

What is Trauma? **Shock Trauma: Developmental Trauma:** □Overwhelms ability to □Chronic misattunement cope between child and primary caregiver □Danger to life or bodily □Chronic abuse, neglect, or safety other harsh adversity that disrupt attachment □A person is unable to □Comes with a unique set of bring body and mind back symptoms that differ from into balance after the PTSD event is over Mental Health PARTNERS

Examples of Traumatic Events Physical, sexual abuse, neglect Domestic violence Stalking School or gang violence Severe motor vehicle accidents Serious medical conditions Military combat Immigration Natural disasters Chronic experiences of oppression or marginalization Witnessing or hearing about the above

Prevalence of Trauma in the U.S.

- An estimated 70 percent of adults have experienced at least one traumatic event
- Almost half of our children have experienced at least one childhood trauma. This translates into an estimated 34,825,978 children nationwide.
- Nearly a third of all youth ages 12-17 have experienced two or more types of childhood adversity that are likely to affect their physical and mental health as adults.



Impact of Traumatic Stress Brain and CNS Physical Health Beliefs Relational Issues Mental Health PARTNERS Traumatic Stress

Post-Traumatic Stress Response

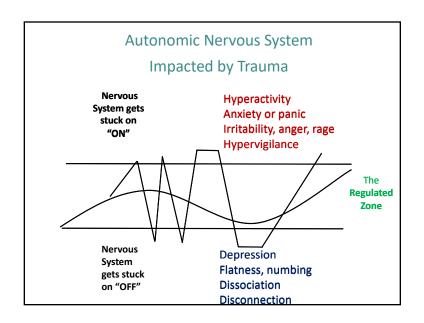
Not everyone who experiences a traumatic event will meet the diagnostic criteria for PTSR (about than 20%)

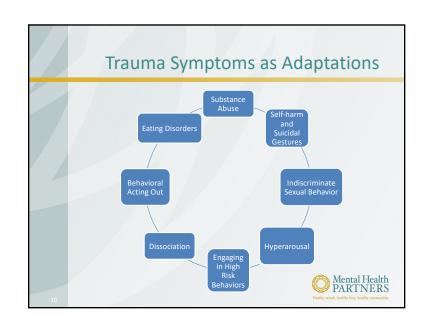
PTSR can be diagnosed when there is:

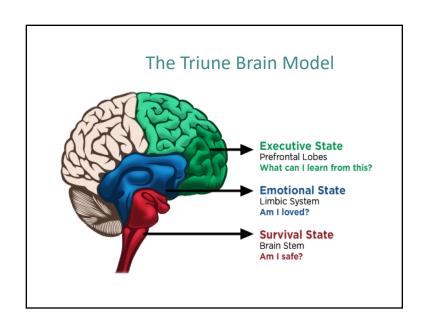
- Exposure to a traumatic event
- The event is re-experienced through intrusive memories, dreams, feeling as if the trauma is reoccurring, distress when exposed to triggers
- · Persistent avoidance and numbing
- Persistent increased arousal
- Symptoms persist for more than 30 days
- · Life functioning is impaired



Other Symptoms of PTS Sleep disturbance Irritability/outbursts of anger Difficulty concentrating Hypervigilance Exaggerated startle response All of these are related to Autonomic Nervous System (ANS) dysregulation





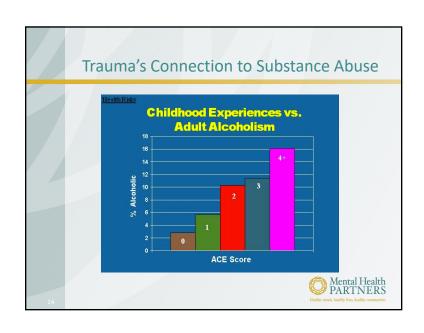


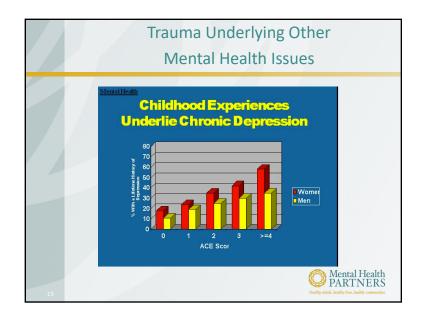
High Arousal (Fear) = Impaired Prefrontal and Insular Cortex

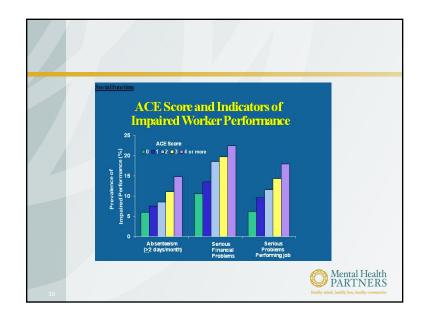
- Stress chemicals disable the mid and prefrontal cortex and the lower, more primitive parts of the brain takes over ->
 - Language centers of the brain may go offline
 - Instead of fighting or fleeing, one may freeze
 - Memory may fragment

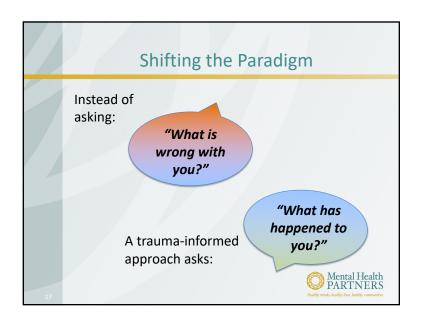


Adverse Childhood Experiences (ACEs) Recurrent, severe physical or emotional abuse or neglect Sexual abuse Growing up in household with: Alcohol or drug user Member being imprisoned Mentally ill, chronically depressed or institutionalized member Mother being treated violently Both biological parents absent

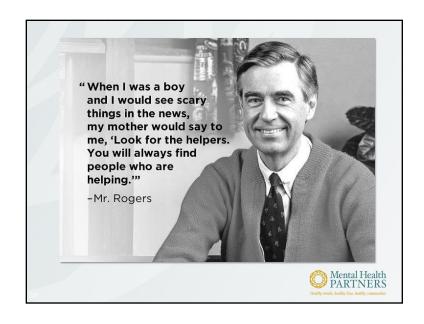














Support Survivors who are Brave, Bold, and Beautiful



Learn more & RSVP:

Email: in fo@moving to ends exual as sault.org

Call: 303-443-0400

Visit: http://movingtoendsexualassault.org

Thursday, April 5th from 5-7:30pm Mental Health Partners 1333 Iris Ave, Boulder

Join us for an evening full of multi-media experiences to honor the evolution of advocacy against sexual assault and learn more about the Moving Beyond Trauma treatment program!

Regulation Strategies to Regulate the Nervous System after Trauma

- Meditation
- Mindfulness practices (Mono-tasking)
- Yoga
- · Slow, conscious breathing
- Learning new things
- · Connecting with safe people and/or animals





What can YOU do to help Trauma Survivors?

How can I help?

- Start by believing
- Understand that symptoms are adaptations
- Avoid blaming or minimizing
- Encourage positive coping skills (e.g., exercise, yoga, social support, time in nature)
- Get support for yourself if the trauma survivor is a close loved one
- Refer to community resources



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