

Harm Reduction Strategies to Address Anxiety and Trauma

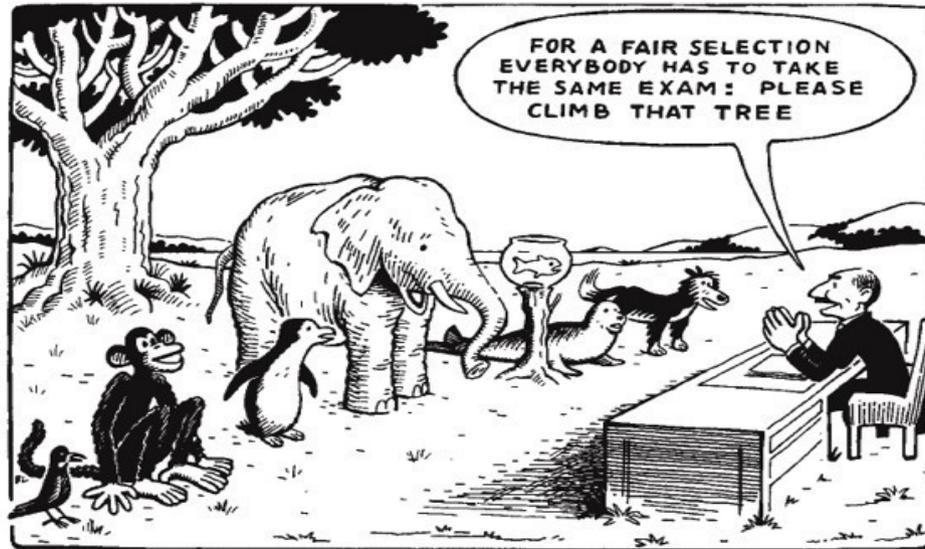
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What would you diagnose a client with the following symptoms?

- Frantic efforts to avoid being abandoned by friends and family
- Unstable personal relationships that fluctuate between idealization and devaluation
- Self Harm behaviors
- Impulsive behaviors including spending money the client doesn't have, "risky" sexual behavior, and substance use
- Intense mood swings, periods of significant depressed mood, uncontrollable anger
- Unusually distracted and overly restless
- Difficulty concentrating and remembering

What Is Trauma?

- In addition to experiencing traumatic experiences through their lives, our clients are often also experiencing persistent trauma from holding marginalized identities.



Trauma can be experienced by surviving while...

- Experiencing homelessness
- Holding and LGBTQ identity
- Being a person of color
- Using substances
- Engaging in survival activities
(ex. survival sex)
- What else?

The Stress Trauma Continuum

- Normal
- Situational
- Traumatic



Physical Manifestations of Trauma Symptoms

- Self Harm/Suicidal Gestures
- Dissociation
- “Risky” Sexual Behavior
- Avoidance or Withdrawal
- Freeze responses
- Substance Use
- What else?



**Where do these symptoms
come from?**

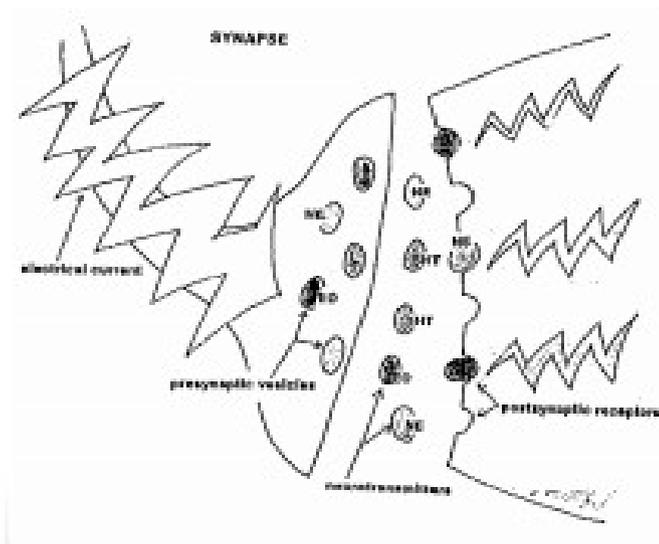


The Neurobiology of Trauma

- The past becomes the present because of the way the brain changes after traumatic events
- Trauma “echoes” in the brain and treatment needs to quiet the reverberations of those echoes

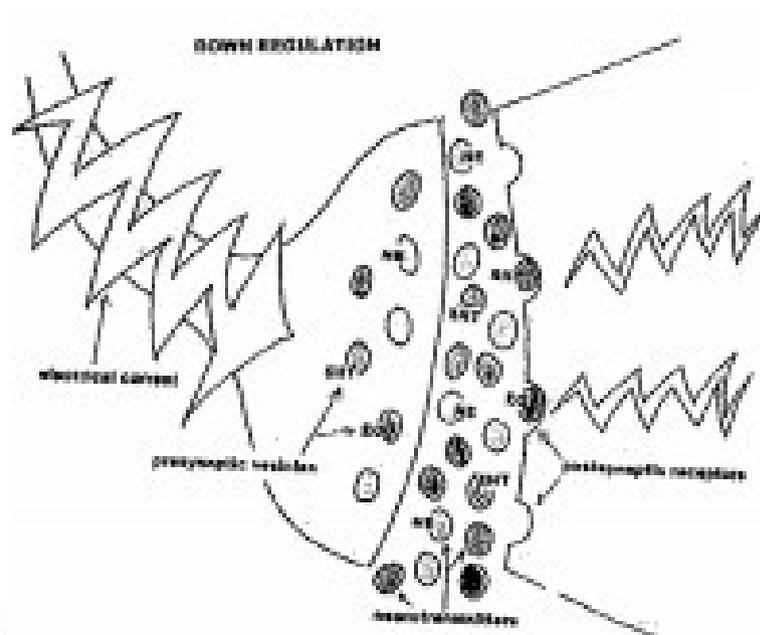
The Neurobiology of Trauma

- “Normal” Functioning
- For clients that experience anxiety or have trauma history, this can feel “boring” because it isn't what their brain is used to



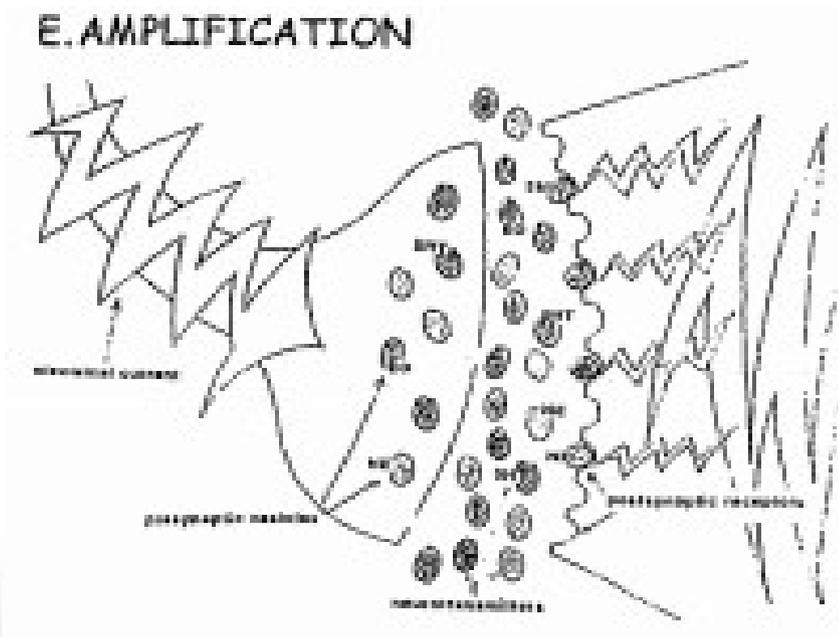
The Neurobiology of Trauma

- Down Regulation
- Decrease in Post-Synaptic Receptors
- Overwhelmed or Shocked Response



The Neurobiology of Trauma

- Amplification
- How the Brain responds to a trigger event
- Panic Attack, Rage, "Melt Down"



Neurotransmitters of Importance

- When Trauma is complex or someone is triggered for too long...
 - Catecholamines are increased which damages memory and rational thought. Also increases hypervigilance and inability to distinguish danger signals
 - Corticosteroids are low, resulting in reduced immune functioning
 - Opioid levels increase resulting in a flat affect
 - Oxytocin increases, resulting in impaired memory and potential bonding to perpetrator where a perpetrator is present

Neurotransmitters of Importance

- Serotonin
 - Related to emotion and mood. Too little serotonin is linked to depression and anger
- Dopamine
 - Controls alertness, arousal, and attention. Critical in feeling motivation
 - Cocaine, Opium, Heroin, and Alcohol have been shown to increase levels of dopamine
- GABA
 - Performs as a "brake" to neurotransmitters that lead to anxiety

What can we offer to clients other than medications?



Building Healing Relationships

- Empowerment/Collaboration
- Work Through Transference/Counter Transference
 - Trauma transference reflects both terror and helplessness
 - Trauma is contagious
- Safety

“Good Therapists were those who validated my experience and helped me to control my behavior rather than trying to control me.”

Building Healing Relationships

- Oxytocin is linked to bonding and relationships and is characterized by strong attachments

“There is no more effective neurological intervention than a safe relationship”

-Bruce Perry

Interventions

- Processing – The only way out is through
 - Work with guilt and responsibility
 - Radical Acceptance vs. Forgiveness



I can't change it, but I can acknowledge that it happened.

Interventions

- Radical Acceptance
 - Accepting reality for what it is
 - Accepting that your pain has a cause
 - Opposite of “why me” thinking
 - Accepting that it happened even if you don't know the cause
 - Accepting that life can still be worth living even if there are painful events in it
- Differentiate Guilt Vs. Shame

Exercise: Percentage of Responsibility

- Why have I acted as I have since the events occurred? How have I changed?
- If the events happened again, how would I act? Would I want anything differently? Would I be able to do anything differently?
- What did this exercise teach you about your actions?
- What percentage of responsibility can you take in the scenario?

Interventions

- Dialectical Behavior Therapy
 - (www.behavioraltech.com)

DBT utilizes core modules of mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation skills training. The emphasis is on skill sets that help to maintain positive relationships, regulate emotions, and positively handle distressful situations. These skills are taught in validating, empowering ways that utilize client strengths while balancing a need for problem solving.

DEAR MAN

- Describe - Describe the current situation, state what you are reacting to and stick to the facts.
- Express - Express your feelings and opinions. Assume your feelings are not evident.
- Assert - Assert yourself by asking for what you want or saying "No" clearly.
- Reinforce - Reinforce your stance by stating the consequences.
- (stay) Mindful - Keep your mind on your objectives, don't be distracted.
- Appear Confident - Maintain eye contact, Use a confident voice tone and physical manner.
- Negotiate - Be willing to give to get and be open to other possible solutions.

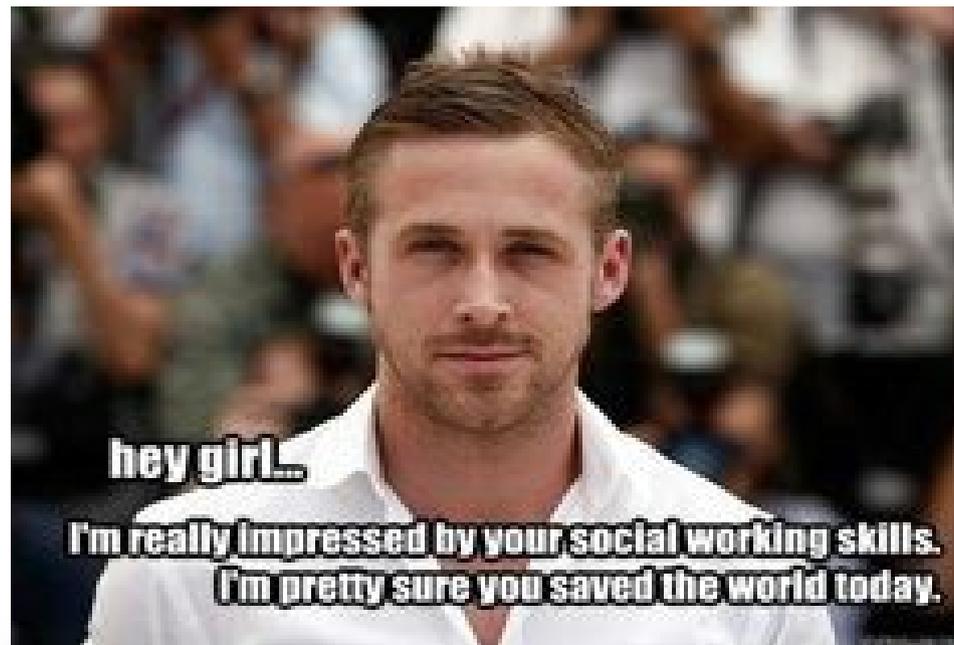
Pair up and Practice this skill set

Yoga and Physical Activity

- Yoga teaches skills to stay present in the moment, and is especially helpful for clients that dissociate
- While yoga has been proven as a best practice for working with trauma and anxiety, it is not necessarily realistic for our clients
- Work with your clients to find other possibilities
 - Go for a walk
 - See if your clients are open to guided meditation
 - Other thoughts?

Vicarious Trauma

What you're doing is hard work and what you are doing is important work. Take this opportunity to set a self care intention for yourself moving forward.



Thank you and References

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