

# Assessment and Treatment of Trauma – A brain, body, Heart, and Spirit Approach to Assessing and Treating Trauma.

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# The problem with the term “TRAUMA”

- *trau·ma - noun*
  - a deeply distressing or disturbing experience. "a personal trauma like the death of a child"
  - Medical - physical injury.
  - a type of damage to the psyche that occurs as a result of a severely distressing event
- For Doctors in emergency rooms = defined as a insult or wounding to the physical body
- For attachment therapists/theorists = failure to provide a secure attachment environment.
- Developmental therapists/theorists = Constant or repeated exposure to adversity throughout the developmental
- Psychiatrists = a collection of emotional, behavioral, and cognitive symptoms related to a significant event
- Hysteria, Shell Shock

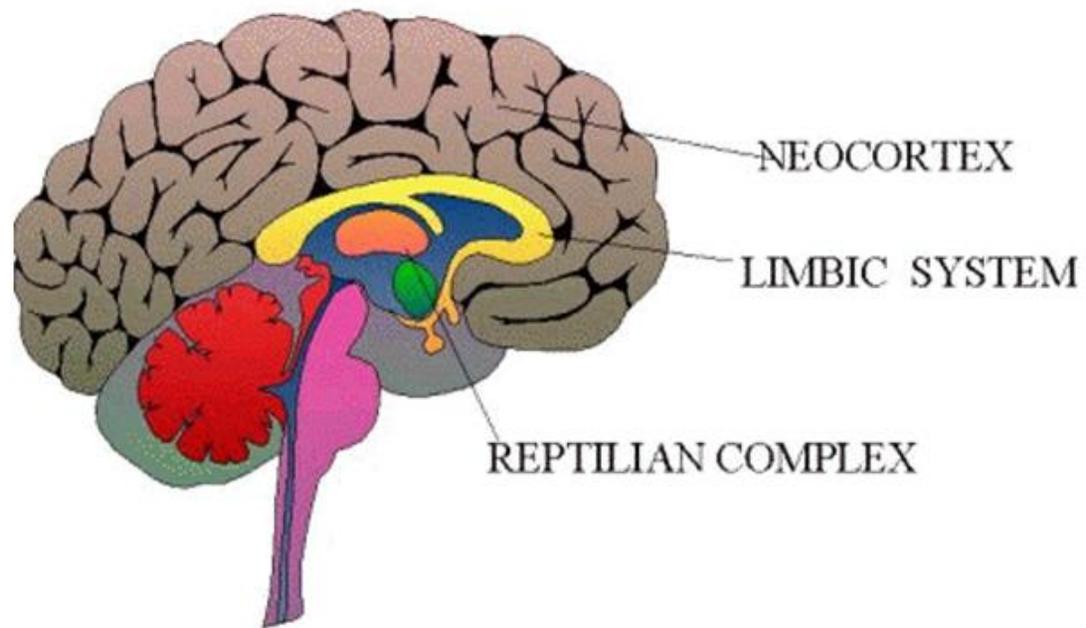
# What is Trauma?

- Psychological trauma is the unique individual experience of a [single] event, a series of events, or a set of enduring conditions, in which:
- The individual's ability to integrate his or her emotional experience is overwhelmed (i.e., the ability to stay present, understand what is happening, tolerate the feelings, or comprehend the horror), or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.”
- Traumatic symptoms stem from frozen energy that remains trapped in the nervous system, and has not been resolved and discharged (Levine, 1997)
- Shock Trauma vs. Developmental/Relational Trauma

## What is Trauma? (ctnd)

- “T”: too much at one time and for too long (violence, abuse, major disaster)
- “t”: too little traumas for too long (dental procedures, dog bites, minor car accidents, falls, illnesses)
- “H”: Trauma “grey areas” or “Hidden Traumas”: racism, poverty, homophobia, witnessing violence)

# Triune Brain Structure



# Structure of the brain

- **The “Triune” Brain:**

- Primitive Brain: *Survival*
- Fight, flight, freeze, eat, sleep, breathing, circulation, digestion, touch, reproduction. Shaped in response to experience.
- Limbic Brain: *Emotions*.
- Expression and mediation of feelings
- Neo-Cortex: *Thinking*. Develops around age 2.
- Integrates all three parts. Cognition, language, speech and thoughts, planning and reflecting on experience. Prefrontal cortex is “watchtower” of the brain

## Shock Trauma?



## How does trauma affect the brain?

- *Thalamus* takes in sensory input
- Connects to *amygdala*: processing of memory and emotional reactions. Connects to:
- *Hypothalamus*: releases cortisol and adrenaline, triggers sympathetic nervous system.
- *Hippocampus*: learning, memory, converts short-term memories to long-term
- Hippocampus and amygdala – found to often be smaller in patients with DID, BPD (trauma)
- Brainstem dysregulation: sleep, startle response, impulsivity, anxiety
- Abnormal activation of the *insula* – part of the brain that interprets and makes sense of signals from the body's organs, muscles, bones, joints and proprioception
- Alexithymia – not being able to sense and communicate what is going on with you

# How does trauma affect people?

## *Physical:*

- Rapid Heartbeat
- Elevated blood pressure
- Difficulty sleeping or Fatigue/Overly sleepy
- Stomach upset
- Dizziness and/or twitches
- Flushed face/pale appearance
- Exaggerated sensitivity to light, sounds, smells, quick movements
- Pain and muscle tension
- Heart Palpitations

## How does trauma affect people?

- ***Emotional:***

- Feelings of depression/guilt
- Abrupt mood swings
- Grief
- Shock reactions, including feelings numb and in a fog
- High states of anxiety, panic, horror, terror and fear
- Reacting in an extreme way to events that resemble the original trauma
- Dissociation: appearing dazed, apathetic, vacant

## How does trauma affect people?

- ***Cognitive:***
- Forgetfulness
- Vulnerability and suggestibility
- Difficulty making decisions
- Inability to concentrate/racing thoughts
- Disorientation or confusion
- Hyper-vigilance: feeling “on guard”
- Self-blame and projecting blame onto others

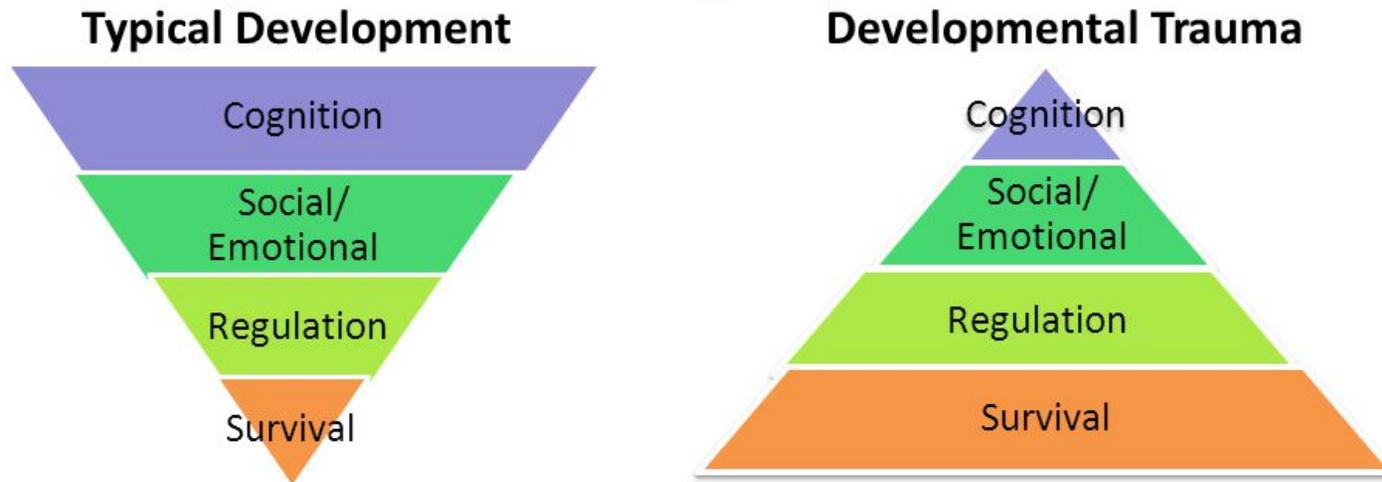
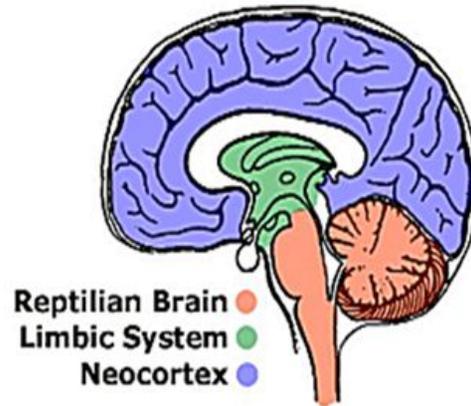
# How does trauma affect people?

- ***Spiritual:***
- Anger and/or disbelief that God has not protected one's self, family or community
- Withdrawal from religious services, or
- Turning toward God for the first time
- Verbal or non-verbal recitation of prayers
- ***Behavioral:***
- Withdrawal
- Restlessness
- Exaggerated startle response
- Possible antisocial behaviors
- Changes in speech patterns

# Trauma in Children

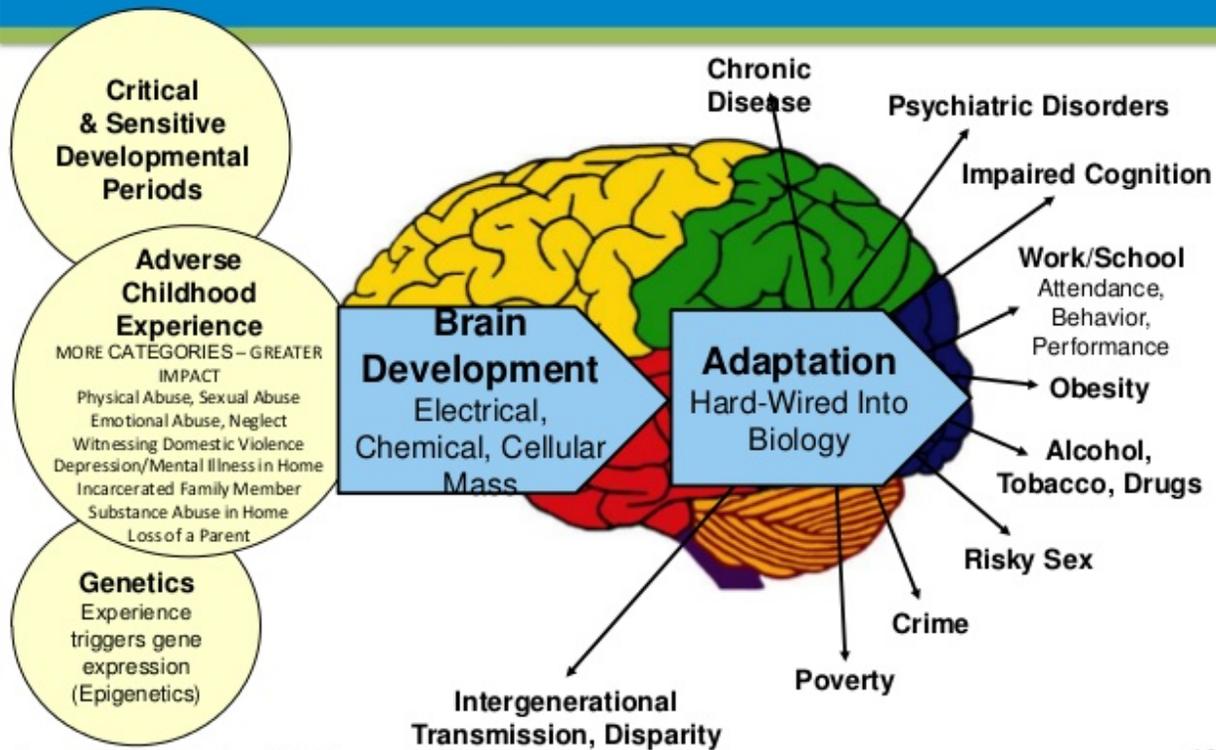
- Trauma affects the developing brain: difficulties with attention, concentration, processing and retaining academic material. Language skills affected
- Emotional Regulation: withdrawal, anxiety, depression. May manifest as angry outbursts (poor impulse control), excessive clinginess or acting overly-constricted
- Self-concept: shame, body-image issues, lower self-worth
- Attachment and relationships: may lack boundaries, mistrust others, act anxious, lack social skills
- Dissociation: Impaired memory, altered states of consciousness
- Physical health: Sleeping/Eating issues, somatic complaints, disruption of arousal and immune functioning

# Trauma & Brain Development



Adapted from Holt & Jordan, Ohio Dept. of Education

# Lifespan Impacts of ACEs



Source: Family Policy Council, 2012

# How trauma shows up in your office

- The human body is self-protective: it automatically reacts to any cue indicating the possibility of danger.
- The brain is biased to respond to any danger signal it has known before: times of day, days of the week, times of year, gender and age, facial expression, colors, smells or sounds, weather conditions, a tone of voice or body language, touch, even our own emotions and body sensations
- When we get triggered, we experience sudden and overwhelming feelings, sensations, and impulses that convey, “I AM in danger—right now!” not “I was in danger then”

# Trauma Spectrum

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Acute Stress  
Disorder

Post Traumatic  
Stress  
Disorder

Complex Post  
Traumatic  
Stress  
Disorder

Borderline  
Personality  
Disorder

Dissociative  
Identity  
Disorder NOS

Dissociative  
Identity  
Disorder

- Major depression. With trauma people are six times more likely to experience a major depressive disorder. In fact the only major disorder not linked to trauma is bipolar disorder.



## Other factors affecting trauma

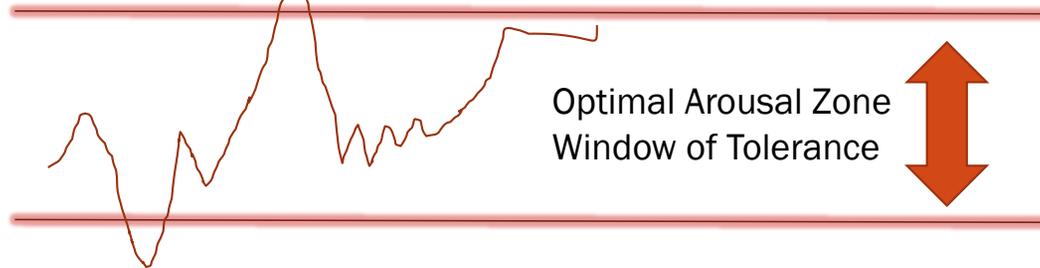
- The event itself: How threatening, how long, how often?
- Support: community and family support, poor nutrition and poor health take a toll
- Physical characteristics: genetic resiliency to stressful events. Age and level of development matter too.
- Learned capabilities: Infants and children are more vulnerable
- Sense of capacity to meet danger: Some people believe they are capable of meeting danger and some do not. External and internal resources make a difference

# Window of Tolerance



A  
R  
O  
U  
S  
A  
L

Sympathetic  
Hyperarousal



Optimal Arousal Zone  
Window of Tolerance



Parasympathetic  
Hypoarousal



As long as one stays within their window of tolerance more of the time they will have greater health, a better capacity to problem solve more effectively and increased resilience.



Psychomotor  
agitation

Substance  
abuse

Self-destructive  
behavior

Insomnia

Foreshortened  
future

Decreased  
concentration

Hopelessness

Hyperactive startle  
Hypervigilance

Physiological  
hyperarousal

Dissociative symptoms  
and disorders

Decreased  
interest

Traumatic  
Event or Events

Amnesia

Numbing

Intrusive  
memories

Irritability

Depression

Shame and  
self-hatred

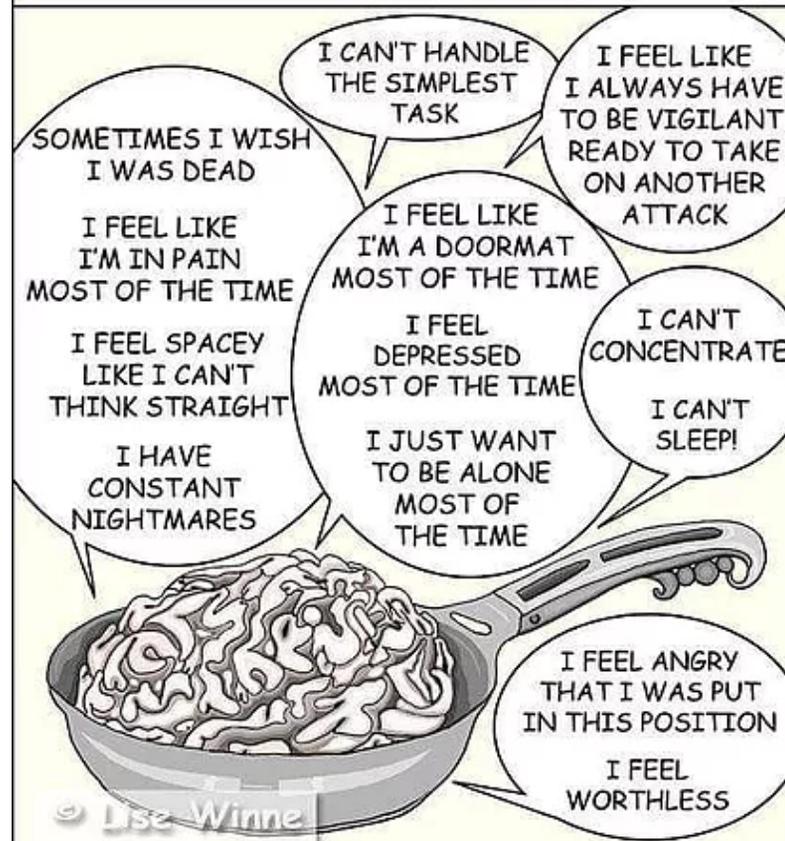
Nightmares

Eating  
disorders

Somatic  
symptoms  
Chronic pain

Generalized  
anxiety  
Panic attacks

## THIS IS YOUR BRAIN ON C-PTSD



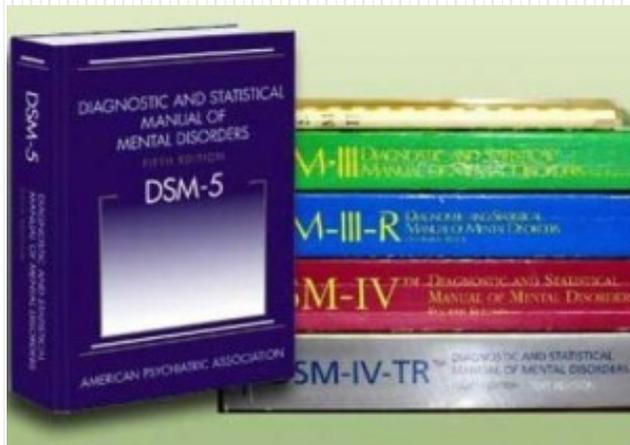
# Hyperarousal

- Angry
- Aggressive
- Defensive
- Reactive
- Impulsive
- Hostile
- Self-centered
- Poor Focus
- Irrational
- Difficulty Focusing
- Difficulty Sleeping
- Fidgety
- Hyperactive
- Anxiety
- Irritability

# Hypoarousal

- Freezing, stuck, paralysis of action
- Dissociation
- Emotional numbing
- Distraction
- Self-soothing
  - Addictions
  - Self-injury
  - Suicidality
  - Compulsive behavior
- Reactive
- Impulsive
- Emotional and psychological distancing
- Self-centered
- Sad
- Withdrawn
- Difficulty attaching securely
- Reluctance to explore the world

# DSM-5 Criteria



I'M GLAD YOU TOOK THE TROUBLE TO DIAGNOSE YOUR OWN SYMPTOMS USING THE INTERNET...AND YOU'D BE 100% ACCURATE...IF YOU WERE A GOAT!

## DSM-5: PTSD Criterion A

DSM III: The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone.

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:

1. Direct exposure
2. Witnessing, in person
3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). **This does not include indirect non-professional exposure through electronic media, television, movies or pictures.**

## DSM-5: PTSD Criterion B

### Intrusion (1/5 symptoms needed)

1. Recurrent, involuntary and intrusive recollections. (children may express this symptom in repetitive play)
2. Traumatic nightmares. (children may have disturbing dreams without content related to trauma )
3. Dissociative reactions (e.g. flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness. (children may re-enact the event in play)
4. Intense or prolonged distress after exposure to traumatic reminders.
5. Marked physiological reactivity after exposure to trauma-related stimuli

*All normally predictable physiological responses to sympathetic system dominance.*

## DSM-5: PTSD Criterion C

Persistent effortful avoidance of distressing trauma-related stimuli after the event (1/2 symptoms needed):

1. Trauma-related thoughts or feelings
2. Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations)

## DSM-5: PTSD Criterion D

Negative alterations in cognitions and mood that began or worsened after the traumatic event (2/7 symptoms needed)

1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs)
2. Persistent (& often distorted) negative beliefs and expectations about oneself or the world (e.g. “I am bad,” “the world is completely dangerous”)
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences (new)
4. Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame) (new)

*All normally predictable physiological responses to sympathetic system dominance.*

## DSM-5: PTSD Criterion D

5. Markedly diminished interest in (pre-traumatic) significant activities
6. Feeling alienated from others (e.g. detachment or estrangement)
7. Constricted affect: persistent inability to experience positive emotions

*All normally predictable physiological responses to sympathetic system dominance.*

Peter Levine talks about when thinking about posttraumatic stress disorder it's not really a disorder it's an injury. The symptoms listed in the DSM are actually physical responses are normal reaction to trauma. Animals also have these responses.

## DSM-5: PTSD Criterion E

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event (2/6 symptoms needed)

1. Irritable or aggressive behavior
2. Self-destructive or reckless behavior (new)
3. Hypervigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

*All normally predictable physiological responses to sympathetic system dominance.*

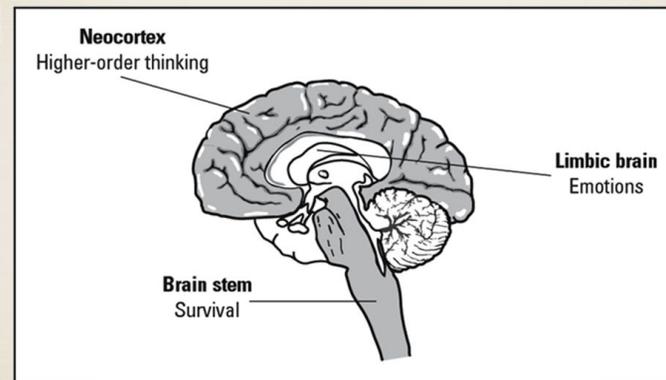
# *Healing Trauma*

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- Reconnect the “thinking” brain
- Cognitive triangle, trauma narrative
- Learn how trauma affects you in the present
- Focus on “dipping in and out of” the felt state of trauma

## Top Down vs. Bottom Up



# Treatment Techniques for Trauma

- Avoid overexposure: tap into memories and feelings in small doses.
- Establish inner “islands of safety” in the body: parts of the body, postures or movements that are grounding when fear or rage are present
- Tapping acupuncture points, moving arms up and down with breathing and placing one hand on the chest and one on the abdomen and gently pressing, rhythmic interactions with others
- Go slowly in session and help client gain awareness in the moment of feelings and bodily sensations, especially the “felt sense”
- *Wheel of awareness* meditation: for children and adults

# Trauma and attachment

- 20% of people who experience a traumatic event develop PTSD, similar number with disorganized attachment.
- Developmental trauma blocks integration.
- If I have disorganized attachment, I can't regulate my emotions, and I fragment my internal sense of self.

## How important is the *Narrative*?

- Each time they tell their story it gets ingrained into neural pathway making the client more easily triggered each time.
- What about when they are more regulated?
  - Procedural Memory
  - Identify Patterns
  - Preverbal Trauma
    - Buildup resources
    - Retrain reaction
    - Focus on Strengths
    - Imagination

# NeuroAffective Relational Model (NARM)

- Core needs and core capacities:
  - **Connection:** capacity to be touch with body and emotions
  - **Attunement:** attune to our needs and emotions; reach out for support
  - **Trust:** Healthy dependence and interdependence
  - **Autonomy:** Capacity to say “no,” to set limits and speak freely
  - **Love/sexuality:** capacity to integrate a loving relationship with sexuality
- Working in present time
- Mindful awareness of survival styles to implement & heal self-identity, self-esteem and self-regulation

# Treating Trauma in Children/Teens

- **TF-CBT: PRACTICE:** Psychoeducation, Parenting skills, Relaxation skills, Affective modulation skills (identify, manage and express feelings), Cognitive coping skills, Trauma narrative, In vivo mastery of trauma reminders that gradual exposure, Conjoint parent-child sessions, and Enhancing safety and planning for the future (Cohen et al, 2010)
- Begin with skills: 4-8 sessions for parent and child
- Trauma narrative: 3-5 sessions. Can be book, poem, song or play
- Starts with life prior to the trauma, describing traumatic experience, ends with messages the child might offer to other children
- With child's permission, the narrative is shared with parents in parallel sessions

# What needs to happen to heal trauma?

- Treatment is most effective when done *gradually*
- Bottom-up and Top-down techniques
- Healing occurs through the transformative relationship between the healing and trauma vortices (Levine, 1997)
- Requires a willingness to challenge your basic beliefs about who you are
- Includes a shift in self-esteem, self-identity and self-regulation
- Commitment to healing through the lifespan

# Trauma Treatment Modalities

- CBT Exposure Therapy
- TF-CBT
- EMDR
- Internal Family Systems
- NeuroAffective Relational Model (NARM)
- Somatic Experiencing
- Sensorimotor therapy



# Assessment Instruments

- ACE Questionnaire: Adverse Childhood Experiences Scale (Felitti, 1997)
  - <http://www.acesconnection.com/g/resource-center/blog/resource-list-extended-aces-surveys>
  - TRS: Trauma Recovery Scale (Gentry, 1996; 2013)
- PCL: Posttraumatic Checklist (NCPTSD, 2014) (Simple and Free)
- SWLS: Satisfaction With Life Scale (Deiner, 1989)
- CAPS-5: Clinician Administered PTSD Scale (NCPTSD, 2014) ★

<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
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 ( <i>as if you were actually back there reliving it</i> )?	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 ( <i>for example, heart pounding, trouble breathing, sweating</i> )?	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 ( <i>for example, people, places, conversations, activities, objects, or situations</i> )?	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 ( <i>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</i> )?	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 ( <i>for example, being unable to feel happiness or have loving feelings for people close to you</i> )?	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

# Resources

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# Questions?



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