MLCPC 204:

Unresolved Trauma:

PTSD, Addictions, and Suicide

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Abstract

This session will discuss issues involving trauma that coaches need to be aware of. Dr. Scalise provides explanations, warning signs, and insights for coaches to be more aware these concerns with their clients. Participants will gain a greater understanding of when it is necessary to refer clients who are struggling with PTSD, addictions, or suicidal thoughts.

Learning Objectives

1. Participants will better study the causes and results of trauma.

2. Participants will explore how addictions may become an issue for clients.

3. Participants will gain a greater knowledge of depression and will be able to apply this knowledge when coaching clients.

I. Trauma and Traumatic Stress

A. Post Traumatic Stress Disorder: Criteria Symptoms (based on the DSM-IV-TR)[1]

1. The person has been exposed to a traumatic event in which both of the following have been present:

- The person has experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- The person's response involved intense fear, helplessness, or horror.

2. The traumatic event is persistently re-experienced in one (or more) of the following ways:

- recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
- recurrent and distressing dreams of the event
- acting or feeling as if the traumatic event were actually recurring (includes a sense of reliving the experience, illusions, hallucinations, dissociative flashbacks)
- intense psychological distress or exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

3. Persistent avoidance of stimuli associated with the trauma and numbing general responsiveness (not present before the trauma) as indicated by three or more of the following:

- efforts to avoid thoughts, feelings, or conversations associated with the trauma
- efforts to avoid activities, places, or people that arouse recollections of the trauma

- inability to recall an important aspect of the trauma
- markedly diminished interest or participation in significant activities
- feeling of detachment or estrangement from others
- restricted range of emotions

4. Persistent symptoms of increased arousal (not present before the trauma) as indicated by two or more of the following:
- difficulty falling or staying asleep
- irritability and outbursts of anger
- difficulty concentrating
- hypervigilence
- exaggerated startle response

5. Duration of the disturbance (Symptoms in Criteria 2, 3, and 4) is more than one month.

6. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

B. Complex Trauma generally refers to **multiple traumatic stressors** that involve direct harm and are **interpersonal**, that is, they are **premeditated**, **planned**, and **caused by other humans**, such as violating and/or exploitation of another person.[2]

1. Typically causes **more severe reactions** in the victim than trauma that is **impersonal** (i.e. natural disasters, some accidents, disease, etc.).

2. This is due to its **deliberate** vs. **accidental** causation.

3. Can be a **single or isolated event** (i.e. robbery, physical assault, rape, etc.) and perpetrated by a stranger – usually a precursor to PTSD.

4. More often than not, it is a result of **multiple traumas** or from exposure to high levels of stress.

5. The trauma often involves **family members** or **other close relationships** (clergy members, teachers, coaches, supervisors, etc.); the trauma and subsequent victimization can become **repetitive** and **chronic** (i.e. sexual abuse, elder abuse, neglect, ritualistic abuse, etc.). In these cases, the effects are often **compounded**, **prolonged**, and **cumulative** over time.

6. Sometimes **distorted trauma bonds** develop between perpetrators and victims – eventually leads to general **debilitation**, **despondency**, a state of **adaption** or **accommodation** as means of survival, and **dissociation**.

7. A relatively small event, repeated when an individual is young and most vulnerable, can have greater **emotional and spiritual toxicity** than a more intense event later in life.

C. "**Complex PTSD**"[3]

1. Alterations in the Regulation of Affective Impulses

- difficulty with modulation of anger and of tendencies towards **self-destructiveness** – over-inhibition or excessive expression (aggressive)
- **pathological self-soothing** behaviors and other methods of emotional regulation – even those that are paradoxical such as addictions and self-harming behaviors
- **easily-aroused** high-intensity emotions
- **difficulty describing** feelings and internal experiences
- chronic and pervasive **depressed mood** or sense of emptiness or deadness
- chronic **suicidal** preoccupation
- **difficulty communicating** wishes and desires
- **impulsivity**

2. Alterations in Attention and Consciousness

- leading to **amnesias**, **dissociative episodes** and **depersonalization**
- **distinct alterations** in states of consciousness
- problems with **orientation** in time and space
- acoustic and visual **perceptual** problems
- **impaired comprehension** of complex visual-spatial patterns
- **impaired memory** function and a general lack of integration – memory functions are complex, and the conclusion in the early 1990s that **repressed memories** do not exist now appears to be incorrect. There is still a lot of controversy, but it appears that people are able to segregate certain parts of their memory. Repression is a real phenomenon. It also appears that memory is highly malleable and easily contaminated.
- **inability to recall** or feel certain emotions – they can **vacillate** from numbness and detachment to hypersensitivity and flooding
- will "**live in their heads**" and fail to display sensitivity, empathy or insight

3. **Alterations in Self-perception**
    - predominantly negative and **low self-esteem**
    - involving a **chronic sense of guilt and responsibility**
    - ongoing feelings of **intense shame**
    - chronically abused individuals (especially children) **incorporate abuse messages** and post-traumatic responses into their developing sense of self and self-worth
    - the **lack of** a continuous and predictable **sense of self**
    - a generalized **sense of being ineffective** in dealing with one's environment
    - the **belief** that one has been **permanently damaged** by the trauma
    - a **poor sense** of separateness
    - **body image** distortions

4. **Alterations in Perception of the Perpetrator**
    - **incorporation** of his or her belief system
    - **complex relational attachment systems** often ensue following repetitive and premeditated abuse and the lack of appropriate response at the hands of primary caretakers or others in positions of responsibility – you see this in long term kidnapping situations.

5. **Alterations in Relationships with Others**
    - **not being able to trust** the motives of others
    - **reduced capacity** for **intimacy**
    - problems with **boundaries**
    - **internalized belief** that other people are mostly self-serving, out to get what they can by whatever means including using/abusing others – **no one is safe**

- **distrust** and suspiciousness leading to **social isolation**
- **unaware** that other people can be benign, caregiving, and not dangerous
- **uncertainty** about the reliability and predictability of the world
- **difficulty** with perspective taking
- **difficulty** enlisting other people as resources, advocates, or allies

6. **Somatization (Physical Complaints) and/or Medical Problems**
    - **may relate directly** to the type of abuse suffered and any physical damage that was caused or they may be more diffuse
    - have been found to **involve all major body systems** and to include many pain syndromes, medical illnesses, and somatic conditions
    - **sensorimotor** developmental problems, problems with **coordination** and **balance**
    - **hypersensitivity** to physical contact

7. **Alterations in Systems of Meaning**
    - often feel **hopeless** about finding anyone to understand them or their suffering
    - **despair** of being able to recover from their psychic anguish
    - **difficulties** in **attention regulation** and executive functioning
    - **problems focusing** on and **completing** tasks
    - **difficulty planning** and **anticipating** consequences
    - **learning difficulties** and problems with language development
    - **problems with processing** novel information
    - **problems** with **object constancy** (the ability to see oneself as a separate and unique individual)
    - **problems understanding** their own contribution to what happens to them

D. Neurological Functioning

1. When the human organism is **repeatedly exposed** to traumatic stress, disruptions can occur in brain functions and structures, endocrinological function, immunological function, and central and autonomic nervous system arousal.

2. The complex trauma often results in **chronic over-activation** of an individual's **autonomic nervous system** – resulting in fight-flight-freeze responses to seemingly random and unrelated cues long after exposure to traumatic experiences have ended.

3. Recent research suggests that complex trauma in younger children actually changes their **neuro-psychological development**, which in turn, can change learning patterns, behavior, belief systems, cognition, self-identity, and social skills.

4. The **amygdala** and the **hippocampus**, both part of the limbic system, actually change after exposure to a traumatic event. These changes result in a **disruption in the flow of information** from the primitive parts of the brain (limbic) to the higher cortical levels associated with consciousness and executive function.

5. Simply stated, trauma appears to **shut down higher cortical processing**. Access to language, information and certain types of memory are impaired. The client's ability to plan and think objectively is dramatically altered. The essence of **objective thinking** and **judgment** is significantly impaired when a triggering episode occurs. As a result, these clients tend to be hyper-emotional, histrionic, and easily angered.

II. Addiction

A. Almost All Addictions Are Based on Human Needs – to Be Met in the Moment

1. Legitimate human needs are often attended to and met in illegitimate kinds of ways.

2. There are many kinds of addictive behaviors and problems.

3. The dynamics of all addictions are similar.

B. Needs that Drive People into Addiction

1. The need to be insulated from worry or anxiety

2. The need to escape from the pressures of life

3. The need to reduce manipulating guilt feelings

4. The need to have approval or acceptance

5. The need to maintain control over one's environment

6. The need to avoid pain

7. The need to have order or be free from confusion

C. Types of Addiction

1. Stimulants: Kinds of addictions that increase or cause arousal or ecstasy.

- Increases adrenaline levels in the body
- Substances
- Activities

2. Tranquilizers: Kinds of addictions that calm or sooth the body.

- Release endorphins
- Substances (i.e. alcohol)
- Food

3. **Psychological:** Kinds of addictions that typically have an interdependent dynamic.
    - Self-punishment (i.e. cutting)
    - Workaholism
    - Codependency

4. **Unique Appetites:** Kinds of addictions that have both psychological and physiological features.
    - Pornography/Sexual addiction

D. Stages of Addiction

1. **Experimentation:**
    - The individual is looking for a form of escape, trying to meet their human need.
    - Often, the individual will experiment with another, more experienced user.

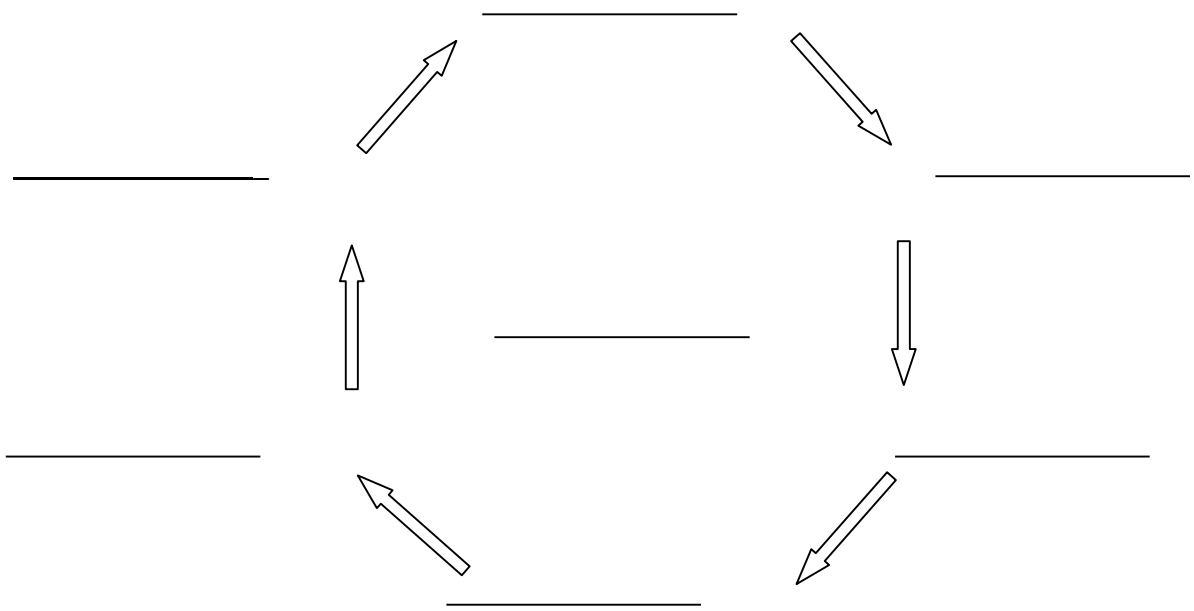
2. **Occasional Using/Doing:**
    - The individual is using more periodically, usually still within a peer relationship.
    - The individual begins to experience periodic disruptions as a consequence of using the substance or participating in the behavior.

3. **Regular Using/Doing:**
    - The individual starts using more alone and in isolated situations.
    - Paranoia increases and there are greater disruptions.

4. **Dependency:**

- The individual is so dependent on the substance or activity that they feel they must engage in it in order to make it through the day.

E. The Addictive Cycle



F. Common Factors in All Addictions

1. They all provide a form of escape.

2. They all serve the purpose of removing a person from his/her true feelings.

3. They always involve pleasure.

4. They override the ability or willingness to delay self-gratification.

5. At some level they have some obsessive-compulsive features.

6. They usually lead to system of denial or minimization.

7. They totally control the addict. This control supersedes all logic or reason.

8. They are unhealthy, destructive, and take priority over all other life issues.

III. Mood Disorders

A. Comorbidity: When a person is wrestling with a substance abuse or addiction issue as well as an emotional or mental health issue.

B. Statistics:[4]

1. Lifetime prevalence of ***Anxiety Disorders*** = 28.8%
2. Average onset of ***Anxiety Disorders*** = 12 years old
3. Lifetime prevalence of ***Panic Disorders*** = 4.7%
4. Average onset of ***Panic Disorder*** = 24 years old
5. Lifetime prevalence of ***Major Depressive Disorder*** = 16.5%
6. Average onset of ***Major Depressive Disorder*** = 28 years old
7. Lifetime prevalence of ***Bipolar Disorder*** = 3.9%
8. Average onset of ***Bipolar Disorder*** = 25 years old
9. According to the U.S. Department of Health, 25% of all prescriptions written in the United States are for psychotropic medication.

C. Biblical Examples of Depression

1. **Job –** "And now my soul is poured out within me; days of affliction have seized me. At night it pierces my bones within me, and my gnawing pains take no rest." ***Job 30:16-17***
   - An example of **physical** or **emotional pain** that becomes too great.

2. **Elijah –** "But he himself went a day's journey into the wilderness and came and sat down under a juniper tree; and he requested for himself that he might die, and said, 'It is enough; now O Lord, take my life, for I am not better than my fathers.'"***—1 Kings 19:4***
   - An example of what can happen right after an **emotional** or **spiritual "high."**

3. **Jonah –** "Therefore now, O Lord, please take my life from me, for death is better to me than life."***—Jonah 4:3***
    - An example of experiencing **hopelessness** and **discouragement**.

4. **David –** "My tears have been my food day and night. Why are you in despair, O my soul? And why have you become disturbed within me?"***—Psalm 42:3, 5***
    - An example of experiencing **numerous losses**.

5. **Jeremiah –** "My soul has been rejected from peace; I have forgotten happiness, so I say, 'My strength has perished, and so has my hope from the Lord.'"***—Lamentations 3:17-18***
    - An example of experiencing a **lack of response** from others.

6. **Jesus –** "My soul is deeply grieved, to the point of death."***—Matthew 26:38***
    - An example of anticipated loss or pain.

D. Types of Mood Disorders

1. **Mood Episodes –** usually have a duration of 1-2 weeks and do not represent an ongoing or repeated pattern of symptoms
    - Major Depressive Episode
    - Manic Episode
    - Mixed Episode

2. **Depressive Disorders –** usually characterized by one or more depressive episodes without a history of manic or mixed episodes; typically there is a period of at least 2 consecutive months between episodes in which there is either complete or partial remission of symptoms
    - Major Depressive Disorder

- Dysthymic Disorder (a chronically depressed mood that occurs for most of the day, more days than not, for a period of a least 2 years for adults and 1 year for children/adolescents)

3. **Bipolar Disorders -** usually characterized by 1 or more depressive episodes and 1 or more manic episodes
   - Bipolar I Disorders (manic episodes are the dominating feature)
   - Bipolar II Disorders (depressive episodes are the dominating feature)

4. **Cyclothymia** (a fluctuating mood disturbance involving numerous periods of both manic and depressive episodes with a duration of at least 2 years for adults and 1 year for children/adolescents)

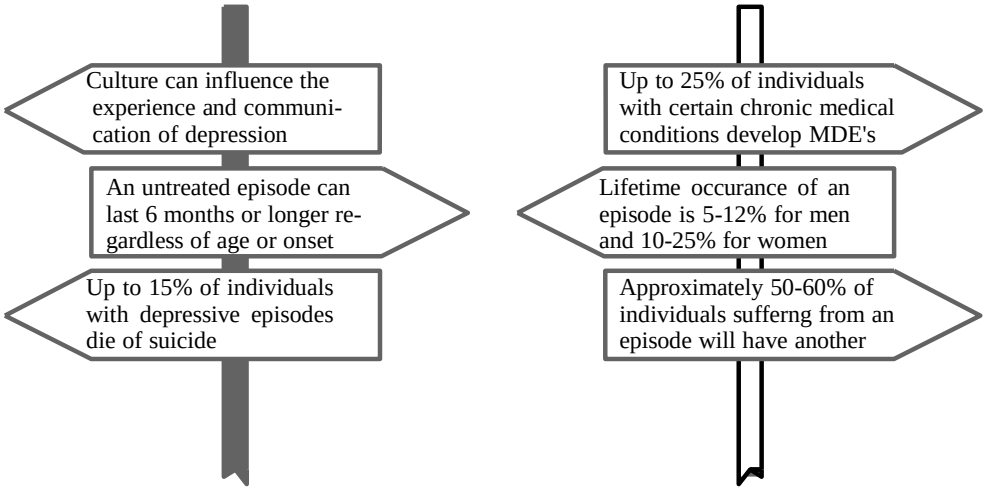
E. Signs and Symptoms

1. Depressive Episodes

- A depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g. feels sad or empty) or observation made by others (e.g. appears tearful). In children or adolescents, can be irritable mood
- Markedly diminished interest or pleasure in all, or almost all activities of the day, nearly every day (as indicated either by subjective account or observation made by others)
- Significant weight loss when not dieting or weight gain (e.g. a change in more than 5% body weight in any given month), or increase or decrease in appetite nearly every day
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
- Fatigue or loss of energy nearly every day

- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or observation by others)
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicidal attempt or a specific plan for committing suicide
- *Note:* 5 or more of the above symptoms need to be present during the same 2 week period and represent a change from previous functioning; at least one of the symptoms must be either the first or second item.

Depression Facts

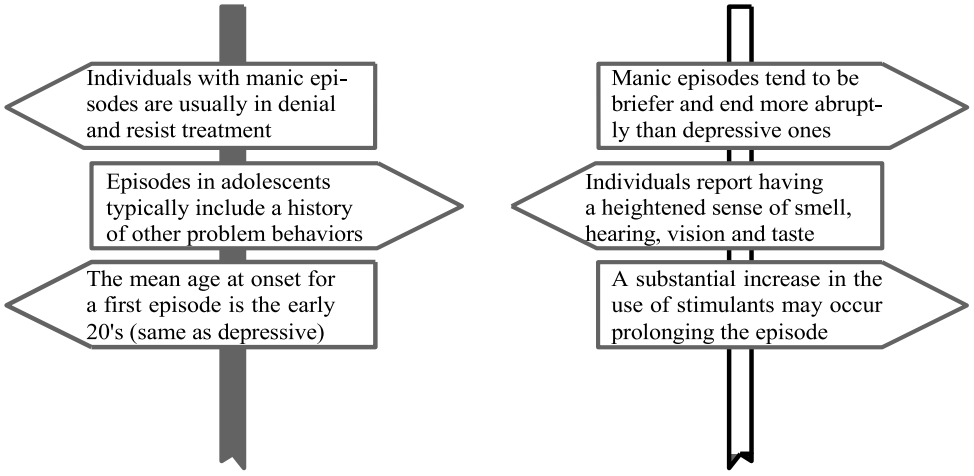


2. Manic Episodes

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week
- Inflated self-esteem or grandiosity
- Decreased need for sleep (e.g. reports feeling rested after only 3 hours of sleep)
- More talkative than usual or pressure to keep talking (hyperverbal)

- Flight of ideas or subjective experience that thoughts are racing
- Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli)
- Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
- Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g. engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- *Note:* during the period of mood disturbance, three (or more) of the above symptoms have persisted in addition to the first item and have been present to a significant degree

Manic Episode Facts



F. Causes and Factors of Depression

1. Endogenous Depression

- **Primary:** because it primarily occurs internally (biological, genetic, chemical)
- **Autonomous:** because it is more likely to arise spontaneously (from within); often described as intense despair; can be accompanied by self-destructive tendencies

2. **Exogenous Depression**
    - **Secondary:** because it primarily occurs externally (psychological, cognitive, environmental)
    - **Reactive:** because it is usually a response to real, imagined or anticipated loss, or trauma; usually of shorter duration and easier to treat

G. Potential Etiologies

1. **Physiological**: tumors, brain injury, over tired/sleep deprived, excessive worry, excessive hunger, postpartum

    "A joyful heart makes a cheerful face, but when the heart is sad, the spirit is broken." ***—Proverbs 15:13***

2. **Metabolic**: chemical imbalances, menopause, diabetes or other disease, thyroid dysfunction, substance abuse, electrolyte imbalance (sodium or potassium), viral infections, premenstrual syndrome, hormonal imbalances

    "A joyful heart is good medicine but, a broken spirit dries up the bones." ***—Proverbs 17:22***

3. **Guilt**

    "When I kept silent about my sin, my body wasted away through my groaning all day long. For day and night Your hand was heavy upon me; my vitality was drained away as with the fever heat of summer. I acknowledged my sin to You and my iniquity I did not hide; I said, 'I will confess my transgressions to the Lord'; and You forgave the guilt of my sin." ***—Psalm 32:3-5***

Objective Guilt
(What we have done or failed to do)

Subjective Guilt (How we feel)	We are guilty	We are not guilty
We feel guilty	**I.**	**II.**
We do not feel guilty	**III.**	**IV.**

True Guilt – Area I **False Guilt or Misplaced Guilt – Area II**

Denial – Area III **Set Free – Area IV**

4. **Anger Turned Inward:** unresolved hurt/loss/abuse that leads to anger, unforgiveness and bitterness

   *"Be angry, and yet do not sin; do not let the sun go down on your anger, and do not give the devil an opportunity."**—Ephesians 4:6***

5. **Self-effort:** living beyond one's means emotionally; overwhelmed trying to do everything in one's own strength; overly responsible for others

   *"I can do all things through Christ who strengthens me."**—Philippians 4:13***

6. **Wrong Perspective:** pleasure found in the world; wrong motives; low frustration tolerance

"Whom have I in heaven but You? And besides You, I desire nothing on earth. My flesh and my heart may fail; but God is the strength of my heart and my portion forever." ***—Psalm 73:25-26***

7. **Adjustment Reactions:** difficulties with loss or trauma and complicated grief

"We are afflicted in every way, but are not crushed; perplexed, but not despairing; persecuted, but not forsaken; struck down, but not destroyed; always carrying about in the body the dying of Jesus, that the life of Jesus also may be manifested in our body." ***—2 Corinthians 4:8-10***

8. **Attacks by Satan:** Spiritual warfare

"For the weapons of our warfare are not of the flesh but divinely powerful for the destruction of fortresses. We are destroying speculations and every lofty thing raised up against the knowledge of God and we are taking every thought captive to the obedience of Christ." ***—2 Corinthians 10:4-5***

IV. Suicide

A. Precipitating Factors

1. Individuals with intense emotional pain as seen in various forms of depression

2. Individuals with intense feelings of hopelessness

3. Individuals with a prior history of ideations or attempts

4. Individuals with a family history of depression or suicide

5. Individuals with severe or life threatening health problems

6. Individuals who have experienced significant loss (spouse, child, job, friends who recently committed suicide, etc.)

7. Individuals with chronic self-destructive behaviors

8. Individuals having an intense need to achieve or be accepted

9. Individuals with an excessive number of disturbing life events within the past six months

B. Warning Signals

1. There's always a gradual buildup to the actual attempt

2. Appetite disturbance

3. Sleeping disturbance

4. Inability to cry or grieve

5. Depression and inability to cope any longer

6. Lack of or refusal to utilize available support systems

7. Apathy and isolation

8. Sudden drop in job performance or grades

9. Inability to communicate with others

10. Sudden outbursts of fury and rage

11. Giving away "treasured possessions"

12. Preoccupation with the notion of death in movies, art, music and literature

13. A clear means stated to kill oneself

14. A clear statement that suicide will occur soon

C. Signs Indicating Severe Depression but No Immediate Threat of Suicide

1. No clear cut method of committing the act

2. No clear statement of when the attempt will occur

3. Appetite not severely impaired

4. Sleeping not severely impaired

5. Has some ability to release grief and emotions

6. Availability and use of support systems

D. What to do if there is Immediate Danger

1. Make sure you have made an accurate assessment of the situation; use the **S.T.O.P.** principle:

   S - What are the **specifics** of the suicide plan?

   T - What is the **timing** of the suicide plan?

   O - What are the **options** that are available to the person?

   P - What is the **proximity** of help, intervention, and support?

2. Make sure you have an address and phone number if at all possible.

3. Tell the person that you fear for them and believe that they are capable of hurting themselves.

4. Get across that you agree they mean business.

5. Don't try to bluff them out of it.

6. Don't try to argue them out of it unless they are in the process of committing the act.

7. Get them to make a contract with you that they will call you or someone *before* they would ever attempt to hurt themselves.

8. Tell them that you are going to call someone for help (family, ambulance, etc.).

9. Immediately contact medical help or emergency services.

10. Follow up as soon as possible.

Suicide is a **Permanent Decision** to a **Temporary Problem**

"Then I saw a new heaven and new earth; for the first heaven and the first earth passed away, and there was no longer any sea. And I saw the holy city, new Jerusalem, coming out of heaven from God, made ready as a bride adorned for her husband. And I heard a loud voice from the throne, saying, 'Behold the tabernacle of God is among men, and He will dwell among them, and they shall be His people, and God Himself will be among them. And He will wipe away every tear from their eyes; and there will no longer be any death; there will no longer be any mourning, or crying, or pain; the first things have passed away.' And He who sits on the throne said, 'Behold, I am making all things new' and He said, 'Write for these words are faithful and true.'" ***—Revelation 21:1-5***

Endnotes

[1]American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders DSM- IV-TR*, 4th ed. (Washington D.C.: American Psychiatric Association, 2008).

[2]J. Herman, *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror* (New York: Basic Books, 1997).

[3]C. Courtois (Ed.), *Treating Complex Traumatic Stress Disorders (Adults): An Evidence-based Guide* (New York: Guilford Press, 2009).

[4]U.S. Department of Health and Human Services, accessed September 5, 2012, www.hhs.gov.