

A photograph of a single purple flower with five petals and green leaves, growing out of a crack in a grey asphalt surface. The flower is positioned on the left side of the frame, and the crack extends from the bottom left towards the center. The background is a blurred asphalt surface.

# Trauma

**LUMC Mental Health Series**

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# What is trauma?

- **Traumatic event:** Exposure to actual or threatened death, serious injury, or sexual violence that results from:
  - Directly experiencing the event
  - Witnessing the event in person
  - Learning that the event happened to a close friend or family member
  - Experiencing repeated or extreme exposure to details of the event (e.g., first responder, therapist, etc.)
- **Trauma examples:** major natural disasters, violence, abuse, serious car accidents, death of a loved one, life-threatening illness/injury, major medical procedure
- **Major life stressors:** Stressful (but non life-threatening) events like job loss, divorce, poverty, etc.

## HOW PREVALENT IS TRAUMA?



**7 IN 10 PEOPLE**

living in the United States have experienced at least one traumatic event in their lifetime. That's 223.4 Americans who have lived through trauma.

**Trauma is a universal experience.**

# POTENTIAL MENTAL HEALTH OUTCOMES OF TRAUMA

- Resilience & recovery (~80%)
  - ~20% go on to have chronic mental health concerns
    - Post-traumatic stress disorder
    - Traumatic grief
    - Anxiety, OCD
    - Depression
    - Substance use & addiction
- \*Of note: ADHD, Autism, learning disorders do NOT result from trauma

# Post-Traumatic Stress Disorder (PTSD)

## A: Experienced traumatic event

### B: Re-experiencing (need 1)

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional/physical reactions to event reminders

### C: Avoidance (need 1)

- Avoiding thoughts/feelings of event
- Avoiding reminders of event

### D: Negative Thoughts/Feelings (need 2)

- Inability to recall key features of event
- Overly negative thoughts about self/others/world
- Blaming self/others for causing the trauma
- Frequent negative emotions, lack of positive emotions
- Decreased interest in activities
- Feeling isolated

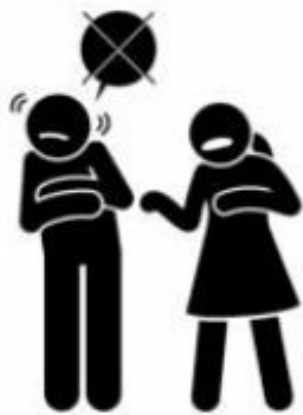
### E: Hypervigilance/Reactivity (need 2)

- Irritability/aggression
- Risky/destructive behavior
- Feeling constantly on alert
- Getting startled easily
- Trouble concentrating
- Trouble sleeping

# Post-Traumatic Stress Disorder (PTSD)



*Avoid Thinking of the Trauma*



*Avoid Talking of the Trauma*



*Easily Frightened*



*Negative Mood*



*Negative Thinking*



*Always on Guard*



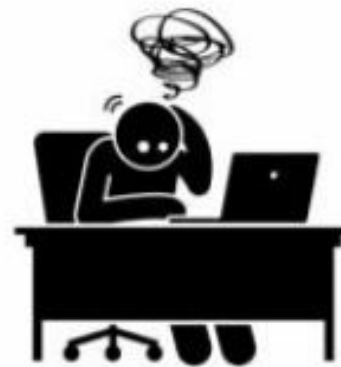
*Avoiding Places*



*Avoiding Activities*



*Flashbacks*



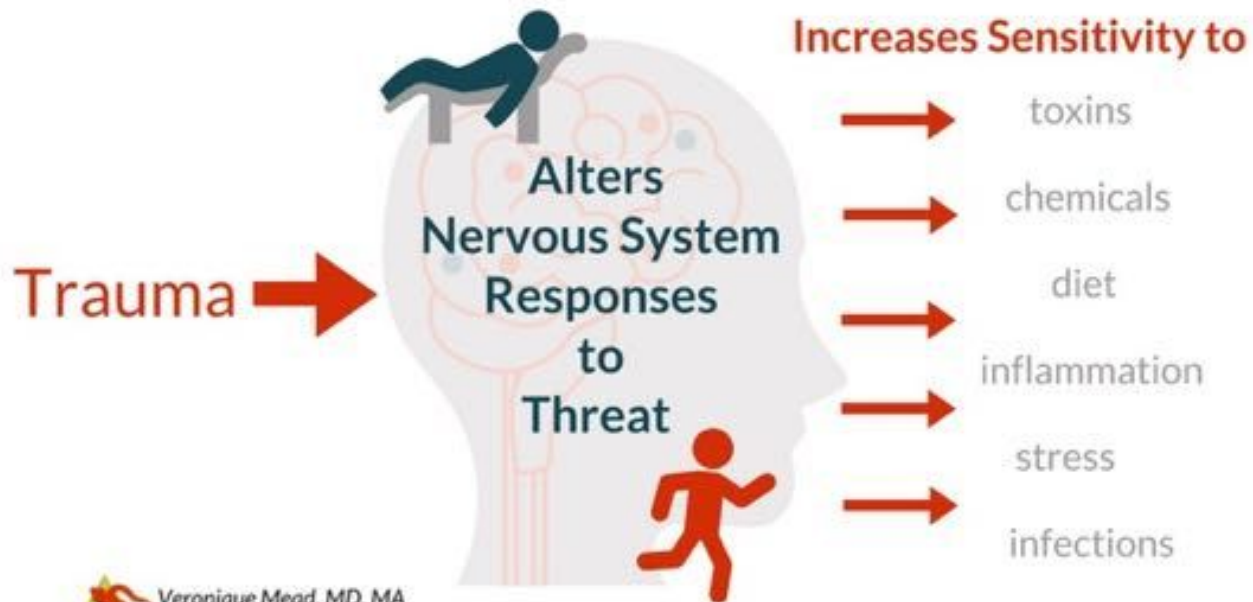
*Cannot Concentrate*



*Aggressive Behavior*

# Trauma & Physical Health

## Trauma Increases Sensitivity To Risk Factors for Chronic Illness



Addison's  
Asthma  
Autoimmune Disease  
Cancer  
Celiac disease  
Chronic Fatigue (ME/CFS)  
Coronary heart disease  
Diabetes, type 1  
Diabetes, type 2  
Fibromyalgia (FMS)  
Grave's (Thyroid)  
Hashimoto's (Thyroid)  
Headaches  
High Cholesterol  
Hypertension  
Insulin Resistance

Irritable Bowel Syndrome  
Inflammatory Bowel Disease  
Liver Disease  
Lupus  
Metabolic Syndrome  
Multiple Sclerosis  
Myasthenia Gravis  
Obesity  
Pain  
Psoriasis  
Rheumatoid arthritis  
Sjogren's  
Sleep Disorders  
Stroke  
Thrombocytopenia Purpura  
& more ...

# Adverse Childhood Experiences

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical



Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

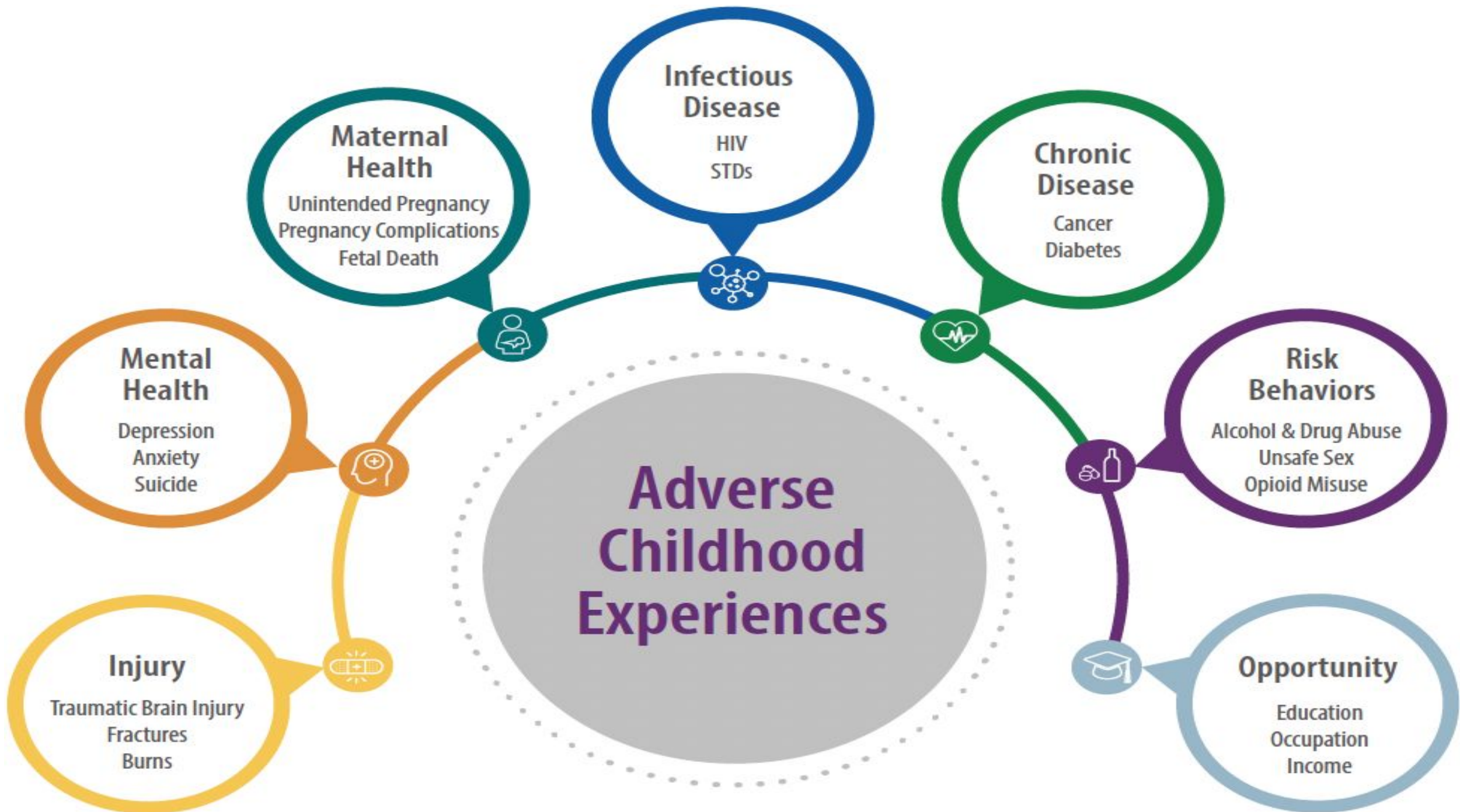


**UNDERSTANDING ACES**

# WHAT ARE ACES?

**WATCH NOW**






# What makes it harder to recover from trauma?


- More impact (injury, forced to relocate, witnessed death/injury, lost loved one)
- Believing life was in danger during the event (does not matter if belief is accurate!)
- Prior trauma experiences
- Mental health problems before traumatic event
- For youth, exposure to traumatic stress reactions in caregivers
- Viewing a lot of event-related news, social media content
- Experiencing other big stressors in the months after the event
- Being a member of a marginalized/underserved group (increases the likelihood of experiencing all of these risk factors and reduces access to care)

# What does it look like when someone is struggling?

- ❖ Feeling the event is happening all over again
- ❖ Unwanted thoughts about event
- ❖ Staying away from family and friends
- ❖ Avoiding trauma reminders
- ❖ Trouble remembering details about event
- ❖ Big, negative feelings like shame, guilt, and anger
- ❖ In youth, excessive reassurance-seeking or unusual clinginess to parents, bedwetting in previously toilet-trained children
- ❖ Loss of interest in activities
- ❖ Trouble sleeping, nightmares
- ❖ Difficulty concentrating
- ❖ Always on alert for danger
- ❖ Irritability/acting out, risk-taking



Response	Common Thoughts and Feelings	Common Behaviors
 <p data-bbox="555 376 665 429">Fight</p>	<p data-bbox="919 325 1352 472"><i>"It's all your fault!";</i> feeling anger or rage</p>	<p data-bbox="1582 287 2295 515">Talking back to adults, storming out, showing aggression towards self or others, showing defiance, blaming others</p>
 <p data-bbox="542 758 665 811">Flight</p>	<p data-bbox="797 682 1472 886"><i>"I've got to get out of here!";</i> feeling anxious or overwhelmed, feeling the urge to flee</p>	<p data-bbox="1561 672 2321 901">Leaving the class unexpectedly, spacing out or seeming not to listen, being intentionally or unintentionally distracted, missing class</p>
 <p data-bbox="517 1143 665 1196">Freeze</p>	<p data-bbox="805 1068 1462 1272"><i>"I can't,";</i> feeling panicked, overwhelmed, or numbed-out</p>	<p data-bbox="1620 1086 2262 1243">Giving up quickly, spacing out/ seeming not to listen, showing frustration or overwhelm</p>

Response	Common Thoughts and Feelings	Common Behaviors
 <p>Flop</p>	<p><i>"It's all my fault" or "It's not worth it";</i></p> <p>feeling sad, depressed, hopeless, apathetic</p>	<p>Appearing disengaged, showing little emotion, missing class</p>
 <p>Friend</p>	<p><i>"Please help me! I can't do it."</i></p> <p>Feeling helpless or powerless, low confidence</p>	<p>Not taking responsibility for oneself, relying on others (peers, adults) to help solve problems</p>



**KEY POINT: MOST  
PEOPLE RECOVER!**

**SO... WHAT HELPS  
SOMEONE BE  
RESILIENT?**



# Healing from Toxic Stress

with Dr. Nadine  
Burke Harris





# Resilience Factors

- **Social support**
- Taking care of your body's physical needs
- Mindfulness meditation, grounding exercises, deep breathing, yoga
- Spending time in nature
- Having good coping skills, including religious/spiritual coping

## Emotion Regulation Skill P.L.E.A.S.E. Skills

Take care of your mind by taking care of your body

### Treat Physical Illness

Treat illness or injury in a timely manner, visit the doctor when necessary. Take medications as prescribed.

### Balanced Eating

Healthy diet and nutrition. Eat in moderation.

### Avoid mood Altering substances

Take only prescribed medication. Avoid alcohol and other substances that may affect your mood.

### Balanced Sleep

Get enough sleep, but not too much or too little (7-9 hours depending on your age). Establish good sleep habits and a regular sleep routine.

### Get Exercise

Regular exercise can improve your body image, and release positive brain chemicals to help your mood. Try for 20-30 minutes of exercise each day.

# DEEP BREATHING

1. SLOWLY INHALE THE SCENT OF THE FLOWER.
2. SLOWLY BREATHE OUT AND BLOW THE PETALS.
3. REPEAT 5 TIMES.



# 5-4-3-2-1 GROUNDING

- IDENTIFY 5 THINGS YOU CAN SEE.
- NOTICE 4 THINGS YOU CAN FEEL WITH YOUR BODY.
- LISTEN FOR 3 THINGS YOU CAN HEAR.
- SAY 2 THINGS YOU CAN SMELL.
- SHARE 1 THING YOU CAN TASTE.





**What if someone  
needs more help?**

# Clinical interventions for PTSD: Children/Teens

- **What “type” of therapy to look for:**
  - Trauma-focused cognitive behavioral therapy (TF-CBT)
  - Child-parent psychotherapy (CPP)
  - Cognitive behavioral intervention for trauma in schools
- **Better outcomes if:**
  - Therapy begins with 4 months after trauma
  - Parent/supportive adult is involved in treatment\*\*\*
  - Individual treatment rather than group
- **Medications**
  - Can help manage symptoms (anxiety, depression, irritability, sleep)
  - However, no FDA-approved meds to treat PTSD in youth

# Clinical interventions for PTSD: Adults

- **What “type” of therapy to look for:**
  - Cognitive Processing Therapy (CPT)
  - Prolonged Exposure (PE)
  - Eye Movement Desensitization & Reprocessing (EMDR)
- **Medications**
  - Typically SSRIs/SNRIs
  - Benzodiazepines (e.g. Xanax) NOT recommended

## Key Treatment Factors

Exposure to feared thoughts, situations, & memories of trauma

Change unhelpful ways of thinking about trauma

Develop coping skills

# What can you do to help?

- Active listening
- Give space (physical AND emotional)
- Ask what they need - don't assume!
- Be present
- Be patient
- Practice self-care
- Offer support with daily routines
- For kids, help provide consistency, routine, boundaries

## Don't Say:

“You **need** to talk about it.”

“Things **will** get better.”

“It’s **time** to move on.”

“You **need** to let go of your anger.”

“This **will** make you stronger.”

“Why **didn't** you tell me sooner?”

## Instead, Try:

“I’m **here to listen** if you need to talk.”

“I see/hear that you’re **in pain**.”

“I’m **here** for you.”

“**Of course** you’re angry.”

“This has impacted you **significantly**.”

“**Thank you** for trusting me.”

# Language matters!

## Unhelpful statements:

- “They’re in a better place”
- “This is part of God’s plan”
- “Everything happens for a reason”
- “It could have been worse”
- “Stay positive”
- “Focus on what you’re grateful for”
- “Try to forget about it”

## Helpful communication tips:

- Listen first
- Notice what emotions come up for you
- Always lead with empathy & validation
  - “It makes sense that you feel this way”
  - “It must really hurt to think that”
- Do NOT pressure someone to share
- Do NOT tell someone they should not feel a particular way (even guilty!)
- Avoid comparing your own experience to theirs
- It’s okay if you don’t know what to say. Being present matters more, and it’s okay to be present silently.



# Key Points

- **Experiencing trauma does not mean someone is:**
  - Permanently damaged
  - Making it all up
  - Attention-seeking
  - “Just acting out”
- **Someone may:**
  - Have trouble remembering exactly what happened
  - Need time and space before they are ready to talk or get help
  - Be doing okay!



# PSYCHOLOGICAL FIRST AID

- Evidence-informed approach to support individuals in the immediate aftermath of disasters, terrorism, etc.
- Goals
  - Reduce initial distress
  - Foster long-term positive coping

