"WE HAVE MET THE ENEMY AND HE IS US."

--- POGO ---

CRIME SCENE
In the clearing stands a boxer and a fighter by his trade,
And he carries the reminders
Of every glove that laid him down,
Or cut him 'til he cried out in his anger and his shame,
"I am leaving, I am leaving."

But the fighter still remains, still remains.
“3P Psychology”

- Paralysis
- Perseveration
- Pathological Attraction
Paralysis

Learned Helplessness
Perseveration

“doing the same thing over and over, expecting different results”
Perseveration

"doing the same thing over and over, expecting different results"
Pavlov’s Dogs
Pavlov’s (other) Dogs

Experimentally Induced Neurosis

Diagram: A blue circle equals a piece of meat, an oval equals a crossed-out piece of meat.
Pavlov’s (other) Dogs
*Experimentally Induced Neurosis*
Pathological Attraction

Stockholm Syndrome
Pathological Attraction

Stockholm Syndrome

“A variant of Stockholm Syndrome includes cases of abusive parents and abusive siblings in which the victim, even after entering adulthood still justifies the family abuse.”

-Wikipedia
Double Binds

*Damned if you do, damned if you don’t…*

“Our mistaken beliefs about who we must be to survive are based on the reality of our having survived in an alcoholic (or dysfunctional) home where every move or failure to move might bring injury, pain, or death.”

-ACA “Big Book”, page 88
The Problem

“Many of us found that we had several characteristics in common as a result of being brought up in an alcoholic or other dysfunctional household.

“As a result of this conditioning we.....”
“j. We have stuffed our feelings from our traumatic childhoods and have lost the ability to feel or express our feelings because it hurts so much (denial).
Inventory of “Psychic Damages”

“actual episodes: inferiority, shame, guilt, anger” so they could be relived in the mind and their power reduced.

-ACA “Big Book”. page 626
Getting a “Rush”

Rush

↑ ↑ ↑ ↑ ↑

The Feeling Zone (unhurried thinking)

F. Shapiro (Pavlov)  Excitatory
Milkman & Sunderwirth  Arousal
M. Holden  Sympathetic excess syndrome (struggle)
M. Toomim  Accelerating
M. Smith  Trauma
Crashing

The Feeling Zone (unhurried thinking)

F. Shapiro (Pavlov)
Milkman & Sunderwirth
M. Holden

M. Toomim
M. Smith

Inhibitory
Sedation
Parasympathetic Excess Syndrome (fail)
Braking
Shock
Kindling and Vagaling

Getting a “Rush”

Kindling (high idle)

The Feeling Zone (unhurried thinking)

Vagaling (low idle-stall)

Crashing
The Three H’s of Dysfunction

*Hypoxia*

*Hypercarbia*

*Hypoglycemia*
Pharmacological Functions

- Arousal (*uppers*)
- Sedation & Inhibition (*downers*)
- Analgesia (*pain killing*)
- Thought Regulation (*stop, start, focus*)
- Antidotal Pleasure (*pleasure stimulation masking pain*)
Profile in Discouragement

Maximum Up Regulation by Pain & Threat

*(agon)*

Feeling and Rational Thinking Zone

*(despair)*

Maximum Down Regulation by Pain & Threat

Conscious / Unconscious

Crash to save

Semiconscious, Stuporous, Comatose
Reversal Process

RS1, RS2, RS3, RS4 ….. In a carefully managed, systematic process of reversal.
RS = A Reversal Step (any recovery event leading to ontological well-being)
Trauma Resistance & Deterioration

- **T1, T2, T3, T4,…** The cumulative effect of trauma
  - **T** = Trauma Strike

- **R1, R2, R3, R4,…** Progressive hardening (how long until you reach the thousand yard stare?)
  - **R** = Resistance

- **D1, D2, D3, D4,…** Progressive strain and breakdown of function and structure
  - **D** = Dysintegration

*Simultaneous*
3 P's
- Paralysis
- Perserveration
- Pathological Attraction

3 H's
- Hypoxia
- Hypercarbia
- Hypoglycemia

3 D's
- Debility
- Dependency
- Dread

\[ PHD^2 \]
Sequence of Withdrawal

- Physical withdrawal (flexor withdrawal)
- Emotional & sensory withdrawal (biochemical retreat from reality)
- Cognitive withdrawal (a retreat from conscious attending and conscious knowing)

Conscious / Unconscious

Crash to save
Casa Youth Shelter

Since 1978
9,428 Youth Served
36,223 Family Members Affected

Physical abuse victims 28%
Sexual abuse victims 10%
Neglect / throwaway 13%
Mental abuse victims 17%
Child abuse reports filed 44%

Female 59%
Male 41%
11 - 12 years old 7%
13 years old 12%
14 years old 27%
15 years old 21%
16 years old 16%
17 - 18 years old 17%
When Terrible Things Happen – What you May Experience

**Immediate Reactions**

There are a wide variety of positive and negative reactions that survivors can experience during and immediately after a disaster. These include:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Negative Responses</th>
<th>Positive Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Confusion, disorientation, worry, intrusive thoughts and images, self-blame</td>
<td>Determination and resolve, sharper perception, courage, optimism, faith</td>
</tr>
<tr>
<td>Emotional</td>
<td>Shock, sorrow, grief, sadness, fear, anger, numb, irritability, guilt and shame</td>
<td>Feeling involved, challenged, mobilized</td>
</tr>
<tr>
<td>Social</td>
<td>Extreme withdrawal, interpersonal conflict</td>
<td>Social connectedness, altruistic helping behaviors</td>
</tr>
<tr>
<td>Physiological</td>
<td>Fatigue, headache, muscle tension, stomachache, increased heart rate, exaggerated startle response, difficulties sleeping</td>
<td>Alertness, readiness to respond, increased energy</td>
</tr>
</tbody>
</table>
Common Negative Reactions That May Continue

**Intrusive reactions**
- Distressing thoughts or images of the event while awake or dreaming
- Upsetting emotional or physical reactions to reminders of the experience
- Feeling like the experience is happening all over again (“flashback”)

**Avoidance and withdrawal reactions**
- Avoid talking, thinking, and having feelings about the traumatic event
- Avoid reminders of the event (places and people connected to what happened)
- Restricted emotions; feeling numb
- Feelings of detachment and estrangement from others; social withdrawal
- Loss of interest in usually pleasurable activities
- Intense emotions such as extreme sadness, anger, or fear
- Increased risk for physical illness and injury
- Decreased productivity or difficulty making decisions
- Having thoughts about the person who died, even when you don’t want to
- Longing, missing, and wanting to search for the person who died
- Children are particularly likely to worry that they or a parent might die
- Children may become anxious when separated from caregivers or other loved ones
First Responders – What Do They Do?

Core Actions

Psychological First Aid Core Actions

1. Contact and Engagement
   Goal: To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.

2. Safety and Comfort
   Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if needed)
   Goal: To calm and orient emotionally overwhelmed or disoriented survivors.

4. Information Gathering: Current Needs and Concerns
   Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

5. Practical Assistance
   Goal: To offer practical help to survivors in addressing immediate needs and concerns.

6. Connection with Social Supports
   Goal: To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.

7. Information on Coping
   Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

8. Linkage with Collaborative Services
   Goal: To link survivors with available services needed at the time and in the future.
Psychological First Aid

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Contact and Engagement:
- Introduce Yourself/Ask about Immediate Needs
- Confidentiality

Safety and Comfort:
- Ensure Immediate Physical Safety
- Provide Information about Disaster Response Activities and Services
- Attend to Physical Comfort
- Promote Social Engagement
- Attend to Children Who Are Separated from their Parents/Caregivers
- Protect from Additional Traumatic Experiences and Trauma Reminders
- Help Survivors Who Have a Missing Family Member
- Help Survivors When a Family Member or Close Friend has Died
- Attend to Grief and Spiritual Issues
- Provide Information about Casket and Funeral Issues
- Attend to Issues Related to Traumatic Grief
- Support Survivors Who Receive Death Notification
- Support Survivors Involved in Body Identification
- Help Caregivers Confirm Body Identification to a Child/Adolescent
Psychological First Aid

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Stabilization:

- Stabilize Emotionally Overwhelmed Survivors
- Orient Emotionally Overwhelmed Survivors
- The Role of Medications in Stabilization

Information Gathering:

- Nature and Severity of Experiences during the Disaster
- Death of a Loved One
- Concerns about Immediate Post-Disaster Circumstances and Ongoing Threat
- Separation from or Concern about the Safety of Loved Ones
- Physical Illness, Mental Health Conditions, and Need for Medications
- Losses (Home, School, Neighborhood, Business, Personal Property, and Pets)
- Extreme Feelings of Guilt or Shame
- Thoughts about Causation Harm to Self or Others
- Availability of Social Support
- Prior Alcohol or Drug Use
- Prior Exposure to Trauma and Death of Loved Ones
- Specific Youth, Adult, and Family Concerns over Psychological Impact
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Practical Assistance:
- Offering Practical Assistance to Children and Adolescents
- Identify the Most Immediate Needs
- Clarify the Need
- Discuss an Action Plan
- Act to Address the Need

Connection with Social Supports:
- Enhance Access to Primary Support Persons (Family and Significant Others)
- Encourage Use of Immediately Available Support Persons
- Discuss Support-Seeking and Giving
- Special Considerations for Children and Adolescents
- Modeling Support
Psychological First Aid

**Core Actions**

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**Information on Coping:**

- Provide Basic Information about Stress Reactions
- Review Common Psychological Reactions to Traumatic Experiences and Losses
- Talking with Children about Body and Emotional Reactions
- Provide Basic Information on Ways of Coping
- Teach Simple Relaxation Techniques
- Coping for Families
- Assisting with Developmental Issues
- Assist with Anger Management
- Address Highly Negative Emotions
- Help with Sleep Problems
- Address Alcohol and Substance Abuse
Psychological First Aid

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Collaborative Services:

- Provide Direct Link to Additional Needed Services
- Referrals for Children and Adolescents
- Referrals for Older Adults
- Promote Continuity in Helping Relationships
The Solution is to Become “Your Own Loving Paramedic”