



## Recognizing the Posttraumatic Stress Pattern

A presentation by Brianna White, LMFT  
at the International Third Culture Kid Conference (<https://itckc.global/>), October 2023

*Definition: Post Traumatic Stress is an injury to the nervous system that comes from an overwhelming terrifying or horrifying event.*

### Why are we talking about this?

- Post-traumatic stress symptoms are an under-recognized problem among TCKs.
  - It can be hard to accept that we really are vulnerable.
  - It can be hard to accept that “bad things happen to good people.”
  - We can get desensitized.
  - Denial and avoidance are part of grief and trauma.
    - “That doesn’t count because it wasn’t actually ...
    - “What happened to us/me wasn’t nearly as bad as what happened to them...
    - “But God kept us safe...
- Because unaccounted for trauma-reactions can greatly complicate other TCK challenges, TCK caregivers need to know how to recognize Posttraumatic stress symptoms.
- Why should non-clinicians learn how to watch out for trauma symptoms?
  - You are the front lines.
  - Resources are scarce. Professionals can’t screen everyone.
  - Many don’t need a therapist. Witnessing, validating and exposure can heal, other kinds of support can and should be tried first, like friendship, prayer,
  - Some people DO need a therapist to heal. If trauma is stuck it will not get better on its own. Don’t wait more than 5 weeks after the trauma to decide to seek professional help.

## Cautions and Clarifications

- This presentation does not qualify you to diagnose PTSD. Instead you will become familiar with the kinds of impacts trauma has so that you can recognize them when you see them.
- Again, this presentation does not qualify you to treat PTSD. Instead, you will be equipped to recognize someone's story contains traumatic experiences. You'll be able to recognize that someone might be showing signs that the trauma they experienced is affecting them and maybe help them see that too. Having that understanding can give them and their support system information to decide what to do about it.
  - Examples of options could be:
    - watch and wait
    - do more of what's been working
    - get help - formal or informal, friends or professionals
      - If what you've been doing isn't working.
      - If there's "functional impairment"
      - If there's a safety concern - get help NOW
- This presenter has been trained in America in a model of trauma that comes from an American/NorthWest European perspective that is not the only way to understand this issue.
  - Key elements of this perspective:
    - Trauma is an injury, not a mental illness. Someone impacted by trauma is not crazy.
    - People around the world have the same bodies so the injury impacts us similarly on the inside - in the nervous system (including the brain, the gut).
    - People around the world have different cultures, languages and stories, so the impact of a trauma may feel, sound, look, be different.
    - What has been helpful for our community can be helpful for others as long as the others are in charge of adapting and applying as they see fit.

## Part 1: The Pattern

### Trauma Terms:

Potentially Traumatic Event - Something really bad or potentially really bad happens/almost happens to you or you witness it

Experiencing a Trauma: (event + how you experience it): Something horrifying/terrifying happens that overwhelms your ability to cope

The Trauma Injury / (Posttraumatic Stress) / Ongoing effects of a trauma

- Body adjusts to survive in a dangerous life
- Nervous system re-wires for higher threat sensitivity
  - quicker, stronger safety reactions
  - Frequently interrupts calm-time body processes like
    - Sleeping → insomnia, nightmares
    - Digesting → digestive problems
    - Learning and focusing, working → distraction, hypervigilance, exhaustion
    - Relating → low trust, social engagement system shut down / ready for threat
    - Playing, being creative → postpone fun and creativity
    - Relax → prepare, prioritize caution, avoid, tense
  - Feels like: Always in survival mode, short term crisis style living, Fire drill several times a day

### Trauma Response - Cause and Effect

- 1) Starts with a horrifying terrifying experience. ([See CATS page 1](#))
  - a) Doesn't have to be something that happened - scared is enough
  - b) Doesn't have to happen to you - close to you (physically or emotionally) is enough, ex: feared for their life
  - c) Threat to life, limb, bodily integrity (severe violation ex: rape, sexual abuse)
- 2) Expect anything in the first month - sleepy, hungry, angry (support - like the flu)
- 3) After one month, watch out for these 4 types of lingering problems ([See CATS page 2](#))
  - a) Re-experiencing
  - b) Avoidance
  - c) Disturbance of mood and cognition
  - d) Hyperarousal / "Changes in physical and emotional reactions"

In younger kids, bad dreams (same or different to what happened) and re-enacting the trauma in play, stories, etc.

## Is it PTSD?

- The Pattern: If it looks like a duck and walks like a duck and quacks like a duck," - it will probably like some water to swim in...and it could actually be a goose. Anyone who knows the pattern can notice a "traumatic response."
- The Diagnosis: "Post traumatic stress Disorder."
  - Meeting certain criteria: [See full diagnostic criteria](#)
  - Only Clinicians (Doctor, Psychologist, Therapist, Counselor etc. (depending on local system) can "diagnose."
- The Personal experience: "trauma response"  
Not feeling or acting like yourself, and it has to do with going through [this thing] that happened.  
Anyone *might* observe, often no one can see it.

## What is NOT a Traumatic experience?

Many bad experiences are not Traumatic (capital T)

- Some bad things might or might not be traumatic: maybe bad, but not life/bodily integrity threatening, or bad, but not overwhelming in any particular moment
  - For example a parent going to court, then reporting to prison versus a home raid where a parent is arrested and deported
  - **See Adverse Childhood Experiences (ACEs)**

## What is Not Posttraumatic Stress?

Many bad experiences don't cause a trauma response

- People don't experience it as traumatic (no problem in the first place)
- People heal - maybe PTSD in the past, but not now
- Other patterns of response, different types of emotional impact
  - Ex: social anxiety, depression, nightmares, insomnia from other sources or from trauma

There is often Posttraumatic Growth ([See Posttraumatic Growth Inventory](#))

## Summary

- Important: A traumatic experience is a terrifying/horrifying thing that happens to you or someone close to you, causes deep *overwhelming* fear or horror
- Important: trauma can cause a particular kind of mind+body injury
  - Re-experiencing
  - Avoidance
  - Disturbance of mood and cognition
  - Hyperarousal / "Changes in physical and emotional reactions"
- Important: Trauma doesn't always cause Post-traumatic stress, when it does it can't be counted on to get better without help. 5 weeks is plenty of time to wait and watch.
- Important: Not all adverse experiences are trauma
- Not important: figuring out if someone has "PTSD," or telling them they don't

## Part 2. Screening your TCKs - Gathering Information In Conversation

### Safety First:

- Don't push someone past their defense mechanisms. Make sure they stay in charge of how much they share and how fast.
- It's ok to slow someone down who seems to be getting out of control as they share.
- Safety first - don't try to help someone talk about a trauma they experienced unless you're confident they aren't at risk of harming themselves if they start to feel all of those feelings.

### If you're not a therapist

- Ask key questions in your normal setting, nothing big on a form
- Keep questions brief, open and optional
  - Ever feared for your life?
  - How scary was that?
  - What kind of dangers did you face when you lived there?
  - How do you feel like that experience impacts you now?
  - What's it like when something reminds you of that?
- Come back to it - directly ask about it without pressuring them to share a lot
- Keep a lookout for it - it may come up in casual conversation
- Biggest red flag = Can't talk about it (or strong body response when they do)
- Share information about trauma to open conversation

### If you're a therapist

- formally screen at intake
  - Ex: [CATS \(Child and Adolescent Trauma Screen\)](#)
    - [Versions available for ages 3 - 6 and 7-17](#) and caregiver reports
    - [PTSD Symptom Scale \(for adults\)](#)
- Keep eyes open as your relationship deepens
- Psychoeducation about trauma - to let client recognize and then report
- Translations are available for many of these

### Talking to families (Therapists and Non-Therapists both can)

Describe the pattern - Trauma event + Impacts you see / they notice

- (1) Re-experiencing = feeling like it's happening again,
- (2) Avoidance, not wanting to talk or think about it,
- (3) Disturbance of mood and cognition, feeling worse about yourself or the world or God,
- (4) Hyperarousal = feeling like you're always on edge

“It sounds like some of what you went through was actually pretty traumatic. It might still be affecting you. I’m thinking that because you said that you’re having nightmares about it and ...

“What you’re talking about seems like it kind of fits a pattern we call post traumatic stress. It might get better on its own, but it might not. It can get a lot better with help.”

### **What to do about it:**

If you’re not a therapist - support and refer (send on to experts)

- [See Beyond](https://www.seebeyond.cc/about/): <https://www.seebeyond.cc/about/>
- [TCKCounseling.com](https://www.tckcounseling.com)
- [IntrepidCounseling.org](https://www.intrepidcounseling.org)
- [Valeo](https://www.valeo.com)
- [InternationalTherapistDirectory](https://www.internationaltherapistdirectory.com) (expats and non-expats) How to: Find a local to ask about care options where you client is
- [Truman Group](https://www.truman.org)
- Facebook Groups to ask at: (might need to join group)
  - [Global Member Care Network](https://www.facebook.com/globalmembercarenetwork)
  - [Families in Global Transition Counseling and Coaching](https://www.facebook.com/familiesinglobaltransitioncounselingandcoaching)

You can get trained in [Filial Therapy](https://www.familialtherapy.com) - play therapy done by parents, caregivers

### **If you’re a therapist:**

Treatment types to get certified in:

- [TF-CBT](https://www.tfcbt.com) - Trauma Focused Cognitive Behavioral Therapy
- [CTG - Child Traumatic Grief](https://www.ctg.org)
- [EMDR](https://www.emdr.com) - Eye Movement Desensitization and Reprocessing
- [CPT](https://www.cpt.com) Cognitive Processing Therapy
- [Brianna RECOMMENDS: CETA - Common Elements Treatment Approach](https://www.brianna.com)

## Part 3. Activities and Discussions

### Discussion Questions

- 1) What would [Page 1 of the Child and Adolescent Trauma Screen](#) look like if your community wrote it? In other words, What are common traumatic experiences in your community?
- 2) How would [Page 2 of the Child and Adolescent Trauma Screen](#) look if your community wrote it?
  - a) How are these symptoms expressed or hidden in your culture?
  - b) What are the most and least socially acceptable traumatic stress symptoms?
- 3) Where are trauma's hiding places in your community? How to find it.
  - a) What's potentially traumatic that people normalize or wouldn't think of.
  - b) What have you seen people do or say to discount or downplay trauma?
  - c) Often people only share socially acceptable symptoms, and avoid talking about the trauma, so we initially think they're dealing with something besides trauma. What other issues would we think of first?
  - d) What questions are natural for you in your context that could help uncover Posttraumatic stress?
- 4) Discussion: Signs of [posttraumatic growth](#) co-occur alongside posttraumatic stress symptoms. What can you do with that knowledge?

### Activities

1. Role Play: Practice starting a conversation using one of the Conversation Starter Questions (see handout).
  - a. Person A: Initiate the conversation with the question.
  - b. Person B: Describe how you are doing in terms of what you've learned about the Posttraumatic Stress Pattern.
  - c. Person A: Describe how what they said fits the PTS pattern to normalize feeling that way and normalize getting help.
2. Which category of PTSD symptoms do the Conversation Starter Questions Correspond to?
  - a. Re-experiencing = feeling like it's happening again,
  - b. Avoidance = not wanting to talk or think about it,
  - c. Disturbance of mood and cognition = feeling worse about yourself or the world or God, down or depressed
  - d. Hyperarousal = feeling like you're always on edge