Complex Trauma and PTSD for Families of Children with Complex Needs

Amy Dillon Cody:
So, most basic definition, what is trauma? It's an emotional response to any sort of event that makes you feel like you are not safe. Right?

Like you are at serious risk of being hurt… injured… You feel like you can feel like your life is in danger… a deeply disturbing event. And it really affects the way that we feel like we have any sort of control over ourselves, our bodies, our environment, our safety.

So, there are different types of trauma -- and I'm going to try really hard not to read the slides (laughing) because it has been a while since I've given a presentation. So, there are different types of trauma because that word trauma in general has become such a buzzword anymore. And so, what does it even really mean?

For a long time, I think people really only thought of trauma as, like the big T traumas, which I'll talk about in a minute. But what I want to talk about first is kind of what can lead to complex trauma or small T traumas.

Small T traumas are the little things that happen that completely affect the way that we experience the world. They can lead to significant distress. So, things like some sort of big conflict in your life. So, like a disruption in your interpersonal relationships, your marriage, your family, your children, infidelity and divorce…

An abrupt or extended relocation. So, thinking about maybe what's happening over in the Ukraine, right? Abruptly, people are being displaced from their homes.

Legal trouble, financial worries. All of these things are not those big T traumas. You can hit the next slide because that's what I'm going to talk about, like terrorist attacks, natural disaster, sexual assault, combat… Those really are like the big events that we usually associate with things like PTSD because they feel so big.

You hear that someone was at war, or you hear that someone was in a very significant car accident and you're like, oh, my gosh, are you okay? Right? That's that big T trauma that is most closely associated with post-traumatic stress. Next slide.

[2:46]

So, let's talk about diagnosis. So, the way that our system works at this point in time is that if you want to receive care around any trauma that you've experienced and you want to use your health insurance to do that, you need a diagnosis.

This is a source of frustration for a lot of people because so many of us have experienced either a big T or a little T or many T traumas that lead us into therapy. So, what kind of diagnosis do we have available?

In order to get a diagnosis of post-traumatic stress, you have to meet very specific criteria. And not everyone who comes to therapy who has experienced trauma meets that criterion. So, what do we do if we know that the symptoms that someone is presenting with are really caused by trauma? You have to give them a short-term diagnosis. And for most people, that's an adjustment disorder.

So, what I see is that a lot of people who come into therapy come in complaining of depression or anxiety, or any array of symptoms like difficulty sleeping or difficulty in their relationships or problems at work. Right?

That's why they come into therapy. Unless they have a long history of receiving mental health care, they're not usually coming to me saying, I have trauma, or I have post-traumatic stress. Very few of my clients that come to see me say that. A lot of times they're coming in with presenting with symptoms. And then as I'm doing my assessment that's whenever I'm seeing, oh, all of these symptoms are linked back to various traumas that I'm discovering just by getting background information about their life, their family, anything significant that's happened in their childhood, their young adulthood, their adulthood.

So, let's talk about what qualifies you for a PTSD diagnosis. There are very specific criteria, and you have to have a certain number of these symptoms from different criteria in order to be given that diagnosis, which can be a long-term diagnosis. So, in the first criteria, there has to be a stressor. So that means that you have to have had direct exposure with a threatened or actual event where you've been threatened to potentially die or experience serious injury.

This can also include sexual violence. It can also be witnessing trauma. So, witnessing significant violence. So, like, say, being at war or living in a neighborhood where there's a lot of crime, learning that a relative or a close friend is exposed to trauma, or indirect exposure. So that could be like first responders seeing, witnessing a serious accident, or something like that.

The second criterion includes intrusive symptoms. So, it's not enough to just have experienced a trauma because not everyone who experiences a trauma develops post-traumatic stress. So, the intrusive symptoms can look like upsetting memories, thinking about things and getting really activated and kind of upset about it. Nightmares and flashbacks… And a flashback, if you're not familiar with that, is whenever you're revisiting a memory that feels so vivid that it's almost like you're there and be very distressing for people. Emotional distress after exposure to traumatic reminders.

If you've heard that word “triggers” before, nowadays we see that in places -- we see things like “trigger warning.” Well, what does that mean? There may be some sort of content that may trigger you if you've experienced or been exposed to a trauma related to this topic. Right? That's why I gave a trigger warning before this presentation. What we're talking about might cause you to have some sort of intrusive symptom where you're uncomfortable.

Physical reactivity. So being exposed to a trigger and having a reaction. Next slide, please.

[8:06]

So, the criterion C is avoidance. So, avoidance, when it comes to trauma, means not wanting to think about or talk about the trauma -- not wanting to be exposed to triggers. And that's followed by negative alterations and cognitions and mood.

Basically, what that means is that there's some sort of poor, or bad, or negative impact on the way that you think or your mood. So that can look like just having really negative thoughts. That can look like inability to remember or recall key features of the trauma, being -- feeling overly negative, or having poor self-image, or bad thoughts about yourself.

You could have some depression symptoms, like a decreased interest, or feeling isolated, or just difficulty enjoying anything. Those are all kind of depression symptoms that are really closely linked with post-traumatic stress.

Criterion E includes changes in your reactivity. So, one of the things that I explain to my clients whenever I'm talking to them about trauma is that you can pretty much tell that something was a trauma if whenever you're thinking about it, or talking about it, or revisiting any of those emotions -- if you feel it in your body. And I imagine that most of the people here know what I mean when I say that. People feel trauma in their body. They feel that shakiness, that heart beating a little faster, that tightness in your chest, or your throat, or queasiness in your stomach, or the pit in your stomach. Right?

That's kind of where trauma lives in this arousal and reactivity. People can also experience things like feeling really irritable, or aggressive, or hyper vigilant -- which is kind of like feeling really on edge, or jumpy, or really just like on the edge of your seat. You might have difficulty concentrating or have difficulty sleeping. In order to be diagnosed with post-traumatic stress, you have to have experienced some of these symptoms from each criterion, at least one or two, for one month or longer. So, you really can't get a PTSD diagnosis earlier than a month after the trauma, if there was just one trauma.

And the symptoms are supposed to have created some sort of distress or functional impairment. So, it's affecting your relationships. It's affecting your ability to be social or engage in normal activity like work or school. Next slide.

[11:36]

OK, so let's talk a little bit about the brain (laughing). I didn't ever know that I was going to become such a neurobiologist until I started really talking to my clients about trauma. And I found that in order to help people understand why trauma does what it does, is that we have to really understand how our brain works. And one of the things that I tell people is that our brain is really smart (laughing). It works just like the rest of our organs. It works just like our lungs that know to just, like, breathe and exchange oxygen throughout our body. Or our heart that knows just to pump blood and break down nutrients and all the things that our vital organs do. Our brain also knows what to do with memories in a way that we don't even know that our brain is doing it.

So, what happens when we experience a trauma? The part of our brain that responds to danger is the limbic system. And so, when we are exposed to something that feels like a threat, there's like a fire alarm that goes off and our brain says, “wait a second. We don't have any time to think about what's happening here. We just need to respond because we are in serious danger.”

And so, it's like a fire alarm is going off. And so, what happens is our brain floods our body with hormones like cortisol, the stress hormone, and all of the non-essential systems in our body kind of just shut down. Our digestion shuts down. All the things that our body doesn't need to do in order to survive in that very moment just kind of stop. And then our brain prepares us to do either fight, flight, or freeze.

Those are those trauma responses that we're always hearing about. So, what do they look like? They look like what you need to do in order to survive any sort of situation where you might be seriously harmed or killed. So, if you were to be faced with like, I always use the example of the cave people -- When cave people, in prehistoric times, if they saw the sabertoothed tiger, their brain would say, “what am I going to do to survive this? Am I going to fight it? So, am I going to attack it? Am I going to dominate it? Am I going to flee? Am I going to run and hide, get the heck out of here? Or am I going to freeze? Am I going to just lay down and comply?” Right?

But this looks very different in our everyday lives, right? Because we're not being faced with sabertoothed tigers. We're being faced with other really scary events. And so, people who go into a fight response might look really angry, or irritable, or might be very aggressive.

People who have a flight response might really be in denial, or have a lot of avoidance behaviors, or they might just feel really anxious. And then people who have a freeze response might just shut down and feel empty or numb. They're just kind of not able to access any emotions at all. There are some people who talk about a fourth response, which is called “fawn,” which has to do with people pleasing, trying to make everything nice. Right?

So, what happens with complex trauma? You can go on and hit the next slide.

[15:56]

Well, whenever someone has experienced a lot of traumatic events throughout their life -- So maybe a lot of little T traumas or some little T traumas and a big T trauma or any combination of them -- all throughout your life. Right?

Or traumas that last long periods of time, like abuse. Right? Like neglect or medical trauma. Something as significant as, like being tortured or being held captive. So, when we think of that, we think about, like, human trafficking, genocide campaigns, living in a war zone, concentration camps, right? Long term -- over days, months, years of trauma.

So, what happens whenever someone has survived complex trauma? Whenever they are exposed to a trigger, something that reminds them of that trauma, their limbic system lights up and they go into the fight, flight, or freeze. But it's not so easy for them to reregulate their system. They kind of stay in that mode, and it feels like they're constantly in survival mode, like they can never let their guard down. And after a while, that starts to feel pretty normal. Next slide.

[17:46]

So, here's the thing. Complex trauma is not an official diagnosis. It doesn't exist in the DSM right now. And from my knowledge, it's not going to exist in the new version of the DSM that's coming out. So, a lot of times whenever people are coming to therapy and they're telling me about their trauma, I can evaluate them to see if they meet the criteria for PTSD. But a lot of people with complex trauma don't necessarily meet the criteria.

They might meet criteria for other diagnosable disorders like major depression. There's also a lot of conversation about how personality disorders can actually mimic a lot of the symptoms of complex

trauma, especially borderline personality disorder. So, people who have been exposed to complex trauma, lots of trauma throughout their lifetime or over months or years, they can have a lot of the same symptoms as PTSD, like flashbacks, lapses in memory, difficulty regulating emotions. Going back to this survival mode, they're constantly being triggered, and so therefore, they're constantly having fight, flight, or freeze. It's really hard to regulate your emotions whenever you're constantly in that state.

Hyper arousal. So just feeling unaware all the time, like you can never rest, your nervous system is just always going.

So, dissociation, depersonalization, and derealization. These are clinical terms that represent a survival strategy that people with complex trauma sometimes experience. Dissociation is whenever you take a mental escape, whenever a physical escape is not possible. So, this can look a lot of different ways, but it's disconnecting from your emotions or disconnecting from your body in order to survive or protect yourself. Depersonalization is a form of that dissociation where you actually feel like you're observing yourself from outside of your body. And derealization is whenever you feel just completely detached from your surroundings.

People with complex trauma have difficulty sleeping or nightmares. They can struggle in their interpersonal relationships. Again, always in that survival mode. Really hard to be the kind of partner, friend, sibling -- be in any sort of interpersonal relationship when you're always in that survival mode. People can struggle with low self-esteem or negative self-perception. They can avoid people, places, or scenarios that upset you, which if you have complex trauma, that can be a lot of different places.

Another big factor in complex trauma are somatic symptoms. A lot of people come into therapy complaining of things like chronic headaches, stomach aches, GI issues, or other kind of chronic health conditions. There is a lot of research that makes direct connection between chronic stress, complex trauma, and major health issues, because that stress and that trauma stays inside of our bodies. Next slide.

[21:51]

Okay. So, what can we do about this? One of the questions Nicole received was about medication. Okay. I can't necessarily speak on medication because I'm not a doctor, but people do sometimes take medication to treat symptoms associated with trauma, like depression, or anxiety, panic attacks. Right? There are ways that you can take medication to help with those symptoms.

They will not heal that trauma. They are just a treatment for the symptoms. The recommended treatment for trauma is therapy. And I'm just going to talk real briefly about the different kinds of therapy that can be used to treat trauma.

So, the one that a lot of people are familiar with is cognitive behavioral therapy. This is kind of your really common form of therapy. It helps you to understand the connections between the thoughts that you're having, your feelings, and your behaviors. This is really a behavioral based therapy. It can be really effective in the treatment of depression and anxiety. But what it doesn't address are those trauma memories and those somatic experiences.

From my perspective, I'm not going to speak for everyone in the field, but one of the gold standard therapies is EMDR. Eye movement desensitization reprocessing therapy. So, this is a form of therapy

that supports patients to access trauma memories and incorporating bilateral dual attention stimulus, which can be eye movement. It can also be tapping. It can be hearing tones. But we're engaging both sides of the brain while you're recalling specific memories, body sensations, and emotions altogether. And we actually help that patient, that client, move the memory from the limbic system into the long-term memory. It's really weird, but it really works. I've seen a lot of success with it and it's cool.

Internal family systems. This is a therapy that really addresses different parts. So sometimes when we talk about trauma, we can sometimes start talking about a lot about dissociation, and that can lead into us talking about the different parts of ourselves. And so, what IFS does is helps a client identify how different roles within themselves play into their trauma experience. So, this is a really complicated therapy that I feel like I can't go into extensively, but it's really cool, too (laughing). Next slide.

[25:19]

Okay. Somatic therapies. So, as we learned earlier, trauma gets trapped in the brain, in the limbic system where that kind of fight, flight or freeze exists. It doesn't get put into the long-term memory where it's meant to be because our brain wants to remember how to survive if it were in another scenario in which we would be in danger.

So, a lot of times the way that we experience trauma is through the way that we feel our emotions. Right? Or other somatic experiences. And so somatic therapies can help people teach your body that it doesn't always have to be prepared for something bad to happen.

And then the last therapy that I want to talk about is DBT -- dialectical behavioral therapy. This is oftentimes done in groups but can also be done one on one. It is kind of the gold standard treatment for individuals with borderline personality disorder, which, as I said earlier, can have a lot of overlapping symptoms with complex trauma. And so, it really is an approach of like, mindfulness, self-acceptance and distress tolerance Again, teaching you to live with the symptoms of the trauma. Next slide.

[26:54]

So, therapy is really necessary in the treatment of PTSD and complex trauma. But outside of therapy, developing a good self-care routine is just so important. So journaling, spending time in nature, eating well, sleeping well, developing a support system, taking care of your body, taking care of yourself, knowing what your needs are. So, so important in recovery. Next slide.

[27:29]

So I can talk about readings or information if you guys really want to educate yourself, which I would encourage you to do. But I just will briefly highlight "The Body Keeps the Store," by Bessel van der Kolk. This is kind of the "Holy Grail" textbook for trauma that, you know, a lot of clients read, and a lot of people draw a lot of connections through. Next slide.

[28:02]

Okay, so I want everyone to just take a moment and check in with yourselves. We just talked about a lot of stuff (laughing) that can really bring up a lot of feelings and body experiences. So, if you're noticing

any stiffness, heartbeat faster, tenseness in your throat, any of those kind of body based symptoms, I'm going to take you now just through a brief guided visualization -- just to kind of bring our activation level down a little bit. If you're not feeling activated, that's okay.

[29:00]

But sometimes when we talk about complex trauma and PTSD, we start thinking about our own stuff, right? So, I'm going to invite everyone to just make yourself comfortable. If you want to, you can shut your eyes. It's not required, right? If you don't feel comfortable shutting your eyes, just find a spot on the wall or somewhere in the distance to stare off into.

And then if you're seated, try to find your feet on the ground… and just take a deep and cleansing breath.

(pause and breathing)

Using the power of your imagination can be remarkably healing, especially to clear out some of the body-level distress or discomfort that you may have identified.

(pause) (Amy Dillon Cody's voice softens and her speech slows)

Check in now with your body. Just notice, even if you're not experiencing anything unpleasant now, just notice where you typically experience distress or discomfort.

(pause)

Imagine that a bright and healing light is forming overhead.

(pause)

This light can be whatever color you want it to be, whatever you associate with healing, happiness, goodness, or any other positive quality.

(pause)

If you don't like the idea of a light, you can simply think of it as a color or an essence.

(pause)

Take a breath. Check in.

(pause)

Now think about the light beginning to move through your body or over your body like a shield or a force field. From the top of your head, moving inch by inch, slowly, until it reaches the bottom of your feet.

(pause)

Take a breath. Check in.

(pause)

Spend a few moments just noticing the presence of the light or essence in your body.

Notice if you want the light to have any other qualities besides color. Like a texture or a sound, a temperature or a smell?

(pause)

Take a breath. Check in.

(pause)

Draw your attention back to where you may have noticed or described distress in your body.

What happened to it?

If the distress is still there on some level, think about deepening your breath so it makes the light or essence more brilliant and intense. So brilliant and intense that the distress dissolves into it.

(pause)

Take a breath.

(pause)

And when you're ready we can all come back together.

(pause)

So I'd like everyone just to check in with themselves and just notice if you're feeling any different than you did before we did the visualization, even if it's just a little bit. One thing that we know about complex trauma is that our nervous systems stay activated and so sometimes doing something like a visualization doesn't feel relaxing (laughing). It can feel like, “OK, wait, now I'm even more on edge.” So, in practicing some of these visualizations or other relaxation techniques, it's going to be important that you pay attention to small progress. If you were going to rate yourself on a scale from zero to 10, being neutral and 10 being the worst that you can imagine it and you rated yourself as a six and then at the end of the imagery you were a five? That's progress.