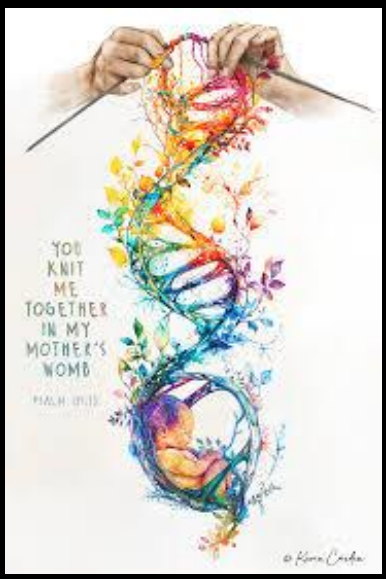
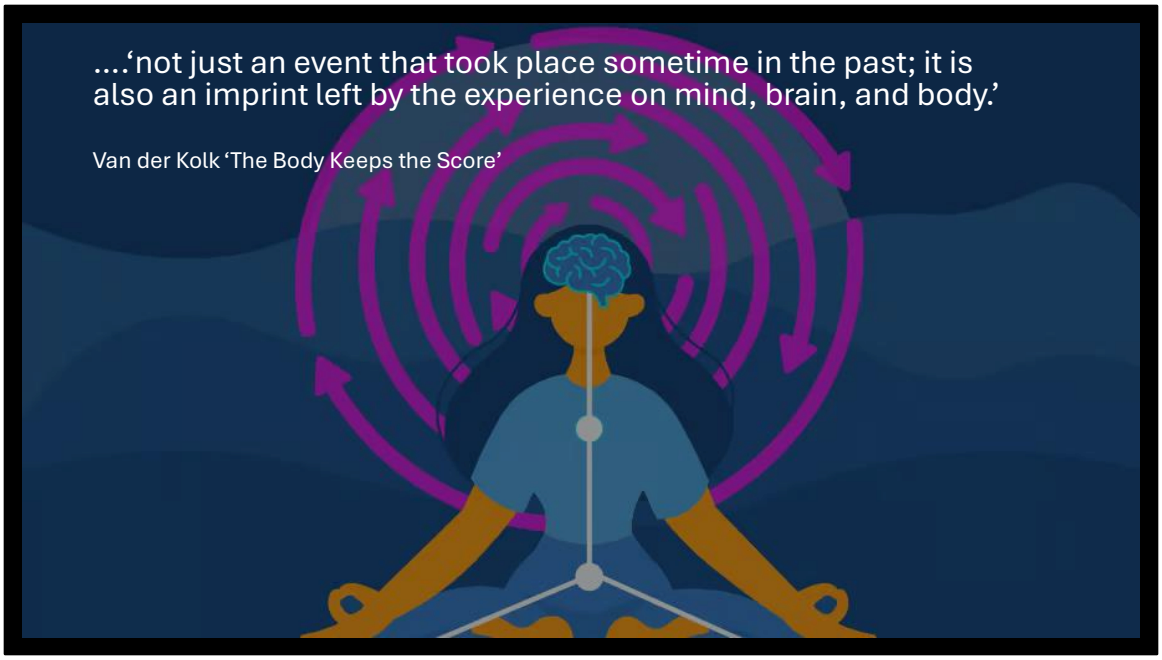
Embodied People



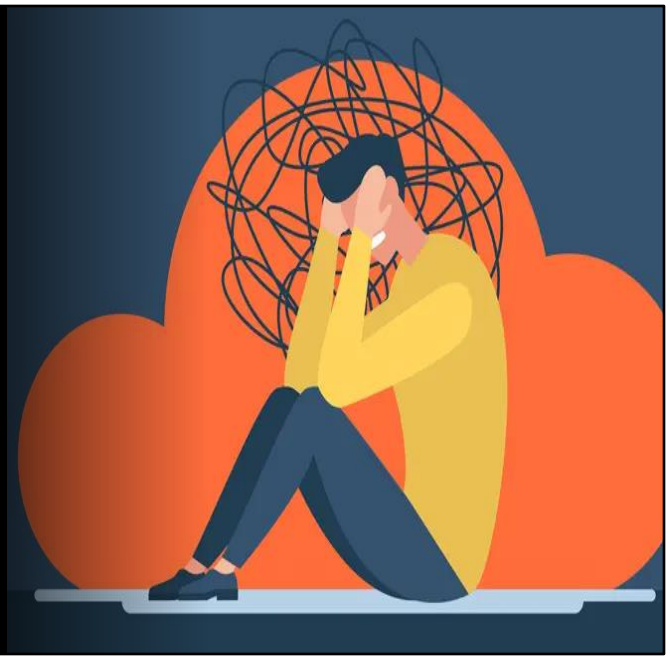
Trauma Informed Practice

Some in the room have a lot of expertise on trauma theory. Some don't. I'm going to fly through it but slides will be available.

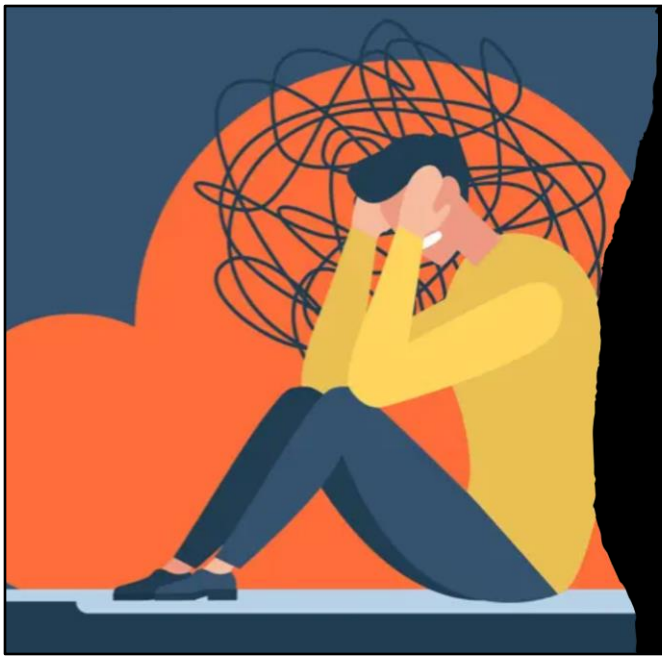


Going to be thinking particularly what trauma does to the body.

- Traumatic experiences often involve a threat to life or safety but any situation that leaves a person feeling overwhelmed and isolated can result in trauma, even if it doesn't involve physical harm.

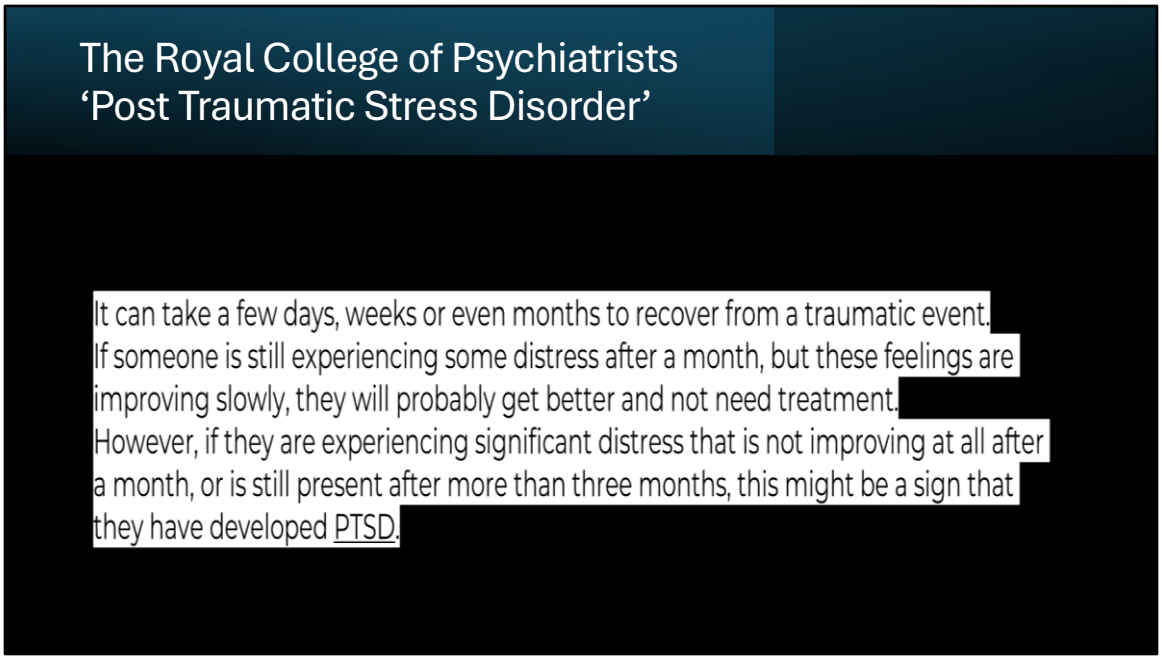


Everyone experiences things differently.

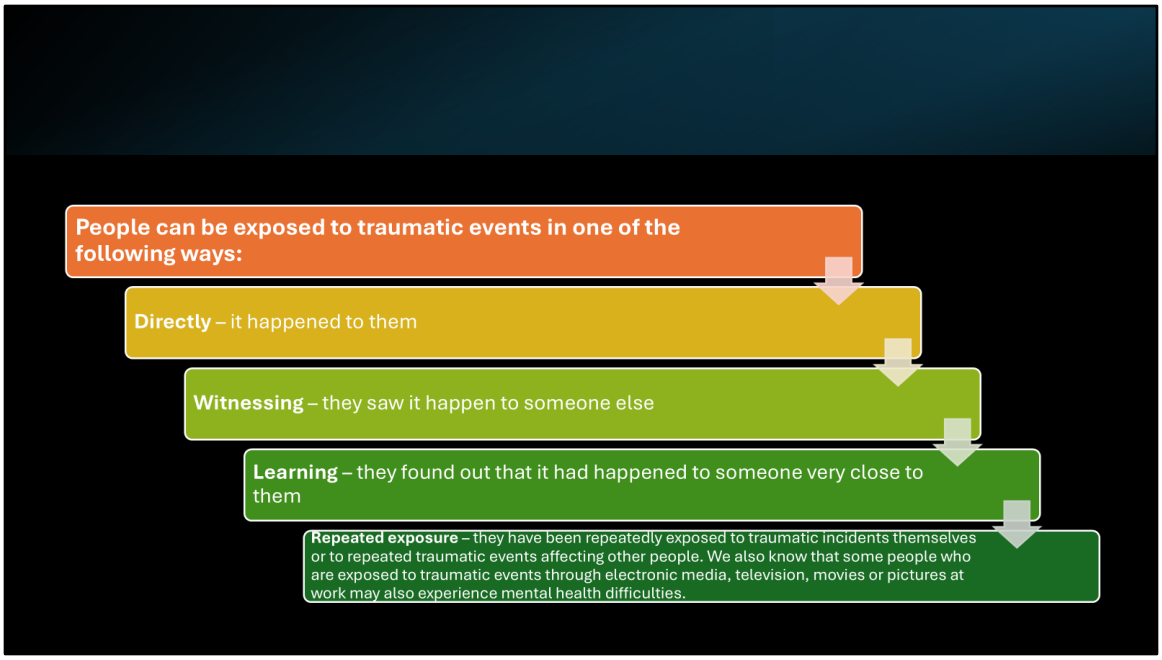


- It's not objective circumstances that determine whether an event is traumatic, but the person's subjective emotional experience of the event.

If we were to see someone coming towards us with a gun, we would probably find it a traumatising experience. If you have spent years as an experienced armed police officer your body would have a different response because your muscle memory of how to respond would have been instilled deep within you and your reactions would, probably, be calm and efficient rather than panicky or scared.

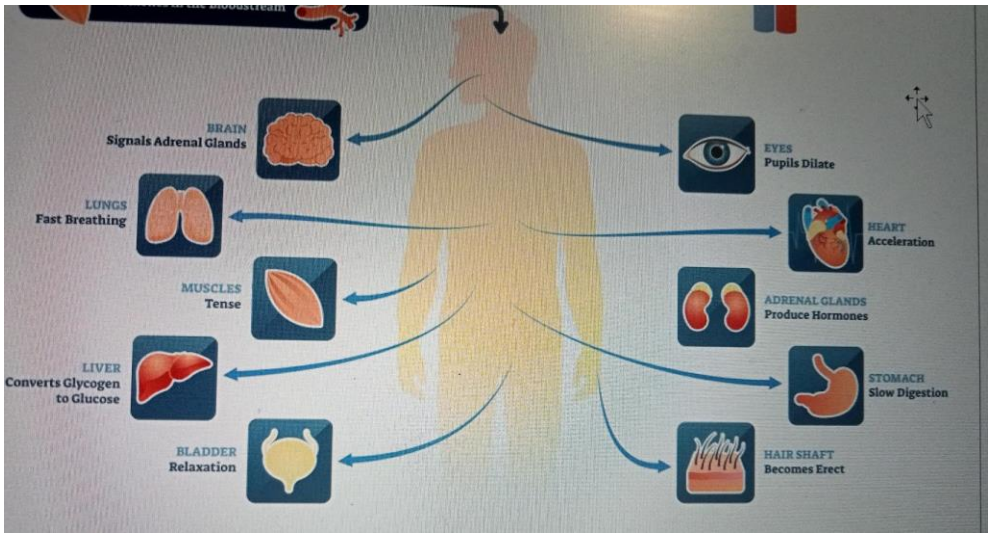


After a traumatic event, it is normal to experience post traumatic stress. Might be shaky, might struggle with sleep, have nightmares or be hypervigilant and jumpy. That is normal but often passes on its own with the support of family and friends. However, intensity of symptoms and longevity of symptoms will determine if the individual is diagnosed with PTSD and needs specific interventions, typically, but not always, medication and counselling. Complex PTSD can occur when resources and resilience have not been acquired in childhood or if there is a layering of trauma.



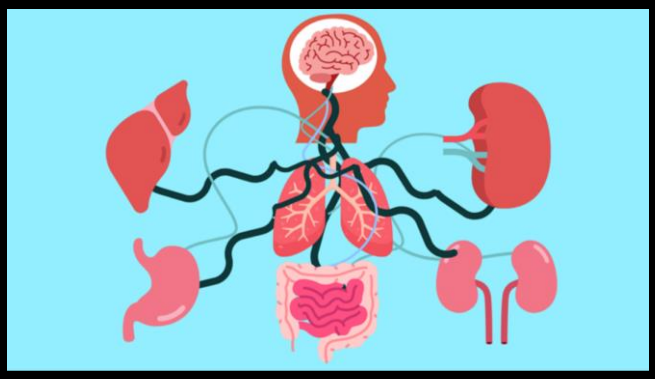
Directly, someone aims a gun at you. Witnessing- you see someone pull a gun on someone else. Learning- a loved hears about you having a gun pulled on you. You live in an area where gun violence is rife or you frequently hear about it effecting people you care about . Quite a lot of research around the trauma that people experienced repeatedly watching the destruction of the twin towers and the after- effects.

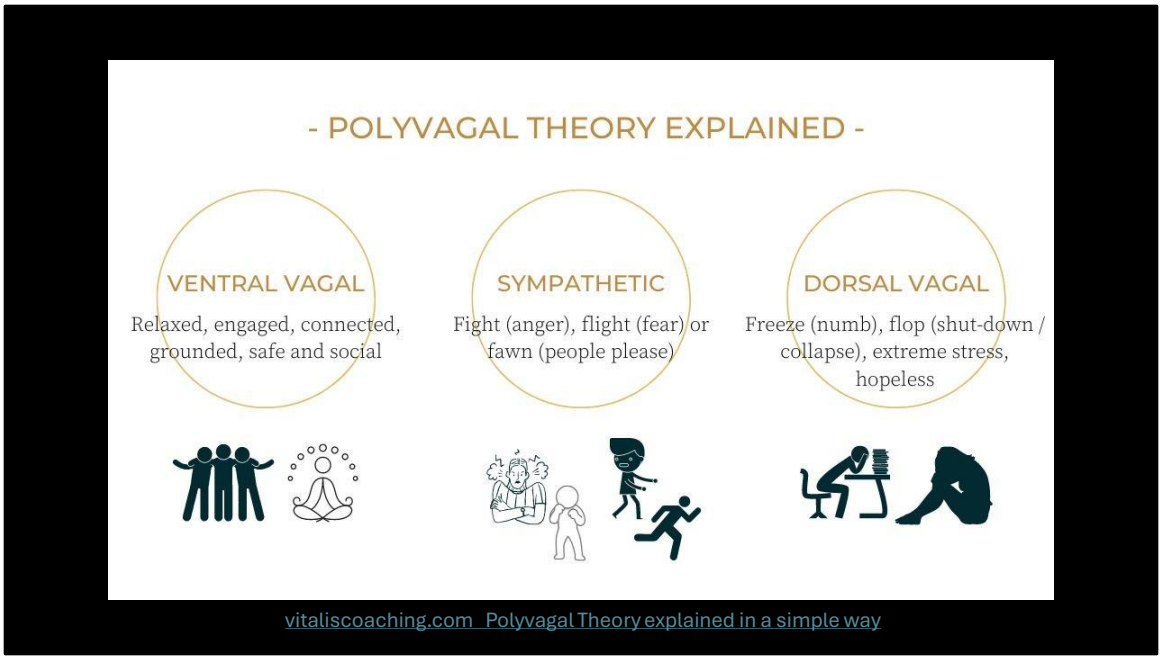
The part of our brain often referred to as the reptilian brain or the basel ganglia hasn't evolved since we used to run away from dinosaurs. If we are faced with a dinosaur we have a choice: we can pick up a stick or rock and fight it. We can run away- flee, we can freeze, become temporaily paralysed-unable to do anything. We can flop which can involve collapse or faint playing dead. Or we can fawn- here, eat my husband, not me.



Impacts on every part of our body, connected by the limbic system- pupils dilate, better able to see the threat, rapid heart rate pumping our blood around the body allowing us to respond. The Hair stands on end, probably left over from when we were hairier, it helps us to look bigger. Breathing rate increases getting us more oxygen. Muscles are ready to run, or fight or freeze. Might empty our bowels and bladder one theory of that is it makes us stinky and therefor less petising to anything that wants to eat us. It is a really clever system and has helped us to survive as a species for thousands and thousands of years.

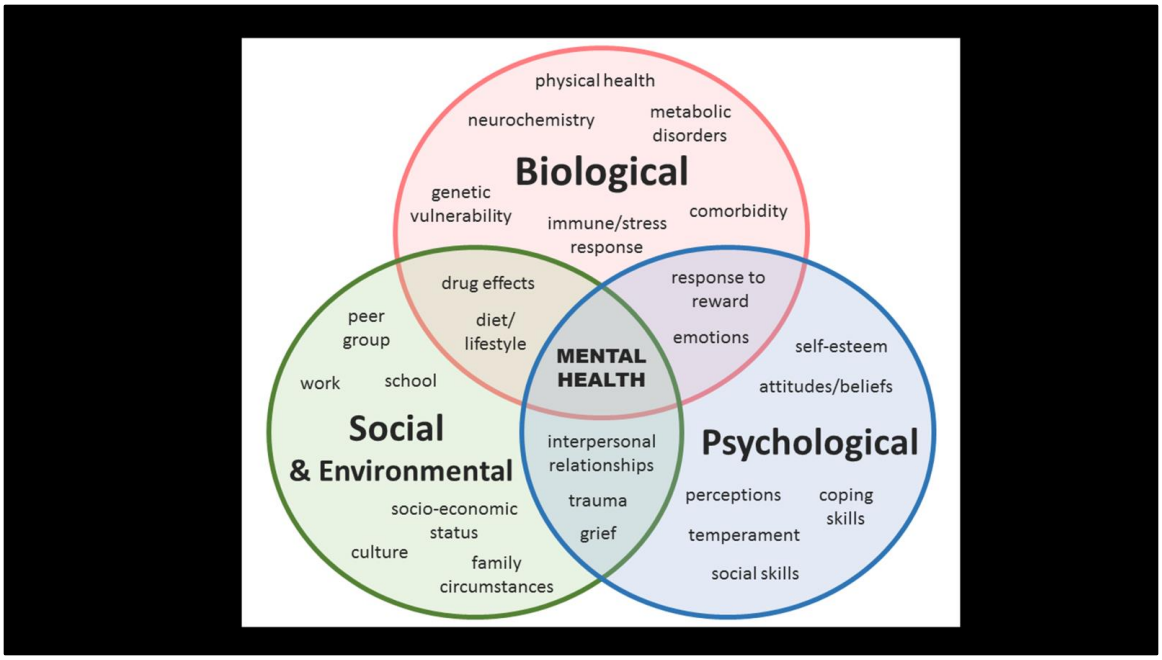
Polyvagal Theory




- POLYVAGAL THEORY EXPLAINED -
VENTRAL VAGAL
Relaxed, engaged, connected, grounded, safe and social
SYMPATHETIC
Fight (anger), flight (fear) or fawn (people please)
DORSAL VAGAL
Freeze (numb), flop (shut-down / collapse), extreme stress, hopeless
vitaliscoaching.com Polyvagal Theory explained in a simple way

So, we all experience those things when faced with a traumatic situation, but I have seen at work the difference between watching a consultant paramedic and a newly qualified paramedic deal with a heart attack. The CP is experiencing similar stress responses but uses them really efficiently to be fast and effective. A NQP hasn't learnt to do that yet, they are still having to battle against those responses to do what needs to be done. The CP will also go back to baseline very quickly, the NQP might be a bit shaky for a while after a challenging job.

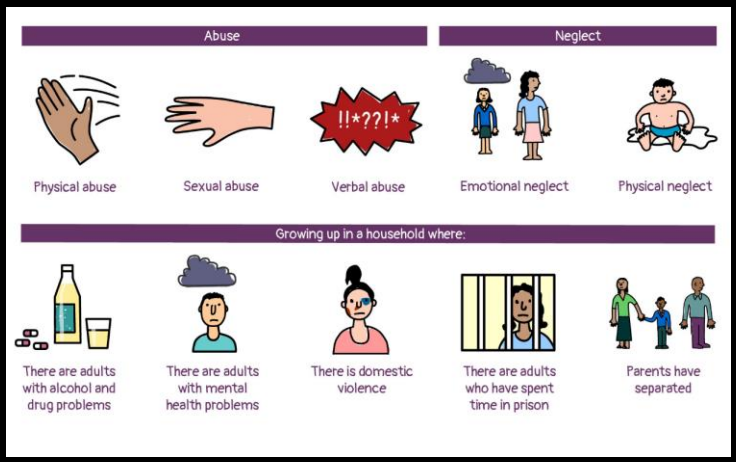
Inevitably our circumstances impact on our resilience to stress. If we have poor housing, are poor, worrying about where the next meal is coming from the chances are that we will be less able to deal with trauma. Some interesting work coming through from children, grand- children of holocaust survivors on epigenetics, we are made more sensitive to trauma because of the trauma that is transmitted through the generations as part of the genetic imprint. Social isolation can impact on trauma resilience. Neurodiversity can make life challenging anyway which can affect trauma resilience. And there can be a layering of trauma



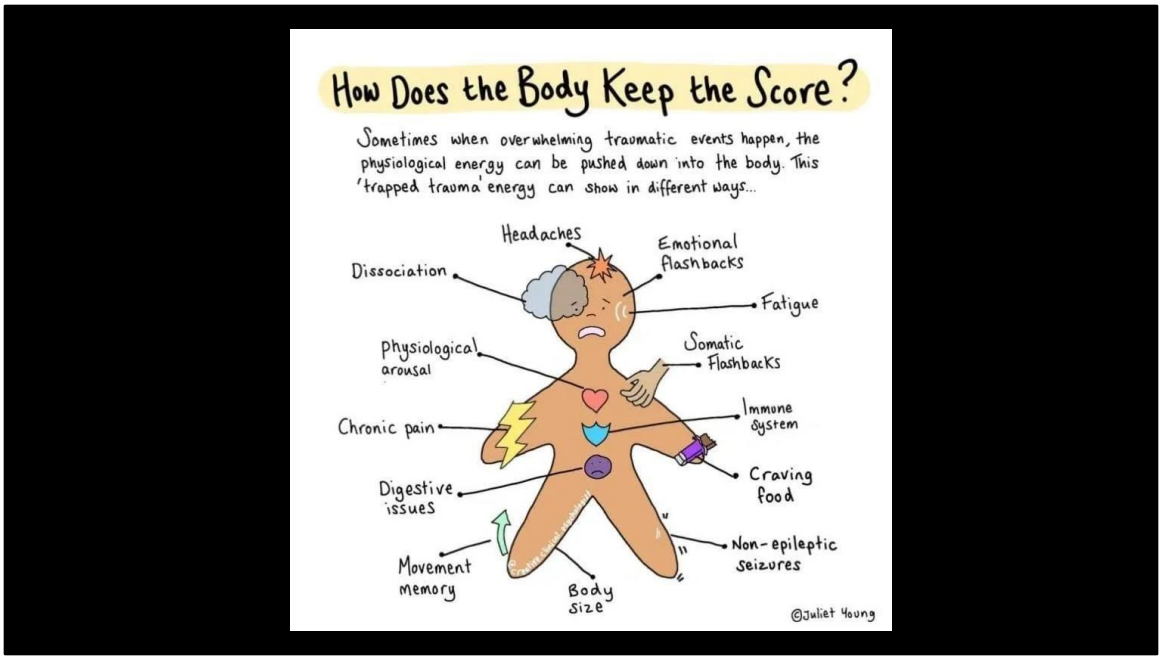
Talk about this triangle with regards to all mh problems.

Adverse Childhood Experiences (ACES)

Source: Liverpool CAHMS



Any of of these things in childhood can undermine someone's ability to develop trauma resources and resilience and can actually lead to a person living with the effects of trauma as an adult.



Most are self explanatory but picking out some of them. Pseudo fits.- body gets overwhelmed communicates it through nes. Emotional flashbacks might feel very weepy or angry and not understand why. Somatic flashbacks the person physically reexperiences the trauma. Different types of Dissociation- depersonalisation-detached from their body; derealisation- the world around is not real-like they are watching a film.


ANY
QUESTIONS


SURVIVORS AREN'T ONLY
HEALING FROM
WHAT THEY ENDURED
BUT FROM THE WAYS
THEY WERE TREATED
WHEN THEY ASKED
FOR HELP


“SHAME MUST CHANGE SIDES.”
—Gisele Pelicot

'…….remembering is not recovering. We can remember and still not recover. And we can recover without remembering. The indelible impression of trauma manifests itself in our symptoms and our behaviours: we jump at a sound, feel hopeless in the face of mild threat, flee at the faintest hum of conflict.

Carolyn Spring 'Ten things I have learned about child sexual abuse' 01 June 2014

Vicarious Trauma

'.....[workers] can vicariously experience their client's trauma in their own nervous system'

'.....it becomes a risk when you are overwhelmed someone else's trauma'

Babette Rothschild 'Help for the Helper'

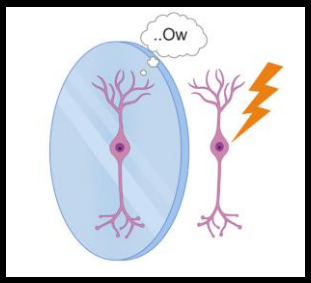
How the Listener is Impacted

Countertransference

'A practitioner's reactions to the clients that have roots in the practitioner's own past.'

Babette Rothschild 'Help for the Helper'

Mirror neurones

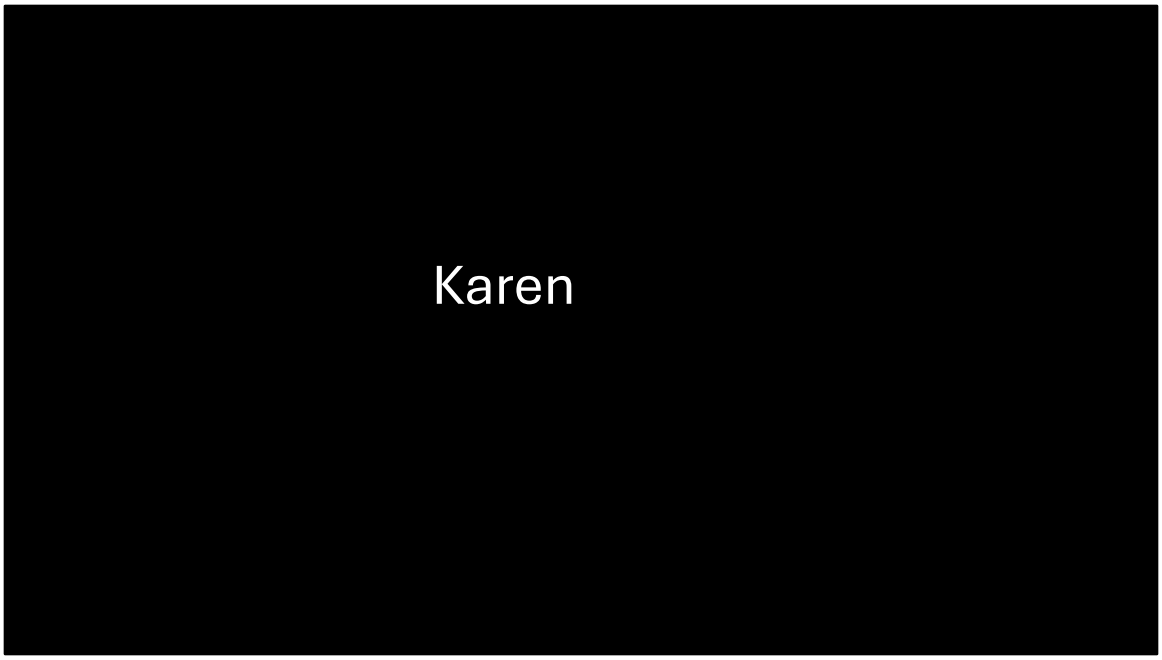


Things That Can Help

(adapted from Babette Rothschild 'Help for the Helper')

- Know yourself (history/body/somatic responses
- Practice mindfulness
- Enforce boundaries
- Rituals
- Clothing/Jewellery
- Use supervision well

Trauma Informed Church Communities

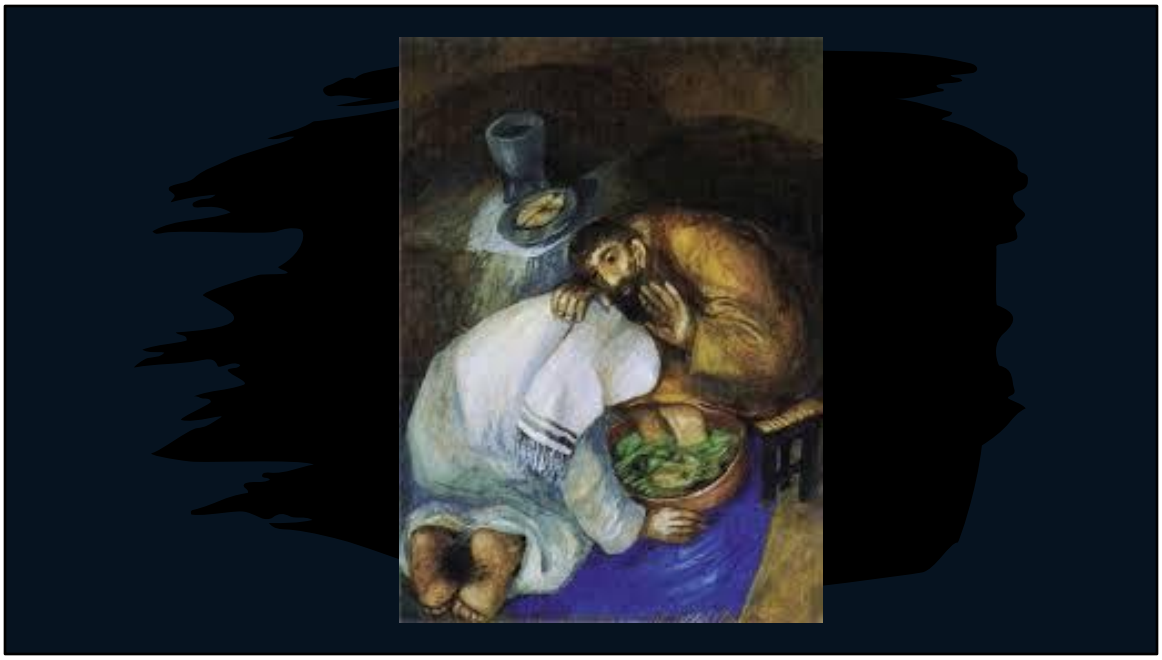

Karen

Trauma :

‘Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness.’

Gabor Maté
In the forword of ‘In an Unspoken Voice: how the body releases trauma and restores goodness’ by Peter A. Levine

- How do we model relating and listening?
- Do we take people seriously?
- Do we try to understand what might be going on for them?



Touch

- Facebook: 'May I?'
- Email: notouchwithoutperemission@gmail.com

Collective Trauma

NHS
Greater Manchester
Resilience Hub

Helpful things to do:

1. Strong feelings are normal, they will come and go. Be kind to yourself
2. Our thoughts can be tricky and trip us up; notice them but try to let them go
3. Check in with others who may be struggling but make sure you still take care of yourself
4. Think carefully about how much time you spend on social media and watching the news, switch it off if it's not helping
5. Spend time with friends and family
6. Focus on what you can control rather than what you can't
7. Plan relaxing, comforting things to do and think about how you might manage if you are upset
8. Exercise, eat well and do nice things for yourself
9. Keeping in your routine can be helpful
10. Take unnecessary pressures off yourself

Helping people affected by trauma

Supporting children following a traumatic event

NHS
Greater Manchester Resilience Hub

It is normal for a traumatic event to leave children with many emotions, distressing thoughts, and images, as they try to make sense of what has happened.

What can help:

- Let your child know their reactions are normal and understandable.
- Listen to your children's worries and provide honest, simple, answers to their questions
- Create safety and predictability with usual routines and activities.
- Reassure your children that you are there for them.
- Have realistic expectations, and try and reduce demands on yourself and your family.
- Be kind to yourself - stay hydrated, eat well, sleep, and stay connected with family and friends.
- Try to moderate social media and exposure to news updates

Helping people affected by trauma

Racial Trauma

How will we know if we are being trauma informed?

- Do people feel safe being who they are and how they are?
- Do they know, or can they easily find, people who can bear witness to their trauma, however that is expressed, without needing to share the details.
- Is this a place where they will encounter: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control?
- Can the church community support 'reasonable adjustments' in their practice to accommodate the needs of the person?
- Do we remember our 'WHY' and keep it at the heart of all training, policies and procedures?

Link to video : https://youtu.be/ePodNjrVSsk

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- Kiser, C. and Heath,E. (2023) *Trauma Informed Evangelism: Cultivating Communities of Wounded Healers* Grand Rapids: Eerdmans
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- Rothschild, B. (2006) *Help for the Helper: Preventing Compassion Fatigue and Vicarious Trauma in an Ever-Changing World* (Kindle Edition)
- Rothschild, B. (2000) *The Pschophysiology of Trauma and Trauma Treatment (Kindle Edition)*
- Van der Kolk, B. (2019) *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma (Kindle Edition)*

Other resources

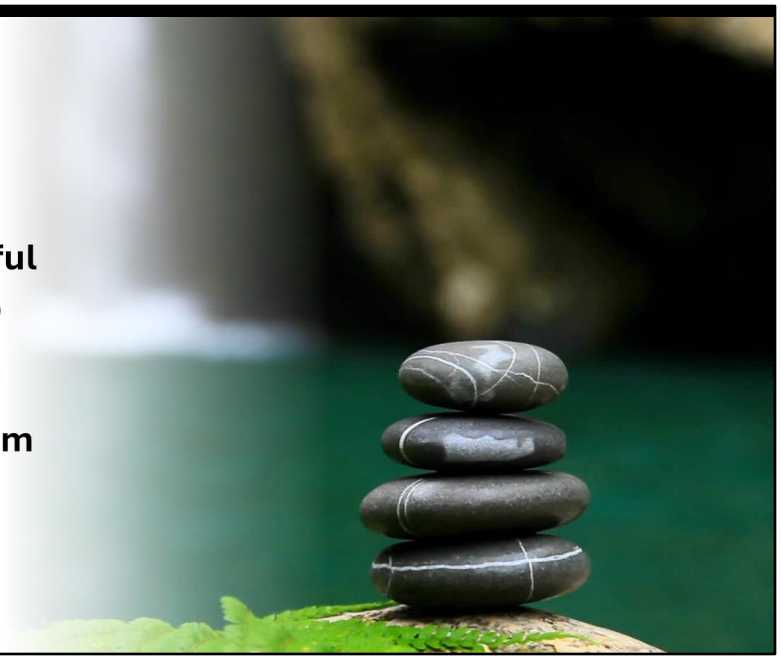
Carolyn Spring: www.carolynspring.com

Royal College of Psychiatrists: Post-traumatic stress disorder (PTSD)

Radio 4 programme BBC Radio 4 - Young Again, 14. Gabor Maté


NORTH WEST ENGLAND
METHODIST DISTRICT
District Online Worship
Sunday 12th October at 6.30pm
Safeguarding: May I?
With Jack Watson and Helen Bolton
(Officers for Safeguarding)
District Online Worship is held on the second Sunday of every month. For the Zoom code (which remains the same), please email prayer@nwedmethodists.org.uk or direct message us on Facebook

- May I be calm
- May I be peaceful
- May I be kind to myself
- May I accept myself just as I am



- **May <u>they</u> be calm**
- **May <u>they</u> be peaceful**
- **May <u>they</u> be kind to <u>themselves</u>**
- **May <u>they</u> accept <u>themself</u> just as they are**

Me, those closest to me, those I care about, those I struggle with, a situation in the wider world.

Source: Kristen Neff 'Self Compassion'