FIND YOUR SILVER LINING

workbook on bost traumatic growth





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MODULE 1

Differentiating between PTSD and PTG





Post Traumatic Stress Disorder

The definition of PTSD as cited in the DSM V is:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: Directly experiencing the traumatic event(s). Witnessing, in person, the event(s) as it occurred to others. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

SYMPTOMS OF PTSD

Being easily startled or frightened.

Always being on guard for danger.

Self-destructive behavior, such as drinking too much or driving too fast.

Trouble sleeping.

Trouble concentrating.

Irritability, angry outbursts or aggressive behavior.

Overwhelming guilt or shame.

Flashbacks or Dreams

Physical Reactions such as feeling ill

Denial of Event actually happening

Startle Easily

A Foreshortened Sense of the Future Overwhelming Sense of Sadness and Hopelessness

Depression Anxiety

"Going through the motions" of living life





Post Traumatic Growth

PTG is a relatively new terminology from the 1990s, coined by two Psychologists,

Dr. Tedeschi and Dr. Calhoun

5 Tenets of PTG are:

Appreciation of life

Relationship with others

New possibilities in life

Personal strength

Spiritual change

HOW TO HEAL THE BRAIN AFTER TRAUMA

Form, strengthen, and maintain close relationships with others

Provide emotional support to others who you care about

Identify your personal strengths and talents

Have a creative outlet or hobby you enjoy Have a strong belief system or sense of hope and optimism

Develop better communication skills, learn to say no, and set boundaries

Learn, seek out information and be open to new ideas and experiences

Maintain a good sense of humor

Be able to ask others for help in times of need

Actively work to solve problems in your life

Express yourself and your feelings

Set limits for yourself and stick to them Be flexible and adaptive to new situations

Practice healthy coping skills

THERAPY!





WHAT ARE SOME BEHAVIOR PATTERNS I WANT TO CHANGE: WHAT ARE MY BARRIERS TO CHANGE:





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MODULE 2

Achieving PTG





Healthier Habits

By acquiring newly developed insight through therapy or another intervention an individual can work towards PTG.

First and foremost, the individual needs to be well stabilized in their current life situation. If someone is unstable or in crisis, growth through counseling is very difficult. I once had an instructor say:

"Change does not happen in Crisis"

When an individual is in crisis, they are naturally in a fight or flight response, preventing them from forward movement or motivation. They are untethered, ungrounded, and therefore unable to process necessary change.

When someone is in crisis, the therapist needs to utilize a supportive, validating approach in order to move the individual to a more stable predicament. Crisis procedures need to be followed. An acute crisis state can consist of a client currently either reliving the trauma, having recurrent flashbacks, or being in a hostile living environment (ie, living with abuser, unstable housing)

ACQUIRING PTG

Stability

Remove Yourself from Crisis

Acquiring Insight

Heal the Body, Heal the Mind





CURRENT	STABILITY:
CURRENT	SUPPORT:
CURRENT	SAFETY:





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Trauma is different for everyone

Trauma is shaped by a combination of individual experiences, perceptions, and memories.

If two people were to experience the same accident in exactly the same way, the trauma would mean very different things to those two individuals. One may have lasting effects and the other may be more resilient.

Healing from Trauma is different for everyone

PTG can only occur if someone is open to change and not stagnant in their trauma. If an individual is not open to change—meaning if they are not open to processing and talking about their traumatic incident-I don't know if it is possible to obtain PTG.





WHAT IS THE DIFFERENCE BETWEEN MALADAPTIVE COPING SKILLS AND ADAPTIVE COPING SKILLS?

Maladaptive Coping

- Ruminating
- Over-eating
- Abusing Substances
- · Binge-watching
- Racing Heart and Head

Adaptive Coping

- Exercising
- Mindful Eating
- Abstaining from Substances
- No more than 2-hours TV watching/daily
- · Box Breathing, Better Breathing





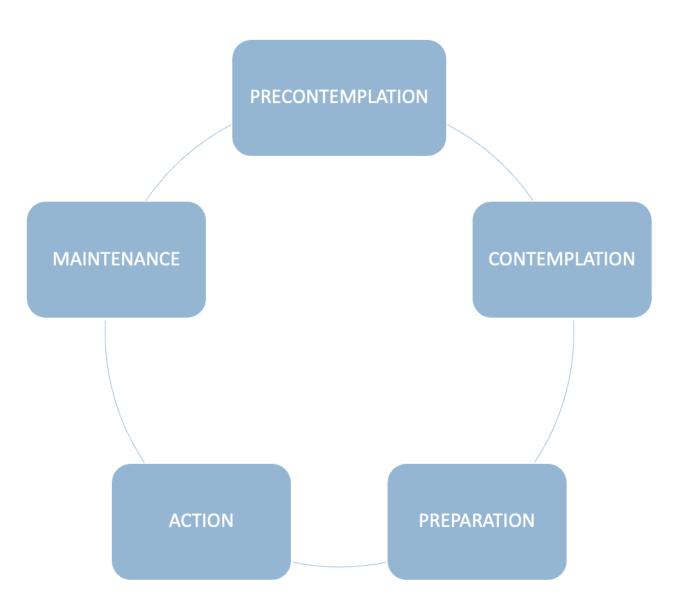
MY MALADAPTIVE COPING SKILLS ARE: MY ADAPTIVE COPING SKILLS ARE:





ARE YOU READY TO CHANGE?

TRANSTHEORETICAL CHANGE MODEL:







MODULE 3

Interventions to Achieve PTG





SOMATIC MOVEMENT/ EXERCISE

By helping you pay more attention to areas of injury or discomfort in your body, gentle somatic exercises can teach you how to make changes in movement, posture, and body language to reduce pain.

Focus on the internal experience and feeling of the movement instead of what it looks like from the outside.

Emphasis of being present and aware of what is happening in the movement

EXAMPLES

SOMATIC STRETCHING
YOGA
WALKING
RUNNING
DANCING
PILATES
BARRE
TAL CHI





BREATHING

RESEARCH SHOWS THAT OUR BRAIN ASSOCIATES DIFFERENT EMOTIONS WITH DIFFERENT BREATHING PATTERNS, AND BREATHING EXERCISES WORK BECAUSE THEY TRICK YOUR BRAIN INTO THINKING YOUR EMOTIONAL STATE IS DIFFERENT THAN IT ACTUALLY IS. WHEN WE ARE HAPPY, OUR BREATHING IS REGULAR AND STEADY. HOWEVER, WHEN WE ARE STRESSED, ANXIOUS OR FEARFUL, OUR BREATHING BECOMES IRREGULAR, SHALLOW AND QUICKER. WHEN YOU SLOW YOUR BREATHING DOWN IN TIMES OF STRESS YOU CAN TRICK YOUR BRAIN INTO THINKING YOU'RE ACTUALLY IN A CALM STATE AND THERE IS NO THREAT OR CHALLENGE AT HAND.

EXAMPLES

BOX BREATHING

BELLY BREATHING

MINDFULNESS BREATHING

DIAPHRAGMATIC BREATHING

DEEP BREATHING





NARRATIVE THERAPY

NARRATIVE THERAPY IS A FORM OF THERAPY THAT AIMS TO SEPARATE THE INDIVIDUAL FROM THE PROBLEM, ALLOWING THE INDIVIDUAL TO EXTERNALIZE THEIR ISSUES RATHER THAN INTERNALIZE THEM

IT RELIES ON THE INDIVIDUAL'S OWN SKILLS AND SENSE OF PURPOSE TO GUIDE THEM THROUGH DIFFICULT TIMES)

EXAMPLES

JOURNALING

WRITING LETTERS

WRITING STORIES

CREATING MEANING FROM LIFE EXPERIENCES





THERAPIST ADMINISTERED INTERVENTIONS

PLEASE DO NOT ATTEMPT TO DO THE FOLLOWING INTERVENTIONS WITHOUT A TRAINED THERAPIST:

EMDR (EYE MOVEMENT DESENSITIZATION AND REPROCESSING)

• CLIENT ATTENDS TO EMOTIONALLY DISTURBING MATERIAL IN BRIEF SEQUENTIAL DOSES WHILE SIMULTANEOUSLY FOCUSING ON AN EXTERNAL STIMULUS THROUGH BI-LATERAL STIMULATION

CBT (COGNITIVE BEHAVIORAL THERAPY)

• CBT TREATMENT INVOLVES EFFORTS TO CHANGE BEHAVIORAL PATTERNS

DBT (DIALECTICAL BEHAVIORAL THERAPY)

• SIMILAR TO CBT, FOCUS ON HELPING CLIENTS MODIFY UNHELPFUL BEHAVIORS

IFS (INTERNAL FAMILY SYTEMS)

• IFS IDENTIFIES AND ADDRESSES MULTIPLE SUB-PERSONALITIES OR FAMILIES WITHIN EACH PERSON'S MENTAL SYSTEM

PSYCHOPHARMACOLOGY (UNDER THE GUIDANCE OF A TRAINED MEDICAL PROFESSIONAL)





MODULE 4

Planning for Success

JOURNALING

WRITING LETTERS

WRITING STORIES

CREATING MEANING FROM LIFE EXPERIENCES





Old Way vs New Way

WRITE DOWN CHANGES YOU ARE GOING TO IMPLEMENT INTO YOUR LIFESTULE

THEN NOW

VS





Daily Checklist

EXERCISE
EAT HEALTHY
GET ENOUGH SLEEP
COMMMUNICATE EFFECTIELY
EXPRESS GRATITUDE
DO SOMETHING FOR SOMEONE ELSE



WHAT OTHER DAILY HABITS CAN YOU IMPLEMENT?







WHAT ARE YOUR Action Steps 2





Every moment is an opportunity to change your perspective.





Monthly Planner

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Notes:





Weekly Planner

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

INSTITUTE



Mank-you!

We hope to continue working with you on your mental health journey, Please reach out to learn more.



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