

THE ELK INSTITUTE

FOR PSYCHOLOGICAL HEALTH & PERFORMANCE

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Hello, I think its fair to say that everyone is familiar with the term “PTSD” or Post Traumatic Stress Disorder. Whether we are talking about PTS, PTSD, shell shock, battle fatigue, etc, I like to refer to all of these as “psychological trauma”. That is what we are all talking about—just different eras, degrees, and contexts. However, in my practice all I need to know to help you is that you have experienced something in the past that is somehow still affecting your health and performance in one way or another, so that you are not at your 100%.

Some people compare themselves to others and think, “well, I am fine compared to so and so,” or “what I did/saw/experienced was only business as usual and part of my job; its not like _____ happened,” or “I have never been deployed or I wasn’t actually there, or this shouldn’t be an issue, or I am not as bad off as so and so or I am still functioning so I don’t need to do anything about it, just suck it up” and on and on. However, psychological trauma is subjective. Everyone’s 100% is different, only you can decide whether you are at your 100% following events in your life. Maybe you are good but can’t sleep without medication (or self medicating); maybe you are hyper vigilant when you don’t need to be; maybe you have a shorter fuse than you used to; perhaps you have difficulty concentrating or cry easily; snap at loved ones only to ask yourself later, “what was I thinking”; maybe you feel nothing at all when you think that maybe you should. Or perhaps you are having more severe symptoms of psychological trauma with nightmares that won’t let you sleep, you may have withdrawn from your friends and family, are not able to do the things you need to do in your job or at home, have become addicted to substances, or have even contemplated suicide.

Psychological Trauma is not something that comes about because you are mentally ill, weak, unprepared, broken, or otherwise less than what you ought to be. Psychological trauma comes about due to a NATURAL PHYSIOLOGICAL RESPONSE to threatening situations in the environment that effect the way the material from that event is stored in your memory. It is stored as a traumatic event as opposed to a sad or bad memory. The fragmented details of the event are stored as a sensory memory, therefore when those fragments (smells, sights, sounds, etc) are re-experienced later, what is immediately brought up in your body’s memory is the sensory experience you had when you encountered it the first time. This is what is commonly referred to as ‘being triggered’—an element from the event “triggers” the physiological response that goes along with that sensory data (smell, sight, sound, sensation).

Psychological trauma symptoms are due to material from the event being stored in a fragmented way. Therefore, integrating this material now, in a place where you are not in emergency mode (sympathetic dominance/fight or flight) and your brain can store the information from the event wholly (not in fragmented pieces), is what is needed to fully integrate and store the memory in a complete way so that it does not pop up or fragmented shards of the memory cause triggering or the physiological response.

The goal is to assist you in reprocessing the event in a non-emergency (parasympathetic dominant) state of mind. We can usually process one traumatic scene per session (1-2hrs). Once complete, you will be able to recall the event (whether you choose to verbalize that material or just play it out in your mind) and NOT re-experience the physiological response to recalling it. You will be in charge of when and if you think of this memory as opposed to it controlling you by popping up whenever you encounter a fragment of memory from the event or “trigger”. It will always be a bad or sad memory, we can’t make something bad into something good, but it does not have to affect your ability to function at your 100%, moving forward and possibly increasing your performance by having the knowledge gained from this experience available to you to be utilized moving forward.

The psychotherapy that I use is a brief imaginal exposure psychotherapy. There are many brands of therapies, but I don’t subscribe to or endorse any one brand. The treatment consists of a combination of well known existing modes of psychotherapy just put together in a way to take care of reprocessing in an efficient, respectful, and expedient way. There is no medication or equipment and you are always in control of what you do or don’t do in a session which includes whether you choose to tell me about your traumatic scene or not; I don’t need you to disclose your traumatic scene to me. It is none of my business, unless you want to share with me, and then it is always an honor to bear witness to what you trust to share with me. I see the therapeutic alliance as sacred ground. I am NOT an expert on anyone’s trauma, I am however an expert on the procedure to assist in resolving issues caused by psychological trauma. You decide what to work on. You decide when we are finished. My job is to be available when you need what I have or if not, to help you find someone who has what you need.

Thank you for taking the time to stop here and read about my perspective and approach. I wish military psychological trauma did not exist, but being as though it does, it is my honor and mission to be a safe place to land if you need one.

Thank you for all you have done and continue to do.

Sincerely,
Dr. Carrie Elk

