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| **Trauma Awareness for Healing Touch Practitioners - Natalie Kay | May 2023** | |
| **INTRO AND OVERVIEW** |  |
| **Big [T] Trauma** | Individual trauma results from an event, series of events,  or set of circumstances that are experienced by an individual as physically or emotionally harmful or life threatening, and that has lasting effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. The trauma is not the event… is the set of symptoms and developed responses to life post the event.  **PTSD** – ‘DISORDER’ = LIMITED COPING  **PTSR** – ‘RESPONSE’ = STRESS RESPONSE |
| **LITTLE T TRAUMA** | Ongoing or repeated **interpersonal trauma** –where there is no perceived way to escape, change an occurrence or have individual needs met.  Chronic abuse, neglect, or other harsh adversity in the home.  Exposure to overwhelming stress and their caregivers does not help reduce this stress or is the cause of the stress. [Loving parent is punisher]  Majority of traumatised children will not develop PTSD but are at risk for complex emotional, cognitive, and physical illnesses that last throughout their lives. [PTSR?] When diagnosed, these resulting responses are classified as **CPTSD Complex PTSD**  The greater the number of developmental traumas, the greater the number of illnesses as adults, even after controlling high-risk health behaviors. |
| **ACES STUDY** | Developmental traumas are also called **Adverse Childhood Experiences** |
| **ACES STUDY** | * 1990’s – Physician Vincent Felitti- Weight loss Study * Participants believed **the weight loss made them feel too vulnerable**. * Dr. Felitti and Dr. Robert Auda who worked for the Centers for Disease Control (CDC), together they initiated the  CDC-Kaiser Adverse Childhood Experiences Study. * 1995-1997/ interviewed 17,000 participants - attempt to measure the number of adverse childhoods experiences the subjects had experienced throughout their lives. * To understand the relationship between ACEs and the health and life functioning of people who had experienced events in their childhood which were extremely negative. * The study was the first and largest of its kind centered around examining the impact of traumatic events experienced in childhood and their effect on the health of adults. |
| **ACROSS THE POPULATION** | * **Childhood trauma is much more common than previously thought and the prevalence was not limited by race, creed, or income.** * The ACE data are significant not only for the link between childhood trauma and a lifetime poor health, but also because of the population it studied. **Most of the study respondents were Caucasian, middle-class, and had post-secondary education.** * These data demonstrate that even in enfranchised populations, rates of traumatic exposures for children are remarkably high, with a 15% prevalence of adults reporting an ACE score of 3 or more from their childhoods. * **These data challenge the idea that trauma occurs only within certain marginalized or "at risk" groups.** |
| **THINGS THAT HARM US** | **We live in SYSTEMS** – families, relationships, cultures & tribes, workplaces, faith communities, clubs. Within these systems we learn ways of ignoring and mistrusting the signals in our bodies that indicate we may be wounded in some way.  Many times, and over a period of time, **we have had to distance ourselves from our bodily knowing in order to survive and to continue to belong.** We had no way of speaking our needs, or having those needs met.  Our bodies telling us what doesn’t feel good, what hurts us, what we need to get away from, and giving us the resources to do that: **FIGHT, FLIGHT, FREEZE, FAWN** - this happens in the form of emotion (energy in motion).  *The messages of our needs, our fears, dangers don’t actually go away just because the threat calmed down, often we become stuck – not because we are bad or wrong,  but because we were doing exactly what was expected of us to belong and remain safe in the system, we were a part of.* |
| **ACES BODY SYMPTOMS** | Hyper-vigilance - You do not trust others and can lose faith in institutions.  Urgency – Always moving or stuck-ness/immobility.  Anxiety - your brain knows you are ok, but your body does not feel safe.  Constant flat affect – depression, mood disorders.  Nausea and other digestive issues  Extreme pain and chronic pain - without any obvious cause  Palpitations and tremors | Chronic fatigue/ fibromyalgia | Insomnia and sleep disruption | COPD and Asthma | Poor Immunity  Lack of emotional regulation – personality disorders / complex mental health.  Changes in consciousness – disassociation / numbing.  Negative worldview & self-perception – catastrophising/ shame / I am not like others.  Difficulty with relationships – all or nothing / codependency/ enmeshment.  Distorted perception of caregiver – “they loved me.”  Loss of systems of meaning – *Who am I now? Am I welcome in the World – core safety?* |
| **STRATEGIES FOR COPING** | Unconscious trauma responses get mistaken as personality types rather than strategies for survival.  These strategies are wired into energetic and our neural networks and are largely beyond conscious awareness, and form both our strengths and weaknesses.  Continual missing experiences shape our biology, physiology, and psychology, informing our CORE BELIEFS.  **“I am not worthy”, “I can’t trust them to come”, “I am not heard”, “I can't ask for what I need”, “I am different”, “I am alone”.** |
| **AUTONOMIC NERVOUS SYSTEM** | The body automatically responds to beliefs held either consciously or unconsciously.  There is an intricate connection between conscious mind, the unconscious mind, and the body.  Your epigenetics and early life set the blueprint for how you respond to stress, which is an arousal in the autonomic nervous system. We may not Remember, but our Body does.  We relive non-verbal elements of the traumatic event or relational wound, including hyper-and hypo arousal, emotions, images, and defensive responses, via implicit memory activation. |
| **WHAT COMES FIRST?** | Did energetic patterns influence our developmental experience?  Does developmental experience influence energetic pattering? |
| **QUOTE** | The urgent work of the brain after a traumatic event is to suppress it, through forgetting or self-blame, to avoid being ostracised.  But the body does not forget; physiological changes result,  a recalibration of the brain’s alarm system, an increase in stress hormones, an alteration in the system that filters relevant information from irrelevant… The stress is stored in the muscles and does not dissipate.  This has profound ramifications for talking therapies and their limits: the rational mind cannot do the repair work on its own, since that part of you is pretending it has already been repaired.”  Bessell Van der Kolk - The Body keeps the Score. |
| **WHAT DOES IT MEAN TO BECOME TRAUMA AWARE** | Simply knowing about trauma does not mean you are trauma informed.  It means you have become TRAUMA AWARE.  Being a trauma-informed practitioner means that you have learned about and implemented a trauma-informed care framework in your practice.  Trauma-informed Care is a formal framework for human service delivery that is based on knowledge and understanding of how trauma affects people’s lives, their service needs and service usage. |
| **THE 4R’S** | **Realisation** of trauma and how it affects people and groups.  **Recognising** the signs of Trauma  **Responding** by integrating knowledge of trauma into your practice  **Resisting** re-traumatisation |
| **HT & TRAUMA AWARENESS** | Trauma-aware HT Practitioners working in therapeutic agreement should have a thorough understanding of boundaries and personal safety.  **Where do they stop and where do you begin?**  When required, can guide clients back to a sense of safety during an activated response to avoid retraumatisation and aid their client in safely, being present to their response at that time**. Slow down and slow down some more.**  Being Trauma-informed doesn’t make you able to work with a patient's trauma.  But being ‘presence centred’ in a grounded state can be a safe anchor in distress.  **No meaning making or assumptions** about your assessment at these times**.**  Most importantly, a Trauma-aware HT Practitioner has identified and worked on their own trauma, so that it does not complicate their ability to work with others.  **Have you participated in therapy to understand your responses?** |
|  | Beware of the use of common spiritual/ energy care ‘speak’: “Tell me more?” , “What happen to you?” for those with trauma history, the process of answering questions and sharing could lead to re-traumatisation, overwhelm, or shut down.  [Power-over vs. power-with] **Ask: Is this helpful to tell your story?**  Instead of asking more questions: pay attention to body language, panicked speech, heightened vigilance, rapid breathing, or disconnect etc. as their bodies maybe recalling implicit memories from past experiences, particularly if they haven’t mentioned any past trauma. **Track body and nonverbal cues before the use of intuitive knowledge.**  Become aware of how “well-intentioned” interventions impact those with complex trauma history/ or adverse childhood experiences**. [Trust]**  Learn to be present to what's happening in the moment vs. just storytelling or applying your treatment plan. **[Present moment awareness vs. service provision]** |
| **BEFORE A CLIENT ENTERS THE ROOM, REMEMBER…** | Brains are obsessively on the lookout for danger, driving the sympathetic nervous system 24/7. Am I safe? **Both yours & the clients**  Connection and belonging are always part of safety & healing.  **We are designed for community**.  If you want to find “ease in your practice”, YOU must have a felt sense of safety.  **Continually refreshed & reinforced.**  Connection and belonging are FELT, before they are ever believed.  **Safety, safety, safety** |
| **BARRIERS TO RECEIVING CARE** | Generally, barriers are parts of our developed character that come into play after some sort of wounding that attempts to protect us from the hurt ever happening again.  Barriers can:  **Inhibit INSIGHT by obstructing clarity, prevents reason = CROWN**  **Inhibit response by stopping AFFECTIVE ACTION: prevents taking a step forward = SOLAR PLEXUS**  **Blocks the ability to experience a sense of SATISFACTION: prevents rest/ nourishment = SACRAL**  **Blocks the ability to RELAX: prevents completion and appreciation = ROOT** |
| **POSSIBLE RE-TRAUMATISATION IN HT** | * Not enough relational safety or limbic resonance attained before treatment. * Assumptions vs. attunement to client’s state. * Going too fast… the slower we go, especially during assessment, the more information we become aware of. * Dismissing dissociation or trance states as “just spiritual experiences”. * Radiating energy vs channelling energy [leads to burnout]. * Underdeveloped boundaries - physical and energetic. Power differentials. * Limited Intra-personal relationship, not working from the HEART. |
| **HOW DO WE DEVELOP TRAUMA AWARENESS?** | * **Contemplative and Reflective Practice** supports a healthy and fluent trauma-informed HT practitioner. * **Keep moving towards your learning edges**. Often, it is only in hindsight we become aware of what we missed with a client or within ourselves. * **Journaling helps to process the mirrored experiences** and separate “what's your, what's theirs!”. Journaling/notetaking as reflection, is the way to explore what wasn’t felt, seen, or realised at the time – less than 10 mins , just one encounter. Gets it out of your head! * Otherwise, **OUR barriers [default blockages] quickly skew our perception** and pack the experiences away for coping. * **Supervision is a must.** Invest $$ in yourself and build a body of knowledge and lived experience. |
| **Coregulation** | * People impacted by complex trauma often struggle significantly with self-regulation throughout life, and complex trauma treatment calls for a focus on co-regulation in the therapeutic relationship. * A therapist in the role of co-regulator monitors their own window of engagement and strives to be attuned to the moment-to-moment regulatory needs of the client.   *“As you begin the chelate directly into the chakras, you will enter into a deeper communication with your patient. You may find yourself breathing at the same rate [they are].* ***This means you're “mirrored”****. “*  *Barbara Ann Brennan, Hands of Light page 208* |
|  | * CO-REGULATION also called mutual regulation or social affect regulation. * Two energy fields, minds, and bodies in a moment-to-moment exchange. Almost imperceptible exchanges occur. * Nonverbal communications of both carer and client such as: body language, facial expressions, and voice tone (prosody) inform this relational experience and attunes the energy field. * Care providers who are not attuning to their own or their clients’ somatic micro-communications can inadvertently reject subtle longings for connection or moments of rejection expressed by the client. |
| **Reminders for Coregulation** | * **Incorporate a more body‐oriented approach**, the language of safe attachment is in the non‐verbal exchange. * Practice neurophysiological and energetic self-regulation to **ground yourself in present moment experience.** * Small **body-aware rituals for resilience** & ease in your practice. * **Appreciate the barriers you encounter**, engage them as an intelligent and potent expression of the client's safety needs. **Create safety?!** * Track your communication interactions on non-verbal cues. **What else is being said? Contact it…. “I notice…”.** * Take cues from the patient: **they lead, not the practitioner**. * In an appropriate setting with mindful awareness, introducing **a natural sense of playfulness can enhance receptivity and authenticity**. Used incorrectly it will break trust of any sacred convention or healing treatment. |
| **4R’S VIA THE ATTRIBUTES OF THE HEART** | **The FOUR R’s in Trauma-informed Care via the Attributes of the Heart**  **Realisation | Recognise | Responding | Resisting** |
|  | **UNCONDITIONAL LOVE  for all those who have experienced trauma and its affects in all people and groups and their ancestors.**  **HEALING PRESENCE  as we witness and experience the energetic patterns, signs, and symptoms of trauma wounds.**  **INNATE HARMONY**  **nourishes and expands our pan dimensional sensitivity and knowledge of trauma.**  **COMPASSION**  **protects and liberates others from re-traumatisation.** |
| **WORKING FROM THE HEART** | “It is very important to go through the heart and wait until you enter into a state of universal love before going up through the crown, otherwise the healing can be very mental. It must be accompanied by ***deeply loving every particle of being of the patient.*** Being connected to Messianic consciousness and universal love entails holding someone in your heart and entering into a state of total acceptance and positive will for their wellbeing and continued existence. It is a celebration of love of the existence of the person. ***This means that you must enter into this state of being, not imagine it.*** Maintaining this state, reach for the light and the highest, broadest spiritual reality you can experience.”  Barbara Ann Brennan, Hands of Light page 226. emphasis added. |
| **WHAT IS THE HEART.** | **From the sacred heart of Christ, to the Sufis, they implore us to “𝘴𝘪𝘯𝘬 𝘵𝘩𝘦 𝘮𝘪𝘯𝘥 𝘪𝘯𝘵𝘰 𝘵𝘩𝘦 𝘩𝘦𝘢𝘳𝘵”. But what does that mean?** |
|  | The brain is often labelled as the source for our attention regulation,  but the heart has been indicated as having a larger role regulating  both attention and emotion responses to stress.  The construction of our emotional experience is not only influenced via the heart-brain axis, but via neurons that stem from the heart itself.  Spirituality and emotions (and thus cardiac function) are inextricably linked.  It is well established that spirituality and spiritual experiences are intertwined with the generation of positive emotions such as awe, appreciation and joy and that these types of emotions are associated directly with robust patterns of cardiovascular activity. |
|  | It has been observed that during optimal cardiac activity, persons report feelings of transcendence and deep connection and unity with the Creator.  Forms of perception including intuition, have been shown to initiate in the heart providing biological evidence of “heart knowing”, a metaphor for spiritual perception and sacred wisdom that transcends intellectual and academic forms of knowing.  That the biological initiation of spiritually related emotional and transcendent experience, as well as preconscious knowing, has been localized to the heart, very much suggests that the heart may house, the seat of the soul. |
| **THE HEART AND TRAUMA** | When threat is perceived, the prefrontal cortex goes offline, so that the autonomic system takes over.  The heart then: sends out signals to the gut, the limbic and endocrine system, sets off the impulses that dictate an approach or avoid response and constructs a system wide sequence that determines the acute and chronic consequences of each event [our implicit responses to stress].  It is here that the heart “chooses” the outcome. |
|  | By engaging in actions, including prayer and meditation, that build an inner life and activate the parasympathetic response, we are moved toward the cultivation of outward attention, [attention follows intention] which opens the heart and the body towards love and connection rather than toward withdrawal and lifelessness.  A [spiritually healthy] heart will be more likely to choose the path of love and safety and this manifests in qualitative reports of spiritual experience that map onto optimal heart rhythms.  The stressed, fearful heart will perpetuate the flight or freeze pattern [developmental trauma] until the body’s response to fear is shifted through intentional and often effortful re-syncing of the spirit, mind and body. |
| **HEART KNOWING” AS A SPIRITUAL PRACTICE** | The [energetic] impulse of good, ethical, and humane values and beliefs, greatly connect us and affect those around us; and affect the global consciousness and state of humankind. [Repatterns the field, changes the energy]  Attunement with those qualities bring us satisfaction, inspiration, enrich our sense of purpose and meaning – these are the alignments that give strength to the spiritual heart.  Practicing HT techniques, placing one’s focus in the area of the heart, and learning to breathe slower and in rhythm can expand one’s attitude and approach to any spiritual practice.  Daily heart focused movement and meditation, prayer, focused attention or gratitude– are spiritual deposits, strengthening us in times of doubt, fear, and hesitation, |
| **COMPASSION, CURIOSITY  & LOVING KINDNESS** | * Loving presence is a state of being. * It is pleasant, very good for one’s health, rewarding in and of itself. * It’s a state in which one is open-hearted and well intentioned. * In its purest form, it is spiritually nourishing and sensitive to subtle energies. * It is also the best state to be in when offering someone emotional support.   . |

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|  | Working in pairs, seated on floor or at tables |
| **MICRO-SKILLS EXPERIENCE** | **Finding my energy – POSTURE, BREATH, ALIGNMENT.**  **Curiosity , Compassion & Connecting – HEART LIGHT, a felt experience.**  **Tracking – NOTICING implicit memory in the moment.**  **Boundaries – FOLLOWING first, then leading.**  **Savouring – EMBODIED presence - “I am”.** |
| **CLOSE** | Being trauma aware also means  offering yourself the same compassion  you pour into all those you hold space for.  Cultivate a greater felt sense and attunement through posture and mindful somatic attunement, including your energy.  Know your own stress thresholds and respond to your needs. Accepting and receiving the care you need.  “Your role as a [helping professional]  is to BE things, not Do things” |
| **RESOURCING EXERCISE TO CLOSE** | ***A Fourth Chakra Blessing***  ***May you know abundant love and compassion,  flowing both in to and out from you,  in a never-ending,  radiant stream.***  ***May you experience  the sea of love  in which your being floats.***  ***May you feel your essential connection to all things.*** |
| **More Info** |  |