

**How
Emotional/
Psychological
Trauma Affects the
Body**

Objectives:

- Define trauma
- What is the relationship between physical health and PTSD?
- Identify how trauma is assessed/screened
- How can family members help?
- Evidence based treatment options

“All emotions, even those that are suppressed and unexpressed, have physical effects. Unexpressed emotions tend to stay in the body like small ticking time bombs—they are illnesses in incubation.”

Marilyn Van Derbur

**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 threatening and that can have lasting adverse effects on the individual's functioning and physical, social, emotional well-being.

The three main types of trauma:

1. Acute
2. Chronic
3. Complex

Acute
trauma
results from a
single
incident.

- ❖ An accident
- ❖ An act of violence
- ❖ A natural disaster
- ❖ A loved one's passing
- ❖ Physical or sexual assault

Chronic
trauma is
repeated and
prolonged

❖ Domestic violence

❖ Combat for military personnel

❖ A build up of multiple traumas throughout one's life

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

- ❖ Concentration camps
- ❖ Prisoner of War camps
- ❖ Prostitution brothels
- ❖ Long-term domestic violence
- ❖ Long-term child physical abuse
- ❖ Long-term child sexual abuse
- ❖ Organized child exploitation rings

Emotional Symptoms of Trauma

- ❖ Shock, denial, or disbelief
- ❖ Anger, irritability, mood swings
- ❖ Guilt, shame, self-blame
- ❖ Feeling sad or hopeless
- ❖ Confusion, difficulty concentrating
- ❖ Anxiety and fear
- ❖ Withdrawing from others
- ❖ Feeling disconnected or numb

Physical Symptoms of Trauma

- ❖ Insomnia or nightmares
- ❖ Being startled easily
- ❖ Racing heartbeat
- ❖ Aches and pains
- ❖ Fatigue
- ❖ Difficulty concentrating
- ❖ Edginess and agitation
- ❖ Muscle tension

Other common symptoms

- ❖ Feeling suicidal
- ❖ Self harm and self-destructive tendencies
- ❖ Feeling distrustful and suspicious/blaming others
- ❖ Guilt, Shame, embarrassment or self blame
- ❖ Misuse of alcohol/drugs/gambling and/or food
- ❖ Exhaustion
- ❖ Seeking out high-risk/dangerous pursuits
- ❖ Physical aches and pains
- ❖ Over-reactions to minor situations
- ❖ Fear of being alone **and** fear of being in crowds

**HOW IS TRAUMA
ASSESSED/SCREENED?**

LIFE EVENT CHECKLIST

A brief, 17-item, self-report measure designed to screen for potentially traumatic events in a respondent's lifetime.

The LEC assesses exposure to 16 events known to potentially result in PTSD or distress and includes one item assessing any other extraordinarily stressful event not captured in the first 16 items.

The US Department of Veterans Affairs maintains an up-to-date list of assessment tools and measures for PTSD. One of the preferred self-report measure is the recently-updated PCL-5, and the CAPS-5 remains the gold standard interview measure for PTSD.

- Clinician Administered PTSD Scale for DSM-5 (CAPS-5)
 - [Download from va.gov](#)
- Clinician Administered Dissociative States Scale (CADSS: Bremner, Mazure, Putnam)
 - [Download CADSS from Dr Bremner's website](#)
- Childhood Traumatic Events Scale (Pennebaker & Susman, 1988)
 - [Download CTES from Dr Pennebaker's website](#)
- Trauma Response Checklist
 - [Download from whatisptsd.com](#)
- PTSD Checklist for DSM-5 (PCL-5)
 - [Download from va.gov](#)

Measure availability:

Information on measures is available to everyone. However, the assessment tools themselves can only be distributed to qualified mental health professionals and researchers. We maintain measures developed by affiliated staff of the National Center for PTSD.

**What is the
relationship
between physical
health and PTSD?**

Many people are already familiar with the fact that emotional stress can lead to stomachaches, irritable bowel syndrome, and headaches, but might not know that it can also cause other physical complaints and even chronic pain.

One logical reason for this: studies have found that the more anxious and stressed people are, the more tense and constricted their muscles are, over time causing the muscles to become fatigued and inefficient.

Following a traumatic event, or repeated trauma, people react in different ways, experiencing a wide range of physical and emotional reactions. There is no “right” or “wrong” way to think, feel, or respond to trauma, so don’t judge your own reactions or those of other people.

**Your responses
are NORMAL
reactions to
ABNORMAL
events.**

Existing research has not been able to determine conclusively that PTSD causes poor health. Thus, caution is warranted in making a causal interpretation of what is presented here. It may be the case that something associated with PTSD is actually the cause of greater health problems.

Summarily, the ultimate goal
is to ask...

“What **happened** to you?”

Versus

“What is *wrong* with you?”

**How can
family
members
help?**

PTSD makes
communication
difficult....

The more you appreciate things from the PTSD perspective the more helpful and supportive you can be. Now is the time for empathy, compassion and patience.

- We need you to be clearheaded, pulled together and informed.
- Gently remind us and offer opportunities to engage in an identity outside of trauma and PTSD.
- Believe in us; our true selves still exist, even if they are momentarily buried.
- Be patient with us; we often cannot stop the anger, tears or other disruptive behaviors that are so difficult for you to endure.
- Keep reaching out, even when your words don't seem to reach us. You never know when we will think of something you said and it will comfort, guide, soothe or inspire us.
- Honor our struggle to make peace with events. Do not rush us. Trying to speed our recovery will only make us cling to it more.
- Alleviate our stress by giving us a safe space in which we can find support.
- Continue to approach us. We need you to!

Don't give up,
we're doing
our best.



Evidence based
treatment
options

Psychotherapy is a broad field that covers a whole range of treatment techniques, specifically cognitive behavioral therapy

COGNITIVE PROCESSING THERAPY

Cognitive processing therapy (CPT) is a manualized 12-session treatment approach that can be administered in a group or individual setting.

EXPOSURE THERAPY

Exposure therapy for PTSD asks clients to directly describe and explore trauma-related memories, objects, emotions, or places. Intense emotions are evoked (e.g., sadness, anxiety) but eventually decrease, desensitizing clients through repeated encounters with traumatic material.

EYE MOVEMENT DESENSITIZATION AND REPROCESSING

EMDR (Shapiro, 2001) is one of the most widely used therapies for trauma and PTSD.

The treatment protocols of EMDR have evolved into sophisticated paradigms requiring training and, preferably, clinical supervision. EMDR draws on a variety of theoretical frameworks, including psychoneurology, CBT, information processing, and nonverbal representation of traumatic memories.

NARRATIVE THERAPY

Narrative therapy is an emerging approach to understanding human growth and change; it is founded on the premise that individuals are the experts on their own lives and can access their existing intrapsychic and interpersonal resources to reduce the impact of problems in their lives.

CITATIONS

Herman, J. (1997). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. New York: Basic Books.

Ford, J. D. (1999). Disorders of extreme stress following war-zone military trauma: Associated features of Posttraumatic Stress Disorder or comorbid but distinct syndromes? *Journal of Consulting and Clinical Psychology*, 67, 3-12.

van der Kolk, B. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35(5), 401-408.

Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F. S. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV field trial for Posttraumatic Stress Disorder. *Journal of Traumatic Stress*, 10, 539-555.

PTSD UK-TOMORROW CAN BE A NEW DAY

PSYCHOLOGY TOOLS.NET

PTSDUK.ORG

Substance Abuse and Mental Health Services Administration. *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Resick & Schnicke, 1992,1993

THANKS AND NEVER FORGET....

YOU'RE A DIAMOND ,
DEAR



THEY CAN'T BREAK
YOU .