Introduction To Trauma

Siobhan Patel - Psychotherapist

UKCP
UK Council for Psychotherapy

Greater Peterborough
Network

Aims and Objectives of the Training

- Define trauma and distinguish between a traumatic event and being traumatized
- Explain how the brain and body respond during and after trauma
- Identify common physiological, emotional, cognitive, and behavioral impacts of trauma
- Understand why trauma affects people differently
- Apply trauma-informed principles to support others with empathy and effectiveness

Greater Peterborough Network

Introduction and Group Safety

Anyone can experience trauma.

It affects us all in different ways.

Other people's responses to trauma can affect us too.

Pause and take a break whenever you need to.

Being Trauma Informed is about an 'Us' and not 'Them' approach

Greater Peterborough Network

History of Trauma

Late 1600s:

- Word **“trauma” enters English**
- Refers only to **bodily injury**

Early–Mid 1900s:

War experiences (WWI, WWII) highlight lasting psychological effects
Terms like **“shell shock”** and **“combat fatigue”** used
Growing recognition that trauma affects the mind and behaviour

Late 1800s:

Freud, Charcot, Janet
- Recognition of **psychological effects without physical wounds**
- Term **“psychological/psychic trauma”** emerges

1980s:

PTSD formally recognized in diagnostic manuals.
Trauma understood as **a nervous system injury**

What *actually* is Trauma?

- What do you think of when you hear the word Trauma?
- What type of Trauma have your clients experienced?
- What are the “types” of Trauma?

Greater Peterborough
Network

In DSM-5-TR, trauma exposure is defined as direct or indirect contact with actual or threatened death, serious injury, or sexual violence.

This exposure must be real — not merely stressful — and meets specific types of experience.

Trauma is any experience that overwhelms a person's ability to cope and leaves a lasting impact on their mind, body, and nervous system.

Exposure to actual or threatened death, serious injury, or sexual violence.

This exposure can happen in one (or more) of the following ways:

- **Directly experiencing** the event
- **Witnessing** the event in person as it occurs to others
- **Learning** that such an event happened to a close family member or close friend (if actual or threatened death is violent or accidental)
- **Repeated or extreme indirect exposure** to aversive details of the event (for example, first responders repeatedly exposed to trauma details as part of their work)

Type 1 trauma: acute trauma experienced as a result of single event.

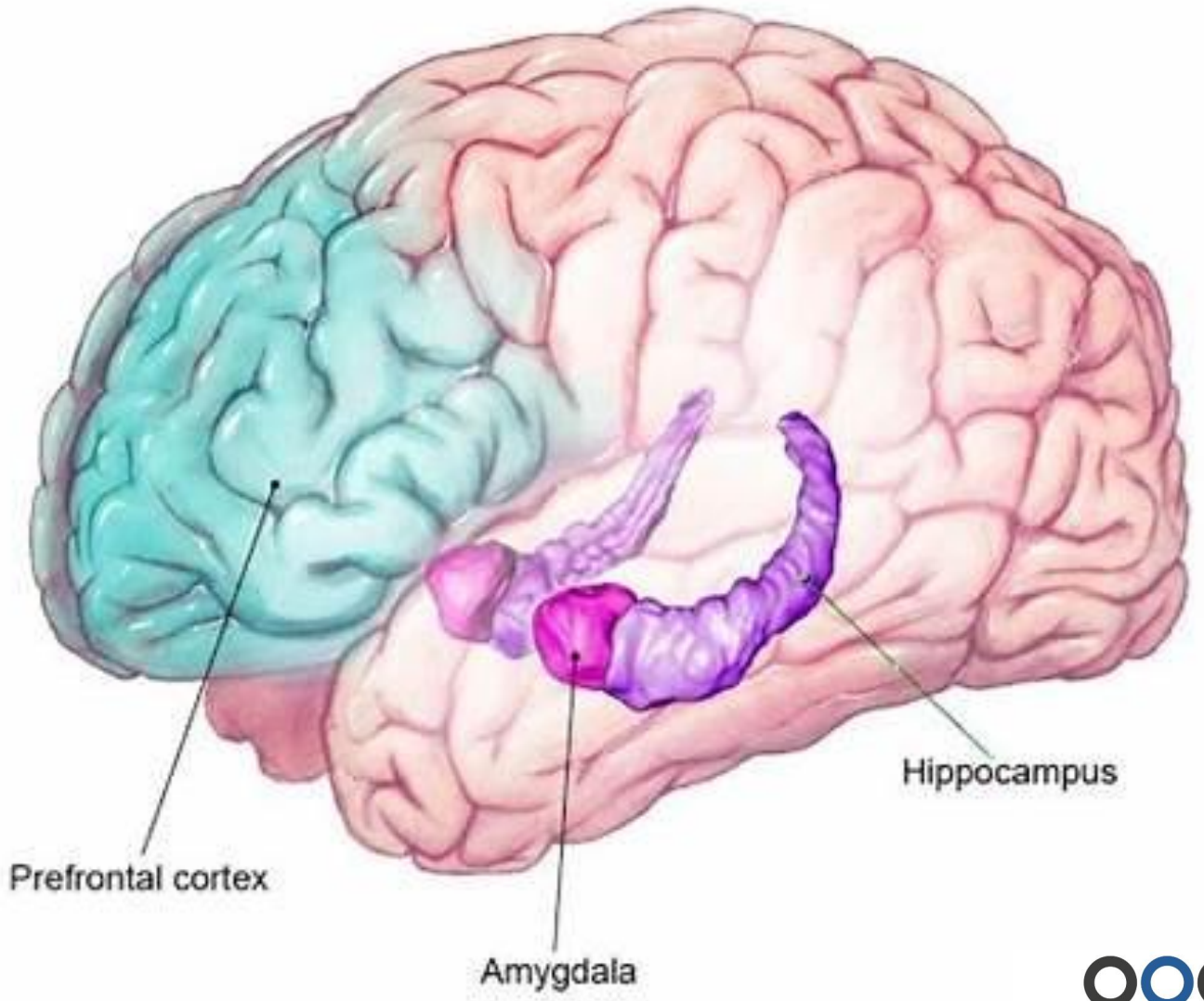
Type 2 or Complex trauma: Multiple, longstanding or repeated experience of varied and multiple traumatic events, often of an invasive, interpersonal nature.

Vicarious trauma: Emotional and health impacts of a person's traumatic experiences and symptoms on empathically connected helping professionals.

https://www.complextrauma.org/glossary

Greater Peterborough Network

What happens in a traumatic event



Greater Peterborough
Network

What happens *after* a traumatic event

Greater Peterborough Network

What happens after the event is important for Recovery

- Telling someone that believes you
- Getting support, reassurance and help
- Having access to professional help
- Allowing yourself recovery time
- Not dismissing your own reactions, responses and feelings
- Support to not avoid certain places and/or activities

Greater Peterborough Network

How do you know when someone is Traumatized?

Think about the client's you work with – How do you know they have suffered a Traumatic event?

Physical **Including ;** **Symptoms of stress/stomach issues /memory issues/ Tiredness/ feels sick /panic attacks /flashbacks /nightmares/aches and pains/ headaches/sleep problems /dissociation / nightmares**	**Emotional** **May feel unwarranted shame/ unwarranted self- blame or negative judgement on self /low self -worth/ trust issues / Anger //Huge anxiety /depression/numb/loss of joy /disgust / feeling distant from others/trouble experiencing positive feelings/**
Behavioural Over or under reacting Hypervigilant /jumpy Avoidance of thoughts/feelings /situations that remind . Difficulty making and sustaining relationships Difficulty with sex Self- harm Eating disorders/ substance Misuse Suicidal ideation Irritable/angry outbursts /aggression Taking risks	Cognitive The world is unsafe/ I am unsafe I can't trust Negative thinking patterns Difficulty accessing helpful strategies Not be able to think when put on the spot . Always expecting the worst / Memory issues/forgetfulness

Trauma is much more than a story about the past that explains why people are frightened, angry or out of control.

Trauma is re-experienced in the present, not as a story, but as profoundly disturbing physical sensations and emotions that may not be consciously associated with memories of past trauma.

Bessel van der Kolk (2014)

Greater Peterborough Network

COFFEE BREAK

Greater Peterborough
Network

How to work in a trauma-informed way

Greater Peterborough Network

Principles of trauma-informed approaches

DO NO HARM

- Safety
- Trust
- Choice
- Empowerment
- Cultural Considerations
- Collaboration

Relationship with us can be opposite of abuse – from fear to safety, from control to empowerment, from abuse of power to transparency and accountability. (Perot, 2018)

Greater Peterborough Network

Safety

Physical: Create a safe, calm environment

Psychological: Maintain boundaries; avoid triggering topics

Emotional: Provide containment and emotional support

Disclosures: High-risk moments — respond carefully

Awareness: Clients may seem fine but still be struggling

Professional limits: Know your own triggers; refer on when needed

Patients and Staff need to feel safe in their workplace

Trustworthiness

Clear boundaries: Explain limits and be realistic about what you can offer

Transparency: Give a rationale when you can’t meet a request

Consistency: Do what you say you will do

Presence: Use attentive, respectful non-verbal communication

Validation: Listen, believe, and acknowledge the client

Relationship: Recognise its importance to the client

Greater Peterborough Network

Choice

Acknowledge that people who have experienced or are experiencing trauma may feel a lack of safety or control over the course of their life which can cause difficulties in developing trusting relationships.

Choice in the care they receive – what are their thoughts or opinions.

Giving patients ways and options to Feedback on the service they have received.
Is there anything we can do differently? What has worked in the past? What hasn't worked in the past? How can we move forward?

Patients may make choices that don't make sense to us but they make sense to that person

Greater Peterborough
Network

Collaboration

We go by what we think is the norm. Recognise where the client is at. What may be a small step to us, could be a big deal for the client. A small step for you may be a massive achievement for them.

Try not to “do to” to patients but work with patients to agree on care, listen to the client’s wishes.

Be curious and try to understand what is happening for the client, “it is important that I understand what is happening for you. Did you mean….?”

Patient’s do not exist on their own – what other support does the patient have, who else is involved in their care and how do you all work together to best support the patient.

You are both experts: you are an expert and the patient is the expert in their lives.

Greater Peterborough Network

Empowerment

Acknowledge that people who have experienced or are experiencing trauma may feel powerless to control what happens to them, isolated by their experiences and have feelings of low self-worth

Validate feelings and concerns. People's behaviour makes sense in the context of their life.

Recognise strengths in our patients – they have survived somehow!

Recognise support networks and what patients are good at.

Coping strategies can look detrimental from the outside but these are what keeps the patient going.

Cutting down on drinking means the client needing more coping strategies.

How could you become more trauma-friendly?

Greater Peterborough Network

Cultural Considerations

What is important to that patient?

The healing value of traditional cultural connections – spirituality, religion.

Does the client need an interpreter? Having interpreters that are not family members.
Having letters in different languages.

Presenting information differently e.g. for those who cannot read.

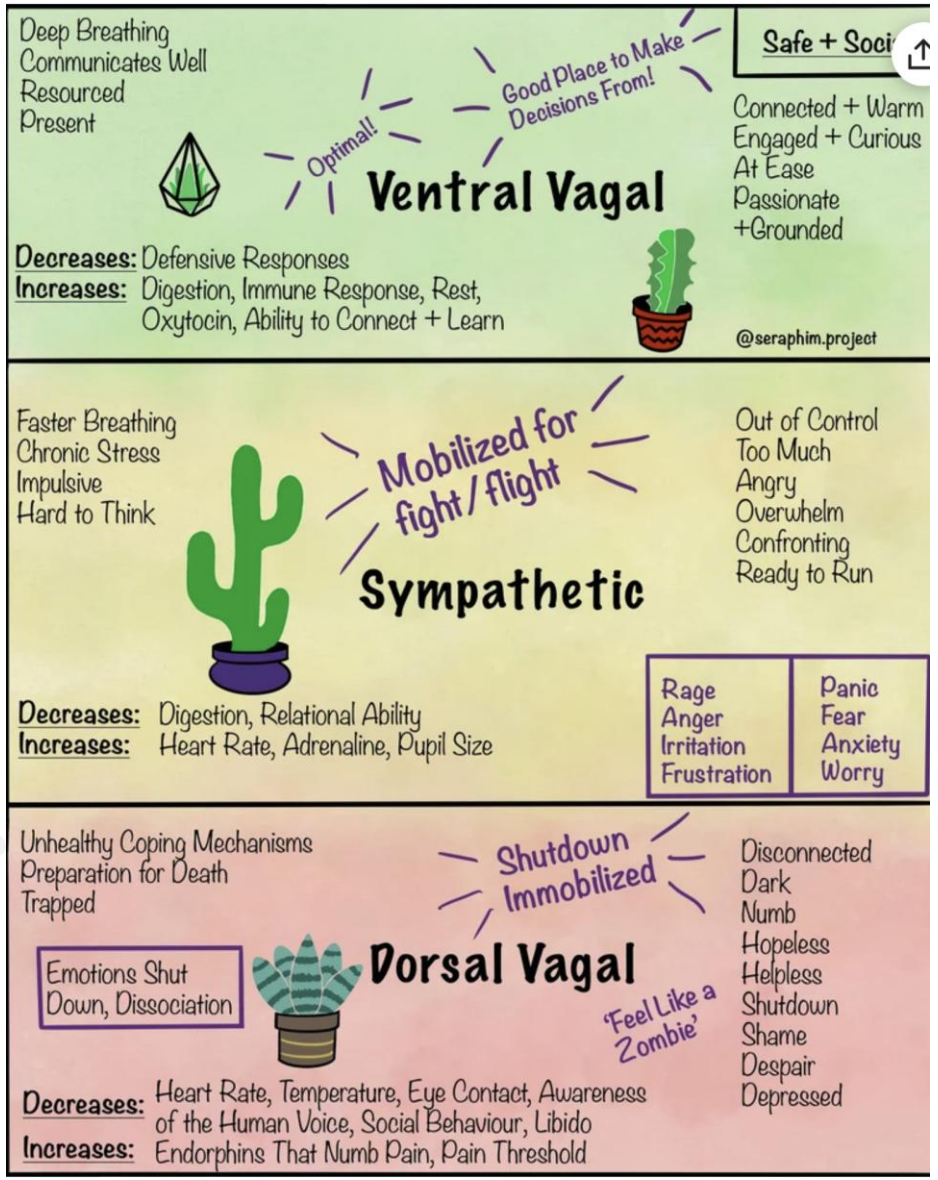
Having choice on who the patient wants to see e.g. male/female doctor and not questioning this decision

Greater Peterborough
Network

Co-Regulation and the Polyvagal Theory

Nervous system has **three states**:

- **Safe / Social Engagement** – ventral vagal → calm, connected
- **Fight/Flight** – sympathetic → alert, reactive
- **Freeze / Shutdown** – dorsal vagal → numb, withdrawn



Greater Peterborough Network

Co-Regulation

Helping someone manage emotions through a calm, safe, supportive presence — regulating together, not fixing or forcing.

What helps?

- Calm, regulated presence
- Predictability & transparency
- Validation without problem-solving
- Listening more than advising
- Practical tools
- Grounding (breath, sensory)
- Supportive language: “You’re safe right now” • “We can go at your pace”

Avoid (can re-traumatise)

- Minimising experiences
- Forcing disclosure
- Taking control away
- Personalising reactions

When dysregulated: lower your voice, slow down, stay present, breath.

Greater Peterborough Network

The Three R's

Realise

Recognise

Respond

Greater Peterborough Network

How to look after yourself at work

Greater Peterborough Network

Feelings are Contagious

Being aware of what are your feelings/emotions and what are the clients

- Always speak with a colleague/senior about your concerns.
- Know that you did everything that you could; there is only so much you can do.
- The patient is part of a wider network of support including things that we may not be aware of e.g. supportive pets/internal support.
- You need to do what you need to go home feeling OK.

Greater Peterborough Network

Vicarious Trauma

- *"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."*

  (Remen 2006).

Greater Peterborough Network

Symptoms of Vicarious Trauma

- Symptoms parallel those of PTSD, including anxiety, despair, intrusive imagery, sleep disruption, cynicism, hostility, difficulty maintaining helping relationships.
- Thought processes include “this situation is hopeless” “the clients bring it on themselves” and “there’s nothing anyone can do to help.”

Greater Peterborough
Network

Differences Between Vicarious Trauma and "Burnout"

- Burnout is a feeling of exhaustion and lack of motivation.
- Vicarious trauma can overlap with stress and burnout, but it has specific symptoms parallel to PTSD.
- Burnout can often be alleviated by time off, encouragement, professional training or motivational workshops.
- Vicarious trauma requires more intensive efforts to target it specifically.

Greater Peterborough Network

Final Thoughts

You need breaks. Make sure you take them.

Seek support.

Beaware of the symptoms.

Your outside life is as important as work.

Awareness, balance and connection.

Support your colleagues. Notice when people don’t take breaks, change in behaviours, withdrawing.

Greater Peterborough Network