

EUNAD-IP

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Trauma

Definition of Trauma (DSM V)

- The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows
 - 1. Direct exposure
 - 2. Witnessing, in person

Definition of Trauma (DSM V)

- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental
- Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse).

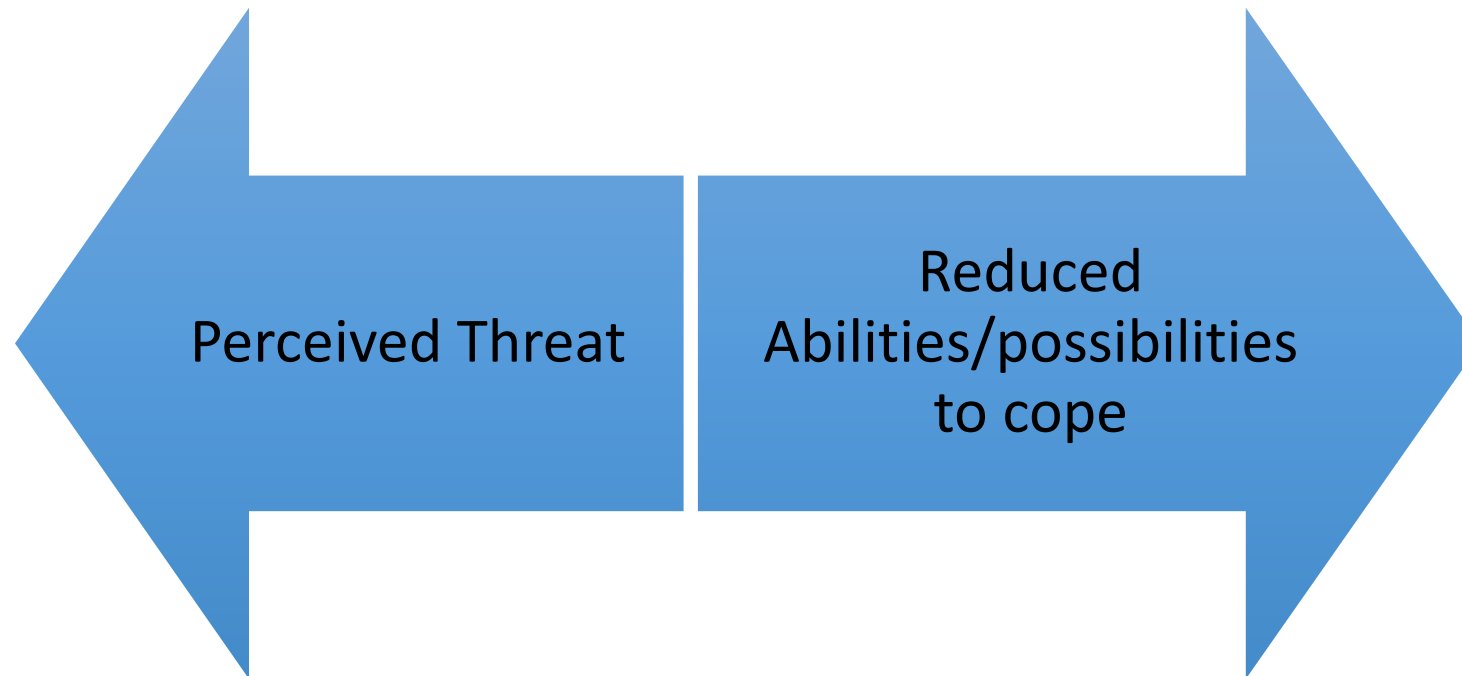
This does not include indirect nonprofessional exposure through electronic media, television, movies or pictures

Definition of Trauma

(Fischer, Riedesser, 1998)

- A vital discrepancy between (extreme) situational threat and ones own coping abilities
- That leads to shattered assumptions about world and self

Trauma



Frontal Lobe „The Thinker“

- Problemsolving, decision making/conncetion broken in traumatic situation

Limbiic System/Amygdala and Hippocampus: „the dispatcher“

- Stressor evaluation, Amygdala sensory fragmented , Hippocampus context, time (link blockd in traumatic situation)

Brainstem „the foghter“

- Automatic instincitve reactions (Flight, flight ,freeze, attachment behaviour, routines)

Types of reactions

- Subjective/emotional
- Physical
- Behavioural

Acute Reactions

Reduced frontal lobe activation

Being overwhelmed, feeling helpless, not able to set priorities and plan ahead

Cognitive impairment: stick to first idea, not able to see alternatives

High Sympathicus Arousal

Hyperactivity, feeling no hunger, thirst, pain

Self protection

Dissociation (see ppt)

- Derealisation, Depersonalisation, emotional Numbing, dissociative amnesia, Stupor, not being able to comprehend, shock

Subjective/emotional

- Thoughts and affective responses to physical threat to life and psychological threat to self-esteem can be fear, anger, surprise, helplessness, hopelessness, courage, optimism, etc.

Physical

Physical responses may be

- in the neuromuscular system (hyperactivity, tremor, shaking, restlessness, stiffness, paralysis, loss of voice, etc.)
- in the cardio-vascular system (heart palpitations, fatigue, weakness, fainting, etc.)
- in the respiratory system (shortness of breath, hyperventilation, etc.)
- in the gastrointestinal system (acute diarrhoea, vomiting, nausea)

Behaviour

- Human survivor responses have developed during the evolutionary process
- Fight, flight, freeze: surrender, immobilization and attachment behaviour.
- Such survival responses usually are of an adaptive nature when it comes to natural dangers but not necessarily when it comes to man made disasters

Reactions after trauma (first few weeks normal, then significant reduction)

- Intrusions
(mostly sensory uncontrollable memories)
- Avoidance
(of places, persons, activities etc. that remind of trauma)
- Hyperarousal
(sleeping problems, concentration problems, irritability)

Memory systems

Amygdala

Hot memory

- Automatic, instinctive, triggered by reminders
- Sensory, emotional, physiological perceptions
- Fragmented
- Experienced in the here and now

Hippocampus

Cold memory

- Can be retrieved intentionally
- Contains knowledge about event in time, place and life
- Chronological order

Implicit memory/Amygdala

- Sensory images
- Body sensations
- Emotions/affects
- Automatic behaviour

Explicit memory/Hippocampus

- Facts
- Contexts
- Sequence
- Meaning

Intervention Principles

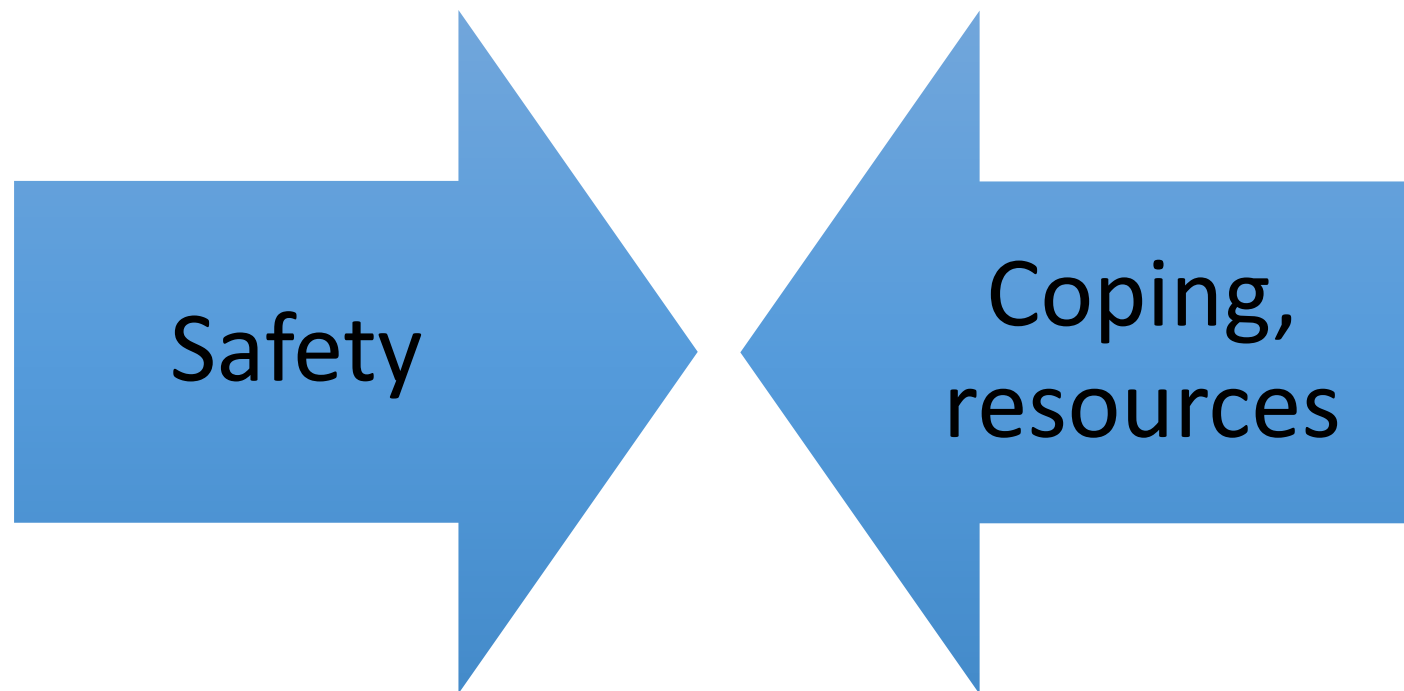
- Enhance external and internal safety
- Strengthen coping and resources

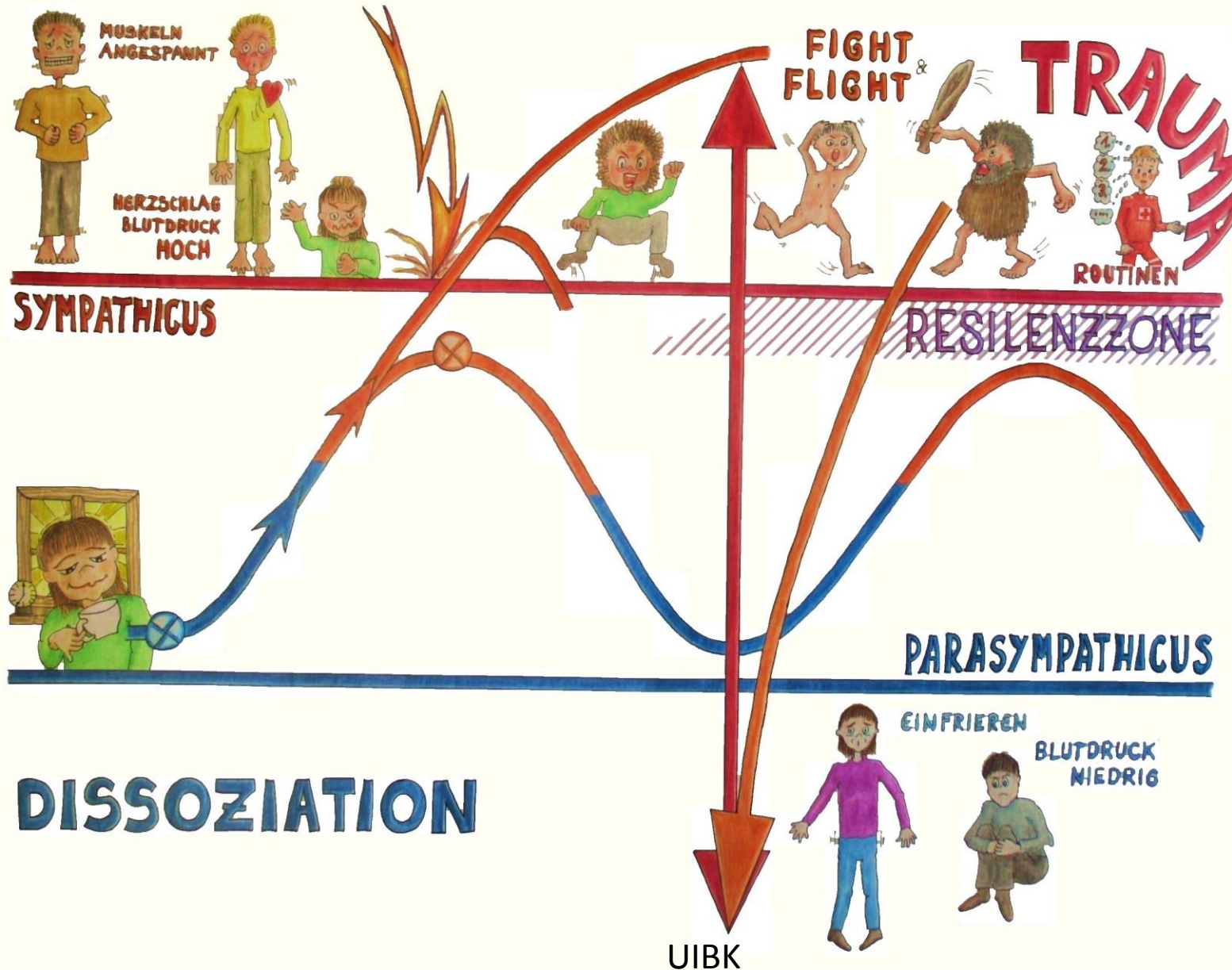
Five elements of effective acute intervention

(Hobfoll et al, 2007)

- Safety (safe place, safe relationship to helpers, information)
- Connectendess (with significant others)
- Self and collective efficacy (ability to take decisions and stay active)
- Calm (capacity to calm down, predictable and structured environment)
- Hope (knowing what comes next, experiencing positive emotions)

Intervention





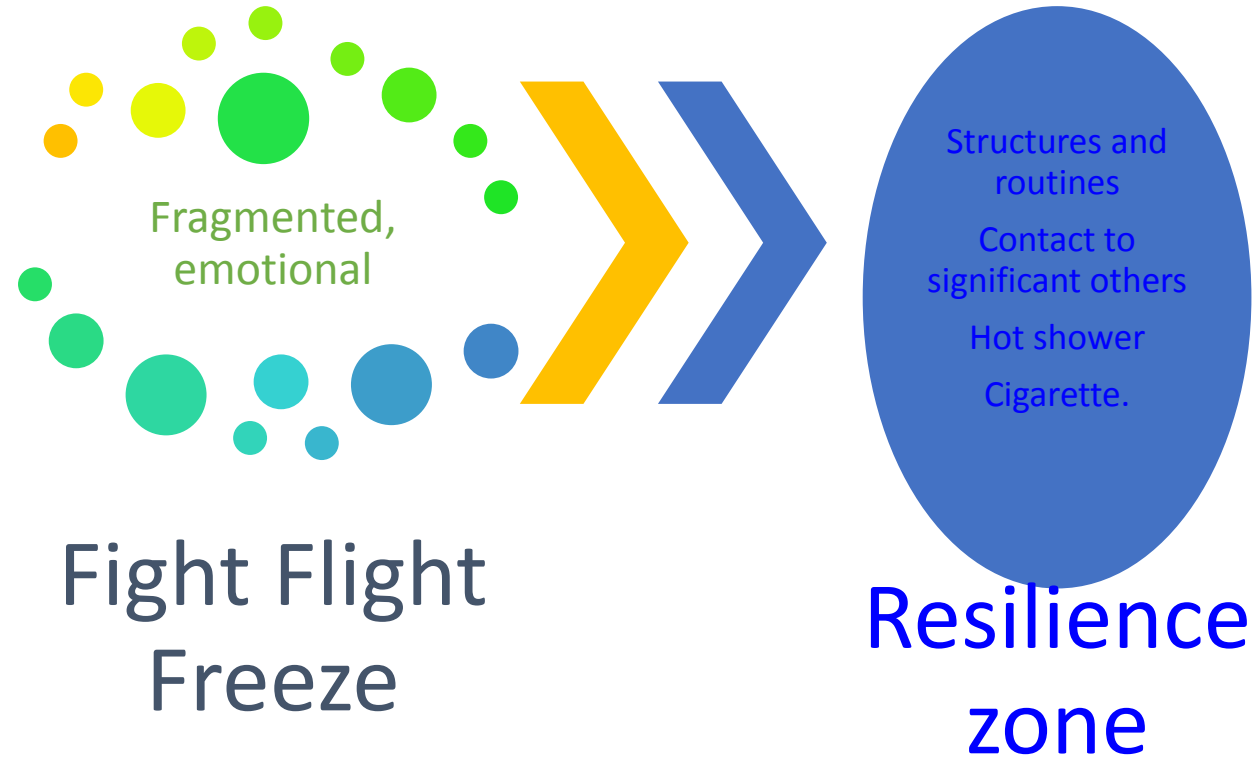
Resilience zone

- The zone where our body functions are in balance (sympathicus and parasympathicus activation vary but are within normal range).
- In trauma sympathicus response is extremely activated: if fight and flight responses are not successful, freezing may occur (parasympathicus and sympathicus activated at the same time)

Back to the resilience zone

Strategies to come back into the resilience zone are for example

- Positive social contact
- Routines (taking a shower, smoking a cigarette, cooking dinner...)
- Anchors (activities, places, objects, persons, that have the power to relax us-
music, reading, climbing, cooking, safe place...)
- Movement (running, walking etc.-using up extra energy)



SIBAM Modell Dissociation (Levine)

- Sensation
- Image
- Behaviour
- Affect
- Meaning

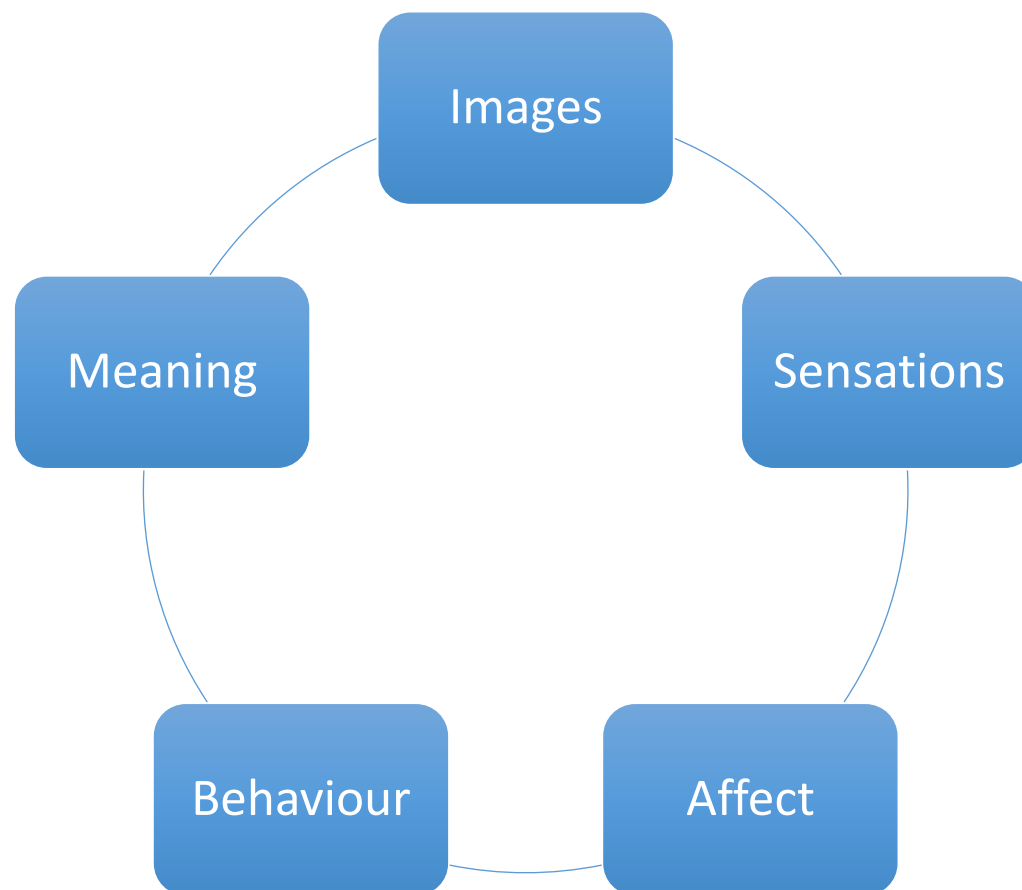
Complete experience

- Last nights dinner
- Accident (lower stress) p. fell from a tree when she was small and broke her arm.
- *„I can feel the branch in my hands (sensation), see the ground below (image), feel a little anxious (affect) and then I let go of the branch (behaviour), I thought I will manage somehow it is not so high up (meaning)“*

Incomplete experience

- Through some episodes of traumatic stress elements become dissociated
 - The person can have the image or sensation and a strong affect connected to the event but dissociated meaning.
 - Or a child plays elements of the event (behaviour) but has no emotions (affect) and no conscious memory (image)

Dissociation



Flashbacks/Intrusions

- Sensory images
- Affects
- Somatic sensations
- Behaviour

Amygdala/Hippocampus

- Amygdala aspects (affect, sensory images) often present
- hippocampal aspects (context, sequence, meaning) sometimes absent

Resources

- Physical
- Psychological
- Interpersonal
- Spiritual

Making use of resources (physical)

- Example: Survivor of earthquake, he is hypervigilant, always ready to jump under table or run out the door
- He is instructed to train these safety measures. His hypervigilance reduces

Mindfulness

- Being aware of ones environment may support persons to calm down.
- Experiencing images, sounds, smells of ones present environment may be used to signal the amygdala that we are in a safe environment and help to differentiate between then and now.

Making use of resources (interpersonal)

- Experiencing positive contact to caregivers
- Remembering friends, family members, teachers, pets... That have been helpful once
- Example B after a fall from climbing when her husband did not support her, her dog was a very important resource for her (remembering the dogs fur, color, etc. amygdala activation)

Making use of resources (Psychological)

Regard defenses as resources

- Defense mechanisms have their positive sides, problematic when no other strategies are available
- The client has to learn to make use of the defense mechanism when needed but to stop it when not functional and make use of other resources

Psychological resources

- Oases and anchors

Oasis

- An Oasis is an activity that demands concentration and attention
- Often procedures that have not yet become automatic, e.g. knitting, car repair, gardening, computer games
- Reduction of arousal, quieting of inner dialogue

Anchors

- Concrete observable resources: person, animal, place, activity. Suitable anchor gives feeling of relief and wellbeing
- Example: C. talks about her trauma, she is very pale, rigid. When talking about her friend A. she becomes more relaxed, rosy cheeks...afterwards when her breath becomes very fast when she talks about the trauma the therapist asks about the name of her friend again (forgotten to write it down...tell me a little bit more about her...)
- Later session: how would the incident have been different when your friend had been there... imagine it...)

Safe place

- Current or remembered site of protection
- Concrete place is better because then you can ask about sounds, smells, images etc.
- The safe place can be used as anchor-imagine safe place
- draw safe place or give safe place experience in reality

When the patient is not able to control his/her fantasy

- Tell him/her that the fantasy can be controlled
 - Grandparent positive and negative memories come in.... to remember her grandparent at the best times...
 - Safe place not always safe...Imagine a barrier around your safe place...how does the place have to change in order to become truly safe?
 - Affect tolerance has to be given...body awareness exercises