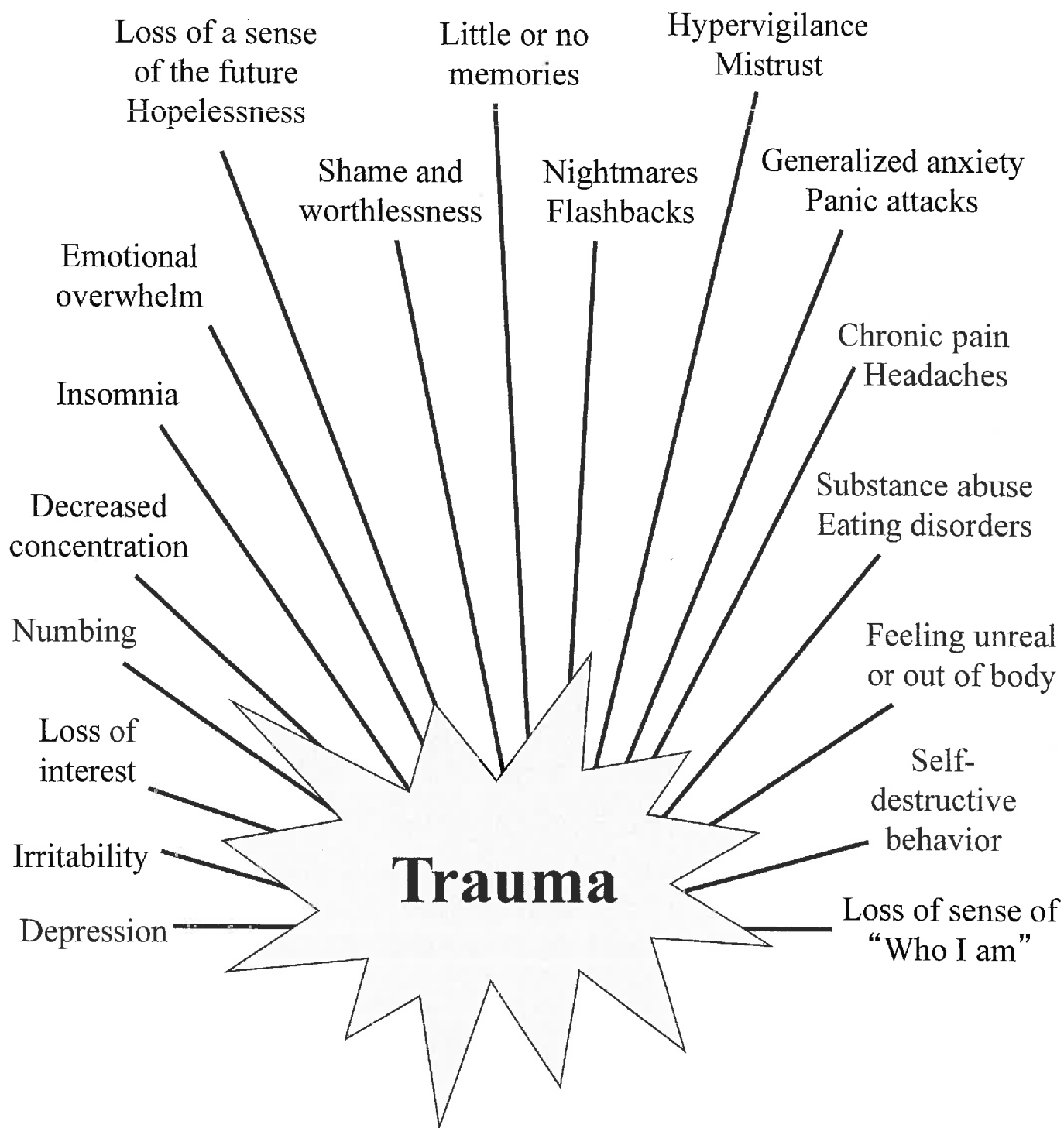


Psychoeducational Aids for Working with Psychological Trauma

10th Edition
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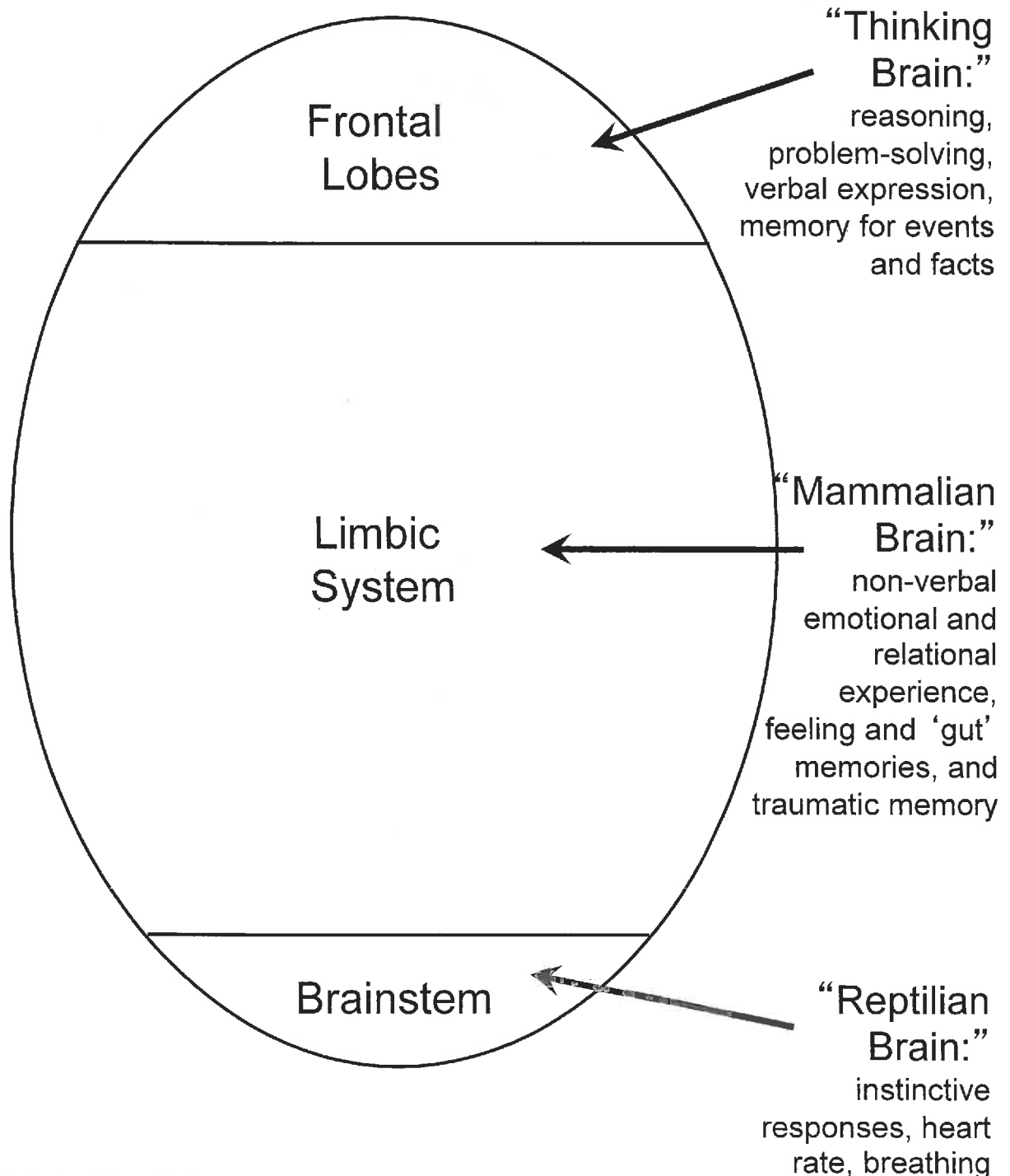


"Trauma survivors have symptoms instead of memories"

[Harvey, 1990]

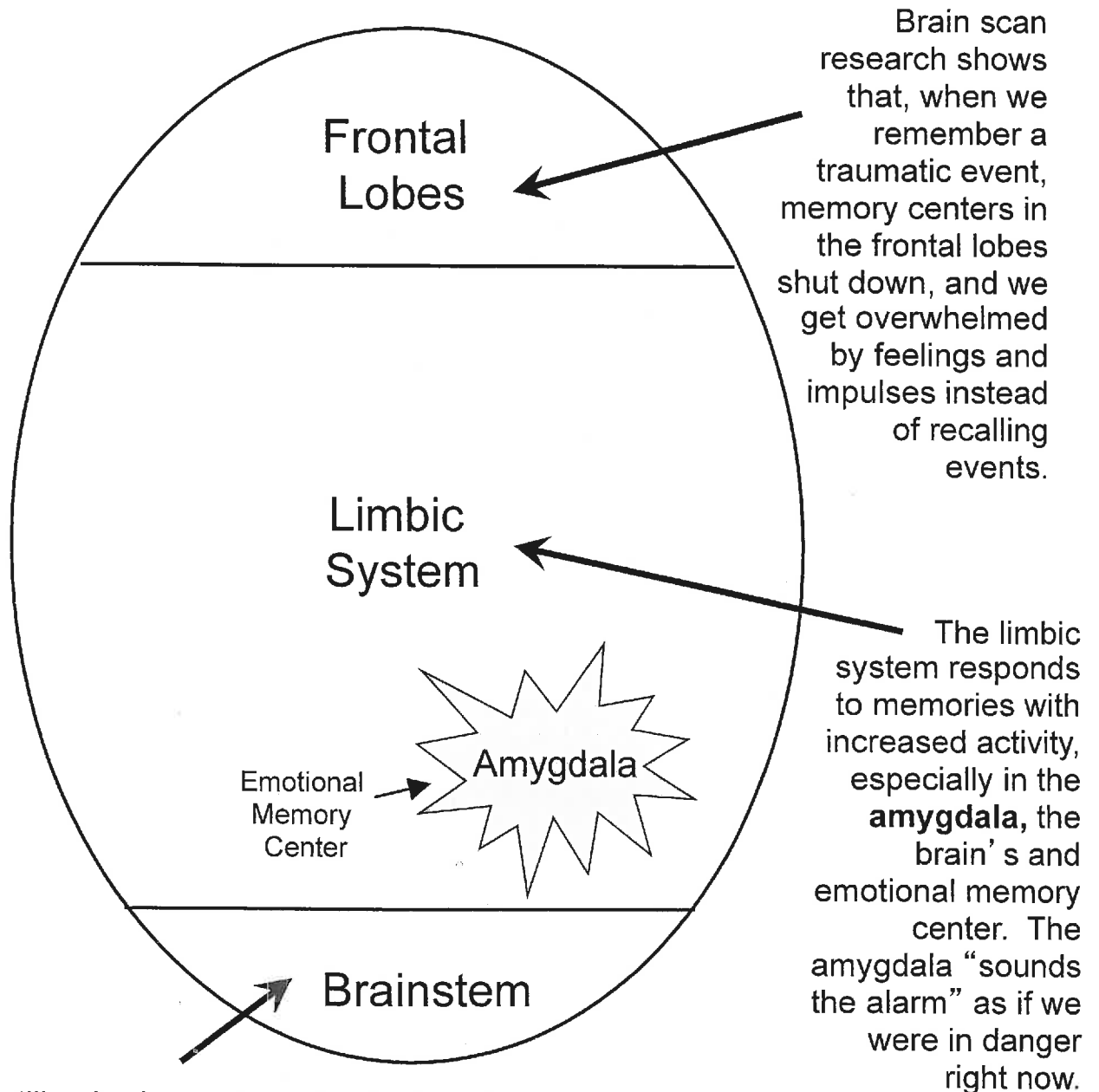
“One Mind, Three Brains:”

The Triune Brain [McLean, 1967]



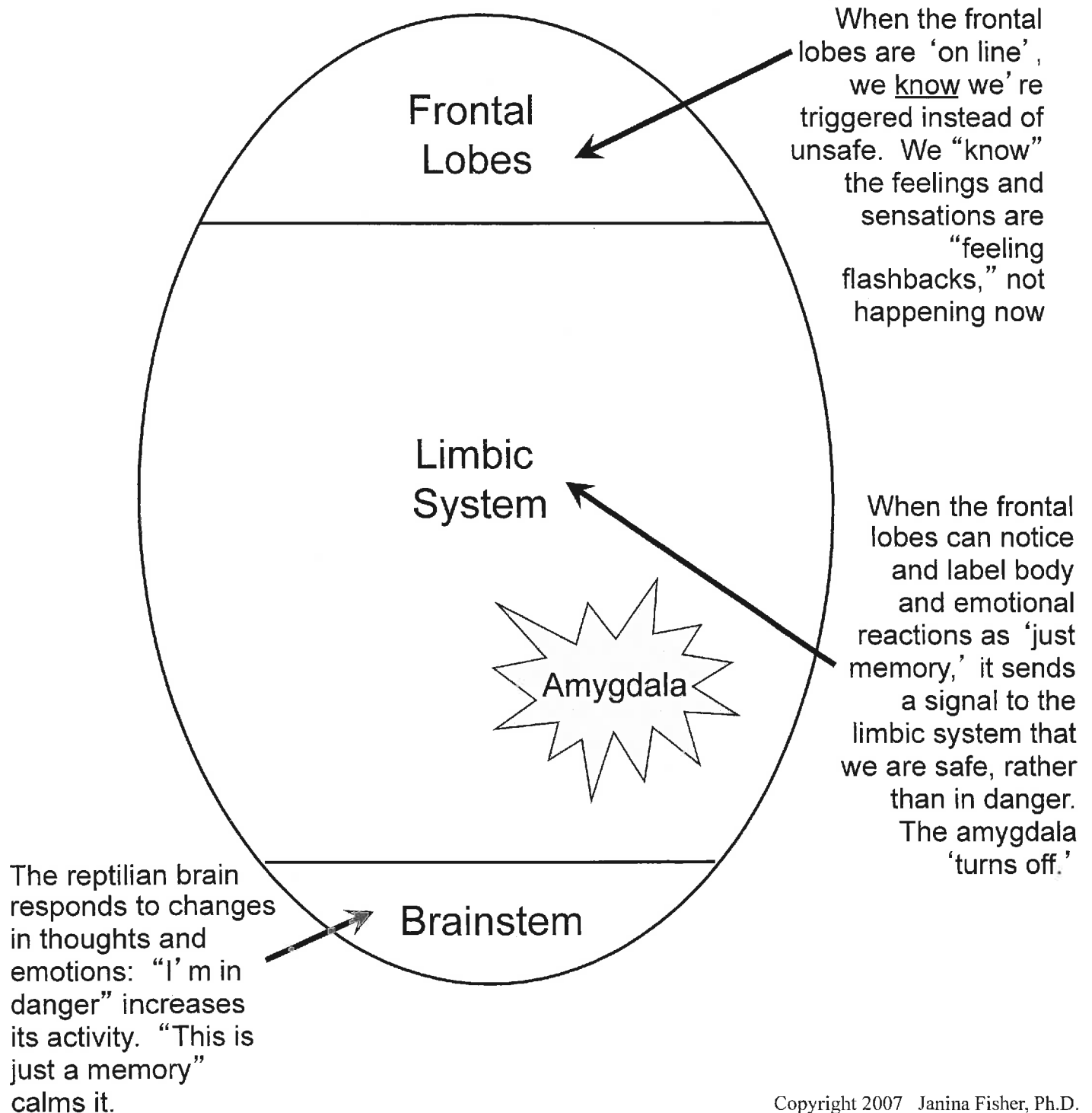
We remember trauma with our feelings and our bodies

[van der Kolk & Fisler, 1995]

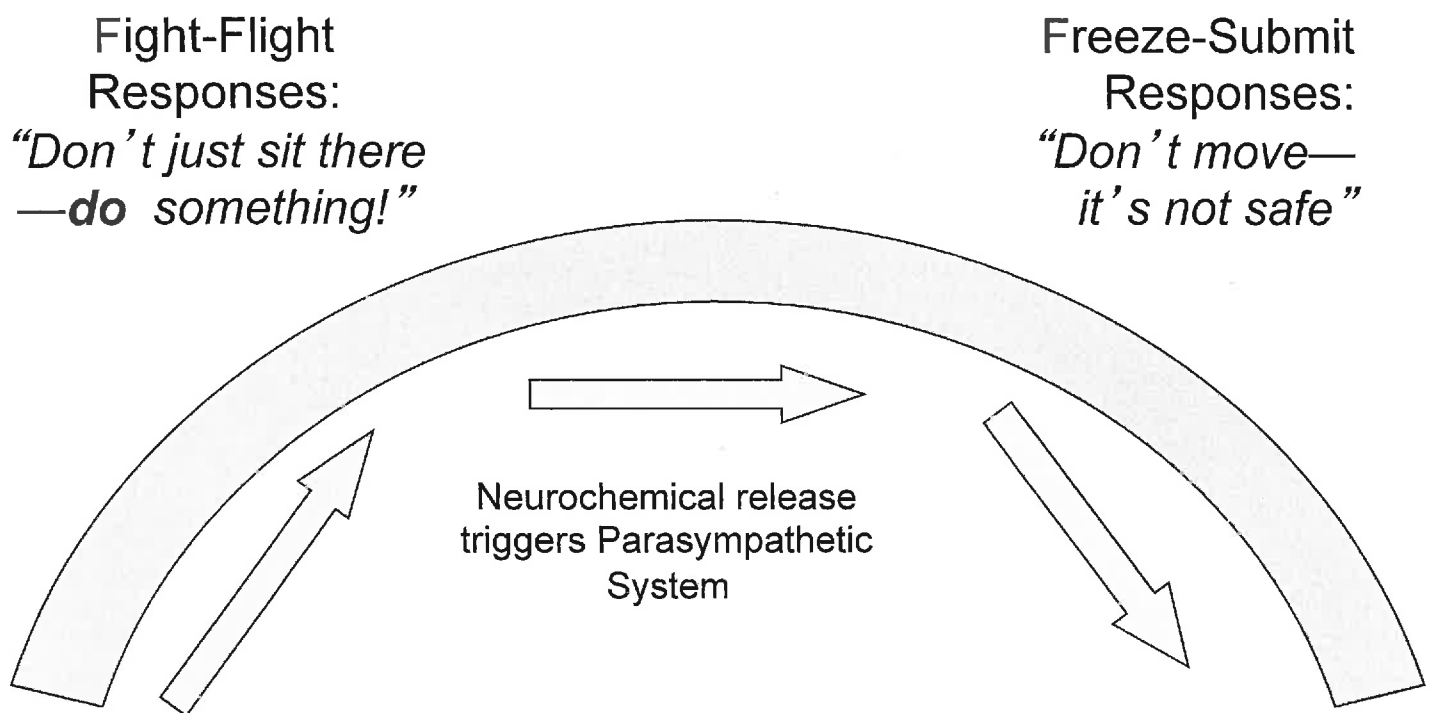


The reptilian brain reacts instinctively to the amygdala's 'alarm.' Heart rate increases. We stop breathing or hyperventilate. Muscles tense. We either speed up or shut down.

To treat traumatic memories, we have to “wake up” the thinking brain



How the Nervous System Helps Us Defend Ourselves



Sympathetic Nervous System: when the amygdala fires, the body uses an adrenaline rush to increase heart rate and respiration, causing muscles to tense and a surge of energy that prepares us for action. The frontal lobes shut down to increase speed of response

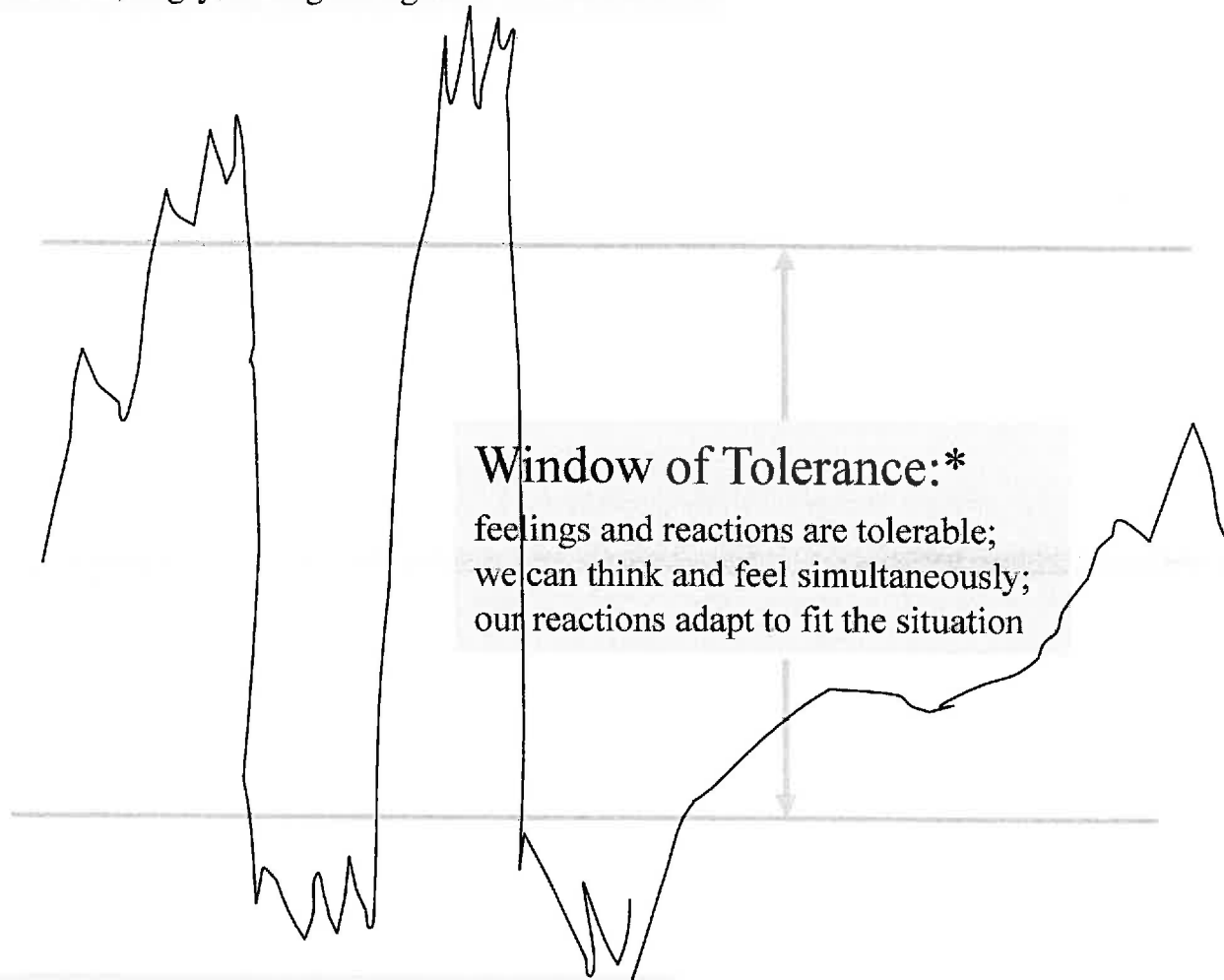
Parasympathetic Nervous System: when it isn't safe to flee or fight, or when 'it's over,' other chemicals slow heart rate and respiration, leading to physical collapse, exhaustion, weakness, shaking and trembling, increased gastro-intestinal activity, and the survival responses of freeze and submit

After trauma, the nervous system remains prepared for danger

[Ogden, Minton & Pain, 2006]

Signs of Chronic Hyperarousal:

emotional overwhelm, panic, impulsivity, hypervigilance, defensiveness, feeling unsafe, reactive, angry, racing thoughts

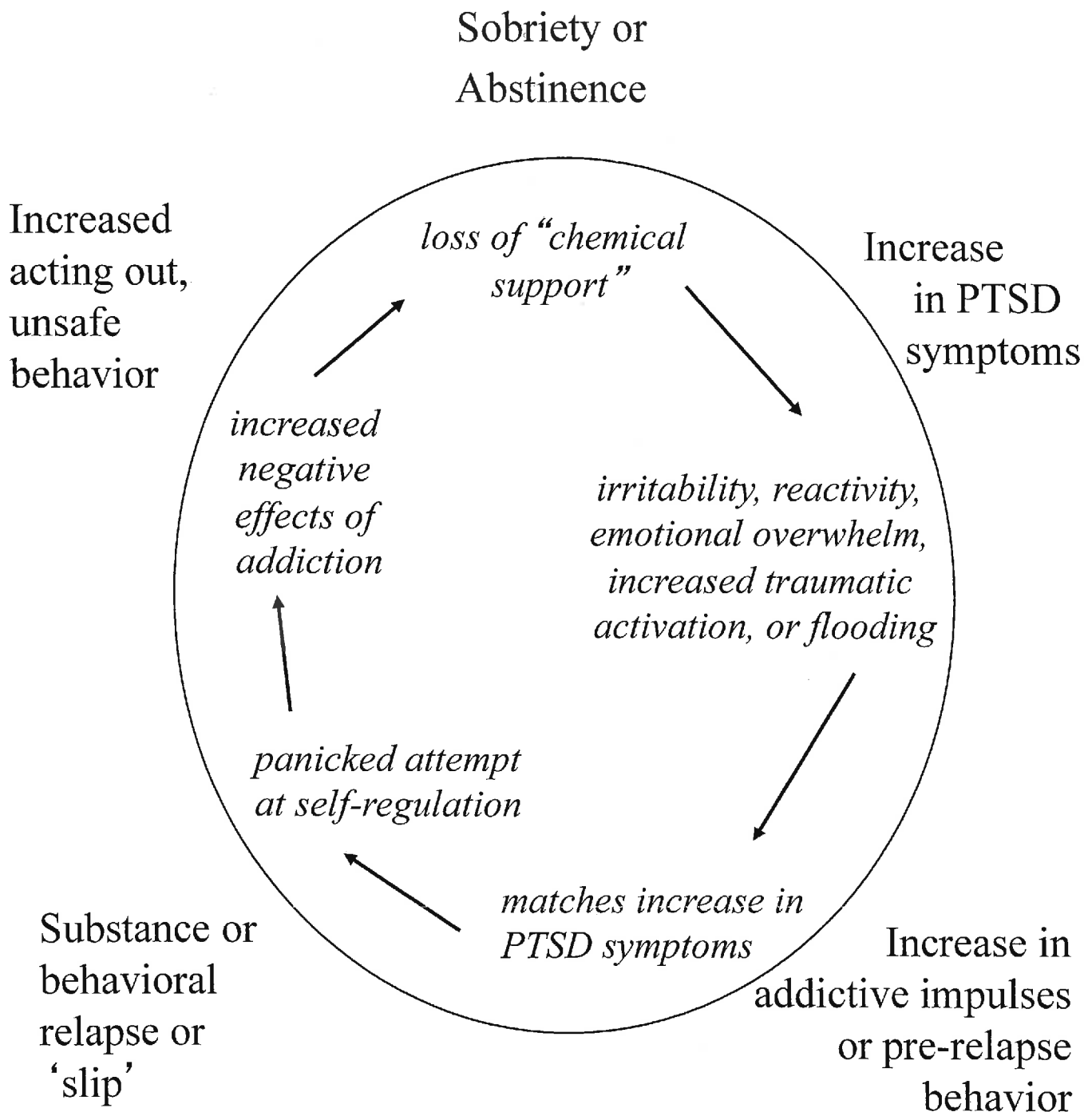


Signs of Chronic Hypoarousal:

numb, "dead," passive, no feelings, no energy, can't think, disconnected, shut down, "not there," ashamed, can't say No

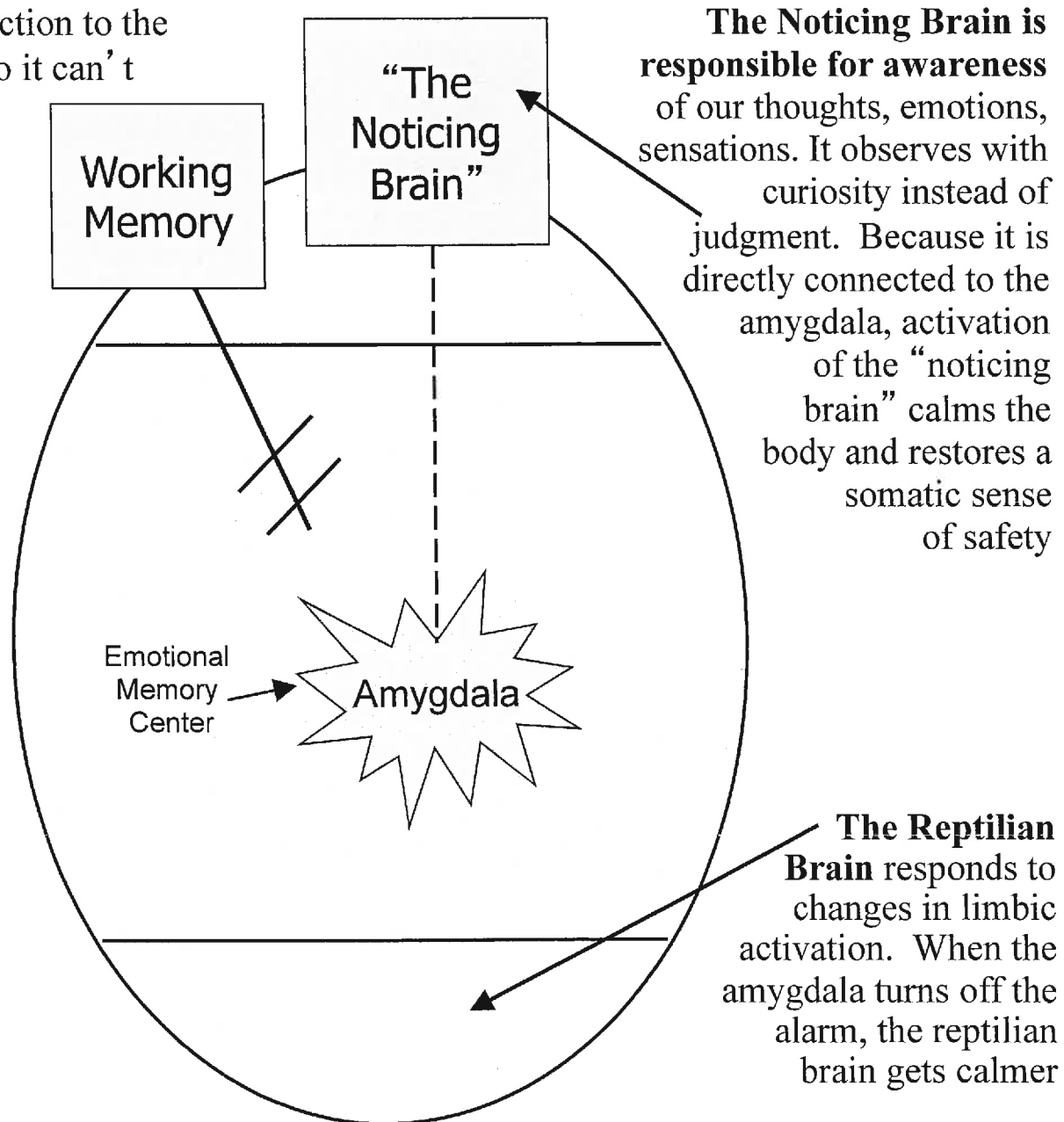
* Siegel (1999)

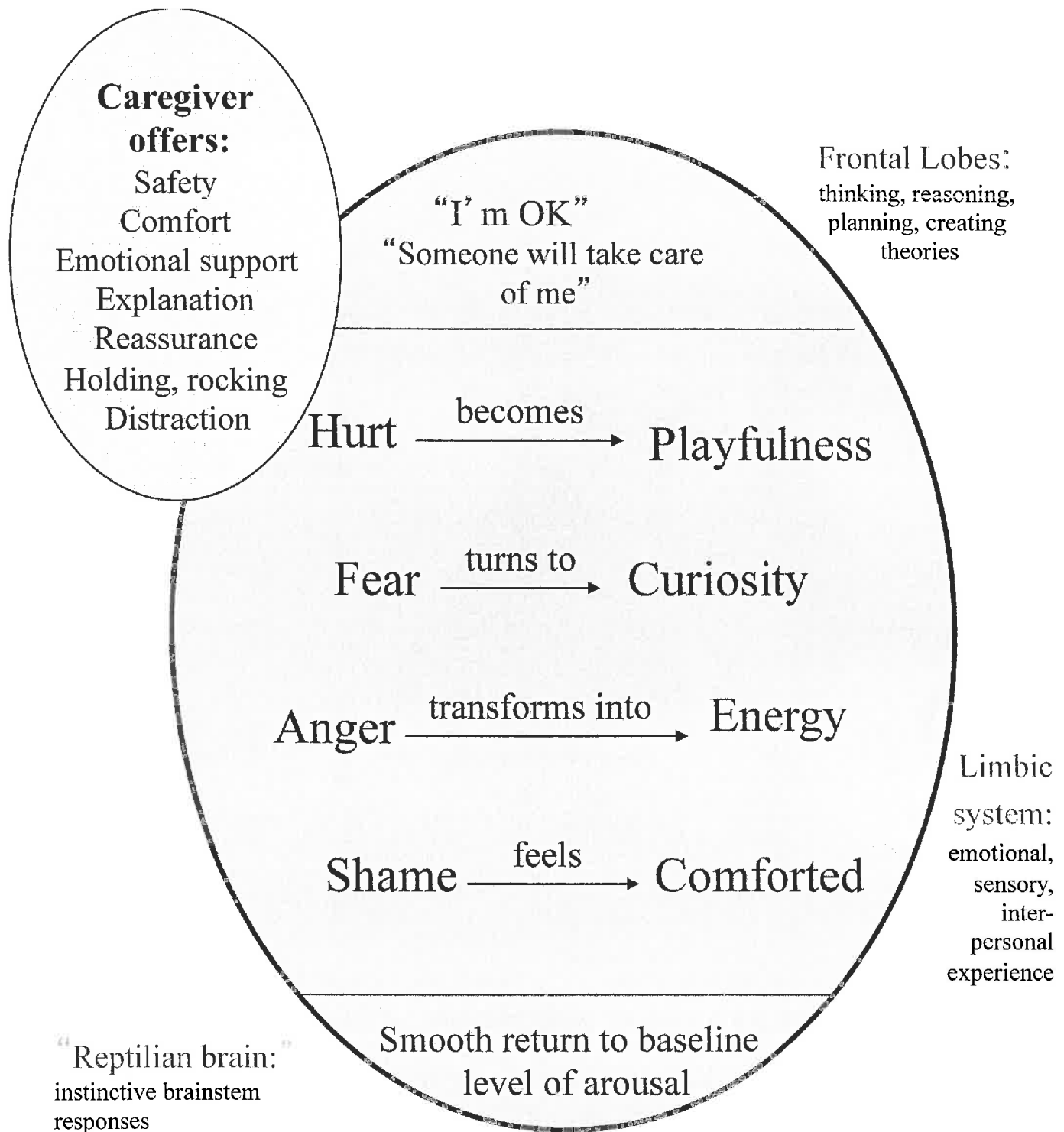
Addictive Behavior and Trauma: the Abstinence/Relapse Cycle



Getting help from the “noticing brain”

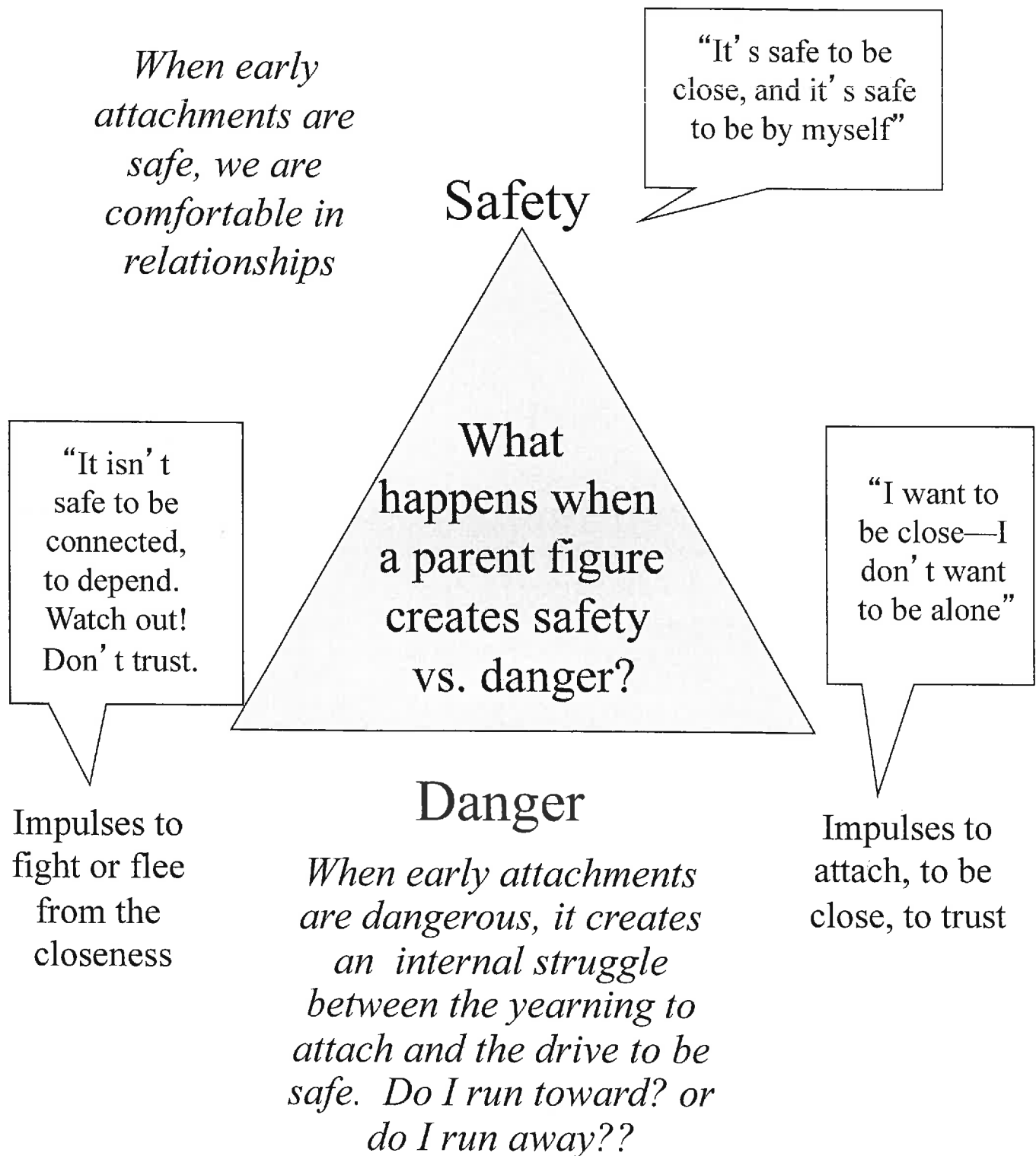
The Working Memory part of the brain helps us tell stories, have insight, solve problems and draw conclusions, **but** it has no direct connection to the amygdala, so it can't resolve the traumatic memories





How a Child’s Mind Develops in a Safe, Supportive World

Trauma Causes “Disorganized Attachment:” is it safe to be attached?



Dissociative Continuum

“High-
way
hypnosis
 Ability
to be
“in the
zone”
 At the
moment
of the
trauma
 PTSD
 Complex
PTSD
 DDNOS
 DID

--	--	--	--	--	--

Day
dream-
ing
 Peak
perfor-
mance
 Emergency
responses:
staying “cool,
calm &
collected”
 Acute stress
response
 Borderline
Personality
Disorder

We experience the world differently from each side of the brain

Left Brain:

- Planning, problem-solving
- Analytical, rational, conceptual
- Coping ability: carrying on with daily life no matter what happens
- Verbal and narrative memory

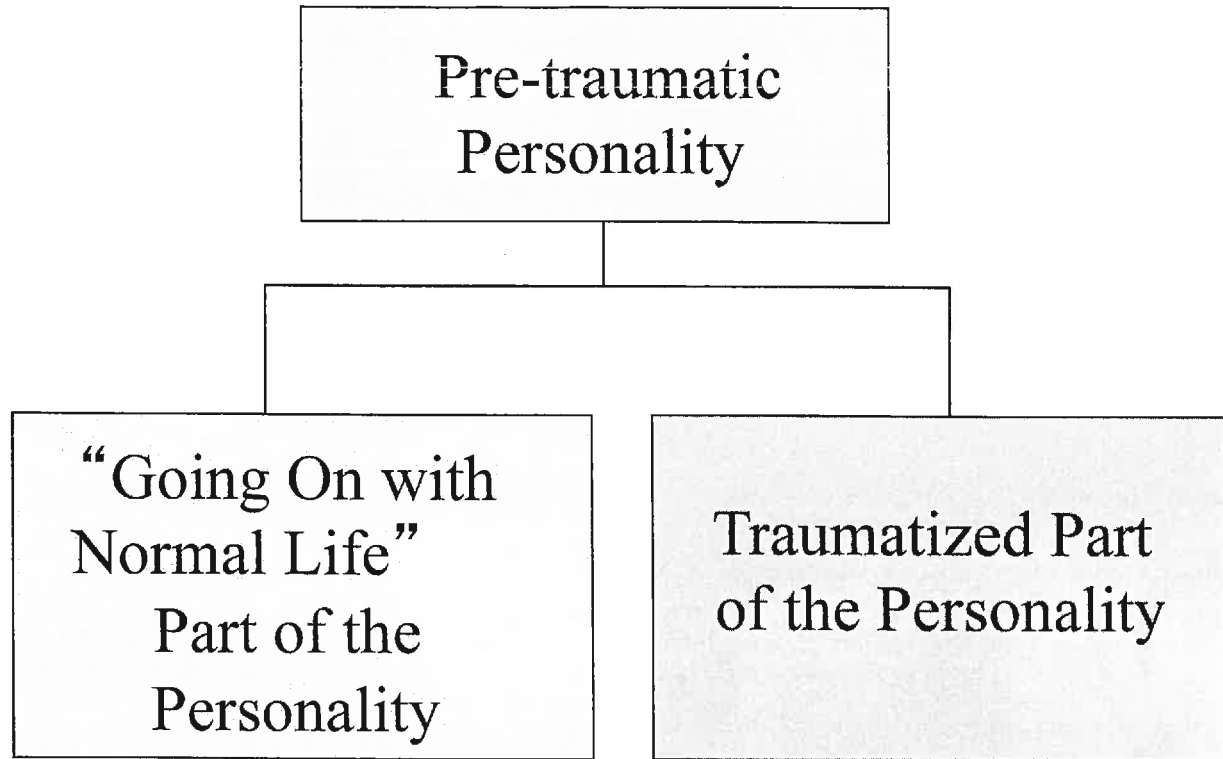
The “Chief Executive brain,” it begins to dominate beginning in adolescence and adulthood

Right Brain:

- Nonverbal language
- Perception of emotion, sensation, facial expression
- Instinctive survival responses
- Emotional and sensory memory

The “survival brain,” this side dominates the first few years of our lives

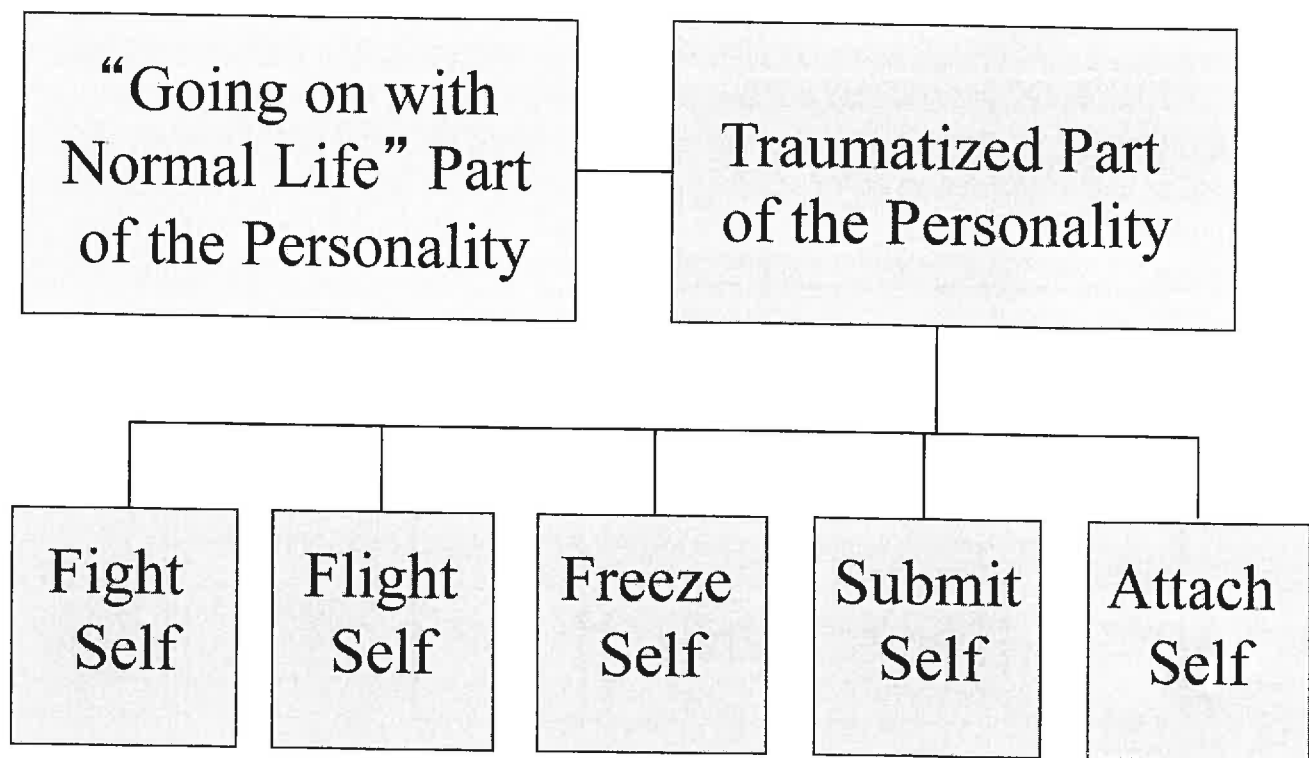
After a traumatic event happens:



This Left Brain part of the Self “carries on” with normal life, often with little or no memory of what happened. This part is focused on what needs to be done today

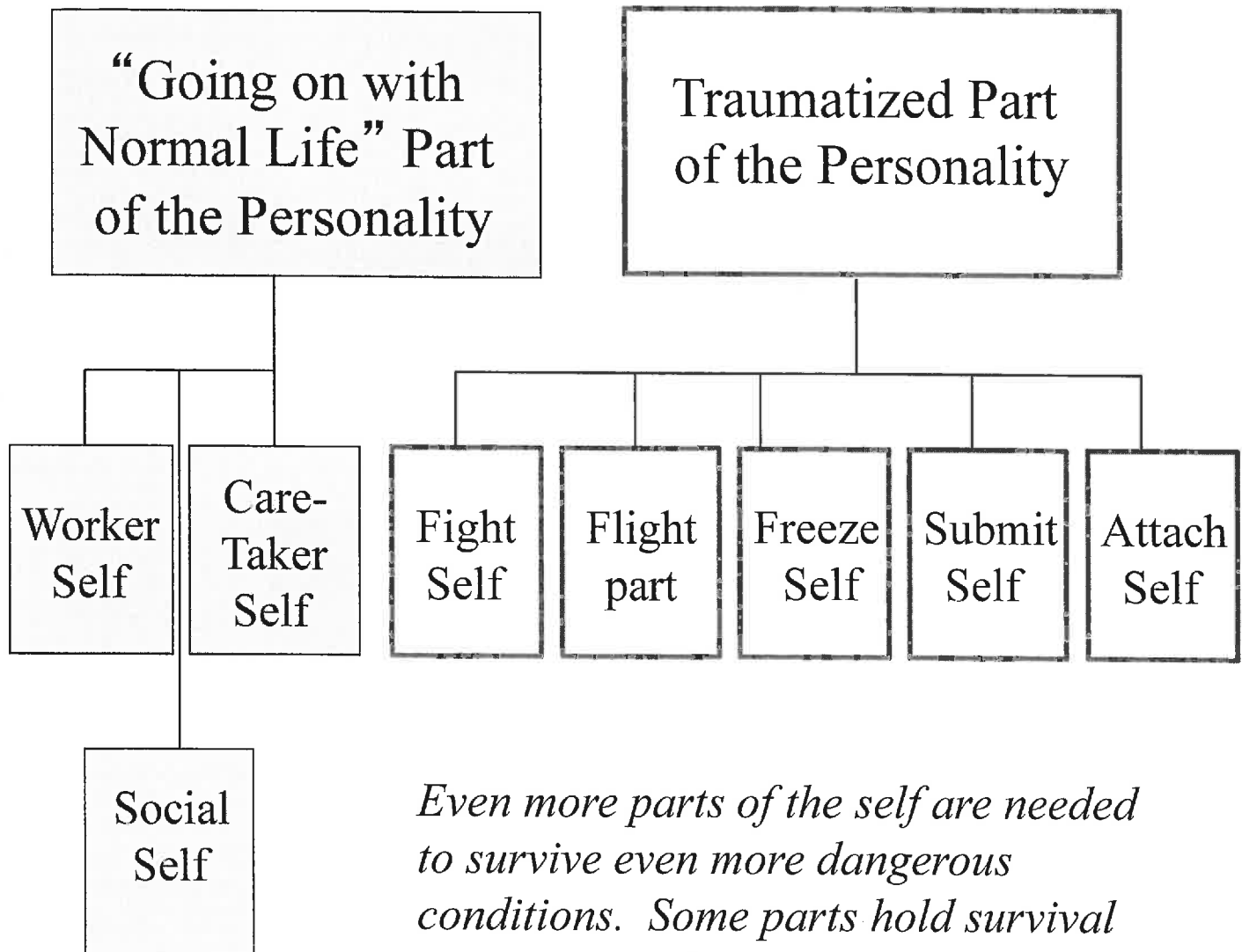
The Right Brain part of the Self holds the feelings and body memories and the fearful expectation that it will happen again. It is ‘on guard,’ focused on the past

But when more than one trauma happens . . .



The right brain-dominant Traumatized Part of the Self becomes more compartmentalized: separate parts evolve each offering different survival strategies needed in a dangerous world. They fear normal life as dangerous and fight to survive in all their old ways

And when even more trauma occurs:

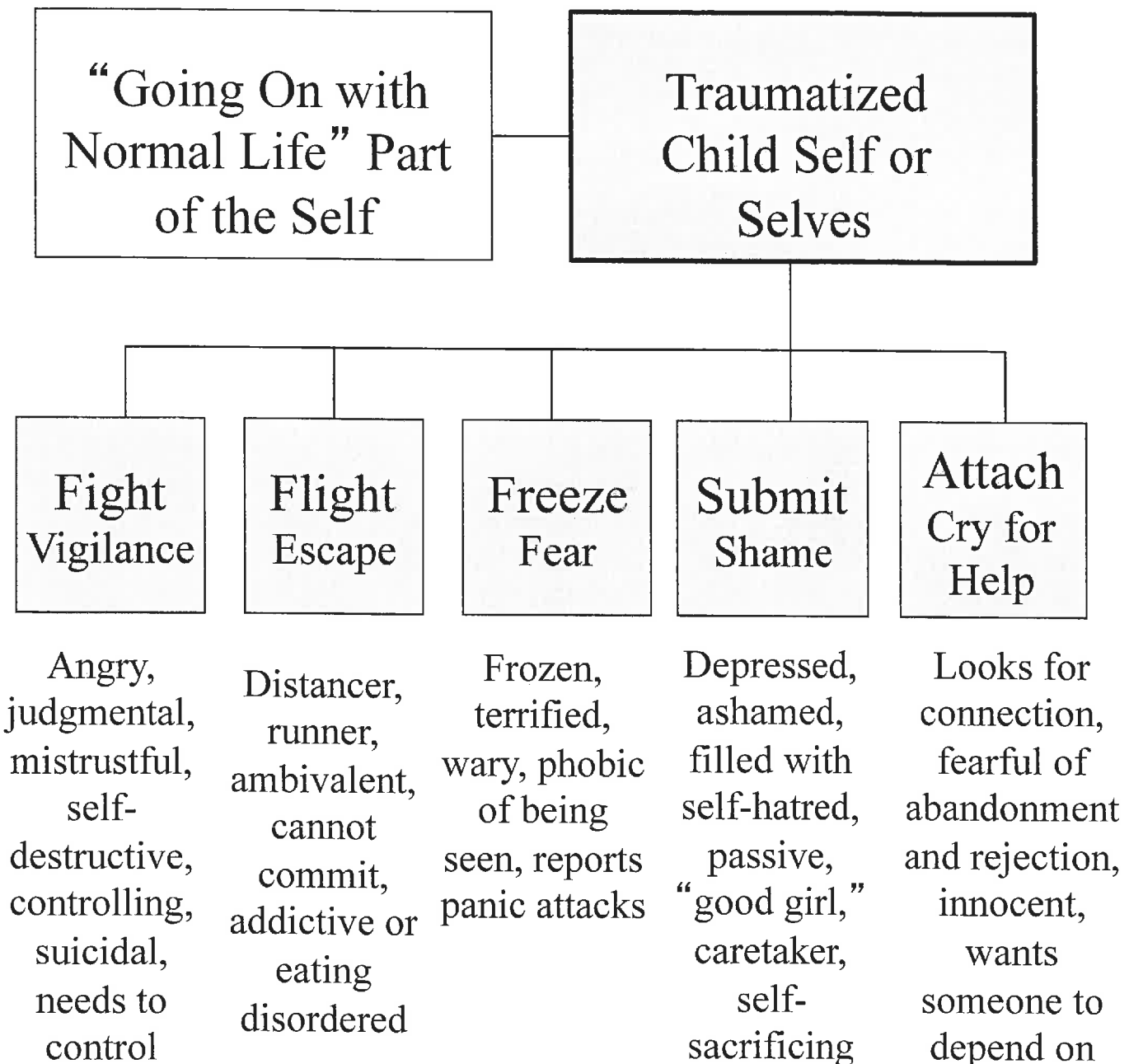


Even more parts of the self are needed to survive even more dangerous conditions. Some parts hold survival responses, and some parts hold resources serving the cause of carrying on with normal life

Structural Dissociation:

“Who” is showing up now?

[van der Hart, Nijenhuis & Steele, 2006]



Internal Family Systems

(Schwartz, 1995)

Self

curious, compassionate,
calm, clear, creative,
courageous, confident,
committed

“Exiles”

Parts of self that hold
disowned feelings,
phobias, needs,
hopes, and memories

“Managers”

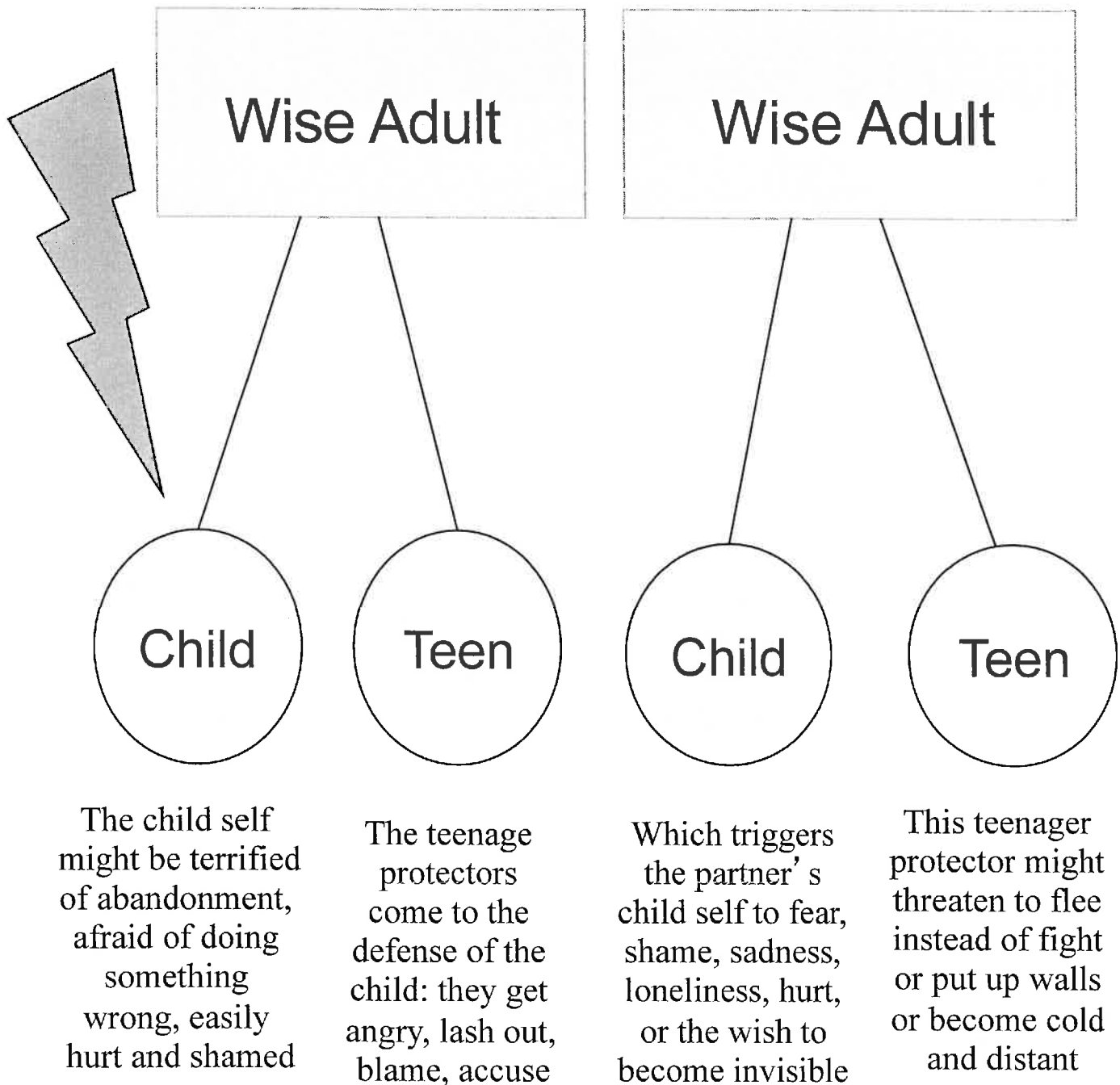
Parts that suppress the
Exiles’ feelings or
needs and try to
“carry on” with
normal life

“Firefighters”

Parts that resort to more
dramatic means (drugs,
self-harm, suicide) to
absolutely ensure that
the Exiles remain in
hiding or unnoticed

Couple Dynamics:

“We bring our young selves to the relationship”



“The Four Steps to Freedom”

- Assume that the distress you are experiencing has been triggered and is related to the childhood past
- Connect that distress to its roots in the traumatic past by “fast-forwarding” through your childhood history and noticing where the feelings and body sensations best fit
- Identify the internalized old beliefs that developed as a result of that experience
- Find a way to challenge that old belief so that you can begin to develop new beliefs that better fit your life today

Adapted from Claudia Black (1999). Changing course: healing from loss, abandonment and fear. Washington: MAC Publishing.

STAGES OF TRAUMA RECOVERY

Adapted from Herman, 1992

STAGE I: Safety and Stabilization: Overcoming Dysregulation

As a first step, the client must first be taught to comprehend the effects of trauma: to recognize common symptoms and to understand the meaning of overwhelming body sensations, intrusive emotions, and distorted cognitive schemas.

The achievement of safety and stability rests on the following tasks:

- Establishment of **bodily safety**: e.g., abstinence from self-injury
- Establishment of a **safe environment**: e.g., a secure living situation, non-abusive relationships, a job and/or regular income, adequate supports
- Establishment of **emotional stability**: e.g., ability to calm the body, regulate impulses, self-soothe, manage post-traumatic symptoms triggered by mundane events

The goal of this stage is to create a **safe and stable “life in the here-and-now,”** allowing the client to safely **remember** the trauma, rather than continue to **re-live** it.

STAGE II: Coming to Terms with Traumatic Memories

At this stage, the client works to overcome the **fear** of traumatic memories so they can be **integrated**, allowing appreciation for the person he or she has become as a result of the trauma. In order to metabolize (not just verbalize) memories, clients may make use of EMDR, hypnotherapy, or mind-body therapies. Pacing ensures that the client does not become “stuck” in avoidance or overwhelmed by memories and flashbacks. Since “remembering is not recovering,” the goal is only to **come to terms with the traumatic past**.

STAGE III: Integration and Moving On

The client can now begin to work on decreasing shame and alienation, developing a greater capacity for healthy attachment, and taking up personal and professional goals that reflect post-traumatic meaning-making. Overcoming fears of normal life, healthy challenge and change, and intimacy become the focus of the work. As the survivor’s life becomes reconsolidated around a **healthy present and a healed self**, the trauma feels farther away, part of an integrated understanding of self but no longer a daily focus.

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