

Te ara o tukutuku pūngawerewere

A Holistic Approach to Healing from Trauma

I've just got back from Wellington, where I was privileged to join a number of other incredible presenters at the HOFCA conference held at the beautiful Te Papa. It was a lovely sunny day, with delegates attending from across Aotearoa. A delicious lunch was served and some new friends were made. For those who were not able to attend, this short article will outline the content of my talk.

Trauma-responsive care requires taking a step beyond being informed about the impact of trauma on families, into a space where we are equipped to respond safely and appropriately. The two key arguments I presented relating to the adaptation of western-originating trauma treatments to be more appropriate for the cultural context of Aotearoa were:

- To be open to include practices and discussions about wairua and spirituality as a normal part of work with clients who have experienced trauma.
- To be willing to engage in more systemic approaches to working with people who have experienced trauma, ie. including whānau, family members or close contacts.

SAMHSA (2014) defines traumatic events as:

“physically or emotionally harmful or life-threatening” and “have lasting adverse effects on individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (p. 7).

According to the DSM-5 Criterion A, a traumatic event occurs when a person has been exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way (s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics).

In the DSM-5 there are several symptom clusters required for a PTSD diagnosis:

Criterion A:	A traumatic event
Criterion B:	Intrusion or re-experiencing the traumatic event
Criterion C:	Avoidant symptoms
Criterion D:	Negative alterations in mood or cognitions
Criterion E:	Increased arousal symptoms

In the ICD-11 there are a further three symptom categories to attain a diagnosis of Complex PTSD:

- Affect dysregulation
- Negative self concept
- Disturbances in relationships

These are collectively known as ‘Disorders of Self Organisation’ (DSO).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) 2014, the six guiding principles for trauma informed practice are:

- Safety – psychological and physical
- Transparency and trustworthiness
- Collaboration and mutuality



Te Papa, Wellington

- Empowerment, and voice
- Cultural, historical, and gender awareness.

In addition, for those employers and organisations wishing to move from a trauma-informed to a trauma-responsive service provision, additional commitments are required:

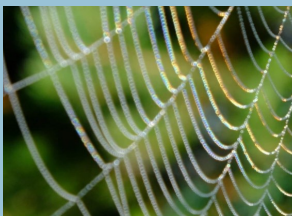
- To ensure learning about trauma is an integral part of staff training.
- To commit to not causing further re-traumatisation of clients
- To ensure environments and services are predictable, and seek to increase clients’ choice and control.
- To ensure appropriate therapeutic trauma treatments are available.

Judith Herman’s (1992) recommendation for treating clients with complex trauma was a phased approach in three stages:

Connect

If you would like to join the mailing list so that a link to each issue of Te ara o tukutuku pūngawerewere is sent straight to your inbox,, you can join here:

<https://www.maatairongo.com/newsletter-1>



Inside this issue:

Trauma-responsive care	1
Trauma treatments:	2
EMDR	2
TF-CBT	2
EFT	2
Culture and connection	3
Trauma and memory	4

1. Stabilisation and safety via emotional regulation skills and psycho-education.
2. Trauma memory processing.
2. Integration and rehabilitation.

This has been the gold standard of trauma treatment for many years, but more recently evidence has been emerging that shows a more dynamic approach including all elements, but not strictly in this order, can also be effective and safe.

Evidence-based Treatments for Trauma

EMDR

The standard protocol Eye Movement Desensitisation and Reprocessing was developed by Francine Shapiro (2018). It is recommended by the World Health Organization (WHO, 2018) and the International Society of Traumatic Stress Studies for treating PTSD (ISTSS 2018a, 2018b). It has also been found to be suitable for treating CPTSD (de Jongh & Hafkemeijer, 2023).



Standard protocol EMDR uses lateral eye movements or audio and tactile bilateral stimulation. In EMDR 2.0 practitioners utilise other activities to tax the working memory such as mathematical calculations (Matthijssen et al., 2021). 'Dual processing' is the term used in EMDR to refer to the activity of thinking about an aspect of a trauma memory whilst

engaging in a current task. More recently, an adaptation of EMDR to include a spiritual EMDR has been developed called 'heart led psychotherapy' (Dent, 2021).

TF-CBT

There are several different kinds of trauma-focused CBT:

- Cognitive therapy for PTSD (Ehlers and Clark, 2000),
- Prolonged exposure (Foa and Rothbaum, 1998)
- Cognitive processing (Resick and Schnicke, 1992)

Trauma-focused CBT is a particular kind of cognitive behaviour therapy that is recommended for treating PTSD by the National Institute for Health and Care Excellence (NICE, 2018) and the International Society for Traumatic Stress Studies (ISTSS, 2019). One of its core features is the aim to change problematic cognitive appraisals of the trauma. It also works to update a trauma memory by addressing the worst moments of the trauma, or 'hotspots'. One of the benefits of effective TF-CBT treatment is to be able to discriminate between triggers that happened at the time of the trauma, and those that are similar in the here and now.



The behavioural component of the treatment often involves visiting the site of the original trauma to enhance healing through avoiding avoidance and habituation. Finally, therapists work to

support a client to remove or drop any safety behaviours (Murray et al., 2022). These are actions and behaviours that have become habitual to engage in. There has also been an adaptation of CBT that includes spirituality which is known as 'spiritually oriented cognitive behavior therapy (SO-CBT) (Tan and Johnson, 2005).

EFT

Emotional Freedom Techniques have seen a rapid growth in research evidencing its efficacy. EFT is an energy psychology approach integrating aspects of CBT, exposure and stimulation of several acupressure points on the face and body (Blacher, 2023).



EFT is commonly known as 'tapping' (Cloud, 2016),

THE BASICS OF WORKING WITH TRAUMA

with Dr Nikki Kiyimba



13 October 2023

This training is designed to equip participants with effective tools that can be used in therapy and workplace settings to gain an understanding of trauma and ways to safely support clients with trauma.

Tauranga Yacht Club

13 October 2023
9am - 3.30pm

Early Bird \$140+gst
Save \$60 if you book before 15 September 2023.
Regular Rate \$200+gst

Morning Tea & Lunch Provided

BOOK NOW

www.stpetershouse.co.nz/training

07 571 5916 | info@stpetershouse.co.nz



ST PETERS HOUSE
People. Activities. Whānau.

Book Now

DR NIKKI KIYIMBA
CLINICAL PSYCHOLOGIST,
TRAUMA-RESPONSIVE CARE,
PH. D., D.CLIN.PSY., NZPB

Learn the basics of working with trauma and become trauma informed including:

- Definitions, symptoms and triggers
- Trauma screening tools
- How trauma works and affects people
- 5 areas of safety when working with trauma
- Vicarious trauma
- Trauma recovery models

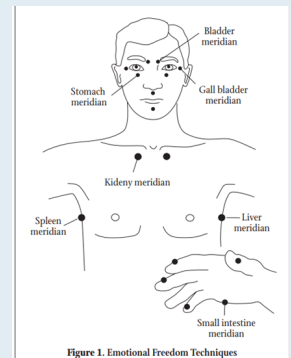
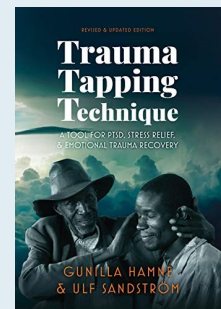


Figure 1. Emotional Freedom Techniques

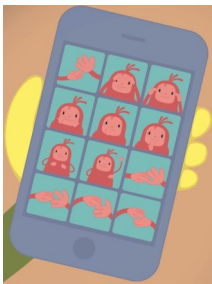
EFT tapping points



TTT Audio and Kindle book available from Amazon

<https://www.amazon.com/Trauma-Tapping-Technique-Emotional-Recovery-ebook/dp/B08WHZT12J>

and has been found to be an effective treatment for PTSD, pain, stress and other disorders (Stapleton et al., 2023). On the first tapping point (the 'karate chop') a set-up statement is repeated three times in the format 'even though I problem x, I completely accept myself.' Short 'problem' focused phrases are said at each of the other tapping points. A free app with a cartoon showing the tapping points called 'Self help for Trauma' is a valuable reference.



An adaptation of EFT called the Trauma Tapping Technique was developed by the Peaceful Heart Foundation (Stapleton et al., 2018) to treat ex child soldiers in Africa. Both EFT and TTT have the effect of relaxing the sympathetic nervous system (Sucipto et al., 2023). A spiritual version of EFT (SEFT) has been developed which includes a prayer affirmed by the client throughout the session (Asmawati et al., 2020). Some research shows that connecting to spirituality accelerates recovery (Heidari et al., 2019)

Cultural values

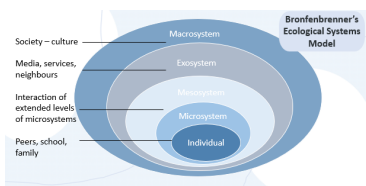
Most research about effective trauma treatments has been conducted on western models. Until we have more options and better access to indigenous healing modalities in Aotearoa,



there is a need to make cultural adaptations to these existing models. Two frequently referenced models are Te Wheke and Te Whare Tapa Whā. Some important concepts held within these models to uphold in Aotearoa are:

- **Wairua** - spiritual essence
- **Whenua** - connection to the land
- **Whānau** - extended family
- **Tinana** - physical body
- **Hinengaro** - mind and emotions
- **Whatumana** - healthy emotional Expression
- **Hauora** - holistic well-being
- **Mauri** - life force
- **Mana aka** - unique identity
- **Ha a koro ma, a kui ma** - breath of life from ancestors

Another aspect of thinking about working holistically with people who have experienced trauma, is systems thinking. The most well-known model is one by Bronfenbrenner (2005) called 'Ecological Systems theory'.



However, although this model does think about all of the layers of influence in society, it is a western individualistic model with the 'individual' at the

center. As an alternative model that is better suited to collectivist cultures, the 'Indigenist Ecological Systems Model' was Developed (Fish et al, 2020). At the center in this indigenous model is history and culture. Generally speaking, indigenous cultures are much more aware of the importance of connection for health and well-being.

Trauma creates Disconnection

One of the impacts of experiencing trauma is that disconnection can occur in several ways both intra-personally (inside a person) and inter-personally (between a person and others).

- Disconnection from history and culture.
- Disconnection from peers, family, neighbourhoods, iwi, whānau.

Re-connection is important in trauma-responsive care both externally and internally.

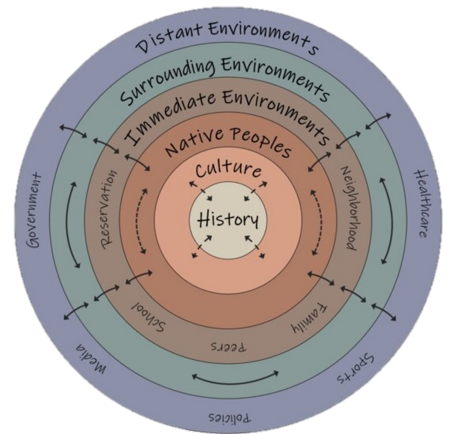
Internally

- Trauma-responsive care can support the reconnection of dissociation between the mind, body and spirit.
- It can also support the reconnection of dissociated internal parts of the self.

Externally

- Trauma-responsive care can support re-connection between past, present, and future in histories and stories.
- It can support inter-generational re-connections to pass on cultural knowledge and practices.

The Indigenist Ecological Systems Model



References

Asmawati, A., Ikhlasiya, M., & Panduragan, S. L. (2020). The Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on the Anxiety of NAPZA (narcotics, psychotropic, and other addictive substances) *Residents. Enferm. clin.(Ed. impr.)*, 206-208.

Attig, T. (1996). *How We Grieve, Relearning the World*. Oxford University Press.

Blacher, S. (2023). Emotional Freedom Technique (EFT): Tap to relieve stress and burn-out. *Journal of Interprofessional Education & Practice*, 30, 100599.

Cloud M. (2016) Emotional freedom techniques for anxiety A systematic review with meta-analysis. *Journal of Nerv Mental Disorders*. 204(5):388-395.

De Jongh, A., & Hafkemeijer, L. C. S. (2023). Trauma focused treatment of a client with Complex PTSD and comorbid pathology using EMDR therapy. *Journal of Clinical Psychology*.

Dent, A. (2021). Heart led psychotherapy: A bio-psycho-social-spiritual model for clinical practice. *Transpersonal Psychology Review*, Vol 23(1), 20-31.

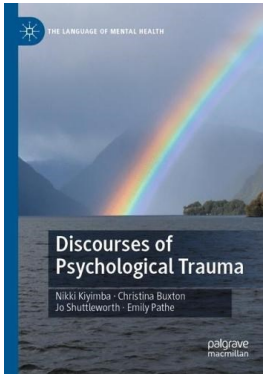
Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.

Fish, J.; Hirsch, G.; Syed, M. (2020). "Walking in Two Worlds": Towards an Indigenist Ecological Systems Model for Group Therapy. *PsyArXiv*

Foa, E. B., & Rothbaum, B. O. (1998). *Treating the Trauma of Rape*. Guilford Press.



Download EFT / TTT app here
https://play.google.com/store/apps/details?id=se.selfhelpfortrauma.app&hl=en_US&pli=1



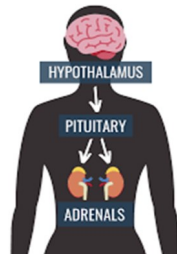
“Psychologically, when trauma happens there is often a corresponding change in the person’s cognitive perception of themselves, the world, and other people. Janoff-Bulman (2010) refers to this process of belief change after trauma as ‘shattered assumptions’. In other words, the assumptions, or beliefs that the person has about the world, themselves, and others are drastically affected and changed by the traumatic experience”. (Kiyimba et al., 2022)

“These changes occur through three distinct but not necessarily mutually exclusive processes which are “strength through suffering, psychological preparedness and existential reevaluation” (Janoff-Bulman, 2004, p.30). It is this latter element of existential reevaluation that is of particular interest and focus. In other words, the person post--trauma is in a process of what Attig (1996) refers to as ‘relearning the world’.” (Kiyimba, 2017)

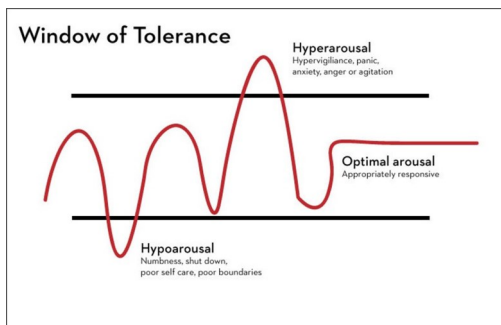
The Autonomic Nervous System (ANS)

The ANS is made up of two branches that need to stay in balance or homeostasis. They are the Sympathetic (SNS) and the Parasympathetic (PNS).

The nervous system is governed by the HPA Axis which connects the Hypothalamus, Pituitary and Adrenal glands. When the fight flight response is activated the adrenals flood the body with cortisol and adrenalin.



A Trauma-responsive approach seeks to support clients to maintain emotional regulation within the optimal arousal area of the window of tolerance. In fight flight SNS mode, it can be helpful to ‘burn off’ adrenalin through physical exercise. When the body is calmer,



activities such as deep breathing, muscle relaxation, deliberate focus (mindfulness), cooling down and sipping a drink, can all help send a message to the body to re-engage the rest and digest PNS system.

How Trauma Affects Memory

Explicit Memory

- **Semantic:** Trauma can prevent words, images and sounds that are stored in different parts of the brain from combining, causing disjointed memories.
- **Episodic:** Trauma can shut down episodic memory and cause fragmentation of the sequencing of events.

Implicit Memory

- **Procedural:** Trauma can cause procedural memory changes, such as unconscious muscle tensing leading to physical pain.

- **Emotional:** After trauma, a person may be triggered and experience painful emotions, often without context.

By Nikki Kiyimba.

References

Heidari, M., Borujeni, M.G., & Rafiei, H. (2019). The assessment effect of spiritual care on hopelessness and depression in suicide attempts. *Journal of Religion and Health*, 58 (4), 1453–1461

Herman, J. L. (1992). *Trauma and Recovery: From Domestic Abuse to Political Terror*. Pandora.

ISTSS Guidelines Committee. (2018a). *Guidelines position paper on complex PTSD in adults*. ISTSS.

ISTSS Guidelines Committee. (2018b). *Posttraumatic stress disorder prevention and treatment guidelines methodology and recommendations*. ISTSS.

ISTSS(2019). *Posttraumatic stress disorder prevention and treatment guidelines*.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. Free Press

Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry*, 15(1), 30--34.

Kiyimba, N. (2017). *Trauma and spiritual growth*. Jessica Kingsley Publishers.

Kiyimba, N., Buxton, C., Shuttleworth, J., & Pathe, E. (2022). *Discourses of Psychological Trauma*. Palgrave Macmillan

Matthijssen, S. J. M. A., Brouwers, T. C., van Roozendaal, C., Vuister Brouwers, T., van Roozendaal, C., Vuister, A., & de Jongh, T. (2021). The effect of EMDR versus EMDR 2.0 on emotionality and vividness of aversive memories in a non-clinical sample. *European Journal of Psychotraumatology*, 12(1), 1956793.

Murray, H., Grey, N., Warnock-Parkes, E., Kerr, A., Wild, J., Clark, D. M., & Ehlers, A. (2022). Ten misconceptions about trauma-focused CBT for PTSD. *The Cognitive Behaviour Therapist*, 15, e33.

National Institute for Health and Care Excellence (2018). *Posttraumatic stress disorder*. NICE guideline [NG116].

Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60, 748–756.

Shapiro, F. (2018). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures* (3rd ed.). Guilford Press

Stapleton, P., Kip, K., Church, D., Toussaint, L., Footman, J., Ballantyne, P., & O’Keefe, T. (2023). Emotional Freedom Techniques for Treating Post Traumatic Stress Disorder: An Updated Systematic Review and Meta-Analysis. *Frontiers in Psychology*, 14, 1195286.

Stapleton, P. B., Sandstrom, U., & Gunilla, H. (2018). Evaluating a 3-week model for reducing symptoms of stress in traumatized youth using the Trauma Tapping Technique (TTT) for self-help: A pilot trial. *OBM Integrative and Complementary Medicine*, 3(4), 036.

Sucipto, S., Kristanto, H., & Dhevansa, W. C. (2023). Literature Review: The Effect of Spiritual Emotional Freedom Technique Therapy on Patients with Depression. *Indonesian Journal of Global Health Research*, 5(1), 61-68.

Tan, S. Y., & Johnson, W. B. (2005). Spiritually oriented cognitive-behavioral therapy.

World Health Organization (WHO). (2018). *Complex post traumatic stress disorder*.

Zainuddin, A. F. (2012). *Spiritual emotional freedom technique (SEFT)*. Afzan Publishing, 3-65.

Sympathetic	Parasympathetic
Fight or Flight response.	Maintains homeostasis and allows Rest and Digest response.
Prepares the body for danger.	Brings the body to a state of calm.
Shorter neuron pathways, and faster response time.	Longer neuron pathways, and slower response time.
Increases heartbeat, muscles tense.	Reduces heartbeat, muscles relax.
Pupils dilate to let in more light.	Pupils contract.
Saliva secretion is inhibited.	Saliva secretion increases, digestion increases.