

What is Posttraumatic Stress Disorder?

The diagnosis of Posttraumatic Stress Disorder (PTSD) requires exposure to an extreme stressor and a characteristic set of symptoms that has lasted for at least a month.

What are extreme stressors?

These may include the following:

- ~ Serious accidents or natural disaster
- ~ Rape or criminal assault
- ~ Combat exposure
- ~ Child sexual assault, physical abuse or severe neglect
- ~ Being held as a hostage, imprisonment or torture
- ~ Witnessing a traumatic event
- ~ Sudden unexpected death of a loved one

A person responding to posttraumatic stress has three types of symptoms:

1. Re-experiencing of the traumatic event as indicated by:

- *Intrusive distressing recollections of the event
- *Flashbacks - feeling that the event is reoccurring while awake
- *Nightmares - the event or other frightening images which reoccurs frequently in dreams
- *Exaggerated emotional and physical reactions to triggers that remind the individual of the event

2. Avoidance and emotional numbness: as indicated by:

- *Extensive avoidance of activities, places, thoughts, feelings, or conversations related to the trauma
- *Loss of interest in enjoyable activities
- *Feelings detached or distanced from others
- *Restricted in expression of emotional feelings

3. Increased arousal as indicated by:

- *Difficulty sleeping
- *Irritability or outbursts of anger
- *Hyper-vigilance

Dr. Kane has consistently coached me in dealing with issues at root of the trauma; he has seen me through depression, divorce and numerous family issues. Although uncompromising in his belief in the work related to trauma, Dr. Kane has demonstrated a level of compassion, wisdom and depth of knowledge I have rarely seen in my experience of working with mental health professionals. I have referred friends and members of my family to Dr. Kane and would recommend him to anyone who is serious about dealing with traumatic events that happened in daily living.

~ Terence, 47 social services worker

Who would have known that an extremely stressful work environment could bring on the symptoms of PTSD? I was fortunate that through skillful listening, Dr. Kane was able to recognize my hyper-vigilant stimulators and thus able to educate me about PTSD and my manifested symptoms. Through the therapeutic work (Dr. Kane calls it a journey and the challenges awaiting, the crossroads) I have learned to understand the importance of controlling my level of stress as well as being able to recognize the onset of my symptoms. I have also learned how to move past the trauma and continue to have a happy and productive life and career.

~ Karen 46, pharmaceutical sales representative



Self-Relational Psychotherapy

www.lovingtheself.com -----

Micheal Kane Psy.D, MSW, LICSW
Board Certified Diplomate (ABE)

Loving The Self

2711 East Madison Street, Suite 21
Seattle, WA 98112
206-723-8448 tel
206-723-3155 fax
lovingtheself@comcast.net
blog: lovingmemore.com

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We can learn to empower the "self" through vocal advocacy and expression, and in doing so, bring an end to the traumatic pain of "suffering in silence."

~ Dr. Micheal Kane

Enduring Pain:

Suffering in Silence



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What are some of the problems associated with PTSD?

- Panic attacks
- Avoidant behavior
- Depression
- Suicidal thoughts/feelings
- Substance abuse
- Feelings of alienation/isolation
- Feelings of betrayal/mistrust
- Anger/irritability
- Impairment of daily functioning

The Treatment for PTSD (Psychotherapy & Medication Management).

There are *three* types of therapies utilized in treating PTSD:

1. **Anxiety Management** - utilizes relaxation training, positive thinking and self-talk, assertiveness training and thought stopping.
2. **Cognitive Behavioral Therapy** - the therapist assists the traumatized person to correct the irrational beliefs that are controlling the emotional reactions. The goal is to adopt more realistic thoughts and achieve more balanced emotions.
3. **Exposure Therapy** - the therapist provides assistance through helping the traumatized person to confront specific situations, people, objects, memories or emotions that bring forth the traumatic incident that is now creating intense fear in everyday life.

Medication Management can be done in conjunction with Psychotherapy. Medications may be considered when:

- * The symptoms are severe or have lasted a long time
- * There are other psychiatric problems which intensifies the PTSD
- * The person is considering suicide
- * The person is experiencing a lot of stress
- * There is intense difficulty in daily functioning, i.e., sleep, appetite, concentration, energy and motivation
- * Psychotherapy alone is unsuccessful i.e., still experiencing many PTSD symptoms

Why are some people more impacted by traumatic events and develop PTSD whereas others do not?

It is unknown why, upon being exposed to a traumatic event, one person will recover in a short period whereas another may be impacted for many years. The following appear to make it more likely that a person will develop PTSD:

- * severity of trauma
- * length of trauma
- * proximity of the person to the trauma
- * frequency of trauma
- * whether the trauma was inflicted by another person or environment
- * reaction to the person from family and friends

What can I do to help my own recovery?

There are a number of things the individual can do to aid in recovering from exposure to a traumatic event:

- Learn about the disorder
- Talk about the problem with others
- Expose yourself to situations that remind you of the trauma
- Seek treatment such as individual psychotherapy or group therapy
- If medications are prescribed, follow the physician's directions and report any side effects
- Avoid alcohol or illicit drugs
- Don't quit your treatment or give up
- Join a support group

What can families and friends do to help?

- Provide emotional support and be a good listener
- Learn about the disorder
- Encourage the person to either seek treatment or stay involved in treatment
- Consider family therapy

We cannot undo the traumatic experience, however, we can treat the psychological damage, provide relief to those suffering and work towards healing the emotional wound.

~ Dr. Micheal Kane

Micheal Kane Psy.D., MSW LICSW CTS

Dr. Kane earned his doctorate in clinical psychology from Argosy University/Seattle Washington School of Professional Psychology in 2005. In addition, he received Masters degrees in social work from the University of Washington in 1983, clinical psychology from Argosy University/Seattle in 2002 and postgraduate studies in Traumatology from the Justice Institute of British Columbia, (Vancouver, BC) Canada. Dr. Kane is a certified trauma specialist through the Association of Traumatic Stress Specialists (ATSS) and holds two clinical Dipolmates, the Dipolmate in Clinical Social Work from the National Association of Social Workers (NASW) and Board Certified Dipolmate from the American Board of Examiners in Clinical Social Work (ABE).

Dr. Kane has served on the clinical faculties of the University of Washington, School of Medicine's Department of Psychiatry & Behavioral Sciences and the University of Washington's School of Social Work. In addition, Dr. Kane has served as the Associate Director of Training & Development, Trauma Resources Coordinator and Mental Health Therapist of Hall Health Primary Care Center of the University of Washington and as an instructor and member of the advisory board of the UW School of Social Work's Certificate Program "Psychological Trauma Effective Treatment and Practice". Dr. Kane has served as a consultant on complex trauma and posttraumatic stress disorder to the Congressional Black Caucus Veterans Braintrust (US House of Representatives).

Dr. Kane has maintained a private practice since 1985 working with individuals, couples and families. His theoretical framework is self-relational psychotherapy (i.e. psychological self) which is integrative and reflecting themes based on psychodynamic, reality, and cognitive-behavioral approaches. Dr. Kane's specialties include domestic violence, anger management, depression, anxiety, trauma, grief and loss, and ethnic minority mental health issues. He has experience in gay/bisexual concerns as well as biracial relationship issues. Dr. Kane's research interests are focused on the integration of trauma and domestic violence and its implications within the psychological self.

Publications:

~ Our Blood Flows Red: Trauma & African-American Men in Military Service, Clinical Implications For Working with African-American Veterans with Complex Trauma. Saarbrucken, Germany: LAP Lambert Academic Publishing. Kane, M. (2010).

~ A Review Study of the Clinical Implications for Working with African-American Veterans. (Doctoral dissertation, Argosy University-Seattle, 2005). Dissertation Abstracts International, 25, 144, Kane, M. (2005)



For additional information regarding Dr. Kane's background, please visit www.lovingtheself.com

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*Heart,
Instinct,
Principles*