



pilo
assistance
ALPA: By your side

Pilot Assistance Forum

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At Your Side During Traumatic Grief

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Take Home Points

Loss & Trauma are pervasive in the human journey.

Individuals struggle with these experiences in a variety of ways.

Some are adaptive strategies that lead to integration of neural circuits. Some continue to haunt and distort.

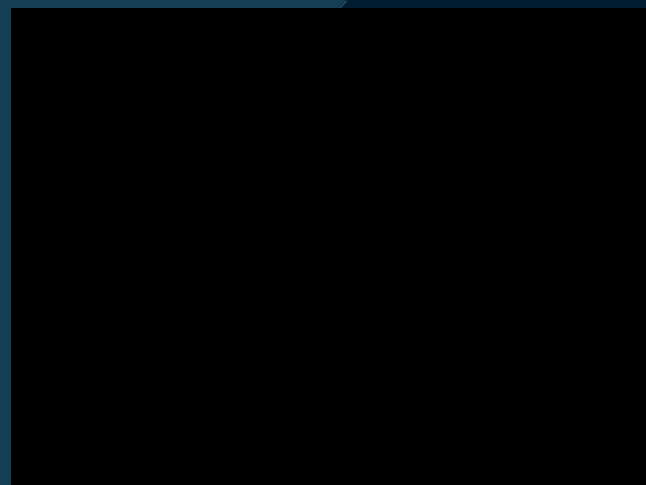
There is no pill, technology or technique that works for all people.

Perhaps most effective is the individual who can truly be with the suffering (at his/her side) simply with the gifts of Curiosity, Openness, Acceptance, Compassion and Humour.

Introduction

A Personal Experience

Facing A Sudden Traumatic Death



Surviving Danger

Our Evolutionary Imperative

Survive
Reproduce
Protect Progeny

The Organizing Function of Exposure to Danger

Regulate Attention
Organize the Mind
Organize Behaviour

Reactions to Exposure to Danger

Fear
Anger
Desire for comfort

In the face of Danger

We Need a Self Protective
Strategy

An Overview of Trauma & Loss

Origins

Attachment trauma

Adverse Childhood Experience

Adult Trauma & Loss

Developmental stage	Exposure to Danger		
Infancy	Abuse	Separation	Neglect
Childhood	Adverse Childhood Experience		
Adulthood	Single	Multiple	Prolonged

People experience dangerous events: trauma is a psychological response to dangerous events.

Ten reactions to dangerous events - Trauma or Loss

A. Self dismissing responses (causing signals of danger to be omitted from awareness)

1. Dismissed - Signals of danger are omitted from awareness.
2. Displaced - Distancing from the trauma by displacing it onto another person (often a sibling).
3. Blocked - Having no awareness of the event though the markers of psychological trauma are present (ie. arousal).
4. Denied - Very serious, inescapable threats overwhelm

B. Self preoccupied responses (Responding as if there were danger when there is not)

1. Preoccupying - Trauma and loss involves a taking over of mental processing by the self threatening event.
2. Vicarious - Showing psychological signs of trauma for an event that has occurred only for one's attachment figure.)
3. Imagined- Making an attribution of psychological trauma that is unwarranted
4. Suggested- When the listener imagines trauma that feeds the speakers ideas and words
5. Hinted - When the individual dare not articulate an accusation but will offer evidence that will cause the listener to state the accusation.
6. Anticipated - Evidence of psychological trauma for an event that is irrationally thought to be imminent.

C. More general responses

1. Delusional Repair - When the traumatizing event is justified and rationalized with hope for future reward
2. Delusional Revenge- Same as above with a focus on punishment of perpetrators
3. Disorganized - When several events are confused temporally, in terms of persons involved and psychologically, in terms of responses.
4. Depressed - When the self believes nothing can be done to restore the self to a functional condition with regard to the traumatizing event.

Managing Trauma & Loss

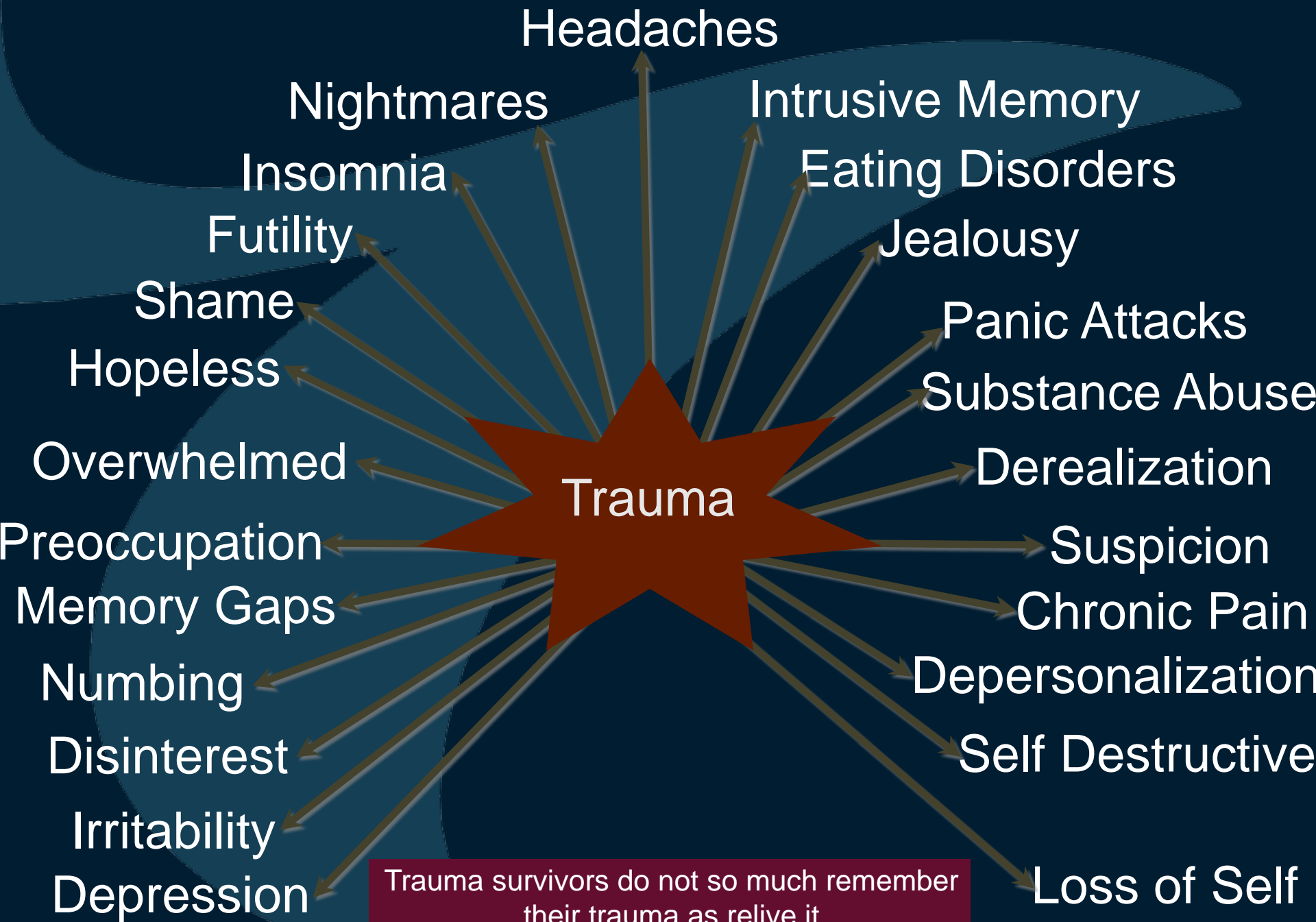
Strategies

Denial

Dissociation

Distortion

Delusion



Trauma survivors do not so much remember their trauma as relive it

[All Time 100: Association, International](#)

Prevalence

In the US in 1995 15% of population were reported to have been molested, physically attacked, raped or involved in combat.

Men are physically assaulted more than women (11.1% to 10.3%)

Women reported higher rates of sexual assault (7.3% to 1.3%)

Half of all victims of violence are under the age of 25

29% of forcible rapes occur before age 11

8% of adolescents (12 to 17) have been victims of serious sexual assault, 17% of serious physical assault and 40% have witnessed serious violence

22% of rapes are perpetrated by strangers, 19% by husbands and boyfriends and 38% by other family members

In 1994 63% of almost 4 million attacks on males were by strangers. ^2% of almost 3 million attacks on women were by people they knew.

Four of five attacks on children were by their parents.

Where spousal abuse exists children are abused at a rate 1500% higher than the national average.

Effects

(Felitti 1998) reports that persons with a history of being severely maltreated as a child showed a 4 to 12 times greater risk of developing alcoholism, drug addiction, depression and suicide.

2 to 4 times greater risk of smoking, having at least 50 sexual partners, acquiring STD,

1.4 to 1.6 times greater risk for obesity and physical inactivity

1.4 to 1.6 times greater risk for ischemic heart disease, cancer, lung disease, skeletal fractures, hepatitis, stroke, diabetes and liver disease.

Many people who are traumatized by horrendous events do not develop lasting effects.

The most common causes of PTSD in men are combat and witnessing of death or severe injury.

For women it is sexual assault and rape

56% of patients who awaken during surgery develop PTSD

48.4% of female rape victims and 10.7% of men witnessing death or serious injury

Women have twice the risk of developing PTSD following a trauma than do men

A Reality Check

Operational PTSD among pilots is quite rare

Most of the traumas pilots experience, are either as a result of adverse childhood experience, or adult onset domestic trauma.

Not all who experience a trauma develop PTSD

Many people however have PTS

Trauma Types

Type I: Those who have experienced a single traumatic event.

Type II: Those who have experienced repeated trauma

Type IIA: Individuals with multiple traumas who have stable backgrounds and can separate the individual traumas from each other

Type IIB: Individuals who are overwhelmed with multiple traumas and cannot separate one from the other.

IIB(R): With a stable background and resources for resilience

IIB(nR): No resources for resilience

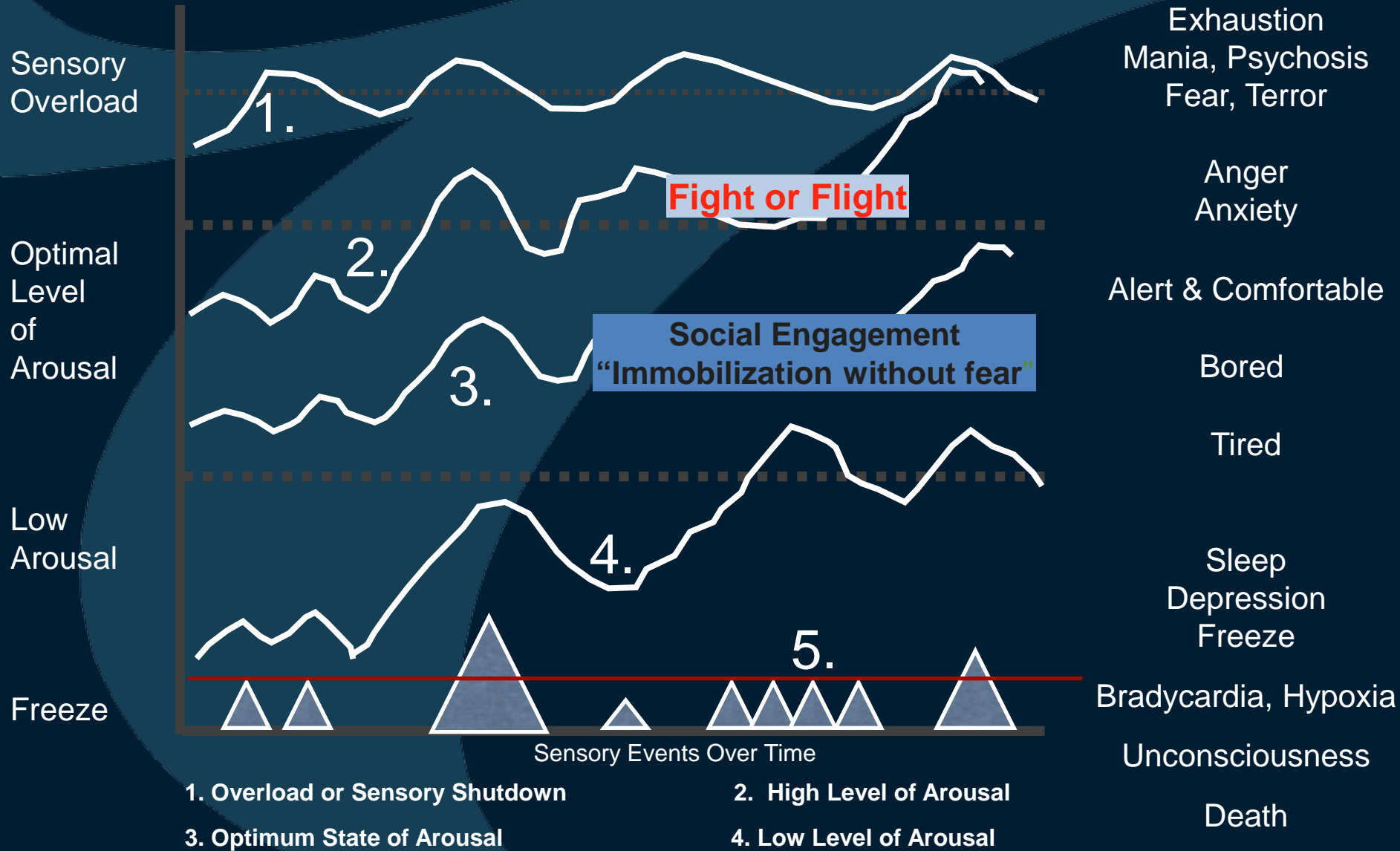
Lenore Terr 1994

Prolonged Duress Stress Disorder (PDSD): Individuals who have experienced chronic prolonged stress during the developmental years but do not exhibit PTS

Scott and Stradling 1994

Arousal Chart

How the brain/body adapts to fit the demands of the environment



The Optimal Performance Envelope

overwhelmed, panicked,
impulsive, hyper vigilant
defensive, unsafe,
reactive, racing thoughts

Optimal
Performance

High Energy State

Low Energy State

numb, 'dead', passive,
feel nothing
muddled, disconnected,
shut down, powerless,
helpless

Managing Trauma & Loss

Self Protective Strategies to
Manage

Fear

Anger

Desire for Comfort

Managing Trauma & Loss

Resolving Loss & Trauma

Meaning Making

Cognitive Reframing

Autobiographical Integration

Managing Trauma & Loss

Integration

9 Pre Frontal Functions

Living With The Legacy of
Trauma & Grief

The
Neuro scientist's
Definition of Health

Interpersonal Attunement

Secure Attachment

The Nine Functions of
the Middle Prefrontal
Cortex

Neural Integration

Nine Middle Prefrontal Functions

Bodily Regulation
Attuned Communication
Emotional Balance
Response Flexibility
Empathy
Insight
Fear Modulation
Intuition
Morality

Intrapersonal Attunement

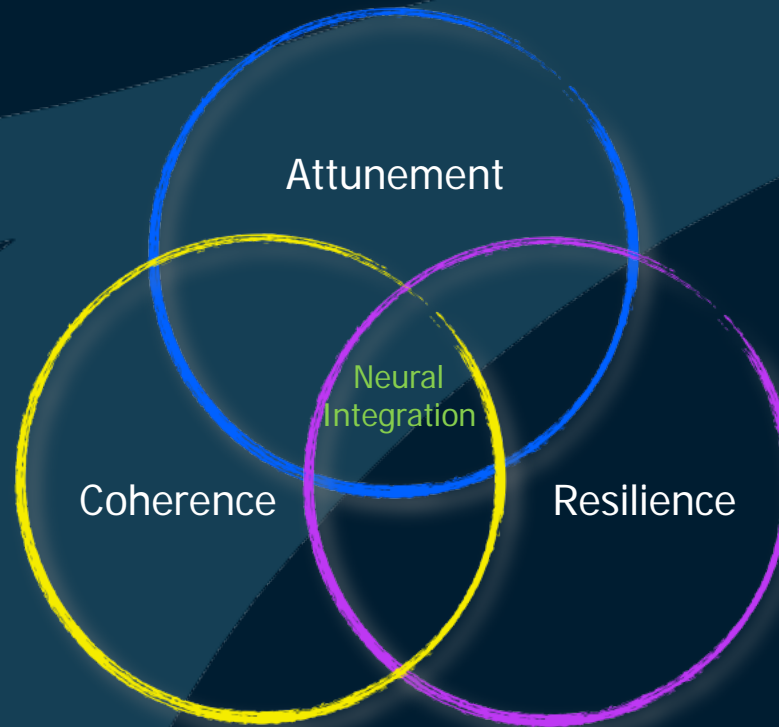
Mindful Awareness

Acquired in the
formation of
Secure Attachment

In the Optimal Performance Envelope

2. Mental Development

1. Relationships



3. Physical Health

The goal for optimal performance is Neural Integration

Attuned to Self and Others

Optimal Flow of Energy and Information

Positive Vagal tone

At Your Side During Traumatic Grief

Caring Strategies

C.O.A.C.H.

Curiosity

Openness

Acceptance

Compassion

Humour

A Final Experience

An Old Trauma Revisited