




# Trauma and the Trauma Triangle

Presented by Caryl Lark, M.S. AMFT103190

Los Angeles Centers for Alcohol and Drug Abuse



## Trauma: General Definition

- An extreme stress that overwhelms a person's ability to cope – a normal response to an abnormal event.
- This often leads a person to find a way of coping that may work in the short run but may cause serious harm in the long run.
- Trauma is *always defined by the individual.*

## Trauma: Technical Definition

- The experience of a powerful, adverse event or enduring condition in which:
  - The individual experiences (subjectively) a threat to life, bodily integrity or sanity
  - The individual's ability to integrate his/her emotional experience is overwhelmed
  - "Persons are traumatized when they face **uncontrollable** life events and are **helpless** to affect the outcome of those events." (Lindemann, E., 1944)

## Type I Trauma – Event Trauma


- A single event that is **sudden, unexpected**, and stressful (Ogawa, 2004)
  - Examples:
    - School shootings
    - Natural disasters – fires, hurricanes, floods, earthquakes
    - Transportation accidents – planes, boats, automobile crashes

## Type II Trauma – Process Trauma

- Involves exposure to **ongoing and unrelenting** stressors that are viewed with fearful anticipation (Dripchak, 2007; Shaw, 2000)
  - Examples:
    - War
    - Repeated acts of physical, sexual and/or emotional abuse
    - Living with violence in the home or surrounding environment


## Post-Traumatic Stress Disorder DSM-V 309.81 (F43.10)

- Exposure to actual or threatened death, serious injury, or sexual violence
  - Directly experiencing the event
  - Witnessing the event as it occurred to others
  - Learning that the event occurred to a close family member or friend
  - Experiencing repeated or extreme exposure to aversive details of the traumatic event – *Vicarious Trauma*
    - First Responders, Police Officers, Firefighters, Social Workers, Therapists




## Post-Traumatic Stress Disorder DSM-V 309.81 (F43.10)

- Presence of one or more intrusion symptoms
  - Recurrent, involuntary and intrusive distressing memories
  - Recurrent distressing dreams
  - Dissociative reactions (flashbacks) in which the individual feels or acts as if the traumatic event were recurring
  - Intense or prolonged psychological distress at exposure to cues (triggers)
  - Marked physiological reactions to cues




## Post-Traumatic Stress Disorder DSM-V 309.81 (F43.10)

- Persistent avoidance of stimuli associated with the traumatic event(s)
  - Avoidance or efforts to avoid distressing memories, thoughts, or feelings
  - Avoidance or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories/thoughts/feelings



## Post-Traumatic Stress Disorder DSM-V 309.81 (F43.10)

- Negative alterations in cognitions and mood associated with the traumatic event
  - Inability to remember an important aspect of the event
  - Persistent and exaggerated negative beliefs or expectations about oneself, others or the world – "I'm bad." "The world is bad." "No one can be trusted."
  - Persistent and distorted cognitions about the cause or consequences
  - Persistent negative emotional state (fear, horror, shame, guilt, anger)
  - Markedly diminished interest or participation in significant activities
  - Persistent inability to experience positive emotions (happiness, satisfaction, love)



## Post-Traumatic Stress Disorder DSM-V 309.81 (F43.10)

- Marked alterations in arousal and reactivity associated with the traumatic event(s)
  - Irritable behavior and angry outbursts (with little or no provocation)
  - Reckless or self-destructive behavior
  - Hypervigilance
  - Exaggerated startle response
  - Problems with concentration
  - Sleep disturbance




## Expressions

### Externalizing

- ▀ Verbal or physical aggression
- ▀ Reactivity to stimuli, noises
- ▀ Out of control emotions
- ▀ Hypervigilance
- ▀ Sexual reactivity
- ▀ Extreme measures to avoid further trauma
- ▀ Fight or flight

### Internalizing

- ▀ Avoidance and numbing
- ▀ Introversion, isolation
- ▀ Acquiescence, passivity
- ▀ Sensual deprivation
- ▀ Flight or freeze
- ▀ Compulsion to repeat the trauma
  - ▀ Re-enactment, revictimization, masochism



## Trauma by the Numbers National Council for Behavioral Health

- ▀ 51% of the general population have experienced trauma in childhood
- ▀ 98% of people served by behavioral health have experienced trauma
- ▀ 66% of people in substance abuse treatment report childhood abuse or neglect
- ▀ 90% of women with alcoholism were sexually abused or suffered severe violence from parents



## Trauma Stress: Effects on the Brain

- "Brain areas implicated in the stress response include the amygdala, hippocampus, and prefrontal cortex. Traumatic stress can be associated with **lasting changes** in these brain areas. Traumatic stress is associated with increased cortisol and norepinephrine responses to subsequent stressors. Findings from studies of patients with PTSD show smaller hippocampal and anterior cingulate volumes, increased amygdala function, and decreased medial prefrontal/anterior cingulate function." J. Douglas Bremner (2006)




## What that means...a brain out of whack

- Increased** levels of cortisol – the primary stress hormone, a steroid that activates the "flight or fight" response
- Increased** norepinephrine – a CNS neurotransmitter the controls alertness to mobilize the body and brain for action
- Increased** amygdala function – a part of the limbic system responsible for regulation of emotions, most commonly associated with fear and anxiety
- Decreased** prefrontal function – the executive brain functions of planning, reasoning, thinking of consequences



## Trauma Stress and the Developing Brain


- Until fairly recently, it was commonly believed the young children were not affected by trauma, either because they were born resilient, do not verbalize and/or do not remember the experience (Osofsky, 2004).
- Research has since found that childhood trauma has a significant impact on the emotional, behavioral, cognitive, social and physical functioning of children (Perry, Pollard, Blakley, Baker & Vigilante, 1995).



## Adverse Childhood Experiences and the Lifelong Consequences of Trauma


- A 1998 study from the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente
  - 17,000 middle-class Americans
  - A paradigm shift in the way we look at our approach to disease
  - Identified 10 adverse predictive factors
    - Emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, primary caregiver treated violently, household substance abuse, parental separation or divorce, incarcerated household member.
    - **Experienced before the age of 18**






## The Impact of Childhood Trauma on Brain Development: A Literature Review

- Samantha Kirouac, M.C. (Master of Counselling) Calgary, Alberta
- Dawn Lorraine McBride, Ph.D. University of Lethbridge, Alberta



## Findings from the Review

- "All necessary brain structures are present at birth; however, brain development continues to unfold at a significant pace afterwards. At this point, the brain becomes dependent on environmental cues to establish how neurons will differentiate, form and maintain synaptic connections, and create the final neural networks (Perry, 2002).
- "According to Heide and Solomon (2006), the brain is not completely developed until a person's early twenties."
- "Because the majority of brain development occurs in early childhood, this period of life has the most powerful and enduring effect on how the brain functions and is organized well into the future (Perry, 2006).



## Findings from the Review – Sensitization (Glaser, 2002)

- "...the repeated experience of trauma causes a phenomenon called sensitization. This leads to maladaptive functioning whereby everyday or minor stressors that previously did not elicit any response now result in a response similar to that in the face of a real or perceived threat."
- "The more frequent and traumatic the experience, the more the brain is affected."

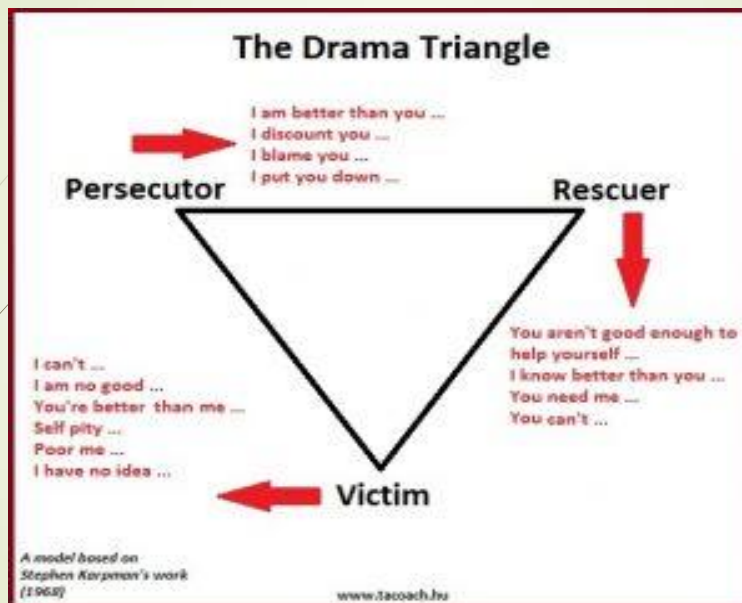


## Findings from the Review - Plasticity

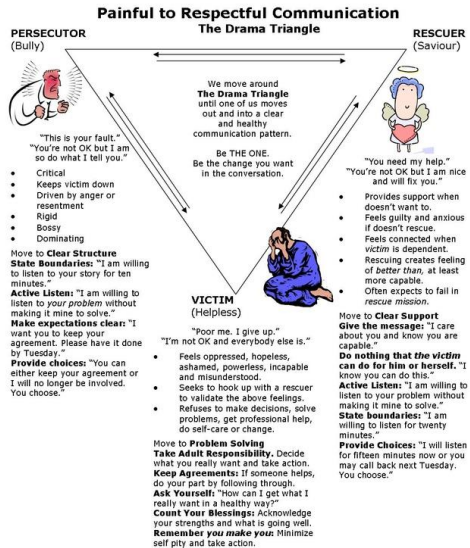
- "The brain is considered plastic in nature, meaning it is capable of changing in response to patterned, repetitive activation (Perry, 2006)."
- "New learning would not be possible if the brain was not malleable. An infant's brain is more susceptible to change than a ten-year-old child's and a teen's brain is more susceptible than an adult's (Perry, 1995)."

## The Trauma Triangle

- Originally presented as The Drama Triangle
- A theory developed by Stephen Karpman in 1968.
- Stephen Karpman was a student of Eric Berne, considered the “father” of Transactional Analysis
- Karpman developed the triangle to illustrate how participants switch roles in conflict
  - Each participant gets their unspoken and often unconscious needs met



Post where you can see!



**Notes:**

- 1) Adapted from *The Drama Triangle* by Stephen Karpman
- 2) For more details read: Relationship Drama Part 1 & Relationship Drama Part 2 at <http://SolutionsForResilience.com/blog/>

**Solutions for Resilience** Patricia Morgan  
Ph: 403-242-7796

Email: [patricia@SolutionsForResilience.com](mailto:patricia@SolutionsForResilience.com)  
Web: [www.SolutionsForResilience.com](http://www.SolutionsForResilience.com)

## Correlation to Trauma and the Brain – A Review of a Brain Out of Whack

- Hypervigilance
- Hyper-arousal
- Distorted Cognitions
- Increased Reactivity
- Persistent Negative Beliefs
- Shame, guilt, hopelessness, sadness
- **ANGER**



## Anger and Trauma

### National Center for PTSD

- "Anger is often a large part of a survivor's response to trauma. It is a core piece of the survival response in human beings."
- The response becomes "stuck" in anger.
- If the trauma occurred under the age of 18, the survivor may have never learned any other way of handling threat.
- Trauma victims perceive threat when little or no threat exists.
- Trauma victims often respond disproportionately.




## In Practice...

- Each participant has a "starting point."
- Each participant can cycle rapidly between the three positions.
- Each participant is motivated by self-interest.
- A victim seeks out a perpetrator and a rescuer.
- A rescuer seeks out a victim in order to ignore their own issues.
- A perpetrator sees himself/herself as the victim.
- Once we are aware of the dynamic, we can see our role in it and "step out" of the triangle.
- As in everything, there is a continuum.
- We can "rise above" our "starting point."



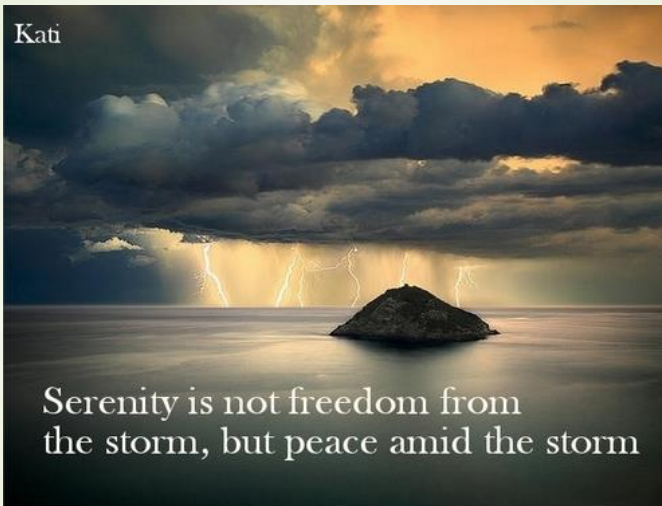
## How Does One Know When They are Stuck in the Triangle?

- ▶ We label.
- ▶ We judge.
- ▶ We resent.



## Seek Higher Ground

- ▶ As practitioners, we need to remain trauma-informed.
- ▶ We need to be aware of our own issues.
- ▶ We need to practice "compassionate detachment."
- ▶ We need to not take it personally.
- ▶ We need to move from enabler to Clear Support.



Kati

Serenity is not freedom from  
the storm, but peace amid the storm