An illustration of a woman wearing a dark blue hijab and a light yellow top. A speech bubble next to her contains the text: "Just having a name for it helps."

Just
having a
name for it
helps.

MODULE 2

Understanding Posttraumatic Stress Reactions and PTSD

Goals of Module 2

- ✓ Learn about Posttraumatic Stress Disorder (PTSD)
- ✓ Notice if you have posttraumatic reactions
- ✓ Begin to find ways to manage your posttraumatic reactions

I felt like it was happening all over again!

My heart was racing, and I was sweating, but I did not know why.

Posttraumatic Stress Reactions and PTSD

People used to think of PTSD as something that happened only to soldiers after a war. But now we know PTSD can result from many types of traumatic experiences. It happens to women twice as much as men.

Women who've survived traumatic childhood events may not know that they're still experiencing posttraumatic stress symptoms. They often think PTSD happens to other people. That's because the symptoms have been inside for a long time. So long that the symptoms seem like a normal part of who they are and how their bodies work.



How about you? Women have told us that knowing about PTSD felt like a bit of a relief.

- How about you? Will it feel okay to know that some of the ways you react to things are symptoms of posttraumatic stress?
- Will it help to know that it's possible to improve things?

It can be helpful to know that many women have posttraumatic stress and that you're not alone.

What causes PTSD?

There are a few theories about why some people's stress reactions change following a traumatic event. Some theories focus on the mental parts and others on the physical ones. PTSD is complicated. There isn't

one theory that can explain everything or fit everyone's situation.

Some women only have a few symptoms of PTSD. Women who were adults when the traumatic event happened may find that the PTSD symptoms go away after a few months. Other women have more than "just" PTSD. They can become depressed, have relationship troubles, or do risky things. There's a wide range of PTSD symptoms and each woman's reactions are hers alone.

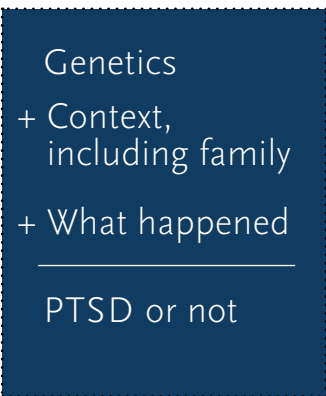
A woman's genes, hormones and history go together to raise or lower the risk of PTSD. So do other aspects of her life. The mind and body work together to adjust to life after a traumatic event. They do that to survive and prevent something bad from ever happening again. Such reactions are important and useful for protection. But those same reactions can become a problem when they're still felt long after the danger has passed. It's like the mind can't tell if there's a real danger or not. This can make life really hard.

What is PTSD exactly?

After a person survives a terrible experience, her feelings of fear or helplessness may not go away. PTSD is a set of reactions to a traumatic experience. It's hard to fully heal from it. Counselors and doctors use this list of symptoms to help them decide if people might have PTSD.

Trauma is the cause

PTSD can develop when a person has had a terrible experience. These experiences can include serious injury or physical or sexual abuse. Fearing or going through an actual near-death experience also can cause PTSD.



Being neglected or abused in childhood can be traumatic too. That's because children are young and helpless. Having a caregiver who doesn't always help and provide for a child is a big let-down. It's a serious betrayal that ruins trust.

What are the symptoms of PTSD?

There are mental and physical experiences that people with PTSD have in common. These have been organized into groups or "symptom clusters." To meet the criteria for having a diagnosis of PTSD, a person has to have a certain number of each type of symptom. Many people have some of these symptoms, but not all of them. When that's the case, we say they have "partial" PTSD. Or just "posttraumatic stress" (leaving the word "disorder" off of it). Some people leave the word "disorder" off all the time. That's because they think it's not necessary to use that term at all. Either way, here are the symptoms:

1. **Bad Memories or Flashbacks** (Intrusive Re-Experiencing)

*To be diagnosed with PTSD, you must have at least **one** of these symptoms:*

- Having horrible memories that affect your current life
- Having dreams about traumatic experiences that upset you
- Having flashbacks that make you feel like you can see, smell or feel the event again. Like it's happening now
- Feeling upset by thoughts or reminders of traumatic events
- Feeling a bad reaction in your body when you're thinking or being reminded of past events

2. **Avoiding Things** (Avoidance Reaction)

*You also must have at least **one** of these symptoms:*

- Trying to not think or have feelings about the awful experience
- Trying to avoid places, people or activities that remind you of what happened

3. **Bad Thoughts or Feelings** (Negative Mood or Cognition)

*You also must have at least **two** of these symptoms:*

- Not remembering everything that happened during the traumatic experience
- Having negative thoughts about yourself, others or the world
- Blaming yourself for what happened
- Feeling guilty, afraid or ashamed all the time
- Not being as interested in things you used to care about
- Feeling distant or separated from people
- Feeling numb instead of good

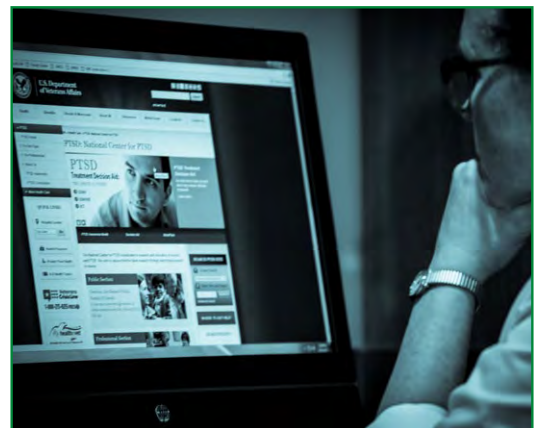
4. **Ever-Ready Over-Reactions** (Arousal Reaction)

*Finally, you must have at least **two** of these symptoms:*

- Feeling cross or too angry, too quickly
- Doing reckless or dangerous things
- Always watching out for something terrible to happen
- Being ready to run away or fight at the first feeling of fear
- Trouble thinking straight or paying attention
- Trouble falling asleep or staying asleep

What other things are true about PTSD?

- PTSD can happen right away or later.
- Pregnancy can trigger reactions to a past traumatic experience that you've forgotten about.
- The symptoms need to happen at the same time and last longer than a month.
- The symptoms must have a bad effect on other areas of your life, like work or family.
- Some people with PTSD also dissociate. It can feel like what's happening isn't real. You might feel "outside" of yourself to get away from the danger you feel.
- Sometimes people have other issues at the same time as PTSD. Counselors and doctors look for signs of depression and anxiety. They also want to find out whether a person uses tobacco, alcohol or drugs to cope.





Pause and consider: You can pause here to reflect on your own experience *if you want to*.

- Are there items on the list of PTSD symptom groups that strike you as things that you can relate to? What triggers these items for you?
- Have you ever struggled with depression or anxiety in the past? Have you talked to anyone about this before?
- Do you think you might be smoking, drinking alcohol, or using drugs to cope with the traumatic stress? Or do you do other things that help in the moment but might not be good in the long-run? Things like over-working, having risky sex or harming yourself?



Can PTSD be cured?

People who've had lots of support from friends or family may heal from PTSD on their own.

Going to therapy or taking medication can also help people recover. Medicine can decrease PTSD symptoms. Using medicine can make therapy a little easier. But some medicines may not be safe to take in pregnancy.

There are many ways people can work in therapy towards healing from PTSD. They can talk about how traumatic experiences are affecting them now. They can work through memories, thoughts and feelings about what happened. This can help create new insights and lead to fewer PTSD reactions. With childhood trauma this can be hard. Especially since those events happened long ago when they were young.

In fact, the ways people change to survive might not feel like symptoms at all, but a part of who they are. Such symptoms and coping, therefore, can be hard to give up. It can be hard to trust the therapist

until there's been time to know her well. And it can take quite a while until a person feels "done" with this type of therapy. Sometimes people set shorter-term goals to help them cope and feel better. It's okay to take one goal at a time. For example, a goal might be to stop the cycle of PTSD symptoms sooner when feeling triggered.

There are other ways to get help too. Attending a support group is a way to give and get support for managing traumatic stress now. There are also lots of books and websites to look at. Some sites are from professional sources and are really nice because they give clear information. Such sources probably won't stir up too many reactions. Reading websites or blogs created by other survivors can be good. But some of these are more likely to have content that can trigger reactions or strong emotions.

Is it possible to "manage" PTSD?

Sometimes PTSD goes away on its own. But it can be enough of a problem that people need medicine and therapy. There are, though, levels of PTSD that this program can help with in-between those scenarios. It can help by teaching skills to manage PTSD. It can point to other sources of help for those who need more than information and new skills. There's no one way for pregnant women to experience trauma's effects in pregnancy. Our goal is to offer ideas and information to help with deciding what might be useful now.



Let's pause and check in with you. The *Survivor Moms' Companion* program will give you information and teach you skills that help you manage trauma reactions. It also intends to support you during that learning process. Above all, we aim to help you experience a positive pregnancy and birth. We also want to support you in any other ways we can to aid your journey to become a mom.

The main point we'd like to get across so far is that reminders of traumatic experiences can trigger symptoms. This doesn't mean you're going



crazy or losing your mind. The first goal is to know that these things happen. The second goal is to figure out what helps you get back to feeling better as quickly as you can.

- Does it seem okay to you so far to be working on this? If so, then we'll start working on the first skill, managing PTSD reactions.



✓ A new skill: Managing the PTSD roundabout

There are lots of ways to try to manage PTSD reactions. We'll make those reactions easier to understand by using a metaphor to describe them. (A metaphor is a real-life image or situation that helps people understand ideas.)

Think about managing PTSD as being like managing driving in a roundabout or traffic circle. When a car enters one, it joins a flow of traffic all going in the same direction. Sometimes that flow contains multiple lanes of cars, trucks, and other vehicles. The car then moves with the traffic until it reaches the correct exit out of the circle, onto a street.

When there's not much traffic, this isn't too hard. But in rush hour, there can be so many cars moving at once. Drivers can be rude or distracted. You can be so worried about having an accident that you may end up having to go around more than once to make your exit.

Now try to apply this idea of a roundabout to PTSD. Imagine first that you're taking a turn on a trip. Then all of a sudden, you see that the road you got on leads to a traffic circle! This experience can be similar to being "triggered." That's because driving into an unexpected traffic circle can be scary. And so can being surprised by something that reminds you of a past traumatic event.

You then end up in the circle, where there are several major streets drawing cars into the swirl. Think of these streets as PTSD symptoms. Those symptoms include nightmares, avoiding memories, bad thoughts and feelings, and arousal or danger reactions.

The symptoms can all seem to flow together. That's because when one symptom shows up, the others tend to appear too. For example, when you have a flashback that makes you feel like the trauma is happening again, that feeling leads to an arousal reaction. Then that arousal reaction makes you feel embarrassed and bad about yourself. And when you're feeling that way, you often try to avoid situations that trigger you. This cycle can repeat itself.

But next, we're going to show you two different ways a stressful situation can go. The first "scenario" will show you what can happen if a woman hasn't learned how to manage a situation. But the second one will describe some things you can do to get out of the circle as soon as you can. Think of it as turning off onto a quiet street where you can stop and get your bearings.

Round and round!

Here's how a PTSD reaction might go, using an example of a woman who's pregnant.

Imagine that this woman has just woken up from a nightmare. She feels like the trauma is happening all over again. She rolls over and tries to go back to sleep, but then gets annoyed because she can't. She feels upset because of the dream. She doesn't want to think about it. So she focuses on all the things she has to do the next day. She remembers she has a clinic visit, and that they're going to do a vaginal swab. She



feels a wave of shame about her body and knows she's dreading the exam. She doesn't want to think about that either. So she goes back to her to-do list for tomorrow. After a while she gets up and goes to the bathroom, tosses and turns some more, and finally falls asleep.

The next day she's pretty tired. Little things annoy her quickly. She plods through her tasks and nearly forgets to stop in time to get to her appointment.



She's a few minutes late, so she's taken into the exam room right away. The midwife comes in before the woman's had a chance to gather her thoughts. She gets through the appointment okay, but she feels like she wasn't ready for it. It was hard to cope, so she forgot to ask some of her questions about labor planning. Now she's worried about not having those questions answered. She also wonders if she might have nightmares about that as well.

Instead, find a quiet side street

Let's put **you** in this better scenario!: Imagine you have woken up from a nightmare. You feel like the trauma is happening all over again. You have a dry mouth and fast heartbeat. But in this scenario, you already know these are **Intrusive Re-Experiencing** symptoms. You also know why they are called this. It's because they come up suddenly and get in the way of your normal life. They make you feel like the trauma is happening all over again. So you ask yourself "what could have triggered this?" You would rather be asleep. But, in this scenario, you already know you can't sleep when your pulse is this fast. And you know there's no threat at the moment. What you're actually experiencing, instead, is a part of the PTSD **Arousal Reaction**. So you get up and go to the bathroom. Then you take your blanket and diary to sit in a cozy chair.

Once you're seated, you ask yourself what the dream might have been about. It might be just a nightmare. But you know you're worried about



the midwife appointment tomorrow since they might have to do a vaginal swab. As soon as you think of that, you feel your heart rate go up again. You jot down some notes about how you're feeling right now. You realize you feel ashamed of your body, which makes the situation worse. But then you remember that feelings of shame and fear kicking in are some of the **Bad Thoughts and Feelings** that come with PTSD. You think about canceling the midwife appointment. But then you remember that the urge to cancel the appointment is really an **Avoidance Reaction**. That's a kind of reaction that makes you want to stay away from reminders of a traumatic event.

In this scenario, you then ask yourself "Where's the next exit from this round-and-round loop of symptoms?" You jot down some ideas in your diary, such as taking a friend to your appointment, or telling the midwife before the exam why you're feeling so stressed. Maybe you'd even do both. At first, the idea of talking about the trauma to your midwife seems stressful. But it doesn't make your heart race too much. You think you can do it. You imagine how you want the conversation to go and start to feel calm enough to go back to bed. In the morning, you see your diary in the chair. It reminds you to call your friend and ask her to come.



A little too simple?

We know that the example of finding a quiet side street and getting off the traffic circle/roundabout sounds too simple to some people. They say it's probably not that easy. Simply because so many other things could be happening at the same time. We agree!

Some women might not feel more relaxed after deciding to talk with the midwife about how triggering exams are. Or by bringing a friend. Some might feel sad and hopeless about the problem. Or so worried that they can't picture the words coming out of their mouths. They might worry about the midwife's reaction. Or that she won't believe them, or think it's no big deal, or make fun of them behind their backs. Such worries can trigger feelings of anger and shame, which would make anybody want to escape the situation.

What we've learned is that these reactions are more common in women who were abused in childhood. Such worries make sense. Young children who are abused don't have a close adult to teach them how to cope with strong feelings. And learn to trust people as well. So we'll be talking about managing strong emotions and learning to read people's reactions in the next few modules.

For now, though, let's just focus on PTSD symptoms—and putting that knowledge into practice.

Serena's Story

Things to think about

As you read Serena's story, try to think about what you have learned in Module 2. Here are some questions to get you started:

1. Can you see and make sense of the trigger described in Serena's story?
2. Can you spot the PTSD reactions contained in the story?
3. Do you notice how those reactions start to go "round and round?"
4. What ideas do you have to help Serena "find a quiet street" so she can manage this triggering moment and feel better sooner?

When she was 34 weeks pregnant, Serena went to a maternity care appointment. As part of her care, Serena needed a vaginal swab taken to screen for bacteria that can harm her baby when the baby's coming through the birth canal.

Serena was worried about this.

When she was instructed to undress from the waist down and put on a gown, she started to feel frightened. She felt this way even though she knew this was a normal routine health care situation and nothing to be afraid of. When she was waiting for the doctor to come in, the feelings got more and more intense.

When the midwife and the clinical assistant entered the room and said "Hello," she practically jumped, she felt so on edge. As the midwife put on her gloves, she made small talk with Serena.

But Serena was unable to really hear what the midwife was saying. Serena started to mentally "go away" and didn't really know what *she*—herself—was saying either. The midwife began to explain that she was going to take a swab from Serena's vagina. The midwife then said that she needed Serena to relax and open her legs so she could



do so. Serena could not relax, though, and found it very difficult to do this. When the midwife began the procedure, Serena began to back away and could not relax at all. The assistant tried to calm her but Serena's panic just got worse. The midwife noticed Serena's distress and stopped.

Serena heard herself saying over and over, "I'm sorry. I'm really sorry." But she felt "out of it" and stressed. The midwife said, "Never mind, we will just treat you with antibiotics in labor." Before she left the room, she said she would see Serena again when she returned in two weeks for her next visit. The assistant was kind, but Serena felt that she just had to get out of there.

Serena left the clinic without setting up the next visit. Even though she had gone the last few days without smoking a cigarette, she smoked two of them on the way home. Serena could not stop feeling shame. For the rest of the day she wished the earth would swallow her. Serena felt as though she NEVER wanted to see that midwife again. Now that she realized she could not get through an exam, she began wondering how she could possibly get through labor. A while later, she went outside and smoked a couple more cigarettes.

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Questions

The following questions will help you get to know yourself better. You can use these to talk to your tutor about what you're learning and how it may apply to you.

If answering a question is too hard or upsets you, just write down a few notes or skip the question.

You may not have time in your tutoring session to talk about all the questions. Pick the ones most important to you. If you want to, you could also work on some with a friend or your partner.

1. Can you list the PTSD reactions that you saw Serena having?

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2. How did Serena feel after her exam was over?

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3. How did Serena calm herself after her visit to the midwife?

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4. How could Serena have realized she was going round and round with her PTSD reactions? How could she have found a “quiet side street” to exit?

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Calling your tutor

You can use the space below to make some notes for your telephone call with your tutor.

1. Are there any things from your work on this that you're particularly excited to talk about?

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2. What more explanation, or help practicing, would you like?

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3. Which parts of the story do you most want to focus on?

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4. Do you want to talk about how this applies to you—or just to the character?

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Checking in with yourself: Module 2 (Check, fill in or circle as needed. Do this after your tutor session.)

1. How well do you think you learned the information contained in each topic?

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You've learned more about PTSD in general.

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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You're more able to notice PTSD reactions in the story or reactions that you might have yourself.

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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You've begun to think about good ways to manage any PTSD reactions for the character—or for yourself.

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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2. How intense was this module for you?

NOTE: Please fill in the blank with your rating of distress on a scale of 0 to 10, where 10 is the worst distress you can imagine.

Rating at the beginning of the session: _____

Peak Rating: _____

Rating at the end of the session: _____



3. Did you make any plans for the next week to look at needs you have?

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4. Did you agree to practice anything this week?

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5. How would you rate your tutor session?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

6. How would you rate this module's content?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

7. How did your learning go during this module?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

8. How did your skills practice go?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great



9. Given those ratings, do you want to do anything different for the next module or next tutor session?

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10. Which of the following is an example of a PTSD re-experiencing symptom?

- a. Keeping a journal to remind yourself of how many bad things happened to you
- b. Having nightmares about the traumatic experience
- c. Having feelings just like you had at the time, such as sadness, fear, shame, or panic when you are reminded of the event
- d. Both b and c
- e. We skipped this part.
- f. We just touched on this, so I don't really know.

11. How sure are you that you would be able to identify one of the PTSD re-experiencing symptoms?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure



12. Which of the following is an example of PTSD avoidance?

- a. Having a fight with a friend. Then needing time to cool down before talking to them or wanting to be around them again
- b. Staying away from someone who abused you in the past.
- c. Feeling like you just can't do something because it reminds you of the traumatic event.
- d. We skipped this part.
- e. We just touched on this, so I don't really know.

13. How sure are you that you'd be able to notice if you were having a PTSD avoidance reaction?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

14. Which of these is a low mood feeling? Or a bad feeling about yourself that comes from the traumatic event?

- a. Feeling bad because you were rude to somebody.
- b. Knowing you're a good person. But feeling like nobody will ever really care about you. Simply because they can somehow tell that you're really just worthless.
- c. Feeling down because your best friend just moved away, and you feel lonely without her.
- d. We skipped this part.
- e. We just touched on this, so I don't really know.



15. Which of these are PTSD arousal or over-reacting symptoms?

- a. Having trouble falling asleep because you are afraid of nightmares
- b. Being jumpy if someone sneaks up on you
- c. Feeling you can't sleep unless you lock your bedroom door at night, even though you live in a safe apartment by yourself.
- d. Flying off the handle with anger at small things
- e. Any or all of the above
- f. We skipped this part.
- g. We just touched on this, so I don't really know.

16. How sure are you that you could notice yourself having a PTSD arousal reaction?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure