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Trauma Processing for Movements

Trauma Coping Skills

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“Trauma is Really Strange” by Steve Haines (Author) and Sophie Standing (Illustrator)

- Group members are prompted to ask any questions that they might have
- The group might review some portions of the critical incident that they still consider disturbing
- Group members may even bring up new issues previously not discussed

IMPORTANT: During this phase, group debriefing leaders can also provide encouragement and support. They can also ask what might be one positive thing that came out of this critical incident. It is helpful to have a resource list (phone numbers and addresses) available for each group member.

DISCLAIMER: Debriefing is a good first step for helping people process their direct involvement with traumatic events, however, counselors must have specific training in debriefing prior to engaging in any type of debriefing exercise with survivors.

This diagram describes the National Empowerment Center's model of recovery based on research they and others have carried out. The model describes the process of how people are labeled mentally ill and recover

Suggested Reading

- "Aftershock: Confronting Trauma in a Violent World: A Guide for Activists and Their Allies" by Patrice Jones*
- "Critical Incident Stress Debriefing: CISD : An Operations Manual for the Prevention of Traumatic Stress Among Emergency and Disaster Workers" by Jeffrey T. Mitchell*
- "Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others" by Laura Van Dernoot Lipsky and Connie Burk*

What is "trauma"? *Trauma is any experience that exceeds our individual or collective ability to cope with it.*

We can emerge stronger and wiser after being overwhelmed. Healthy movements are built over time, dealing with trauma is a continuous process.

We work together to deal with trauma so we can build collective power and community.

Before a Potentially Traumatic Event

- Designate a support person for the group or each person.
- Tell the support person any risk factors for trauma such as:
 - History of mood disorders or personality disorders
 - History of previous trauma
 - Higher than normal (>95bpm) resting heart rate
 - Lacking social / family support, resources
- Run through possible scenarios and try to "pre-plan" for potentially traumatic outcomes
- Cultivate a broad sense of optimism about life, the movement, the action
- NARRATIVE: People often need to "make it make sense". Start this work ahead of time.
- Practice mindfulness. Mindfulness helps afterwards but must be cultivated beforehand.
- Have participants make lists of the things / people that support them, to refer to later.

During a Potentially Traumatic Event

- Stick with the group, and buddy up.
- Designated “chill space” for breaks.
- Reminders of the narrative / meaning & solidarity.

If someone gets an acute attack of anxiety, try:

- Get them to a place of relative safety.
- If they don’t reciprocate eye contact, ask if eye contact would help.
- Ask them to breathe with you. Try to match their breathing at first and then slow down over time.
- Ask if they would like a hug / touch.
- Distract with something pleasant. Smells (orange peel, lavender, a breath mint) can ground them in the physical world.
- Ask what makes them feel calm. Have them describe it to you in detail.

After a Traumatic Event

- Allow space for people to speak but don’t pressure anyone to talk.
- Validate feelings / seek validation of feelings. Don’t minimize or compare to someone who “has it worse”.
- Work on the narrative. Help “make it make sense” by drawing inspiration from past struggles or envisioning ways the event may have long-term meaning for the world.

- What were your first thoughts about the incident once you got off the “autopilot” mode?

IMPORTANT: This phase personalizes the experience for the participant. It makes it part of them rather than a collection of facts outside of them.

4th Phase-Reaction Phase:

Participants are asked (response is optional):

- What was the worst part of the event for you personally?

IMPORTANT: This segment may last between 30–45 min. depending on the intensity of the event. Focus is given to participants emotions.

5th Phase-Symptom Phase:

Participants are asked (response is optional):

- What are the signs and symptoms of distress you may be experiencing?

IMPORTANT: Explain that usually there are three occurrences of signs and symptoms discussed.

1. Those that occur immediately during the event, those that occur
2. during the next few days, and those that are left over and are still experienced 3–5 days after the incident
3. at the time of the debriefing

6th Phase-Teaching Phase

- Useful information to reduce the stress at home, work, etc is provided to all participants.

7th Phase-Re-entry Phase

DEBRIEFING IS A 7 PHASE PROCESS

1st Phase-Introduction

The following information is provided to the group:

- All statements, facts, opinions and discussions made during the debriefing shall be strictly confidential
- No recordings or notes are allowed
- No one should be criticized for how they feel. Instead they should be allowed free expression of feelings with acceptance, support, and understanding from each other
- Group members are not to leave the group once it has started
- All group members need to respond to the first phase. Participation in later phases is optional
- Debriefing is not a critique of group action during the critical incident

IMPORTANT: No media presence should be allowed!

2nd Phase-Fact Phase:

Participants are asked (response is optional):

- Who are you?
- What was your roll during the incident?
- Please discuss in general facts the critical incident

IMPORTANT: This kind of questioning works for groups of 20 or fewer members, where every group member answers the same question. If the groups are larger, a different technique might be used (following more of a chronological order: So when the incident occurred: Who arrived first? Who arrived next and what happened?).

3rd Phase-Thought Phase:

Participants are asked (response is optional):

- “Look for the helpers”. It may be easier to start by talking about what helped during or after. Groups may start their debrief by discussing who or what had protective or healing effects during or right after the trauma.

Watch for subtle signs of aftershock or post-traumatic stress. Any combo of these may appear:

- Nightmares
- Fear inappropriate to the situation or inappropriate lack of fear in risky situation.
- Inability to stop thinking about the event or being unable to think about it at all
- Disturbances in sleep cycle, getting either too much or too little sleep
- Disturbances in appetite, overeating or forgetting to eat
- Unexplained irritability or anger
- Inability to concentrate
- Changes in sociability, such as fear of being alone, or isolating oneself

People may need further therapy if:

- They want it.
- Symptoms are getting worse instead of better over time.
- Symptoms interfere with normal activities for more than a few weeks.

People may need support in the days/weeks after a major trauma:

- Reminders to eat, or food brought to them
- Reminders to wear clean clothes, help with laundry
- Reminders for other self-care things like showering, taking medications, and drinking water
- Opportunities to talk about what happened or to be with other people without talking about it.
- Physical exercise to discharge some of the pent-up tension
- Various types of touch, ranging from cuddling to kick-boxing

Herbs, supplements, or tea that can promote calming (always consult your medical professional before using herbs or supplements if you're on any medications or have any health concerns). Helpful ones can include:

- Chamomile
- Passionflower
- Mint
- Lemon balm
- Lavender
- Kava (avoid in individuals with liver concerns)
- Magnesium supplements (avoid in individuals with clinically low blood pressure)

Resources for body work

- Acupuncture/acupressure, especially NADA (ear acupuncture)

- Set your boundaries within yourself and articulate the consequences of what will happen to you if they are violated or compromised.
- Anticipate what concessions you'd be ok living with and which you might regret.

Group Trauma Debriefing overview:

This section was adapted from a Fact Sheet developed and distributed by the American Counseling Association's Traumatology Interest Network, Please download the most updated versions by going to www.counseling.org

- The Group Trauma debriefing is a 7 phase intervention developed for first responders that can potentially be adapted to help movements cope with collective trauma
- It includes psychological and educational benefits
- It is a structured group meeting
- It moves from cognitive processing to emotional processing back to cognitive processing
- Discussions allow for a safe (structured and rational) process of talking about survivors emotions and distress
- Through the debriefing process, participants experience others who have had similar experiences and reactions

Debriefing time and duration:

- 3–5 days after the critical incident
- 2–3 hrs. long Location for debriefing:
- It should be done away from the crisis/disaster if possible
- It can be done in a safe facility

- **Express your feelings.** Work towards finding the happy medium of being expressive while maintaining a sense of self-control.
 - Do this by asking yourself before each disclosure etc: “Will I like how I feel about myself if I express this now, and in this way?”
- **Assert**
 - Avoid both passiveness and aggressiveness. (And passive-aggressiveness)
- **Reinforce**
 - Remind yourself and other person of positive outcomes of respecting your request
- **Mindfulness**
 - Practice radical acceptance, opposite action, and mindful breathing. Use these skills if you become unsure or overwhelmed or feel like you might succumb to pressure to allow your boundaries to be violated.
- **Appear confident** (ok, this one is kind of a stretch to fit the acronym!)
 - Practice self-validation by reminding yourself that your boundary is reasonable, and even if you feel unsure, push yourself a little bit to assume a calm, confident stance.
- **Negotiate**
 - Decide in advance what kinds of compromise you are willing to accept and what you’re not.

- Massage (Thai massage is especially useful)
- Yoga

Grounding Skills

Grounding skills are important to have on hand for any group members who are experiencing overwhelming emotions or experiencing trauma reactions, but also are important tools to have on hand for yourself. This work is hard, and we’re likely going to experience our own emotional responses. Many people have techniques that work for them, and always ask them to try to identify some skills which are effective for them.

Here’s a very brief list of some grounding skills you may find useful in guiding a discussion around grounding techniques:

54321:

name 5 things you see, 4 things you hear, 3 things you can touch, 2 things you smell, and one thing you can taste.

Paced breathing:

this is a breathing technique in which you use a longer exhale than inhale, e.g. inhale for a count of 3, exhale for a count of 4.

Use an object:

hold something, notice and describe the object’s features. A keyring can be great since there’s different textures, colors, if you shake it, it makes noise, etc.

Counting:

Count backwards from 100 by 7s, or any other number but seven is one that most people have to put at least a little thought into.

Change up your body position:

This might seem silly, but sometimes moving and shifting can help to ground us in the present moment.

Alphabet game:

Choose a category, and name things in the category following the letters of the alphabet. This can also be used as a group grounding exercise.

Use a scent (eg essential oil, orange, breath mint, etc):

Scent is often one of the stronger sensory inputs we can use, and can be really effective to get someone back to the present.

We encourage people to develop “coping cards” which they can carry with them that include some supports/resources on one side, and a brief list of techniques that they find useful on the other side, to carry on them. In times of high emotional distress, people often have difficulty remembering what works for them, and this is a concrete thing which you can suggest people reference in a time of crisis/high stress, and which you can ask if they would like help utilizing any of the techniques on their card.

Radically Open Dialectical Behavior Therapy (RO-DBT) teaches a skill called PROVE, for being assertive with an open mind. This is one model you can use for setting boundaries, if you choose to use a model.

- **Provide** a brief description of the situation
 - *describe the circumstances causing you to make/turn down a request, without defending, justifying, or rationalizing — eg ‘I’ve noticed that you contact me needing a high level of support on a very frequent basis.’*
 - *Use qualifiers to signify open-mindedness and humility and to leave room for the potential of having misread a situation, such as ‘From what I can tell...’ ‘I’m not sure if I’m correct but it seems like...’ ‘Is it possible that...?’*

- if the situation is having an intense negative impact on you or your needs are otherwise of the most importance, signal urgency and repeat your request while signalling confidence with upright posture, maintained eye contact, shoulders back, etc. Do not yell or whisper.

- **(practice self) Enquiry** to determine if you need to repeat or increase intensity of your assertion
 - use the desired closeness/intimacy of the relationship to guide your level of intensity. If your needs being met is of the utmost importance, repeat your assertion until your needs are met.
 - if you are challenged, questioned, or ignored during the interaction, do not respond immediately. First, ask yourself if there’s anything you can learn from the situation. Then respond.
 - if this is a close relationship, and one you wish to maintain as such, Do Not ask too much. Repeating the same thing over in a close relationship can begin to feel like coercion. Instead, ask for their help in resolving the impasse.

DEARMAN

DBT teaches a skill called DEARMAN, for achieving your objectives in an interpersonal setting. This is another model which you can use for setting boundaries.

- **Describe the situation** without value judgement e.g.
 - “I’ve told you that I don’t want to go to a bar, but you’re trying to convince me that I should go anyway.”

feelings of concern, because I'm not always in a place where I can be a main support. '

- **(acknowledge the) Other person's needs**

- let the other person know that you want to take their thoughts and feelings into consideration
- don't assume with certainty that you know the other person's inner thoughts, feelings, or intentions
- ask the person what they need in order to give you what you need (e.g. do they need help identifying other resources for support? Are you able to help them find additional resources in exchange for them being less reliant on you?)
- For example 'For me, being able to ask for what I need and

learn your internal experience, even if it's not how I imagined it, makes me feel that we value our relationship.'

- **(use your) Valued goals** to guide how you socially signal your needs

- for example using non-dominant, open posture, allowing grace to not come to an immediate resolution
- avoid using indirect assertions and disguised demands, but don't ignore personal attacks, instead, respond in a calm, contained manner
- be polite, especially given that discussions like this can be somewhat delicate. For example 'So I thought I might check in with you about this and ask you for a favor. Do you think that you could reduce the frequency with which you contact me looking for support?'

- **Reveal** your emotions about the situation without blaming

- *openly and directly express your emotions without assuming that they represent facts. use I statements.*
- *e.g. 'When you contact me for support so frequently, I worry that I am unable to provide the support you need on such a consistent basis. I'm aware of having the thought that you might not have other people to talk to, which is leading to feelings of concern, because I'm not always in a place where I can be a main support.'*

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- *don't assume with certainty that you know the other person's inner thoughts, feelings, or intentions*
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them can just be making sure they've contacted their other support.

Post Trauma Coping Skills

PROVE

Radically Open Dialectical Behavior Therapy (RO-DBT) teaches a skill called PROVE, for being assertive with an open mind. This is one model you can use for setting boundaries, if you choose to use a model.

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 - Use qualifiers to signify open-mindedness and humility and to leave room for the potential of having misread a situation, such as 'From what I can tell...' 'I'm not sure if I'm correct but it seems like...' 'Is it possible that...?'
- **Reveal** your emotions about the situation without blaming
 - openly and directly express your emotions without assuming that they represent facts. use I statements.
 - e.g. 'When you contact me for support so frequently, I worry that I am unable to provide the support you need on such a consistent basis. I'm aware of having the thought that you might not have other people to talk to, which is leading to

level of detail in the conversation. If they seem to be getting too upset or as though they are disconnecting, refocus on the present.

3. **Don't get any on me**

Maintain and enforce your boundaries. Maintain separation between the other person's feelings and your own (eg, don't take on someone else's emotional experience). Stay mindful of your own internal experience, and if you're getting overwhelmed, go back to number one,

4. **Are there any more**

Are there other mental or physical conditions exacerbating the current issue? Are there other people dealing with this same issue who might need the same help, or be able to provide support to each other?

5. **Now we arrive**

Once the situation is clear to you, it's time for interventions.

You may ask whether they want to vent or if they'd like practical help resolving a stressful situation.

You may ask whether they'd like some kind of soothing touch or you may offer them physical sustenance like food, water, warm clothing, etc.

Once the interventions are complete or the person is no longer interested in your immediate support, make a concrete plan to follow up with them.

This can be as simple as "I'll text you tomorrow to see how you feel." If you cannot follow up with them, something like, "I'll have someone from our group check on you in a few days" can work.

You can also ask them if they have a friend or support person they'd like to follow-up with. Your check-up with

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- **Describe the situation** without value judgement e.g.
 - *"I've told you that I don't want to go to a bar, but you're trying to convince me that I should go anyway."*
- **Express your feelings** *Work towards finding the happy medium of being expressive while maintaining a sense of self-control.*
 - Do this by asking yourself before each disclosure etc: "Will I like how I feel about myself if I express this now, and in this way?"
- **Assert**
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- Practice self-validation by reminding yourself that your boundary is reasonable, and even if you feel unsure, push yourself a little bit to assume a calm, confident stance.

- **Negotiate**

- Decide in advance what kinds of compromise you are willing to accept and what you're not.
- Set your boundaries within yourself and articulate the consequences of what will happen to you if they are violated or compromised.
- Anticipate what concessions you'd be ok living with and which you might regret.

Managing Emotions

There are three options we all have when dealing with emotions, but humans are all so different and have different thresholds for what will make them choose an option:

- express/release them
- contain/hold them
- protect them

SO! Let's look into these options!

Express/release them. This option is ideal! You know you're having them, but you don't necessarily need to know what they are. So how do you go about doing this?

Talking about it with a safe and receptive person is a great way to express feelings, but this requires at least some awareness of what exactly the feelings are

Crying is a natural way that the body releases emotions — it's okay to cry!!!

Moving your body can help to release some of the hard-to-name feelings from your body — remember, feelings get stored in your body

Creating (eg art, creative writing, crafts, building things, etc) can release unknown feelings and expand the ways you have to describe them

Contain/Hold them

This is great for when you have immediate demands that you need to focus on, but this is not a permanent solution, you still need to express/release them eventually! Sometimes other humans can help with this via hugs. With consent.

Protect them

Sometimes when we're having lots of feelings we protect them by lashing out at others, but this just leaves us with more feelings to deal with.

Other times, we protect our feelings by withholding and isolating them from others.

Neither of these options are super effective as feelings like to feed off of feelings, so ideally finding a way to express them is the goal!

STOP 12345 for helping others deal with psychological trauma

1. **I'm #1** - It's not my emergency.

Should I help this person directly, or should I help them find another person? Consider your mental/physical comfort, whether you need them to come to you later, and if you need anything in order to be most effective.

2. **What's going on with you?**

Ask open-ended, nonjudgmental questions, WITHOUT asking specific details about the trauma. You only need a general idea. Be aware of how much detail you can handle, and enforce that, but otherwise let them set the