

An Introduction to Trauma Responsive Practice

What is trauma?



Trauma is an internal response to an external event(s). There are two types of trauma: big 'T' trauma and small 't' trauma.

Big 'T' trauma is a response to a sudden and forceful threatening event or *stressor* that overwhelms a person's ability to cope - like being traumatised by a serious car crash, for example. Small 't' trauma is a response to the accumulation of traumatic stress over time - like becoming traumatised by the stress of constant exams, for instance. Either way, it's a normal reaction to an abnormal or extreme situation(s).

However, it is **not** the event itself that determines whether trauma occurs: it is **how** a person experiences the event, and how a person experiences an event all depends on their experience of life prior to the 'traumatic' event(s). All of which is to say what one person finds traumatic another may find easily bearable as each person's response to the same situation will be unique - the key factor being a person's history of connectedness: *the more healthy relationships a person has prior to trauma the more likely they'll be able to cope.*

Training and Consultancy

The impact of trauma

Experiencing everyday stress is okay and quite normal. Examples of normal stress might be feeling stressed because you're running late for work, feeling stressed because you can't find your phone, or feeling stressed because the kettle has blown a fuse.

Traumatic or *toxic* stress, however, is a strong, unrelieved experience that can adversely affect a person's physical and mental wellbeing as well as their long-term development as a person. Health and wellbeing issues that can occur as a result of trauma include anxiety, depression, cancer, addiction, social isolation, sleeplessness, self-harm and suicide ideation - and that's just some of the health and wellbeing issues that can arise as a result of trauma!

Importantly, it can also cause a person to develop an overactive stress response i.e. an inability to cope with normal, everyday stress. Small stresses like those mentioned above might feel completely overwhelming to someone who's been traumatised.

Polyvagal theory and the process of trauma

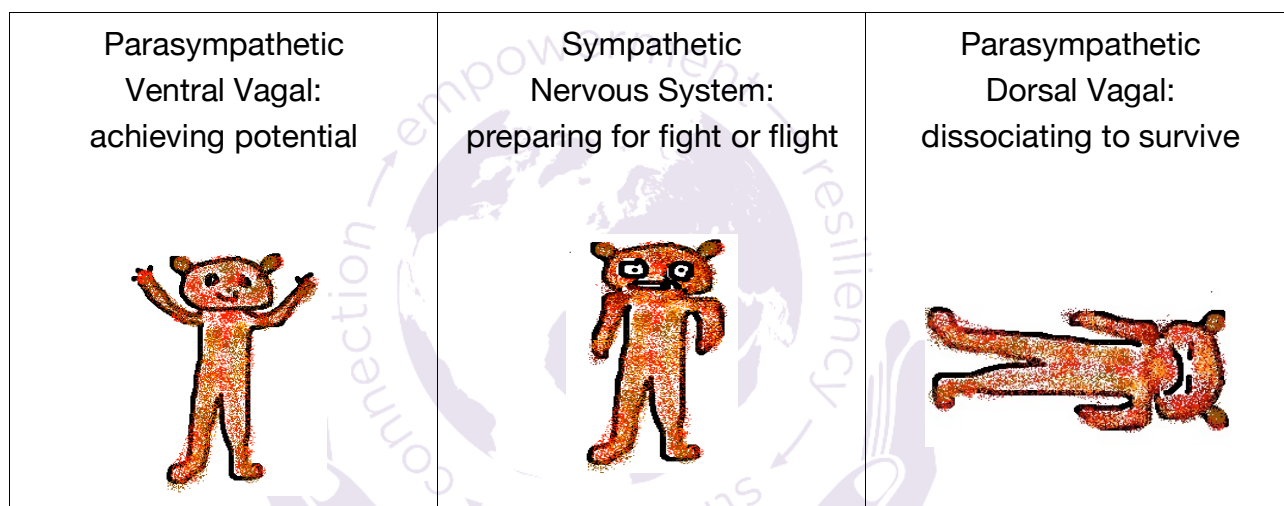
Just like anti-virus software that runs in the background of computers to protect them, we humans have a security system that runs in the background to alert us when our safety is at risk. It's called the *autonomic nervous system*. We don't have to do anything to activate or operate the software - it simply runs in the background all by itself, autonomically.

There are three modes/ responses that the autonomic nervous system (ANS) can activate and understanding them will allow us to work more effectively with people who've experienced/ are re-living trauma. The three modes are: *parasympathetic ventral vagal*, *sympathetic* and *parasympathetic dorsal vagal*.

- **Parasympathetic Ventral Vagal (PVV)**: this is the mode we're in when we feel happy, safe and content, plus connected to those around us as well as in touch with ourselves. This is when we feel able to achieve our potential and live life to the max.
- **Sympathetic Nervous System (SNS)**: this is the mode we're in when our security system becomes alarmed and senses danger, such as hearing an ambulance siren or seeing a fight break out. In this state, the SNS prepares us for fight or flight.

- **Parasympathetic Dorsal Vagal (PDV):** this is the mode our ANS activates in response to extreme threat. In this state our bodies and minds shut down (dissociation) in order to simply survive, such as being in a serious car crash yet unable to feel the pain of serious injury.

An illustration of the autonomic nervous system in action



The first response or defence mechanism when overwhelmed by trauma is *fight or flight*. In this state, the SNS will cause a person to breathe more deeply so that oxygen-rich blood flows to the muscles in preparation for fight or flight; conversely, less blood flows to the brain while non-essential physical and mental systems for survival are suppressed.

When fight or flight isn't possible, the second response is to freeze and dissociate from reality – especially when the level of threat to life and limb is severe. In this state, the PDV branch of the ANS will cause a person overwhelmed by trauma to become stiff or paralysed and/ or numb to pain. When this happens, the person usually collapses and disengages from what's going on as if nothing matters except sheer survival, almost as if they're in an altered state of consciousness.

It's worth noting that when a traumatised person experiences a trigger that reminds them of past trauma they'll probably respond as if they're still in that trauma - *the brain and body can't tell the difference between actual trauma and remembered trauma!* This is why it's important to know the things that can trigger a person to re-live past trauma, whether a smell, a sound, a place, a name or whatever. It goes without saying, finding out a person's triggers should be done as sensitively as possible!

Sequential Reasoning: Regulate > Relate > Reason

If someone is triggered and re-lives past trauma, there's absolutely no point in trying to reason with them about the rights and wrongs of what happened. Or even trying to reason with them to bring them back to the here and now: **their autonomic nervous system has disabled their capacity to reason.**

That's because when a person is re-living trauma, it's real to them in that moment - as already noted - and so before any reasoning can take place, we need to help the person regain control of their *dysregulated* emotions; otherwise, they'll continue to operate on high alert until they're exhausted or they escape/ force themselves free of the situation, or they descend into a dissociative state of being. Put simply, it's up to **us** to help the person feel safe enough so that their ventral vagal nervous system can regain control and bring them back to the present. Only then can we reason with someone who's re-living past trauma and carry on with things. **Regulate** – the first thing we need to do to bring someone back to the here and now is co-regulate their emotions: they simply won't have the ability to do it by themselves. We do this by assuring the person that they are completely safe, and by encouraging them to breathe in deeply and exhale slowly a few times at least: this will prompt the person's autonomic nervous system to engage the PVV. Note: *co-regulation will only work if we're in complete control of our own emotions i.e. we have to be ventral vagal ourselves!*

As well as being in control of our own emotions, we also need to be able to empathise compassionately with the person. As such, the question that should always be at the forefront of our thoughts is not 'what is wrong with this person' but 'what happened to this person' – having this mindset will help us provide a good trauma responsive practice.

Relate – the next thing we need to do to bring someone back to the here and now is relate with the person. We do this by listening to them and positively acknowledging what they're saying as being true: appearing neutral will probably be interpreted as responding negatively so it's essential we validate their perspective in order to win their trust.

Reason – once the person has regained control of their emotions and a positive connection has been established, then can we begin to reason with them. Trying to reason with someone who's still emotionally distressed or dysregulated will do nothing to help if not make matters worse.



Conclusion

We may not be able to prevent trauma occurring or being re-lived, or change a person's history of adversity and connectedness, for that matter. By being emotionally stable and available, however, we can become the bedrock upon which the people with whom we work can rebuild and get on with their lives.

Through compassionate connection and emotional co-regulation, we can promote resilience to past trauma so that the people we support can look forward to a better future. And although the progress we help bring about through simple human-to-human connection might seem small to us, to the people we support, that progress can be truly monumental. Why? Because people who change people change their future!

Credits: Dr. Bruce D. Perry Dr. Stephen Porges