WHAT IS PTSD?

3 STEPS TO HEALING TRAUMA

"This practical and eminently readable book provides ... Steady, clear, authoritative direction for trauma survivors (and those that treat them!)."
J. Eric Gentry, PhD, Vice President
International Association of Trauma Professionals

"[A] remarkable book for those who've experienced trauma. In clear and uncluttered language they explore 3 steps to healing trauma ... The book's richness is enhanced by "recovery stories" of real life people ... leaves one with the impression of personally interacting with a skilled experienced clinician."
Stephen Fleming, PhD., C. Psych., Professor
Department of Psychology, York University

"The greatest strength of this workbook is that it gives power back to victims. The book is the bridge that I have been looking for ... I highly recommend this book."
Trish Stenson MSW, RSW, CEC, BCETS, Owner
Counsellor Exchange, Inc.

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ISBN 978-1478286673-8
01995
9 781478 286738

Traumatology Institute, Canada
www.WhatIsPTSD.com

WHAT IS PTSD? 3 STEPS TO HEALING TRAUMA | DR. BARANOWSKY & T. LAUER, LMHC

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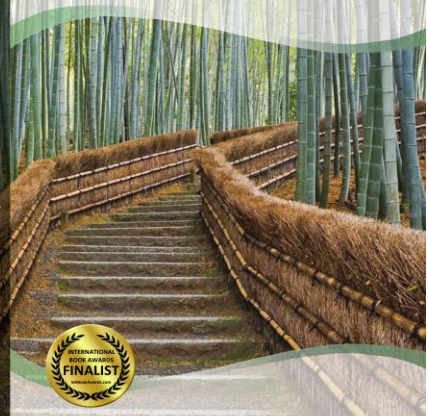

INTERNATIONAL BOOK AWARDS FINALIST

BY DR. ANNA B. BARANOWSKY
AND TERESA LAUER, LMHC

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3 STEPS TO HEALING TRAUMA

By Dr. Anna B. Baranowsky, Ph.D., C.Psych. & Teresa Lauer, MA, LMHC

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ISBN-13: 978-1478286738
ISBN-10: 1478286733

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DEDICATION

DR. ANNA BARANOWSKY

There are many people who make it possible for me to do my work and to feel supported in my life. To start with, I am extremely privileged to work with people from all walks of life who have trusted me and allowed me to work with them in their trauma recovery. Every day I learn from those warriors on their healing journeys. I am forever grateful for my father, who experienced immense tragedy yet remained kind and compassionate with everyone in his life, and to my mother who taught me about determination and inner strength; to my darling Chris, who is a wonderful companion and spouse, and to Cassie and Jasper, who have enriched my every waking day; to Gold and the Golds, who are special in my heart; to Zahava who demonstrated the beauty of a strong and intelligent woman; to my writers, masterminds, SYPS, everyone with T.I., Judit, Maureen and Aliza, to Eric whom has been instrumental in my growth, and, of course, to Teresa Lauer, who I have had the great joy of writing this book with. My heartfelt appreciation goes out to all of you in my life.

TERESA LAUER, LMHC

As with all my endeavors, this book, for me, would not be possible without my husband, Phil. No one could champion me more than you could and I humbly thank you for the love that you have shown me all of these years. Each day you remind me that trauma does not have to equal pain, but can be a rebirth to a life worth living. And thanks to my mother and father, who endured their traumas, but made sure that I didn't live a life of fear; I miss you both dearly. To Anna, thank you for sharing this journey with me; I have enjoyed it immensely. Your dedication to the comfort and care of trauma victims is inspiring and admirable. Finally, to my clients, who have allowed me into their

lives at their most vulnerable moments, I thank you and honor your courage and faith that there is good in the world.

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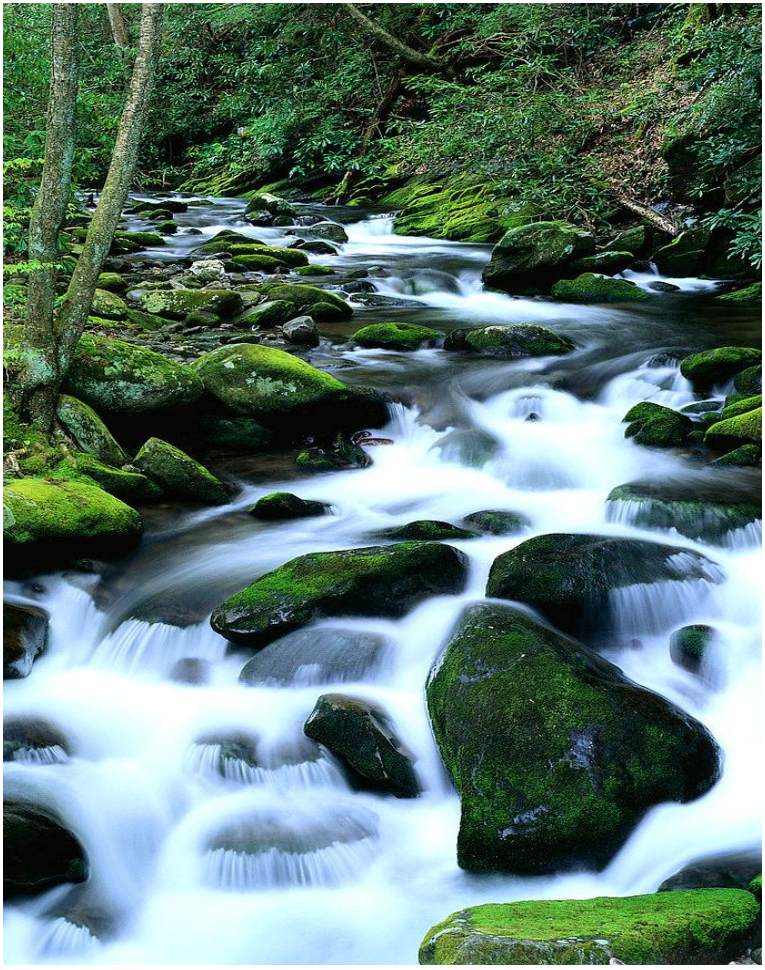

INTRODUCTION

WHAT IS PTSD?

PTSD stands for **P**ost-**T**raumatic **S**tress **D**isorder, which is an anxiety disorder that can occur following a traumatic event.

A psychological trauma, as opposed to a physical trauma or injury, occurs when you experience an emotionally disturbing or distressing event. Although we commonly think of trauma as a reaction to a violent event or a terrible accident, we know that individuals can also experience emotional trauma after being physically injured or diagnosed with a serious illness.

During a traumatic event, you may have felt that your life or that of another's was in danger and that you had no control of the outcome.

Even witnessing an event, in which someone died or was seriously injured, can cause PTSD symptoms and result in a diagnosis of it.

It is not unusual for you to experience uncomfortable or upsetting memories of a traumatic event, as well as potentially strong physical reactions.

You may also experience uncomfortable or distressing emotions such as anger, fear, and helplessness. If these symptoms do not go away, or if they interfere with your daily activities or your enjoyment in life, it's time to seek help.

It is important to remember that only a qualified mental health professional can verify a diagnosis of PTSD through a series of clinical interviews and tests that inquire as to whether you have experienced specific symptom responses for at least one month.

3 ESSENTIAL STEPS TO HEALING TRAUMA

The following is an overview of the three essential steps to healing the trauma that we will address in this book, enabling you to master the skills necessary to begin and move forward in your trauma recovery.

STEP 1: FINDING COMFORT

Finding comfort and ensuring your safety is an integral part of healing the trauma and regaining, or claiming for the first time, a sense of safety within yourself. For this reason, self-care skills are paramount to recovery. We will focus a portion of the *Finding Comfort* section on presenting specially designed exercises to help you accomplish this goal.

Building a foundation for increased confidence and self-esteem as well as building trust in your judgment begins with this step.

STEP 2: REMEMBERING YOUR TRAUMA

There is a sense of grief and loss in trauma. Life is not the same as before the event and you may feel that you have suffered a loss of innocence. Life is *supposed* to be fair, equitable and just – but this trauma may have shaken your core beliefs.

This step is where your deeper work begins. Following your first step, you will be able to identify when you need self-soothing, and apply an approach that you have found to be effective in meeting your needs when feeling overwhelmed. This allows you to step back from your disturbing symptoms and gain perspective in their source.

Recognizing your triggers to emotional and physical discomfort is a big step in recovery as it frees you up from reacting automatically and, instead, cues you to settle your emotions and bodily reactions before they feel out of control. This will be a powerful tool to use wherever you are. Having worked through your trauma history makes this much easier to accomplish.

Remembering the trauma is the next important step in your healing. It is only half the task, however, talking about your trauma and integrating it into your life story is central to moving ahead.

STEP 3: BEGINNING TO LIVE AGAIN!

You will be ready to redefine yourself as a person who has experienced trauma in your history, and not as a trauma survivor. There is a profound difference between the two. Your trauma no longer defines who you are. Instead, you have experienced a trauma, learned from it and grown.

Despite your best efforts and your fervent wish that it had never happened, your trauma has had an effect on you. In this step, you will be preparing yourself to reconnect with important people in your life whether they are family, friends, colleagues, or community members – and, most importantly, with yourself in a new and profound way.

You will be ready to redefine yourself and to seek a healthy existence through physical, intellectual, creative and personal growth.

You will be ready to live again!

HOW TO BEST USE THIS BOOK

As mental health professionals, we use the Diagnostic and Statistical Manual of Mental Disorders (DSM) in our daily practice. You will see the DSM-5 referred

to throughout our book as a guide used to describe symptoms, descriptions and other criteria pertaining to Post-Traumatic Stress Disorder (PTSD). Please note that we have updated our book to reflect salient changes to the criteria for PTSD, most notably the addition of a fourth criteria *"Negative Cognition and Mood"* to the cluster of the original three symptoms.

Also please note that the naming convention of the DSM has been changed to reflect an updated numbering system, hence DSM-5, from the previous version of DSM-IV.

The goal of our book is to provide guidance through the healing of your trauma and to empower you. You should not forget the trauma but rather, learn how to find a healthy way to integrate it into your history so that it is no longer a problem.

Each of the three steps that we outlined above (*Finding Comfort, Remembering Your Trauma,* and *Beginning to Live Again*) contain concepts critical to your recovery, following a number of exercises for self-soothing and for coping with your symptoms.

The Exercises can be found at the end of each section so that you may easily review them as required. It is important to note that recovery occurs in a circuitous – rather than linear – fashion. At times, you may feel as if you are taking one step forward and two steps back. This is to be expected and there is nothing wrong with going back to the concepts and exercises even though you may have moved ahead in the book. Each exercise follows the same structure below:

Recovery Stories: We have added recovery stories to illustrate the experiences of those we have worked with as well as their experiences with the exercises in the book. Please note that while we draw from our experiences of having treated thousands of clients, confidentiality is strictly maintained at all times.

Our hope is that you will be inspired by our clients to realize that healing from your trauma can be a reality!

Goal: You will notice that each exercise has a goal section so that you can reflect on our desired outcome when working with the exercises.

Time Out: Time out refers to any contraindications for the exercise; for instance, if you are experiencing any dissociation, or if you feel overwhelmed and need a break. This will signal a need to go slower, to return to Step I exercises, to take a walk, to listen to some music or to speak with a support person in your life until you find that sense of steady calm again and feel ready to work through the next step or exercise. Your safety is of the utmost importance.

Materials and Layout: This indicates whether additional materials are needed to complete the exercise. We have provided template links for the exercises you will see in the book.

Path to Complete: Here you will find the detailed instructions to complete each exercise.

TYPES OF TRAUMA

There are several types of trauma, but we will be focusing on what we call, *Type I* and *Type II*, categorized by the circumstance in which the trauma occurred.

TYPE I TRAUMA

Type I traumas are singular events that are overwhelming and unexpected, leaving you with feelings of horror and fear. Treatment for Type I traumas is

very effective if provided shortly after the event. Type I traumatic events include:

Serious accidents including car accidents, plane crashes and significant sporting accidents, etc.

Natural disasters including earthquake, fire, tornado, hurricane and floods, etc.
Acts of violence, such as a physical assault, mugging, or rape, that are viewed as unusual and not a constant threat

Terrorist attacks that are limited in scope and viewed as a one-time event

TYPE II TRAUMA

Type II traumas are expected, but unavoidable events that are sustained over a period of time, such as:

Combat or military experiences, including blasts and the witnessing of injury or death of fellow soldiers

Repetitive physical or sexual abuse

Childhood abuse or incest

Workplace harassment or bullying at school

Terrorist attacks that come with a threat of repeated actions

YOUR RESPONSE TO TRAUMA

There are certain responses that all trauma survivors experience (like feeling helpless and fearful) no matter the type of trauma or whether they were the ones injured in the event.

The intensity of these symptoms varies based on a number of factors like:

Whether you were the one who was directly affected

Whether the person who passed away or was severely injured was someone with whom you had a close relationship

How long and intense the traumatic event lasted

How close you were to the traumatic event
How much you felt in control of the event
How quickly you received help after the event

Experiencing Post-Traumatic symptoms that you cannot manage is an early warning sign that your coping skills are no longer working effectively. This is especially true if it has been longer than one month since the incident occurred. For some people, many years can go by before they reach out for help, leaving the survivors feeling overwhelmed and unable to manage their lives in the best possible way.

A diagnosis of Acute Stress Disorder is appropriate for symptoms that are resolved within a month.

TRAUMA RESPONSE CHECKLIST

OVERVIEW

The following exercise is to be used in conjunction with our book, ***"What Is PTSD? 3 Steps to Healing Trauma"*** for best effect. Please visit our website, www.WhatIsPTSD.com for additional resources.

The checklist below was developed as a brief screening instrument. It will not provide a diagnosis but rather is an indicator for you to consider the areas of strain you have experienced after traumatic exposure. Read each of the statements and select the box that best applies to you in the past month.

Trauma Response Checklist (Baranowsky, 2013)

Event Question

Did you believe that the event could result in death or physical injury to you or another? **Yes ☐ No ☐**

Answer the following questions based your experiences in the last four weeks, or since the incident.

Distress/Strain Questions

1. I have difficulty falling or staying asleep **Yes ☐ No ☐**
2. I notice I am more irritable or aggressive **Yes ☐ No ☐**
3. I have more difficulty concentrating **Yes ☐ No ☐**
4. I feel more on alert and watchful since the event(s) **Yes ☐ No ☐**
5. I startle easily (i.e., when I hear loud noises, sudden movements) **Yes ☐ No ☐**
6. I engage more often in reckless or self-harming behavior **Yes ☐ No ☐**

Steer Clear Questions

1. At times, I try to avoid thoughts or feelings related to the experience(s) **Yes ☐ No ☐**
2. Sometimes I try to avoid activities or situations that remind me of the event(s) **Yes ☐ No ☐**

Negative Thoughts and Mood Questions

1. I cannot remember all the important details of the event(s) **Yes ☐ No ☐**
2. I experience persistent negative beliefs about myself, other people, or the world (i.e., fear of dying early; I cannot trust others) **Yes ☐ No ☐**
3. I have more feelings of guilt since the event(s) **Yes ☐ No ☐**
4. I often feel unhappy, angry, anxious or irritable since the event(s) **Yes ☐ No ☐**
5. I am not as interested in participating in activities as I was before the event(s) **Yes ☐ No ☐**
6. I have withdrawn or been more detached from others since the event(s) **Yes ☐ No ☐**
7. I don't feel as happy as I used to before the event(s) **Yes ☐ No ☐**

Negative Interference Questions

1. I feel emotionally upset when exposed to reminders of the event(s) **Yes ☐ No ☐**
2. I experience unwanted thoughts, images or sensitivity to the event(s) **Yes ☐ No ☐**
3. At times, I act or feel like a traumatic event is still happening **Yes ☐ No ☐**
4. I experience dreams or nightmares related to the event(s) **Yes ☐ No ☐**

5. I experience physical distress when exposed to reminders of event(s) (i.e., body tension, nausea, rapid heart rate, rapid/shallow breathing, etc.) **Yes ☐ No ☐**

Associated Disturbance Questions

1. I have the desire to harm myself or another **Yes ☐ No ☐**
2. I feel very helpless or hopeless **Yes ☐ No ☐**
3. I feel like nothing will be good again **Yes ☐ No ☐**
4. I am drinking or using drugs more often since the event(s) **Yes ☐ No ☐**
5. I get more headaches, muscle tension, nausea and fear since the event **Yes ☐ No ☐**

SCORING FOR THE TRAUMA RESPONSE CHECKLIST

Trauma Response Checklist (TRC)

This instrument is broken up into six sections. The first five correspond directly with the DSM-5 diagnostic criterion for Post-Traumatic Stress Disorder. These include:

Event Question - Add one point for an answer of yes. One point is required to endorse the Event section.

Distress/Strain Questions - Add one point for each yes answer. A minimum of two points are required to endorse the Distress Strain section.

Steer Clear Questions - Add one point for each yes answer. A minimum of one point is required to endorse the Steer Clear section.

Negative Thoughts and Mood Questions - Add one point for each yes answer. A minimum of two points are required to endorse the Negative Thoughts and Mood section.

Negative Interference Questions - Add one point for each yes answer. A minimum of one point is required to endorse the Negative Interference section.

Associated Disturbance Questions - Add one point for each yes answer. Use caution if the respondent answered yes on questions 1, 2 or 4. A referral and special care are required in these cases, regardless of answers to any other questions on this instrument. Endorsement of the Associated Disturbance section occurs when 1, 2 or 4 are answered yes or a minimum of two yes answers are made.

Further Care & Referral Indicators: Endorsement of a minimum of five out of the six question categories above indicate further care and referrals. Endorsement of questions 1, 2 or 4 on the Associated Disturbance section alone indicates the need for special care and further referrals.

HOW THE BRAIN AND BODY WORK AFTER TRAUMA

Exciting new research is currently underway in the area of how the mind and body work in concert following a trauma, thus leading to new ways of treating symptoms. The Polyvagal Theory, developed by Dr. Stephen Porges, is one of the exciting new areas of research exploring the Mind-Body Connection. It highlights the importance of the regulation of heart rate in returning the body to homeostasis, a steady state of relaxed equilibrium, even in the midst of stress. Below is an overview of the Polyvagal Theory.

THE POLYVAGAL THEORY

This research is opening up a dynamic area of post-trauma care and holds the hope of recovery for trauma survivors. The Vagus Nerve can trigger a shutdown system in the body when we are exposed to a traumatic event that feels unmanageable. The Vagus Nerve is linked directly to heart rate variability or the beat-to-beat rhythm of our heart. When heart rate variability is too low, we can slip into a frozen state – similar to the deer-in-the-headlights response. If it gets too low we can experience dissociative states (to be explained in a later chapter) or have the sensation of being out of our bodies. Surprisingly, this is a helpful response that potentially removes us from direct exposure to extreme pain and suffering. It makes sense if we think of a defense system that starts with a calm steady state where we are enjoying comfortable connections with others as the standard starting point.

The next step is the preparation to respond to perceived danger in the following order: First, we try to fight or run away in response to danger, but if we cannot escape or fight, the body-mind response is to freeze. This is a helpful response in circumstances where the threat is so overwhelming that potential death or extreme injury occurs within a numbing cloak. The real problem with this is that for survivors re-engaging in everyday life, lifting that cloak of numbness can feel difficult to accomplish. Some of the best ways to achieve this are to gradually expose ourselves to gentle social cues of safety such as the sound of a supportive friend's voice, an audio recording of a relaxation exercise, or music.

Other helpful social cues include: the look of support on another person's face, comforting words, soothing music and an environment that feels at ease and stable. Regulating our heart rate is a cornerstone of recovery according to the Polyvagal Theory. We will cover exercises in *Step 1: Finding Comfort* to help you learn to regulate your heart rate through breathing exercises and other

approaches that we have found helpful with our clients. Whatever approach you use that feels helpful to you in your recovery – remember that we are wired for finding a sense of comfort within ourselves and if we search for it regularly, we will find it. The Polyvagal Theory reminds us to recognize a deep sense of calm and centered peacefulness as our birthright and our home base – learn to count on it.

THE MIND-BODY CONNECTION

There are several areas of the brain that have tremendous influence over our subsequent thoughts and actions following trauma. Let's look at several of these areas below and how some of these systems work in concert and how we can use this information to encourage the healing process**.**

THE AMYGDALA

The Amygdala acts as an emotional control center in our brains and helps us to instantly feel certain emotions; those that we feel in ourselves and those that we perceive in others. When we feel fear, we know that the Amygdala is actively engaged in the brain. The Amygdala is responsible for our ability to respond rapidly to signs of danger and to activate and mobilize all resources to fight, flight, or freeze as a response to this danger. This works well with trauma survivors but once this neural pathway is engaged in serious situations it is not always easy to turn it off or lower the stress volume. This is why you may experience a lack of sleep or hyper-vigilance long after the danger is over. The Amygdala response can occur so quickly that we do not have time to confirm that our early warning signs of danger are correct. Hence, trauma survivors may respond with anger, fear, or a startle when there is no current source of danger igniting the reaction.

THE HIPPOCAMPUS

The Hippocampus stores memories so that in the future if you have a need to respond to danger, you are prepared to recall triggers and prepare your mind and body for rapid response to threat. This results in the release of Cortisol, the stress hormone that can interfere with memory and produce an automatic fearful response to danger signs. It is easy to see how useful this system can be when we are trying to respond quickly to true danger, but it can backfire when we are continually responding long after the danger has passed. When you store the traumatic memories of your experience, they are stored along with the strong emotions that occurred at the time as well, so any time you experience a trigger of this memory, you may also experience strong emotions (i.e., upset, agitation, anger, fear, confusion) as well. So there is no surprise that one of the key features of PTSD is the avoidance of any triggers to the traumatic memory. But as life will have it, we are constantly exposed to reminders and working through our stories on our journeys to recovery is the best route to a better life experience.

THE SENSORY THALAMUS

The next thing to add to this picture is the Sensory Thalamus, responsible for gathering information. Part of this new information is sent directly to the Amygdala to determine whether the alarm system should be activated and mobilized. Information is also concurrently sent to the Sensory Cortex to assess and confirm meaning (this is the slow route and is more analytical and reflective). However, by this time, the Amygdala may have already set off the alarm bells of the Autonomic Nervous System's SNS. Once this happens, we are into our reaction and may be sweating, tense, breathing quickly and agitated before we are able to confirm that a threat has occurred.

THE SYMPATHETIC NERVOUS SYSTEM

The Sympathetic Nervous System (known as the SNS) is a part of your nervous system that is responsible for accelerating your heart rate, constricting blood vessels and raising your blood pressure. The SNS, along with the Parasympathetic Nervous System (PNS) makes up the Autonomic Nervous System, the branch of the nervous system that performs involuntary functions. Once the SNS is engaged to fight, flight or freeze, the more reflective information processing that occurs in the Sensory Cortex is short-circuited. So, you may feel as if you have overreacted after the event, but while you're in the middle of a response and feeling angry, startled, or fearful, you are fully engaged and your response may feel entirely realistic and justified for the situation you feel you are in. The goal is always to bring yourself back to a stable base in your comfort zone – reengaging the Parasympathetic Nervous System (known for its rest and digest ability) and engaging the Vagus Nerve to return you to the inner calm steady state that you have hardwired as a part of your core functioning. When the SNS is engaged, all your energy is moved to activate a *get-out-of-danger* impulse and away from the normal digestive functioning, the warming of fingers and toes, and the management of other bodily functions that are not critical for survival. So it makes sense that after a traumatic event, you might have a stomachache, lose your appetite, feel cold or exhausted.

CORTISOL – THE STRESS HORMONE

Emotional and physical strain can release a cascade of chemicals into the body and mind. Some of these chemicals, like Cortisol, can have a big impact on how we function after trauma. After exposure to a disturbing event, the body and mind send signals that activate the adrenal glands, which pump out high levels of the stress hormone, Cortisol.

Too much Cortisol short-circuits the cells in the hippocampus, making it harder to organize the memory of the trauma or stressful experience. Memories lose

their context and become fragmented. These fragments can become re-ignited whenever something reminds us of our trauma, resulting in another big Cortisol release. Once high levels of Cortisol are released, it makes it difficult to find a sense of relaxation. This is a part of the response chain that can create strong emotional reactions even in safe circumstances leaving us feeling overwhelmed, depleted and shaken up by trauma reminders. It also reminds us that finding calm after trauma is a necessity and not a luxury item.

WHEN IT FEELS LIKE NOTHING IS REAL – THIS IS DISSOCIATION

There are times when the memories and feelings surrounding a traumatic event are just too much for the survivor to bear and so they simply break away from consciousness; some in minor ways, some more serious such as Dissociative Disorder where the personality splits off, experiencing a disconnect between the mind (conscious awareness) and body. This dissociation can appear while the trauma is occurring as well as afterwards. Below are some of the varying types of dissociation that can occur along with PTSD. Dissociation is especially prevalent in traumatic events occurring in childhood abuse or trauma that is particularly extreme in nature.

EMOTIONAL NUMBING

Emotional numbing is a type of dissociation that occurs where the only feelings present after a trauma is a sense of emotional numbness. In these cases, memories may remain fully intact, but there are no associated feelings attached to the experience.

DISSOCIATIVE FUGUE

You have probably read stories in the paper where a person went missing and

was later found miles away, unable to remember how they got there. This is a dissociative fugue; an unexplained, sudden travel with confusion about how it occurred.

DEPERSONALIZATION

Depersonalization is the sense of not being in your body. One client explained this as being in the corner of the ceiling and watching herself in the therapy session. She didn't feel she was "within" her body at the time; others have described it as having an "out of body" experience or watching their lives almost as if it were a movie.

DISSOCIATIVE AMNESIA

Dissociative Amnesia is the inability to remember information that is beyond typical forgetfulness and often has to do with the details of a traumatic event.

DISSOCIATIVE IDENTITY DISORDER

Previously known as Multiple Personality Disorder, many people were first introduced to Dissociative Identity Disorder through the classic movie *Sybil*, the true story of a woman who experienced a traumatic childhood, developing 13 separate personalities. Dissociative Identity Disorder is one of the most severe forms of the dissociative disorders and is characterized by personalities suddenly coming to the fore when the individual is under extreme stress.

Learning and mastering the skills necessary to self-sooth are critical so that dissociation occurs with lessening intensity and frequency.

HOW TO STAY PRESENT IN HEALING TRAUMA

It is important to stay present in all activities, of course, but staying present during your healing is critical to your well-being. Although dissociation is a technical term that occurs when the brain is overwhelmed with emotional, physiological and cognitive stimuli, it is a symptom that can interfere with your recovery and needs to be addressed. Dissociation is a form of escape when the trauma becomes too over-whelming for you to handle. Dissociation keeps you from being able to remain present in the moment and working through your trauma history. It also keeps you in a state of unconscious responding, which means that you are not fully aware and conscious of your life choices.

Living purposefully means being present in the moment, fully engaged in your life, rather than being reactive and disengaged. We will present exercises and vignettes to help you stay grounded while you practice new skills at gaining and retaining control, both in your body and your surroundings.

FINDING A TRAUMA THERAPIST

We recognize that books can be a helpful first step, but that a more guided approach is essential for some in their recovery. Dr. Baranowsky has developed a groundbreaking website specifically to help trauma survivors find and connect with skilled trauma therapists. TraumaLine1 is a comprehensive resource where, as a survivor of trauma, you are able to fully explore your potential therapist's background, education, treatment approaches, specialties and more.

Also, you will find E-therapy and Online counseling resources to provide assistance even if you cannot find help in your community. Please visit www.whatisptsd.com and www.TraumaLine1.com for these valuable resources.

You will find if you choose to seek out and work with a skilled trauma therapist that this person can be central to your continued healing, long after therapy

has ended. Compassion and therapy are key components, so when selecting a trauma therapist, research the depth of work that they have done in the treatment of trauma, the type of treatment in which they specialize and their level of success. A trauma-informed therapist can open a window into understanding how you feel about yourself and your trauma history.

Along with being a premiere "matching service", TraumaLine1 provides a wealth of information and articles addressing subjects such as bullying, treatment approaches like EMDR (Eye Movement Desensitization and Reprocessing) and more.

Visit www.TraumaLine1.com today to learn more or to search for a trauma therapist in your area. Remember that many of the therapists on TraumaLine1 work with newer methods of E-Counseling or Telephone Counseling, so even if there is no one available locally, you might be able to find a skilled Trauma Therapist who can help you from afar. Visit www.whatisptsd.com for more information about options.

TRAUMA TREATMENT – ONLINE COACH SYSTEM

WhatisPTSD.com is hosting a new system for individuals recovering from trauma. We are very pleased to share with you our self-guided interactive Trauma Treatment – Online Coach. We are especially excited with the feedback we are getting from this system as we have seen how consistency, determination and daily practice provides the foundation for those recovering from trauma. We recognize that sometimes a traumatic experience or complex trauma history can leave people feeling like they are harnessing wild horses. Not an easy task. The Trauma Treatment – Online Coach provides you with regular practices to stabilize and find calm that establish a sturdy base from which to work through traumatic memories and reconnect into a meaningful life.

So who is this program for? Generally, the people who benefit the most from the Trauma Treatment – Online Coach System are one of the following:

1. People working with a therapist but needing additional guidance, suggestions and assistance between sessions to keep them on track and moving forward.
2. People who are self-starters and want to try to address the issues on their own to begin with but want a tool that will encourage them every step of the way with up-to-date strategies and daily practices. These are people who may include therapy sessions along the way to reinforce their progress.
3. Therapists wanting support tools to assist their clients in their trauma recovery between sessions. Sometimes individuals can lose momentum between counseling sessions and the Trauma Treatment – Online Coach is designed to help you keep focused on recovery.
4. There are individuals for whom this system will be enough, and we are excited to be there to support you in this way. However, the Trauma Treatment – Online Coach, it is not a replacement for specialized trauma therapy and we encourage you to seek the care level that will support you best in your recovery.

Want more information? Visit http://www.whatisptsd.com

HEALING WITH NEW ENERGY

It is important to know that no matter how long ago your trauma occurred, or where you are at emotionally, it is not too late to begin your recovery. If after reading this book, you feel you are ready for a more directed approach, please remember there are people willing to support you, as well as professionals, with expertise in the treatment of trauma, who have the compassion and empathy to assist in your healing process.

Remember, no matter how lonely you feel you are *not* alone. There are thousands of people who understand what you have been through, along with care providers who have dedicated their professional training to help you.

Our hope for you is the opportunity to begin your recovery with “What is PTSD” and wish you a good journey into *Step One: Finding Comfort*.

SECTION 2
STEP 1: FINDING COMFORT

CHAPTER 1
THE IMPORTANCE OF FINDING COMFORT

In working with thousands of trauma survivors, we understand that even the thought of experiencing comfort again might be difficult to imagine. Yet achieving comfort is crucial to your recovery. Without this, it is almost impossible to safely progress toward trauma recovery. Since this is really the goal, we need to start with "Finding Comfort".

So what is "Finding Comfort" about? It is about the skills that help you relax and settle down the emotional strain, the physical tension, and the busy talk in our minds. This prepares us on all levels to face our traumatic history and gives us the sturdiness to work through what has occurred.

A trauma is an abnormal situation for which no one is prepared. We can feel overwhelmed and hopeless after a trauma and become convinced that things will never get better. However, we know that traumatic stress treatments work. We know that exposure to fearful memories is a critical element to the treatment and is an essential part of recovery.

GOALS FOR STEP 1: FINDING COMFORT

Ensuring you are safe from danger

Learning about the four clusters of trauma symptoms that can affect your day-to-day living: Re-experiencing, Avoidance and Numbing, Negative Cognition and Mood and Hyperarousal

Mastering the goals for managing these traumatic symptoms now, while in the midst of healing, and in the future

Gaining knowledge into the four primary ways to reconnect with others through physical, intellectual, creative, and personal growth

Applying your new skills daily

FINDING COMFORT WITHIN

Safety is the overriding goal of your first step towards beginning to live again after the trauma. Developing awareness of what is happening emotionally, physically and psychologically following an abnormal situation such as a trauma is imperative to your healing.

We know that people process the experience differently, based on their history, perceptions, body physiology, genetics and emotions. Therefore, each individual will have a unique ability to tolerate exposure to their traumatic memories and will need to move at their own pace. We want to walk with you as you progress through your journey toward recovery after trauma.

ENSURING YOU ARE SAFE FROM DANGER

Your feelings of safety relate to arousal symptoms, first experienced during your trauma. While it is important to listen to your instincts in order to keep yourself safe in all circumstances, certain feelings may be in response to a perceived threat, rather than real danger at that particular moment. In these situations, we encourage you to ask: *"Are these feelings signaling danger based on my trauma or am I experiencing real danger?"*

Let's take a moment to explore the difference – and why it exists:

Danger in your environment is very real, especially in cases of combat or domestic violence where your surroundings are keeping you unsafe, for

instance. It is important to remove yourself from the physical danger entirely if at all possible, so that you are protected from further harm.

Perceived danger and the associated fear, anxiety and arousal, as mentioned, is a result of your trauma that gets re-ignited when exposed to reminders of the event. Your traumatic event triggered a survival response that released chemicals into your body in order to fight, flee, or freeze. Triggering this memory again releases these same chemicals, just as if you were re-experiencing the trauma.

It is important to recognize that there is *nothing* wrong with you if you are experiencing these symptoms while actual danger is no longer present. This is a perfectly normal response that your body exhibits and is designed to keep you safe in times of true danger. It also acts as a warning for you to get yourself out of harm's way quickly.

We will be discussing exercises that are extremely effective in quickly helping you with this fight/flee/freeze response, but first, let us talk about what is happening when you experience these feelings.

"WHAT'S HAPPENING TO ME?"

This is one of the most common questions of trauma survivors who seek therapy, and the perfect place to begin recognizing how normal and how truly astounding and adept our bodies are at keeping us safe from danger. During the preparation for survival, you experience an "adrenaline rush." This is what happens when our bodies and brain secrete chemicals during an adrenaline rush:

Your digestive process stops because there is no need to waste the energy required to digest when you are running for your life.

Your immune system is depressed. Again, another waste of energy.
Your large muscle groups are provided with energy so you can do what is necessary to survive (fight, flee or freeze); your heart rate and blood pressure increases.

Additional energy flows to your muscles from the sugar and cholesterol that enters your blood.

Cortisol floods your neocortex and you are no longer able to manage your emotions, think clearly or communicate effectively.

Repeated stress such as this and the accompanying decreased immunity and disruptions to your digestive system cause uncomfortable and even life threatening physical symptoms. Colds, flu, ulcers, and even cancer are associated with a compromised immune system and of course, we are all familiar with digestive issues.

You may feel that you are always in danger – that you are never truly safe and at ease, and if this is the case, you will benefit greatly by the exercises we'll discuss in a moment, but first, let's look at how our thoughts can affect our perceptions and ultimately, our behaviors.

CHALLENGING OUR THOUGHTS

Our thoughts and the conclusions that we draw have an impact on our future decisions and behaviors, especially when they have become somewhat distorted when looking through the lens of a trauma survivor.

We can arrive at very different (and incorrect) conclusions such as being unlovable, tainted, that the world is unsafe, and that people are going to hurt you. These conclusions can negatively impact how we live, and limit us from

being able to enjoy activities and even the people in our lives. In short, these conclusions can keep us from our best possible future. Let's take another look at the four primary clusters of symptoms that trauma survivors experience and how they can affect our thoughts.

CHAPTER 2
TRAUMATIC SYMPTOM CLUSTERS

Four primary clusters of symptoms that affect our thoughts and behaviors occur in PTSD. Being able to recognize these symptoms and apply coping and self-soothing techniques through the exercises in the book will help you achieve our desired goal for this section: A feeling of comfort and safety. We will discuss each of these symptom clusters below and intro-duce you to a therapy client who has successfully applied the techniques you find here:

Cluster 1: Re-Experiencing
Cluster 2: Avoidance and Numbing
Cluster 3: Negative cognition & mood
Cluster 4: Hyperarousal

Let's take a look at each of these symptom clusters on the following pages.

SYMPTOM CLUSTER 1: RE-EXPERIENCING

RECOVERY STORY
GEORGE, SURVIVED PLANE CRASH

GEORGE, A 44 YEAR-OLD MARRIED MAN WITH THREE YOUNG CHILDREN AT HOME, WAS IN A SMALL PLANE CRASH INVOLVING MULTIPLE FATALITIES. In the accident, he followed the flight attendant's instructions, particularly mindful to place the oxygen mask over his face first before helping others.

Beside George sat an elderly woman who was panicky and clearly in a high state of agitation. She was having difficulty managing to follow any instructions from the flight attendants. Once he had gotten himself settled, George turned to assist the woman with her mask and noticed her face seemed ashen and grey, her expression frozen.

When the plane hit the ground, there was a sickening crash and smoke filled the interior. Although it was a terrible moment, he was able to de-plane, however, the woman beside him was unresponsive and he was not able to lift her from her seat or get her to respond by tapping and shaking her or calling her name.

Everyone was being told to leave the plane immediately but he felt an enormous amount of guilt and stress at leaving her behind in the plane, which was now filling with smoke.

Two years later, George continues to have memories that just will not go away. Whenever he hears a loud noise, sees a plane in the sky, watches a movie or TV show with a plane in it, or goes to sleep, he is flooded with the image of this woman, her panic and struggle.

He feels intense shame and guilt over not having carried her out of the plane. He continues to blame himself, even though he was told after the accident that the woman had a fatal heart attack likely prior to, or at the point of, crash landing and that there would have been no benefit in risk-ing his life to assist this woman out of the plane.

Through his work with Anna, George took the first step of developing skills to find comfort and safety once again – he learned a series of exercises to relax and ground himself in his first step in post-trauma recovery. Once he had mastered this first step, he agreed to move forward to Step 2, remembering his trauma and it was here that he made significant progress.

By focusing on the difficult memory while remaining in an intentionally relaxed state (Finding Comfort), he was able to turn the corner and no longer be overwhelmed every time he had a recollection of the plane crash or any related reminders.

He was able to reconnect with his family (we will discuss this in *Step 3: Beginning to Live Again!* where we will discuss reconnecting with others) - something he felt hesitant to do. He felt so guilty and ashamed that he did not feel he had a right to enjoy the love of his family or the simple pleasures of life. He was better able to reflect on the meaning of his life and the realization that as he started to recover, everyone around him began to relax and feel better as well.

George realized that his guilt and suffering did not fix anything or lead to any good outcomes. He was able to begin to let go of the guilty feelings that were making life painful for himself and everyone around him. He recognized that a big step in his healing was learning to forgive himself!

RE-EXPERIENCING SYMPTOMS

Re-experiencing symptoms occur when you relive the event. Sometimes it feels almost like a movie playing in your head with a flood of memories, and yet, other times like a physical reaction in which you feel panic or extreme anxiety during a threat of intense danger even though there is none.

Symptoms can begin as a result of your thoughts and feelings or triggers, which can include almost anything – a sound, a smell, another person, a color, or a song.

THE EFFECTS OF RE-EXPERIENCING

As mentioned previously, there are responses to trauma that *all* survivors experience, like feeling helpless and fearful. No matter what type of trauma endured, the intensity of Post-Trauma symptoms varies based on a number of things such as:

Whether you were the one who was directly affected

Whether the person, who passed away or was severely injured, was someone with whom you had a close relationship

The length and intensity of the traumatic event

How close you were to the traumatic event

How much you felt in control during the event

How quickly you received help after the event

This first set of symptoms (the re-experiencing of your trauma) can be particularly challenging and disturbing for you as you may feel like it is happening repeatedly with the same intensity of feelings, which can include:

Recurrent and intrusive distressing recollections of the event

Recurrent dreams (and nightmares) of the event

Acting or feeling as if the traumatic event is recurring

Feeling intense psychological distress at triggers or cues that resemble aspects of the event (we'll discuss more about triggers in a moment)

Physiological reactions to these triggers or cues that symbolize or resemble aspects of the trauma

As you can see, George suffered from a number of these symptoms. He described the worst symptom as his inability to escape the feeling of repeatedly reliving the plane crash. Experiencing unmanageable trauma symptoms in this cluster is an early warning sign that your coping skills are no longer working effectively. This is especially true if it has been longer than one month since the incident occurred. For many trauma survivors months and even years go by before any care is provided. Finding a good outlet to work through trauma symptoms, whether through a book, self-help recording, trauma therapy or other approaches can mean the difference between years of struggle and strain versus learning, growth and recovery.

SYMPTOM CLUSTER 2:
AVOIDANCE AND NUMBING

RECOVERY STORY
MARIE, CRIME SURVIVOR

MARIE, A 26 YEAR-OLD MOTHER OF TWO, WALKED INTO A BANK AS A ROBBERY WAS IN PROGRESS. She had not noticed a small group of people gathered around the manager's desk. A man with a gun in his hand was facing the manager but since his back was to Marie, she did not see the gun until it was too late. By the time she realized what was happening, he had turned around, thrust the gun in her face and had one of his accomplices lock the door. In that moment, she was trapped and shoved to the ground.

Panic washed over her. Everything moved in slow motion from her place on the ground as she turned to watch four more men jump on the teller stations, shoving long, sawed off guns into the faces of the tellers and shouting orders to empty their drawers.

Twenty minutes turned into what seemed like twenty hours to Marie. The bank robbers left the building with no one being seriously injured. However, as the robbers left, the dye packet in the moneybag that they were carrying exploded, sounding like a gunshot, a sound that stayed with her for years.

Marie was unable to enter any enclosed spaces – or any spaces from which she felt there was no opportunity for her to escape easily.

By the time she came to therapy, Marie had effectively ceased many of her social activities because, of course, most of her socializing takes place in enclosed places and they, one by one, became a source of anxiety. First small

areas like elevators, restaurants, and stores became unmanageable. Then larger venues like movie theaters and stadiums became impossible to experience because she felt she might be trapped if something should happen.

Finally, these restrictions became too much for Marie to endure. The enclosed spaces were becoming a prison in her mind. She'd always recognized them as a trigger for being locked in the bank during the robbery, but she'd avoided talking about it and visiting places that reminded her of the feeling of being trapped – and thus, the perception that she had no control over what might happen next. While she was able to recognize the feelings of panic, having no other solutions that worked for her, she simply began to *avoid*.

These feelings can cause panic, anxiety, body tension and rapid, shallow breathing, so we worked on her feelings of safety – on being able to tell when she was in danger, and when she was not. Deep breathing formed a core element in her daily recovery practice. From there, we moved to a form of treatment called, Exposure Therapy, where we slowly, methodically re-introduced her to small, enclosed areas – first, in her imagination and later, by accompanying her for short trips to convenience stores and the like until, finally, she was able to go into these places by herself.

Marie came to realize that many of her fears were unfounded, as she had never experienced another trauma such as this in the 20 years since her traumatic experience in the bank. She was able to recognize that, while she would never forget the bank robbery entirely, the chance of it happening again was very slim and that the feelings of panic and anxiety could be controlled on a moment's notice. Eventually she was able to enjoy movies and sporting events again.

For more on this, we would like to invite you to view a very inspiring conversation in which Jean discusses her experience in trauma recovery – watch the interview at www.whatisptsd.com/resources. Anna speaks to Jean

about her significant trauma history and the resiliency she has developed with the help of a trauma counselor. In the video, Jean talks very eloquently about emotion-al and physical symptoms that arise when her trauma is triggered and how a breakdown she experienced led to a breakthrough.

AVOIDANCE AND NUMBING SYMPTOMS

Avoidance symptoms are most likely to occur following a trigger. For instance, the anniversary of the trauma (the date of the incident being the triggering event) may cause you to avoid thinking or talking about it, among other behaviors.

Avoiding situations, people, places, things – even becoming engrossed in work – is almost comforting in that it allows you to detach from distressing feelings. In cases where trauma occurred at the workplace, a person might try to avoid work or any reminders of their workplace.

However, detachment is destructive over time. Eventually, in an effort to avoid, you may experience feelings of isolation from family, friends, colleagues and activities that once brought you pleasure and can lead to numbness, depression and guilt.

Even though you may try to avoid these overwhelming emotions, re-experiencing your trauma in the form of flashbacks, nightmares, intrusive thoughts or memories is very common.

THE EFFECTS OF AVOIDANCE AND NUMBING

It is not uncommon to avoid doing things that cause you anxiety, however, after a time, you may notice that your world has become smaller and smaller. You may have changed certain behaviors in order to avoid the negative

emotions that certain activities bring; or perhaps you have turned to drugs or alcohol to manage the symptoms when they feel too strong.

This second set of symptoms can be exhausting. Persistently *avoiding* something can become obsessive – it almost feels as if it would be comforting to avoid these things, but it ends up feeling quite the opposite. In addition to always being on *the lookout* for potential danger, you may also experience a loss of self-esteem as you become more isolated, limiting your experiences and even your potential.

The symptoms associated with avoidance and numbing include:

An effort to avoid thoughts, feelings, or conversations associated with the trauma

An effort to avoid activities, people, or places that remind you of the trauma

The inability to recall an important aspect of the trauma

Diminished or reduced participation in activities you once enjoyed or wanted to try

Feelings of detachment or estrangement

A restricted range of affect (this means the expression of your emotions)

A sense of a foreshortened future; a feeling of dread and hopelessness

In Marie's case, she exhibited an almost exaggerated sense of hyper-vigilance and it was not until she remembered the dye packet exploding that she was able to connect the feeling with the experience. This is a good example of how the brain is wired for safety planning and reaction. In this case, her brain

stored the memory of the event along with the strong emotions and physiological reactions. This means that even if Marie simply heard a glass drop and there was no actual danger, she would feel and react as if she were experiencing the moment that the dye packet exploded, something she wanted to avoid at all costs in the future be-cause of the extreme feelings of impending doom. So, Marie's life circle got smaller and smaller so she would not feel so terrible.

It makes sense and yet, you can see that she experienced avoidance to the detriment of her social life. As we described earlier in the book, we recognize that the brain and body function in a specific way after trauma. A lot of what happens to us is really about the body and mind driving us toward safety. Unfortunately, if we continue to rehearse the fearful events in order to avoid perceived dangers, our world can become a very small place.

If you are experiencing symptoms in this cluster, you may feel as if life is passing you by as you live less and less fully. There is help, however!

SYMPTOM CLUSTER 3: NEGATIVE COGNITIVE AND MOOD

RECOVERY STORY
MICAH, SPINAL CORD INJURY AFTER MOTORCYLCE CRASH

MICAH, IS A 32 YEAR-OLD SINGLE MAN WHO WAS ON HIS WAY HOME AFTER A LONG DAY OF WORK AT HIS JOB. There was a gravel truck that passed a corner just before him, spilling gravel on the road. Micah hit the gravel and lost control of his motorcycle. He slide and hid a tree. Micah woke up in the hospital unable to move his legs. His fiancée ended their engagement a month after he was released from the hospital.

Micah simply could not reconcile his life before and after the crash and his mood plummeted. He blamed himself for not being able to control his motorcycle after hitting the gravel and was plagued with negative thoughts about himself, his future and his losses as a result of the accident. He felt that he had nothing to live for anymore and that nothing could help him feel better.

Micah, was surprised that his boss wanted to have him back to work as he felt ashamed of having to arrive at the workplace in a wheelchair. He didn't want to have anyone "pity" him. He described his sense of shame and self-loathing for his physical state and admitted that he hated himself now. Prior to the accident, he enjoyed sports and had a lot of friends. During his recovery he isolated himself and his negative self-talk began to crowd out any hopes he might have for the future.

His boss came to visit him at home. She reminded him that he was essentially the same guy and that he remained a valuable member of the team. Micah was surprised at the support and wondered why anyone would go out of their way for him in his current state. However, this small gesture began to crack through Micah's negative self-thoughts and depressed mood. He wondered if

there might be a way to let go of the life he knew to build a new way of living that might be meaningful, but in a different way.

Micah began to embrace a new way of thinking that focused on letting go of what he knew in order to embrace what was possible now. He began to think about creating a NEW NORMAL. This opened up many doors and Micah recognized that he could still work, still socialize, still connect with others in a way that felt good to him.

NEGATIVE COGNITION & MOOD SYMPTOMS

Negative cognitions and mood symptoms occur when you are unable to recall important aspects of the trauma; hold negative beliefs or expectations about oneself, others or the world around you; blame oneself for the traumatic event; have strong feelings of fear, horror, anger, guilt and shame; disengagement from activities that were a normal part of life before the trauma; feel detached from others and struggle with experiencing any positive emotions.

What we say to ourselves can have a profound impact on our internal emotional state. In fact, for Micah he was trapped in a cycle of negative talk that resulted in feelings of self-blame, shame and self-hatred. In was no wonder that he felt unable to connect with others. Once he was able to find a way to break down the negative self-defensive wall, he started to make small steps toward reconnecting in his life and feeling better about himself.

Shame is often at the core of this negative internal self-talk and disengagement from others. Our ability to recognize our essential humanity and the reality of the frailty of human existence helps us begin to embrace the good that exists today – however simple or small.

SECTION 5
WRAPPING UP & MOVING FORWARD

19 CONCLUSION

What does it really mean to heal from trauma? What can you expect at this stage? Are you really finished with this work? These are all good questions at this time and certainly one that we hear from our clients after working through their trauma history.

Knowing ourselves deeply, gaining personal insight, becoming our own wise counsel are gifts along the road of our personal journey. These are all life enhancing but if we are suffering and struggling with PTSD, we want to and need to get to a place where our traumatic experiences are not the main guiding force in our decisions and our goals.

One of the strongest indicators of trauma recovery is noticing that we are embracing new life experiencing and relationships (both new and old). Making new plans, finding joy in simple things, releasing into this moment and feeling calm all demonstrate fruitful signs of recovery.

We believe that we are wired for recovery and always moving in this direction – sometimes we just need to get out of our own way and take courageous steps toward new and fulfilling life adventures.

Right now my garden is filled with flowers. It is pretty lush but quite messy with splashes of color everywhere. I notice the fragility of the flower petals and recognize that they only come out when they are ready and cannot be forced to fully emerge one moment quicker than when the time is right. Then I think of trauma again and how we are all so fragile but also fully potent with life and light as well. We cannot be rushed either, but with the right ingredients – we fully flower within our own time.

We believe in your right to move in your own time toward healing. Pay attention to what you need right now and add whatever ingredients are

essential to your own recovery. You are unique and as you learn to pay attention, you can become very skilled at recognizing what you need right now to take your next step.

Since we see story as a crucial component of healing from trauma, we invite you to share your Trauma Recovery Story with us at www.whatisptsd.com. You can submit your Recovery Story (video or written) for review and posting to our website. We feel that each Recovery Story has the potential to offer the hope of healing for another.

Contact Us form to submit your video or written Recovery Story.

And remember, there is help if you need it. You are not alone. Best wishes on your healing journey!

Anna & Teresa

Visit www.whatisptsd.com for:

Resources

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