Trauma – They MUST have it??

Foster Care Conference
Hobart 2010
Bryan Jeffrey – MOAT: Mental Health
Traumatic incidents plunge people into themselves; they become disbonded from each other.

They can become oblivious to others around them.

Bessel van der Kolk
The Trauma Center
www.traumacenter.org

Rob Gordon
Psychological First Aid
A woman cries as she waits with a young child at the New Orleans Convention Center. Thousands of people who were told to gather at the center for relief found no one in authority to hand out water, food or information.
After a traumatic experience, some information isn’t available to the brain. People may attempt to construct the “full picture” from their available information. May search for facts to fill the gaps in their account. Even when appearing to support each other, traumatised individuals are isolated.
☑ The longer someone remains traumatised, the more likely that the trauma will be identified as a central feature for the person
☑ These people need to be brought back into the common world
☑ Simple, practical social interactions are needed
The traumatised brain

Two main areas of the brain are affected by trauma – The Amygdala and the Hippocampus

**Amygdala:**
- Involved in the assessment of threat-related stimuli
- Necessary for the process of “fight or flight”
- Neuroimaging studies have shown amygdala hyperresponsivity in PTSD

**Hippocampus:**
- Involved in explicit memory processes
- Provides context in “fight or flight” process for the amygdala
- Hippocampal volumes are decreased in PTSD
Which scenarios could result in PTSD?

- Bank robbery
- Kidnapping
- Terrorism
- Terminal illness
- Natural disaster
- War
- Abuse
- Experienced, witnessed, or learnt about
Sexual abuse CAN be a factor in PTSD

Stats from Childwise
Symptoms of PTSD

Re-experiencing Symptoms

• Frequently having upsetting thoughts or memories about a traumatic event.
• Having recurrent nightmares.
• Acting or feeling as though the traumatic event were happening again, sometimes called a "flashback."
• Having strong feelings of distress when reminded of the traumatic event.
• Being physically responsive, such as experiencing a surge in your heart rate or sweating, to reminders of the traumatic event.
Avoidance Symptoms

- Making an effort to avoid thoughts, feelings, or conversations about the traumatic event.
- Making an effort to avoid places or people that remind you of the traumatic event.
- Having a difficult time remembering important parts of the traumatic event.
- A loss of interest in important, once positive activities.
- Feeling distant from others.
- Experiencing difficulties having positive feelings, such as happiness or love.
- Feeling as though your life may be cut short.
- Objects to discussing the event, or denies it ever happened.
Hyperarousal Symptoms

Amygdala role – immediate emotions including terror and horror

Hippocampus role – puts memories into perspective

In PTSD, the Amygdala is overactive, and Hippocampus is underactive

• Difficulty falling or staying asleep.
• Feeling more irritable or having outbursts of anger.
• Having difficulty concentrating.
• Feeling constantly "on guard" or like danger is lurking around every corner.
• Being "jumpy" or easily startled.
• Catastrophic anxiety
How to help after a traumatic event

• Let the person tell their story if they want to – don’t pressure them to do so.

• Be a patient, sympathetic listener – don’t give a lot of advice.

• Validate that stress reactions are normal responses to abnormal events.

• If you are concerned – seek secondary consultation.

• Look after yourself!
Compounded Trauma

- Care-giving that is consistently erratic, rejecting, hostile or abusive leaves a child feeling helpless and abandoned

- In order to cope, the child attempts to gain control, often by disconnecting from social relationships or by acting coercively towards others

- These children often have great difficulty regulating their emotions, managing stress, developing concern for others, and using language to solve problems

- Without the necessary professional support, this combination of factors can result in a “high-risk adolescent” presentation

- In an environment where emotional expression is rare and discouraged, children may assume that other people don’t experience the natural emotions that they are becoming aware of
How to help someone with Compounded Trauma

There are 3 important factors when working with people with compounded trauma:

- **Safety** – The person needs to feel safe.
- **Predictability** – If life is predictable, it takes away uncertainty and makes them feel safer. Routines etc.
- **Consistency** – If everyone responds consistently to the person, life is more predictable and therefore feels safer.

Wrap these factors in a nurturing model.
The Complex Trauma Workgroup, of the National Child Traumatic Stress Network has identified six core components of complex trauma intervention:

1. **SPC** – Safety at home, school, and in the community
2. **Self-regulation** – Supporting children to learn ways to recognise and address the discomfort experienced with dysregulation of mood, behaviour, social interaction, physiology and behaviour
3. **Self-reflection** – Help the child to construct a framework to make sense of the past, and to develop skills to process similar experiences in the future
4. **Traumatic experience integration** – Enable the child to acknowledge the trauma, manage the symptoms, and develop behavioural and cognitive coping skills for future trauma
5. **Relational engagement** – Modeling and teaching the child appropriate attachments, and relationship development skills, with emphasis on interpersonal skills: limit-setting, boundaries, reciprocity, social empathy and the capacity for physical and emotional intimacy
6. **Positive affect enhancement** – Enhancing a child’s sense of self-worth, esteem and self-appraisal

**How to help someone with Compounded Trauma**
Questions??