CTRI | CRISIS & TRAUMA RESOURCE INSTITUTE

REFUGEES AND TRAUMA

-Understanding & Supporting Resilience

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OUR PURPOSE IS TO PROVIDE EXCEPTIONAL TRAINING AND RESOURCES TO BETTER LIVES

REFUGEES AND TRAUMA – UNDERSTANDING AND SUPPORTING RESILIENCE

Refugee individuals and families carry with them vulnerability, potential post-traumatic stress as well as strengths and stories of resilience. This workshop provides an overview of the way trauma affects individuals and families physically, psychologically, socially and spiritually. Impact and recovery from the migration experience will be examined through a neuro-psychological lens as well as a meaning-making lens to identify key areas helpers can focus their support. Participants will be given an opportunity to understand their own response as helpers to working with refugees and trauma so they are better equipped to enhance refugees' capacities to recover, adapt and flourish in the next phase of their lives.

Trauma – Strategies for Resolving the Impact of Post-Traumatic Stress

V: 012016

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About CTRI

CTRI is a leading provider of professional development training throughout North America. The primary focus of our organization is to provide services that help individuals, schools and communities affected by or involved in working with issues of crisis, violence and trauma.

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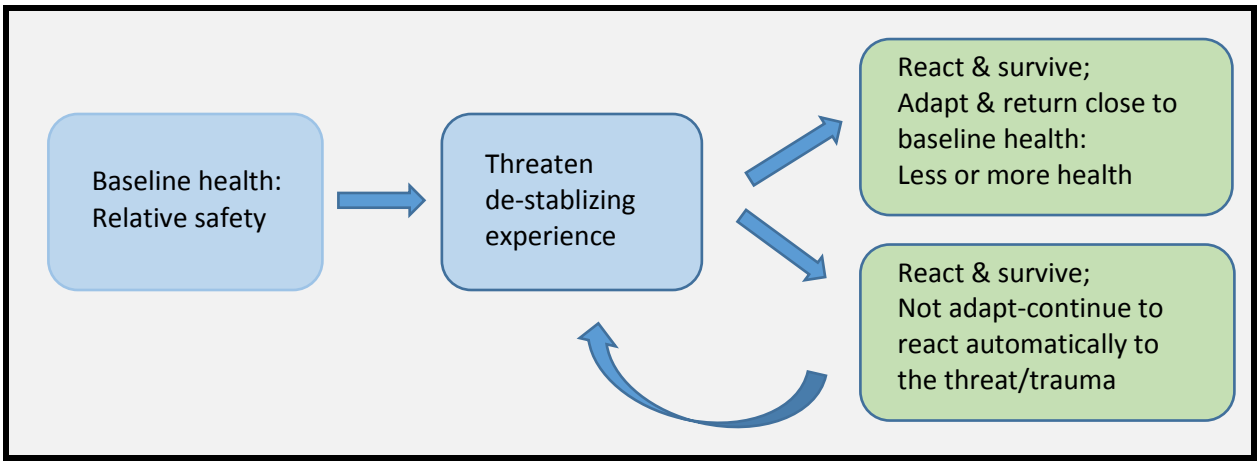
WHAT IS TRAUMA?

Trauma is a wound that injures us emotionally, psychologically, physiologically and spiritually. Human beings are wonderfully equipped to be able to orient, survive and adapt to a wide range of experiences. However, any human will find it more difficult to adapt in situations that do not *feel* safe; reactions will be more automatic and instinctual.



When Is a Person Traumatized?

Trauma may occur when a person experiences a threat, including sexual violence, to physical or psychological survival of oneself or a close family member or friend. We each have innate capabilities to respond to such situations and return to a state of equilibrium. However, if the intensity of the situation overwhelms our resilience, often with intense helplessness, shame or terror, and we are not able to re-establish a sense of relative safety, our built-in survival mechanisms remain on high alert continually responding to threat; thus, we become *traumatized*.

Each person will respond uniquely according to their inner and outer resources, and different people experiencing the same situation may have different outcomes, ranging from short-term impacts to long-term post-traumatic impacts or to increased resilience and post-traumatic growth.

TYPES OF TRAUMA

Many experiences can contribute to a person experiencing trauma. However, it is not the event itself that is a trauma. It is the nature of the sustained injury. Each person may be affected differently. Specific experiences may fit into more than one category of traumatic injury.

Developmental Trauma

- Developmental trauma occurs during the vulnerability of childhood or adolescence because of the active development of the nervous system and personality.

  Examples of experiences that may lead to this type of injury:
  - Alcoholism or drug abuse, violence or neglect in the home.
  - Chronic illness or need for invasive medical procedures.
  - Intergenerational effects of traumatic injury such as colonization (residential school legacy) or of war-affected family members.
  - Systemic oppression, racism, discrimination, bullying.

What are the unique aspects of newcomer and refugee experience that could be developmental trauma?

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Shock Trauma

- This occurs when a person has a shock reaction to a specific event. It involves high levels of activation from the nervous system as the person reacts from deep, primitive instincts to survive a sudden, severe threat and often involves traumatic loss.
- Often the event(s) are easily recognized as severe and unexpected; however, not always, e.g., medical procedures that are planned and may still have a traumatic effect.

  Examples of experiences that may lead to this type of injury:
  - Assault, attack or imminent threat of these.
  - Surgeries, dental procedures or other medical procedures.
  - Motor vehicle accidents, falls, plane crashes (or near misses).
  - Natural disasters, e.g.: earthquakes, flood, fires, hurricanes.
  - Stillbirth, miscarriages, Sudden Infant Death Syndrome (SIDS).
  - Tragic death of any loved one; terminal illness diagnosis.

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Relational Trauma

- An experience of threat from another person adds a layer of violation and disruption. The impact is especially complicated if the source of the threat is someone in a position of trust or supposed to be in the safe realm for the individual.
    - Family or relationship violence.
    - War, terrorism, genocide, political conflicts causing a person to flee.
    - Bullying, violence, robbery, physical or sexual assault.
- A person need only perceive an event to be threatening for their nervous system to react *fully* in a survival manner. Unresolved trauma leaves a person more vulnerable to experience trauma with later events.

What are the unique aspects of newcomer and refugee experience that are relational trauma?

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Community Impact and Layers of Trauma

Sustained Community Based Traumatic Stress

- Sustained community based traumatic stress is the repeated experience of traumatic events within a community setting. There are often complex layers of relational trauma experiences because of the established relationships that are involved in the injury.
- Examples may include:
    - Civil war – history of past alliance and past animosity within the community.
    - Culturally-based or faith-based conflicts.
    - Repeated acts of violence or loss involving the same relationships without opportunity to fully recover.
    - Multiple suicides within a community.

Given the ripple effects of trauma, these experiences affect and influence the whole community. Smaller and remote communities can be particularly affected.

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Intergenerational/Historic Trauma

- Maria Yellow Horse Brave Heart (2011)[1] defines historic trauma as "The cumulative emotional and psychological wounding across generations, including the life span, which emanates from massive group trauma."
- Even when current generations do not experience direct traumatic injury, the effects of history influence the present through relationships, embedded meaning associated with family or community events, epigenetic effects on mental and physical health (examples: anxiety, depression, emotional or behavioural dysregulation).
- Current experiences of trauma become layered on top and a family or community with historic trauma may be more or differently vulnerable to new experiences of threat.

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Vicarious and Secondary Trauma

- The impacts of trauma do not remain only with those directly involved but can also profoundly affect those more on the periphery. Hearing and seeing others' experiences of trauma can create similar trauma symptoms in friends, family members and helpers.
- Learning of the trauma of a loved one or of one's home community can also produce traumatic impact even if the person is not in direct contact.

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Unique Aspects of the Refugee Experience

- Multiple layers and types of traumatic threat and injury.
- Loss of choice in many areas of life alongside high urgency for survival.
- Ongoing nature of the situation – anticipation of known and unknown further threat.
    - Threat and violence in home country.
    - Threat and violence during migration – may be several phases.
    - Experience of arrival in new country – may still experience threat.

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[1] Brave Heart, M.Y.H., Chase, J., Elkins, J., & Altschul, D.B. (2011). Historical trauma among indigenous peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs, 43* (4), 282-290.

WHAT'S HAPPENING IN YOUR SETTING?

What kinds of traumatic injury are you aware of in your work setting?

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Which areas of this work do you find the most challenging?

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What have you already learned about supporting newcomers and refugees who may have trauma?

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DEFINITIONS OF POST–TRAUMATIC IMPACT

Understanding and description of the nature of trauma and post-traumatic impact continues to evolve. For a long time the signs and symptoms of trauma were understood as a mental illness. However, we now understand that trauma affects the body, mind and spirit and is linked to our natural reactivity to abnormal and overwhelming stressors. This impact can lead to disordered affect and behaviour.

Below are brief definitions of some of the common terms used in the mental health field to describe and diagnose responses to traumatic events that cause extreme distress:

Acute Stress Disorder

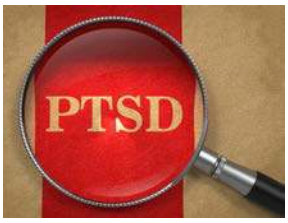
- When a person directly experiences or witnesses a traumatic event, or learns of a traumatic experience of a close family member or friend, or experiences repeated exposure to traumatic details, such as with first responders.
- When the impact of trauma results in symptoms which last for a minimum of three days and a maximum of four weeks and occurs within four weeks of the initial stressor.

Post-Traumatic Stress Disorder (PTSD)

- When a person directly experiences or witnesses a traumatic event, or learns of a traumatic experience of a close family member or friend, or experiences repeated exposure to traumatic details, such as with first responders.
- Presence of symptoms from each of four categories: *intrusion, avoidance, negative and numbing emotions/beliefs, and anxiety or hyperarousal symptoms.*
- Persons with PTSD may also experience specific additional symptoms of dissociation (depersonalization or derealisation). *See Appendix for full description.*

Development of Symptoms and Delayed Expression

PTSD can occur at any age, and symptoms usually begin within the first 3 months following a traumatic incident. There may be a delay of months or years before accumulative symptoms occur that meet the full criteria of Post-Traumatic Stress Disorder.



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Definitions are summarized from the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition *(2013). See Appendix (page 58) for a more in-depth DSM-V description of PTSD.*

TRAUMA – IMMEDIATE SYMPTOMS AND IMPACT

When our survival responses kick in, there are common signs or symptoms of this. Symptoms occur along a spectrum of both severity and frequency. Any of these symptoms can occur over a short term and can also manifest for longer term. In the immediate aftermath of an incident, it is completely expected to see some of the following:

***Arousal or Activated* Symptoms** (from the sympathetic nervous system)

- High emotional responses (rage, fear, agitation, restlessness, intense crying)
- Talking fast, repeating oneself
- Hypervigilance, high startle response, jumpy
- Twitches, jerks, trembling
- Physiological results of activated state:
    - The body may rid itself of materials by urinating or regurgitating.
    - Heart rate increases and may cause hyperventilation, difficulty breathing or sweating (general increase in temperature).

***Numbing or Avoiding* Symptoms** (from the parasympathetic nervous system)

- Isolation or withdrawal, difficulty being around others, collapsing
- Shock – numb or shut down presentation, lack of feeling
- No talking, lack of ability to express oneself, disorientation
- Dissociation or zoning out, not present
- Immobility or feeling paralyzed

These symptoms arise naturally and can be part of the nervous system trying to regain equilibrium and discharge the activation of the survival response. Often these responses are confusing and upsetting to us and we become *anxious or fearful about* our responses, which adds to the activation. We also then often try to stop these responses and thwart their natural resolution, creating a feedback loop in our system.

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Key for Healing: *If we are supporting someone immediately following a traumatic event, we can offer enormous help by normalizing and supporting these natural responses.*

TRAUMA – LONGER TERM IMPACT

When the immediate physiological impact is not resolved and discharged out of the nervous system, there is recurring and accumulating physical activation in addition to how the individual makes sense or meaning out of their experiences. These acute symptoms can then continue and result in additional layered longer term symptoms.

There are four main clusters of symptoms in post-traumatic stress:

Intrusion and Re-Experiencing

- Intrusive imagery of the event, recurring thoughts about the event
- Nightmares, dissociative flashbacks or automatic reactions to implicit memory
- Retelling the story over and over
- Re-enactment or replaying of trauma experiences

Avoidance Symptoms

- Persistent efforts to avoid distressing thoughts, images or feelings related to the event
- Persistent efforts to avoid distressing external reminders of the event, such as particular people, places or activities

Negative Affect and Beliefs

- Inability to remember aspects of the events (dissociative amnesia, fogginess)
- Persistent and exaggerated negative beliefs or expectations of oneself or others
- Distorted self-blame or blame of others for the event
- Feeling disconnected, empty, sad, isolated, numb, detached
- Diminished interest in significant activities
- Inability to experience joy or loving feelings (positive emotions)

Hyper-Arousal and Reactive Symptoms

- Hyper-vigilance, high startle response
- Irritability, agitation, restlessness
- Sleep disturbance: Constant tiredness, fatigue
- Constant worry, paranoia, anxiety attacks
- Difficulty concentrating or focusing
- Irritable behaviour and angry outbursts
- Physical or verbal aggression

When dealing with these symptoms and effects over time, coping strategies that are employed can bring their own negative effects, resulting in a perpetuating cycle. The impact then starts to increase in breadth and depth by altering a person's view of themselves and how they relate to others and interact in the world.

Psychological and Emotional Symptoms

- Fear of going crazy or of being damaged
- Feelings of helplessness or hopelessness
- Self-blame, guilt, shame
- Self-hatred, belief of being a failure or damaged
- Addictions and compulsive coping patterns: drugs, alcohol, Internet, sex, etc.

Social and Relational Symptoms

- Hyper-sensitive to: criticism, being exposed, being seen as a failure
- Hyper-vigilance: waiting to be disappointed, hurt, attacked, blamed, abandoned
- Not trusting self or others – doubting intentions. (e.g.: "They won't like me"; "They're trying to hurt me on purpose"; " They're out to get me")
- Difficulty with boundaries – feel easily manipulated, struggle to say no, etc.
- Struggling to keep relationships
- Difficulty feeling intimacy
- People-pleasing behaviours
- Avoiding social events; general fearfulness or over-caution
- Abusive and defensive behaviours toward others
- Difficulty starting or completing projects, tasks, responsibilities
- Living a chaotic life, being attracted to chaos
- Struggling to relax or have fun
- Reckless or risky behaviours
- Mistrust of and reactive toward authority
- Struggling with sexuality and sexual behaviours

How do you see these symptoms or impacts show up within:

- Adult individuals; children?
- Family systems?
- Community?
- Us as helpers?

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What We Know about Human Needs

No two people in the world are exactly alike. Despite differences, all humans require some of the same core things in order to survive. Humans have evolved instincts both to survive in dangerous environments and to thrive when feeling relatively safe.

Physical and Developmental Needs

- People need food, water, shelter and clothing.
- People need to feel safe from physical and emotional harm.
- People need to be able to adapt to the world they live in; to learn from their environment – when there is a sense of relative safety this is possible.

Social Needs

- People need other people to develop fully physically, cognitively and emotionally.
- People are social animals – need to be able to rely on their clan; are interdependent. People need caregivers who are attuned and responsive to needs.
- People have belonging needs – to belong to a family, culture, country, community: "I am Cree-Canadian," or, "I am from the Simpson family," or "I am Jewish," etc. This allows for longer-lasting bonds to develop in order to thrive.

Emotional and Spiritual Needs

- People need to experience that they can contribute to and influence the environment they live in; to have self-efficacy.
- People need to feel they matter and are valued by those who are important to them.
- People need a sense of meaning in life; a connection with a purpose.

When any of these needs are blocked or unmet we will feel distress: from a sense of un-ease to potential threat to our survival. What can be *perceived* as a threat to humans is multifaceted.

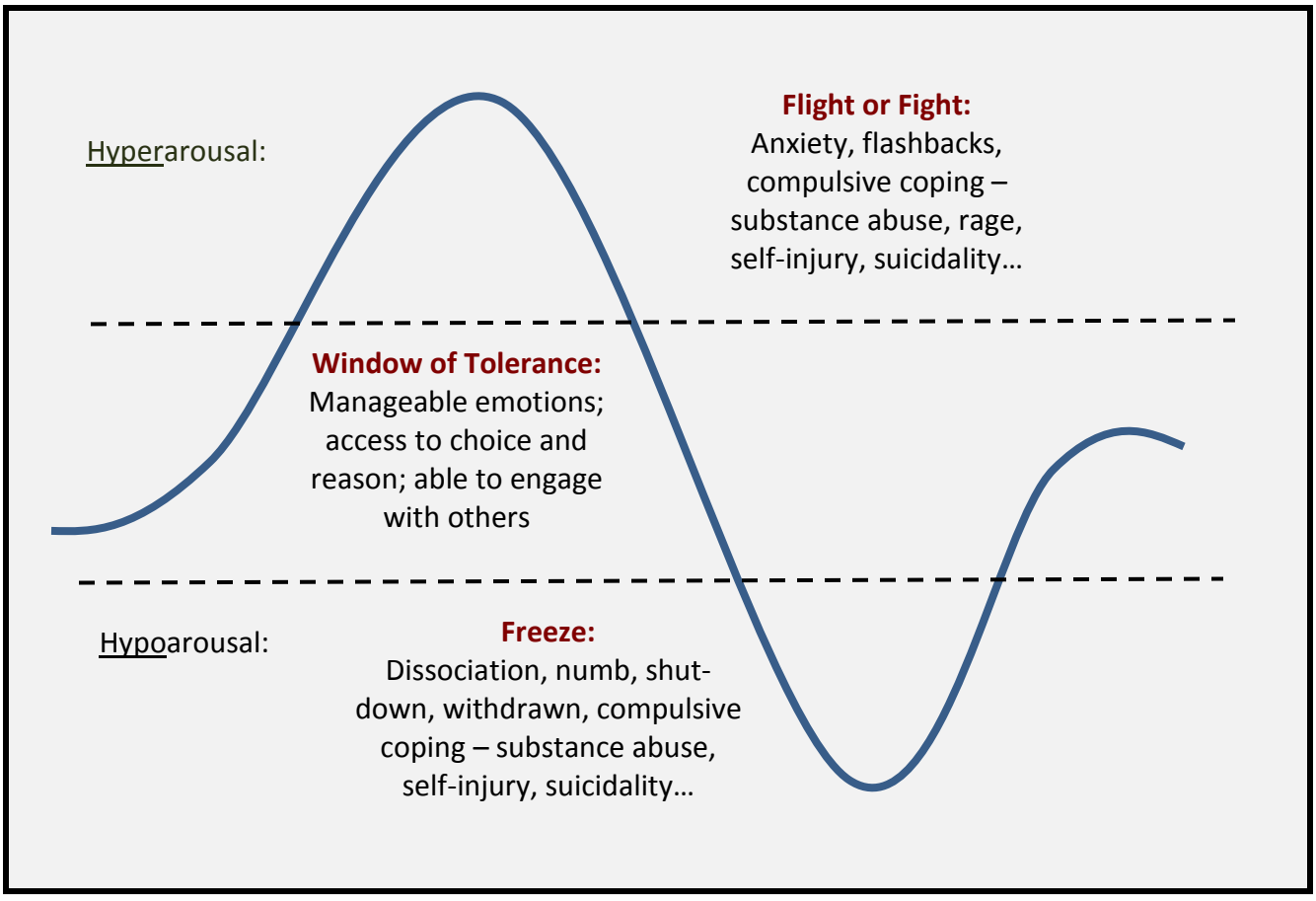
Note Re: Children and Those More Vulnerable

- Those more dependent on others to have needs met have a lower threshold for a sense of threat if the caregivers cannot attend well or consistently enough.
- Repeated neglect of needs and exposure to threat, or fear of neglect or threat, can have a negative cumulative impact that constitutes threat to the nervous system.
- Children read the responses of their caregivers to learn to assess their environment – if they are given chronically incongruent messages, this can influence their ability to trust themselves and others. For example: a child observes adults fighting and treating each other violently but is told that everything is fine and there is nothing wrong.

TRAUMA, THE BODY AND THE BRAIN

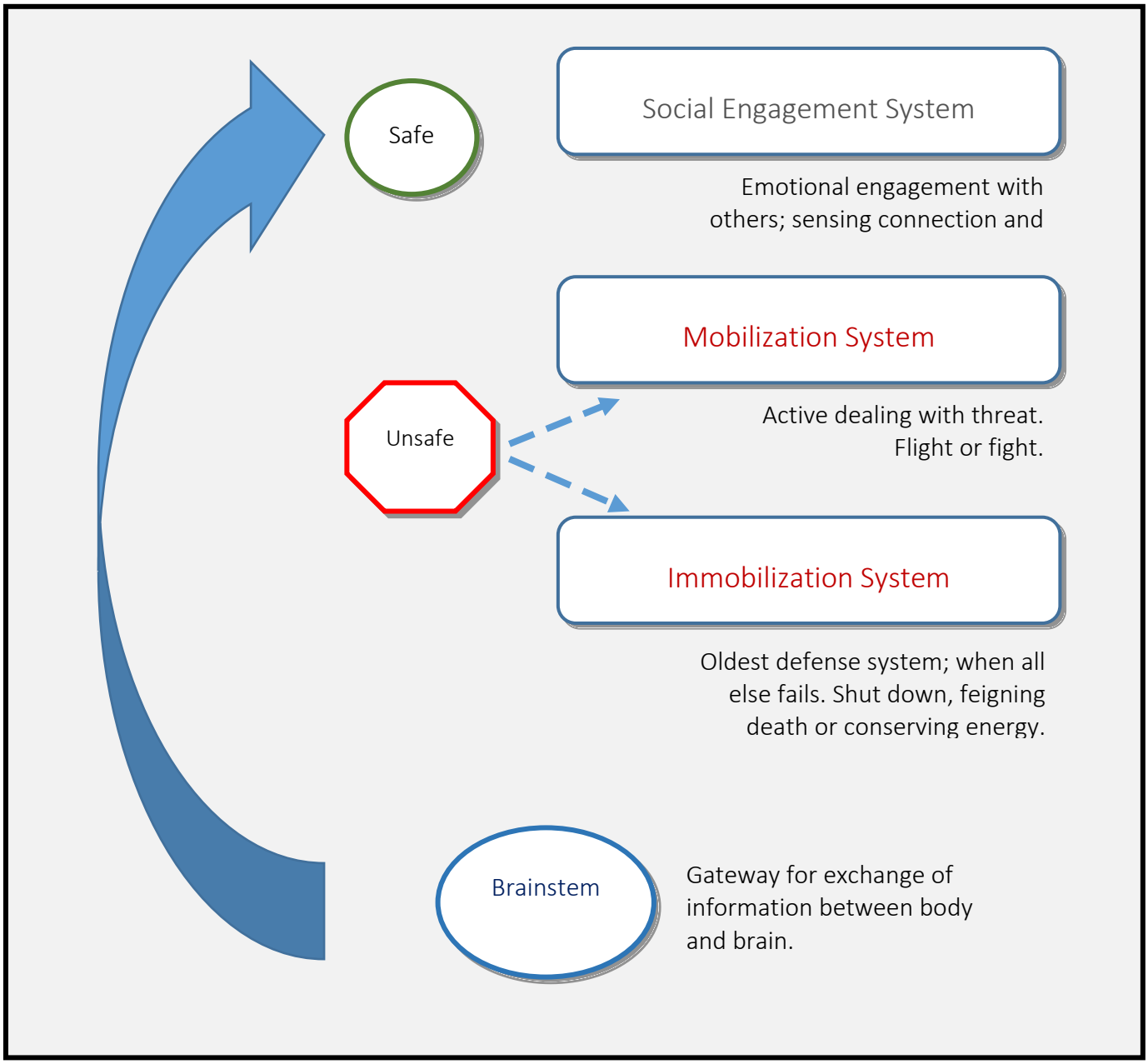
Levels of stress and arousal can vary and the nervous system will mount a response to deal with the stress. Optimally a person can stay in their *window of tolerance* and have more conscious choice. Under conditions of fear and threat, memory and automatic survival instincts take precedence, calling on older systems to mount a physiological response to best deal with perceived threat. The body state organizes the rest of the nervous system, sending a person into flight, fight or freeze in order to deal with the stressor.

When perception of threat has receded, the nervous system will work to regain regulation and return to the window of tolerance. However if the nervous system remains chronically dysregulated in hyper- or hypo-arousal, this is when symptoms of trauma will often appear.



Nature's Design for Human Survival

Three main autonomic systems are available to regulate levels of stress, providing several options for response and movement in and out of the window of tolerance. When a person has access to all three – this is the most flexible and adaptive. These are mostly out of conscious control.



Recognizing Survival Stances

Recognizing the different stages of response can aid knowing where we can focus our support to build in capacities for the individual to move out of a dysregulated trauma state.

Orienting

Our nervous system is built to constantly narrow our focus of attention to what is most important. Any novel or unexpected stimulation will trigger an orienting response to become more alert. Traumatized individuals are often hyper-sensitized to narrow their focus to possible trauma stimuli. Orienting involves both our external behaviour (eye gaze, turning the body) as well as what we pay attention to internally (images in our mind, sensations). When these two are aligned, there is an experience of presence and engagement.

For many trauma survivors there is a mis-alignment – or disconnect – between the two. On the outside a person can appear to be oriented and paying attention to something, but their internal experience and attention may be overwhelmed and focused on something internal (i.e., imagery or ruminating thoughts).

What do you notice about how traumatized individuals orient to their environment?

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Paying Attention

Although related, paying attention is a different step from orienting. For adaptive attention a person needs to be able to focus and sustain their attention on a chosen target. This is necessary for learning, planning, setting goals and to flexibly move through an interaction. Traumatized individuals typically struggle with sustaining their attention, as their highly sensitive orienting response is continually pulled to either trauma-related sensory information or trauma-shaped beliefs in their mind.

What do you notice pulls the attention of people you work with?

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Mobilization – Sympathetic Nervous System (SNS):

This is the *action* system or accelerator, designed to enable the person to try to reduce the threat, avoid and flee the threat (*flight***)** or to fend off the threat (*fight*).

- High doses of adrenaline begin to pump through body
- Heart rate increases, sweat, feel a rush
- Pupils dilate, all sensory channels open
- Extreme mental focus (slow motion)
- Feel terror, panic, fear, rage, anger

Social Engagement Defensive Response: This system may kick in as a primary line of defense when a person has attachment bonds to turn to. Often children will cry out or seek attachment figures, and adults will attempt communication (call out, talk to threatening person, reach for cell phone).

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Flight Defensive Response: Run away from the perceived threat either physically (literally run or walk away), verbally (yell) or symbolically (withdraw, shrink, turn away); run or move toward a person or place that can provide safety (link with social engagement and attachment system).

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Fight Defensive Response: Tense, brace, or attack the perceived threat either physically (literally fight), verbally (yell) or symbolically (wave fist, glare); move into well-patterned action tendencies (slam on brakes, leap over obstacle, move arms to break a fall or protect face).

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If successful or completed, these responses can actually leave a person feeling triumphant and relieved. When these actions are not successful or can't be completed in the situation, this is when a person may become traumatized. The nervous system stays in the hyper-aroused state of threat-defense and is not able to resolve these responses.

Traumatized individuals will continue to move into these full defensive actions when anticipating threat due to reminders of the original traumatic experience.

Immobilization – Para-Sympathetic Nervous System (PNS):

In situations of *inescapable threat,* the third line of defense may kick in, causing aspects of mobilization to shut down – the *freeze response.* This is the emergency brake.

Freeze Defensive Response: There can be variation of degree to the freeze response.

Alert immobility involves high sympathetic tone (increased heart rate, adrenalin) with ceasing of other movement in the body. There is an aspect of frozen watchfulness which may include submissive behaviours.

Complete immobility may be described as a feeling of paralysis or complete shut-down and numbness which often includes dissociation. People may describe feeling they leave their bodies or separate from any sense of self or emotion. All of these responses can be highly adaptive in an extremely threatening situation to aid the person to survive.

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These defensive instinctive actions are initiated by the sub-cortical regions of the brain, meaning the *thinking brain* is bypassed.

Recuperation

Once the threat has passed, one needs a period of both physical and psychological recuperation to return to the window of tolerance and avoid ongoing traumatic effect.

Physically the body will start to regain full sensation and any physical wounds or strain will be felt. This initiates an urge to rest and recover. Digestion and sleep function return.

Psychologically a person's attachment and social engagement system will kick in to seek comfort and nurture. If these are not positive qualities in a person's life, the urge will still be there, yet they may not be acted on or fulfilled.

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THE ROLE OF MEMORY IN TRAUMA AND HEALING

What is the purpose of memory?

Every experience causes neurons to fire together in our brain that then become linked and are more likely to fire together in the future, forming a memory. These become maps to guide responses to future situations. Memories enable us to navigate life by recognizing previous experiences and helping us anticipate what to expect and organize our responses accordingly.

Two key kinds of memory storage are particularly relevant:

Implicit Memory: These are the non-conscious and nonverbal parts of a memory, the sensory and emotional aspects of the experience as well as the step-by-step procedures in an intricate action (example: holding a coffee cup, driving a car or tying shoelaces).

- Nonverbal, non-conscious
- Emotional, sensory
- Procedural

Explicit Memory: The verbal narrative or *story* that goes along with an experience that includes various aspects of the event, including context and the conscious ordering of events.

- Conscious
- Verbal or can be expressed
- Episodic

To illustrate how these work together, consider holding a coffee cup. Your body knows what to do – you don't have to concentrate to remember how to shape your fingers. This is *implicit memory*.

If you were asked when was the last time you held a coffee cup – you would recall a specific event and time knowing this came from your past (unless you are holding one right now!). This is *explicit memory*, which allows you to tell the story of your last cup of coffee.

In a state of heightened fight, flight or freeze, extremely high levels of stress hormones such as cortisol in the nervous system can inhibit the hippocampus from functioning and therefore block *explicit* memories from being formed. At the very same time, another stress hormone – adrenaline – can heighten the encoding of *implicit* memories. A person's ability to consciously recall an event (episodic) may be impaired; however, there may be implicit (emotional and procedural) memories that activate a response when the memory is triggered.

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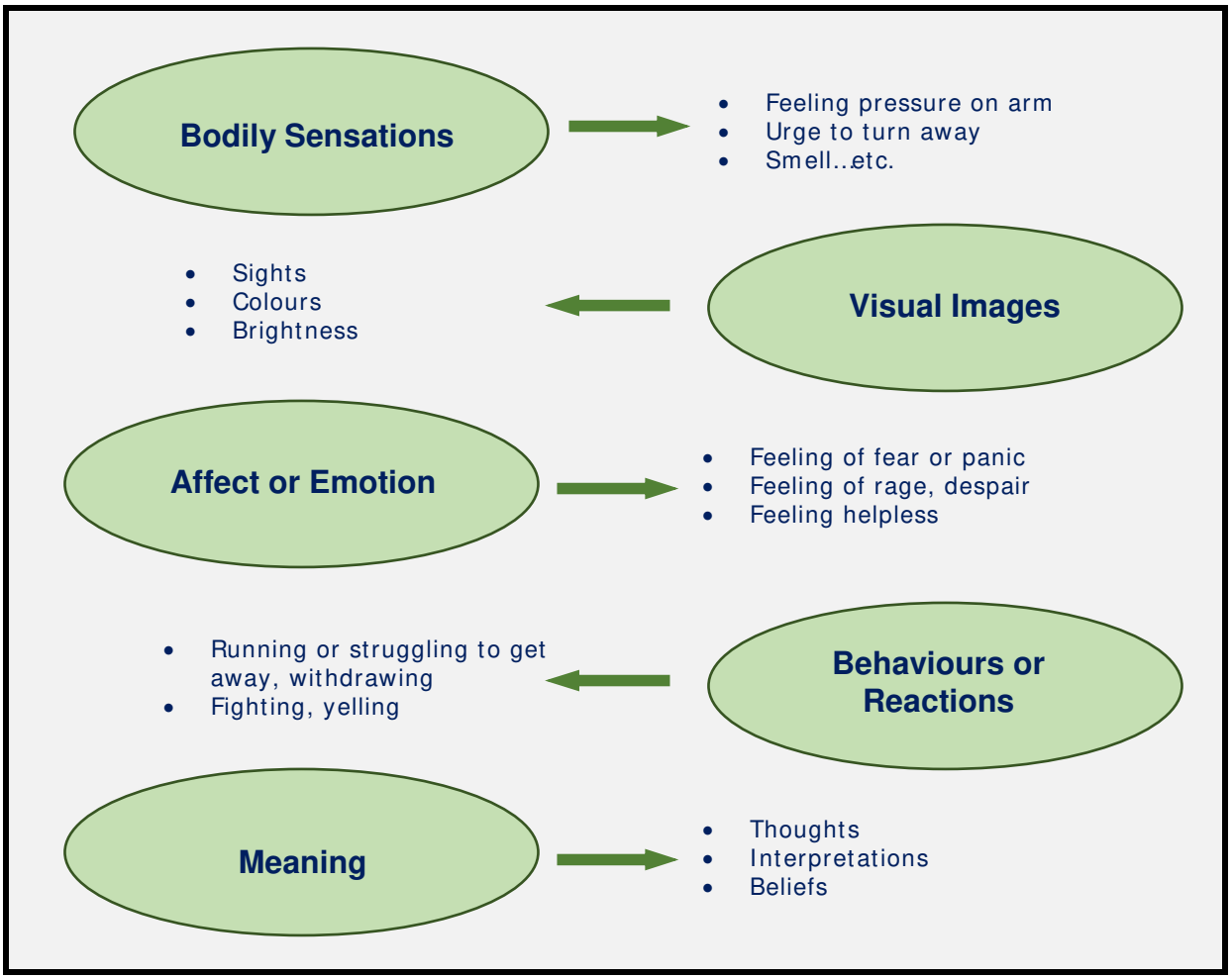
Trauma and Memory

Due to the dysregulated state of the defensive actions it is typical that memories related to traumatic experiences are *not integrated*. In other words, some aspects of the memory can be encoded, associated together and available to conscious awareness while other parts of the memory are left out or *dissociated* out of conscious awareness. Recall may be out of order or meaning is over- or under-emphasized. Awareness of the experience has a dissociated nature rather than being an integrated whole story.



EXPECTED AND NORMAL IMPACT OF TRAUMA

Although trauma is carried within the nervous system of an individual, the source of the injury comes from *outside* a person – something happens *to* them and it is adaptive for their nervous system to respond. Therefore it is expected to see some dysregulation and defensive reactions. Because of the dis-organizing nature of trauma, it is also normal to see people going into a time of transformation and change in many areas.

Common or Expected Impacts from the Refugee and Migration Experience

Suffering

- Fear, stress, confusion, anxiety
- Disorientation, sense of loss, lack of trust
- Isolation, disconnection from self and others
- Lack of *solid ground* – loss of familiar surroundings, cultural references, routines

Resilience

- Anticipation, hope for change
- Euphoria with new opportunity
- Pulling together with others; giving and receiving survival support
- Expanded ability to learn and adapt to new environment, roles, skills

Other signs of resilience you see in people?

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Strengths and Post Traumatic Growth

A part of surviving a traumatic experience is the enhancing of strengths and potential that come to the fore when a person is under challenge. Trauma may also bring about unexpected positive changes for a person, family or community. With any challenge there is potential for growth.

Trauma reactions are normal reactions to abnormal events.

SUPPORTING RECOVERY AFTER TRAUMA

As helpers we hope first of all to reduce or buffer the suffering and not add additional stress. Secondly we hope to be instrumental for creating the best conditions for individuals and families to recover, heal and flourish in the next phase of their lives.

In order to prevent or mitigate ongoing struggle and impact, helpers can focus on the two main aspects of traumatic impact:

- **Repetitive patterns of defensive actions,** including orienting, mobilization and immobilization that get relived over and over by the individual. The person's nervous system is constantly propelled into a state of survival, which is fundamentally disorganizing. These patterns can become more deeply engrained over time.

  How do we do this? Supporting and providing tools to help people move out of fight, flight or freeze reactions when they arise, and into more regulated states.

- **The meaning** a person attributes to the experience. The memories and associations a person forms will set the stage to organize how they respond to new situations. The beliefs a person develops about themselves, others and the world in general become the dominant story that colours how that person moves through life.

  How do we do this? Forming positive regulated social connections and allowing space and time for people to begin to express or make meaning of their experience.

ROLE OF THE HELPER

Discussion: What qualities and values does it take for helpers in various roles to work well with refugee individuals and families?

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Working with trauma survivors can be demanding on any helper. Helpers can have great influence toward healing, yet can also potentially contribute to the negative impact of trauma. Here are some key pointers to keep in mind no matter what your role:

- **Groundedness of Helper**
  Our ability to stay centered and regulated is crucial and one of the most helpful things we can do.
- **Be a Balance of Flexible and Firm**
  As a helper we need to be able to tolerate a lot of emotion, changes in mood and energy, hear difficult information and yet also provide guidance to set the pace, slow down the process and know when to apply the brakes.
- **Clarity and Consistency of Boundaries**
  Being flexible and firm also means having open enough boundaries to connect with the client so they feel understood by the helper, yet also having a clear separation of our own feelings and experiences from theirs.
- **Collaborative Guidance**
  We need to provide structure, information and guidance in this process, yet we are not the expert on the client's life or on how they should heal. Their empowerment to regain the reins of their own life is paramount. Our job is to be the curious trail guide with the flashlight. In other words keep one eye on *being where the client is* and the other eye on *where the process is going*.
- **People Heal in Many Ways**
  We must not impose our notion of what is best for someone else, or how fast a person should move. Related to this:
  - We must not "invade" their healing process or past experiences by *voyeuristic exploration* of traumatic events and details.
  - We must not tell someone "You can trust me, it is safe here" – they will feel safe and trusting when they feel safe and trusting.
  - Be sensitive to cultural and individual nuances to understanding of forgiveness.

We may be part of only a short few steps on a person's journey.

MOVING INTO REGULATED STATES

The foundation of recovery for any traumatized person is the ability to move out of the procedural defense reactions (fight, flight or freeze) when they arise so the person can begin to have a sense that the *threat is over.* Moving into the present and not continually re-living the past allows a person to begin to move out of surviving and into reconnecting with living again.

For refugee and newcomer individuals and families arriving in a new place, the initial core needs of physical safety and stabilization are paramount to enable them to move out of a state of pure survival.

- Safe and predictable access to adequate food, water, shelter and clothing.
- Support to develop skills needed to survive in new environment.
    - Transportation
    - Language
    - Laws and rights
    - Education
    - Medical assistance
    - Others?

- To feel a sense of relative safety, and to be able to take in new information and learning, any human being needs to be able to allow themselves to connect and take in the support of others around them. Helpers can best facilitate this by:
    - Maintaining a sense of calm, grounded openness.
    - Being honest and accurate with information.
    - Respecting each person's unique experience and way of being.
    - Bringing a trauma-informed compassionate lens to understand how a person is feeling or behaving.

How does your role fit with these initial needs of newcomers? What other resources would be beneficial for you to collaborate with or know more about?

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Tools for Emotion Regulation

Emotion regulation involves first becoming aware of when one is dysregulated and in hyper- or hypo-aroused states (fight, flight, freeze), then having skills or tools to move back into one's window of tolerance. Many people may have ways they naturally do this or old coping skills they can draw upon, but which are difficult to access when overwhelmed or in a new environment.

Helpers can help people build a *toolbox* for settling their nervous system by:

- Exploring, listening for and validating natural ways people settle and regulate themselves and others in their care. Examples may be:
    - Humour, playfulness
    - Creativity, poetry, music, drawing, colouring
    - Movement with sports, dance, games
    - Rhythmic connection through music, playing instruments, vocal sounds, singing

What are ways you have noticed people naturally soothe and regulate themselves, their children or others?

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- Guiding or providing opportunity to have supported practice of regulation skills. With trauma in their nervous system, it is difficult to do these initially on one's own, as a person needs another person's nervous system to support the shift into regulation. This is activating the social engagement system.
    - Breathing exercises.
    - Exercises using movement and attention to the body.
    - Rhythmic movement.
    - Sensory soothing.
    - Visualization and use of imagination.

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See pages 48-56 for descriptions of each of these tools.

Reflection Questions

In your role, how would you see yourself supporting individuals or families to be able to move into more regulated states? How could you be involved?

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Which regulation exercises would you see yourself using?

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Which exercises would you like to develop more comfort with?

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What steps can you take to expand your confidence in supporting individuals and families in this way?

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POST–TRAUMA STRESS AND RECOVERY

What does *recovery* from trauma mean? What does it look or sound like?

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What aspects within the culture/community may better promote healing? May get in the way?

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Who are the natural helpers and healers within the community?

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How are professionals viewed by the community?

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Overview of Treating Trauma over Time

All interventions should consider and attempt to reconnect individuals to the basic human needs and work toward regaining equilibrium and balance. There are many different roles people can have and different ways to support this process.

Primary Principles of Treatment

1. Stabilization and Safety

- Paying attention to the way we form a relationship or connection to the person. If there is relational trauma, this takes on extra importance.
- Regulating acute physiological stress reactions.
- Creating increased safety and stability in current relationships and life.

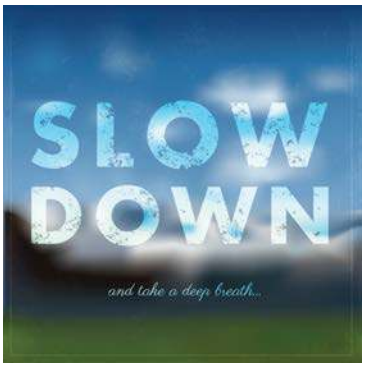
2. Separating Past from Present And Future

- Expanding ability to distinguish and tolerate emotions and sensations.
- Expanding flexibility and adaptability to change; confidence in coping.
- Bringing in a sense of hopefulness and choice.
- Mourning losses and acknowledging impact of experiences.

3. Rebuilding Balance and Reconnection

- Facilitating empowerment of self respect and self-righting capacities.
- Supporting the integration of the experiences into bigger whole of life story; making meaning of trauma.
- Learning to rebuild or form more secure and healthy social connections.

Additional Principles



- Best practice is to only move on to Step 2 when sufficient and significant work has been done on Step 1: namely regulation and increased safety and stability in the person's current life.
- Slower is faster. Tailoring the pace to each individual and to their tolerance level is crucial so they do not experience retraumatization or an experience of getting stuck. Often this gets mislabelled *resistance.*

Stage One: Stabilization and Safety – Focus on Now

Addressing Acute Trauma Symptoms

In the immediate aftermath of a traumatic experience, assisting and supporting regulation and re-establishing balance is most helpful. In this period it is expected and completely normal that you would see many of the signs of impact listed earlier in this manual. Examples: high emotional volatility, anxiety, disorientation, shut-down.

Key points for a helper working within the acute phase:

- Stay grounded, rested and calm. Using the tools and strategies to intentionally keep yourself settled and in your own window of tolerance is crucial to be able to support another's nervous system to settle and move out of *threat detection and survival.*

- Validate and educate people briefly about trauma and what they have been through. Normalize the defence reactions people may be experiencing.

- Guide people slowly, persistently and with respect. Practice the regulation strategies with them to enable your nervous system to support theirs. *See pages 48-56.*

- Be clear about your role. Give accurate information and assist people to find the appropriate resources.

- Collaborate with other service providers. Get to know the other community resources that can be helpful for mental, physical, social and spiritual support.

- When working with newcomer and refugee individuals and families, be aware there may be less distinction between physical, mental and spiritual health in many cultures. Integrating support across these realms is key – in these situations people may be more likely to present with physical and bodily distress or pain that is very connected to psychological and emotional distress.

Working with Post-Trauma Stress

Key points for a helper supporting people over time:

- Create the best conditions you can to form a respectful, compassionate therapeutic relationship. Remember that this may take time and it may not be possible for a traumatized person to *feel safe* with anyone. This is especially true for people who have had experiences of relational trauma, experiences of torture, or layers of collective or sustained community trauma.

- If working with an interpreter, remember that they also need an understanding of trauma and support to form respectful and regulated relationships.

- Create structure, predictability and routine. Allowing people to experience that you say what you will do and do what you say is paramount. Simple routines can also assist with a sense of stability.
    - Have routines every meeting: begin and end with grounding exercise.
    - Incorporate choice and the option of culturally meaningful rituals, such as tea, prayer, smudging, rhythms of conversation, etc.

- Focus on rest, eating properly, coping, self-care, etc.
    - Attention to basic needs is crucial to support the nervous system to settle.

- Educate about and normalize trauma and its impact.

- Assist with prioritizing immediate needs.
    - Achieving relative safety often means tackling other life crises and stressors. Developing a more stable and serene daily life supports this work tremendously.

- Provide stabilization tools (e.g., grounding, breathing, boundaries) that bring conscious awareness to the present moment. *See pages 48-56 for examples.*
    - It is very important to practice these often in sessions to deepen impact. In this stage the pull of the automatic defense reactions is very strong. Intentionally shifting out of or preventing these patterns takes a lot of repetition.

- Develop greater awareness of and language for sensation.
    - The direct route for settling autonomic arousal is through awareness of present physical sensations and shifting to a more settled state. Learning to *notice* and describe physical sensation is a key skill.

Key for Helping: *As helpers we need to cultivate our own body awareness, connection and curiosity. Drink water, move your body, stretch often and pay attention!*

Strategy Example: Containment of the Trauma Story in Stage One

It is common for traumatized individuals to exhibit extremes in expression around their experiences. In other words, a person may be either very shut down, reticent, frozen or guarded about their experiences; or be overflowing, talking or emoting a lot; or giving too many details too fast. This may or may not be verbal. Expression of an experience can also happen through behaviour (patterns of movement, reactions to others, ways of treating oneself).

If a person is meeting with a helper related to threatening experiences, implicit memories will be activated, generating the repetitive patterns of defensive reactions. This may be conscious or unconscious to the person.

It can be very relieving at a nervous system level to experience a sense of *supported containment.* A boundary is being put around the experience and the reminders can be put away with more choice, which helps them feel more manageable.

Examples of ways a helper can support helpful containment of the story or experience:

- Pacing of conversation – asking permission upfront to gently interrupt or coach the person to put a conversation on *pause* if helper notices signs of flight, fight or freeze.
- Deciding together on a limited amount of time to explore an experience, then shifting to a grounding, soothing or uplifting activity. This may be in an individual meeting – or paced group conversations that have structure to move through different activities.
- With painting, drawing or writing – drawing a boundary around the edge of the page before drawing, colouring, writing, etc. This visual boundary can aid the feeling of containment.
- With imagination – invite the person to imagine whatever kind and size of container they feel they would need to contain what they are thinking, feeling or remembering. This can be boundless as imagination is – example: a strong metal box, a rocket ship, a locked filing cabinet, a ship out at sea, etc. The important thing is the person chooses it freely without over-analyzing it, there is a way for then to imagine opening and securely locking it that they control, and they know they can always adjust the container as needed.

Whichever method of helpful containment of the traumatic story or memory fits for a person can then be reached for collaboratively by helper and client to allow the person to practice having more choice and control to manage the quality and intensity of what they are feeling and focusing on.

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WORKING WITH BOUNDARIES

An integral part of our development is the formation of boundaries. Through feedback we learn the expanse and limits of our *safe zone.* This includes physical, emotional, intellectual and interpersonal space between ourselves and everything outside of us. As we grow, ideally this safe zone widens and we explore, test and learn the limits as well as our own process to set and challenge boundaries in the world around us.

At any point in life, when we experience an overwhelming event that slams into, or *violates*, our boundaries, we then shrink or pull in. Unless supported to re-establish the safe boundary, we will subsequently experience a chaos and uncertainty about where any safe boundary is.

Examples of over-rigid boundaries:

- Never letting anyone close; difficulty being in close proximity to anyone.
- Anxiety about leaving safe space – caregiver, home, familiar routines.
- Avoiding anything new or different.
- Avoiding anything or anyone related to how we have been hurt: i.e., all men are dangerous, never getting in a car, never applying for a job for fear of rejection.

Examples of chaotic boundaries:

- Telling very personal information to strangers.
- Risky behaviour – disregarding any safety precautions.
- Taking over others' responsibilities or feeling responsible for everything.
- Difficulty making any decision.

What evidence of over-rigid or over-chaotic boundaries have you experienced, either in your own life, or with someone else?

Areas to Pay Attention to Around Boundaries with Clients

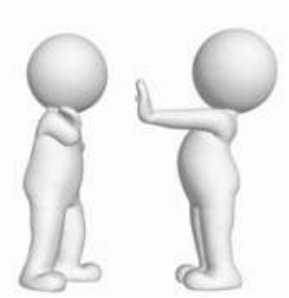
- How do they manage the space around them?
    - How do they stand, sit?
    - Do they make any eye contact or attempts at connection?
- How do they interact with you?
    - Do they arrive and leave on time?
    - Do they return or leave messages?
    - How do they handle when you say "No" or aren't available?
- How do they handle boundaries in their interpersonal relationships?

Ways to Work on Building More Integrated and Clear Boundaries

1. Pay attention to what happens between you and the client.
   - Negotiating what happens in sessions – balance *guidance* with *collaboration*.
   - Practice giving the client choice and provide opportunities for them to ask for what they need (*e.g.: choosing what kind of tea, deciding on next session date, etc.)*
   - Discuss the focus of your work together and together pay attention to how they agree or disagree (verbal and nonverbal) and decide their level of participation.
   - Overtly discuss "rights and responsibilities" of helper and client – pay attention that you are not doing more work than client.

2. Develop client awareness of physical boundaries.
   - Stand and feel feet on the ground. Straighten spine. Feel muscles in arms and legs. Run water over hands and notice where the water makes contact with skin.
   - Explore the distance between chairs – practice moving slightly closer or slightly further – which feels better?
   - Pay attention to posture – is client collapsed? Rigid? What happens if they shift their posture?

3. Practicing saying clear "No" or clear "Yes" (body and verbal).
   - Use hands to show a clear "No".
   - Does the rest of body match this message?
   - Does the internal feeling match this message?



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The Link Between Shame and Boundaries

Shame is perhaps one of our first boundary-forming experiences. We first experience it as infants and toddlers – when our caregivers show us a disapproving facial expression in relation to our behaviour. Optimally this is soon remedied with a smiling or approving and soothing expression, restoring balance and clarifying the safe boundary in the infant-caregiver relationship. This is a necessary lesson for learning to *feel* a boundary and a limit, teaching us how we affect the world around us, and how to maintain safe connection. Any traumatic experience shatters boundaries (physical, emotional, intellectual, spiritual) without resolution, often leaving a reservoir of shame. Part of healing is tolerating and moving through shame to restore clear felt boundaries.

Stage Two: Separating Past from Present and Future

Ongoing Work with Chronic Trauma Symptoms

Although the stages are presented in a linear fashion, it is important to know that healing and recovery is more like a spiral – moving at different rates and sometimes circling back to an earlier phase. The work of Stage One continues to be relevant throughout the other stages.

Actually *processing or working through* a trauma experience involves being able to acknowledge and understand what has occurred in mind, body and spirit. This concretely requires being able to look at what happened while staying rooted and grounded in the present, aware of having survived that experience. At a neuro-physiological level, the expanded capacity to stay connected to the present and not be pulled into past patterns of defense reactions is what allows memory, emotion and beliefs to let the past experiences *feel* in the past. A person can stay connected to the present even while remembering or knowing they have been through something horrible in the past. Sometimes this is referred to as metabolizing the traumatic experience.

Signs a Person Is Ready for Stage Two Work

- Client is aware of signs they are experiencing a trauma reaction, recognizing their experience of flight, fight or freeze responses that are connected to the past.
- Client and helper can collaboratively draw on resources, tool and strategies for regulation to interrupt these states when they arise and the client is building capacity to move out of these states with more ease and flexibility.
- Client is able to use regulation tools when on their own and is gaining more confidence to be able to manage their emotions and memories.
- Client has a positive support system that may include family, friends, mental and physical health care providers, and other peer supports that they will reach out to when appropriate.
- There is increasing safety and stability in the day-to-day activities of the client's present life. If a person is dealing with new crises or current high stress, it is typically not a good time to intentionally open up awareness and discussion of past trauma.

Key General Points for a Helper in Stage Two

- Remember regulation and stabilization is an ongoing focus.
- A helper's role needs to include guiding the pacing of the work. Spending time in Stage One work is helpful to allow a helper to get to know the person's patterns and signals of going outside their window of tolerance. Rhythms of containment are established.
- Be conscious of when to slow down the process (if the client is getting dysregulated) and when to take steps forward. It also doesn't help if we avoid addressing the trauma.
- A helper's job sometimes may be to hold onto the hope and the focus on future – trusting the process will lead to a better place.

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Challenges for Stage Two Work with Refugee and War-Affected Individuals and Families

It is not uncommon for any trauma survivor to experience more symptoms and resurgence of trauma memories after some safety and stabilization has been established. When there is more health in the system, the experiences can start to become integrated, which means dissociated parts of memories, emotions and reactions may start to re-associate and become conscious to the person. For many refugees, emotional reactivity may increase after a period of settling into their new place of residence. This can be confusing to themselves, to others around them and to helpers supporting them. Some experiences that can occur:

- Disillusionment about new place of residence, doubting of choice to leave home.
- Delayed and complex grief over layers of losses.
- Anger or despair over losses or injuries during migration and arrival process.
- Multiple minority stress experiences including racism, sexism, misunderstanding about culture, faith practices, discrimination and oppression because of differences.

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Stage Two Work – Working with the Automatic Survival Reactions

Building on Stage One work, Stage Two work is about intentionally touching the trauma state (flight, fight, freeze) and then interrupting these implicit, procedural memory patterns by connecting the person to a resourced, regulated grounded state. When the person is able to move more flexibly from a hyper- or hypo-aroused state into regulation while connected to the story of their experience, this allows the sympathetic arousal with its chemical and emotional charge to move out of the person's body and detach from the memory. This means it is possible to change the way the brain and nervous system are organized around the trauma memory.

Note that Stage Two work requires a helper to have training to be able to guide the pacing and intensity of this process in a safe and supported way.

Key Capacities to Strengthen

- Ongoing ability to connect with internal and external resource states – self-soothing, nurture, openness, flexibility, compassion and engagement with joy.
- Ability to identify and express the implicit sensations, beliefs, emotions and action tendencies related to memories of the experience. This may be verbal through sharing of stories, expression of pure sensation, or emotions without the details of the stories; or this may be nonverbal through art, drawing, collage, poetry, music, drama, etc.
- Ability to tolerate different intensities of emotions and sensations without bracing, guarding and resisting, which tend to intensify the emotion.
- Monitoring less healthy coping strategies and reducing those that may cause harm to self or others, and increasing repertoire of more positive options.
    - Addictions work, self-injury, suicidality, risky behaviours, abusive or unhealthy relationship patterns.
    - It is important to honour and respect all coping strategies, recognizing they have helped a person survive. The way people cope always makes sense in light of the impact of trauma. Until they have another coping mechanism established, their old coping mechanism should (or will) likely stay in place.
- Somatic work, completing thwarted or incomplete defense responses of flight or fight, allowing the nervous system to complete its self-righting cycle back to balance.

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Stage Two Work – Working with the Story and Meaning

People do better when they are able to find a coherent life-affirming narrative of their experience that moves the traumatic experiences out of the centre of their sense of self. In other words, when a person can make meaning and sense of what they have been through, and shift the central meaning from helplessness, horror and threat to a meaning of more hopefulness, choice and empowerment, this allows the trauma to move into a past memory and possibilities for a different future emerge. Again, this can be achieved through either verbal or nonverbal ways of expression, with others or with oneself, shared or kept private.

Key Capacities to Strengthen

- Allowing in compassion and support as an antidote to the isolation, boundary rupture and shame that come with many traumatic experiences. This may be through the experience of helper or others as witness to the story; collaborative exploration and meaning-making; or through spiritual practices such as prayers, ceremonies, and connections with others.
- Making room for mourning the layers of losses inherent in a traumatic experience. Acknowledgement of the impact and reality allows a person to move forward.
- Awareness of strengths and resilience. Helpers can highlight and validate strengths and signs of resilience when they emerge. This expands the capacity of the person to take in this support, as long as it is not too overwhelming or too intense. Pacing is important.
- A person does not have to remember or recount all of their trauma experience to heal. If people can heal while in connection with their community, family, circle of friends or faith, this is ideal. If people have lost these relationships, establishing new positive social engagement is an important part of this stage of work.

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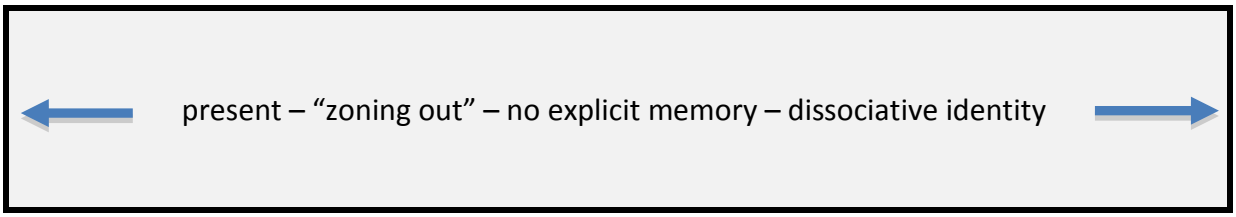
Questions to Explore the Story and Meaning of Survival

- *What have you been drawing upon to get you through? What has helped you survive to today?*
- *When did you know the threat was over? Note this may need to be focussed on one of many experiences of threat.*
- *How did you know you were safe? Explore who, what, where, when and why. Note that some people will still not feel safe. Help them take in the relative safety of the present moment.*
- *What reminds you of safety? Use the words and vocabulary of the person.*
- *How do you carry these reminders with you?*

DISSOCIATION

Dissociation is a central issue in trauma and part of the *freeze* response. We all have an innate ability to dissociate and the degree can vary along a continuum.



Dissociation Is

- A part of our survival instinct – when we cannot fight or escape any other way.
- A reaction to “inescapable shock” and part of going into immobility or freeze.
- A mechanism that allows us to temporarily escape distressing experiences, emotions, sensations and thoughts.

Dissociation Becomes Problematic When

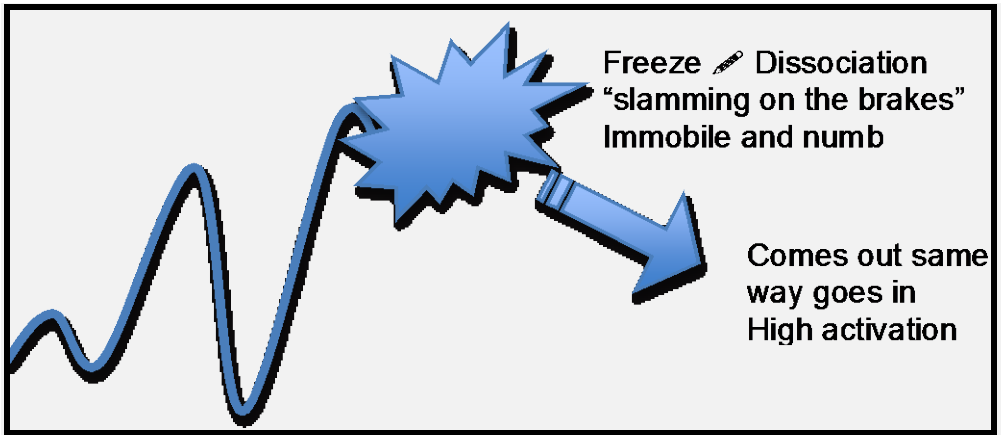
- The intensity of the feedback loop makes the person more sensitive and quicker to dissociate with milder stimulation.
- The parts of implicit memory that are encoded can show up when triggered by similar environmental cues, which is usually very disorienting.
- Without addressing it, dissociation can become part of longer term symptoms.

Dissociation in the Longer Term Shows Up As

- **Constriction***:* Our awareness of events is blunted, as well as our emotions. This affects everything happening at the moment, so a person will have a hard time focusing or concentrating, will see and hear less clearly, and be easily distracted.
- **Withdrawal**: A person will withdraw more, perhaps becoming socially isolated, and put a lot of energy into avoiding reminders of the trauma, which may be outside of explicit memory, so they may not know why they are avoiding something.
- **Detachment**: The detached parts of implicit memory can make time seem distorted and continue to make memory not work well. There is a loss of boundary awareness, so people can be more clumsy and be injured easily.
- **Rigidity:** Sometimes in order to cope with this people will gravitate to the other extreme of being super-organized and seem over-controlling of oneself or others. They also may exhibit obsessive and compulsive behaviours and thoughts. Decision making and problem solving is more difficult so people can struggle with change or new situations.

Coming Out of Dissociation

Since the freeze response is so often part of a person's experience of trauma, understanding and working with dissociation is a key part of working through trauma.



Since dissociation is a protective mechanism it can be a crucial and life-saving strategy and part of the survival response. It is not harmful in and of itself. However, there is a high amount of activation in the nervous system in a dissociated state, which needs to be released or discharged to regain equilibrium. This often doesn't occur, which leaves a state of *helplessness and immobility* in the nervous system and makes it more likely the person will go back into dissociation in any situation of threat.

Supporting Someone When They Are Dissociating

- First of all, recognize what it is and ensure you are grounded and present.
- Normalize and validate the state – do more education when not dissociated.
- Speak slowly and calmly – avoid adding more activation and stress.
- Work at helping the person regain a sense of boundary and containment:
    - Physically – noticing and sensing where walls are.
    - Visually – drawing a container, drawing lines around a picture, using yarn to mark a boundary, imagining positive protection.
    - Tactile – feeling one's skin, feeling the edge of a chair, feet on floor.
- Normalize coming into high activation when coming out of dissociation and support its contained release: e.g., sweating, breathing, tears, physical energy.
- Support slow, small steps – remember that a person who dissociates will go back into dissociation with little activation. Be cautious with exposure to trauma material.
- Acknowledge and normalize any feelings of fear, shame, rage, etc. This helps enlarge the ability to manage these emotions and let them move through.

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Stage Three: Rebuilding Balance and Connection

Fitting Trauma into Bigger Whole of One's Life

As a person is able to separate the experience of the trauma from the whole of their life and to feel their past distinct from their present, then it becomes possible to imagine and focus on a future that isn't *organized* by the trauma. New connections with self and others can form.

Steps in Stage Three

1. Learning to rebuild or form more secure and healthy social connections.
    - People will often notice changes in their relationships and in how they want to relate to people during this stage. This can involve ending some relationships and being able to form new ones.
    - If an individual has been surviving the impact of developmental trauma through most of their life, they may need to learn what healthy relationships are and what social skills they may need to develop. Trust may continue to be challenging for some – a key distinction is that people know and accept themselves so are able to make good positive choices for themselves rather than feel they have no choice or are not deserving.

2. Empowerment of self-respect and self-righting capacities.
    - A key relationship that is renegotiated at this stage is one's *relationship with oneself*. This may include increased personal care, respect and goals for the future.

3. Supporting the integration of the experiences into bigger whole of life story.
    - Often at this stage a person is able to think about their whole life story as a bigger picture that includes surviving the traumatic experiences and how they have also moved beyond surviving. Many people experience a sense of having been transformed and changed by their experiences and healing journey into what feels like a better version of themselves. Sometimes this involves forgiveness for self and others, gratitude, expanded sense of meaning, purpose and spirituality.
        - *What examples of changes in self-identity, self-care or perspective do you see as signs that someone is moving forward?*

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Points for Supporting a Child Who Has Been Through a Trauma

Long term effects of trauma can be prevented. If we can support the natural resolution to the immediate impacts of an experience, children can rebound and innately heal.

- Go slow and focus on attuning to the child – while keeping yourself grounded.
- Bring the child's attention to their immediate environment – help them notice what they are experiencing through their physical senses and internal sensations. The point of this is to allow these to shift and settle. Go slowly and follow their pace.
- Provide guidance for ensuring physical safety, and facilitate rest – even if they say they are fine. Keep the environment quiet and peaceful.
- After there has been some settling – perhaps at a later time – ask some questions. Give the child an opportunity to express their emotions and how they are making sense of what happened.

Longer Term Support for Working It Through

Providing a relaxed and flexible environment with clear and predictable guidelines and boundaries is key to allow a child or teen to be open to themselves and to you.

1. Don't be afraid to talk about the traumatic event. Yet allow the child room to guide the pacing of this – they will bring it up when they feel safe enough to do so.
2. Be a real person – talk honestly with them, giving age-appropriate information, and be genuinely curious about their lives.
3. Provide a consistent, predictable pattern for the day or session.
4. Be nurturing and comforting with clear healthy boundaries. Recognize that the child or teen may have differing tolerance levels for closeness and respect this.
5. Discuss your expectations for behaviour and your style of discipline with the child. Model saying "No" with appropriate rationale and maintaining connection.
6. Watch closely for signs of *re-enactment* (in play, drawings, etc.), *avoidance* (daydreaming, withdrawing) and *physiological hyper-activity* (anxiety, sleep problems, impulsive behaviours).
7. Protect the child – cut short or stop activities that are upsetting or re-traumatizing.
8. Give the child choices and some sense of control (be realistic and age-appropriate).
9. Ask for help if you have questions and need more support.

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SIGNS OF HEALTH

Given adequate support, nutrition and resources, every person naturally moves toward growth, learning and connection. The aftermath of unresolved trauma is about disorientation, dysregulation and disconnection. Healing is a process of moving toward being free of this legacy, of restoring these self-righting capacities. Sometimes it can be hard to tell if things are getting better or if we are going in the right direction, since change is rarely in one direction.

Some signs that health is emerging along the way:

Integration

Attaching awareness and language with sensation and immediate experience allows one to feel, and to distinguish what has happened before from what is happening now. This is a sign the nervous system is being released from the recurring loop of trauma. Being able to separate the past from today and from what we anticipate in our future allows hope and curiosity to re-emerge. This is a sign of the lower brain and the higher brain working together, being able to think and feel at the same time.

Flexibility

A hallmark feature of trauma is the extremes of rigidity and/or chaos. Finding more balance – in emotions, in thought, in energy – signifies an ability to experience life fully, yet slow down or speed up to engage at a comfortable pace. With greater ability to find our balance points, it is possible to risk trying new things, meet new people, ask for what we need and accept what we do get and what we don't. There comes a greater ability to take in new information and enjoy new experiences, both the successes and the mistakes.

Reconnection

One of the impacts of trauma that carries the most gravity and pervasive consequences is how a person's ability to connect and experience closeness or intimacy with others is reduced or shattered. One of the natural ways people heal is in circles, in ceremonies that are rooted in a meaningful cultural or belief framework. Whether through formal or informal connections, the ability to share space and time and be open with other people becomes more possible and enjoyable as health re-emerges. It is both a key vehicle for the process and a sign of progress.

VICARIOUS TRAUMA AND SECONDARY TRAUMA

Caregivers who are exposed to repeated stories of trauma are vulnerable to long term stress reactions themselves. The act of *taking in*, whether through listening, empathic attunement, witnessing or repeated exposure to traumatic reactions, can cause a helper's nervous system to move into the same charged defense responses. This is vicarious trauma, and it involves the same post-traumatic stress symptomology. A helper's worldview and way of approaching others can also be transformed and fundamentally shaken.

Besides General Symptoms of Trauma a Helper May Also

- Become cynical and distrustful.
- Become angry at others and the world in general.
- Feel inadequate in one's ability to help.
- Experience intrusive or disturbing images or dreams regarding the traumas of clients.
- Be reminded of one's own traumas when helping others.
- Allow boundaries to be violated.
- Dissociate or become numb in sessions or meetings with clients.

Contributing Factors

- Professional isolation; lack of adequate supervision, resources or support.
- Physical and emotional fatigue; ongoing nature of the traumatic impact for clients.
- History of a similar incident in your own life or in the life of someone personally close.
- Exhaustion from providing ongoing empathy without replenishment (empathy fatigue).
- Similarities between a victim and yourself – age, gender, profession, family role.
- Necessity to keep interactions confidential.

Secondary Trauma for Refugees and Newcomer Individuals and Families

Similarly for refugees and newcomers, as they continue to hear about stories from other people arriving or in the media about those left behind, this will often add additional layers of stress impact.

- Survivor's guilt.
- Complex grief.
- Resurgence of previous trauma symptoms such as flashbacks.
- Challenge of different people reacting uniquely. Within their own family or community, not everyone will experience the same reactions, and there can be a sense of torn loyalty between one's past and one's present and future.

Transforming the Impact

Beyond noticing signs of vicarious trauma, knowing how to proactively pay attention to key areas can help prevent vicarious trauma and promote positive growth from doing this work.

Saakvitne and Pearlman (1996) drew the helping profession's attention to key areas that can be addressed:

Safety – How can you attend to promoting reasonable safety in your own life and that of your loved ones? How can you avoid taking unnecessary risks?

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Esteem – How can you take action to treat yourself with greater respect? Are you treating others respectfully in a way that feels congruent with your values?

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Trust – Can you push yourself to take thoughtful risks and trust yourself? Do you allow yourself to risk trusting others? Where can you extend this capacity?

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Control – In what areas of your life can you claim reasonable control and in what areas can you give yourself permission to let go of trying to control?

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Intimacy – Are you nurturing healthy and helpful connections in your life? Professionally – Do you have adequate support? How can you improve this?

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Personally – Are you allowing others to be close to you? Can you build your engagement and connection within your family and community circles?

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Building on these areas can create hope and openness, which can lead to absorbing **vicarious resilience** from the commitment, perseverance and courage you witness from the people you work with.

ADDITIONAL CONSIDERATIONS

Suicide and Trauma

There is a significant association between trauma exposure and suicidal behaviour, including suicidal ideation and suicide attempts.

- A strong association with interpersonal traumas and multiple traumas (three or more).
- Interpersonal or relational trauma demonstrated the strongest associations with both suicidal ideation *and* attempts.
- Correlation of types of traumatic events with suicidal behaviour is similar across gender.

Application: to remind helpers to ask about the presence of suicidal ideation or potential past attempts. Trauma workers must be comfortable addressing and talking about suicide in a manner that complements, yet does not impede, the healing of trauma.

Belik, S., et al. (2007). Traumatic events and suicidal behaviour: Results from a national mental health survey. The Journal of Nervous and Mental Disease, *195 (4)*.

Complex Grief

There is some debate about the need to distinguish *complex grief* from trauma. Many similarities exist in regard to symptoms and both are very much interconnected.

Complex grief or bereavement is when in addition to the loss there are other complicating factors. These are some possible examples:

- If the person died suddenly and in abnormal circumstances, such as a murder, suicide, unexpected accident or violent death, such as war or fleeing threat.
- If the context to the death adds additional trauma layers for those surviving. Death from war; survivors' guilt from having lived while others did not.
- The death is a "stigmatized death" and societal attitudes or discriminatory messages may impede the mourner's ability to grieve. Such deaths could include suicide, AIDS-related, or due to drinking and driving.

James, J.W., & Friedman, R. (2009). The grief recovery handbook: The action program for moving beyond death, divorce, and other losses. 20th anniversary expanded edition*. New York: Collins Living.*

Pomeroy, E., & Bradford Garcia, R. (2009). The grief assessment and intervention workbook: A strengths perspective. *Belmont, CA: Brooks/Cole.*

Worden, J.W. (2009). Grief counseling and grief therapy: A handbook for the mental health practitioner. *New York: Springer Publishing Company.*

Trauma and Substance Abuse

- People in substance abuse treatment have co-existing PTSD about 30% of the time.
- Becoming abstinent from the substance does not resolve PTSD, and for some the PTSD symptoms become worse with abstinence.
- Recovery is much more difficult for dual-diagnosis patients.
- Those with both disorders are more likely to use hard drugs (cocaine and opiates) and use substances in general to "self-medicate" overwhelming emotion.

The Downward Spiral

- People with both PTSD and substance abuse are vulnerable to repeated traumas.
- Both disorders complicate relationships and create a variety of life problems.
- PTSD symptoms can be triggers for substance use (to achieve numbing, mood altering, self-regulating).
- Both create a distortion of self and reality, create shame, are often held as secrets and tend to get worse over time without intervention.
- Both have stigmas attached to them, e.g.: *"You're lazy"* or *"Just stop,"* etc.

Impact of Substance Abuse or Trauma on Family and Friends

- Those who live with the addict or traumatized individual can become traumatized themselves. The family or friend is typically unable to alter the behaviours. Therefore some family members may live with a sense of powerlessness, inconsistency, neglect and helplessness.
- With addiction, it is not always about what the person with addiction *does* but rather what they *do not do* and what they *do not see*. Some family members have talked about feeling "abandoned in their own home."

Treatment of Trauma and Addiction Recommendations

- Ask about trauma: In addiction treatment programs often the individual is not asked about past negative or traumatic events.
- Trauma work is not generally recommended unless the person has a minimal level of stability. First stage stabilization and grounding work can be important.
- Historically it was thought that you had to treat one issue first, typically the addiction, before any other type of intervention. However, treatment outcomes are a lot more successful if you treat both disorders at the same time.

EXERCISES FOR EMOTION REGULATION

Working with Breath

Learning to monitor and work at regulating breathing can greatly support settling and rejuvenation. It is often easier to first learn and practice these exercises with a support person.

General Steps for Teaching the Use of Breath for Regulation

1. Practice noticing and describing breathing rhythms.

   Pause and notice:

   - Where can I notice my breathing? In nostrils or mouth, feeling chest rise and fall?
   - What is the pace of my breath like? Shallow, jagged, gulping, even, smooth, deep, stop and start…?

2. Practice shifting the rhythm of breath.

   - Place one hand on chest and other hand on abdomen. Practice breathing into each hand in order to feel the difference between chest and belly breathing.
   - Use an image to help focus on taking a slow, full breath to completely expand lungs, and then to exhale fully, emptying the lungs.
     - *Imagine blowing up a balloon and then watching it deflate.*
     - *Inhale at a pace to comfortably suck through a straw and exhale at a pace to blow off the petals of a flower one by one.*
     - *Use counting at a regular pace to keep inhale and exhale long and even.*

   Tip: learn to *expand* the belly when inhaling and allow it to naturally be soft and empty when exhaling.

3. Continue to practice these techniques at a consistent time in the day (e.g.: upon waking, before eating, while riding the bus, when settling into bed, etc.).

Tips

- Sometimes it helps to breathe through the nostrils instead of the mouth.
- Regulated breathing moves more into the belly rather than high in the chest. However it is important not to *push* too hard to change one's breathing. Start with just one or two longer deeper breaths then allow breathing to go back to natural rhythm. With gentle practice we can expand our ability to slow and regulate the breath.

Guided Observing Breath Exercise

This exercise is best done if guided by a support person. Alternatively a recording can be made to continue to follow the guidelines. Once it is familiar a person can guide themselves through a familiar process.

Guiding Instructions

Get as comfortable as you can in your chair or lying down. Look gently around the room and bring your awareness to the ceiling for a moment, then to a wall or point far away from you. Next bring your awareness to the space just in front of you, about two feet in front of you. Notice how you can move your awareness around to different spots.

Now let your attention go inward – feel free to close your eyes if that is comfortable. We are going to explore your inner mind and take a look around – as if we were floating comfortably on a calm lake (or sitting in a pleasant meadow, etc.)

Allow your awareness to find your breath wherever you can feel it easily – your nostrils, chest, belly, lungs… And just follow the wave of your breath… in and out. [pause]

Recognize your breath as the "anchor" for a buoy in the centre of your lake (or a central spot in your meadow – like holding on to the string of a kite). Your breath can be the anchor for the rest of the activity in your mind, such as your thoughts, any images, etc. So when you notice your thoughts floating away somewhere else – allow your anchor (or kite string) to catch and gently pull your awareness back to your breath.

Continue to follow the waves of your breath for a few minutes. Practise this every day.

Cycle Breathing Exercise

- First take a few breaths to settle your attention on your breath – wherever you can best notice it – your nostrils, belly or chest.
- Begin to gently structure your breathing: as you inhale count slowly to 4 matching your full inhale with the count 1-2-3-4.
- Pause and hold your breath for a count of 2.
- As you exhale slowly and until your lungs are completely empty, count so that you are matching your full exhale with the count 1-2-3-4.
- Repeat several times gradually lengthening your count.

Exercises Using Movement and Attention to the Body

Strategy: Stretching Exercises

Moving and stretching muscles and ligaments allows the release and flow of built-up stress hormones and chemicals in the body and brain from anxiety.

- Intentionally yawn and stretch the jaw and face muscles. This pairs well with remembering to do some regulating breath exercises.
- Sit or stand with spine upright, stretching shoulders back, opening up chest.
- Dynamic stretching (exploring full range of motion):
    - Shoulder and arm circles, going from small to big and exploring directions.
    - Hip circles – place your hands on your hips and swing the hips forward, then circling them around – go in both directions.
    - Knee circles – place your hands on your knees as you bend them slightly, slowly circle the knees together – go in both directions.
    - Ankle circles – one ankle at a time either with your toe on the ground or holding foot in the air – circle the ankle around – go in both directions.

Strategy: Neck Rolls

Stand or sit with your spine upright and so you are well supported. Gently release your head so that it tips forward – only as far as is comfortable. Explore small, gentle neck rolls from side to side (caution going back) and stretching. Find what is comfortable right now. Clicks and cracks in the neck muscles are normal as they release and let go. Do not push or strain this movement—listen to the limit of your body.

Tip: Any physical activity that involves and allows full range of motion of different muscle groups can greatly aid emotion regulation if it is approached with an attitude of leisure, relaxation and pleasure. Example: basketball, soccer, running, walking, hiking, biking, tai chi, yoga, dance, skating, etc.

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Strategy: Muscle Tension and Release

Inhale and tense each muscle group for four to ten seconds, then exhale and completely relax the muscle group (do not relax it gradually). Give yourself 10 to 20 seconds to relax.

Slowly move through each muscle group one at a time. Following is a suggested guide for moving through different muscle areas and how to tense them:

- **Hands:** Clench and release them both together.
- **Wrists and forearms:** Extend fingers and bend your hands back at the wrist.
- **Biceps and upper arms**: Clench your hands into fists, bend your arms at the elbows, and flex your biceps.
- **Shoulders:** Shrug them up to your ears.
- **Forehead:** Wrinkle it into a deep frown.
- **Around the eyes and bridge of the nose**: Close your eyes as tightly as possible. (Remove contact lenses before beginning the exercise.)
- **Cheeks and jaws:** Smile as widely as you can, and open the mouth as wide open as you can.
- **Around the mouth:** Press your lips together tightly.
- **Chest:** Take a deep breath and hold it, then exhale.
- **Back:** Arch your back backwards. Then relax. Circle your back forward so you are folding in toward your chest. Then relax.
- **Stomach:** Suck it into a tight knot.
- **Hips and buttocks:** Press the buttocks together tightly.
- **Thighs and hamstrings:** Clench the big muscles in your upper legs hard. This can also be done one leg at a time.
- **Lower legs:** Tense the lower legs and feet. This can be done one leg at a time. Lift each foot up at the ankle to tense the front of the leg.
- **Feet:** Curl toes down as far as you can. This can also be done one foot a time.

Take a few minutes at the end to breathe through your whole body, inviting all muscle groups to relax as fully as possible.

Rhythmic Movement

Activities with consistent physical rhythms help with physical and emotional regulation.

- Walking is a natural rhythmic movement – matching the breath to the pace of walking supports the body and mind working together to settle.
  - As you step, inhale and say to yourself "breathing in".
  - As you step, exhale and say to yourself "breathing out".
  - Continue – you can also replace these with other phrases.
- Dancing, swinging, jumping rope, swaying and stretching can all be intentional rhythmic movements used to support regulation.
- Play simple rhythms while listening to music using a drum, the floor and your feet, your hands and clapping or other percussive instruments.
- Collaborative games involving music, drum-beat, clapping rhythms.
- Humming or singing while doing simple movements.

Being Still or Quieting: Practicing Resting

Create a tranquil space by limiting stimulation (light, sound, interruption, etc.) and practising stilling the body and the mind. Choosing a simple stimulation to focus the mind can help, such as a mantra, music without lyrics, soothing visual to look at.

It can be particularly useful to practise this after spending some time doing more active movement. This supports the body to release stress and chemicals and then deepen the state of regulation. Note that this doesn't have to be completely still. Some people regulate better with some stimulation (walking slowly, swimming, gentle movements).

Using the 5 Senses to Connect to the Present

The 5, 4, 3, 2, 1 Exercise

This is best learned with a support person guiding first. Then a person can easily remember and guide themselves silently in their own mind.

Guiding Instructions

- *What are 5 things you hear? (pause and list); 5 things you see? (pause and list), and 5 things you feel (touch)? (pause and list). (Key to really notice each item as listed).*

Continue in same way:

- *What are 4 things you hear, see, and feel (touch)?*
- *What are 3 things you hear, see, and feel (touch)?*
- *What are 2 things you hear, see, and feel (touch)?*
- *What is 1 thing you hear, see, and feel (touch)?*

This exercise can be repeated several times until a person feels more grounded and settled.

Self-Soothing Using the 5 Senses

With Vision

Buy one beautiful flower; make one space in a room pretty; light a candle and watch the flame. Set a nice place at the table for a meal using your best things. Go to a museum with beautiful art. Go sit in the lobby of a striking old hotel. Look at nature around you. Go out in the middle of the night and watch the stars. Walk in a nice part of town. Fix your nails so they look pretty. Look at beautiful pictures in a book. Go to a ballet or other dance performance.

With Hearing

Listen to beautiful or soothing music, or to invigorating and exciting music. Pay attention to sound of nature (waves, birds, rainfall, leaves rustling). Sing to your favourite songs. Hum a soothing tune. Learn to play an instrument. Be mindful of any sounds that come your way.

With Smell

Use your favourite perfume or lotions, or try them on in a store; spray fragrance in the air; light a scented candle. Put lemon oil on your furniture. Put potpourri in a bowl in your room. Boil cinnamon, bake cookies, cake or bread. Smell the roses. Walk in a wooded area and mindfully breathe in the fresh smells of nature.

With Taste

Have a good meal; have a favourite soothing drink such as herbal tea or hot chocolate; treat yourself to a dessert. Put whipped cream on your coffee. Sample flavours in an ice cream store. Suck on a piece of peppermint candy. Chew your favourite gum. Get a little bit of a special food you don't usually spend the money on, such as fresh-squeezed orange juice. Really taste the food you eat; eat one thing mindfully.

With Touch

Take a bubble bath; put clean sheets on the bed. Pet your dog or cat. Have a massage; soak your feet. Put creamy lotion on your whole body. Put a cold compress on your forehead. Sink into a really comfortable chair in your home or find one in a luxurious hotel lobby. Put on a silky blouse, dress or scarf. Try on fur-lined gloves or fur coats in a department store. Brush your hair for a long time. Hug someone. Experience whatever you are touching; notice touch that is soothing.

Visualization Exercise

Imagine a caterpillar. You can watch it crawling about on the tree where it lives. Attaching itself to a branch of the tree, the caterpillar starts to form its cocoon. Gradually it surrounds itself with golden, silken threads until it is totally hidden. Observe the cocoon for a few moments.

Now be inside the cocoon… Surrounded by the softness of silk… you rest in the warmth of the golden darkness… You are only dimly aware, so you do not know exactly what is happening to you, but you sense that in this apparent stillness a hidden, transforming intelligence is at work…

At last the cocoon breaks open, and a ray of light penetrates through a chink… As the light touches you, you feel a sudden surge of vitality and realize that you can shed the cocoon.

As you feel the cocoon falling away, you discover that with it you have shed the defences and supports of your safety and your past… You are now freer than you ever dreamed you could be; you are a beautiful, multicoloured butterfly… You soon realize that your boundaries have extended infinitely… You can fly… You find yourself dwelling in a totally new realm of colors, of sounds, of open space… You experience yourself flying… being supported by the air, being gently borne up by the breeze, gliding down, flying up again…

Below, you see an immense meadow full of flowers of every kind and color… You settle on one… then on another… then on another still, so gently that the petals are not even disturbed. You experience each flower as a different being with its own color and perfume… its own particular life and quality. Take your time in experiencing the many aspects of your expansion, your freedom and your lightness.

Your Own Visualization

Write your own visualization. Think of a place that brings you comfort. What would you see? What would you hear? What might you smell? What would you feel? What would you be thinking about?

Or...

Draw a picture of a place that would give you a sense of peace and comfort. What would be in this place? Who would be there? What might they say to you?

Dealing with Flashbacks and Intrusive Thoughts and Images

1. Educate the person on intrusive thoughts and flashbacks.
2. Remind them that flashbacks are normal, they usually decrease in severity over time and they often will go away (or change).
3. Typically in the acute phase intrusive thoughts may be more random and unpredictable. If they become chronic, typically they begin to happen at certain times and places. Usually they consist of:
    - A trigger event (internal or external).
    - The actual memory.
    - The aftermath (period of confusion or a return to normal functioning).
4. Remind them that there is a beginning, middle and end to every flashback or intrusive thought. It will end even when it is very vivid and real.
5. Remind them they are not going crazy.
6. Remind them of the flight, fright or freeze response, and that their body and mind are becoming activated.
7. Remind them that they will have times when they do not feel dominated by intrusive images, thoughts or flashbacks. Develop concrete practical ways to cope.

Tips for Clients Coping with Flashbacks

- Stop what you are doing.
- Pay attention to yourself, be mindful and calm.
- Re-orient yourself and ground yourself to the present moment. (What do you see, hear, touch, feel or smell?)
- When ready, take action. What do you need to do next? Call a friend, contact a counsellor, journal, talk, stop watching the movie, etc.

Processing Re-Occurring Flashbacks

- If the client is stable enough, encourage them to talk about the flashback by writing, talking or drawing. Fit the flashback into the larger picture of the trauma.
- If it was abuse, explore messages about the relationship or the self.
- The goal is to *eventually* reframe the flashback to a specific memory of an experience in the past as opposed to random, meaningless experiences. This could be the memory of *feeling* a certain way rather than a specific event.
- The goal is to help the client ground themselves, feel in control and not overwhelmed.

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Grounding Techniques

Breathing Exercise

- Focus on the breath coming in and out of your nose.
- Take a few long deep breaths, then relax your body and then repeat.
- It can be helpful to add some structure to focus the breathing:

Example: Cycle Breathing

> *As you inhale count slowly to 4, matching your full inhale with the count 1-2-3-4.*
> *Pause and hold your breath for a count of 2.*
> *Exhale slowly to a count of 4, matching your full exhale with the count 1-2-3-4.*
> *Repeat several times, gradually lengthening your count.*

The 5, 4, 3, 2, 1 Exercise

If a person begins to feel overwhelming sensations, they can begin a countdown to ground themselves. They can talk out loud or to themselves.

Have them get comfortable for a moment and then begin:

- *What are 5 things you hear, see, and feel (touch)?*
- *What are 4 things you hear, see, and feel (touch)?*
- *What are 3 things you hear, see, and feel (touch)?*
- *What are 2 things you hear, see, and feel (touch)?*
- *What is 1 thing you hear, see, and feel (touch)?*

Now feel yourself being present in this moment, not the past or the future. Notice where you are in the room. Present and grounded. Repeat if needed.

Tell clients not to get caught up in remembering the order of numbers and sensations for this exercise. This exercise can be done at any time anywhere. Usually it is beneficial for the service provider to demonstrate this exercise with the client, silently going through it with them.

Rooting to the Ground – Breath Visualization

Bring your attention to your breath – use your awareness to ride your in-breath and follow it as it turns around to your out-breath. As you breathe in, visualize it as energy, light, particles or a colour… Continue to follow your breath and visualize how it moves through your body. You might track it along your arms, down your torso, down your legs and finally all the way down to your feet. As you continue to breathe normally, follow your in-breath and see the energy, light, etc., flow all the way through your body, through your feet and into the ground below you, anchoring you and holding you solid and firm. Notice how it feels to be rooted to the earth, all of you connected.

CASE EXAMPLE DISCUSSION

Family or individual case example points:

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Consider together the following questions:

1. What type or types of traumatic injury might individuals in this family be experiencing?
2. What may be different between the experiences of various family members in terms of traumatic injury?
3. What are some of the strengths of this family?
4. What are the unique barriers or challenges they face due to their refugee or migration experience?
5. What might be some of the cultural challenges and nuances that may affect this family?
6. If you were a team working to support this family, where might you start?
7. What are the variables that might affect Sandy's response to the trauma?

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APPENDIX

Post-Traumatic Stress Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-V), published by the American Psychiatric Association, Washington, DC, 2013, there are eight criteria that one must have to be diagnosed with PTSD.

1. Exposure to actual or threatened death, serious injury or sexual violence in one (or more) of the following ways:
    a. Direct experience of a traumatic event
    b. Witnessing the event occurring to others
    c. Learning of a traumatic event that occurred to a close family member or friend
    d. Experiencing repeated or extreme exposure to traumatic details (e.g., first responders).
2. Continuing to relive the trauma in the form of intrusion symptoms associated with the traumatic event, such as distressing memories, dreams or flashbacks.
3. Persistent avoidance symptoms, related to either internal stimuli (thoughts, feelings or memories) or external stimuli (people, places, activities) associated with the traumatic event.
4. Negative alterations in mood and beliefs about self or others associated with the traumatic event. This may include persistent negative beliefs about oneself or others, persistent negative emotional states, such as fear or guilt, and detachment from others and significant activities.
5. Evidence of persistent symptoms of physiological hyper-arousal and reactivity. These may include heightened startle response, difficulty falling asleep, hyper-alertness, irritability and reckless or aggressive behaviour.
6. Criteria 2, 3, 4 and 5 must persist for at least one month after the event.
7. The traumatic event causes clinically significant distress or dysfunction in the individual's social, occupational or family functioning or in other important areas of functioning.
8. The disturbance is not attributable to effects of a substance or other medical condition.

Specifiers included in the DSM-V are related to severe dissociation symptoms:

1. **Depersonalization**: Persistent experiences of feeling detached from, and like an outside observer of, one's self and body.
2. **Derealization:** Persistent experiences of unreality of surroundings – that the world is unreal, dreamlike or distorted.

Complex Post-Traumatic Stress Disorder

Although not specific criteria within the DSM-V, and debated within the trauma field, a conceptualization of complex post-traumatic stress disorder is used by some. This categorization emphasizes the impact of development and cumulative trauma, resulting in heightened negative affective dysregulation and dissociative experiences.

Diagnostic Criteria For Complex PTSD Are

1. Alteration in Regulation of Affect and Impulses (a. and one of b.-f. required)
    a. Affect regulation
    b. Modulation of anger
    c. Self-destructive
    d. Suicidal preoccupation
    e. Difficulty modulating sexual involvement
    f. Excess risk taking
2. Alterations in Attention or Consciousness (a. or b. required)
    a. Amnesia
    b. Transient dissociative episodes and depersonalization
3. Alterations in Self Perception (Two of a.-f. required)
    a. Ineffectiveness
    b. Permanent damage
    c. Guilt and responsibility
    d. Shame
    e. Nobody can understand
    f. Minimizing
4. Alterations in Relations with Others (One of a.-c. required)
    a. Inability to trust
    b. Re-victimization
    c. Victimizing others
5. Somatization (Two of a.-e. required)
    a. Digestive system
    b. Chronic pain
    c. Cardiopulmonary symptoms
    d. Conversion symptoms
    e. Sexual symptoms
6. Alterations in Systems of Meaning (a. or b. required)
    a. Despair and hopelessness
    b. Loss of previously sustaining beliefs

Adapted from: Luzenberg, T., Spinazzola, J., & van der Kolk, B.A. (2001). Complex trauma and disorders of extreme stress (DESNOS) diagnosis, Part one: Assessment. Directions in Psychiatry*, 21 (25).*

Also see: van der Kolk, B. (2002). Assessment and treatment of complex PTSD. *In R. Yehuda (Ed.),* Treating Trauma Survivors with PTSD*. Washington, DC: American Psychiatric Press.*

Key Brain Regions for Survival Responses

1. Brainstem or "Reptilian Brain"

All sensory information first reaches this part of the brain, and this is where instincts and drives for basic survival and self-preservation will be initiated through adaptation of heart rate, respiration and hormone levels. In collaboration with other brain areas, the brainstem works to ensure our survival by responding automatically and quickly to perceived threats. The social engagement system can inhibit defensive reaction; however, if threat is perceived trauma also *starts* here through a fully activated stress response: triggering fight, flight or freeze.

2. Limbic Regions or "Paleomammalian Brain", Also Called "Old Mammalian"

This area of the brain evaluates the sensory information coming in and creates our feeling states or emotions. Regulation of the stress response is central to the role of the limbic area. Important parts of this region are:

- Hypothalamus
  Where hormones are utilized to signal when we are under stress and to regulate other instincts such as sexuality and attachment.
- Amygdala
  A centre for emotion and the origin of a *fear response.* Working with other brain areas, associations form here which are the basis for implicit emotional memories. The amygdala determines the intensity of response warranted based on these associations, and can signal a full fear/stress response or a drive toward attachment or pleasure, without consciousness.
- Hippocampus
  Integrates many connections in the brain including the higher cortical regions and forms our implicit emotional and somatic memories into autobiographical and conscious memory.

It is important to note that if the brainstem and limbic area trigger a full stress response the synaptic connections to higher cortical functioning and social engagement are bypassed and the nervous system will move into the most efficient use of instinctual survival responses, such as flight, fight or freeze.

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3. Cortex or "Thinking Brain", Also Called "New Mammalian"

This is the outer layer of the brain, also referred to as the cortical area, and is considered more complex, as the synaptic wiring and firing here is more intricate. These complex synapse connections allow the ability for self-awareness or to *think about thinking*. There are several cortical areas, governing a vast array of functions from our motor functions to language to imagination.

- Prefrontal Cortex
  Located behind the forehead, this region is central for determining wakefulness and the focusing of attention. Interconnection of information from other areas of the brain and body sensations occurs here, allowing sophisticated regulation of the *fired up* limbic system as well as the capacity to pause and reflect. In direct collaboration with the limbic system and brainstem, this region contains the *resonance circuitry* allowing us to sense and feel connection with other human beings. This is central to the capacities of the social engagement system.

Brain Maps

Our brain and nervous system work by creating patterns of responses based on recognizing information and stimuli, or in other words our brain creates maps of our world and our relationships so we remember and learn how to interact with our environment. If a map of threat or danger is triggered, the most efficient survival response will kick in, governed primarily by the brainstem and limbic system. If these maps get utilized repeatedly, our responses become more automatic, non-conscious, and more sensitized to react quicker. While in this survival mode we do not have access to our cortical areas to regulate and settle us down.

What automatic and patterned responses have you noticed in yourself? Are there times when you feel like you have "flipped your lid"?

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Key for Healing: *Just as the brain is organized from the "bottom up", this is often the best way we can approach healing trauma: soothe and settle the reptilian brain, then the emotional brain and finally the thinking brain.*

Trauma Symptoms – Children and Adolescents

Birth – 2 years

- High anxiety manifested in crying, biting, thumb sucking, etc.
- Separation difficulties

2 Years – 6 Years

In this age bracket children are significantly affected by their parent's reaction to the traumatic event.

- Withdrawal – quiet, detached, mute
- Deny, avoid or ignore event
- Re-enact event
- Manifest fears – of new situations, strangers, certain places or objects
- Regression to earlier behaviour – bed wetting, thumb sucking, etc.
- Become very attached to caregivers – holding on to adults, not wanting to sleep alone, wanting to be held, etc.
- Any changes in routine may be seen as threatening
- Sleep disturbances – nightmares are common
- Do not understand death and the permanency of it
- Crying, trembling

7 Years – 12 Years

- Performance decline – school, sports, hobbies, etc.
- Deny, avoid, ignore or reverse facts of event
- Behaviour changes – attention seeking, getting into trouble, etc.
- Restlessness, inability to pay attention
- Mood changes – a quiet child becomes active and noisy; an active child becomes quiet and isolated
- Psychosomatic complaints – stomachaches, headaches, nausea, rashes, etc.
- May regress to previous stages
- May withdraw and become isolated
- Poor school work

Adolescents

- Acting out behaviours – drug and alcohol abuse, running away, suicidal expression, etc.
- Flashbacks, nightmares
- Avoiding reminders of the traumatic event
- Low self-esteem – they may blame themselves
- Displaced anger onto inappropriate recipients – parents, siblings, etc.
- Suppress feelings to avoid dealing with incident
- May ask existential questions – question the meaning of life
- Fear that the event may happen again

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CTRI Workshops and Services

Training

Our training is available in public, on-site and webinar formats. Below is a **sample** of the more than 40 different workshops we offer.

Trauma & Crisis Response Workshops

Crisis Response Planning
Critical Incident Group Debriefing
Trauma – Strategies for Resolving the Impact of Post-Traumatic Stress
Emergency Preparedness Planning
Walking Through Grief – Helping Others Deal with Loss

Counselling Skills Workshops

Anxiety – Practical Intervention Strategies
Brief Focused Counselling Skills – Strategies from Leading Frameworks
Counselling Skills – An Introduction and Overview
Depression – Practical Intervention Strategies
Disordered Eating – From Image to Illness
Helping Children – Practical Tools for Engaging and Supporting
Mindfulness Counselling Strategies – Activating Compassion and Regulation
Motivating Change – Strategies for Approaching Resistance
Working with Families – Strategies for Engaging and Helping

Youth Issues Workshops

Anxiety in Children and Youth – Practical Intervention Strategies
Addictions and Youth – Creating Opportunities for Change
Autism – Strategies for Self-Regulation, Learning and Challenging Behaviours
Bullying – Responding for Prevention
Challenging Behaviours in Youth – Strategies for Intervention
Self-Injury Behaviour in Youth – Issues & Strategies

Addictions, Mental Health and Suicide Workshops

Addictions and Mental Illness – Working with Co-occurring Disorders
Suicide Prevention, Intervention and Postvention Strategies
Understanding Mental Illness
Understanding Mental Illness in Children and Youth

Violence and Restorative Justice Workshops

De-escalating Potentially Violent Situations™
Family Violence – Working Towards Solutions
Restorative Justice – Guiding Principles for Schools and Communities
Violence Threat Assessment – Planning and Response

For a complete list of the training we offer, please visit *www.ctrinstitute.com*.

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CTRI offers a membership plan that provides the member with unlimited access to all of our on-demand webinars for as little as $9.95 a month. Member benefits:

- Unlimited access to all on-demand webinars whenever and however often you want. New content added throughout the year.

- Notification of special discounts and promotions on products and public workshops that are only available to members.

Assessment Tools

CTRI Assessment Tools help leaders and organizations have thoughtful and proactive discussions related to a variety of topics and issues. Each Assessment Tool Package includes one Facilitator's Guide and 25 copies of the Assessment Tool questionnaire.

- Emergency Preparedness Assessment Tool
- Wellness Assessment Tool
- Workplace Violence Assessment Tool

Consulting Services

CTRI's consulting services are designed to help individuals, caregivers, communities and organizations prevent and cope with unfortunate and distressing events. To explore how to implement these services, please contact us to discuss your needs in more detail.

- Clinical Consultation
- Crisis Response Team and Plan Development
- Critical Incident Group Debriefing
- Disability Support: FASD and Autism Consultation
- Mediation – Conflict Resolution
- Organizational Assessment – Conflict
- Suicide Prevention Plan Development
- Violence Risk Assessment and Management

Lunch & Learn, Keynote Addresses, Mini-Workshops

Sometimes you don't have the need for a traditional workshop. The next time you require a shorter presentation, consider using a CTRI speaker. Our speakers provide engaging and inspirational 30-90 minute presentations.