

# PsycHealth

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Resource Newsletter of

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## Bouncing Back From Trauma

Adversity impacts the world around us. Few of us will make it through life unscathed. Personal tragedies, traumatic injuries, loss of health, chaotic relationships and financial reversals are just a few of the near normal events that can shake us to our foundation. However, we also hear of individuals who seem to take life's difficulties in stride, and "bounce back" unexpectedly well with attitudes of determination and perseverance. Often these people become heroes of sorts in our families or culture -- for example, think of Lance Armstrong, Rick Hansen, Christopher Reeve -- and we identify them as "resilient". Resilient people not only recover from their trauma but also exceed expectations by actually improving their mental or physical condition. Revich and Shatte (2002) state that it is the level of our resilience -- the ability to persevere and adapt when things go awry -- that determines the happiness and longevity of our relationships, our success at work, and the quality of our health.

Researchers in the field of psychology suggest most resilient individuals have a number of protective factors contributing to their resilience. They include:

- Supportive connections: Studies have shown that even in the most adverse conditions for young children, those who

emerge as "resilient" have had the common factor of having at least one supportive person in their lives who accepts them unconditionally, regardless of temperamental idiosyncrasies, physical attractiveness or intelligence. We need to accept help and obtain support to build resilience.

- Good cognitive and reasoning skills: Irrational thinking contributes to maladaptive functioning. Aaron Beck concluded that any individual who has a continual stream of negative thought would be depressed. We need to dispense with illogical, negative thinking and learn to think accurately about our life stressors.



Joan M. Schultz, Ph.D.  
Registered Psychologist

- Positive anticipation: To be resilient, we need confidence that problems can be solved. We may have to wade through chaos and conflict to get there, but eventually we expect a resolution that we can accept and adapt to.

By doing so, we create hope for ourselves.

- Having a sense of personal control: We need to believe that if we set out to change something, we will succeed. We also need to learn self-soothing strategies such as relaxation techniques and calming self-talk in order to increase our ability to stay calm under pressure.

- Knowing your life purpose: Resilient people believe they have a purpose for life and for facing their difficulties. It may be to become stronger, to empathize with others or to implement change in their community. Chronically ill persons who impact others most positively often do so because their illness has evoked changes in themselves that provide examples of perseverance, strength and humour to their family and others that could be achieved in no other way than through their difficulties.

Resilience is also fostered through appropriate self-care. This is often the

most neglected set of skills; it is the simplest and most important one in surviving in a resilient manner. Self-care includes receiving adequate rest, good nutrition and exercise; carefully following through on physician care and treatment recommendations; putting safety plans and security in place after traumatizing events. Journaling about events and one's emotional and physical reactions to them also provides self-care. The very act of putting pen to paper to write about adversity both validates the experience and provides the opportunity to place it outside of ourselves, providing opportunity to reflect and react most effectively.

It is important to learn what skills can enhance our resilience and how to cope most effectively with adversity. As we learn how to build resilience, we will be better prepared when adversity strikes us, and more prepared to help others feel less like victims and more capable of resuming life in ways that exceed their expectations.

### Resource List:

Daylen, J., van Tongeren Harvey, W., & O'Toole, D. (2006). Trauma, Trials and Transformation. Irwin Law, Toronto, Ontario.

Reivich, K. & Shatte, A. (2002). The Resilience Factor. Broadway Books, New York.

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# PTSD: Behind A Glass Wall

Weeks, months or even years following a traumatic experience, many victims make statements like: "I just can't get over it!" "I can't stop thinking about it." "I feel numb, like I'm behind a glass wall, cut off from everyone". "Will I ever feel safe again?" These thoughts also reflect typical aspects or symptoms of Post Traumatic Stress Disorder (PTSD). What generally constitutes a traumatic event? It is typically a sudden, unexpected, and/or uncontrollable event that involves actual or threatened harm to oneself or others. Such events include, but are not limited to, motor vehicle or work accidents, interpersonal violence, natural disasters, even sudden severe illness or medical procedures. When a person witnesses or experiences a traumatic event, she or he may react with feelings of intense fear, helplessness, or horror.

PTSD is a complex disorder; many factors contribute to its development, or lack of development, following exposure to a traumatic event. People perceive and react to events differently; and will therefore not all experience an incident as traumatic. And among those who do experience an event as traumatic, there are differences in who develops PTSD. So, for example, among colleagues who go through a crisis together, some will go on to develop PTSD while others won't. It is often difficult for those not experiencing the symptoms of PTSD to

understand why another person continues to be so troubled or distressed by the event. Factors that seem to account for these differences include previous exposure to trauma, coping ability, pre-existing conditions such as depression or anxiety, and available social support.



*Alivia Maric, Ph.D.  
Registered Psychologist*

The major symptoms of PTSD may be grouped into three categories – re-experiencing, avoidance and arousal. Re-experiencing includes intrusive, upsetting memories, dreams and flashbacks of the trauma. People often feel "as if it's still happening". There is an intense quality to the memory that distinguishes it from ordinary memories and the sounds, images, smells, physical sensations associated with the traumatic event may be re-experienced repeatedly. To avoid triggering such painful or

distressing flashbacks and memories, people will avoid places, activities or people associated with the traumatic event. People may avoid feelings too; they report feeling numb, detached from others, or disinterested in their usual activities. Arousal symptoms include irritability, anger, sleep difficulties, impaired concentration, anxiety that something bad is about to happen (hypervigilance) and an exaggerated startle response (being "jumpy").

In the first days or weeks following a traumatic experience, a person may experience an acute stress reaction, including a sense of numbing or feeling

"dazed", avoidance of things that are reminders of the trauma, re-experiencing the trauma (e.g., nightmares or dreams), and symptoms of anxiety and arousal such as sleep or concentration difficulties. If symptoms persist beyond four weeks, a diagnosis of PTSD may be warranted. However, the beginning of PTSD symptoms can be delayed. A person may experience a trauma but not experience symptoms until months or years later – sometimes triggered by something that is a reminder of the trauma, or by another traumatic event. This may be confusing, both for affected individuals, and those who interact with them. Well-meaning friends, family and colleagues may encourage them to "snap out of it", "get over it", or "shake it off". People struggling with PTSD are likely to be saying such things to themselves as well. As symptoms persist, they may become frustrated, ashamed, or depressed.

By identifying the symptoms of PTSD individuals can be assisted to understand that their reaction is not a sign of weakness or failure, but a complex psychological reaction that can be treated by medical and psychological means. A variety of effective treatment strategies can be provided through counseling and medical support.

#### References:

Briere, J. & Scott, C. (2005). Principles of Trauma Therapy

Cash, A. (2006). Posttraumatic Stress Disorder, John Wiley & Sons.

## Marriage Workshop

"What is a Great Marriage?"  
How to revitalize your relationship.

presented by  
Denis Boyd, M.A.  
Registered Psychologist

Monday, May 14, 2007  
7:00pm - 10:00am

Cost: \$25.00/person, \$40.00/couple

## Parenting Workshop

For Parents of Children 0-18 years  
(Systematic Training for Effective Parenting)

presented by  
Don Lasell, M.A.  
Registered Clinical Counsellor

Saturday, May 26, 2007  
9:30am - 4:30pm

Cost: \$50.00/person, \$70.00/couple

Location: 202 - 1046 Austin Avenue, Coquitlam, BC V3K 3P3  
To register, please call the office at 604-931-7211

# PTSD: Helping The Trauma Victim

**P**TSD is a relatively new diagnosis. During the American Civil War, the symptoms were labeled 'soldier's heart'. During World War I, the symptoms were labeled 'shell shock'. After World War II, some veterans as well as survivors of concentration camps and survivors of the atomic bombings showed symptoms of this disorder. In the 1980's, when so many veterans of the Vietnam War displayed symptoms and major difficulties re-adapting to civilian life, PTSD was officially recognized, described and named. We now know that PTSD can occur in any traumatic situation.

What can you do if someone close to you is suffering from the ill effects of a traumatic situation?

It is helpful to:

- Talk about what was seen, felt and understood.
- Encourage your loved one to visit their family doctor and to follow the advice of the professionals.
- Educate yourself about PTSD.



*Tena Colton, Psy.D.  
Registered Psychologist*

If you know what to expect, it will be easier for you to be supportive.

- Give reassurance that your loved one is not crazy and that it is alright to cry.
- Be alert for signs of depression, anxiety or sleep deprivation and ask about it.
- Be alert for signs of withdrawal from friends, fun, interests, commitments, school, sports, or work and point this out.
- Offer huge doses of listening, patience, gentleness, respect, acceptance and encouragement as the person recovers.
- Give advice only when asked for it.
- Be aware of what is being used to numb thoughts and feelings. Alcohol and street drugs should be discouraged.
- Encourage positive life-style issues such as good nutrition, exercise, relaxation, down-time, planning something to look forward to.
- Realize that traumatized individuals need a sense of being understood. Often, they are experiencing symptoms that don't make sense to them and may not

make sense to you either so logic and reason will not help the situation.

- Know that 'triggers' are reminders of the traumatic event. These might include articles in the media; legal proceedings; anniversaries of the event; a particular type of person; certain places, sounds or smells. Any of these can set off an emotional or physiological response. When this happens, you can help by being calm and understanding.

It is unhelpful to:

- Downplay or judge the symptoms or assume that your loved one should 'be over it by now'. Recovery takes time.
- Blame the person for what could not be helped or changed.
- Take their feelings and behaviours personally. If you do, the person you are trying to help will feel invalidated. Try not to let your feelings get in the way of listening well.

The symptoms are real; treatment and recovery take time. The key to dealing with PTSD is to recognize what it is so it can be dealt with appropriately.

## Behind A Therapist's Door

by Tena Colton, Psy.D., R. Psych.

**W**hat happens when you decide to talk to a therapist?

On arriving for a first appointment, you may feel anxious, overwhelmed, discouraged and confused. You may be frustrated, angry, and depressed - a result of being "stuck" in circumstances and behavior patterns that aren't getting you where you want to be in your life. There may be fear about what might unfold or be discovered in the counselling process.

You will be relieved to find that you will be treated with respect and gentleness. You will not be judged and criticized. You will be listened to with full attention and understanding, and assured that there are answers to your concerns. Sometimes, there is disappointment in the discovery that you will not be saved, fixed or rescued. However, with the help of the therapist, you will discover that some of these answers are

within yourself and that there are ideas, attitudes and skills which can be learned.

You will be guided through a process of self-awareness that will result in new insights. You will learn how you can have a positive influence on the lives of others and gain the courage to let go of many of the beliefs that are keeping you dissatisfied and unhappy.

Throughout the sessions you learn that with hard work and guidance desirable changes can be made within yourself and your life. You begin to see that these personal changes have an influence on your environment and on your relationships. Instead of waiting for problems to be solved by shifts in life's circumstances or changes in other people, you learn to put your primary energy into solving your own problems. You also learn how to avoid taking on other people's problems as your own.

An important aspect of counselling is

learning what to do to continue to grow and move toward desired goals. Eventually, you begin to feel less frustrated and become more expressive, more courageous and more knowledgeable in facing responsibilities.

Therapists are here to help when life seems unmanageable. As a psychologist, I am privileged to be part of the process by which clients find within themselves the courage and strength to improve their lives and solve many of their problems. I see them embrace new, more hopeful perspectives that lead them to becoming happier and feeling more satisfied.

*This article originally appeared in our PsychHealth newsletter Fall 1997 issue.*

# Live The Moment Well

Several years ago we were canoeing the Nickemeckl River with good friends. Lunch time rolled around and we stopped and had a picnic in a farmer's field, watched by three horses grazing in the distance. It was a beautiful, sunny day, affording us a fabulous view of the North Shore mountains. It was good to be there.

I distinctly recall sitting on the blanket soaking up my surroundings and thinking how rare it was to actually "be in the moment." I mentioned this out loud, and my wife and friends agreed that it was rare for them as well. The beauty of our environment captured our full attention in such a way that it felt strange yet pleasant at the same time.



Denis Boyd, M.A.  
Registered Psychologist

*The challenge of being "conscious"... involves stopping the ongoing parade of thoughts which flow through our minds.*

More recently I have been asked to define good mental health and I have always included the ability to live the moment well. The ability to stop one's thoughts and simply "be", in all its fullness.

The challenge of being truly "conscious", as Eckhart Tolle would say, involves stopping the ongoing parade of thoughts which flow through our minds. It is so easy to think about tomorrow or yesterday, or some other aspect of our lives, that we end up missing the moment we are living. Tolle talks about being "unconscious" when our thoughts monopolize our attention.

Psychologist Jonathon Kabat-Zinn is a pioneer in "mindfulness psychology". He borrows from Zen Buddhism and teaches people how to meditate by focusing only on the present moment, being "mindful". When thoughts intrude, he encourages a person to focus on breathing as a way of causing the thoughts to stop.

Mindfulness Psychology is an

evolving therapy and it seems to have a positive impact on the lives of those therapists who practice it. A therapist who lives in the now with his client will be able to have a richer connection with that client. The quality of the empathy will be strong and this will have a positive impact on the therapeutic relationship.

Cognitive Behavioural Psychology has been established for some time and has an excellent track record with depression and anxiety. It involves learning to differentiate which thoughts are irrational, and challenging these thoughts by replacing them with more realistic or rational thoughts. The outcome leads to less intense emotion.

When one learns to live in the moment, one frequently stops one's thinking and this makes it unnecessary to go through the process of determining if a thought is irrational or not. If there are no thoughts distracting a person, the individual absorbs her environment and feels peaceful and joyful, possessing a fascination with her surroundings and noticing details that she usually missed.

Years ago while sitting in that farmer's field we had a startling lesson about the benefit of being in the "now". At a certain point the three horses on the other side of our picnic area decided they did not want us there and suddenly thundered toward us. We managed to scramble to our feet and leap over the fence before they reached



their targets. They didn't slow down until nearly hitting the fence and snorted at us for intruding into their space. We let them be and climbed back into our canoes, thankful for the lesson on "living the moment well."

#### Resource List:

Eckhart Tolle's first book is entitled The Power of Now. He has also written A New Earth, Awakening to Your Life's Purpose. Jon Kabat-Zinn has written Full Catastrophe Living, Wherever You Go There You Are, Mindfulness Meditation in Everyday Life and most recently Coming To Our Senses, Healing Ourselves And The World Through Mindfulness.

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