



Trauma and Resiliency: Bouncing Down Is Easier Than Bouncing Up

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Trauma Shock Waves

“Panic surging consuming the mind, body, and soul. Running, running so fast in my mind, although my body never took flight. Screaming, screaming loudly, but no sound exits my lips. Tears pouring and yet the face is dry. Feeling as if I am an illusion, existing in a state of nightmare, trapped, smothering, consumed by all helplessness. Struggling to find strength for one more breath. I breathe slowly. I become real and see the emotional tsunami behind me. Breathing with awareness, I have survived yet another trauma”

What is trauma?

“A powerful force that may shut down every aspect of a person’s functioning, creating an overload of fear, panic , shock and confusion to where there is no “real thought process” going on. The person may consciously and or/unconsciously close off life, and exist through a shell of despair and Hopelessness.”

Adversity in the early years

- Speech and Language barriers
- Fear of things I did not understand
- Complexities of executive functioning that overly worked or were faulty
- Inability to regulate self
- Emotionally immaturity parents
- Divorce
- Bouncing back and forth
- Punished for things that I could not associate with or for
- Self adapting was not understood

Adversity in the pre-teen years

- Physical abuse
- Neglect
- Sexual abuse
- Suicidal ideations and attempts
- Increase in self injurious behavior
- Full crisis hit
- Downward spiral
- Locked in institutional care

Crisis Intermeshed tRAUMA

- Physical restraints
- Environmental restraints
- Drug induced restraints
- Locked cognitive restraints
- abandonment
- Models were those with mental health issues
- Isolation from family, community, community and life

Trusting turns to Betrayal

- Seeking help
- Correct diagnosis confirmed
- Trusting and emotional growth
- Healing begins
- Feeling empowered
- Feeling safe, loved, valued and whole
- Manipulation and abuse of power
- Using the diagnosis to lock me into disability
- Emotional manipulation
- Degrading and tearing down
- Feeling unsafe, threatened, fearful
- crisis

Reporting; Reaching out

- Reaching out to others for help
- Reporting to systems
- Telling others
- Silenced
- Systems failed
- System betrayal
- No one helped me
- Many who knew did nothing to protect me
- I no longer had hope and or desire to live

Healing; Fighting Back

- Healing began through seeking out my faith beliefs
- Seeking out a new mental health provider
- Focused on PTSD and trauma instead of autism
- Learned new techniques to help me cope the triggers
- Accepted a position in the state of Ohio to sit as an advisory member to trauma informed care

Empowerment through voice

- Healing took place when I was empowered to share my story
- When I was safe to tell my story
- When I was valued as person and not seen as a lump of disability
- When I was seen as competent and not broken
- When I was told its okay to take the duct tape off
- I am today stronger and always on the state of recovery
- Each day is a choice on how I manage my triggers and day to day life

10 Things People Get Wrong About Trauma

1. They underestimate how many people suffer from it
2. They don't understand how pervasively trauma affects a person
3. They think trauma is "in the past"
4. They think people choose their trauma reactions
5. They think early trauma means you forget trauma and loss



10 Things People Get Wrong About Trauma

6. They take fear reactions personally
7. They seek to control behavior instead of building trust
8. They think punishment will work
9. They don't assess their own trauma history
10. They don't work with their own reactions



Many people experience trauma

The ACES (Adverse Childhood Experience Scale) study looked at 17,000 adults:

60% percent experienced at least 1 event of **abuse, neglect or family dysfunction** in childhood

Over 36% had two or more experiences.

CDC, 2014



**The Effects of Abuse on Children:
Three Key Assumptions**

1. There are infinite causes of trauma, but finite responses
2. Trauma is worse for kids than adults, neurologically
3. Interpersonal stressors like abuse are worse than non-interpersonal ones (community violence, natural disasters, e.g.) as they are more likely to be ongoing and include loss of trust as well as actual traumatic event

(DeBellis, 2001)



Trauma is any experience or series of experiences that make the individual feel that he or she is in danger of dying, or of being emotionally “wiped out” or annihilated.



- ◆ Sexual Assault/Physical Assault
- ◆ War
- ◆ Natural or manmade disasters
- ◆ Catastrophic illness
- ◆ Loss of a loved one
- ◆ Humiliation/Verbal Abuse
- ◆ Bullying
- ◆ Deprivation and powerlessness to act on one's own behalf



Some External Factors That Can Affect the Extent of the Trauma:

- ◆Duration
- ◆Intensity of stressor
- ◆Time of day
- ◆Warning/ no warning
- ◆Intentionality/preventability
- ◆Scope/numbers affected
- ◆Support system during and after traumatic event(s).



Individual Factors Also Make a Difference

- ◆ Previous history of traumas/stressors/abuse
- ◆ History or family history of mental illnesses
- ◆ Inherent resilience/vulnerability
- ◆ Substance abuse
- ◆ Difficult relationships/poor attachment to others. This is especially true if the trauma has been caused by another person or people.



Traumatic stress symptoms come in four clusters:

1. Hyper-vigilance and arousal (always on “red alert”)
2. Avoidance [or constriction, in older formulations] (avoiding things that can be triggering)
3. Intrusion (having upsetting memories, thoughts and dreams)
4. Negative alterations in cognitions and mood

(Diagnostic and Statistical Manual, APA, fifth edition, 2013)



Hypervigilance

- ◆ Startling easily/frequently
- ◆ Irritability
- ◆ Difficulty concentrating
- ◆ Difficulty relaxing
- ◆ Difficulty falling or staying asleep
- ◆ Needing to be near or in sight of exits; agitation when blocked



Avoidance

- ◆ Avoids activities, places, people, things to keep from being reminded/”triggered” (avoidance can ripple out, become more and more removed from obvious triggers of incident)
- ◆ Can’t remember important parts of the trauma
- ◆ Much less interest in significant activities
- ◆ Feeling detached from others
- ◆ Narrow range of emotions, numbness
- ◆ Lack of a sense of future



Intrusion

- ◆ Flashbacks
- ◆ Nightmares
- ◆ Disturbing images/thoughts/fantasies
- ◆ Physical response (sweating, shaking, freezing, lashing out) to internal or external triggers that resemble the event (this is very common!)



Negative Alterations in Cognition or Mood

- ◆ Inability to remember the event (not due to injury, medication, etc.)
- ◆ Persistent negative beliefs about oneself or the world
- ◆ Persistent self-blame, guilt, shame not realistically corresponding to the event
- ◆ Inability to experience positive emotions

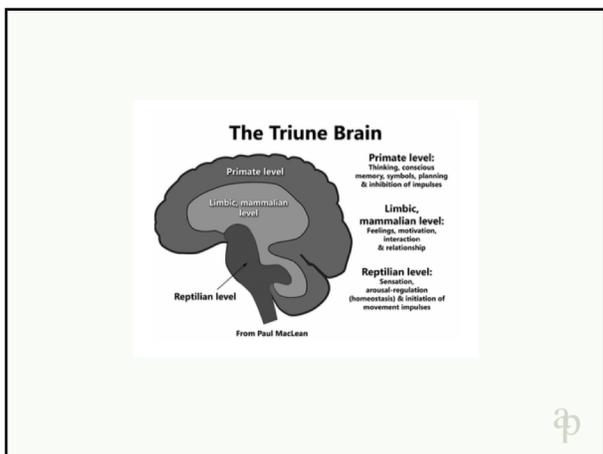


Some common stress-inducing experiences

- ◆ Feeling different
- ◆ Not being accepted
- ◆ Not being able to do what others do
- ◆ Moving to a new home or significant change at home
- ◆ Knowing that one has a disability or is "different" than others
- ◆ Not being listened to
- ◆ Being misunderstood
- ◆ Failing at a task
- ◆ Getting confused and overwhelmed

Ford, Adler-Tapia, 2009





How We React to the Unfamiliar

1. Arrest and Alert (curiosity)
2. Stiffen and Orient
3. Assess
4. Approach or Avoid
5. Fight/Flight (fear)
6. Freeze (terror)
7. Fold/Collapse (shut down)

(Levine, 2015)

Sometimes people can have more than one response, such as fighting until the stress is prolonged, and then they collapse.
(van der Kolk, 2014)

The Brain, the Body, the Mind and the Group

Trauma interventions need to:

- shift brain function
- calm the signals from the brain to the body and vice versa
- change the story of the self
- heal the relations between the individual and her community

**“People usually want to teach other people from the top down, but the brain actually works from the bottom up”
-Bruce Perry, M.D.**



References, Source Material and Bibliography

Adelson, R. "Stimulating the Vagus Nerve: Memories Are Made Of This". *American Psychological Association*, Vol. 35, no. 4. 2004.

American Psychiatric Association. Diagnostic And Statistical Manual, fifth edition. American Psychiatric Association. 2013.

Bradenoch, B. Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology. Norton and Co., 2008.

Brown, J. F. The Skills System Instructor’s Guide: An Emotion Regulation System for All Learning Abilities, Universe, 2011.

Cozolino, J. The Neuroscience of Psychotherapy. W.W. Norton and Co. 2010.

Doige, N. The Brain That Changes Itself, James H Silberman Books, 2007.

Di Tomaso et al. "Brain Cannabinoids in Chocolate". *Nature*. 1996 Aug 22;382(6593):677-8.

Eisenberger, N. I. , Lieberman, M. D. "An Experimental Study of Shared Sensitivity to Physical Pain and Social Rejection", *Pain*, 2006, 132-138.

Emmons, J. The Chemistry of Calm. Simon and Schuster, NY. 2010.



Frucht, New G, Barol, B, Clements, P.T, and Milliken, T. F. "Persons With Developmental Disability Exposed to Interpersonal Violence and Crime: Approaches for Intervention". *Perspectives in Psychiatric Care*, 44, 2008.

Ford, G. R. Improving Lives: EMDR Psychotherapy for People with I/DD Experiencing Trauma and Distress. Presentation, NASDPRS, November, 2010.

Felmington, K, Kemp AH, Williams I, et al. "Dissociative responses to conscious and non-conscious fear impact underlying brain function in post-traumatic stress disorder". *Psychol Med*, 38, 2008.

Harvey, K. Trauma-Informed Behavioral Interventions: What Works and What Doesn't. American Association of Intellectual and Developmental Disabilities, 2012.

Herman, J. Trauma and Recovery. Basic Books, 1992.

Lipins, RA, Vermetten E, Lowenstein RJ et al. "Emotion modulation in PTSD: clinical and neurobiological evidence for a dissociative subtype". *Am J Psychiatry*, 167, 2010.

Levin, P. Trauma and Memory. North Atlantic Books, 2015.

Perry, B. "Applying Principles of Neurodevelopment to Clinical Work With Maltreated and Traumatized Children", from Working With Traumatized Youth In Child Welfare, chapter 3, Ed. N. Boyd, Guilford Press, 2006.

Perry, B. Integrating Principles of Neurodevelopment into Clinical Practice. Presentation, Child Trauma Academy, 2011.



Seligman, M. Authentic Happiness, Simon and Schuster, 2002.

Siegel, D. The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being, New York: Norton and Co., 2007.

Sobsey, D. Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance, Baltimore: Paul H. Brookes Publishing Co, 1994.

Sokolov et al. 'Chocolate And The Brain: Neurobiological Impact of Cocoa Flavanols on Cognition and Behavior'. *Neurosci Biobehav Rev.* 2013 Dec;37(10 Pt 2):2445-53. doi: 10.1016/j.neubiorev.2013.06.013. Epub 2013 Jun 26.

van der Kolk, B. "Developmental Trauma Disorder: Towards a Rational Diagnosis for Chronically Traumatized Children", *Psychiatric Annals*, 2005.

van der Kolk, B. Trauma, Attachment and Neuroscience: New Therapeutic Treatments. Webcast, 12/2012.

van der Kolk, B. The Body Keeps the Score: Brain, Mind and Body in the Healing Of Trauma, New York: Random House, 2014.

Wigham et al. "The effects of traumatizing life events on people with intellectual disabilities: A systematic review", *Journal of Mental Health Research in Intellectual Disabilities*, 4, 19-39.



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