



Working Creatively with Trauma

With Pamela Gawler-Wright

Course Overview

Monday – Safety First, The Threat Response,
Introduction to S.O.S. Model of Recovery,
First Contact, Re-Humanising after Traumatic Event

Tuesday – Complex Post Traumatic Stress, The Trauma Cycle,
The For F's Sake Model, The Therapeutic Self and “Other Self”

Wednesday –
Relationship of Trauma with Presenting Symptoms of OCD
Structuring a Clinical Case of Trauma and OCD – Julie Sale

Thursday – Common Features of 3 Successful Models of
Recovery from Acute Symptoms of Post Traumatic Stress

Friday – Post Traumatic Growth, Resilience and Responding,
From Reactions to Responses, Closing the Story Loop

Boundaries and Agreements

- Punctuality – Morning Process
- Take Responsibility for Yourself
- Respect of Difference
- Acceptance and facilitation - not interrogation and fixing
- Confidentiality
- Supervision conditions for discussion of client cases
- Respect the shared environment
- What Else?

“Safety First”

Exploring Neuroception

Explore the following questions by identifying in descriptive terms what is experienced internally and externally and where attention goes in states of safety and real or perceived danger.

- How do you know when you are safe?
- How do you know when you are unsafe?
- What triggers you to feel safe?
- What triggers you to feel unsafe?
- What resources and behaviours do you use to help you go from a state of unsafe to safe?

20th Century Perception of Binary Treatment Options



Analysis and
Rationalisation



Both have important PARTS to play in recovery,
But as SINGLE or MIS-TIMED approaches they can be
BRAIN TOXIC
and prolong or interrupt natural recovery

“Abreaction” and
Catharsis

Medical and Analytic Assessment Models required us to identify

The Client Who....

Cannot return to previous level of functioning or make up lost development

Can regain functioning to previous levels

Exceeds previous levels of functioning – greater meaning, engagement in activities, positive relationships and social contribution

Predictions based *only* or *mainly* on age of client at event, or type of event were less accurate than taking into account provision of protective and restorative factors

The Difference....

Therapist's Beliefs about Trauma and Possibility of Recovery

Patience of Therapist and recognition of small increments of recovery

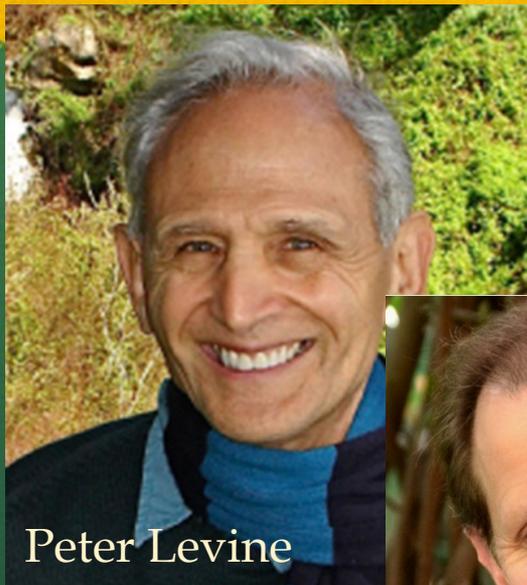
Client's Systemic Space to Process including *relational space* created for beneficial affect co-regulation

Extra-therapeutic factors such as restored ongoing personal safety, supporting relationships, financial stress levels and available time for care and to learn self-care

Degree of tailoring of therapy to stages of growth

Brain-and-Body informed treatment

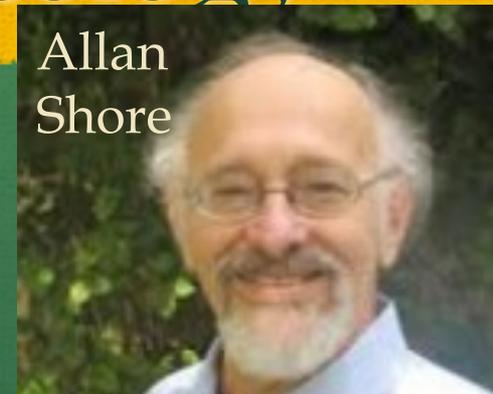
21st Century Explosion of Research and Practice in Traumatology



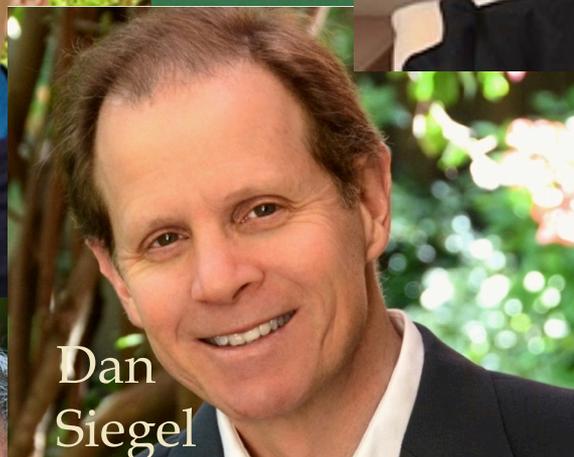
Peter Levine



Pat
Ogden



Allan
Shore



Dan
Siegel



Lucy Johnstone



Babette
Rothschild



Basel
van de Kolk



Babette
Rothschild

Common Features

- Nature provides humans with the resources to heal
- Leaving behind “Personality Disorder” to recognise Personality Patterning Rigidity as an expression of Complex PTSD (C-PTSD)
- Working with whole-brain/body system
- Non-Authoritarian – Client is Functional and Wise
- Safety, Meaning and Identity are more important than veracity of literal memory
- Skills can be learned to restore better function
- Potential for Post-Traumatic Growth

A Story of Surviving

- Remember a time when you were a child and enjoying independence from grown-ups, maybe in a special place, in nature or doing an activity that was challenging.
- Remember a time in this place when you “got out of your depth” or got lost, or spooked yourself.
- How did you become aware that you were “in trouble”?
- How did you get out of the difficulty? What resources did you use or discover?
- What did you learn about yourself? About the world?

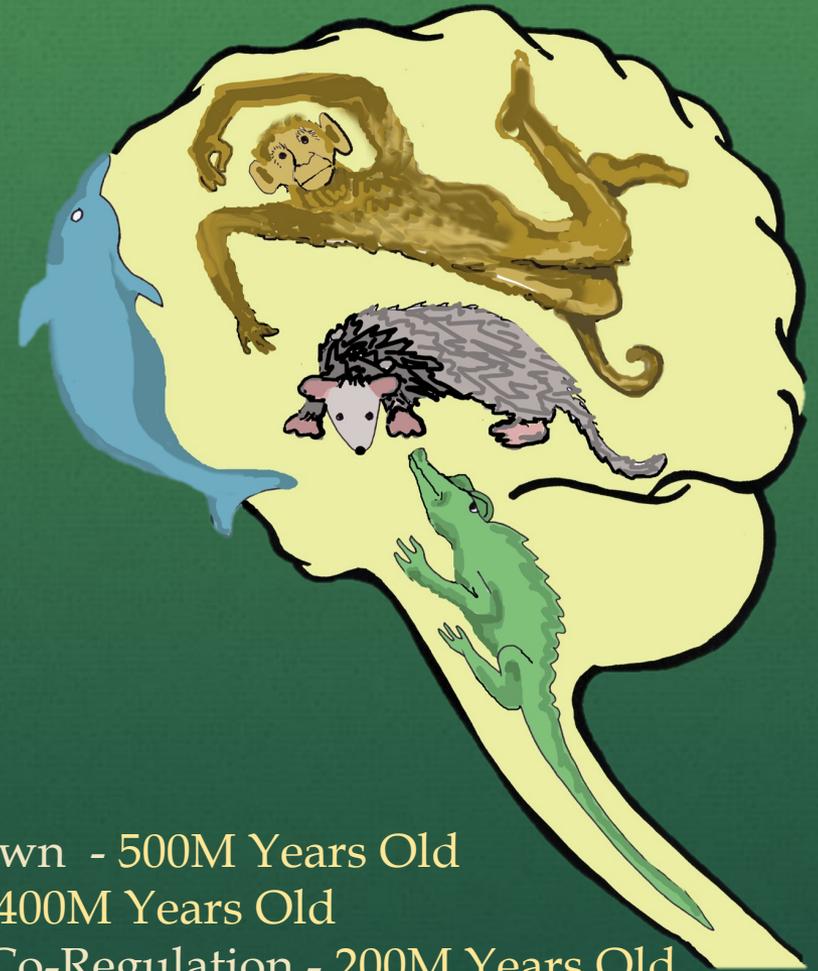
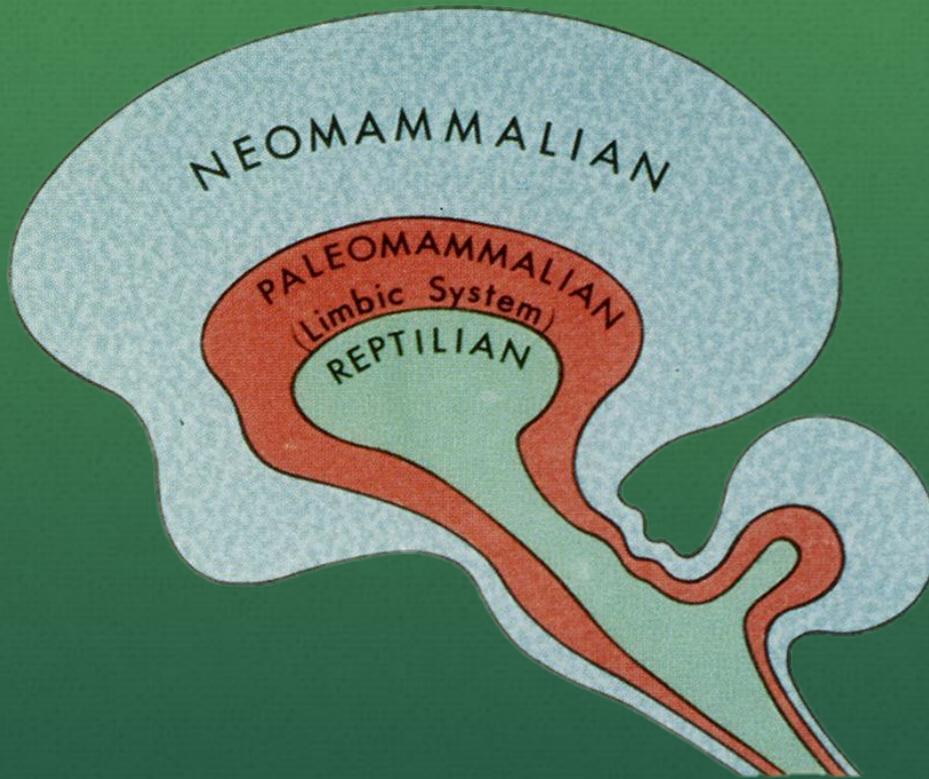
Each of us must
confront our
own fears, must
come face to
face with them.
How we handle
our fears will
determine where
we go with the
rest of our
lives. To
experience
adventure or to
be limited by
the fear of it.
Judy Blume

- *MariposaTrust.org*

What is Trauma – Clarifying Terms

- **Trauma** – Injury, Rupture, Physical, Relational or Psychological
- **Traumatic Event/Threat** – The causal event of the trauma
- **Post Traumatic Stress** – The natural aftermath of the traumatic response which places extraordinary stress on the body and brain, includes crying, grief, dissociation, loss of meaning, shame
- **Developmental Trauma** – Adverse Childhood Events (ACEs) which have a lasting impact on health, behaviour and relationship patterns
- **Post Traumatic Stress “Disorder”** – A clinically diagnosed state with specific categories of symptoms of post traumatic stress which continue over time and impact functionality
- **Complex Post-Traumatic Stress “Personality Disorder”** – Adaption of personality to chronic threat and stress that impacts functionality by narrowing and rigidifying response options to challenges
- **Traumatic Response/“Triggered”** – Survival Instincts that are triggered by moderate events yet cause the body to react as if in danger: “Life Throes”
- **Post Traumatic Growth** – Positive developmental benefits from the process of over-coming and transforming the impact of trauma

Evolution, the Brain and Staying Alive



Dorsal Vagal Circuit – Survival through shut-down - 500M Years Old
Sympathetic Nervous System – Fight or Flight - 400M Years Old
Ventral Vagal Circuit – Social Engagement and Co-Regulation - 200M Years Old
Neo Cortex Lobes - Tool Making, Language and Learning by Watching – 2M Years Old
Pre-Frontal Lobes and Expanded Parietal Lobes– Planning, Deciding, Making Meaning, Abstract Thinking, Identity, Teleological, Storytelling - 50K+ Years Old and growing...

Big Brain Paso Doble

★ Reptilian Brain

“Fight or Flight!”

★ Limbic Brain

“Me just want a cu-ddle”

★ Neo Cortex

“I am clever, I don't do this. I am clever, I don't do this”

Big Brain Samba

★ Reptilian Brain

“I am in a lovely flow”

★ Limbic Brain

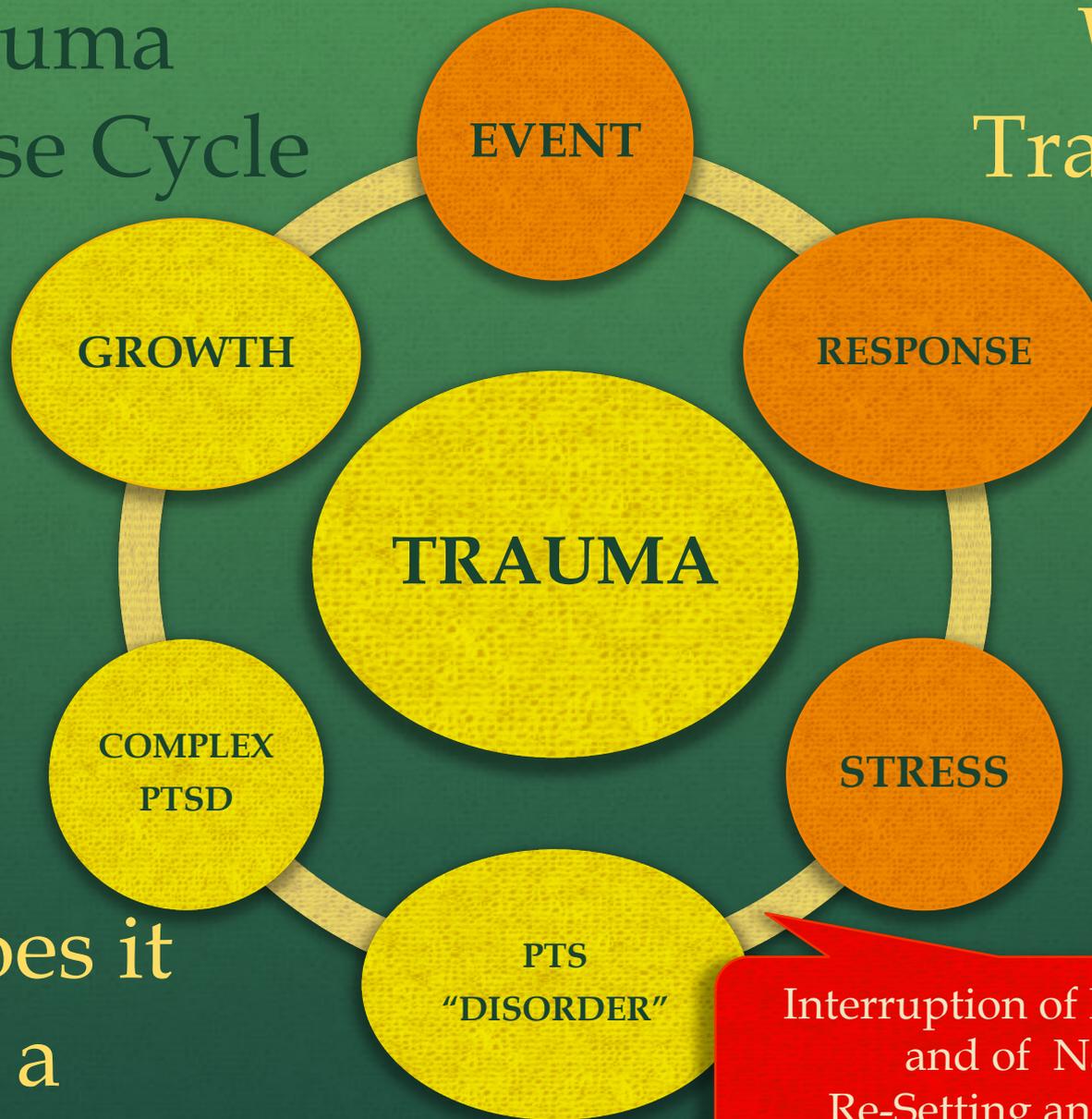
“I can give a cu-ddle”

★ Neo Cortex

“It’s so lovely to be so clever”

The Trauma Response Cycle

What is Traumatic Stress?



How does it become a persistent problem?

Interruption of Functioning and of Natural Re-Setting and Growth

Working Creatively with Trauma

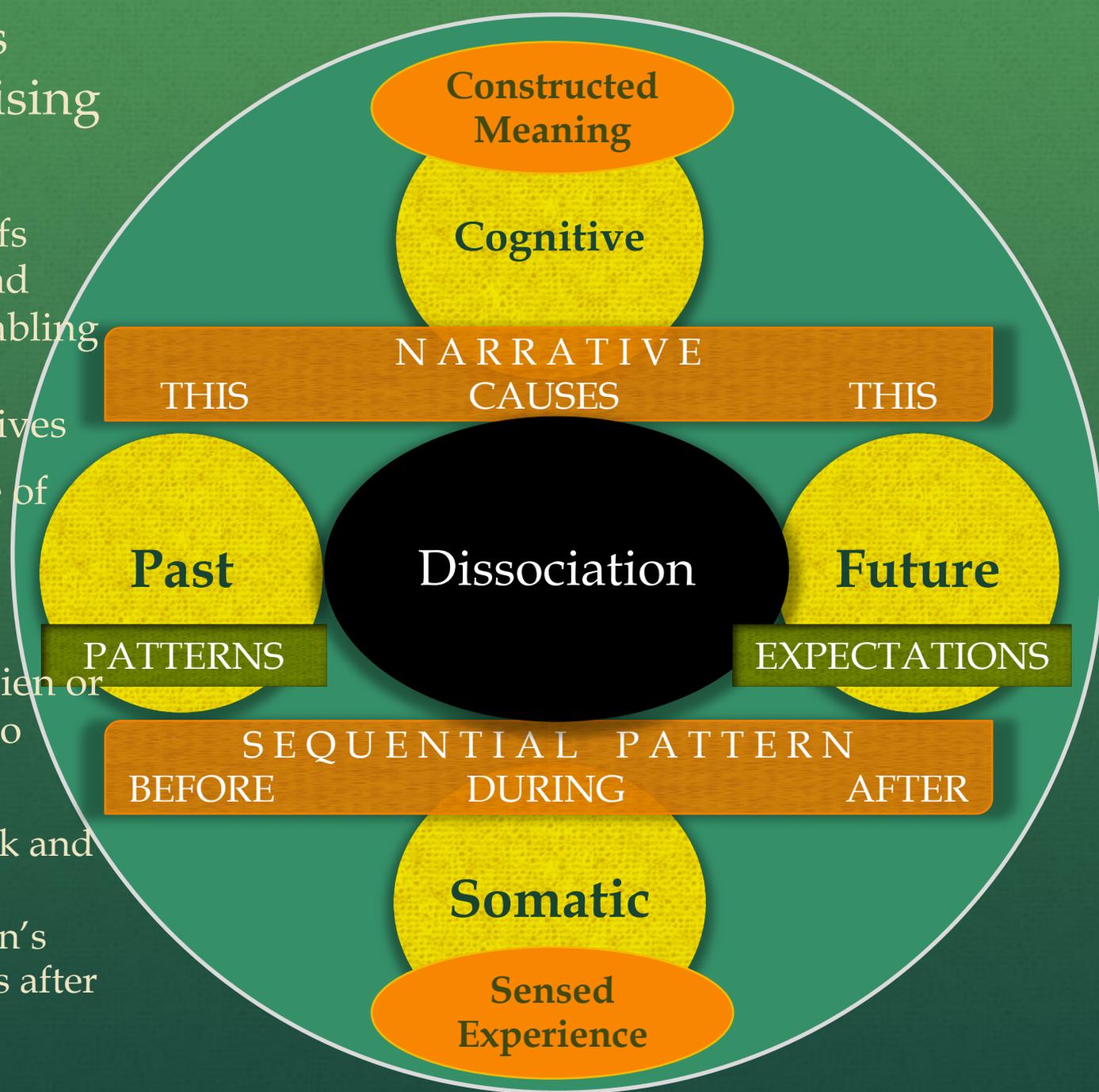
The S.O.S. Model of Recovery from Trauma

Pamela Gawler-Wright 2016 - 2019

BeeLeaf Institute for Contemporary Psychotherapy www.beeleaf.com

Traumatic Events become Traumatizing When

- They Destroy Beliefs about the World and People as safe, Disabling Building New Meaningful Narratives
- They rupture sense of connection and belonging, either through shame or experience being alien or incomprehensible to others
- Powerlessness, shock and hostile environment interrupt body/brain's restorative processes after stress



The S.O.S. Model of Recovery from Trauma

(Pamela Gawler-Wright 2016)

SAFELY **S**ENSING, **S**ENSING **S**AFETY

Somatic restoration of safety setting in body, Re-association

OTHER

Restoring Connection with an “Other”

STORY

Constructing a tolerable and meaningful narrative

The S.O.S. Model of Working with Trauma

(Pamela Gawler-Wright 2016)



- **SENSING SAFELY**

Somatic restoration of safety setting in body, Re-association, Skills and Boundaries to ensure safety in future, Processing Blocked Emotions that are trapped in the Trauma Response Cycle

- **OTHER**

Encouraging Relationship with Other Self-Relationship, Body-Relationship, Therapist-Client Relationship, Social-Relationship, With Others Who Share Experience, Spiritual Relationship

- **STORY**

Engaging sequencing function, offering information, sharing understanding, reconstructing story from memory fragments or from symbolic material, finding meaning that makes self, others and life have worth and value

A Story of Survival, Love and Poetry

Starring

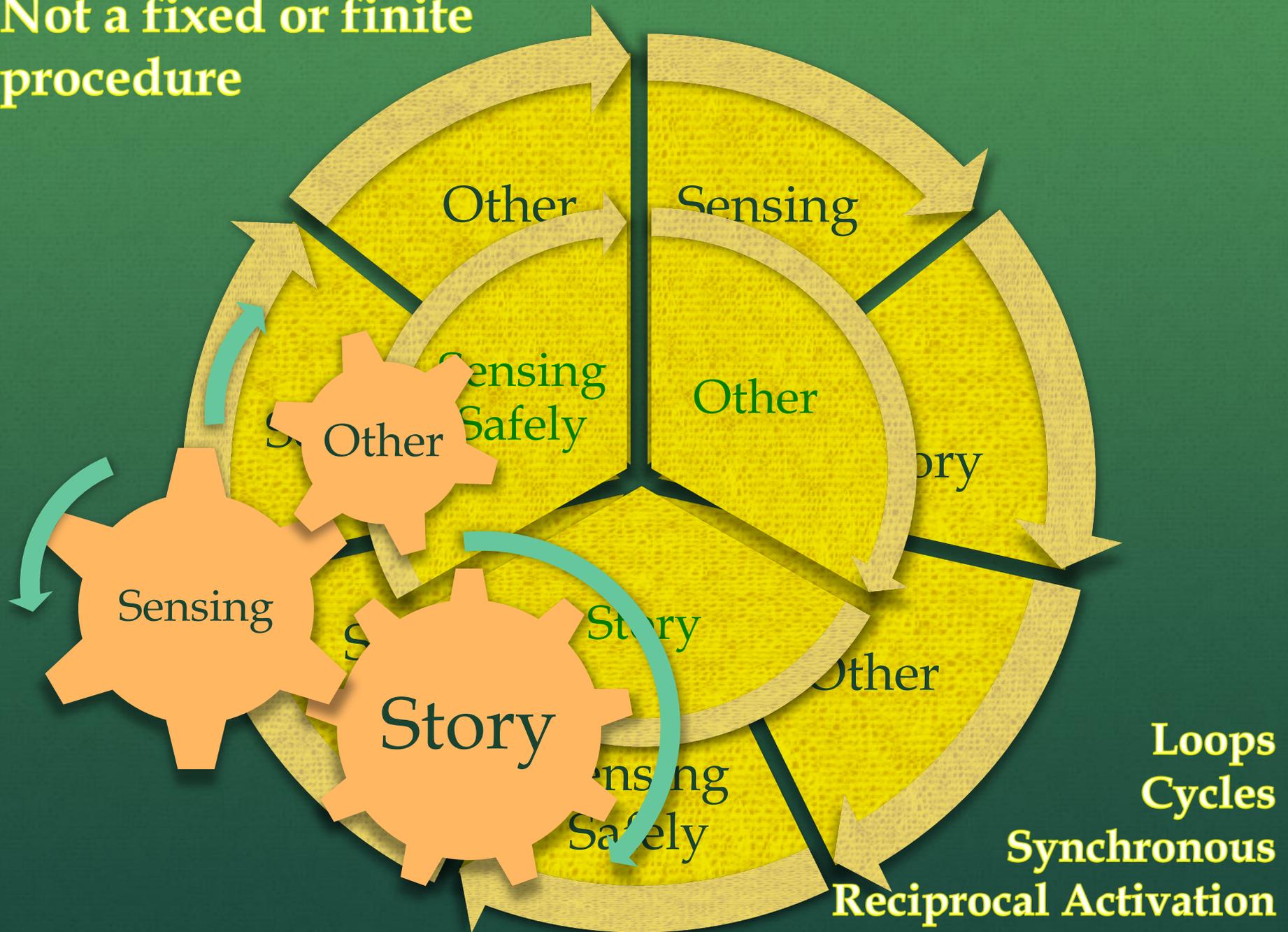
Reptilian Brain.....As a Faithful Warrior

Limbic Brain.....As the Loving Companion

Neo Cortex.....As a Travelling Bard

Directed by Frontal Lobes

Not a fixed or finite procedure



<https://youtu.be/4-tcKYx24aA>

What You Can Do as a First Responder



The first human contact can be perceived as a further threat or as a vital agent in the person's "re-humanising"

Safely Sensing; Sensing Safety – Environment, Body

"You are in this private space. Would you like water?"

Other – Identify, Warmth, Respect

"I'm..., I'm here to help..., You have been so brave to come here."

Story – Small, sequential pieces that form a logical progression, past/future

"Did you get here on your own? What will happen now is..."

