

RESPONDING EMPATHICALLY TO SURVIVORS OF TRAUMA

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ORDER OF PRESENTATION

1. Definition of Trauma
2. Adverse Childhood Experiences (ACES)
3. Types of Trauma (Children and Adults)
4. Stressors & Trauma in the Biomedical Field
5. Nervous System Response to Trauma
6. Post Traumatic Stress Disorder (PTSD):
Definition, Prevalence and Symptoms
7. How to Help (Institutions and Mentors)

DEFINITION OF TRAUMA

From the American Psychological Association:

- Trauma is an emotional response to a terrible event
- Could be to an accident, rape or natural disaster.
- Immediately afterwards, shock & denial are typical.
- Longer term reactions include unpredictable emotions, flashbacks, strained relationships and physical symptoms.
- While these feelings are normal, some people have difficulty moving on with their lives.

<https://www.apa.org/topics/trauma/#:~:text=Psychology%20Topics%20%2F%2F-,Trauma,symptoms%20like%20headaches%20or%20nausea.>

ALTERNATIVE DEFINITION

Dr. Bessel van der Kolk:

Trauma is specifically an event that overwhelms the central nervous system, altering the way we process and recall memories. Trauma is not the story of something that happened back then, it's the current imprint of that pain, horror, and fear living inside people.



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WHAT EARLY LIFE CONDITIONS CAN RESULT IN TRAUMA?

Aversive Childhood Experiences (ACES) – a scale of 10 questions

- Having any one is evidence of trauma,
- Having 4 is a highly traumatic background

- Take the test online:

<https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>

Adverse Childhood Experiences:

Prior to your 18th birthday, did an adult in your household often or very often:

1. Swear, insult, humiliate you, or cause fear of physical harm?
2. Cause you physical harm?
3. Sexually abuse you?



ACES Continued

Did you often or very often feel that:

4. No one in your family loved you, felt close to you or supported you?
5. You didn't have enough to eat, wear and that no one was there to protect you? Or were your parents too drunk or high to take care of you or take you to the doctor if you needed it?

ADVERSE CHILDHOOD EXPERIENCES

CONTINUED

6. Were your parents ever separated or divorced?
7. Did you witness your mother or stepmother physically abused or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?



Adverse Childhood Experiences are Common

- 61% of adults reported that they had experienced at least one type of ACE, and nearly 17% reported they had experienced four or more types of ACEs.
- Preventing ACEs could potentially reduce a large number of **physical and mental health conditions**. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.
- **Female children are at greater risk than males for 4 ACES.**

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html>



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TYPES OF TRAUMA – EXPERIENCED BY CHILDREN OR ADULTS

- Sexual Abuse, Assault or Harassment
- Physical Abuse or Assault
- Emotional/ Psychological Abuse
- Neglect
- Serious Accident or Illness/Medical Procedure
- Witness to Domestic Violence
- School Violence

Types of Trauma continued

- Natural or Human-Made Disasters
- Forced Displacement
- War/Terrorism/Political Violence
- Victim or Witness to Extreme Interpersonal Violence
- Traumatic Grief/Separation
- System-Induced Trauma (i.e. foster care, incarceration)
- Group Identity Mistreatment (i.e. racism, sexism, homophobia, xenophobia)

Adapted from the National Child Traumatic Stress Network :

<https://www.nctsn.org/what-is-child-trauma/trauma-types>



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STRESS & TRAUMATIC EXPERIENCES IN THE BIOMEDICAL SCIENCES

Many of the stressors on trainees in the biomedical field can be traumatic (sub-clinical) or re-traumatizing:

- Academic expectations / exams / long hours
- Publish or perish
- Pressure for experiments to “go well”
- Competition for fellowships and jobs
- International students & others living away from family and community
- Mentors/Tor-mentors (professors, supervisors or P.I.'s) who are neglectful or exhibit abusive behavior



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THE NERVOUS SYSTEMS RESPONSE TO TRAUMA

- Sympathetic Nervous System -

Gets the body moving

FIGHT OR FLIGHT

- Blood pressure, heart rate, breathing all speed up
- During a traumatic event - the body prepares for action.
- In extreme injury the activation system continues to send out stress signals
- High anxiety - Hyper-arousal

- Para-Sympathetic Nervous System

Calms the body down

FREEZE

- Blood pressure, heart rate, breathing all slow down
- During a traumatic event- if fight or flight are not possible, the body shuts down, attempt to become invisible, to disassociate to absorb the blow.
- In extreme injury, the de-activation system can continue to shut down emotions
- Depressive states - Hypo-arousal



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POST-TRAUMATIC STRESS DISORDER (PTSD) DEFINITION

From the American Psychological Association

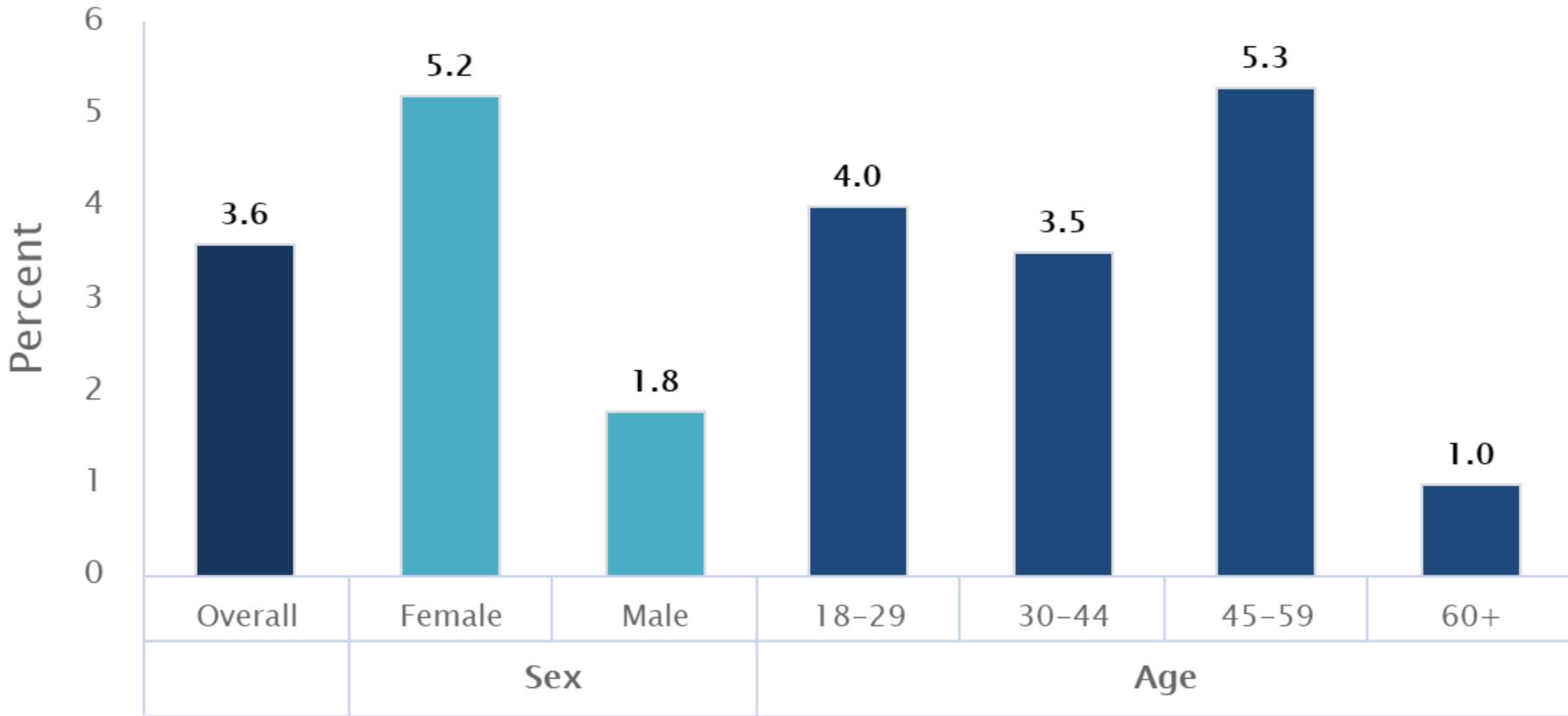
- PTSD, is an anxiety problem that develops in some people after extremely traumatic events.
- People with PTSD may relive the event via intrusive memories, flashbacks & nightmares; avoid reminders of the trauma; and have feelings that disrupt their lives.

Alternative Definition: From U.S. veteran of Iraqi War-
“Post Traumatic Stress Injury” – Dr. Peter Levine

<https://www.apa.org/topics/ptsd/>

Past Year Prevalence of Post-Traumatic Stress Disorder Among Adults (2001–2003)

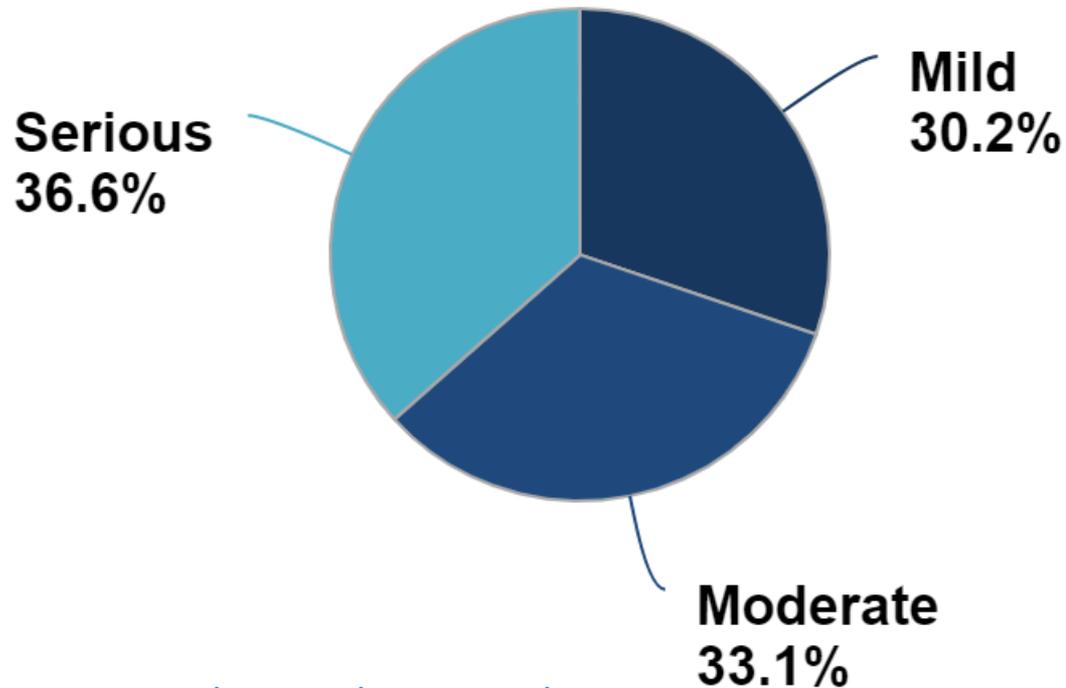
Data from National Comorbidity Survey Replication (NCS-R)



<https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd.shtml>

Past Year Severity of Post-Traumatic Stress Disorder Among U.S. Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS-R)



<https://www.nimh.nih.gov/health/statistics/post-traumatic-stress-disorder-ptsd.shtml>

SYMPTOMS OF PTSD

Criteria for Diagnosis from the Diagnostic and Statistical Manual - DSM-5 (2013)

- The person had to have experienced or witnessed a traumatic event, and have negative symptoms that last at least one month.
- The person experiences negative changes in cognitions and mood (i.e. overly negative thoughts and assumptions about oneself or the world)
- The person experiences changes in their emotional arousal and reactivity (i.e. difficulty sleeping, difficulty concentrating)

https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/

WHAT CAN TRIGGER PTSD SYMPTOMS?

PTSD symptoms can be triggered:

- Many years after the traumatic events.
- At the anniversary of the traumatic events.
- When a present time experience reminds the person of the trauma.
- When the person finally feels safe enough to feel the power of the trauma.
- When there is an opportunity for the trauma to be healed.



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The key to healing
trauma is to “undo
aloneness.”

Phrase coined by Dr. Diana Forsha



INSTITUTIONAL SUPPORT

- Wellness programs: support groups, counselors, meditation groups, & webinars on mental health can all be important services for trainees.
- Provide on-going support and training for mentors to become more sensitive to trauma.

ROLE OF SUPPORTIVE MENTORS

- The key focus of supervisors, program administrators and mentors is advancing the trainees bio-medical career.
- Your trainee or staff person's mental health may be impacting their work.
- It can be difficult to distinguish depression and anxiety from PTSD – a conversation can help.
- Because trust is at issue for trauma survivors, you need to discuss confidentiality.
- Limits to confidentiality when safety or institutional problems are of concern.

HOW TO REACH OUT TO A PERSON WHO MAY HAVE PTSD

Unhelpful

- Don't ask for details of what happened
- Don't dismiss what they experienced (i.e. its over now so you should be okay, or that wasn't so bad.)
- Don't express panic, horror or hopelessness
- Don't tell them what to do (i.e. you need to...)
- For Supervisors: Don't act hastily in changing their academic or job status

Helpful

- Calmly listen & express empathy for their pain
- Assess for safety and move towards help as needed
- Suggest that you are willing to listen as much as they want to tell but respect their privacy.
- Allow for accommodations as needed
- Suggest they can get effective help and that trauma can often be healed.
- Connect to appropriate institutional services

TRAUMA-INFORMED TREATMENT

- Medication for the symptoms: anxiety, depression, insomnia – Psychiatrist, Psychiatric Nurse Practitioner, Primary Care Physician
- Trauma-Informed Psychotherapy:
 - Psychologist, Social Worker, Marriage and Family Therapist, Professional Counselor
 - ✓ Suggest therapist have training in trauma treatment
 - ✓ Effective treatment involves connecting to the client on an emotional, somatic & cognitive level.
 - ✓ Other modalities may also be helpful (bodywork, journaling, meditation, yoga etc.)



RESOURCES

- Dr. Bessel Van der Kolk, "The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma" (2015)
- Dr. Peter A. Levine, "In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness " (2010)
- Dr. Diana Forsha, "The Healing Power of Emotion: Affective Neuroscience, Development & Clinical Practice" (2009)