

# Program Snapshots

## Addressing Trauma

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# THE ROLE OF TRAUMA THERAPIES WHEN ADDRESSING AVITH

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**BETTER  
TOMORROWS**

## TRAUMA AND ATTACHMENT DISRUPTION

- Trauma and attachment disruption can get in the way of parents ability to be accessible to; responsive to and emotionally involved with their young person
- AVITH significantly disrupts family relationships and has a destructive impact on all relationships
- Efforts to control are often at the core of escalating violence e.g. escalating power struggles and win: loose battles
- Practitioners need to attend to a series of conversations where family members can talk about their hurt, anger, disappointment, guilt, shame, and blame and begin to rebuild empathy, acceptance and more open sharing.

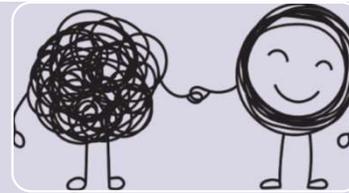
# RESOURCING V's TRAUMA RECOVERY



## RESOURCING

TALK therapy works at the tertiary (neocortex) level

- Recognising impact & legacy of trauma
- Noticing & dealing with triggers
- Understanding the traumatised brain
- Body awareness
- Self care
- Naming feelings & negative beliefs
- Containment & mindfulness skills
- Attending to shame, blame, guilt
- Building empathy, trust, pride



## TRAUMA RECOVERY

TRAUMA therapies work at the brain stem level

- Eye Movement Desensitization and reprocessing (EMDR)
- Internal Family Systems (IFS)
- Somatic psychotherapy
- Animal assisted therapy
- Art therapy
- Trauma-focused CBT
- Dyadic developmental psychotherapy (PACE)

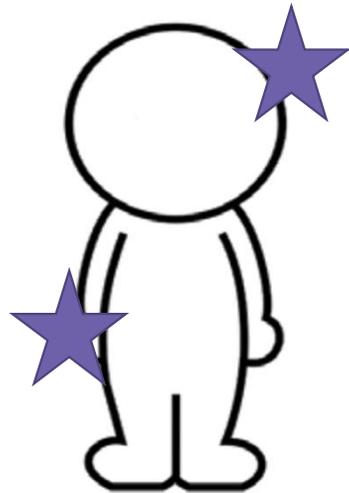
**TRAUMA INFORMED  
STRATEGIES -  
RESOURCING**



**BETTER  
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# STRESS AND SELF CARE STRATEGIES

Reducing high levels of stress is helpful in maintaining resilience and coping skills  
Our body signs and symptoms can alert us to our level of stress.



## ***What body signs do you notice?***

Frequent headache  
Jaw clenching  
Neck & back pain  
Light headed/dizzy/forgetful/  
confused  
Ringing in the ears  
Sweaty  
Chest pains/ difficulty breathing  
Stomach ache, heartburn, nausea,  
appetite change  
Frequent colds  
Anxiety & worry  
Insomnia/constant fatigue  
Feeling numb

# PHYSIOLOGICAL RESPONSE TO STRESS

When faced with a danger, our body mobilises the brain stem and limbic system:

- Activates sympathetic nervous system
- Flushes body with stress hormones adrenaline, cortisol etc
- Responds instinctively, without higher order thinking
- **Stress decreases activity of pre-frontal cortex, affects our ability to make decisions and think clearly**
- Useful short term response to immediate threat

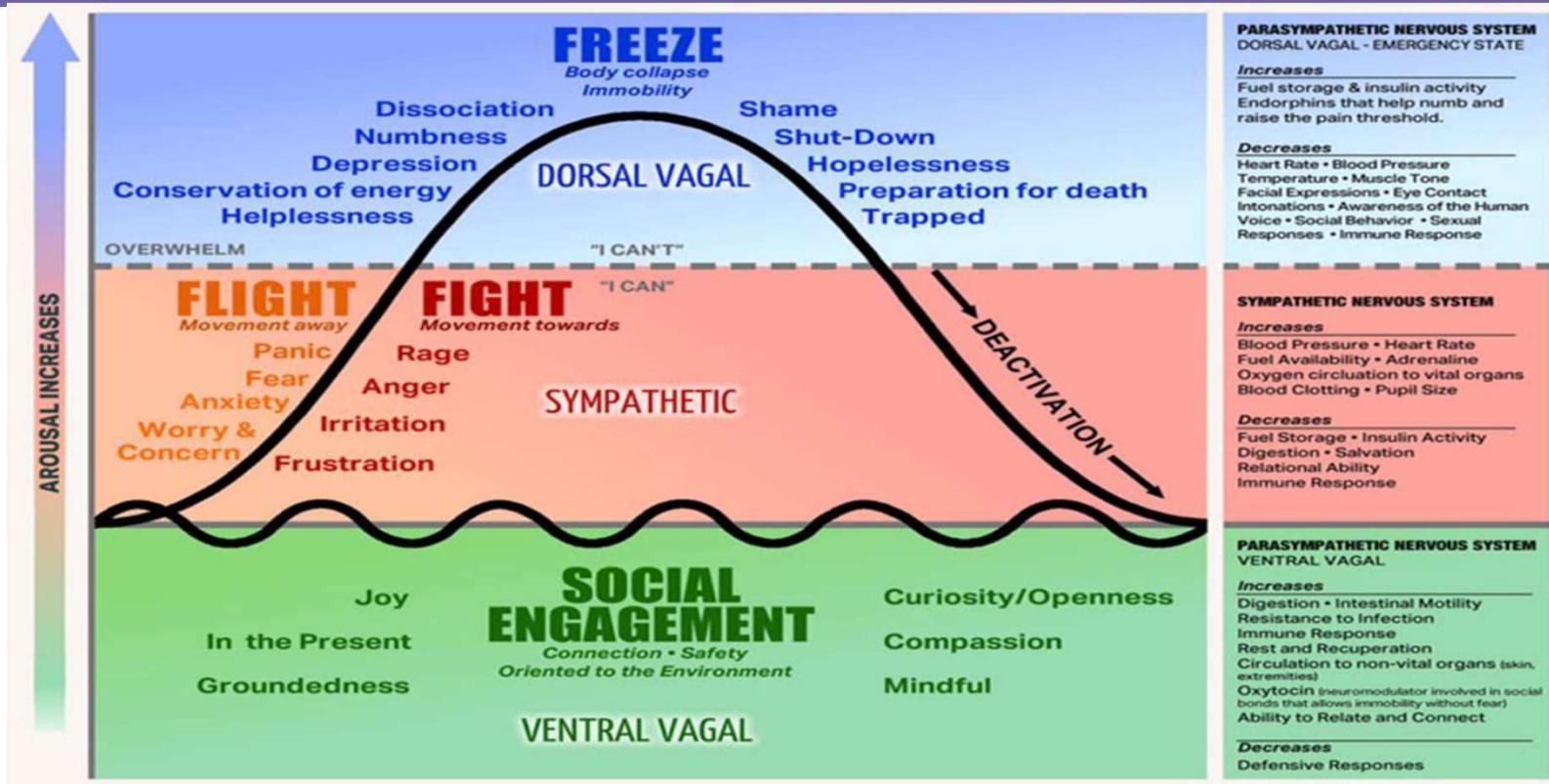


## HOW CAN YOU TELL YOU ARE TRIGGERED?

Recognising the signs of being triggered helps us to know our reality: Am I triggered, or am I really in danger?

Overwhelming emotions	Feeling rage
Teeth clenching	Wanting to hurt myself
Difficulty breathing	Feeling overwhelming shame
Feels unbearable	Wanting to drink or use drugs
Body wants to collapse	Emotions or actions don't fit the situation
Terrified, panicky	Knees knocking
Feeling "possessed"	Clenching or churning or pit in stomach
Hating myself, hating others	Going numb all over
Wanting to give up or die	Sudden intense physical or emotional reactions
Shaking, quivering	Wanting to run away

# POLYVAGAL THEORY



*"We have a need for survival, not a drive for survival – our drive is for connection"*

# TRAUMA

Trauma impacts the autonomic nervous system both in acts of commission (things done to a person) and acts of omission (neglect, unpredictable connection).

Since connection is a biological imperative, chronic disconnection is traumatic.

When opportunities for co-regulation are intermittent or dangerous, people don't learn the skill of co-regulation and have to depend on self-regulation.

When the autonomic nervous system has been shaped by trauma, people response patterns are biased toward protection and survival rather than connection and social engagement.

Some people live with a **habitual sympathetic activation** and others live in **habitual dorsal vagal** immobilisation.

**TRAUMA RECOVERY –  
EMDR**



**BETTER  
TOMORROWS**

## What is EMDR

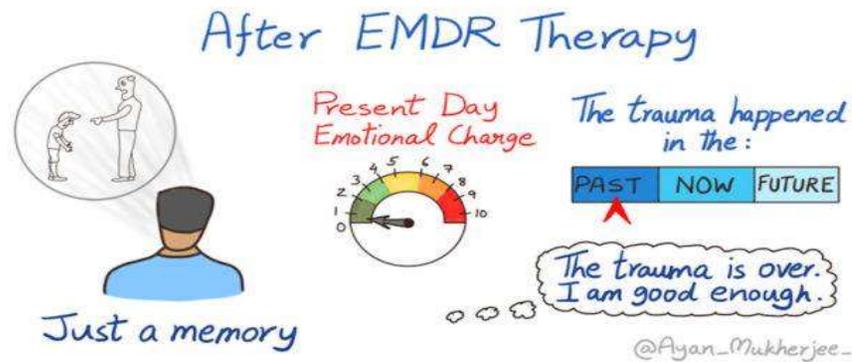
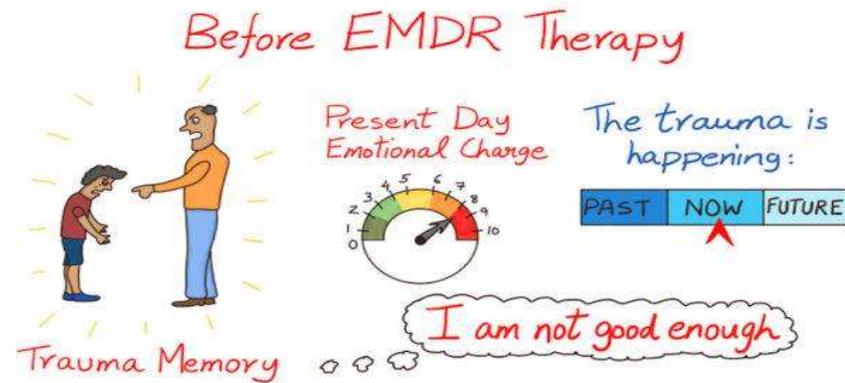
- EMDR is a psychological approach developed by Dr. Francine Shapiro to help people heal from trauma or distressing life adversities
- EMDR is a validated as an evidence-based approach
- EMDR therapy works on helping the brain reprocess traumatic memories, and as a result alleviating emotional and psychological disorders
- Uses eye movements or other bilateral stimulation or BLS (right left back and forth) to help the brain examine a traumatic or distressing memories

## Why use EMDR

Working through trauma is a gruelling process and many clients avoid it in subtle ways or they just cease attending sessions before they experience any real or lasting relief (or recovery) from their symptoms. Trauma recovery/healing is possible!

- EMDR accelerates the processing and resolution of triggers– far more rapidly than other therapies and clients remain engaged (don't drop away)
- EMDR helps clients put their traumatic memories (symptoms) in their place – become less dangerous, less distressing and more in the past
- It gets people out of survival – so they can actually experience joy/happiness/contentment/hope/optimism/peace/pride & connection – which you can only experience when you are out of survival and can be vulnerable

# Describing EMDR



## Introduction - EMDR basics

### **8 phases of EMDR:**

- Phase 1 – client history, client suitability and map targets
- Phase 2 – Preparation – includes stabilisation and increasing access to positive affect
- Phase 3 – Assessment – elicit image, negative belief, desired positive belief, current emotion and physical sensation and SUDS
- Phase 4 – Desensitisation – process experiences and triggers until SUDS 0
- Phase 5 – Integration/Installation – identify positive belief and enhance validity of desired positive belief
- Phase 6 – Body scan - concentrate on and process any residual physical sensations
- Phase 7 – Closure – ensure client stability & behaviour reports between sessions
- Phase 8 – Re-evaluation – explore what has emerged since last session

## EMDR – small “t” trauma

### **First method (small “t” trauma/simple PTSD) - primary problems started in adulthood**

- Can get a clear timeline and events
- What are current behaviours, emotions, negative cognitions, symptoms causing your distress?
- When did this first happen? E.g. when was the first time you can remember feeling this way?
- Map memories - the first memory; most distressing memory; most recent incident
- Belief - Something bad has happened to me - “I am vulnerable, powerless, responsible”

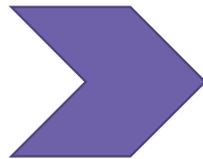
## EMDR – Big “T” trauma

### **Second method (Big “T” trauma) – complex PTSD & personality disorders**

- Primarily the problems started in early youth
- Primarily used to treat complex PTSD and/or personality disorders
- Memories are fragmented, no clear timelines or a profusion of traumatic memories.
- Memories in some way form the groundwork under the client’s core beliefs – feel personal responsibility and their sense of self/self esteem impacted
- Belief - I am something wrong - ‘I am nothing”; “I am unlovable”; “I am bad” (and my experiences prove this)

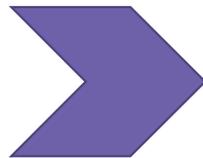
## EMDR – a more complex road (cPTSD)

Preparation &  
Strengthening attachment



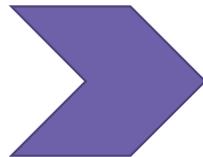
Trauma processing

Preparation &  
strengthening attachment



Trauma processing

Preparation &  
strengthening attachment



Trauma processing

## BRAIN ORGANISATION REFLECTS SELF ORGANISATION

Human emotions constitute the fundamental basis the brain uses to organise it's functioning, so brain organisation reflects self organisation

AND

Parent child communication about emotions directly shapes the child's ability to smoothly organise his or her self

*(Daniel Siegel)*

## EMDR – building readiness

### **Indicators that can proceed with EMDR:**

- Level of emotional stability is evident - capable of self control and relaxation skills during emotional arousal
- No current suicidal ideation or suicidal gestures
- No current major life changes
- Current life supports e.g. families and friends who can support them
- General physical health & no neurological impairment
- No current legal requirements
- Impact of change (changed role in relationships and/or secondary gains) have been considered
- It's the right time
- Medication - Benzodiazepine

## Client readiness & safety - mindfulness

- Mindfulness skills enable a client to stay present to present moment events, including unwelcome ones, without avoidance or escape
- In EMDR we are essentially asking clients to be mindful of their unwelcome private experiences
- Requires:
  - Observing – attending to events, emotions and other behavioural responses without necessarily trying to terminate them
  - Describing – the ability to put words to internal and external events
  - Taking a nonjudgmental stance (focus on “what is” not “good”, “bad”, “terrible”, “should”, “Should not”)
  - Focusing on the present moment
  - Acting effectively, doing what works (act skillfully in a situation as it is, not as you would like it to be)

## Client readiness & safety - emotional regulation

### **Distress Tolerance skills:**

- The ability to perceive the environment without demanding it to be different from how it is (mindfulness, nonjudgmental).
- Acceptance does not mean approval or liking
- To experience current emotional state without attempting to change it
- To observe thought and action patterns without attempting to stop or control

### Can include:

- Distractions – handy to start with, but can be a form of avoidance
- Self soothing – imagery/ Safe Place/ RDI/ Relaxation/Awareness exercises
- Radical Acceptance – acknowledging what is/ is a choice

## Client readiness & safety - emotional regulation

### **Reduce vulnerability to Negative Emotions:**

- Take care of your body
- Balanced eating
- Choose “no” to drugs and alcohol (not only form of pleasure)
- Sleep well
- Exercise
- Do something each day that makes you feel competent and in control

### **Increase Positive Emotions:**

- Increased pleasant events
- Work towards goals – make a list of small steps; take one small step

# Centre for Excellence in Child and Family Welfare

<https://www.cfecfw.asn.au/>

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