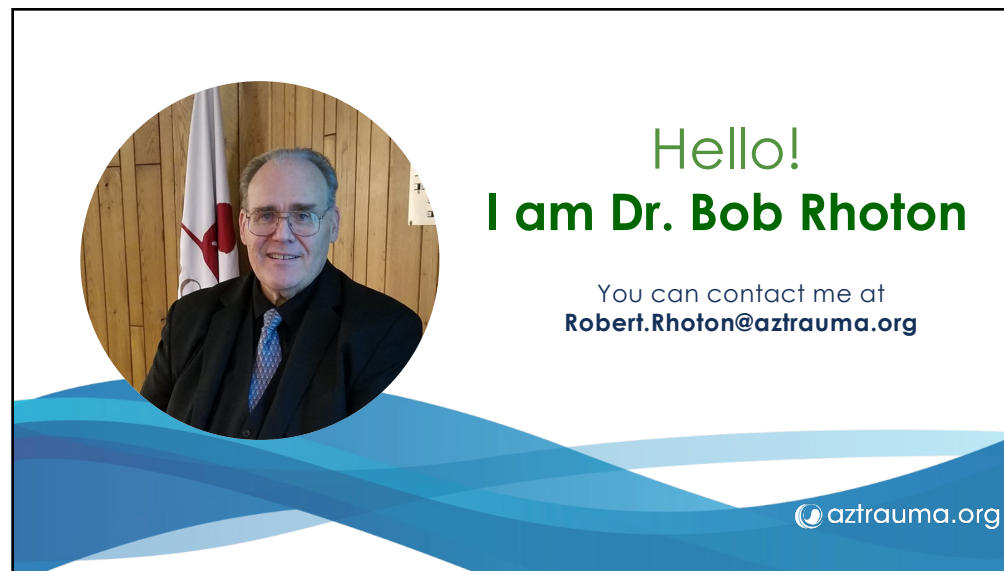




1



2

Common Reactions to Trauma, toxic stress and repetitive adversity

Let's
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practical!



- Compulsive and ritualized behaviors
- Sleep disturbances
- Excessive worry about safety for self and significant others
- Disconnection with their physical body and difficulty with gauging physical needs
- Perceptual distortions, feeling sensations or hearing sounds that are not readily connected to present environment
- Dissociative reactions such as losing time, personal discontinuity, disowning reality, going into trace, fantasy as a refuge, lack an integrated self concept
- Difficulty recalling events, information, or context



3

Common Reactions to Trauma, toxic stress and repetitive adversity

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- Difficulty recalling events, information, or context
- Mood swings, emotional melt downs.
- Will be defiant or oppositional when feeling unsafe, will engage in power struggles with people that want to wrest control away from them
- Hostile and distrustful toward the world and authority figures
- Social withdrawal
- Social isolation
- Constant feelings of being alone or empty, even when surrounded by people



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Common Reactions to Trauma, toxic stress and repetitive adversity

- Constant feeling “on-edge”
- Estrangement from self (be around other people and feel that you are nothing like them, or know what they are feeling)
- Sudden episodes of paralysis

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Have you ever struggled with clients being able to do the following?

1. Regulate their emotions
2. Be self-aware
3. Be Self- reflective
4. Inhibit behaviors
5. Reality check
6. Plan and follow through on those plans
7. Persist when distressed?

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The complex Trauma client reality

- Complex trauma survivors often experience profound and pervasive effects that can impact their ability to stay motivated in treatment.
- Complex trauma, also known as chronic or relational trauma, involving experiencing multiple and prolonged traumatic events and toxic stress often in the context of relationships or a caregiver system.
- The strategies that organically emerge to preserve safety, reduce threat and arousal have become automatic (auto-pilot) behaviors that often interfere with the transformation process.



The complex Trauma client reality

The 5 areas of motivational challenge

As a protective and defensive instinct like response that developed because of their personal learning history

1. Avoidance and Numbing
2. Trust issues
3. Shame and Self-blame
4. Overwhelming emotions
5. Multiple or co-occurring defensive and protective strategies



Very simple truths that are often overlooked



- ❖ Our nervous system is running our lives.
- ❖ Patterns build by our nervous system determine our habits, beliefs and actions.
- ❖ Much of our learning history is compromising our health, life and relationships
- ❖ Most of this nervous system activity is occurring at a non-conscious or neuroceptive level

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7 Hormones and Neurochemicals of many



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Hormones necessary for quality living

Dopamine

Oxytocin

Serotonin

Endorphin

When in balance enhance our quality of life

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3 Hormones that rob us of rational thought

Adrenalin

Cortisol

Nor-Adrenalin

=



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There are completely predictable, absolutely correct biological responses to reductions in biochemicals

Reduced Dopamine

- Procrastination
- Low self-esteem
- Lack of motivation
- Low energy or fatigue
- Inability to focus
- Feeling anxious
- Feeling hopeless
- Mood swings



Reduced Oxytocin

- Feeling lonely
- Stressed
- Feeling alienated
- Lack of motivation
- Disconnected from relationships
- Feeling anxious
- insomnia

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There are completely predictable, absolutely correct biological responses to reductions in biochemicals

Reduced Serotonin

- Low-self esteem
- Overly sensitive (emotionally reactive)
- Anxiety/panic attacks
- Feeling hopeless/helpless
- Obsession/compulsions
- insomnia

Reduced Endorphin

- Anxiety
- Depression
- More intense Aches and pains
- Mood swings
- Insomnia
- Impulsive behavior
- More inflammation



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What are the biologically correct responses?

Adrenalin

- Increased fear
- Anxiety
- Desire to flee
- Desire to withdraw
- Reduced attending/focus
- Hyperactivity



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What are the biologically correct responses?

Nor-Adrenalin

- Increased anger and agitation
- Aggression
- Assertiveness
- Controlling
- Hostility
- Interference with emotional learning
- Reduced empathy



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What are the biologically correct responses?

Cortisol

- **Reduces**

- *Dopamine*
- *Oxytocin*
- *Serotonin*
- *endorphins*



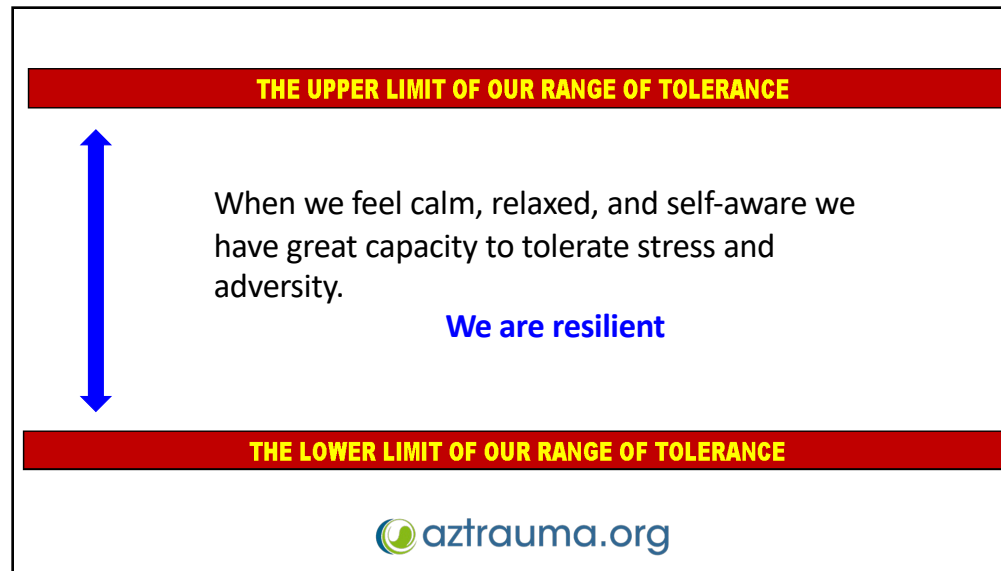
- Reduces reality checking
- Reduces ability to stop/inhibit behavior
- Reduces logic and reasoning
- Interrupts forming sequential memory

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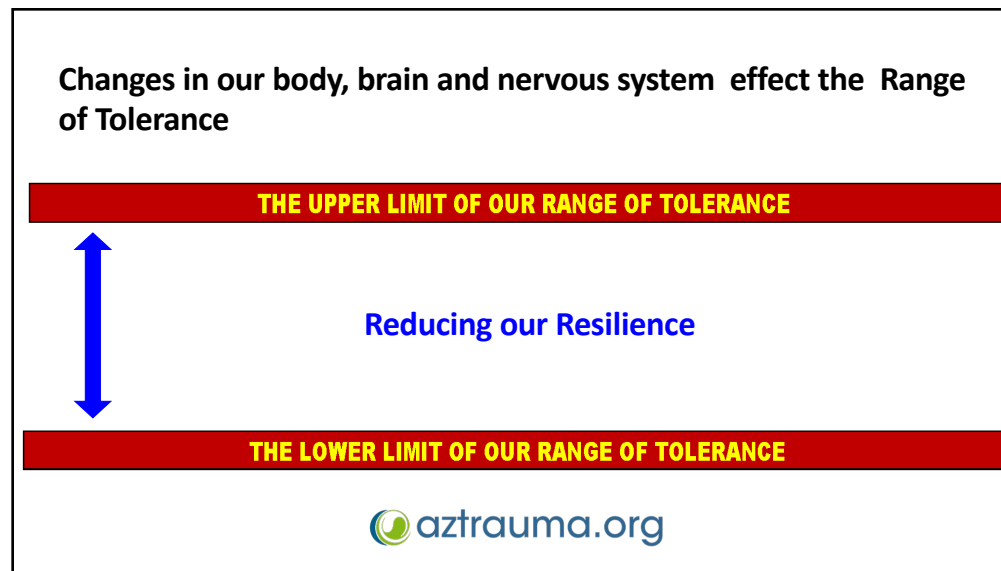
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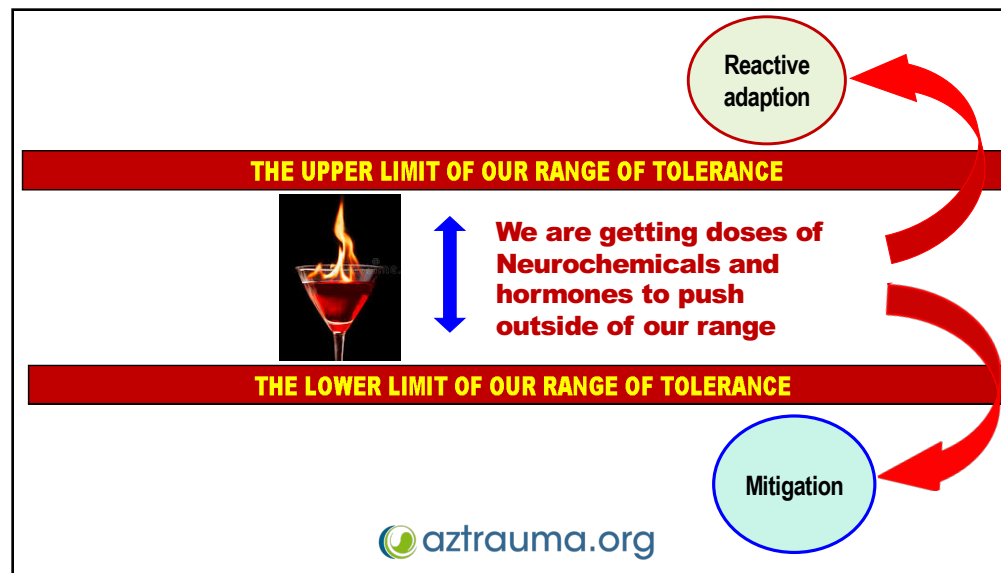
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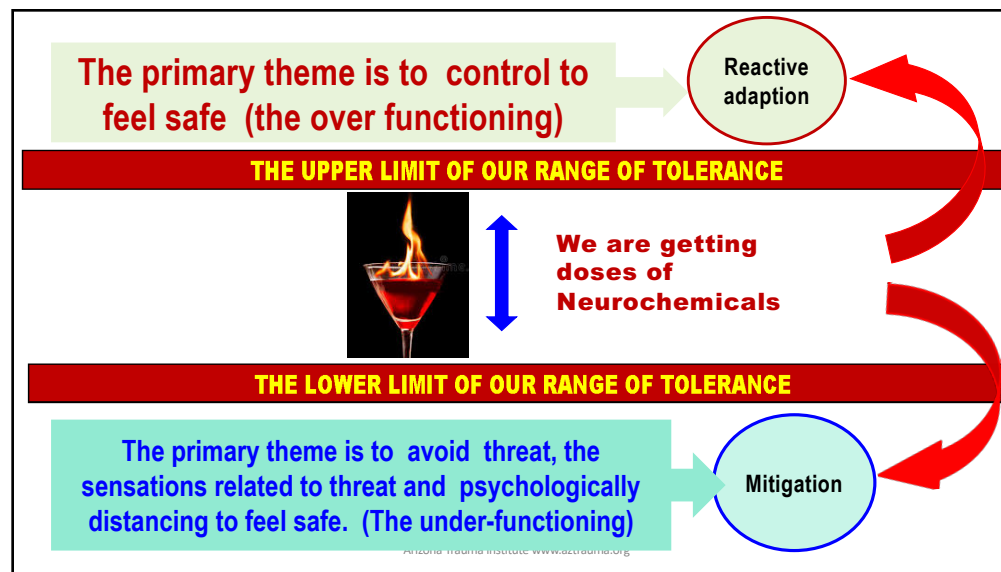
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The wonderful world of over-functioning #1

When a person is over-functioning emotionally, behaviorally, and cognitively, it means they are experiencing an excessive level of engagement or involvement in these aspects of their life. Here are ten attributes that may characterize someone who is over-functioning in these areas:

1. **Emotional intensity:** They may exhibit heightened emotional reactions and express intense emotions more frequently than usual. Their emotional responses might be excessive or out of proportion to the situation at hand.
2. **Hyper-vigilance:** They may be constantly on edge, hyper-aware of their surroundings, and overly sensitive to perceived threats or challenges. This heightened vigilance can lead to increased stress and anxiety.



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The wonderful world of over-functioning #2

3. **Perfectionism:** They may have an excessive need for control and an intense drive for perfection. They set high standards for themselves and may become overly critical when they don't meet those expectations.
4. **Excessive responsibility:** They may take on more responsibilities than necessary, feeling compelled to manage everything and everyone around them. They may struggle to delegate tasks and feel overwhelmed by the burden of responsibility.
5. **Difficulty setting boundaries:** They may have trouble saying no and feel obligated to meet the demands and expectations of others, even at the expense of their own well-being. This can lead to feeling overextended and emotionally drained.
6. **Cognitive rumination:** They may engage in persistent and repetitive thinking patterns, constantly analyzing situations and replaying events in their mind. This rumination can interfere with problem-solving and lead to increased stress and worry.



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The wonderful world of over-functioning #3

7. **Control-seeking behavior:** They may exhibit a strong need for control over themselves, others, and situations. They may struggle with uncertainty and find it challenging to tolerate ambiguity or relinquish control.
8. **Neglecting self-care:** They may prioritize the needs of others over their own well-being, neglecting self-care activities such as exercise, relaxation, and leisure. This can contribute to feelings of burnout and decreased overall functioning.
9. **Difficulty expressing vulnerability:** They may have a tendency to avoid or suppress emotions that are perceived as weak or vulnerable. They may struggle to ask for help or support from others, fearing it will make them appear inadequate or incapable.
10. **Impaired decision-making:** They may find it challenging to make decisions due to excessive worry, fear of making mistakes, or a need for certainty. They may become indecisive, over-analyzing choices, and having trouble committing to a course of action.



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The wonderful world of under-functioning #1

When a person is under-functioning emotionally, behaviorally, and cognitively, it means they are experiencing a decrease or deficiency in their engagement or involvement in these aspects of their life. Here are ten attributes that may characterize someone who is under-functioning in these areas:

1. **Emotional numbness:** They may display a limited range of emotions or have difficulty accessing and expressing their feelings. They might appear detached or disconnected from their own emotions and those of others.
2. **Lack of motivation:** They may struggle with a lack of drive or initiative to engage in activities they once found enjoyable. They may experience reduced interest or enthusiasm for things that used to bring them pleasure.



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The wonderful world of under-functioning #2

3. **Social withdrawal:** They may isolate themselves and withdraw from social interactions. They may avoid social situations and prefer spending most of their time alone, which can lead to feelings of loneliness and further exacerbate their emotional under-functioning.
4. **Reduced productivity:** They may have difficulty completing tasks or meeting obligations, experiencing a decline in their ability to effectively manage their responsibilities. This can be due to decreased energy levels or a lack of focus and concentration.
5. **Lack of self-care:** They may neglect self-care activities such as personal hygiene, healthy eating, or getting enough rest. They may exhibit a disregard for their physical and emotional well-being.
6. **Cognitive fog or confusion:** They may experience difficulty concentrating, making decisions, or thinking clearly. Their cognitive functioning may feel slowed down, making it challenging to process information or engage in complex thinking.



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The wonderful world of under-functioning #3

7. **Decreased self-esteem:** They may have a diminished sense of self-worth and struggle with feelings of inadequacy or self-doubt. They may perceive themselves as incapable or incompetent, leading to a further decline in motivation and engagement.
8. **Increased passivity:** They may exhibit a passive approach to life, becoming overly reliant on others to make decisions or take the lead. They may lack assertiveness and find it challenging to express their needs and desires.
9. **Avoidance of challenges:** They may actively avoid situations or tasks that they perceive as challenging or demanding. They may fear failure or lack the confidence to take risks, leading to a restricted and limited lifestyle.
10. **Reduced emotional resilience:** They may struggle to cope with stress or adversity, exhibiting a decreased ability to bounce back from setbacks or difficult life events. They may feel overwhelmed by even minor stressors, which can further contribute to their under-functioning.



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Over and Under Functioning tend to:

1. Trap us (humans) in loops of negative, self-protective and defensive imaginings.
2. Negative, self-protective and defensive imaginings tend to expand and increase in proportion to increases in pain, and distress.
3. The longer the negative, self-protective and defensive imaginings continue the more intense the level of dysregulation
4. Focusing on the body, sensation and sensory integration as well as body calming techniques (SELF-REGULATION) are needed before any other therapeutic intervention.



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Changes in our body, brain and nervous system effect the Range of Tolerance




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THE UPPER LIMIT OF OUR RANGE OF TOLERANCE

↓

Reducing our window of tolerance

THE LOWER LIMIT OF OUR RANGE OF TOLERANCE




- ✓ Hippocampal activity **reduces**
- ✓ Executive functioning **reduces**
- ✓ The ability to create sequential memory **reduces**
- ✓ Reality checking **reduces**
- ✓ Restricts access to the (impulse control center) **reduces**
- ✓ ability to focus **reduces**
- ✓ sleep patterns **reduces**
- ✓ problem solving **reduces**
- ✓ goal follow through and attainment **reduces**
- ✓ Emotional memory **increases**
- ✓ Sensory memory **increases**
- ✓ Fear, anxiety, phobias, depression, agitation **increases**

What is impacted by
being outside the
window of tolerance

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The Brain Hierarchy and why we must pay attention to this all the time!

1. **Safety:** This function of the brain is survival oriented, the perception of real **OR** perceived threat will activate this part of the brain.
2. **Avoidance of pain:** This function of the brain will encourage all sorts of emotions and behaviors to avoid discomfort and pain (physically, emotionally, psychologically, and relationally).
3. **Conserve Energy:** This function of the brain is about establishing patterns (habits) which can be maintained without the employment of much cognitive energy. Auto-pilot
4. **Pleasure and Gain:** Feels good, based on wants or desires, intentional growth, and deliberate learning, or deliberate and repeated practice.



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The Brain Hierarchy

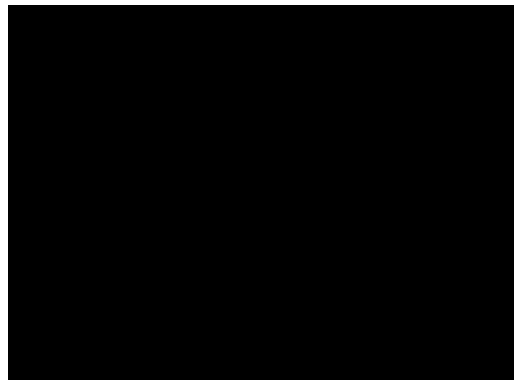
Condition One

1. **Safety:** This function of the brain is survival oriented, the perception of real OR perceived threat will activate this part of the brain.
 - A. Our entire nervous system is designed to remember “threat, or potential threat” to create safety and increase survival
 - B. Every time this part of the nervous system is activate the neuropathway is reinforced and survival-oriented behaviors, thinking and emotions are strengthened.
2. **Conserve Energy:** This function of the brain is about establishing patterns (habits) which can be maintained without the employment of much cognitive energy. **Auto-pilot**
 - A. For auto pilot to function properly all data and information counter to it must be deleted.



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Building the neuro-structure



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Building the neuro-structure



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Remember George Kelly ?

- What you focus on, you develop an expectation for!
- Once an expectation is developed then your inner radar (relevancy system) begins to look for and “over-attend” to that expectation.
- This becomes automatic behavior that occurs outside of conscious thought.

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If the ACC has been activated too often or stayed on too long, these are the biologically correct things you should see!

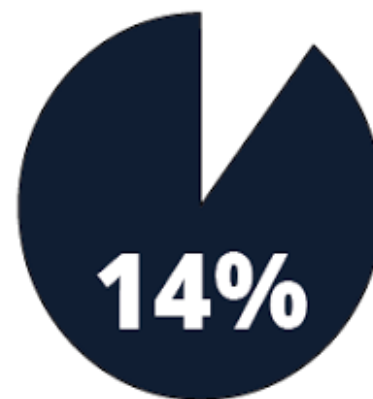
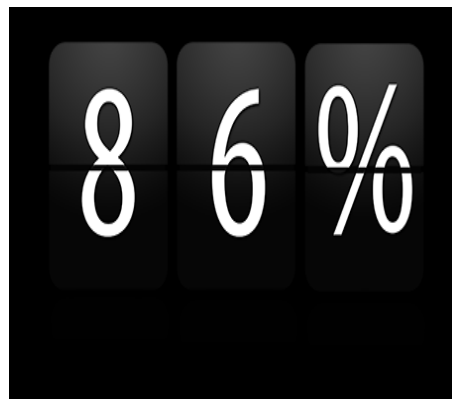
- A. Rigid black and white thinking (sometimes thought of as irrational beliefs)
- B. Strong beliefs systems that are not open to change
- C. Many negative internal dialogues
- D. Overly negative memories
- E. Overly focused on finding pain, hurt and disappointment (negativity)
- F. No tolerance for delayed gratification, everything is immediate
- G. No ability to really orient to the future
- H. Impulsive; Irrational/illogical
- I. Little if any consistent self reflection or evaluation of the self

APPLICATION



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Your two operating systems



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Once a pattern is built

- It becomes non-conscious where it occurs without conscious decision making or awareness (*auto-pilot action*)
- Even when new patterns are built – earlier or more primitive patterns are still available and will come forward when the body experiences stress
- It requires a great **amount of attention and focus to build new patterns** and becomes more difficult when we get distracted, dysregulated or fail to maintain focus and attention.
- Change is difficult because it requires (on-purpose) intentional focus and anything that interrupts that focus interrupts our intentionality



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A client that is dysregulated will be over or under functioning!

- This is not good or bad, it is just the reality of working with complex trauma.
- ***Therapy can not be successful with either over or under functioning until the individual is able to regulate themselves!***
- Most mental health, social services, and educators tend to want to set goals which is forward oriented. To be forward oriented one must be well regulated in body, and emotions.
- Forward oriented approaches often add a demand load that dysregulates a client even further



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How Often Have You Experienced These:

- Been frustrated because your client doesn't seem to be able to move forward?
- Inadvertently shamed or triggered a client because they were not making progress?
- Looked at their struggle to be future focused as evidence of their pathology?
- Believed that they were not adequately motivated or serious about the process of change.

BARF!



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Change your thinking

Goals that have a toward focus

- If you study hard, you will get a good grade
- If you pass all your classes, you can go to college next year
- If you work hard at this, you can have this amazingly close relationship with your spouse

Goals that have an away or avoid focus

- If you pass this test, you can avoid summer school
- If you pass your classes, you can avoid having to go to school anymore.
- If you work hard at this, your spouse won't be angry with you all the time.

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An inconvenient truth

Clients that have complex trauma learning history are likely to present with an avoid/away mental architecture (neuropathway) to approaching things in their life.



- You totally are not going to motivate them with achievement goals that are future oriented.
- You must be able to help your client move away/avoid into the future that they want

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Motivation for complex trauma requires



- ✓ Self-regulation.
- ✓ Capacity building.
- ✓ Meeting primary social/emotional needs.
- ✓ Attune to and respect the client.
- ✓ Strengthening interpersonal resources.
- ✓ Strengthening personal resilience to stressors.

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you matter.




**If you have questions, or
I can be of some service
here is my contact
information**



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Books by Dr. Rhoton

TRANSFORMATIVE CARE
A TRAUMA-FOCUSED APPROACH TO CAREGIVING



SECOND EDITION

ROBERT RHOTON, PSYD., & THOMAS E. ROJO AUBREY, D.BH & J. ERIC GENTRY, PH.D

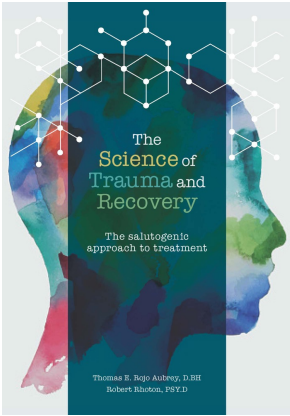
**TRAUMA
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If you would like to learn more about motivating
traumatized clients, please contact
www.aztrauma.org for more information.

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practical!



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