

Trauma Chat Episode 5

Disclaimer: This is a verbatim transcript which may contain spelling errors.

[00:00:00] **Laura Reagan:** [00:00:00] Trauma Chat episode 5.

[00:00:03] So we've been talking about trauma and I wanted to give you an explanation of the diagnostic criteria for the disorder called Post-traumatic stress disorder. I guess I should clarify that we can have an acute trauma response in the moment when a traumatic event is happening, we can have trauma symptoms that are activated long after the event.

[00:00:29] And then there is the mental health disorder called Post-traumatic stress disorder. Many people argue, and I agree with this, that it's not actually a disorder. It's a natural reaction to a traumatic experience. When someone is unable to integrate the experience when it happens or in the period afterwards, it, it has longer term effects.

[00:00:57] And that's what we call Post-traumatic [00:01:00] stress disorder. And as I mentioned in earlier episodes, when traumatic things happen during childhood, it can be very difficult for children to integrate those experiences at the time because their brains are still developing. And they're really not able to make sense out of what's happening.

[00:01:21] One of the factors that greatly contributes to how likely someone is to develop a trauma reaction (after a traumatic experience, rather than during the experience) one of the things that's really important there for children is if there's an adult who can help them process their emotions, make sense out of the experience, even if they get trauma therapy shortly after the traumatic event, even if it's not immediately [00:02:00] afterwards.

[00:02:01] But when the when the child begins to exhibit that they're in distress, that would be a good time to go ahead and get them connected with trauma therapy. And that makes a big difference in how deeply the trauma impacts the person. I'm going to talk more about that in another episode coming up, but for now, I'll say that, as I mentioned previously, when I say trauma, it's kind of a catch-all word. I'm talking about the traumatic events, I'm talking about the way we feel during the event, the way we are able to integrate the event into our experience and make meaning out of it, or not, and then I'm also talking about long-term impact. Both trauma symptoms that people can have that don't necessarily meet the clinical criteria for Post-traumatic stress disorder, but that can still [00:03:00] be deeply impactful.

[00:03:02] And then there's Post-traumatic stress disorder itself, which I'll explain that there's a whole set of symptoms that people can have that fit under the criteria for Post-traumatic stress disorder. But, the criteria as described in the Diagnostic and Statistical Manual of Mental Disorders also called the DSM-5, the criteria for Post-traumatic stress disorder, as I'll describe in a moment is indicative of the severity of the symptoms.

[00:03:32] Someone can have trauma symptoms that are showing up in interfering greatly with their life, but not meet the criteria for Post-traumatic stress disorder. That doesn't mean that trauma therapy would not still be beneficial for the person.

[00:03:47] It would, whether or not someone meets the clinical cutoff for the severity of their symptoms of Post-traumatic stress disorder. Trauma leads many people [00:04:00] to seek help from mental health professionals, because it is very impactful. Just want to tell you what the criteria for Post-traumatic stress disorder is according to the DSM-5, that is the fifth edition, which is the one that's currently the most up to date, which is published by the American Psychiatric Association. It's the most, up-to-date in the U.S diagnostic manual that we follow as mental health providers in the United States. There is another diagnostic classification system called the ICD International Classification of Diseases that has a more nuanced disorder that they list, which is Complex Post-traumatic stress disorder, and I will talk about that too in episode seven. So this is the formal diagnostic criteria that one has to meet in [00:05:00] order to be diagnosed with Post-traumatic stress disorder according, to the DSM. So this does not include the ICD. So in the DSM-5 to meet the diagnosis of post-traumatic stress disorder, you have to have experienced a traumatic event.

[00:05:17] The DSM-5 describes it as follows:

[00:05:22] Criterion A: you were exposed to one or more events that involve death or threatened to death, actual or threatened serious injury, or threatened sexual violation. And this had to have been experienced in one or more of the following ways: either you directly experienced it, you witnessed the event as it occurred to someone else, you learned about an event like this happening to a close relative or friend, or you experienced repeated exposure to distressing details of an event like this, to hear about [00:06:00] horrible things happening to people repeatedly that's criterion A.

[00:06:05] And then in response to that experience, you're dealing with at least one of the following intrusive symptoms and there's five listed here. So there's five potential things here: recurrent involuntary and intrusive distressing memories of the traumatic events. And in children, it says note in children older than six years, repetitive play may occur in which themes or aspects of the traumatic events are expressed. So children may not say I'm remembering, or I keep seeing what happened, but they may show you that through their play.

[00:06:47] The second option under Criterion B is recurrent distressing dreams in which the content or affect, which means the feeling, the emotion of the dream, are related to the [00:07:00] traumatic event. And again, in children, they may have frightening dreams that don't necessarily represent. Like a child who was sexually abused may have nightmares about a dragon chasing them. The trauma is not that they were actually chased by a dragon, but in their mind, that's the way it's represented. Number three: dissociative reactions. And they give the example of flashbacks where someone feels or acts as if the events are recurring. It says such reactions may occur on a continuum with the most extreme expression being a complete loss of awareness of present surroundings.

[00:07:41] And then again, a note in children, trauma specific reenactment may occur in play. So if a child is dealing with chaos and instability at home, and the parents are constantly fighting and there's tension [00:08:00] and the child is four years old, they have no way to express that in words, but then they go to play therapy or they're at school, their play may be chaotic and frenetic, and frantic, and they may look like they're having fun, they may be

laughing, but they can be running around showing the chaos and disorganization that they feel at home. I've had children who you could say, not literally, but in, in effect, during play therapy, they basically destroy the playroom, not, you know, not permanent destruction, but just throwing everything all around, you know, papers, toys, and it's a way that they are expressing what it feels like in their world. Okay. Number four: intense [00:09:00] or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic events.

[00:09:09] That's a very wordy way of saying that trauma reactions get triggered when reminders occur, even if they're unconscious reminders. So let's say you have a trauma history and then you're a college student. So you have some kind of traumatic experience from childhood, and as a college student, you have a test coming up in a few days that you're feeling a lot of pressure to get a good grade on the test.

[00:09:34] It's normal to be nervous and anxious, but if you suddenly are thinking about that you can't go on, you can't cope, and you feel like you can't even get out of bed, that would be an example of being paralyzed with anxiety over something that's not really a life-threatening experience, but your reaction feels like it is because having that normal nervousness and [00:10:00] anxiety about the test triggered the underlying terror and fear and panic that you experienced during the traumatic event.

[00:10:08] That's not really in your conscious awareness normally. I hope that makes sense and is not too complicated. And then the fifth option: there is another wordy way that I'll explain after I read it, mark physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event.

[00:10:31] So that is just another way of saying triggers, but this is referring more to physiological reactions to triggers. So there's psychological distress and number four: like feeling anguish, fear, terror, panic, deep grief when you get triggered. And the fifth one is [00:11:00] more physiological reactions. It could be when you're about to take a test, you're intensely sweating, you have a panic attack, you feel like you can't breathe, or you feel physical sensations in your body that are like the traumatic experiences you had in the past. So for criterion B, one or more of those five symptoms is part of diagnosing PTSD. Criterion C, persistent avoidance of stimuli associated with the traumatic event beginning after the traumatic event happen as evidenced by one or both of the following. One: avoidance of, or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic events. Two: avoidance of, or efforts to avoid external reminders, which is [00:12:00] people, places, conversations, activities, objects, situations that arouse, distressing memories, thoughts, or feelings, about, or closely associated with the traumatic event.

[00:12:09] Those two are just saying that number one is. You're avoiding thinking and feeling including memories of what happened. You're avoiding it, or you're trying to avoid it. And that can be consciously or unconsciously. Oftentimes it's unconscious, especially from childhood trauma. And then to avoidance of, or efforts to avoid external reminders.

[00:12:33] So the internal reminders are memories, thoughts, or feelings. The external reminders are people, places, conversations, activities, objects, situations. For example, if you were in a severe car accident or even a, a car accident that caused minor injury, it still can be traumatic. And you pass by the location where it happened.

[00:12:54] You might find yourself remembering what happened. So you choose not to go by [00:13:00] there, you take a different route. Um, oftentimes we do that as a way to help ourselves recover. And then in the short term, following a traumatic event, just okay you know, just go another way. So you won't have that reminder and it gives you a chance to get stabilized, but if you have to avoid that place, because if you don't, you're going to have a flashback and you're going to not be able to function, then that's a clue that it's a very traumatic experience.

[00:13:32] Okay. Okay. Moving on to Criterion D: negative alterations in cognitions and mood associated with the traumatic event beginning or worsening after the event occurred as evidenced by two or more of the following. So out of these seven things that I'm about to list having two or more of these, in addition to what I said about the other criterion so far.

[00:13:58] Number one: [00:14:00] inability to remember an important aspect of the traumatic event, typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs, and that can be really difficult to discern, but I'll go into that.

[00:14:14] Number two: persistent and exaggerated negative beliefs or expectations about oneself, others, or the world. For example, thoughts like "I am bad. No one can be trusted. The world is completely dangerous. My whole nervous system is permanently ruined."

[00:14:32] Number three: persistent distorted cognitions, also known as thoughts about the cause or consequences of the traumatic event that lead the individual to blame himself or herself, themselves, or others.

[00:14:46] Number four: persistent negative emotional state. For example, fear, horror, anger, guilt, or shame.

[00:14:53] Number five: markedly diminished interest or participation in significant activities.

[00:14:58] Number six: [00:15:00] feelings of detachment, or estrangement from others.

[00:15:03] Number seven: persistent inability to experience positive emotions. For example, the inability to experience happiness, satisfaction, or loving feelings.

[00:15:12] So that's D, two of those. It's very common for people who have trauma to say that they don't remember the experience or they can't remember that time of their life. Um, very, very common for people to come into therapy and say, I don't remember anything about my childhood or I don't remember anything before age 12 or after age six or anything in my teen years.

[00:15:45] Those are clues that the person may have dissociated during the experience. And I'm going to talk about dissociation in a future episode and where it said persistent distorted

cognitions about the cause or consequences of the event that lead the [00:16:00] individual to blame himself for herself, themselves, or others.

[00:16:02] It's often very deeply hidden. For example, a child who never knew one of their parents, let's say, um, they never met their father and their father never even saw them after birth. That child may deep inside have a belief about themselves, "I wasn't lovable enough for my father to want me," but it's not something that they say out loud or even necessarily a thought that's in their conscious awareness.

[00:16:34] But you can see that that's how they feel about themselves based on how they live their life. There are ways that that message of, I am unworthy of love because my dad didn't want me when, of course it may be true that the father may have died before birth may have not known that the mother was pregnant.

[00:16:57] That they weren't together anymore. There are many [00:17:00] reasons why someone may have never met one of their parents that do not mean that the child was unlovable. So that's why that's a distorted cognition. It's a thought about yourself that develops in response to the traumatic loss. Of the father in this example, but it's not true that the person is unworthy and unlovable, but that's how they feel.

[00:17:23] And persistent negative, emotional state, for example, fear or anger, guilt, or shame, basically living from a place of fear all the time or the whole worldview is thoughts. Like I'm a problem. I'm a burden. No one cares about me. I'm too much. No one wants to hear about my life. My problems are too much. I hate the world.

[00:17:47] The world hates me, things like that. And the feelings of detachment or estrangement from others is a huge one because trauma takes you out of your body and you're detached from [00:18:00] yourself. So in groups, in relationships, you feel people don't see you. You're not understood. And it's partly because you're not fully present due to dissociation.

[00:18:12] That's what makes us feel that way again, I'll explain more about dissociation in episode six next time. Okay.

[00:18:20] Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event beginning or worsening after the event occurred as evidenced by two or more of the following.

[00:18:33] Number one: these are pretty self-explanatory, irritable behavior and angry outbursts with little or no provocation, typically expressed as verbal or physical aggression toward people or objects. Think road rage. That's an easy example that most of us can understand and becoming enraged when the traffic slows down.

[00:18:54] Number two: reckless or self-destructive behavior.

[00:18:57] Number three: hypervigilance

[00:18:59] Number [00:19:00] four: exaggerated startle response. Hypervigilance and exaggerated startle response kind of are part of the same type of response that always alert

watchful on guard never can relax. Or when someone walks up behind you and says, Hey, do you know, where can you point me to the dairy aisle? And you jump and scream, totally shocked. And then you're having trouble catching your breath, that's an exaggerated startle response.

[00:19:31] Number five: Problems with concentration, you know, that's attention, focus, being preoccupied, getting distracted easily.

[00:19:42] And the Number six is sleep disturbance, difficulty falling asleep, or staying asleep or sleeping restlessly. So two or more of criterion E are necessary for a PTSD diagnosis.

[00:19:56] And then the last few parts of this are, [00:20:00] um, that the duration of these symptoms has been more than one month and the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Like relationships or there's many ways it can show up.

[00:20:19] And the disturbance is not attributable to the physiological effects of a substance, like a medication or alcohol or another medical condition. And then they have a specification, whether or not the person has dissociative symptoms. So if someone meets the criteria for post-traumatic stress disorder and in addition has persistent or recurrent symptoms of, and it gives you examples, but I think there are many, many more examples than this of dissociation, depersonalization, and derealization.

[00:20:58] These are actually a lot more common [00:21:00] than you would think. I've definitely had many clients who came through my door, who presented with depersonalization and derealization and they were going out there living their lives, just like everyone else. But they also were impacted by these symptoms and it was pretty confusing and disconcerting for them.

[00:21:22] So depersonalization is persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of one's mental processes or body, for example, feeling as though you're in a dream feeling a sense of unreality of self or body or of time moving slowly. So, um, people often say, I feel like this isn't real.

[00:21:51] I'm wondering if this is just a simulation, am I in a play? This seems like a movie and it's not always that [00:22:00] clear. Sometimes people will say, I feel like I know I'm me, but I feel like I'm looking through my eyes and I'm really someone else, or I know it's me, but I don't feel like me. Derealization is persistent or recurrent experiences of unreality of surroundings.

[00:22:18] So one is like, I'm not real. And the other is that my surroundings are not real. For example, the world around the individual's experiences, unreal dreamlike, distant or distorted. And it says that, um, it should be ruled out whether these symptoms are the effects of a substance or another medical condition. And sometimes the full criteria are not met until at least six months after the event.

[00:22:44] Sometimes it's much longer. So that in a nutshell is the PTSD diagnosis criteria from the DSM five. As I said, people can have trauma symptoms that don't [00:23:00] fully

meet the criteria and still be much in need of care, treatment, support, and certainly compassion, but it can be useful to have that actual diagnosis as well.

[00:23:17] If your symptoms have that level of severity, whether or not your symptoms actually meet the criteria for PTSD. I hope that this episode was helpful in just letting you know what it feels like. According to the DSM definition of PTSD. I'm going to talk in more detail next time about dissociation and how it can be real.

[00:23:44] And some of the things that people will say to describe it. And then in episode seven, I'm going to talk about complex PTSD. Then we're going to talk about attachment and episode eight and go more into the [00:24:00] neuroscience. So I hope you found this helpful, informative if. If it's helping you to make sense of something that someone you care about is going through or something that you're going through, then mission accomplished on my end.

[00:24:15] So if you like this show, please go to iTunes and leave a rating or review. I would love for you to let Apple know that the show is important to you because the more ratings and reviews are there, the more it will show up when people are searching. So thanks as always for listening until next time. Be well.