The Effects of Trauma

Santa Molina, LICSW
Director of Counseling & Advocacy
DC Rape Crisis Center
Washington, DC
202-232-0789 x 1202
Smolina @ dcrcc.org
Expectations and Outcome

- Common Truths and Givens
- What Constitutes a Trauma
- Trauma affects Body, Brain and Nervous System
- Uniqueness of Trauma Work
- Basics of Somatic Experiencing Model
- Self Care - Caution to Service Providers
Some Basic Truths

About Human Beings:
• We have the innate ability to heal ourselves by self regulating and consistently re-establishing a sense of homeostasis

• We experience life on Physical, Emotional, Mental, Spiritual, Behavioral levels

• We are affected by all aspects of our environment; social, political, racial, class, culture, sexual and gender identity and ability
Some Basic Truths

About the Body:

- It has incredible wisdom and holds all of our memories, it is a historian and a teacher
- It serves as a container for our sensations and feelings
- It separates us from the environment and others
- It belongs to us
- It is the “temple of the soul”
- It defends us against unbearable affect
- It is an Armor and always speaks the TRUTH
What Constitutes a Trauma?

- An incident perceived to be life-threatening, that startles, stuns and/or overwhelms us, leaving us altered or disconnected from our bodies.

- An incident that ruptures the body’s stimulus barrier, an individual’s range of tolerance.

- It is defined not by the incident or the event, but by how the individual responds to the incident or event.
Common Responses to Trauma

- Hyper-arousal (activation)
- Constriction (tightness/tension)
- Dissociation (leaving/fleeing)
- Feelings of numbness (or freeze) resulting in a sense of helplessness and hopelessness
Time Limitations

- The common responses to trauma re involuntary, psycho-physiological reactions to overwhelm, they are intended to be time limited.
- When the nervous system is not restored to balance, “secondary symptoms” can develop weeks, months, or years later.
- 75% of clients have traumatic symptoms that remain dormant for years.
- Onset usually 6-18 months.
Neo-Cortex

- “New” part of brain
- Frontal Lobe
- Responsible for inhibition of actions
- Complex, rational thinking; planning; perception
  *Speaks the language of Words*
Limbic System

- The “midbrain,” the mammalian brain
- Amygdala, Hippocampus, Thalamus
- Responsible for emotions
- Processes memory and emotion
- *Speaks the language of feelings*
Reptilian Brain

- “The Primitive Brain”
- Brain Stem and Cerebellum
- Most instinctual part of brain
- Controls basic survival
  - Fight, flight, freeze
- *Speaks the language of sensation*
# Neurobiology of Trauma

## Central Nervous System

### Sympathetic (SNS) Fight/Flight
- Increased heart beat, blood pressure
- Muscular Tension
- Fast and shallow respiration
- Blood flow moves away from digestive and skins organs and into large motor muscles of flight
- Pupils dilate
- Muscle fibers become excited
- Verbal ability decreases

### Parasympathetic (PNS) Relaxation Response
- Slower heartbeat, blood pressure and muscular tension
- Slow and deep respiration

**If Fight/Flight is not successful than the PNS goes into FREEZE**
- Immobility
- Shock
- Shutdown
Post Traumatic Stress Disorder: a Threatening Event takes place

- Amygdala (limbic brain) senses threat and fear
- Reptilian Brain (brain stem) activates the fight/flight survival mode
- Emotion from the original event leaves an imprint
- Bypasses the Neo-Cortex (rational brain)

With PTSD – the Fight and Flight response is not completed, consequently the Neo-Cortex is held hostage by the limbic brain, unable to access a sense of safety, rendering this process incomplete.
Trauma Symptoms

**Fight/Flight**
- Anxiety, abrupt moods
- Sleeplessness
- Nightmares, flashbacks
- Digestive problems
- Hyper-vigilance
- Muscle ache and pains
- Sensitivity to light/sound

**Freeze**
- Dissociation
- Depression, isolation
- Hopelessness
- Numbness, lethargy
- Forgetfulness
- Fatigue, aches, pain
- Head, stomach aches
The Process of Healing from Trauma

- Focus on moving the survivor towards completing the traumatic process
- Trauma symptoms are the result of a highly activated, incomplete biological response to threat, frozen in time
- By enabling the response to thaw and complete itself, trauma can be healed
- To Thaw, it is necessary to work with built-up energy activated in the body and help it to gently discharge – allowing the experience to complete
The Goal of Trauma Work

- Re-stabilize a highly activated or shut down nervous system by balancing trauma symptoms and resources
- Discover, and re-cover missing, strong, instinctual parts of being
- Reclaim our bodies, minds, spirits, and emotions
- Relate to ourselves and those around us with more vitality
- Help prevent future trauma symptoms
Experiencing Healing

- Balance sensations with resources
- Locate and deepen place of well-being in the body or outside of it
- Sense into activation, constriction/traumatic material in the body
- Move back and forth from sensing activation to sensing well being
- Build more resiliency
- It is not enough to image or think it, the well being must be felt, tracked in the body, recognized, reorganized and assimilated
Caution: A new way of Telling the Story

- Nervous system cannot tell the difference between the original event and the telling of the event
- Be mindful when client re-tells story, pace it between activation and resource
- Notice client’s nervous system response
Strategy of the Work:
To create awareness of increased capacity to tolerate trauma

- **Grounding, Centering and Containing**
- **Resourcing**: internal and external
- **Tracking**: Sensations and emotions
- **Pendulating**: moving from activation to resourcing
- **Discharging Activation**: letting go of build up energy
- **Orienting and Integrating**: returning to a place of homeostasis – Time is of essence here
Self Care: Preventing Compassion Fatigue

**Key Awareness**
- Our body, brain and nervous system responds the way our client’s do
- Secondary Post Traumatic Stress is measurable
- Somatic Transference and Counter-Transference exist
  (client’s somatic responses will evoke ours and vice versa)

**Key Questions:**
- Do we have our “own” traumatic experiences to track? (what internal dialogue may we be having?)
- How is the survivor’s trauma affecting us?
- What are we sensing and feeling, and can our somatic experience be of service to the survivor?
- Are we staying regulated?
Thanks to:

- Beth Wheeler, LICSW in Somatic Experiencing Practitioner in Private Practice in DC
  For her knowledge, generosity and body wisdom

- The Somatic Experiencing Trauma Institute
  (formerly known as The Foundation for Human Enrichment)

- Peter Levin for his incredible insight and respect for All Beings