

Health Warning

- I'll be talking about trauma and am aware this can be distressing
- We can never avoid all upsetting reminders (although I'll do my best)
- Do whatever you need to do to take care of yourself

What is trauma?

- Many kinds of trauma:
 - Accidents
 - Disasters
 - War
 - Interpersonal violence
 - Medical trauma
- Trauma can be:
 - Unexpected
 - Anticipated
 - Happen as an adult or a child

What do people feel during trauma?

Many emotional
reactions are common:

- Fear / terror / anxiety
- Anger
- Guilt
- Helplessness
- Powerlessness
- Frustration

understanding your cat's
emotions



happiness
(I've eaten recently)

Pusheen.com



sadness
(I want more food)

Pusheen.com



anger
(give me more food)

Pusheen.com



curiosity
(where is the food?)

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What do people think DURING trauma?

- As people we are always trying to make sense of our experiences:
 - *“I’m trapped”*
 - *“I can’t get away”*
 - *“I’m helpless”*
 - *“I’m going to die”*

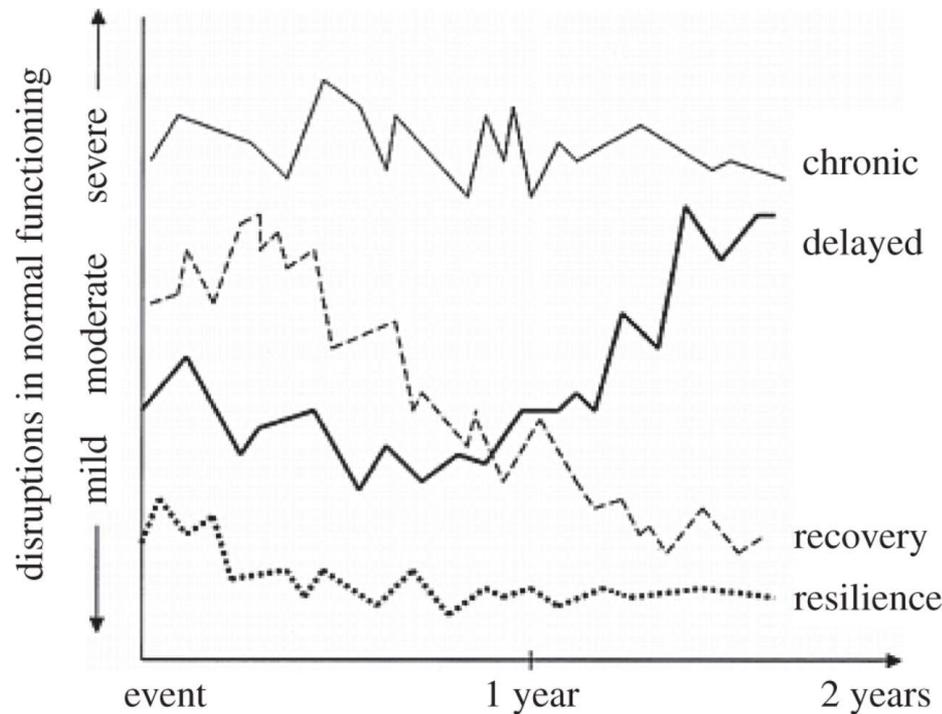
What do people think AFTER trauma?

- *“That was close”*
- *“It was my fault”*
- *“What if it happens again?”*



How do we feel after trauma?

- It is NORMAL to feel: Shocked, Overwhelmed, Disorganised, Vulnerable, Numb, Fine



How is trauma related to PTSD?

Nearly everyone will have the key symptoms for the first month or so. This is called an acute stress reaction. Over a few weeks most people will find their symptoms start to disappear but up to 30% of people will carry on experiencing symptoms and develop PTSD. PTSD affects around 5% of men and 10% of women at some point during their life. PTSD can occur at any age. (NICE, 2005)

Trauma \neq PTSD

Post-Traumatic Stress Disorder

- It is common to develop PTSD after a significant trauma
- The more severe you perceive the trauma to be the more likely you are to develop PTSD

Post-Traumatic Stress Disorder

Can happen after exposure to a trauma

4 groups of symptoms

- Re-experiencing
- Avoidance
- Negative thoughts & mood
- Hyperarousal

Criterion A (Stressor)

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: **(1 required)**

- Direct exposure.
- Witnessing, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma.
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties.

Criterion B (Intrusions)

The traumatic event is persistently re-experienced in the following way(s): **(1 required)**

- Recurrent, involuntary, and intrusive memories.
- Traumatic nightmares.
- Dissociative reactions (e.g., flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness.
- Intense distress after exposure to traumatic reminders.
- Bodily reactions to reminders (e.g. racing heart, sweating)

Criterion C (Avoidance)

Persistent effortful avoidance of distressing trauma-related stimuli after the event: **(1 required)**

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

Criterion D (Negative alterations in cognitions and mood)

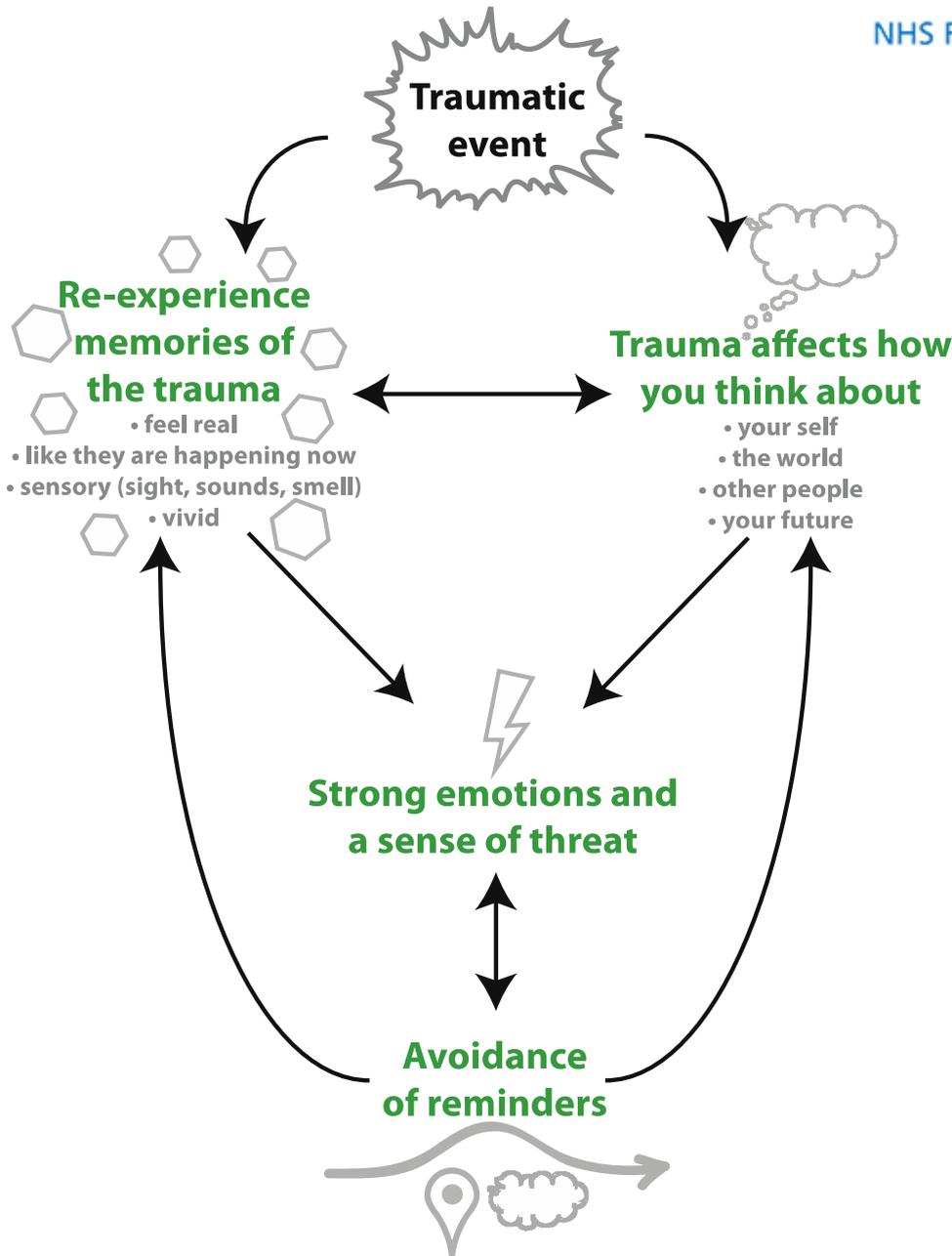
Negative alterations in cognitions and mood that began or worsened after the traumatic event: **(2 required)**

- Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs).
- Persistent (and often distorted) negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous.").
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.
- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt or shame).
- Markedly diminished interest in (pre-traumatic) significant activities.
- Feeling alienated from others (e.g., detachment or estrangement).
- Constricted affect: persistent inability to experience positive emotions.

Criterion E (Arousal & reactivity)

Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event: **(2 required)**

- Irritable or aggressive behaviour.
- Self-destructive or reckless behaviour.
- Hyper vigilance (on the lookout for danger)
- Exaggerated startle response.
- Problems in concentration.
- Sleep disturbance.



PTSD after specific traumas

(Breslau et al. 1998)

Trauma type	% PTSD
Held captive/tortured/kidnapped	53.8
Rape	49.0
Badly beaten up	31.9
Sexual assault (other than rape)	23.7
Other serious accident	16.8
Shot/stabbed	14.3
Unexpected death of associate	10.4
Child's life-threatening illness	8.0
Mugged/threatened w. weapon	7.3
Witness killing/serious injury	3.8
Natural disaster	2.3

If we were trying to design a trauma that would *guarantee* someone got PTSD what qualities would it have?

What are the characteristics of ICU experiences?

- Life-threatening illness
- Injury
- Helpless / powerless
- Consciousness – variable, hallucinations
- Other people involved – often hurting me (because they have to!)
- Prolonged

Is it any wonder ICU patients and
their families develop PTSD?

Treatments for PTSD

Two forms of psychological (talking) therapy have been found to be effective:

- Trauma-focused cognitive behavioural therapy (TF-CBT)
- Eye Movement Desensitization & Reprocessing (EMDR)
- Some people also find antidepressants helpful.

More broadly: How do we come to terms with difficult experiences?

- Feeling safe
- Care, love & support
- Talking about our thoughts and feelings & not feeling judged
- Facing our fears

Treatments for PTSD

Treatments for PTSD involve a number of steps:

- Stabilisation (learning to cope with the symptoms)
- Processing memories of the trauma
- Reducing avoidance
- Reclaiming your life

Questions