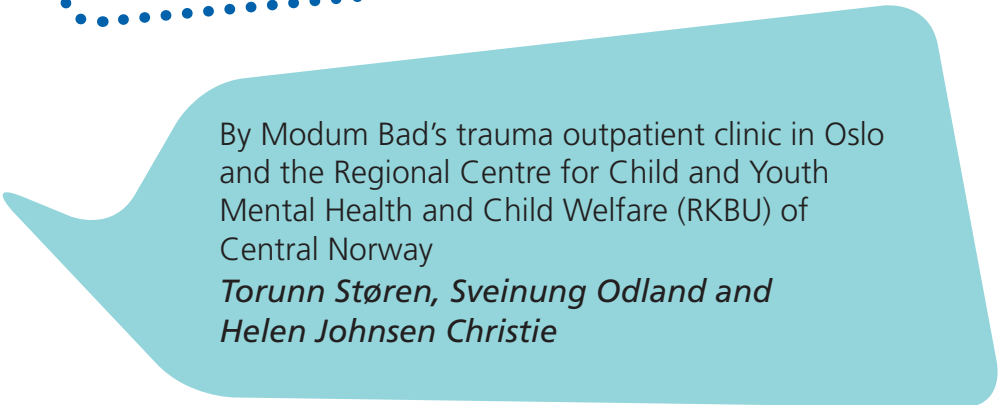




Manual

for stabilisation and
skills training after
traumatic events



By Modum Bad's trauma outpatient clinic in Oslo
and the Regional Centre for Child and Youth
Mental Health and Child Welfare (RKBU) of
Central Norway

*Torunn Støren, Sveinung Odland and
Helen Johnsen Christie*

Table of contents

Introduction	2	Chapter 3: Difficulties sleeping	20
Background	2	The importance of a stable sleeping pattern	20
The evaluation of the course by the participants	2	Common difficulties	21
Recommendations for use of the manual in group setting	3	Trauma and difficulties sleeping	21
Safety is key	3	Improving the quality of your sleep	21
Exercises	4	Make the bedroom (or where you sleep) as safe as possible	22
How to teach/present new knowledge	4	Things in the bedroom that inhibit or enhance sleep	22
Homework	4	Preparing for the night	22
Grounding	4	Things you should avoid	22
Other use of the manual	5	Methods for falling asleep (Dyregrov 2011)	23
The manual can be downloaded	5	Methods for dealing with nightmares	23
Thanks to	5	Exercise: Safe place	25
		Homework: Chapter 3	26
		Homework: Sheet 1	27
		Homework: Sheet 2 Keeping track of your sleep	28
Chapter 1 What is this course about?	6	Chapter 4: Concentration	29
Structure and content of the course	7	Individual differences	30
Frameworks and rules	7	Consequences of trauma on work and/or education	30
The goal of working with trauma	7	How to make your workday or school day easier	31
The topics	8	Adapting at work or in school	31
What are natural reactions when you are exposed to danger?	8	Balance in life	32
Common reactions and symptoms after serious and overwhelming events	9	Exercise: Progressive muscle relaxation	33
The most common symptoms	9	Homework: Chapter 4	35
What will help?	9		
Homework: Chapter 1	10	Chapter 5: Triggers (Part 1)	36
		What are triggers?	37
Chapter 2 Post-traumatic symptoms	11	Connection between traumatic events and triggers	37
Post-traumatic stress disorder (PTSD)	12	Various types of triggers	38
Traumatic events and post-traumatic symptoms	12	Time-related triggers	38
Violation of trust	13	Place-related triggers	38
Reactions during traumatic events	13	Events in relation to others	38
Over-activation	13	Events during treatment and therapy	38
Under-activation	13	Sensory experiences such as sound, smell and colour	38
Peritraumatic dissociation	14	Triggers that awake memories of oppression and violence	39
Post-traumatic symptoms	14	Internal triggers	39
Invasive symptoms	14	Feeling physical pain or illness	39
Symptoms of avoidance	14	Identification of triggers	39
Symptoms of over-activation	15	Exercise 1 (repetition): Safe place	40
Symptoms of under-activation	15	Exercise 2: Recognising and mastering triggers	40
The window of tolerance	15	Exercise 3 (repetition): Separate the past from the present	40
Common perceptions	15	Homework: Chapter 5	41
Exercise: Separate the past from the present	16	Homework: Sheet 1 Trigger book	42
Homework: Chapter 2	17		
Homework: Sheet 1	18		
Homework: Sheet 2	19		

TABLE OF CONTENTS

Chapter 6: Triggers (Part 2)	43	Chapter 8: Mindfulness	60
Dealing with triggers	44	What is mindfulness?	61
Removing objects or avoiding situations that might be triggers	44	How do we understand what is happening to us and around us?	61
Anticipating triggers or trigger situations	44	Why is this important?	62
Planning	44	Some facts about breathing	62
Exercises for the imagination	45	Exercise: Mindfulness	63
Finding alternatives	45	Homework: Chapter 8	64
Gradual exposure	45		
Neutralising triggers	46	Chapter 9: Identity and meaning	65
Important to remember	46	Identity	66
Exercise: Dealing with flashbacks through attentiveness	47	Creating meaning from the meaningless	67
Homework: Chapter 6	48	Therapeutic methods for promoting growth and maturing	68
Homework: Sheet 1 Trigger book	49	Increasing positive emotions in life	68
		Writing	69
Chapter 7: Emotions	50	Looking ahead	69
Emotions have no moral value	51	Exercise: Conversation about identity and meaning	70
Two types of emotional reactions	51	Homework: Chapter 9	71
Emotions and behaviour	51		
“Feedback loops” connected to perceptions, emotions and actions	51	Chapter 10: Grief	72
Anger	52	Common characteristics of grief and loss	73
Techniques for controlling problematic anger	53	Different grief processes	73
Observing signs of anger	53	Help in mastering grief	74
Learning to find triggers	53		
Identifying and correcting misinterpretations	53	Appendix 1	75
Guilt	54	Welcome	75
Why does the victim blame herself/himself?	54	Conclusion	75
Shame	55	Appendix 2	76
Shame reactions	55	The window of tolerance	76
Withdrawal	55	Appendix 3	77
Self-loathing	55	General rules for participation in the stabilisation and skills-training course	77
Avoidance/downplaying	55	Contract	79
Attacking others	55	Your significant others	80
Steps on the way to dealing with shame and guilt	56		
Recognising thoughts	56	References	81
Correcting automatic thoughts	56		
Considering your relationship to social contacts	56		
Making a list which improves your self-image	56		
Ways of describing emotions	56		
Exercise: Feeling the sense of anger, shame, guilt	57		
Homework: Chapter 7	58		

Introduction

Background

This manual has been developed to help stabilise symptoms in people who have experienced traumatic events. Their need is first of all to obtain skills to deal with their symptoms. They need to recognise that the painful events are no longer happening, to acquire a sense of safety in the present and to gain more perceived control over thoughts, feelings and bodily sensations. The manual can be used as a first-stage intervention prior to processing traumatic events.

The manual was written after NKVTS (Norwegian Centre for Violence and Traumatic Stress Studies) published findings from the study of survivors from the massacre on Utøya, Norway on 22 July 2011. The study found that many of the victims continued to have sleep disorders, anxiety, depression, somatic disorders, traumatic grief, withdrawal and loss of interest in day-to-day activities (NKVTS, 2012). These findings determined the choice of topics dealt with in each of the chapters in this manual. The goal of this manual is to provide traumatised people with an understanding of the effects of the trauma on their day-to-day functioning, to help them see how the trauma impacts body, mind and emotions, and to indicate new ways to deal with their difficulties. The text in the chapters has in part been adapted from a manual used in psycho-educative courses for adult patients with complex trauma disorders in Modum Bad's trauma outpatient clinic in Oslo (from S. Boon, 2011). This work was carried out in the autumn of 2012 by the psychologists Torunn Støren and Sveinung Odland, in collaboration with the psychologist Helen Johnsen Christie. The manual has then been tested in a group setting with survivors from the killings at Utøya. This group of youths between 18 and 25 years of age came together once a week over a period of 10 weeks. The use of this manual is not thought to be restricted to people with this specific experience and it should be just as helpful for other groups of traumatised people and patients in individual therapy.

The evaluation of the course by the participants

After completing the course, the participants were asked to evaluate it and to complete psycho-metric tests (IES and SCL-90). While the tests did not show a noticeable drop in post-traumatic stress disorder symptoms, there was a subjective perception of better mastery and improved ability to handle difficulties. Many of the youths confirmed that prior to the course they largely used avoidance as a strategy to deal with their symptoms. This had also led to a restriction in their daily activities as they were easily triggered. Avoidance must be addressed and challenged in trauma work. Participation in the course exposed the participants to painful feelings and reactions associated with the traumatic event, and they got more in touch with their real challenges.

The participants generally responded with positive feedback on the course. They experienced that by obtaining more knowledge about common reactions after the trauma they felt less alienated and less "abnormal" and had more acceptance of their own struggles. Finding different ways of dealing with

symptoms was an important part of the course. The clear expectations from our part relating to participation is thought to be of importance when working on this in a group setting. One participant stated “There were many times when I felt that I couldn’t cope with it, but then again I didn’t want to quit either. Then I forced myself to go, and afterwards I was happy that I did. I think this helped me to manage to complete the whole course.” All the participants were satisfied with the focus on dealing with challenges in the here and now, and not on sharing stories from Utøya. This helped them to feel more safe and secure in the group and in this stage of treatment. In the words of one participant: “We all have painful images in our heads, we don’t need more.”

Recommendations for use of the manual in group setting

In a group setting it is recommended to follow the manual by presenting one chapter each meeting. Group meetings can be held weekly, lasting two hours each time.

We invited all participants to an individual session prior to starting in the group. The aim of this session is to provide information about the content, form and framework of the course. In this meeting the therapists may emphasise that the group focuses on mastery and skills and not on the traumatic events themselves. The participants are informed about confidentiality terms, and they all sign a contract. The general rules for participation and the contract are provided in Appendix 3 on page 77–80.

We recommend that a clear structure is maintained for all the group meetings:

- At the start of each session: Reading of a regular “welcome text” (see the example in Appendix 1 on page 75), where the focus is on noticing each participant’s presence in the room, deciding what may be bodily resources, and what one needs to know to feel safe and secure.
- The participants are invited to share any reactions they had between the sessions and to share their experiences of doing the homework. There is a clear emphasis on mastering experiences.
- A short break.
- Presentation of the new topic and the exercises.
- Presentation of the work to be done at home for the next session.
- On conclusion of each session: Reading of a regular “end-of-session text” (see an example in Appendix 1 on page 75).

Safety is key

Being together in a group with others with similar experiences is acknowledging and may give a sense of belonging. The group leader must, however, assume a clear role and control input from the participants so that the focus is kept on skills and mastery. This may at times also include restricting and reminding the participants that there is no room for sharing trauma experiences in the group because of unwanted effects both for themselves and the other participants. It is also the responsibility of the group leader to divide time so that all may have the chance to talk.

Exercises

Practical exercises have been included in the manual (on a pink background). When a person is traumatised, bodily reactions thoughts and feelings associated with trauma are readily activated. The stabilisation exercises can be useful in bringing oneself into the “window of tolerance” (Ogden, see Appendix 2 on page 76). The participants are encouraged to try the exercises. The group leaders recommend that the participants practise these exercises on a regular basis, in non-stressed situations, so that they are embedded and can be used in situations where the participants are activated.

How to teach/present new knowledge

The group leader may choose to read out loud and emphasise points by using illustrations and examples. It is recommended that the group leader is well-versed in the content of the chapters to be able to teach more freely from the text. This brings the teaching closer and makes it more alive, and also ensures good contact with the participants. Everybody receives a copy of the manual. Repetition of metaphors such as the “window of tolerance” (see page 76) during the teaching may help the participants to notice their own activation.

Homework

All the chapters include homework. This is meant to help the person to initiate the process of noticing his/her own reactions and trying out new ways of dealing with them. Doing homework requires active participation on their part and is as such an important part of the process.

Grounding

The text and/or the content of what other participants share may activate reliving, memories, uncomfortable feelings and sensory experiences. The group leaders should be aware that the participants may experience strong reactions and schedule small breaks for grounding (orienting oneself).

Grounding

A central feature of PTSD is the perception that you are losing your grip on the present. An effective way of re-establishing contact with the here and now is to activate sensory perceptions, so-called “grounding”.

Grounding may be simple acts like feeling your feet in touch with the floor, sensing the temperature of your hands, moving your body, noticing sounds in the room, establishing eye contact, holding different objects (such as stones, shells, stress balls), using smelling salts, having something available that reminds you of the present (for example a picture or a song). Other techniques that work include drawing the participant’s attention to where she or he is, to the current date and/or to objects in the room that may remind the participant about the present.

Other use of the manual

The chapters in the manual may be used holistically or individually as aids for individual therapists, GPs and as self-help. The content of the manual may be activating for some, and we recommend careful consideration of when and for whom this kind of work is beneficial. Some topics are not specific to traumatised persons and should be useful for people with different kinds of problems.

The manual can be downloaded

The whole manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual
- www.modum-bad.no/nettbutikk

Thanks to

- RBUP Øst og Sør for financial contribution for the group sessions conducted with survivors from Utøya
- Suzette Boon who has given permission to use her manual and to make necessary changes
- Modum Bad, for the course material which constitutes the foundation of the manual
- Atle Dyregrov for important and encouraging comments along the way, and his generous sharing of advice
- Michael de Vibe for important input in the chapter on mindfulness

Oslo, 27 November 2013

Torunn Støren and Sveinung Odland, specialists in clinical child and youth psychology, Helen Johnsen Christie, special consultant



Chapter 1

What is this course about?

Programme

Welcome, see page 75

Structure and content of the course

- Framework and rules

- The goal of trauma processing

- Topics

What are natural reactions when exposed to danger?

Common reactions after serious and overwhelming events

- The most common symptoms

What is helpful?

Homework

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual

- www.modum-bad.no/nettbutikk

What is this course about?

Structure and content of the course

Welcome to the course. We have chosen to call this a course because it differs from group therapy in several ways and because the focus is on teaching and exercises. We will not be talking about the traumatic events you have experienced. We know that hearing the descriptions of traumatic experiences by others can easily trigger your own experiences. This is why we ask you not to share your trauma experience in this course – including during the break. If you feel the need to talk about the event, you should do this in individual conversations.

We want to keep the focus on what is difficult in the present. The term stabilisation means increasing the ability to connect to the present here and now. One boy said to us: “People tell me that I have to learn to disconnect. That’s not my problem; what I need is to learn to connect!” Many find that being connected to the here and now is difficult; images and memories from the traumatic event may be persistently obtrusive, or they may feel numb and distant. We will talk more about this. When we offer skills training, this means you will learn about and find new ways of dealing with your trauma disorders.

Frameworks and rules

Participation in this course requires that you agree to a set of rules. The obligation of secrecy is absolute. You may of course talk about what you learn from this course, but you cannot share any information about other participants of this group. Each participant must feel secure that they will not be a conversation piece outside the course.

We follow a set procedure for each session: We start the sessions with a brief welcome text (see page 75), which is the same each time, and follow this with a short exercise. The aim of this is to help you to be present in the here and now. We then share experiences from the homework, and each one of you is asked about your reactions, thoughts and/or questions from the previous session, as well as experiences from the last week. We will have a ten-minute break before we start the teaching of the topic of the day. You may of course ask questions during the teaching. We will also present some exercises that we think will be useful for you. We then review what you are to note down or practise at home before the next session, and after this we end the session with a set conclusion text (see page 75).

The goal of working with trauma

The goal of the work with your trauma is to be able to tell yourself: “It really happened, it’s not a movie or a dream. It happened to me. Now it’s over and has become part of my history, but I am far more than this history. I can recall what happened while at the same time being in the present and not being overwhelmed by it.”

The topics

The topics in the coming sessions will be:

- Chapter 2:* **Post-traumatic disorders.** What does post-traumatic stress disorder mean? What does it consist of?
- Chapter 3:* **Sleep disorders.** How can you sleep better?
- Chapter 4:* **Concentration.** How can you improve your concentration?
- Chapter 5:* **Triggers, Part 1.** What is a trigger, and how can you learn to recognise what triggers traumatic memories?
- Chapter 6:* **Triggers, Part 2.** How can you handle these triggers better?
- Chapter 7:* **On feelings.** How can you increase your acceptance of difficult feelings, such as guilt, shame, anger and grief?
- Chapter 8:* **Mindfulness.** How can I work to increase the presence in the here and now?
- Chapter 9:* **Identity and meaning.** How can I work with perceptions of meaning and identity?
- Chapter 10:* **Grief.** On grief reactions and help in mastering grief.

What are natural reactions when you are exposed to danger?

The triune brain: we can say that our brain is divided into three parts. Innermost is the brain stem, which we have in common with other mammals; this is where instinctive reactions are located. That is why we call this part “the survival brain” or the reptile brain. Then we have the “emotional brain”. Here we code and interpret information we receive from our senses and this is where we store our experiences. Outermost we have the “thinking brain”. Here we carry out logical analyses, and here we can analyse and plan.

The “survival brain” is like a smoke detector that signals danger. When it is activated the body reacts by preparing to flee or fight: Our digestion is blocked, our heart and breathing rates increase, blood flows to the large muscle groups in our legs and arms, and our attention is keenly focused. We call this *over-activation*.

If, on the other hand, you are in a situation where neither fleeing nor fighting is possible, and the danger cannot be avoided, the opposite eventually occurs: The rate of the heart and the breathing slows down, and the blood flow to the muscles is reduced. You may then faint/collapse or become prone in a “freeze” position. We call this *under-activation*.

When in danger, contact between the survival brain and the thinking brain is reduced to ensure instinctive reaction. Many ask themselves after a traumatic experience: Why didn't I understand? Why didn't I act? or similar questions. It is then important to know that the body and instincts take over when contact with the thinking brain is impeded, and that our actions are outside our will power.

Common reactions and symptoms after serious and overwhelming events

Even after the danger has passed we may react with over-activation or under-activation.

A term we often use in trauma work is the “window of tolerance” (see page 76). Within the window of tolerance we feel safe, we are able to reflect and manage to control our feelings. When we become stressed, anxious or very angry, we move “outside the window of tolerance”, and the contact with the thinking brain is undermined. This is an effect of the activation of the sympathetic nervous system. After trauma, many people will experience that they have flashbacks, and perhaps also panic reactions when something reminds them about their traumatic experiences. During this course you will train in recognising how activated you are, and how you can help yourself to control this activation.

You might also move out of the window of tolerance when you are under-activated. Then the para-sympathetic nervous system is activated. You may feel numb, drained, tired and listless. Some also feel distant or “disconnected”.

The most common symptoms

- Invasive symptoms: obtrusive memories, nightmares, a feeling that the traumatic event is happening again in the present.
- Symptoms of over-activation: tenseness, restlessness, irritability, skittishness, threat orientation, lack of concentration, difficulties sleeping.
- Symptoms of under-activation: depression, restricted consciousness, very drowsy.
- Symptoms of avoidance: forgetfulness (forgetting parts of or the whole experience), denial that it happened, unwillingness to speak about it, avoidance of topics that touch on the event, avoidance of places and situations that may remind you about it.

What will help?

In this course we will be training in how to be present in the here and now so that the memories do not continue to overwhelm you. One of the most important aids for this is your breathing. Therefore, we will work on becoming aware of your breathing and how to modify it. We will also focus on learning to recognise the level of tension in your body and learning relaxation exercises and so-called “grounding” exercises (see page 4), i.e. learning to “wake up” or calm down your body by becoming mindful of all your senses.

Homework: Chapter 1

1. Read the chapter.
2. Examine whether you are left with some thoughts or reactions after the teaching session. There may have been something you noticed or became interested in. You may have discovered something new. If it helps you, you should write it down.
3. We talk about being present in the here and now. Think about whether you already do something that helps you to deal with the sense of being overwhelmed in various ways. Write this down if you want.



Chapter 2

Post-traumatic symptoms

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about the homework from the previous session

Break

Presentation: Post-traumatic symptoms

- Post-traumatic stress disorder (PTSD)

- Traumatic events and post-traumatic symptoms

- Violation of trust

- Reactions during traumatic events

 - Over-activation

 - Under-activation

 - Peritraumatic dissociation

- Post-traumatic symptoms

 - Invasive symptoms

 - Symptoms of avoidance

 - Symptoms of over-activation

 - Symptoms of under-activation

- The window of tolerance

- Common perceptions

Exercise: Separate the past from the present

Homework

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual

- www.modum-bad.no/nettbutikk

Post-traumatic stress disorder

Post-traumatic stress disorder PTSD

PTSD is a common disorder that many people are suffering from, including war veterans and victims of rape or natural disasters.

PTSD has several core symptoms:

1. Invasive memories (for example flashbacks, reliving, nightmares).
2. Avoidance of reminders of the original trauma, also including numbness and disconnectedness.
3. Over-activation (for example sense of uneasiness, anxiety, fear). Often, there are rapid shifts between a state of over-activation and of *under-activation*.

Most people with post-traumatic symptoms find that their symptoms may vary widely and may be aggravated when something triggers memories of the trauma. Strain and stress from external life events may cause a (temporary) worsening of the symptoms.

Traumatic events and post-traumatic disorders

It appears that some events more often lead to post-traumatic disorders than others. These may be events that

- are sudden, uncontrolled, overwhelming
- cause a sense of helplessness
- are a threat against life or health
- cause serious injury
- make you a witness of serious abuse or the death of others

It is not quite clear why one person develops post-traumatic symptoms and another person does not. To some extent it depends on the individual's personal perception of the event, although some events are thought to be traumatising for virtually all individuals. What we do know is that some factors render a person more susceptible to developing trauma-related symptoms. These are:

- a history of earlier trauma
- trauma at an early age (because the brain is not yet sufficiently mature to integrate overwhelming experiences)
- mental-health problems in the family history
- lack of social and emotional support through and after the event
- believing that you are going to die during the event
- inherent character traits, such as being more sensitive or reactive than others

Violation of trust

Most people take for granted that they are relatively safe and feel that they by and large have control over their lives. This sense of safety and security helps us to function in our day-to-day lives. Unforeseen, shocking and life-threatening events may destroy this sense of safety. Such situations reveal how frighteningly vulnerable we actually can be and how paralysed we may become, and also show us that people actually are capable of committing gruesome deeds.

Various traumatic events may cause us to completely or partially lose a basic sense of *safety and security*. If you are exposed to traumas caused by other people, you might also lose a fundamental sense of *trust*, particularly if the harm was perpetrated wilfully.

When this happens, it becomes difficult to trust your sense of safety, good will, justice or good intentions. It may become difficult to feel that you have control over your life, and you may be left feeling a fundamental sense of helplessness and hopelessness. The time it takes to come to terms with such difficult and disruptive life experiences will vary from one person to the next.

Reactions during traumatic events

Over-activation

Similar to animals, the human body is by nature prepared to deal with acute dangers and threats. If we are frightened by something, the body reacts automatically by turning off some activities and reinforcing others. We may feel, for example, that the heart is beating harder and more quickly, and that we breathe more quickly. More blood flows to the brain, arms and legs. Our muscles are preparing for a fight or to flee, while the activity in the brain shifts from the parts that help us think about complex problems to the parts that help us react in life-threatening situations. We go from an "everyday state" where we deal with day-to-day activities to an "alert state" where we are ready to fight or flee and/or go completely rigid.

Under-activation

When a serious threat comes too close and is overwhelming, when there is no possibility of fleeing or fighting, the body and the brain might react by shutting down for protection. This means the reaction is *under-activation* rather than *over-activation*. When this happens, the heart rate and breathing slow down dramatically, the muscle tone is reduced, and the body enters into a form of hibernation or paralysis. Energy is conserved by entering this automatic state of breakdown, often called "playing dead". Some animals do this when they fall down "dead" facing an attacking animal. It is an automatic, instinctive physical strategy to ensure survival where there is no other alternative. Some people experience such submittal during or after a traumatic event. It is accompanied by emotional and physical numbness, little or no thought activity, a form of not caring, total disconnection and occasionally even loss of consciousness.

Peritraumatic dissociation

During traumatic events, some people react with numbness, disconnection and out-of-body experiences. This helps an individual to function on so-called “autopilot”, without becoming overwhelmed by what is happening or what has just happened. This is called peritraumatic dissociation. But the reactions may come later. Then the individual may experience confusion, despair, anger and fear. He or she might tremble, cry in despair, become irascible and irate. Some people may also feel that they become emotionally numb and unable to feel close to others. These are normal reactions to abnormal events. The symptoms may gradually diminish over time, and the individual usually regains some trust and sense of control.

Post-traumatic symptoms

Invasive symptoms

- Through so-called flashbacks, the frightening experience may invade your current consciousness in the form of images, smells, sounds, tastes and physical sensations. Then you relive everything as if it is happening right now, or you may feel that it is happening even though you know that it is not.
- Nightmares may occur, and you may have trouble sleeping.
- Obtrusive memories and thoughts about the event may invade your consciousness.
- You may have violent, lasting and repeated anxiety reactions or panic, heart palpitations and breathing difficulties, strong sweating and trembling, and a feeling of being paralysed by fear or the wish to escape. These reactions mainly occur in situations that in some way remind you about the event.

Symptoms of avoidance

- Forgetting completely or partly the entire event.
- Numbness, loss of emotion or living on autopilot.
- Denial of what has happened or avoiding awareness of it, for example by working very hard and staying busy, cleaning, taking drugs or drinking alcohol and so on.
- Unwillingness to talk about the event, isolating yourself from social contact.
- Avoiding places, situations or people who may remind you about the event. Avoidance is often used as an attempt to protect yourself from the strong emotions, impressions and thoughts that were generated by the traumatic event.

Symptoms of over-activation

- Tenseness, unrest, restlessness, impatience and the sense of always being on guard.
- Bad-humoured, easily frightened and hypersensitivity to what is occurring around you.
- Irritability, bouts of anger or crying.
- Concentration difficulties.
- Problems sleeping or waking up frequently.

Symptoms of under-activation

- Shutting down, becoming completely emotionless.
- Intense fatigue, drowsiness, a sense of being “outside yourself”.
- Being unable to move or think.
- Depression, joylessness and unable to find joy in life.

The window of tolerance

See the description and illustration of the “window of tolerance” on page 76.

Common perceptions

And finally: Many people who have trauma-related disorders struggle with negative thoughts about and perceptions of themselves after traumatic events. For example, they may believe that

- they should have done something else than they did
- they are less worth than other people
- they are different than others and do not “belong”
- they have been “ruined”
- they are weak, stupid or incompetent because they cannot get over what happened

Exercise: Separate the past from the present

Instructions

- Recall a mildly uncomfortable event where you were a little anxious, uneasy or ashamed. What do you notice in your body? What happens in your muscles? What happens in your stomach? How does your breathing change? Does your heartrate increase or slow down? Do you get warmer or colder? If there are any changes in your temperature, is it the same or does it vary in different parts of your body?
- Then turn your attention back to the room you are in now. Pay attention to the colour of the wall, details in the room. What is the temperature here? What can you smell?
- Does your breathing change when you switch your attention?
- Now try to maintain your attention on the current surroundings while you recall the mildly uncomfortable event. Is it possible for you to keep your attention on where you are now physically, while recalling the event?
- Finish this exercise by focusing your attention on your current surroundings.

Homework Chapter 2

1. Read Chapter 2.
2. Work with the homework Sheet 1 on page 18.
3. Work with the homework Sheet 2 on page 19.
4. Think about whether you know some stories, narratives, music/songs or books that help you to stay within the window of tolerance.

Homework: Sheet 1

Check which post-traumatic symptoms you have.

Invasive symptoms

- Reliving the traumatic event (or part of it) as if you are back there and then, with images, smells, sounds, tastes and physical sensations.
- You have problems sleeping (nightmares, restless sleep, difficulties falling asleep, frequently waking up).
- Recurring strong anxiety reactions (heart palpitations, breathing difficulties, sweating, trembling, being paralysed by fear, wishing to escape).

These reactions mainly occur in situations that remind you in some way about the event. You may also have such reactions without being aware of what triggered them because the memory is outside your consciousness.

Avoidance

- Forgetting the entire event completely or partially.
- Numbness, loss of emotion or living on autopilot.
- Denial of what has happened or seeking refuge from it, for example by working very hard, substance abuse (alcohol, narcotics, medications).
- Unwillingness to speak about the event, isolating yourself from social contact.
- Avoiding places, situations or people who may remind you about the event. Or avoiding certain situations without knowing why they make you so anxious.

Over-activation

- Tense, edgy, restless, impatient or always alert.
- Bad-humoured and hypersensitive.
- Irritability, anger or crying.
- Problems sleeping or waking up frequently.
- Difficulties concentrating.
- Going rigid with fear: being scared witless and unable to move.
- High pulse, palpitating heart.

Under-activation (shutting down or collapsing)

- Serious depression, joylessness and lack of interest/zest for life.
- Being unable to move or think, lacking emotion.
- Loss of consciousness (a strong physical reaction to threats, like an animal playing dead).
- Intense fatigue, drowsiness and difficulties concentrating.
- Losing your grip on things to an extreme extent, so you can hear, but not speak.

Homework: Sheet 2

Make a list of the symptoms that are the most challenging for you and assign a strength level of 1 to 5 for each of them. Write down how you usually try to cope with this symptom, and whether it has some effect, much effect, or does not work at all.

Also note whether you can think of any new ways of dealing with the symptoms.

1.

2.

3.

4.

5.



Chapter 3

Difficulties sleeping

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Difficulties sleeping

- The importance of a stable sleeping pattern

 - Common difficulties

- Trauma and difficulties sleeping

- Improving the quality of your sleep

 - Make the bedroom (or where you sleep) as safe as possible

 - Things in the bedroom that inhibit or enhance sleep

 - Preparing for the night

 - Things you should avoid

 - Methods for falling asleep (Dyregrov 2011)

 - Methods for dealing with nightmares

Exercise: Safe place

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual

- www.modum-bad.no/nettbutikk

Difficulties sleeping

The importance of a stable sleeping pattern

Being exposed to trauma is almost always followed by periods with disturbed sleep. Difficulties sleeping may vary considerably from one period to another, and from one person to the next. Due to poor sleep, you will get less rest than you need. The more tired you are, the higher the risk is that you will have more symptoms with strong emotions. It is therefore very important to establish a sleep pattern that is as stable as possible. If you want to improve your sleeping pattern, it is important first of all to know which difficulties you are experiencing.

Common difficulties

- Difficulties falling asleep.
- Waking up frequently in the course of the night.
- Exaggerated drowsiness (for example falling asleep in the middle of the day).
- Disturbed sleep-wake pattern (for example sleeping in the daytime and staying awake at night).
- Nightmares, nightly panic attacks or nightly fear; sleepwalking, grinding teeth, restless legs.

Trauma and difficulties sleeping

People with trauma disorders struggle with disturbed sleep for a number of reasons: It is difficult to sleep well when you feel oversensitive, anxious, depressed or angry. If you try to avoid emotions and thoughts about painful things, the brain may shift into overdrive when it is quiet and you are in a dark place. Some people may be afraid to be in the dark; or the dark may make you feel more alone than usual. You may feel that you cannot protect yourself adequately or lose your overview because you do not see so well in the dark. This may be frightening for anybody, but particularly for anyone who is traumatised. You may then be more skittish, fearful and on guard, and you usually sleep lighter and wake up multiple times during the night.

In addition to this, people with trauma disorders are often plagued by nightmares, relive events or have nightly panic attacks. Some will then delay going to bed, or only go to bed when it is light outside.

Improving the quality of your sleep

Your difficulties sleeping may decrease over time, but some people will continue to have trouble for a long time. There are many strategies for improving your sleep.

Make the bedroom (or where you sleep) as safe as possible

- You can place objects close to your bed that will immediately remind you that you are in the “here-and-now”.
- Try to determine whether there are triggers in your bedroom which should be removed. Objects, sounds and smells can be triggers.
- Make sure that you always have sufficient light so you recognise where you are if you wake up during the night. You can use a “night light” (a small device that fits into an electric socket) or a small lamp.

Things in the bedroom that inhibit or enhance sleep

- It will help you if you remove things that may distract you from sleeping or from deep sleep. This could be a television, video games, PC and other objects that generate sound; the light from a TV and PC screens also has properties that will keep you awake. Normally it is best to not have a TV in your bedroom, but if you feel you are unable to sleep without it, you should be aware of what you watch so you do not become unsettled just before going to bed.
- Music may function as an aid if it is relaxing and soothing.
- Audio books or printed books: If you like to read and this helps you sleep, you can read in bed for a while, but it should preferably be pleasant reading. If you read to avoid falling asleep, try not to have the book with you by the bed.
- Make your bed and your room into a good place to be. Use whatever you need to make you feel safe.

Preparing for the night

- It may often be easier to fall asleep if you make a habit of performing some calming activities or rituals before you go to bed.
- For some it may have a calming effect to read a pleasant book or watch a comedy show on television.
- You can listen to your favourite music.
- You can take a hot bath or shower.
- Meditation, prayer or light relaxation exercises may be useful.

Try to find a routine that feels good for you, and then follow the same routine every night before going to bed. Avoid eating a big meal and taking part in intense physical activity the last few hours before bedtime. Avoid beverages with caffeine, such as coffee, tea or cola after five pm if you have difficulties sleeping.

Things you should avoid

- The last hours before bedtime should be a period where you reduce your activities and prepare for the night. Therefore, you should, as a rule, avoid participating in intense activities, such as playing games where competition is important, watching distressing movies or initiating intense conversations about problems.
- Many feel that alcohol or other intoxicants (including tobacco) help them to relax and go to sleep, but research shows that sleep under the influence of intoxicating substances has a much lower quality than sleep without them.

- If you have difficulties sleeping, going to sleep in the daytime may disrupt your sleep-wakefulness rhythm and create new problems when trying to fall asleep in the evening.

Methods for falling asleep (Dyregrov 2011)

- Count backwards and keep doing this for a while. This may help to take your brain away from problem areas that could keep you awake. Every time you get lost counting, go back and start again. Counting backwards from 500 with intervals of minus 3 (497, 494, 491 etc.) may provide a focus that promotes sleep.
- Sit up and write down (as keywords) any concrete problems you are mulling over, if this is what keeps you awake. When you have jotted down your notes, put the sheet away (or close the book) and promise yourself that you will return to these problems at a more appropriate time (for example in the daytime or with your therapist).
- If a visual image is bothering you: Imagine a simple figure, such as a square or circle. Envision that you follow the figure you have chosen with your eyes. Each time a painful vision surfaces, you can activate this image, so that it counteracts and suppresses the painful picture.
- Breathing technique to help you sleep: Breathe deeply but calmly in through your nose with your mouth closed while counting to five. Hold your breath for some seconds, count to five again. Release your breath calmly through your mouth while counting to five again.
- Create a “safe place” in your imagination where you can collect positive and/or relaxing associations and emotions (see the *Safe place* exercise on page 25).

Methods for dealing with nightmares

When waking up from a nightmare the brain may have difficulties distinguishing between the present and what you experienced in the nightmare. You may feel that your body is reacting as if what you dreamt was real. It is then important to help the body “turn off” the activating nervous system. If you wake in the night from a disturbing dream or a nightmare, or you experience anxiety or panic, there are methods you can use to help you. These methods often require some training to function optimally.

Orienting yourself in the here-and-now

Many find it very useful to orient themselves (“ground themselves”) so that they are fully present in the here and now. You can use the here-and-now methods that work for you and speak calmly to yourself and tell yourself where you are.

Orienting yourself towards something new

It may be good to get out of bed, get something to drink and find something that may make you think of other things. Then you should do something that calms you down, and which is about something completely different (look at pictures that calm you, listen to quiet music).

Writing it down

It may help you to write down the unsettling dream. Then put the sheet of paper away, or bring it with you to your next therapy session. The intention is to avoid going deeper into the experience (the nightmare, the images), but to get it down on paper and leave it there until you feel up to looking at it.

Making a new ending

You can work at “making a new ending” to your nightmare. When you wake up right after the nightmare: Envision yourself as your own director. You can use anything as aids to make a good ending. There is no limit to the tools you can use. If you dream that you are being pursued, you can envision that you suddenly have superpowers and can turn around and frighten your pursuer so that he or she suddenly is minuscule and scrambles under a rock. The important thing is not that the ending is realistic, but that it helps your brain to understand that the dream is over so that your body can calm down again. You can equip yourself with superpowers, have superheroes, angels or animals with you, special abilities or anything you like.

- Practise with a typical mildly unsettling nightmare you have just had. Write down what it was about from the start to the end. Then make another ending for it without holding anything back.
- The more you practise with a nightmare you have had, the easier will it be to do this in the night when you wake up.
- This exercise may be worked on with your therapist if you are in therapy.

Exercise: Safe place

1. You can choose to keep your eyes open or closed when you do this exercise: Think of a place that makes you feel calm and safe. This may be a place you have been to once, or a place you have seen in a movie or have heard about, it may be in your house or the house of someone you know, or somewhere in nature. You can also make up a place in your imagination.
2. This place must fit you and your needs. You can always adapt it to your needs. Two individuals are never exactly alike, so choose a place that is right for you.
3. This is a private place (or places) which nobody else knows about or can find without your permission. You are in charge of it and choose whether you wish to share it with others or not.
4. The place should close out all stimuli in the present that are overwhelming you, and should be comfortable and richly furnished for all your needs. Anything you need to make you comfortable is there.
5. Envision this place in your fantasy, and imagine that you are there. Spend time, and envision all the details in this place: colours, forms, smells, sounds. Envision the sunshine, feel the wind or temperature. Feel how it is to stand, sit or lie there, how your body is in contact with the place. Feel how it is when everybody is safe, everything is as it should be. In your safe place you can see, hear, feel, smell and feel exactly what you need to feel safe.
6. You can go to this place whenever you would like and as often as you want, and simply by thinking about it you will feel calmer and safer.
7. Often you will need more than one place, and you can work with this step by step. Pay attention to what each memory or each emotion needs.

Homework: Chapter 3

1. Read Chapter 3.
2. Fill in homework Sheet 1 on page 27.
3. Fill in homework Sheet 2: *Keeping track of your sleep* on page 28. If you do not have special difficulties sleeping, you can skip this task.
4. If you are bothered by nightmares or flashbacks during the night, try to determine which of the methods suggested in the teaching material work best for you, and practise it or them.
5. Practise *Safe place*, see page 25.

Homework: Sheet 1

Prepare a list of actions that help you to sleep and what inhibits you from sleeping. Set up your own ritual for "Getting ready to sleep". Bear in mind that this does not need to be a comprehensive ritual, but that it should consist of one or more acts that are suitable for you.

This helps me to sleep

This prevents me from sleeping

"Getting-ready-to-sleep" ritual

Explain what you do or what you wish you could do:

Safe place

Practise this, see the description of the exercise on page 25.

Homework: Sheet 2

Keeping track of your sleep

This form can be placed on your night table so it is easy to work on.

	When did you go to bed?	When did you wake up?	Did you have a nightmare or were you afraid?	What did you do if you woke up in the night?	How many hours did you sleep in all (approx.)?
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					



Chapter 4

Concentration

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Concentration

- Individual differences

- Consequences of trauma on work and/or education

- How to make your workday or school day easier

- Adapting at work or in school

- Balance in life

Exercise: Progressive muscle relaxation

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual

- www.modum-bad.no/nettbutikk

Concentration

Individual differences

People with trauma disorders are of course as different from each other as everyone else. This also applies to work and education. Some traumatised people have full-time work or school, some work part-time, some do not work or are on sick leave. Many may have coped well at work over an extended period of time until they were unable to manage their duties adequately. Some have a profession or education they want to continue in, but which might also be a source of many triggers. This may make it difficult to carry out work or pursue an education without expending a great deal of energy on staying calm and dealing with difficult feelings. Many people expend so much energy on this that they are completely exhausted afterwards.

Many are so focused on managing work or school that they exclude other necessary parts of life that give a sense of balance and satisfaction, such as rest, leisure time and recreation. For some, the statement “work hard and hang in there” may be a form of mastering. When this form of mastering no longer works, or when they try to sit down and relax, they may struggle with this and feel that they are a failure. This is why it is so important to work on taking care of all your needs.

Consequences of trauma on work and/or education

Many traumatised people struggle to remain concentrated at work or in school. There may be several reasons for their concentration difficulties, and they may manifest themselves in number of ways.

For example:

- It may be difficult to stop thinking about what has happened.
- You may feel that the brain is working busily in the background all the time, just like when a PC is optimising its hard drive.
- For some, the daily activities of work and living now appear meaningless.

It is important for most traumatised people to return to school and work for several reasons: It may be important for your self-esteem to manage something you managed earlier. In a job or school context you can feel useful, both for yourself and for others. These are also arenas that are focused on the future, and not the past. But it is also important to know that it is common to struggle with concentration after having been exposed to a traumatic event. Can you accept that you have less energy and capacity for the time being? It takes time to reduce strong trauma reactions, so you must not expect to be back on top immediately; a gradual approach is wise. Maybe you can lower your expectations for yourself for a period of time?

Tips to make your workday or school day easier

- If your mind is racing, calm surroundings may help.
- Consider whether it helps to work alone or in a small group.
- Find the place to work which gives you the most tranquillity.
- Limit the number of school subjects or work tasks.
- Find out what stresses you in your school or job context.
- Make work sessions shorter.
- Let your breaks be just that, without any focus on work or the painful memories.
 - Find out what good relaxation is for you, whether it is moving about or chatting with friends etc.
- Make detailed work plans, so you will not waste time and energy on figuring out what to do.
- Find out which demands you think are appropriate to set for yourself.
- Try to vary your work tasks.

Adapting at work or in school

Many people want to try to restart school or work on the same level and with the same effort as prior to the traumatic event but find that they no longer have the same work capacity. Some blame themselves, believing they should have been able to do better. You should try to adapt the amount of work and the school situation to your current condition. It may be useful to discuss this with your employer, homeroom teacher or other relevant persons. Many of those around you will probably be more than willing to adapt things to make your work or school situation easier.

Some tips if you want to discuss this:

- Focus the conversation on what can help you in your current situation.
- Don't be afraid to say if you feel the amount of work is too much.
- Inform about your situation, if you want the other person to know.

Before the conversation you may prepare to discuss the following:

- Which work duties are particularly difficult for you?
- What aspects of your work are draining you of energy?
- Is there something you would like to be relieved of for a period of time?
- Is there something which gives you energy, and which you would like to do more of?
- Is there something in the working or school environment that stresses you?
Is there a change that would be beneficial for you?
- Would it be helpful to work in a smaller group or alone for a period of time?
- Could you benefit from a shorter workday/school day?
 - Partial sickness benefits are possible, also in school.
- Could it be helpful with more concrete work duties?
 - Many people who are struggling with concentration may find abstract work duties to be difficult.

Balance in life

Good balance between work tasks, leisure activities and relaxation time is important. Everything that helps maintain this balance will also impact your attention span and concentration. Balance can in part be achieved by having daily routines. This will help you to reduce stress and increase predictability, enabling you to cope better with triggers.

Consider this:

- Have realistic expectations for yourself and others in your family.
- Make sure you have lots of rest and pleasant experiences (from music, movies, physical activities).
- Participate in social activities even if you are not very motivated.
- If you brood too much: Try to restrict the brooding to restricted times, train at stopping your thoughts (exercise).
- Maintain the most important daily routines.
- Use a diary or calendar for planning.
- If you are living with others, be aware that it will make your life easier if you have clear and specified routines for who does what when. Unclear routines and lack of clarity lead to stress and bickering. It may be important that the person or persons you live with are also aware of this.

Exercise: Progressive muscle relaxation

When you are afraid or anxious, your body will tense up. This may cause symptoms such as pains in the neck, shoulders and back, painful jaw muscles or tense arms and legs. This exercise involves that you first tighten specific muscle groups, and then release the tension. Focus on the experience of the difference between tension and relaxation in each muscle group. Practise one section of your body at a time: head and face, neck and shoulders, back, stomach, pelvis, arms, hands and legs. Find your own pace.

Instructions

Sit or lie down in a place that feels quiet and safe. Make sure you won't be disturbed while performing the exercise. Tighten and release the tension in each muscle group twice. Take a brief break between each cycle before going on to the next area. When you tighten a muscle group, maintain the tension for approximately five seconds, and relax for approximately ten seconds.

- Start by focusing on your hands. Clench your hands, feel your muscles tighten for five seconds, and relax for ten seconds. Notice the difference between tension and relaxation. Do the same again.
- Move your focus to your arms. Pull your forearms towards your shoulders. Feel the tension in the muscles in your upper arms for five seconds, and then relax for ten seconds. Notice the difference between tension and relaxation. Repeat.
- Tighten your triceps (the muscle on the lower side of your upper arm) by stretching your arms out straight and locking your elbows. Feel the tension in your triceps (five seconds), then release and relax your arms. Focus on the difference between tension and relaxation. Repeat this. When your arms feel relaxed, allow them to lie by your side, or rest them on the armrests.
- Then concentrate on your face: Tighten your muscles in the forehead by raising your eyebrows as high as you can, feel the tension in your face and eyebrows, hold and release. Do it again and concentrate on the difference between tension and relaxation. Repeat once more.
- Tighten your jaws by opening your mouth as wide as possible, hold and relax. Repeat.
- Focus on your neck muscles: Bend your head so your chin touches your chest. Then turn your head slowly to the left, back to the centre and move your head as far back as it goes. Then return your head to its normal position. Turn your head to the right, and back to the starting position. Repeat this slowly and carefully because the neck is often very tense. Do this again, concentrate on the difference between tension and relaxation.
- Focus on your shoulders. Raise them as far as you can, as if they could touch your ears, hold and feel the tension, and release. Notice the different senses of tension and relaxation in your shoulders. Repeat.
- Focus on your shoulder blades: stretch them backward as if you are trying to make them touch. Stretch and relax. Notice the difference. Repeat.

- Stretch your back by sitting up very straight, tighten and release. Then relax. Repeat and focus on the different sensations of tension and relaxation.
- Tighten your buttocks, hold and release. Repeat.
- Hold your breath, pull in your stomach, tighten and release. Repeat and feel the difference in your stomach.
- Focus on your legs: Stretch them out, feel the tension in your thigh muscles, hold and then release. Note the difference between tension and relaxation. Repeat.
- Then straighten your legs and point your toes back towards you. Feel the tension in your legs, feel the relaxation when you release. Repeat.
- Finally focus on your feet: Point your toes as far down as you can and feel the tension in the muscles in your feet. Tighten and release. Feel the difference when you tighten and relax the muscles in your feet.
- Now make a mental scan of your whole body and look for any tension that is left. If a group of muscles is still tense, return to them and do the tension/relaxation exercise again.
- Now envision how relaxation spreads throughout your whole body. Your body may feel warm, a little heavier, safe, relaxed.

Homework: Chapter 4

1. Read Chapter 4
2. Train *Progressive muscle relaxation*, see page 33.
3. Determine how your time is divided between work, regular activities and leisure.
4. Make a list of activities that help you relax, or which are fun and distract you.
5. Check needs and/or opportunities for adapting work or school (see tips on page 31).



Chapter 5

Triggers (Part 1)

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Triggers (Part 1)

- What are triggers?

- Connection between traumatic events and triggers

- Various types of triggers

 - Time-related triggers

 - Place-related triggers

 - Events in relation to others

 - Events during treatment and therapy

 - Sensory experiences such as sound, smell and colour

 - Triggers that awake memories of oppression and violence

 - Internal triggers

 - Feeling physical pain or illness

- Identification of triggers

Exercise: Recognising and mastering triggers

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual

- www.modum-bad.no/nettbutikk

Triggers (Part 1)

What are triggers?

By “triggers” we mean *all types of experiences that function as reminders of earlier traumas and therefore lead to uncommonly strong reactions*. A trigger can be anything which is associated with the trauma. It is important to recognise triggers when working with traumas.

Common triggers may be:

- things you see
- sounds
- smells
- sensory experiences
- situations that arise in interaction with others
- internal experience, thoughts and feelings

People with traumatic disorders may experience a lack of stability in their day-to-day life and their emotions may vary a great deal. This may in part be caused by so-called reactivated traumatic memories (reliving earlier events). These reactions often come if you experience situations or participate in activities which, in reality or symbolically, are perceived as similar to the original trauma. Feelings such as anxiety, anger, shame, guilt, pain or other physical sensory experiences, visual images or fragments of traumatic events may unexpectedly intrude. It is typical of these reactions that they do not quite fit in the situation at hand, or they are much stronger than the situation would suggest.

Connection between trauma events and triggers

At times the connection between a special feeling and the original event is obvious. At other times this link may be less clear. The more you are “disconnected” when reminded about the traumatic event, and the less reflection there has been on it, the more difficult it may be to see the connection. Then sudden panic may set in, for example, without understanding why you are afraid. In such cases you are unaware of the trigger or the event that led to the strong reactions. To have more control in your daily life you need to acquire better insight into triggers and situations that may cause intense feelings or flashbacks. First of all, you must learn to recognise that your reactions are out of proportion. This requires a certain ability to step back, observe and reflect on what is happening instead of just acting. This ability to reflect on how and why you have reacted in a particular way is an important part of the process to learn to deal better with triggers.

Example:

Ingrid got a stomach ache and wanted to run away every time she saw a dog.

Dogs reminded her about when she was bitten by her neighbour's dog.

Ingrid eventually started to panic every time she saw any dog and started to be afraid of leaving the house. Over time anxiety and avoidance had infected other parts of her life and restricted her freedom in many areas.

Various types of triggers

Time-related triggers

A typical time-related trigger is a so-called "anniversary reaction"; people may experience increased anxiety, other feelings and sensory perceptions on a date or point in time when the original traumatic event occurred.

Place-related triggers

Many feel it is difficult to return to places where they experienced painful things. Places that resemble the original scene or are associated with it may also generate strong reactions. When you have had painful experiences in a particular location, merely returning to this place may cause anxiety. However, you might also have fluctuating and contrary feelings relating to the place which may cause confusion, such as longing to be there, or good memories associated with this place from older days. Any person may experience having some painful memories from a place together with some good or neutral recollections.

Events in relation to others

Relationships in the present are often strong triggers because successes and disappointments in relationships often cause strong feelings. Relationships and relational conflicts often generate thoughts, assumptions and sensory perceptions, which in turn may give feelings of rejection, being deserted, being criticised, having strong needs and longing, and shame about such needs.

Events during treatment and therapy

Treatment and therapy may at times become triggers in themselves. Perhaps the therapist has touched on topics which contribute to reliving the event before the patient is prepared or ready for this. The therapist may do or say something that is perceived as painful, critical or rejecting, or perhaps is experienced as being remote or hurtful, even if this may not be the case in the present.

Sensory experiences such as sound, smell and colour

Sudden sounds, such as an angry or raised voice, the sound of a door being closed, the doorbell or telephone, may cause a strong reaction. Certain smells, images or objects may become triggers and cause you to relive uncomfortable sensory experiences. Smells are particularly strong triggers.

Triggers that awaken memories of suppression or violence

Aggressive situations in the present are often triggers for reliving traumas, even if you personally are not under direct threat, but rather watching something taking place outside or on television. Tragic stories in the newspaper and dramatic television series may also be highly emotionally intense and have a triggering effect. For some just the sound of crying or screams may trigger flashbacks.

Internal triggers

Internal experiences such as feelings, sensory perceptions, thoughts and needs may be triggers. Having a strong feeling may be a trigger because it may remind you about the strong reaction in the situation.

Feeling physical pain or illness

Specific physical feelings, such as a particular pain or physiological reaction which coincides with anxiety may trigger the reliving of an old fear or certain events. Other triggers are feeling very cold, hot, nauseous, having a stomach ache and even going to the doctor or being hospitalised.

Identification of triggers

It's necessary to learn to recognise what triggers things in you. At times it may seem that "everything in life" is a trigger, but it is useful to differentiate types of triggers. You may for example notice the following:

- Not everything is equally difficult for you.
- You have already learnt to handle certain situations, which means that there are triggers you already have dealt with on your own.
- The same situation may at times cause a strong reaction, other times it does not.
- Your vulnerability to triggers depends on your emotional state at the time in question.
- If you are tired or "under the weather", it becomes more difficult to stay in the here-and-now. This also applies when you are sick or stressed.
- Normal and common problems surfacing in your day-to-day life may make you more vulnerable to triggers.

Exercise 1 (repetition): Safe place

For instructions about this exercise, see page 25.

Exercise 2: Recognising and mastering triggers

Instructions

Work in pairs/talk to a friend, to your therapist/doctor, or work on your own. Think about one particular time when you experienced strong feelings, an episode where you “disconnected” or had sudden anxiety or nausea. Talk about the event using “headlines”, i.e. no details.

- What is the last thing you remember before this (the emotion, body sensation, reliving) occurred?
- Was there a special sound, smell, image or object?
- Did something happen in your relationship to others, such as an argument or a conflict? Were you in a special place?
- Time context (day, time of year).
- What did you do to get out of it?
- When did you notice that you were out of it?

Exercise 3 (repetition): Separate the past from the present

For instructions about the exercise, see page 16.

Homework: Chapter 5

1. Read Chapter 5
2. Work with homework Sheet 1 (*Trigger book*) on page 42.
You can use the Trigger book in several ways:
 - You can start with any of the three first squares.
 - If you first notice a strong emotional reaction, you can start by filling this in, even if you do not know exactly what (which trigger) caused it.
 - It is not necessary to fill in all the squares.
 - Try to describe one situation per day and try to determine what the trigger was.
 - Consider what you can do in a similar situation another time to reduce the consequences that this trigger has for you.
3. Continue to exercise the “here-and-now” concentration exercise *Separating the past from the present*, see page 16.

Homework: Sheet 1 Trigger book

Noting down triggers and their consequences.

	Events (triggers)	Feelings and/or physical sensory experiences	Reactions?	What did you do?	What do you wish you had done differently?
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					



Chaptel 6

Triggers (part 2)

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Triggers (Part 2)

- Dealing with triggers

- Removing objects or avoiding situations that might be triggers

- Anticipating triggers or trigger situations

 - Planning

 - Exercises for the imagination

- Finding alternatives

- Gradual exposure

- Neutralising triggers

 - Some methods for neutralising triggers

 - Important to remember

Exercise: Dealing with flashbacks through attentiveness

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual

- www.modum-bad.no/nettbutikk

Triggers (part 2)

Dealing with triggers

In the previous chapter we spoke about triggers, including different types of triggers. The homework focused on your starting to learn to identify different types of triggers and trigger situations. In this chapter we will continue describing different ways you can try to deal with triggers and trigger situations.

If you consistently attempt to avoid all triggers, they will probably just become more severe and complex. Perhaps the most important part of dealing with triggers is therefore

- to identify them
- to understand them, and
- to recognise your own reactions to them

At times, however, it may still be necessary to avoid or limit the exposure to certain triggers so you can deal with the everyday affairs of life and stay within your “window of tolerance”.

Removing objects or avoiding situations that might be triggers

As you become more aware of how certain objects may frighten you or cause you to disconnect, you can choose, if possible, to remove these objects. You could move them out of sight or avoid using them. It is also important to retain a certain sense of anchoring in the present. Try to remind yourself that there is no need to be afraid of a certain object for the rest of your life, that you can learn to be less afraid of this object in the present. Tell yourself that the object is harmless and only connected to, or evokes, memories about the past, and that the earlier situation will not arise again.

In the same way you can decide to avoid – on a temporary basis – certain situations that create deep anxiety or other painful emotions. If, for example, a crowded shop makes you feel very uncomfortable, you can choose to go there early in the morning – and avoid going there during rush hours. It is obvious that you cannot avoid everything, but it is acceptable to put off doing some things at particular times when you know that they may affect your balance quite negatively. Rather choose times when you know that you can handle them in a better way.

Anticipating triggers or trigger situations

Planning

To anticipate means to foresee and deal with something in advance of events, and to assess a situation in advance.

For example: You need to arrange an appointment with your GP to get the flu vaccine, but you hate syringes. You are also afraid of crowded waiting rooms or doctors. But you need a flu shot for your health, so this is not a situation you can avoid. So, what can you do?

First of all, you can try to get someone to go with you, a person you know well, who can distract you from thinking about how you are dreading the appointment. This may help to keep you in the here-and-now. You can also ask the doctor whether you can come at a time when there will be fewer patients so you will not have to sit in a crowded waiting room. You can talk to yourself, talk to your anxious feelings, and remind yourself that it is only a flu shot, and that nothing bad will happen.

By ignoring your fear and acting “tough”, you are at greater risk of losing control or disconnecting than if you manage to anticipate a difficult situation and make a plan.

Exercises for the imagination

Many feel that it is useful to envision a challenging situation in advance and play through the way you want to deal with it in your imagination. For example: Imagine that you arrive at the consultation with the doctor and feel calm. Imagine that you are able to calm yourself if you start to feel anxious. Imagine that you have all the support you need. People imagine far too often that they are unable to master something. Try instead to envision success.

Finding alternatives

When a person has experienced serious and frightening events and memories are triggered, it is easy to feel imprisoned by the events and helpless. Understanding that there are alternatives is important so that you can feel in control and see that you have choices. You can always leave the GP's office, for example, if the triggers are so strong that you cannot stay. Or you may ask the nurse for help to calm you down. If you do not want to see the injection, you can close your eyes. Or you can watch if you need to be aware of everything that is being done. You can ask the doctor or the nurse to tell you about everything they will be doing and allow yourself to be part of what is happening and when it happens. You can also ask somebody to come with you, or call somebody if you become anxious.

Gradual exposure

Many who have experienced traumas have developed a kind of phobia against certain memories, and against particular feelings and bodily reactions connected to these. Avoidance is a key element in the development and maintenance of a phobia. If you continue to avoid what you are afraid of, you will learn that what you are avoiding is dangerous. Through “gradual exposure” the phobic reaction can be reduced and eliminated.

Neutralising triggers

- Use a “protective suit” or other protective notions.
- The *Safe place* exercise, see page 25.
- Use of “anchors”, which might be anything reminding you that you are in the here-and-now, and that it is safe. An anchor may be music in the present, images in the present, comforting objects from the present, your current house, people in the present and so on. Many feel it is useful to carry a small object in their pocket or elsewhere which they can take in their hand to connect them to the here-and-now.
- The *Separating the past from the present* exercise, see page 16.
- Notice the difference between here-and-now and there-and-then.

Some concrete techniques involve dealing with flashbacks by marking the difference between the past and the present. One such technique, described on page 47, is part of the homework for the next session.

Important to remember

The things we have talked about here are intended to serve as the initial small steps towards dealing with triggers in new ways. The first steps are often the most difficult. We do not expect that everything will suddenly change, or that you immediately will gain full control of all triggers. Moreover, some triggers are easier to deal with than others, and anyone can be “triggered” or frightened by completely unexpected things or events. Spend time and learn to be more reflected and tolerant of your experiences; this will take you many steps further.

Exercise: Dealing with flashbacks through attentiveness

Example

Just now I feel afraid

(Enter the name of what you are feeling, often fear.)

– and I get the sense of

heart palpitations, dizziness, numbness

(Describe your body sensations, mention three alternatives.)

– because I recall the painful event

(Just give the trauma a heading, do not describe the details.)

At the same time, I look around where I am now in 2018 *(Write the current year.)*

– here at Modum, *(Write in the place where you are now.)*

– and I can see the brown cupboard, the shells, the people

(Describe some of the things you are seeing now, in this place.)

– and therefore I know that the painful event

(State the trauma heading again.)

is not occurring any more.

Here you fill in the blanks yourself

Just now I feel _____

(Enter the name of what you are feeling, often fear.)

– and I get the sense of

(Describe your body sensations, mention three alternatives.)

– because I recall _____

(Just give the trauma a heading, do not describe the details.)

At the same time, I look around where I am now in _____ *(Write the current year.)*

– here at _____, *(Write in the place where you are now.)*

– and I can see _____,

(Describe some of the things you are seeing now, in this place.)

– and therefore I know that _____

(State the trauma heading again.)

is not occurring any more.

Homework: Chapter 6

1. Read Chapter 6.
2. Continue training exercises from earlier sessions:
 - *Safe place*, see page 25.
 - *Separating the past from the present*, see page 16.Try to determine the situations where these exercises are most useful for you.
3. Work with homework Sheet 1, *Trigger book* on page 49. The form is the same as in Chapter 5.
4. See if you can use some of today's presentations to deal with triggers:
 - Removing objects or avoiding situations that trigger a reaction.
 - Anticipating triggers or trigger situations (planning, do imagination exercises).
 - Finding alternatives.
 - Neutralising:
 - Using anchors. Make a list of useful anchors.
 - Distinguishing between here-and-now and there-and-then. It may be useful to describe the differences in detail and repeat them to yourself.
 - Using techniques to deal with flashbacks.
 - Preparing protective notions.
5. Exercise *Dealing with flashbacks through attentiveness*, see page 47.

Homework: Sheet 1 Trigger book

Noting down triggers and their consequences.

	Events (triggers)	Feelings and/or physical sensory experiences	Reactions?	What did you do?	What do you wish you had done differently?
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Chapter 7

Emotions

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Emotions

Emotions have no moral value

Two types of emotional reactions

Emotions and behaviour

“Feedback loops” connected to perceptions, emotions and actions

Anger

Techniques for controlling problematic anger

Observing signs of anger

Learning to find triggers

Identifying and correcting misinterpretations

Guilt

Why does the victim blame herself/himself?

Shame

Shame reactions

Withdrawal

Self-loathing

Avoidance/downplaying

Attacking others

Steps on the way to dealing with shame and guilt

Recognising thoughts

Correcting automatic thoughts

Considering your relationship to social contacts

Making a list which improves your self-image

Ways of describing emotions

Exercise: Feeling the sense of anger, shame, guilt

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

– www.r-bup.no/manual

– www.modum-bad.no/nettbutikk

Emotions

Emotions are part of our fundamental human functioning; they guide us and help us make decisions. They are spontaneous reactions to events outside and inside us. Examples: Love helps us to get closer to someone we care about, fear helps us avoid dangerous events, joy helps us to seek good experiences.

Emotions have no moral value

Emotions such as joy or pride are often described as positive feelings, while anger, anxiety or shame are described as negative. Feelings are, however, neither good nor bad. All emotions, including the “bad ones”, basically have a function. But some emotions may often be recognised as comfortable ones, and others as uncomfortable or painful. It may therefore be difficult to describe a feeling without assessing it.

Two types of emotional reactions

1. Some emotions are primarily a reaction to things that occur around you, such as pleasure, because somebody says something nice to you, or anger, because someone criticises you, or fear, because something frightens you.
2. Other emotions are primarily reactions to your own thoughts, actions and feelings. You may feel proud because you have succeeded in something or feel guilty because you were very angry with somebody.

Emotions and behaviour

An important function of emotions is to initiate actions. For example, anger may help us to stand up for ourselves when we are provoked, fear may help us escape something dangerous and love may bring us closer to the people we love. Feelings are in reality not separated from thoughts and actions. Rather they are part of a comprehensive experience which includes emotions, sensory perceptions, thoughts and actions. This also includes our perceptions of what occurs in the here-and-now, and our ideas about what will happen if we act in a particular way. It is important to learn to observe emotions, and not act impulsively on them.

“Feedback loops” connected to perceptions, thoughts, emotions and actions

In the way in which we perceive the world, our thoughts, emotions and actions are in continuous “feedback loops”. This means that they influence each other mutually. If you are afraid, you will see the world through “a fear lens”, seeing many things as threatening, even if your everyday life actually is not dangerous at all. These ideas that things in our mundane life are dangerous are linked to particular thoughts that often stem from earlier painful experiences. An example of such thinking may be: “This man seems threatening, he must be angry with me, angry persons are dangerous, I need to get out of here.” Such thoughts increase the perception of danger, which in turn increases the feeling that you are in danger, which in turn increases the thoughts of danger and so on.

Instantly perceiving something as dangerous and reacting quickly to it has survival value when a person is genuinely in acute danger. In daily life, it is more useful and functional to be able to stop and assess other opportunities and alternatives.

An example of this is if you see a man wrinkling his forehead. This may be because he is angry, but it may also be because he is experiencing pain. It may be that he is angry with you, but perhaps he is angry with somebody else, or even with himself? If he is angry, does that mean that you are in danger? Perhaps he is only annoyed, or is he able to control his anger in an appropriate manner and only tell you what he is thinking?

This ability to make some considered assessments of the intentions and motivations of another person are important for maintaining good relationships and generally functioning well in daily life.

Anger

People who have been seriously insulted may have a strong feeling of anger or even rage. Emotions relating to hate and revenge may also arise. These are normal reactions. Anger may give a sense of strength and feel good, but you may also have a deep fear of anger and of losing control. Moreover, anger relating to current situations may be reinforced by unresolved anger from the past.

Anger may become a problem if it is:

- suppressed for long periods of time
- expressed in destructive ways against others
- turned inward against yourself
- unresolved over longer periods of time

People deal with anger in different ways:

- Some may have a “short fuse” and will “explode” at the slightest provocation, which will impact their relationships.
- Some will take out their anger on themselves. They may have very negative thoughts about themselves, denying themselves good things, and may harm themselves physically.
- Some have learnt to express anger against others indirectly.
- Some suppress anger completely, thus making statements such as: “I’m never angry!” Anger may at times function as a way of avoiding other emotions which are difficult to tolerate. Some may for example unconsciously use anger to avoid shame or sorrow relating to what they have lost. As long as they feel anger, they do not need to feel shame or sadness.
- Some may feel chronic anger and irritation. They tend to feel chronically tense and have related somatic disorders such as tension, muscle rigidity, headaches or stomach aches.

In addition to dealing with personal anger, dealing the anger of others may also be a major challenge. You may be gripped by a strong feeling of fear when others get angry with you, and this may trigger painful memories. At times you may also feel personally threatened even when the anger is not directed at you,

but you see or hear anger between others. Anger in others may waken your own suppressed anger.

Anger can be triggered by traumatic memories. Many people are afraid of anger, while also being shamed about it and wishing that it would go away. Therefore, memories that trigger anger are often among those that are avoided the most. Many are afraid of losing control over their anger. Trauma-related anger may have content that reminds you about the ones who hurt you, and this may be particularly frightening. But this is a normal part of trauma reactions. A stage on the way to getting better is to begin to understand and recognise this anger. This does not mean that you must like or be proud about destructive or unsuitable behaviour, but it means understanding and having empathy with the reason you are angry, and why you have had the need to deny your anger.

Important thoughts to consider:

- Anger can be perceived as an enemy, but this actually is not the case.
- Anger may cause you to act in an enraged or aggressive way, but it is not evil.
- It is not wrong to feel anger. Anger is a normal human emotion, and it is okay to feel it.
- You do not need to feel guilt or shame if you are angry. It is actually completely unrealistic to believe that you will never become angry.
- You can talk about anger, but you do not need to act on it. Anger may come and go without acting aggressively in word or deed against yourself or others.
- Anger can give positive strength, as you may gradually learn to use the anger you feel in positive ways.

Techniques for controlling problematic anger

Observing signs of anger

There may be great variation in the perception of anger, from mild irritation to rage. The quicker you become aware of your irritation, the easier it will be to intervene. The longer you allow your irritation to accumulate, the greater the risk that it will suddenly explode.

Paying attention to what your body is telling you is a useful way to determine whether you are angry. You can learn to recognise physical signs of anger. Even if these may vary from one person to the next, anger often involves a feeling of tensing up in the body, clenched teeth, jaws and fists, flushing, heavy breathing and feeling hot under the collar.

Learning to find triggers

The more you know about what causes irritation and anger, the easier it is to develop ways of controlling problematic anger. It is just as important to identify internal as external triggers. Anger can have many different triggers: you may feel insulted or treated unfairly, but a feeling of being unsafe may also trigger anger.

Identifying and correcting misinterpretations

Much anger arises because situations in the present are interpreted or understood according to events in the past. You can learn to sort whether anger is a response to the present or the past.

Guilt

People who have experienced trauma often report having a strong sense of guilt. Guilt can be described as the feeling that arises when you have done something which is generally considered to be wrong or inappropriate. It is important to distinguish between real and imagined guilt. In cases involving genuine guilt, you have done something which society or your own conscience deems to be wrong. You feel guilty because you committed this act and assume responsibility for it. A sense of guilt may be unrealistic or inappropriate. You feel that you are the cause of something that you should have prevented, you should have acted differently or done something else in a specific situation, but you do not know what. This is not based on realistic facts or what you would expect another person to do in the same situation. Trauma victims often ask themselves "Why did this happen?" and "Why did this happen to me?". In this way they try to find meaning in what has happened. There may be a great deal of distance between the objective real situation (the facts) and the way the question "Why did this happen to me?" is answered (the subjective understanding of the situation).

For example: A woman is involved in a car accident on a narrow road, where the driver of the other car is severely injured and paralysed. She herself came out of the accident unscathed. What are the facts in this situation? She suddenly sees an on-coming car passing another car on this narrow road. The on-coming car is accelerating. She steps on the brakes. At the last second the man in the on-coming car manages to swerve his car to the side, avoiding her. But he is unable to stay on the road and hits a tree by the roadside. After the accident the woman has recurring thoughts of the type: "I shouldn't have gone there. If I hadn't been there the accident wouldn't have happened, I should have biked as I usually do. It was only because it was raining that I took the car. Because I was afraid of some rain I caused this accident." Thus, she blames herself for an accident she was unable to avoid and which was not her fault.

Why does the victim blame herself/himself?

Blaming yourself is a way of giving *apparent* meaning to a terrible situation. If you see it as your fault, you can act differently in the future. This provides an *illusion of control*. Therefore, in some cases it is "easier" to blame yourself than to realise that there was nothing you could do, because that would make you feel powerless, helpless and vulnerable. These are emotions most people want to avoid. Feeling guilt can also be a way of avoiding feeling anger against another person. The woman in the accident was unable to direct her anger at the man who had been injured, even if he in fact was responsible for the accident.

Guilt feelings can also be added to or reinforced by others.

Religious conviction and accepted social norms and taboos can also stimulate or maintain a strong sense of guilt.

Shame

Shame is described as a sense of not being good enough. When you feel shame, you see yourself through the eyes of others, or rather the way you believe they see you. Shame can arise together with intense physical reactions, such as palpitations of the heart, flushing and shortness of breath. Very strong feelings of shame can cause a feeling of complete collapse. It is also typical to avert your eyes, look down or withdraw completely from the situation. You may be familiar with the wish to “disappear into a hole in the ground”.

Shame reactions

Withdrawal

A person is subjected to a negative event and feels shame. He or she may then accept the shame as real and valid and will attempt to withdraw or hide from the situation. Negative emotions and thoughts are not necessarily consciously recognised as shame. The person’s motivation, consciously or not, is to limit the perception of shame by withdrawing.

Self-loathing

A person perceives the event as negative and accepts the shame as real and valid. This experience is negative and may include such emotions such as anger, contempt and self-loathing. These emotions may in turn reinforce the feeling of shame. In such a situation you may be highly sensitive to the shameful acts, flaws or how you see yourself. Negative feelings and thoughts may be recognised, but not necessarily as shame. By criticising yourself, and also acting “correctly and perfectly”, you may feel that you are more in control.

Avoidance/downplaying

The person experiences an event as negative but does not acknowledge the negative self-perception caused by shame. If this is the case, you deny the feeling and attempt to distract yourself, and others, away from the painful feeling through such things as substance abuse, overtraining, overwork. The experience becomes neutral or positive. In your thoughts you will be a little sensitive to shame or shameful acts, own faults or how you view yourself. The motivation is to avoid feeling the shame, or to convince yourself that you are above the shame.

Attacking others

A person can experience this negative self-perception but will not accept shame and will try to make someone else feel uncomfortable. The anger is directed outwards. In this case you will be sensitive to the actions or errors of others, and you will either be aware or unaware of the feeling of shame. The motivation is to enhance your own self-perception by placing the shame elsewhere.

Steps on the way to dealing with shame and guilt

Recognising thoughts

Learn to recognise the thoughts you have about guilt and shame. Thought patterns can be changed. First you need to become more aware of your thought patterns. Then you may find that many of your negative thoughts are automatic: they live their own lives, regardless of how unreasonable or illogical they are, or whether it is useful or not to think in such a way.

Correcting automatic thoughts

When you become aware of your automatic thoughts it is possible to challenge and correct them. You can do this by asking questions about whether things are always the way you think they are, what your perceptions and assumptions are based on, and by finding contradicting information and arguments.

Considering your relationship to social contacts

Do you tend to withdraw from social contact? It may be useful to consider the following: Why do you do this? In which situations? Do you tend to find excuses for yourself all the time? What do you hope to achieve from this?

Making a list that improves your self-image

Because guilt and shame are linked to negative self-perception, and to being a failure, it may be useful to write a list which consists of positive and encouraging remarks.

Ways of describing emotions

PLEASURE	SADNESS	FEAR	ANGER	SHAME
Happy	Unhappy	Afraid	Sore	Self-conscious
Delighted	Sad	Shy	Irritated	Shameful
Ecstatic	Desperate	Panicky	Furious	Embarrassed
Pleased	Sorrowful	Anxious	Irate	Wishing that you could disappear in a hole in the ground
Calm	Depressed	Trembling	Desperate	Wishing to hide
Cheery	Miserable	Terrified	Dissatisfied	Wishing to be invisible
Inspired	Pitiful	Insane	Exasperated	Impossible to move, feeling physically exhausted and numb
Merry	Icky	Petrified	Violated	
Lively	Dejected	Irritable	Provoked	
Playful	Disheartened	Biting	Indignant	
Excited	Shaken	Alarmed	Frustrated	
Satisfied	Worthless	Nervous	Sulking	
Humorous	Troublesome	Under pressure	Irritable	
Bright	Painful	Worried	Foaming	
Unconcerned	Tearful	Restless/Agitated	Bitter	
Radiant	Disappointed	Shocked	Grumpy	
Enthusiastic	Hopeless	Scared	Insulted	
	Gloomy	Hunted	Revengeful	
		Aghast		

Exercise: Feeling the sense of anger, shame and guilt

Mark what is relevant for you for each individual emotion.

Here are examples of some physical reactions to strong emotions:

- Physically tense, feeling rigid.
- Feeling you might explode.
- Everything goes black.
- Wishing to scream and shout.
- Wanting to stamp on the floor, hit somebody, throw something.
- Clench jaws, grind teeth.
- Go red in the face, feel that you are about to burst.
- Tears.
- Clenching fists.
- Heart palpitations.
- Choppy breathing.
- Blushing.
- Stomach ache.
- Trembling.
- Feeling like collapsing.
- Looking away, looking down.
- Withdrawing completely from the situation.
- Wishing to “disappear into a hole in the ground”.

Describe what you feel when you have the emotion. Do you have levels of the emotion?

Which words best fit for you in describing the emotion?

Homework: Chapter 7

Read Chapter 7. Describe a situation in the present where you have felt guilt, shame or anger.

1. **EVENT** Describe the event as clearly as you can. Where were you?
What were you doing? Who else was present? What happened?

2. Which **THOUGHT(S)** did you have during the event?

3. Describe your **EMOTIONS**.

4. Which **PHYSICAL SENSATIONS** did you experience? (for example, heart palpitations, trembling, sweating, heat, cold and so on)

5. What was your **BEHAVIOUR**? What did you do?

6. What were the **CONSEQUENCES**?

7. When you look back at the situation did an inappropriate thought pattern occur?

8. Are you able to disprove the dysfunctional or negative thought(s)? Give at least one counterargument.

9. Can you say something positive or encouraging about this situation?

10. Could you have done something to control your feelings? What could you plan to do the next time?



Chapter 8

Mindfulness

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Mindfulness

What is mindfulness?

How do we understand what is happening to us and around us?

Why is this important?

Some facts about breathing

Exercise: Mindfulness

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

– www.r-bup.no/manual

– www.modum-bad.no/nettbutikk

Mindfulness

We are always living in the present. At the same time the present is disrupted by thoughts, images and memories from the past, and by worries about and plans for the future. The past consists of mental images, and the future consists of assumptions about the future. The only thing we can experience is the present moment. People who have been subjected to highly overwhelming and frightening events might experience that they are invaded by memories and images from what happened. This may cause the present to feel unsafe, even if it is not. Focusing on the present may be useful for many people, and particularly for traumatised people. This is a skill that can be trained.

What is mindfulness?

Mindfulness refers to developing a way of experiencing/sensing what takes place in thoughts, mind and body:

- What is the body experiencing now?
- Which thoughts appear?
- Which emotions arise?

Mindfulness means being aware of what is happening in the present in the situation HERE and NOW. Such a *position of observation* enables you to see things in new ways: your surroundings, your own actions and your own emotions. It is about accepting what is taking place and what you are feeling, without being judgemental, prejudicial or asking why. The question is *what* you feel, and *not why* you feel what you do. The question “why” easily leads to brooding or worry, about the past or the future, and away from the here-and-now.

Being mindful means that you give yourself a *focus*, an anchor tying you to the present. This might involve focusing on your own breathing and bringing you firmly back to breathing whenever you are distracted into thoughts, emotions or other disturbances. You can choose different focus for your attention, which may, for example, be listening to music, washing the dishes, taking a walk or looking at an object.

The attitude refers to meeting what comes into your consciousness with acceptance, without judging or assessing. Mindfulness is about becoming aware of what is going on right now, in contrast to what our thoughts and emotions are focused on. When you become aware of how easily you can be distracted from the here-and-now focus by starting to think about trivial things (“What do I want for dinner?”), it is not difficult to understand the power of strong emotions.

How do we understand what is happening to us and around us?

We can use our intellectual and rational abilities to analyse, assess and think. We can plan, stay focused and logical in thought and action. However, this awareness is somewhat “cool” and remote. You can do what is “right”, but it is difficult to know what is right for you.

We also use our emotions to understand and evaluate. Our thoughts are then more in line with our emotions than with facts. It is easy to assess situations or persons incorrectly because our assessments are strongly influenced by feelings that do not necessarily agree with the situation. By integrating the rational and the emotional we will be better able to assess ourselves, other people and situations. The intuitive and emotional are combined with the rational and logical. Mindfulness helps us to achieve this.

Why is this important?

If you have experienced a very frightening event, you will often use much energy on avoiding internal and external stimuli that may remind about what happened. This means that you will use your intellectual and rational abilities to analyse, evaluate and think. This may work well until something is triggered, flinging you into the realm of the emotions. To begin with, avoidance is mastering, but it can become a problem where it locks you to the disorder.

Avoidance as a strategy takes away the opportunity to be present in the moment, which makes it difficult to act wisely and flexibly in situations, and difficult to notice danger and to experience pleasure. Avoidance may become an automated strategy. Mindfulness is a way of *de-automating* avoidance. It gives us an opportunity to see things in new ways, to see new connections and choose new ways of doing things. We live in a period of time where we are bombarded by impressions from the outside, and for most people it is difficult to deal with all this and sort through the impressions. If you have a trauma-related disorder, this is even harder because you already have so many internal impressions to deal with. This makes it even more important to take your attentiveness back so that you are not controlled equally by internal and external impressions, thus gaining more freedom and control.

Some facts about breathing

Breathing is connected to the autonomous nervous system. While this is an unconscious process, we can still influence it when we need to. Breathing carries oxygen to every cell in the body and expels waste products. In healthy people, 93% of the energy supply depends on oxygen. When we breathe we send oxygen to all our cells. A total of 70% of the waste products disappear when we breathe. If we breathe with our chest, half a litre of blood circulates through the lungs every minute. If we breathe more deeply using our stomach, twice the amount of blood is given oxygen, and this results in calmer breathing. Stress undermines good and calm breathing and may cause the body to believe that it is constantly in danger. A stress reaction is the body's gas pedal. This is what is activated when our reaction is to fight or flee. More blood is carried to our arms and legs, the heart beats faster, the shoulders are lifted higher and the jaws are tensed. The level of adrenalin and cortisol is raised. The body can apply the brakes to stop this by drawing in much air and then releasing it. If we draw in air with our stomach it has the effect of stepping on the brake, and the body automatically calms down. This activates the parasympathetic nervous system, creating a state of calmness and rest.

Exercise: Mindfulness

Instructions

- Sit in a comfortable position. Straighten your back and allow your shoulders to relax.
- Choose whether to have your eyes open or closed. If you have your eyes open, try to focus approximately 50 cm down in front of you.
- Notice how your body feels against the surface you are sitting on, feet on the floor, thighs on the seat.
- Pay attention to your breathing. Follow your breathing in and out. Choose whether you want to focus on your breath around the tip of your nose or whether you want to follow your breath down into your lungs and back up again.

The “drop-a-feather” exercise

- Maintain your attention on your breathing. Follow it in and out.
- Pay attention to the thoughts that flow through your mind. Which emotions do you have? Turn to the emotions and acknowledge their presence. Which body sensations do you feel just now? Check for any tension or discomfort.
- Each time you notice something else entering your consciousness take note of what surfaces (“say hello to it”), and in a friendly but firm manner take your attention back to your breathing.

Try to the best of your ability to see thoughts as mental events, possibly by naming them. Accept all thoughts, images and emotions that surface. Try not to push them away or become involved in what comes up. Leave them in peace and return to your breathing. If your attention is drawn away 100 times, your only task is to notice this and to return to your breathing.

If thoughts such as “I can’t do this so well” or “this is weird” pop up, take note of them, and then turn your attention back to your breathing.

If you need help from an image, envision that your awareness is a sky, and that thoughts, emotions and ideas are clouds moving across the sky.

For some it will be difficult to focus on their breathing. It is possible to choose another focus, such as looking at an object, listening to a particular sound or repeating a particular focus (for example walking).

Homework: Chapter 8

1. Read Chapter 8
2. Train the exercise *Mindfulness*, see page 63. Find a focus which suits you.
3. Try to allocate one minute each day where you notice and note down all your impressions and sensations. Choose whether to focus on what occurs inside you (internal phenomena), outside you (external phenomena) or both at the same time. Assign a minute to carry out this exercise. Use pen and paper to jot down what you notice. Describe what you experience, sense and notice.

Example of description of an internal phenomenon:

The feeling of sadness welled up in me, my stomach muscles tensed, there is less room to breathe, the thought "I can't stand this" popped up in my mind...

Example of description of external phenomenon:

The clock is ticking, there is a light on the window-sill, a car is passing outside, a person is walking past the window in the neighbour's house, the fan in my PC is blowing...



Chapter 9

Identity and meaning

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Identity and meaning

Identity

Creating meaning from the meaningless

Therapeutic methods for promoting growth and maturing

Increasing positive emotions in life

Writing

Looking ahead

Exercise: Conversation about identity and meaning

Homework for the next session

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

– www.r-bup.no/manual

– www.modum-bad.no/nettbutikk

Identity and meaning

Identity

Many people who have survived serious and life-threatening events may end up connecting their identity to what happened. The reaction in society may reinforce this even more through its expectations for the victims. An example is an expert making a statement about Utøya survivors:

“The way the youths press themselves forwards – for their own part, but also to give hope to the nation that the terrorist will not win – is impressive.”

One of the things that is challenging about social identities is that they are partly defined by others. Then it may be unclear for the individual whether the identity is his/her own or something assigned by others.

Identity is about the place of an individual in a larger social context. Through the formation of identity an individual must choose between different values, attitudes and places in society, roles and positions in society and which societal groups to belong to. Examples of social identities may be student, gender, race, sexual preference, member of AUF (Workers' Youth League), Utøya survivor, football fan, nerd, hipster and so on. It is important to bear in mind that most of us have different social identities at the same time.

Examples of identities after different life-threatening events:

- victim identity
- Utøya identity
- war-veteran identity
- patient identity
- hero identity

Society and the media defined those who were on the island of Utøya on 22 July 2011 as strong, brave, worthy, heroic, unselfish, noble, the crème de la crème of Norwegian youth, forgiving, generous. It can be difficult to live up to and also hard to let go of this identity and status. It may be felt that the choice between values, attitudes and place in society has been narrowed. Such external and internal expectations may also determine which social identities are the most important, thus also something to be held on to.

There may be a number of advantages to having an identity connected to frightening and life-threatening events:

- It may give recognition.
- It may emphasise the severity of the event.
- It ensures that what happened “will not be forgotten”.
- It may contribute to the question of “Who am I?”

But:

- This identity may end up overshadowing other identities.
- It may become the definitive identity.
- It may impede the exploration of other possible social identities.
- Having an identity connected to the event locks a person to that event.

Creating meaning from the meaningless

Attempting to understand and give meaning to what happens to us is a fundamental human need, not least because it provides a sense of relation and connection. Traumatic events contribute to challenging or shaking these fundamental assumptions and our understanding of the world as safe and predictable. Traumatic events may lead to a complete replacement or re-establishment of assumptions about the world, other people and yourself.

Several people who have experienced very traumatic events have talked about personal changes they have perceived as positive. They also say that this is found to be difficult because what happened was so meaningless, and they would of course rather have been without such an event.

A common saying is once burned twice shy, suggesting that we learn from being hurt. We believe that being hurt in a given situation first and foremost means that you hurt. What is of major importance is the work done in the aftermath of being hurt because then growth and maturation are also possible, along with all the pain and grief you experience. By working to create meaning, life may become liveable again. The way you choose to define reality after the event has clear consequences for how your life will be. In the long term this process may result in personal growth.

Some examples of how traumatic events may contribute to individual growth:

- You may change priorities and find it easier to distinguish between important and unimportant things, and become more aware of your choices.
- You may find that you appreciate life and the people closest to you more.
- You may find you are more mature, stronger and more self-confident, with more empathy, understanding and care for others.
- You may appreciate life in a different way than earlier, things are not taken for granted.

It may be difficult to see that there is anything positive to be gained from the tragic event. You may find it hard to hear others talk about growth, maturity and mastering when you are experiencing so much pain. If you are unable to manage this, you may easily become despondent listening to what is happening to others, but knowing that growth is possible may make you more aware of possibilities and that change may already have taken place.

Therapeutic methods for promoting growth and maturing

Increasing positive emotions in life

Methods aimed at increasing positive emotions in life may expand the perception of growth and maturing because access to positive emotions may downplay edginess and discomfort:

- Focusing on good moments and experiences; making mental photos/images of such moments to expand the memory.
- Sharing such experiences with significant others.
- Expanding friendships.
- Working at opening sensory perceptions and taking more notice of what takes place around you.
- Continuing to build on what has become important for you after what happened.
- Giving encouraging notes to yourself:
 - a. I can take responsibility for my own life.
 - b. The circumstances are what they are, and I can learn to deal with them.
 - c. I will treat myself with respect.
 - d. I am teaching myself to respect my limits.
 - e. It's okay to be myself when I'm with others (who are important to me).
 - f. I'm allowed to ask for help, and I want to accept help.
 - g. It is acceptable to make mistakes and learn from them.
 - h. It is never too late to make changes. I can learn step by step.
 - i. I am teaching myself to be less afraid of facing my fears.
 - j. Nobody is perfect!
 - k. I'm doing the best I can.
 - l. It's acceptable that I say no to others.
 - m. I allow myself to enjoy and have fun now and then.
 - n. I try to maintain relationships that are supportive and healthy.
 - o. I do my best for others, and I see that others do the same for me.
 - p. I give myself compliments when I have done something good.
 - q. It's okay to be sorry when something goes wrong or something doesn't go my way.
 - r. Difficult periods in my life won't last forever.
 - s. Anxiety is like a wave, it peaks and then subsides.
 - t. I have just as much right to good things in life as anybody else.
 - u. I can learn to deal with my emotions.
 - v. I want to be charitable with myself.
 - w. Laughter is good for me.

Writing

Finding new meaning will be easier if you can place the trauma in a context. Writing is a useful tool for people who have experienced trauma and loss, and may give new perspectives and stimulate post-traumatic growth. If there is to be a positive effect, it is important to be systematic, and to not have a focus on details about what happened.

Looking ahead

One method is to look ten years into the future, and that you then look back at what happened:

- What do you feel you will think about what happened?
- What do you think it will mean to you?
- What will you think was the most important thing you learnt?

Exercise: Conversation/reflection on identity and meaning

Work in pairs, with a friend, with your therapists or by yourself. Use as a starting point the questions from “Looking ahead” on the previous page. Write down your reflections.

Homework: Chapter 9

1. Read Chapter 9.
2. If you recognise some of yourself in one type of identity (whether from the text or another source), what advantages and disadvantages may there be from having or maintaining an identity? You can use the list on page 68 as your point of departure. Write it down:

3. What do you do to promote your own growth and maturity? Write it down:

4. What may be good and encouraging messages to yourself?

5. Look ten years into the future, and look back at what happened:

- How do you think you will look back on what happened?
- What do you think it will mean to you?
- What will you think was the most important thing you learnt?



Chapter 10

Grief

Programme

Welcome, see page 75

Reactions after the previous session

Conversation about homework from the previous session

Break

Presentation: Grief

- Common characteristics of grief and loss

- Different grief processes

- Help in mastering grief

Conclusion, see page 75

The manual or parts of it may be downloaded free from one of these websites:

- www.r-bup.no/manual
- www.modum-bad.no/nettbutikk

Grief

The trauma you have experienced, as the people who were on Utøya on 22 July 2011, represents a major source of stress in your life. All of the survivors from Utøya also lost someone they knew, perhaps a close friend. In their case they also had to deal with the grief of others.

Common characteristics of grief and loss

People express grief and loss in different ways. Nonetheless, there are some common characteristics that arise when experiencing great loss and grief. Many of these will coincide with trauma-related symptoms:

- weeping, sadness
- anger
- feeling lonely
- thoughts about death
- isolation
- anxiety about something fatal happening to family and friends
- you are on anxiety alert
- belief that the world is dangerous
- increased need for control
- sense of unfairness
- conflicts in the family
- feeling of guilt
- motivation difficulties
- need to escape from the sadness
- lower self-image
- increased maturity
- encroaching images
- headaches
- stomach aches
- changed appetite

Different grief processes

The duration of symptoms may differ widely. Some people start the grieving process quickly, but for others trauma-related disorders may occur to such an extent that the grief process stops, and thoughts and emotions tied to loss continue at the same level without diminishing over time. It is important to understand that grief is a normal reaction, which is perceived differently from one person to the next.

Many may feel that thinking about the person or persons they lost may trigger significant trauma symptoms because this is tied to the same event. They may experience great anxiety, breathing difficulties, the need to flee, flashbacks, bodily tensions, becoming shallower. Then an internal conflict may emerge; on the one hand the need to think about the person who died, and on the other hand the discomfort connected to the trauma symptoms. This may lead some to avoid thinking about the loss they have sustained, and this in turn leads to guilt feelings because they think their grieving is inadequate or “incorrect”. For others the internal and external pressure to think about the deceased may be strong, and

they find that they have to think about him or her most of the time. If this wakens trauma memories and strong reactions at the same time, it will be difficult to process both the grief and the trauma symptoms.

Grief may be traumatic for the following reasons:

- The way the deaths occurred.
- You may have many thoughts and fantasies about what the people who died went through.
- There are many things that remind you about what happened.
- Personal traumatic experiences and reactions.
- Thinking “If only”.
- Earlier experiences may make you vulnerable.

Dealing with what happened in the aftermath of the event, such as media coverage, court cases, interviews and investigative reports, may have taken much mental energy and thus allowed little room for personal grief. Moreover, the reactions by others and external expectations for a “correct” grieving process may contribute to delaying or side-tracking the personal grief process. Thoughts about how the event happened may intervene. If you have feelings of anger, hate and revenge that continue unchanged, they impede you from working on your grief.

Help in mastering grief

Goal:

- To integrate the loss in your life as you move on.
- To maintain the relationship to those you have lost.
- To find links and control in your life.
- To have insight into and understanding of your own grief reactions.
- To master and control difficult emotions.

Help with symptoms of complicated grief:

- Be aware of the reconciliation process:
 - say farewell
 - reconcile yourself with the fact that the dead cannot return
 - reconcile yourself to the fact that the deceased does not need you any more
 - go to the grief – go *from* the grief (thought control)
 - limit and change rituals
- Seek social support – sharing grief is good grief processing.
- Take time to relax.
- Take breaks from grief.
- Avoid rituals in your day-to-day life that make grief omnipresent.
- Allow yourself to let the deceased go.
- Permit loss and sorrow, but define a time for it.
- Try to gradually step further away from the deceased rather than closer.
- If you get bogged down in complicated feelings of grief seek professional help.

Welcome

Example of welcome text

Today is the ... (day, date, year). The room here is peaceful; there is no danger here. Everyone here wants the best for me. Here I can work to find inner peace. Those who want to can join in lifting their shoulders, holding this position for a few seconds and then release. Notice the difference. Then I will invite you to feel your own strength, by pressing your palms together. You decide how much strength you use and how you want to hold your hands.

Conclusion

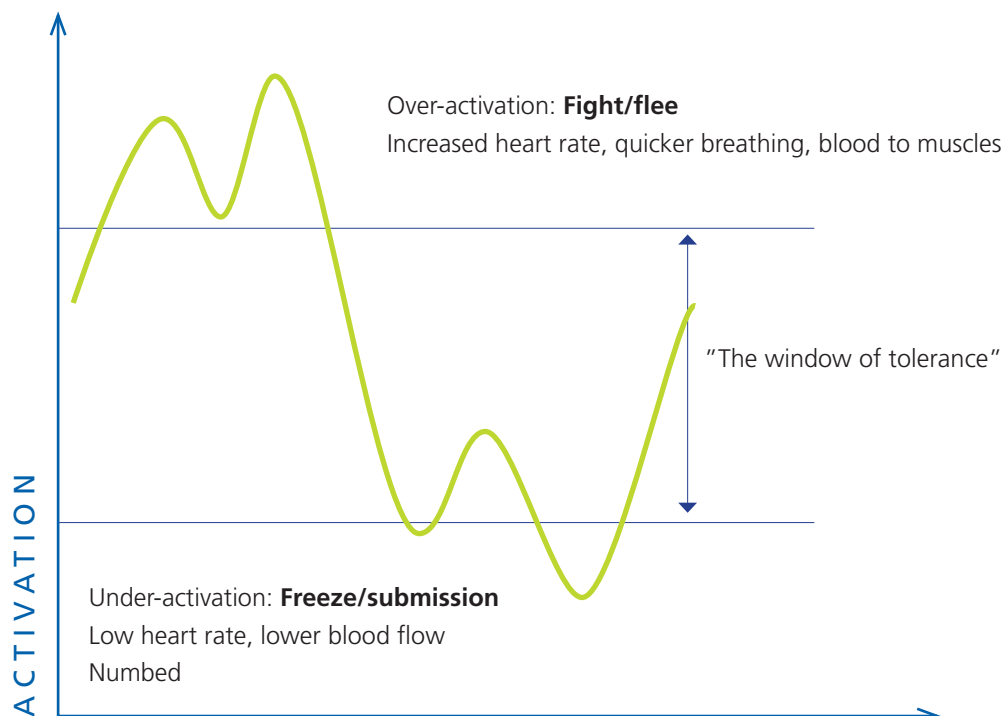
Example of conclusion text

Now the course is over for today. I will take with me what is important and leave behind what I don't need. Outside it is ... (warm, sunny, grey?). I am doing as well as I can.

The window of tolerance

The window of tolerance is one of the basic metaphors repeated in the course, and is the underpinning of our approach.

When a person is within his/her window of tolerance he/she is in a “normal” activity state. The level of consciousness is sufficiently high so that the person feels present and capable of learning new skills, can think flexibly, can play and be in social contact with others (Ogden & Minton, 2000). When stress responses are activated, whether this is high activation with substantial anxiety alert, increased pulse rate and heart palpitations, or under-activation, with numbness, there is a pervading sense that you are “only body”; the person is outside his/her window of tolerance. The ability to absorb new information is reduced, and the attention span shrinks. People with trauma disorders typically have a “narrow window of tolerance” and their daily life is fraught with instability. We can therefore say that stabilisation activities are about expanding the window of tolerance.



General rules for participation in the stabilisation and skills-training course

This course has two aims:

1. To provide information about trauma-related problems.
2. To give you the opportunity to learn skills that may improve your ability to deal with any difficulties you are experiencing.

It is not our intention to explore the participants' personal pasts and the causes of their trauma-related disorders. Our focus in this course is on the present. We therefore urge all the participants to avoid discussing details from the past with the other participants, whether in the sessions themselves or outside of them, because such information may be distressing for others and/or yourself.

- The obligation of confidentiality is necessary and a fundamental rule so that each group member can feel as safe and secure as possible. Any conversation with others outside the course should be limited to your personal experiences and the skills you learn. But you may speak openly and freely to your own therapist because they are legally bound to their professional obligation of confidentiality.
- Regular attendance is important if you are going to have the best possible outcome from the sessions and so the course can be a stable and good learning arena for all the participants. If for some reason or other you cannot attend, please call, phone number _____ as quickly as possible and ask for your course leader, or leave a message on the answering machine. You are not obliged to give a reason for your absence, but we would appreciate it if you did so.
- If you are absent from more than two sessions you may not continue attending the course. The reason is that you will be absent from too much of the teaching material. Frequent absence may also indicate that the course is too overwhelming for you at this point in time.
- The course starts right on the time that has been set, and it is therefore important that you arrive on time so that the group can settle immediately. If you are more than 15 minutes late, we would appreciate that you wait to come in until after the break.
- Homework is an important part of this course. We see that the participants who manage to set aside some time for homework after each session have the best outcome, and we encourage all participants to do so.
- It is important that you have considered what kind of contact you want to have with each other outside the course sessions. The focus here is always on your personal learning and needs. If you are in contact with other members outside the sessions, we ask that you avoid talking about the others in the course or their problems. Rather spend the time doing homework together.

- You may at times experience strong feelings while you are attending the course. If this happens during a session, please tell the group leader. If necessary, you may take a “short break” and leave the room. Then we would like you to return within ten minutes rather than go home. If possible, it may be better to remain in the room where it will probably be easier for you to become grounded and calm down. This course in skills training works best if all the participants participate actively in each session, even if you have strong emotions.
- If you need emergency hospitalisation in a psychiatric ward during the course, you will be immediately released from the course. But you can sign up for the next one. The need for hospitalisation is a sign that you are overwhelmed. Perhaps the course is placing too much pressure on you and impeding your ability and possibility to function. It is important that you find a suitable pace for learning, and find challenges that are appropriate for you.
- If you have any questions about the course, it is best that you ask during the sessions. Other course participants often have the same or similar questions. The course leader may need to wait to answer a question at a later stage, depending on the topic in focus at any point in time.
- Any problem or topic that is not related to what you are learning about in the course should be discussed with your individual therapist and not in the course.

Contract

1. I understand that it is important to participate in every session, for my own sake and for the course to be successful for the whole group. Therefore, I hereby undertake to attend each session unless I am prevented by circumstances beyond my control. If I am unable to come I undertake to notify one of the course leaders as soon as possible on telephone number _____ . I understand that it is important for the course leaders and the group to know who is attending.
2. I understand that I will be released from the course if I do not comply with the attendance rules.
3. I understand that I will be taken out of the course if I am hospitalised. I also understand that I can then register for a new course.
4. Homework has a key place in this course. I will do my utmost to carry out this work between each session.
5. I undertake to respect the obligation of secrecy relating to everything that is raised in the course. I will not discuss personal information about other group members outside the group.

Name _____

Address _____

Telephone _____

Day _____ Evening _____

Mobile phone _____

E-mail _____

Signature _____ Date _____

Name of your therapist (if you have one):

Telephone number of the therapist _____

Your significant others

You need people who can help you exercise and strengthen the skills you are learning in the course. They must be people you can trust and who can help you find out which skills you need in a given situation. They may be your parents, your partner, a friend, a relative or another person you trust, at least to some extent. You do not need to tell everyone about what you are struggling with, but we encourage you to share important aspects of your current problems and share what you learn in this course with at least one other person.

If you want, you can show your support person(s) the written information about the skills you will be learning in this course. Together with people who are important for you, you will find out how they can help you practise the skills you learn. The important thing is that you do not feel so alone with your problems. Moreover, it may be of great help for the people around you if they understand more about how things work for you.

References

- APA (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C.: American Psychiatric Association.
- Beck, A.T. (1975). *Cognitive therapy and the emotional disorders*. Madison, CT: International Universities Press.
- Boon, S., Steele, K., & Van der Hart, O. (2011). *Coping with Trauma-Related Dissociation*. New York: Norton & Company.
- Boon, S., Steele, K., & Van der Hart, O. (2014). *Traumerelatert Dissosiasjon. Ferdighetstrening for pasienter og terapeuter*. Vikersund: Modum Bad.
- Burns, D.D. (1999). *Feeling Good: The new mood therapy* (rev. ed.). New York: Harper.
- Bækkelund, H., & Berg, A.O. (2014). Kartlegging og diagnostisering av traumerelaterte lidelser. I T. Anstorp, & K. Benum (red.). *Traumebehandling. Arbeid med komplekse traumelidelser og dissosiasjon*. Oslo: Universitetsforlaget. (s. 82–103). New York: Guildford Press.
- Dyregrov, A. (2001). *Den lille søvnboken*. Bergen: Fagbokforlaget.
- Hartmann, E. (2013). I K. Benum, E. Axelsen, & E.J. Hartmann (red.). *God psykoterapi. Et integrativt perspektiv*. Oslo: Pax forlag.
- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Bantam Dell.
- Macleay, P.D. (1990). *The Triune Brain in Evolution: Role in Paleocerebral Functions*. New York: Plenum Press.
- McCullough, L., Kuhn, N., Andrews, S., Kaplan, A., Wolf, J., & Hurley, C.L. (2003). *Treating affect phobia*. New York: Guildford Press.
- Modum Bad i Oslo (2014). *Tilbake til Nåtid – en manual for håndtering av traumereaksjoner*. [Back to the present – a manual for mastering reactions after trauma]. Nettbokhandel: modum-bad.no.
- NKVTS (2012). «*Opplevelser og reaksjoner hos de som var på Utøya 22. Juli 2011*». [Experiences and reactions in Utøya survivors, 22 July 2011]; Section summary no. 1 from the NKVTS project group (National Centre for Violence and Traumatic Stress Studies).
- Ogden, P., & Minton, K. (2000). Sensorimotorpsychotherapy: One method for processing traumatic memory. *Traumatology*, 6(3), 1–20.
- Ogden, P., Minton K., & Pain, C. (2006). *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. New York: Norton.
- Siegel, D.J. (1998). *The Developing Mind*. Guilford Press: New York, London.
- Støren, T. & Utgarden, R. (2014). Stabiliseringsarbeid i gruppe. Erfaringer fra Modum Bads traumepoliklinikk i Oslo. I T. Anstorp & K. Benum (red.). *Traumebehandling. Arbeid med komplekse traumelidelser og dissosiasjon*. Oslo: Universitetsforlaget. (s. 82–103). New York: Guildford Press.
- Wallace, B.A. (2006). *The attention revolution: Unlocking the power of a focused mind*. Sommerville MA: Wisdom publications, Inc.
- WHO (1992). *ICD-10 Psykiske lidelser og atferdsforstyrrelser* (World Health Organization Ed. 1). Oslo: Gyldendal Akademisk.
- Williams M., Teasdale J., Segal Z., & Kabat-Zinn J. (2010). *Mindfulness – en vei ut av depresjon og nedstemthet*. Oslo: Arneberg forlag.
- Wästlund, M.C., & Salvesen K.T. (2015). *Mindfulness og medfølelse en vei til vekst etter traumer*. Oslo: Pax Forlag.

P E D L E X



© Pedlex 2018

Redaktør: Turid Falck-Pedersen

Grafisk design: Tori Falck

Oversettelse fra norsk til engelsk: John Anthony

ISBN: 978-82-8372-117-1

Det må ikke kopieres fra dette heftet i strid med åndsverkløven.

Pedlex

St. Olavs gate 12, NO-0165 Oslo

Telefon: +47 23 35 47 00

info@pedlex.no

pedlex.no

The authors



Torunn Støren is a specialist in clinical child and youth psychology, and employed in Modum Bad's trauma outpatient clinic in Oslo. Her background is in clinical work with children and young people, and she has previously worked in child welfare and in a children and young people's psychiatric outpatient clinic. Her primary duties in the trauma clinic are examination and diagnosis, individual therapy and work stabilisation groups for patients with complex trauma disorders/dissociative disorders. She also gives special parental guidance courses (Circle of Security). Støren teaches and supervises in several contexts related to trauma and dissociation.



Sveinung Odland is a specialist in clinical children's and young people's psychology. He works in Asker BUP (children and young people's psychiatric outpatient clinic) and is on the staff of RBUP (regional centre for the mental health of children and young people) as a group leader. Odland has many years of experience working with traumatised individuals and has collaborated with RVTS (regional resource centre for violence, traumatic stress and suicide prevention) for several years. He has participated in the county conferences for survivors from Utøya and their families.



Helen Johnsen Christie is a specialist in clinical psychology and a special consultant in RBUP, health region east and south. She has worked with children, young people and adults with trauma disorders for the last 30 years, in war-torn areas and in Norway. Johnsen Christie has written books and articles about trauma related to abuse, war and reactions to disasters, and is a popular lecturer.