

Week 8: Activity
My Ability to Cope with Trauma

Check those of the following statements that you believe apply to you.

- I have a high degree of extraversion (I like to be with people).
- I am open to new experiences.
- I am conscientious in the work I do (I follow through).
- I am an agreeable person.
- I believe that my source of personal power lies within me.
- I am confident in my own abilities to cope with situations.
- I try to find meaning in what happens to me.
- I try to break down bad situations into manageable parts I can handle.
- I am motivated to solve the problems that occur in my life.
- I am generally an optimistic person—I see things more positively than negatively.
- I take control in situations whenever possible, or at least try to take control.
- I like a good challenge and rise to the occasion.
- I am committed to overcoming the bad things I have experienced in life.
- I have a good social support network—there are people I can turn to.
- I understand my life's circumstances and what I can and cannot do about them.
- I have faith.
- I have a good sense of humor.
- I have a sense of hope.
- I like to try new things or look at things in new ways.
- I am open to how others feel.
- I am an action-oriented person—I would rather do something than sit back and let it be done to me.
- I actively try to structure my own life and make plans.

1. What do you observe about yourself from reading these statements?

2. How many of these items did you check? Do you notice any pattern of those you did not check?

The more you checked, the more likely you are to take action and to work through the trauma that happened to you.

Williams, M. B., & Poijula, S. (2002). *The PTSD workbook: Simple, effective techniques for overcoming traumatic stress symptoms*. Oakland, CA: New Harbinger.

Week 8: Handout A
UNDERSTANDING TRAUMA & ITS EFFECTS

Trauma responses are not symptoms but adaptive coping or survival skills, according to Bonnie Burstow in Toward a Radical Understanding of Trauma and Trauma Work. These are normal reactions to profound wounding.

Trauma can be experienced along several continuums:

A single incident to a pattern of oppression over years or generations

An accident to an intentional betrayal

Supported by culture or society to created by culture or society

Experienced by one person to experienced by many people

Unacknowledged by anyone—to—acknowledged by everyone

Trauma responses can occur soon after an incident, or can be dormant for many months or even years before surfacing and causing pain or dysfunction. Trauma responses can fade and then return, even after many years, if the person's fears are re-stimulated.

Both individuals and communities can experience trauma and will respond to trauma. As with all human experience, people have unique and deeply personal responses to traumatic events, yet there are many common elements in our response to trauma.

Trauma occurs within a cultural, social and political context. The context can be protective or can compound the trauma.

Trauma responses include:

- Hyper-vigilance
- Startle-response
- Intrusive thoughts or feelings
- Numbing, constriction of emotion
- Triggering
- Sleep disorders
- Dissociation (as simple as forgetting "time" or "place" or as complex as self-fragmentation)

A traumatic experience can isolate an individual or community. Trauma can destroy a person's sense of self and of power (or self-efficacy). Trauma can make it difficult for the traumatized person to be a witness to their own

experience so that a person “forgets” important parts of the trauma or minimizes what happened. People and communities can become frozen in time, unable to integrate a current reality that may be safe (natural disaster survivors, for instance) or to stop re-experiencing the past. It is equally possible for trauma survivors to become distanced from the past, holding it at bay and trying both to forget the trauma and deny its influence.

Trauma can cause a disconnection between thoughts and feelings. It can distance a person from their own body and it can cause people to become distanced from one another. Some trauma can interfere with intimate relationships and make emotional vulnerability difficult.

Emotions associated with an experience of trauma can include:

- Terror
- Horror
- Hopelessness
- Helplessness
- Worthlessness
- Despair
- Doubt
- Distrust
- Rage
- Guilt
- Shame

The impact of trauma can create long-term emotional and physical challenges:

Depression
PTSD
Anxiety
Thoughts of suicide
Sexual dysfunction
Substance abuse and addiction
Stress-related illnesses or disorders

Trauma can also have a trans-generational impact. Descendants can live in a world

defined by the trauma-experience of their family or community. This world can be physically, socially, politically, emotionally, psychologically, and spiritually shaped by the trauma experience. (Think about survivors of Katrina in New Orleans.)

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Both the response to trauma and its impact can be made worse by captivity or "imprisonment" (i.e. prisoners of war) or other forms of coercion. Captivity creates a situation where there is prolonged and repeated trauma. The survivor is often subject to tyrannical tactics of control that are designed to destroy their sense of autonomy. The final tactic of enforcing submission is often sexual humiliation.

Week 8: Handout B

Post Traumatic Stress Disorder Fact Sheet

How does PTSD develop?

PTSD develops in response to a traumatic event. About 60% of men and 50% of women experience a traumatic event in their lifetime. Most people who are exposed to a traumatic event will have some of the symptoms of PTSD in the days and weeks after the event. For some people these symptoms are more severe and long lasting. The reasons why some people develop PTSD and others do not are still being studied. There are biological, psychological and social factors that affect the development of PTSD.

What is PTSD?

The main features of PTSD can be summarized as follows:

- **Trauma**
PTSD is different from most mental-health diagnoses because it is tied to a particular life experience or event. A traumatic experience typically involves the potential for death or serious injury, or a person's belief that they are at risk of death, resulting in intense fear, helplessness, or horror.
- **Symptoms**
PTSD is characterized by a specific group of symptoms that sets it apart from other types of reactions to trauma. Increasingly, evidence points to four major types of symptoms: re-experiencing, avoidance, numbing, and arousal.
- **Re-experiencing symptoms**
These symptoms involve a sort of mental replay of the trauma, often accompanied by strong emotional reactions. This can happen in reaction to thoughts or reminders of the experience when the person is awake or in the form of nightmares during sleep.
- **Avoidance symptoms**
These symptoms are often exhibited as efforts to evade activities, places, or people that are reminders of the trauma.
- **Numbing symptoms**
These are typically experienced as a loss of emotions, particularly positive feelings.
- **Arousal symptoms**
Arousal symptoms reflect excessive physiological activation and include a heightened sense of being on guard as well as difficulty with sleep and concentration.

- **Length and Severity**

To qualify for a formal diagnosis, the symptoms must persist for over one month, cause significant distress, and affect the individual's ability to function socially, occupationally, or domestically.

What is Complex PTSD?

The first requirement for the diagnosis is that the individual experienced a prolonged period (months to years) of total control by another. The other criteria are symptoms that tend to result from chronic victimization. Those symptoms include:

- **Alterations in emotional regulation**

This may include symptoms such as persistent sadness, suicidal thoughts, explosive anger, or inhibited anger

- **Alterations in consciousness**

This includes things such as forgetting traumatic events, reliving traumatic events, or having episodes in which one feels detached from one's mental processes or body

- **Changes in self-perception**

This may include a sense of helplessness, shame, guilt, stigma, and a sense of being completely different than other human beings

- **Alterations in the perception of the perpetrator**

For example; attributing total power to the perpetrator or becoming preoccupied with the relationship to the perpetrator, including a preoccupation with revenge

- **Alterations in relations with others**

Variations in personal relations including isolation, distrust, or a repeated search for a rescuer

- **Changes in one's system of meanings**

This may include a loss of sustaining faith or a sense of hopelessness and despair

How common is PTSD?

PTSD is common. In the entire population, an estimated 6.8% of Americans will experience PTSD at some point in their lives. Women are more than two and a half times as likely as men to develop PTSD. About 3.6% of U.S. adults (5.2 million people) have PTSD during the course of a given year. This is only a small portion of those who have experienced at least one traumatic event.

In people who have experienced a traumatic event, about 8% of men and 20% of women develop PTSD after a trauma and roughly 30% of these individuals develop a chronic form that continues on throughout their lifetime. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse. PTSD is more common in "at-risk" groups such as those serving in combat.

Who is most likely to develop PTSD?

Most people who experience a traumatic event will not develop PTSD.

However, the risk for developing PTSD increases if people:

- were directly exposed to the traumatic event as a victim or a witness
- were seriously injured during the trauma
- experienced a trauma that was long lasting or very severe
- saw themselves or a family member as being in imminent danger
- had a severe negative reaction during the event, such as feeling detached from ones surroundings or having a panic attack
- felt helpless during the trauma and were unable to help themselves or a loved one.

Individuals are also more likely to develop PTSD if they:

- have experienced an earlier life threatening event or trauma
- have a current mental health issue
- have less education
- are younger
- are a woman
- lack social support
- have recent, stressful life changes

How long does PTSD last?

The course of PTSD is variable. This means it can be different for different people and that it can change over time. PTSD usually begins right after the traumatic event but it can also be delayed for many years. For most people symptoms improve over the first year. Treatment also reduces symptoms but for some symptoms can last a lifetime.

What other problems do people with PTSD experience?

It is very common for other conditions to occur along with PTSD, such as depression, anxiety, or substance abuse. More than half of men with PTSD also have problems with alcohol.

What other difficulties do those with Complex PTSD tend to experience?

Survivors may avoid thinking and talking about trauma-related topics because the feelings associated with the trauma are often overwhelming.

- Survivors may use alcohol and substance abuse as a way to avoid and numb feelings and thoughts related to the trauma.
- Survivors may also engage in self-mutilation and other forms of self-harm.
- There is a tendency to blame the victim.
 - A person who has been abused repeatedly is sometimes mistaken as someone who has a "weak character." Because of their chronic victimization, in the past, survivors have been misdiagnosed by mental-health providers as having Borderline, Dependent, or Masochistic Personality Disorder. When survivors are faulted for the symptoms they experience as a result of victimization, they are being unjustly blamed.

What treatments are available?

PTSD is treated by a variety of forms of psychotherapy (counseling) and pharmacotherapy (medication).

United State Department of Veterans Affairs. Retrieved March 9, 2009, from:
http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_complex_ptsd.html

<p style="text-align: center;">Week 8: Handout C Ways to Cope with Traumatic Stress</p>

UNHEALTHY

Coping behaviors that do not help in the healing process

- Using drugs and alcohol
- Isolating from others
- Dropping out of pleasurable or recreational activities
- Using anger to control others
- Avoiding reminders of the trauma/abuse (It prevents you from making progress on coping with stress reactions)
- Being a workaholic (an avoidance technique)

HEALTHY

Coping behaviors that can help in the healing process

Unwanted distressing memories, images, or thoughts

- Remind yourself that they are just that, memories
- Remind yourself that it's natural to have some memories of the traumatic event(s)
- Talk about them to someone you trust
- Remember that, although reminders of trauma can feel overwhelming, they often lessen with time

Sudden feelings of anxiety or panic

- Remember: these reactions are not dangerous. If you had them while exercising, they probably would not worry you.
- Slow down your breathing
- The sensations will pass soon and you can go about your business after they decrease.

Feeling like the trauma is happening again (flashbacks)

- Keep your eyes open. Look around you and notice where you are
- Get up and move around
- Have a drink of water and wash your hands
- Call someone you trust and tell them what is happening
- Remind yourself that this is a common traumatic stress reaction
- Tell your counselor or doctor about the flashback(s)

Trauma-related dreams and nightmares

- Remind yourself that you are reacting to a dream, not because there is real danger now.
- Consider getting up out of bed, regrouping, and orienting yourself
- Engage in a pleasant, calming activity (e.g., listen to soothing music)
- Talk to someone if possible
- Talk to your doctor about your nightmares

Difficulty falling or staying asleep

- Keep to a regular bedtime schedule
- Avoid strenuous exercise for the few hours just before going to bed
- Avoid using your sleeping area for anything other than sleep or sex
- Avoid alcohol, tobacco, and caffeine
- Do not lie in bed thinking or worrying
- Get up and enjoy something soothing or pleasant (e.g. read a book, drink a glass of warm milk, or do a quiet hobby)

Irritability, anger, and rage

- Take a time out to cool off or think things over
- Walk away from the situation
- Exercise
- Talk to your counselor or doctor about your anger
- Take classes in anger management
- Talk it out when you are calm

Difficulty concentrating

- Slow down
- Give yourself time to focus on what it is you need to learn or do
- Write things down
- Break tasks down into small do-able chunks
- Plan a realistic number of events or tasks for each day

Having difficulty feeling or expressing positive emotions

- Remember that this is a common reaction to trauma
- Make sure to regularly participate in activities that you enjoy or used to enjoy
- Take steps to communicate your caring to loved ones in little ways (e.g. phone someone and say hello)

Adapted from "National Center for PTSD Fact Sheet: Coping with Traumatic Stress Reactions" from the United States Department of Veterans Affairs