The Treatment Of Choice For Trauma

By Adena Banks Lees | Apr. 03, 2019, nami.org

When a person experiences a threat, it activates their action brain, the limbic system. Their body goes into survival mode, including the “fight or flight” response. This means a significant release of adrenaline, cortisol and other neurochemicals to make sure they get away from the threat in any way possible. Because most of the blood flow is going to the limbic system, it shuts down their thinking brain, the prefrontal cortex. Think about it: if you are being chased by a tiger, you probably won’t have time to consciously think about what to do. Your body will just automatically react in order to survive.

Research shows that trauma is processed and stored in the limbic system. This is why trauma survivors often live in a body-based world rather than a world of language. “We remember trauma less in words and more with our feelings and our bodies,” states Janina Fisher and Bessel van der Kolk, prominent trauma researchers.

Traditional “talk therapies,” such as cognitive behavioral therapy, target the prefrontal cortex, the part of the brain that is not functioning when trauma occurs or resurfaces. Therefore, in order to heal from trauma, it is critical that your treatment targets limbic-system healing. Treatments like psychodrama, an experiential, body-focused method of treatment.

What Is Psychodrama?

Psychodrama is an action-based, group psychotherapy. The way I define it for clients is “the stories of the soul in action.” This is because, through movement, role play and imagination, clients get to tell their stories and change the endings so they can move forward in their lives. The past can stay in the past rather than continuously and intrusively interrupting the present. Psychodrama works to integrate feelings, sensations and thoughts to “lock in” learning by using interactive exercises and enacting past experiences.

The behaviors that psychodrama teaches are spontaneity and creativity. Healthy spontaneity, in psychodrama terms, is the quality of choosing a new and effective response to an old situation. Creativity is the result of healthy spontaneity, fueling new ideas and behaviors. This might involve standing up and role-playing using a new behavior. Or using a new behavior outside of group and then reporting back how it went. This trait can help bring a person right into the moment, which is so important for trauma/PTSD recovery. This can help remove emotional blocks, allowing for more freedom and fluidity in navigating life’s challenges and enjoying life’s gifts.

Psychodrama is held in a group setting because those with post-traumatic stress often isolate themselves, feeling very much alone and misunderstood. Group provides a safe and supportive environment made up of people that understand and can relate to them. Those who’ve experienced trauma need love, acceptance, honest feedback, strength and hope. And group therapy enhances this type of connection. It helps shed the beliefs, emotions and behaviors set in place by traumatic experiences with “doing” rather than just “talking.”
**Educational Opportunities**

**NAMI Family to Family Class**
Please call to register for the next class beginning March 2, 2020

NEW—8-week format

Parents, spouses, friends, or adult children of people with mental illnesses are invited to participate in the next 8-week class, March 2–April 27 with no class on April 6, taught by Gay, Rachel, and Carol. There is no charge for this NAMI signature program. Participants will learn valuable information to help them understand and support an ill relative while maintaining their own well-being. Please call 309-360-6972 or 309 693-0541 for information or to register for this upcoming class.

**NAMI Peer to Peer Class**
This class is currently not offered in our area.

**NAMI Basics Education Program**
Please call to register for the next class beginning March 24, 2020

This six-session course is for parents and caregivers of children and adolescents with mental illness. Basics is taught by parents who have lived similar experiences with their own kids and have received training to teach the course. Teachers for the March 24 through April 28 class are Beth and Ron. The class covers the biology of mental illness, treatment, school interventions, and the latest research as well as the trauma of brain disorders for the child and the family. In addition, it covers preparation for crisis situations and the importance of caring for yourself. If you are interested in this class, please call 309 251-5830 or 309 693-0541. The class is free of charge, but registration is required.

Also, check out www.NAMI.org "Basics" video on You Tube for further description of the course.

~NAMI Basics is now also available online through NAMI Basics OnDemand~

The OnDemand program is also guided by parents and family members with lived experience but is self-paced and available 24/7. OnDemand offers the flexibility of participating in the course on your schedule. Both formats provide identical information, strategies and the opportunity to connect with other parents and caregivers.

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**NAMI Members Speak Out...**

1/29/20—Beth Lawrence participated in an interview with Lorene King at WPNV which was aired on February 1. She spoke about NAMI, its mission, open participation, and Faith-Net.

Thanks to Kim Blundy for her extraordinary help with the content of this newsletter. You are appreciated!

**Report on the February Education Meeting: Resiliency**

**Review by Beth Lawrence**

Did you read last quarter’s newsletter on Resiliency? Did you attend February’s Education Meeting? Counselor Kay Blankenship delivered an energetic presentation, had us rate ourselves on elements of resiliency, introduced phrases such as flipping your lid, taking a moustache breath, hot lava, lollipop moments and the sound of a Tibetan singing bowl. She did speak of stress, its physical and psychological effects, negative thinking and ways to change it, mindfulness and gratitude meditation, as well as adding that asking for help is a sign of strength. “Sometimes you have to let go of the picture of what you thought life would be and learn to find the joy in the story you are actually living.” Our thanks to Kay!

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**Shopping on Amazon?**

**Please choose NAMI Tri-County Illinois**

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**March, April & May 2020 Family Forum Page 2**
**Letter from the President**

Dear Members and Friends,

Long ago in my early adult life, I lived and worked in Kenya. After arriving in the country, I received an assignment, exchanged it with another co-worker, attended in-country orientation and an introduction to tropical medicine. I was sent by small plane to the northern frontier for 2 weeks, yet I was left there for 6 weeks. When I finally settled in my assigned position, I remember talking with my co-workers about change as we’d walk in the evenings in the nearby, usually dried-up riverbed. We talked about change being something we can count on; that hasn’t shifted.

One of NAMI’s new changes is in our Family to Family Class. It has been condensed from a 12-week class to an 8-week class, having been rewritten by NAMI’s education team. This is NAMI’s most popular and acclaimed class, presented all over this country, translated into different languages and known for presenting materials that class participants often refer back to time and again. Teri Latter, NAMI Illinois’ education program director, is also a Family to Family instructor who anticipated her affiliate’s first run of the abbreviated program to start in mid-February. Each teacher must become familiar with the new format and assorted teaching options. We hope that an 8-week class is easier to attend than a 12-week class (see description on pp. 2 & 4); and that, as in the past, Family to Family alumni find themselves more at ease with the situations they face and better able to understand the needs of others. I expect this to be a positive change.

Other changes are in our board member make-up. Last year Karen Rose dropped off the board. This year Karen contacted me, announcing her retirement from the Center for Prevention of Abuse and desire to once again be more involved. With email votes, our board overwhelmingly chose to invite Karen to come back on. We gain; then sometimes we lose. As responsibilities started to arrive from the former email, I learned that we will lose Sonya Bolden to an out-of-town job. She’s heading to Texas. It is Sonya who sends the e-blasts each month before each education meeting. She’s offered to continue sending from a distance. What a giver. I hope this is a good change for Sonya.

Technology is such an agent of change. We see so much and occasionally give pause to hear a different voice or idea. Drew Dudley said, “We’ve made leadership about changing the world and there is no world. There are only 6 billion understandings of it.” Think of that! Mr. Dudley advocates greater understanding of our world, understanding what other people are capable of and how much other people care about them and how powerful one person can be in effecting change for another. That’s something we appreciate.

Back to a personal anticipation of change, my husband and I are looking forward to becoming grandparents during the time of this newsletter issue. A good change.

May you meet the changes you face with resiliency.

*Beth Lawrence*

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**Education Meetings**

**First Thursday of most months, 7:00—8:30 p.m.**

**Location:** ICC Peoria, Poplar Hall, Room 127

**March 5**

**Topic:** Recovering from Trauma

**Speaker:** Tahari Allen, OSF Strive, a trauma recovery program offered in our community (see p. 5 for more details)

**April 2**

**Topic:** Trauma within the Family

**Speakers:** Jennifer & Jason Carey

Personal experience of child who has been diagnosed with Reactive Attachment Disorder, PTSD, ADHD, & Autism (see p. 5 for more details)

**May 7**

**Topic:** Bullying

**Speaker:** Laura Kowalske, Director of Prevention Education at Center for Prevention of Abuse (additional information will be posted on the website)

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**IDHS/DMH Recovery & Empowerment Statewide Calls**

Calls are held on the 4th Thursday of each month (except November and December) From 10:00 a.m. - 11:00 a.m.

Call-In Number: 1-844-867-6167; Access Code: 4360050

**April 23:** Finding Supportive Friendships

**May 28:** Realizing the Impact We Have on Our Lives

**June 25:** Searching for Answers to Life’s Changes

**July 23:** Envisioning Wellness in Our Careers

**August 27:** Shifting our Outlook

**September 24:** Finding the Positives in Our Challenges

**October 22:** Seeking a Healthy Lifestyle

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**IDHS/DMH Training**

Certified Recovery Support Specialist/Certified Peer Recovery Specialist (CRSS/CPRS) Fundamentals Training, designed for people to develop and enhance skills for relating, listening, and learning with and from others while working in the recovery support profession.

**South:** March 17; Mt. Vernon – Mt. Vernon Convention & Visitor’s Bureau

**Central:** March 17; Springfield—Memorial Center for Learning & Innovation

**North:** March 24; Chicago – Thompson Center

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**NAMICon 2020**

The NAMI National Conference for 2020 with a theme of “Together Toward Tomorrow” will be in Atlanta on July 15-18. Please go to nami.org to register if you are interested in attending.
Newly Designed Family to Family Class Offered this Spring

A spring Family to Family Class is scheduled to start on Monday, March 2, at 6:30 pm at Illinois Central College, East Peoria Campus. This is a newly rewritten 8-week class (from 12 weeks) for family members of individuals 18 and over who have mental health conditions. The course covers different illnesses, diagnoses, treatments, medications and other therapies, research, communications, family dynamics, self-care and more. It is taught by trained teachers who also have "lived experience." There is no fee for this course, but registration is required. Please call Gay at 309-360-6972 or the NAMI information line 309-693-0541 to register or for more information.

Testimonial: "Before I took the course, I felt alone and overwhelmed dealing with my daughter’s mental illness. By taking this course, I have met others who are going through the same things I am and have learned about many resources that I never knew existed."

Website with more information: https://nami.org/Find-Support/NAMI-Programs/NAMI-Family-to-Family

Basics Class Offered this Spring

A spring Basics Class will be held in Peoria on Tuesday nights, 6:30 p.m., March 24 through April 28, and will be taught by Beth and Ron. This six-session course is for parents and caregivers of children and adolescents with mental health concerns. Basics is taught by parents who have lived similar experiences with their own kids and have received training to teach the course. See further description on p. 2.

The class is free of charge, registration is required. Call 309-251-5830 or the NAMI information Line at 309 693-0541.

Testimonial: “This program rescues parents and children and may improve the school system, mental health (public and private) system and the juvenile justice system as parents are empowered with information and confidence.”

Newly Available Services

Our own NAMI website www.namitri-countyillinois.org enables people to contact us. We have recently received information about newly available services that we’d like to pass along to you.

Melissa Millinger, LCSW is a Certified Perinatal Mental Health Specialist at UnityPoint Health, specifically addressing mood and anxiety disorders surrounding the birth of a baby. Additionally, she is leading support groups for MOMS MATTER every Thursday at two locations. Contact PIA_MomsMatter@unitypoint.org or Melissa at melissa.millinger@unitypoint.org or 309-671-2941.

Shelley Fritz is a certified ADHD coach. She has 20 years of experience as a special ed teacher. has “lived experience” with ADHD and coaches teens and adults. Services are private pay. Contact Shelley at Lifefocuslearning@gmail.com or 309-645-9322.

Thank You!

Monetary Donations
Amazon Smile
Anonymous, AbbVie Your Cause
Anonymous, Network for Good
Linda Lakin
Ken & Janet Schrock
Will & Plearn Staggs

In Memory of David Bash
John and Patty Hession
In Memory of Robert Howl
Michelle Barbeta
Megan Bolitho
Michelle Darter
Catherine Fermo
Shannon Frazier
Samantha Goultry
Ivy Guadalupe
Cynthia Howl
David Howl
Tammy Jake
Tammy Janke
Karre Jones
Clara Lopez
Lynn Morrow

Most of these contributors are co-workers of Robert’s sister; his sister and her co-workers live in the state of Virginia. Robert lived in Peoria with mental health concerns, and they all wanted to honor him and the co-workers to support his sister by giving to NTCI.

What a kind gesture!

Special Gifts:
Craig Stanford offered his church for our holiday party and he & Deb Shaw set up the tables and helped keep food hot or cold and made the area comfortable for us
Roger Mohn has made donations of his book at NAMI events

Special Program
Rick Otey does presentations on Abraham Lincoln, Lincoln’s Melancholy. He does not charge entrance but asks that donations be made to NTCI in memory of his late son, Brian Otey, and others who live with depression

In Memory of Brian Otey & others living with depression:
Jonna Tyler

Organizations who gave generously

Mr. Runkle donated half of the auditing fee back to NAMI Tri-County Illinois. Thank you for this generous contribution.

Regarding Donations to NAMI Tri-County Illinois

We receive generous anonymous donations through Network for Good and AbbVie Your Cause. These are greatly appreciated! We would like to acknowledge the donors, but since gifts are given anonymously, we can’t. Our organization does not put donors on a mailing list for future solicitations nor do we sell names to other organizations. If you donate directly to us, you will only receive the letter of thanks unless you join our organization or were previously on the mailing list. We will list you in the newsletter “Thank You” section unless you request anonymity.
The March 5 Education Meeting will be
Recovering from Trauma

The meeting will be at ICC Peoria Campus, Poplar Hall, Room 127, from 7:00 to 8:30 p.m. The speaker will be Tahari Allen who is with OSF Strive—a Trauma Recovery Program in Peoria.

This is information is from the OSF Strive website:

Violence can have long-lasting mental and emotional effects. We understand that you want a better future for yourself. We will be by your side as you find that path forward.

Our trauma recovery program, OSF Strive, is offered through OSF Saint Francis Medical Center in Peoria, Illinois and provides counseling and other services to guide you through the healing process.

We cannot change the past, but we can help you learn to cope with the distress you may be feeling.

Our counselors and case managers are specially trained to help you after a traumatic event. Going to counseling does not mean you will have to recount or relive your experience. Our counselors will listen to what you are experiencing today and help you find a better future.

Our team can provide advocacy services, someone to be at your side. This person can go with you to meetings with police, attorneys, landlords or others you may be dealing with. They will help you understand the process, know your rights and get answers to your questions.

All services are provided free of charges to adults and teens who live in Peoria and meet certain qualifications.

This project was supported by Grant #2016-VA-GX-0027, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice, through the Illinois Criminal Justice Information Authority.

The April 2 Education Meeting will be
Trauma within the Family

The meeting will be at ICC Peoria Campus, Poplar Hall, Room 127, from 7:00 to 8:30 p.m. The speakers will be Jennifer and Jason Carey who have experienced an adolescent child acting violently in the home; their son was diagnosed with Reactive Attachment Disorder, PTSD, ADHD, & Autism. Come hear their experience of doing all they could—art therapy, equine therapy, special schools, medications—yet it didn’t seem to be enough to control the anger inside him.

This will be a powerful presentation of personal experience. They will be happy to answer questions.

Delightful Holiday Party

There were 41 members and friends at the holiday party on December 12. There was an abundance of delicious food, plenty of time to visit, and gifts for those who live with mental health conditions and for those who facilitate support groups and teach classes, thanks to Beth. There was plenty of coffee and dessert which allowed us to linger over conversations and make new acquaintances.

Craig and Deb had the beautifully decorated church ready for our party and allowed us to roam around and look at charming and meaningful Christmas decorations in the sanctuary.

If you didn’t attend this year, please try to make it next December.
Mindfulness: An Eight-Week Plan for Finding Peace in a Frantic World
by Mark Williams & Danny Penman 2012
Review from Amazon.com

MINDFULNESS reveals a set of simple yet powerful practices that you can incorporate into daily life to help break the cycle of anxiety, stress, unhappiness, and exhaustion. It promotes the kind of happiness and peace that gets into your bones. It seeps into everything you do and helps you meet the worst that life throws at you with new courage.

The book is based on Mindfulness-Based Cognitive Therapy (MBCT). MBCT revolves around a straightforward form of mindfulness meditation which takes just a few minutes a day for the full benefits to be revealed. MBCT has been clinically proven to be at least as effective as drugs for depression and is widely recommended by US physicians and the UK’s National Institute for Health and Clinical Excellence—in other words, it works. More importantly it also works for people who are not depressed but who are struggling to keep up with the constant demands of the modern world.

MBCT was developed by the book’s author, Oxford professor Mark Williams, and his colleagues at the Universities of Cambridge and Toronto. By investing just 10 to 20 minutes each day, you can learn the simple mindfulness meditations at the heart of MBCT and fully reap their benefits. The book includes links to audio meditations to help guide you through the process. You’ll be surprised by how quickly these techniques will have you enjoying life again.

“Peace can’t be achieved in the outside world unless we have peace on the inside. Mark Williams and Danny Penman’s book gives us this peace.”

- Goldie Hawn
NAMI TRI-COUNTY ILLINOIS
CALENDAR OF EVENTS
March, April & May 2020

~Illinois Central College Peoria Campus, 5407 N. University, Peoria~

Education Meetings, Poplar Hall, Room 127
Support Groups, Poplar Hall: Family—Room 132 & Connections—Room 127

March

Monday, March 2, First night of the Family to Family Class. You must register for this class. See details on pp. 2 & 4.
Tuesday, March 3, 7:00 p.m. Survivor’s of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, March 5, 7:00–8:30 p.m. Monthly Education Meeting, ICC Peoria Campus, Room 127, Poplar Hall. Speaker: Tahari Allen.
Topic: Recovering from Trauma.
Thursday, March 12, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Tuesday, March 17, 7:00 p.m. Survivor’s of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, March 19, 7:00–8:30 p.m. Monthly NAMI Support Groups; ICC Peoria Campus, Poplar Hall
Family and friends of people with mental health conditions. Room 132. For further information call 309 693-0541.
Connections—individuals participating in recovery. Room 127. For further information call John 309 472-5907.
Tuesday, March 24, First night of the Basics Class. You must register for this class. See details on pp. 2 & 4.
Tuesday, March 24, Princeton, IL, NAMI Family Support Group, for Family and close friends of people with mental health conditions, Perry Memorial Hospital, 3rd floor, White Oak Classroom, 530 Park Ave. E, Princeton. For information call 309 693-0541.

April

Thursday, April 2, 7:00–8:30 p.m. Monthly Education Meeting, ICC Peoria Campus, Room 127, Poplar Hall. Speaker: Jennifer & Jason Carey; Topic: Trauma within the Family
Tuesday, April 7, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, April 9, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Thursday, April 16, 7:00–8:30 p.m. Monthly Support Groups, ICC Peoria Campus, Poplar Hall
Family and friends of people with mental health conditions. Room 132. For further information call 309 693-0541.

May

Tuesday, May 5, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, May 7, 7:00–8:30 p.m. Monthly Education Meeting, ICC Peoria Campus, Room 127, Poplar Hall. Speaker: Laura Kowalske, Director of Prevention Education, Center for Prevention of Abuse, Peoria; Topic: Bullying.
Tuesday, May 14, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Tuesday, May 19, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, May 21, 7:00–8:30 p.m. Monthly Support Groups, ICC Peoria Campus, Poplar Hall
Family and friends of people with mental health conditions. Room 132. For further information call 309 693-0541.
Connections—individuals participating in recovery. Room 127. For further information call John 309 472-5907.
Tuesday, May 26, 6:30–8:00 p.m. Princeton, IL, NAMI Family Support Group, for Family and close friends of people with mental health conditions, Perry Memorial Hospital, 3rd floor, White Oak Classroom, 530 Park Ave. E, Princeton. For information call 309 693-0541.

Thursday, May 28, Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

Keep calm; Spring is Coming!

Survivors of Suicide - Peoria
Contact: Rev. Eimo Hinrichs or Mrs. Pat Hinrichs, 309 697-3342 or Sylvia Murphy, 309 208-3027
Meeting Place: Chapel at Proctor Hospital, 5409 North Knoxville Ave., Peoria, IL 61614
Meeting Day(s)/Meeting Time: 1st and 3rd Tuesday, 7:00 p.m. Facilitated by: Peer/Professional Charge: None

Brighter Days Ahead
513 NE Madison Peoria, Illinois 309 222-2012
“Brighter Days Ahead” offers a positive and uplifting environment for people 18 years of age or older who have experienced a mental illness. Its purpose is for members to have a safe place where they can socialize, receive support, and be part of fun, recovery-oriented activities while envisioning the brighter days ahead.

Hours of Operation
Monday - Thursday from 8 a.m.–4 p.m. Friday & Saturday from 8 a.m.–8 p.m. Sunday from 12 noon–5 p.m.
If you have any additional questions, we would be happy to talk either by phone 309 222-2012 or at recoverycenter@fayettecompanies.org
Post-Traumatic Stress Disorder

What is post-traumatic stress disorder, or PTSD?


PTSD is a disorder that some people develop after experiencing a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. This fear triggers many split-second changes in the body to respond to danger and help a person avoid danger in the future. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are no longer in danger.

Who develops PTSD?

Anyone can develop PTSD at any age. This includes war veterans as well as survivors of physical and sexual assault, abuse, car accidents, disasters, terror attacks, or other serious events. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden or unexpected death of a loved one, can also cause PTSD. According to the National Center for PTSD, about seven out of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men. Some traumas may put an individual at a higher risk and biological factors like genes may make some people more likely to develop PTSD than others.

What are the symptoms of PTSD?

Symptoms usually begin within 3 months of the traumatic incident, but sometimes they begin later. For symptoms to be considered PTSD, they must last more than a month and be severe enough to interfere with functioning in relationships or work. The course of the illness varies from person to person. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic (ongoing). A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person’s everyday routine. They can start from the person’s own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms:

- Staying away from places, events, or objects that are reminders of the experience
- Avoiding thoughts or feelings related to the traumatic event

Things or situations that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms:

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping, and/or having angry outbursts

Arousal symptoms are usually constant instead of being triggered by something that brings back memories of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event. These symptoms can make the person feel alienated or detached from friends or family members.

After a dangerous event, it’s natural to have some of the symptoms mentioned previously. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect a person’s ability to function and are not due to substance use, medical illness, or anything except the event itself, the person might be experiencing PTSD. Some people with PTSD don’t show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more anxiety disorders.

Why do some people develop PTSD & other people do not?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most will recover quickly without intervention.

Many factors play a part in whether a person will develop PTSD. Some of these are risk factors that make a person more likely to develop PTSD. Other factors, called resilience factors, can help reduce the risk of developing the disorder. Some of these risk and resilience factors are present before the trauma and others become important during and after a traumatic event.

Risk factors for PTSD include:

- Living through dangerous events and traumas
- Getting hurt
- Seeing people hurt or killed
- Childhood trauma

(PTSD Cont. on page 9)
March, April & May 2020

Family Forum

Post-Traumatic Stress Disorder

(PTSD Cont. from page 8)

- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

Resilience factors that may reduce the risk of PTSD include:
- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Learning to feel good about one’s own actions in the face of danger
- Having a coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of various risk and resilience factors including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

How is PTSD treated?

It is important for anyone with PTSD to be treated by a mental health professional who is experienced with PTSD. The main treatments are psychotherapy ("talk" therapy), medications, or both. Everyone is different, and PTSD affects people differently, so a treatment that works for one person may not work for another. People with PTSD need to work with a mental health professional to find the best treatment for their symptoms. If someone with PTSD is living through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal. Research shows that support from family and friends can be an important part of recovery.

Psychotherapy

Psychotherapy is "talk" therapy. There are many types of psychotherapy but all of them involve talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group and usually lasts 6 to 12 weeks, but can take more time. Many types of psychotherapy can help people with PTSD. Some types target PTSD symptoms while others focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person’s needs. Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One type of psychotherapy is called cognitive behavioral therapy, or CBT. CBT can include:

• Exposure therapy. This therapy helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses mental imagery, writing, or visits to the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.
• Cognitive restructuring. This therapy helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about what is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

Other talk therapies teach people helpful ways to react to frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

• Teach about trauma and its effects
• Use relaxation and anger control skills
• Provide tips for better sleep, diet, and exercise habits
• Help people identify and deal with guilt, shame, and other feelings about the event
• Focus on changing how people react to their PTSD symptoms.

Medications

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA-approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

How can I help a friend or relative who has PTSD?

If you know someone who may be experiencing PTSD, the first and most important thing you can do is to help him or her get the right diagnosis and treatment. You may need to help the person make an appointment and then visit the doctor together. Encourage the person to stay in treatment, or to seek different treatment if symptoms don’t get better after six to eight weeks.

Psychotherapy leads in Treating Post-traumatic Stress Disorder

By Adam P. Stern M.D. September 12, 2019

Abstracted from: https://www.health.harvard.edu

What does the new research tell us?

Rigorous new research supports using psychotherapy first, followed by medication if it fails to offer sufficient relief, or psychotherapy combined with medication from the start. This large meta-analysis, published online in JAMA Psychiatry, combined data from 12 randomized clinical trials and 922 participants. Researchers found that no particular treatment approach was superior to any other at the time of treatment. However, the benefits of psychotherapeutic approaches lasted longer. At their last documented follow up, patients with PTSD who received psychotherapy had significantly greater improvement in symptoms compared with those who received only medications. Additionally, combining both therapy and medications was significantly better in the long term than medications alone.

This meta-analysis presents the strongest argument yet that evidence-based psychotherapies are superior to medications alone in helping to relieve symptoms of PTSD. Combining both approaches also holds merit and is superior to medications alone, though not statistically better than psychotherapy alone.

(PTSD cont. on page 10)
Psychotherapy & Mindfulness

(PTSD Cont. from page 9)

Which type of psychotherapy is most helpful for PTSD?

Questions remain about which kind of psychotherapy is most effective. Evidence suggests that cognitive behavioral therapy, prolonged exposure therapy, Seeking Safety therapy, and EMDR help many people with PTSD. Yet there are not many head-to-head trials and there is no convincing evidence from those that were done.

The bottom line: Advocate and seek help early

Until more robust comparison research is completed, people who experience trauma must be their own best advocates. As a psychiatrist with experience in this field, I recommend the following:

- Monitor yourself closely after a trauma.
- Be on the lookout for early symptoms, such as mood and sleep disturbances.
- Be aware of whether symptoms seem to be improving or worsening over time.
- Be willing to listen to family members, loved ones, and your healthcare team, who may identify problem areas as they arise.
- Seek treatment early, with a mental health professional who has extensive experience in treating PTSD using one of the above therapeutic approaches.

Taking these steps offers the best opportunity to mitigate symptoms and optimize quality of life following a traumatic event.

What Is Trauma, and Can Mindfulness Help Treat It?

How do mindfulness and trauma relate? Here’s what you need to know.

By Jason N. Linder, LMFT, EMDR-Certified.

September 19, 2019

Abstracted from: http://www.psychologytoday.com

The word trauma comes from the Latin word meaning "wound." In medicine, professionals use the word "trauma" to refer to physical damage to body parts. By contrast, psychological or emotional trauma, loosely defined, also refers to another type of wound: any past event that creates significant hardship and impairment in the present, at least one month after it occurred.

Many equivocally think trauma is about what happened to the person when in reality, it's more about how the mind and body register what happened. Let me clarify from early on, however, that healing is very possible, doesn’t need to take a lot of time (many trauma therapies such as EMDR therapy (Eye Movement Desensitization and Reprocessing) are short-term and highly effective), and doesn’t mean what the perpetrator(s) did was okay. Unfortunately, much of the lay public doesn't see it this way or understand how or why psychological trauma can have a lasting negative impact on someone. Trauma treatment is still younger than 40 years old. In fact, it wasn't officially recognized as a significant emotional difficulty until 1980!

This is why there has been a movement toward "trauma-informed care" in all mental health fields recently. All this means is a sensitivity and awareness of how what happened to someone in the past affects them in the present. The groundbreaking ACE (Adverse Child Experiences) study is an example of this: children who endure adverse events such as physical abuse and neglect had higher rates of virtually any health problem later in life. In this sense, the ultimate goal of trauma-focused psychotherapy is getting past your past. Trauma psychotherapy, especially EMDR therapy, can be thought of as emotional surgery.

Those who experience traumatic events often develop post-traumatic stress disorder (PTSD) symptoms, such as stress, anxiety, and depression, although many don't. The criteria for PTSD are primarily hyper-arousal (the mind and body stay in a crisis-like state of tension and exhaustion, ready for danger), hyper-vigilance (the body and mind are constantly scanning for any signs of danger, and unfortunately often reacting to false-positives), and intrusive thoughts about the traumatic event replaying ceaselessly and uncontrollably in one’s mind.

These aftereffects can last for weeks, months, and even years. Trauma also can cause difficulty focusing, racing and intrusive thoughts, and flashbacks of the traumatic experiences. It can wreak havoc on sufferers’ relationships and quality of life. It can also affect sleep patterns, the immune system, diet, and other physiological processes significantly.

Trauma can also wake us up. One way of working with and through trauma is mindfulness meditation. That said, practicing mindfulness can be triggering for many trauma survivors. Mindfulness practices aren’t likely to cause trauma, but can reveal it.

Mindfulness practices and research also have a lot to offer trauma sufferers and survivors. The essence of trauma is not emotionally and psychologically situated in the here-and-now. In other words, trauma keeps you stuck in the past or constantly and helplessly fearing the future.

By practicing mindfulness, sufferers can shift the pendulum back to their presence in the here-and-now. Trauma and pres-
(Mindfulness Cont. from page 10)

Symptoms. In doing EMDR therapy with clients, I have found it important to introduce mindfulness and stabilization skills (training the mind and body to rest in a calm, peaceful, and safe state mindfully in the here-and-now) from the beginning of treatment in order to mitigate these symptoms before proceeding with the emotional surgery of EMDR.

These stabilization skills can be helpful to clients between sessions, as the features of trauma can occur at any time. Mindfulness is central to these stabilization skills and to a successful outcome in EMDR therapy.

Dr. Jon Kabat-Zinn (1994) is largely responsible for bringing mindfulness to the Western world. He defines mindfulness as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.” In using mindfulness exercises with clients, I’ve noticed that their focus improves, stress and anxiety decrease, and personal insight increases, which can all help to reduce trauma-related symptoms.

A traumatized brain is perhaps the opposite of a mindful brain. Whereas trauma symptoms pull you into the past, mindfulness can help to bring you to the present moment, the only place you can feel joy, calm, and peace. Often, when thoughts are racing in this manner, they are thoughts about what happened in the past or what will happen in the future. Mindfulness can be utilized in several different ways.

"Remember then: there is only one time that is important—Now! It is the most important time because it is the only time when we have any power.”

- Leo Tolstoy

Sound as an object of awareness articulates the ungovernability of experience and the open, spacious quality of consciousness quite well. It’s often a safer way to start experimenting with meditation for trauma survivors, as opposed to the breath, which can be triggering or uncomfortable, especially if the person had trouble breathing during the traumatic event(s), for example.

It is important to emphasize to clients that they will still have thoughts during a mindfulness exercise. The task is not to eliminate thoughts, but to identify what thoughts are coming up and to then gently refocus attention on the chosen object of attention (whatever it is) in the here-and-now. It helps clients learn to rest their minds on sounds or other suitable objects between sessions, particularly when they begin to notice disturbing, racing, or ruminative thoughts, stress, anxiety, depression, or any other symptom.

Beware, however, as mentioned, that while mindfulness doesn’t cause re-traumatization or stress in itself, it can increase a client’s awareness of it. In other words, it can reveal what’s already there and needing to be healed.

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References:

Trauma & Mindfulness

How To Move Forward After Going Through A Crisis

By Becky Brasfield | Jan. 21, 2020, nami.org

After a crisis, recovery can be challenging. Our lives are left in turmoil caused by the stressful situation we just managed to overcome. With the worst behind us, we have to pick up the pieces. But unfortunately, there’s no one-size-fits-all formula for how to take steps toward the future. So how do we move forward?

Determining Priorities

By prioritizing our goals and responsibilities, we can create an action plan. That action plan helps us reduce stress and live according to our values and priorities. Prioritizing also frees up energy we may be expending on the anxiety of not knowing what to do. Not knowing what to focus on can cause us to feel overwhelmed or even lead to another setback.

Here are some questions we can ask ourselves to help clarify our priorities.

- What issues are most important to me?
- What do I think about the most?
- What is causing me the most stress?
- What needs my attention right now?

Getting Proper Self-Care And Support

After a setback, we can’t place enough emphasis on taking care of ourselves. Self-care encompasses so much, from being emotionally kind and gentle to ourselves, to tending to our daily grooming and health to getting adequate nutrition. Self-care also means being supported by caring people who can help us feel better. Reminders for different aspects of self-care and support include asking ourselves:

- What can I do to be kind to myself today?
- How can I take care of my needs right now?
- How do I really feel?
- What kind of support do I need from others?
- What kind of support do I need to provide for myself?
- What kind of self-care or support will help me achieve my goals?

Attending To Paperwork

Many of us don’t like it, but attending to paperwork is a normal part of recovery. Medical bills, prescriptions, resumes, emails and documentation are all types of paperwork that may require our attention. Straightening out our lives after going through a hard time can be even more difficult if we don’t enjoy writing or filling out forms, but it’s okay to ask for help. The following questions may be helpful in getting ahead and getting organized in our paperwork:

- What paperwork do I need to request? What paperwork do I need to provide?
- Are all my bills up to date? Do I have copies of all my payments and invoices?
- Do I need to update my resume or cover letter? Do I need to update my contact information?
- Do I need to send any emails or make any phone calls?

There’s no right or wrong way to recover from a crisis. The goal is to lessen stressful situations in order to create more peaceful ones and increase our wellness. Getting organized and creating an action plan is a great way to start a new beginning in our lives.

Going through a crisis is one of the hardest parts of living with mental illness, so if you can get through that, you can also get through this process of moving forward.

Becky Brasfield is a Certified Recovery Support Specialist and mental health advocate in Chicago, Illinois. Becky has been volunteering with NAMI Chicago since 2013 and was a keynote speaker at the 2015 NAMI Light the Darkness Mental Health Awareness gala.
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