

# ***Stress , Trauma , and Post Traumatic Disorders***

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## **PRESENTATION OVERVIEW I**

- ◎ **DAWSON'S THREE (3) RULES FOR STUDING ADDICTION .**
- ◎ **UNDERSTANDING THE STRESS RESPONSE .**
- ◎ **STRUCTURES AND FUNCTIONS OF THE HUMAN BRAIN .**
- ◎ **A REVIEW OF NEUROTRANSMITTERS AND HORMONES ASSOCIATED WITH STRESS AND TRAUMA .**

# **UNDERSTANDING THE STRESS RESPONSE**

**( HOW WE DEFINE FEAR )**

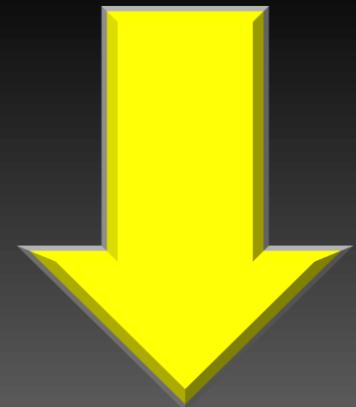
**“MOTHER SAYS SHE’S  
STAYING ANOTHER WEEK!!!!!!”**



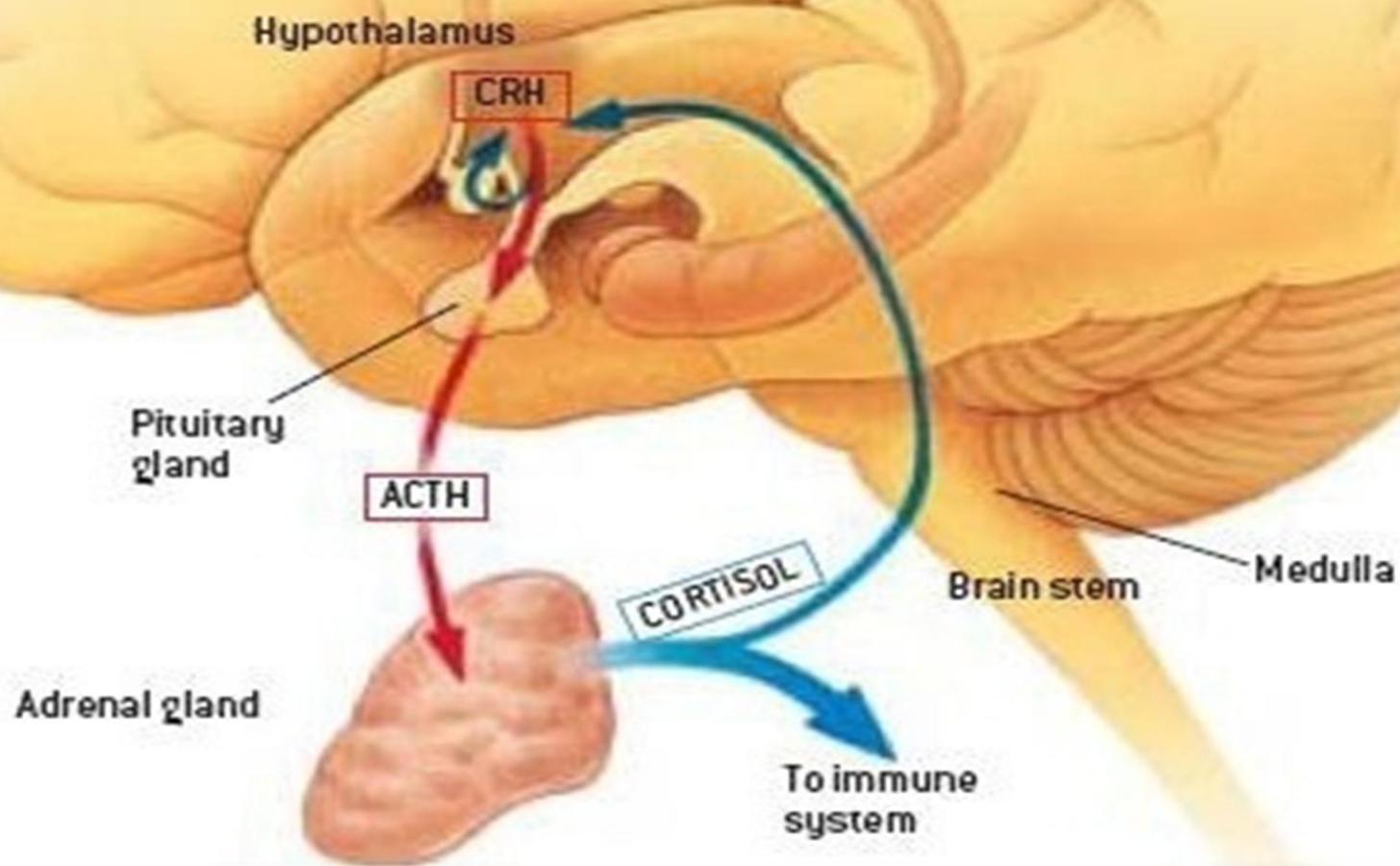
***GENUINE FEAR !!!!***



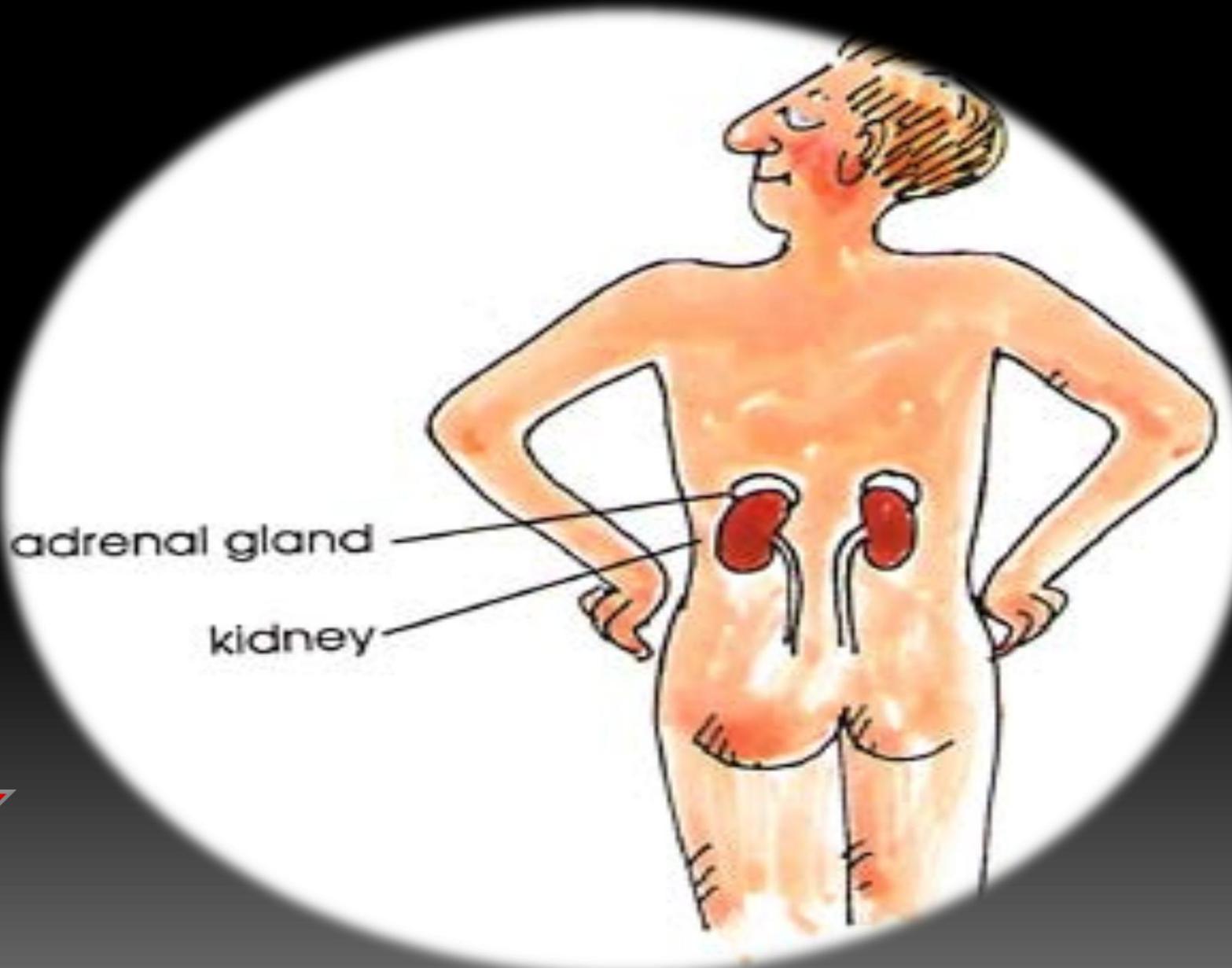
**YOUR BRAIN DURING AN  
EXPERIENCE OF GENUINE FEAR!**



# STRESS RESPONSE SYSTEM

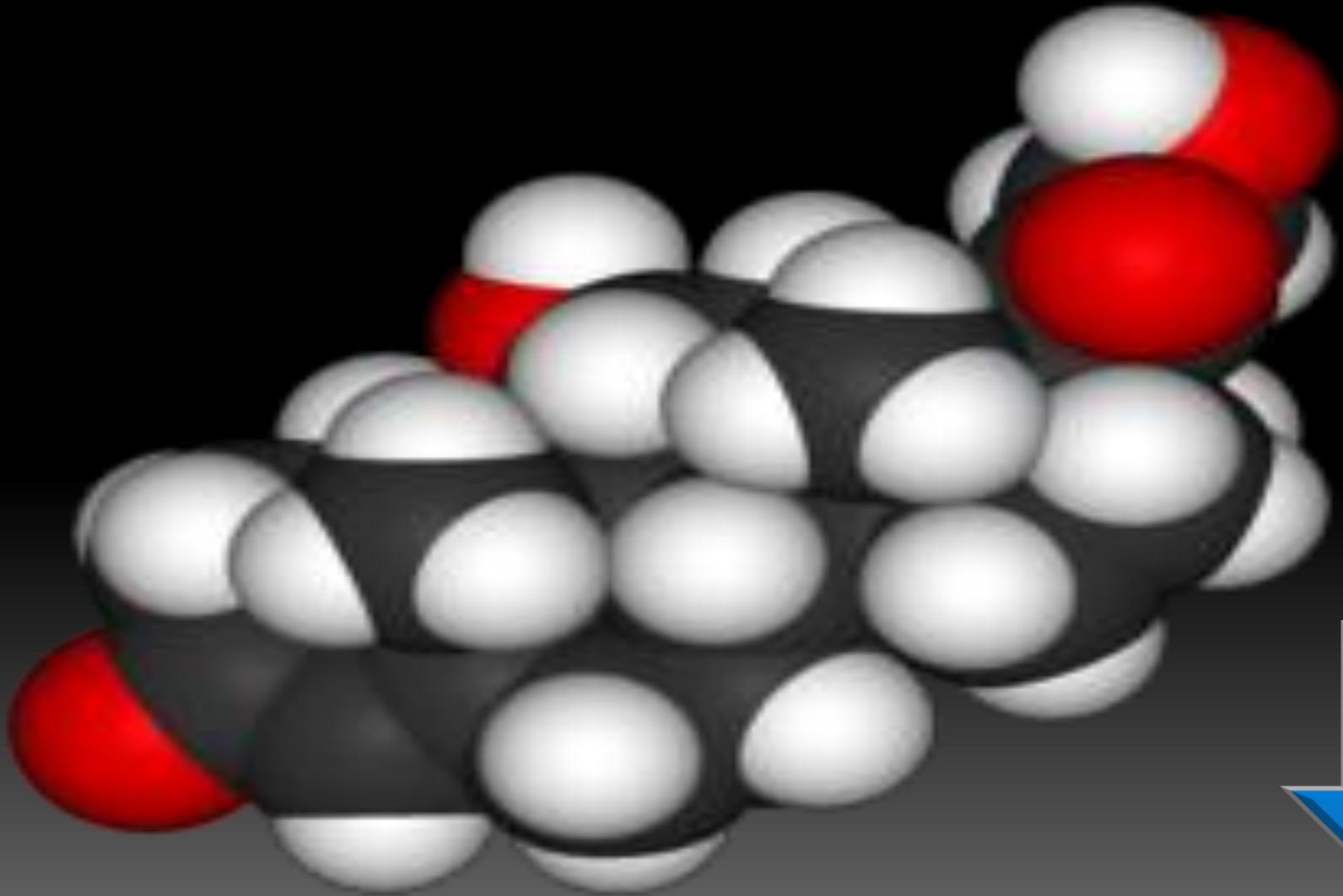


# CORTISOL " THE STRESS CHEMICAL TO THE RESCUE

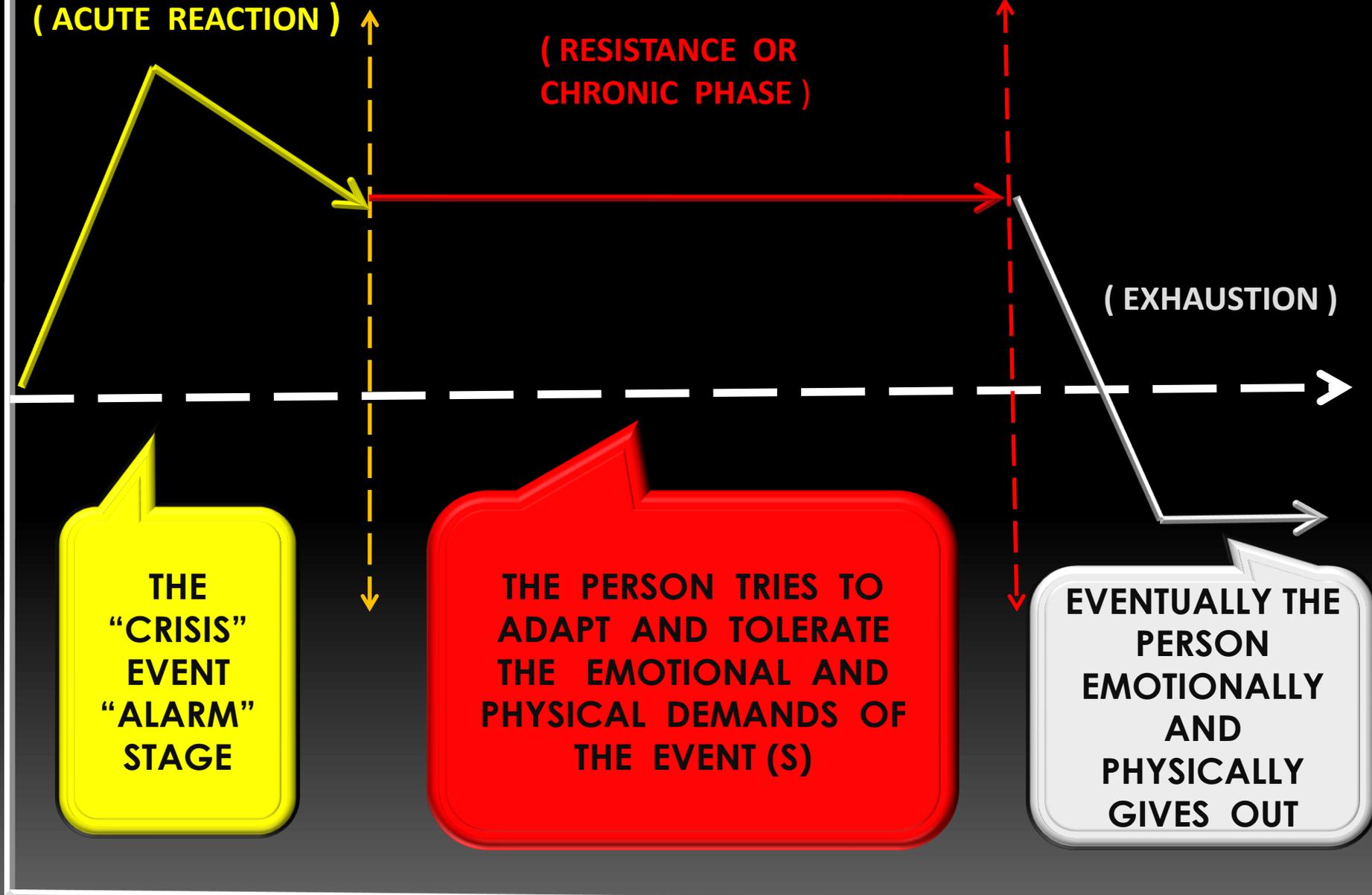


“CORTISOL”

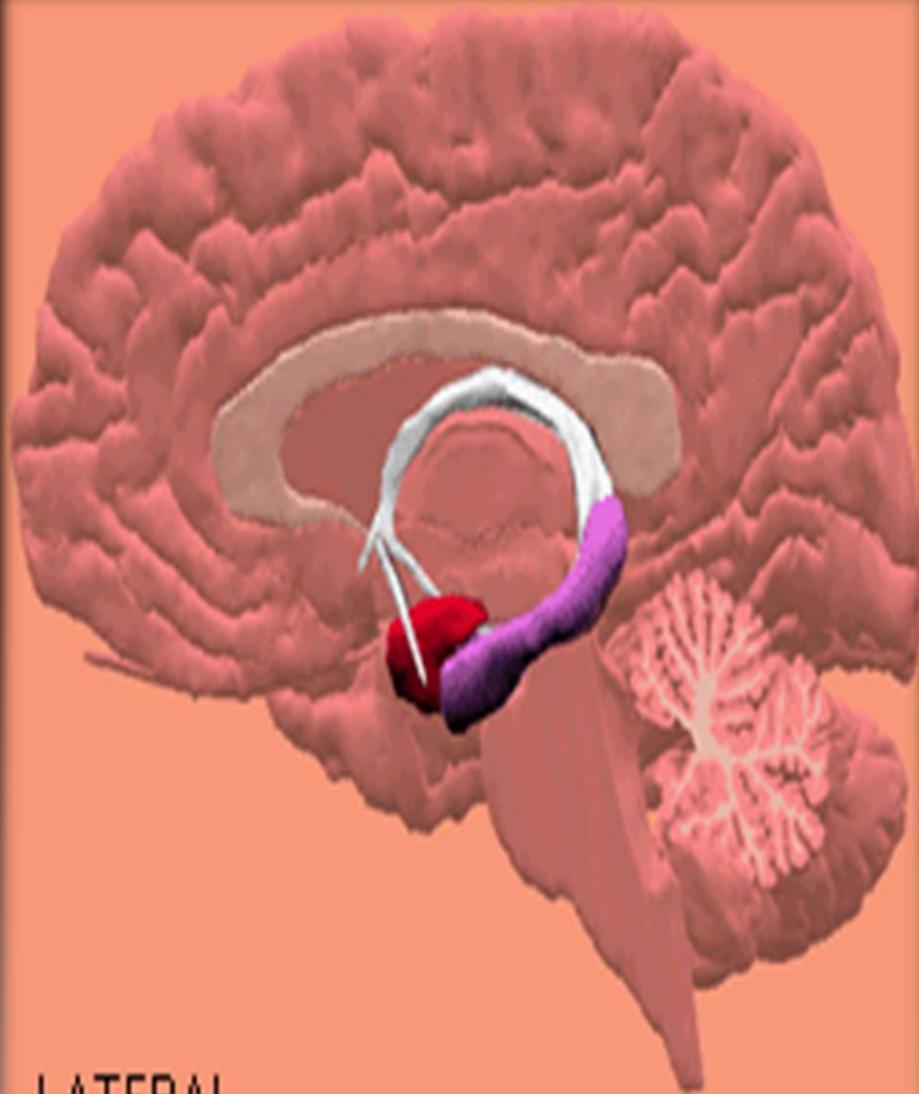
A GOOD GUY OR BAD GUY?



# General Adaptation Syndrome (H. Selye)



**THE HIPPOCAMPUS HAS A HIGH  
NUMBER OF CORTISOL RECEPTORS**



LATERAL



PLAY  
MOVIE

◎ **PROLONGED EXPOSURE TO CHRONIC STRESS HAS BEEN ASSOCIATED WITH THE CELL DEATH “ATROPHY” OF THE HEART MUSCLE AND THE BRAINS HIPPOCAMPUS .**

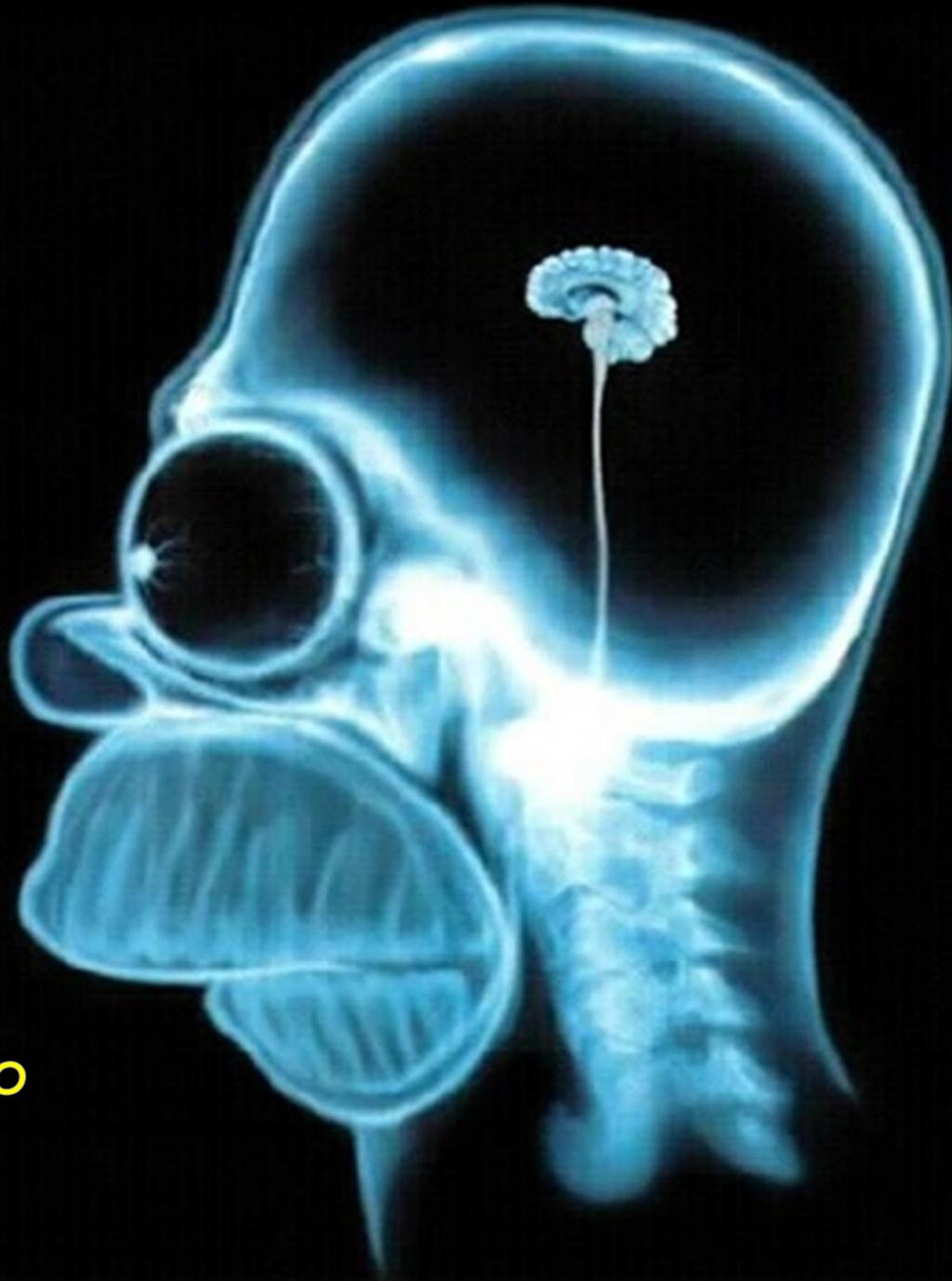
◎ **HIPPOCAMPAL ATROPHY HAS ALSO BEEN DOCUMENTED TO OCCUR IN :**

**1. ADULTS THAT WERE ABUSED AS CHILDREN .**

**2. INDIVIDUALS THAT SUFFER WITH LONG TERM DEPRESSIVE ILLNESS OR PROLONGED GRIEF .**

**3. INDIVIDUALS THAT STRUGGLE WITH EVIDENCE OF PTSD .**





**THE  
RESULTS  
OF  
PROLONGED  
EXPOSURE TO  
STRESS**

# **NEUROPSYCHOLOGICAL EVENTS THAT ARE CURRENTLY CONSIDERED TO CONTRIBUTE TO EXTREME AGGRESSIVE / VIOLENT BEHAVIORS**

- ◎ **AQUIRED OR NON - AQUIRED BRAIN INJURY OR NEUROLOGICAL TRAUMA .**
- ◎ **HISTORY OF MENTAL ILLNESS .**
- ◎ **CHILDHOOD ABUSE .**
- ◎ **SOCIAL ISOLATION .**
- ◎ **SOCIAL REJECTIONS .**

# ***CLINICAL POINTS OF REFERENCE***

**REMEMBER** : All Centrally Active ( aka : Psycho-Active )  
drugs possess the potential to either imitate  
or create standard symptoms of each psychiatric  
condition found in the DSM IV -TR manual .

## **CLINICAL POINTS**

**MY PERCEPTION OF MY  
“ TRAUMA “  
IS MY REALITY !**

## Clinical Points

STRESS - TRAUMA DISORDERS ARE TYPICALLY A  
CONSEQUENCE OF FEELING “ RESPONSIBLE ”  
FOR  
EVENT(S) , THAT WE HAVE  
NO CONTROL  
OVER !

## CLINICAL POINTS

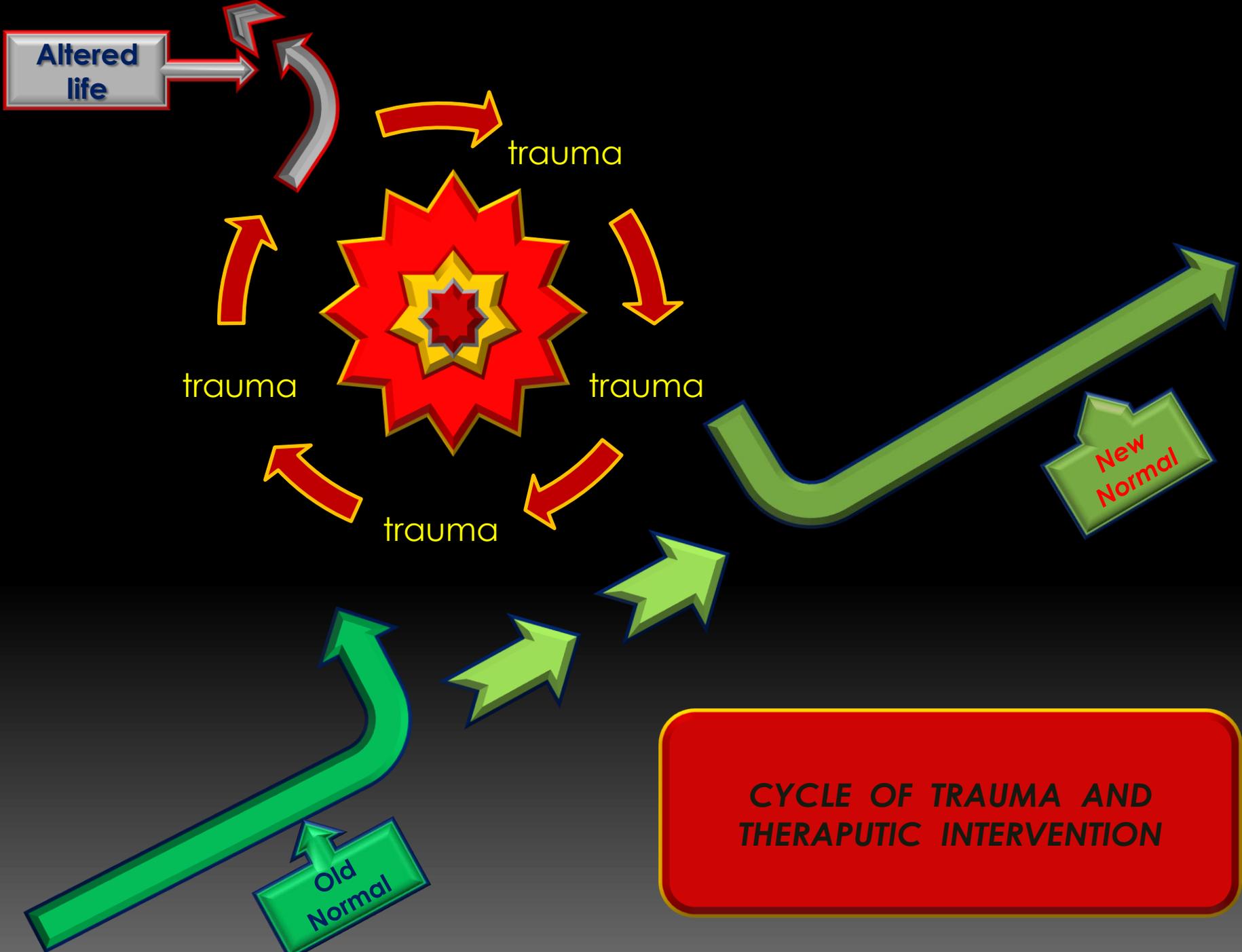
STRESS - TRAUMA DISORDERS CAN BE A RESULT OF A  
“SINGLE” THREATENING  
( UN-SAFE ) EVENT,

- OR -

A CONSEQUENCE OF ACCUMULATED  
“ LIFE-LONG ” THREATENING ( UN-SAFE ) EVENTS

## **CLINICAL POINTS**

- ◎ **STRESS - TRAUMA SURVIVORS TEND TO REDEFINE THEMSELVES ... THEIR IDENTITIES , ... AND THEIR FUTURE LIFE GOALS ... AROUND THE TRAUMATIC EVENT(S) .**



**CYCLE OF TRAUMA AND THERAPUTIC INTERVENTION**

## **CLINICAL POINTS**

- ◎ **STRESS - TRAUMA DISORDERS HAVE BEEN ESTIMATED TO OCCUR IN AS HIGH AS " SIXTY " ( 60 % ) TO " EIGHTY " ( 80 % ) OF THE SUBSTANCE ABUSING POPULATION .**

## CLINICAL POINTS

- ◎ **STRESS - TRAUMA DISORDERS HAVE BEEN FOUND TO OCCUR “TWO” (2) TO “THREE” (3) TIMES MORE IN WOMEN THAN IN MEN, PARTICIPATING IN SUBSTANCE ABUSE TREATMENT.**

## **CLINICAL POINTS**

- ◎ **WOMEN SUBSTANCE ABUSERS , WITH STRESS – TRAUMA DISORDERS , REPORT STRUGGLING MORE WITH “ SHAME ” OR ...  
“ WHAT’S WRONG WITH ME ! ” .**
  
- ◎ **MEN SUBSTANCE ABUSERS , WITH STRESS – TRAUMA DISORDERS , STRUGGLE MORE WITH FEELINGS OF “ GUILT ” OR ...  
“ I KNOW I DID SOMETHING WRONG ” !**

## **CLINICAL POINTS**

- ◎ **COCAINE , METHAMPHETAMINE AND OPIATES ( NARCOTICS ) , ARE CONSIDERED “ DRUGS OF CHOICE ” BY MOST SUBSTANCE ABUSING - TRAUMA VICTIMS .**
  
- ◎ **ALCOHOL , MARIJUANA AND PRESCRIPTION MEDICATIONS ARE ROUTINELY USED AS “ BACK UP ” OR “ REBOUND ” SUBSTANCES .**

## **CLINICAL POINTS**

- ◎ **ONCE A VICTIM OF A TRAUMATIC EVENT, MANY INDIVIDUALS CONTINUE TO BECOME VICTIMS OF SECOND, VERY SIMILAR EVENT(S).**
  
- ◎ **THE OCCURRENCE OF A SECOND TRAUMATIC EVENT, WILL TYPICALLY CAUSE THE VICTIM TO RELIVE AND RE-EXPERIENCE, UNFINISHED PARTS OF ORIGINAL OR PREVIOUS TRAUMATIC EVENT(S).**

## **CLINICAL POINTS**

- ◎ **WOMEN SUBSTANCE ABUSERS REPORT MORE OFTEN BEING VICTIMS OF CHILDHOOD PHYSICAL AND / OR SEXUAL TRAUMA .**
  
- ◎ **MEN SUBSTANCE ABUSERS REPORT MOST OFTEN BEING VICTIMS OF CRIME OR WAR RELATED EVENTS .**

## CLINICAL POINTS

- ◎ THERAPEUTICALLY IT IS IMPORTANT TO DETERMINE THE PHYSICAL AGE OF THE INDIVIDUAL OR WHEN THEIR FEELING “UNSAFE” BEGAN .
  
- ◎ THAT AGE BECOMES THEIR THERAPEUTIC AGE , AND WHERE YOU WANT TO BEGIN TREATMENT .

## CLINICAL POINTS

- ◎ A “**TRAUMA BOND**” OCCURS WHEN THE TRAUMA VICTIM CREATES A MAGICAL CONNECTION (BOND) WITH THE PEOPLE, PLACES OR THINGS, ASSOCIATED WITH THE TRAUMATIC EVENT.
  
- ◎ THEREFORE, CONSIDER THE “**CHILD**”, “**ADULT – CHILD**”, AND “**CO – DEPENDENT**” INDIVIDUAL AS EXPERIENCING A “**TRAUMA BOND**” ... AND / OR SURVIVORS OF TRAUMA .

## CLINICAL POINTS

- ◎ PROFESSIONAL(S) ... CONSIDER THAT YOU ARE ALSO LIKELY TO BECOME A VICTIM OF “ VICARIOUS TRAUMA ”, “ CO – DEPENDENCY ”, “ COMPASSION FATIGUE ” AND “ COUNTER – TRANSFERENCE ” !

## THE AMERICAN PSYCHIATRIC ASSOCIATIONS IDENTIFICATION OF STRESS AND TRAUMA DISORDERS

- ◎ THE DSM IV – TR (APA , 2000 ) , CURRENTLY IDENTIFIES STRESS - TRAUMA DISORDERS UNDER TWO ( 2 ) PRIMARY CATEGORIES , BASED ON “ TIME ” AND THE OCCURRENCE OF PREDICTABLE “ SIGNS ” AND “ SYMPTOMS ” .

## DSM IV - TR

- ◎ **ACUTE STRESS DISORDER (ASD)** : THE PRESENCE OF A STRESS RESPONSE APPEARING WITHIN THE **FIRST THREE (3)** MONTHS OF THE TRAUMATIC EVENT.
  
- ◎ **POST TRAUMATIC STRESS DISORDER (PTSD)** : THE PRESENCE OF A STRESS RESPONSE EXISTING LONGER THAN THREE (3) MONTHS ... OR ... THE FIRST OCCURRENCE OF THE SYMPTOMS APPEAR **AFTER SIX (6)** MONTHS OF THE TRAUMATIC EVENT.

## **PTSD AND INFORMATION PROCESSING**

- ◎ **Van der Kolk (2007), IDENTIFIED SIX (6) DISTINCT SIGNS AND SYMPTOMS ASSOCIATED PTSD VICTIMS :**
  1. **INTRUSIONS** : *Persistent intrusions of memories associated with the traumatic event .*
  
  2. **COMPULSIVE REESPOSURE TO THE TRAUMA** :  
*A compulsive need to repeat the experience of the trauma , by exposing themselves to similar trauma producing events .*

3 . **AVOIDING and NUMBING** : PTSD victims may intentionally avoid traumatic memory activities or experience emotional numbing when unable to avoid specific memory or activities .

4 . **INABILITY TO MODULATE AROUSAL** :  
The PTSD victim typically over reacts to mild or moderate degrees of generalized threat .

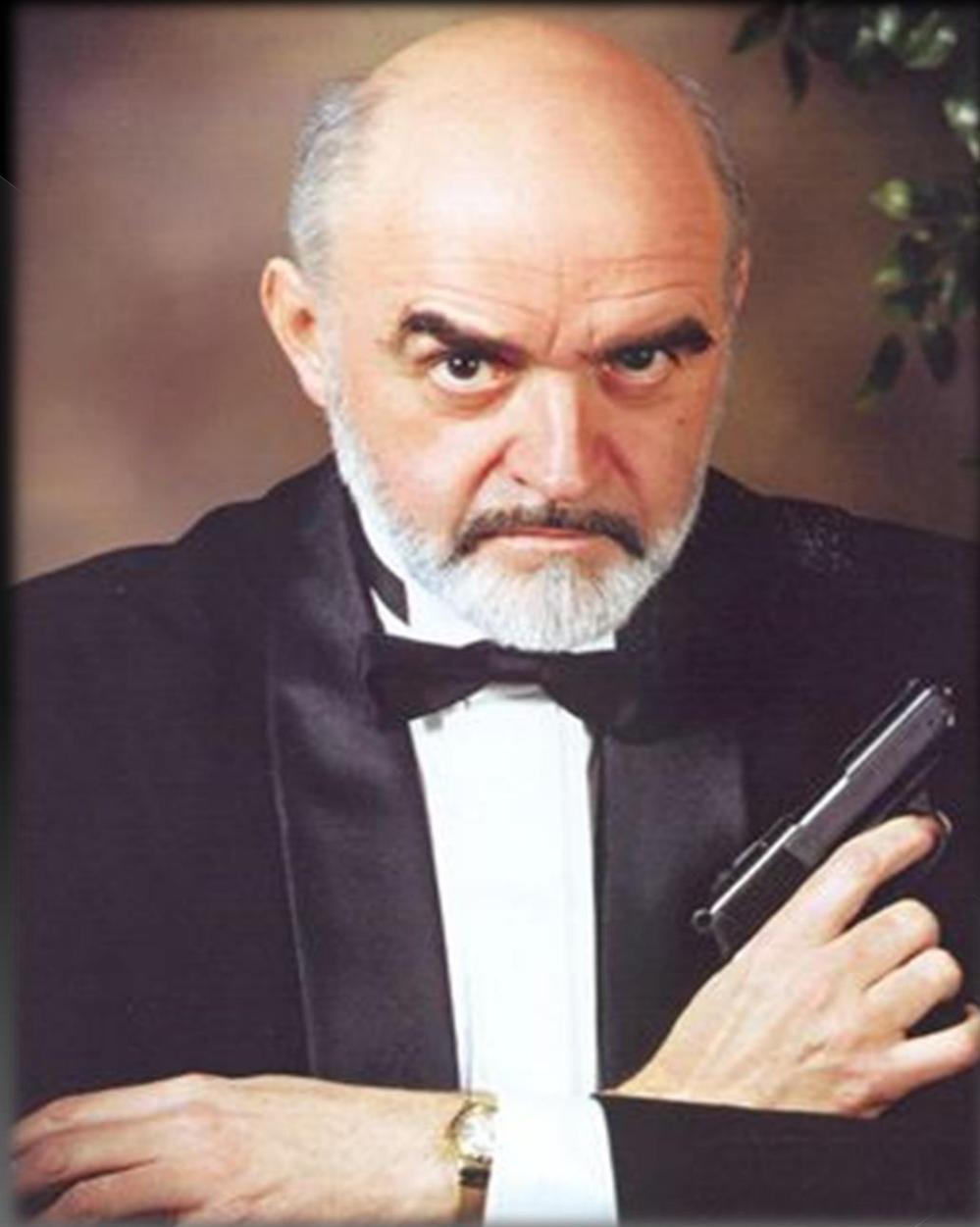
5. **ATTENTION , DISTRACTIBILITY ,  
STIMULUS GENERALIZATION AND DISCRIMINATION :**

*PTSD victims may display attention – concentration problems , and have difficulty sorting out relevant from irrelevant stimulus information .*

# STIMULUS GENERALIZATION

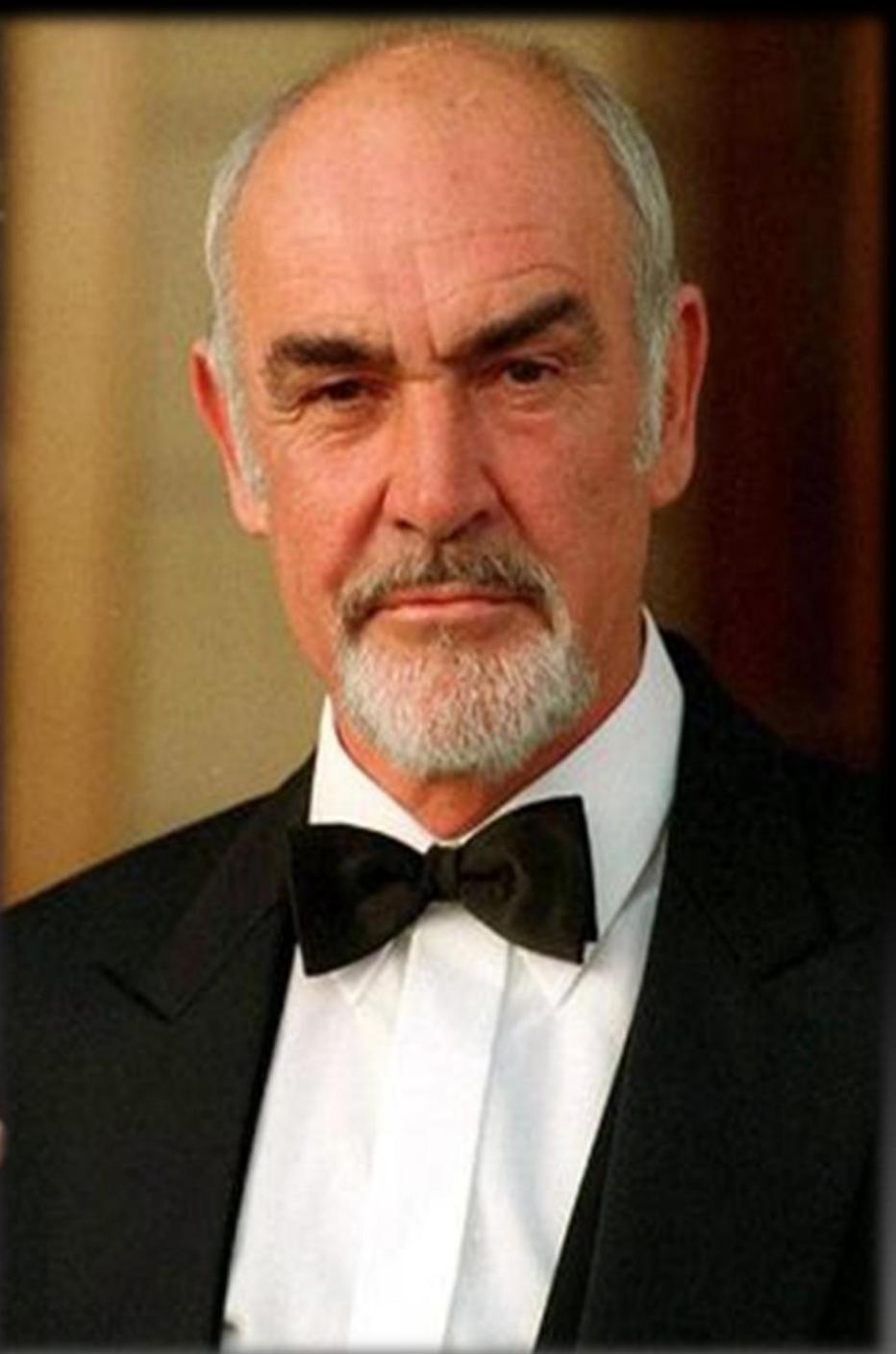
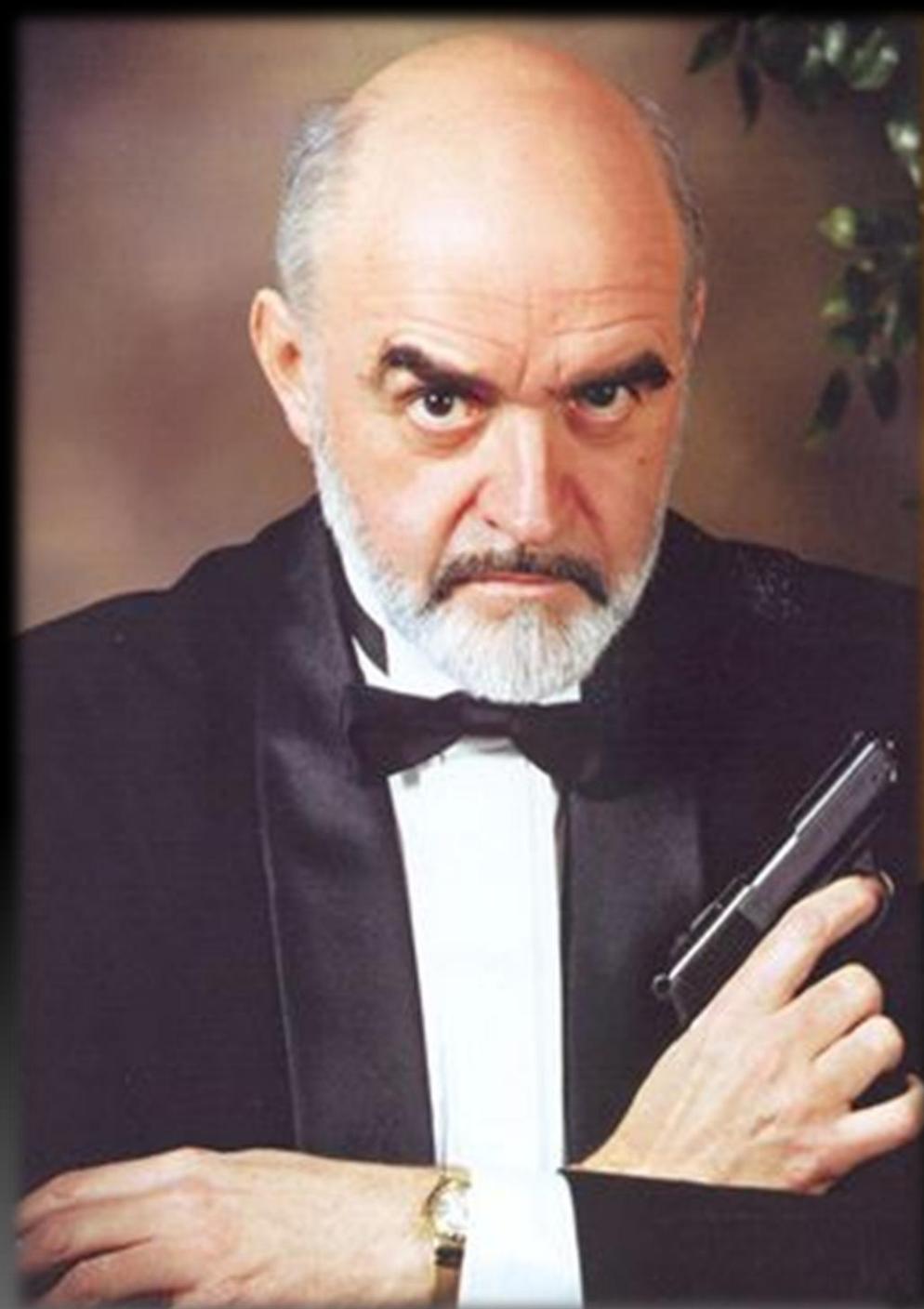


## **STIMULUS GENERALIZATION**



## **STIMULUS GENERALIZATION**









6. **ALTERATIONS IN DEFENSE MECHANISMS AND PERSONALITY IDENTITY :**

*Following a traumatic event , the PTSD victim may feel less capable of engaging in personal self defense and find that they protect themselves by defining their world as dangerous and unpredictable .*

*Once feeling incapable of predicting and controlling the events in their life , the victim's general sense of self-worth , self-esteem and personal empowerment are at risk .*

## YALE MEMORY AND TRAUMA RESEARCH FINDINGS

- ◎ **YALE RESEACHERS INDICATED THAT THE ABILITY TO ACTURALLY REMEMBER EVERY DETAIL IS NOT AS IMPORTANT AS ONCE THOUGHT.**
  
- ◎ **THEIR RESEARCH ALSO INDICATED THAT MOST MEMORY OF THE EVENTS WILL BE INACCURATE .**

- ***THEIR RESEARCH RECOMMENDS THAT YOU DO NOT RELY ON MEMORY OR RECALL TO BE COMPLETE .***

- ***THEY INDICATED MEMORY OF EVENTS CAN FADE AND WILL CHANGE OVER TIME .***

- ***THEIR RESEARCH ALSO RECOMMENDED THAT THE THERAPIST NOT WORRY ABOUT THE ACCURACY OF THE INFORMATION . . .***

***IT IS THE PROCESS OF TREATMENT THAT IS MOST IMPORTANT IN THE RECOVERY FROM PTSD OR TRAUMA !***

**THERAPIST**

# THE – RAPIST

( REMEMBER ... YOU MAY BE YOUR CLIENTS ONLY  
EXAMPLE OF WHAT A THERAPIST IS... PLEASE DON'T  
RUIN IT FOR THE REST OF US ! )

**MY PERCEPTION OF MY  
“ TRAUMA “ IS MY REALITY . . .**

-

**THEREFORE , ALWAYS BEGAN THERAPY WHERE YOUR  
CLIENT IS . . .**

**NOT WHERE YOU WANT THEM TO BE !**

**THE FOUR (4) “DON'TS” OF  
SUBSTANCE ABUSING - TRAUMA SURVIORS**

**DON'T !!!**

**“TALK”, “TRUST”, “TOUCH”, “FEEL”**

**BECOMES THE FOUR (4) “DO'S” DURING TREATMENT!**

# THE (4) DON'TS BECOME THE THERAPEUTIC (4) DO'S ... "TALK"

**DON'T "TALK" !**

THEY WILL EITHER  
TALK TOO MUCH  
... AND SAY NOTHING...  
OR THEY WON'T TALK  
AT ALL AND CONTINUE  
MAINTAIN ...  
"A CONSPIRACY OF SILENCE"

**DO PRACTICE "TALK" !**

ENCOURAGE THEM TO  
TALK. TALKING ALLOWS  
THE CREATION OF A  
"THERAPEUTIC" CONNECTION  
(BOND).

◎ PRACTICE THE CONCEPT OF

**"T. A. L. K."**

# THE (4) DON'TS BECOME THE THERAPEUTIC (4) DO'S ... "TRUST"

- ⊙ "TRUST" IS A PROCESS ... NOT AN EVENT !
- ⊙ "TRUST" INVOLVES FOUR (4) BASIC ELEMENTS :
  1. CONSISTENT ,
  2. PREDICTABLE ,
  3. BEHAVIOR ,
  4. OVER TIME !

# **DON'T "TRUST"**

**DON'T " TRUST " !**

THEY BELIEVE  
**"WHAT IS FAMILIAR  
IS COMFORTABLE" !**

THEIR EXISTENCE IS  
DEFINED BY INCONSISTENCY .

**DO PRACTICE " TRUST " !**

REMEMBER THAT YOUR  
CLIENT WILL TEST YOU .

BEING CONSISTENT AND  
PREDICTABLE IN YOUR  
RELATIONSHIP WITH YOUR  
CLIENT ... REDUCES THEIR  
TREATMENT RESISTANCE ...  
AND BUILDS THERAPEUTIC  
" COMPLIANCE " AND  
" TRUST " .

# THE (4) **DON'TS** BECOME THE THERAPEUTIC (4) **DO'S** ... "TOUCH"

**DON'T ALLOW**  
**" TOUCH "**

THEY MAY PRACTICE  
THE " COME CLOSE – GET  
AWAY " SYNDROME .

THE INDIVIDUAL MAY  
AVOID ALL ATTEMPTS  
TO DEVELOP CLOSENESS ...  
OR MAY DISPLAY  
DANGEROUS LOYALTY  
TO THEIR PHYSICAL AND  
SEXUAL PERPETRATORS .

**DO PRACTICE " SAFE "**  
**" TOUCH "**

MANY TRAUMA VICTIMS  
MAY VIEW YOUR ATTEMPTS  
TO DEVELOP THERAPEUTIC  
CLOSENESS AS DANGEROUS .

HELP TEACH THEM HOW TO  
ESTABLISH ... AND MAINTAIN  
HEALTHY BOUNDARIES , BY  
EXAMPLE .

**THE (4) DON'TS BECOME THE THERAPEUTIC (4) DO'S ... " FEEL "**

- ◎ **OUR FEELINGS PROVIDE US WITH OUR OWN UNIQUE DEFINITION OF OUR WORLD AND IT'S EXPERIENCES .**
  
- ◎ **" FEELINGS " VALIDATE OUR EXISTENCE AND OFFER SPECIAL MEANING AND PURPOSE TO OUR REALITY . THEY HELP CONFIRM AND TEST OUR REALITY AND REASON FOR BEING .**

# THE (4) DON'TS BECOME THE THERAPEUTIC (4) DO'S... "FEEL"

DON'T " FEEL "

Do practice " FEEL "

▣ FEELINGS ARE TOO UNPREDICTABLE ... AND THEREFORE , ... TOO DANGEROUS .

DISCUSS AND EXPLORE "NORMAL" FEELINGS ... AND THE EVENTS COMMONLY ASSOCIATED WITH THEM PARTICULAR FEELINGS .

▣ THEY MAY HAVE NEVER BEEN TAUGHT WHAT FEELINGS ARE " **NORMAL** " !

**TEACH THEM FEELINGS BY EXAMPLE !**

*In conclusion , research in the field of Trauma and Stress Disorders indicate that effective treatment and rehabilitation may take **Three (3) to Five (5) years** of consistent involvement in counseling to establish a solid core of recovery.*

## **PRESENTATION REVIEW**

- ◎ **CLINICAL POINTS OF REFERENCE**
- ◎ **APA'S (DSM IV-TR) CLASSIFICATIONS OF STRESS AND TRAUMA DISORDERS .**
- ◎ **" THERAPIST " BE AWARE .**
- ◎ **THE FOUR (4) DON'TS OF THE TRAUMA VICTIM AND HOW THEY BECOME THE THERAPEUTIC FOUR (4) DO'S .**

## **CONTACT INFORMATION :**

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## **Recommend Readings**

- ▣ U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
*TREATMENT IMPROVEMENT PROTOCOL  
(TIP) SERIES*  
Rockwall II, 5600 Fishers Lane  
Rockville, MD 20857

## **Recommended Readings**

*Research on affection at ASU is supported by the American Psychological Foundation . For more information about specific studies, contact Kory Floyd, Ph. D., Hugh Downs School of Human Communication, 480.965.3568. Send e-mail to : [kfloyd@asu.edu](mailto:kfloyd@asu.edu) or visit the Communication Sciences Laboratory at :*

*[http: www.asu.edu,clas,communication.](http://www.asu.edu/clas/communication)*

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# ISSUES IN THE TREATMENT OF TRAUMA

- *Trauma Bond, the “Stockholm Syndrome” is when a traumatized individual creates a special connection (bond) to the people, places or things associated with the traumatic event(s).*
- *Survivors of trauma should initially receive individual therapy, which eventually should evolve into a less confrontational form of group therapy.*

ADDITIONAL INFORMATION  
AND RESEARCH ON STRESS

## NEUROPEPTIDE – Y (NPY)

- NPY CONSISTS OF A BASE OF 36 AMINO ACIDS.
- RELEASED FROM THE BRAIN AND ANS DURING TIMES OF STRESS.
- DESIGNED TO REGULATE THE DESTRUCTIVE EFFECTS OF LONG TERM EXPOSURE OF THE ACTH AND CORTOSOL.
- DESIGNED TO RETURN THE INDIVIDUALS CORT. TO BASELINE OR PRIOR TO THE TRAUMATIC PRODUCING EVENT.
- HARDY INDIVIDUALS WILL RETURN TO BASELINE QUICKLY AND ROUTINELY.
- STRESS AND TRAUMA VICTIMS TEND TO DEplete THEIR NPY AFTER THE EVENTS.
- ANTI-DEPRESSANT MEDICATIONS (SSRI'S) GIVEN PRIOR, DURING OR IMMEDIATELY AFTER TEND TO COPE MORE EFFECTIVELY WITH TRAUMA.
- NPY IS IMPLICATED IN OBSEITY AND ANOREXIA ALSO IN RESPONSE TO STRESS.

## DHEA - CARBOHYDRATES

- ⦿ DHEA IS FOUND TO ASSIST CORT. IN BEING METABOLIZED MORE EFFECTIVELY AND CONVERTED INTO DOWN STREAM SUBSTANCES MORE QUICKLY, LIKE GLUCOSE.
- ⦿ DHEA IS PRODUCED BY THE BRAIN, ADRENAL GLANDS AND GONADS. NATURAL HORMONE, THAT PEAKS IN LEVELS DURING EARLY YEARS AND DROPS AS THE PERSON GET OLDER.
- ⦿ DHEA IS A OTC, AND FOUND IN MOST HEALTH FOOD STORES.
- ⦿ DHEA HAS ALSO BEEN FOUND TO BE EFFECTIVE IF GIVEN DURING THE RECOVERY PHASE OF TRAUMA OR AN EXTREME STRESS EVENT.
- ⦿ RECOMMENDED BY THE YALE RESEARCHER FOR INDIVIDUALS STRUGGLING WITH PRESENTING STRESS OR TRAUMA.
- ⦿ CARBOHYDRATES IN LARGE QT'S HAS BEEN FOUND TO ASSIST INDIVIDUALS UNDERGOING EXTREME STRESS TO FUNCTION MORE EFFECTIVELY ON COMMON PSYCHOLOGICAL AND NEUROLOGICAL TESTING FOLLOWING A TRAUMATIC EVENT.
- ⦿ RECOMMENDED FOR THE REBOUND PERIOD FOLLOWING THE STRESS OR TRAUMA.