

The Effect of Trauma on the Brain

- Trauma is caused by being in a situation where we are in danger and we are unable to do something that gets us out of danger. Our coping skills are overwhelmed and we experience a complete loss of control.
- When coping skills are overwhelmed and a sense of control is lost, the pre-conscious mind triggers the body to continue to react as if this past trauma is still occurring. Much of this occurs beyond our conscious awareness, but it has a very significant effect on our thoughts, emotions and behavior.
- There is a loss of integration of the neural networks controlling cognition, sensation, affect and behavior. This means that the brain's different functions are not working well together, leading to confusion, poor memory, impaired learning, mood swings and impulsive behaviors.
- The brain's alarm system or "fight or flight" response continues to be triggered even when there is nothing threatening happening. This leads to heightened arousal, expecting the worst, negative mood, and avoidance.
- The problem is that traumatized people avoid things even when there is no danger involved. This leaves them stuck and they don't get what they need to feel safe, healthy and happy.

Trauma-informed therapy is intended to enhance motivation and move people toward the behaviors that get their basic needs met. These needs include: safety/control, healthy relationships/attachments, a positive sense of self, and feeling successful with the things they do.

The Goals of Trauma-Informed Therapy

- Facilitate safety; demonstrate respect, support and acceptance
- Enhance healthy attachments and social connections
- Decrease or eliminate negative relationships and self-destructive behaviors that continue trauma
- Encourage clients to take action to achieve their goals and help client down-regulate distress
- Use person-centered perspective to increase the client's sense of control
- Shift from narratives of "victim" to narratives of "survival"
- Emphasize that what happened *then* is not happening *now* and is not likely to happen in the *future*
- Teach mindfulness exercises to help calm the anxious brain
- Promote solution-focused action whenever possible
- Provide psychoeducation about the neurobiology of trauma and the actions of medications
- Promote healthy mind-body connection through healthy sleep, nutrition and exercise

Address Distress First

For clients that are coping with trauma...

- Down-regulate distress through mindfulness, progressive relaxation, systematic desensitization, deep breathing, meditation, yoga, etc.

Then...

- Provide psychoeducation about the effects of trauma on the brain
- When the client can tolerate emotions related to the trauma, CBT and other cognitive approaches can be effective