

NICOLA LESTER

Trauma Series

Session 1: Introduction to trauma

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BACKGROUND TO THE TRAUMA SERIES

Comprised of 4 sessions focusing on:

1. An introduction to Trauma
2. Developing Trauma Informed Practice
3. Therapeutic skills and creative ways of working
4. Becoming Trauma Informed

Objectives:

- To be accessible and informative and to combine theoretical knowledge and practical skills to apply a trauma informed approach to your individual and organisational practice
- To create opportunities to share ideas and ask questions
- To provide access to a trauma informed practice handbook to support your learning and continuing professional development

AIMS OF THE SESSION

1. Understanding psychological trauma
2. Understanding developmental trauma
3. Post-traumatic growth
4. Self-care and psychological resilience

WHAT IS TRAUMA?

- Trauma is a specific type of stress that reflects exposure to emotionally distressing events.
- Trauma is a NORMAL response to an ABNORMAL event.
- When working with trauma, the focus should be on understanding the response to the event and not judging the event itself.

WHAT IS TRAUMA?

- The word “**trauma**” is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people's ability to cope, leaving them powerless.
- **Trauma** has sometimes been defined in reference to circumstances that are outside the realm of normal human experience.

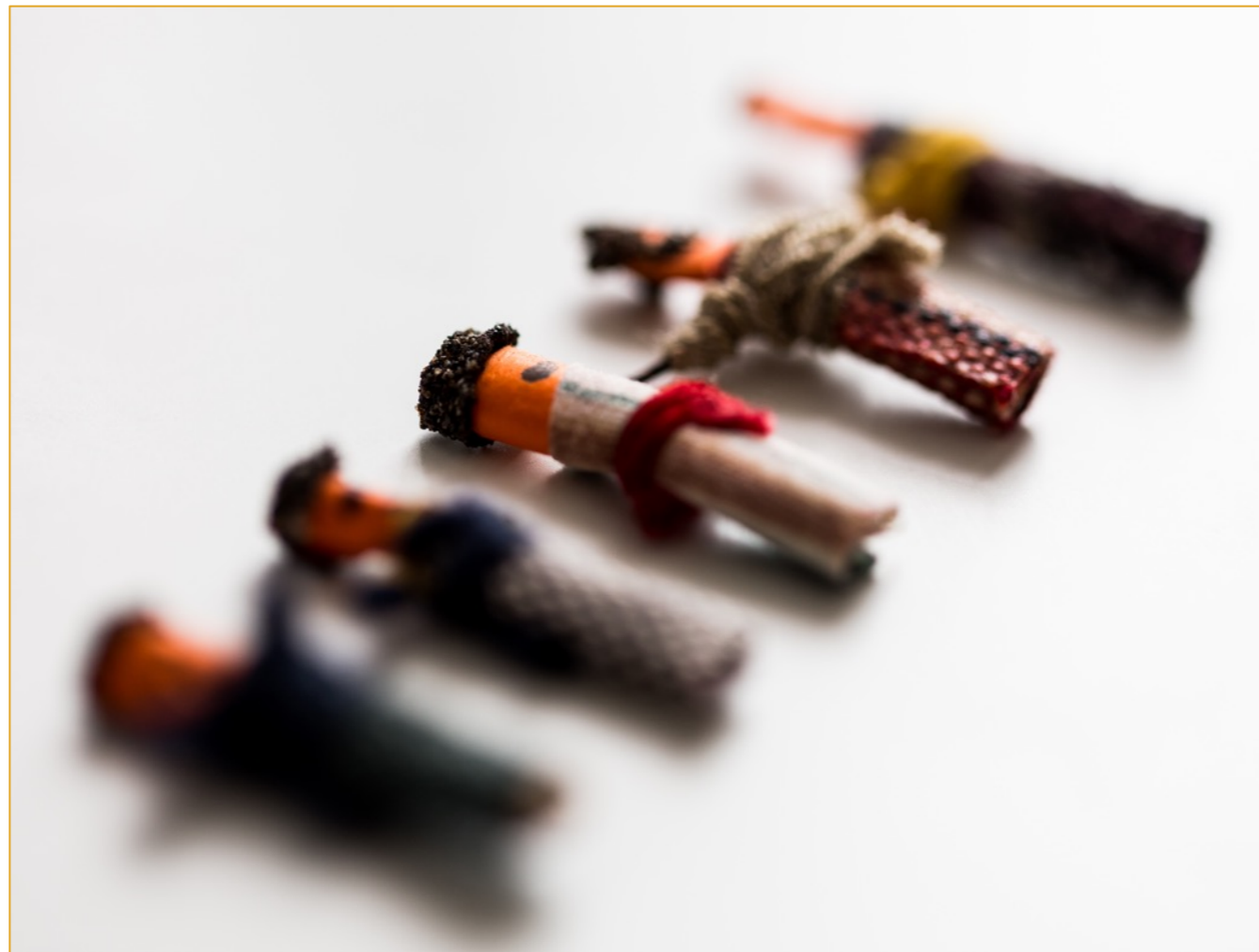
THEORIES OF TRAUMA

The 'Glass Jar'



THEORIES OF TRAUMA

‘Shattered assumptions’



THE IMPACT OF TRAUMA

The way we **think**, the way we **learn**, the way we **remember things**, the way we **feel about ourselves**, the way we **feel about other people**, and the way we **make sense** of the world are all profoundly altered by traumatic experience.

DEVELOPMENTAL TRAUMA

- A term used to describe childhood trauma such as chronic abuse, neglect, separation or adverse experiences which happen within a child's significant relationships.
- Although developmental trauma is concerned with children, it is essential to understand how childhood trauma can shape the behaviour of adolescents and adults.
- A trauma informed approach is centred on asking 'what's happened to you?' rather than 'what's wrong with you?'.

DEVELOPMENTAL TRAUMA

- The trauma 'glass jar'
- 'Shattered assumptions'
- Early trauma leads to unhealthy and dysfunctional coping strategies
- It limits the child's ability to develop essential skills (such as impulse control, containing emotions and solving problems)

DEVELOPMENTAL TRAUMA

- When a child has been exposed to trauma over a long period, they become stuck in their 'primitive brain' which is responsible for our survival systems - flight, fight or freeze.
- Very little information is passed to other parts of the brain.
- Very little opportunity for the development of other skills such as:
 - processing
 - retaining new information
 - reasoning
 - empathy
 - being able to accurately interpret the behaviour of others

DEVELOPMENTAL TRAUMA

- To understand developmental trauma it is useful to think about how the brain develops.
- The brainstem or 'primitive' brain develops first - responsible for sensory, motor and survival skills.
- The 'limbic' brain develops next - responsible for attachment and emotional development.
- Finally, the 'cortical' brain develops - responsible for thinking, learning, language and inhibition.

DEVELOPMENTAL TRAUMA

- When a young child is exposed to trauma very early in their lives, they may not have the language skills to make sense of their experiences.
- Their memories are 'sensory memories' - the body has stored these memories in their sensory systems.
- Traumatized children are stuck in 'fear mode' as they grow up. Their hyper-vigilance and sensitivity to danger is so strong it reduces their ability to filter out other sensory experiences (e.g. noises, sights, sounds and smells).
- Instead their sensory system becomes overloaded and overwhelmed causing them to find it difficult to regulate or contain their emotions.

DEVELOPMENTAL TRAUMA

Dissociation is:

- A survival mechanism.
- Useful when children are exposed to high levels of trauma and danger.
- Helps children (and adults) to cope by enabling them to detach or disconnect between the mind and the body.
- Children may continue to dissociate and may seem as though they are lacking in focus or not listening.

DEVELOPMENTAL TRAUMA

Patterns of attachment:

- Children who are exposed to trauma learn different strategies of attachment to prevent harm and danger or to keep a parent/caregiver as close as possible.
- These strategies are known as either ‘insecure avoidant attachment’ or ‘insecure preoccupied attachment’

DEVELOPMENTAL TRAUMA

Insecure avoidant attachment:

- Children learn very early on that showing their feelings triggers danger or causes the withdrawal of a parent/caregiver.
- They learn to hide their emotions and pretend that everything is okay.
- Inside they may feel vulnerable and frightened but they present themselves to the world as bright and confident and fine.
- However, these children may be triggered later in childhood or as adults by something stressful as their 'glass jar' becomes too full and overflows.

DEVELOPMENTAL TRAUMA

Insecure pre-occupied attachment:

- Instead these children learn the importance of showing their feelings in order to get noticed and attract attention.
- They learn to exaggerate their behaviour and can appear angry, hostile, aggressive and disruptive, whilst on the inside they are actually feeling frightened, vulnerable and anxious.

DEVELOPMENTAL TRAUMA

Emotional regulation:

- Emotional regulation is a skill learnt in early childhood.
- When children are exposed to trauma, the part of the brain responsible for emotional regulation does not develop fully.
- Instead it gets stuck in the 'toddler' phase
- We often think of these behaviours as 'attention seeking'.
- Instead we should think of them as 'attachment seeking'.
- Difficulties regulating emotions can lead to unhealthy coping strategies (e.g. self-harm drugs and alcohol).

DEVELOPMENTAL TRAUMA

Behavioural regulation:

- Everyone has a 'window of tolerance' - when we are in our window of tolerance we can think and learn.
- When a child has been exposed to trauma their 'window of tolerance' is much narrower. This means that when there are increased demands made of them, even small ones, this can cause them to move quickly outside of this window of tolerance.
- This may trigger them to become over-aroused (flight and fight response) or under-aroused (when they shut down completely).

DEVELOPMENTAL TRAUMA

Children who have experienced trauma struggle with under-developed cognitive skills which affect their ability to:

- plan for the future
- organise themselves
- learn from their mistakes

They are stuck in the 'limbic' part of the brain and use all of their energy to stay safe and work out if they can trust the people around them. This then limits their ability to develop other skills.

DEVELOPMENTAL TRAUMA

Cognition:

Self-concept and identity development:

- Children who have been exposed to trauma, particularly over a long period of time, are often left with a deep sense of being unlovable, bad and unwanted.
- This starts to be how they see themselves, no matter how much reassurance is given by those around them.
- This may create a vulnerability to exploitation and abuse in relationships.

DEVELOPMENTAL TRAUMA

- Developmental trauma can be very challenging to work with.
- Many of the behaviours are often destructive and difficult to manage.
- A good starting point is to understand the cause of this behaviour.
- Rather than concentrating on the behaviour, remember that this is a form of communication. They are trying to tell you something about the way they feel.

RECOGNISING COPING AND RESILIENCE

Combat skill	In combat	At home
Buddies	Cohesion – nobody understands your experience except your buddies who were there	Withdrawal Prefer to spend time with buddies Avoid speaking about self to family and friends
Accountability	Maintaining control of weapon and gear is necessary for survival	Controlling Become angry when someone moves or messes with your stuff, even if insignificant Nobody cares about doing things right except for you
Targeted aggression	Targeted aggression involves making split second decisions that are lethal in a highly ambiguous environment to keep you and your buddies safe	Inappropriate aggression Over-react to minor insults Irritability Assault Rage
Tactical awareness	Survival depends on being aware at all times of your surroundings and reacting immediately to sudden changes	Hypervigilance Feel constantly edgy or anxious
Lethally armed	Carrying a weapon was mandatory and necessary	Needing to have a weapon on you, in your car / home Believing you and your family are not safe without this
Emotional control	Controlling your emotions is critical for mission success	Anger / detachment Failing to display emotions, or only showing anger, around family and friends will hurt relationships
Mission Operational Security (OPSEC)	Talk about mission only with those who need to know Can only talk about combat experience with unit members	Secretiveness Avoid sharing deployment experiences with family and significant others
Individual responsibility	Your responsibility in combat is to survive and to keep your buddies alive	Guilt Feeling you failed those who were injured / killed Distress at memories Shame Survivor guilt
Non-defensive (combat) driving	Unpredictable, fast, rapid lane changes, straddling the middle line, keeping other vehicles at a distance designed to avoid IEDs	Aggressive driving Speeding tickets Accidents Road rage
Discipline and ordering	Survival depends on discipline and following orders	Conflict Inflexible interactions (ordering and demanding behaviours) with family and friends

(developed by the WRAIR Land Combat Study Team)

ADAPTATION TO TRAUMA

Healthy adaptation to trauma occurs when:

- The brain's information processing system works efficiently
- Useful information is extracted from the experience

THE POSSIBILITY OF POST-TRAUMATIC GROWTH



SELF-CARE AND PSYCHOLOGICAL RESILIENCE: THE RISKS AND REWARDS OF WORKING WITH TRAUMA

Potential rewards include:

- The potential to make a difference to people at their most vulnerable
- Seeing the impact of your support
- Building trusting relationships

SELF-CARE AND PSYCHOLOGICAL RESILIENCE: THE RISKS AND REWARDS OF WORKING WITH TRAUMA

Potential risks:

- Compassion fatigue

Characterised by physical and emotional exhaustion and a profound decrease in the ability to provide care, empathy and support

- Vicarious trauma

When we engage with the traumatic experiences of those we are working with, there is the potential that their trauma becomes our trauma and we experience its effects first-hand.

COPING STRATEGIES: SELF-CARE

- Take the time to pay attention to your own needs and feelings
- Try to maintain a sense of routine
- Engage in activities that you enjoy and find relaxing (do what you want to do rather than what you feel you should do)
- Exercise regularly
- Try to keep regular sleep routines
- Set realistic goals
- Be kind to yourself

INTRODUCTION TO SESSION 2

1. Introduction to trauma informed practice
2. Integrating the 6 trauma informed principles to practice
3. Using the SENSE model to structure trauma informed interventions

QUESTIONS



THANK YOU



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