



Traumaprocessing

From fragmentation and chaos- to meaning and coherence

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Trauma

- Event
 - Experience
 - Effect
- (SAMSHA)



Photo: Airfunding net



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Traume psykologi**

What is traumaprocessing?

- Understand what happened
- Tolerate what happened/exposure
- Get to know the feelings involved
- Share what happened- have a witness
- Realize that it is over (if it is over...)
- Change the meaning connected to the experiences «It was my fault» to « I did my best»
- But the together pieces; from fragmentation to coherence



Debriefing

- Right after the event
- Support normal reactions
- Help to calm down the stressresponssystem
- Psychoeducation
- Clear up misunderstandings
- Don't focus or expand emotions

Traumaprocessing

- Focus on traumasymptoms
- Exposure for feelings and pain
- Help to work-through and finish «the unaccomplished»
- Focus on changing negative assumptions
- Goal: trauma happened in the past, you live in the present



Different forms of Traumaprocessing

Natural

In natural situations through play, conversations, action, rituals, symbols, culture

Verbally and non-verbally Gradually integration and accept

With sufficient social support to acknowledge your story

So that it is possible to tolerate what happened

Structured

Planned with focus on the traumasymptoms and specific memories

Special methods to work through the most painful parts of the memory

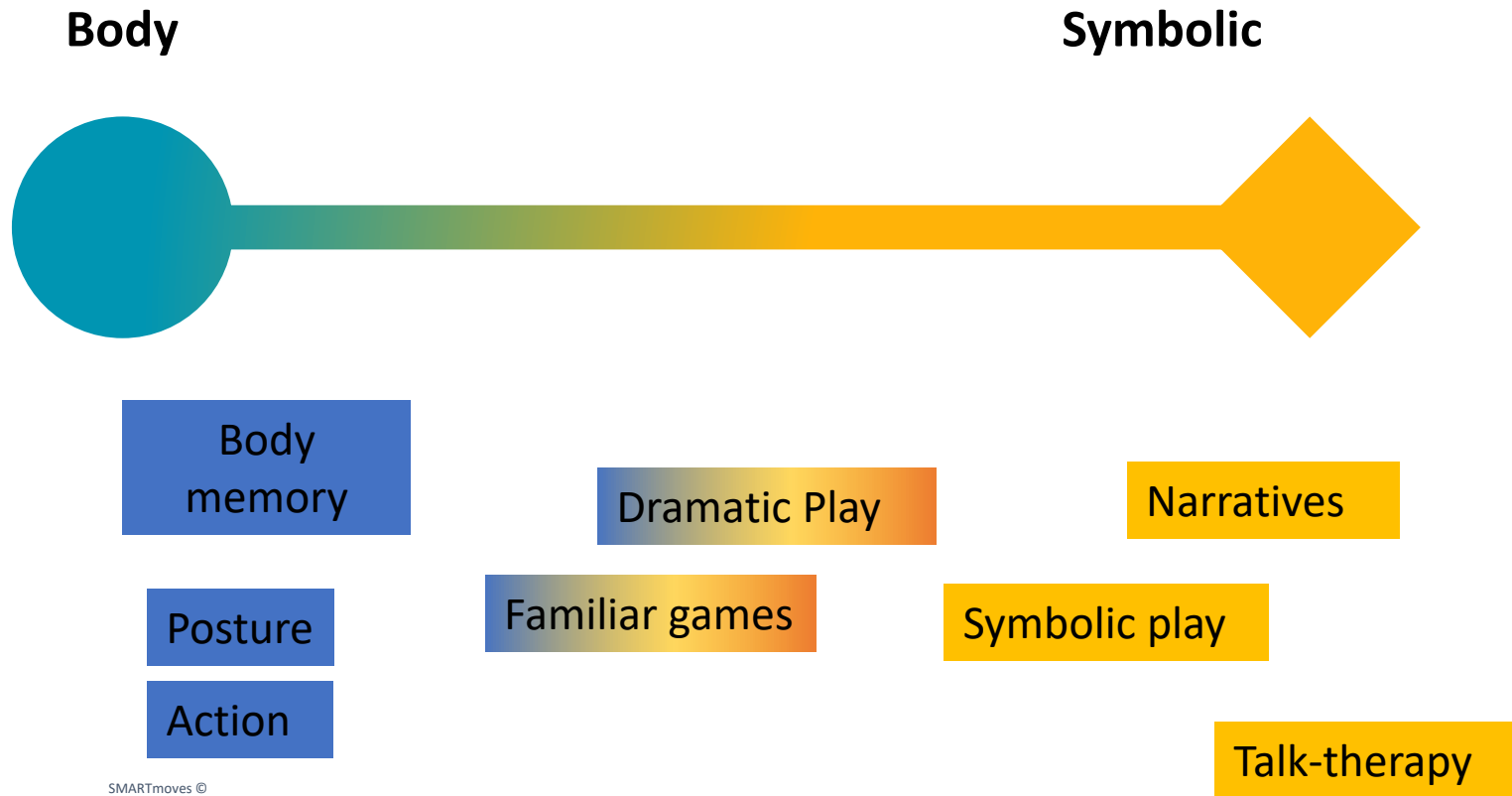
Help to end «the uncompleted»

Exposure for painful feelings and thoughts

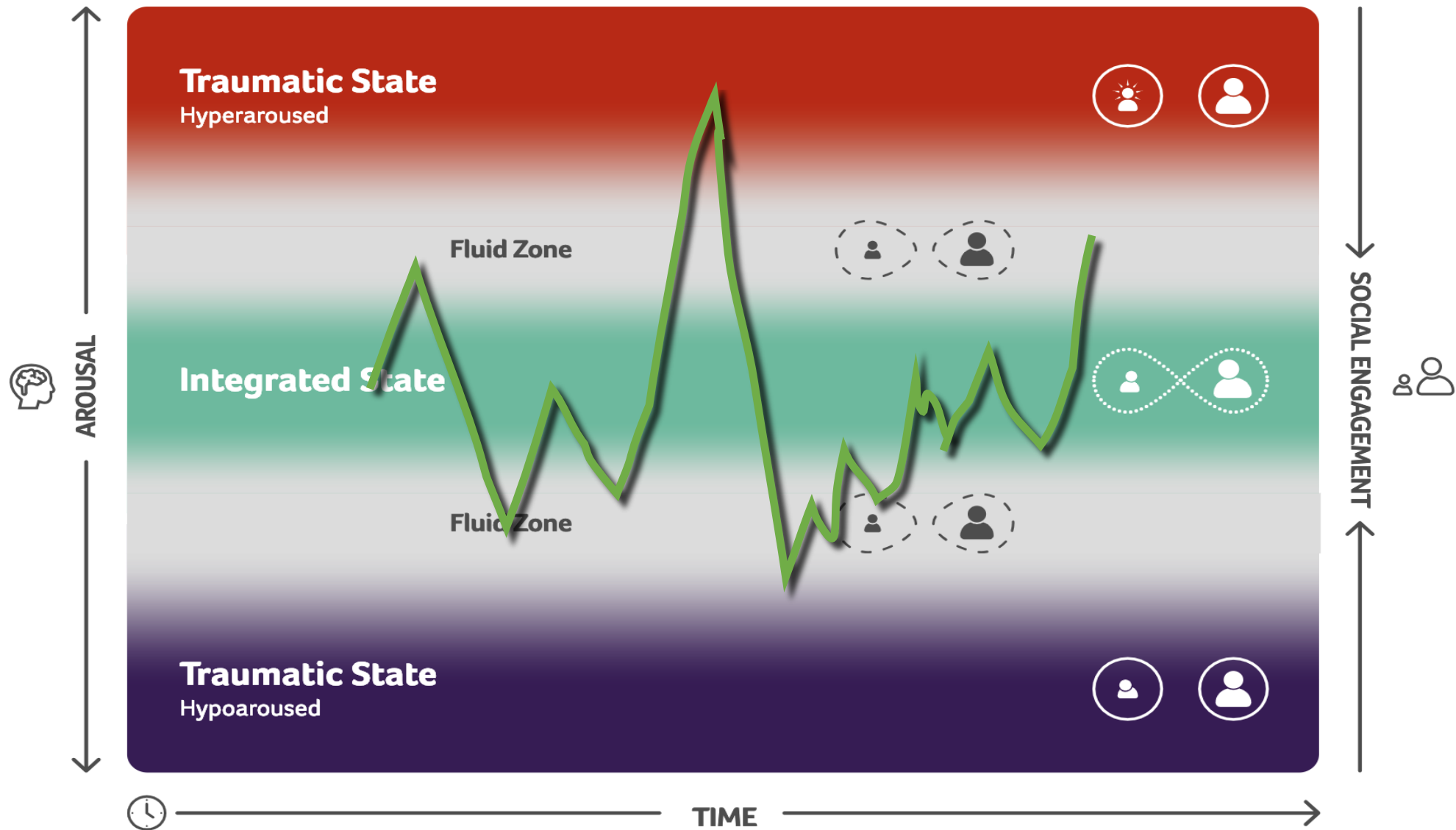
Change meaning/script «from feeling worthless» to self-compassion



Different modalities of “trauma-expression”



SMART Regulation Map



Structured traumaprocessing

- A movement- from being stuck in a traumatic memory to be able to think about something that happened in the past
- Help the person to complete «the uncompleted»
- Change script «from it is my fault» to «I did my best»



Enhance integration



«Cleaning out my closet»



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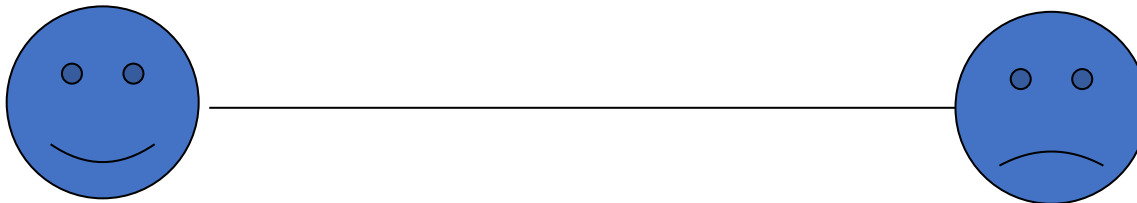
Make a list of
adverse experiences

What memories are
disturbing you?

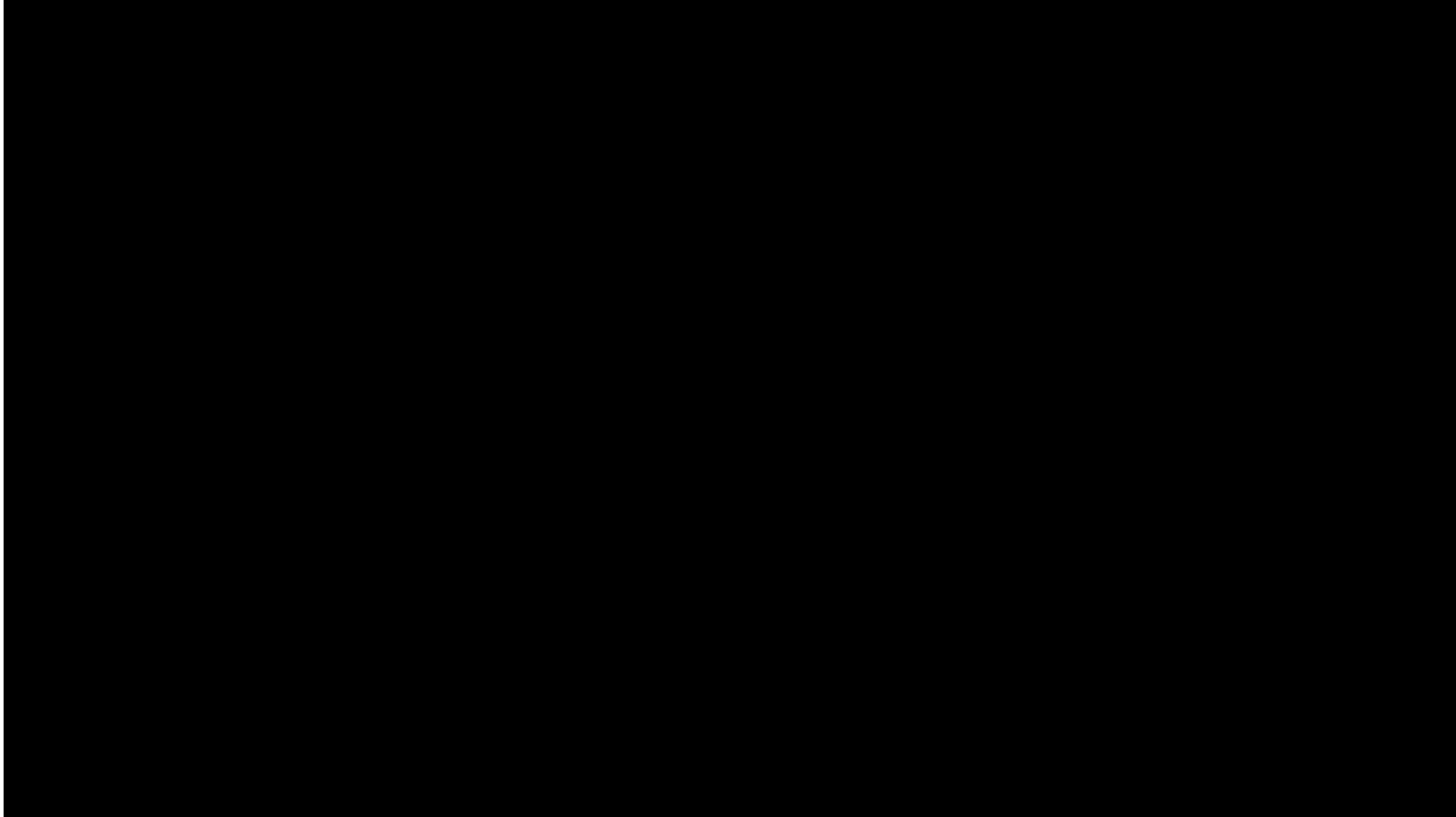


Check how uncomfortable it is to think about (SUD)

- How painful/uncomfortable is it to think about right now? (from 0-10)
- Younger children can demonstrate with their arms, or show you at line/thermometer



Panchinko, episode 2, Apple TV



IRRT: Imagery Rescripting and Reprocessing Therapy

Arntz, Grey, Smucker, Grunert

Therapeutic goal

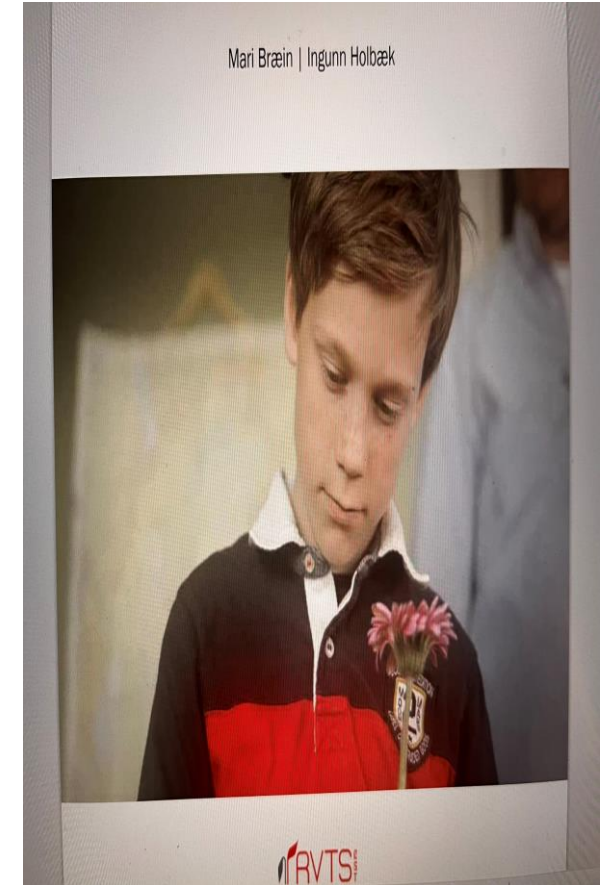
- Change traumatic memories with new associations in the memories
- Reduce intrusive PTSD symptoms
- Modify and change negative «life- assumptions»
- Increase sense of control, mastering, self-compassion and affect regulation
- Improve verbal narrative by making a story about what happened.

Processing traumamemories

Holbæk og Bræin, 2016, based IRRT

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- Traumaprocessing should be more than reexperiencing, new elements and associations can be added to the story.
- The child will experience control, mastering, and care that was not available during the trauma exposure.
- The child will experience regulation-support to better tolerate and integrate the experience



IRRT: 3 phases in traumaprocessing

1. Visualization

Goal: Activate memory of the abuse with associated body sensations, emotions, and thoughts

2. Visualization of coping and mastering

Goal: Confronting the abuser, get a sense of power, save the «child» away from the abuse either by remove the abuser, or to take the child to a safe place.

3. Visualization of comfort with the person.

Goal: Get a sense of comfort and pleasure. Give self-compassion to the suffering person in the traumatic situation,

Phase 1: Bring up the memory

Goal: *Bring up the memory and find out how painful it feels now.*

The main point is to bring the memory up and investigate how painful it is now. Work to bring up affect, activate problematic cognitions, emotions and body sensations related to the traumatic situation. The memory can be brought in different ways; it can be visualization or concrete in which the patient places figures in the sand tray. When "the train goes, let it run," don't disturb. Let the process run its course.

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Tips:

- Help the child to talk as if it is happening now (related to senses, not thoughts yet). Don't discuss the event
 - Ask open-ended questions to make the scene more vivid (how does it look, how are the colors, there are some sounds, how is the body language, what is it like to be there)
 - Consider what works best by working on a symbolic/fantasy level, or showing exactly what happened to you. Assess the maturity and capacity of the child
 - Help the child to talk as if it is happening now (related to senses, not thoughts say
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- When overactivation: what happens next / further (drag the patient through the process)
 - When underactivation: elaborate details, examine the sensory experience (what do you see, what do you smell, what do you hear, what feeling comes strongest .
 - What happens if you go closer?

1



Phase 2

Give your child experience of mastery and control

The intention: Experience self-assertion, mastery, control and to help the child to express feelings



Photo: Awake parent.com



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Phase 2. Instruction

"Now you will imagine the incident once again / Show once again what is happening here in the sand. Imagine that we can play with the pictures / film and that you are the director who decides what to do so that it goes better this time. I will help you"



2



At the most painful point, the change comes in.
"Can you imagine that today, preferably with someone, you come into the event. What happens when you arrive?
Is there anything you want to say or do? Can you imagine saying or doing it? "



Different ways that the child can experience mastering and control

- say no or stop it physically in the play
- get up and push away
- put something in a box
- bury in the sand
- set up a protective wall / glass wall / fences
- gain access to superpowers / superweapons the child helps himself out of the situation
- build a new house on the site that was destroyed (the child shows with figures what the rescuer should have done)
- shower and wash away what is disgusting



Phase 3: Experience Care

Goal: The child should now experience security and care that was not there in the original situation:

The adult takes the child to a safe place

The adult calms and regulates the child's emotions

The child receives the care



Photo: Pisit

The children should direct the situation themselves, but some may need ideas from the therapist to get started. Examples can be

- Do something fun together
- Listen to music together
- Lay blanket around the baby
- Relax in the hammock
- Sing for the child
- Sit in a flower meadow

Examples for what the child needs to hear:

- *"You did your best»*
- *"You are safe now "*
- *"I will take care of you"*
- *"It is over now"*



Closure

- When your patient expresses that there is nothing more to be done or said, when it seems calm and secure.
- *Let the image fade and come back to the room. Look around in the room (when visualisation)*
- *The child might want to take a picture of the situation in the sandtray. The therapist and the child cleans up the figure in the sand, and make the sand completely smooth again.*

3:



Experiential

Choose who will be the therapist/child

It can be something you have experienced, or something your client experienced.

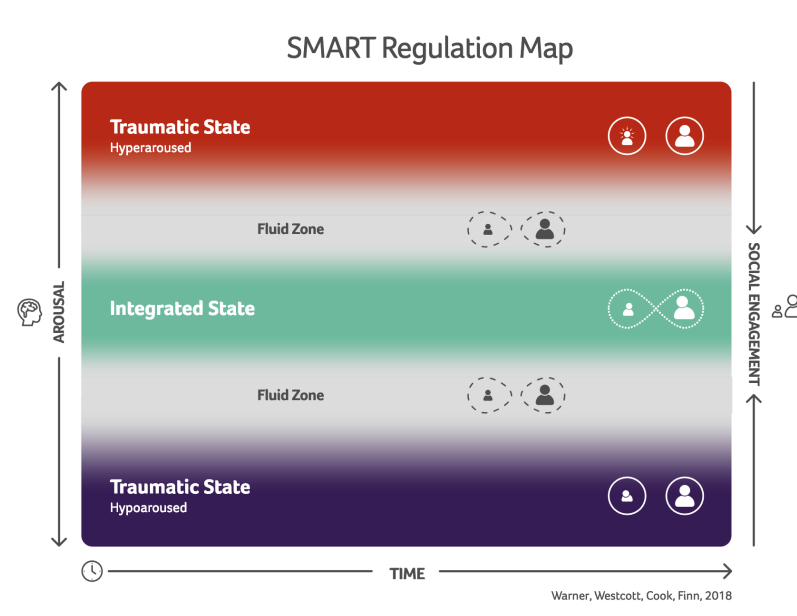
Step 1: Og into the painful event, bring up details so that it evokes affect and becomes real

Step 2 Experience mastery and control. Get something new in.

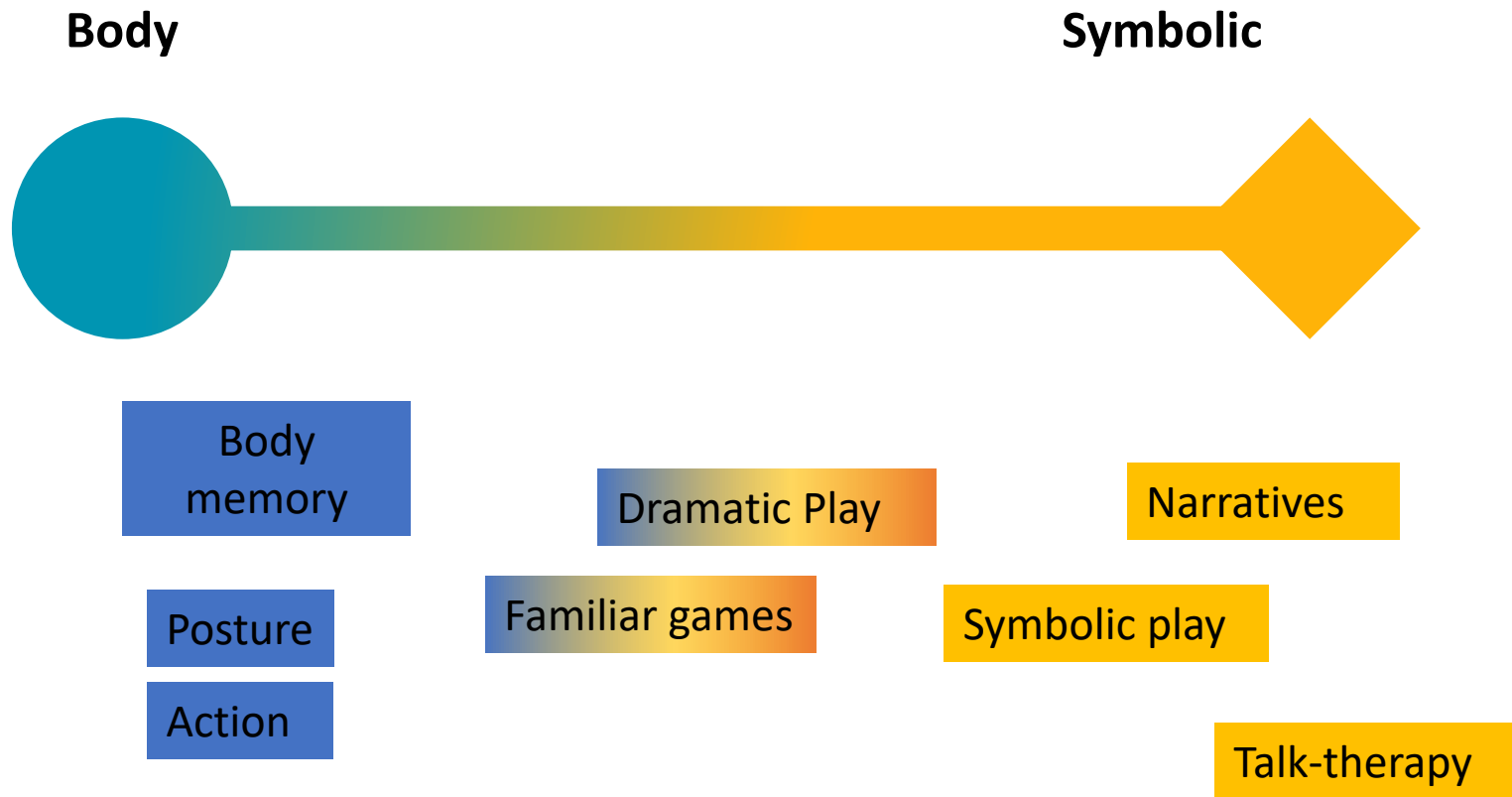
Step 3: Experience care and regulation support

The play for survival or healing?

- The child is here and now
- In contact with you and caregiver
- Take break when necessary, somatic regulation can be helpful to
- The child plays and is expressive
- The play develops and changes
- New solutions, new rhythm, new control, new mastering new interaction



Different modalities of “trauma-expression”



SMARTmoves ©



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What is the goal with trauma processing?

- Affects developmental tasks
- Experience that it is possible to feel the pain and to be in touch with the trauma
- Initiate a processing process that the child can take on and share with caregivers
- Themes can come up again later in the development, when the child meets new developmental tasks, or later in life meeting new challenges and situations.

« Trauma is like pollen allergy, when the season come, the symptoms can return»

Chandra Ippen



Past-Present-Future

(Nunn, Kenneth)

-The past... needs comprehensibility, clarification and responsibilities



-The present needs safety

-The future
...needs hope that things can be OK



Photoes from the movie: Zozo



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