



## Trauma-Focused Treatments

Over the past few decades, research has revealed a large percentage of patients with GI disorders have also experienced early adverse life stressors (EALS). Examples of EALS include history of physical or emotional abuse/neglect, sexual abuse/rape. In addition, people may experience other traumatic experiences in combat, motor vehicle accidents or other significantly distressing events throughout their life. Trauma may not be isolated to a specific event, but rather repeated exposure such as growing up in a home with constant threats of violence or having someone in the home with severe mental illness or substance abuse. There is also a growing body of information about medical trauma in which medical interventions and interactions with medical staff during times of crisis can result in traumatic stress.

When traumas remain unresolved, meaning they continue to significantly impact a person long after the traumatic event has passed, one's mental health can be impacted, leading to increased risk of depression, anxiety, and other conditions such as posttraumatic stress. It can also negatively impact physical health putting patients at increased risk of chronic pain, as well as GI disorders.

The good news is there are several highly effective treatments to help patients with a history of trauma. Your doctor may recommend seeking out care with a mental health specialist who offers such treatment and this may start you on the road to better emotional and physical health.

Trauma-focused treatments focus on processing traumatic experiences through a combination of cognitive, behavioral, or emotional strategies. While treatment approaches vary, they all include education to help explain trauma-related symptoms that are often highly distressing (i.e. hypervigilance, increased physiological arousal, negative beliefs about safety, flashbacks, nightmares, etc).

The following approaches are all considered to have Strong Evidence to support the use of these treatments for trauma-related symptoms.

- Prolonged Exposure (PE) – PE helps patients gradually approach trauma-related memories, feelings and situations they have been avoiding since the traumatic event to help reduce fear. PE typically involves 8-15 sessions depending on patient goals and symptom severity. This treatment is commonly found in academic medical centers as well as VA hospitals.
- Cognitive Processing Therapy (CPT) – CPT focuses on thoughts that arise after a trauma and the connection between thoughts and subsequent emotions and behaviors (such as

desire to avoid certain places, people, memories). Patients write about and discuss the trauma in detail with a trained therapist, working through painful thoughts (including self-blame, guilt, shame, safety, and trust) to help them come up with more compassionate, balanced, and flexible thinking habits to help them re-connect with their lives. This treatment is also commonly found in academic medical centers as well as VA hospitals.

- Eye Movement Desensitization and Reprocessing (EMDR) – The most common treatment in private practice, EMDR helps patients process and make sense of trauma while focusing attention on a back-and-forth movement or sound (following a moving light or tone). This treatment does not typically involve prolonged exposure or challenging negative thoughts.
- Trauma Focused – Cognitive Behavioral Therapy (TF-CBT) – Primarily used for children and adolescents, as well as their parents/caregivers. Treatment focuses on learning skills for regulating emotions and behaviors, practicing relaxation, creating healthy relationships, enhancing safety, trust, as well as parenting skills and family communication.

Newer therapies, such as sensorimotor therapy, continue to be studied and may be particularly helpful for complex trauma.

Veterans Affairs has developed a thorough decision aid to assist patients in identifying which treatment would be best for them. For more information see:

<https://www.ptsd.va.gov/apps/decisionaid/introduction-2.aspx>