



Trauma and Psychiatry

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What is Trauma?

"Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."



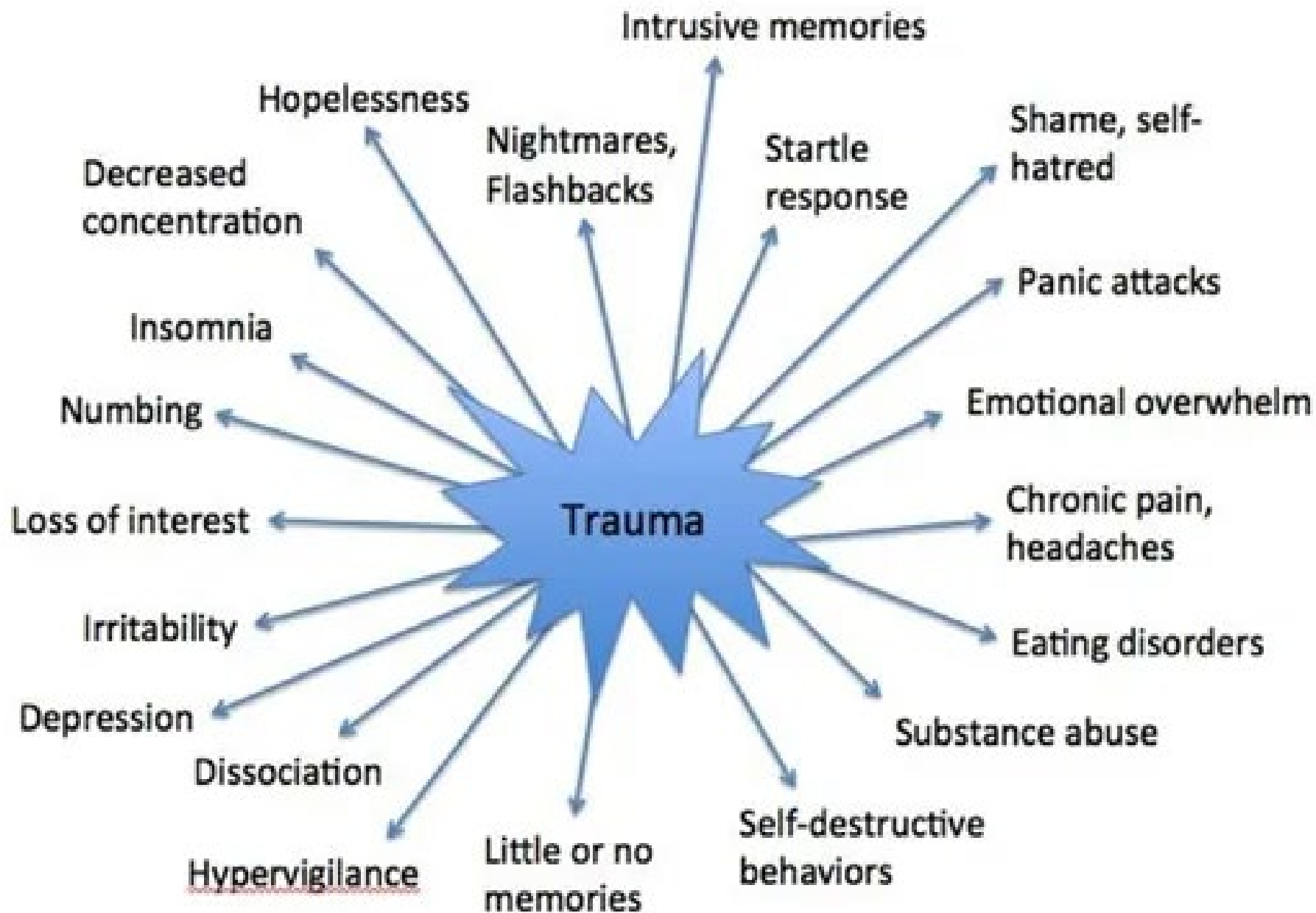
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Why is **trauma** important

- Most patients in practice shall speak about experiencing or having experienced single incidents or repeated incidents of trauma.
- Trauma is a highly individualistic event.
- Trauma cannot be quantified.

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Types of Trauma

Emotional

- Mental response to a disturbing event or situation
- Acute: Response during and directly after an event
- Chronic: Long-term response from prolonged or repeated events
- Complex: Response to multiple events that may or may not be related

Physical

- Serious bodily harm or injury



Four Requirements Must be met for the Brain to Perceive and Encode an Event as Trauma:



EVENT

- ☉ The event does not have to be life threatening.



MEANING

- ☉ The event must have significant meaning to the person that is linked to a potential loss of attachments such as relationships, status or life itself.



LANDSCAPE

- ☉ The existing neural landscape of the brain must be vulnerable to traumatization.



INESCAPABILITY

- ☉ The person must perceive the event as inescapable.

UNHEALED TRAUMA

Can Look Like This

- ◆ Being overtly agreeable
- ◆ Resisting positive change
- ◆ Low sense of self-worth
- ◆ Putting your needs aside for other people
- ◆ Codependency in relationships
- ◆ Difficulty standing up for yourself and asserting boundaries
- ◆ Craving for external validation
- ◆ Not being able to tolerate conflict
- ◆ Fear of being abandoned
- ◆ Always fearing what might happen next
- ◆ Tolerating abusive behaviors from others
- ◆ An innate feeling of shame

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Signs Of Unhealed Childhood Trauma

- ▶ People pleasing
- ▶ Codependency
- ▶ Fear of abandonment
- ▶ Low self-esteem
- ▶ Low self-worth
- ▶ Difficulty setting boundaries
- ▶ Constant need to prove yourself
- ▶ Depending on external validation
- ▶ Tolerating abusive behavior
- ▶ Always trying to fix others
- ▶ Ignoring your own needs
- ▶ Falling for narcissistic people
- ▶ Living on high alert
- ▶ Attachment issues
- ▶ Alcohol/drug abuse







Acute Stress Disorder vs. Post-Traumatic Stress Disorder



Condition	Onset	Duration	Symptoms	Treatment
Acute Stress Disorder	<i>0-28 days after the trauma occurs</i>	<i>Lasts between three days and four weeks</i>	<i>Depersonalization and derealization</i>	<i>Short-term psychotherapy and antidepressant medication</i>
Post-Traumatic Stress Disorder	<i>At least one month after the trauma occurs</i>	<i>Lasts at least one month and can persist for several years</i>	<i>Avoidance, heightened awareness and changes in mood or cognition</i>	<i>Long-term psychotherapy, medication and EMDR therapy</i>

Post-traumatic stress disorder is a disorder that can occur after a person has experienced a traumatic event.

Potential Crises

-  Nonsuicidal Self-Injury
-  Suicidal Thoughts & Behaviors
-  Psychosis
-  Substance Use

POST TRAUMATIC STRESS DISORDER

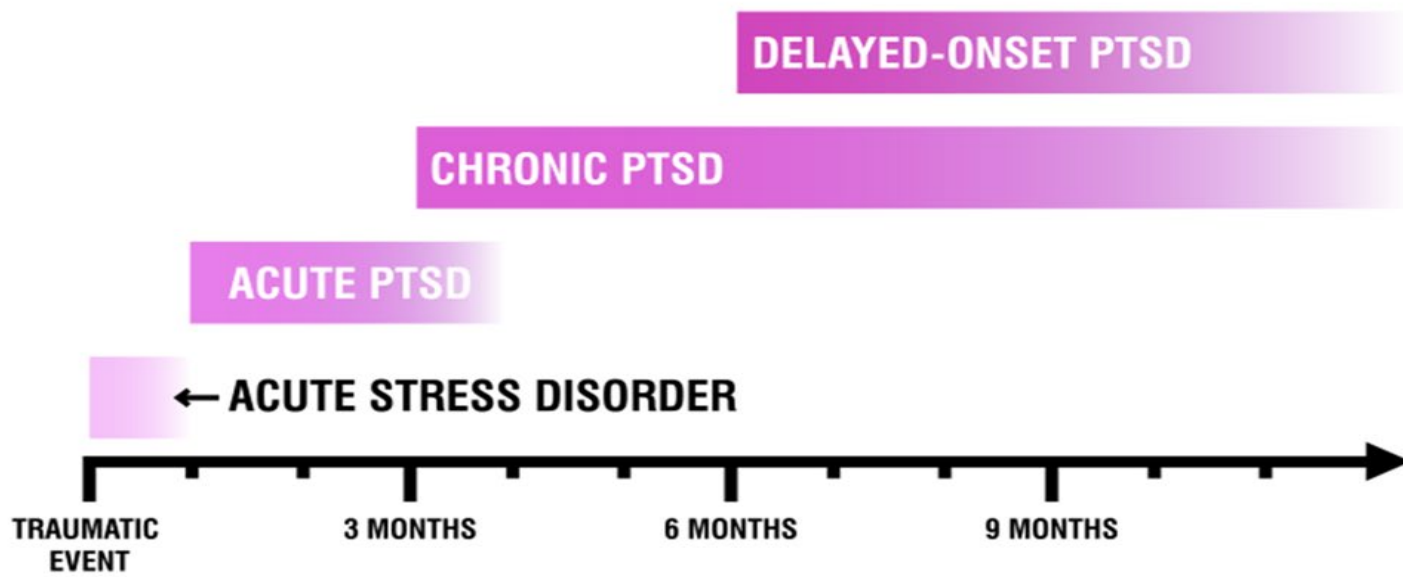
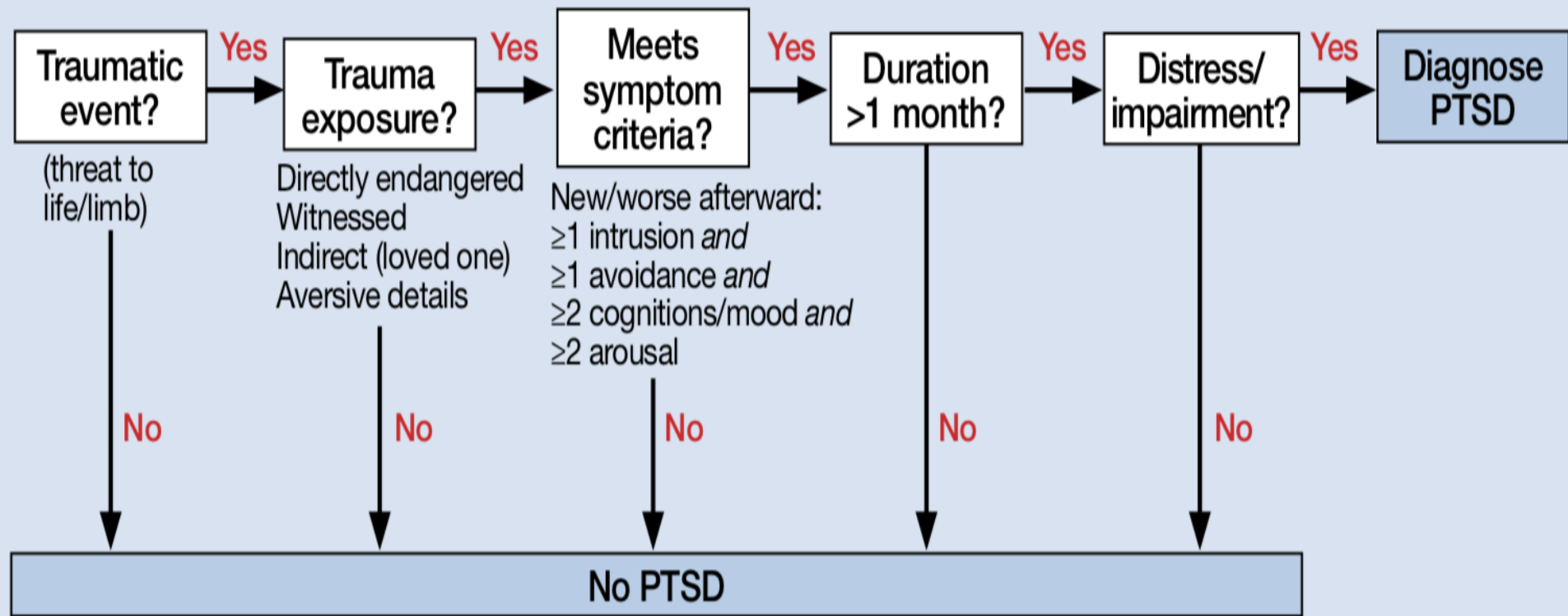


A person can experience one event that has a lifetime impact on their overall well-being and their capacity to cope. For another person the impact of trauma may be build up over time through a series of traumatic events before an impact is identified.

QUICK FACTS



It is normal to have a negative reaction after a traumatic event, but a person may be diagnosed with PTSD when a they are unable to cope with the traumatic experience for more than 4 weeks.



What is the natural history of PTSD?

Traumatic

Event

1 month

9 months

3 years



Usual onset of symptoms

Many recover without treatment within months/years of event (45-80% natural remission at 9 months)

Generally 33% remain symptomatic for 3 years or longer with greater risk of secondary problems

Trauma Bonding

A cycle of physical or emotional abuse that creates a strong attachment between an abused person and their abuser, reinforced by periods of love and affection and then periods of devaluation and emotional abuse.

Types of Trauma Bonds

@the.holistic.psychologist

Abandonment

A feeling of never knowing where you stand, inconsistency, "push-pull" dynamics, chaotic, fear of being left or not chosen

Fawning

Partner takes on another partners identity + beliefs. One partner creates "reality + self betrayal or people pleasing is common

Emotional Neglect

No authentic emotional connection, does not feel safe to express or share emotion, avoids conflict, lack of ability to empathize

Control

Fear-based control. Intense jealousy as love. Relationship is a roller coaster + the body has high levels of cortisol/emotional addiction

How Trauma Affects the Brain Immediately

When the amygdala identifies a potential threat, it works to 'sound the alarm' by activating the sympathetic nervous system. The sympathetic nervous system is like a gas pedal that floods the body with stress hormones and chemicals such as cortisol and adrenaline. This puts the body into a state of fight or flight, causing several physiological changes in the body and brain.



How Does Trauma Affect the Brain?

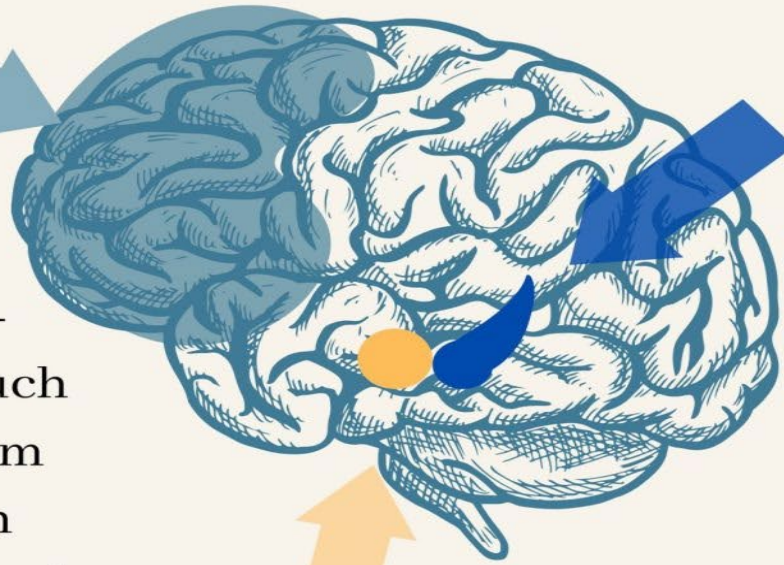
Trauma can affect the brain in a number of ways, both in terms of functionality and structure.

Suppressed memories are often created through state-dependent learning, or the brain's act of creating memories during a particular emotional or physical state. After a traumatic or stressful experience, these memories essentially become blocked from consciousness until a person revisits the traumatic event. In short, memory loss can be a coping mechanism utilized by the brain to prevent one from remembering and reliving a traumatic event.

HOW TRAUMA AFFECTS THE BRAIN

Prefrontal Cortex

Rational thinking - regulates emotions such as fear responses from the amygdala - with PTSD this has a reduced volume



Hippocampus

Responsible for memory and differentiating between past and present – works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.

Amygdala

Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

HOW Trauma IMPACTS THE BRAIN

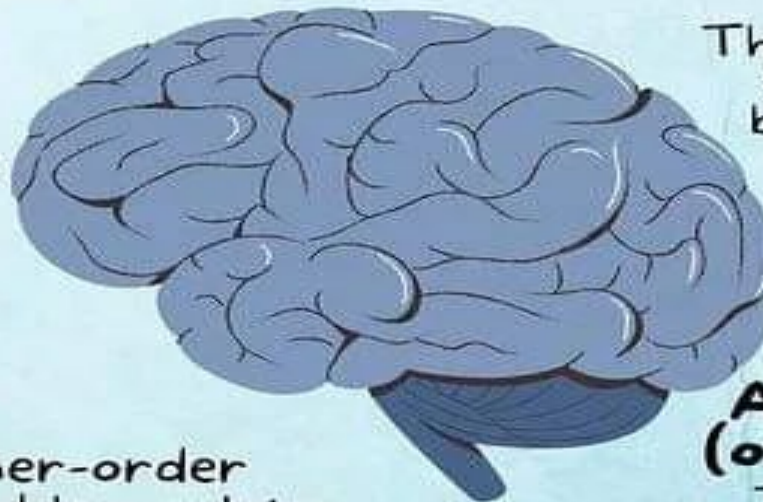
Trauma can alter the structure and functioning of the brain.



Ventromedial Prefrontal Cortex (shrinks)

This area is responsible for mood and emotion regulation & rational thought.

It causes higher-order processes like problem-solving to become underfunctioning, while processes geared towards defense become overactive.



Hippocampus (shrinks)

This area is responsible for differentiating between the past & present.

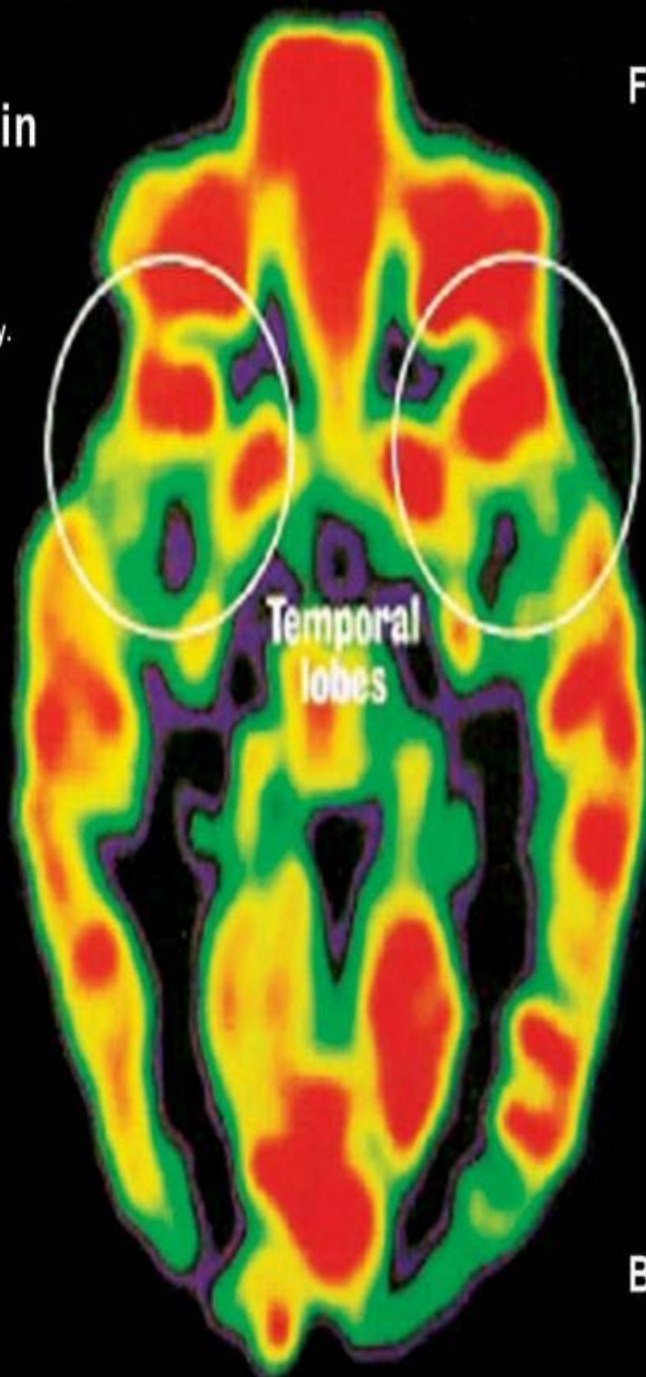


Amygdala (overactive)

This area is responsible for responding to stress.

Healthy Brain

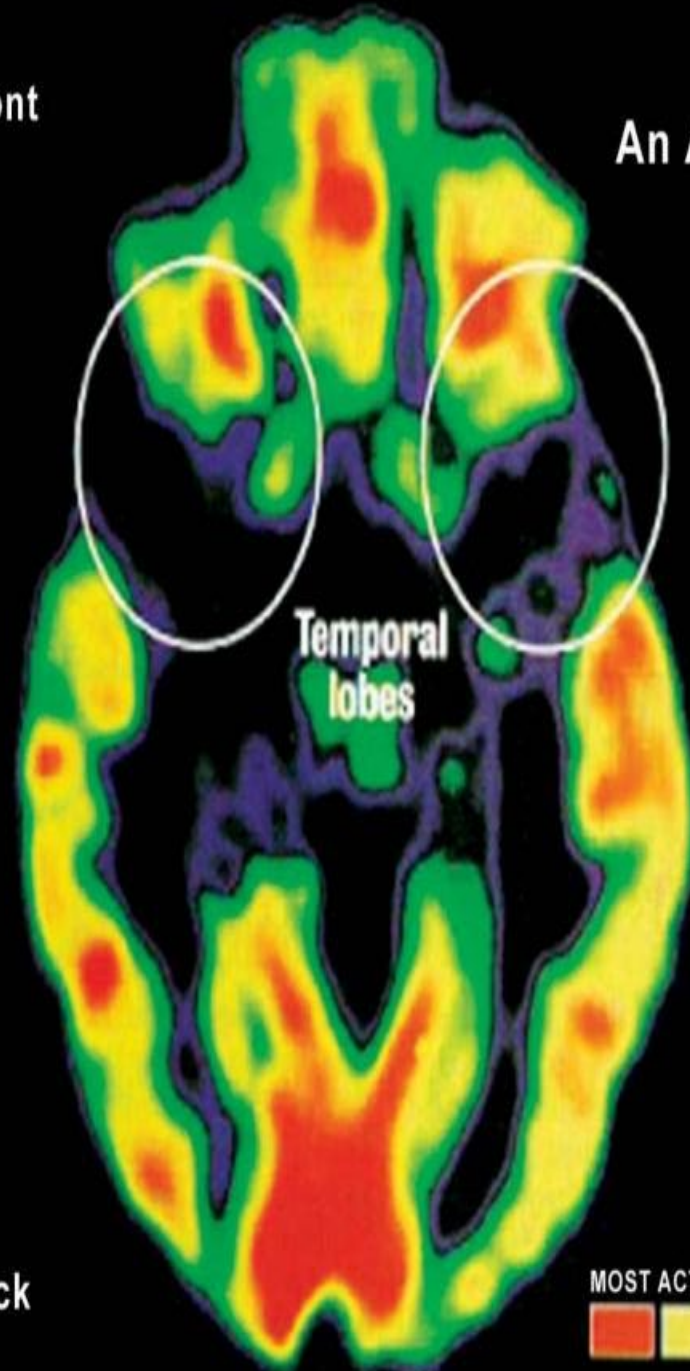
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Back



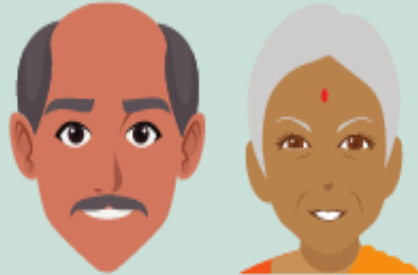
"Trauma permanently changes us."

This is the big, scary truth about trauma: there is no such thing as "getting over it."

The five stages of grief model marks universal stages in learning to accept loss, but the reality is in fact much bigger: a major life disruption leaves a new normal in its wake. There is no "back to the old me." You are different now, full stop.

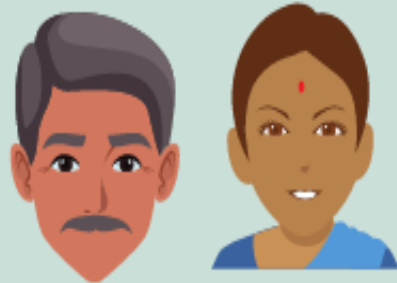
This is not a wholly negative thing. Healing from trauma can also mean finding new strength and joy. The goal of healing is not a papering-over of changes in an effort to preserve or present things as normal. It is to acknowledge and wear your new life — warts, wisdom, and all — with courage."

GENERATIONAL TRAUMA



GRANDPARENTS

The Partition of India of 1947, Liberation War in Bangladesh, Oppression, Domestic Violence, Abuse, PTSD, Patriarchy, Chemical Dependency, Extreme Poverty



PARENTS

Alcoholism, Physical Abuse, Repressed Anger, Emotional Abuse, Untreated Mental Illness, Codependency,



YOU

Approval Seeking, Identity Confusion, Eating Disorder, Depression, Anxiety, Alcoholism, Attachment Issues, Codependency

INTERGENERATIONAL TRAUMA

@THEPRESENTPSYCHOLOGIST



Someone who experiences trauma (like abuse) can suffer from lifelong effects

Effects like anxiety, shame, depression, substance abuse and risky behavior

When that person has children, the impact of the trauma can affect them

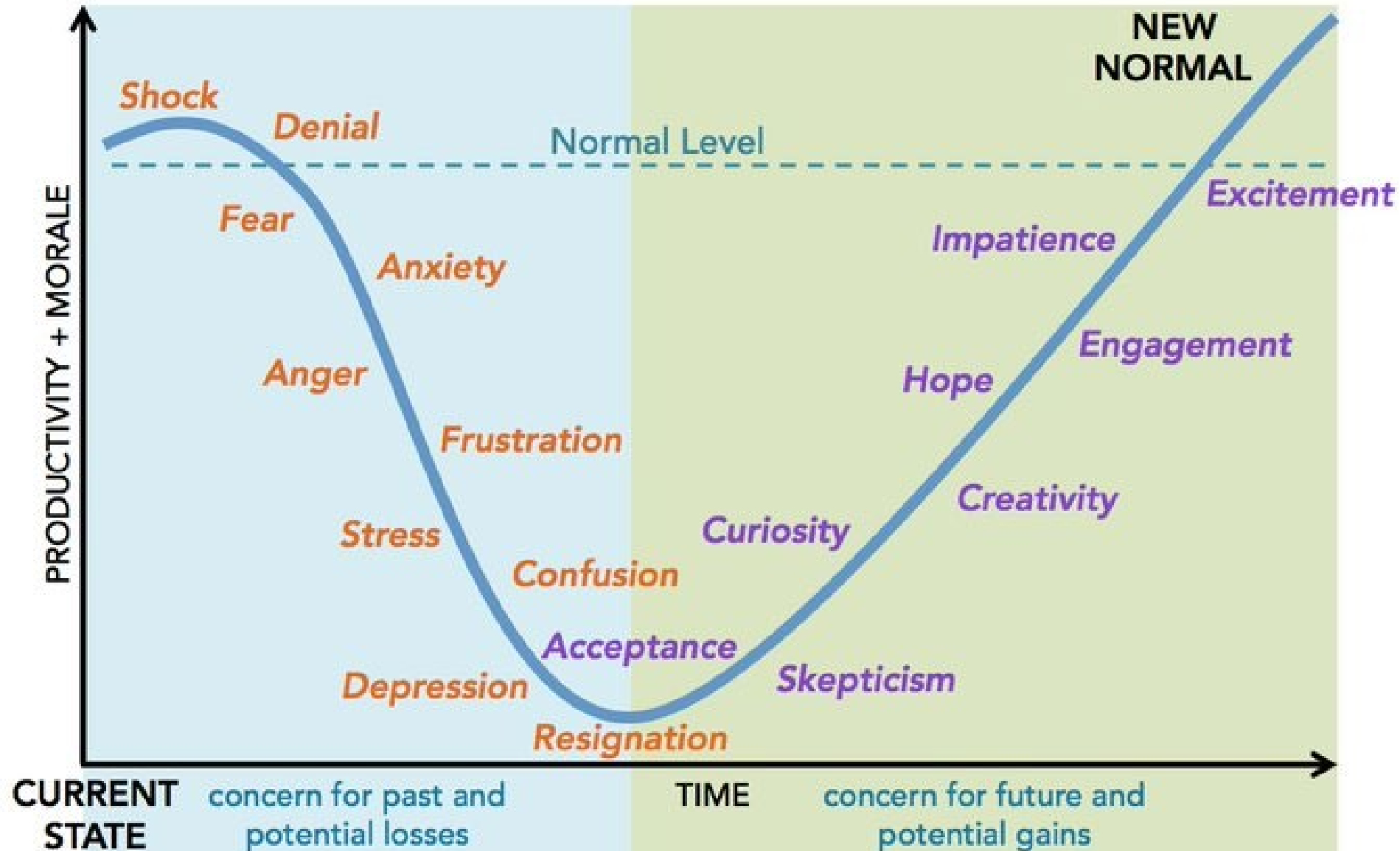


Parents may develop a neglectful/authoritative style or project their trauma on their children

As a result, the child develops a trauma due to growing up with a traumatised parent

This is 'intergenerational trauma' as the effects of trauma are passed on through generations

The Change Curve



Emotional
Highs



Emotional
Lows

Honeymoon
Community Cohesion

Heroic

Pre-Disaster

Warning

Threat

Impact

Disillusionment

Reconstruction
A New Beginning

Setback

Inventory

Working Through Grief
Coming to Terms

Trigger Events

Anniversary Reactions

Up to One Year

After Anniversary



Productivity during transition

ENDINGS

NEUTRAL ZONE

NEW BEGINNINGS

Normal productivity

Denial

Anxiety

Shock

Confusion

Resignation

Anger

Fear

Frustration

Depression

High Stress

Undirected energy

Creativity

Acceptance

Impatience

Hopeful / Skeptical

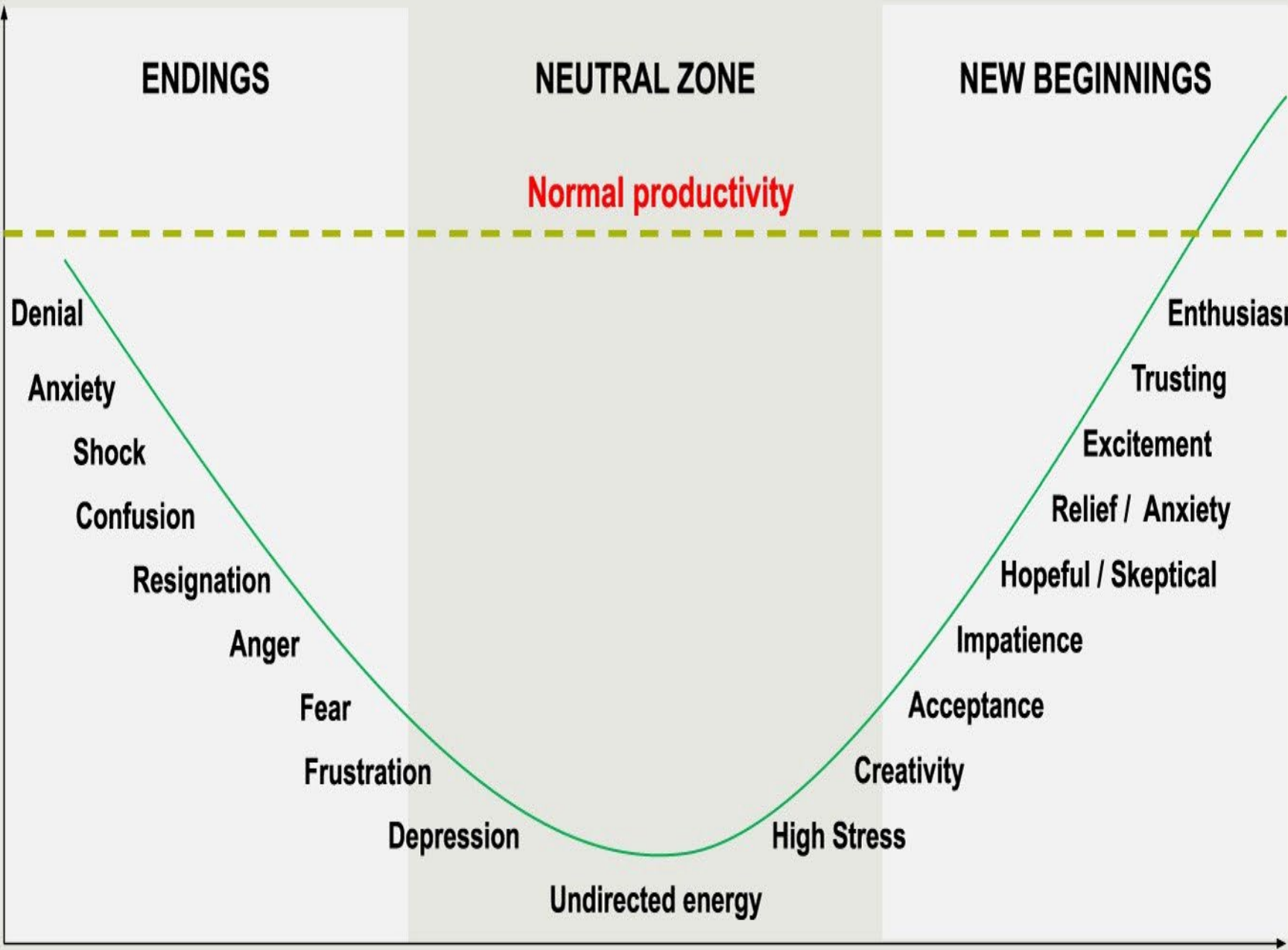
Relief / Anxiety

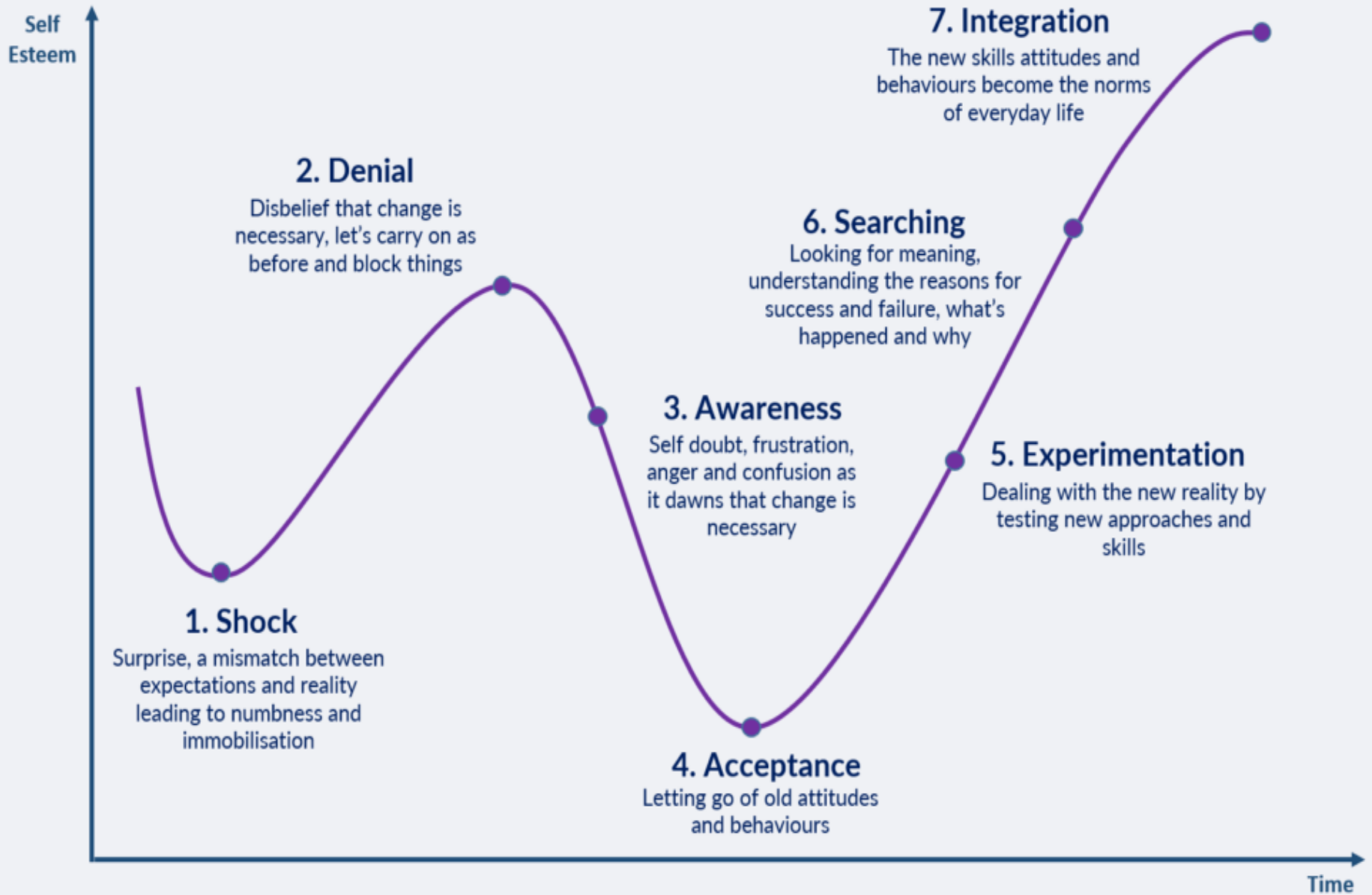
Excitement

Trusting

Enthusiasm

Time





The 7 Step Cycle of Change

Table 5. Usual Psychological Therapy for PTSD^{1,10,14}

Type of Psychotherapy		Description
Trauma-focused cognitive behavioral therapy	Exposure therapy	Reduces anxiety and fear through confrontation of thoughts (imaginal exposure) or actual situations (in vivo exposure) related to the trauma that would otherwise provoke fear and avoidance
	Cognitive therapy	Modification of illogical and unrealistic interpretations of events that cause negative emotional reactions
	Cognitive processing therapy	Combines writing a trauma narrative, which is read to the therapist (ie, exposure), with cognitive therapy
Stress inoculation training		Multifaceted approach of general anxiety management; can include muscle relaxation training, breathing retraining, self-talk, thought stopping, and role-playing
Eye movement desensitization and reprocessing		Involves patient moving his or her eyes back and forth (eg, watching light bars or therapist's fingers) during imaginal exposure and cognitive restructuring; stimulates the patient's information processing in order to help incorporate the targeted event as an adaptive memory

Pharmacologic Management Steps

- History & Assessment
 - Diagnose: Look for & treat possible causes (see next slide)
 - Medications as the problem
- Develop treatment plan
 - Eliminate/taper, substitute, optimize dose (reduce or increase)
 - Add meds targeted at profile
 - enhance nighttime sleep & daytime function
- Pharm Vs. Non-pharm approaches
 - Combining pharm with non-pharm treatments
 - Individual, family, cognitive, behavioral, environmental
 - Medications are not always the right answer

Even in times of trauma,

we try to maintain a sense of normality until we no longer can. That, my friends, is called surviving. Not healing. We never become whole again—***we are survivors***. If you are here today, you are a survivor. But those of us who have made it through hell and are still standing? We bear a different name: warriors.

Lori Goodwin

Youth Dynamics

Life has taught me

I am not always in control. Life is full of experiences, lessons, heartbreak, and pain. But, it has also shown me love, beauty, possibility, and new beginnings. Embrace it all. It makes us who we are, and after every storm comes a clear sky.

Your trauma is valid.

Even if other people have experienced “worse.”
Even if someone else who went through the same
experience doesn’t feel debilitated by it. Even if it
“could have been avoided.” Even if it happened a long
time ago. Even if no one knows. Your trauma is real
and valid and you deserve a space to talk about it. It
isn’t desperate or pathetic or attention-seeking. It’s
self-care. It’s inconceivably brave. And regardless of
the magnitude of your struggle, you’re allowed to take
care of yourself by processing and unloading some of
the pain you carry. Your pain matters. Your
experience matters. And your healing matters.
Nothing and no one can take that away.

Daniell Koepke

A wooden boardwalk winds through a misty, wooded area at sunrise or sunset. The path is made of light-colored wooden planks and is bordered by low concrete walls. The background is filled with trees and a soft, golden light from the sun, creating a serene and somewhat somber atmosphere.

“Trauma is a fact of life. It does not, however, have to be a life sentence.”

– Peter A. Levine

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