

Working with Trauma Webinar Series



Episode 3: Working with Trauma Triggers and Flashbacks

by **Carolyn Spring**

WEBINAR 3: PART 1



- Different types of triggers:
 - Leading to 'flashbacks'
 - Body memories
 - Relational triggers
- Loss of control
- Loss of presence and sense of self
- Loss of a sense of reality and participation

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- Therapy itself was the greatest trigger of all
- The therapist is inherently triggering
- Very difficult for therapists to know how to handle it and to avoid retraumatisation
- Mostly I didn't know what was causing them
- How can you deal with triggers if you can't even control them?

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**The
powerlessness
of triggers is a
replay and a
reinforcement
of the
powerlessness
of trauma.**



- My sole strategy was avoidance:
 - Behaviour: a narrowed life
 - Feelings: avoiding triggered feelings through numbing and dissociation
- Coping with life like this stops us being present enough to deal with the root cause
- We **can** regain our confidence to do life

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**We won't be
triggered forever.**

WEBINAR 3: PART 1

- What are your biggest fears when working with traumatised clients?
- How do you know if you have been triggered yourself? What happens?
- How do you re-regulate yourself if you have been triggered? How would you explain this process to someone else?

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WEBINAR 3: PART 2

- This webinar: safety and stabilisation (phase-oriented trauma treatment approach part 1)
- Next webinar: processing traumatic memories (part 2)

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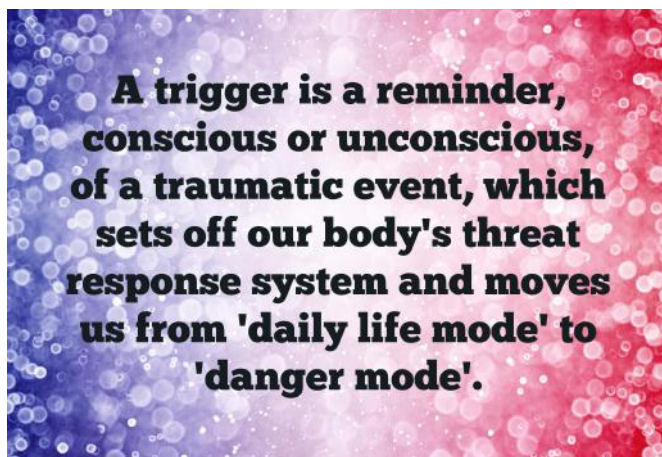
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- Why do triggers and flashbacks happen and what's going on in the brain?
- How do you help a client who has been triggered or who has gone into a flashback?
- How do you help a client to become less sensitive to triggers overall?



A trigger is a reminder, conscious or unconscious, of a traumatic event, which sets off our body's threat response system and moves us from 'daily life mode' to 'danger mode'.

A flashback is a sudden, involuntary reexperiencing of a past traumatic event as if it is happening in the present. Flashbacks take us from the here-and-now to the there-and-then.

- Triggered states are a threat response to unresolved trauma
 - Turn off the front brain
 - Take us out of the green zone
 - Highly distressing
- BUT: triggers and flashbacks are not a sign of the brain 'gone wrong'

- It's the trauma that was 'wrong', not the brain's response to it
- The purpose of triggers and flashbacks is to keep us alive
- Our threat response now is simply mismatched to living in an environment of safety, rather than danger

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- Reframing trauma symptoms positively reduces shame and helps us to recover
- Our brains have kept us alive
- The symptoms of trauma always make sense if we dig deep enough
- My perspective is that of evolutionary neurobiology

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- Central idea: our brains and bodies have evolved to respond to and survive threat
- Trauma is an overwhelming threat to life
- Understanding how trauma activates our innate threat response is key to healing from it and adapting to safety rather than danger

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- We scan for threat continually
- Environmental data is sent to the thalamus
- This mixes together the raw ingredients into an experiential ‘soup’ and sends this to the amygdala, the brain’s smoke alarm
- The amygdala performs a very basic but very fast threat assessment

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- The amygdala is ‘infantile’ and incapable of complex risk assessment
- The threat threshold is influenced by numerous factors (lack of sleep, self-criticalness, prior exposure to danger)
- It helps us to survive fires if we have a super-sensitive smoke alarm

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- Two brain pathways for processing information (Joseph LeDoux):
 - The high road (slow)
 - The low road (fast)
- The amygdala sits on the low road
- It sets off the alarm on the HPA (hypothalamic-pituitary-adrenal) axis

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- This brain science helped reduced my shame about my reactivity (my ‘madness’)
- My smoke alarm goes off at the slightest whiff of smoke because I’ve been in a lot of fires as a child
- Doing this gives us a headstart on danger
- We need to rewire the circuitry

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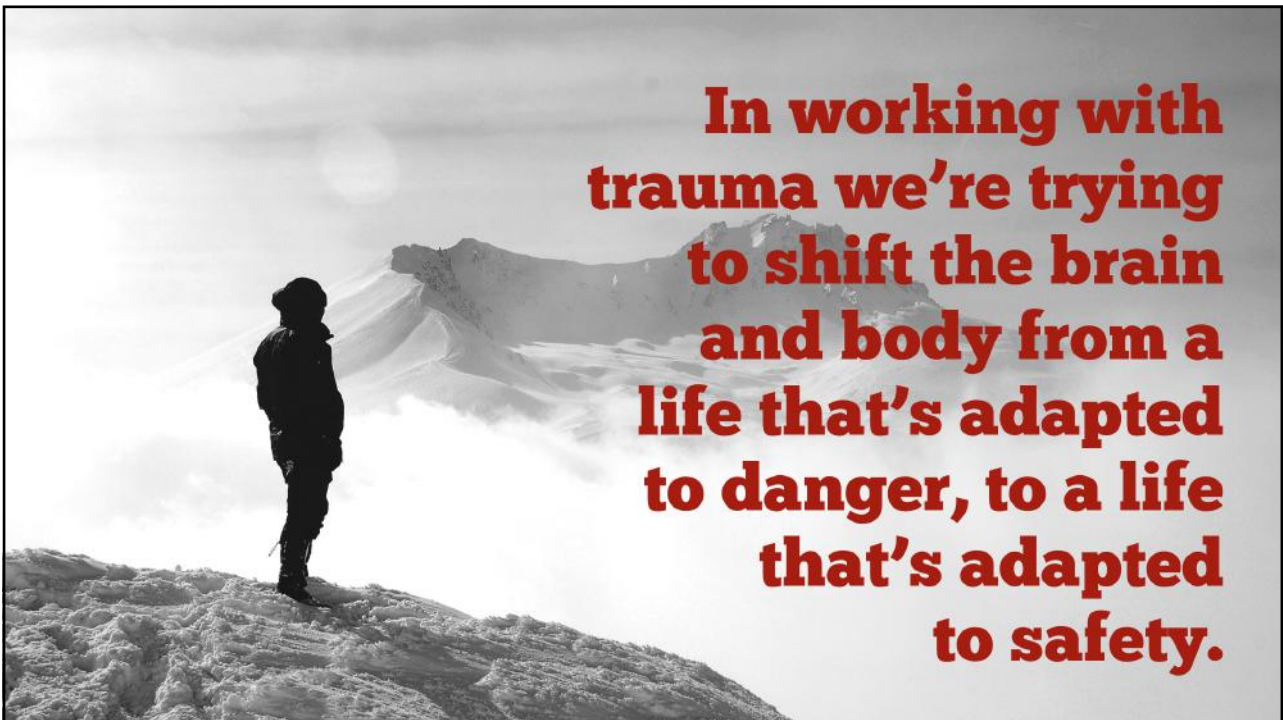
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- Childhood trauma makes us good at dealing with danger, but not daily life
- We need to learn to **be** safe and to **feel** safe
- Soldiers are trained to be in the amber zone
- They are not well supported to retrain their nervous systems back down into the green zone

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- Triggers and flashbacks try to keep us safe by reminding us of past danger
- They show us what hasn't yet been integrated and re-regulated
- They are aversive in order to drive us to deal with the danger
- They are messengers prodding us to heal

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WEBINAR 3: PART 2

- What type of triggers do you or your clients experience? What happens?
- Have you ever experienced any kind of flashback? What was it like? What did it make you want to do?
- What are your triggers trying to warn you (or your clients) about?

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WEBINAR 3: PART 3

- How do we help a client who has been triggered or is in a flashback?
- Buzz word: 'grounding'
- We properly process traumatic memory in the green zone (window of tolerance)
- Otherwise we are more likely to relive it than resolve it

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**Human beings
don't respond
to techniques.
We respond to
feeling seen,
and feeling
heard, and
feeling felt.**

WEBINAR 3: PART 3



- Many survivors experience 'grounding' as unhelpful, even coercive
- Have we replaced the principle and purpose of grounding with a practice of techniques?
- When grounding doesn't work, it can sap your confidence and feel alarming

- Maybe grounding doesn't work sometimes because it shouldn't work
- We have an evolutionary, neurobiological need to **express our distress**
- That distress shouts all the louder if it is 'shushed'

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- Our evolution in tribes of 70-100: clanning together for safety
- This led to the development of our 'social engagement system'
- Safety is based in people talking to and supporting one another

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- Our response to trauma is based on millions of years of evolution, not recent approaches
- We need two things after trauma:
 - Healing of our wounds (requiring support from others)
 - To tell our story (to warn others)

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- A trauma narrative is a neurobiological need for the survival of the entire tribe
- Distress-signalling warns the rest of the tribe of danger from the bears as well
- Our survival behaviour of distress-signalling will continue until we are heard

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- Distress that is not signalled in emotions and words will manifest in:
 - behaviours
 - relationships
 - illnesses
- It is vital that we are able to safely express our distress to other human beings who will bear witness to it

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Grounding is not the eradication or suppression of our distress. It is simply the modulation of it.

- Grounding allows us to both think and feel at the same time
- It allows us to communicate our distress in words
- Once we feel seen and heard and felt, our neurobiology can stop signalling distress

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- The first priority is not to ground the **client**
- The first priority is to ground the **therapist**
- A grounded therapist can help to ground the client
- You need to ground before, during and after a session

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WEBINAR 3: PART 3



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reversing adversity

- How do you know if you're grounded?
- What are the signs that you aren't?
- What are your rituals for grounding before and after a session?

WEBINAR 3: PART 4



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reversing adversity

- Grounding should be for the client's benefit, not the therapist's
- We need enough safety for strong feelings not to be overwhelming
- Our volume control tends to be set at 0-1 (numbing, avoidance, dissociation) or 9-10 (dysregulation, flashbacks)

- Effective grounding is NOT muting distress
- It's turning down activated emotion to 6-7
- Deshame the client's expression of distress and need
- Empathic, warm mirroring, not rejection
- Turning the volume knob down just enough to get back into the green zone

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- Social engagement system mediates relationships via the ventral vagus nerve
- Green zone: face and heart
- Amber zone: arms and legs
- Red zone: guts and bowels
- Blank face and silence are entirely counter-productive in this context

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WEBINAR 3: PART 4



- Our attachment system is bidding for connection
- ‘Witness’
- Signalling proximity
- Signalling safety
- Simple mantras
- Disrupting eye-gaze

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- Discuss strategies with the client before dysregulation occurs and ongoingly
- Psychoeducation to promote collaboration and a shared language
- Normalising distress
- AND making it clear that it needs to be modulated

A GUIDE TO GOOD GROUNDING

Overall principle: Ground the therapist first and the client second. To bring the client back into the green zone, you need to be in the green zone yourself.

When a client becomes dysregulated, as a therapist:

- Don't use grounding the client as a way of managing your own distress or discomfort
- Don't use grounding to avoid, dismiss or suppress the client's emotion or experience
- Don't get angry, irritated or frustrated
- Don't shame the client for becoming dysregulated — by being critical, disappointed in them, or telling them to try harder
- Don't pretend that nothing has happened and invalidate their distress
- Don't panic, catastrophise or respond with your distress — stay in the green zone
- Don't go silent, withdraw support or leave the client to struggle alone
- Don't rescue or infantilise — sit with and support but don't take over

Here's what to do instead:

- Allow intense emotion to be experienced safely
- Provide relational support during distress as a reparative experience
- Try to downregulate the distress slightly — take the edge off the intensity but don't squash it completely
- Work towards the client being able to both think and feel at the same time (activate left and right hemispheres of the brain simultaneously)
- 'Name it to tame it' (Siegel) — help the client to be able to feel, notice and express feeling states in words
- Dешame their need and their signalling for connection and support
- Stay calm and regulated yourself in order to provide green zone 'scaffolding' for your client's nervous system
- Respond to the client's attachment cues in ways that enable them to feel heard, seen and felt
- Discuss before/afterwards what the client finds most regulating

How to help (green zone 'scaffolding'):

- Signal availability and proximity:
 - Be fully present with focused attention
 - Attunement and a sense of 'withness'
 - Move/lean closer
 - Focused but soft eye gaze
 - Physical or emotional touch
 - Verbalise your availability
- Signal your social engagement system (make it more 'marked'):
 - Smiling
 - Warmth
 - Kindness
 - Softness
 - Gentleness
 - Vocalisations
 - Mirroring
 - Empathy and compassion
 - Eye-gaze
 - Positive facial expressions (not negative or neutral, e.g. blank, cross, cool, disapproving, stressed)
 - Breathing (slow, deep, steady)
- Signal safety verbally:
 - 'It's okay'
 - 'You're okay'
 - 'You're safe here'
 - 'You're safe with me'
 - 'I'm with you'
 - 'I'm not going anywhere'
 - 'I can see your distress'
 - 'This is really hard'
 - 'Breathe'
 - 'Look this way'
- Bring the front brain back online:
 - Label the experience with words: say what you see (e.g., 'I seem to be losing you', 'I don't think you're fully here with me')
 - 'Just notice what's happening'
 - 'Can you tell me what's going on for you?'
 - 'Tell me what's happening right now?'
 - 'Just notice what's happening'
 - 'Can you put it into words?'
 - 'Can you look around and see where you are?'

WEBINAR 3: PART 4

- When you have been distressed and someone has provided support, what did you find most helpful?
- What happens on your face when you are sitting with someone who is distressed?
- When someone is distressed, what happens to their voice? Does it get louder or quieter? Does it lose tone and melody? Can you notice what your voice does when you sit with someone who is distressed?

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WEBINAR 3: PART 5

- It's not about techniques
- It's understanding the purpose of triggers and flashbacks: safety and survival
- Seeing how we can facilitate that so that they're not needed any more
- Putting the fire out, rather than just disabling the smoke alarm

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- Triggered states are a response to threat
- We therefore need to reduce levels of threat in our environment
- Boundaries for the bears
- Dissociation numbs our distress and stops us protecting ourselves from threat
- We then dissociate to cope with the threat

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- There are numerous societal, not just individual, threats as well
- It is the responsibility of the entire tribe to make it safe for members of the tribe
- Grasping this can deshame our struggles
- The smoke alarm **should** be sounding during an actual fire!

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- When our warnings about the bears are unheard, we will continue to signal distress
- This is why therapy can be so effective
- Feeling seen and feeling heard and feeling felt
- Creating a narrative that someone bears witness to can turn down the smoke alarm

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When we make the unconscious conscious, we can use our front brain to assess for threat and the back brain doesn't need to do it through triggers and flashbacks.



- Self-compassion is key
- Kelly McGonigal: people who are low in self-compassion have a heightened threat response (more sensitive to triggers)
- Beating ourselves up is like lighting a fire under our own smoke alarm

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- Three keys:
 - Make ourselves safe from the bears
 - Signal to others about the bears and tell our story
 - Stop being a bear towards ourselves and mauling ourselves with self-criticism

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THREE TYPES OF TRIGGER

	TRUE TRIGGER	DISTRESSING REMINDER	UNCOMFORTABLE ASSOCIATION
HOW IT OCCURS	Before conscious thought in 7 milliseconds—'wordless terror'	Within conscious thought, although may have some unconscious elements to it too—we can describe it, although not always explain it	Occurs consciously and we can explain it verbally
BODY OR BRAIN?	Body	Part body / part brain	Brain
FRONT OR BACK BRAIN?	Back brain	Part back brain / part front brain	Front brain
MEDIATED BY	Amygdala	Part amygdala / part hippocampus	Hippocampus
HOW TO HANDLE	Noticing	Soothing	Reframing
AREA OF FRONT BRAIN TO ENGAGE	Front middle brain	Front right brain	Front left brain
WHEN TO HANDLE	Afterwards	During	Before

WEBINAR 3: PART 5



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- Please read the accompanying PDF articles
- True triggers -v- distressing reminders -v- uncomfortable associations
- We have to overcome the innate powerlessness of trauma that says we 'can't' deal with triggers and flashbacks

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