



GTH: GATEWAY TO HOPE

Lunch & Learn: Intro to Trauma and Stress-Related Disorders

PRESENTED BY

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The Four Rs

RECOGNIZE a trauma or stress-related disorder

REFER to a mental health professional

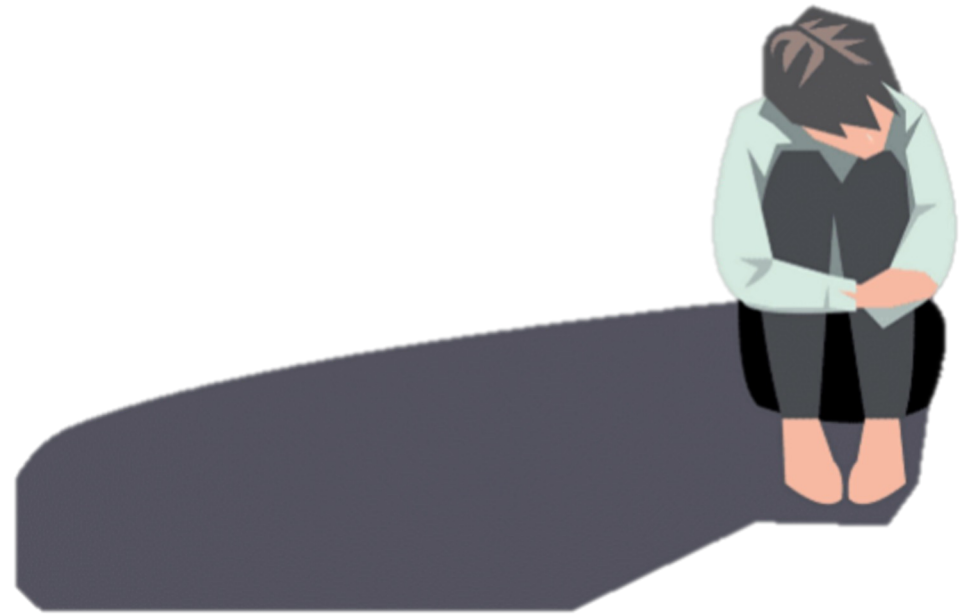
RELATE to those in distress

RESTORE through a supportive community

What are Trauma and Stress-Related Disorders?

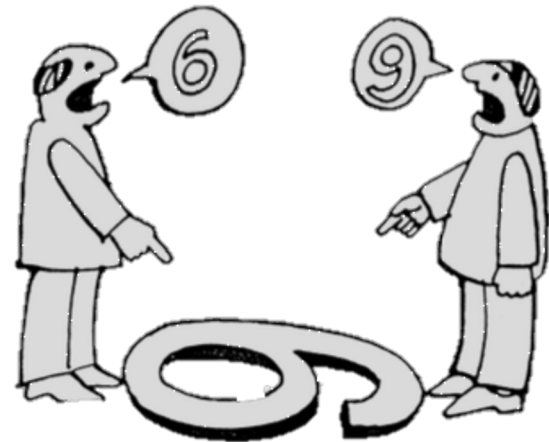
Serious psychological reactions that develop in some individuals following exposure to a traumatic or stressful event such as:

- Childhood neglect
- Childhood physical/sexual abuse
- Combat
- Physical assault
- Sexual assault
- Natural disaster
- An accident or torture



Trauma and Stress-Related Disorders

- Perception of trauma is unique to the individual.
- Triggers do not have to be identical to the traumatic event, rather associated to it and have similarities.



Trauma and Stress-Related Disorders

Common disorders that can develop after a trauma:



- Anxiety
- Depression
- OCD
- Panic Disorder

Types of Trauma and Stress-Related Disorders

Reactive Attachment Disorder (RAD)

- Children rarely seek comfort when distressed and are minimally emotionally responsive to others.

Disinhibited Social Engagement Disorder

- Children are overly friendly, talkative, or physical and not age-appropriate or culturally acceptable with strangers.

Types of Trauma and Stress-Related Disorders

Post-Traumatic Stress Disorder (PTSD)

- Significant psychological distress lasting more than a month following exposure to a traumatic or stressful event.
- Exposure includes experiencing or witnessing the event.



Types of Trauma and Stress-Related Disorders

Acute Stress Disorder

Like PTSD but the duration of the psychological distress last for one month or less following exposure to a traumatic or stressful event.

- Criticism from your boss
- Significant argument with your significant other
- Someone breaking into your home
- Traffic jams

Types of Trauma and Stress-Related Disorders

Adjustment Disorder

An emotional or behavioral response to an identifiable stressor.

Adjustment disorder symptoms must occur within three months of the stressful event. Symptoms do not persist more than 6 months.

- Problems at work
- Family move
- Parent's Divorce/separation
- Going off to college
- Loss of a pet
- Birth of a sibling
- Major health diagnoses



RECOGNIZE

a mental health problem

Know the Symptoms



Biological

- Jumpy
- Easily startled
- Tense
- Difficult sleeping
- Irritability
- Outburst of anger
- Sensitive to loud noises



Psychological

- Flashbacks
- Bad dreams
- Frightening thoughts
- Strong guilt
- Depression and worry
- Memory blockage
- Emotional numbness

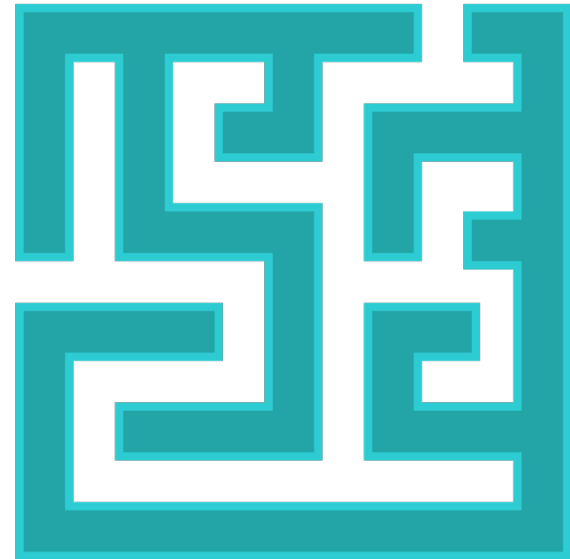


Social

- Avoiding places, people, or situations
- Isolation
- Not engaging
- Lost of interest in once enjoyable activities
- Relationship strains
- High alert in crowds

Know the Symptoms – Other

- Untraceable stomachache
- Untraceable headaches/migraines
- Neck and back tension



Four Broad Categories for Symptoms

- Intrusion
- Avoidance
- Negative Alterations
- Hyper-Arousal

Intrusion Symptoms

- Recurrent, involuntary and distressing memories, thoughts, and dreams of the traumatic event.
- The individual may also experience flashbacks, a dissociative experience in which they feel or act as if the traumatic event is reoccurring.

Avoidance Symptoms

- Efforts to avoid internal (memories, thoughts, feelings) and/or external (people, places, situations) reminders of the traumatic event.
- Preoccupation with avoiding trauma-related feelings and stimuli can become a central focus of the individual's life.

Negative Alterations

- Problems remembering important aspects of the traumatic event, depression, fear, guilt, shame, and feelings of isolation from others.

Hyper-Arousal Symptoms

- Includes being jumpy and easily startled, irritability, angry outbursts, self-destructive behavior, problems concentrating, and difficulty sleeping.

REFER

to a mental health professional



Prevalence and Age of Onset

- Prevalence of trauma-related disorders can be difficult because they are triggered by exposure to a specific traumatic or stressful event.
- RAD and disinhibited social engagement disorder are thought to be rare in the general population affecting less than 1% of children under the age of five.
- PTSD occurs more commonly in women than men & can occur at any age.
- Prevalence of acute stress disorder varies according to the traumatic event.

Mental Health Provider

- Primary Care Doctor (GP)
- Counselors (LPC)(LCDC)
- Social Workers (LCSW)
- Therapist (LMFT)
- Psychologist (PhD, PsyD)
- Psychiatrist (MD, DO)
- Hospital & Treatment Facilities



Treatment Options – SSRI'S

Selective Serotonin Reuptake Inhibitors

- Antidepressant medication that blocks the neurotransmitter serotonin (5-HT) from being reabsorbed into the brain cells.
- Currently only the SSRIs Zoloft (sertraline) and Paxil (paroxetine) are approved by the Food and Drug Administration for the treatment of PTSD.



Treatment Options

Psychotherapy

- **Two forms** of trauma-focused cognitive-behavior therapy (TF-CBT) have been shown to be effective in treating the trauma-related disorders.
- **Prolonged Exposure** (PE) is an effective variant of CBT that treats both anxiety and trauma-related disorders. Therapists create a safe environment to “expose” the patient to the thing(s) they fear and avoid. The exposure to the feared objects, activities, or situations in a safe environment helps reduce fear and decrease avoidance.



Treatment Options

Psychotherapy

- **Eye Movement Desensitization and Reprocessing (EMDR)**

Psychotherapy method proven to help people recover from trauma and other distressing life experiences, including PTSD, anxiety, depression, and panic disorder.

- Helps the brain process traumatic memories and allows normal healing to resume.



Treatment Options - CPT

Cognitive Processing Therapy

- Therapist seeks to help the client gain an understanding of the traumatic event and take control of distressing thoughts and feelings associated with it.
- CPT explores how the traumatic event has affected your life and skills needed to challenge maladaptive thoughts related to the trauma.





RELATE

to those in distress

Relate

- Offer your companionship
- Give them time to heal
- Be present with them
- Exercise together
- Help them create new memories
- Active listening



Be a Better Listener

Create a space where they feel safe and confident.



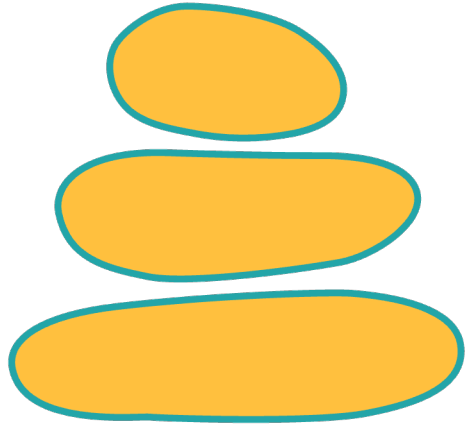
Don't talk about yourself unless it's helpful.

Ask questions as they come to you.

Don't be distracted by your phone.

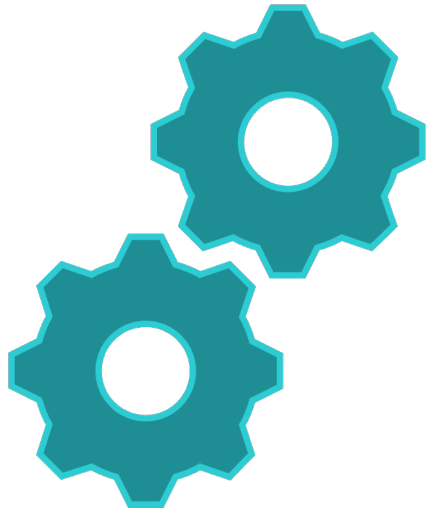
Wait until they are done to respond.

Grounding Techniques



- 5 4 3 2 1 Technique
- Tense and Release
- Coping statements

Coping Statements



- “I’m safe right now, this is just a memory.”
- “That was then, and this is now.”
- “Every day, in every way, I am getting better and better.”



RESTORE

through supportive
community

Psychoeducation

Beneficial for those living with a mental health issue or their loved ones by providing them with information and support to better understand and cope with the disorder.

- Learn about the condition
- Interpersonal learning
- Support structure

Support Groups Benefits

Hearts Transformed

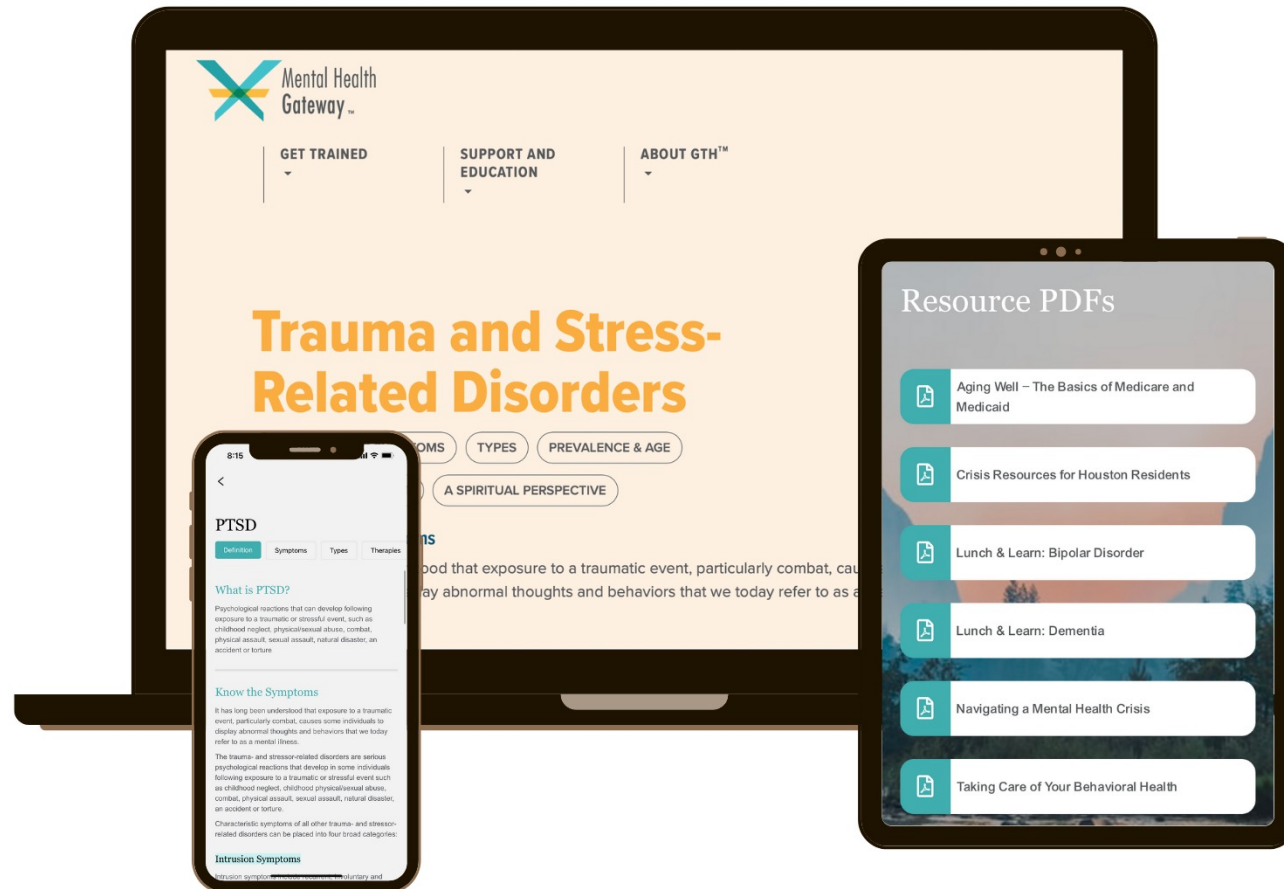
- Normalize symptoms
- Reduce distress, depression, and anxiety
- Not feeling alone
- Understanding your trauma
- Gain skills to cope with challenges
- Rebuild your faith



“The *Lord* is close to the
brokenhearted and saves those
who are crushed in spirit.”

Psalm 34:18

MENTAL HEALTH GATEWAY WEBSITE AND MOBILE APP





#PTSDAWARENESS

JUNE IS PTSD AWARENESS MONTH

ABOUT 12 MILLION ADULTS IN THE U.S. HAVE
PTSD DURING A GIVEN YEAR.

WWW.MENTALHEALTHGATEWAY.ORG



Hope Line



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www.myhopeline.com

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