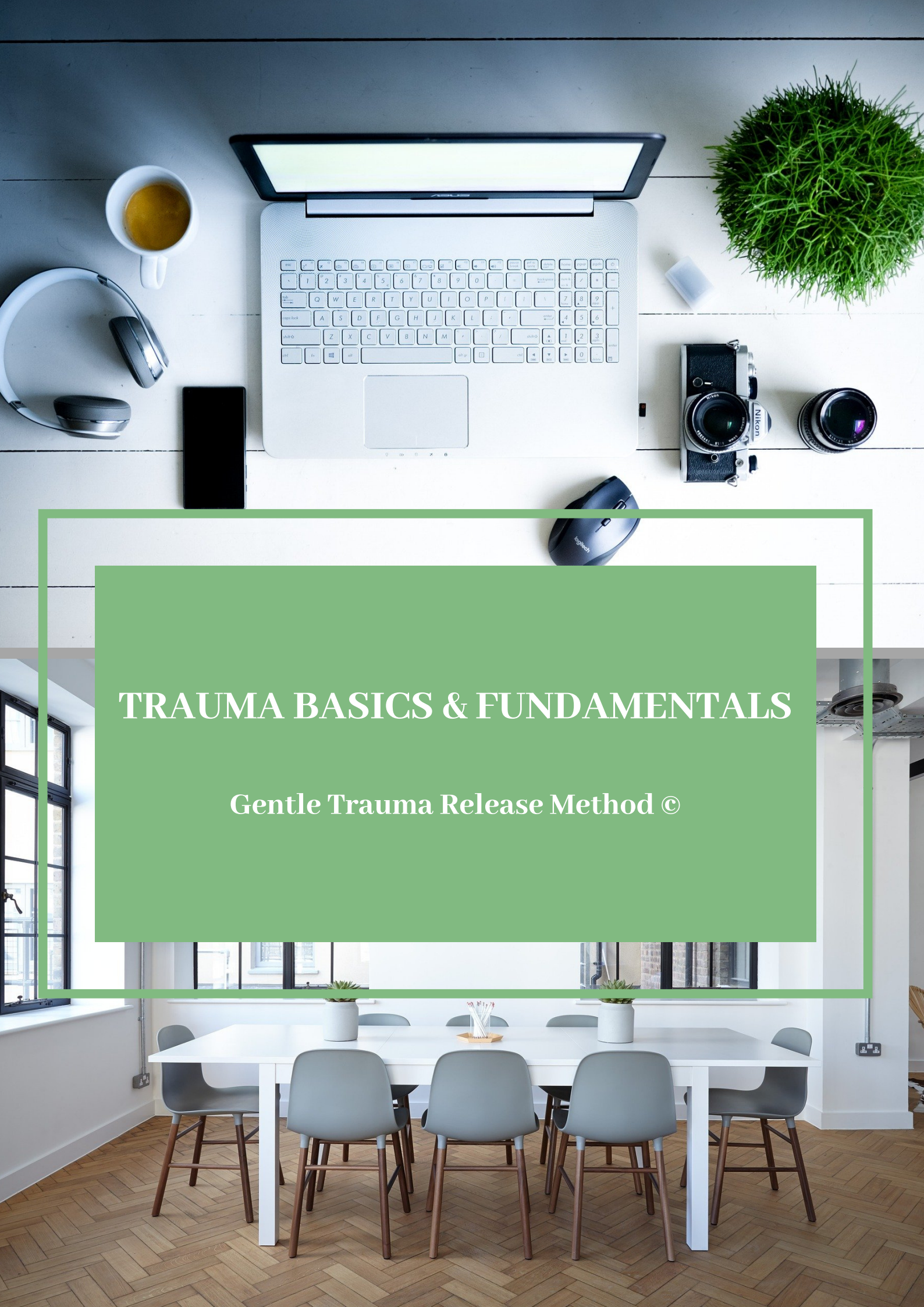

TRAUMA BASICS & FUNDAMENTALS

Gentle Trauma Release Method ©

BRIEF HISTORY OF TRAUMA

- Trauma has been a political issue as much as a medical and psychological one for a long time. It only became an official diagnosis in 1980 (when it was included in the Diagnostic and Statistical Manual of Mental Disorders)!

- In the past, symptoms relating to trauma would be considered a female issue, called Hysteria. Freud and some of his enlightened colleagues concluded that Hysteria was caused by previous trauma in a woman's life and would manifest in ways such as nightmares, paralysis, insomnia, emotional breakdown, irritability, nervousness, or total numbness.

- Freud also concluded that if women with Hysteria could talk about their terrors in words, it would alleviate their condition, which gave birth to "talk therapy".

- Freud eventually tied the stories from his female patients with that of abuse, sexual violence and assault, and incest. However, he never brought this theory to the public and thus, the conception of trauma did not return until World War One.

- WW1 caused the emotional breakdown of men. Men breaking down (societally unacceptable) without the ability to recover, required some sort of explanation as there were no physical injuries to explain their mental/emotional symptoms.

- As hysteria was a female diagnosis, the traumatic symptoms were attributed to a new diagnosis called "Shell shock theory", caused by explosions on the battlefield. However, the problem was that Shell shock theory could not explain why even soldiers who were never directly in battle also had symptoms of emotional breakdown.

BRIEF HISTORY OF TRAUMA

- It took decades of shaming and accusing men of losing their bravery until society was ready to consider “Combat Neurosis”, as a form of hysteria. After experimental treatments including electric shock, a new paradigm emerged: Anyone can collapse and break down in the face of great horrors, such as the horrors of combat and war.

- It took WW2 and the war in Vietnam for the diagnosis of PTSD to emerge in the 1980s, largely due to the Vietnam veterans and the feminist movement in the 70s that made the topic legitimate enough for PTSD to become an official diagnosis. “Hysteria” and “Shell shock” were finally concluded as the same.

- In 1980, trauma was entered into the Diagnostic and Statistical Manual of Mental Disorders under the official diagnosis of PTSD.

TRAUMA AND ITS CURRENT STATUS QUO

- Mainstream psychiatry and therapy don't have a consistently reliable, long-lasting way of treating PTSD. We know how to treat some of the symptoms: insomnia, anxiety, depression but treating symptoms doesn't treat the Trauma itself.

- If you were diagnosed with PTSD, you would likely be prescribed medication along with talk therapy.

- There is a time and place for medication to help manage symptoms of trauma to help the client engage in other approaches to target the root of trauma. Having said that, with medication, PTSD symptoms only improve if you continue to take the medication and there are side effects.

- When it comes to talk therapy, the success rate for healing trauma is not the best. Talk Therapy supports the idea that if the client can discuss the events that caused trauma symptoms, that they will eventually desensitize themselves. In desensitizing themselves, the client would then experience less distress when thinking about those events again. However, talking about trauma and discussing it can, at some point, cause the patient to relive it, rather than release it or resolve it.

- Cognitive Behavioural Therapy (CBT) is one of the common types of talk therapy used for PTSD treatment. CBT aims to teach the patient to identify the thoughts or thought patterns that lead to distress or negative emotions. It can work well for irrational fears such as snake and spider phobias but hasn't proved effective for trauma.

- Bottom line: mainstream psychiatry and therapy don't know how to "cure" trauma as such with medication or talk therapy.

TRAUMA AND ITS CURRENT STATUS QUO

- Why? Because a traumatized brain is like a bell that keeps ringing and ringing (endlessly), letting us know that we might have to fight, run, or freeze to protect ourselves at any time. Having an intellectual insight or understanding of the situation alone is just not enough to stop that bell from ringing, nor changes how we feel. Trauma is a bodily reaction!

- It's common to hear from people that have had therapy: "I had so much therapy! I thought I dealt with it! Why am I still dealing with this?" Once a memory is stored in the brain as trauma, it's difficult to change it. No amount of positive thinking, affirmations, or talk therapy will help. This is because trauma is not an intellectual thought. Trauma is a bodily reaction to what we perceived as an extreme threat that we believed to be inescapable.

- A traumatic event is an event in which we felt trapped in the face of a threat. And it is the inability to escape that threat, that shocks our system, which then traps trauma in the body, and changes how our brain works. Bottom line: Trauma in the body changes us on a physical, emotional, and cognitive level.

- Trauma causes more than "classic" PTSD symptoms (e.g. flashbacks, insomnia, hypervigilance). It can also give us the feeling that the world is unsafe. It can prevent us from taking steps to advance our life. It affects our self-confidence which can be detrimental in different areas of life, such as in relationships, career, finances or moving forward with dreams and goals.

EMERGENCE OF BODY ORIENTED THERAPIES

- Trauma is an unconscious bodily response to events and experiences that our brain perceived as threatening and inescapable. Therefore, every attempt to resolve, treat, and eventually cure trauma has to start in the body.

- Understanding that trauma is not all in one's head and that it's necessary to resolve and heal trauma through the body gave rise to body-oriented psychotherapies. In essence, it's the body (not the thinking mind) that needs to learn and kinesthetically experience that danger and threat are gone now and that it can return to its normal state.

- **Peter Levine**, the author of a therapeutic approach called Somatic Experiencing, came up with the idea that trauma is stuck in the body because we haven't finished the survival response that our body wanted to engage in in order to escape the threat (e.g. run, fight back). The idea behind Somatic Experiencing is that in order for us to heal trauma, we have to help our body finish that survival response.

- **Pat Ogden** developed Sensorimotor psychotherapy which focuses on helping the client become highly aware of their body and their sensations. For example, using certain types of postures, movements, or breathing patterns, can help them to feel better, stronger, more confident, and empowered. It is still talk-therapy but with an element involving the body.

- **EMDR** (Eye movement desensitization and reprocessing) was developed by Francine Shapiro. It can address a specific traumatic memory and neutralize it through inputs from the body such as different kinds of eye-movements. EMDR is quite popular. It has been incorporated into mainstream therapy practices.

EMERGENCE OF BODY ORIENTED THERAPIES

- **Bessel van der Kolk** – author of the bestseller The Body Keeps the Score has dedicated his career to researching different treatment modalities for trauma including yoga, dance, neurofeedback, or EMDR. He has also studied how trauma can have a different effect on people depending on their stage of development. For example, trauma inflicted during childhood can express itself in different ways than trauma inflicted during adulthood.

- There are also several other "alternative approaches" which seem to have very good success rates with healing trauma although more research is still needed. A good example would be Thought Field Therapy and the Emotional Freedom Technique that is based on tapping certain points on the body.

WHAT IS THE GENTLE TRAUMA RELEASE METHOD?

- The Gentle Trauma Release Method© (GTR Method) is designed to bring people relief from their traumas that they have been carrying in their bodies. It allows for clearing out traumatic and bothersome memories, as well as traumatic and bothersome emotions. The ultimate goal through this method is to de-traumatize the system and reestablish a person's wellbeing, sense of safety, and harmony.

- The Gentle Trauma Release Method© is based on the latest scientific research (mainly the Polyvagal Theory), as well as several alternative systems and protocols that have stood the test of time (such as EMDR, Craniosacral Therapy or EFT). Every single step is designed with one purpose in mind: to target and stimulate the vagus nerve and to bring it into balance. If we stimulate and activate a certain branch of the vagus nerve, we can help the body and mind feel like all is well in the world, and thus feel calm, comforted, and balanced.

- The GTR Method © is relatively simple to apply in that:

    - The instructions are clear and simple to use.
    - The protocols are easy to master for both the practitioner and the client.
    - It can be readily applied to coaching, therapy, or healing work.
    - You can teach your clients how to do this and when they need an intervention between sessions or at any time in their life, they know what to do.

WHAT IS THE GENTLE TRAUMA RELEASE METHOD © ?

- The GTR Method© works on a bodily level. The GTR Method© targets the root cause of trauma. Once the trauma is neutralized in the body, the post-method effects are long-lasting. When this happens, traumatic memories and emotions won't come back to haunt your client anymore. Your client will still remember what happened, but the correlated traumatic symptoms (emotional, cognitive, or physical) will be neutralized.

- Although the GTR Method© is relatively simple to apply, it is essential to:

    1. Practice responsibly.
    2. Know how trauma works.
    3. Know how to take a proper client history that yields results.
    4. Understand what needs to be targeted.
    5. Know what is at the core of their trauma.
    6. Know when to switch from one GTR protocol to another.
    7. Know how to handle abreactions etc.

- You can go above and beyond trauma with GTR Method©. The reason why GTR works even above and beyond trauma is that it has the ability to evoke a sense of safety and calm in a person. Feeling and being in a sense of safety and calm benefits all sorts of personal change, far and beyond trauma release. We'll dive into the many other benefits that can arise from working with the GTR Method© throughout the course.

THE DIFFERENT FACES OF TRAUMA

- There are several scenarios that can create traumatic symptoms:

  1. Classic PTSD and similar official diagnoses:
  This is the official diagnosis that relates mostly to one-off events and is sometimes referred to as shock trauma. On top of classic PTSD, there is also, for example, a diagnosis that has symptoms that we (in the GTR Method) believe are often caused by traumatization. It's called Adjustment Disorder.

  2. Complex Trauma:
  This is ongoing, continuous trauma going on for prolonged periods of time (e.g. abusive situations). Complex Trauma has not yet been recognized as an official diagnosis.

  3. Traumatic Stress:
  This is the accumulation of stress that reaches a critical mass which ultimately expresses itself as trauma on a symptomatic level.

- If someone does not officially qualify for a PTSD diagnosis, it doesn't mean that they are symptom-free. They might be able to function but with way more difficulty than before the trauma. All the traumatic symptoms, only milder, can be present even outside PTSD. This is why some practitioners working in the field of trauma prefer the term "trauma spectrum response" to cover all the different signs and symptoms of trauma that can differ from classic PTSD either in:

  - Intensity.
  - Absence of some of the classic PTSD symptoms.
  - Additional symptoms not mentioned in the official PTSD diagnosis.

POST-TRAUMATIC STRESS DISORDER (PTSD)

In 1980, the American Psychiatric Association included the diagnosis of Post-traumatic Stress Disorder (PTSD) in the Diagnostical and Statistical Manual of Mental Disorders (the manual that Psychologists and Psychiatrists use to diagnose mental disease). Below is an overview of the criteria for the PTSD diagnosis. All of the criteria are required for PTSD diagnosis.

- **Criterion #1: Exposure or actual threat of death, serious injury, or sexual violence.** This can be through:
    - Direct Exposure
    - Witnessing the trauma
    - Learning that a relative or close friend was exposed to a trauma
    - Repeated or extreme exposure to aversive details of the trauma, usually in the course of professional duties (e.g. first responders collecting human remains, medics, police officers)
- **Criterion #2: Presence of intrusion symptoms associated with a traumatic event (one or more symptoms).** This can be:
    - Recurring, involuntary, and intrusive distressing memories of a traumatic event
    - Nightmares – recurring, distressing dreams related to the traumatic event
    - Flashbacks – dissociative reactions in which the individual feels and acts as if the traumatic event was recurring
    - Intense psychological distress at the exposure of external or internal clues that symbolize or resemble an aspect of the traumatic event
    - Physiological reactions to external or internal clues that symbolize or resemble an aspect of the traumatic event (for example, your start to breathe faster and your heart rate goes up)

POST-TRAUMATIC STRESS DISORDER (PTSD)

- **Criterion #3: Persistent avoidance of stimuli associated with the traumatic event** (at least one). This is:
    - Avoiding trauma-related thoughts, memories, or feelings.
    - Avoiding trauma-related reminders (places, conversations, activities, objects, situations).

- **Criterion #4: Negative changes in cognitions and moods associated with a traumatic event** (2 or more). This means that the following symptoms have to appear or worsen after the traumatic event:
    - Inability to recall an important aspect of a traumatic event.
    - Negative beliefs or expectations about oneself, others, or the world (I'm flawed, No one is to be trusted).
    - Distorted cognitions about the cause or consequences of the traumatic event that lead to self-blame or blaming others.
    - Persistent negative emotional state (fear, horror, anger, guilt, or shame).
    - Diminished interest or participation in significant activities.
    - A feeling of detachment or estrangement from others.
    - Difficulty experiencing positive emotions (happiness, satisfaction, love).

- **Criterion #5: Trauma-related changes in arousal and reactivity (2 or more).** This is:
    - Irritability or angry outbursts (little or no provocation) expressed typically as verbal or physical aggression.

POST-TRAUMATIC STRESS DISORDER (PTSD)

- Reckless or self-destructive behavior.
- Hypervigilance.
- Exaggerated startle response.
- Difficulty concentrating.
- Sleep disturbance.

- **Criterion #6: Duration of the disturbance (criteria 2,3,4 and 5) is more than 1 month.** If these symptoms last for less than a month you don't get the PTSD diagnosis but rather Acute Stress Disorder diagnosis. If and only your symptoms last for more than a month, you will be switched into the PTSD diagnosis.

- **Criterion #7: Disturbance causes significant distress or impairment in social, occupational, or other areas of functioning.** In order to get a PTSD diagnosis, your basic functioning must be impaired – maybe you can't go to work, you can't leave the house on most days, you don't want to socialize with the outside world, etc. In mental health terms, we would say: you're not able to function daily.

- **Criterion #8: Disturbance is not caused by substance abuse or other medical condition(s).**

- Remember that unless you are a licensed psychiatrist, you won't be diagnosing or treating PTSD as such in your practice.

COMPLEX PTSD

Note: We will be using the terms Complex PTSD and Complex Trauma interchangeably.

- As of today, Psychologists and Psychiatrists themselves don't actually agree on whether or not Complex PTSD is actually a diagnosis. It was Judith Herman who first introduced the concept of Complex PTSD in 1992.

- Complex PTSD offers the view that trauma doesn't have to always be a consequence of one-off sudden events. It can be:

    - The aftermath of prolonged, ongoing adverse events such as being a prisoner of war, being kidnapped, forced into slavery, or cult.
    - Abuse within different kinds of relationships.

- In all these cases, the feelings of horror and shock go hand in hand with the perpetrator's attempts to intrude, break or deform a person's identity. This is also why on top of neutralizing traumatic memories with a client like this, we also want to recreate a solid sense of self within them.

- A PTSD diagnosis is not appropriate for everyone who has been through trauma. While PTSD is best suited for single trauma of acute nature (even if it was not technically just ONE event, For example, combat trauma), it's not always particularly helpful for multiple traumas happening over an extended period of time. For example, in cases like consistent abuse by a family member and then being bullied at school or at your workplace or being part of a cult.

COMPLEX PTSD

- **Developmental Trauma** can be looked at as a special sub-type of Complex PTSD when the trauma was inflicted during a child's developmental stage. Bessel van der Kolk is the biggest advocate in making this diagnosis official.

- Both Complex PTSD and Developmental Trauma present many of the classic PTSD symptoms, but also include other symptoms relating to not having a solid sense of self, meaning the person can:

    - Feel worthless or completely flawed.
    - Carry toxic shame.
    - Have very porous boundaries.
    - Not be able to tell, let alone express one's needs.
    - Have a complete mistrust in others and the goodness in others and in the world.
    - Experience utter aloneness which leads to feeling estranged and separated from others.
    - Feel complete helplessness or powerlessness etc.

- A big part of Complex-PTSD is that it's interpersonal. The trauma has been rather purposefully inflicted by another human being as opposed to an impersonal event – for example, a natural disaster or a car accident.

- Even though we are talking about a more complex problem, a lot of people walk around without knowing why they feel the way they feel. They have nowhere to turn to because no one told them about Complex Trauma and how it affects the quality of their day to day living. Perhaps they:

    - Walk around beating themselves up for not feeling or being the way they "should".

COMPLEX PTSD

- Can't explain why they react in certain ways, why they are consistently on guard.
- Are hypervigilant, anxious, or depressed and completely numbed out.
- Find it so difficult to create boundaries, care for themselves as they do for others, have a solid sense of who they are and what they want to stand for in the world.
- Feel alone even in a relationship…estranged from others.
- Feel that they fall into the same traps over and over again.
- Continuously repeat the same negative experience.
- Feel badly about themselves, often ashamed and unworthy.
- Feel like "something is terribly wrong with me" but don't have a clue why.

ADJUSTMENT DISORDER

- Adjustment Disorder is viewed as a person's difficulty to cope with something very stressful that has happened to them. In this diagnosis, the stressor can range from marital or financial problems to health issues, losing our job or business, different kinds of interpersonal conflict, etc. It's often viewed as a normal type of reaction that these people are having to what is going in their life, just more intense compared to what is the usual case.

- For example, people can become depressed or start having anxiety, the person's academic or work performance can suffer, they can feel generally overwhelmed, they can start behaving in ways they had never behaved like before – often violating their own moral norms – being unfaithful to their spouse or indulging in substance abuse, lying, manipulating…more so than would be their norm.

- At this point, there is not enough solid research to know how to treat the Adjustment Disorder. There is usually the expectation that it will resolve itself once the source of stress goes away.

TRAUMATIC STRESS

- Many of us assume that because we don't have any full-blown PTSD symptoms, that we are trauma-free. If our life has been exposed to continuous and ongoing periods of stress, we may still be able to function, but we will start to experience symptoms of trauma. There are those who don't like drawing parallels between trauma and stress. But speaking from practical experience, the symptoms can be very similar.

- One thing to know about symptoms of trauma is that they don't necessarily show up right after a traumatic event. There is a certain amount of stress and trauma that our system can take. But as soon as a critical mass is reached, it is that proverbial last drop of even a small stressor that unleashes the symptoms of trauma even from many years ago.

- When the symptoms of trauma get unleashed, it almost feels like we're not the same person, the person that we used to be. We start to wonder if we ever will be…With symptoms of trauma unleashed, our life changes into a struggle rather than the joyful, flowing existence that it could be.

- For a lot of us, trauma can be the result of many minor incidents that somewhat affected us negatively at the time they happened but that would not have a traumatizing effect if they weren't joined by other similar, minor incidents.

- Traumatization can be often heard in clients' words that go along the lines of:

    - *Ever since that happened, I am not quite the same.*
    - *Ever since I was in my early 30s, I am just not the same person.*
    - *I don't know when this happened, but I'm not whom I used to be.*

TRAUMATIC STRESS

- Trauma can show up as feeling less resourceful, less energized, less optimistic, or enthusiastic when it comes to their future or their life overall. For some people, life starts to feel less like an adventure and more like a routine and it almost seems like the bad or painful experiences overweigh the joyful ones.

- Scientists have found evidence that our mind suffers from several biases. The Negativity bias is one of them. In practice, the Negativity bias means that:

    - Bad experiences get detected and processed by our brains faster than good ones.
    - Our mind has a tendency to dedicate more attention, more of its resources to negative events as opposed to positive events…and connects them with more emotional intensity thus remembering them way better than the positive events.

- Why did our brains develop the Negativity bias? By encoding something as, at least slightly, traumatizing, our brain tries to prevent that dangerous situation from arising in the future. In its attempt to protect us, however, it also loses the ability to see the good, the safe, the fun, or the meaningful. It can fail to envision the highest version of a life that would fulfill us because its default setting becomes mostly watching out for what can go wrong.

MY NOTES

TRAUMA BASICS AND FUNDAMENTALS

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