



# SPEVI

South Pacific Educators  
in Vision Impairment

## Australia

SHINING THE LIGHT ON VISION EDUCATION

# 2017 CONFERENCE

**BRISBANE 8TH - 12TH JANUARY**



# Uncover the Hidden Affect of Vision Impairment

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# Trigger Warning

- You may hear information that triggers or upsets you.
- Please make sure that you speak to someone in an organising position or you can come and find me. I am here for the entire conference.
- My contact details are in this presentation.



# What's a Trigger

- A trigger is something that causes a memory or flashback to an original trauma.
- Triggers can be smell, sounds, sight, touch or taste.
- Triggers are individual and different for each person.



# What we'll cover today

## Trauma as the hidden affect of vision impairment!

- Physiology of a trauma response;
  - The impact of trauma on learning and engagement with others;
  - How to recognize and help someone who is in a trauma response.
- 
- I'm going to leave space for questions at the end so please note down any questions you have and I'll answer them for you.



# A Little About My Experience

- Gestalt Psychotherapist (Masters) – specializing in trauma recovery.
- Clinical experience with people who have or have had a diagnosis of a life-limiting illness and/or terminal diagnosis.
- Worked with all kinds of trauma including developmental trauma.
- All my qualifications are listed on my website.





# And on a Personal Note

I was led to the work I do through the traumas in my own life.

- A traumatic childhood.
- My second daughter was diagnosed with Bilateral Retinoblastoma (tumours on the retinas) at the age of 6 months in 1988. Became totally blind at the age of 3.
- My husband was diagnosed with squamous cell carcinoma of the lymph nodes in the neck in December 2013.



# I'm on a bit of a mission!

- Bring an understanding of trauma and the symptoms of trauma to systems such as education and health.
- Spread the word about trauma informed practices. This is especially relevant for education and health.
- Through education and understanding reduce the number of people suffering from unresolved trauma.
- Bring people out of isolation and into community!





# Let's start with what is trauma!

“Trauma is a fact of  
life. It does not  
however, have to be  
a life sentence.”

Peter Levine



- Trauma is the response of the mind and nervous system that occurs when the immediate ability to cope with a perceived threat is overwhelmingly frightening (Rothschild, 2000).
- “The nervous system compensates for being in a state of self-perpetuating arousal by setting off a chain of adaptations that eventually bind and organize the energy into symptoms” (Levine, 1997, p. 146).
- “Trauma survivors have symptoms instead of memories” (Harvey, 1990)



- “Despite the human capacity to survive and adapt, traumatic experiences can alter people’s psychological, biological, and social equilibrium to such a degree that the memory of one particular event comes to taint all other experiences, spoiling appreciation of the present” (Van der Kolk & McFarlane, 1996, p. 4).
- “We don’t see things as they are, we see them as we are.”  
Anais Nin
- The result of trauma depends on the age of the person, the nature of the trauma, the response to the trauma, and the support available to the person during and after the trauma.



# The Physiology of a Trauma Response

- When trauma is experienced the brain releases cortisol and the adrenal glands release adrenaline.
- This is the body's way of preparing us to respond to a perceived threat. Our survival options are:
  - Fight
  - Flee
  - Freeze or
  - Faint



- Trauma experienced early in life compromises core neural networks. The more severe and prolonged the trauma the more negative and far reaching the effects (Cozolino, 2005).
- The most significant development of neural pathways occurs prenatally and during the first 10 months of life. Therefore trauma experienced by the mother while pregnant and in the child's first year of life will have an impact developmentally.
- A trauma response has identifiable stages and symptoms.



Stage of trauma	Symptoms of stage of trauma
Early trauma symptoms	Hypervigilance, flashbacks, hyperactivity, nightmares, night terrors, exaggerated emotional and startle responses, abrupt mood swings e.g., rage, frequently stressed out, difficulty sleeping. (Levine, 1997, p. 147)
Next phase of development	Panic attacks, anxiety and phobias, mental “blankness”, avoidance behaviours, frequent crying, attraction to dangerous situations, amnesia and forgetfulness. (Levine, 1997, p. 148)
Symptoms that take longer to develop	Excessive shyness, muted or diminished emotional responses, inability to make commitments, chronic fatigue, immune system problems, psychosomatic illnesses, depression, diminished interest in life. (Levine, 1997, p. 149)
PTSD symptoms	Emotional numbness, depression, flashbacks, recurring nightmares, intrusive recollections of event, difficulty making decisions, unable to focus at work, easily startled. (Mental Health Association of Australia (MHAA), 2014)
Complex Trauma symptoms	Pervasive anxiety, flashbacks, nightmares, dissociation, hyperarousal, unable to self-regulate even basic functions, dysregulated emotional states, issues with the ‘self’, alcohol or substance abuse. (Resnick, 2012)





# Did you know?

## 1.4 million Australians at any one time\* have Post Traumatic Stress Disorder (PTSD).

(\*[Australian Bureau of Statistics](#) – 6.4% of 21,530,081 Australians)

[Information sourced from <http://www.pickingupthepeaces.org.au>]

Link to Bureau of Statistics

<http://www.abs.gov.au/ausstats/ABS@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>



# The impact of trauma on learning and engagement with others

- Chronic stress or prolonged trauma causes change in the baseline production, availability and homeostatic regulation of neurochemicals such as norepinephrine (NE), dopamine, endogenous opioids, glucocorticoids and decreases serotonin (Corzolino, 2005).
- Memory is created by neurons firing in groups becoming 'encoded' therefore the more often they fire together the stronger the neural connections become (Roussouw, 2014).



- The good news is that the brain can change. For a long time it was thought that this wasn't possible.
- The success of psychotherapy is reliant on the therapist being able to trigger neural plasticity by regulating stress and integrating neural networks, a process that is opposite to dissociation which is one trauma response (Corzolino, 2005). They need to work within the 'window of tolerance' (Resnick, 2012).
- Consequently neurons that stop firing together lose interest and the neurons that used to attach become detached. The implications of this principle are new neural firing patterns (Roussouw, 2014).



- We now understand that the neural networks in the frontal cortex are stimulated by positive social experience and interaction.
- Here there is tremendous scope for psychotherapy to stimulate and repair ‘affect-regulating structures’, through positive emotional experiences (Resnick, 2012).
- Essential to trauma recovery is somatic work. This means addressing the fact that trauma is trapped in the nervous system of the body. A trauma response is the body feeling like the trauma is actually happening now when it’s not.



# Disease/Disorder vs Trauma

- Often trauma symptoms are not recognized as trauma.
- It often takes a long time for people to find the help they need because of this.
- The medical model doesn't recognize that procedures or even the hospital environment could have a traumatic effect on people.
- The education system also doesn't recognize that their procedure and responses could be adding to or triggering trauma in their students.



- Unresolved trauma usually manifests as a significant life event such as relationship break-down, severe illness such as chronic fatigue, cancer or other serious condition.
- The body remembers even if we don't. Unresolved trauma is trapped in the nervous system.
- “Very few people, even those consistently involved in high risk tasks, have more than a passing knowledge of the term PTSD, let alone the symptoms. Unfortunately, the same can be said for a surprisingly large percentage of medical professionals” (Picking Up The Peaces (PUTP), 2014, para. 8).





- People affected by trauma and the people surrounding them continue to suffer in isolation for years, not understanding that they continue to subconsciously re-enact their trauma (Levine, 2008).
- Many traumatized people expose themselves to situations indicative of their original trauma which is known as traumatic re-enactment and is one of the strongest reactions that occur in the wake of trauma (Levine, 1997).
- “These behavioural re-enactments are rarely consciously understood to be related to earlier life experiences” (Van der Kolk, 1989).



Often people think  
trauma happens  
with huge life  
disasters and  
events!



# Obvious Traumatic Situations

- Severe weather like cyclones, floods & fires.
- Car accidents.
- Receiving a life limiting diagnosis.
- Witnessing violence.
- Being attacked.
- Fighting in a war.



# Not So Obvious Traumatic Events

- To a small child being separated from their mother for 30 minutes can be traumatic.
- Entering a room full of people you don't know can be traumatic.
- Taking exams can be traumatic.
- Watching someone you love die can be traumatic.
- Getting lost can be traumatic.
- Having to go to hospital for surgery or to visit someone in hospital can be traumatic.



# How to recognize a trauma response and what can you do?

- First key is to recognize any symptoms of unresolved trauma in yourself.
- Have you had traumatic experiences in your life?
- How do you know they are fully resolved?
- Do you use any of the following to support yourself:
  - Addictions – food, alcohol, shopping, sex or any other addiction
  - Control – do you need to control every aspect of your life and your environment
  - Distractions – busy-ness, joking, addictions, television, games or social media
- Remember the slide that had the table with the symptoms!
- Learn to understand your own processes and reactions.



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- If you notice a symptom of trauma in another:
  - Remain calm.
  - Have a curiosity in them.
  - Ask them what usually supports them.
  - Offer grounding techniques such as focusing on breathing and feeling their feet on the ground. If they seem to have trouble regulating.
- DON'T ASSUME YOU KNOW THE CAUSE OF THIS RESPONSE!
- Often the trauma response is so far removed from the original trauma. And the original incident may not ever be recognized as trauma.



- If you are not sure talk to someone about your concerns.
- Build a network of professionals around you to refer to.
- If you are working with trauma – and if you are a teacher your classroom is filled with traumatised children – seek professional development in trauma informed practice.
- If you are a parent and have suffered trauma or have a child that has suffered trauma seek professional support so you don't have to live your life alone and unsupported.



# Thank you & Questions

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