

HEALING PSYCHOLOGICAL TRAUMA

Resource Materials for Training & Development



INTRODUCTION TO HEALING PSYCHOLOGICAL TRAUMA: RESEARCH AND RESOURCES GUIDE

Psychological trauma can devastate victims' lives, which in turn can blight the lives of families, carers, friends and, especially in war and post-conflict areas, whole communities plus international aid workers. It has been claimed that virtually all mental health disorders have traumatic experiences underlying them, including childhood, collective and inter-generational traumas. Given the untold numbers globally of people suffering from the all-pervasive effects of trauma plus the severe lack of adequate and appropriate healing, the implications are huge, the need overwhelming. It has been said that trauma is a fact of life but it should not be a life sentence. This research project, using a pragmatic and qualitative approach, and based on a commitment to the communicating and sharing of good practice can be seen as a contribution to help meet this need.

The research seeks to provide information on a broad spectrum of diverse, humane and creative healing practices, resources and strategies, including from different cultures, which use an holistic, integrative approach. The research findings are underpinned by current trauma theory, neuroscience, psychology, biology and peace studies.

The collation of resources provided here is designed to make a valuable contribution to the training and support of staff across a range of institutions whose work can be impacted by trauma, e.g. health, education, social care, security services, international organisations, and via self-help material to trauma sufferers themselves.

Presented in five discrete but allied sections, these free to use resources aim to:

- promote a comprehensive understanding of trauma and trauma-related disorders.
- help raise awareness of several significant issues and factors in trauma healing that may not be widely recognised; for example, vicarious and collective trauma, the impact across generations, and the all too common risks of re-traumatisation.
- provide accessible information, learning and training resources, links to research and links to healing practices and practitioners.
- support campaigns for reform in the treatment of trauma sufferers and to link the healing work to the wider context of health and peace-building work.

In 2004 I became aware of the dire lack of understanding and the related injustices regarding psychological trauma treatments. In 2008, attending a Critical Psychiatry Network-organised conference, I was inspired by speakers who challenged the validity of psychiatric disorders and psychotropic medication, especially for trauma sufferers. In 2009, I began work on this independently funded research project, developing it over several years, working collaboratively- and in affiliation-with a range of individuals, groups and organisations who share similar goals, i.e. trauma-informed approaches in all services and institutions. Their names are listed in various sections. Contributions to the production of the resources guide have been made by a range of former colleagues and associates in education, public health and peace-building.

Everything contained in this guide we believe to be accurate and is published in good faith. However, we cannot vouch for all the contents of listed websites and linked publications. The work here does not constitute an official recommendation.

Ann Jordan Researcher and Campaigner
June 2018

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NB. Each of these 5 sections has an introduction

SECTION 1:

UNDERSTANDING PSYCHOLOGICAL TRAUMA



UNDERSTANDING PSYCHOLOGICAL TRAUMA

INTRODUCTION

This information will provide a useful introduction to the knowledge and understanding of trauma for those people for whom it is a new area of study, and for others an opportunity to learn more about this complex subject area.

Based on established trauma theory, all the quotations are from a range of verifiable sources with authors acknowledged. The information provided here is mainly in short extracts, overviews etc. More in-depth information can be read in other sections. Also further information can be added as our research continues.

Different types of trauma are described and considered as well as the nature of trauma; how it can persist within the individual and especially how it can be easily re-triggered or re-enacted, which in turn can block healing.

It is recommended to read this section before the other sections.

SOME DEFINITIONS

“Trauma is described by Krystal (1978) as a paralysed, overwhelmed state, with immobilization, withdrawal, possible depersonalization, and evidence of disorganization. Figley (1985) who conceptualizes trauma as the response rather than the stressor, uses the concept of trauma to represent an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor’s sense of invulnerability to harm.”

McCann, L & Pearlman, LA

“When a person is exposed to overwhelming stress, threat, or injury, they develop a procedural memory of a pattern of reactions that were activated in response to the threat. Trauma occurs when these unconscious procedures are not neutralized and remain in the body. These body-memories prevent us from restoring the body to a peaceful state and is how the debilitating symptoms of trauma come into being.”

Levine, P

“Someone who has been forced to undergo a traumatic experience, a common stress situation can bring the traumatised self, with all its anxiety and helplessness reactions, into play. Normal life events are experienced as stress situations, and stress situations as trauma situations. This explains why often people overreact in harmless situations.

Ruppert, F

Trauma refers to an event or series of events that are highly threatening, and that lead to feelings of fear, helplessness and horror. The events in our lives, especially in our childhood, have a big impact on our mental health and well-being. Some of the most difficult experiences are called traumas. The more distressing and threatening the trauma is, the more likely it is that someone will experience some mental health difficulties, at the time and perhaps later on as well.

South Wales NHS Psychological Service

TYPES OF PSYCHOLOGICAL TRAUMA

There are basically two main categories: Existential/natural events and Relational trauma where the perpetrator is known/related to the sufferer. It is generally considered that victimisation events (i.e. those involving a perpetrator acting in a pre-meditated way) have a more severe psychological impact than non-relational trauma like traffic accidents.

EXISTENTIAL

These are a matter of life and death, purely matters of survival, e.g. natural disasters, wars, traffic accidents etc.

RELATIONAL:

TRAUMA OF LOSS

This involves loss of an important bond by lasting absence or death of another person.

Separation anxiety, anger, pain and grief are the lasting feelings of trauma of loss.

BONDING

This means that a child's basic need for emotional bonding with her parents becomes traumatised.

BONDING SYSTEM/INTERGENERATIONAL

Fear, hate, emotional coldness, guilt and shame are the dominant feelings arising from this type of trauma situation, and are felt by the entire family and often over huge periods of time as the original trauma(s) can be passed on from generation to generation.

NEGLECT, ABUSE AND SEXUAL VIOLATION

Lack of quality attachment from maternal carers means that the neural pathways necessary for affectional functioning and pro-social contact have not been brought to life. That lack of affectional bonds diminishes the brain's capacity for empathy, kindness and pro-social functioning. This can impact on an individual's capacity to modulate emotions or 'self-regulate'. Those who have been neglected often have a very vulnerable sense of self which can lead to a catastrophic sense of not wanting to exist.

Abuse can lead to changes in body chemistry. Fright hormones are secreted into the bloodstream to prime the organs for an emergency response. In addition, the hormone cortisol is released suppressing the immune system, reducing inflammation and preparing the body for explosive activity. This puts individuals in a hyper-aroused state, which is externalised as a slightly paranoid attitude, the inability to settle down to a task or work calmly on a project.

VICARIOUS TRAUMA

Vicarious trauma is something that can seriously affect those people caring for or supporting trauma sufferers; that is the stress resulting from helping or wanting to help a traumatised person. Vicarious trauma occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning.

Who is likely to be at risk? All professionals, humanitarian workers, paraprofessionals or family members who work with or assist traumatised children, adults or families. Many people are called on to respond to a wide range of traumatic events within civilian contexts eg fires, hurricanes, accidents, terrorist/armed attacks, violence etc.

However, vicarious trauma -or secondary trauma- should be distinguished from responses such as compassion fatigue or burnout. There is an informative, concise overview here:

https://en.wikipedia.org/wiki/Vicarious_traumatization

- vicarious trauma is a process that unfolds over time. It is not just an individual's response to one person, one story or one situation. It is the cumulative effect of contact with survivors of violence/disaster/sexual violation who are severely struggling.
- vicarious trauma *happens* because the carer, feeling compassion and empathy, becomes committed or feels responsible to help but at times feels unable to fulfill that commitment. This desire to help can lead to very high -and often unrealistic- expectations of what can be achieved and how quickly. The outcome can be feeling burdened, overwhelmed and hopeless in the face of great need and suffering. It can also lead to carers extending beyond what is reasonable for their own well being or indeed the best long term interests of their beneficiaries.
- a key aspect is *changes* to how the carer sees him/herself when exposed to trauma over time. For example, if we hear many stories about violence, we may begin to see the world as unsafe. We may even become fearful of trusting others. It is said that those with a history of trauma themselves are most likely to feel the greatest impact.

TRANSFORMING VICARIOUS TRAUMA:

Research shows that the most influential resource is a group of peers that we can talk to about our work/involvement. But transforming such trauma means something deeper than merely coping with it. It means identifying ways to nurture a sense of meaning and hope.

What gives life meaning and what instils or renews hope? There are some self help suggestions and general comments in this first person account by a psychotherapist:

A good overview containing references to other articles:

www.heretohelp.bc.ca/visions/trauma-and-victimization-vol3/vicarious-traumatization

Some suggestions for coping:

www.headington-institute.org/files/vicarious-trauma-handout_85433.pdf

NATURE OF PSYCHOLOGICAL TRAUMA

“Trauma is a function of memory. If we don’t have memory then there is no trauma. However, memory happens at many levels and takes many forms.”

Levine, P

“There are two main categories of long-term memories: explicit, which is conscious, cognitive and can be expressed in language, and is stored in the hippocampus. Implicit memory is unconscious and consists of recorded body sensations and emotions, and automatic skills. Implicit memories are mediated by the amygdala, which remains active during traumatic events and flashbacks when the hippocampus is switched off.”

Hollick, M & Connelly, C

“All experience is encoded in the memory system, with the imagery system of memory (Paivio 1986) associated with strong emotions and other vivid sensory impressions. The return of these traumatic images is one of the hallmarks of the post-traumatic experience (Brett & Ostroff 1985). The re-experiencing of traumatic imagery is very painful and disruptive, creating a defensive tendency to avoid this material.”

McCann, L & Pearlman, LA

“Not only does the internal chemistry of cell changes in response to external conditions, but also the sensitivity and number of receptors are adjusted to the concentration of specific messenger molecules in the surrounding fluid.....if we fail to release the energy of arousal following a traumatic event, our cells adjust to elevated levels of stress hormones, thus ‘remembering’ the experience..... and like memory, emotions are central to the experience of trauma - especially anger, fear and shame - and these it has been said, are produced by ‘molecules of emotion’ that bind with specific receptors at major nerve junctions, and activate relevant brain circuits.”

Hollick, M & Connelly, C

“If not generally being in touch with one’s body, there may be unprocessed memories involved. Because whether or not you’re in touch with your body sensations or emotions, the unconscious connections of your memory system are still affecting your reactions in the present. Basically, the computer is still running, even if the monitor is off.”

Shapiro, F

“Early traumas disrupt the necessary integration processes in the body and the personality structure from the very beginning. If a split is active for a long time, the risk of physical illness increases. Trauma makes the body the servant of two masters, like a horse with two riders on its back; one applying the spurs, the other pulling at the reins. The body eventually has a partial or complete breakdown as it has been expected to be both active and passive at the same time.”

Ruppert, F

HOW THE BODY REACTS TO PSYCHOLOGICAL TRAUMA

In recent decades, much work has been done on the human brain and body which has led to an understanding of how trauma works at genetic, molecular and neurological levels. Prior to this discovery, it was generally believed, and to a large extent still is, that traumatic memories are stored in the brain only, with treatment focused on the brain.

Whilst psychological reactions ('symptoms' as generally used) have been the main focus in psychiatric and psychological fields, physical reactions have received far less attention.

PHYSICAL REACTIONS

"People who have been through a psycho-trauma of any kind, relational or natural events, can feel a number of problems **as the normal reaction to what has happened**. Feelings include "head" feelings, that is, problems of memory and concentration, "body" problems, that is, physical illness including headache, dizziness, stomach, bowel and urinary problems, sexual problems, tiredness, general weakness "

Tauber, C & Markovic, FI

"Secondary complication such as self-harm, and eating disorders arise in traumatised people."

Herman, J

"Over-activation of the stress response systems, increasing risk of obesity, diabetes, hypertension,.. and a degeneration of the brain structures."

The Anna Institute

PSYCHOLOGICAL REACTIONS

"Psychological feelings including depression, anger, fear, dependency, numbness, not knowing where to go or what to do, hopelessness, and feelings that relationships have changed."

Tauber, C & Markovic, FI

How does a traumatised individual find apparent ways of 'coping with' or 'surviving' the effects of the trauma and at what cost to their well-being as they attempt somehow to contain the memories of an appalling event or events? The classic coping strategy or defence mechanism is known as 'Dissociation.'..it is automatic self-protection - an alteration of consciousness in the face of overwhelming stress. It can become a conditioned response to stress.

"In dissociation, memories become fragmented and may emerge in the form of low mood, voices, unusual beliefs, constant anxiety and a sense of threat. These reactions may be better understood as creative survival strategies that helped people to cope, but have outlived their usefulness."

Johnstone, L

"The earlier traumatising takes place, the greater the effect it has on person's development. .. unpleasant feelings induced by trauma: anxiety attacks, powerlessness, hopelessness, unbearable pain, impotent fury, endless shame, gnawing feelings of guilt etc."

Ruppert, F

HOW DOES TRAUMA AFFECT PEOPLE?

Trauma is a very personal thing. What traumatises one person can be of less significance to others. This may be because of someone's individual personality, beliefs, values, and previous experiences. It also depends on how others reacted and what kind of support, if any, you had at the time.

Trauma doesn't have to have lasting effects. Any of the events described above is bound to be upsetting when it actually happens. For example, it is normal to be shaky, tearful and frightened for days or weeks after a sexual assault or a car crash, but if you can talk to friends and family and be believed and supported, you are much more likely to be able to put the event behind you and get on with your life.

However, recent research has shown that trauma often has serious and lasting effects on people's mental health. It is more likely to affect us badly when it is long term and complex, and when we had no one to believe, protect and support us. If you felt that the trauma was a shameful secret, or an abuser told you not to tell anyone, or you believed that the trauma was your fault, or you were trapped for years in an abusive relationship, you are much more likely to suffer mental health problems.

Trauma can affect how we feel, think, and relate to others in various ways. This can range from more obvious difficulties such as feeling anxious about going out, or being upset by bad memories, to the kinds of experience that are sometimes called 'psychosis', 'schizophrenia', 'bipolar disorder', 'personality disorder' and so on.

SOME COMMON EFFECTS OF TRAUMA :

- Experiencing intense emotions of distress, sadness, shame, anger, bitterness, guilt and low mood.
- Having a very low opinion of yourself.
- Feeling anxious, fearful and panicky, irritable and 'on edge'
- Finding it very hard to cope with these overwhelming feelings
- Believing that the trauma was your fault or that you should have been able to stop it happening, and blaming yourself.
- Images and memories of the trauma, or 'flashbacks'.
- Poor concentration, racing thoughts, memory difficulties.
- Feeling unmotivated, helpless and powerless.
- Nightmares about the trauma
- Feeling numb or unreal and cut off from your emotions

NB. The contents of this page are taken wholly from 'Stabilisation Pack', produced by Cwm Taf, University Health Board Psychological Therapies Department, South Wales NHS.

TRAUMA AND PSYCHOSIS

Massive studies all leading to the link between abuse and psychosis have been carried out. Findings highlight cognitive factors, psycho-dynamic explanations, attachment, traumagenic brain changes, and dissociation. Psychosis includes hallucinations, delusions, thought disorder, catatonia, negative symptoms and hearing voices.

However, classic trauma does not necessarily lead to psychological breakdown. It can lead to attachment problems: disorder in infancy, controlling in childhood, unstable in adulthood. e.g. parental bonding, parental loss.

Trauma and Brain Function (Perry 2003) - looks at brain-stem, mid-brain, limbic and cortical. Problems depend on the age abuse occurs. Continuing 'threat response' - leading to over-active stress system affecting Autonomic Nervous System.

Acknowledgement of the causal role of trauma can also be seen in suggestions for a new category of Traumatic Psychosis. The majority of psychiatric presentations have common origins in some combination of trauma, victimisation or attachment problems. In other words, there is growing evidence that the experiences service users report are, in many cases, a natural reaction to the abuses they have been subjected to. There is abuse and there are the effects of abuse. There is no additional 'psychosis' that needs explaining. *Dillon, J, Longden, E, & Johnstone, L*

"Psychosis has many names, and was long considered an irreversible condition. But research now increasingly suggests that it's primarily the brain's response to traumatic events, and if we can identify the cause, we can address it. And that holds out the prospect of recovery."

This is the final comment on 'Why did I go Mad', a Horizon programme on BBC 1, April 2017

"Certain events known as 'triggers' bring the trauma part back into action and the person's survival part panics about losing control.....every re-traumatisation induces some form of psychotic state. The affected person now no longer experiences the present but thinks, feels and acts as if living in the past when the trauma occurred."

Ruppert, F

FOOTNOTE

Given that the word 'psychosis' has extremely negative, stigmatic connotations relating to 'psychopath' or 'schizophrenia' and a related continuing legacy of mislabeling the trauma symptoms of survivors, it has been suggested by a reader of this guide that in future it would be preferable to use terms such as, 'Trauma and Emotional Distress' or 'Trauma and Dissociation' or 'Trauma and Mental Distress.'

PERSISTENCE OF TRAUMA WITHIN THE INDIVIDUAL

Trauma does not disappear of its own accord though it can remain partially suppressed -at very considerable cost and over long periods of time- within an individual. However, it is liable to resurface very painfully and in a highly disruptive way when recalled or re-triggered by a terrible memory or frightening new experience.

Often when the trauma resurfaces in some way, the individual will be frozen with fear and incapable of functioning normally. They may well suffer from hearing disturbing voices or react to their intense pain by self harming or even attempt suicide. They can be troubled by flashbacks which are a memory of the event (but not a replay or repetition).

It is not only the nightmare acts of, for example sexual violation, themselves but also the accompanying threats, bullying, belittling and verbal abuse that leave the victim not only feeling helpless, powerless and worthless but also filled with shame and guilt. It's the overwhelming package of abuse and control that has such long lasting and devastating impact.

“Trauma re-enactment is one of the strongest and most enduring reactions that occurs in the wake of trauma. Once we are traumatised, it is almost certain that we will continue to repeat or re-enact parts of the experience in some way. We will be drawn over and over again into situations that are reminiscent of the original trauma. When people are traumatised by war, the implications are staggering. “

Levine, P

“...the return of traumatic imagery is so painful because it challenges the self resources and capacities and disrupts the psychological needs and cognitive schemas about self and world. The individual is faced with the task of assimilating the meanings of the trauma into existing schemas and/or accommodating or changing schemas to integrate a new reality. Individuals often attempt to avoid the process of accommodation because the transformation of inner self and world is extremely disruptive psychologically.” *McCann, L & Pearlman, LA*

“The suppression of a symptom can also result in that symptom replaced by another. Physical pain can seem easier to bear than psychological pain. Some symptoms turn out to be the survival self attempting to suppress the memory of trauma. If the body undergoes intensive treatment of physical symptoms that represent the secret expression of the traumas, there is a risk that the defensive mechanisms will break down and the traumatic memory will be set free. The person's consciousness will then be overrun by the hitherto suppressed trauma experiences. These feelings that had been previously held in a numbed body overwhelm consciousness and to the despairing survival self, committing suicide or going mad can seem to be the only escape when suppression of trauma is no longer possible.”

Ruppert, F

WIDER IMPLICATIONS OF PSYCHOLOGICAL TRAUMA

Trauma is not only massively damaging to specific individuals and their families but to whole communities and to nations both as the outcome and the cause of continuing, violent conflict, atrocities and abuse. Trauma is often transmitted across generations with devastating effect. It is the cause of so much continuing misery, pain, despair and suffering.

“Trauma is among the most important root causes for the form modern warfare has taken. The perpetuation, escalation and violence of war can be attributed in part to post-traumatic stress. Our past encounters with one another have generated a legacy of fear, separation, prejudice and hostility. This legacy is a legacy of trauma fundamentally no different from that experienced by individuals - except in its scale.”

Levine, P

“Modern civilisation favours the most aggressive and dominant individuals. In the last few decades, much work has been done on the human brain and body and therefore beginning to understand how trauma works at genetic, molecular and neurological levels. Simultaneously, research in psychology, epidemiology, sociology and other social sciences is revealing how widespread and severe trauma is today and how large an impact on all our lives.” Indeed, “trauma is the most avoided, ignored, denied, misunderstood, and untreated cause of human suffering.”

Levine, P

“Much of the violence that plagues humanity is a direct or indirect result of unresolved trauma that is acted out in repeated unsuccessful attempts to re-establish a sense of empowerment.”

Hollick, M & Connelly, C

“Most mental disorders are actually strategies for dealing with fear”. Perry, B

“ADHD is simply children ‘very afraid’ - millions of them are ‘literally incubated in terror’ - hyper-vigilant state and therefore unable to focus, sit still etc.”

Rowe, D

TREATMENT OR HEALING?

It is widely accepted that there are limitations and dangers of conventional medical interventions. Medication and other drugs have so often not only failed to help traumatised people but have often made their suffering worse. Talking therapies can clearly have a role but the need is also to find complementary or even alternative therapies as well as other therapeutic activities; in other words to help sufferers create a fulfilling, non medical way of life focussed on the future. In certain cultures individual/one to one therapeutic approaches are alien and unproductive.

"Long-term treatment with psycho-therapeutic drugs end up in infinite medically induced loops/an ever-increasing spiral of medical treatment."

Ruppert, F

"It is perfectly possible to work with people in severe mental distress without using psychiatric diagnosis. Many clinical psychologists, including myself, have done this for years, and there are numerous projects both within and outside services which place very little emphasis on diagnostic labels, or else do not use them at all."

Johnstone, L

"Instead of asking '*What is wrong with you?*' We need to ask '*What has happened to you?*'. Finding your own story is the process of working out what the underlying reasons are for your distress, and how they have combined to result in your particular form of distress."

Johnstone, L

"Trauma is a fact of life. It does not have to be life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative."

Levine, P

"We must remember that trauma is experienced by persons, not by dehumanized 'victims' and that their differences, as well as their commonalities, must be respected and understood."

Levine, P.

THE NEED TO RECONCILE FORGIVENESS AND SHAME AND DEAL WITH GUILT

"Shame is important to our survival -if we don't feel it, then we are shameless.... Therefore, we could say to feel it is a sign of your goodness and concern to society. Also, often in sexual abuse, the victim takes on the shame of the perpetrator (who is shameless). Most importantly, it is not your fault if you have PTSD. The key ingredients to recovery include liberal amounts of self-acceptance, support and patience."

Rothschild, B

THE NEED TO DEAL WITH FLASHBACKS

"Flashback not a repetition or replay; it is a memory of that event. This is a critically important distinction and worth repeating: A flashback is a memory. Can't be cured as such -trauma is only a memory -need to look forward..avoid evaluating external reality by inner sensations is actually how flashbacks take hold...take care what you say to yourself. Change the verb tense from the present to past (accurate), which will help to avoid same nervous system reactions that occurred at the time of the trauma.

Rothschild, B.

THE CHALLENGE AND BENEFITS OF HEALING

“Most of us prefer to leave whatever lies beneath the surface safely locked away rather than confront our traumas. It takes conscious intention and determined will to enter the healing path. However, trauma resolved is a great gift, returning us to the natural world of ebb and flow, harmony, love and compassion.

Hollick, M & Connelly, C

“Millions of people are suffering from inappropriate fear but not all seek therapy. It generally takes some escalation of emotional pain in order to recognise the need for help...

.....We are not responsible for the negative experiences we had as children but as adults we are responsible for deciding what to do about them..... The key question is whether you can accomplish it on your own or whether you need assistance..... Once again, we may may not be responsible for the cause of our suffering but we can now take control and do something about it..... The bottom line is that you're never too young or too old to start taking control of your life.”

Shapiro, F

CHOOSING A HEALING PATH

Key purpose of trauma therapy is to transform the past not wallow in it...to heal the dysfunctions caused by trauma but to be focused in the present with an eye to the future. To aim for saying, “It's over, it was a long time ago and I survived.”

There are hundreds of different healing modalities based on a number of theoretical perspectives. From simple self-help methods through a smorgasbord of alternative therapies to long-established psychotherapies and psychiatry. Every modality has strengths and weaknesses; there is no one-size fits all trauma therapy. Often it's the therapeutic relationship not any technique or model that is the primary healing force...key factor is 'trust'.”

Hollick M, & Connelly, C

REFERENCES

- 1 'Psychological Trauma and the Adult Survivor: Theory, Therapy, and Transformation'. McCann, L & Pearlman, L A, 1990 publ Brunner-Routledge, UK
- 2 'Waking the Tiger: Healing Traumas.' Levine, PA, 1997 publ North Atlantic Books, US
- 3 'Hope for Humanity.' Hollick, M & Connelly, C, 2011 publ O-Books, UK
- 4 'Splits in the Soul.' Ruppert, F, 2012 publ Green Balloon, UK
- 5 'Psychiatric Diagnosis.' Johnstone, L, 2014 publ PCCS Books, UK
- 6 'Getting Past Your Past.' Shapiro, F, 2012 publ Rodale, US
- 7 'Keys to Safe Trauma Recovery: take charge strategies to empower healing.' Rothschild, B, 2010 publ W.W. Norton & Co, US
- 8 Brochure on Psycho-trauma, Coalition Working with Psycho-trauma and Peace (CWWPP) Fra Ivo Markovic, O.F. and C.D. Tauber, M.D. September, 1996.
- 9 'Beyond Fear.' Rowe, D, 2007 publ Harper Perennial
- 10 Perry, B, Child Trauma Academy, Texas, US www.childtrauma.org
- 11 'Trauma, Dissociation, Attachment, Neuroscience: A new paradigm for understanding severe mental distress', Dillon, J, Longden, E, Johnstone, L, chapter in Journal of Critical Psychology, Counselling and Psychotherapy, 2012
- 12 'Trauma and Recovery: from domestic abuse to political terror' Herman, Judith Lewis: 2001 publ Pandora.
- 13 The Anna Institute; <http://theannainstitute.org>
- 14 Cwm Taf University Health Board Psychological Therapies Department, South Wales. <http://cwmtaf.wales/services/mental-health/stabilisation-pack/>

SECTION 2:

MAJOR ASPECTS OF TRAUMA HEALING



MAJOR ASPECTS OF TRAUMA HEALING

INTRODUCTION

It must be emphasised how important this part is. It requires a substantial amount of studying if healing processes are to be effective. Otherwise, so much time, energy and money can be wasted as well as creating further psychological damage to the trauma sufferers; retraumatisation being an especially prevalent risk and potential danger.

Psychological trauma is a very complex phenomenon and trauma theory is relatively new (approx. 25 years) though knowledge and understanding are growing steadily. There appear to be numerous accounts of failed treatments in the research literature and insufficient information on the underlying issues and factors. In this section, listed for ease and clarity under what enables and what disables the healing process, are a number of key aspects of trauma healing that require a good level of understanding.

A number of specific aspects have been selected for more in-depth exploration.

These include: resilience, cultural awareness & sensitivity, retraumatisation.

More to follow in due course.

WHAT HELPS, WHAT HINDERS HEALING

KEY ENABLERS

- empathy & compassion + self-compassion
- resilience
- releasing/letting go
- externalising
- reprocessing/repatternning
- forgiveness, reconciliation & justice
- being listened to and having a voice
- cultural awareness & sensitivity
- understanding recovery stages

KEY DISABLERS

- voices and visions
- retraumatisation
- humiliation, shame & guilt
- trauma language
- trauma and relationships
- medications
- resistance to healing

RESILIENCE

All quotes given here are taken from 'Resilience'; How your Inner Strength Can Set You Free From Your Past' by Boris Cyrulnik 2009

"When resilience began to be used by social sciences, it came to mean 'The ability to succeed, to live and to develop in a positive and socially acceptable way, despite the stress or adversity that would normally involve the real possibility of a negative outcome'."

"Any extreme situation contains, paradoxically, a potential for life...an invisible spring allows us to bounce back from the ordeal by turning the obstacle into a trampoline, fragility into health, weakness into strength, and impossibilities into possibilities."

"Discovering the healthy part of themselves...'KNITTING'..is how to survive. Resilience is knitted. Resilience is not to do with vulnerability or invulnerability.. it is a defence mechanism." 'Bouncing back' is also good description of resilience."

Some Strategies for Increasing Resilience from Hollick & Connelly, 'Hope for Humanity'

Effective programmes offer a broad spectrum of health, education, family support services, cross professional boundaries and view the child in the context of family and family in context of community.

According to Bruce Perry, most effective for children is education of the family and child about symptoms that are expected after a traumatic event. This reduces anxiety, increases sense of competence and helps to identify abnormal responses that require help.

Adapting approaches of indigenous peoples and Shamanic cultures may lead to more effective ways of defusing potentially traumatic events - e.g. cry, shake, and talk endlessly about what happened + re-enactment in dramatic narratives, and also release pent-up tensions and emotions through drumming, dancing, chanting, trance, and other rituals.

THE FOLLOWING POINTS ARE FROM ACTION AID PSYCHOSOCIAL TRAINING MANUAL (2014)

Resilience is built through a person's relationships and activities. In turn, a person's relationships, and activities are strengthened by their resilience. Characteristics include: a combination of innate and learned skills including independence, social ability, a feeling of being valuable, creativity, the ability to master difficult challenges, family relationships surrounding an individual, the networks and social supports in which people relate

Individual resilience factors (inner resources) include:

- Natural/innate resources, which may be physical, emotional and intellectual
- The ability to master and cope with difficult challenges
- Independence
- Social ability, having an easy temperament
- The feeling of being valuable, a sense of self-worth
- Experience of meaning and continuity, a sense of coherence
- Creativity
- Internal locus of control; self-confidence, self-worth, safety, awareness of self
- The ability to be of help to others
- Responsibility

CULTURAL AWARENESS & SENSITIVITY

When working in culturally sensitive contexts, and especially with those people who have been affected by extensive interactions with people outside their own culture, having a greater understanding of these experiences and the typical reactions, will lessen the difficulties which can arise during healing interventions.

KEY CONSIDERATIONS

'Culture Shock' is a phenomenon common to people entering a new and often very different culture for the first time. The effects of it vary from person to person but it can be a very alarming and painful experience, often requiring medical intervention.

Cultures vary regarding the expression of emotion. For many cultures it can feel very uncomfortable especially with 'outsiders' and/or in a public arena. It causes anxiety and insecurity.

In many cultures communication is through associations. Such communication may be highly indirect, and reasoning may be more intuitive than analytical or deductive. Most Western cultures are strongly 'abstractive', in more directly relevant terms.

Communication occurs at different levels, e.g. linguistic, grammatical, gestural, postural, attitudinal. Thus, need to be more informed and sensitive to language differences and where misunderstandings occur, e.g. intonation and pronunciation – differences here can create much conflict. Also, be aware of multiple meanings, e.g. some things are literal to one culture but not the other.

Regarding behaviour, the key point is to be aware of differences and or accommodate wherever possible i.e. Non-verbal behaviour, e.g. eye contact, gestures and head nodding. Rituals, e.g. hand shaking, bowing, opening doors, queuing, Customary behaviour, e.g. eating, hygiene, dress, relationships, making appointments.

THE FOLLOWING IS AN EXTRACT FROM ACTION AID PSYCHOSOCIAL TRAINING MANUAL 2013

Ideological beliefs, practices, ceremonies and rituals in traditional societies are an integral part of well-being and can be an important source of understanding, and coping with, traumatic experiences...many societies have rules and traditions about how to express emotions i.e., sometimes it is shameful for men and boys to cry. In other communities it is disrespectful or even insulting for a stranger to ask someone to talk about their painful experiences. In collectivist cultures, people tend to experience traumatic events not so much in a private sense but in a collective manner.

Many non-Western oriented medical, ideological and social systems do not distinguish body, mind and self. Social relations are understood as a key contributor to health and to the individual's sense of well-being. In helping people to manage their experiences it is important to have knowledge of their cultural context and to build support on it.

RETRAUMATISATION

The following are examples of definitions and descriptions of this phenomenon:

“In trauma theory, events known as triggers can bring the split off trauma part out of its withdrawn state in the unconscious into action, where it becomes disconcerted and starts to panic, and with the danger of the survivor losing control over the conscious.

When such retraumatisation occurs, depending on the original trauma situation, the individual in question may change dramatically, and all of the trauma-related reaction patterns become visible. Essentially, every retraumatisation induces some form of psychotic state. The affected individual no longer experiences him or herself in the present but rather thinks, feels and acts as if living in the past when the trauma occurred.”

From - Franz Ruppert 'Splits in the Soul; *Integrating Traumatic Experiences*'. (2011)

“Clients must be able to maintain a simultaneous awareness and discrimination of past and present when addressing traumatic memories, at least intellectually. If not, it risks uncontrollable hyper-arousal and flashbacks. This is fertile ground for retraumatisation; re-experiencing trauma with all the terror, hopelessness and desperation first tied to it. Clients must be secure in the knowledge that the actual, present environment is trauma-free.

Retraumatisation can occur when the therapy process accelerates faster than the client can contain. This often happens when more memories are pressed or elicited into consciousness - images, facts, and/or body sensations- than can be integrated at one time. This overly accelerated therapy can produce more arousal in the client's autonomic nervous system (ANS) than he has the physical and psychological resources to handle. It's like a car speeding out of control, the driver unable to find and/or apply the brakes.”

From – Babette Rothschild 'The Body Remembers; *The Psychophysiology of Trauma and Trauma Treatment*' (2000).

“Retraumatization as traumatic stress reactions, responses, and symptoms occur consequent to multiple exposures to traumatic events that are physical, psychological, or both in nature. These responses can occur in the context of repeated multiple exposures within one category of events (e.g., child sexual assault and adult sexual assault) or multiple exposures across different categories of events (e.g., childhood physical abuse and involvement in a serious motor vehicle collision during adulthood). These multiple exposures increase the duration, frequency, and intensity of distress reactions.

We would like to recognize that the term retraumatization has been used in a much more circumscribed way to capture distress that occurs with the retelling of a trauma narrative. Our use of the term retraumatization is more literal, emphasizing traumatic stress symptoms that occur in response to traumatic events rather than distress symptoms that occur in the context of treatment.”

From - Victoria M. Follette and Melanie P. Duckworth (Eds.) 'Retraumatization: Assessment, Treatment, and Prevention (2013)

TRAUMA AFFECTS RELATIONSHIPS

The following was written by Malcolm Hollick, co- author of 'Hope for Humanity: how understanding and healing trauma could solve the planetary crisis'.

"Trauma affects relationships through our defence mechanisms. These are responses to fear trapped within our bodies as a result of trauma and emotional patterns in upbringing. Defence mechanisms can be anything from a persistent anxiety about not being loved to such behaviour as major obsessive disorders.

Defence mechanisms mostly play themselves out in our closest relationships because these relationships have the most power to affect us. Also the tension of trauma leads to anger and frustration which is most often vented on the people with whom we feel most comfortable. We are more able to keep it under wraps with people we don't know as well.

Trauma has a tendency to keep on repeating itself using the current life situation as its stage for its dramas. We find ourselves repeating patterns of behaviour both large and small in response to events that feel similar to the original trauma. This is possibly a drive towards release. As trauma therapist Peter Levine says in "Waking the Tiger "

"The drive to complete and heal trauma is as powerful and tenacious as the symptoms it creates. The urge to resolve trauma through re-enactment can be severe and compulsive. We are inextricably drawn into situations that replicate the original trauma in both obvious and non-obvious ways."

When we work to resolve known traumas we find ourselves relieved of repetitive patterns. We can also work on unknown ones because they will show themselves in the form of problem behaviours and these can be undone. A full and clear understanding doesn't have to happen for resolution to occur. The process of therapy can hugely enhance relationships. When trauma heals we learn to respond to the behaviour of others with understanding rather than react with our own emotional bias.

Trauma patterns play themselves out not only in intimate and family relationships, but also in those of our employment and our community. Healing will benefit us at all these levels, affecting our well being and increasing our levels of empathy with others.

Loss of empathy is a major symptom of trauma. When inner turmoil is happening it is difficult to be understanding of other people. With healing this improves. The understanding of our loved ones then helps to see their perspective more clearly. This helps us further in the undoing of defensive patterns of behaviour. In time with persistent healing we can become helpful to others in their trauma healing processes."

TRAUMA AND LANGUAGE

The following are a few examples of work come across during this research.

1. Voice, Language and Communication in Psychological Trauma: After the Trauma of Babel. This was the title of an essay being researched by Heide Hetz in 2012.

However, owing to loss of contact, it is unsure whether the work was completed. However, the following points taken from the given synopsis are worthy of consideration.

Compared to normal grief, trauma is marked by silence and an inability to communicate the experience. Language is essential to trauma. Three main aspects are: language and non-verbal communication, language and narrative, and language as communication with the purpose of sharing information and building relationships.

The difficulty to communicate traumatic experiences, both for the speaker and for the listener, suggests the necessity to analyse the difficulty for the speaker to express their experiences , whether due to fear of re-traumatisation and feelings such as shame, humiliation and self-doubt, difficulties with language as a tool for communication, the restrictions of social conventions, and the difficulties for the listener to bear witness to the survivor's story.

Language is crucial in the survivor's attempt of re-writing their personal narrative, in rebuilding relationships with others and finding meaning in their suffering in order to recover and move on.

The author recommended that community attitudes towards communication on trauma need to change, in order to enable and actively contribute to the healing process of the individual survivor.

2. 'The Unsayable: The Hidden Language of Trauma' by Annie Rogers, 2006

Rogers illuminates the complex, intimate unraveling of trauma between therapist and child, as painful truths and their consequences come to light in unexpected ways. It is a book with the power to change the way we think about suffering and self-expression. For those who have experienced psychological trauma and those who wish to help

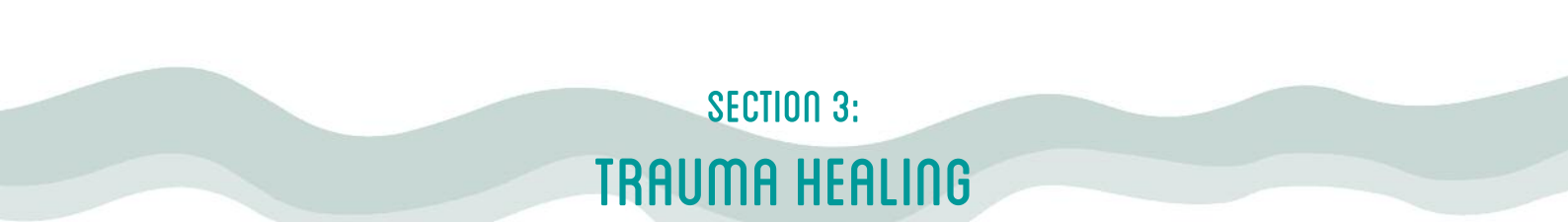
3. Alexander McFarlane, a psychiatrist who heads the Centre for Military and Veterans' Health at the University of Adelaide in Australia spoke at the "Aftermath" conference about how trauma affects the brain and the failure of language to express those feelings.

"Trauma disrupts the integration of the brain; its networks do not talk to each other properly so our capacity to form representation is changed. This fundamental bedrock of clear communication is an acquired abnormality following trauma experience. One critical region that is affected is the left dorsal lateral pre frontal area of the brain, an area central to language formation. As a consequence, people who are traumatized have a disrupted affective language and struggle to use words with the same facility as people who don't experience trauma. The facility and capacity of language to express trauma is a very real issue because it disrupts this primary human quality." (Edited excerpt)

SECTION 3:

TRAUMA HEALING APPROACHES AND PRACTICES





SECTION 3:

TRAUMA HEALING APPROACHES AND PRACTICES

INTRODUCTION

In order to promote the exchange and wide dissemination of existing good practice, this section focuses on ‘what works..what actually heals’, via verifiable subjective and objective evidence thus helping to increase awareness, insight and deeper understanding.

Our research seeks to provide effective, humane and cross cultural healing practices to benefit those suffering from psychological trauma and to inform those in a wide variety of contexts who work with them. The references listed here fulfil this criteria.

This section is presented in four sub-sections: therapies & techniques, allied healing approaches, specific projects, networks and organisations.

All the networks and associations listed here have some trauma-focused element to their work, specific projects more so. Most of these have a reforming/campaigning underpinning to them and therefore can offer alternatives to the standard biomedical model.

This is not a finite collection, merely the first phase presentation from the research work to date (March 2018). It is hoped that additional relevant and appropriate information and resources can be added, or edited if necessary.

THERAPIES AND TECHNIQUES

During this research into effective trauma healing methods and approaches, it has emerged that virtually all effective trauma healing therapies and techniques involve some releasing or externalising of trauma energy from the body where trauma memories are stored. They can be classed under the broad umbrella of Energy Psychology.

ENERGY PSYCHOTHERAPY (EP)

Energy Psychotherapy is a family of integrative approaches to psychotherapy that work with the mind-body connection. EP is particularly powerful in working with trauma, releasing Post Traumatic Stress Disorder (PTSD) and helping with the regulation of the affects. Growing numbers of therapists are learning to integrate its gentle and effective methods into their practice.

The Working Definition of Trauma for the purposes of energy psychotherapy:

'Trauma can be viewed as being any occurrence which, when we think of it, or **when it is triggered by some present event, evokes difficult emotions and/or physical symptoms.**

In this way, all psychological imbalance can be viewed as being caused by trauma of one form or another'.

The four specific skills drawn from Energy Psychology are; (1) use of 'muscle-testing', sometimes known as 'energy-testing', (2) an understanding and attention regarding resistances to, and fears of change, (3) finding the focus of treatment, the words to use, the 'thought field', (4) use of an energy intervention.

This developing field is quickly gaining recognition, with an increasing body of research demonstrating its effectiveness. New understandings of the impact of trauma on the body, including advances in neurobiology, support the use of methods which integrate the body-mind.

BRINGING MIND AND BODY TOGETHER FOR TREATMENT

Where 'talking treatments' previously held sway, psychotherapy and counselling are increasingly recognising the need to bring mind and body together for treatment. Indeed some experts believe that **talking treatments can be harmful for severely traumatized people** because talking can re-traumatise without bringing relief as not only the mind but also the body is shattered when someone is severely traumatised, so both need to be treated.

Thus there are many new therapies emerging which work with the body, including Sensorimotor therapies, Energy Psychologies and brain entrainment. In fact EP is now becoming mainstream as EP modalities have been researched by more than 100 investigators in at least 7 countries and proven effective in virtually every case. EP works naturally and easily as a way of linking psyche with soma and addresses all levels of the person's being – physical, emotional, mental and spiritual in offering structured approaches to treating the specific issues within these levels.

Key Ref: www.energypsychotherapyworks.co.uk

EYE MOVEMENT DESENSITISATION AND REPROCESSING (EMDR)

EMDR is based on the assumption that we all have a natural drive towards integration and growth. It is a psychotherapy which empowers the client, facilitating their own natural healing process to move towards resolution of disturbance and dysfunctionally stored information. It has been the subject of much research and because of the positive results, it is included in the NICE treatment guidelines for PTSD (Post traumatic stress disorder). It is a treatment par excellence for PTSD. Although there is a basic protocol guiding the process of resolving the targeted problem, there are many subtleties and, used by an experienced practitioner, can be as much an art as a science.

In EMDR every aspect of a relevant memory is accessed and processed to resolution including the somatic, emotional, and cognitive levels. A memory that seems to be causing symptoms in the present is used as the target image, followed by further connected memories, then present triggers are processed followed by working with any relevant future image.

There are very few simple cases of trauma and there is much to learn in EMDR about ways of stabilising and resourcing the client before accessing traumatic memories, ways of adapting the process to work with more complex cases and where the disturbances may originate very early in life. EMDR is not just about resolving difficulties, but is also valuable in life-enhancing ways, removing any blocks to progress or performance anxiety, enabling clients to feel more empowered and the author of their own lives.

HAP (Humanitarian Assistance Programme) is a branch of EMDR set up to provide training in traumatology and EMDR to local mental health professionals working with people in traumatised communities worldwide.

Key Refs: www.traumaaiduk.org www.worcester.ac.uk/courses/msc-emdr-therapy
www.emdrassociation.org.uk

MINDFULNESS BASED INNER RE-PATTERNING

This simple approach is based on the concept that the body/mind system can heal itself.

It is a form of energy psychology to help resolve a wide variety of issues from the mild to the extreme; including (though not extensively) trauma, anxiety, stress, low self esteem, unhelpful belief patterns, physical pain and blocks in moving forward.

The process is both gentle and effective and incorporates a form of Emotional Freedom Technique (EFT) with Neuro-linguistic Programming (NLP) and a mindfulness based approach. The results can be profound.

Clients will be guided to be present with whatever comes up in the subconscious.

Sometimes they will work with parts that cloud the true self. These parts are given the space to express and to be witnessed. It is in this allowing and witnessing combined with tapping the heart/thymus point that the energetic release of the issue ensues with a more integrated inclusiveness of self.

Key Refs: Tania A Prince and Zena Boutayeb www.innerrepatternning.com
m.facebook.com/InnerRePatterning www.zenawellbeing.com Tel: 07342675928

EMOTIONAL FREEDOM TECHNIQUE (EFT)

This incorporates an emotional element to the healing process, addressing unresolved emotional issues, based on "the cause of all negative emotions is a disruption in the body's energy system" Properly applied, EFT quickly and safely balances the energy meridians with respect to these negative memories, without the need to re-live them.

The technique incorporates theories from holistic therapies such as acupressure, energy medicine and neuro-linguistic programming. Blocked energy is released by tapping with fingertips on certain points on the body at the same time voicing positive affirmations.

Key Refs: www.therapy-directory.org.uk www.theenergytherapycentre.co.uk
www.peacefulheart.se Peaceful Heart Network (network linked to Initiatives of Change) committed to building relationships of trust across the world's divides. Specialises in Trauma Tapping Treatment (TTT).

TENSION AND TRAUMA RELEASING EXERCISES (TRE)

This technique was originally developed by David Bercelli to address impacts of traumatic experiences on the body but is now being applied to help rid the body of everyday stress and tension and restoration of natural balance of systems within. Healing occurs on many different levels both physical and emotional. TRE exercises are an amazing tool for helping the body let go of deep, chronic patterns by helping shake off tension naturally. The London TRE organisation offers to teach the practice tailored to specific needs and physical ability and gives guidance and support as the body releases through the natural release process so that the body does its own healing.

Key Refs: www.trelondon.com and howtodoTRE@traumaprevention.com

MORITA THERAPY

This 4-stage therapy was formalised by Japanese psychiatrist, Dr. Shoma Morita, and progressed in his family home. Morita Therapy is about daily life in all aspects not therapy as separate from it.

1st Stage: Safe place - feel whatever you feel. 2nd stage: Fine muscle movement-comes out of isolation. 3rd Stage: Intensive work. 4th Stage: Re-socialisation.

The use of Art Therapy and Gardening here the same as in mainstream but essentially for contributing to life itself, and not for self-serving interest; moving one's life to nurturing and sharing. Important in healing from trauma is nurturing something/someone.

Key Ref: www.moritatherapy.org

STABILISATION PACK: OVERCOMING TRAUMA

This manual, designed and developed by Cwm Taf University Health Board-Psychological Therapies Department, is aimed at trauma sufferers per se. It is designed to help learn what trauma is, why it has such a big impact on mental health and what can be done to cope with the difficulties faced on a day to day basis. Understanding the way trauma affects people will help them to work out the reasons for their distress, and the best path to recovery.

There are 3 Main Sections:

INTRODUCTION: 3 SUB-SECTIONS

- Introduction to the Stabilisation Pack (4 pages) includes: what the manual is about and how to use it, what will be learned, general coping ideas and strategies for the effects of trauma, information for specific problems.
- An Introduction to trauma (12 pages) includes: what will be learned, how it will work, what does trauma mean, how does it affect people, list of common affects, complex trauma and PTSD, recovery, references.
- Introduction: How does trauma affect the mind and body (7 pages) includes: how the brain processes trauma, emotional regulation systems, ways of coping/ helpful and not helpful, reading and references.

INFORMATION: 7 SUB-SECTIONS

- Dissociation (4 pages)
- Flashbacks and Nightmares (7 pages)
- Hearing voices (5 pages)
- Mood Swings (7 pages)
- Self Harm (4 pages)
- Shame and Self-forgiveness (4 pages)
- Unusual Beliefs (4 pages)

SELF HELP: 7 SUB-SECTIONS

- Compassion (4 pages)
- Crisis Planning (3 pages)
- Distraction and Distancing (4 pages)
- Grounding (4 pages)
- Mindfulness (4 pages)
- Self Care (5 pages)
- Soothing and Safety (6 pages)

<http://cwmtaf.wales/services/mental-health/stabilisation-pack/>

WORLD HEALTH ORGANISATION (WHO): WORKING WITH TRAUMA

While talking therapies can be very valuable, they are not sufficient in themselves; trauma memories are deeply embedded in the body as well as in the mind and trauma recovery requires a multi-faceted, holistic approach.

It is worth noting that the only two therapies for working with trauma that are recommended by World Health Organisation (WHO, 2013 Stress Management Recommendation 15) are Trauma-Focused-CBT (Cognitive Behavioural Therapy combined with other techniques), and EMDR (highlighted in Therapies & Techniques)

This is because both of these therapies have undergone the required scientific trials and evidence-based processes. However, this project's researchers clearly do not believe that all other therapies highlighted above are invalid because they do not fit the medical model criteria.

The following is an example of a trauma-focused therapy.

TRAUMA-FOCUSED COGNITIVE BEHAVIOURAL THERAPY (TF-CBT)

Trauma-focused cognitive behavioural therapy (TF-CBT), developed in the US, is an evidence-based treatment approach shown to help children, adolescents, and their caretakers overcome trauma related difficulties. It is designed to reduce negative emotional and behavioural responses following child sexual abuse and other traumatic events. The treatment—based on learning and cognitive theories—addresses distorted beliefs and an attribution related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. TF-CBT also helps parents who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.

The programme seeks to teach children skills to cope with the difficulties that this disorder creates. At the same time, therapy sessions are used to help children confront and deal with painful or scary past experiences.

Key ref: www.tfcbt.org

FOOTNOTE

A steering group of the World Health Organisation (WHO) considered the evidence for psychological and pharmacological interventions for PTSD and developed the following four recommendations.

Ref: WHO Guidelines for the management of conditions specifically related to stress.
Geneva 2013

RECOMMENDATION 14: POST TRAUMATIC STRESS DISORDER (PTSD): PSYCHOLOGICAL INTERVENTIONS: ADULTS

Individual or group cognitive-behavioural therapy (CBT) with a trauma focus, eye movement desensitization and reprocessing (EMDR) or stress management should be considered for adults with PTSD.

Remarks *Individual and group CBT with a trauma focus and EMDR should be offered only in those contexts where individuals are competent (i.e. trained and supervised) to provide the therapies. Although studies show that individual CBT with a trauma focus is more effective than stress management, in resource-constrained settings stress management may be the most feasible treatment option.*

RECOMMENDATION 15: POST TRAUMATIC STRESS DISORDER (PTSD): PSYCHOLOGICAL INTERVENTIONS: CHILDREN AND ADOLESCENTS

Individual or group cognitive behavioural therapy (CBT) with a trauma focus or eye movement desensitization and reprocessing (EMDR) should be considered for children and adolescents with PTSD.

Remarks *Same as with adults.*

RECOMMENDATION 16: POST TRAUMATIC STRESS DISORDER (PTSD): PHARMACOLOGICAL INTERVENTIONS: ADULTS

Selective serotonin re-uptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs) should not be offered as the first line of treatment for post traumatic stress disorder in adults. SSRIs and TCAs should be considered if: (a) stress management, CBT with a trauma focus and EMDR have failed or are not available; or (b) if there is co-morbid moderate–severe depression.

Remarks *Interactions with other drugs need to be considered and necessary precautions should be taken when prescribing to elderly populations and pregnant or breastfeeding women (see WHO (2010) mhGAP Intervention Guide module on moderate–severe depression).*

RECOMMENDATION 17: POST TRAUMATIC STRESS DISORDER (PTSD): PHARMACOLOGICAL INTERVENTIONS: CHILDREN/ADOLESCENTS

Antidepressants should not be used to manage PTSD in children and adolescent.

Remarks *If there is concurrent moderate severe depression, also use guidance for helping depressed children and adolescents as included in the WHO (2010) mhGAP Intervention Guide module on depression. There are alternatives to pharmacological treatment (see recommendation 15).*

SPECIFIC PROJECTS

THE CENTRE FOR HEALTHY AUTONOMY

The Centre for Healthy Autonomy is the home for the therapeutic research and education work of Identity-oriented Psychotrauma Therapy (IoPT), which was developed by Professor Franz Ruppert of Munich University.

Their work is based on an understanding of what trauma actually is, the internal dynamics involved and the real possibilities of healing. The theoretical framework, while standing on much thinking that has gone before, is quite new and ground-breaking, and calls into question many basic assumptions of psychotherapy as it is widely practised.

What is healthy autonomy? Our whole existence is constrained by our need for connection, relationship and symbiosis, and our need for autonomy, individuality and uniqueness. Our identity is born of this.

Traumatisation is a lasting blow to our autonomous ability, to our identity, particularly if it happens very early in our life. Trauma leaves us vulnerable and dependent, with a fractured and compromised identity, affecting our ability to think clearly and make good decisions. When traumatised we lose our ability to live through a healthy autonomy.

So the aim of the work with Identity-oriented Psychotrauma Therapy is to regain our healthy autonomy, to heal our fractured identity.

Key Ref: Vivian Broughton www.healthy-autonomy-centre.co.uk

COALITION FOR WORK WITH PSYCHO-TRAUMA & PEACE (CWWPP)

This coalition, based at regional headquarters in Vukovar, Croatia, has over 25 years experience of working in the field of post-conflict trauma. The Coalition works for the empowerment of people during or after armed conflict or with the potential for such conflict to take control of their own lives, particularly at grass-roots level.

The staff work in eastern Croatia and Bosnia-Herzegovina on issues of psychological trauma, non-violent conflict resolution, reconciliation and civil society. Individual and group counselling, plus courses for people who wish to be lay counsellors are provided, all without charge.

Dir: Charles Tauber www.cwwpp.org

FAMILY REFUGEE SUPPORT PROJECT (FRSP)

This is a registered charity which works with refugee and asylum-seeking families who, after suffering the traumatising effects of war, struggle to deal with their experiences of persecution and exile, torture and displacement. Many have experienced complex and diverse traumas but with similar and devastating impacts on themselves and their family relationships.

The therapeutic garden, established in 2010 in Liverpool, uses horticulture as a therapeutic tool, helping to improve the mental and physical health of its clients. It is an extension to the project's existing allotments which have been successfully used to help the healing process of its clients since its inception in 1999.

www.familyrefugeesupportproject.org.uk

FREEDOM FROM TORTURE (FFT)

Freedom from Torture, formerly the Medical Foundation for the Care of Victims of Torture, has been working for over 30 years to provide direct clinical services to survivors of torture who arrive in the UK, as well as striving to protect and promote their rights.

FFT has five treatment centres in the UK, in Birmingham, Manchester, Glasgow, London and Newcastle.

www.freedomfromtorture.org

STOCKPORT WOMEN'S CENTRE

Established in 2002, The Women's Centre was born out of a huge social need within the local area of Stockport. Initially offering counselling to women suffering from domestic abuse, the Women's Centre now offers a full range of services that stay true to their vision – to be acknowledged, respected and valued by the local community and beyond as the leading provider of innovative support services and therapeutic treatments for women.

www.thewomenscentre.uk.net

TRAUMA AID UK

Trauma Aid UK is a registered charity set up to provide training in traumatology and EMDR (Eye Movement Desensitisation and Reprocessing) to local mental health professionals in countries affected by trauma through war, natural disasters and other mass traumatic experiences. This is followed by provision of on-going support of their work and continuing professional development.

It was formerly known as HAP UK and Ireland, but in 2016, when HAP Europe changed its name to Trauma Aid Europe it became known as Trauma Aid UK.

As an independent organisation, Trauma Aid UK began its first overseas project in Bosnia-Herzegovina in 2009, building a basis for a strong EMDR capability here, and is an ongoing project. In 2013, Trauma Aid UK expanded to run a project in the Middle East, in response to the ongoing conflict in the region, working in some of the most traumatised areas.

Trauma Aid UK is keen to expand its training programme overseas. Their growth requires resources in terms of money and time and for this need the support of their members.

Charitable Objectives for Trauma Aid UK

To advance the education for the public benefit in psycho-therapeutic skills and knowledge to medical and mental health professionals in the treatment of traumatised patients in countries where continuing training is unavailable.

To conduct and promote scientific research into the efficacy of psycho-therapeutic treatments in developing regions and regions in crisis and publishing the useful results of all such research.

www.traumaaiduk.org

CNWL RECOVERY & WELL-BEING COLLEGE

The CNWL Recovery & Well-being College was launched in April 2012 and is the third college of its kind to be developed in the U.K.

It builds on the national drive to create a society where people with mental health difficulties have access to the same opportunities in life as everyone else.

Students are encouraged to be active in their own self-care and well-being, learn how to counteract and manage their conditions and equip themselves with the tools to live a happy and fulfilling life.

The College prides itself on being a transformational space, helping to build support systems and striving to remove the stigma associated with mental and physical health.

A range of educational courses, workshops and resources are available to people who use Central and North West London NHS Foundation Trust's services, their supporters (friends, family or carers) and CNWL staff.

www.cnwl.nhs.uk

ALLIED HEALING APPROACHES

Allied Healing Approaches

STORYTELLING

An aspect of this research project is to investigate the role of stories in helping trauma sufferers explore, better understand and manage their experiences, feelings and the symptoms they exhibit. Storytelling, both personal testimony and fictional, can be powerfully combined with other media such as music. The telling of stories involves a holistic representation of many aspects of human experience: bodily, intellectual, emotional and spiritual.

The healing power of personal and collective narrative is age-old and currently undergoing a re-birth within the psychological and psychiatric fields.

NARRATIVE PSYCHOLOGY

Narrative psychology is a perspective within psychology concerned with the "storied nature of human conduct". It is the study of how human beings construct stories to deal with experiences. It is not a single or well-defined theory. It refers to a range of approaches to examining the role of stories in human life and thought. In narrative psychology, a person's life story becomes a form of identity as how they choose to reflect on, integrate and tell the facts and events of their life not only reflects, but also shapes, who they are. It is a social constructivist approach that studies the implications of these stories for individuals and societies. *Wikipedia*

NARRATIVE PSYCHIATRY

Rather than focusing only on finding the source of the problem, narrative psychiatry focuses on finding sources of strength and meaning. The result is compassionate, powerful healing. It empowers patients to shape their lives through story. By encouraging the patient to explore their personal narrative through questioning and story-telling, the clinician helps the patient participate in and discover the ways in which they construct meaning, how they view themselves, what their values are, and who it is exactly that they want to be. These revelations in turn inform clinical decision-making about what it is that ails them, how they'd like to treat it, and what recovery might look like. It is a collaborative approach. *SuEllen Hamkins, The Art of Narrative Psychiatry*

Several psychotherapeutic traditions employ narrative as a central component; most notably is Narrative Family Therapy. The UK Institute of Narrative Therapy aims to support the teaching and development of Narrative Practice so is principally aimed at therapists.

A similar organisation in the U S The Narrative Institute, states that our identities are shaped by the accounts found in the "narratives" of our lives, both the stories we tell and ones that other people tell about us. This is a rich and fruitful area to explore.

www.theinstituteofnarrativetherapy.com

www.narrativeinstitute.org

EXPRESSIVE ARTS

Time and again, certain creative activities are recognised as beneficial to both physical and psychological health. They are widely applied in medical and non-medical contexts in order to enhance well-being. With trauma healing, the expressive arts represent a wonderful source of fulfilling and healing activities, providing a vital underpinning to the healing process/journey.

Working both individually and in small groups, trauma sufferers have produced positive and healing outcomes across the arts that seem to have been highly expressive and beneficial, with examples including fine art, sculpture, textiles, (e.g. quilting), music, drama. These included here are but a few examples but they exemplify well how traumatised people can be helped to heal.

TEXTILES

QUILTS AND ARPILLERAS

Roberta Bacic is a Chilean curator and speaker regarding the politically-significant stories of arpilleras. Arpilleras - hand sewn tapestries - by women that 'speak out' visually about political repression and human rights abuses through their stitches and scraps of material, which convey processes of resistance, memory and the search for truth and justice in a context of repression, political violence and war. From 2008, Roberta curated more than 40 international exhibitions of arpilleras and quilts. Over time, these exhibitions expanded from arpilleras from Pinochet's Chile, to include expressions of loss, protest and healing from around the world. Each of the textiles contributes to the four key elements: Memory, Testimony, Denouncing, Resistance, some more than others.

What they tell, what they bring out in the viewer ...may bring out sympathy or empathy.

The textiles are not neutral, not impartial. They have high impact; depicting issues as they are represented. Most pieces are accompanied by personal narratives. They are more powerful than words (NB Trauma often inhibits words).

www.cain.ulst.ac.uk/quilts

PORTRAITURE

Social artist Geoff Read worked with 100 children who were living (as he was) in Fukushima at the time of the earthquake, tsunami and nuclear disaster of 2009. The aim was for each child to communicate a lasting testimony to the world as a generation that would be argued over for decades to come and giving them a voice in discussions about their health and future. To counter the strong social pressure to hide their fears, carry on as normal and be happy and cute, it was made clear that they could show worry and anger too, and each picture could be different: they were free to express what they were actually thinking and feeling: anything was OK. They were also asked to consider "What makes you strong?" Each child drew or painted their own picture, sometimes including words, then Geoff did their portrait into this according to their instructions about pose, expression and colour.

KEY ASPECTS WITH RELEVANCE TO TRAUMA HEALING

Permission: Children often feel powerless and are subject to pressure to meet adults' expectations of their behaviour and need for their happiness, leading to a stressful mis-match between their private and public selves. Feeling safe and encouraged to be open and honest can reconcile these and enable them to understand and value their own thoughts and feelings, whatever they are, increasing their resilience and confidence to express themselves.

Connecting with the world: The participants know at the start that there is a public purpose to their work, which takes place within a project aiming to create a circle of influence which will communicate to a wide audience, and hopefully improve their situation in practical terms. Feedback that this has happened is important. In this case the political and social aspects of the context gives this portraiture work a larger audience and more depth of meaning. The desired outcome is that their sense of helpless victim-hood is replaced by a degree of empowerment and control. In 'trauma' terms, taking a stand v 'freezing', strength v. weakness, hope v. despair and anxiety.

Thinking skills: This is a cognitive approach including emotional intelligence and political awareness, the picture being a tool for thinking and acting on the world rather than simply an emotional expression or personal therapy in the traditional sense.

Collaboration: Working in a group allows the participants to see their own ideas in the context of other people's. Working with an artist with specific skills meant that they could expand what they were able to say and be more ambitious.

Self esteem: Portraiture can increase a sense of self-worth and self-respect, as it is an unusual experience and the sitter can feel valued, seen and heard.

www.strongchildrenjapan.blogspot.co.uk

SCULPTURE

Sculptor Jean Parker, working mainly in the traditional materials of clay, stone and bronze, drew upon universal themes such as religion, psychology and personal relationships, as a source of endless inspiration, to be expressed in both figurative and abstract form.

In 2002, a significant body of work emerged following a number of traumatic experiences of loss and grief, entitled 'Bald Statements'. This work is a series of large alabaster heads, each head illustrating the now well-recognised stages of 'the grief process': shock-denial, pain-protest, questioning, anger, depression, acceptance, and healing.

The final image is a head with a face faceted as a diamond, which is saying that the aspects of grief shown here do not constitute the whole picture; grief and loss are only part of it. It's a visual plea against narrow judging and labelling; we are all multi-faceted.

This impressive exhibition reflecting different stages of powerful emotional responses to illness and loss, allows viewers to explore and express difficult emotions.

Work associated with the exhibition from 2002 includes specific projects in schools, hospitals, galleries, churches and hospices. In July 2014, Jean stated,

"It has been a wonderful bonus that the work has helped others, touched them deeply. I've clearly tuned into universal emotions, though unwittingly, and discovered that what has been true for me has also been often true for others."

The exhibition is owned by the Westhill Endowment, Selly Oak, Birmingham.

www.westhillendowment.org

PUPPETRY

Puppetry

Raven Kaliaana, a trafficking survivor, filmmaker, puppetry artist, and human rights activist, founded in 2011 Outspiral, a project that utilises arts-based approaches to public awareness-raising, staff training, and university presentations on human trafficking, child sexual exploitation, dissociation, generational abuse, trauma, and healing.

One of the key aims is to encourage understanding of the psychological consequences of trauma. In adulthood, if the trauma is not processed, this internal pressure may lead to repeating the "cycle of abuse" against children/exposing a child to abusers.

Film Screenings with facilitated discussions present emotionally moving puppet-based films for university and college courses; awareness-raising events; staff training for charities, safeguarding teams, police, counsellors, survivors. *Hooray for Hollywood* covers issues of human trafficking, child sexual exploitation, dissociation, denial, generational abuse; *Stories of Healing* shares inspiring examples of creatively healing from trauma, and *Understanding Post-Traumatic Stress* illustrates concepts on the effects of trauma and recovery. Each screening follows with an in-depth discussion with Raven on first-hand knowledge of surviving these crimes, healing, and practical approaches to prevention.

Key Point: Puppetry makes these challenging topics much easier for an audience to engage with, and Raven's personal testimony provides a window into the reality of these issues, as well as providing hope for change.

Raven also offers Transforming Trauma Workshops for professionals on how to support traumatised children and adolescents through puppet play therapy. She also works with survivors of abuse, providing Rehearsing Resilience Workshops for at-risk young people or adults, on trauma recovery, active listening, peer support, reclaiming personal narrative, and empowerment, utilising the medium of shadow animation. Students create a short colourful performance exploring ways to shift a difficult situation.

www.outspiral.org.uk

MUSIC

MUSIC ACTION INTERNATIONAL (MAI)

This successful organisation uses the power of creativity with individuals and communities devastated by war, torture and armed conflict, both in the UK and internationally. They provide innovative ways to reduce the effects of war-related trauma and connect divided communities, through structured music and training programmes.

Many survivors are unable to express the deep trauma they feel through words. Music provides a powerful coping strategy to process trauma, improve emotional health and create empathy among audiences, helping to raise awareness about human rights abuses.

Winners of the Guardian Charity Award and Southbank Change Makers Award.

www.musicaction.org



NETWORKS AND ASSOCIATIONS

EUROPEAN SOCIETY FOR TRAUMA AND DISSOCIATION (ESTD)

This organisation aims to:

- promote an increase in the knowledge of Trauma, Dissociation and all disorders related to chronic traumatisation;
- provide professional and public education about dissociation, trauma and trauma related disorders;
- support communication and cooperation among clinicians and other professionals in the field of dissociation and trauma;
- stimulate national and international research projects;
- and provide knowledge and education specifically to those countries in Europe who do not have easy access in this field.

www.estd.org

EUROPEAN SOCIETY FOR TRAUMATIC STRESS STUDIES (ESTSS)

ESTSS seeks:

- to ensure that clinical research and policy practices in the field of psychotraumatology are informed by evidence systematically gathered and publicly scrutinised;
- to ensure continued prominence is given to all aspects of traumatic stress and its many repercussions;
- and to promote networking between individuals and organisations within the field of psychotraumatology.

www.estss.org

INTERNATIONAL SOCIETY FOR PSYCHOSOCIAL APPROACHES TO PSYCHOSIS (ISPS)

ISPS is an international organization promoting psychotherapy and psychological treatments for persons with psychosis. Committed to advancing education, training and knowledge of mental health professionals in the treatment and prevention of psychotic mental disorders.

Members seek to achieve the best possible outcomes for service user/survivors of psychosis by engaging in meaningful partnership with health professionals, service user/survivors, families and carers.

The ISPS Charter of Good Practice in Psychological Therapies for People Experiencing Psychosis can be seen on their website.

www.isps.org and www.ispsuk.org

HEARING VOICES NETWORK (HVN)

This network offers information, support and understanding to people who hear voices and those who support them. Its aims are: to raise awareness of voice hearing, visions, tactile sensations and other sensory experiences; to give men, women and children who have these experiences an opportunity to talk freely about this together; and to support anyone with these experiences seeking to understand, learn and grow from them in their own way.

www.hearing-voices.org

The International Hearing Voices Network is an international community dedicated to sharing information about hearing voices. Includes an online forum, stories, groups, news, and publications. www.intervoiceonline.org

MIND

This UK Charity provides a very wide range of advice, information and support both for those suffering mental health issues and those caring for them.

There are links to other agencies and there is clearly written advice on topics such as Post Traumatic Stress Disorder (PTSD). Their website could be a very helpful starting place.

www.mind.org.uk

SOTERIA NETWORK

This is a network of people in the UK promoting the development of drug-free and minimum medication therapeutic environments for people experiencing 'psychosis' or extreme states.

They are part of an international movement of service users, survivors, activists, carers and professionals fighting for more humane, non-coercive mental health services.

www.soterianetwork.org.uk

SECTION 4:

CHILDREN & YOUTH: SPECIAL FEATURE



SECTION 4:

CHILDREN & YOUTH: SPECIAL FEATURE

INTRODUCTION

As all the growing research indicates, there is without any doubt a vital need to address childhood trauma as soon as possible; the earlier healing takes place the less likely the development into dysfunctional adulthood. It was therefore considered important to include this as a 'special feature' in the project.

The best recovery programmes are holistic, embracing health, education and social and community services.

Bruce Perry, Child Trauma Academy, states, “The most effective approach for children is education of the family and child about symptoms that are expected after a traumatic event”.

UN Convention on the Rights of the Child (1989) states:

Article 39 (rehabilitation of child victims) “Children neglected, abused, exploited, tortured or who are victims of war must receive special help to help them recover their health, dignity and self-respect.”

Article 42 (knowledge of rights) “Governments must make the Convention known to children and adults.”

This section provides a small but varied selection of organisations and groups working with traumatised children in a range of contexts. More will be added as the research widens. The 2 subsections are:

Organisations & Projects and Literature References.

ORGANISATIONS & PROJECTS

ACESTOOHIGH

ACEStoohigh is a news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. We also cover how people, organizations, agencies and communities are implementing practices based on the research. This includes developments in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, and cities, counties and states.

www.cestoohigh.com

ACTIONAID

ActionAid is a global movement of people working together to further human rights for all and defeat poverty. In addition to long-term development work, Action Aid provides assistance to communities affected by natural disasters and conflicts, focusing on women and children who are disproportionately affected. The devastating impact of disasters may result in significant emotional distress, causing increased suffering and hindering the ability of survivors to rebuild their lives.

ActionAid addresses such impacts on children and young people by training community volunteers to provide psychosocial support through structured discussion groups where experiences can be shared, relieved and re-grieved. Recreational activities, drama, songs and art are also used to relieve stress and create avenues for expression. Children are also supported to return to school as quickly as possible to help regain normality.

www.actionaid.org

ACTION FOR CHILDREN UK

From before they are born until they are into their twenties, this organisation helps disadvantaged children across the UK; through fostering or adoption and by intervening early to stop neglect and abuse, making life better for children with disabilities, and influencing policy and advocating for change. 7,000 staff and volunteers operate over 600 services, improving the lives of 370,000 children, teenagers, parents and carers every year. Services are provided for children and young people whose families need support, who can't live with their birth families, who are disabled, and who are the most in need.

Safeguarding children from neglect: 'whole family approaches'

This organisation believes that child neglect can be addressed by supporting parents and helping them to change their behaviour and improve the lives of their children. Children are made safe, secure and supported by building warm, positive relationships, helping them to become healthier, happier adults who may, one day, become parents themselves. Support is also given to young people at risk of entering care or custody.

www.actionforchildren.org.uk

BICTD BRITISH INSTITUTE IN CHILD TRAUMA AND DISSOCIATION

This is a collaborative organisation with the following objectives:

- to Raise Awareness on trauma and dissociation in children and adolescents;
- to Educate on trauma & dissociation in children and adolescents;
- to Lobby Governments to improve their child protection and child treatment policies so that it reflects the latest scientific research.

With relationships across the world, we work and collaborate with the most notable researchers and practitioners in the field of child trauma and dissociation to bring that information to the “helpers” of the helpless.

Summary: BICTD as a company works to provide information and education on the significance of trauma in children and how this unprocessed trauma becomes a legacy that is passed on to the next generation. The key fact is that trauma is treatable and it does not have to be a life sentence. Our hope is that in politics, business and beyond, people will recognise that childhood trauma, if unprocessed, will have a detrimental impact on that person as well as future generations. Essentially, prevention starts with recognising and healing the current trauma.

BICTD focuses on three main areas to disseminate information:

1. Live training
2. Online & video training
3. Live broadcasting and live streaming of training and resources.

<http://bictd.org>

BIDNA CAPOEIRA

Capoeira is an Afro-Brazilian art form that combines dance, music, sport and play.

Bidna Capoeira is a ground-breaking social project using the art of capoeira to coax shell-shocked and vulnerable children out from behind their painful memories and towards empowerment.

www.bidnacapoeira.org

CHILDREN IN THE CROSSFIRE

The aim of this organisation is to deliver immediate and lasting improvement to the lives of children worldwide; giving children a chance to choose.

www.childrenincrossfire.org

CHILDTRAUMA ACADEMY

The ChildTrauma Academy (CTA) is a not-for-profit organization based in Houston, Texas working to improve the lives of high-risk children through direct service, research and education.

www.childtrauma.org

CHILDHOOD TRAUMA RECOVERY

This site describes several types of therapies available to sufferers and identifies the four main steps along the road to recovery; psychoeducation, reducing self criticism, grieving for our childhood losses, and addressing 'abandonment depression'. There are links to over 700 articles on a range of significant aspects of childhood trauma plus posts on the website as well as a description of the key elements in complex PTSD. Several eBooks are recommended too.

David Hosier, the founder of this site, is a psychologist who himself is a childhood trauma survivor. He started the site as a form of self therapy. This and various other therapies and extensive study have enabled him to start the life long process of recovery.

<http://childhoodtraumarecovery.com>

CONSORTIUM FOR STREET CHILDREN

The Consortium for Street Children (CSC) is the leading international network dedicated to realising the rights of street children worldwide. They work collaboratively with their network of over 80 members and a Research Expert Forum comprising some of the world's leading experts on street children and child rights.

4 key strategic areas: advocacy, research, shared learning and capacity-building.

Good practice regarding safety to include:

- Listening to children, taking their safety concerns seriously and responding sensitively and adequately over time to traumas or distress they experience
- Interventions that effectively address trauma, and strategies to cope with violence

www.streetchildren.org.uk

OUTSPIRAL: OWARDS FREEDOM FROM CHILDHOOD TRAUMA AND ITS EFFECTS

Established in 2011 by Raven Kalliana, a survivor/children's human rights activist, theatre and film director, puppeteer and puppet maker, it aims to:

Facilitate communication between charities and government organisations working to stop child abuse, child prostitution, child pornography, human trafficking, and those working to rehabilitate offenders, support adult survivors, and offer services to those escaping abuse and sexual slavery.

Engage the public with these human rights issues through live theatre etc.

Educate staff and volunteers for charities, law enforcement, social services, schools, and hospitals on identification, support, and intervention techniques.

Encourage understanding of the psychological consequences of trauma. In adulthood, if the trauma is not processed, this internal pressure may lead to repeating the "cycle of abuse" against children/exposing a child to abusers.

www.outspiral.org.uk

STRONG CHILDREN JAPAN

This project, led by social artist, Geoff Read, enabled children trapped in Fukushima to express their fears, their hopes, their dreams through art, giving them a freedom to express what they were actually feeling. Via portraiture work, the children were allowed to have a face, a voice, to feel, to be angry, afraid etc.

www.strongchildrenjapan.blogspot.co.uk/

UNICEF

UNICEF is on the ground in over 150 countries and territories to help children survive and thrive, from early childhood through adolescence. UNICEF supports child health and nutrition, good water and sanitation, quality basic education for all boys and girls, and the protection of children from violence and exploitation.

Changes in legislation, policies, services and social norms can improve the protection of children in multiple ways. UNICEF therefore works with partners on a number of issues by strengthening child protection systems and promoting positive social norms in all contexts.

If support is not available for these children, the resulting psychological and social tension puts strain on the fabric of society, hampering peace and development.

In 2007, the Inter-Agency Standing Committee (IASC) guidelines take into account all aspects of a child's well-being – including the impact of health, education, protection and social services – “Mental health and psychological well-being are rights of all affected populations.”

www.unicef.org

VOICE FOR CHILDREN

This charity, a consultancy service for children and young adults seeking support and guidance during and following their time as service users:

- provides bespoke training designed specifically for vulnerable children & young people.
- supports professionals to reflect on their practice and learn how to effectively engage with children and young people, to involve them in the decisions that directly affect their life and future.
- is now implementing its own mentoring programme to help support service users. VfC have also created various bespoke training programmes to help professionals understand how children and young people on the edge of or in care feel.

<http://voiceforchildren.org.uk>

WAR CHILD

War Child UK is an award-winning charity that currently works in six countries across Africa, the Middle East and Asia. Based in London, War Child UK works to mitigate the effects of war on the most vulnerable children.

War Child UK works with vulnerable children, including street children, children in conflict with the law, refugee or internally displaced children, former child soldiers and others by providing community based child protection, and education and livelihood projects. Three key intervention areas are complemented by psychosocial support, which War Child UK uses in all of its projects to support children and young people affected by conflict.

War Child employs its original DEALS methodology, which is a set of comprehensive psychosocial activities designed to build resilience in children and young people and improve coping skills to better 'deal' with the challenges of everyday life. The DEALS combine creative activities and games with group discussions and home assignments.

www.warchild.org.uk

YOUNG MINDS

This charity exists so that young people have the strongest possible voice in improving their mental health. Their website contains a great deal of accessible information, advice and help.

Trauma informed Care: Their down-loadable report, 'Addressing Adversity' aims to raise awareness about the impact of childhood adversity and trauma on the mental health of children/young people in England. It contains papers from leading academics/frontline professionals which provide clarity and insight into what adversity and trauma-informed care looks like in practice, how it can benefit children and young people who have experienced different forms of adversity; that is, models of care that move beyond a purely diagnostic model of trauma, and instead place greater emphasis on creating safe environments and practices, building individual resources and wider resiliency, as well as restoring connection to supportive and safe communities.

<http://youngminds.org.uk>

LITERATURE REFERENCES

“I Have the Right to be a Child”

by Serres, Fronty and Ardizzone endorsed by Amnesty International UK.

This book translates some of the articles of The Convention on the Rights of the Child into accessible language accompanied by beautiful illustrations.

‘Making and Breaking Children’s Lives’

Newnes C and Radcliffe N, eds: 2008 publ PCCS Books

This book examines how children are hurt in modern society. There is one consistent theme: that in the current trend to label children with ADHD, the importance of the psychosocial context is increasingly dismissed as irrelevant in the rush to label and prescribe. But there is hope. The final section describes inspiring examples of how services and communities can be developed to give children and their families a chance to prosper.

‘The Deepest Well: Healing the Long-Term Effects of Childhood Adversity’

by Harris, Nadine Burke: 2018 publ Pan Macmillan, London

A pioneering physician reveals how childhood stress leads to lifelong health problems and what we can do to break the cycle. Based on her own groundbreaking clinical work and public leadership, Dr Burke Harris shows us how we can disrupt this cycle through interventions that help retrain the brain and body, foster resilience, and help children, families, and adults live healthier, happier lives.

‘Working with Relational and Developmental Trauma in Children and Adolescents’

by Treisman, Karen: 2017 publ Routledge New York

This book focuses on the multi-layered complex and dynamic area of trauma, loss and disrupted attachment on babies, children, adolescents and the systems around them. The author explores the impact of relational and developmental trauma and toxic stress on children’s bodies, brains, relationships, behaviours, cognitions, and emotions.

‘Childhood Disrupted: your body becomes your biology’

by Nakazawa, Jackson Donna 2016 publ Simon & Schuster Inc.

This book shows the link between Adverse Childhood Experiences (ACEs) and adult illnesses such as heart disease, autoimmune disease, and cancer. The emotional trauma we suffered as children not only shapes our emotional lives as adults, but it also affects our physical health, longevity, and overall wellbeing. The author also explains how to cope and heal from these emotional traumas.

SECTION 5:

ADDITIONAL RESOURCES & REFERENCES



SECTION 5:

ADDITIONAL RESOURCES & REFERENCES

INTRODUCTION

The resources listed in this section illustrate particularly significant themes in the understanding of psychological trauma. It is a relatively small selection from a substantial and developing field of people, ideas and practices all committed to the strong belief in the need to challenge and reform the existing biomedical model of treatment for trauma sufferers. And now that psychological trauma is becoming better understood, many more ideas and resources are emerging; such additional information will be added as this project progresses.

The section is divided into three sub-sections:

- Key Professionals
- Recommended Literature
- Campaigns & Allied Developments
 - + Supplementary References

KEY PROFESSIONALS USING TRAUMA-INFORMED APPROACHES

This small selection is of those who are in the vanguard of development and change in this field. Further names can be found in other sections.

DR. ELEANOR LONGDEN

is an award-winning psychologist with a specialist interest in psychosis, trauma and dissociation, particularly in terms of promoting creative, person-centred approaches that emphasise the lived experience and expertise of individuals more fully.

Currently (2018), Post-doctoral Service User Research Manager, Psychosis Research Unit, Greater Manchester Mental Health NHS Foundation trust.

www.psychosisresearch.com

DR. LUCY JOHNSTONE

Dr Lucy Johnstone is a consultant clinical psychologist, author of 'Users and abusers of psychiatry' (2nd edition Routledge 2000) and co-editor of 'Formulation in psychology and psychotherapy: making sense of people's problems' (Routledge, 2nd edition 2013) and 'A straight-talking guide to psychiatric diagnosis' (PCCS Books 2014), along with a number of other chapters and articles taking a critical perspective on mental health theory and practice. She is the former Programme Director of the Bristol Clinical Psychology Doctorate and was the lead author of 'Good practice guidelines on the use of psychological formulation' (Division of Clinical Psychology, 2011.)

She has worked in Adult Mental Health settings for many years, most recently in a service in South Wales. She is lead author of the 'Power Threat Meaning Framework', a Division of Clinical Psychology-funded project to outline a conceptual alternative to psychiatric diagnosis, which was published in January 2018. (see Allied Developments). She is an experienced conference speaker, lecturer and trainer.

She tweets at [@clinpsychLucy](https://twitter.com/clinpsychLucy) and blogs at [@madinamerica.com](http://madinamerica.com)

DR. JACQUI DILLON

Jacqui Dillon is a writer, campaigner, international speaker and trainer. She has personal and professional experience, awareness and skills in working with trauma and abuse, dissociation, 'psychosis', hearing voices, healing and recovery. She has lectured and published worldwide on these topics.

www.jacquidillon.org

DR. BOB JOHNSON

Bob Johnson is a consultant psychiatrist (retired). He has written extensively about mental health including books such as 'Emotional Health', 'Unsafe at any Dose', and also an extensive range of papers and articles. He is an expert in trauma treatment. A key paper is, *The Scientific Evidence That 'Intent' Is Vital For Healthcare*. *Open Journal of Philosophy*.

<http://www.scirp.org/Journal/PaperInformation.aspx?PaperID=79128>

www.DrBob@TruthTrustConsent.com

RAI WADDINGHAM

Rai Waddingham is a freelance trainer and consultant, writer and speaker at conferences. She is a trustee for the National Hearing Voices Network, Vice Chair of ISPS UK, Chair of Intervoice and an Executive Committee member of ISPS. Now training as an Open Dialogue practitioner, her specialist areas include: psychosis, trauma, dissociation, self harm, unusual beliefs, and working creatively with young people who hear voices.

www.behindthelabel.co.uk

ANGELA KENNEDY

Angela Kennedy is a consultant psychologist and trauma therapist working for Tees, Esk and Wear Valleys NHS Foundation Trust. She is currently service lead for a specialist psychological therapies team working with people who experience enduring psychotic symptoms. She is the Trust's Trauma Pathway Lead, and also NHS England's psychological therapy clinical lead for the North of England's clinical network.

She is actively creating systems for services to be 'Trauma-Informed' and is Project Lead for compassion focused management and culture in TEWV. She is a board member of European Society for Trauma and Dissociation.

<http://www.tewv.uk>

JOHN READ

John Read has many years experience as a clinical psychologist and manager of mental health services in the UK and the USA, and also as Director of Clinical Psychology professional graduate programmes at both Auckland and Liverpool Universities.

Over 140 papers have been published in research journals, primarily on the relationship between adverse life events/trauma (e.g. child abuse/neglect, poverty etc.) and psychosis. He has been on the international Executive Committee of ISPS.

www.uel.ac.uk/Staff/r/john-read

JO WATSON

Jo Watson is an activist, speaker, psychotherapist & trainer with a professional history in the rape crisis movement of the 1990's. She has worked therapeutically for the last 20 plus years with people who have experienced trauma. Jo actively challenges the biomedical model of mental health inside and outside of work and links distress and mental ill health to psycho-social causes. Jo believes that in many cases the identification with a 'diagnosis' that has so often been imposed with no choice and little information is damaging and counterproductive. She believes that more information about the controversial nature of psychiatric diagnosis and alternative ways of understanding distress should be offered.

Jo founded the FaceBook group 'Drop the Disorder!' to coincide with the first 'A Disorder for Everyone!' event which took place in Birmingham in October 2016. The group is a forum that brings together people from all walks of life who are concerned about the traditional narrative in 'mental health' of diagnosis and disorder. (See Campaigns section for further details).

<https://m.facebook.com/groups/1182483948461309>

Jo is on twitter at [@dropthedisorder](https://twitter.com/dropthedisorder)

RECOMMENDED BOOK TITLES

'Trauma and Recovery: from domestic abuse to political terror'

Herman, Judith Lewis: 2001 publ Pandora.

In this landmark study of trauma, the psychiatrist and author makes the revolutionary link between the "heroic" suffering of men in war and in political struggle and the degraded suffering of women who are victims of rape, incest and domestic violence. Herman challenges established orthodoxies, identifies a new diagnostic category for those suffering from "hidden" trauma and proposes a ground breaking recovery programme.

'The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment'

Rothschild, Babette: 2000 publ W.W. Norton & Co.

This book demonstrates that traumatic experiences are stored in the whole body...as memories..and therefore require physical release techniques. Setting out to bridge the gap between talk therapy and body therapy, Rothschild presents principles and non-touch techniques for giving the body its due. She consolidates current knowledge about psychobiology of the stress response both in normally challenging situations and during extreme and prolonged trauma.

'Safe Steps to Trauma Recovery : Take-Charge Strategies to Empower Your Healing'

Rothschild, Babette: 2010 publ W.W. Norton & Co.

In this book, Rothschild highlights eight keys, e.g. stopping flashbacks, that can be used alone or together with any other book or treatment programme to enhance healing from trauma. She emphasises an approach to recovery that helps to recognise individual needs and evaluate whether they are being met, giving the necessary tools to navigate a safe road to recovery.

'Waking the Tiger: Healing Trauma'

Levine, P.A. -with Ann Frederick: 1997 publ North Atlantic Books.

'Waking the Tiger' normalizes the symptoms of trauma and the steps needed to heal them. The reader is taken on a guided tour of the subtle, yet powerful impulses that govern our responses to overwhelming life events. To do this, the book employs a series of exercises that help us focus on bodily sensations. Through a heightened awareness of these sensations, trauma can be healed.

'Healing Trauma: A Pioneering Program for Restoring the Wisdom of Your Body'

Levine, P.A: 2008 publ Sounds True.

In this book, Peter Levine gives us the personal how-to guide; to discover how to develop body awareness to "renegotiate" and heal traumas by "revisiting them". As he says, trauma is a fact of life but it doesn't have to be a life sentence.

‘Splits in the Soul: Integrating Traumatic Experiences’

Ruppert, Franz: 2011 publ Green Balloon.

In this book, Professor Ruppert continues his exploration of the impact of trauma across generations. Here he deepens his understanding of the process and function of psychological splitting as a natural response to traumatic events, exploring in detail the results such survival strategies have on the traumatised person and on those with whom they are in close contact. His contention is that it is only by understanding in detail the processes involved, and developing an ability to recognise trauma, survival strategies and the healthy aspects of our clients, that we can successfully work with trauma as a personal experience and as an inheritance from our family system. The book also contains an account of the methodology of Constellation therapy as a means of achieving understanding and integration.

‘Emotional Health: what emotions are & how they cause social & mental diseases’

Johnson, Dr Bob: 2005 publ Trust Consent Publishing.

This book assumes from the outset that we should be in control of our emotions, the most powerful things we ever meet, not them controlling us. Dr Bob Johnson traces a logical, straightforward path through the emotional tangles which beset us - rage, violence, personality disorders, anorexia, panic attacks, addictions, divorce, war - showing clearly how to overcome them.

‘Hope for Humanity: How understanding and healing trauma could solve the planetary crisis’

Hollick, Malcolm, & Connelly, Christine: 2011 publ O Books.

This book documents the nature of trauma, and outlines its role in history and the present, before proposing a strategy for change. The book covers many types of trauma from pre-conception through to adulthood, including how generational and ancestral trauma carry on over centuries, negatively affecting the way humanity functions. In this most insightful and inspiring book on trauma, they refer to ‘meeting overwhelming need’, stating that there are simply not enough resources to go round; even in rich nations, capacity to provide therapy for those in need is already overwhelmed. However, they ask that for the sake of future generations that we continue this work, knowing that there is hope for humanity.

'Resilience: How Your Inner Strength Can Set You Free From The Past'

Cyrulnik B: 2009 publ Penguin Books.

Resilience is not just about resisting; it is about learning to live. This life changing book points the way towards hope and happiness. This incredible best-seller has overturned the way we view trauma by showing how the extraordinary power of resilience can heal damaged lives.

'Out of the Darkness: From Turmoil to Transformation'

Taylor, Steve: 2011 publ Hay House.

This book is filled with amazing stories of enlightenment brought about by life's most difficult circumstances. It helps us to realise that we can always choose to make something good out of the worst that life can offer us, thereby greatly reducing our fears and inviting happiness to embrace us.

'The Myth of the Chemical Cure: A Critique of Psychiatric Drug Treatment'

Moncrieff, Joanna: 2008 publ Palgrave Macmillan.

Joanna Moncrieff is an academic and psychiatrist. Her book exposes the traditional view that psychiatric drugs correct chemical imbalance as a dangerous fraud. It traces the emergence of this view and the way it supported the vested interests of the psychiatric profession, the pharmaceutical industry and the modern state. It is suggested that acknowledging the real nature of psychiatric drugs would lead to a more democratic practice of psychiatry.

'Experiencing Psychosis: Personal and Professional Perspectives'

Geekie, Randall, Lampshire, Read, eds: 2012 publ Routledge.

This set of essays comprises contributors who have either experienced psychosis personally or conducted research into perspectives or aspects such as hearing voices, delusional beliefs, and trauma. Essential reading for mental health professionals.

'Embracing Ourselves: The Voice Dialogue'

Stone, Hal, & Stone, Sidra L., 1989 publ New World Library.

This book introduces you to your sub-personalities - the many "selves" within - and helps you to discover what each needs and what each has to offer, providing a foundation for understanding, self-acceptance, and a genuinely fulfilling life experience.

'The Heart of Things; understanding trauma -- working with constellations'

Broughton Vivian, 2013 publ Green Balloon Publishing.

Viv Broughton describes how Constellations Therapy has evolved and how effective it can be in helping sufferers resolve issues of trauma. The text is very clearly written and is aimed at professionals and others interested in this area. One of the main challenges to psychotherapy is that trauma does not occupy nearly a central enough position in the perspective of most therapists; unresolved early attachment trauma and the resulting trans generational entanglement with the trauma of others underlie all psychotherapeutic issues. The psychological splits resulting from early trauma are the foundations of our internal conflicts and our external difficulties.

'Becoming Your True Self'; a handbook for the journey from trauma to healthy autonomy'

Broughton Vivian, 2014 publ Green Balloon Publishing.

This book is about becoming the author and authority, rather than the hostage, of your life; a handbook that will take you on a journey of hope. Trauma can be healed and resolved, but you cannot do all the work on your own. This handbook gives you some of the basics to help you on your way, and gives you some pointers to finding the appropriate help.

'Psychiatric Diagnosis'

Johnstone, Lucy, 2014 publ PCCS Books.

This book aims to provide information and clarification so that service users, carers, professionals and anyone else with an interest in mental health will be better placed to make choices about their own beliefs and practices. In the controversial and complex subject of psychiatric diagnosis, we all need to be as well-informed as possible.

Power Threat Meaning Framework: Overview

Johnstone, L & Boyle, M, with Cromby, J., Dillon, J, Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. 2018 publ Leicester: British Psychological Society

This framework, launched on January 12th 2018 in London, is a ground-breaking evidence-based conceptual alternative to medicalisation and psychiatric diagnosis, developed over 5 years by a core team of psychologists and former service users.

(For further details see Campaigning Organisations sub-section)

'Getting Past Your Past; take control of your life with self-help techniques, from EMDR therapy'

Shapiro, Francine, 2012 publ Rodale.

This book offers practical techniques that demystify the human condition and empower readers looking to take charge of their lives. The author, creator of Eye Movement Desensitisation and Reprocessing (EMDR) , explains the brain science in layman's terms and provides simple exercises that can be done at home to help readers understand their automatic responses and work towards achieving real change.

'Early Trauma: Pregnancy, Birth and First Years of Life '

Ruppert, Franz, 2016 publ Green Balloon Publishing

This book is a ground-breaking contribution to the study of trauma, specifically during the period from conception onwards. It is a collection of essays, three by Franz Ruppert and 16 by different practitioners of his work, all of whom are women. These essays cover a range of issues from the influence of the attitude of the mother and father towards the unborn child, the 'unwanted' child, inability to get pregnant, IVF, miscarriages and stillbirths, abortion, adoption, pre- and post-natal depression, attachment failure, marital violence, the medicalisation of pregnancy and birth and so on.

'The Body Keeps the Score: Brain, Mind, and Body in the Treatment of Trauma'

van der Kolk, Bessel, 2014 publ New York Times Science

In this book, Bessel transforms our understanding of traumatic stress, revealing how it literally rearranges the brain's wiring—specifically areas dedicated to pleasure, engagement, control, and trust. He shows how these areas can be reactivated through innovative treatments including neurofeedback, somatically based therapies, EMDR, psychodrama, play, yoga, and other therapies.

Bessel A. van der Kolk M.D. is a clinician, researcher and teacher in the area of posttraumatic stress, and founder and Medical Director of the Trauma Center at JRI in Brookline, Massachusetts. His work integrates developmental, neurobiological, psychodynamic and interpersonal aspects of the impact of trauma and its treatment.

PCCS Books

PCCS Books is an independent mental health publisher. Their ethos is based on the need for a better deal for everyone who seeks help for emotional distress – better understanding, better responses, more choices and better outcomes.

Their titles broadly cover three main subjects – counselling and psychotherapy, mental health and madness, and survivor and service user perspectives.

CAMPAIGNING ORGANISATIONS AND ALLIED DEVELOPMENTS

MAKING REAL CHANGE HAPPEN: ISPS INTERNATIONAL CONFERENCE 2017

This conference was held in August, 2017 in Liverpool, UK. It was a multi-disciplinary conference, bringing together experts by experience and profession from around the globe. Focused around the theme of 'Making REAL Change Happen', there were many inspiring plenary speakers, lectures, workshops and symposia to suit every interest.

The idea behind this theme grew out of frustration. Attitudes, practices and services too often seem barely touched by the steadily developing understanding of psychological and social aspects of psychosis and of what is helpful for people who experience it. So the aim for this conference was to be not only about the valuable sharing of new research, ideas and developments, but also, as in the title, about making real change happen.

Themes included:

Individual therapies. Group therapies. Arts and arts therapies. Innovative approaches. Family and network therapies. Themes in therapeutic approaches. Working for change. Culture and ethnicity. The language of madness. Experts by experience. Power. Society's influence on mental health .

Included in this conference was the ISPS Liverpool Conference Declaration for Change.

It is driven by the belief that fundamental changes are needed if people who experience psychosis are to have their psychological and social care needs met adequately.

The introduction states:

"We believe that the current paradigm in understanding the causes and nature of psychosis focuses too much on biological perspectives and not enough on social and psychological perspectives. Social and psychological experiences continue to be viewed as simply 'triggering' underlying disease processes, a perspective no longer supported by research. We believe that the time has come to reverse the balance - which we believe will lead to a fuller and more accurate understanding of these conditions."

Attendees were encouraged to sign this declaration. More information on website below.

Keynote speech: 'Ideas for Change' by Professor Jim Van Os, Maastricht University, focused on change looked at from different perspectives.

'Creating Evidence-based Trauma Informed Mental Health Services', was a workshop demonstrating the role of trauma and adversity in the development of psychosis.

Psychologists, Dr Angela Kennedy and Dr John Read presented information on their own particular aspects of this developing work.

These above and all other presentations and workshops can be viewed in ISPS website.

www.isps.org

Critical Psychiatry Network (CPN)

The CPN is a network primarily for psychiatrists, psychiatric trainees and medical students with an interest in psychiatry.

Participants in the Critical Psychiatry Network share concerns about psychiatric practice where and when it is heavily dependent upon diagnostic classification and the use of psychopharmaceuticals. These concerns reflect their recognition of poor construct validity amongst psychiatric diagnoses and informed scepticism about the efficacy of anti-depressants, mood stabilisers and anti-psychotic agents.

Psychiatry in transition- Critical Psychiatry Network 2017 conference report

The Critical Psychiatry Network's 2017 conference raised some tricky issues for the audience and like-minded people, but also pointed to the potential for radical transformation of our approach to mental health problems. Three top quality speakers, big names in the Recovery field, gave inspiring and provocative talks. Dave Harper argued that the Recovery concept is another way of blaming the individual, and diverting efforts from the sort of social changes that would really bring about better mental health for all.

www.criticalpsychiatry.co.uk

Key members include:

Joanna Moncrieff, a founder member, is a practising psychiatrist and a part-time academic and author, with an interest in the history, philosophy and politics of psychiatry, and particularly in the use, misuse and misrepresentation of psychiatric drugs.

www.joannamoncrieff.com

Sami Timimi is also a founder member of CPN + member of the International CPN. He is a consultant child and adolescent psychiatrist and Director of Medical Education at Lincolnshire Partnership Foundation Trust. He writes from a critical psychiatry perspective and has published many articles and books including *A Straight Talking Introduction to Children's Mental Health Problems*.

In Autumn 2011 he launched the '**No More Psychiatric Labels**' Campaign, calling for the abolition of formal psychiatric diagnostic systems because he claimed they have failed to advance our understanding or treatment of mental disorder.

Duncan Double is a UK psychiatrist and director of the Institute of Critical Psychiatry. He is a founding member of the Critical Psychiatry Network. He runs a critical psychiatry blog which provides a forum for critical comment and debate about psychiatry.

www.institute.criticalpsychiatry.org.uk

(GIST-T) The Global Initiative for Stress and Trauma Treatment

This initiative has been created to help meet the challenge that trauma poses. The website offers a place where the many dimensions of the global burden of trauma will be presented, along with strategies, techniques, innovations and resources that contribute to healing and post-trauma growth.

GIST-T aims to foster the development, promotion and application of evidence-based therapies to help manage and treat trauma and trauma-based conditions, and to make them accessible to vulnerable populations worldwide.

GIST-T's focus is therefore on: raising awareness, encouraging and facilitating training of professional and paraprofessional personnel, promoting the scaling up and use of trauma care services, furthering research, and fundraising, partnering and contracting for sustainability.

www.gist-t.org

INTAR: International Network Toward Alternatives and Recovery

Since 2004, survivors and service users, family members, professionals and advocates have been brought together from around the world to promote a broader range of help for people who experience distress and 'psychosis'. Many events including international conferences have taken place in a range of places.

INTAR associates believe that mental health services fail to offer genuine choices and are instead reliant on drug treatment, coercion and hospital care. Thereby they deprive the person in crisis of their dignity, autonomy and real opportunity for rediscovery.

The most recent international conference took place in 2014 in Liverpool, UK

"Power to communities: healing through social justice" was the title of this INTAR conference. Keynote speakers included sociologists, literary scientists, psychologists and anthropologists who looked at various processes of marginalising indigenous/first-person perspectives on social injustices and violence and their effect on mental distress. They addressed and documented alternatives; quite a few of the speakers drawing on personal experience. Key Mental Health themes: Social injustice, Human Rights, cultural diversity, healing communities and arts and madness.

www.intar.org

“A Disorder for Everyone!” -

Exploring the culture of psychiatric diagnosis, creating change

AD4E is a dynamic event that challenges the current 'DSM' informed paradigm in 'mental health' and explores non pathologising, trauma informed responses to emotional distress.

The AD4E team are joined by a diverse range of activists, therapeutic professionals, survivors, academics, artists, poets and others as they travel to various cities.

The one-day Continuing Professional Development event is for everyone who is interested in the current debates around mental health. It aims to attract psychologists, counsellors, service users, psychotherapists, mental health support professionals, psychiatrists, people with lived experience, managers and individuals with a personal interest.

Facilitated by Dr Lucy Johnstone, Jo Watson and Nollaig McSweeney, it is a chance to discuss the critical questions of the day around the biomedical model in mental health.

Lucy Johnstone will summarise current debates and controversies about psychiatric diagnosis. It is increasingly acknowledged, even within the mental health establishment, that categories like 'schizophrenia', 'bipolar disorder' and 'personality disorder' lack validity. The false assumption that distress is best understood as disease can have very serious consequences for the individual, their identity, and their path to recovery. Lucy will present alternatives to diagnosis which can help clients to make sense of experiences of distress, however extreme, and which are based on working together to explore personal meaning. There will opportunities for debate and practice-based exercises.

To find out more about AD4E events please visit the website:

www.adisorder4everyone.com

Twitter: [@ClinpsychLucy](https://twitter.com/ClinpsychLucy)

and [@dropthedisorder](https://twitter.com/dropthedisorder)

Power Threat Meaning Framework (PTMF)

This framework, launched on January 12th 2018 in London, is a ground-breaking evidence-based conceptual alternative to medicalisation and psychiatric diagnosis, developed over 5 years by a core team of psychologists and former service users.

RESUME

The language of conventional psychiatric diagnosis and labelling not only uses stigmatising terms but terms which continue to embed a medicalised view of distress and pain. However, humans are fundamentally social beings whose experiences of distress and troubled or troubling behaviour are inseparable from their material, social, environmental, socio-economic, and cultural contexts. There is no separate, medical 'disorder' to be explained. It is not a question of what is wrong with you but what has happened to you. So this approach, in not assuming 'pathology', describes coping and survival mechanisms which are considered within a wide framework of environmental and societal factors i.e. the role of Power, the nature of the Threat(s), and the Meaning to the individual (PTM).

A range of common, individual responses to different sorts and levels of threats are identified in the General Patterns so it can be seen that responses are not symptoms of mental illness but are understandable, well documented coping and survival responses. The General Patterns of meaning-based responses to threat can be used to help people to make sense of their distress, and can provide a basis for developing personal narratives.

At a personal level, this approach is about enabling people to develop their own, more empowering understandings and stories. It also has important implications for public health, community well-being, social policy and social action.

www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework

This link will take you to the PTM documents and resources, including a Guided Discussion to help you think about ideas in relation to your own life or that of someone with whom you are working.

MAD in America

MAD in America's mission is to serve as a catalyst for rethinking psychiatric care in the United States (and abroad) believing that the current drug-based paradigm of care has failed our society, and that scientific research, as well as the lived experience of those who have been diagnosed with a psychiatric disorder, calls for profound change.

A webzine, madinamerica.com, provides news of psychiatric research, original articles, and a forum for writers to explore issues related to this goal of "remaking psychiatry."

Mad In America Continuing Education hosts online courses taught by leading researchers which provide a scientific critique of the existing paradigm of care, and tell of alternative approaches that could serve as the foundation for a new paradigm that emphasizes psychosocial care, and de-emphasizes the use of psychiatric medications, particularly long-term. While the general public may take the courses they are aimed at professionals.

www.madinamerica.com

Mad in the UK (MITUK)

Mad in the UK is one of a growing number of subsidiary sites of Mad in America including Mad in Asia, Mad in Brazil, Mad in Finland and Mad in America Hispano-Hablante.

Acting in concert with Mad in America, it will carry UK specific content and provide a voice for UK professionals, service users/survivors, peer activists, carers, researchers, teachers, trainers, lawyers, journalists, volunteers and others who are working for change in the field of what is usually referred to as 'mental health'.

MITUK's mission is to serve as a catalyst for fundamentally re-thinking theory and practice in the field of mental health in the UK, and promoting positive change. They believe that the current diagnostically-based paradigm of care has comprehensively failed, and that the future lies in non-medical alternatives which explicitly acknowledge the causal role of social and relational conflicts, abuses, adversities and injustices.

www.madintheuk.com

APRIL: Adverse Psychiatric Reactions Information Link

This campaign was founded in 1999 by Millie Kieve to raise awareness and take action about the widespread problems of medicines' side effects/adverse drug reactions,(ADRs) especially psychiatric reactions to many common pharmaceutical drugs.

ADRs can affect a person's mental health with symptoms occurring during a course of medication, with side-effects including nightmares, hallucinations, anxiety, panic attacks, mood swings, depression, self-harm and suicidal behaviour.

The campaign promotes efforts to improve medical education and awareness of the public in an effort to improve patient safety.

www.april.org

SUPPLEMENTARY REFERENCES

Scotland's new National Trauma Training Framework

www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx

Trauma-informed information, projects and resources in Australia

www.blueknot.org.au

Also, Practice guidelines for the treatment of complex trauma and trauma-informed care and service delivery (2012)

<http://www.blueknot.org.au/ABOUT-US/Our-Documents/Publications/Practice-Guidelines>

Examples of trauma informed work from the USA

Information, articles, resources on trauma at

www.trauma-pages.com

<https://www.samhsa.gov/nctic/trauma-interventions>

Information, projects, research from the USA at:

www.traumacenter.org

and www.acestoohigh.com

Trauma-informed practice guide 2013 British Columbia

http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf Trauma-informed Toolkit 2013 British Columbia

http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf

'RESILIENCE' film

RESILIENCE and PAPER TIGERS offer the promise of a brighter future for those impacted by trauma and Adverse Childhood Experiences.

"We started making RESILIENCE and PAPER TIGERS to make this science digestible and relevant to everyone, and to showcase some of the brave and creative individuals who are putting that science into action. There is a growing group of pediatricians, educators and communities who are proving that cycles of disease and adversity can be broken." - Director James Redford www.kpjrfilms.co

Psychosocial Support for Humanitarian Aid Workers

A Roadmap of Trauma and Critical Incident Care By Fiona Dunkley

© 2018 – Routledge

Psychosocial Support for Humanitarian Aid Workers will appeal to all those working in the field of humanitarian aid, counsellors and psychotherapists, emergency first responders, as well as those who are looking to support themselves after surviving trauma.