

1

Psychotraumatology

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2

What is Stress?

The Essence of Stress is Uncertainty

(Peters et al. 2017; Olso et al. 2018; McEwen et al. 2011; Krupnik, 2020b)

3

Stress Activation and Modulation

4

Consequences of Stress

Acute Stress Reaction (ASR)	More Severe Conditions
Normal reactions following exposure to an extremely threatening or horrific event	Examples of mental disorders
Reactions Bodily: Heart palpitations, sweating, shaking Cognitive: Being in a daze, disorientation Emotional: Sadness, anxiety, anger, despair Behavioural: Overactivity, inactivity, withdrawal	Acute stress disorder (ASD) From day 4 Post-traumatic stress disorder (PTSD) Dissociative disorders Dissociative amnesia; depersonalization/derealization Major depressive disorder Anxiety disorders Substance-related and addictive disorders Prolonged grief disorder Adjustment disorders Acute/persistent

(WHO, ICD-11, 2022; APA, DSM-5-TR, 2022)

5

Recovery

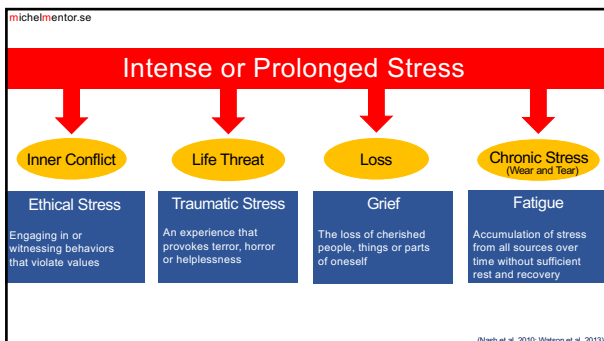
Society/Organisation/Social Interaction (Culture)

Individual	Event	Support
Risk indicators Resilience	Context Loss of resources	Support in acute phase Treatment if necessary

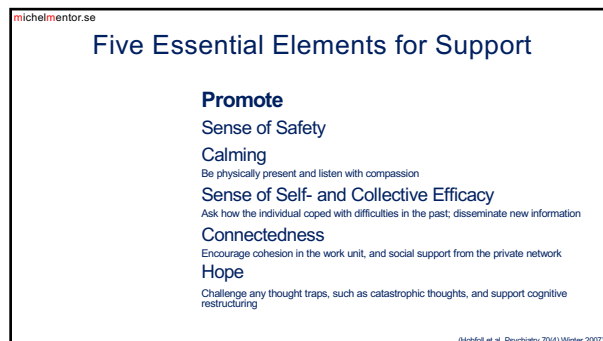
6

Trajectories

(Bonanno, 2004; Norris et al. 2009; Bonanno et al. 2013; Joshi et al. 2017; Schultebraucks et al. 2021)



7



8

Stress Continuum

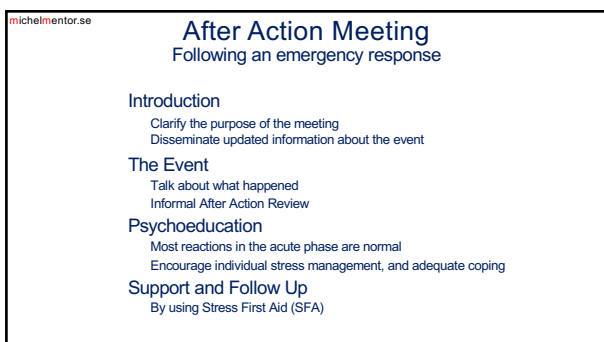
READY (Green)	REACTING (Yellow)	INJURED (Orange)	ILL (Red)
DEFINITION Optimal functioning Adaptive growth Wellness	DEFINITION Mild and transient distress or impairment Always goes away	DEFINITION More severe and persistent distress or impairment Leaves a scar	DEFINITION Unhealed mental disorder Unhealed stress injury causing life impairment
FEATURES At one's best Well-trained and prepared In control Physically, mentally and spiritually fit Mission-focused Motivated Calm and steady Having fun Behaving ethically	CAUSES Any stressor FEATURES Feeling irritable, anxious or down Loss of motivation Loss of focus Difficulty sleeping Muscle tension or other physical changes Not having fun	CAUSES Trauma Loss Moral injury Chronic stress FEATURES Loss of control Panic, rage or depression No longer feeling like normal self Excessive guilt, shame or blame	TYPES PTSD Depression, anxiety Substance disorder Exhaustion disorder FEATURES Symptoms persist and worsen over time Severe distress or social or occupational impairment

(Nash et al. 2010; Watson et al. 2013)

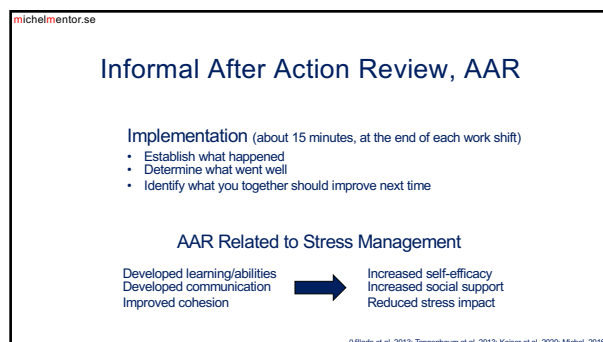
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10



11



12

Self-Care in Recovery

- Seek Support from Others
- Maintain Routines
- Individual Stress Management
 - Writing about the event
 - Emotion regulation
 - Regulating hyperarousal
 - Self-influence
 - Manage troubling thoughts
 - Acceptance
 - Change behaviours
- Seek Professional Help when Needed

(Pennebaker, 1997; Berkowitz et al., 2010; Byrner et al., 2008)

13

Writing about the Event

Day 1
Write around 15 minutes about your thoughts and feelings related to the event

Day 2
Write about the reflections you make on what you wrote the day before

14

Emotion Regulation

- Distraction**
May be adaptive in the short term, but can be maladaptive in the long run
- Reappraisal**
Changing the meaning of what happened, or trying to look at it differently
- Expressive Suppression**
May lead to more negative emotions and reduce the possibility of learning that you mentally can manage the event over time

15

Regulating Hyperarousal

- Slow Breathing**
Inhale by nose x 2 – exhale by mouth, twice as long, 5 min daily
(May enhance mood and reduce physiological arousal, Balaban et al. 2023)
- Presence/Grounding Techniques**
Focus on your own senses here and now: sight, hearing, touch
Then, ask yourself – “Am I really in danger here and now?”
- Interested Curiosity**
Thoughts are just thoughts and are not always related to reality, which is why it can be good to just curiously note when troubling thoughts occur, and avoid asking yourself “why?”
- Bodily Relaxation**
Inhale and tense your body – exhale and release the tension
Physical exercise: take a walk; power walk; jogging or running
- Meditation**
Practice mindfulness or yoga

16

Self-Influence

- Visualization**
Close your eyes and see how you cope with the difficulties
- Positive Self-Talk**
“It’s a difficult situation, but you’re not alone”
“This situation will not last forever”
“You can do this and take care of yourself”
“Calm – safe – secure”

17

Thoughts, Acceptance and Behaviours

- Manage Thoughts**
When negative thoughts are riddled with irrational distortions, use cognitive restructuring
Stop, Breathe, Reflect, and Choose other ways to think and cope
- Acceptance**
Accept where you are in life, and the things you cannot change
Event + Response = Outcome
- Change Behaviours**
Engage in things that promote recovery
Good sleep, stress management, physical, social and cultural activities
Go out and enjoy nature, stay in the present (mindfulness)

(Harvard Medical School, 2020; Almén, 2022; Stoicism, 300 bce; Westström, 2021)

18

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Battle Buddy Support Programme

Aim: This may help you to	What to do: Check-in 1-10 minutes	Questions you may use for your check-in
<ul style="list-style-type: none"> Validate your experiences Identify and address stressors early Keep work at work Develop and maintain resilience 	<ul style="list-style-type: none"> Aim to contact your Battle Buddy 2-3 times per week or more (daily if needed) Contact can be a quick text to check-in; a short call; a digital or physical meeting Listen, validate, and provide feedback; identify any issues that need more support or attention Also, identify issues that need escalation and immediate action 	<ul style="list-style-type: none"> What is hardest right now? What worried you today? What went well today? How are things at home? What challenges are you facing with sleep/rest, exercise, healthy nutrition?

(Abbott et al., 2020)

19

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When Professional Mental Health Evaluation may be Required

Following Potentially Traumatic Events, after about 3 weeks
Experiencing more severe and persistent distress that affects wellbeing

- No longer feeling like normal self
- Loss of control
- Depressive thoughts: excessive guilt, shame or blame; rumination
- Intrusive memories – flash backs and/or avoidance
- Sudden onsets of panic or rage
- Impaired functioning

(Nash et al., 2010; Watson et al., 2013)

20

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Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

If you have previously been exposed to any potentially traumatic event, or several of them, have you in the past month...

	Svare-alternativ	
	Yes	No
1 Had nightmares about the event(s) or thought about the event(s) when you did not want to?	Yes	No
2 Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	Yes	No
3 Been constantly on guard, watchful, or easily startled?	Yes	No
4 Felt numb or detached from people, activities, or your surroundings?	Yes	No
5 Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?	Yes	No

(Pitso A, Bovin MJ, Kimerling R, Kaloupek DG, Marx BP, Pines Kaiser A, Schnurr PP: The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), 2015)

21