

**Learning how to deal with emotional trauma and stressors for
psycho social supporters
An integrated bio-psychosocial protocol for trauma**

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Monica Urru, MD, Ph.D.
Italian Association for ISTDP
istdpinstitute.com

What we live takes its form in the body

IF I AM NOT THE EARTH

Tell me who I am if I'm not the Earth. If my body is not the land. If the land is not my body. Tell me who I am if I don't have the Earth. If my body is not the Land's instrument. If the Land hasn't got any harmony. Tell me who I am if I'm not the Earth's poem. If my body doesn't have words. If the Land has been forced to be silent. Tell me who I am if I don't have the Earth's voice. If my body is incapable of making any sound. If the Land can't sing anymore. Tell me who I am if I'm not the Earth's song. If my body can't vibrate anymore. If the Land cannot vibrate anymore. Other than the machines, the dams, the mines and the oil that is dripping all over my body.....

Purpose

- 1) to understand the research and theoretical positions on trauma.
- 2) to use the basic ISTDP and integrated trauma protocol, effectively and safely, and adapt it to special situations and populations.
- 3) to be familiar with variations on the basic protocol for special populations.
- 4) to understand legal and ethical considerations in the use of sensorymotor and short term protocols.
- 5) Psychobiological support: EMD, Group EMDR, TRE, and ISTDP..

Topics

The research on trauma; review of the research; discussion of controversy/social psychology of innovation.

The psychology of trauma and diagnosis of Post traumatic Stress Disorder.

Theoretical explanations for integrated approach to trauma; accelerated information processing; brain research.

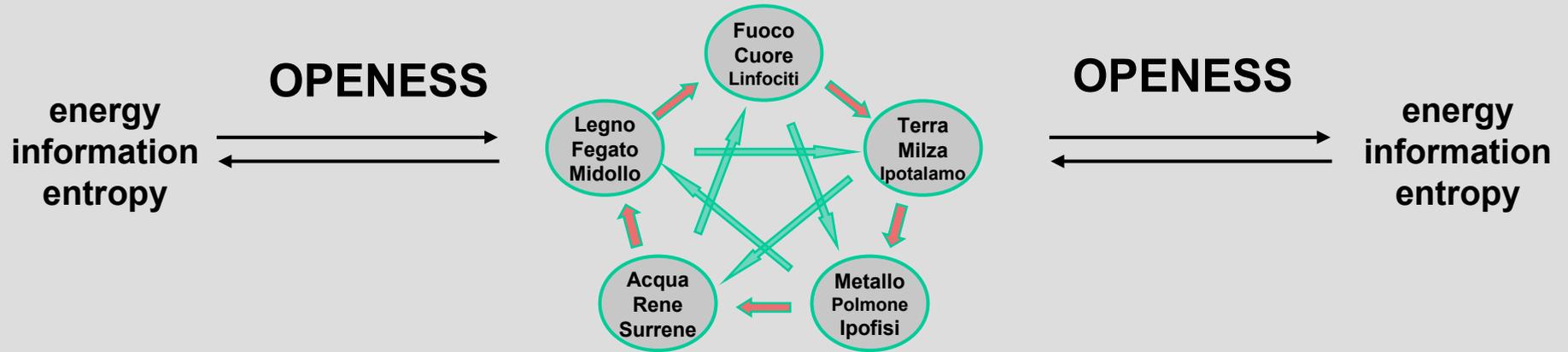
The Emergency Response Procedure in acute trauma.
Integrative ISTDP/EMDR.

Treatments for occurring war trauma.

DYNAMIC PROPERTIES OF HUMAN BEINGS AS SYSTEMS

TELEONOMY

(task, function, evolution, "capacity to make sense of...")



SELF REGULATION

(feedback, webs, complexity, deterministic chaos)

PTSD overview

Post traumatic stress disorder (PTSD) is an anxiety disorder that person may develop after experiencing or witnessing an extreme, overwhelming traumatic event during which they felt intense fear, helplessness, or horror.

The dominant features of post traumatic stress disorder are emotional numbing (i.e., emotional non responsiveness), hyperarousal (e.g., irritability, on constant alert for danger), and re experiencing of the trauma (e.g., flashbacks, intrusive emotions).

PTSD is as an anxiety disorder. Anxiety disorders cover several different forms of abnormal, pathological anxiety, fears, phobias and nervous conditions that may come on suddenly or gradually over a period of several years, and may impair or prevent the pursuing of normal daily routines

Acute stress disorder

PTSD can be reduced or prevented if treated early. Although usually used at a later time, EMDR among other treatments, has also been used effectively in the immediate period following trauma. Victims of immediate trauma often exhibit freeze reaction and dissociation. The Emergency Response Procedure (ERP), described in the Humanitarian Assistance Programs (HAP) Disaster Manual, was developed to deal with victims of natural and man made disaster within hours of exposure to trauma.

Recent Events Protocol

This same basic approach can be applied in the event of strong abreaction during the initial phase of History-taking, and prior to the Preparation Phase of any treatment.

Similarly, treatment with ERP may also be considered for patients exhibiting this “silent terror” or extreme stress during initial treatment by first responders at the scene of an accident or in ambulances en route to medical facilities.

PTSD evaluation

The person has been exposed to a traumatic event in which both of the following have been present:

The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.

The person's response involved intense fear, helplessness, or horror.

Note: in children, it may be expressed instead by disorganized or agitated behavior.

Acute stress disorder

Traumatic event:

Big T trauma: involving shock and possibility to die, or to lose our family and our community, severe damage of my belongings, economical consequences.

Consequences and worries about the critical event from the occurrence till the present moment.

PTSD overview

Acute stress disorder (duration of up to 4 weeks)

Adjustment disorder (less severe stressor or different symptom pattern)

Mood disorder or other anxiety disorder (symptoms of avoidance, numbing, or hyperarousal are present before exposure to the stressor)

Other disorders with intrusive thoughts or perceptual disturbances (obsessive compulsive disorder, schizophrenia, other psychotic disorder)

Substance abuse or dependence disorder

Furthermore, malingerers — that is, people who falsely claim to be traumatized —sometimes feign PTSD symptoms in order to win money in a court case as compensation for "emotional suffering."

Recent Events Protocol

- 1) Ask the patient to tell you aloud the history of the traumatic event;
- 2) Ask the patient to stay connected with here and now while talking
(use any possible tool including smells, colors in the room, and use a detaching metaphor, as the tv screen);
- 3) Establish a sense of safety and connection, using eye contact and appropriate tone of voice;
- 4) Google search technique;
- 5) EMD adapted.

EMD

EMD differs from EMDR because, with EMD, we are restricting the processing by continuously bringing the client back to target and assessing the SUD (subjective units of disturbance) after each set of bilateral stimulation (BLS).

Bilateral stimulation is also referred to as DAS (Dual Attention Stimulus).

We aim to bring the iperarousal in a balanced window of tolerance

EMD

- 1) Desensitization principle; (BLS)
- 2) Subjective level of disturbance;
- 2) Body scan while remembering the traumatic event;
- 3) Install positive cognition.

Group traumatic episod protocol

- 1) Common target choice;
- 2) Ask if somebody wants to share her own target (not in acute stress);
- 3) Take work sheets and colors and divide the paper in 4 equal parts;

Group traumatic episod protocol

- 1) Assesment;
- 2) Desensitization;
- 3) Installation of positive image.

PTSD symptoms

Intrusive elements:

Recurrent and intrusive distressing recollections of the event.

Recurrent dreams of the event

Sudden acting or feeling as if the traumatic event were recurring

Intense psychological distress at exposure to things that symbolizes or resembles an aspect of the trauma, including anniversaries thereof.

Physiological reactivity when exposed to internal or external cues of the event.

At least one of these symptoms to be diagnosed with Post Traumatic Stress Disorder

PTSD avoidance pattern

Efforts to avoid the thought or feelings associated with the trauma

Efforts to avoid activities, places, people or situations that arouse recollection of the trauma.

Inability to recall an important aspect of the trauma (psychological amnesia)

Markedly diminish interest in significant activities

Feelings of detachment or estrangement from others

Restricted range of affect-unable to have loving feelings

Sense of foreshortened future- does not expect to have career, marriage, children or normal life span.

At least three of these symptoms to be diagnosed with PTSD

PTSD hyper-arousal pattern

Difficulty falling asleep or staying asleep

Irritability or outburst of anger-irritability can progress to rage

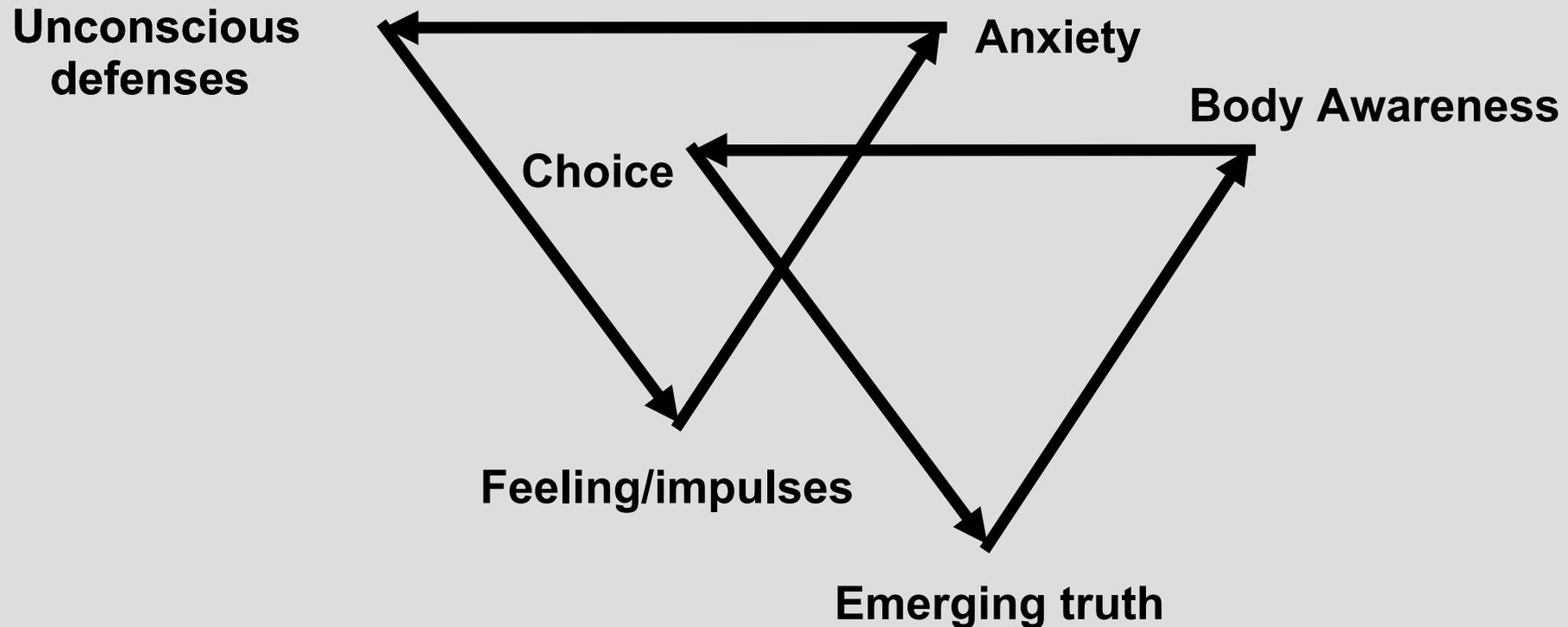
Difficulty concentrating

Hypervigilance- resembles frank paranoia

Exaggerated startled response

At least two of these symptoms to be diagnosed with PTSD

Therapeutic stance: co - creating safety



EMDR Theory

Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic approach developed by Francine Shapiro. Originally EMDR was used for processing traumatic memories in PTSD, and this is the application for which is supported by most evidence. There is increasing evidence that it can also be applied helpfully in other conditions where intrusive memories are problematic.

Adaptive Information Processing

This model proposes human beings process information, and that this information is stored in memory networks containing nodes for events, thoughts, feelings, body sensations, and so on. The AIP model proposes that following trauma memories can be stored in a dysfunctional ‘unprocessed’ way – in networks that are not connected with the bigger network. According to the AIP model the EMDR protocol is said to access the dysfunctionally stored information and to stimulate the adaptive processing of this information. The rationale is sometimes given that “human beings have the ability to overcome trauma and to process difficult events – EMDR facilitates this natural process”..

Adaptive Information Processing

Access to experience of memories held in the body let the patient to connect awareness and unconscious automatic pattern.
A open window to work and change the cristallized information.

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EMDR - 8 steps approach

- 1) Client history
(including trauma(s) identification, risk assessment, dissociation, client goals)
- 2) Preparation (including psychoeducation, safe place)

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EMDR - 8 steps approach

3) Assessment (cross-sectional breakdown of the specific trauma memory on which you have chosen to work)

Image

Negative cognition

Positive cognition

Validity of cognition (VoC)

Emotions

Subjective units of distress (SUDS)

Physical location of disturbance

4) Desensitization (memory reprocessing)

EMDR - 8 steps approach

5) Installation (installation of positive cognit (installation of positive cognition)

6) Body scan (hold preferred belief in mind and scan the body “the body keeps the score”)

7) Closure (of a complete or incomplete session)

8) Re-evaluation

EMDR - 1

EMDR Phase 1: History and treatment planning

If you choose to try EMDR therapy, your first session will likely involve the therapist taking an initial client history. The therapist will probably ask you about the problems, behaviors, and fears that have brought you into therapy. However, one difference between EMDR and many other therapies is that you won't be asked to discuss the traumatic event in detail. The emotions and physical sensations surrounding the event are what's important, not the details about the event itself. Once the therapist has developed a treatment plan for you based on this initial assessment, the process of EMDR can begin.

EMDR - 2

EMDR Phase2: Preparation

The preparation stage involves the therapist teaching you some self-care techniques, so that you can handle strong emotions that may arise during or between sessions. EMDR places a strong emphasis on self-care. This stage is also important for developing a sense of trust with the therapist. He or she will explain the theory of EMDR in more detail, and talk about what you can expect in the following sessions.

EMDR – 3

Target and Beliefs N.P.

EMDR Phase3: Assessment

The therapist will ask you to identify:

A specific scene or picture that best represents the target event. You probably will have already discussed your target event in your first session, but at this point you will clarify the visual image of to the trauma you experienced, including associated emotions and bodily sensations.

A negative belief about yourself associated with the traumatic event (e.g. “I am helpless,” “I am worthless”, “I’m a bad person.”).

A positive belief you would rather believe about yourself.

EMDR – 3, VOC

This positive belief should reflect what is appropriate in the present. For example, perhaps you survived an assault, with the subsequent negative belief: “I’m in danger.” You might replace it with the positive belief: “I’m safe now.”

Once the visual image and negative and positive beliefs have been identified, you’ll be asked to rate how strongly you feel the positive thought to be true, on the Validity of Cognition (VOC) scale of 1-7 (with 1 being "completely false" and 7 being "completely true").

EMDR – 3, SUD

You'll also be asked to describe the disturbing emotions you feel when you focus on the visual image and rate their intensity on the 11-point Subjective Units of Disturbance (SUD) scale (with 0 meaning the emotion isn't distressing at all and 10 meaning it's the worst feeling you've ever had). You'll also be asked to identify the locations in the body where you feel physical sensations when you think about the trauma.

EMDR- 4-6 Processing informations

Processing the trauma: EMDR Phases 4-6

Once you've completed the first three phases of EMDR therapy, the work of processing the trauma begins. In phases 4-6, your therapist will help you recall your target image while leading you through a series of rapid eye movements (or alternating bilateral audio or tactile stimulation and or a combination thereof). With your attention split between the internal image you're concentrating on and the external stimuli of your therapist's moving finger, you're able to experience the distressing memory while remaining grounded in the present, enabling you to process and reframe the trauma.

The therapist will also monitor the intensity of your symptoms between sessions to ensure that progress is being made and maintained.

EMDR- 4-6 Processing informations

Processing the trauma: EMDR Phases 4-6

The therapist will also monitor the intensity of your symptoms between sessions to ensure that progress is being made and maintained.

According to the EMDR Network, reprocessing a single trauma is generally accomplished within 3 sessions. If treatment takes longer, you should still see some improvement within that amount of time.

EMDR- 4 Desensitization

EMDR Phase 4: Desensitization

During the desensitization phase, you'll pay attention to all the negative beliefs and disturbing emotions and bodily sensations that come up as you focus on your target image while following your therapist's finger back and forth with your eyes. You'll be asked to take note of *all* your reactions to the processing—good, bad, or neutral—including any new insights, associations, or emotions you experience.

After each set of rapid eye movements, the therapist will check in with you and assess your level of disturbance regarding the target image. During this process, you will continue to “digest” or process the feelings, images and beliefs that occur in relation to the trauma target. The desensitization phase continues until your distress level, as measured by the SUD scale, is reduced to 0 or 1.

EMDR- 5 Installation

EMDR Phase5: Installation

In the installation phase, you'll be asked to focus on the positive belief you've identified to replace your old negative belief about the trauma. As in phase 4, you'll concentrate on this mental image while simultaneously tracking your therapist's finger with your eyes.

The goal is to strengthen the positive belief or self-statement until you accept it as fully true. After each set of rapid eye movements, the therapist will ask you to rate the positive belief on the 7-point VOC Scale, which gives the therapist concrete measures of how you are progressing. The installation phase is complete once you are able to accept the positive belief at a level of 7 ("completely true").

EMDR- 6 Body scan

EMDR Phase 6: Body scan

After replacing negative beliefs surrounding the trauma with healthier, positive beliefs, the next phase is to focus on any lingering physical sensations. Your therapist will ask you to think about your original target while scanning your body from head to toe, looking for residual tension. Any bodily tension or uncomfortable physical sensations are then targeted with bilateral stimulation until they are resolved.

According to the EMDR Network, “positive self-beliefs are important, but they have to be believed on more than just an intellectual level.” Phase 6 is considered successful when you are able to think or talk about the original target without feeling any body tension.

EMDR- 7 Closure

EMDR Phase 7: Closure

One of the goals of an EMDR session is for you to leave feeling better than you did when you got there.

If you haven't been able to finish working through the target trauma in a particular session, your therapist will lead you through a variety of relaxation techniques(drawing from what you were taught in Phase 2) designed to bring you back into emotional equilibrium.

EMDR- 7 Closure

Your therapist will also prepare you for what you may experience between sessions.

For example, disturbing images, thoughts, and emotions may arise during the week as you continue to process the trauma.

You will be instructed to keep a journal of these negative memories and thoughts, while will help you distance yourself from the disturbance and give you new targets for future therapy sessions.

Your therapist will also review the visualization techniques and relaxation exercises you can use to maintain emotional balance between sessions.

EMDR- 8 Reevaluation

EMDR Phase 8: Reevaluation

Each new session begins with a reevaluation of your progress. First, you will be asked to focus on any targets you've already reprocessed. Your therapist will review your responses, checking to see if you've maintained the positive results. Your therapist may also ask you how you feel about the previously-treated targets and review any disturbances that came up between sessions. Based on this reevaluation, your therapist will decide whether to move on to new targets or to revisit old targets for additional reprocessing and integration.

Safety and belonging

Je suis, J'existe

Je suis venue apporter la lumiere aux nations

Je suis venue avec le lumiere

Moi

Femme d'entre toutes femmes

Nation d'entre toutes nations

- *Je reprenedrai le nom des mes ancetres N. Kanapè Fontaine*

Once upon a time

Some say that at the beginning there were only Him and Her.

She is known as Karel. He is called Him.

They have always been there, nevertheless they never looked at each other. Then her wish to be seen, never to be alone again, became so strong that he could feel it, and so he saw her.

In that very moment everything lighted up.

Some say that moment, in which their eyes met for the first time, is called First Fire and from that everything could be lighted up.

That First Fire holds the first emotion, the Mother of all emotions.

And this is the Passion.

Life.