

*Where Do We Start?*

S.E.L.F.  
An Organizing Framework for Trauma-Informed Care

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“opening up a can of worms”  
or dealing with the real issues?

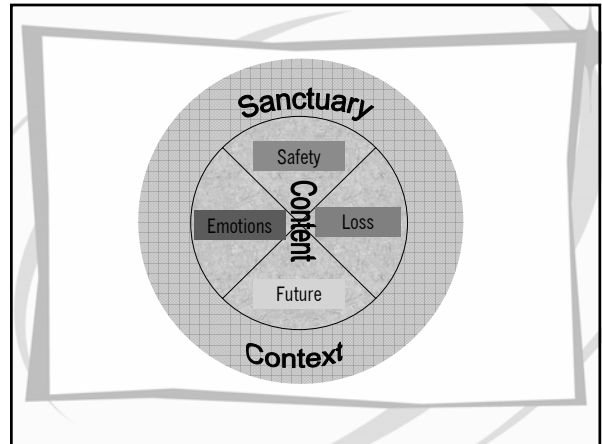
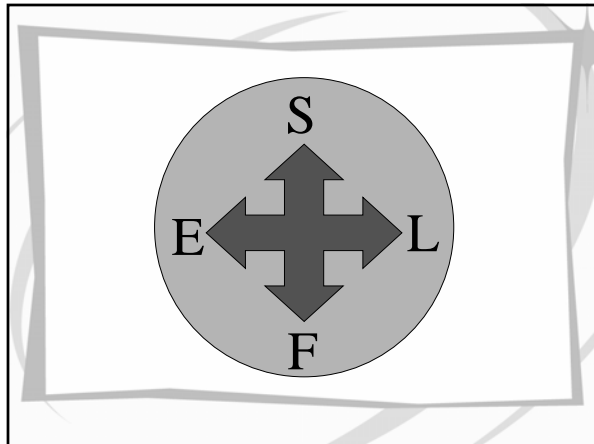
The most elementary aspect of becoming  
trauma-informed is *education*.

**Psychoeducational Framework**

- Helps to get everyone “on the same page”
- Shared and coherent organizing framework
- Non-stigmatizing – educational is for everyone
- Allows a much closer and empathic understanding between client and caregiver.
- Lack of jargon “rings bells” for clients.
- Even people with little education can easily grasp very complex concepts because the concepts are consistent with their own experience.
- Much of educating people about trauma is simply giving them words for what they already know and helping them see patterns where no patterns existed for them before.

**Psychoeducational Framework**

- Designed to provide clients and staff with an easy-to-use and coherent cognitive framework that can create a change momentum.
- Not constrained by gender, age, race, religion, or ethnicity because the domains of healing that S.E.L.F. represents are human universals, unbound to any time, place, or person.
- Compass through the “land of recovery” that can help guide individual treatment, staff decision, team treatment planning, and an entire institution.



**Case Review Using S.E.L.F.**

	<b>Client</b>	<b>Family</b>	<b>Clinician</b>
<b>S</b> Safety			
<b>E</b> Emotions			
<b>L</b> Loss			
<b>F</b> Future			

## Psychoeducational Framework

- Evolved organically from our need to teach our patients
  - how to think differently about their problems;
  - to organize the changes they needed to make into more manageable bundles;
  - to help them develop pattern recognition for the ways in which their present problems related to past experiences;
  - to help provide a roadmap for the process of recovery.

## S.E.L.F. Behavioral Assessment

- Assess the situation
  - Assess for trauma history
  - Review data/chart, current behavioral plan,
  - Interview patient, family members, therapist, staff
- Summarize the key or main problems clinically, behaviorally, and administratively.
- Organize the clinical, behavioral, and administrative problems into a S.E.L.F format.

## Safety

## PHYSICAL SAFETY

- No violence to others in any form: physical, emotional, verbal, or sexual
- Absence of suicidality/self-destructive behavior
- Freedom from substance abuse
- Healthy, safe, relational sexual behavior
- Avoidance of risk-taking behavior
- Good health practices

## PSYCHOLOGICAL SAFETY

- |                       |                      |
|-----------------------|----------------------|
| • Self-protection     | • Internal authority |
| • Attention and focus | • Consistency        |
| • Self-knowledge      | • Initiative         |
| • Self-efficacy       | • Curiosity          |
| • Self-esteem         | • Achievement        |
| • Self-empowerment    | • Humor              |
| • Self-control        | • Creativity         |
| • Self-discipline     | • Spirituality       |

## SOCIAL SAFETY

- Ability to get along with others – basic civility
- Ability to recognize and respect boundaries
- Ability to make and sustain healthy relationships with both genders, with different generations
- Expression of appropriate affect, modulation of negative affect
- Healthy assertiveness without aggression
- Exercise of responsible authority and leadership
- Ability to function in a social setting

## MORAL SAFETY

- Shared values, meaning, purpose
- Search for the highest good, combining needs of individual and needs of the group; needs of self and needs of others
- Ethical dialogue
- Viewing others as more than a means to an end
- Willingness to deal with complexity and avoid absolutes
- Understanding not excusing; accountability not blaming
- Less authoritarian, more democratic – no abuse of power
- Search for integrity, wholeness

## Emotion Management

## Signs of Impaired Emotional Management

- Feeling "out of control"
- Substance abuse
- Difficulty with aggression against self and others
- Overwhelming anxiety and panic
- Mood swings
- Flashbacks
- Dissociative episodes
- Paranoia
- Physical symptoms

## Emotional Management

- Emotional education – emotional intelligence
- Identification of feelings: mad, sad, glad, scared
- Application of emotionally-variable response
- Volume control of intensity
- Differentiation of thoughts from feelings and behavior
- Identification and use of self-soothing skills
- Judicious and prescribed use of medication
- Constructive and creative use of emotional energy

## Loss

## Loss

- Chronic depression
- Death preoccupation
- Psychic numbing
- Hopelessness, helplessness, cynicism, pessimism
- Anhedonia
- Haunted by the past

## Managing Loss

- Continue treatment modalities for safety and affect management while addressing grief issues.
- Help patient identify the particular grief issue to be focused upon.
- Establish an alliance or contract for working on the loss/losses.
- Address the four basic grief tasks: acceptance, pain, adjustment, reinvestment.
- Explore and diffuse linked objects or the symbolic objects which a survivor uses to maintain the relationship with family member, part of self, friend, dream or fantasy.

## Managing Loss

- Help the patient to explore the reality that there is no retrieving a lost past, that no one can replace the lost loved ones, that there is no payback for the hurts of the past, that there is no rescue.
- Help the person say "goodbye" to the events of the past while still acknowledging that it is a past.

## Future

- Successful management of safety, feelings and loss fosters sense of empowerment
- Empowerment enables **choice**; outcomes not dictated by the traumatic past
- Rebuild capacity for imagination
- Able to see the choices of the past and the choices NOW and make better choices
- Recovery process now able to continue with emphasis on creation of a future

## S.E.L.F.

A Trauma-Informed, Psychoeducational Group Curriculum for Trauma-Informed Care

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## Psychoeducational Framework

- Each lesson is independent of every other lesson
- There is no fixed order within which the lessons must be taught.
- We arranged the curriculum this way for some very specific reasons.
  - In the first place, the turnover rate in many settings is so rapid, that if clients are to benefit from attending only one or two groups, then each group must stand alone as a valuable lesson, without necessitating prior attendance.
  - Secondly, we wanted the curriculum to be responsive to the immediate and pressing needs of each environment at any point in time.

## Psychoeducational Framework

- Each lesson designed to provide a script for an interactive group
- Does not necessitate having had formal group training
- Let the group do the work, develop their own expertise
- Group facilitator does not have to know everything there is to know
- Using an educational format with handouts, flipcharts, questions and answers, all promote a containing environment quite different from a typical process group that can be far more difficult to manage.
- In this way, staff members can discover the power of the group process in helping people to learn, grow and change, while simultaneously building community within the setting.

## Psychoeducational Framework

- Accompanying every lesson there is also a *Handout* for the clients to use during or after the group.
  - Can be kept in notebook – or not
- Finally, each lesson includes a *Resource*.
  - The Resources, taken as a whole, represent a course in trauma studies.
  - It is not necessary to read the material in order to have the groups be beneficial.
  - Stimulate curiosity to know more
  - In some of the lessons we have also suggested some relevant movie titles pertaining to the topic.

Addressing the fundamental problems surrounding exposure to violence without needing to focus on specific individual events within a group setting.

## Psychoeducational Framework

- Although this is a trauma-informed curriculum, we do not frequently address head-on the issue of trauma, maltreatment or abuse.
- Words are highly charged for many populations and frequently misunderstood.
- Focus on results of exposure to trauma – loss of safety, inability to manage emotions, overwhelming losses, and a paralyzed imagination – experiences that are universal.
- As a result, these lessons can be helpful lessons regardless of whether or not the clients in the group have identified themselves as trauma survivors.
- Likewise, many of the lessons can be used for family groups without the need to create an atmosphere of recrimination or accusation.

## S.E.L.F. Group

- **SELF: INTRODUCTION**
- **Introductory Materials**
  - Table of Contents – simple and annotated
  - Introduction to S.E.L.F.
  - The Sanctuary Philosophy
  - Introduction to SELF & Self Group Guidelines

## S.E.L.F. Group Guidelines

- **Welcome to SELF Group. We would like to thank you for taking time out of your day to sit down with others and talk about those matters of importance to you that are creating problems in your day-to-day life.**
- **The language of SELF – Safety, Emotions, Loss, and Future – will be familiar in some ways. But we are going to teach you a way of translating the everyday problems in your life into a new way of organizing and understanding them so that you can resolve those problems more effectively.**

## S.E.L.F. Group Guidelines

- In order to make this group most helpful we need some basic guidelines that all of us must respect:
  - This group will occur on \_\_\_\_\_
  - Try to attend every session
  - Do your best to arrive on time.
  - Participate to the best of your ability.
  - Turn off cell phones, or if you are expecting emergency calls, ask someone who is not attending the group to monitor your calls, or put the phones on vibration-only
  - You have to be sober to make any use of the group, so do not use intoxicating substances before (or during) the group.
  - If this is a successful group, disagreements and spirited discussions will occur – please commit to disagreeing respectfully.
  - Most of us find it hard to keep to a schedule, especially when we are too tired, too frustrated, too sad, too bored or when things are just too much – make yourself come to the group anyhow.
  - It is important for us to respect each other's privacy and be able to trust each other. What is said in the group stays in the group.

## Introduction to S.E.L.F. *Safety*

- **SAFETY** is taking care of your body and your Self: Physically, Psychologically, Socially, and Morally
  - **Physical Safety:** Being safe in your body and safe in the world
  - **Psychological Safety:** Being safe with yourself
  - **Social Safety:** Being safe with other people
  - **Moral Safety:** Being safe with a guiding value system

## Introduction to S.E.L.F. *Safety*

- **SAFETY** is about setting appropriate BOUNDARIES
  - Saying YES only when you mean it
  - Saying NO (and sticking to it) when you mean it
  - Knowing the UH-OH or warning signals of "danger ahead"
  - Knowing and experiencing the OUCH of having your boundaries violated or violating the boundaries of someone else

## Introduction to S.E.L.F. *Emotions*

- We are all born with emotions and then we must learn to manage our emotions throughout our lives
- Feelings are NOT the enemy! Our challenge is to learn how to use our emotions to inform our thoughts without letting our emotions determine our behavior.
- Learn how to identify and USE your feelings!
- **GLAD MAD SAD SCARED SHAMED**
- It's important to have "volume control" - connecting the appropriate level of the appropriate emotion with what the situation calls for
  - Feelings: 0-----3-----5-----7-----10
  - Situation: 0-----3-----5-----7-----10
- Remember: You have the power to understand and to manage your emotions without being CONTROLLED by them!

## Introduction to S.E.L.F. *Loss*

- Loss is about recognizing and then managing the losses that come with living.
- Losses are a part of everyday life; but a life that has had too much violence or trauma has many more unexpected losses:
  - Loss of people
  - Loss of opportunities
  - Loss of one's childhood (the experiences AND the years)
  - Loss that is associated with Addictive Behaviors: People, Places, and Things
  - Loss of feeling whole
- To experience Loss is to experience all of the emotions: Glad, Mad, Sad, Scared, and Shamed. That is why it is not easy to do, and often can make a person feel UNSAFE.
- All change, even changes for the good, mean having to give up something, let go, and move on.

## Introduction to S.E.L.F. *Future*

- Future is about managing the FREEDOM and the RESPONSIBILITIES that come with the power to make choices in one's life – choices that are not determined by the past.
- CHOICES:
  - To create a better life for oneself and one's children
  - To stop the cycle of addictive/compulsive behaviors
  - To stop the patterns of violence in the family
  - To lead by example
  - To stop repeating the past
- To learn how to use the power of IMAGINATION to design and then create a new future for yourself!

## S.E.L.F. Group

- **What Does SELF Mean?**
  - HANDOUT: What Does SELF Mean?
  - RESOURCE: SELF – A Nonlinear Framework

## S.E.L.F. Group

- **Who are You: A SELF Self-Assessment**
  - HANDOUT: Using SELF to Introduce Myself
  - RESOURCE: Why Do We Have Emotions?
- **Putting the Pieces Together: What Trauma Does to the SELF**
  - HANDOUT: Effects of Traumatic Experience
  - RESOURCE: Understanding the Impact of Traumatic Experience

## Safety

- **It's All About Survival: Fight-Flight-Freeze**
  - HANDOUT: How Do You Respond to Stress?
  - RESOURCE: Fight-Flight-Freeze or How Not To Get Eaten
- **SELF Begins With Safety**
  - HANDOUT: What Does Safety Mean?
  - RESOURCE: Safety- The First Pillar of Sanctuary
- **What Does it Mean to Be Physically Safe?**
  - HANDOUT: What is Physical Safety?
  - RESOURCE: How Shocking! Thinking, Feeling and Acting Under Stress

## Safety

- **What Does It Mean to Be Psychologically Safe?**
  - HANDOUT: What is Psychological Safety?
  - RESOURCE: The Effects of Writing About Traumatic Experience
- **What Does It Mean to Be Socially Safe?**
  - HANDOUT: What is Social Safety?
  - RESOURCE: The Social Response to Danger
- **What Does It Mean to be Morally Safe?**
  - HANDOUT: What is Moral Safety?
  - RESOURCE: Moral Intelligence

## Safety

- **The First Language of Safety: Yes, No, Uh-oh, Ouch**
  - HANDOUT: What Do We Mean by Boundaries?
  - RESOURCE: Critical Concerns in Boundary Issues
- **What Does It Mean to Trust? Social Safety**
  - HANDOUT: What Does It Mean "To Trust?"
  - RESOURCE: What is a Betrayal Trauma?
- **Fences Make Good Neighbors: What is a Boundary?**
  - HANDOUT: Fences Make Good Neighbors
  - RESOURCE: Implementing S.E.L.F.

## Safety

- **Living Without the Terrorist Within**
  - HANDOUT: Do You Have A Terrorist Within?
  - RESOURCE: When Victims Become Bullies

## Emotions

- **Volume Control**
  - HANDOUT: Volume Control
  - RESOURCE: Fear Conditioning & Volume Control
- **Introduction to the World – and the Words – of Emotion – Mad, Sad, Glad, Scared, Shamed**
  - HANDOUT: The Words of Emotion: Mad, Glad, Scared, Sad, Shamed
  - RESOURCE: Numbing and Addiction to Stress
- **Problem Solving**
  - HANDOUT: Problem Solving Worksheet
  - RESOURCE: The Problem of Evil

## Emotions

- **To Connect or Disconnect: That is the Question**
  - HANDOUT: Do You Disconnect
  - RESOURCE: Dissociation
- **How To Stay Grounded**
  - HANDOUT: How To Stay Grounded
  - RESOURCE: Memory and Dissociation Under Stress
- **SELF-Soothing and Stress Management**
  - HANDOUT: Managing Emotions
  - RESOURCE: “But I Just Can’t” Perception, Learned Helplessness and Attention Problems
- **Hurt People Hurt People**
  - HANDOUT: Are You a Puffer or a Shrinker?
  - RESOURCE: Hurt People Hurt People

## Emotions

- **Addictions, Safety and Self-Soothing**
  - HANDOUT: The Primary Colors of Emotion
  - RESOURCE: Double Trouble – Substance Abuse and PTSD
- **Resolving Conflict**
  - HANDOUT: Guidelines for Managing Emotions and Resolving Conflict
  - RESOURCE: Risk-taking, Suicidality and Aggression

## Loss

- **What Do We Mean By Loss?**
  - HANDOUT: The Many Faces of Loss
  - RESOURCE: Sexual Assault
- **Using SELF To Work Through Loss**
  - HANDOUT: Losses Associated with Childhood Adversity and Trauma
  - RESOURCE: The Grief That Dare Not Speak Its Name
- **Never Having to Say Goodbye- Reenactment**
  - HANDOUT: Is It the Same Thing Over and Over
  - RESOURCE: Traumatic Reenactment

## Loss

- **Learning to Let Go**
  - HANDOUT: Learning to Let Go Worksheet
  - RESOURCE: Give Sorrow Words: Emotional Disclosure and Physical Health
- **How To Lose Your SELF: Turning People Into Chameleons**
  - HANDOUT: Do You Ever Lose Yourself?
  - RESOURCE: The Neglect of Neglect
- **Habits and Resisting Change**
  - HANDOUT: What Are Your Habits & My Plan for Changing Habits
  - RESOURCE: Safety and Adversity in Childhood
- **What We Resist Persists**
  - HANDOUT: Loss, Fear and Stages of Change
  - RESOURCE: Barriers to Recovery and Stages of Change

## Future

- **One Step At a Time – Is That All You Need to Know?**
  - HANDOUT: Five Steps to a Better Future for Myself
  - RESOURCE: The Bystander Effect
- **How Does Change Happen?**
  - HANDOUT: Autobiography in Five Short Chapters
  - RESOURCE: Chaos, Complexity and the Process of Change
- **Empowerment**
  - HANDOUT: Exploring What Power Really Means
  - RESOURCE: Retributive vs. Restorative Justice
- **How To Influence the Future: Self-Fulfilling Prophecies**
  - HANDOUT: Self-Fulfilling Prophecies
  - RESOURCE: How Labels Determine Reality

## Future

- **Relapse Prevention**
  - HANDOUT: Relapse Prevention Worksheet
  - RESOURCE: Caring for the Caregiver
- **Moving On and Giving Back**
  - HANDOUT: Survivor Mission
  - RESOURCE: Social Transformation of Trauma
- **Imagining A Better Future**
  - HANDOUT: Inventory of Recreation Activities
  - RESOURCE: Bridging the Black Hole

## Ahead...

- More lessons can be added.....
- Creative activities to supplement psychoeducational framework

**Case Review Using S.E.L.F.**

	<b>Client</b>	<b>Family</b>	<b>Clinician</b>
<b>S</b> Safety			
<b>E</b> Emotions			
<b>L</b> Loss			
<b>F</b> Future			

# USING S.E.L.F. AS AN ASSESSMENT TOOL

Client 1: I am a Police Officer for a city ranked #6 on the "Ten Most Violent Cities in America". I have been through some terrible situations. My stress level STAYS HIGH. I can't sleep most of the time, I wake up in the early hours ready to fight and reaching for my weapon. I have nightmares about the things I've seen evil people do to others. I work for an administration that sees me as disposable

Client 2: I was kidnapped and abused sexually and physically for six months when I was 9. I spent my 10th birthday in a strange town 2000 miles away from my family with a person I barely knew. I am 35 now and memories I had repressed are still returning. I want NOTHING more than to forget and be happy with my family.

Client 3: I was in an automobile accident in 1976, I was in traction for 21 days, unable to work for 6 months, and had my damaged hip replace just 15 months ago. 29 years of pain. I am terrified of the dentist, not prior to the wreck, divorced twice, overweight, trouble sleeping, am 11-year recovering alcoholic. My current wife of 13 years has grandchildren living with us and I have big mood swings toward them over safety things. I have koo-koo bird emotions. I can't say car-wreck 3 times without crying, and if I see one where you see people hurt, I break down or begin to internalize my true emotions. I've seen a few Doctors about my problem and have refused drugs like Prozac, but I'd consider something that reshaped my feelings on the specific event. Short-term medication, not a possible daily treatment that alters more than just one bad emotion, I want to be me and think like me, just not stressed over accidents.

Client 4: I have PTSD due to many years of DV that ended when my husband kidnapped my son (the police located and returned my son to me). The PTSD has altered how I view the world and the people in it. But... I need this memory to remind me that even through all my financial and emotional struggles are due to this event, I am better off here without him than I was prior to this traumatic event. But the shakes and anxiety are a distraction when I am working full time and going to school part time.

Client 5: I lived alone with my father who was a sadist since I was 8 years old. I was beaten, tortured, locked in a basement, had my hair pulled, slapped, thrown knives

at, and was left in a coma for five days when I was 18. This man would/could not stop his beatings till he was drenched with sweat! He really enjoyed inflicting pain! His favorite technique was blows to the back of my head, right above the neck. His rationale was that if he killed me no one would know the reason and accuse him - no bruises! Since then I have been married, divorced, a drug addict for over 20 years and homeless for 3. I exposed my children to mood swings, severe depression and poverty. I had trouble holding jobs because of the violent flashbacks and rages I would go through. Now a grandmother, and a doctoral student, I still suffer from depression, and horrible nightmares!

Client 6: I am so tired of having flashbacks and memories that affect my present day being and my daily life. I've been in counseling for years dealing with the memories and different personalities that surface because of having PTSD is terrible I would take the drug joyfully if I could forget the pain it has caused me. I was abused sexually and emotionally for most of my childhood and teenage years from years 2 through 25. I would love to forget them.

Client 7: I would give anything and try anything to erase 10 yrs. of sexual abuse by my father and physical abuse by my mother. I was molested by my father from the age of 3 to 13 when I had a nervous breakdown. My mother used to beat me, starve me, and sometimes I thought she was actually going to kill me. I have never had a successful relationship with anyone, male or female, friend or lover. I can't get rid of the feeling "that I am not worth anything" to go away. I am 59 yrs. of age now and tried to kill myself a year ago. To this day I regret that I was not successful in doing so. I was already taking cymbalta when I attempted the suicide.

Client 8: I have been a nurse for 14 years. I have suffered from PTSD for approx 6 years, but maybe longer if you rack up all the nightmares I have suffered over my lifetime. (abusive relationships, spousal suicide, being physically attacked at work and almost killed). I have searched for yrs for something "just to make the pain stop". All the SSRIs, antidepressants and all their side effects that are worse than the cure. I would love to be able to get in my car a drive across country and not have panic attacks (hell I would love to be able to KNOW that I wasn't going to have one driving to town!).

Client 9: After suffering a horrific childhood and then an abusive first marriage, I have nightmares when I sleep and must have an alarm system on my house to get any sleep at all. One of my abusers has been dead at least 20 years and I still see

him coming for me in my sleep. I've been to therapy several times and that has done some good but never released me from the nightmares. To this day I still jump if someone comes up behind me. I still fall apart if someone raises their voice around me.

Client 10: As a Christian and a recovering alcoholic, I've watched my 25-year old ex-wife die from heroin and survived Hurricane Katrina without. At least once a month, I wake up screaming with images of rotten corpses that littered my city for months.

Client 11: I suffer from PTSD as well as Major Depression and would welcome ANYTHING that might possibly help!! The nightmares are so extreme that I wake up crying every time. I have to get up in the middle of the night and stay up for awhile to try and shake them off before I can go back to sleep just to start the cycle all over again. I am in therapy and talk about my traumas but that doesn't seem to be helping. I will be starting DBT therapy next week as another possible 'solution'. PTSD has left me completely debilitated. I no longer live my life, I just simply exist.

Client 12: As a person who still struggles with PTSD after 8 years of "getting help" without much help, I can't help but say yes I would take this drug. I want to be able to sleep through the night without waking up in a cold sweat having just been through a flashback that is so vivid that often times my body literally aches or hurts. There are even times when I wake up that I don't even see my bedroom around me, I see the place where the traumas take place. My fiancé says it usually takes about 20 minutes to help me "see things normally" again. I would like to be able to walk home at night and not be scared out of my mind by every little noise. I don't want to forget what happened to me, not completely anyway, because then I will wake up every morning and wonder where the physical scars came from, but what I wouldn't give to be able to be "normal" again.

Client 13: I have suffered all of my life from this. I began being sexually abused by a brother at the age of 5 to 13 and before I was 18 years old, I was the victim of at least 15 other abusers, some of them more than once. I have wanted to die for as long as I can remember. Once again I am back in therapy and seeking help for nightmares, depression, anger, and thoughts of suicide. I just get tired of it. I'd do anything for it to end...

Client 14: Two and a half years ago I was in a car accident on the interstate and to this day I can not get on the highways. It was just 3 months ago I was able to get around town again. But even then, I panic in the car and can't stand it. Loud engine sounds make my heart pound. It sucks, a whole world out there and I am 99% of the time confined to my house because someone else wanted to hang up their cell phone rather than keep her eyes on the road. She was going about 80 mph in the slow lane while construction was going on. Traffic came to a dead stop, but she didn't. I'll never forget how loud it was, the crashing, skidding, all the glass flying through the front of the truck and into my head.

Client 15: My daughter suffers from PTSD due to repeated sexual abuse at the hands of her grandfather. She has "seizures" that manifest themselves in a more debilitating way than epilepsy (which she also has). She actually relives the trauma during these episodes by running, trying to escape, going through all sorts of aggressive motions, incognizant of her surroundings. This results in severe injury, usually from falling down the stairs or running outside. She can't drive, work, or even go out to socialize because of these episodes, which have occurred daily for the past 7 yrs.

Client 16: In 2000 I lost my youngest sister to cancer, she was 48 and a few months prior to her death my daughter was diagnosed with cancer she was only 27 with a new baby and a 6 yr old son. Reasons too long to list, I blame myself for my sister dying, and the fear of my daughter dying caused me to be severely depressed and I was planning on taking my own life, but did go for help. I have been on, I would say just about every antidepressant made and none have helped me, just a lot of weight gain which makes my depression worse, I still have thoughts of taking my own life as for almost 7 years not one day has passed that I haven't cried and got physically sick remembering my sister. My daughter is fine now. But I have changed, I get mad at the drop of a hat, I say hurtful things to my family, no one wants to be around me, so I spend my time alone. My own children will not include me in their lives now. Not allowed to be around my grandchild.

Client 17: In August it will be two yrs. ago that I was babysitting a newborn in my home. He was asleep, taking a nap and I went to check on him and found him dead. I still have flash backs to this day and can't get it out of my head. I see it exactly like it was a movie playing over and over in my head. His pale grey-blue like face. He felt so cold. I tried to revive him for 10 minutes before help came. Which seemed like forever. Then I had to look at his mom and tell her what happened. My mom

had to take care of me after that happened. I felt like I didn't deserve to live. I know there was nothing I could've done. My daughter who was 6yrs. old at the time witnessed this and that makes me feel even worse. I hope there is hope at the end of the tunnel.

Client 18: I saw my mother physically and emotionally abused day in and day out by my father for 11 years. My father held a knife to my neck and told my mother if she ever left him then he would kill me & my younger sister. I relive these memories everyday. Even after my mother left my father he still tormented us.... he set our car on fire in our driveway, slashed my mother's tires on her car, smashed the windows in our house..... Thank god finally my father decided to have nothing to do with me & my sister, but now I'm in therapy, I'm on Prozac 40mg a day (sometimes 80mg if I have a bad day), and when I'm very depressed & upset I cut myself. I relive these memories every day, I have nightmares about what I went through all the time.... I went through other things in my life, but my father was the start of it..... the Prozac isn't taking the pain away

Client 19: My son was in a tragic car accident recently in which his girlfriend was killed. There were 4 people in the crash and he received the least amount of injuries. In the beginning he felt a lot of guilt because he was lucky enough to not be hurt as seriously as the others and of course he has the pain of losing girlfriend whom he was to marry this year. There are days I think he will just give up. He stays very depressed and will not stay at the home that they were purchasing together. It has been 3 months since the accident and he still seems so lost. He says he remembers nothing about the accident as he and the others were unconscious when rescue arrived. I read the hospital report and it appears that his girlfriend was possibly decapitated. I have to wonder if perhaps my son does remember and just hasn't told any one. He did remember some things like lying on the gurney and being loaded into the ambulance.

Client 20: I live with the haunting memories of Fatal RPG attack on my convoy all the time. I know my tours in Iraq and physical and mentally scarred me. Not only affecting me now professionally and in my marriage. Head Doctors work ok but extra help would be nice to put these memories behind myself and other soldiers who know the same. You go into combat one way and come out messed up either a little or sometimes so much you can't bear it.

Client 21: I was in a fatal traumatic car accident and lost my first child. I would love to not remember parts of the accident I am now beginning to remember and forget not being able to go to my son's funeral because I was in a coma. It is hard to go further into life remembering all of this when I have another son I need to raise. I keep wondering how they would get along if my first child was still alive?

Client 22: I was in a terrible car accident where my mother was killed in front of me, and I waited 20 minutes in the smashed vehicle with my mangled and barely alive father while we waited for help to come. My father died a few hours later after being airlifted to the hospital. For a long time I was haunted by flashbacks, tormented by depression and pain from my own injuries, but at last I came to terms with all that happened, and I would never trade the last few minutes I had with my father before they put him into the helicopter for the void of being without the painful and traumatic memories of that night. this was a formative part of my life.

Client 23: I have many traumatic events in my life which started with watching my dad die before my very eyes. But the worst which totally has altered and changed my life for the worst was looking down the barrel of a 12 gauge shotgun by my husband) knowing I was going to die with my 5 month old son beside me in a bassinet beside my bed and my daughter down the hall I don't know why he didn't pull the trigger, thankfully for my kids he didn't. He turned around instead, sat down in his recliner in the next room and pulled the trigger. BOOM is what I heard and honestly at my young age of 22 (he was 37) I thought the BOOM was to get my attention until I rounded the corner and there he sat with half the back of his head blown off. That day has haunted me for 23 yrs. I know why, or believe I know why he did it but that sent my life into a downward spiral out of personal fear of 1. setting someone else off to commit suicide and 2. punishment for his suicide. I suffered many, many years after that of physical and emotional abuse by the hands of others. I cannot have normal personal relationships, I cannot hold a job down for long periods of time and many, many situations in my life are triggers for my PTSD.

Client 24: I experienced a lot of out-of-control beatings and abuse from a crazy hostile mother when I was growing up. My father laughed in my face when I confronted him on this as a teenager. They did not want children, and I came along very much unplanned and unwanted. Many years ago I thought I would try hypnotism if it would help me to forget these painful memories that were costing me sleep and holding me back in life. I worked with people who I could not talk to because they were all (as a friend of mine once put it) "a little TOO well-adjusted". They were so

happy and so successful while I was plagued with memories they could not even imagine. My parents have been cut off, and the nightmares have faded, but I know I remain ill-prepared to handle any more trauma in my life.