


# Professional and Personal Resilience

When exposed to traumatic stress  
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What do we know about traumatic stress and being a counselor?

Julia Colpitts

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Vicarious experience

It happens in the moment and in the retelling of the trauma story:  
 Mirror neurons reflect the experience as if it were happening to us  
 Our bodies respond to the story and mimic the physiological survivor response.  
 How do we understand this? How do we manage this?

Vicarious experience

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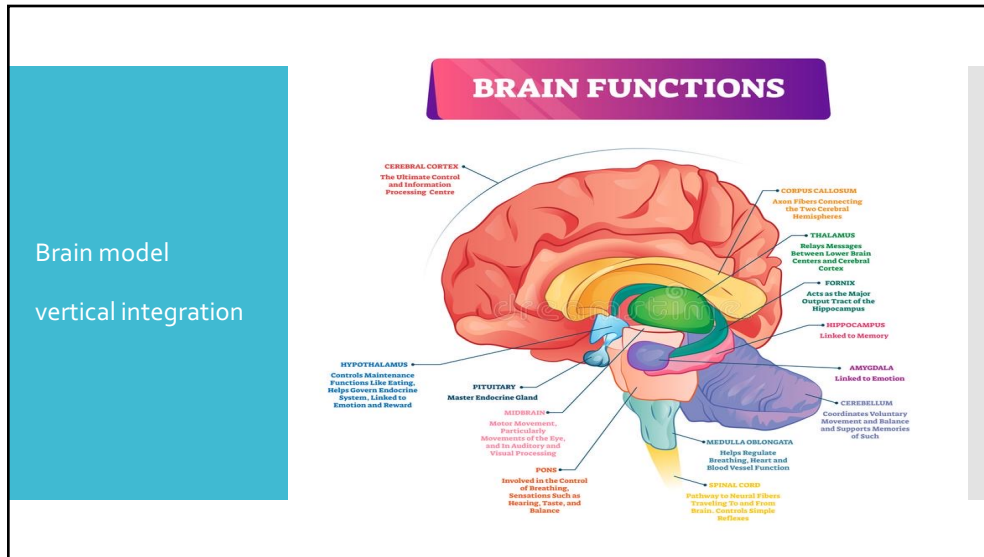
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Evolutionary neurobiology

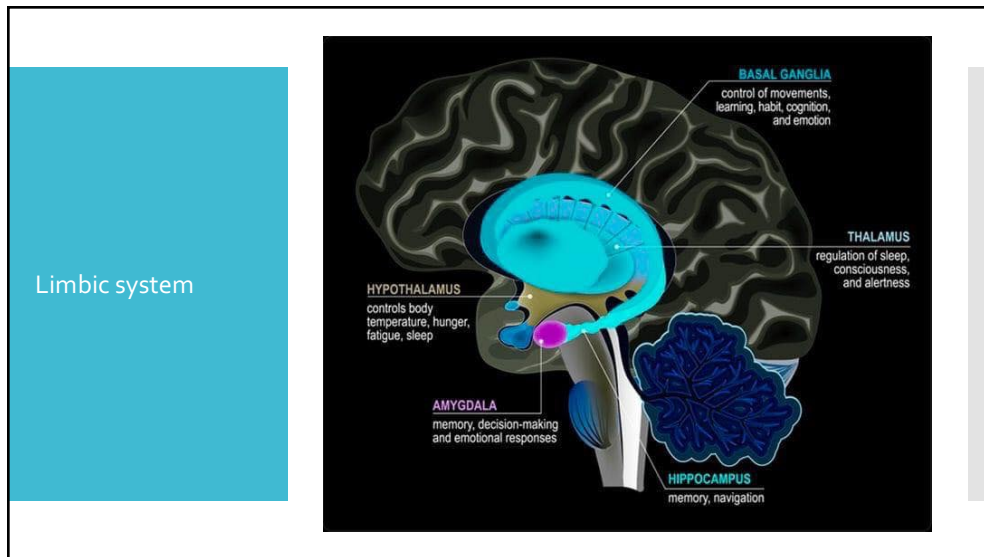
- People evolved as prey animals
  - Brains—evolved a strong threat awareness and superior rational thought capabilities. Brain is primarily an organ devoted to action and focused on survival (Van der Kolk)
  - Affiliation—social group provided shelter and strength against predators and for other survival requirements
- When threat exists people turn to
  - Their own action to neutralize the danger
  - Reach out to others for threat assessment and for help – socialization responses
- Individual and pack safety have always been hand in hand
  - No invincible lone rangers
  - Neurologically wired to connect with our pack on a survival level

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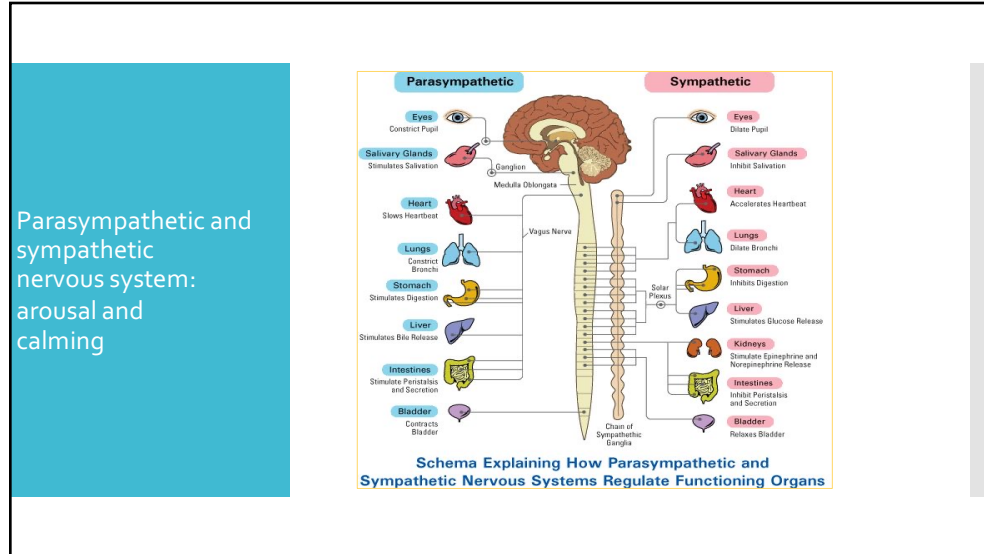
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Attachment begins in the right brain

Midbrain  
Compassion and connection

- Periaqueductal Gray:
  - Located in the midbrain, with ties to the amygdala
  - Reacts also to threat alerts—turning us toward others
  - Resonates with images of suffering-- when compassion and empathy are experienced. Influences survival skills related to attachment and social systems
  - releases either enkephalin or dynorphin (endogenous opioid neurotransmitters)
  - Mirror neurons
  - We are built to be kind

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Hot, sticky  
and.....contagious

- Nervous system to nervous system:
  - Alerts register as danger present and trigger response
  - Mirror neurons engage and “mirror” the reaction of the other, as if we were doing it ourselves
  - embodied
- When our brains hear/see other people’s trauma, the same areas in our brain fire as if it’s primary trauma.
- We experience the twin dynamics of trauma in a muted form
  - Arousal and long term physiological impact of chronic arousal
  - Patterns to manage/avoid danger and to manage/avoid re-experiencing pain or helplessness,

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empathy  
in action  
Unavoidable,  
unconscious,  
embodied

- Is unavoidable—we soak up the world around us whether we want to or not (mirror neurons) in our bodies, emotions and thoughts.
- Is not because we are weak, or inexperienced, or have had our own trauma in the past—though those can be deepening factors
- The impact appears on a continuum from mild through clinically symptomatic
  - Even the mild impact can have a long term effect
- It is “hot” and “sticky” and becomes a powerful influence because it is linked to survival.

While we can’t stop it from happening—we can manage how it happens, what its impact is. We can address the impact and even use it as an invitation to growth and strength.

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Alert and arousal:

**Secondary stress**

- **Secondary Traumatic Stress: Alert and Arousal** (often muted/subliminal)
  - Emotional: hyper or hypo arousal responses
  - Physiological.
    - The body does not return to a calm baseline
    - Constant hypervigilance and arousal flood the body/brain with stress hormones impacting health
    - Somatic responses from simple tension to chronic illness develop
    - Positive cascades are diminished

May resonate with prior life trauma, deepening the response

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PATTERNS of adaptation over time

**vicarious stress**

- **Patterns** evolve to manage traumatic arousal that include primitive defense mechanisms. They create short term relief, but long term negative consequences—food, alcohol, inactivity, overwork, alienation
- Illness may result from minor to serious chronic illnesses
  - High blood pressure, stress related illnesses, type 2 diabetes, linked to unresolved chronic stress
  - Managing arousal diminishes that risk.

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Patterns of cognitive adaptation over time:

Vicarious stress

- **Vicarious Traumatic Stress:** Patterns of adaptation over time
  - Cognitive distortions over time
    - Alterations in attention and focus
    - Alterations in content of thought
    - Changes in meaning and world view, narrative and self concept
  - Development of negativity bias: Unrecognized vicarious traumatic stress has a negativity bias that obscures our compassion satisfaction, real accomplishments and joy

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The downside of courage and empathy

- “Negative transformation in the helper that results from empathic engagement with trauma survivors and their traumatic material, combined with a commitment or responsibility to help them” (Pearlman, L. A., & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma.)
- Addition of pandemic stress has blurred the boundaries of what we are experiencing as direct and vicarious stress.

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compassion fatigue

- **Compassion fatigue:** reaching a state of emotional exhaustion or overload resulting in the diminishment of compassion for others. It may present as numbing, indifference, or as negative feelings such as irritation, judgement or blaming the victim.
- **Compassion satisfaction:** deep feeling that the work is meaningful and worthwhile, coupled with positive experience for the clinician.

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**Post traumatic growth**

- **post traumatic growth**—Traumatic stress also impact areas of the brain that can contribute to strength when traumatic arousal is resolved and brain function is not constrained by trauma-influenced adaptive patterns.
  - Empathy and compassion
  - Alert awareness, risk and danger assessment
  - Ability to take on challenges
  - Insight into others and situations
  - Connection with culture, social justice issues
  - Ability to tolerate strong emotions and face hard truths
  - Priority setting

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Self care is not just what we do after work  
Self care is how we do the work itself

calm the body  
calm the mind  
calm the organization

Systems that build compassion satisfaction  
counter compassion fatigue

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## What belongs in a resilience plan?

Notice vicarious stress, release/calm arousal, change cognitive focus and narrative,  
Mantaina attachment, experience awe and joy, attend to context

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## Trauma specific self-care

- Research has validated several trauma success factors, regardless of the model or community that they are used in.
- They are applicable to both direct and vicarious stress

1. Pause, interrupt the trauma flow, observe—make the link.
2. Heal attachment to self, to others, to community
3. Manage emotional and physiological arousal: to establish calm in the moment and a calm baseline.
4. Cognitive: Attend to focus and patterns of thought and meaning:
5. Create positive experiences
6. Consider family, organizational and cultural context

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Challenge:  
Personal plan for  
resilience

- Have a proactive, layered, intentional plan—a **resilience menu**
  - Multi-layered set of practices
  - Address core areas of trauma impact
    - Arousal, physical health, cognition, attachment
  - Use each trauma response factor:
    - Using any one of the trauma success factors helps: layering a practice that includes all of them helps more.
  - Tailor your plan to your individual styles and patterns

As we move through this next section,  
where are you already doing well?  
Where could you use some work?  
What do you use in your supervision or consultation practice to teach others?

What matches your personal style?


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Activity:  
Building a  
resilience plan

- When will you take time to consciously notice how you are doing and what you need?
- What will you do to manage physiological arousal (secondary stress)?
- What strategies will you use to address maladaptive patterns (vicarious stress)?
- What strategies will you use to build positive pathways and diminish negativity bias? (build compassion)
- Who do you include as a “resilience coach ” to notice and support you? (use co-regulation and attachment)

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## Threat-defense system



- Exposure to traumatic stress activates the threat-defense system, do we are wired for stress response
- We are also potentially wired for calm and compassion as a survival strategy.
- How do we turn off the overactive threat system?
- **Activate the care system.**

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## Introduce small calm shots into your day



- Impact of small regular downloads of positive impact (body-mind) has been documented
- Multiple resources to see what works for you—see resources at the end of this presentation
- Ritualize them: start with a small change: for example; breath work, with a positive image, grounding during and after a meeting, etc...
- Expect resistance: your trauma brain will tell you there is no time for this and It's dumb anyway—because it is driven and may believe that calm is dangerous since it takes your focus off the possible danger.
- As you notice the improvements, explore other options to add to your layering, building the soothing and trauma resistance menu of options that works for you.

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1. Notice, pause,  
interrupt the  
trauma flow

- When will you take time to consciously notice how you are doing and what you need?
- Ritualize a times to pause and notice stored up threat arousal (in the body, feelings, thoughts, behavior)
  - Supervision, therapy, on the ride home...
  - Choose a strategy to release stored up material

AND

- Notice stress in the moment: Pause to Interrupt the trauma cascade, choose a strategy to use in the moment.

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2. Repair  
attachment  
  
Compassion  
for self

- What will you do to recognize that you are as important as anyone you serve, as any system you work in, and can act on your behalf
- Exposure to trauma has multiple impacts on attachment
- Can make the self feel overwhelmed, isolated, inadequate rather than that the task is overwhelming.
- Repair attachment to self: self-compassion
- We have a right to take care of ourselves, to feel joy and connection
- Use engagement/attachment to self to:
  - Manage emotional and physiological arousal
  - Allow us to move into action to care for ourselves.

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## Self Compassion and the inner critic

- An inner critic thinks it's keeping us focused and safe by pushing us hard—but it backfires
- Goal is not to get rid of the inner, abusive critic, but to change its nature to a coach.  
<https://www.youtube.com/watch?v=Of364Dpj6LQ&t=241s> Rick Hanson
- Rework the role of the critic to coach: move from shame-based attacks to compassionate self correction
- Frank Anderson: <https://www.youtube.com/watch?v=EPCdy3UxF3I>
- [https://www.youtube.com/watch?v=Z2\\_eqIYvV5c](https://www.youtube.com/watch?v=Z2_eqIYvV5c) Heffernan
- Self compassion: <https://www.youtube.com/watch?v=BTOP7XzDxjI>

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## Compassion break

- We are suffering: what we are facing is really hard, complicated and can feel overwhelming because it IS really hard—not because we are inadequate. This is human suffering.
- We are not alone in that experience—other people feel the same way. There is no shame in feeling this, it's part of our shared humanity.
- What might help us to ease that experience?

• (Paraphrased from Kristin Neff—see citations to her work in following slide)

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Kristen Neff  
[www.self-compassion.org](http://www.self-compassion.org)

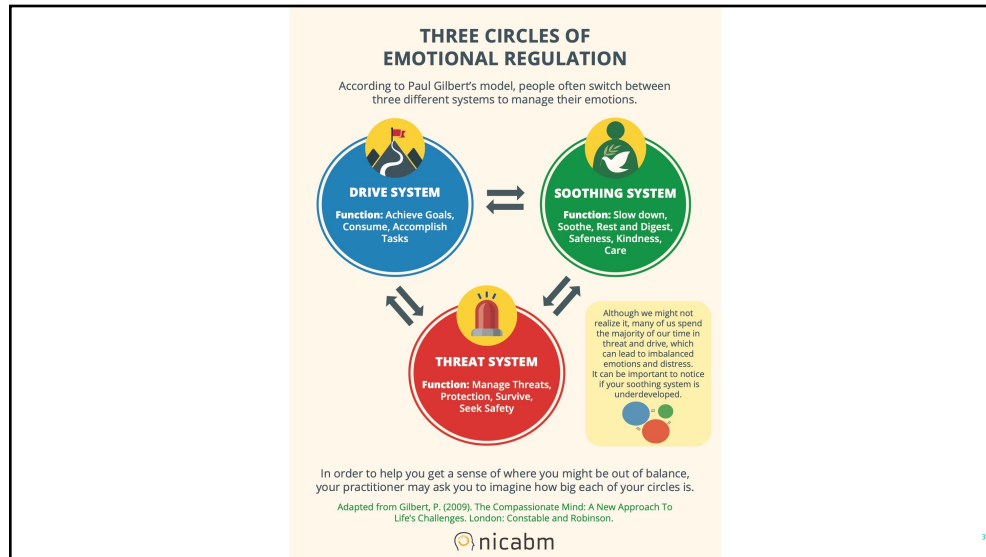
- [Guided Meditations](https://self-compassion.org/category/exercises/#guided-meditations) <https://self-compassion.org/category/exercises/#guided-meditations>
- [Affectionate Breathing](#) [21 minutes]
- [Compassionate Body Scan](#) [24 minutes]
- [Loving-Kindness Meditation](#) [20 minutes]
- [Self-Compassion/Loving-Kindness Meditation](#) [20 minutes]
- [Noting Your Emotions](#) [18 minutes]
- [Soften, soothe, allow: Working with emotions in the body](#) [15 minutes]
- [Self-Compassion Break](#) [5 minutes]

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Arousal management and cognitive shifts are tied together

- Strategies needed that address arousal management and cognitive reframe jointly
  - Changing cognitive focus and attention require a calmer mind/body
  - Creating calm requires a framework of understanding that includes
    - Awareness of trauma impact
    - Conscious change in focus and shift in attention
    - Awareness that traumatic stress responses will interfere with calm unless overridden

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## Why not calm?

- Soothing system is under-developed – can't calm down thoughts, feelings or body reactions
  - so feelings/body reactions remain scary
  - hypervigilance and reactivity replaces soothing and calm.
  - System is driven rather than thoughtful and emotionally balanced,
- The survival brain resists calm:
  - The hyper-vigilant brain experiences soothing and calm as dangerous—taking our attention away from survival scans and actions
  - There will be resistance to anything that promotes calm
  - Trauma is hot sticky and consuming

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## 2. Manage physiological and emotional arousal: self-regulation and co-regulation

- What will you do to manage physiological/emotional arousal (secondary stress)?
- Have strategies for "in the moment" awareness and calm down
- Create **patterns of calm** that release stored arousal and re-establish a peaceful baseline.
- Pay attention to the body: Re-establish a sense of safety in the body and presence in the world
  - Implement explicit strategies for arousal management
    - Somatic:
    - Emotional:
    - cognitive strategies:

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Physiological  
impact  
and repair

The Body keeps  
the score

Bessel Van Der Kolk



How is our body doing?

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## Social Work employment and health risk

- Vicarious stress has an impact on bodies as well.
- Studies of connection between heart disease and employment categories:
- Women who are social workers are 36% more likely to have heart problems than women in other professions. Newsroom.heart.com American Heart Association Scientific Sessions, presentation 124, "Specific jobs linked to poor heart health for women", Ako, Adams A; Wang, Conglong et al, November 2019
- "community and social services" is number one of the top 10 professions correlated to cardiac arrest (gender neutral). <https://observer.com/2016/08/these-10-jobs-are-the-most-likely-to-give-you-a-heart-attack/> *Morbidity and Mortality Weekly Report* from the Centers for Disease Control and Prevention includes a significant study on "Cardiovascular Health Status by Occupational Group," 2016

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## The pressure cooker model



Heat increases, pressure builds and if not released, it explodes.

Options:

1. Develop a pressure gauge
2. turn down the heat/adjust the heat
3. Monitor the pressure and vent it off

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Direct body strategies:

Start with regular simple, but powerful release and soothing options

What is on your **release and soothing menu?**

calm the body, calm the mind.

**Create a personal practice from a release and soothing menu**

- Breath work—regular breathing strategies like 4-part breath reduce resting heart rate and blood pressure, as well as ground the mind.
- Muscle tension release: such as progressive relaxation
- Action for physical release of energy (with calm down)
- Sensory integration approaches: (we are meant to swim in the sensual)
  - Smells: aroma responses
  - Sight: visual calming, imagining or seeing
  - Auditory: music, nature sounds, ASMR
  - Taste: savoring
  - Tactile: touch, water, sensuality and sexuality
  - Grounding strategies
  - Massage, myofascial and other body work (Reiki)
- What makes you feel calm, relaxed—what is your sensory menu?
- **Being present in the body: van der kolk.**  
<https://www.youtube.com/watch?v=eTQ939laPgs&t=65s>


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Breath Work

- Evidence-based practice
- Four part breathing done regularly
  - Lowers resting heart rate, breathing rate
  - Lowers high blood pressure
  - Intentional actions in the moment involve upper brain activity—interrupts trauma flow
- Can be done anywhere easily—requires no in depth training
- May stand alone or follow an activity session that releases physical energy
- Has to be done correctly to work
- Sets the stage for, and can be integrated into, additional calming strategies
- <https://www.google.com/search?q=breathing+exercise&oeq=breath&aqs=chrome.7.69j57j46l43j3j4.6j175j199j46l433j0i43j4.626019oj7&sourceid=chrome&ie=UTF-8>

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## Sigh.....



- Alternate breathing technique
- For some youth who may have trauma triggers connected to breathing, holding breath or controlling breath may be scary
  - Strangulation
  - Oral sexual abuse
- Using the exhale, sighing out breath, which triggers a quick inhale, may be a better breath regulating activity
- May also be more helpful to emerge from hypo-arousal
- Returning control over the breath becomes an “in vivo” practice freeing a basic body action.

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## Breath apps



- There are numerous digital applications that support breathwork
- Many are accompanied by visual or auditory soothing stimuli
- Many are for kids and/or adults
- Many are accompanied by routine reminder to use them!
- Simple: <https://www.youtube.com/watch?v=sDqTuWvegt8>
- Box breathing:
  - <https://health.clevelandclinic.org/box-breathing-benefits/>
  - <https://www.youtube.com/watch?v=n6RbWzLtdFs>
  - <https://www.youtube.com/watch?v=vtXQrdsVysq> amended
  - [https://www.youtube.com/watch?v=z\\_CeW6iRGLI&t=28s](https://www.youtube.com/watch?v=z_CeW6iRGLI&t=28s)
- Deborah Lee
  - Breath: <https://www.youtube.com/watch?v=sDqTuWvegt8>

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## Animals and healing




- Just the interaction with an animal may increase calm .
- Intentional use of animals as an adjunct to the healing process. For example:
  - Most common is use of pets, usually dogs
  - Equine facilitated therapy uses horses
  - To provide empathic connection, stress reduction on their own
  - To be an intentional interface between the survivor and the counselor, as part of a treatment team.
  - To act as an intermediary in healing attachment

Remember that animals can experience vicarious overload and need playful, joyous time as well as calm time to themselves.

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## Monitoring and prompting software


can help develop awareness  
Can reinforce healing behaviors



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# Integrative Mind-Body Approaches


Strategies for brain integration and somatic balance  
Address the patterns that perpetuate harm



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## mind-body integrated work

- Intentional, conscious mind/body techniques to change the baseline . Examples:
  - Yoga
  - Acupressure and acupuncture
  - some martial arts disciplines
  - Guided relaxation
  - Mindful approaches
  - Meditation and/or prayer
  - Compassion based approaches
  - Bilateral stimulation
    - Butterfly protocol
    - Tapping



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## Yoga and related body work



shutterstock.com · 1891943011

- While there are other mind-body based, centering strategies, Yoga is one of the best documented and easily available.
  - Other options include: tai chi, qi chong, some martial arts
- Yoga layers body work with intentional mind practices.
  - dissipates muscle tension, focuses the mind, works with the breath, and in the process calms the organism –taking the trauma responses down a notch
  - Trauma-focused yoga.
  - Van der Kolk– if you can only have one of talk therapy or yoga, do yoga.

(cross cultural success with diverse populations)

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## neurofeedback

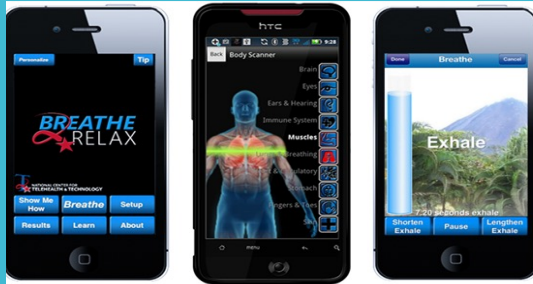
Neurofeedback show promising results in balancing brain waves altered by traumatic stress and adaptive patterns, particularly with cognitive focus, attention and mitigation of anxiety symptoms.

- <https://www.psychologytoday.com/us/blog/concussion-is-brain-injury/202211/what-effect-does-gamma-brainwave-enhancement-have>
- <https://mindalive.com/>

• Use of remote, neurofeedback shows promise in reduction of anxiety and increase in focus (remediating ADD). <https://formative.imir.org/2022/7/e35636/>

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Apps with Evidence



Headspace—for adults and kids (free trial)    breathing apps: Breath to Relax  
SmilingMind    (free)  
Calm    (free trial)  
MindfulnessDaily    (free)  
Tenpercent.com    (free demo)  
Breath: <https://www.youtube.com/watch?v=sDqTjWveq8>

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3. Alter cognitive Patterns

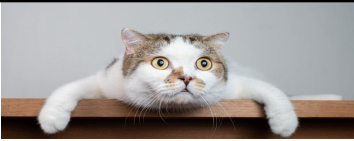


- **What strategies will you use to address maladaptive cognitive patterns (vicarious stress)?**
- **Attention:** shift away from hypervigilance
- **Focus: focus on**
  - **External:** difficulty holding focus on tasks w/o distraction (trauma ADHD)
  - **Internal:** Self-awareness: difficulty focusing on and being aware of self/body (insula function)
- **Distorted thought content:**
  - Trauma-influenced cognitive schema—translated into networks of meaning

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## Mindless distraction vs Mindful shift in brain state



- Or, "there's a reason we watch cat videos!"
- We often turn to "mindless" activities to distract us. Dissociative Coping is a tool in the moment.
- Distraction is not necessarily a bad thing in the moment. In fact, it can be helpful to recharge our energy. However, while it may take our mind off of things for the moment, it doesn't heal in the long run.
- Mindful intentionality moves our attention more into focus rather than distracting us—a focus on something different than the chaos around us.

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## Patterns: Attention and focus



### What is mindfulness?

- Buddhist version
- All religions and cultures have some version of a mindful stance
  - Prayer, meditation, song, etc...
- So what are some shared components?
  - **Pause: Step back (out of the dance)**
    - Interrupts the trauma flow driven by lower brain alerts
    - Conscious breathing may help disengage
  - **Shift the focus of attention from immediate reactivity or activity to a reflective state:**
    - Restores upper brain processes
    - pay attention to your body sensations in the world to shift to awareness (to the "now"—rather than all your thoughts and internal dialogue.

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Mindfulness is neutral


Add positive

- Mindfulness is a way of paying attention. It doesn't have a good/bad value attached to what comes from it. The military uses mindfulness to help snipers be better snipers.
- Mindfulness can help us see what is going on, remove ourselves from the repetition trap. That in itself is helpful to calm the body and restore energy and balance.
- However, we want to do more than that.
- We want to heal from the impact of stress—and stress of a particular kind resulting from the cruelty of one person to another.
- Adding positive images and/or compassion restores the balance of love and kindness.

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**4. Build reparative positive experiences:**

**Take positive actions**



- What strategies will you use to build positive pathways and diminish negativity bias? (building positive experience)
- **Redirect cognitive focus away from the negativity bias and chaos**
- Use the mind-body connection:
  - Create positive experiences
- Consciously re-routing the neural pathways in the moment by creating and savoring an alternative thought
  - Image of love, connection
  - Gratitude
  - meaning
- downloads dopamine and endorphins—calms system
- increases capacity to receive positive experiences and calm, grounding effect
- Look for “glimmers” not just “triggers”. (Deb Dana)

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Spiritual context:  
Meaning and Purpose beyond the self

The healing power of Awe.

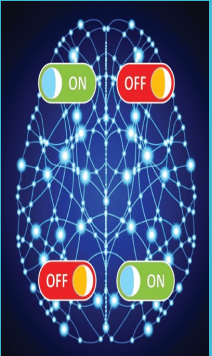


Many of the practices the western world uses for arousal management are in fact spiritual practices

Meaning and purpose, presence in the world can have spiritual depth

Exploring the nature of spirituality expands the experience further  
Work with psychedelics emphasizes awe and awareness of things larger than oneself.

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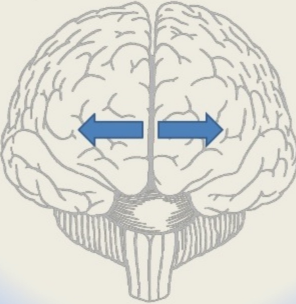
## Bilateral Stimulation

Evidence based interventions

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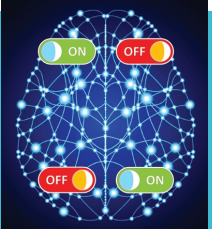
What is bi-lateral stimulation?

**Bilateral Stimulation (BLS) is any rhythmic alternation of stimulation between the left and right hemispheres.**



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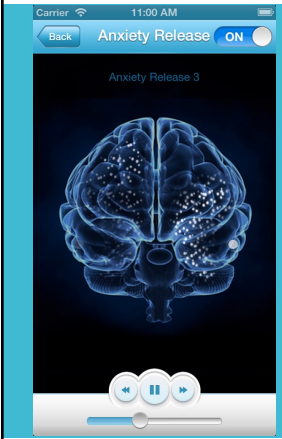
BLS



- Stimulation can be visual, audial, tactile or a combination.
- Bi-lateral stimulation *independently* has an impact on attention, emotional state, physiological arousal.
- 1. Relaxation effect, including decreased physiological arousal.
- 2. State change: Change in mind state and focus of attention
- 3. Mindful distance from problem and from arousal
- 4. Decreased experience of negative emotion(s).

- Auditory example: [https://www.youtube.com/watch?v=UHWFlbLi\\_DE](https://www.youtube.com/watch?v=UHWFlbLi_DE)
- Auditory and visual: <https://www.youtube.com/watch?v=slsbyblZxXcw>

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The screenshot shows an iPhone app interface. At the top, the status bar displays 'Carrier', signal strength, Wi-Fi, and '11:00 AM'. Below that is a navigation bar with a 'Back' button, the title 'Anxiety Release', and a toggle switch labeled 'ON'. The main content area features a glowing blue brain with white dots representing neural activity. Below the brain are three circular control buttons: a left arrow, a play/pause symbol, and a right arrow. At the bottom, there is a volume slider.

- There's an app for that: (not recommending this, just FYI)
- <https://www.inspirehopecounseling.com/emdr-tappers-app> (free)
- <https://anxietyreleaseapp.com/>
- Review article for anxiety release app by <https://emdrassociation.org.uk/wp-content/uploads/2020/04/2018-Moretta-Walters-et-al-EMDR-Apps.pdf>
- <https://overcomingpain.com/emdr-music-books-store/samples/>

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Lucina Artigas and Ignacio Jarero,  
<https://emdrresearchfoundation.org/toolkit/butterfly-hug.pdf>



Butterfly protocol

Bilateral stimulation  
Layering protocol

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Layering  
for impact

Butterfly hug demo  
<https://www.youtube.com/watch?v=iGGJrqscvU>

Butterfly protocol: Adds images, breathing, competency elements to the bilateral stimulation, individual and group options.  
<https://emdrfoundation.org/toolkit/butterfly-hug.pdf>

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Emotional Freedom  
techniques:  
Tapping



EFT tapping points overlie traditional acupuncture relief points for stress or anxiety. Evidence (fMRI's indicate downregulating of amygdala. Cortisol, adrenaline reduction, change in physiological stress markers like blood pressure, heart rate, breathing). Layers of ancient practices with new validation from modern science

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Tactile:  
Tapping

- Use of bilateral stimulation, pressure points, state changing techniques in simple, sequential application
- Used to manage arousal, and to change mood states—up or down regulate.
- Used to alter core cognitive beliefs
- Tapping solution: orientation  
<https://www.youtube.com/watch?v=pAclBdjzoZU>
- Tapping for kids:  
<https://www.youtube.com/watch?v=sggM8eJV4sk>
- <https://www.youtube.com/watch?v=dPqQG5YFsX4> tapping solution school violence
- [EFT for beginners](#)

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Research

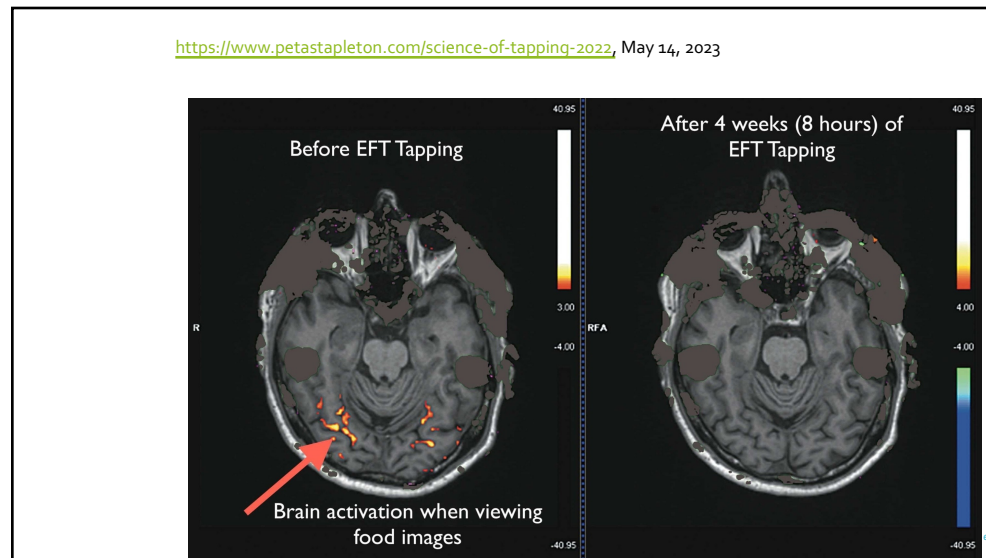
### Clinical EFT Improves Multiple Physiological Markers of Health

Marker	Change	Percentage
CORTISOL	DOWN	37%
IMMUNE SYSTEM MARKERS	UP	113%
PAIN	DOWN	57%
ANXIETY	DOWN	40%
DEPRESSION	DOWN	35%
PTSD SYMPTOMS	DOWN	32%
HAPPINESS	UP	31%
BLOOD PRESSURE	DOWN	8%
FOOD CRAVINGS	DOWN	74%

© Mind Heart Connect 2018. Bach, D., Groesbeck, G., Stapleton, P., Barton, S., Blickheuser, K., & Church, D. (2018). *Journal of Evidence Based Integrative Medicine*.

Peta Stapleton <https://www.petastapleton.com/science-of-tapping-2022>  
<https://www.petastapleton.com/free-eft-resources>

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EFT tapping:  
research and  
validation

**• Growth and Acceptance of EFT**

- As of 2020: 18 randomized control trials, 50+ randomized control trials, 50+ pre-post outcome studies, 50+ trials in non-English journals
- 2014–2016: 2 meta-analyses show energy psychology effective for depression and anxiety
- 2017: Meta-analysis shows EFT effective for PTSD
- 2019: Meta analysis shows tapping on the acupressure points is an active ingredient in the process (changes not due to the therapeutic relationship, other factors such as deep breathing etc)
- 2018-2019: Two studies on DNA changes after EFT First fMRI study on EFT published
- 2019: Blue Knot Foundation for (trauma) includes EFT in PTSD clinical guidelines in Australia

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### EFT tapping: research and validation

- 2020: EFT approved under the National Insurance Disability Scheme (NDIS) for therapy in Australia 2020: Australian Psychological Society features EFT during National Psychology Week as emerging approach for pain
- 2020: APA journal (USA) published EFT cortisol replication study
- 2020: A major review of psychological treatments for PTSD – Energy psychology (combined somatic/cognitive therapies) was the 2nd most effective at reducing PTSD symptoms at the end of treatment to waitlist (after EMDR which was found to be most effective). Further, energy psychology had the greatest cost savings over no treatment, followed by EMDR, trauma-focused CBT and then other treatments
- 2021: APA approved EFT to be reviewed for trauma and PTSD and inclusion on the evidence based psychological treatments list (Dr Peta is leading this evaluation for the APA)

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### Recent research base


- 2021 Harvard Medical Research: developed a neuroanatomic explanation and validation for acupoint selectivity and specificity
- Neuronal pathways located in specific regions in the body were related to inflammation, pain sensitivity. Stimulation of these pathways (sensory neurons marked by expression of the PROKR2<sup>Cre</sup> receptor and acting on the vagal-adrenal axis) at those points was related to decrease in inflammation and pain. This result did not occur when other body points were stimulated, noting the specificity of the acupoints.
- <https://hms.harvard.edu/news/exploring-science-acupuncture>
- <https://scitechdaily.com/harvard-neuroscientists-explore-the-science-of-acupuncture/>
- <https://www.nature.com/articles/s41586-021-04001-4>
- 2020 Multiple research studies indicate that immune system enhancement results, including related to bacterial toxins.
- <https://www.healthcmi.com/Acupuncture-Continuing-Education-News/2048-acupuncture-anti-inflammatory-effect-discovery>

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## Tactile: Tapping

- Use of bilateral stimulation, pressure points, state changing techniques in simple, sequential application
- Used to manage arousal, and to change mood states—up or down regulate.
- **Tapping solution: orientation**
- <https://www.youtube.com/watch?v=2LS-l6vbHTA&t=1s>
- [https://petastapleton.com/wp-content/uploads/2019/10/Ultimate\\_Tapping\\_Guide\\_HR.pdf](https://petastapleton.com/wp-content/uploads/2019/10/Ultimate_Tapping_Guide_HR.pdf)
- <https://www.youtube.com/watch?v=pAcIbdj2oZU>
- EFT Universe <https://eftuniverse.com/flowstates/>
- **Tapping for kids:**
- <https://www.youtube.com/watch?v=sggM8eJV4sk>
- <https://www.youtube.com/watch?v=dPqQG5YFsX4> tapping solution school violence

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## EMDR

- **EMDR utilizes bilateral stimulation as part of an integrative protocol, including other trauma response success factors.**
- For a brief introduction: <https://vimeo.com/179500047>

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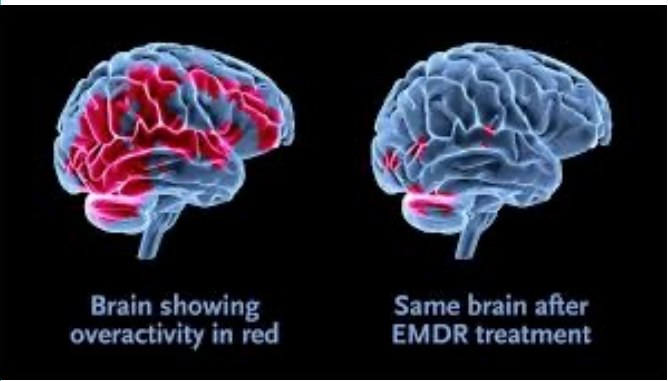
EMDR: evidence based trauma work

- Bi-lateral stimulation --with therapeutic dialogue
- Changes the mind state—redirects attention and focus
- Integrating traumatic memories—healing the dissociation
- Increasing upper brain review to allow reflection and emergence of new trauma narrative—changing thought content
- Puts the past in the past
- Physiological calm, Emotional regulation, Cognitive re-frame
- **How it works in summary:**
- <https://www.youtube.com/watch?v=rq842qP83yc>
- <https://www.youtube.com/watch?v=hKrfH43srq8>

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Reduce arousal



Brain showing overactivity in red

Same brain after EMDR treatment

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resources

- How does EMDR work: Dr. Heffernan  
<https://www.youtube.com/watch?v=OMKIAy-C8bA>
- Attachment focused EMDR: complex trauma  
<https://www.youtube.com/watch?v=uYvOL6Z1vW8>
- Self administered EMDR  
<https://www.youtube.com/watch?v=eEVXhPKGLfo>

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The work in layers--

- Combining physiological relaxation, positive and mindful attention, awareness of the common reactions to traumatic stress, and cognitive behavioral work to change thought patterns addresses all the complicated reactions to stress.
- However, this doesn't have to be a huge enterprise—using any of the strategies we talked about today will make a difference and help with the interlocking parts of stress—and the more you use, the more difference it will make.

What appeals to you as an individual?  
 What appeals to you for your system? Who are your allies?

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## Self regulation: Co-regulation

- Who will you include in your support plan?
- When the dominant culture describes how to soothe, they focus on self-regulation. Going internal, meditating, managing arousal, medicating, self-care—the emphasis is on self-regulation
- May mention talking with others as a strategy for self-care, but the focus is still on the self regulation.
- Example: Resistance to seeing the responsibility that organizations hold both on creating stress and on addressing the wellbeing of members.
- Dominant culture does not focus on co-regulation, on the effectiveness of being with others in calming ourselves—and calming them—or the need for others as a part of our collective soothing. When we are together our mirror neurons reflect each others' experience. Calm is contagious, just as stress is. "piggyback effect"
- Gathering together as a strategy for stress.

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## 6. Address context

What will you do about influences and patterns larger than the self that impact you?

- Generational trauma
  - in families
  - In cultures: Recognize the possibility of primary traumatic stress as a result of membership in socially marginalized groups. Attend to historical trauma
  - Epigenetic influences
- Generational resilience:
  - Include one's family or culture in the experiential understanding, narrative and meaning making
  - Recognize family and cultural ways of being as sources of healing, as well as possible stressors.
- Manage stress from long term and immediate environmental influences such as socioeconomics, societal stressors, war, migration, other significant events.

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Deepening factors:  
traumatized organizations

- The way we manage traumatic stress is deeply woven into our culture, our way of doing business
- The way we manage traumatic stress is deeply woven into our personal identities
- Our organizational structures embed these styles at every level of the organization, perpetuating it—regardless of its usefulness.
- It comes from our history and protected us in the past.
- And—it's harming us now. There are better ways to do this.
- **Make caring for staff as important as caring for survivors --we are all survivors of the terrible things that people do to each other.**

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The Stressed or Traumatized Organization

Trauma in organizations—events that overwhelm their ability to respond effectively in the moment and keeps them stuck and unable to move forward to resolution.

- Actual traumatic events: immediate trauma or chronic exposure to repeated traumatic or stressful events
- Absorbing the traumatic stress in the work—groups of stressed people
- Long term exposure to stressed organizational functioning without resolution—never enough resources.
- Taking on new external requirements— like Covid-19 responses and social change.

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Deepening factors

When interpersonal violence exists:  
The trauma we see is inflicted intentionally, which changes its impact on us.

Interpersonal trauma is not neutral: somebody did it to another human in order to feel better themselves. Evil enters the picture.

- Caretaking for the caregiver: “The impact of seeing the cruelty that some human beings can inflict on others, however, should not be understated and is a contributing factor to the secondary trauma experienced by staff and volunteers”
- OVW project: *The Victim Assistance Field and the Profession of Social Work*, March 2006

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Deepening factors: culture

- All traumatic stress happens within a context—it's a social experience
- When that context includes culture-wide traumatic loss, violence, or social and racial justice issues, the impact is magnified.
- Historical trauma may set the frame. (it may have started in the past, but it isn't over yet). When current events resonate with past historical trauma, it deepens the impact—particularly of hopelessness, helplessness, isolation and anger. Ex: residential school deaths, social justice issues, Covid impact.
- Cultures may also be traumatized and need healing.
- Does our current cultural state help with our resilience, or does it present challenges?

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Assessments:  
where do you  
stand?

PROOOL Professional Quality of Life assessment for compassion fatigue and compassion satisfaction. Free at: <https://proqol.org/proqol-measure>

Post Traumatic Growth Inventory: free at:  
<https://positivepsychology.com/post-traumatic-growth/-scale>  
<https://www.careinnovations.org/wp-content/uploads/Post-Traumatic-Growth-Inventory.pdf>


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