



RCT
Zagreb

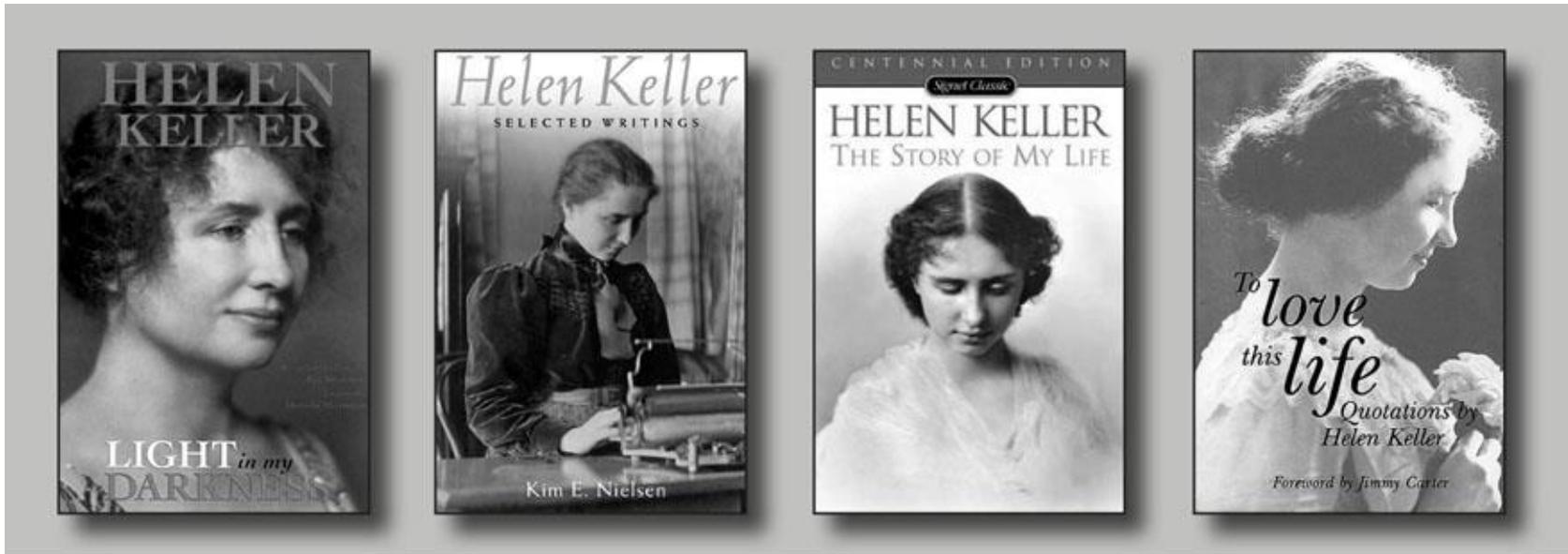


Zagreb, 15 th Nov 2017.

Recognizing and overcoming trauma

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*“Although the world is full of suffering,
it is full also of the overcoming of it.”*
Helen Keller



Menu

- 1. Introduction
- 2. Recognizing trauma: definition, symptoms, assessment;
- 3. What helps (trauma and recovery; overcoming trauma)?

1. Recent refugee crisis and Europe



- **Global problem**
- **Long term conflicts, devastated and war-thorn countries**
- **Globalization and need for workers in developed countries**
- **Right movement and migrants:** Increasing number of refugees, increasingly negative attitude in Europe

- **What about the causes of refugee crisis?**

2015.

Millions on the move

Conflict, persecution and poverty are creating more refugees than the world has seen in decades.

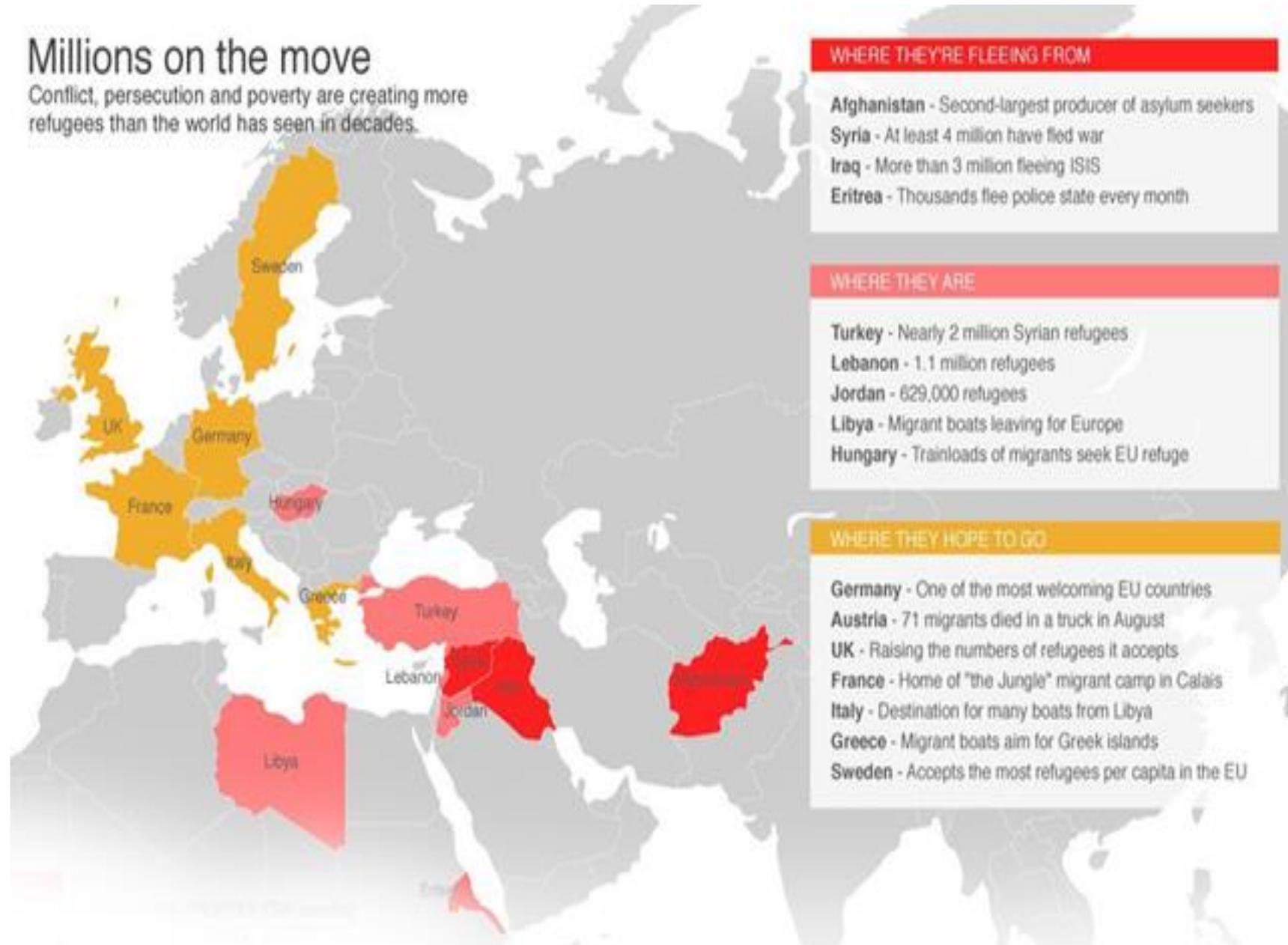


PHOTO FROM CNN WIRE IMAGES

2015. Balkan Route



Croatia: Not a target country

- **2015: international protection 211**
- **2016: international protection 2230 (deportations)**
- **Professional community, institutions, NGO's: new challenge**
- Professionals: - being involved in conflict vs not being familiar with conflicts in affected countries
 - unknown cultures, unknown conflicts, language

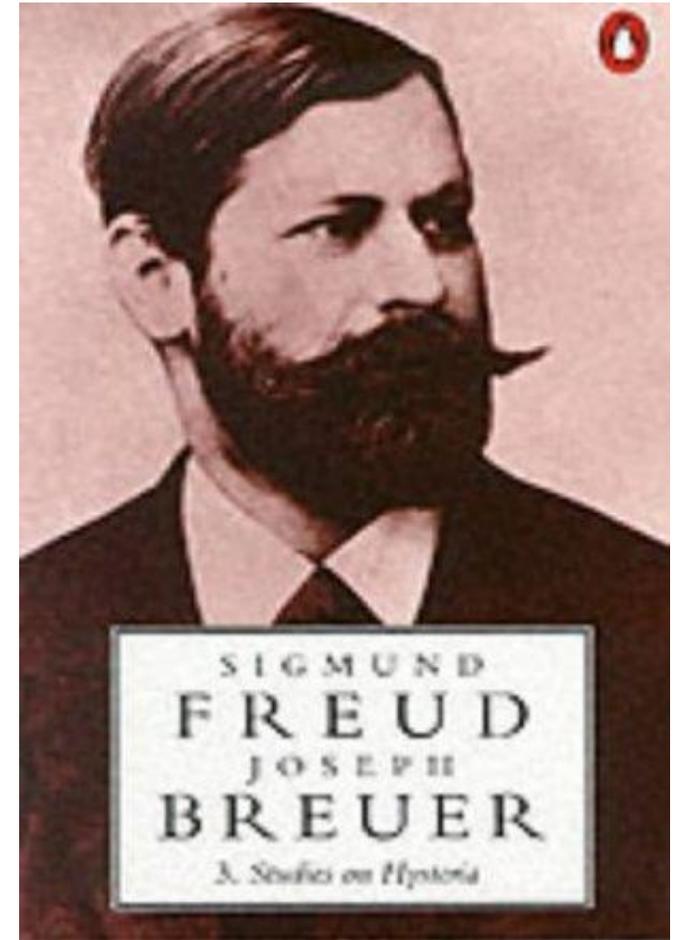
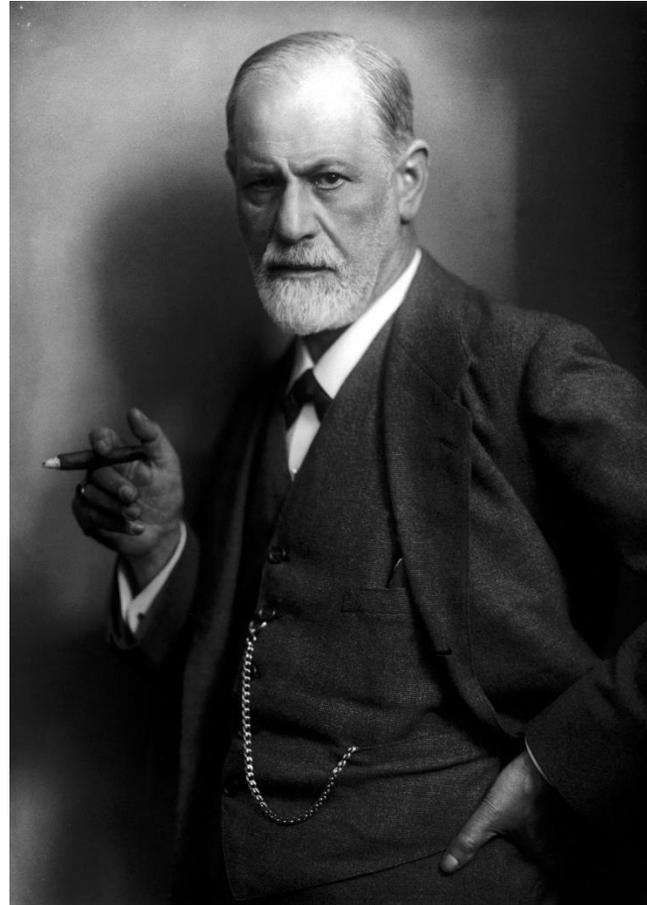
Poor law implementation; unprepared institutions; ambivalence

- *Lessons learned from 1991-95 conflict in former Yugoslavia!?*
- *(Loss of knowledge about trauma in history – J.L. Hermann)*

2. Theory

The study of psychological trauma: hysteria

J. M. Charcot, S. Freud, P. Janet, W. James. Breuer.



Theory

DSM-IV definition of psych. trauma (APA)

- **direct personal experience**
- - **actual or threatened death or serious injury; threat to one's physical integrity**
- - **witnessing** an event that involves the above experience, **learning about unexpected** or violent death, serious harm, or threat of death, or injury **experienced by a family member or close** associate.

Theory

Unspeakable and unimaginable

- **Memories associated with trauma are implicit, pre-verbal and cannot be recalled, but can be triggered by stimuli from the in vivo environment.**
- **The person's response to aversive details of traumatic event involve intense fear, helplessness or horror.**
- In children it is manifested as disorganized or agitative behaviors.

Theory

Trauma victims may have certain symptoms and problems afterward.

The severity of these symptoms depends

- on the person
- the type of trauma involved
- age
- duration
- the immediate and latter on emotional support
- Reactions to and symptoms of trauma can be wide and varied, and differ in severity from person to person.
- Not all traumatized develop symptoms! Resilience!

Theory

What are the symptoms of emotional trauma?

(Emotional and Psychological Trauma: Causes and Effects, Symptoms and Treatment-Healing resources. Info)

- Responses to trauma can be acute and **delayed, even years after the event** (and often do not associate their symptoms with the precipitating trauma).
- **Physical**
- **Emotional**
- **Cognitive**
- **Re-experiencing the Trauma**
- **Emotional Numbing and Avoidance**

Theory

What are the symptoms of emotional trauma?

- **Physical**
 - Eating disturbances (more or less than usual)
 - Sleep disturbances (more or less than usual)
 - Sexual dysfunction
 - Low energy
 - Chronic, unexplained pain
- **Emotional**
 - Depression, spontaneous crying, despair and hopelessness
 - Anxiety
 - Panic attacks
 - Fearfulness
 - Compulsive and obsessive behaviors
 - Feeling out of control
 - Irritability, angry and resentment
 - Emotional numbness
 - Withdrawal from normal routine and relationships

Theory

...symptoms

- **Cognitive**

- **Memory lapses, especially about the trauma** (decision makers?!)
- Difficulty making decisions
- Decreased ability to concentrate
- Feeling distracted
- ADHD symptoms

Theory

... symptoms

- Extreme symptoms can also occur as a delayed reaction to the traumatic event.
- **Re-experiencing the Trauma**
 - intrusive thoughts
 - flashbacks or nightmares
 - sudden floods of emotions or images related to the traumatic event
- **Emotional Numbing and Avoidance**
 - amnesia
 - avoidance of situations that resemble the initial event
 - detachment
 - depression
 - guilt feelings
 - grief reactions
 - an altered sense of time
 - Increased Arousal
 - hyper-vigilance, jumpiness, an extreme sense of being "on guard"
 - overreactions, including sudden unprovoked anger
 - general anxiety
 - insomnia
 - obsessions with death

Theory

What are **the possible** personal and behavioural **effects** of emotional trauma?

- substance abuse
- compulsive behavior patterns
- self-destructive and impulsive behavior
- uncontrollable reactive thoughts
- inability to make healthy professional or lifestyle choices
- dissociative symptoms ("splitting off" parts of the self)
- feelings of ineffectiveness, shame, despair, hopelessness
- feeling permanently damaged
- a loss of previously sustained beliefs

Theory

What are **the possible effects** of emotional trauma on **interpersonal relationships**?

- inability to maintain close relationships or choose appropriate friends and mates
- sexual problems
- hostility
- arguments with family members, employers or co-workers
- social withdrawal
- feeling constantly threatened

Theory Assessment

- **First contact**
- **First clinical interview:**
 - The risk for imminent danger to the self or others
 - The individual's ability to enter and sustain a clinical relationship
 - To have in mind:
 - During assessment, individuals may exhibit activation responses in which reminders of the traumatic event trigger sudden feelings (e.g., [distress](#), anxiety, [anger](#)), memories, or thoughts relating to the event.
 - Not to "retraumatize" the individual
 - Note the presence of possible avoidance responses (Affected emotional reactivity? Defense mechanism?). The observation of affect regulation - guide the clinician's decisions regarding the individual's readiness to partake in various therapeutic activities.
- **Assessment of psychological trauma may be conducted in an **unstructured manner**, and/or the use of a structured interview, and/or the use of self-administered psychological tests.**

Meeting person in need in real world:



Assessment

- **First contact – Proactive approach: identification on the spot;** Red Cross, NGO's, Ministry of Interior, former clients's social network, volunteers...
(importance of early recognition?)
- **First clinical interview + Interpreter**
- Potential clients hesitate to seek psychological help for a number of reasons...
 - - dialectic of trauma
 - - not being aware of trauma
 - - denial as coping mechanism
 - - hide problems (not to be seen as sick; cultural reasons; lack of information)

Interpreter

- Neglected, sensitive area
- (dr Subilia and his wife)
- Therapist – victim – hidden perpetrator – interpreter
- When working through an interpreter, it is new dynamic: interpreter helps not only with **the language**: through language he/she establishes **emotional contact**; **understands culture** at cet..
- Requirements and problems

Main problem areas refugees have to cope with (in Croatia):

- **Trauma** (war, prolonged unsecurity and life threat, torture, losses..)
- **retraumatization** on the way to safe haven (brutal treatment during Balkan route; brutal deportation to Croatia, current collective accomodation..)
- **Anxiety, lack on information while waiting decision** (space for projections), poor law implementation (language, health services difficult to reach..)
- Threat to identity, loss of feeling of coherence in life..
- **Trauma – motivation – abilities to learn**
- Social, material problems in exile, jobs (trauma/torture leads to poverty!)
- Acculturation problems (culture, language, expectations, prejudices)

Therapist: personal experience

- Some young Arabs call me „mama” (transfer – contratransfer feelings)
- Frequent separations (clients left Zagreb, got job, not being able for comittment in therapy..)
- **Trust, stabilization (psychiatar-medication), re-orientation from passive to active position..**
- **Working through trauma (not to avoid trauma nor to start premature exploration...)?**
- **Not until reach stable situation in life (there is no quick and magical cure..)..**

RCT Treatment: holistic approach

1. **Providing relevant information, stabilization**
2. **Help with administrative tasks**
3. **Language course, job recruitment..**
4. **Medical aid:** referral; expenses; psychiatrist
5. **Psychological support:** psychoeducation, counselling, psychotherapy (approaches depend on trained professionals: **psychodynamic, humanistic approaches, REBT, family therapy**)
6. **Legal help** (documenting torture)

3. Theory

Treatment

(source: internet)

- A number of psychotherapy approaches have been designed with the treatment of trauma in mind—[EMDR](#), progressive counting (PC), [somatic experiencing](#), [biofeedback](#), [Internal Family Systems Therapy](#), and [sensorimotor psychotherapy](#).
- There is a large body of empirical support for the use of [cognitive behavioral therapy](#) for the treatment of trauma-related symptoms, including [posttraumatic stress disorder](#). Recent studies show that a combination of treatments involving [dialectical behavior therapy](#) (DBT), often used for borderline personality disorder, and [exposure therapy](#) is highly effective in treating psychological trauma. If, however, psychological trauma has caused [dissociative disorders](#) or [complex PTSD](#), the trauma model approach (also known as [phase-oriented treatment of structural dissociation](#)) has been proven to work better than simple cognitive approach. Studies funded by pharmaceuticals have also shown that medications such as the new anti-depressants are effective when used in combination with other psychological approaches.
- **Trauma therapy allows processing trauma-related memories and allows growth towards more adaptive psychological functioning. It helps to develop positive coping instead of negative coping and allows the individual to integrate upsetting-distressing material (thoughts, feelings and memories) resolve internally. It also aids in growth of personal skills like resilience, ego regulation, empathy...etc.**

Theory

Treatment: Process' involved in trauma therapy

- **Psychoeducation:** Information dissemination and educating in vulnerabilities and adoptable coping mechanisms.
- **Emotional regulation:** Identifying, countering discriminating, grounding thoughts and emotions from internal construction to an external representation.
- **Cognitive processing:** Transforming negative perceptions and beliefs to positive ones about self, others and environment through cognitive reconsideration or re-framing.
- **Trauma processing:** Systematic desensitization, response activation and counter-conditioning, titrated extinction of emotional response, deconstructing disparity (emotional vs. reality state), resolution of traumatic material (state in which triggers don't produce the harmful distress and able to express relief.)
- **Emotional processing:** Reconstructing perceptions, beliefs and erroneous expectations like trauma-related fears are auto-activated and habituated in new life contexts, providing crisis cards with coded emotions and appropriate cognition's. (This stage is only initiated in pre-termination phase from clinical assessment & judgement of the mental health professional.)
- **Experiential processing:** Visualization of achieved relief state and relaxation methods.

Stages in Recovery (J.L.Hermann)

- A healing relationship
- Safety
- Remembrance and Mourning
- Reconnection

A healing relationship

- What is helpful establishing therapeutic alliance ?
- Respect, genuine interest, openness to learn (also from the client and the interpreter), to be affected, to change
- Seeking information about the situation people are coming from (it helps identification, assessment, shows interest that helps developing trust..)
- Establishing contact with the client, being in contact with therapist's CTR feelings
- Empathize, not to patronize/feel pity

A healing relationship

- Trauma – disempowerment and disconnection
- The therapy relationship – to promote recovery
- The contract regarding the use of power
- Neutrality - The patient's autonomy in decisions
- Moral aspect: solidarity with the victim
- The therapist's role – intellectual and relational („to enlighten the patient as to the nature and meaning of the symptom, but function also as the good enough mother)

1. Phase: Safety

- In the course of a successful recovery – a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, from stigmatized isolation to restored social connection.
- - Naming the problem (information- connect symptoms and trauma; advice; the suffering has a name.. in order to properly treat)
- - Restoring control (establishing safety – bodily integrity: biological rhythm..health,bodily functions, management PTSD symptoms, selfdestructive behaviour..)
- - A safe environment (difficult in collective accommodation.. Reraumatizing..)

2. Remembrance and Mourning

- The survivor **tells the story** of the trauma.. This work of reconstruction transforms the traumatic memory.. From stereotyped and emotionless to coherent story with appropriate emotions, sensations.. ..To be integrated into the survivor's life
- Mourning traumatic loss
- Client feels renewed hope and energy.

3. Reconnection

- The task to create the future
- The old self (the trauma destroyed) has mourned
- New relationships to be developed
- Helplessness and isolation (trauma) vs empowerment and reconnection (recovery)
- Reconciling with oneself
- Finding a survivor mission (social action)

Overcoming trauma?

- **Symptomatic stabilization and the appearance of normal functioning is not recovery. (integration of the trauma has to be accomplished; in depth exploration..)**
- **Social acknowledgment** is defined as a victim's experience of positive reactions from society that show appreciation for the victim's unique state and acknowledge the victim's current difficult situation.
 - Ljubotina D & all. Treatment Outcomes and Perception of Social Acknowledgment in War Veterans: Follow up Study. Croat. Med. J. 2007; 48:157-166.
- **Current stressors** in war-traumatized people (marital problems, problems with children, political changes during/after therapy, legal changes concerning their status or rights, exhumation of close relatives...) **affect the course of the psychotherapy**
 - Ljubotina & all. **Quality of life as a measure of outcome in treatment of clients with PTSD** following war related trauma (10 th European Conference on Traumatic Stress) Symptomatic stabilization and the appearance of normal functioning is not recovery.. (integration of the trauma has to be accomplished; in depth exploration..)

What we learned from the past:

Lessions learned with Bosnian refugees (1992-95 war)

- In exceptional circumstances the humanity is important, not rigid theorethical rules..
- Be proactive, Be available
- Create safe speace
- Research, education, supervision
- Importance of long term services
- „I could not endure all challenges without your support!”
- Documentary on You Tube „20 years with the most vulnerable (available under the Croatian title „20 godina s najranjivijima”)



Conclusion

- To hold traumatic reality in consciousness requires a social context that affirms and protect the victim and that joins victim and witness in a common alliance.
- For the individual victim, this social context is created by relationships with friends, lovers, and family.
- For the larger society, the social context is created by political movements that give voice to the disempovered (J.L. Hermann, 1992).