Effective Treatment for Trauma – Skills for EA Professionals

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Employee Assistance Program

Rocky Mountain EAPA Conference
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Expanding Your Toolbox: EMDR in a Short-Term EAP Model

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Discussion

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Overview

- Trauma Definitions
- Trauma and the Brain
- What is Adaptive Information Processing, EMDR and EMD?
- Clinical Skills and Resources
- Q&A

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Trauma

Trauma is a person's emotional response to a distressing experience. Unlike ordinary hardships, traumatic events tend to be sudden and unpredictable, involve a serious threat to life—like bodily injury or death—and feel beyond a person's control.

Most important, events are traumatic to the degree that they undermine a person's sense of safety in the world and create a sense that catastrophe could strike at any time.

--- Psychology Today

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Trauma

- Trauma is specifically **an event that overwhelms the central nervous system, altering the way we process and recall memories**. "Trauma is not the story of something that happened back then, it's the current imprint of that pain, horror, and fear living inside people."
  - Bessel van der Kolk, M.D.
- Trauma is in the nervous system, not in the event.
  - Peter Levine, Ph.D.

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Types of Trauma

- **Acute trauma** results from a single incident.
- **Chronic trauma** is repeated and prolonged such as domestic violence or abuse.
- **Complex trauma** is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.
- **Secondary or vicarious trauma** arises from exposure to other people's suffering and can strike those in professions that are called on to respond to injury and mayhem, notably physicians, first responders, and law enforcement.

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Big "T" vs little "t" Trauma

Major events normally seen as traumatic. Big "T" trauma is distinguished as an extraordinary and significant event that leaves the individual feeling powerless and possessing little control in their environment. Some examples might include:

- Natural disaster
- Physical or sexual abuse
- War, combat, persecution
- Serious accident
- Death/loss of loved one
- Domestic violence
- Crime
- Major surgery/life threatening illness

Little "t" traumas are events that exceed our capacity to cope and cause a disruption in emotional functioning. Often not seen as traumatic and tend to be overlooked by the individual who has experienced the difficulty. Some examples might include:

- Interpersonal conflict
- Infidelity or divorce
- Abrupt or extended relocation
- Legal trouble
- Financial worries or difficulty
- Shame/humiliation/left out/bullying
- Losses
- Failure experiences

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Trauma and the Brain: We are Vulnerable not Weak

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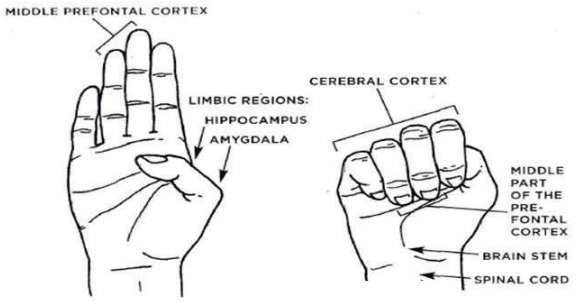
The Hand Model of the Brain

Daniel J. Siegel



Survival Mode

You are unable to think logically, plan and made good decisions. The parts of your brain that help you process information is not connecting with the others parts of the brain and your amygdala has taken over. This puts you in survival mode and engages fight, flight or freeze.

Calm

Your brain is working in harmony. All parts are connected and able to work together. You are able to learn and think logically and you feel safe.

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WINDOW OF TOLERANCE

State of Hyper-Arousal

Sympathetic System Activated: Acceleration of autonomic nervous system response (increased heart rate and blood pressure, increased blood flow to large muscles, etc.). HEIGHTENED SENSATIONS
Fight/Flight Response Activated: State of hyper-vigilance, anxiety, perception of challenge or danger
Disorganized Cognitive Processes: Thinking is either rigid or chaotic, poor judgment, emotional reactivity, dread
No new learning can take place

Optimal Zone of Arousal—Window of Tolerance

Parasympathetic System Stimulated (Ventral Vagal Nerve): Body systems regulated, emotions are tolerated, and information is integrated. NORMALIZED SENSATIONS
Social Engagement System Activated: Able to utilize calming cues from others (i.e., body language, tone of voice, speech prosody, facial expression) for self-soothing and emotion regulation
Pre-Frontal Cortex Activated: Access to intuition and insight; system is calm, alert, relaxed, aware, coherent
Experience Full Range of Emotions: Joy, grief, anger, etc., with a sense of control and awareness of options
NEW LEARNING CAN TAKE PLACE

State of Hypo-Arousal

Parasympathetic System Activated (Dorsal Vagal Nerve): Extreme deceleration of autonomic nervous system response (decreased heart rate and blood flow to extremities, dissociation of awareness, etc.) ABSENCE OF SENSATIONS
Collapse Response Activated: Slowed or disabled thinking process, dissociation of awareness, isolation/withdrawal, depression, numbing, hopelessness, disabled defensive response
No new learning can take place

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Examples

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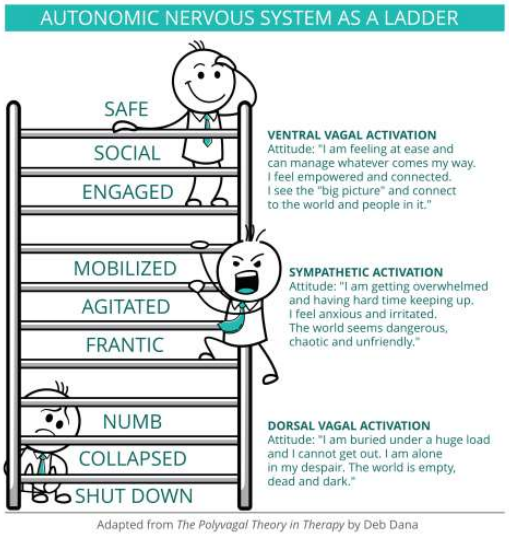

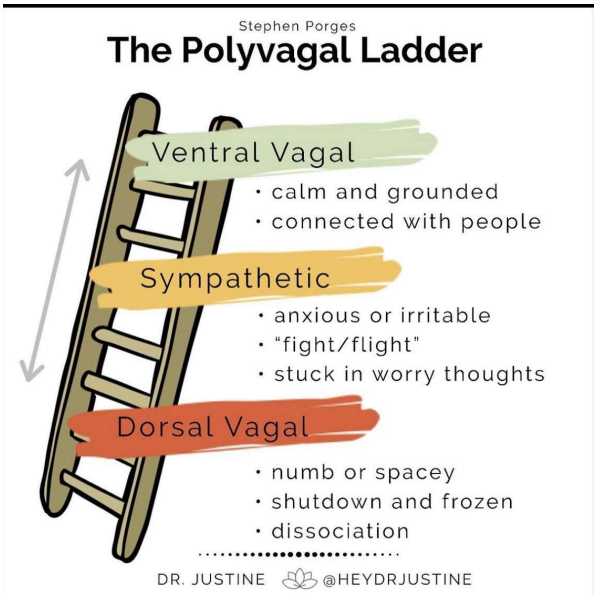

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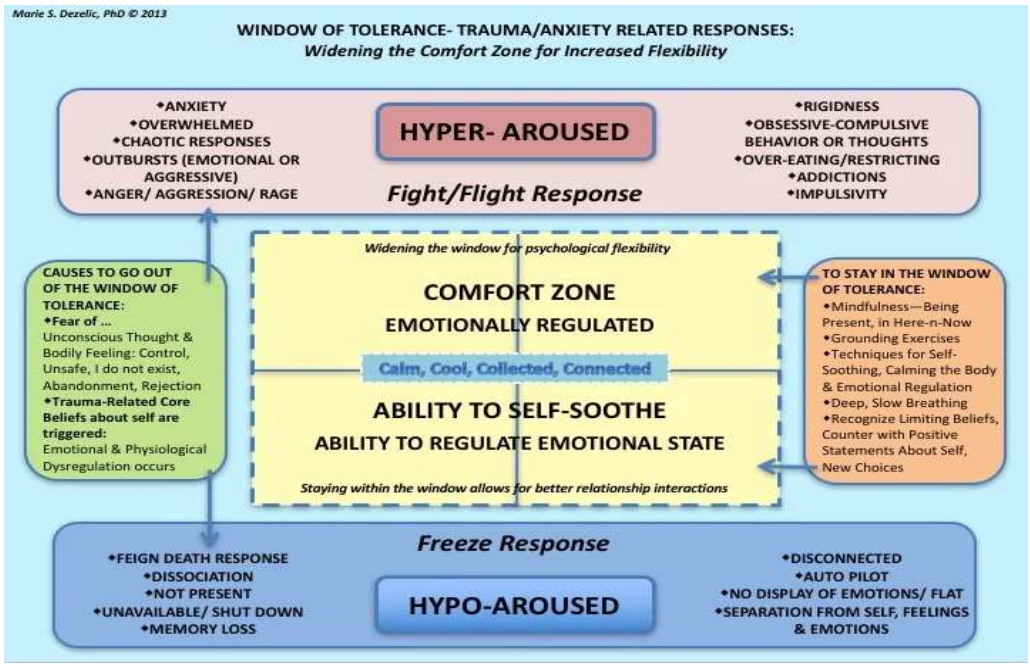

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Trauma Symptom Awareness

1. Intense feelings of distress when reminded of a tragic event?
2. Sleep and appetite changes
3. Trouble concentrating
4. Decreased tolerance/increased irritability
5. Physical reactions to reminders of trauma such as nausea, sweating or a pounding heart
6. Mood disturbances
7. Flashbacks/intrusive thoughts (feeling like the trauma is happening again)
8. Withdrawal from family or friends
9. Drinking too much or self-medicating
10. Not engaged with life.
11. Suicidal thoughts/risky behaviors
12. Not feeling like yourself.

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EMDR

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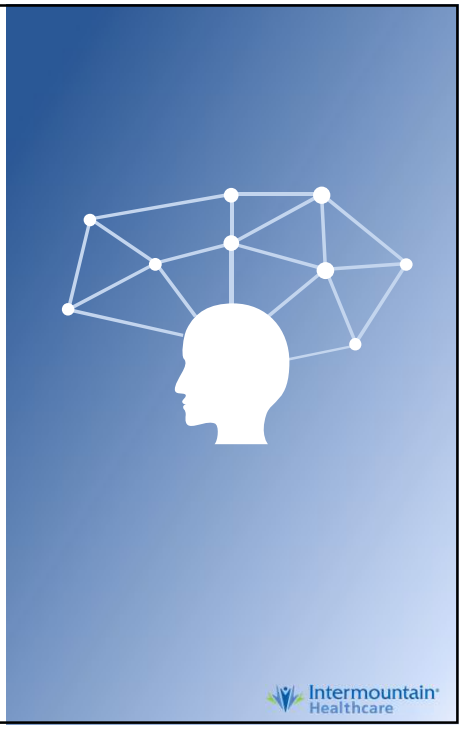
Adaptive Information Processing

- When an experience is successfully processed (whether positive or negative), it is adaptively stored, integrating with other, similar experiences about self and other.
- Disruptions to the information processing system due to high arousal states from adverse life experiences result in memories that are inadequately processed and maladaptively stored in state-specific form.
- Dysfunctional reactions to current situations are caused by earlier experiences inadequately processed and maladaptively stored.
- The goal of EMDR is to move from maladaptive to adaptive (shifting from negative to positive cognition).



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Explanation of EMDR

"Reactions that seem irrational are often exactly that. But irrational doesn't mean that there is no reason for them….The automatic reactions that control our emotions come from neural associations within our memory networks that are independent of our higher reasoning power. Its irrational but understandable and, more important, its fixable. While genetics play an important role, in general, the basis of the suffering is the way our memories of past experiences are stored in the brain, and this can be changed. Happily, appropriately stored memoires are also the basis of joy and mental health."

-Francine Shapiro, Ph.D.

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Explanation of EMDR

"When disturbing event/s occur, it can get locked in the brain with the original picture, sounds, thoughts, feelings and body sensations (5 senses). EMDR seems to stimulate the information and allows the brain to reprocess the experience. That may be what is happening in REM or dream sleep. The eye movements (tone, tactile) may help to reprocess the frozen material. It is your (the client's) brain that will do the healing and (they) you are the one in control."

-Francine Shapiro, Ph.D.

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Goal of EMDR Approach to Psychotherapy

1. To identify and reprocess memories which are the basis of current problems.
2. To strengthen access to adaptive memory networks to optimize client's ability to respond appropriately to current and future life demands.
3. To eliminate dysfunctional memory networks, reducing vulnerability to respond inappropriately to challenging situations.
4. To incorporate needed skills, behaviors and adaptive beliefs about self and other, optimizing clients' capacity to respond spontaneously and authentically.
5. To achieve the most effective and efficient treatment effects while maintaining client stability and safety.
6. To bring contentment, satisfaction, and well-being into the client's life.

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Assessment – EAP Scope

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Potential 1st Session Flow

Presenting Problem" Big "T" (complex) or little "t" (acute/recent traumatic event)?

Big "T"

Little "t"

Focus on the symptoms NOT the experience. How is this affecting the client's life? What is the most intrusive?

Focus each session on symptom management through teaching and practicing skills.

Help people get out of sympathetic response (hyper or hypo-arousal) and back into the Window of Tolerance. EMDR or other trauma related skills.

Assess for referral.

Continue symptom management to bridge to therapist (warm handoff).

Continue to assess client's needs for outside referral.

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Potential Pitfalls

- Avoid getting into the "gory" details of the incident. This can sometimes be re-traumatizing for the client.
- Be careful to not say or send the message that "we don't deal with that in the EAP." The message is always **"we are here to help."** Clients who are traumatized, hurting, or shame based may think "if my therapist says they can't help me maybe I am too broken to be helped."

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Short Term Approaches – EMDR Trained

- EMD (Eye Movement Desensitization)
- Single event trauma
- Recent traumatic event protocol
- Some group protocols
- Begin setting up 8 phase EMDR model, while working with client to transfer to a long term therapist who does EMDR ….. "warm hand off"
- Teach Self-Care Technique

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Short Term Approaches – No EMDR Training

Skills to begin helping client shift from maladaptive to adaptive and widening the window of tolerance.

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Clinical Skills and Resourcing

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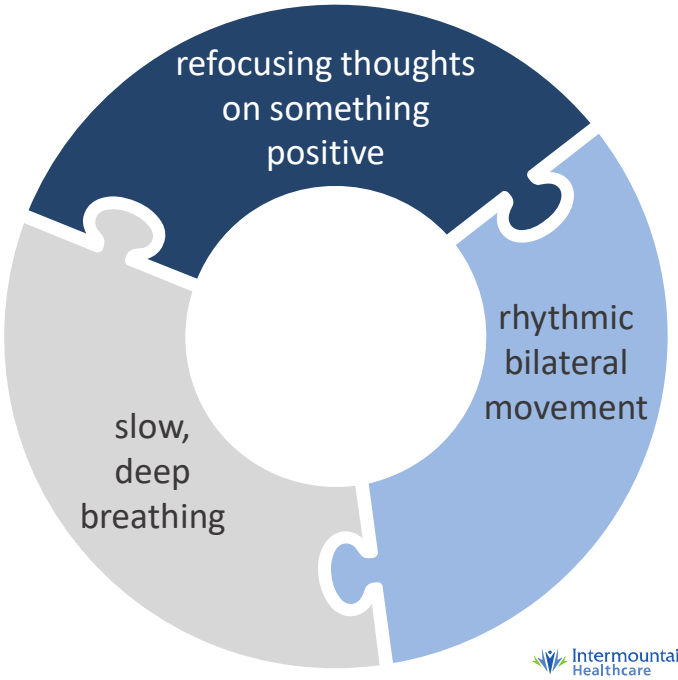
Calming the nervous system by connecting mind to body. All three together.



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Bilateral Tapping or Butterfly Hug

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Guided Imagery/Safe Place

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- Butterfly Hug/Bi-Lateral Tapping
- Safe/Calm/Peaceful Place
- Containment
- Relaxation Exercises
- Grounding to Senses
- Cooked Noodle/Body Sway
- Avaguard Moment/Water
- Humming/Singing/Drinking
- Stretch/Shake
- Peripheral Vision Exercises
- Self-Help Technique (Dr. Jeraro)
- Bi-tapps (bi-tapp.com)

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5 Things you can see.

4 Things you can physically feel.

3 Things you can hear.

2 Things you can smell.

1 Thing you can taste.

Grounding with the 5 Senses

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Self-Help Technique for Caregivers

Developed by Dr. Ignacio Jarero, Ph.D, Ed.D.

Step 1

Observe and notice your body…..rate disturbance on a scale of 0 to 10.

Step 2

Run a mental movie of the whole distressing event, or the whole day if doing daily.

Step 3

Observe and notice your body…..rate disturbance on a scale of 0 to 10.

Step 4

While doing butterfly hug and walking or marching in place, run the mental movie again.

Scan code for video of full Self-Help Technique.

If the disturbance level is 4 or above, repeat steps 3 and 5 until the disturbance levels is 0-3. If distressing symptoms do not decrease, or increase, contact the EAP. Someone is always available to help you.

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Q & A

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We are all specialists at helping.

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Resources

Learning About EMDR:
Getting Past Your Past by Francine Shapiro Ph.D.
https://www.psychologytoday.com/us/blog/mindfulness-insights/202007/how-does-emdr-therapy-work-what-makes-it-so-effective
https://www.psychologytoday.com/us/blog/relationship-and-trauma-insights/202007/what-the-heck-is-emdr-therapy-can-it-really-help-me

Other Books:
Polyvagal Exercises for Safety and Connection by Deb Dana, LCSW
The Body Keeps the Score by Bessel van der Kolk, M.D.
Waking the Tiger by Peter Levine, Ph.D. (or anything else he has written)

Helpful Exercises:
SCRIBBLE IT OUT DRAWING EXERCISES - Scribble it Out Drawing Exercises on Vimeo (vimeopro.com)
Self-Care Technique for Frontline Caregivers – **Dr. Ignacio Jeraro** https://www.youtube.com/watch?v=BGl5QOFHtbE
Past, Present and Future EMDR Podcast - https://www.youtube.com/watch?v=hCd8MEmnpYg

Websites:
www.emdr.com
www.emdria.org
www.emdrhap.org (EMDR Humanitarian Assistance Program)
Bi-Tapps https://bi-tapp.com/

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