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## TRAUMA RESPONSE AND CRISIS DEBRIEFING

**Presenter:** Certified Therapist, Sharon Korman

*(Sharon is a trained marriage and family therapist and has been living in Paris for 8 years.)*

### PART I: HUMAN RESPONSE TO TRAUMA

Our response to trauma and emergency situations is biochemical. We have no control over it and it concerns three parts of our brain.

- Forebrain or frontal lobe: it is the slowest part of our brain and it concerns logic, narrative, sense of time, problem solving, math, lists, etc. It is the part of the brain that “comes online” last and goes offline first.
- Midbrain: this is the emotional / feeling / relational center. It is where we experience the world. It is more primitive than the Frontal Lobe and concerns our fear / alarm center, our gut reaction to life. It can overpower the frontal lobe.
- Hindbrain or “reptilian” brain: the most primal part of our brain; controls body functions such as heartbeat and respiration; it is literally what keeps us alive. It is the quickest part of our brain.

*Example of how this works:* In Paris, when you have a green light to cross the road, you proceed to do so. However, you continue to automatically take in information such as registering cars that look like they might not stop or other obstacles.

- Your “orienting response” does not involve words but rather feelings, sensory experience
- When it all functions properly, you’re ready to react with a Fight / Flight / Freeze response, you may experience increased tension or an adrenaline rush
- It’s all automatic, biochemical; there is no choice and it is beyond thinking, the mid and reptilian brain are in control
- If you cross the street with no incidents, your body and brain quickly go back to normal functioning and you return to frontal lobe brain activity

### November 13 Paris Attacks:

How do our bodies react to trauma? We experience tenseness and feel overwhelmed. Our neurotransmitters change; the mid-brain sends warnings of “It’s not safe!”; the frontal lobe tends to go offline and we can’t focus (forget phone numbers, our building code...). In some ways, this is all good because we’re programmed to stay alive. These are all normal fear symptoms, just as frantic calls from parents are normal behavior. The problem is that we can’t wind down and we might start to show trauma symptoms.

What are symptoms of a person experiencing trauma?

- Heightened anxiety
- Intrusive thoughts (even compulsive thoughts that keep repeating themselves)
- Increased fear
- Difficulty sleeping (disturbed sleep, insomnia, waking up early)
- Digestive issues (compulsive overeating or losing appetite)
- Psychosomatic symptoms
- Chest pain / back pain
- Nightmares
- Panic attacks
- Fits of weeping
- Exhaustion – fatigue, loss of mental energy
- Shut down mode or disassociation
- Substance abuse

These normal responses do not necessitate therapy, unless they persist beyond one month after the traumatic event.

**Results are worse if...**

- 1) ... a person is naturally more sensitive to trauma or
- 2) ... a person has experienced past trauma in which case negative things are filed in our memory and our alarm system goes off at a lower level of stimulation.

*Example:* the Vietnam Veterans that had the most Post Traumatic Stress were those who had a history of trauma or mood disorders. In PTSD, the body reacts to everyday stimulus and the slightest threat as if the person is in danger at the present moment. If trauma happened as a child, it takes the person back to when they couldn't have defended themselves or dealt constructively with trauma.

**How to resolve trauma?** It consists of integrating the parts of the brain to understand the narrative. The person will then have less of a tendency to overact. In essence, it allows a person to widen their window of tolerance.

*[Sharon draws diagram on board]*

**Window of tolerance:** in a normal reaction to trauma or stress, we stay within this window. On the high end of the spectrum, a person goes into **Hyperarousal:** anxiety, panic, rapid heartbeat, aggressive, being “amped up,” etc. The low end of the window is characterized by **Hypo-arousal:** being down, super tired, depressed, adopting a passive stance in life, etc. In some cases, the person “checks out” and has the sensation of leaving their body.

Simply put, people with past trauma and / or who are naturally more sensitive will have a smaller window of tolerance. It is not necessarily a problem to go outside of the window – the problem is when we stay out.

## **PART II HELPING STUDENTS AFTER TRAUMA**

The problem with many students is that this destroyed the image they had of Paris. Some even said that their whole stay was ruined by the attacks.

**First step of intervention:** help students to calm down! Facts do not register when we're upset. Consequently, logical thinking such as a comparison of violence in the US and France is not helpful. However, when we calm down, the frontal lobe comes back online and we can start to take in information and process it logically.

## **What tools can we use to help a student calm down?**

For all of the exercises below, you must do them at the same time as the student. Do it longer than you think is comfortable for the student.

**Technique N°1:** Check in and ask the student: on a scale of 1 to 10, how stressed are you now? It brings the student back to the present and allows you to make a stronger connection with them. You can then proceed with one of the other techniques below.

**Technique N°2:** Have student put one hand on stomach. Then imagine a balloon in your gut; inhale to inflate, exhale to deflate; bring your mind back to the balloon as soon as your mind wanders; you can even say the words “inflate” and “deflate.” This exercise helps activate the frontal lobe by visualizing. Associating this with the words can help to bring your brain back online in a gentle, simple way.

*Result:* the body and the fear center of brain calm down though it may take a while to get back down to baseline. This is a mindfulness meditation technique and it is both practical and of immediate use. It is an example of how we can then remind ourselves what the facts are WHILE working with the body.

**Technique N°3:** Put your hand on your chest (= the symbol of the feeling center) and tell yourself: “This feeling will pass” or “I’m safe right now” or “I’m inhaling, I’m exhaling.” Doing this while thinking about your fear / intrusive thought allows you to calm that thought down, and to link it to a new thought: “I’m safe right now”.

This is an exercise you can do with any intrusive thought but it may need to be done several times in order for it to work.

Students need to conquer fear little by little. We’re given the example of a student who couldn’t even leave the house after the attacks. Sharon coached her by phone using this technique, first to go down to the ground floor of her building and stand next to the front door; then, to do the same exercise standing in front of the building; progressively, to go further from the building, such as the corner boulangerie... In stages, the student was able to overcome her fear. The person chooses small behaviors they can do without leaving their window of tolerance, they are in charge. Pushing out in this way allows them to take back control.

The success depends also on the student’s past.

Keep in mind that the attacks constituted an “abnormal” experience but that our reactions (and those of our students) were completely normal.

Terrorism works because it is random, and in the November 13<sup>th</sup> attacks the target was random, not predictable. “It could have been anybody”. This affects us in our day to day life, makes us afraid of things we do every day. Our challenge is to remember how often we are safe and nothing happens.

PTSD – this diagnosis is made if the acute stress reaction lasts for more than two months. Other people are fine at first and then start having problems two to six months after the event.

Waves of grief will wash over you, especially if you’ve pushed it away. But you need to work through it.

**Technique N°4:** Tapping. This leaves room for emotions to come through. The technique is taken from EMDR (Eye Movement Desensitization and Reprocessing) and has been particularly effective in working with PTSD patients.

We give ourselves a “butterfly hug” with both of our arms crossed and our hands resting on the opposite arm at the level of the triceps. We then tap slowly alternating hands. It’s the bilateral activity – tapping one arm and then the other – that works to connect the right / left brain and allows it to integrate feeling and logic. By thinking about what we are doing, we bring our cognitive brain back on-line, while calming the mid-brain because we’re helping our body. Our bodies will naturally let

barriers down. Often people start to sigh, take a big breath or even have tears. If you feel you need to be more discreet in your gestures, you can also alternately tap the tops of your thighs if you are sitting down, or even alternately tap your feet on the ground.

During the tapping, you can repeat thoughts like: “I’m safe now” or “it’s over now.” The thoughts have to be positive or neutral AND you have to believe them 100% in order for them to work.

**Technique N°5:** make a list of Pros / Cons for staying and a list of Pros / Cons for going. Fill out each column exhaustively. It’s ok to repeat words in several columns. Some pros / cons will have bigger emotional value so put a star by it.

Then stand back and look at it. In stepping back and getting some distance, we can start to introduce facts and logic to the student in order to help them with decision making. It helps us organize our thinking and it’s no longer so emotionally based. We become more objective about our problems.

## CONCLUSION

Sharon suggested that we can introduce logical safety precautions at moments when students are calm. Everything depends on how you present it. For example, you can warn students to look for exits upon entering a restaurant in a list of safety precautions during orientation. As an isolated statement, it might cause trauma and would do more harm than good.

From the examples given during the talk, we see the complexity of the issue and there is no one-size-fits-all solution. Sharon gave the example of a student who returned to the US only because her parents were so traumatized that she knew she wouldn’t have a peaceful conscience for the rest of the semester.

Finally, one member suggested watching sad movies that made him cry. Sharon said that this can be a cathartic experience. But she also said that watching or listening to things that make us laugh can be equally healing. For example, this is how you can help babies “change the channel” and change their emotional state and it works for adults too.

Sharon ended the session by giving us two Youtube videos that consistently make people laugh:

“Four Laughing Babies”:

[https://www.google.fr/?gws\\_rd=ssl#q=youtube+four+laughing+babies](https://www.google.fr/?gws_rd=ssl#q=youtube+four+laughing+babies)

“Grouchy Girl with Squeaky Shoes”:

<https://www.youtube.com/watch?v=Ha-3MiVa7-Y>