Practical Applications of Trauma Therapy

Jason L. Griner, LCSW
Teresa Morrison, LCSW

Learning Objectives

- Explain the neurological effects of trauma on the brain and how this manifests into physical illness and lifestyle choices.
- Define the link between trauma and addiction.
- Select practical methods for treating patients affected by trauma.

What is trauma?

- In general, trauma occurs when someone is exposed to significant physical, sexual or emotional disturbance or experiences significant emotional neglect in childhood.
- Significant Grief/Loss
- May be accidental ("Act of God", natural disasters, acts of humans/animals) or Deliberate/Human induced
- It may or may not result in someone developing PTSD.

Post Traumatic Stress Disorder

- Exposure to actual or threatened death, serious injury, or sexual violence either directly, witnessing the event, learning about it happening to someone close to you and/or repeated or extreme exposure to aversive details of traumatic events.
- Recurrent, involuntary and intrusive distressing memories associate with the traumatic event(s), in which the content and/or affect of the dream are related to the traumatic event(s).
- Dissociative reactions (flashbacks)
- Intense or prolonged psychological distress when triggered
- Marked physiological reactions to internal or external triggers

PTSD continued

- Persistent avoidance of stimuli associated with the traumatic event(s): including avoidance of memories, thoughts, feelings and/or avoidance of people, places, activities, objects, situations.
- Negative alterations in cognitions and mood associated with the traumatic event(s): including an inability to remember an important aspect of the trauma; persistent and exaggerated negative beliefs or expectations about oneself, others or the world; persistent, distorted cognitions about the cause or consequences of the trauma; persistent negative emotional state (fear, horror, anger, guilt, shame, etc.); markedly diminished interest or participation in significant activities; feelings of detachment or estrangement from others; persistent inability to experience positive emotions.
- Marked alterations in arousal and reactivity associated with the trauma: including irritable behavior and angry outbursts, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, problems with concentration and/or sleep disturbances.

PTSD continued

- Duration of the disturbance is more than 1 month and causes clinically significant distress or impairment in social, occupational, personal or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance, such as alcohol, medication or other controlled substance, or to a medical condition.
- May include Dissociative Symptoms
  - Depersonalization
  - Derealization
- May or may not result in the development of Dissociative Identity Disorder:
  - Disruption of identity characterized by two or more distinct personality states, often causing recurrent gaps in the recall of everyday events.

Complex PTSD

- Has multidimensional impact
- Tends to begin earlier in development
- Tends to be associated with multiple traumas
  - Chaos attracting Chaos
- Cooccurring addictions are common
- Often include self-injury, self-sabotage and poor relationships
- Lack of emotional regulation
- Problems with integrated consciousness- fragmented consciousness or fragmented personality
- Distorted self-perception/sense of self
- Distorted perceptions of the perpetrator
- Chronic instability in relationships
- Distortions in their system of meaning

Early Trauma Impacts Future Development

- Adverse Childhood Events (ACE) affect a child's present and future functioning.
- 1990's CDCP and Kaiser Permanente study of 17,000 participants
  - Looked at 10 types of familial or community traumatic events, including physical, sexual and emotional abuse, physical and emotional neglect, household substance abuse and mental illness, separation and divorce, etc.
  - 66% reported at least one ACE
  - ACE's often occurred together
    - 40% reported two or more
    - 12.5% experience four or more
- Childhood trauma was very common across race, class, etc.
- Direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, becoming violent and becoming a victim of violence.

Early Trauma Impacts Future Development

- More types of trauma increased the risk of health, social and emotional problems.
- As your ACE score increases, your risk of disease, social and emotional problems follow suit.
- An ACE score of 4 or more increases the likelihood of:
  - Chronic pulmonary lung disease (COPD) 390%
  - Hepatitis 240%
  - Depression 460%
  - Suicide 1220%
- "Children subjected to repeated ACE's will grow up to become adults with painful, shameful and disowned identity states that shape a disorganized, fragmented and conflicted sense of self." Frank Putnam (2016)

Current statistics

National Center for PTSD (2023) reports:

- About 6 out of every 100 people (or 6% of the U.S. population) will have PTSD at some point in their lives. Many people who have PTSD will recover and no longer meet diagnostic criteria for PTSD after treatment. So, this number counts people who have PTSD **at any point** in their life, even if their symptoms go away.
- About 5 out of every 100 adults (or 5%) in the U.S. has PTSD in **any given year**. In 2020, about 13 million Americans had PTSD.
- Women are more likely to develop PTSD than men. About 8 of every 100 women (or 8%) and 4 of every 100 men (or 4%) will have PTSD at some point in their life. This is in part due to the types of traumatic events that women are more likely to experience—such as sexual assault—compared to men.

Studies show that about 15% to 43% of girls and 14% to 43% of boys go through at least one trauma. Of those children and teens who have had a trauma, 3% to 15% of girls and 1% to 6% of boys develop PTSD (National Center for PTSD, 2022)

Further Prevalence of Trauma

- Among a non-clinical sample of 2953 US adults in 2013, Kirkland, et al, found that 89.7% were exposed to one or more traumatic events.
  - 52% experienced physical or sexual assault
  - 50% experienced accidental fire
  - 49% experienced the death of a close family member or friend due to violence
  - 48% experienced natural disaster
  - 32% experienced threat or injury to a close family member or friend
  - 31% witnessed physical or sexual assault
- Researchers have also found that women experience more trauma related to interpersonal violence and sudden death of a loved one, while men experience more trauma related to natural disasters. (Giordiano, et al., 2016)

Trauma and Mental Illness

- A 2013 meta-analysis of studies exploring trauma and severe mental illness (SMI), Mauritz, et al. found that on average:
  - 47% of those with SMI experienced physical abuse
  - 37% experienced sexual abuse
  - 30% had a PTSD diagnosis

  (Giordiano, et al., 2016)

The Brain and Trauma

- Human brain develops from the bottom – up.
- Brain Stem (Medulla Oblongata)
  - Autonomic Nervous System
    - Breathing, Heart Beat, Digestion, etc. (Vagus Nerve)
    - Sympathetic vs Parasympathetic Nervous System
  - Survival (in conjunction with the mid-brain)
    - Fear Response: Fight, Flight, Freeze
    - Sex Drive
    - Hunger
    - Etc.

The Brain and Trauma

- Mid-Brain
  - Thalamus
    - Filters the Senses (Sight, Sound, Taste, Touch, Smell)
  - Hypocampus
    - Memory Formation
  - Amygdala
    - Fire Alarm
  - Ventral Tegmental Area/Nucleus Accumbens (VTA/Nac)
    - Dopamine
    - CREB molecule & Dynorphin

The Brain and Trauma

- Cerebral Cortex
  - Memory Storage
  - Pre-Frontal Cortex
    - Last to develop/First to deteriorate
    - Higher Reasoning
    - Provides oversight for the rest of the brain (Watch Tower)
  - Anterior Cingulate Cortex
    - Interpretation of Social Situations
    - Impulse Control
    - Emotional Reaction to Pain/Emotional Pain Perception
  - Posterior Cingulate Cortex
    - Internal GPS

The Brain and Trauma

- Right Brain
  - Emotions
  - Facial Expression
  - Body Language
- Left Brain
  - Organization
- Broca's Area
  - Language
- Peripheral Nervous System

Physiological/Somatic Effects of Trauma

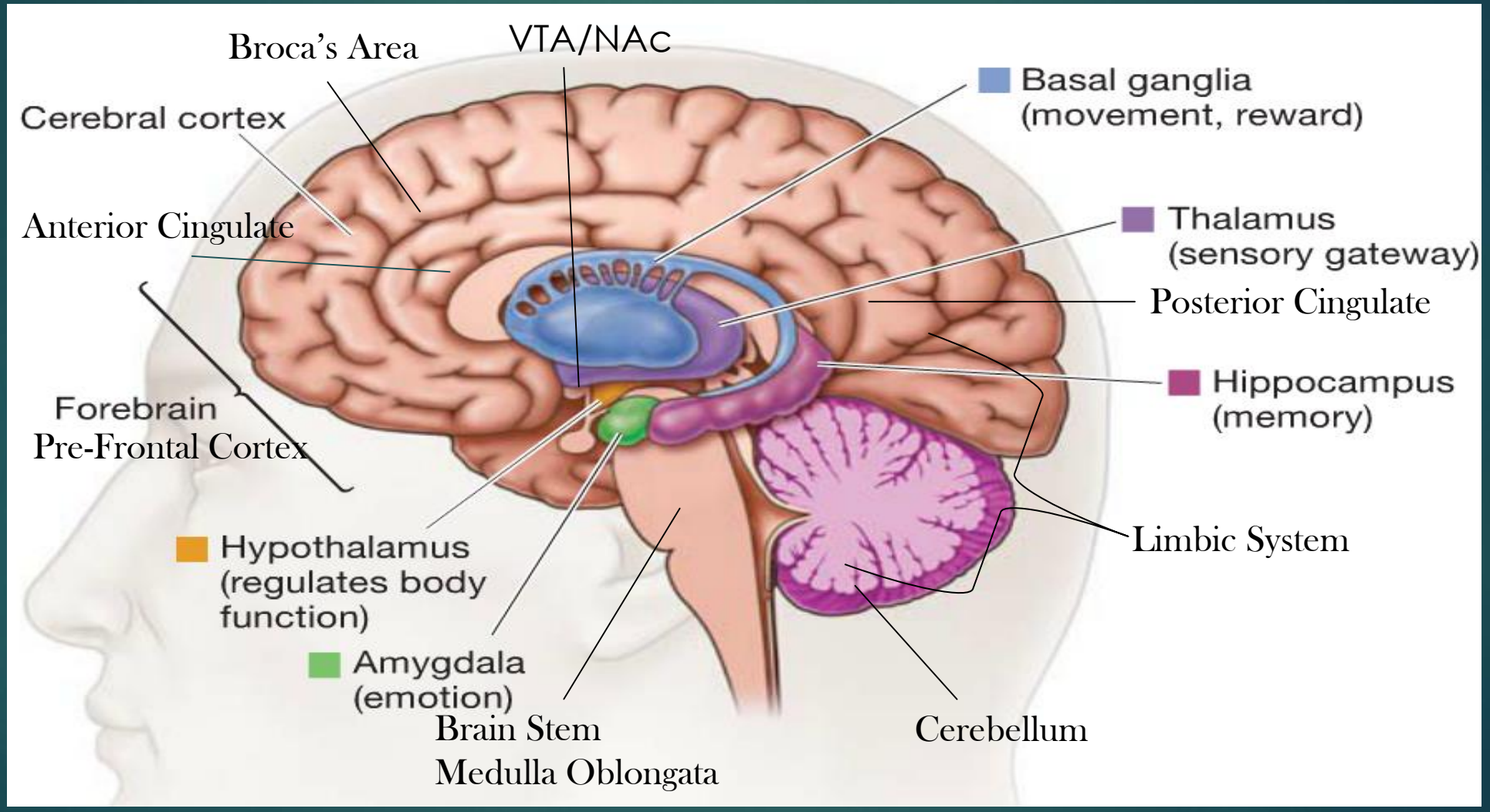
- Stress related illnesses are common and often are complicated by substance use disorders (SUD)
- Heart Disease
- Liver Disease
- Autoimmune Disorders (Not necessarily caused by trauma, but are consistently exacerbated by it)
  - Lupus, Alopecia, Crohn's Disease, etc.
- Gastrointestinal Issues
  - Ulcers, Colitis, Irritable Bowel Syndrome, etc.
- Fybromyalgia/Chronic Fatigue Syndrome
- Migraines
- Chronic Pain

Script Writing

- Our brain is efficient. When we learn something, our brain codes it in a “script”.
- When put under stress, you are not going to invent new behaviors to deal with it.
- You will go with what you have done in the past, what is familiar or automatic.
- When you panic, your brain turns off the Pre-frontal Cortex and looks for shortcuts.
- Hence, you become “limbic”, operating from the more primitive parts of your brain engineered for your survival.
- Key problem with being in a limbic state: Limited executive function…inability to reason through the situation effectively.

What happens when we experience Trauma?

The Brain and Trauma



Adapted from httppreib-biology.blogspot.com201511huntingtons-disease.html

Case Study: Mary

Mary was raised in a physically and sexually abusive home. By age 12, she was drinking alcohol to cope with her environment. By age 14, she was using street drugs, including heroin. At 17, she married, left home and became entrapped in a physically, sexually and emotionally abusive marriage. Around age 22, Mary got sober, divorced her husband and returned to school, pursuing a Bachelors Degree and then a Masters Degree. During this time, she met her second husband and soon after graduation from her Masters program, she obtained employment and later had two children and continued to work in her career. For 25+ years, she reports having a "good life" and being clean, sober and happy. She talked about those 25+ years as the best of her life, noting that she was working her program of recovery, raising her kids and being a wife. She also spent a good bit of time participating in high risk activities, such as bungy jumping, sky diving and whitewater rafting, noting that this is when she felt "alive".

Then at around 58 years old, her husband died and she was "aged out" of her job a couple of years later. She stopped going to meetings and working her program and subsequently relapsed. She became involved with another man during this time, who physically abused her. She then re-entered treatment for her addiction and received trauma focused therapy at 62.

Case Study: Mary

- What worked in those 25+ years of sobriety and success?
- She worked a program of recovery, working the 12 Steps, working with a Sponsor, working with "Sponsees".
- She volunteered.
- She was a mother and wife.
- **She had a career, a sense of purpose and meaning.**
- She engaged in activities that were thrilling and fulfilling to her, ie. Bungy jumping, sky diving, whitewater rafting, because they made her feel "alive".

When asked when she remembered feeling this "alive" feeling before, she reflected and was shocked at her response when she stated, "When I was being abused as a child and when I was in the abusive relationships."

Dissociation

- There are different schools of thought about dissociation, how it should be defined, how it manifests, and even if it exists.
- Dissociative experiences are characterized by a compartmentalization of consciousness, where certain mental events that would ordinarily be expected to be processed together are functionally isolated from one another and, in some cases, rendered inaccessible to consciousness and/or voluntary recall.
- Dissociative phenomena rest upon a continuum:
  - "Normal" dissociation includes transient and non-disruptive dissociative experiences, such as becoming absorbed in an activity, day-dreaming and performing well-learned actions without conscience awareness. Normal dissociation is not associated with maladaptive responses.
  - "Pathological" dissociation involves rarer, but more pervasive and life disrupting experiences, such as chronic depersonalization and identity alteration. Pathological dissociation contributes to maladaptation.
- Dissociative reactions include "flashbacks", in which a person feels or acts as if the traumatic event is recurring.

American Sniper, 2014

Dissociation

- Five core dissociative phenomena: Amnesia, Depersonalization, Derealization, Identity Confusion and Identity Alteration.
  - Dissociative Amnesia is the absence from memory of a specific and significant period of time.
  - Depersonalization describes the sensation that one is some way detached from one's self.
  - Derealization refers to the sensation that one's surroundings are unreal.
  - Identity Confusion refers to subjective feelings of uncertainty regarding one's personal identity. (Inner battle exists between oneself and another person inside them who wants to take control.)
  - Identity Alteration is characterized by objective behavior indicating the assumption of different personalities.

Dissociative Identity Disorder (DID)

- DID is the most severe and well known of the dissociative disorders.
- Characterized by the presence of two or more distinct personality states that recurrently take control of the person's behavior.
- Extreme result of early childhood trauma, often repeated over time.
- Frequent gaps in personal history/memory.
- Identities often coincide with specific age related traumatic events.
- Switching from part to part usually occurs when there is a stressful or triggering event.
- Alters or Parts are usually formed as a defense and will remain age, event and emotion specific.

When to screen for Dissociation?

- Client has multiple hospitalizations with multiple diagnoses
- Significant lapses in memory
- Client reports chronic pain with no medical reason
- Client reports internal “chatter” or voices
- Prior to implementing EMDR Therapy
- If these symptoms appear, screen with the Dissociative Experiences Scale (DES)
- What if they score high?

Trauma and Addiction

- In a study of 13 outpatient substance abuse treatment programs, which included 125 participants, 85% experienced at least one traumatic event in his or her lifetime.
  - Among those with a trauma history, 82% experienced more than one type of trauma.
  - Only 20% of those experiencing at least one traumatic event reported a PTSD diagnosis.
  - Men experienced trauma at rate of 85%
  - Women experienced trauma at a rate of 85.5%
  - Women were found to have experienced on average 3.15 traumatic events
  - Men were found to have experienced on average 2.89 traumatic events
  - Female participants were significantly more likely to experience trauma related to forced intercourse and forced inappropriate touching
  - Male participants were significantly more likely to witness someone being killed or seriously injured
  - **80% of those who experienced a traumatic event did not report a PTSD diagnosis.** (Giordiano, et al., 2016)

Why do people who have experienced Trauma become addicted?

- Psychoactive drugs alter the dimensions of state of being and change how we think about things, what information we recall and incorporate into our immediate worldview, how we think about ourselves, what we tell others about who we are and what we stand for. (Putnam, 2016)
- Artificial altering/adjusting of consciousness rather than repair; a substance induced dissociative experience (Vodde, 2018)
- As a result, addiction perpetuates more trauma
  - High risk lifestyle
  - Exposure to violence/death
  - Increased likelihood of ongoing traumatic experiences

Self Harm

- A patient will participate in self-harm to change how he/she feels, seeking somatic relief for emotional pain through physical pain.
- It is a clinical issue, not a behavioral issue.
- Results in endorphin release that is intense and may include, but is not limited to:
  - Cutting
  - Burning
  - Soap in the eyes
  - Bingeing and Purging
  - Etc. (people can get creative when they want to change how they feel)

What to expect from a Trauma patient…

- High Anxiety
- Hyperreactivity
- Hyperarousal
- Hypoarousal
- Impulsive Behaviors
- Adolescent Traits
- Irrational Thinking
- Unhealthy Boundaries
- Inadequate/Ineffective Interpersonal Effectiveness
- Low Frustration Tolerance
- Inability to tolerate distress
- Paranoia
- Perceived Threats
- Self-Sabotage (reinforces negative self-judgments)
- Suicidal Ideations/Behaviors

Trauma Informed Therapy

- Approaches people from the standpoint of the question “What has happened to you?” instead of “What is wrong with you?”
- Realizes the widespread impact of trauma and understands potential paths for recovery.
- Recognizes the signs and symptoms of trauma in clients, families, staff and others involved in the system.
- Responds by fully integrating knowledge about trauma into policies, procedures and practices.
- Actively resists re-traumatization.

Six Principles of Trauma Informed Care

- Safety
  - Create a safe environment
- Trustworthiness and Transparency
  - Predictability
  - Stability
  - Reasonable and Clear Expectations
  - Uniformly applied rules/regulations/policies/procedures
- Peer Support
  - Input from other people affected by trauma (milieu)
  - Adds a personal perspective on strength and resilience
- Collaboration and Mutuality
  - Patients and Staff learn from one another
  - Patient and Provider work together toward treatment goals

Six Principles of Trauma Informed Care

- Empowerment, Voice and Choice
  - Person-centered service
  - Appreciate the patient's perception of his/her presenting problem
  - Create opportunities for Empowerment
- Cultural, Historical and Gender issues
  - Understand life experiences
  - Understanding and sensitivity to cultural background
  - Be aware of individual beliefs regarding personal responsibility

Trauma Treatment Phases

- PHASE ONE: SAFETY AND STABILIZATION
- PHASE TWO: ACTIVE WORK TO RESOLVE TRAUMA AND EFFECTS OF TRAUMA
- PHASE THREE: RECONNECTION AND INTEGRATION
- **NOT LINEAR PHASES BUT YOU ALWAYS WANT TO START WITH PHASE ONE**

Phase One Components

- Therapeutic Relationship
- Adequate Assessment and Diagnosis
- History Taking
- Physical Safety
- Psychoeducation
- Adequate Stabilization/Self-Regulation Skills

Therapeutic Relationship

- This is the foundation for all other work
- Clients with extensive trauma lack a sense of trust…do not expect them to trust you.
- They are highly sensitive to you and your reactions/moods
- Some will test your limits and boundaries
  - Very important to be clear with yourself, your boundaries and your limits
- Doing this work requires that you have a keen sense of self

Assessment

- Starts with assessment and proper diagnosis
- Basic Trauma Assessment
  - Provide assessments to determine the extent of a clients trauma history
    - PCL-5
    - ACE Questionnaire
    - Basis 32
    - PHQ-9

PCL-5

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

Your worst event: _____

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
2. Repeated, disturbing dreams of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0 ○	1 ○	2 ○	3 ○	4 ○
4. Feeling very upset when something reminded you of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0 ○	1 ○	2 ○	3 ○	4 ○
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0 ○	1 ○	2 ○	3 ○	4 ○
8. Trouble remembering important parts of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0 ○	1 ○	2 ○	3 ○	4 ○
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0 ○	1 ○	2 ○	3 ○	4 ○
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0 ○	1 ○	2 ○	3 ○	4 ○
12. Loss of interest in activities that you used to enjoy?	0 ○	1 ○	2 ○	3 ○	4 ○
13. Feeling distant or cut off from other people?	0 ○	1 ○	2 ○	3 ○	4 ○
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0 ○	1 ○	2 ○	3 ○	4 ○
15. Irritable behavior, angry outbursts, or acting aggressively?	0 ○	1 ○	2 ○	3 ○	4 ○
16. Taking too many risks or doing things that could cause you harm?	0 ○	1 ○	2 ○	3 ○	4 ○
17. Being "superalert" or watchful or on guard?	0 ○	1 ○	2 ○	3 ○	4 ○
18. Feeling jumpy or easily startled?	0 ○	1 ○	2 ○	3 ○	4 ○
19. Having difficulty concentrating?	0 ○	1 ○	2 ○	3 ○	4 ○
20. Trouble falling or staying asleep?	0 ○	1 ○	2 ○	3 ○	4 ○

ACEs

Adverse Childhood Experiences (ACEs) Assessment

This questionnaire is completely anonymous, and your answers will not be shared with anyone. We want to use this information to improve your Treatment services.

The Center for Disease Control's Adverse Childhood Experience (ACEs) Study has identified 10 kinds of traumatic events that often occur in families that are "stressed out" by things like substance abuse, extreme poverty, mental illness, being homeless, or being moved around all the time. Having things like this happen in childhood can have a lasting effect on your physical and mental health. Take a look at the categories below. Exposure to one **type** ***(not incident)*** of ACE, qualifies as one point. An ACE Score of 0 (zero) indicates no exposure, while an ACE score of 10 indicates exposure to all trauma categories.

INSTRUCTIONS: **1)** Identify and list a few of your strengths – how did you survive? Some things about you that you really like? **2)** Read the ACE definitions and identify any things you experienced in the family (or families) you grew up in BEFORE THE AGE OF 10. Then enter your score ***(either zero or 1)*** for each type of trauma. Add your scores to get your Trauma Dose. **3)** Complete the NOW column. **4)** Then complete the HOW questions. ***You're encouraged to discuss your answers with a Counselor or Therapist.***

1. STRENGTHS: _____

How old are you now? ***(Please circle)*** 6 – 12 13 – 18 19 – 25 26 – 35 36 – 45 46 – 55 56 – 65 66 +

2. ACEs	**Did this ever happen to you as a child *before you were 10 years old?***	**Score**	**3. NOW**
Emotional Abuse	Did a parent or other adult in the household **often or very often,** swear at you, insult you, put you down **and/or** threaten you in a way that made you think that you might be physically hurt? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Physical Abuse	Did a parent or other adult in the household **often or very often…**push, grab, slap, or throw something at you? **Or** ever hit you so hard that you had marks or were injured? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Sexual Abuse	Did an adult or person at least 5 years older **ever** touch or fondle or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Emotional Neglect	Did you **often or very often** feel that no one in your family loved you or thought you were important or special? **Or** your family didn't look out for each other, feel close to each other, or support each other? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Physical Neglect	Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? **Or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Mother Treated Violently	Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? **S**ometimes, often, or very often kicked, bitten, hit with a fist or something hard? Ever threatened or hurt by a knife or gun or other weapon? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Household Substance Abuse	As a child, did you ever live with anyone who was a problem drinker or alcoholic **or** lived with anyone who used street drugs? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Household Mental Illness	Was a household member ever depressed; mentally ill **or** sent to a mental hospital? Has a family member ever attempted suicide? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Parental Separation/Divorce	As a child, were your parents ever separated (didn't live together) or divorced? ☐ No ☐ **YES** ***If yes, enter 1 →***		
Incarcerated Household Member	Did a household member ever go to prison, or was constantly in and out of jail? ☐ No ☐ **YES** ***If yes, enter 1 →***		
	TOTAL ACE SCORE		

3. NOW: **Across each row that you marked, how often does this experience of childhood trauma bother you in your life *today*?**
1 – Never or almost never 2 – Hardly Ever 3 – Some of the time 4 – Most of the time 5 – Always or almost always

4. HOW: **How has this trauma affected your life? Have you:** Been admitted to residential substance abuse Treatment? ☐ No ☐ YES How many times? _____

Admitted to a mental hospital or Crisis Center? ☐ No ☐ YES How many times? _____ Gone to jail for a week or more? ☐ No ☐ YES How many times? _____

Attempted suicide? ☐ No ☐ YES How many times? _____ Been admitted to the hospital or ER for accident or illness: ☐ No ☐ YES How many times? _____

Thank you for your courage and honesty in sharing your experience…if this is still troubling you, ask for help!

Acosta & Associates *(rev. 6/2010, 2014 mgb)*

History Taking

- What type of trauma?
  - Single incident
  - Childhood
  - Adult onset
  - Recent
- Severity
- Duration

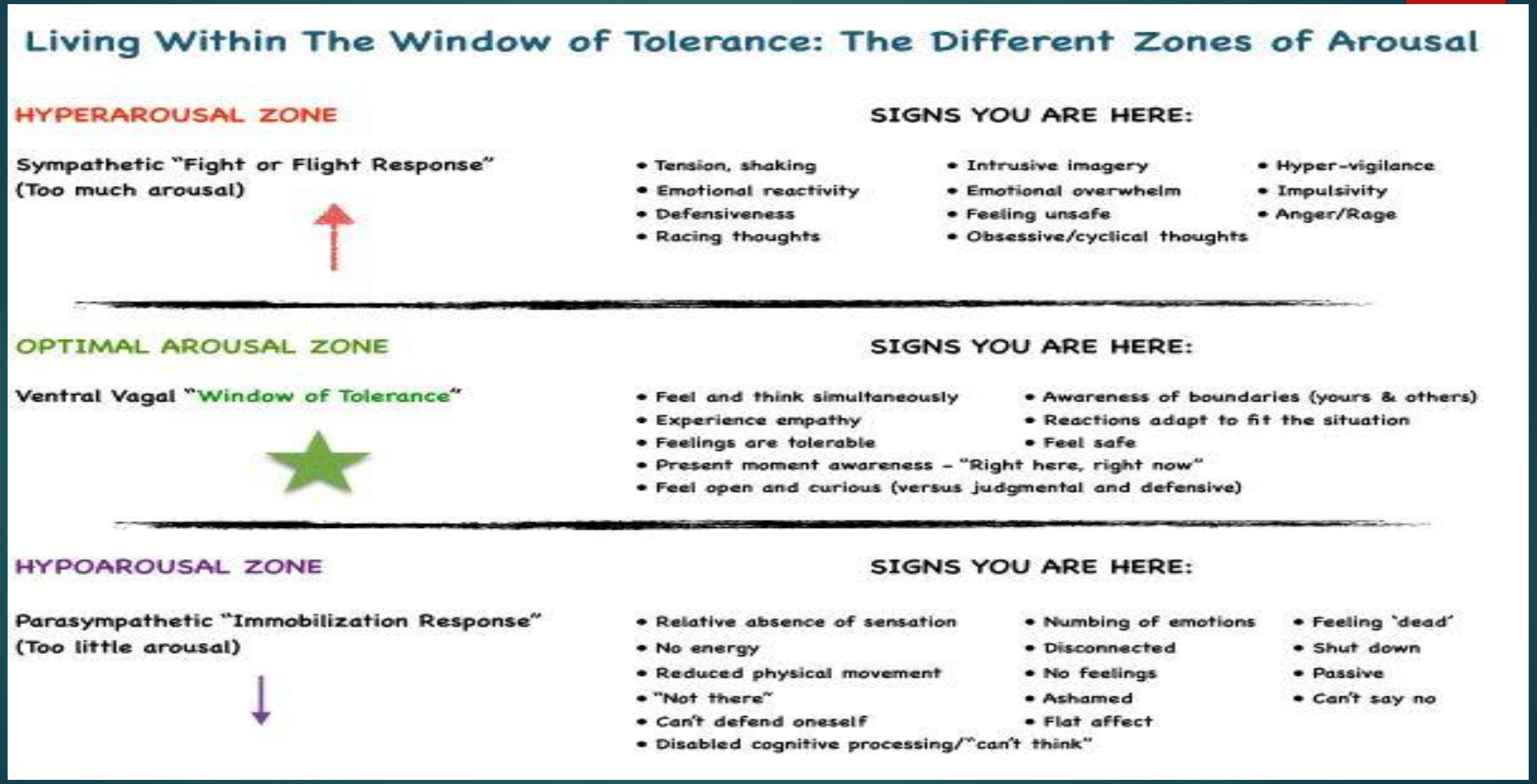
Physical Safety

- ASSESSMENT
  - Assess client for current safety concerns
    - Suicide, homicide, self-harm
    - Current abusive relationship
    - Current alcohol or drug use
    - Current unmanaged eating disorder
    - Current risky sexual behaviors
    - Current mental state
      - Hyper-reactivity

Psychoeducation

- Trauma
- Brain changes due to trauma
- Normal human responses to trauma
  - Perceived Threat
- Window of Tolerance (Yerkes-Dodson Law)
- How their current symptoms are an answer they developed to deal with their trauma
- Boundaries
- Relationships (Healthy vs Unhealthy)
- Interpersonal Effectiveness (Cooperative Contract)
- Family Roles and Structure
- Mindfulness

Window of Tolerance (YD Law)



Self-Soothing, Grounding and Relaxation

- Relaxation/Meditation
- Yoga
- Tapping/Emotional Freedom Technique
- One Point
- Thought Stopping
- Worry Time
- 3-2-1
- Anchoring
- Heart Focused Breathing
  - Heart Rate Variability (HRV) is one way to monitor the coherence between your heart and brain

Heart Rate Variability

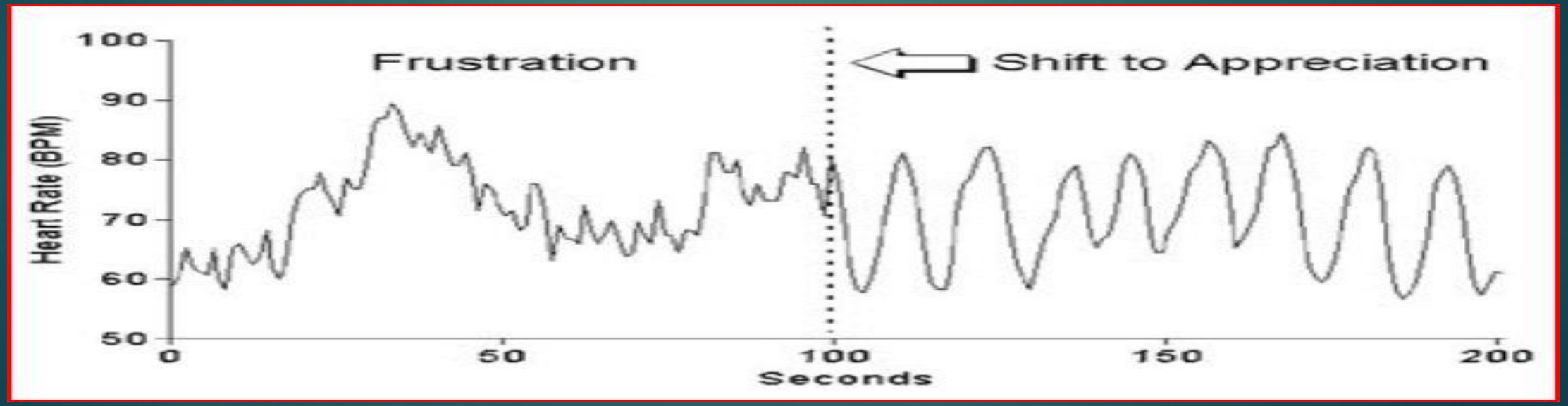
- Most people live in a state of chronic stress response which would be an incoherent state or one in which their brain and heart are not interacting effectively
- These people would have a HRV pattern that looks like below:

Heart Rate Variability

- Research has shown that people can have more control over their stress levels and emotions aka practice self-regulation by practicing simple exercises that shift them to a more coherent state or a state in which their brain and heart are working together effectively
- These people would have a heart rate variability pattern that looks like below:

Heart Rate Variability

- Heart Rate Variability Machines are a way for clients and therapists to monitor client ability to maintain coherence during and in-between sessions
- A simple exercise called “The Quick Coherence Technique” can help people learn to start embodying positive emotions and increase heart rate coherence



Therapeutic Interventions

- Dialectical Behavior Therapy
  - Emotional Regulation
  - Distress Tolerance
  - Interpersonal Effectiveness
  - Radical Acceptance
- Cognitive Processing Therapy
- Cognitive Behavior Therapy
- Narrative Therapy
- Grief Work
- Rapid Resolution Therapy
- Eye Movement Desensitization Reprocessing Therapy (EMDR)
- Bilateral Assessment Stimulation Treatment (BLAST)

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