unrelated to mental illness
- Symptom may dissolve completely when appropriate treatment is provided

<http://www.sciencedaily.com/releases/2009/03/090311085151.htm>



Pre-Trauma Vulnerabilities

Schiraldi



- History of Prior Trauma
 - Double-sided coin
- Underdeveloped life skills - protective, problem-solving, self-esteem, resilience, creativity, humor, discipline, ability to express emotion, ability to tolerate stress. PTSD can stimulate us to develop these skills

Pre-Trauma Vulnerabilities



- Lack of a support system
- Personality and habitually negative thought patterns
- Biology. Some people appear to have over reactive nervous systems. Heredity and a history of drug abuse appear to influence this factor.

What comes first, substance abuse or trauma?



Heroin, alcohol and benzodiazepines decrease the activity of adrenalin in our blood.

-Douglas Bremner, M.D.

What Makes Us More Vulnerable to PTSD-

Schiraldi

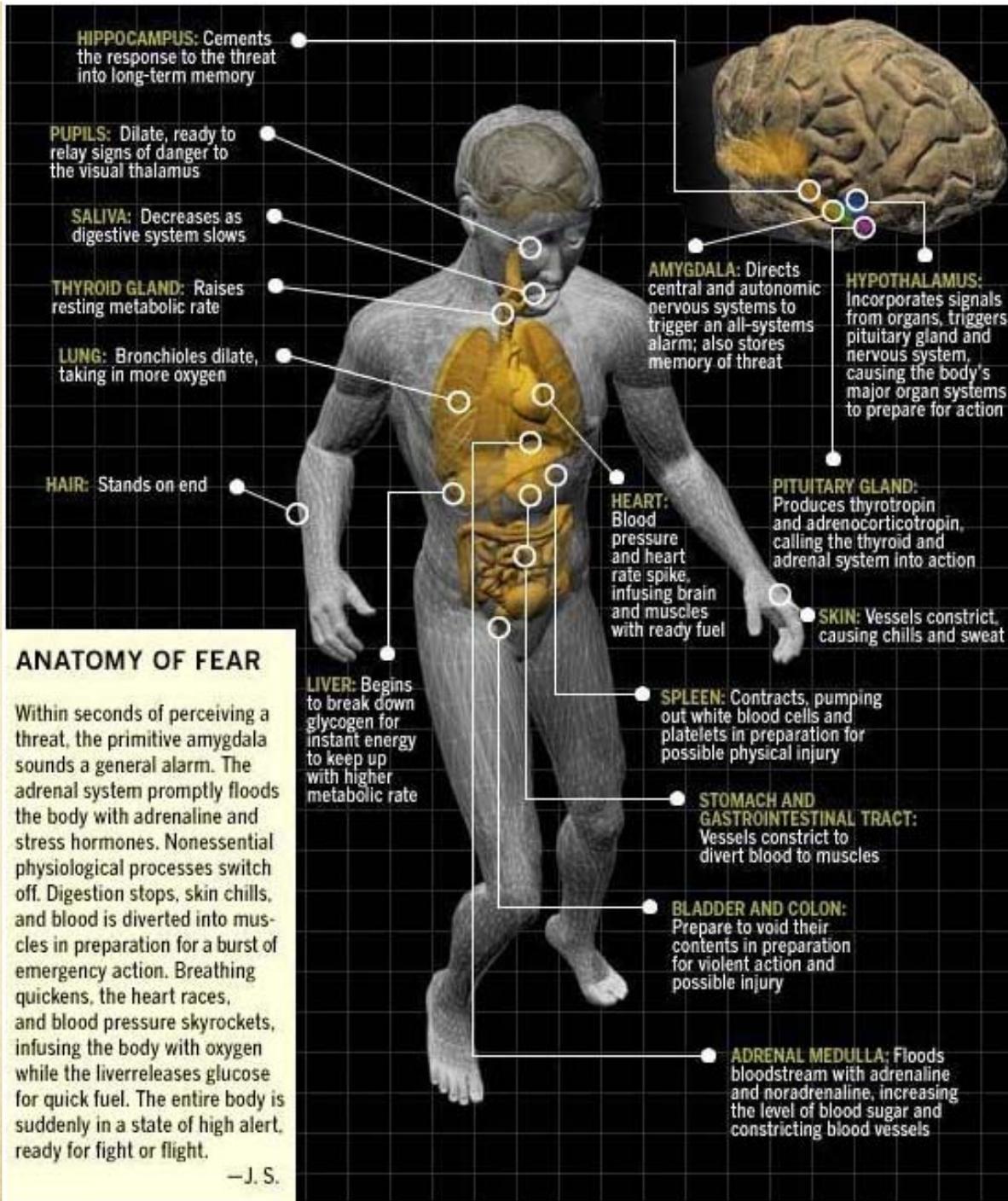


- Sudden & unpredictable
- Last a long time
- Recur or are thought likely to recur
- Contain real or threatened violence
- Involve multiple forms
- Occur in early years before the personality is fully integrated

How Our Bodies Respond to a Real or Perceived Threat or a Trigger



- Hypothalamus-Pituitary-Adrenal Axis (HPA)
Brings body into balance
- Sympathetic Nervous System
 - Fight, Flight, Freeze or Faint
 - Heart rate
 - Sweat response
 - Energy increase



ANATOMY OF FEAR

Within seconds of perceiving a threat, the primitive amygdala sounds a general alarm. The adrenal system promptly floods the body with adrenaline and stress hormones. Nonessential physiological processes switch off. Digestion stops, skin chills, and blood is diverted into muscles in preparation for a burst of emergency action. Breathing quickens, the heart races, and blood pressure skyrockets, infusing the body with oxygen while the liver releases glucose for quick fuel. The entire body is suddenly in a state of high alert, ready for fight or flight.

—J. S.

Parasympathetic Nervous System
Relaxation Response

Sympathetic Nervous System
Stress Response



Profound Healing and Restoration
Altered States of Consciousness
Attention and Energy Focused Internally
Connection to Spirit

Traumatic Survival Response
Dissociation and Loss of Self
Attention and Energy Focused Externally
Connection to Material World



Our Body's Chemical Response



- Cortisol
 - Regulation of the Adrenalines
 - Increase of energy

Our Body's Chemical Response



- Adrenalines
 - Fight or flight
 - Sharpens our focus and stimulates memory
 - Increases blood pressure and heart rate
 - Shunts blood away from systems that are not needed in danger response to the brain and muscles

Our Body's Chemical Response



- Our Natural Opioids
 - Prevents experiencing the pain
 - prevents memory consolidation

Our Body's Chemical Response



- Oxytocin
 - Inhibits memory consolidation
 - Responsible for Trust and Trustworthiness
- Vasopressin
 - Prevents dehydration

Inverted “U” Response



- At optimum levels, the biochemical changes allow us to function at a higher capacity during stressful events. However, if the stress continues too long or is too overwhelming, functioning becomes impaired rather than enhanced

Stress Chemicals During the Trauma and Subsequent Triggered Periods Result in:

- Biochemical changes during and after the traumatic event
- A change in memory functions during and after the event-very important for victims of crime. The system believes that the story after the crime is most accurate. It isn't necessarily so.

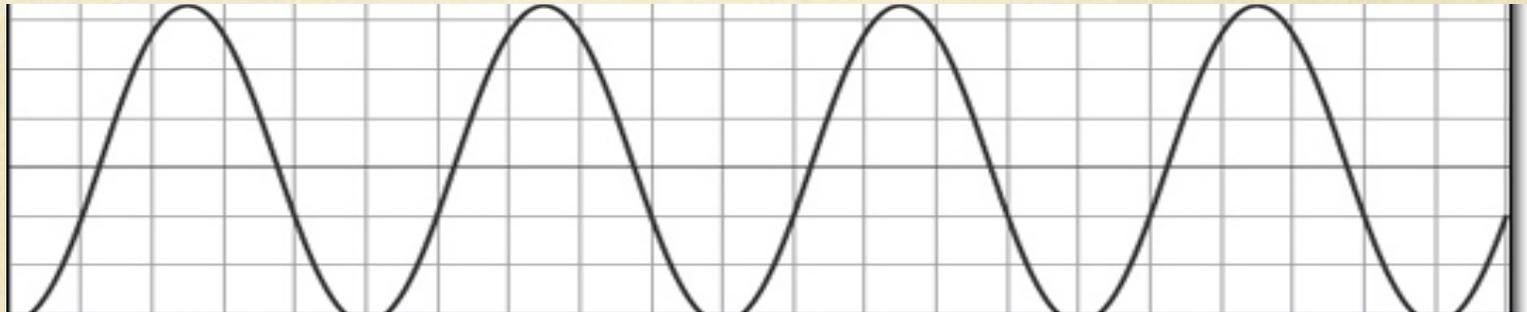
Biochemical changes during and after the traumatic event



- Adrenaline - levels are chronically increased resulting in constant hyperstress and inability to distinguish danger signals
- Inability to sleep, flashbacks, trouble with concentrating
- Shuts off the brain

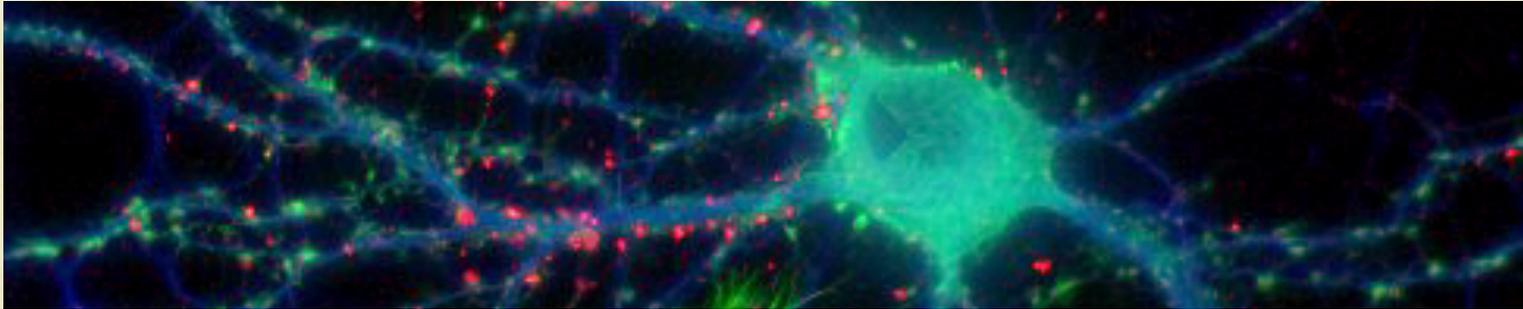


Biochemical changes during and after the traumatic event



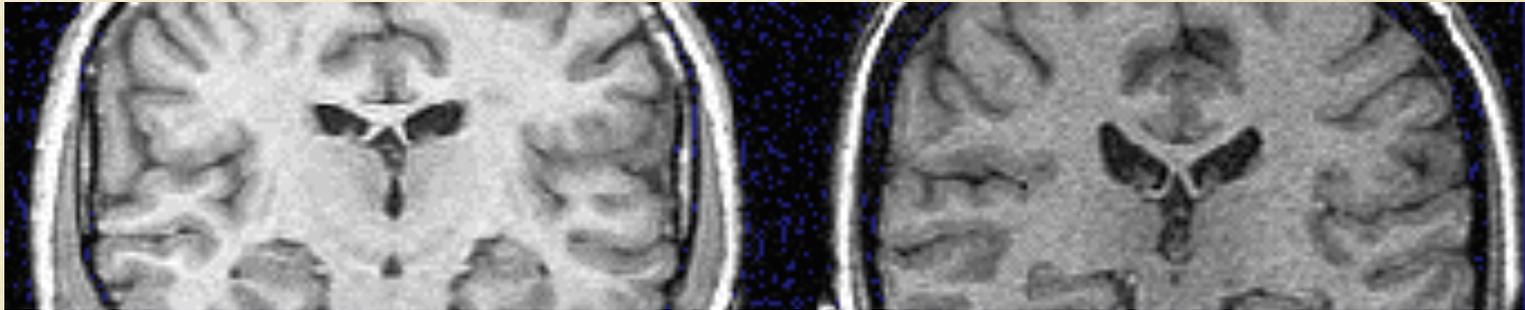
- Cortisol- Chronically low or high levels - results in reduced immune functioning, impaired regulation of the adrenalines, and damage to passages in the brain responsible for memory
- While high, cortisol, thins stomach lining and bones, impairs the immune system, decreases blood flow to the intestines.

Biochemical changes during and after the traumatic event



- Damage of the parts of the brain that control the stress response
- Increase of receptors for cortisol, with the result that it is easier to be triggered
 - Vicious cycle - less able to switch off the stress, which produces more of the stress hormones that damage the neuroreceptors that control the stress response....

Biochemical changes during and after the traumatic event



- Increased opioid levels during traumatic memory triggers – equivalent of 8 mg morphine
- Acoustic startle response (when you jump at loud, unexpected noises)
- Vasopressin - stress headaches?
- Oxytocin - Damage to traumatic memory recall. Bonding to a perpetrator
 - Can result in inappropriate trust in people who are not trustworthy
- Reduction of the hippocampus

More on changes as the result of too much stress



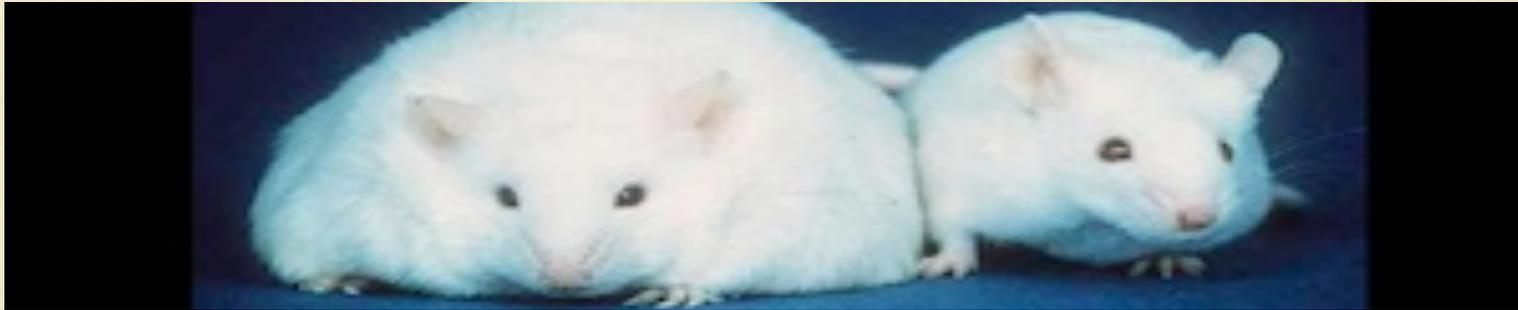
- Chronically high cortisol levels
 - Insulin resistance, poor sleep patterns – reinforces bad eating habits – no energy to exercise
 - Can produce cytokines, a protein that promotes inflammation – linked to heart disease, depression, arthritis and fibromyalgia
 - Impacts regulation adrenalines – implications for hippocampus and addiction

More on changes as the result of too much stress



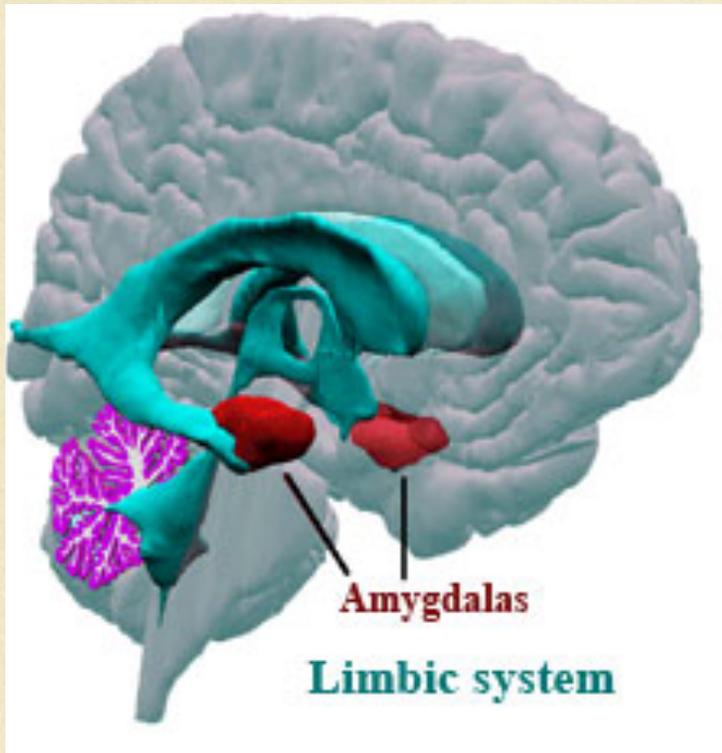
- Overtaxes the endocrine glands
- Weakens our immune system, straining the heart, damages memory cells in the brain and causes the insulin resistance that leads to type 2 diabetes.
 - Dan Beskind, M.D., Utne Magazine

Stress and Weight Gain



- Mice under stress gained extra weight even if their caloric intake didn't go up. Mice doubled in size over three months. Important to include exercise in any weight loss program as exercise reduces stress hormones.
 - Dr. Zofia Zukowska, Georgetown University as quoted in Parade 12/2/07

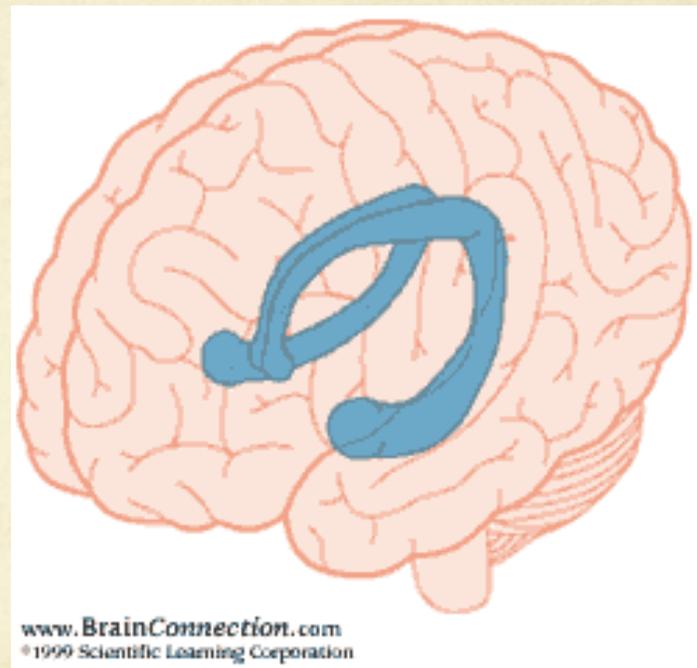
Amygdala



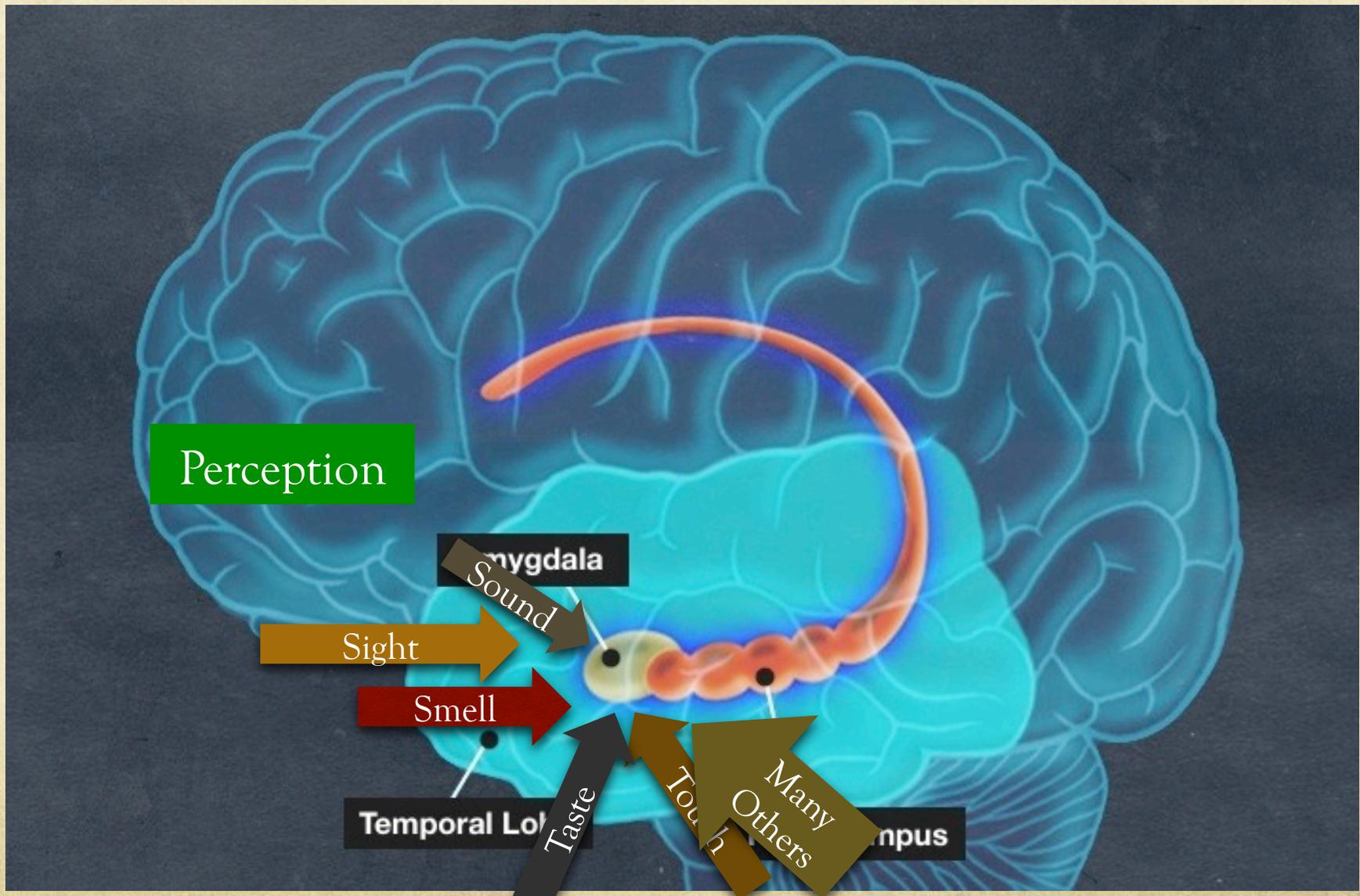
- Emotional Memory
- Involved in Perception
- Triggers the Hypothalamus for Sympathetic NS activation
- Emotional Arousal States
- Stimulates Memory Formation
- Implicit Memory
- Can only be triggered

Hypocampus

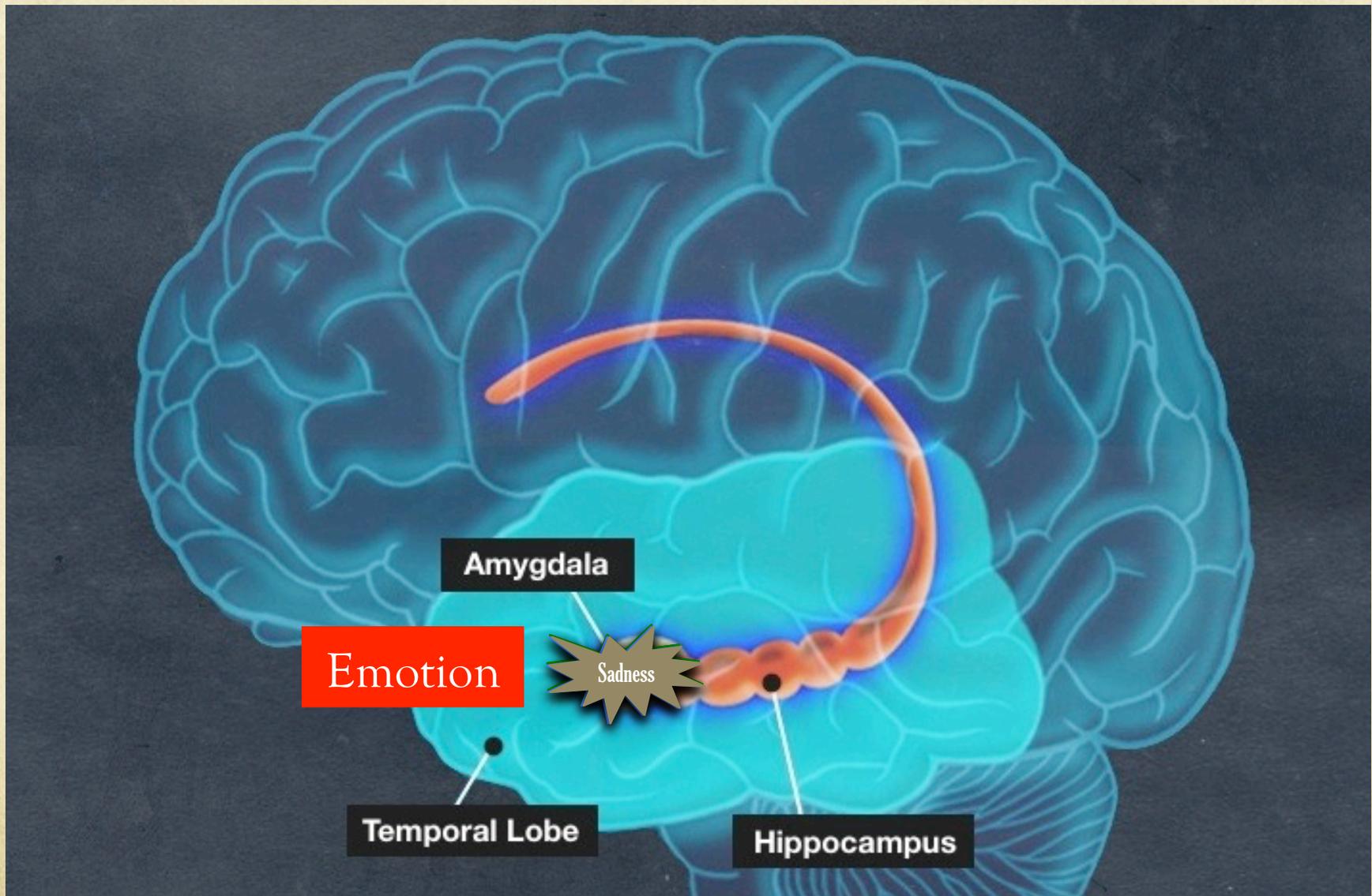
- Memory Consolidation
- Formation of Memories from New Experience
- Formation of Long Term Memory
- Spatial Navigation
- Declarative Memory - remembering facts, recording events, logical thinking, reasoning capabilities



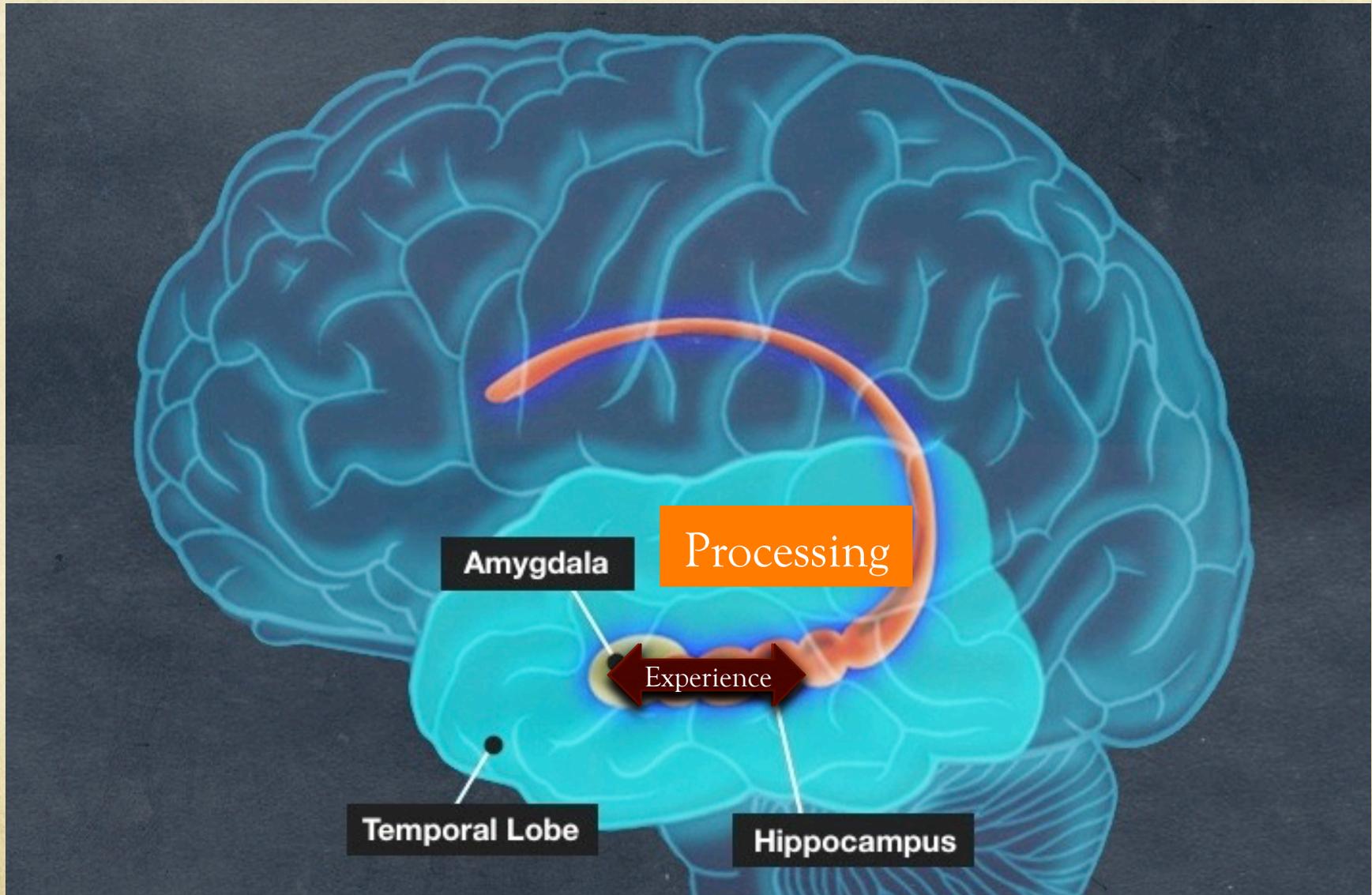
Memory Formation



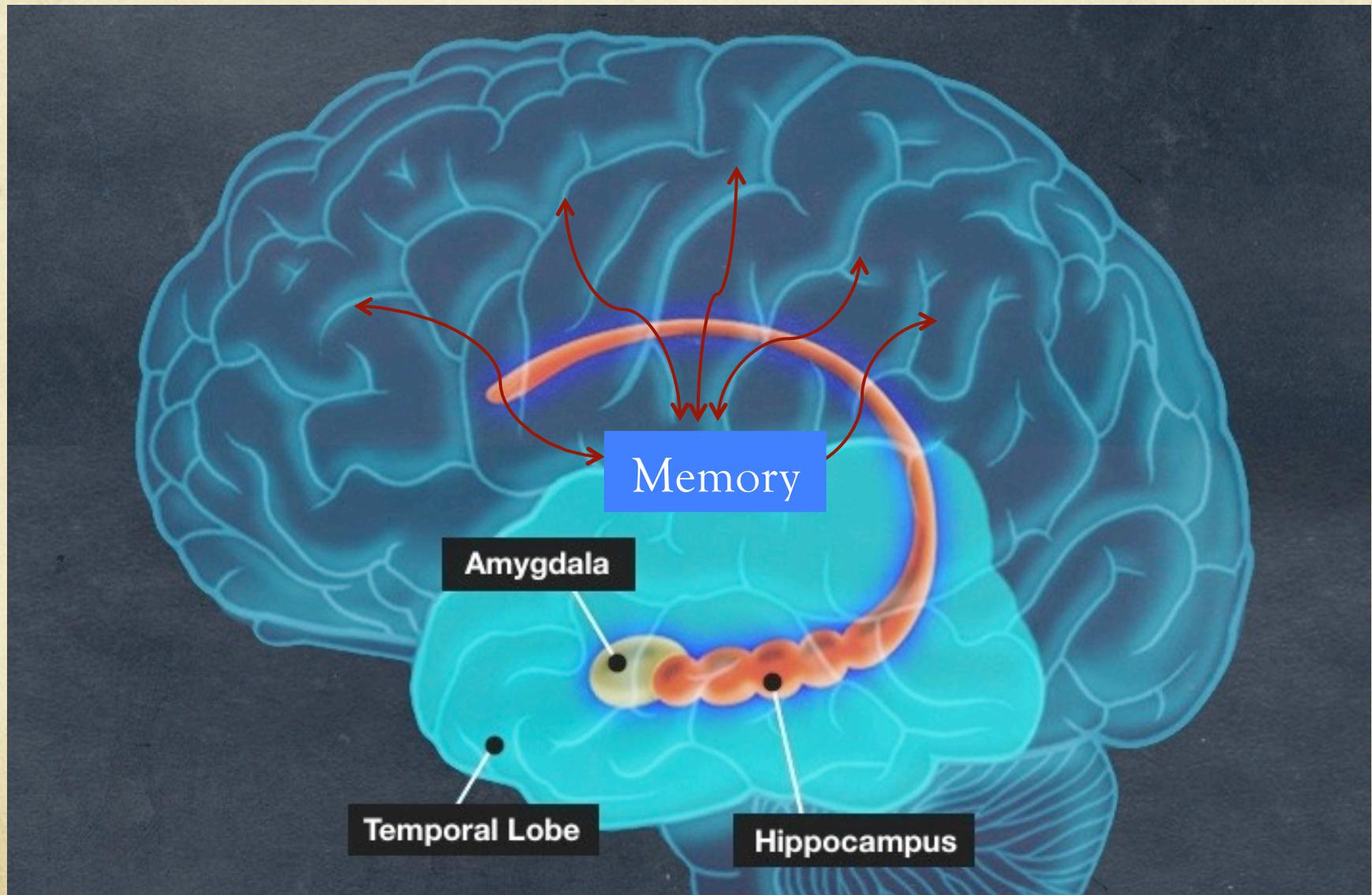
Memory Formation



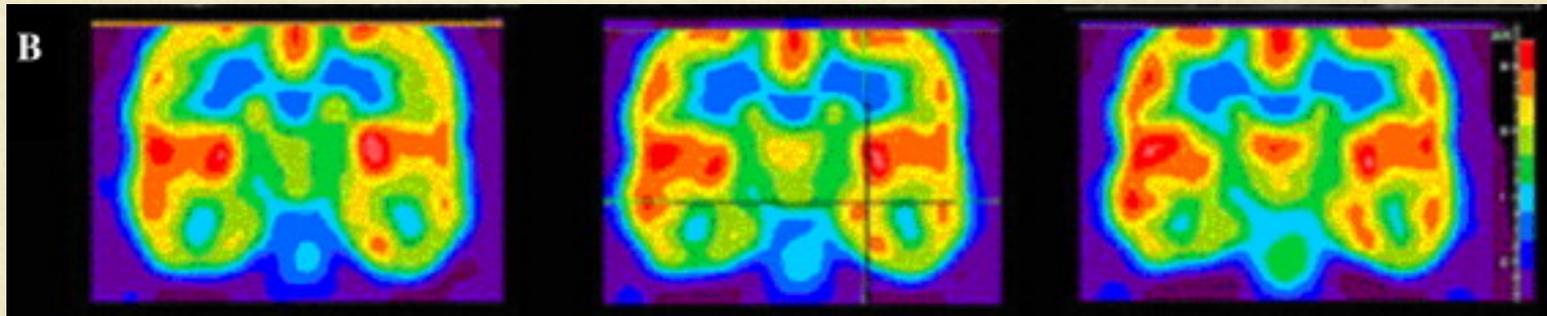
Memory Formation



Memory Formation



Impact on Memory



- Lack of memory consolidation between the amygdala and hippocampus
 - Pet scan research of trauma victims, amygdala fully lit
 - Results in a sensory memory with no anchor in time or fact
 - Consistent “acoustic startle response”
- Loss of volume of the hippocampus
 - Associated with dissociation & lost sense of self.

Impact on Memory

- State-dependent Learning - a person has to be in the same or similar state they were in in order to remember something. Trauma stores in state-dependent form.

Impact on Memory



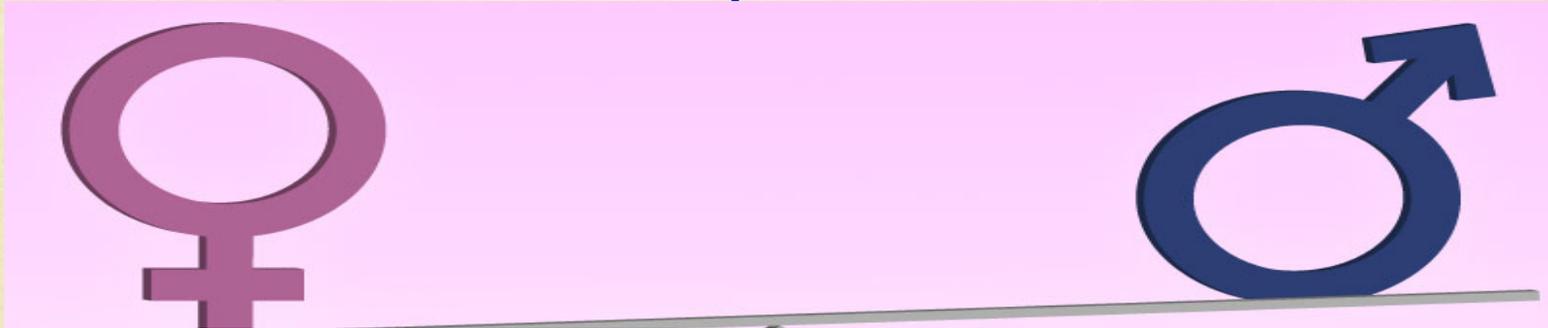
- Cues which trigger the original trauma result in a partial or complete shut down of the hippocampus and activation of the amygdala
- Traumatic memory can be come locked in an emotional/sensory state
 - The brain is use dependent - the traumatic state can become “normal”

Everything we think we know about
addiction is wrong



<https://www.youtube.com/watch?v=ao8L-0nSYzg>

Gender Differences in the Trauma Response



- Females - tend to dissociate and paradoxically, trauma bond
- Males - fight or flee, exert power and control

Gender Differences in the Trauma Response - Big News #3



- Females - Tend and Befriend
 - Shelley Taylor, UCLA
- The role of our hormones
 - Estrogen amplified the effects of oxytocin
 - Androgens diminish the effects of oxytocin

Girls and Boys are Different



- Estrogen activates a larger field of neurons in women's brains during an upsetting experience so they experience the stress in greater and more precise detail.
 - Dr. Marianne J. Legato, Columbia University, Reader's Digest Mar. 08

Women and Stress



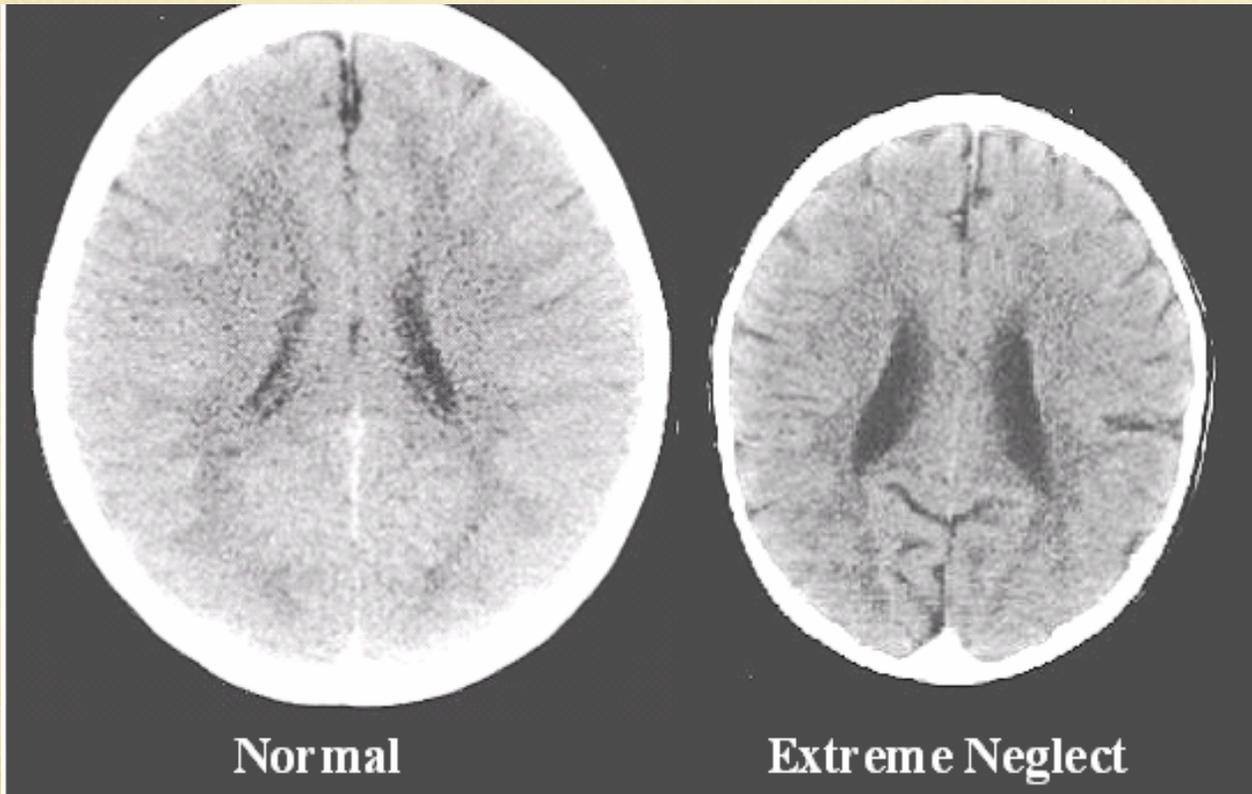
- Unresolved trauma has been identified as the biggest health threat to women.
 - 2001 - SAMSHA Conference on Women's Health

Implications for Children

- Experience can change the mature brain
 - but experience during the critical periods of early childhood organizes brain systems!
- From Bruce Perry, Trauma and Brain Development



Neglect is Traumatic



The Adverse Childhood Experiences Study

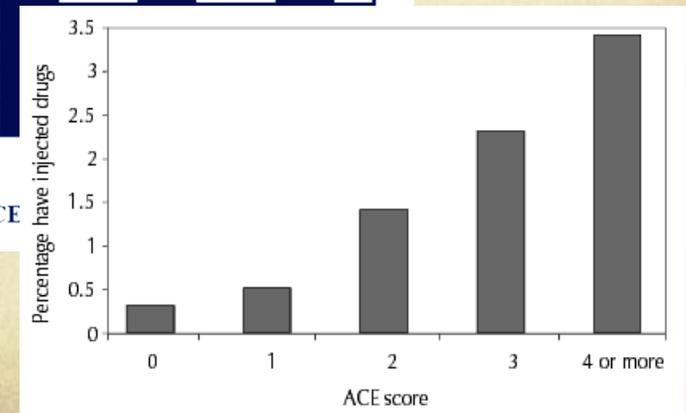
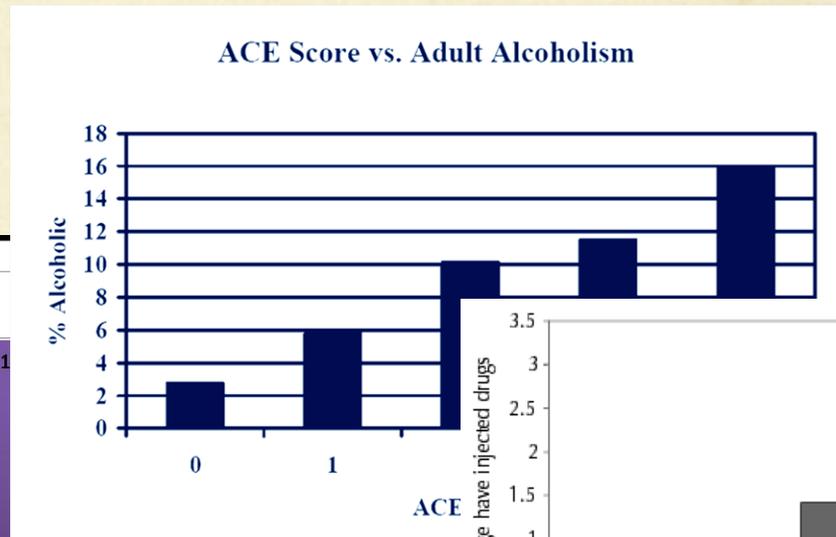
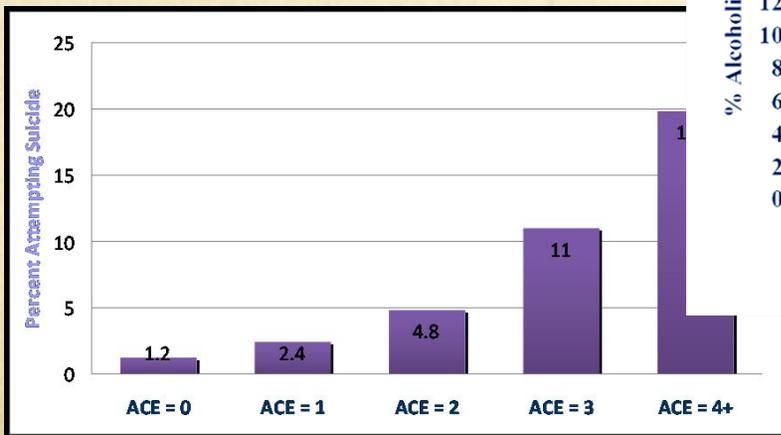
www.acestudy.org

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect



The Higher the ACE Score

- Social, emotional, cognitive impairment
- Adoption of Health-risk behaviors
- Disease, disability and social problems
- Early death

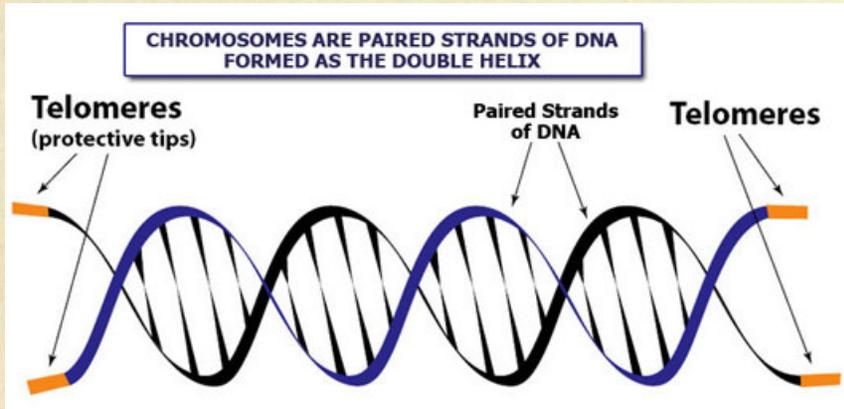


ACEs Have a Strong Influence on

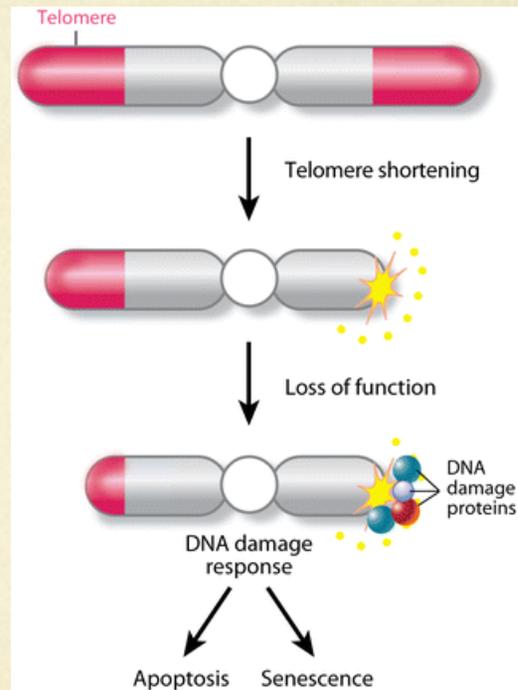
- Adolescent Health-teen Pregnancy-
- Smoking
- Alcohol Abuse-illicit Drug Abuse
- Sexual Behavior
- Mental Health
- Risk Of Revictimization
- Stability Of Relationships
- Performance In The Workforce



More Bad News for Kids



Like the tips of shoelaces, telomeres prevent DNA from unraveling



AR Armanios M. 2009.
Annu. Rev. Genomics Hum. Genet. 10:45–61

Duke University study

- Children who have experienced violence might really be older than their years. The DNA of 10-year-olds who experienced violence in their young lives has been found to show wear and tear normally associated with aging
- Children with a history of two or more kinds of violent exposures have significantly more telomere loss than other children.
- Shorter telomeres have been linked to poorer survival and chronic disease

Duke University (2012, April 24). Violence puts wear and tear on kids' DNA. *ScienceDaily*. Retrieved April 26, 2012, from http://www.sciencedaily.com/releases/2012/04/120424095946.htm?utm_source

Childhood Trauma Linked to Schizophrenia

- Children who had experienced any type of trauma before the age of 16 were approximately three times more likely to become psychotic in adulthood compared to those selected randomly from the population.
- Those that were severely traumatised as children were at a greater risk, in some cases up to 50 times increased risk, than those who experienced trauma to a lesser extent.
- R. P. Bentall, S. Wickham, M. Shevlin, F. Varese. **Do Specific Early-Life Adversities Lead to Specific Symptoms of Psychosis? A Study from the 2007 The Adult Psychiatric Morbidity Survey.** *Schizophrenia Bulletin*, 2012; DOI: [10.1093/schbul/sbs049](https://doi.org/10.1093/schbul/sbs049)

What Does this Mean for any Trauma Victim?

- Hyper stress and hypervigilance
- Possible permanent memory loss
- Low energy, reduced immune functioning
- Trapped in a cycle of cycle of physiological emergency reactions - new brain pathways
- Traumatic Stress is contagious - children catch it from their caregivers

Noteworthy for Professionals

- Initial memories can be fragmented
- “Just Listen”
- Normalize and educate
- Write down and remind



Trauma First Aid

- Moderate to heavy exercise within 48 hours of the trauma
- Drink lots of water
- Verbalize what happened only in a safe setting
- Journal writing
- Brain cells can rebuild with learning and avoiding further trauma

Effective Treatment



- It IS possible to extinguish trauma!
- Effective treatment would:
 - help a person form a declarative memory of a traumatic event
 - bleed-off the sensory/emotive aspects
 - enable a person to remember the event with no physiological trigger
- HOPE FACTOR – cellular regeneration

Healing is Possible

The most disturbing thing about our lack of resources for trauma victims is that PTSD is eminently treatable. There are half a dozen research-proven therapies that are effective in reducing or eliminating trauma symptoms and restarting people's lives. Evidence-based therapies such as acceptance & commitment therapy, prolonged exposure, cognitive processing therapy, traumatic incident reduction, eye movement desensitization and reprocessing and others all work. People who've suffered PTSD symptoms for years get better and stay better. Instead of spending their lives managing and running from trauma pain, or trying to suppress it with street drugs or pharmaceuticals, they are set free to make their lives about things that matter to them. Psychological science has already given us the answers to this crying need in our community - but we need the will to implement them

Matt McKay is the past director of Haight Ashbury psychological services and the current director of the Berkeley CBT Clinic. He's also the co-director of the Bay Area Trauma Recovery Clinic.

Polling from Webinar

- Do you envision a life free of trauma symptoms for the individuals you work with?
 - Yes - 44% No - 30% Maybe - 26%

- How would you describe the number of evidence based practices your organization offers for adults?
 - None- 4% One - 12% Two or more - 84%

- How would you describe the number of evidence based practices your organization offers for children?
 - None - 8% One - 32% Two or more - 61%

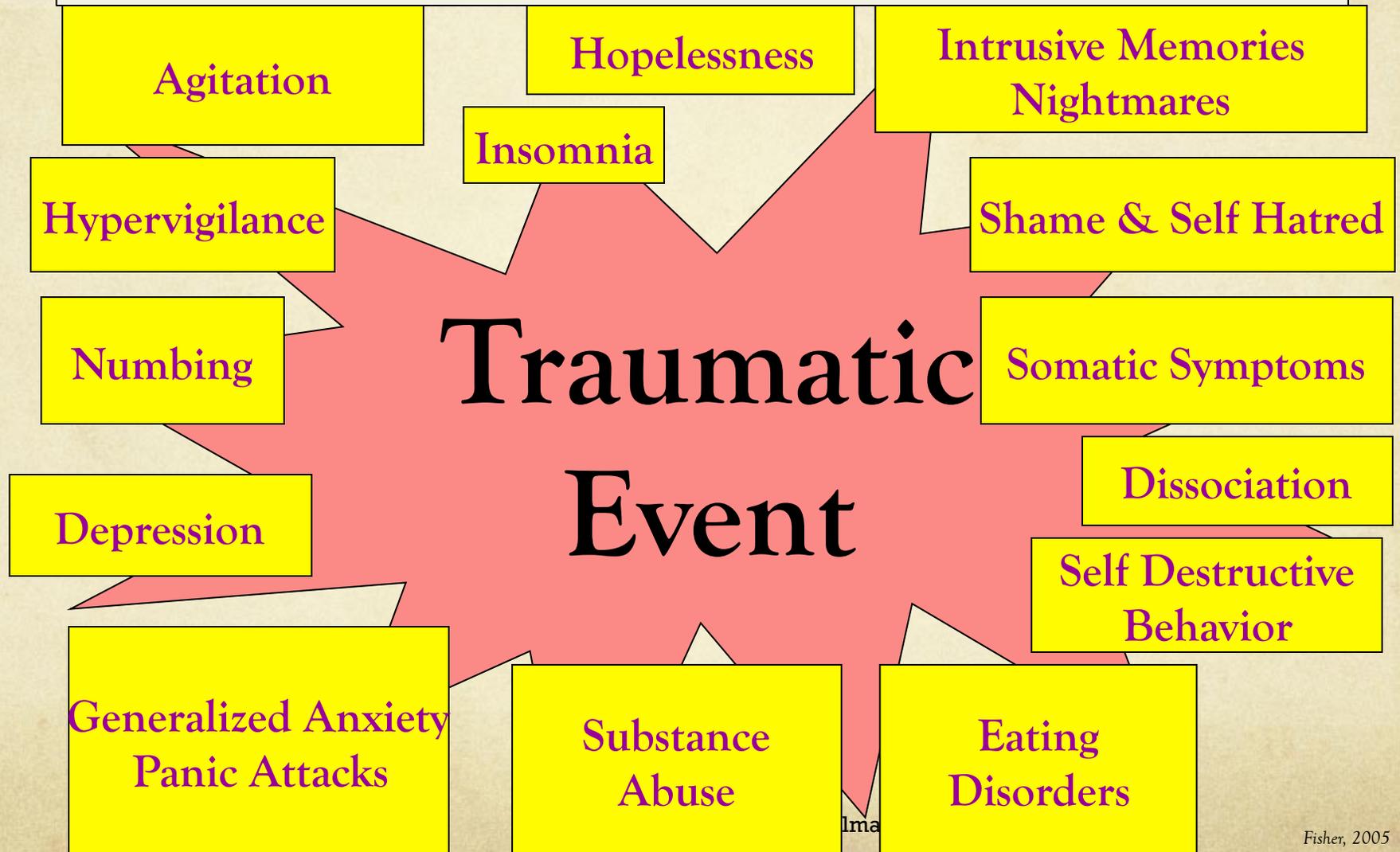
Nocebo – placebo effect

- If the helper doesn't think or is doubtful about the ability of the client heal or the approach to make a positive impact, how do you think that will impact client outcome?

National Association State Mental Health Program Directors

Every major diagnostic category
in the DSM-IV can sometimes
be related to trauma.

Adaptive Responses to Overwhelm



There is No Single Diagnosis

People with abuse and trauma histories face a range of mental health issues including:

- ✓ Anxiety
- ✓ Panic attacks
- ✓ Depression
- ✓ Substance abuse and dependence
- ✓ Personality disorders (especially borderline personality disorder)
- ✓ Dissociative identity disorders
- ✓ Psychotic disorders
- ✓ Somatization
- ✓ Eating disorders
- ✓ Post-traumatic stress disorders

Trauma-Informed asks:

○ What happened to you?

NOT

○ What is wrong with you?

What is the Adaptive Intent...?

- **Burning and Cutting**...protect from vulnerable feelings
- **Substance Use**...numbing, distraction from memories; “I just want to feel better.”
- **Under eating**...maintain sense of control
- **Over or binge eating**...masks anxiety, compensates for feelings of unworthiness
- **Hypervigilance**...ensure safety at all times
- **Hopelessness**...avoidance of success/failure

Trauma Symptoms = Tension Reducing Behaviors



“How do I understand this person?”

rather than *“How do I understand this
problem or symptom?”*

How Others Respond

Non-blaming, Non-stigmatizing,
Compassionate Support from Friends,
Family and Community

Engenders a better outcome / Lessens the
intensity / Increases resiliency:



Traditional Human Services Paradigm

- Understanding of the Consumer/Survivor
 - Each separate service system has its own view of the consumer and her or his problems
 - The consumer's problem is understood as an individual problem independent of context
 - The problem and the symptom are synonymous
 - The consumer is often attributed either too little or too much responsibility

From Fallot's Presentation on "Trauma - Informed Services, Long Beach 2008

Trauma-Informed Human Services Paradigm

- Understanding of the Consumer/Survivor
 - An integrated, whole person view of individuals and their problems and resources
 - “Symptoms” are understood not as pathology but primarily as attempts to cope and survive; what seem to be symptoms may more accurately be solutions
 - A contextual, relational view of both problems and solutions
 - Appropriate and collaborative responsibility allocation

Traditional Human Services Paradigm

- Understanding of Services
 - The primary goals of services are stability and the absence of symptoms
 - Services are often crisis driven
 - Service time limits are economically and administratively driven
 - Services are chosen in order to minimize risk and provider liability

Trauma-Informed Human Services Paradigm

- Understanding of Services
 - Primary goals are empowerment and recovery
 - Survivors are survivors; their strengths need to be recognized
 - Service priorities are prevention driven
 - Service time limits are determined by survivor self-assessment and recovery/healing needs
 - Risk to the consumer is considered along with risk to the system and the provider

Traditional Human Services Paradigm

- Understanding of the Service Relationship
 - Hierarchical provider/consumer relationship
 - Provider is presumed to have a superior knowledge base
 - The consumer is seen as a passive recipient of services
 - The consumer's safety and trust are taken for granted

Trauma-Informed Human Services Paradigm

- Understanding of the Service Relationship
 - A collaborative relationship between the consumer and the provider of her or his choice
 - Both the consumer and the provider are assumed to have valid and valuable knowledge bases
 - The consumer is an active planner and participant in services
 - The consumer's safety must be guaranteed and trust must be developed over time

Healing Organization

➤ Adjective

An organization whose mission is to help people get well

➤ Verb

An organization actively restoring its health, making itself whole

Skills for Creating Safety

- Safety starts with you – do your clients trigger you?
 - The importance of self-care
- Adopt the lens of “what happened to you?”
- Don’t evaluate, interpret or judge
- Listen with full attention
- Engage a client in breathwork if the client becomes triggered while telling their story

Self-Care

- Working with traumatized people requires resolving one's own trauma and continual self-care
 - Burn-out A state of extreme dissatisfaction with one's work (1) excessive distancing from clients, (2) impaired competence, (3) low energy, (4) increased irritability with supporters, and (5) other signs of impairment and depression resulting from individual, social, work environmental, and society factors.
 - **The chronic condition of perceived demands outweighing perceived resources (Gentry & Baranowsky, 1998).**

Compassion Fatigue

- A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways: (1) re-experiencing the traumatic events, (2) avoidance/numbing of reminders of the traumatic event, and (3) persistent arousal. It is absorbing and retaining the emotional suffering of others in interaction with other experiences, past and present causes a form of burnout.

Links for Breathwork

- Ocean Breathing

<https://www.youtube.com/watch?v=IRVZvpcUqPk>



- Cross Nostril Breathing

<https://www.youtube.com/watch?v=Z5WF6snnMFw>



- Circular Breathing

<https://www.youtube.com/watch?v=Ljc-Q2a1jLY>



- Fire Breath

https://www.youtube.com/watch?v=XuNSR9K_8Mc



[Book: The Healing Power of the Breath - Patricia Gerbarg, MD and Richard Brown, MD](#)

Take out your phones!

- The Trauma Resolution Center
 - www.traumaresolutioncenter.net
- Traumatraining.net
 - www.traumatraining.net
- National Registry of Evidenced-Based Practices and Program
 - www.tir-nrepp.org
- Substance Abuse and Mental Health Services Administration funded movie about the TRC
 - www.trcmovie.org
- LIKE US ON Facebook

