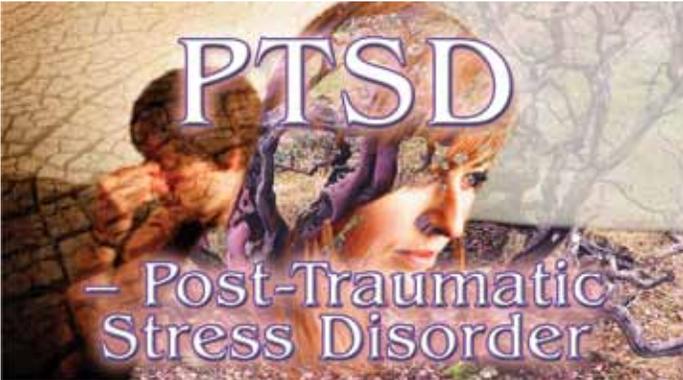


EMOTIONAL WELLNESS MATTERS

VOLUME XVIII, NUMBER 5



Most of us build our lives around the belief that we will be relatively safe. Granted, normal daily life involves many stressors, especially in these hectic times, but we expect these pressures to happen and we become accustomed to handling them. The more flexible we are and the more we know ourselves and are in touch with our abilities, the easier it is to deal with normal everyday stress.

Sometimes, however, any of us could be subjected to catastrophic stress. Our feeling of safety in these circumstances can vanish. We could experience terror and a complete inability to know how to handle these situations that are outside of the ordinary realm of experience. These catastrophic events can include rape, physical or sexual abuse, physical attack, mugging, car-jacking, natural disasters (earthquakes, hurricanes, tornados, floods, etc.), fires, car accidents, plane crashes, hostage situations, school shootings, military combat, or the sudden death of a loved one. It is not only the victims of these events, but also witnesses, families of victims, and helping professionals who can develop severe stress symptoms that can last for months or even years after the event.

Post-Traumatic Stress Disorder (PTSD) is the term used to characterize people who have endured highly stressful and frightening experiences and who are undergoing distress caused by memories of that event. It is as if the person just cannot let go of the experience. The event comes back to haunt them. The anxiety experienced during or immediately after a catastrophic event is called *traumatic stress*. When the symptoms last several months after the event, it is called *post-traumatic stress*. PTSD can last for years after the orig-

Fox Valley Institute News Brief



Stephanie Russo, MA, LCPC joins FVI! Stephanie is enthusiastic about helping people achieve positive change and personal growth. She sees her role in the therapy process as being a guide and an encourager. Stephanie's laid back demeanor contributes to her already creative and flexible therapy approaches, making clients feel safe and respected.

Stephanie works with individuals, children, adolescents, and families. She has significant experience working with abuse and trauma survivors, as well as depression and anxiety disorders. Stephanie is also certified in Eye Movement Desensitization and Reprocessing (EMDR).

To read Stephanie's full biography, please go to our website at www.fvinstitute.com. You can reach her at 630-718-0717 ext. 204 or via email Stephanie@fvinstitute.com



Fox Valley Institute was a proud sponsor of the USO's 1st Annual Heartland Classic Golf Outing at Bolingbrook Golf Club on June 6th. The USO of Illinois is a non-profit organization that provides

active support, care and comfort for more than 300,000 troops and their families throughout the Midwest every year.

Jen Logston, MSW, LCSW spoke on the topic of **bullying** in April at St. Timothy's Lutheran Church, Lombard.

Cheryl Frommelt, MS, LMFT, LCPC spoke to graduating seniors in April for the Alumni Association at Montini Catholic High School in Lombard.



640 N. River Road, Suite 108
Naperville, IL 60563

t. 630.718.0717
f. 630.718.0747
fvinstitute.com



inal trauma and may not become evident initially. For example, an individual may witness a murder as a child, but not experience the associated stress until mid-life.

Some people are more likely to develop PTSD than others. Experts are not sure why some people develop PTSD after a relatively minor trauma while others exposed to great trauma do not. Those who are very young or very old are more vulnerable. PTSD is also associated with intelligence (those with a higher level of intelligence are less likely to suffer from PTSD). Individuals who already suffer from anxiety disorders, some personality disorders, or depression seem more likely to get PTSD after extreme trauma. It seems that the more vulnerable one feels in dealing with the world, the more likely one is to develop PTSD.

Trauma of great severity is more likely to produce PTSD than lesser traumas. For example, it was found with Vietnam War veterans that prolonged combat with sniping and air bombardment produced PTSD more often than brief exposure to combat with few weapons. It has also been found that traumas between people (such as sexual assault and muggings) are more likely to produce PTSD than natural disasters like earthquakes or floods.

Symptoms of PTSD

People can be considered to have PTSD when they have been exposed to an extreme trauma, the symptoms last at least a month in duration, and the symptoms cause excessive distress so that social functioning and job performance are impaired. One sign of PTSD is that the traumatic event is relived repeatedly in the person's mind – and this appears in the form of “flashbacks,” recurrent images, thoughts or dreams about the event...and even nightmares. Reminders of the event can cause distress – so many people go out of their way to avoid places and events that remind them of the catastrophic occurrence. Many people experience anxiety, restlessness, concentration difficulties, decreased memory, irritability, sleeplessness, hypervigilance, or an exaggerated startle response. Some people even experience what is called “survivor's guilt” – because they survived and others did not or because of certain things they may have had to do in order to survive.

There are three main clusters of PTSD symptoms, and all three of these groupings must be present for a diagnosis of PTSD.

Intrusive Symptoms: Intrusive and repetitive memories which stir up negative feelings experienced during the trauma can overwhelm a person. These memories can appear in the form of:

- flashbacks (a feeling of reliving the trauma)

- frequent, distressing memories of the trauma
- nightmares
- emotional and physical distress when traumatic memories are triggered.

Arousal Symptoms: PTSD sufferers experience physiological reactions, which indicate that they don't feel safe and they are physically on the alert to deal with danger. These can include:

- being easily startled or feeling jumpy
- hypervigilance (feeling “on guard” even when the situation is safe)
- concentration difficulties
- outbursts of anger and irritability
- problems in falling asleep or staying asleep.

Avoidance Symptoms: People suffering from PTSD go out of their way to escape the overpowering memories and arousal symptoms. This pattern of behavior can include:

- avoiding places, people or situations that serve as reminders of the trauma
- avoiding thoughts or feelings associated with the trauma
- memory loss about some aspects of the traumatic event
- feeling emotionally numb
- feeling estranged or detached from other people
- feelings of hopelessness and helplessness about the future
- decreased interest in pleasurable activities.

There are other emotional and physical problems that may accompany PTSD. Unfortunately, some people seek relief from these symptoms without dealing with the root cause so that the symptoms persist. These problems may precede PTSD, in which case they become exacerbated, or they might develop after the onset of PTSD. The emotional problems include panic disorder, agoraphobia (fear of being out in public), social anxiety (speaking in public), depression, obsessive-compulsive disorder, sleep disorders, suicidal thoughts and substance abuse (drug or alcohol abuse). The physical problems can include skin problems, pain, gastrointestinal disorders, fatigue, respiratory problems, low back pain, muscle cramps, headaches, and cardiovascular problems.



This newsletter is intended to offer general information only and recognizes that individual issues may differ from these broad guidelines. Personal issues should be addressed within a therapeutic context with a professional familiar with the details of the problems. ©2011 Simmonds Publications: 5580 La Jolla Blvd., #306, La Jolla, CA 92037 Website ~ www.emotionalwellness.com

It is important to remember that PTSD is a normal reaction to a very abnormal situation. There is no shame in experiencing these symptoms, nor is having these symptoms a sign of weakness. Help is available from trained professionals so that in most cases, with the appropriate effort and courage, the symptoms can disappear completely, or at least substantially decrease and become more manageable.

Getting Help for PTSD

We live in a world of relative safety most of the time – but it is a world in which people often lack support for dealing with calamities. In these times we may not have the extended families, long-term friendships, sense of neighborhood, feeling of community, or the support from religion that have historically helped people endure times of crisis. We usually get along without difficulty as long as things go smoothly. But when a crisis occurs, we sometimes simply do not know what to do or where to turn.

Traumatic events can leave us stranded. We may lack not only social support when a crisis occurs, but also the language for understanding the place of tragedy in our lives. We may not know how to conceptualize it – how to use words that can describe a disaster and make it real. We may not know how to react emotionally when crisis comes into our lives – these are feelings that we may have never experienced before and they may frighten us. So we refuse to accept the crisis or to deal with it. We think we are strong and able to endure anything. Denial comes easily. Refusing or not knowing how to deal with the thoughts and feelings that accompany a major catastrophe, unfortunately, sets us up for PTSD. And it is not our fault.

PTSD is highly treatable, especially if it is caught early. The idea behind the treatment is to process or work through the traumatic event, as well as to manage the immediate troublesome symptoms the person is experiencing. A trained therapist can help the PTSD sufferer to find the words, in a safe and gentle way, to talk about the event and to confront the feelings that accompany the experience. This is not an easy step, but it is a necessary one. While it might seem natural to avoid reliving a painful memory, it is important to face the memories, feel the emotions, and try to work through them. When this happens, the trauma no longer controls the person – the person is now in control of the memory of the trauma so that he or she can approach it objectively and flexibly.

There are other highly effective techniques for dealing with PTSD. One is called EMDR (eye movement desensitization and reprocessing) in which the trauma is inter-

sively processed under the guidance of a trained therapist. Others (for example, cognitive processing therapy) focus on our thoughts and work on issues where we feel stuck in trying to get beyond the trauma.

A person who has survived a traumatic event will probably never feel as if the event never happened, but the distressing and disruptive effects of PTSD can be alleviated. In therapy, a person can learn to describe a coherent account of his or her life. People who are able to do this are much less susceptible to the effects of trauma. Therapists use a number of techniques to help a person work through traumatic events, some involving talking and some involving more physical interventions. Sometimes medication can help to lessen the anxiety, depression and sleep difficulties, as well as the physical symptoms, which go along with PTSD. Social agencies now use highly effective techniques, such as critical incident debriefing, to help people process their way through a trauma immediately after a disaster occurs in a community. Victims of violence are often now given support to talk about the event soon after it has occurred.

The old way of thinking was that the strongest people were those who could hold in their emotions and face tragedy stoically. Unfortunately, this is precisely the pattern which leads to PTSD.

Real strength comes from knowing oneself and expressing that sense of self in the world with openness, honesty, integrity – and courage.



Some PTSD Statistics

Most people who are exposed to extreme stress are able to process their way through their reactions and never develop PTSD.

- It has been estimated that 70 percent of people will be exposed to a traumatic event in their lifetime.
- Of those people, 20 percent will go on to develop PTSD.
- At any given time, an estimated 5 percent of people have PTSD.
- Approximately 8 percent of the population will develop PTSD during their lifetime.
- Women are about twice as likely to develop PTSD as men, mostly because women are more susceptible to experience interpersonal violence, including rape and physical beatings.
- Victims of domestic violence and childhood abuse are at tremendous risk for PTSD.
- Rape is the leading cause of PTSD.

THE BACK PAGE

Do You Have PTSD?

Do you have any of the following problems? If you check at least seven of the following items and it is several months after you have experienced a catastrophic event, it is advisable to have a professional consultation to determine if therapy for PTSD is indicated.

- 1. I have strong physical sensations (e.g., sweating, rapid heart beat) when I think about the event.
- 2. I try to avoid having upsetting thoughts or having contact with things or places associated with the event.
- 3. My feelings are numb and I have difficulty experiencing normal pleasure and happiness.
- 4. I am always watchful to make sure I don't experience the same event again.
- 5. I have feelings of guilt associated with the traumatic event.
- 6. I have the feeling of being unreal or that the world is unreal.
- 7. I feel alienated or isolated from others.
- 8. I get irritated or angry a lot.
- 9. I have flashbacks of the event (feeling like the past event is happening all over again in the present).
- 10. I have trouble falling asleep or staying asleep because memories of the event come into my mind.
- 11. I have memory difficulties and trouble concentrating these days.
- 12. I am easily startled when I hear a loud noise or when danger seems imminent.
- 13. I have been relying increasingly on alcohol or drugs to get through the day.



640 N. River Road, Suite 108
Naperville, IL 60563
t. 630.718.0717
fvinstitute.com

RETURN SERVICE REQUESTED

PRSRT STD
U.S. POSTAGE
PAID
LOMBARD, IL
PERMIT NO. 302

TEAM DIRECTORY

Laura Ahrens lahrens@fvinstitute.com • Ext 206	Christine McGrath chris@fvinstitute.com • Ext 209
Laura Bokar drlaura@fvinstitute.com • Ext 202	Tysha Osborne tysha@fvinstitute.com • Ext 201
Cheryl Frommelt cheryl@fvinstitute.com • Ext 210	Keena Peek keena@fvinstitute.com • Ext 205
Sharon Gilbert sharon@fvinstitute.com • Ext 208	Debbie Prescott debbie@fvinstitute.com • Ext 207
Suzanne Keenon suzanne@fvinstitute.com • Ext 212	Stephanie Russo stephanie@fvinstitute.com • Ext 204
Jennifer Logston jennifer@fvinstitute.com • Ext 211	