Understanding Trauma and ways to Support

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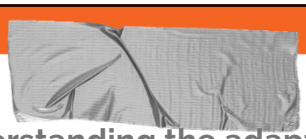
EMDR in practice

Goals for today

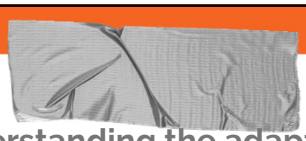
- Understanding the adaptive purpose of anxiety.
- Impact of trauma, working through fight, flight, freeze/collapse
- Overview of EMDR and other therapy approaches to assist patients dealing with trauma reactions
- Strategies you can try in your sessions



Understanding the adaptive purpose of anxiety

What is the purpose of anxiety?

- **Keep us alive**
  If you step off a curb and almost get hit by a bus, you will feel anxiety.
- **Notify us of risk**
  If you are looking down and ally and you get tingling feeling and your stomach feels quesy, you know that something about that ally does not feel right.
- **Heighten our senses, helping us focus on ONLY and EXACTLY what we need to**
  In moment of danger, you are not checking your Instagram, you are not thinking about dinner plans, and you are also not reflecting on your last vacation. Think of climbing a ladder.
- **We tend to pathologize anxiety because we so not see anxiety as adaptive**



Understanding the adaptive purpose of anxiety

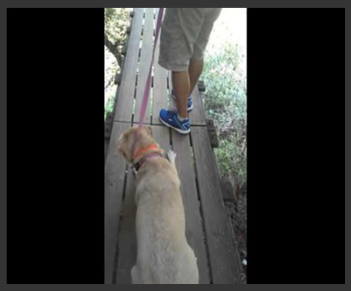
Anxiety is there to motivate us to protect ourselves and navigate stressful situations. As discussed in The Body Keeps the Score

- **Social Engagement**
  Front Brain: Call out for help, support and comfort from those around us.
- **Fight and Flight**
  Mammal Brain: Nervous system takes over muscles activated, voice faster, heart faster
- **Freeze or Collapse**
  Reptilian Brain: This is deepest rooted trauma. Shutting down, preserving energy. Feel "heart drop.". Can't breathe, stomach stops working, completely disengage

Understanding the adaptive purpose of anxiety continued

- **Instinctual Programming vs. Experiential Programming**
  What is evolutionary, what is learned? Child being attacked by a Doberman Pinscher.
  - Standing on a ladder, walking on ice
  - Freeze and Collapse:
  - Rear Brain storing memories of relevance to survival.
- **Rational Brain is basically impotent to talk the emotional brain out of it's own reality."**
  Van Der Kolk, Bessel
- **Identified risk vs. not an actual risk**

Anxiety and rear brain responses



PTSD

Causes inability to decipher the real……

PTSD

Causes inability to decipher a real threat…..

FROM an imagined threat.

PTSD Symptoms.

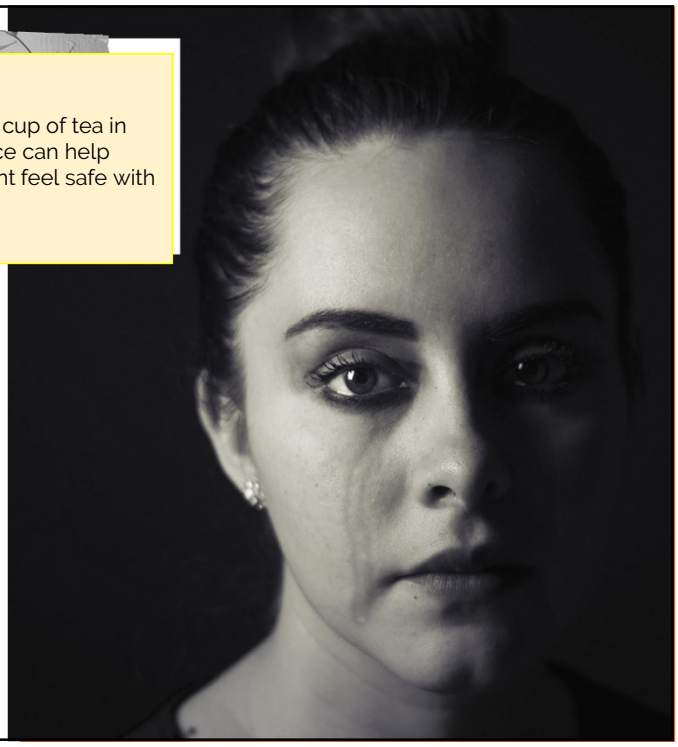
- Sleep problems
- Headaches, stomach aches, other somatic
- Easily startled
- Fear and anxiety
- Worrying about the trauma
- Survivor guilt
- Negative feelings about oneself
- Depression
- Need for control
- Numbing-out

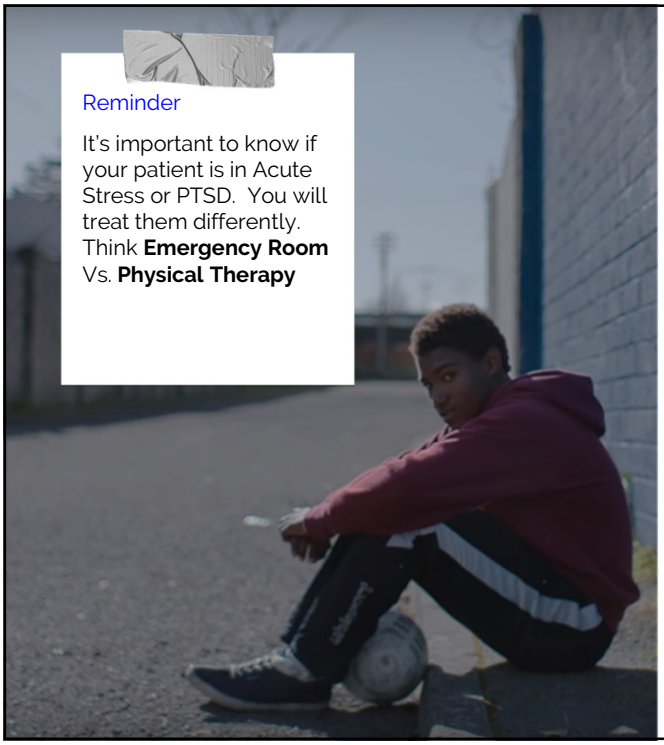
What does it look like in our your patients?

- Overreactions, hyper-arousal
- Under-reactions, hypo-arousal
- Outside of "window of tolerance"

Tip

Having a cup of tea in your office can help your client feel safe with you.





Reminder

It's important to know if your patient is in Acute Stress or PTSD. You will treat them differently. Think **Emergency Room** Vs. **Physical Therapy**

Acute Stress Response

- Dissociative symptoms: numbing, detachment, absence of emotional responsiveness, awareness.
- Re-Experiencing the trauma
- Avoidance of stimuli connected to trauma, or seeking it out.
- Interference with normal functioning, including experiencing pleasure
- Difficulty concentrating, sleeping
- It's important to know the difference between PTSD and Acute Stress.
- Increase vulnerability to ineffective coping, suicide, self harm, substances
- Increase vulnerability to more trauma.
- Stabilization, increase sessions, contract.

Treating Trauma

1) Establish Rapport

Remember, you might need to go back to this multiple times through therapy. As difficulty addressing trauma increases, they may want to discontinue the therapy.

2) Take in Depth History

- 10 ten list
- Neg Cog List (EMDR)
- Understand addiction hx*, ed hx, other Mental Health Issues related

3) Make Diagnosis to support treatment approach

4) Psychoeducate about symptoms with PTSD, preparation for treatment (grounding, Window of Tolerance, ect…)

5) Prioritize Treatment: Understanding what comes first, when you need to pause, when patients are destabilizing in other MH behaviors

6) Treating the Trauma: work from your modality, working from your home.

7) Stabilize any disorders which would be destabilized by revisiting trauma directly

*1. Carletto, S., Oliva, F., Bernato, M., Antonelli, T., Cardia A., (2018). EMDR as add-on treatment for psychiatric and traumatic symptoms in patients with substance use disorder. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2017.02333

Options for working with trauma

- EMDR (Eye Movement Desensitization and Reprocessing)
- CBT: Cognitive Behavioral Therapy. Systematic Desensitization
- Trauma Narrative: Helping patient tell the story in safe place.
  - Thorough assessment
  - Understanding and planning where you are in treatment planning
  - grounding techniques
  - Helping them plan for after sessions
  - Knowing where you are in the story
  - Connecting to Negative Cognitions
- Traditional Talk therapy with trauma informed therapist. What is your modality you are going to use?
- Think Psychological Pilates, pain but not harm, stretch and strengthen
- Checking the body
- Movement, Play, Social Engagement

Understanding REM Sleep and EMDR

- Rapid Eye Movement Sleep within Circadian Rhythm 90 minutes, REM 10
  - If information is not relevant or duplicative, enhances what is important to remember or let go of unneeded information. Clears up storage space. Clears out clutter.
  - Sleep is about reflection. Going back over that information. How does new information fit with this back catalog of autobiographical information we have. How should this all be stitched together? So my survival chances get better.
  - REM sleep facilitates consolidation by retrieving information from both hemispheres
- EMDR
  - Assessing and finding targets (memory, image, negative cognition)
  - Preparation X 3
  - One foot in the past, one foot in the present
  - Desensitization and Reprocessing
  - How do you know when they are better?
    - See it happen
    - Adult perspective
    - Installing positive cognitions

Before EMDR	After 8 EMDR Sessions
I did something wrong	I should have done something (New)
I don't deserve love	
I am a bad person	
I am worthless	
I am shameful	
I am not lovable	
I am not good enough	
I deserve only bad things	
I cannot be trusted	
I am stupid	
I am a disappointment	
I deserve to die	
I deserve to be miserable	
I have to be perfect	I have to be perfect
I am permanently damaged	I am permanently damaged
I am ugly	
It's my fault	
There is something wrong with me	
I'm broken	
I should have known better	I should have known better
I am beyond forgiveness	
I cannot trust myself	
I cannot trust my judgement	I cannot trust my judgment
I cannot protect myself	
I am in danger	
I am not safe	
I am not in control	
I am powerless	
I am weak	
I cannot stand it	

Strategies for Trauma Therapy:

- I educate on rear brain, front brain. I educate on REM sleep and the AIP (Adaptive Information Processing).
- I spend time educating about the process, what to expect, use metaphors (long tunnel, body reactions). Adequate preparation can have a major influence on how therapy goes.
- In assessment I seek to understand what part of social engagement, fight, flight, freeze or collapse they got to.
- Validate the anxiety, validate the trauma, always believe.
- In TDD (Treating Depression Downhill) the first phase is exploration. In what areas did the patient experience defeat?
- I end each session with a grounding strategy. This give patients practice so they can do them on their own.
- After completion of a target (memory of a trauma) I have have patients practice talking through their trauma, closely regulating their body, working through symptoms as they go, back and forth between engagement in the story/trauma, engagement in the present moment.
- After completion, I encourage them to practice sharing. Continue desensitization.

Reminder

There are many ways to treat trauma. The first step is always building a trusting relationship with the other person.

Grounding Strategies

- Balancing on one foot, yoga, stretching, ect..
- Holding a weigh (10-20 lbs) on chest, lean back. Focus mind on feel of it, pressure, touch
- Shake your hands hard until your fingers make a snapping sound.
- Treading water in pool (balance, rear brain grounding), pool to hot tub-making brain focus on temperature regulation.
- Remember an experience of feeling comforted and bring it up in your memory with all your senses.
- Name five things that you see right now, hear right now, smell, tactile sensations (example clothes against your skin,temperature of the air, etc.)
- Soak a cotton ball or cloth with a scent that you like, (example; vanilla extract, eucalyptus) and keep it with you.
- Suck on a peppermint or cinnamon, or chew gum using a taste that you associate with safety.
- Weighted Blanket
- Carry a small object like a rock or shell that has a pleasant texture. Touch it, describe the tactile feeling, color, texture of it

Thinking about the research

- Clinicians may have shared trauma and thus need to consider how this may impact treating patients. *Hope Bell, C., & Robinson, H. (2013). Shared Trauma in Counseling: Information and Implications for Counselors. Journal of Mental Health Counseling, 35 (4) , 310-323.*
- Treating Depression Downhill (TDD) is a evolutionary model that could be used to consider how to treat depression when considering it's relationship to past traumatic memories. *Krupnik, V. (2014). A novel therapeutic frame for treating depression in group treating depression downhill. Sage Open, 4(1), 215824401452379-12.*
- Belief systems: When a patient undergoes a series of repeated experiences that become crystallized in the for of belief systems, increasing vulnerability and the maintenance of depressive episodes. *Ostacoli, L., Carletto, S., Cavallo, M., Baldomir-Gago, P., Di Lorenzo, G., Fernandez, I., . . . Hofmann, A. (2018). Comparison, of eye movement desensitization reprocessing and cognitive behavioral therapy as adjunctive treatments for recurrent depression: The European depression EMDR network (EDEN) randomized controlled trial. Frontiers in Psychology, (74).*
- Patients whom reported exposure to a wide variety of traumas and who suffered traumas benefited strongly from trauma-focused psychotherapy without a stabilization phase. *Wagenmans, A., Van Minnen, A., Sleijpen, M., & De Jongh, A. (2018). The impact of childhood sexual abuse on the outcome of intensive trauma focused treatment for PTSD. European Journal of Psychotrauma-tology, 9(1), 1430962.*