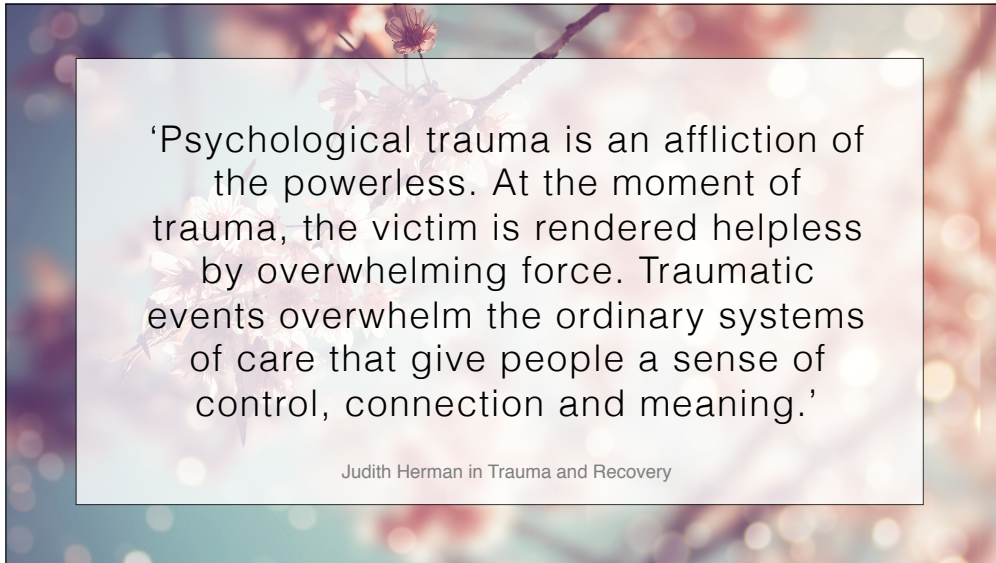
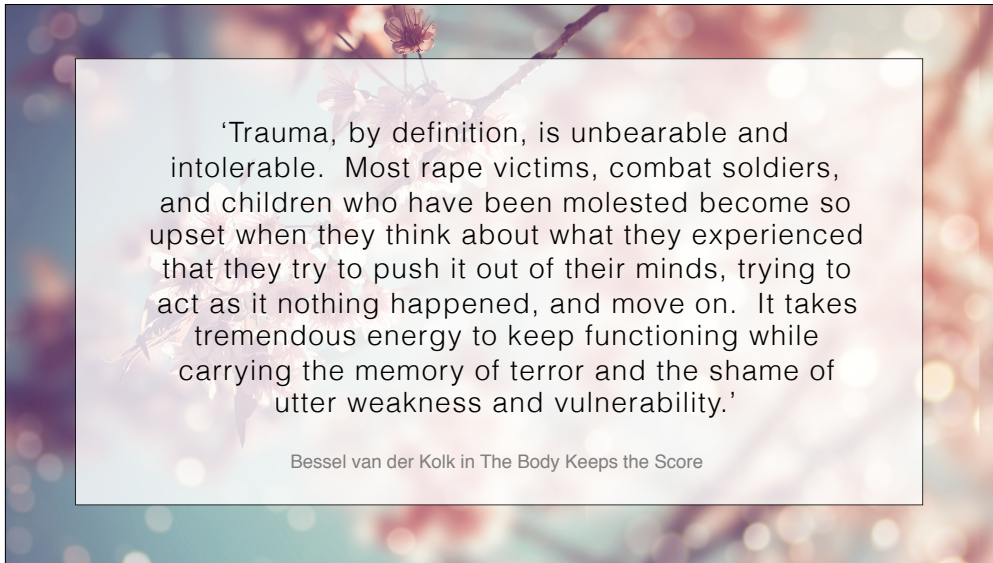




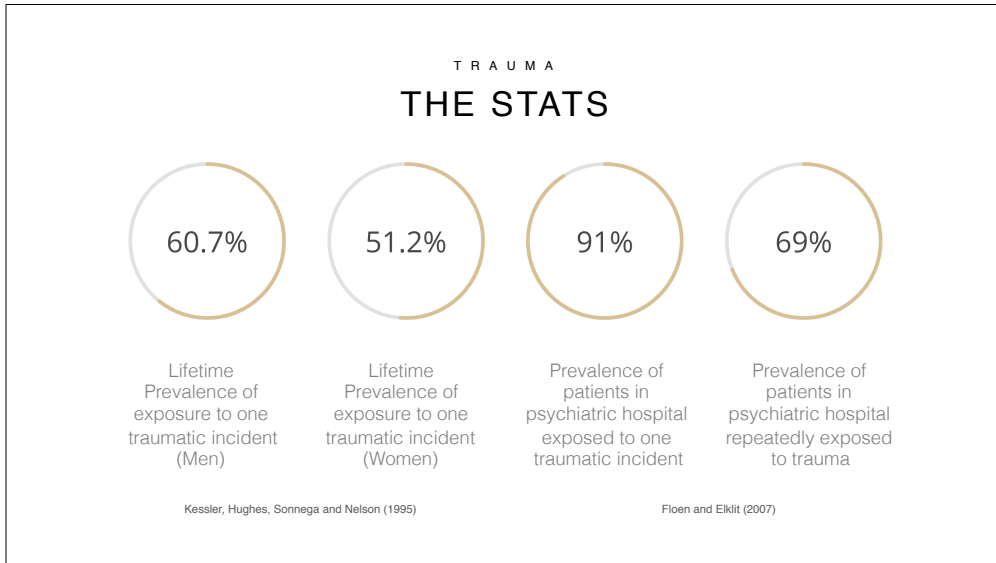
1



2



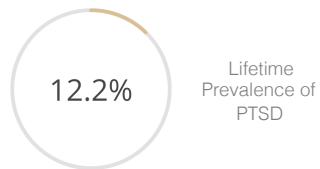
3



4

TRAUMA
THE STATS

Not everyone who experiences a traumatic incident develops Posttraumatic Stress Disorder (PTSD).



5

TRAUMA
MY EXPERIENCE



Photo credit: ABC News Justin McManus

6

TRAUMA
SIGNS AND SYMPTOMS



PSYCHOLOGICAL



PHYSICAL



BEHAVIOURAL

7

TRAUMA
SIGNS AND SYMPTOMS



PSYCHOLOGICAL

- ▶ Recurrent and intrusive memories and/or flashbacks of a traumatic event
- ▶ Feeling distressed if reminded of traumatic event
- ▶ Distressing dreams
- ▶ Depression
- ▶ Anxiety / fear
- ▶ Difficulty concentrating
- ▶ Dissociation
- ▶ Irritability
- ▶ Feeling disconnected

8

SIGNS AND SYMPTOMS



PHYSICAL

- ▶ Panic attacks
- ▶ Racing heart
- ▶ Fatigue
- ▶ Restlessness
- ▶ Feeling tense
- ▶ Feeling wound up and edgy
- ▶ Feeling uncomfortable
- ▶ Difficulty sleeping
- ▶ Breathing quickly
- ▶ Hot and cold flushes

SIGNS AND SYMPTOMS



BEHAVIOURAL

- ▶ Avoidance of associations with traumatic event
- ▶ Exaggerated startle response
- ▶ Decrease social engagement
- ▶ Decrease enjoyable activities
- ▶ Hypervigilance
- ▶ Sleep dysregulation
- ▶ Reckless or self-destructive behaviour
- ▶ Angry out bursts

JUDITH HERMAN

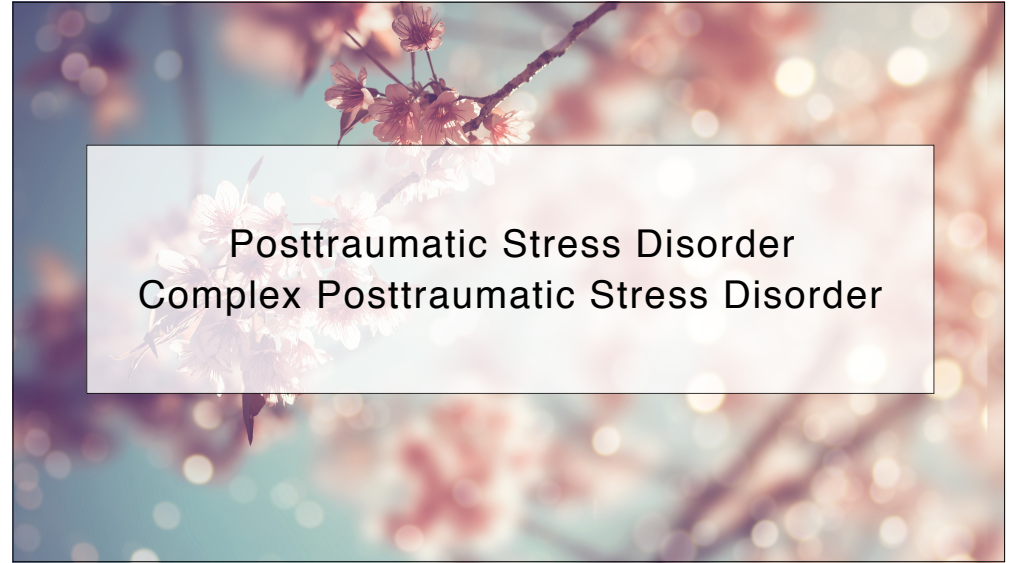
"The ordinary human response to danger is a complex, integrated system of reactions, encompassing both body and mind. Threat initially arouses the sympathetic nervous system, causing the person in danger to feel an adrenaline rush and go into a state of alert. Threat also concentrates a person's attention on the immediate situation. In addition, threat may alter ordinary perceptions: People in danger are often able to disregard hunger, fatigue, or pain. Finally, threat evokes intense feelings of fear and anger. These changes in arousal, attention, perception, and emotion are normal, adaptive reactions. They mobilize the threatened person for strenuous action, either in battle or in flight.

Traumatic reactions occur when action is of no avail. When neither resistance nor escape is possible, the human system of self-defence becomes overwhelmed and disorganized. Each component of the ordinary response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is over. Traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition and memory. Moreover, traumatic events may sever these normal integrated functions from one another. The traumatised person may experience intense emotion but without clear memory of the event, or may remember everything in detail but without emotion. She may find herself in a constant state of vigilance and irritability without knowing why. Traumatic symptoms have a tendency to become disconnected from their source and to take on a life of their own."

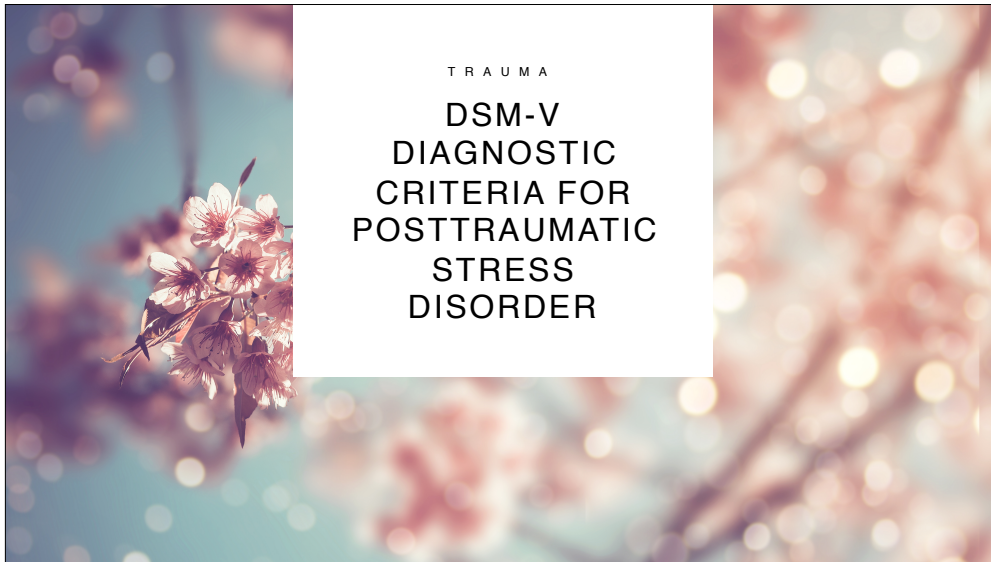
WHAT PTSD IS REALLY LIKE VIDEO



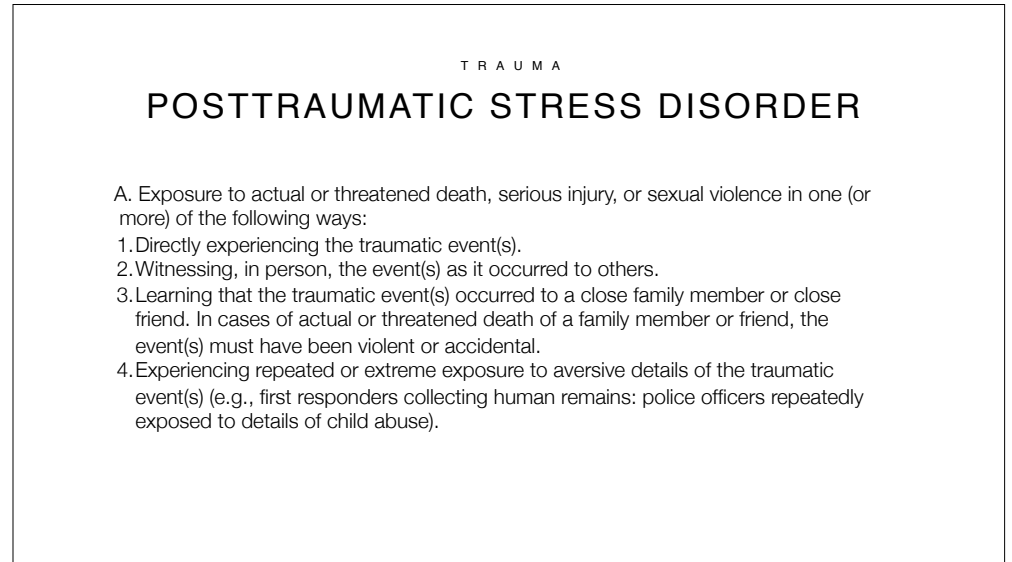
13



14



15



16

POSTTRAUMATIC STRESS DISORDER

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring (such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings).
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

17

POSTTRAUMATIC STRESS DISORDER

C. One (or more) of the following symptoms, representing either persistent avoidance of stimuli associated with the traumatic event(s) or negative alterations in cognitions and mood associated with the traumatic event(s), must be present, beginning after the event(s) or worsening after the event(s):

18

POSTTRAUMATIC STRESS DISORDER

Persistent Avoidance of Stimuli

1. Avoidance of or efforts to avoid activities, places, or physical reminders that arouse recollections of the traumatic event(s).
2. Avoidance of or efforts to avoid people, conversations, or interpersonal situations that arouse recollections of the traumatic event(s).

Negative Alterations in Cognitions

1. Substantially increased frequency of negative emotional states (e.g., fear, guilt, sadness, shame, confusion).
2. Markedly diminished interest or participation in significant activities, including constriction of play.
3. Socially withdrawn behavior.
4. Persistent reduction in expression of positive emotions.

19

POSTTRAUMATIC STRESS DISORDER

D. Alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Hypervigilance.
3. Exaggerated startle response.
4. Problems with concentration.
5. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

20

TRAUMA

POSTTRAUMATIC STRESS DISORDER

- E. The duration of the disturbance is more than 1 month.
- F. The disturbance causes clinically significant distress or impairment in relationships with parents, siblings, peers, or other caregivers or with school behavior.
- G. The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition.

21

TRAUMA

POSTTRAUMATIC STRESS DISORDER

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and the individual experiences persistent or recurrent symptoms of either of the following:

1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts) or another medical condition (e.g., complex partial seizures).

22

TRAUMA

POSTTRAUMATIC STRESS DISORDER

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

23

TRAUMA

CRITERIA FOR COMPLEX POSTTRAUMATIC STRESS DISORDER

24

TRAUMA
COMPLEX PTSD

1. A history of subjection to totalitarian control over a prolonged period (months to years). Examples include:

- ▶ Hostages
- ▶ Prisoners of war
- ▶ Concentration camp survivors
- ▶ Survivors of religious cults
- ▶ Survivors of domestic battering
- ▶ Childhood physical abuse
- ▶ Childhood sexual abuse
- ▶ Organised sexual exploitation

25

TRAUMA
COMPLEX PTSD

2. Alterations in affect regulation, including:

- ▶ Persistent dysphoria
- ▶ Chronic suicidal preoccupation
- ▶ Self-injury
- ▶ Explosive or extremely inhibited anger (may alternate)
- ▶ Compulsive or extremely inhibited sexually (may alternate)

26

TRAUMA
COMPLEX PTSD

3. Alterations in consciousness, including:

- ▶ Amnesia or hypermnesia for traumatic events
- ▶ Transient dissociative episodes
- ▶ Depersonalization/derealization
- ▶ Reliving experiences, either in the form of intrusive Posttraumatic Stress Disorder symptoms or in the form of ruminative preoccupation

27

TRAUMA
COMPLEX PTSD

4. Alterations in self-perception, including:

- ▶ Sense of helplessness or paralysis or initiative
- ▶ Shame, guilt and self-blame
- ▶ Sense of defilement or stigma
- ▶ Sense of complete difference from others

28

TRAUMA

COMPLEX PTSD

5. Alterations in perception of perpetrator, including:
- ▶ Preoccupation with relationship with perpetrator (includes preoccupation with revenge)
 - ▶ Unrealistic attribution of total power to the perpetrator (caution: victim's assessment of power realities may be more realistic than the clinician's)
 - ▶ Idealization or paradoxical gratitude
 - ▶ Sense of special or supernatural relationship
 - ▶ Acceptance of belief system or rationalization of perpetrator

29

TRAUMA

COMPLEX PTSD

6. Alterations in relations with others, including:
- ▶ Isolation and withdrawal
 - ▶ Disruption in intimate relationships
 - ▶ Repeated search or rescuer (may alternate with isolation and withdrawal)
 - ▶ Persistent distrust
 - ▶ Repeated failures of self-protection

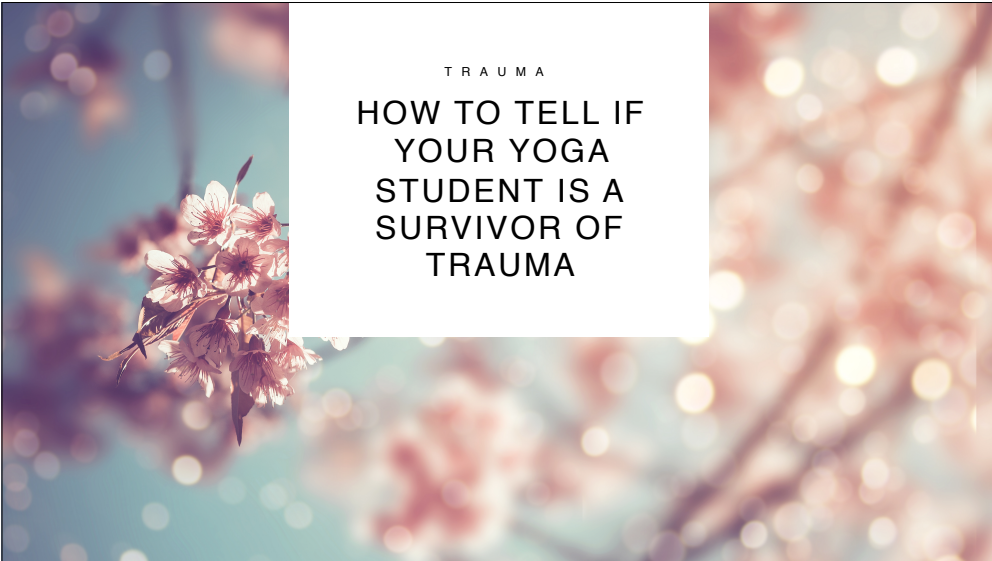
30

TRAUMA

COMPLEX PTSD

7. Alterations in systems of meaning:
- ▶ Loss of sustaining faith
 - ▶ Sense of hopelessness and despair

31



TRAUMA

HOW TO TELL IF YOUR YOGA STUDENT IS A SURVIVOR OF TRAUMA

32

TRAUMA
TRAUMA IN CLASS

- ▶ Symptoms of depression or anxiety
- ▶ Constantly on alert and looking around the class
- ▶ Jumpy with loud sounds (e.g. a door slamming)
- ▶ Keeping eyes open in class, even in relaxation
- ▶ Tension in the body and face
- ▶ Difficulty trusting others
- ▶ Not returning to class

33

TRAUMA
TRAUMA IN CLASS

- ▶ Restlessness
- ▶ Daydreaming or dissociation (not present or getting stuck in a pose)
- ▶ Leaving during class
- ▶ Hypersensitive to touch
- ▶ Not wanting partner work
- ▶ Not wanting touch or physical assists
- ▶ Not engaging with others

34



35