

– Bessel van der Kolk

“TRAUMA IS LIKE A SPLINTER: IT IS THE BODY’S RESPONSE TO THE FOREIGN OBJECT THAT BECOMES THE PROBLEM, MORE THAN THE OBJECT ITSELF”

“Although the world is full
of suffering, it is also full
of the overcoming of it.”

Helen Keller, *US blind & deaf educator (1880 -
1968)*



Sympathetic vs Parasympathetic Divisions

The two divisions control the *same organs* but create opposite effects.

Sympathetic

Prepares body to deal with threatening situations

Allows maximal physical and mental performance.

“Fight or flight”



Parasympathetic

Occurs in the absence of demanding situations

Conserves energy and maintains body

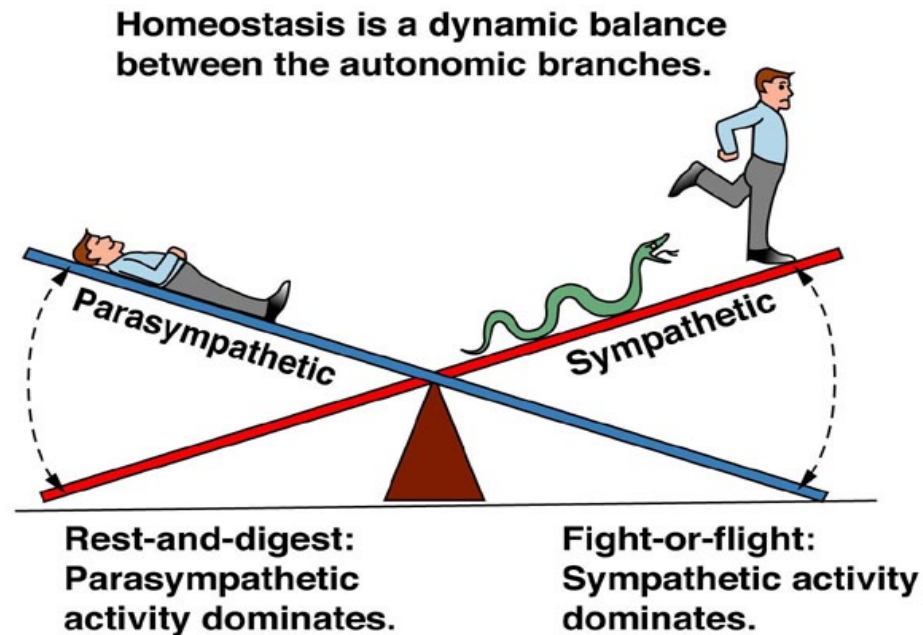
“Rest and Digest”



Sympathetic vs Parasympathetic Divisions

Misconception alert!

We are not usually in “sympathetic mode” or “parasympathetic mode” ... rather, our body constantly uses the two types of neurons to maintain homeostasis (e.g. raising or lowering heartbeat, increasing or decreasing digestion, as needed).



Integrating Who You Are Into Your Work

- **Your personality, communication style, and background will inevitably find their way into your interactions with clients.**
 - **Past hurts, traumas, and fears are bound to influence these interactions- sometimes in unpredictable ways.**
- **YOU can be a powerful catalyst for client growth and change:**
 - **Identify what you bring into different interactions**
 - **Recognize the impact of your life experiences on your work**
 - **Consciously choose which parts of YOU enter the interaction with the client**

Tracking Clues that evidence Symptoms of Trauma

- **Be observant**
- **Listen**
- **Use your sense of smell**
- **Ask questions**
- **Know your client**
- **Connect all the moving pieces**

Clues That Evidence Symptoms of Trauma in All Societies

- **Excitability, restlessness, and nervousness**
- **Chronic pain**
- **Sever depression**
- **Agitation and anger**
- **Extreme mood swings**
- **In ability to stop compulsive behaviors**
- **Abusive or violent behavior**
- **Self-destructive behavior**

Clues That Evidence Symptoms of Trauma Continued...

- **Emotional numbing**
- **Changes in appetite, weight, sleep, or concentration**
- **Substance abuse/dependence**
- **Criminal involvement or activities**
- **Destruction of property/community**
- **Disregarding the rights of others**
- **Parasuicidal behavior**
- **Threatening or acting suicidal**

Clues That Evidence Symptoms of Trauma Continued...

- **Rapid heartbeat**
- **Dizziness, trembling, lightheadedness**
- **Feelings of shame, despair, hopelessness**
- **Hypervigilance**
- **Minimization of the traumatic incident**
- **Episodes of indistinguishable tearfulness or crying spells**
- **Forgetfulness**
- **Flashbacks, nightmares, or intrusive thoughts**

Become a “Thinking and feelings detective”

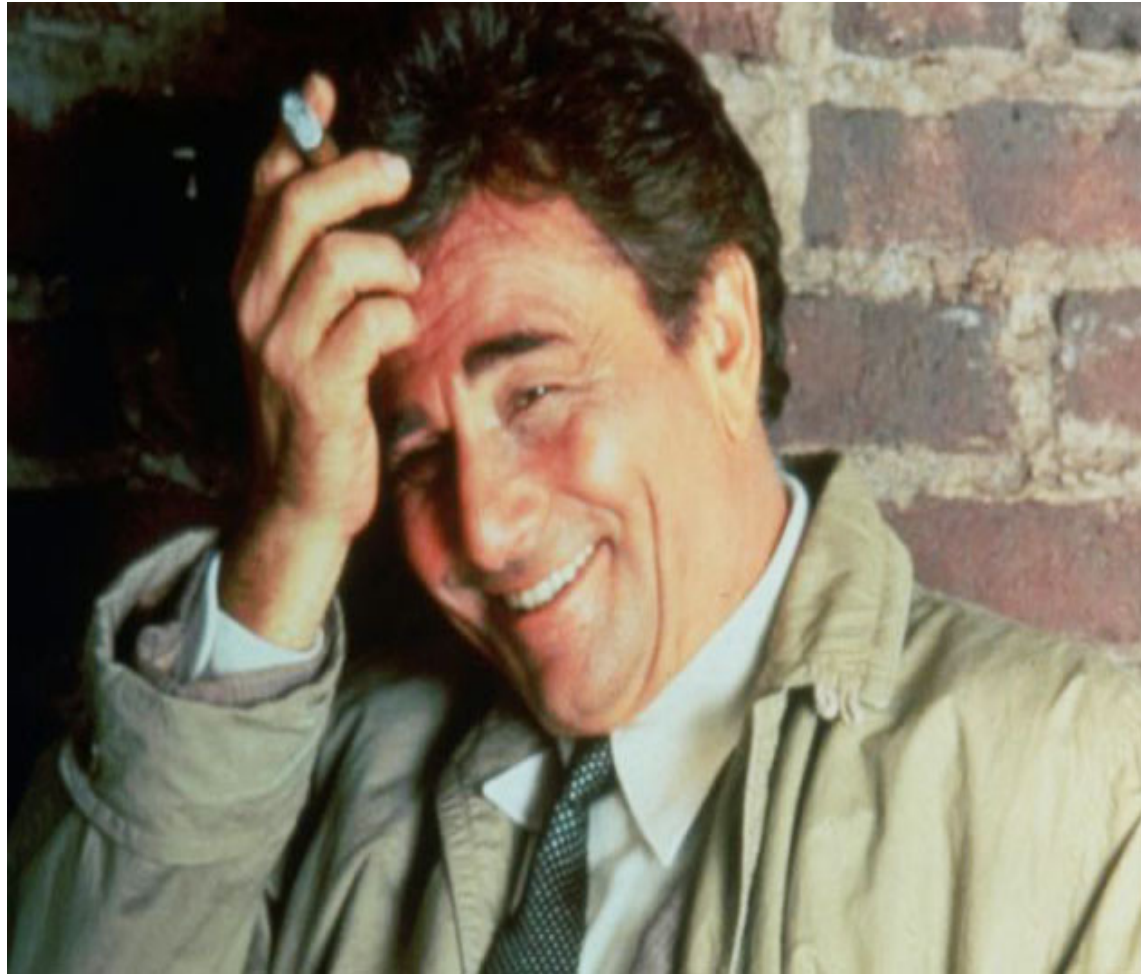
Use reflective listening skills

When the client acts, consider what he/she might need be thinking or feeling

- Consider basic needs: *hot, cold, tired, hungry, thirsty...*
- Consider the fight/flight/freeze response
- Consider the client’s attachment style and possible triggers

The Lieutenant Columbo Approach

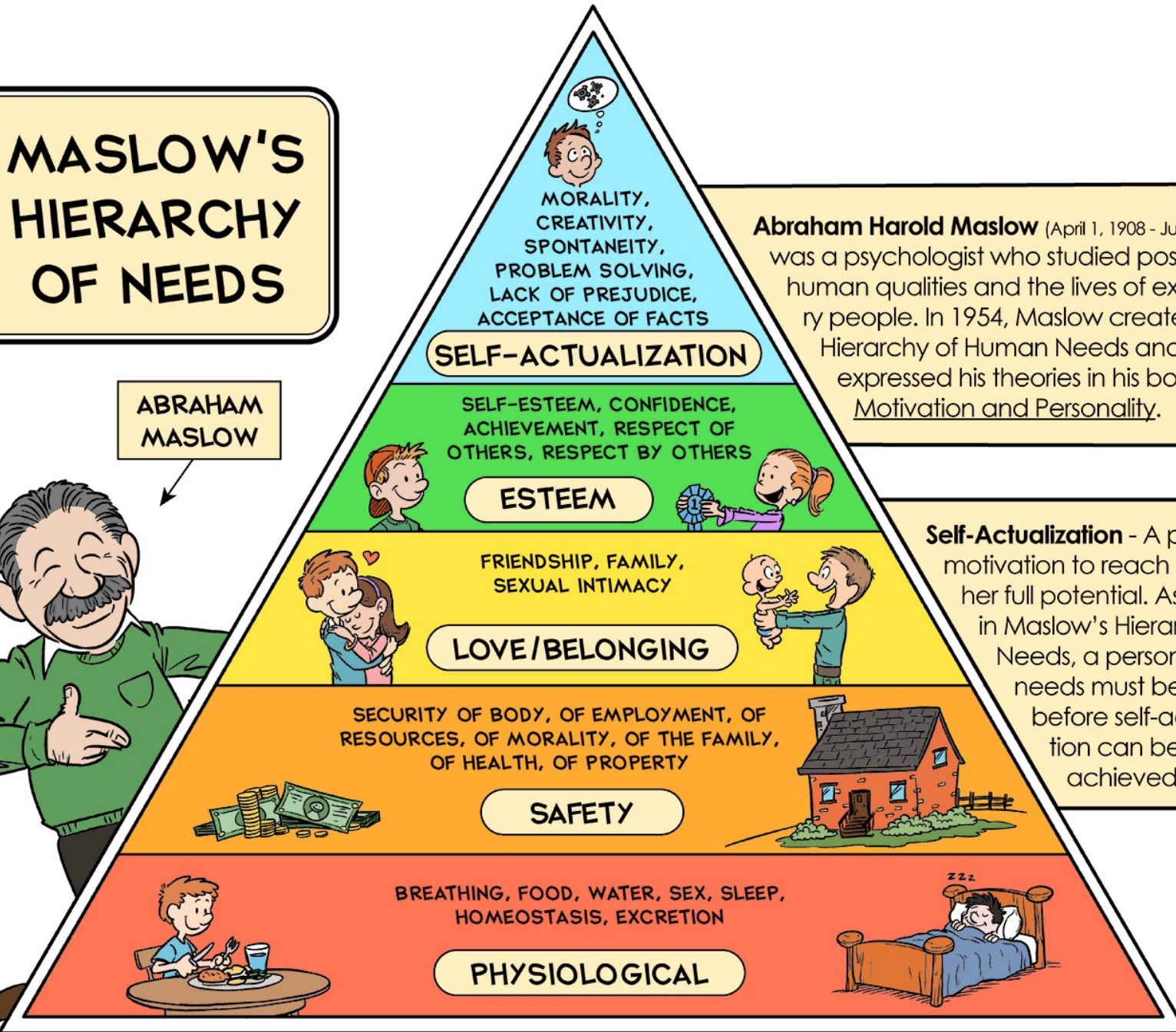
Peter Falk star of 'Columbo' and his inescapable line of questions, and or his catch phrase *"Just one more thing"*.





MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW



Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, *Motivation and Personality*.

Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

The Process starts With the Initial Contact

Start tracking, compiling, and analyzing data upon the initial contact with a client, family member, friend, referring organization or person.

- **Complete a crisis intervention if necessary (safety first)**
- **Complete a comprehensive assessment**
- **Develop a contingency plan**

Crisis Intervention

Engage and influence psychosocial functioning to alleviate disequilibrium and restore homeostasis.

- ***Emotional or environmental first aid***
- **Cognitive restructuring**
- **Validate and motivate**
- **Understand and strengthen current coping strategies**

Comprehensive Assessment

Complete a comprehensive biopsychosocial assessment which includes the following:

- ***Presenting problem*** – *Why they came to see you*
- ***History of Presenting Problem*** – *Include any stressors that contribute to presenting problem what they have tried in the past, how symptoms have progressed, create a timeline, etc.*

Comprehensive Assessment Continued

- ***Developmental*** – *developmental delays, milestones, learning disabilities, if there were problems with mother's pregnancy and if she used in utero; Include childhood trauma, physical and sexual abuse, and any natural disasters*
- **Medical History** – present and past medical conditions, medications, dosage, purpose, prescribing physician and allergies; Including current health status (good, fair, poor) and/or information about diet, nicotine and caffeine use, and/or exercise

Comprehensive Assessment Continued

- **Social History** - *social support systems including friends, family and nature of those relationships; educational history noting if they graduated high school, completed a GED, college or trade schools, and reason for not completing; current and past employment issues and satisfaction with employment.*
- **Legal Involvement** – Include any legal issues, probation and probation officer, current and past arrests, including the outcomes; any convictions and the outcomes; note civil court issues as well.

Comprehensive Assessment Continued

- **Military** – *whether they have ever been in the military, how long, and type of discharge received; Note if Veterans Benefits are received*
- **Mental Status** – *Note behavior, attitude, orientation to person, place and time, how was their mood, affect, tone of voice, rate of speech, judgment, memory, Flow of thought, eye contact, suicidal or homicidal ideation and any other observable symptoms.*

Comprehensive Assessment Continued

- **Substance Abuse History** – information on substance abuse/dependence present & past, age of first use; date of last use, method of use, relapses and if they are in recovery and medical detox hx; include information on caffeine and nicotine use here; history of treatments and if they complete or not; when and where; and the length of time
- **ASAM Dimensional Criteria** – Individualized for each dimension for the past 6-12 months

Comprehensive Assessment Continued

- **Diagnoses** – Past & present – SUD dx qualifying them for treatment and history of any mental health dx
- **Assessment/Clinical Impressions** – This is your summation of the assessment process. Summarize the presenting problem, underlying issues, and any themes or patterns noticed, strengths, needs, preferences, weaknesses, cultural issues, level of motivation and readiness for change; factors that may impact treatment outcomes and signs of therapeutic connectedness

Tracking Addictive or Compulsive Behaviors Associated with Trauma

“As people become more informed and misinformed about trauma, the better we must be at gathering evidence or at tracking complex webs of symptoms”. Anthony Bass 1996

Tracking Why Individuals Indulge in Addictive or Compulsive Behaviors Associated with Trauma

- **To avoid thoughts, beliefs about themselves/others, or stormy emotions**
- **To gain a sense of control over their life**
- **To expand their sense of courage to achieve difficult task (i.e., being assertive, to be loved, safety, avoiding being alone, escape reality, etc.)**
- **To get some relief from pain or symptoms connected with abuse**

Addictive or Compulsive Behaviors Associated with Trauma

- **Difficult to manage behaviors or that seem impossible to control**
- **Problem behaviors that cause you to do things that are physically dangerous (i.e., drinking alcohol excessively, using toxic or lethal drugs, cutting or burning yourself, promiscuous sex, binge eating or starving yourself, etc.)**
- **Feeling driven to do things even if the behavior causes suffering and you desperately desire to stop**
- **Where and how time is utilized with risky behaviors that involve death activities (i.e., associations/relationships, joining gangs/dangerous hate groups, etc.)**

Self-Soothing Approaches For Managing Addictive or Compulsive Behaviors

- Watch a good funny movie or comedy (**Sight**)
- *Listen to soft relaxing music* (**Sound**)
- Try Aromatherapy with essential oils (**Smell**)
- Drink a warm/hot cup of herbal tea (**Taste**)
- Take a temperature-controlled Epsom Salt bath to relax muscular tension (**Touch**)

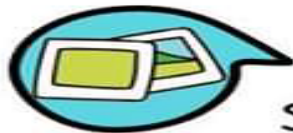
Self-Soothing Approaches Continued

- **Gardening**
- **Exercise**
- **Meditation and prayer**
- **Caring nurturing self-talk**
- **Self-expression: art, music, writing**
- **Boating, sailing, kayaking, or fishing**
- **Hiking a nature trail or animal reserve park**

Self-Soothing Approaches Continued

SELF-SOOTHING

Self-soothing is a quick and effective way to reduce the intensity of negative emotions.



Sight

- Low lighting
- Soothing colors
- Sleeping masks
- Coloring books
- Pinterest Collages

Touch

- Soft things
- Cuddle things
- Massage
- Hot/cold shower
- Heated/weighted blanket



Sound

- Calming noise
- ASMR videos
- Nature sounds
- Guided meditations
- Binaural beats

Smell

- Aromatherapy
- Fresh air
- Candles/incense
- Comforting smells



Taste

- Strong flavors
- Warm drinks
- Eat slowly
- Nostalgic flavors

Alternative Approaches for Addictive or Compulsive Behaviors Associated with Trauma

- Connect with someone you trust when triggered (**Support**)
- *Find healthy and safe things to do and change people, places, and things, (**Diversionary activities**)*
- Join a recovery group (**Support Programs/Groups**)
- Find an AA home group (**Twelve-Step Groups**)
- Find a good in/outpatient program (**Treatment**)
- Find a good qualified therapist and have a backup plan (**Treatment**)
- Connect with a good physician or psychiatrist (**Treatment**)
- Collaboration and Consultation, Collaboration and Consultation (**Self-Care**)

How clinicians can assist Trauma survivors

“Start with Self Care”

Clinicians who are exposed to trauma of others can share some of the same symptoms. This can lead to physical and emotional warning signs, comprising of guilt, exhaustion, insomnia, etc. Thus, clinicians should remain mindful of the need to learn or know how to care for their own emotional needs as they work to assist trauma survivors. At the forefront is the essential need to maintain a good work life balance and connectedness with other professionals or a supervisor to debrief or receive consultation for disturbing cases.

How clinicians can assist Trauma survivors Continued...

Be culturally sensitive, responsive, and self-aware

- **Understand and value the notion that multiple lived experiences exist, there is no correct or one way of doing or understanding something, and/or that one's lived experience is their reality.**
- **Recognize how client's identities (race/ethnicity, national origin, language, sex and gender, gender identity, sexual orientation, physical development, emotional ability, socioeconomic class, religion, etc.) affect one's perspective and beliefs.**
- **Assess how your own biases and perceptions affect how you provide treatment and how tools to mitigate your own behavior (racism, sexism, homophobia, unearned privilege, eurocentrism, etc..) is addressed.**
- **Develop a teach back process that is sensitive to clients needs.**

How clinicians can assist Trauma survivors Continued...

Be culturally sensitive, responsive, and self-aware continued...

- **Persistently solicit feedback about sessions and the value of your involvement and value that feedback.**
- **Give clients enough space to experience, learn, increase growth, and comfort level with culturally different clinicians.**
- **Use practices that are culturally responsive to value clients and their cultural traditions when recognizing, motivating, encouraging, and supporting their success and growth.**
- **Incorporate techniques and materials when using homework that support and enrich clients learning outside the treatment setting.**

Distressing Life experiences

Officer involved shootings

Bereavement (including pets)

Divorce

Eviction

Purchasing a new home

Hit And Run Accidents

Terminated from a job

COVID-19

Police/CJS

Armed Robberies

School Shootings

Bombings

Riots

Vaccines

Drug Overdose

Drive By Shootings

Involvement With

Distressing Life experiences

Tsunami

Tornado

Flooding

Sexual Abuse

Domestic Violence

Assault

Elder Abuse

Child Abuse

Bullying

Active Shooter

Aviation Disasters

Car Accidents

Rape

War

Fire

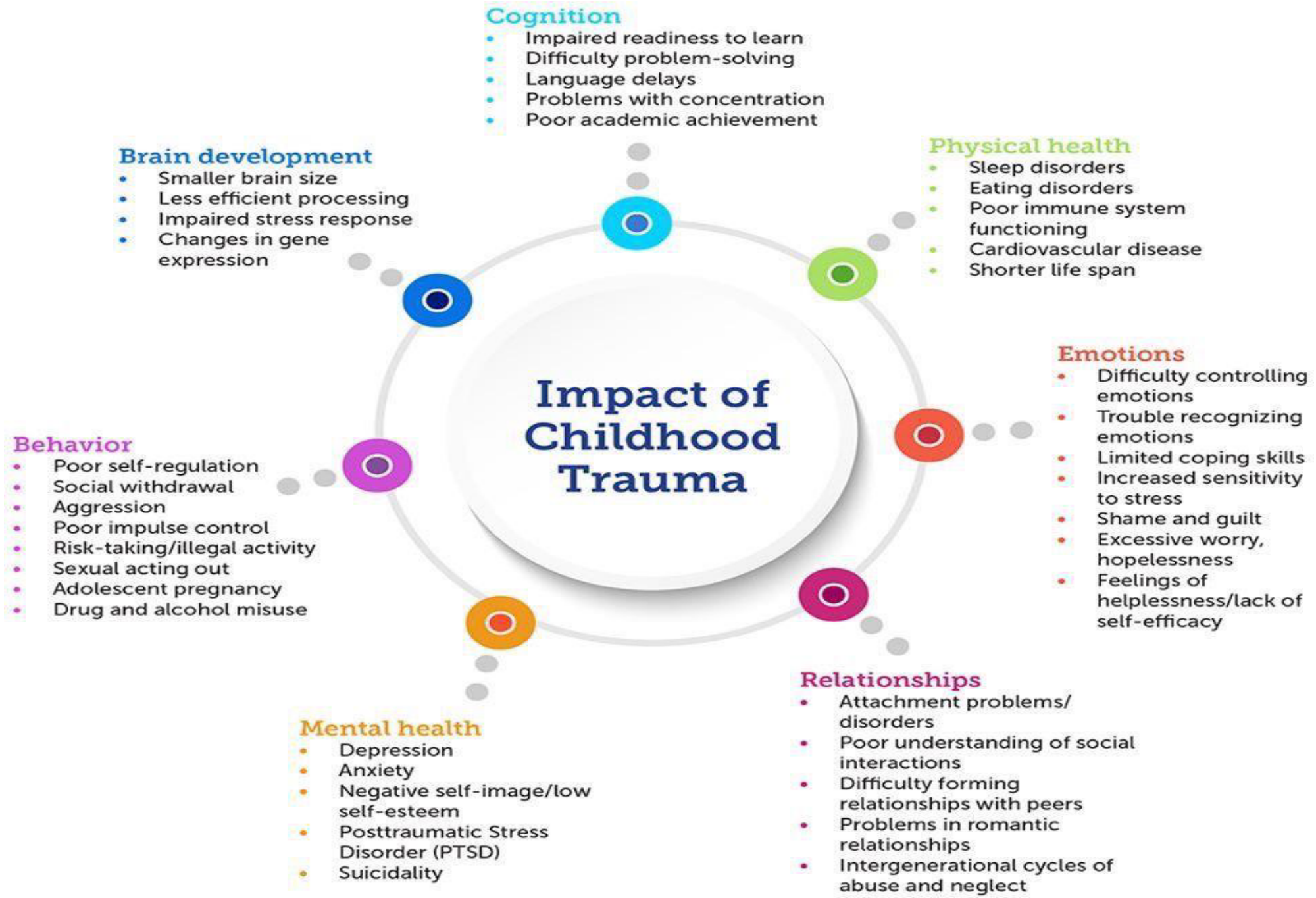
Gun Violence

Bullying

Distressing Life experiences

The examples in previous slides probably invoked deeper thinking about how stress can be generated and how much more intense the experience can be for different individuals. In many life situations, some just won't have the ability to cope and it's not an indication of them being weak or inadequate. The latter should be seriously re-enforced when clients enter our offices seeking professional help. In addition, clients should be told repeatedly that Post-Traumatic Stress Responses are normal reactions to abnormal events. As previously mentioned, clients should be helped to understand there is never an absence of stress in their lives. Helping professionals can assist clients to understand that when exposure to traumatic incidents exceeds their normal coping abilities, responses can be problematic, painful, and quite disturbing (Frank Parkinson 2000).

Impact of Childhood Trauma





SELF-CARE

"Self-care is often a very unbeautiful thing. True self-care is not salt baths and chocolate cake, it is making the choice to build a life you don't need to regularly escape from. And that often takes doing the thing you least want to do. If you find yourself having to regularly indulge in consumer self-care, it's because you are disconnected from actual selfcare, which has very little to do with "treating yourself" and a whole lot do with parenting yourself and making choices for your long-term wellness. It is becoming the person you know you want and are meant to be. Someone who knows that salt baths and chocolate cake are ways to enjoy life – not escape from it."

-Brianna Wiest, in Thought Catalog

Q & A's

Thanks for the opportunity to share and learn

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