

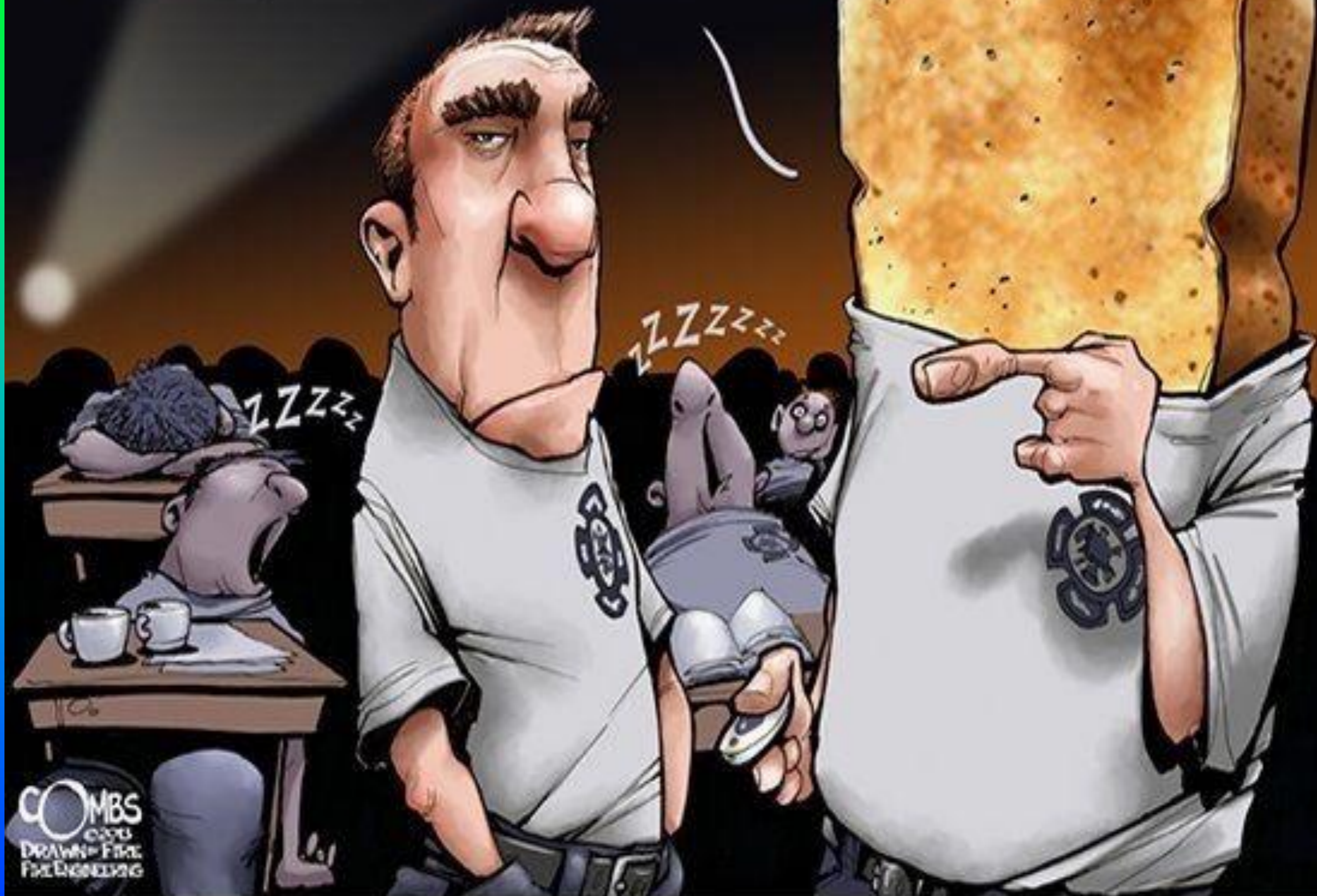
Understanding and Responding to Acute Trauma: Principles of Intervention

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HOW CAN MY CLASS BE DULL AND BORING AS TOAST? I'M USING POWERPOINT!



COMBS
DRAWN BY FIRE
FIRE ENGINEERING

Facebook Search: Drawn By Fire

Paul Combs ArtStudioSeven.com

DSM-5

Trauma:

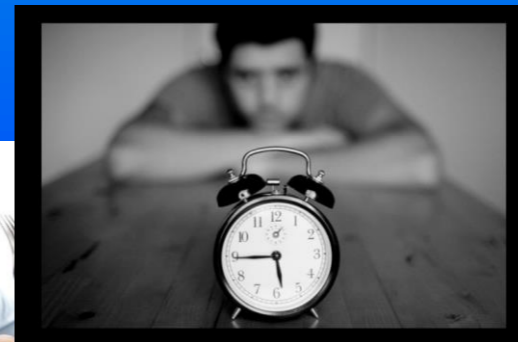
Any event (or events) that may cause or threaten death, serious injury, or sexual violence to an individual, a close family member, or a close friend. (p. 830)

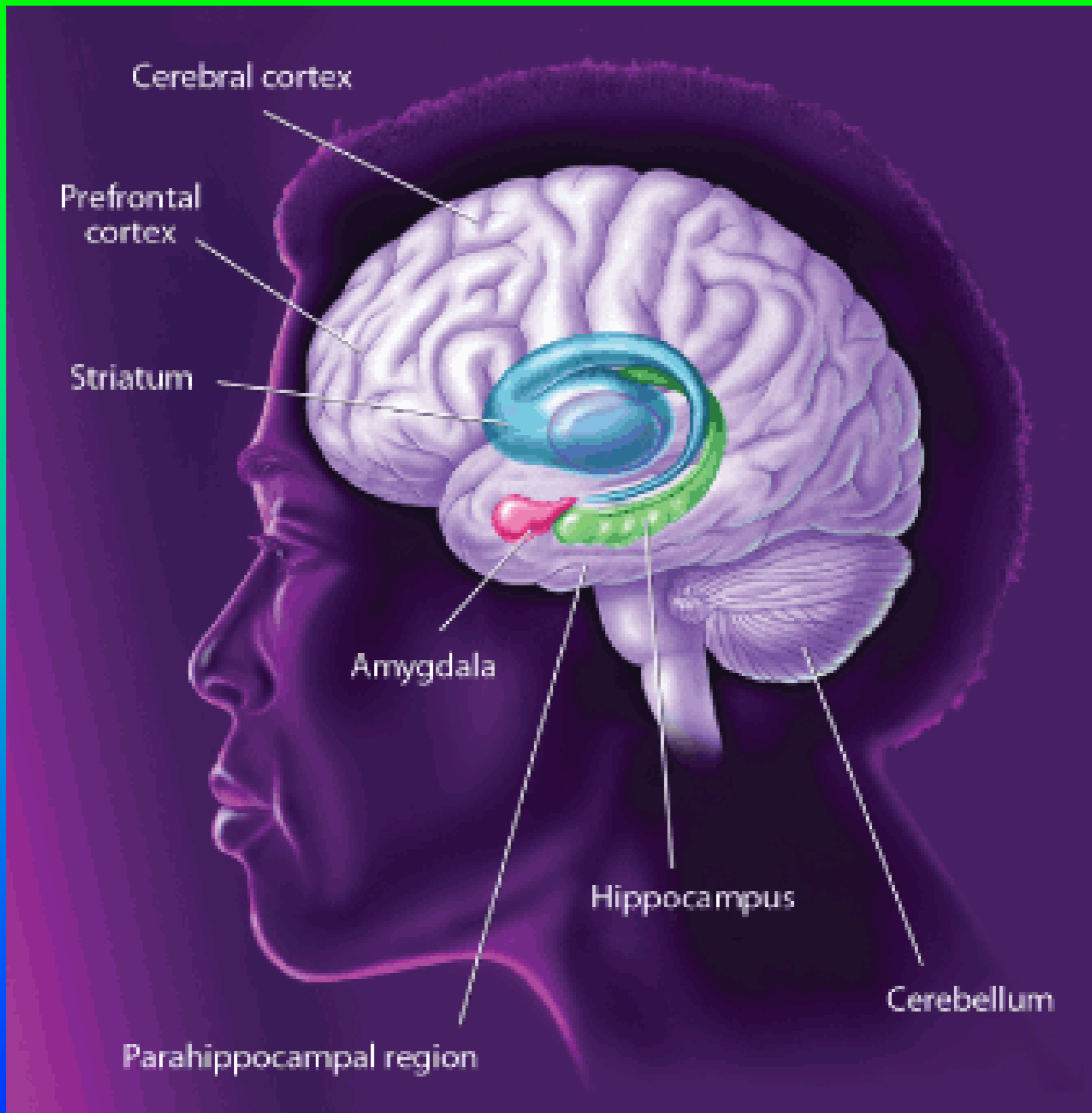
Critical Incident ?

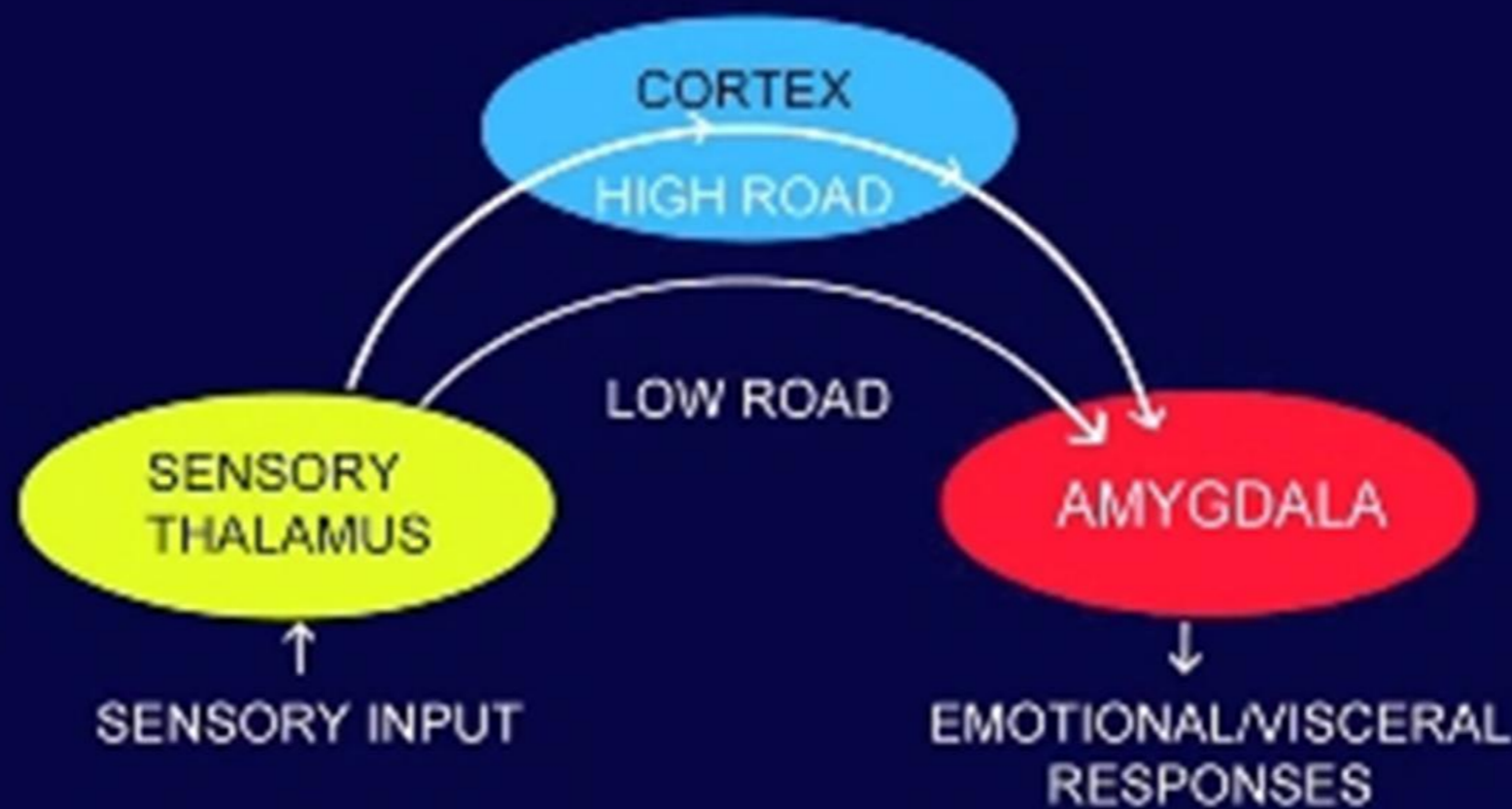




CRITICAL INCIDENTS
are unusually challenging events that have the potential to create significant human distress and can overwhelm one's usual coping mechanisms.







Adapted from LeDoux, NYU Center for Neural Science website

Common Responses During Critical Incidents

Tunnel Vision
Auditory Exclusion
Visual Exclusion
Time Distortion
Pounding Heart
Rapid, Shallow Breathing
Nausea/wretching feeling



- Quicker Reaction Time
- Heightened Visual Clarity
- Dissociation
- Temporary Paralysis (freezing)
- Automatic Behavior
- Insensitivity to Pain





Cognitive Responses

Sensory Distortion (acute)
Inability to Concentrate
Difficulty in Decision Making
Guilt
Preoccupation (obsessions) with Event
Patchy Memory
Confusion (“dumbing down”)
Inability to Understand Consequences of Behavior

Suicidal/ Homicidal Ideation
Paranoid Ideation
Persistent Diminished Problem-solving
Dissociation
Disabling Guilt
Hallucinations
Delusions
Persistent Hopelessness/ Helplessness

Emotional Responses

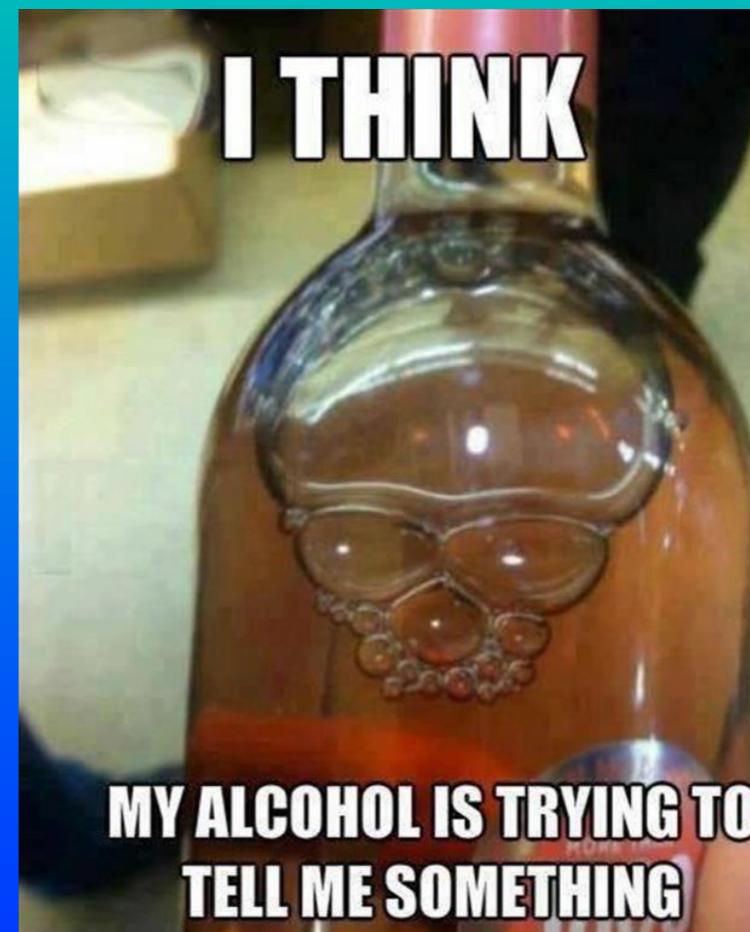
Anxiety
Irritability
Anger
Mood Swings
Depression
Fear, Phobia, Phobic Avoidance
Posttraumatic Stress (PTS)
Grief

Panic Attacks
Infantile Emotions in Adults
Immobilizing Depression
Posttraumatic Stress Disorder
(PTSD)

Behavioral Responses

Impulsiveness
Risk-taking
Excessive Eating
Alcohol/ Drug Use
Hyperstartle
Compensatory
Sexuality
Sleep Disturbance
Withdrawal
Family Discord
Crying Spells
Hypervigilance
1000-yard Stare

Violence
Antisocial Acts
Abuse of Others
Diminished Personal Hygiene
Immobility
Self-medication



Physical Symptoms

Tachycardia or Bradycardia
Headaches
Hyperventilation
Muscle Spasms
Sweating
Fatigue/ Exhaustion
Indigestion, Nausea, Vomiting

Chest Pain
Persistent Irregular Heartbeats
Recurrent Dizziness
Seizure
Recurrent Headaches
Blood in vomit, urine, stool, sputum
Collapse / loss of consciousness
Numbness / paralysis (especially of arm, leg, face)
Inability to speak / understand speech

Spiritual Responses

Anger at God
Withdrawal from Faith-based
Community
Crisis of Faith

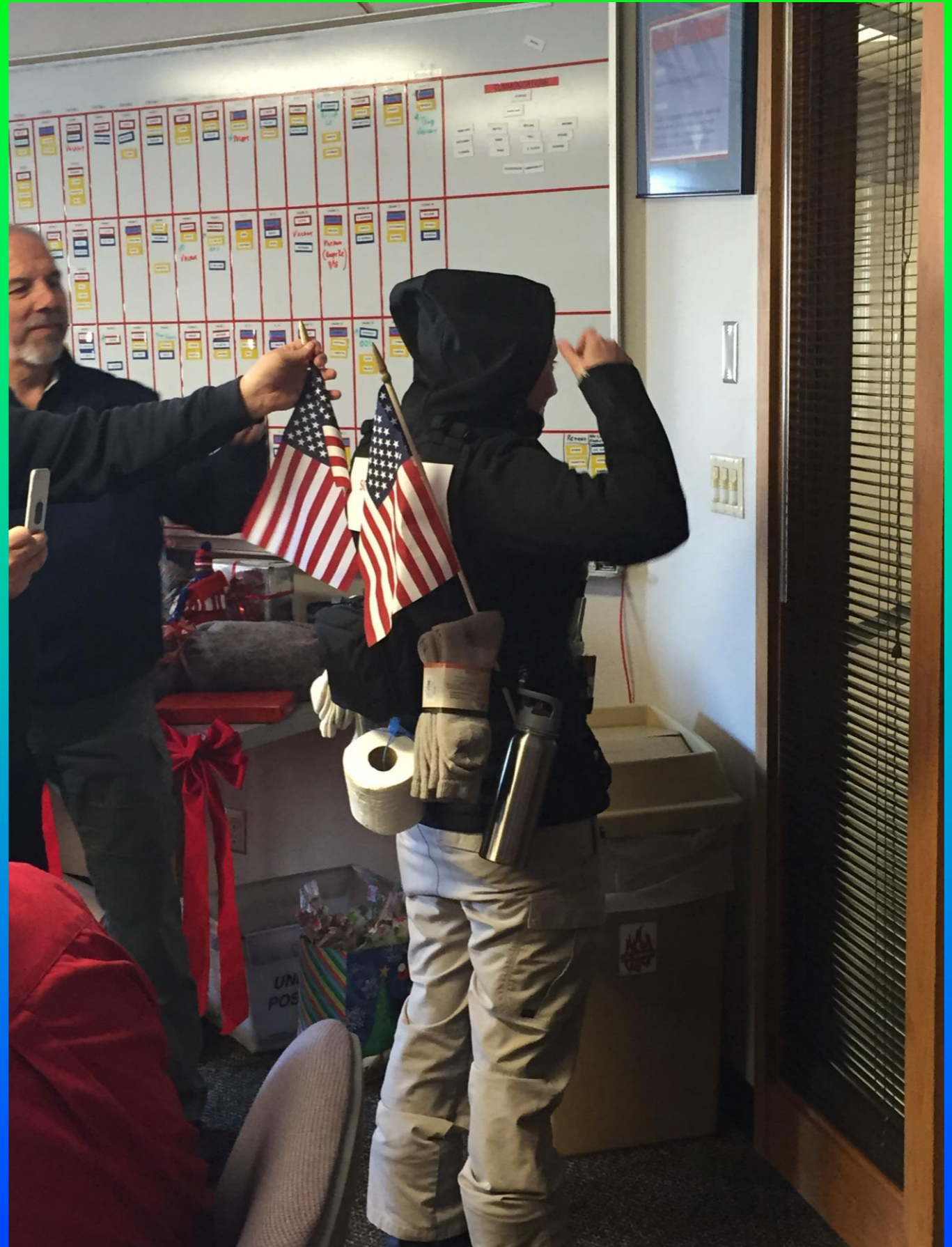
Cessation from Practice of Faith
Religious Hallucinations or Delusions



Acute Intervention: The Most Common Mistake Is That We Do This...



...When We
Should Do
Something
More Like
This





Self-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging

friendship, intimacy, family, sense of connection

Safety needs

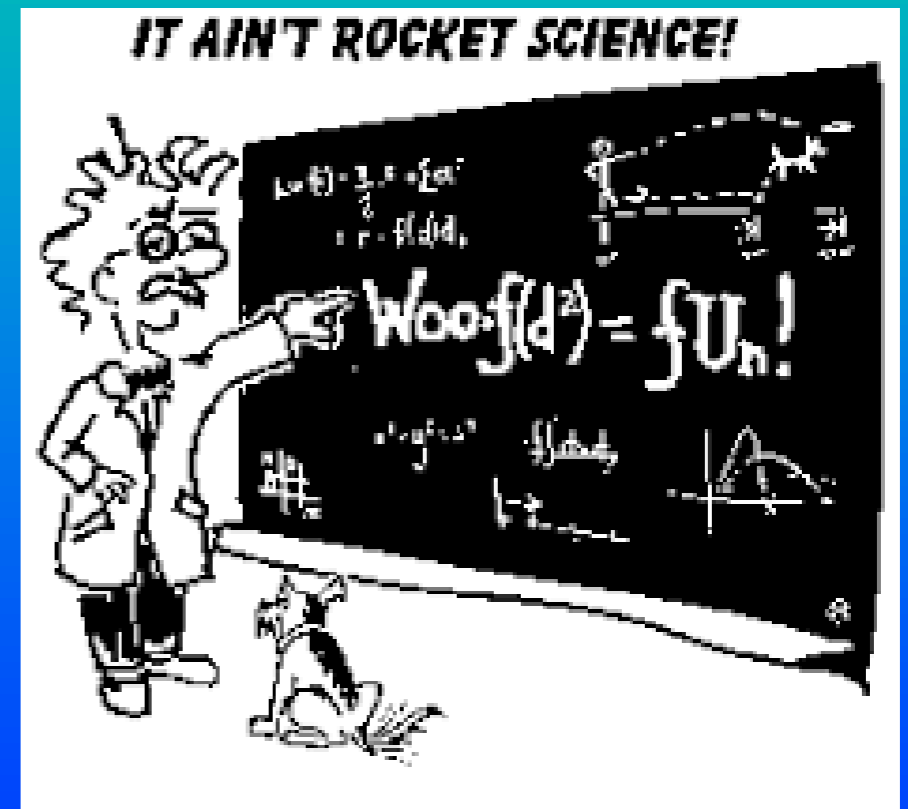
personal security, employment, resources, health, property

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction

**In Fact, We Need To
Forget What We Think We Know
About What Therapy Is Supposed
To Look Like...**

...And Instead We Should Remember to KISS



Step 1: Assess Basic Needs

TIPS TO HELP WITH AN **ANXIETY** ATTACK

- Look **around** you.
- Find *five* things you can **see**, *four* things you can **touch**, *three* things you can **hear**, *two* things you can **smell**, and *one* thing you can **taste**.

This is called grounding. It can help when you feel like you have lost all control of your surroundings.

PLEASE RE-POST, IT COULD REALLY HELP SOMEONE IN NEED

Tips for ID/DD/Autism

- Stimulus Control
- Antiseptic Bouncing
- Routine
- Distraction
- Tactile/sensory objects
- Tapping
- Weighted Blanket
- Headphones
- Sunglasses
- Visual Cues
- Safety Reminders
- Job/purpose

Step 2: Listen

**The biggest
communication problem
is we do not listen to
understand.**

We listen to reply.

Active Listening

Closed-Ended Questions to Establish Basic Facts:

Who - What - When -Where but NOT Why!

Open-Ended Questions to Get the MOST IMPORTANT STUFF:

HOW IS A PERSON RESPONDING TO/COPING WITH

Their Current Situation

Engage in Empathy:

Reflect

Mirror

Nonverbals

Paraphrase

Summarize

No, I have not slept well...



Why do you ask?

Step 3: Normalize

- Insomnia, nightmares
- Fatigue
- Restlessness or nervous energy
- Headaches and other aches and pains
- Dizzy spells and/or heart palpitations
- Trouble concentrating
- Appetite change/stomach upset
- Jumpiness or being easily startled
- Irritability or anger
- Flashbacks or reliving the event
- Feelings of anxiety or helplessness
- Feeling vulnerable
- Feeling numb or detached

Traumatic reactions usually grow less intense and may disappear within a few weeks.

Savage Chickens

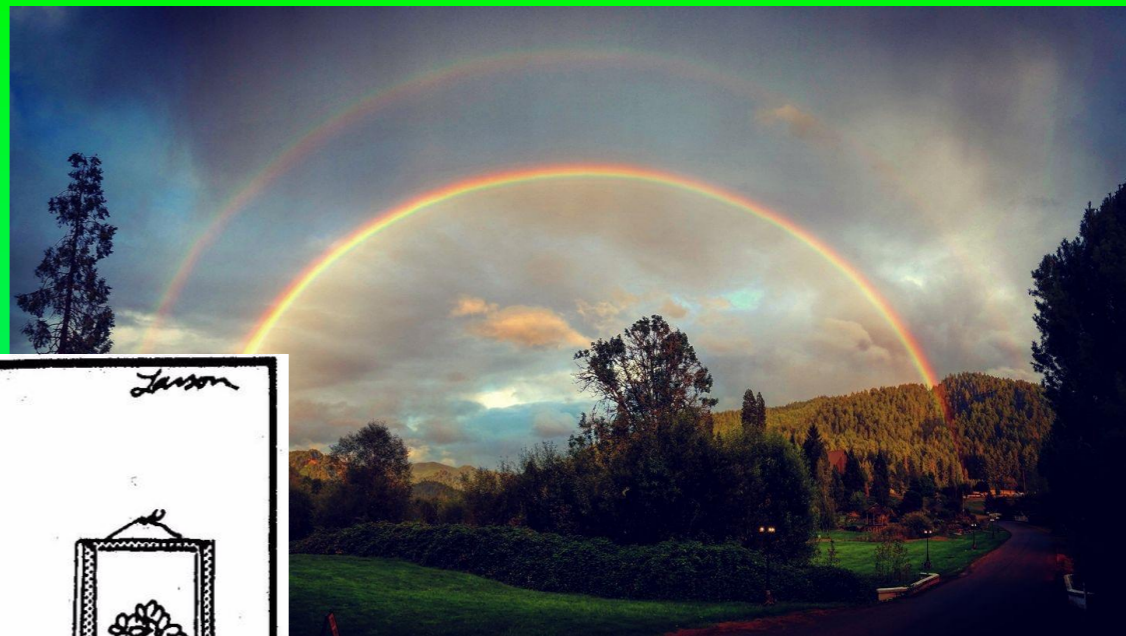
by Doug Savage



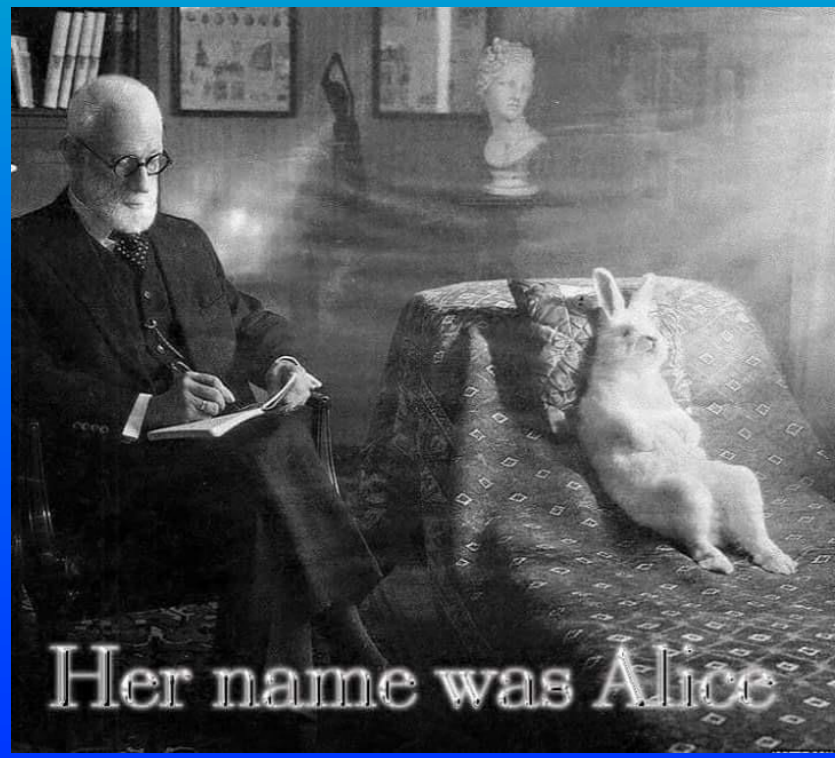
Action Directives

- Early Intervention/Crisis Intervention Calls for Providing External Structure and Support
- It's OK to tell someone what to do at this point (within limits)
- And we do our best to support/garner other supports for them to help them follow through

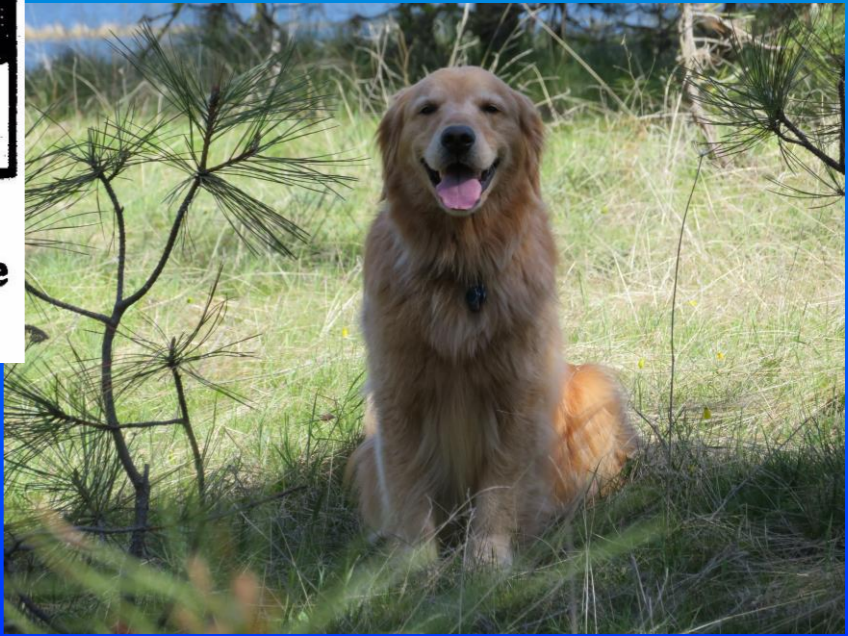
Step 4: Assess for Current Coping Skills



Unbeknownst to most students of psychology, Pavlov's first experiment was to ring a bell and cause his dog to attack Freud's cat.



Her name was Alice



Step 5: Educate and Encourage Effective Coping

Do's and Don'ts of Coping with Trauma

• Do:

- Connect with your trusted supports- family, friends, peers, spiritual, etc.
- Give yourself permission to feel what you are feeling
- Take one thing at a time
- Eat even if you don't feel like eating
- Take refuge in routine
- Sleep (or at least rest)
- Exercise
- Know your limits and give yourself extra time to complete tasks
- Breathe

• Don't:

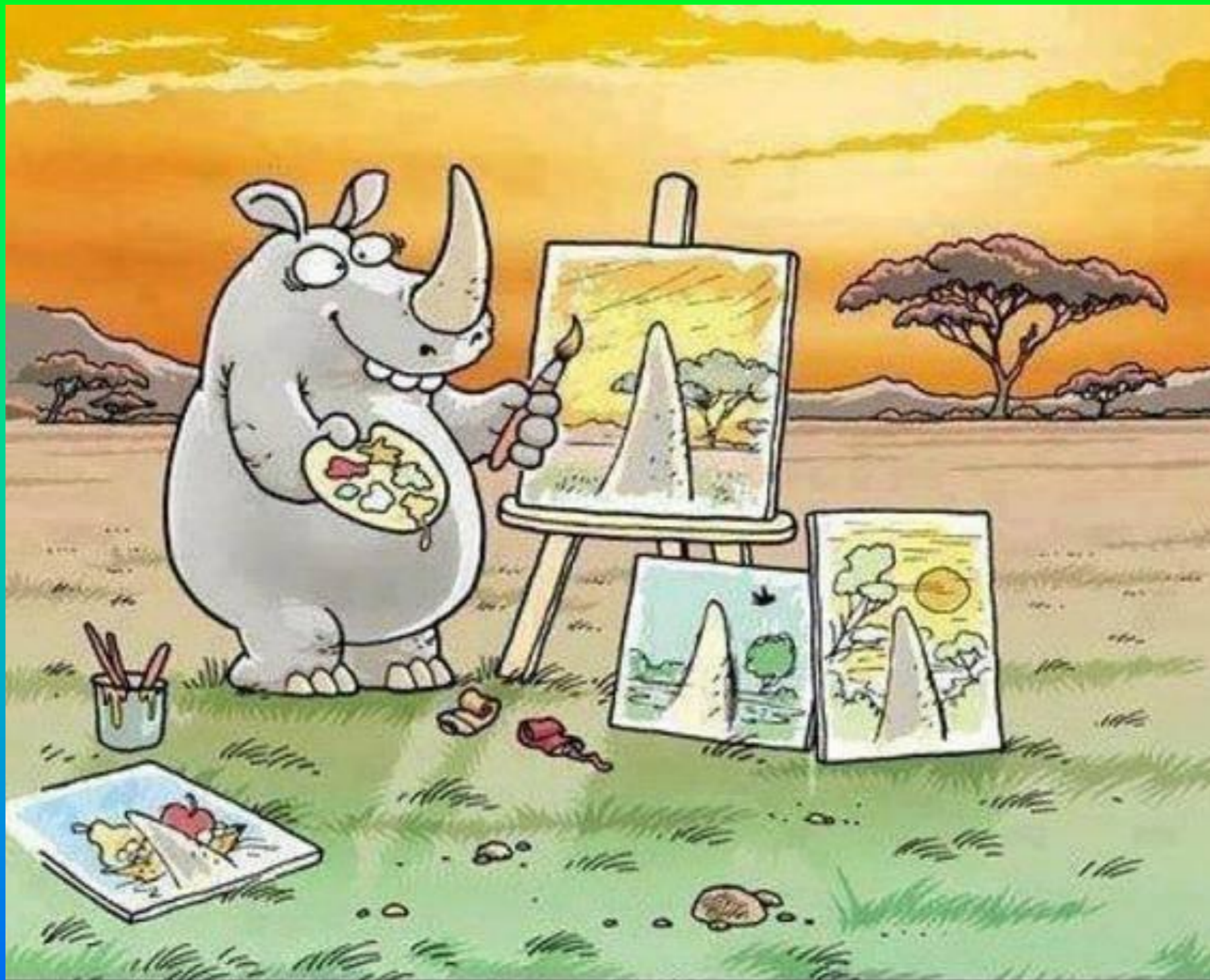
- Isolate or shut people out
- Make alcohol your primary coping tool
- Make major decisions right away
- Forget that you are not alone and that what you're experiencing is most likely normal and temporary



Step 6: Recovery or Referral

When Do We Refer For Additional Care?

- “Red zone” physical symptoms
- Suicidal
- Homicidal
- Psychotic symptoms (hallucinations/delusions)
- Significant functional impairment



You see the world
as you are!

Next Steps: Follow Up

Debrief

Contain

Treat: Teach, Practice, Prompt

References

- Everly, George: Assisting Individuals in Crisis, 5th Edition (2017)
- International Critical Incident Stress Foundation:
icisf.org
- SAMHSA.gov: Tips for Surviving a Traumatic Event
- National Child Traumatic Stress Network & National Center for PTSD: Psychological First Aid Field Operations Guide, 2nd Edition (2006)

HOW TO EXERCISE AT HOME

(when you own a dog)

1. Sit-up



2. Give up