Physical and Psychological Treatment Hierarchy

Physical
- Surgeons
- Specialists
- General Practitioners
- EMT’s, Nurses
- Red Cross
- Over-the-counter

Psychological
- Psychiatrists
- Trauma Specialists (EMDR, PE, TCBT, DBT)
- Clinicians
- Clinicians / Case Workers
- Para-professionals
- Self-help

Psychological First Aid

Disaster/Accidents
Disaster Response
Cuts, colds, fevers
Stress
PTSD
Disaster/Accidents
Emergencies / ER
Acute Crisis
Disaster/Accidents
Emergencies / ER
Physical Illness
Disease
Psychology Psychotherapy
Referral

Primary Care
Referral
Neurobiology of Memory, Stress & Trauma

The formation of memory

Development of memory networks

Information Processing

The Nature of Stress & Trauma
Memories

Memories are made up of:

- Images
- Senses (sounds, smells, touch, etc)
- Feelings
- Body Sensations/movement
- Thoughts / Beliefs
The Formation of Memory

Senses inform Thalamus

Thalamus sends raw information to Amygdale & Prefrontal Cortex

Amygdala interprets and attaches emotional significance and:
1) forwards to Brainstem areas that control automatic responses
2) attaches emotional and hormonal responses to event.
3) Prefrontal Cortex assigns cognitions.

Information is then sent to the Hippocampus for organization and integration into life’s events.
The Nature of Trauma

“T” trauma:

Present onset
Assault, Rape, Disasters, Accidents

• Preexisting (Childhood onset)
  • Child abuse
    • Sexual, Physical, Emotional, Neglect, Cultural, Environmental

• Preexisting (childhood onset)
  • Family, School, Environmental, Cultural

Exceeds Psychological First Aid intervention - triage and refer to a mental health professional

Acute Traumatic stress (“t”):

Present onset
Crisis - interpersonal, family, work, accidents, disasters, assaults, loss
The Formation of “T” Traumatic Memory

In TRAUMATIC Events:
Emotional/hormonal activation may occur before conscious appraisal arrives from Prefrontal Cortex.

Intense emotional arousal interferes with hippocampal functioning

Failed hippocampal functioning prevents unification of the event, leaving the event's raw emotional arousal in a “frozen” state separate from other life experiences.

Untreated, traumatic experiences may become PTSD
The Formation of Acute Traumatic Stress

The acute traumatic incident:
Emotional/hormonal activation may distort conscious appraisals from Prefrontal Cortex

Access to adaptive hippocampal strategies is limited

Over time the neural network system either:
1) Processes and re-consolidates with prior experience and becomes a new adaptive strategy (20-20 hindsight learning)
   a - keep what is helpful
   b - discard no-longer needed information or
2) If unable to process and left untreated, the acute traumatic incident may develop into a psychological issue or PTSD
Natural Drive toward Health

Physiological drive toward health

Physical healing
  Band-aid
  Stich
  Reset a bone
  Surgery

Psychological healing
  Think / dream / journal / self-help materials
  Support groups (para-professional, clergy, etc)
  Mental health professional
  Psychiatrist
Psychological Health

Disturbing onset
• I’m not safe
• It’s my fault
• There’s something wrong with me

Healthy outcome
• It’s over, I’m safe now
• I did the best I could
• I’m okay as I am
Psychological First Aid

Intervention Hierarchy

Emergency Response

- Acute Trauma Incident Processing
- Grounding
- State Change
- Stress Management
  - Self-help
Stress Management
Self-use

Acupressure breathing

HeartMath breathing

Angel hug breathing

Butterfly hug breathing
Acupressure Point

1. Locate the muscle between your thumb and index finger
2. Firmly massage the muscle with the thumb of your other hand
3. Massage and breathe in rhythm

Optional: Positive self-talk using your name

- Grounding
- Acceptance of what you can do under the circumstances
- Etc.
HeartMath Breathing
www.heartmath.org

1) Direct your attention to your heart area and breathe a little more deeply than normal.

2) As you breathe in, imagine breathing in through your heart.

3) As you breathe out, imagine breathing out through your heart.

   (In the beginning, placing your hand over your heart as you breathe can help you focus on your heart area.)

Typically, HeartMath recommends that you breathe in for about 5 to 6 seconds and then breathe out for about 5 to 6 seconds.
Angel Hug

1) Cross your arms, hands on biceps

2) Give yourself a hug while saying:
   “________,  you deserve a hug today!”
   “Say your name”

3) Bi-lateral: While hugging and talking to yourself (positive self-talk - using your name) alternately tap your hands on your biceps
Butterfly Hug
Lucina Artigas / Ignacio Jarero

1) Cross your arms at your wrists, interlocking your thumbs to form a butterfly’s body, fingers to form the wings

3) Rest your butterfly on your chest, “wings” pressing on the notches just below your collarbone

4) While breathing in, have the butterfly’s wings gently apply pressure on (or massage) the notches

5) While breathing out, have the butterfly’s wings lift up

6) Repeat the breathing while imagining the butterfly resting on your chest

7) Bi-lateral: have the butterfly’s wings alternatively tap on the notches while you repeat your positive self-talk (using your name)
Bilateral Stimulation

Bilateral stimulation is
   Calming
   Soothing
   Enhancing

Rocking / swaying

“Tapping in”

“Walking through”
State Change

Ability to shift from one affect state to another

Calm /soothing experiences

Present awareness
Calm/inner peaceful place

Access and Activate

Image (of desired place or container)

Positive emotions and sensations associated with that experience

Enhance and deepen client’s awareness of the positive sensations

Further deepen with BLS/DAS
  Tap in or walk through the positive sensations
Practice

   Cue word

Self-cueing

Cueing with disturbance

Self-cueing with disturbance

Integrate

   Between sessions practice/homework
Four Elements
(Elan Shapiro)

Stage 1: Develop
Make a 4 element’s bracelet
  Rubberbands
  Beads
  Charms
Stage 2: Practice

Step 1. Imagine something scary happening

Step 2. Earth: Grounding in the present
   Ground yourself….Dig in to get ready for action

Step 3. Air: Breathing for strength, balance, and centering
   Breathe using your favorite breathing skill

Step 3. Water: Calm and controlled-switch on the relaxation response
   Salivate or take a drink of water

Step 4. Fire: Light up the adaptive response with your imagination
   Rub your hands together to get ready for action, then
   access your favorite resource, i.e. safe place, container, super hero, etc.
Grounding

Eye-role Breathing: “paint the fence”

4 Square Breathing

Circular Breathing: “wax on, wax off”

Figure Eight: “Lazy eights”

Four elements
The Impact of Eye Movements

Journal of Anxiety Disorders (2011):
Eye Movements vs. non-eye movement

Reported that with eye movements:
A more significant reduction in distress.
Level of physiological arousal, also decreased

Foundations of Psychological First Aid Interventions
Eye-roll Breathing  
“paint the fence”

Establish hand/eye contact - use slow eye movements

Vertical Up: breathe in as hand raises

Vertical Down: breathe out as hand lowers

Repeat until person is calm

Self-use—suggest the individual close his/her eyes, then repeat the eye role breathing
Four-square Breathing

Establish hand/eye contact - use slow eye movements

Vertical Up: breathe in as hand raises

Horizontal: hold breath

Vertical Down: breathe out as hand lowers

Horizontal: hold

Repeat until person is calm

Self-use—suggest the individual close his/her eyes, then repeat the four-square breathing
Circular Breathing

“wax-on, wax-off”

Establish hand/eye contact - slow slow eye movements

Clock-wise Circle: breathe in

2) pause

3) Counter-clockwise Circle: breathe out

4) Repeat several times

Self-use—suggest the individual close his/her eyes, then repeat the “wax on / wax off” breathing
Figure-eight Breathing

“lazy-eights”

Establish hand/eye contact - slow eye movements - begin figure eight sweep

1) Clockwise (for person): breathe in

2) Counter-clockwise - breathe out

Self-use—suggest the individual close his/her eyes, then repeat the lazy-eight breathing
ACUTE TRAUMATIC INCIDENT PROCESSING
A-TIP
The Psychological use of Eye Movements

Background

1890:

Eye movements associated with thought

William James: Principles of Psychology

1970’s

Lateral eye movement related to cognitive processing

Kinsbourne (1972), Kocel, et.al.(1972)

1975

Eye movement’s speed and direction used for activating various mental processing functions
1976 Neuro Linguistic Programing: NLP
Bandler & Grinder

Traumatic experience remains unintegrated (frozen)
Isolated
Psychological
Eye Movement Integration: EMI

Left
Constructed

Visions
Sounds
Feelings

Right
Remembered

Images
Sounds
Sensations
EMDR
Francine Shapiro
Rapid eye movements
(typically horizontal / 15-30 second sets)
Accesses negative and positive neural networks

Left
Logical / Belief

Right
Emotional / Sensory

“Just notice”

What did you notice?
Acute Stress
(Crisis Management)

Traumatic experiences disrupt the information processing system

The person may be too overwhelmed to begin processing the experience

  Memory networks may be unable to up-date / link / reconsolidate

Some acute stress incidents may actually be “pre-existing conditions” needing referral to a mental health professional
A-TIP Protocols

Explain the use of eye movements to desensitize the situation

Listen to it

Name it and Tame it: Access and activate the negative and adaptive “self-talk” neural networks

Process it using eye movements

Strengthen it: the positive, adaptive “self-talk”

Discuss it: Problem-solve: “what’s next”

Refer it to the appropriate medical or mental health professional
Presenting Complaint

Listen to the problem

If necessary, have the person “walk-through” what happened (“walking-through it” settles down the emotional response system)

Establish safety and trust in the relationship

Identify negative & realistic “self-talk”
Demonstrate eye movements

Explain the process

Establish a stop signal and instruct the client to stop you if:

- anything other than the “targeted” incident comes up
- the level of disturbance increases
- body sensations are being experienced
Explain use of Eye Movements

Eye movements

- Reduce the vividness of images
- Decrease levels of anxiety and disturbance
- Apparently does what REM sleep does in helping us manage daily stress

Arrange seating
Eye Movement Technique

Seating / Standing

Distance from the client

Chairs / standing: “off-set”

Eye Movement (EM’s) Technique

Horizontal: eye level

Speed: comfortably fast

Duration = 10/12 round-trips of EM’s per set
Processing Instructions

“I’m going to ask you a couple questions, then we are going to start the eye movements.”

“Just focus on the situation while you watch my fingers.”

“When I stop, I’ll ask you to think of the situation and then tell me how disturbing it is on a scale from 0-10 where 0 is no disturbance, 10 is the highest you can imagine. We will then repeat the eye movements.”

“Occasionally, I’ll ask you what is changing about the situation.”

“We’ll repeat that process as long as things are decreasing.”

“Once things have stopped decreasing, we’ll focus on how you’d like to handle the situation.”
Access the Situation
(overview)

Access the situation’s negative components

Tell me what happened

What is the worst part?

Measure it: How disturbing is it to you now; 0-10? 0 is that it doesn’t bother you and 10 is that it is as disturbing as you can imagine.”
Name it & Measure it

Name it: Identify the negative self-talk:

What negative “self-talk” do you have about it, such as “I should have done something, I’m overwhelmed. etc.?”

Measure it: How disturbing does it feel, 0-10 where 0 is no disturbance, 10 is the highest disturbance?
Tame it & Validate it

Tame it: Activate the realistic self-talk:

“As you think of that incident, how would you like to deal with it?”

“What positive skills or strength do you need to deal with it?”

Validate it: How true does your positive belief feels from 1-7 where 1 is totally false and 7 is totally true?
Self-talk / Beliefs

Verbalization of emotional & sensory neural networks

Form perceptions of present experience

Indicator of adaptive processing i.e.:

  Negative: “I’m going to die.”
  evolves to

  Positive: “It’s over, I survived”
Typical Beliefs in Acute Traumatic Situations
(Assaults, Disasters, Crisis, Acute Trauma)

Irrational Belief
I should have done something
It’s my fault

I’m going to die
I’m overwhelmed
I can’t handle it
I’m vulnerable

I’m powerless
I’m helpless
I’m trapped

Realistic Belief
I did the best I could
I can recognize appropriate responsibility

It’s over, I survived
I can get through this
I’ll do the best I can
I can get through it
I can find ways to feel safe(r)

I can control what I can when…

…….powerless
…….helpless
…….trapped
Process it

Do 10 round trips of eye movements (EM’s)

Stop:

“Take a breath, let it out… Now, 0-10, how disturbing is it?” ……
“Start with that.”

Repeat #’s 1 and 2 two more times (a total of 3 sets)

On the 4th set:

“Take a breath, let it out… Now when you think of the incident, what
are you noticing? …… And 0-10, how disturbing is it now?…. “Start
with that.”

Repeat #s 1-4 as long as the level of disturbance is decreasing
(3-1 ratio)

Once the SUD stops decreasing, proceed to strengthening the positive
“self talk”
Interpretations

If the disturbance (SUD) does not decrease to 0

Usually makes sense under the circumstances

Once SUD is no longer changing, proceed to the strengthening phase
Stop Processing!

Eye movements may activate spontaneous processing of past experiences

A-TIP is designed to restrict spontaneous processing

If something spontaneously emerges, it is usually an indication that past memories may have been activated:

Debrief (no more eye movement)

Consider some relaxation technique to ground the person

Refer him/her to a mental health professional
Strengthen it

“As you think of the incident and your positive belief, __________________________(name the belief) how confident are you in it on a scale from 1-7 where 1 is not confident at all, and 7 is totally confident?”.......“Start with that.” (10 round trips of EM’s)

VoC = Validity of Confidence

“Take a breath, let it go.” As you think of your positive belief, how confident are you now, 1-7?” .... “Start with that.” (10 round trips of EM’s)

Repeat #2 as long as the level of confidence (VoC) increases

The VoC may not always move to a 7.

Usually makes sense under the circumstances

Once strengthened, proceed to the Integration phase
Discuss it: “what’s next”

Have the person imagine “what’s next” and how her/his positive belief will help manage the situation(s)

Add eye movements (10 sets) as s/he thinks of the situation.

Ask her/him what s/he experienced

Repeat eye movements as long as the reports are positive
Debrief it and/or Refer it

• Debrief it

  Discuss options for handling the situation, etc.

  Remind the person that there still may be more challenges ahead and to seek professional help if needed

• Refer it

  Refer to the appropriate medical or mental health professional as needed
Record it

- Record it

  If appropriate, record the pre and post treatment information on the A-TIP Summary Worksheet for future reference by yourself or a qualified mental health professional.
A-TIP Drawing

Draw the problem
Note the level of disturbance
Identify the adaptive goal
Process
  Scribble etc.
Imagine the outcome
Emergency Response

ERP - Quinn

The person is too upset to tell the story

With permission, provide continuous eye movements

   Eye movements cause images to fade

   Eye movements reduce distress

While providing continuous eye movements, assure the person

   “It’s over”

   “You’re safe now”

   “You’re here with me”

Move into A-TIP once s/he is stable enough to tell the story
Decision Points

Stop

Intrusive memories of other experiences come up

The level of disturbance (SUD) increases

Body sensations unrelated to the incident come up

Stabilize using a breathing exercise and refer
A-TIP & ERP

are not Psychotherapy!

A-TIP & ERP are restricted, brief crisis interventions based upon EMDR research, protocols and procedures.

A-TIP & ERP use eye movement for desensitization only.

_They are not considered Psychotherapy_

A-TIP & ERP’s restricted, structured eye movement protocols are focused and intended for crisis interventions and designed to restrict and prevent spontaneous processing of pre-existing issues.

A-TIP & ERP’s protocols keep the person focused on the present crisis.

STOP, _Triage and refer_ to a mental health professional if any past issues arise.