

## 1 **ATC**

- 1 
  - Approach
  - Transition
  - Conditions

## 2 **Brennan Manning**

### 3 **Anchor of Appreciation**

- 1 
  - Begin with a deep breath together
  - Ask Jesus to remind you of something you can appreciate
  - Take a couple minutes to talk with Him about what has come to mind
  - Ask Jesus if there is anything He wants you to know about your appreciation
  - Write anything that comes to mind
  - Give your appreciation a 1–3-word name
  - When prompted, share your appreciation with the group
  - Write down the name each group member gives to their appreciation

## 4 **EXPOSURE PHASE**

1

**Room 9:** Intrusions and Persistent Re-experiencing

**Room 10:** Avoidance of Trauma-related Stimulus

**Room 11:** Negative Alterations in Thought and Mood

**Room 12:** Trauma-related Arousal and Reactivity

**Room 13:** Distress and Functional Impairment

**Room 14:** Dissociative Symptoms

2  **Post-Traumatic SYMPTOMS (6 Rooms)**

## 5 **Room 9**

**Hypervigilance, Intrusions, and Persistent Re-experiencing**

## 6 **Intrusions and Persistent Re-Experiencing**

The Diagnostic and Statistical Manual of Mental Disorders (Version 5) notes that PTSD is often characterized by heightened sensitivity to potential threats, including those that are related to the traumatic experience (American Psychiatric Association, 2013).

## 7 **Re-Experiencing**

- **Re-experiencing** refers to situations in which the traumatic experience is “relived” and similar feelings and psychological states are experienced again by the person.
- The DSM-V describes the symptom of re-experiencing as including spontaneous memories of the traumatic event, recurrent dreams related to it, and/or flashbacks or other intense or prolonged psychological distress (American Psychiatric Association, 2013).

## 8 Triggers

- 1 • **Triggers** are reminders or cues that activate memories that cause subjective “reliving” of the traumatic experience for the person.
  - Re-experiencing causes **Arousal**:
    - The DSM-V also describes the symptom of arousal as being marked by aggressive, reckless, or self-destructive behavior, sleep disturbances, hypervigilance, or related problems.

- 2 **Reminders that create Re-Experiencing which Causes Arousal**

## 9 Intrusions

- Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- 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).

## 10 Intrusions Cause Arousal

- 1 • Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
  - Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

- 2 **Dealing with Triggers**

## 11 Reflection

Room 9—Hypervigilance, Intrusions and Persistent Re-experiencing

## 12 Room 10

**Avoidance of Trauma-related Stimuli**

## 13 Constriction

- 1 • Individuals experiencing this type of trauma often attempt to cope by avoiding and numbing their traumatic symptoms.
  - Avoidance and numbing are strategies for coping with the psychological pain, confusion, horror, and disorientation...
    - ...as well as the intensely experienced distressing and overwhelming emotional, psychological, and relational disturbances and alterations that are associated with deceptive sexuality.

- 2 **known symptom of trauma**

## 14 Educational Metaphor

- 1 • Another term for this symptom is constriction.
  - Constriction can be metaphorically conceptualized as the reaction of a potato bug when threatened – the bug curls up and pulls inward towards itself as a form of survival and protection.
  - Humans do this too.
  - Their world gets smaller as they constrict and attempt to protect themselves and cope with a threatening external environment.

- 2 **Withdraw like a Potato Bug (Rolly Polly)**

## 15 The survivor may avoid or numb

- 1 •
  - Constricting their body (e.g., going into the fetal position, hands become fists, jaws clench)

- Constricting their thoughts (e.g., “Just don’t go there” and “Don’t think about it”)
- Constricting their emotions by “clamping down” on emotions – not feeling emotions or detaching from emotions altogether;
- Emotions may be placed in the body (somatic responses as coping)
- Withdrawing from recreational activities – they may stop doing things they once enjoyed
- Withdrawing from socializing, spending time with friends, and being in public – they may start staying at home, in their room, or even in bed (e.g., developing symptoms of agoraphobia)

## 2 Forms of Constriction

## 16 Use of BEEPS

- ### 1
- Behaviors, Events, Experiences, People or Substances to artificially regulate
  - Use of tech & other BEEPS to cope is normal
  - This can work in terms of dissociation from painful reality and truth
  - Self-soothing functions known in tech
  - We also know that use of BEEPS can develop problematic dependencies

### 2 To avoid and dissociate

## 17 Reflection

Room 10—Avoidance of Trauma-Related Stimuli

## 18 Room 11

Negative Alterations in Thoughts and Mood

## 19 11-Negative Alterations in Cognition

- ### 1
- Negative alterations in cognitions that began or worsened after the traumatic event:
  - Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol, or drugs).
  - Persistent negative beliefs and expectations about oneself, relationship, family, or reality.
  - Persistent blame of self or others for causing the traumatic event or for resulting consequences.
  - DCSR Intrusion Processing
  - Depressive, rage and/or fear-based cognitions

### 2 Survival from Threat

## 20 11-DST-related Negative Alterations in Thought and Mood

1. Grief and Loss
2. Fear and Hypervigilance
3. Anger and Rage - peaks when the trauma is caused by deception and betrayal

## 21 Negative Thought and Mood

- Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame).
- Increased anxiety or panic attacks
- Depressive symptoms, crying, sadness, grief
- Markedly diminished interest in (pre-traumatic) significant activities.
- Feeling alienated from others (e.g., detachment or

estrangement).

## 22 **Negative Thought and Mood**

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- Constricted affect: persistent inability to experience positive emotions.
- Persistent dysphoria
- Chronic suicidal preoccupation
- Explosive or extremely inhibited anger
- Compulsive or extremely inhibited sexuality

23

## 24 **Reflection**

Room 11—Negative Alterations in Thought and Mood

## 25 **Room 12**

**Trauma-related Arousal and Reactivity**

## 26 **Trauma-Related Arousal and Reactivity**

- Fear and Protection Instincts
- Needs for Safety, Security and Self-Protection
- Physical, Cognitive, Emotional, Relational, Sexual, Social
- Persistent and effortful avoidance of distressing trauma-related stimuli: thoughts, feelings or external reminders

## 27 **12-Trauma-Related Arousal and Reactivity**

1. Irritable, aggressive and violent behavior
2. Self-destructive or reckless behavior
3. Hyper-vigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

## 28 **Ego Aversion and Alienation**

- 1 • The reactions and being so symptomatic can cause aversion and alienation of the new self
  - 2 • And make the person feel even more Alienated for the original Ego or Self (Jason, 2009)
- 2 **Jason, 2009**

## 29 **Reflection**

Room 12—Trauma-Related Arousal and Reactivity

30  **Room 13**

Distress and Functional Impairment

31  **13-Distress and Functional Impairment**

- change in sleeping arrangements
- change in living and residence
- finding resources and professional help
- financial cost of adaptations and coping
- new co-parenting arrangements

32  **13-Distress and Functional Impairment**

- decision-making on disclosing to others
- temporary separations
- trying to create boundaries of safety
- inability to work, compromised work and productivity, time off
- impact on school, trainings, and careers or hobbies
- external changes to routine due to avoiding triggers

33  **13-Distress and Functional Impairment**

Important to note that because addict is often the "patient", the partner ends up needing to "hold down the fort" and be the together one in the early stages of the process.

This may result in a submerging of trauma and extreme constriction based on survival.

34  **Impairment to Important Areas of Life Functioning**

- 1.External Crisis and Destabilization
- 2.Occupation
- 3.Physical
- 4.Sexual
- 5.Gender
- 6.Family
- 7.Social

## 8.Existential

### 35 **Reflection**

Room 13—Distress and Functional Impairment

### 36 **Room 14**

**Dissociative Symptoms**

### 37 **Alterations in Consciousness and Dissociation**

- Alterations in consciousness
- Amnesia or hypermnesia for traumatic events
- Transient dissociative episodes
- Depersonalization/de-realization
- Reliving experiences – either in the form of intrusive PTSD symptoms or in form of ruminative preoccupation

### 38 **Betrayal Trauma**

- 1 •Dissociation may be used to cope with being in an ongoing relationship with the abuser.
  - Dissociation may relate to being attached to someone who is engaged in ongoing integrity abuse and deceptive sexuality-based harm.
  - Often the power-gradient plays a role;
  - How vulnerable and how dominant and powerful the abuser, for example

2 **Linked to Dissociation**

### 39 **Use of BEEPS**

- 1 •Use of BEEPS to cope is common
  - This can work in terms of dissociation from painful reality and truth
  - Self-soothing functions known in BEEPS
  - We also know that use of BEEPS can develop dependencies that become problematic

- This can then serve to interfere at some point rather than foster healing

2 To avoid and dissociate

40  **ATC**

- 1
- Approach
  - Transition
  - Conditions

41  **Wives' Voices**

42  **Reflection**

Immanuel Prayer Journaling (p.58)