

How do we define Trauma?

In groups discuss how do we define trauma?

# Trauma

- DEFINITION

“An injury or wound violently produced”

- OR

“ An emotional experience or shock that has a lasting psychic effect”

(Webster's New Twentieth Century Dictionary)

# Types of Trauma 1

- 1. *Single blow trauma.*
- Natural disasters, technological disasters, acts of terrorism, violent crime.
- 2. *Repeated trauma.*
- Combat trauma, political or other imprisonment, some forms of emotional, physical or sexual abuse

# Types of Trauma 2

- 1. *Natural trauma.*
- Unintentional injury, accident, 'act of god.'  
Sometimes described as trauma of facility
- 2. *Man made trauma.*
- More likely to be prolonged and is harder to bear. Trauma dealt by a person. Sometimes described as trauma of agency.

# Types of Trauma 3

- “ If someone falls and breaks a leg, that is facility, if someone intentionally breaks another persons leg, that is agency’ (Gelinas 86)
- The most extreme trauma entails an attitude of malevolent intent on the part of the perpetrator.

# Early research

Ellenson 1985. Study of 40 female incest survivors.

Very high level of auditory hallucinations

Livingston 1987. Child psychiatry. CSA group 77% diagnosed with psychosis: Non CSA group only 10% diagnosed psychotic

Meuser 1999. 275 homeless diagnosed as psychotic: Trauma history in 98%. PTSD in 43%

Goodman 1999. First review, 13 studies of trauma psychosis: Rates 45-92%

# The Four big studies (2003 – 2006)

- Janssen et al
- Bebbington et al
- Spataro et al
- Whitefield et al

# Janssen et al 2004

- Data derived from a non-psychotic Dutch population . High proportion were in high risk age group
- Subjects re-interviewed three times over three years, analysis of those who made the transition into psychosis
- Highly significant association between childhood trauma and transition into psychosis. Severe CSA in men increased presence of psychosis 49X

# Bebbington et al 2005

- Large scale British survey
- Assessment of psychotic symptoms and nine different and defined 'victimisation experiences'
- VI's were CSA, bullying, running away from home, time in care, time in a childhood institution, expulsion from school, homelessness, violence at work, serious injury or assault

# Bebbington - Results

- Significant associations between victimisation experiences and psychosis in 8 of the nine categories
- CSA the most robust predictor of psychosis even after controlling for depression
- “Results are highly suggestive of a social contribution to the onset of psychosis”

# Whitefield et al 2005

- ACE (adverse childhood experiences) study – Very similar to Bebbington study
- Survey in (San Diego)
- 8 ACE's – Emotional abuse, physical abuse, sexual abuse, battered mother, alcohol/ drug use in household, mental illness in household, parental separation/ divorce, Incarcerated household member

# Whitefield et al

- Dose effect (all Ace increase likelihood of hallucinations)
- 7 or more ACE five times more likely than 0 ace's to experience hallucinations
- “ hallucinations may be a marker for prior childhood trauma that may also underlie numerous other common health problems”

# Physical symptoms in CSA survivors

## **Some causes of health problems**

- Physical health effects of psychological effects, e.g. binge eating or starvation, depression, self-injury
- Drink/drug use to cope with trauma
- Effects of pregnancy, abortions etc at early age
- Escaping abuse: many risks to health when homeless

## Physical symptoms in CSA survivors

### **Some causes of health problems 2**

- Fear & avoidance of dental checks
- Side-effects of prolonged psychiatric medication
- Injuries & infections from repeated assaults
- Possible cause of cancer onset due to a weaker Immune system

## Physical symptoms in CSA survivors

- Irritable bowel syndrome & other GI complaints
- Chronic pelvic pain/severe premenstrual pain
- Fibromyalgia & musculoskeletal pain; arthritic-type
- Respiratory conditions, wheezing, throat problems
- Chronic fatigue

*Symptoms are often across several organ systems*

# NEADS non epileptic attack disorder

(pseudo symptoms 25% treated for epilepsy)

The majority of people who experience NEAD have a psychological or emotional reason.

Examples are stress and anxiety, depression, relationship problems, and bereavement.

Some people may have been physically or sexually abused. In a number of cases the abuse happened years before the attacks started

# Spataro 2006

- Study designed to establish absolute veracity of abuse reports
- Forensic police and court reports examined in Victoria Australia to establish definite abuse cases.
- Individuals then followed up as adults to establish psychotic/neurotic symptom profile

# Ensink Study 1992

# Norway Study 2015

- 7.9% of the general population had a life time prevalence of hearing voices
- Of the 7.9%, 86% had never sought professional help
- The 14% who had sought help had a higher incidence of adverse life events

# Reliability

Concern about the accuracy of child abuse disclosures by psychiatric patients is understandable, particularly for those diagnosed psychotic. Such an assumption, however, is not evidence based.

In 2 studies corroborating evidence for reports of CSA by psychiatric patients has been found in 74% and 82% of cases.

One study found that the problem of incorrect allegations of sexual assaults was no different for people diagnosed with schizophrenia than the general population.

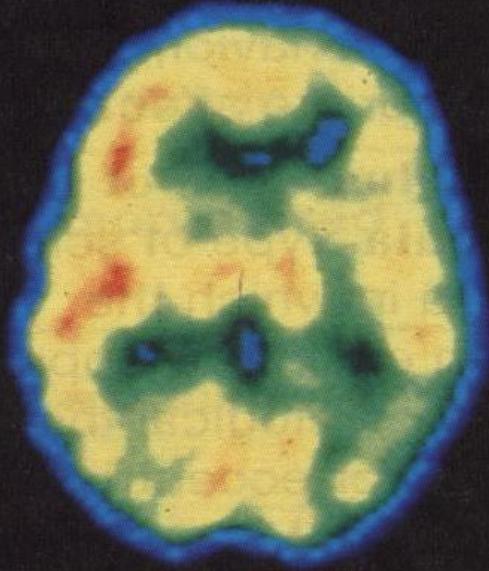
Psychiatric patients under-report rather than over-report abuse to staff

A survey of women previously admitted to psychiatric hospital found that 85% reported CSA when interviewed later at home (higher than Inpatient report) Acta Psychiatr Scand 2005; 112: 330–350

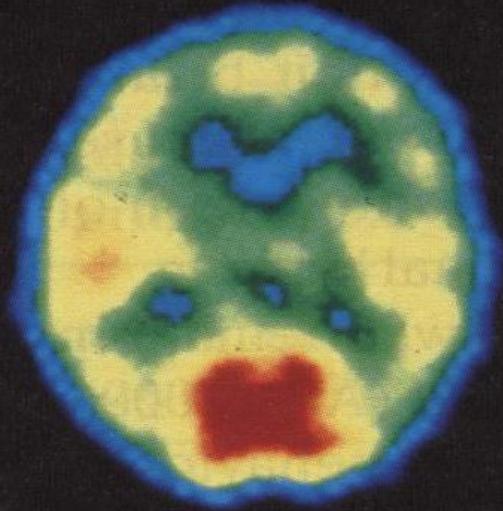
## Summations

- Child abuse is a causal factor for psychosis and schizophrenia and, more specifically, for hallucinations, particularly voices commenting and command hallucinations.
- Understanding the mechanisms by which child abuse leads to psychosis requires a genuine integration of biological and psychosocial paradigms which acknowledges that adverse events can alter brain functioning.
- Researchers and clinicians should routinely ask about childhood trauma when trying to understand or assist people diagnosed as psychotic or schizophrenic.

**NORMAL**



**SCHIZO**



schizophrenia

# Evidence that schizophrenia is a brain disease

- Overactivity of hypothalamic-pituitary-adrenal (HPA) axis
- Abnormalities in neurotransmitter systems (especially dopamine)
- Hippocampal damage
- Cerebral atrophy
- Reversed Cerebral Asymmetry

# The effects of early childhood trauma on the developing brain

- Overactivity of hypothalamic-pituitary-adrenal (HPA) axis
- Abnormalities in neurotransmitter systems (especially dopamine)
- Hippocampal damage
- Cerebral atrophy
- Reversed Cerebral Asymmetry

# The Contribution of Early Traumatic Events to Schizophrenia in Some Patients: A Traumagenic Neurodevelopmental Model

JOHN READ, BRUCE D. PERRY, ANDREW MOSKOWITZ, AND JAN CONNOLLY

THE current diathesis-stress model of schizophrenia proposes that a genetic deficit creates a predisposing vulnerability in the form of oversensitivity to stress. This model positions all psychosocial events on the stress side of the diathesis-stress equation. As an example of hypotheses that emerge when consideration is given to repositioning adverse life events as potential contributors to the diathesis, this article examines one possible explanation for the high prevalence of child abuse found in adults diagnosed schizophrenic. A traumagenic neurodevelopmental (TN) model of schizophrenia is presented, documenting the similarities between the effects of traumatic events on the developing brain and the biological abnormalities found in persons diagnosed with schizophrenia, including overreactivity of the hypothalamic-pituitary-adrenal (HPA) axis; dopamine, norepinephrine, and serotonin abnormalities; and structural changes to the brain such as hippocampal damage, cerebral atrophy, ventricular enlargement, and reversed cerebral asymmetry. The TN model offers potential explanations for other findings in schizophrenia research beyond oversensitivity to stress, including cognitive impairment, pathways to positive and negative symptoms, and the relationship between psychotic and dissociative symptomatology. It is recommended that clinicians and researchers explore the presence of early adverse life events in adults with psychotic symptoms in order to ensure comprehensive formulations and appropriate treatment plans, and to further investigate the hypotheses generated by the TN model.

## INTRODUCTION

Schizophrenia is considered to be one of the most biologically based of the mental disorders (Chua and Murray 1996; McGuffin, Asherson, Owen, and Farmer 1994; Walker and DiForio 1997). However, the methodological rigor of the evidence for this proposi-

tion is often described as less than adequate (Bentall 1990; Boyle 1990; Karon 1999; Rose 2001; Ross and Pam 1995). This article explores the possibility that for some adults diagnosed as schizophrenic, adverse life events or significant losses and deprivations cannot only "trigger" schizophrenic symptoms but may also, if they occur early enough or are sufficiently

Never Neglect, Neglect

### 3 Year Old Children



Normal



Extreme Neglect

If we don't ask about trauma  
how long does it take someone  
to disclose?

16 years

# Do we ask?

(Warne and McAndrew 2005)

- Most staff do not discuss sexual matters including abuse with consumers in the assessment process
- Most consumers would prefer to talk to a nurse rather than a doctor about sexual matters (less intimidating), and want nurses to initiate the discussion

# Why not?

- Inflexible attitudes = 77% of nurses homophobic in one study
- Stereotypical attitudes = The elderly and people diagnosed with schizophrenia seen as asexual (particularly men)

# Why not

- 91% of people who disclosed had no documentation of this fact
- Only 21% were offered assistance
- Only 10% of care plans reflected problems associated with a abuse history

# Why not

- Medical model
- Client too disturbed (avoidance)
- Creation of too much distress (Can of worms)
- Clients don't want to talk about it (rationalisation)

If you're sexually abused, you're offered counselling.

If you're physically abused you're offered counselling.

But if you're verbally abused by voices you are given medication and there is rarely any consideration given to relations of power

# Proposition

Personal recovery from abuse and psychosis is achievable

Within mainstream services, outcome measures are improved when the history of abuse in those diagnosed with schizophrenia is integrated into care plans by supported and confident mental health professionals

# Silent ways of telling

- In groups discuss how a child might use silent ways of telling that they are upset or disturbed, what behaviours might they use

## Silent ways of telling: Childhood signs or distress

The following signs suggest a child is being sexually abused:

	Yes	A little	No
Displaying too much sexual knowledge for their age.			
Inappropriate sexual behaviour, e.g. tongue kissing.			
Writing stories about sex or abuse.			
Drawing pictures about sex or abuse.			
Sexually transmitted diseases.			

The following signs do not necessarily mean a child is being sexually abused.

They do indicate that something may be upsetting or disturbing the child:

	Yes	A little	No				
<i>Eating problems</i>				Constipation			
Refusing to eat				Diarrhoea			
Overeating				Retaining faeces			
Compulsive eating				Smearing faeces			
Binge-eating				<i>Changes in behaviour or mood</i>			
Bingeing and vomiting (bulimia nervosa)				Withdrawing from people			
Abusing laxatives				Not communicating			
Anorexia nervosa				Fearful of being alone with particular people			
<i>Excreting problems</i>				Not making close friends			
Wetting				Trying to be perfect			
Bed-wetting				Depression			
Retaining urine				Anxiety			
Soiling				Phobias			
				Nightmares			
				Difficulty sleeping			

**NEGATIVE RESPONSES FROM MOTHER AT DISCLOSURE**

Here is a list of some of the negative responses that Survivors have received on disclosure. Read the list and tick off any responses you have had.

.....  
 .....

**How did this response make you feel?**

<b>Your mother:</b>	<b>Happened to you?</b>
<b>Ignored what you said</b>	
<b>Minimized the abuse and</b>	
Said the abuser was only playing	
Said the abuser was tickling you	
Said the abuser was only being affectionate	
<b>Blamed you and</b>	
Slapped you	
Called you a slut/wicked	
Said you tried to steal her partner	
Had you taken from home so she could stay with the abuser e.g. into care, relatives, hospital	
<b>Did not believe you</b>	
and called you a liar	
Said you were crazy/ mentally ill	
Said the abuser would not do anything like that	
Said something like not this nonsense again	

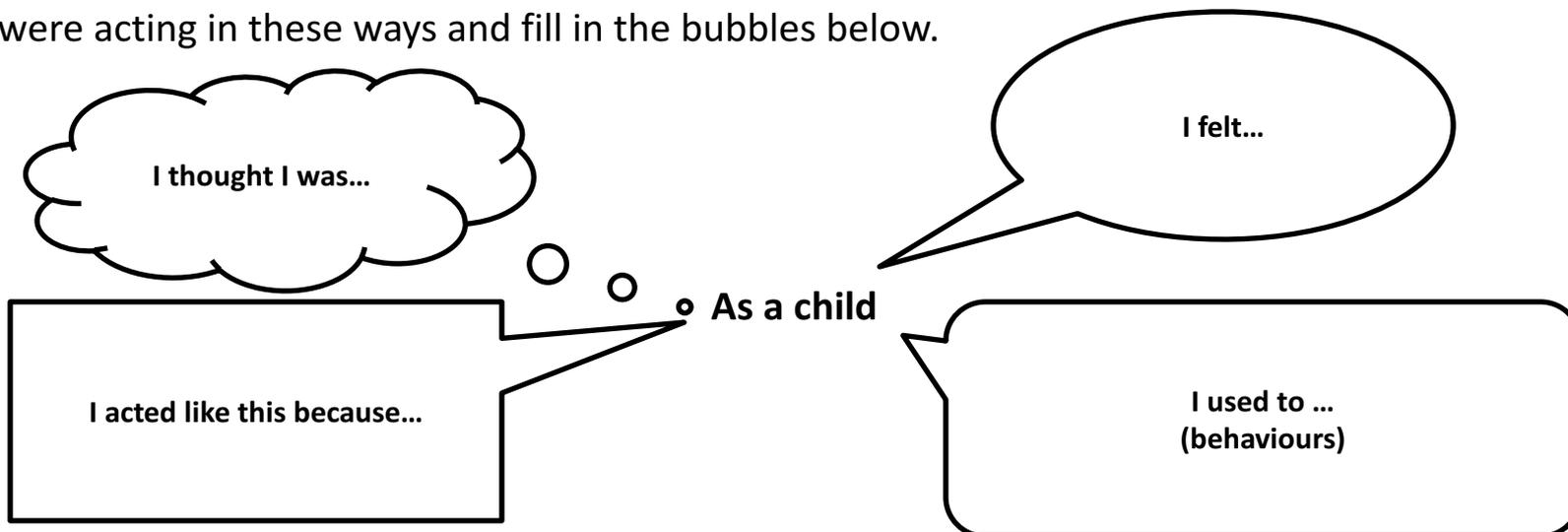
## Responses affects behaviour why do children behave in these ways?

When children behave in the ways listed they are often seen by the adults around them as naughty, bad, stubborn or ungrateful children. They may even be seen as 'mad'. Survivors have said that as children they were told the were: mad, bad, silly, stupid, daft, unreasonable, a spoilt little brat, evil, possessed by the devil, disruptive. Children who grow up being called these things soon begin to believe it themselves and think that their 'silent ways of telling' prove how bad they really are. They may even believe they were abused because they were bad. In fact their behaviours were ways of expressing how bad they were feeling or were ways of coping with what was happening in their lives.

### *How I was as a child*

**Aim** To increase your awareness of why the person felt and behaved as they did when they were a child.

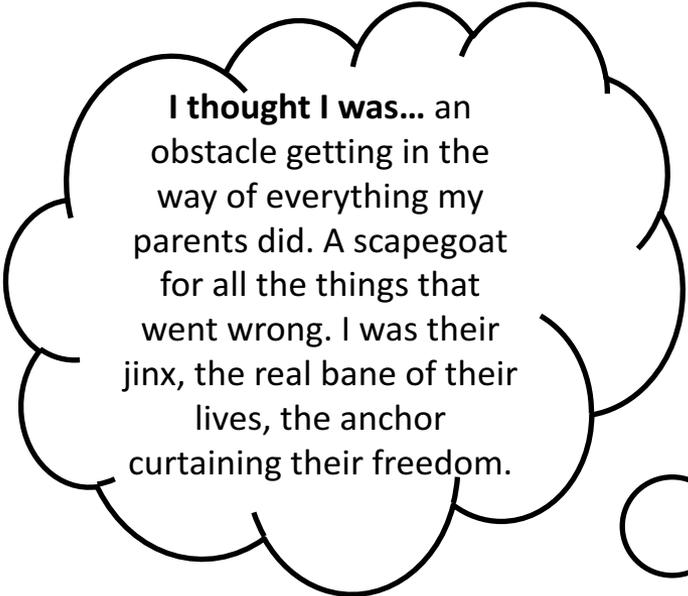
- Look back on your childhood and try to see that you were *not* a bad child but a child in distress, a child who was trying to survive abuse and was crying out for help.
- Look back on your childhood and choose a time which was difficult for you. What did you think about yourself? How did you feel? How was the way you behaved affected by the abuse? Think about why you were acting in these ways and fill in the bubbles below.



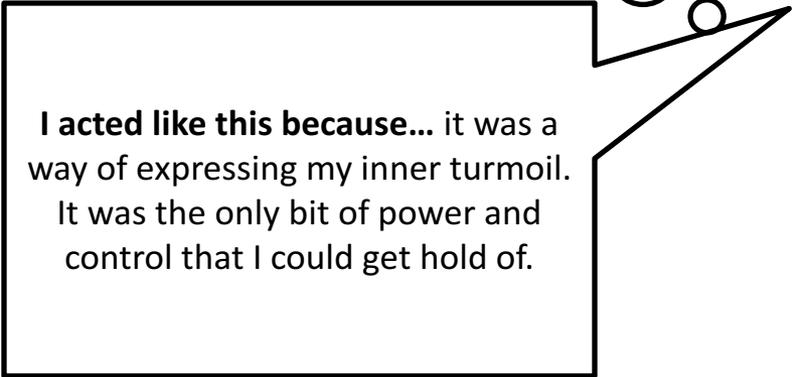
## Examples

### Danny

Danny was physically abused as a child. He was taken into care because of his behaviour problems when he was 13 years old.

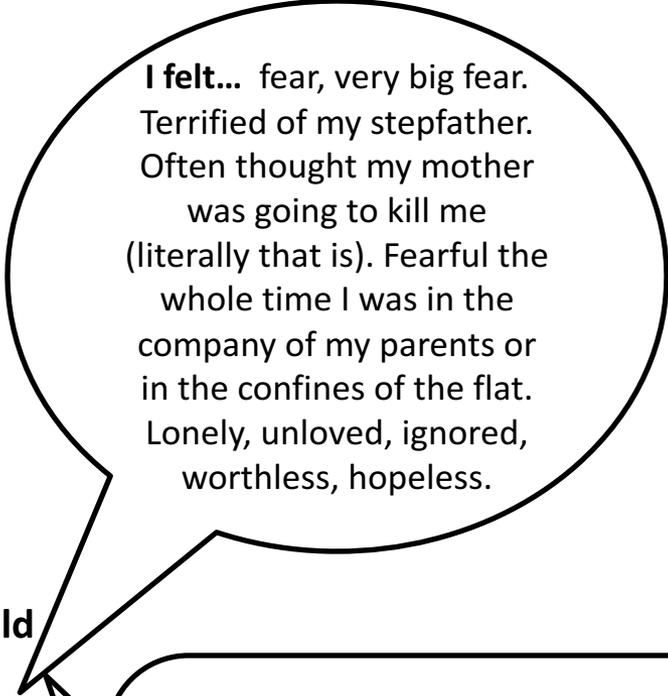


**I thought I was...** an obstacle getting in the way of everything my parents did. A scapegoat for all the things that went wrong. I was their jinx, the real bane of their lives, the anchor curtaining their freedom.

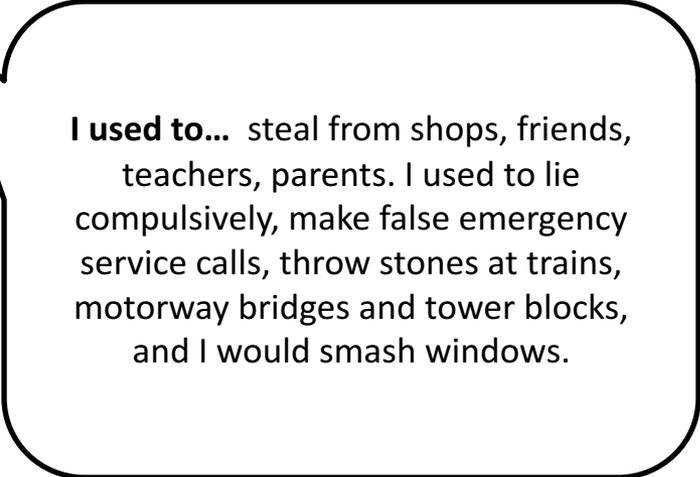


**I acted like this because...** it was a way of expressing my inner turmoil. It was the only bit of power and control that I could get hold of.

As a child



**I felt...** fear, very big fear. Terrified of my stepfather. Often thought my mother was going to kill me (literally that is). Fearful the whole time I was in the company of my parents or in the confines of the flat. Lonely, unloved, ignored, worthless, hopeless.



**I used to...** steal from shops, friends, teachers, parents. I used to lie compulsively, make false emergency service calls, throw stones at trains, motorway bridges and tower blocks, and I would smash windows.

## Maya

Maya was sexually, physically and emotionally abused by her mother. Her stepfather and the other adults around her 'turned a blind eye'.

**I thought I was...** totally unlovable and I didn't know why. I couldn't figure out what was expected of me.

As a child

**I felt...** fear, confusion and very unsure of myself. I felt bad and worthless. I felt I had to try to be perfect.

**I acted like this because...** I thought it was because I was bad and worthless but now I know it was a reaction to the abuse and because of the inconsistency of the adults around me. It was my situation that was bad – not me.

**I used to...** sit very still for long periods, keeping totally quite then have outburst of screaming and tantrums. I was always trying to be nice to everyone so they would like me – giving them presents and my sweets. I bit my nails until they bled.

## *Survivors Comments*

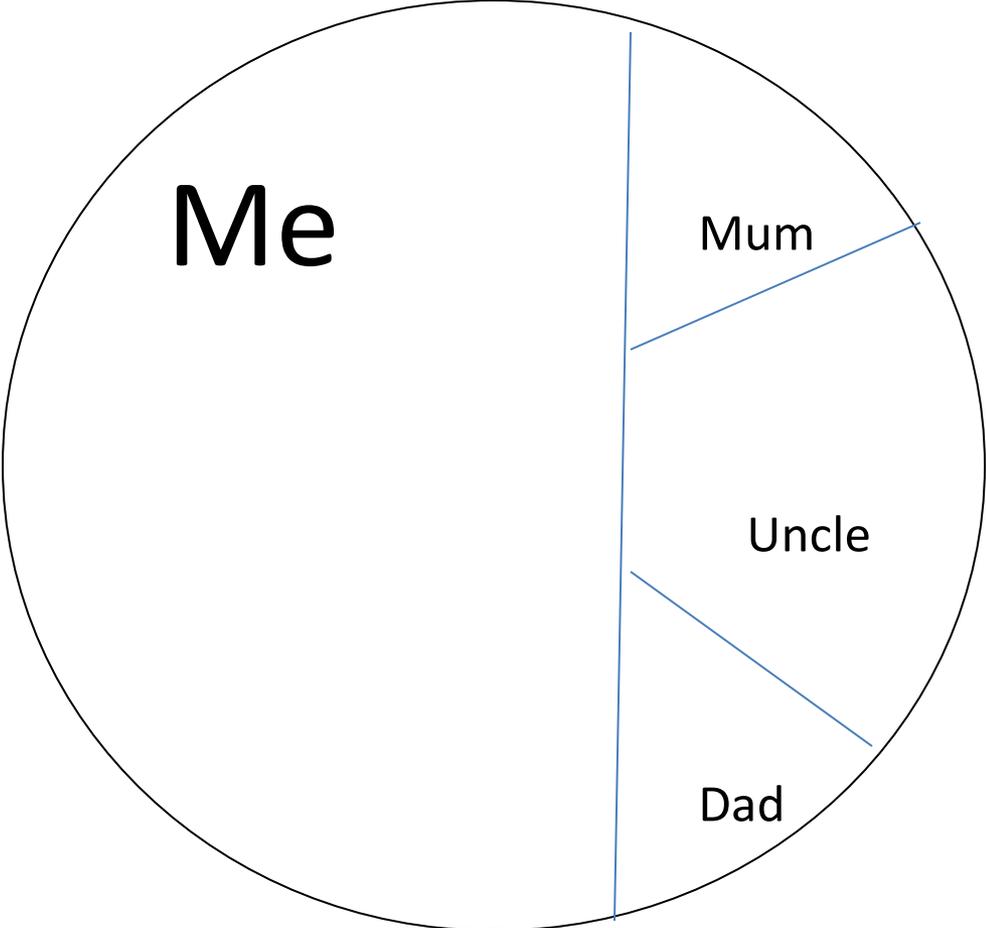
It helped me highlight the links between different aspects of my life. I hadn't realized how I had felt as a child or how it had had such an effect on my as an adult. DANNY

Focusing on how I felt was helpful. I don't think I have ever been asked how I felt as a child before. REBECCA

I was only three years old when I was sexually abused so I found it difficult to do this exercise. I had only feelings with no vocabulary to go with them. It did make me realize I wasn't a moody child but that I had behavioural problems due to my traumatic situation. I felt sympathy for the little girl like she was a relative I loved very much but she wasn't me. CATHERINE

Working through the guilt

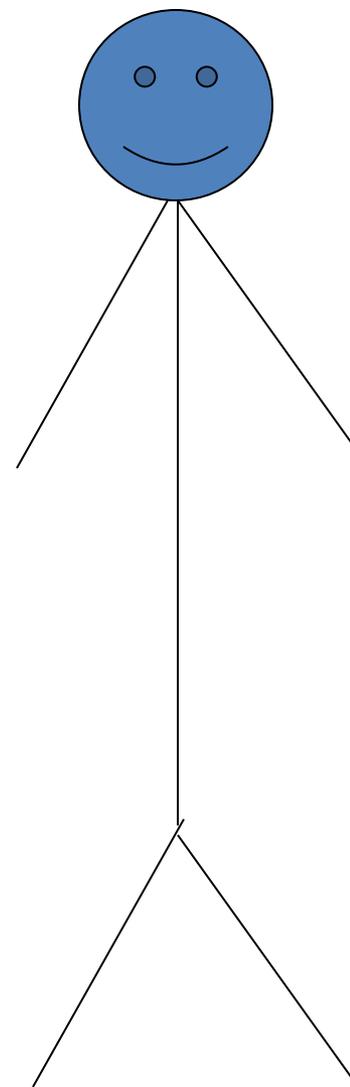
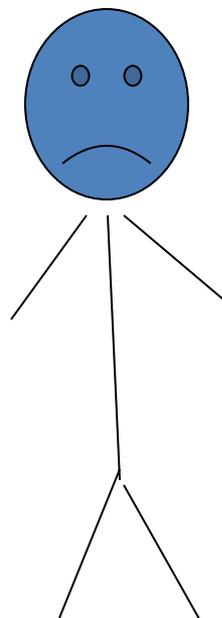
Below is a cake divide the circle into slices to represent how much you think each of the people in your life who abused you were responsible for the abuse



# Physical size of abusers

- 1 How old were you when the abuse began?.....years
- Think about a child *not yourself*, at this age (this could be a child you know or an imaginary child)
- Compare the child's size and strength with that of an adult.
- Who is physically stronger?.....
- Would it be possible for the child to stop the adult from abusing him or her? Yes? No?
- 2 Draw a picture of a child (not yourself) of the same age you were when the abuse began
- Draw a picture of an adult (Drawing stick people is fine.)
- Look at the physical size.
- Would it be physically possible for the child to stop the adult from abusing him or her? Yes? No?
- What thoughts came up for you when you answered questions 1 and 2 above?
- Find a photograph of when you were a child.
- Compare the size of yourself in the photograph with an adult or the abuser.
- Would it have been possible for you to physically stop them from abusing you?
- Yes? No?
- Who is to blame for the abuse?

Who is to blame for the abuse?



# Responding Assertively to You Abuser in Imagination

To think of assertive responses to your abuser imaginary reactions as a way of feeling more empowered and as a step towards confronting your abuser in imagination

Below are some examples of ways in which abusers might react if challenged about what they have done. Write an assertive response to each of these reactions in the right hand column. Keep your replies simple. Remember simply deny what isn't true and state what is true.

Write down what your abusers might say then give assertive responses. Try and To be as specific as you can in saying what the abuser did to you, e.g. "You made me suck your penis" rather than, "You sexually abused me" Don't get side tracked by irrelevant details (red herrings) , for example, arguments about when certain things happened in your childhood

Abuser's reactions e.g.	Assertive response
You are sick in the head	
I was only loving you	
I was teaching you the facts of life	
You enjoyed it	
You didn't say "NO"	
You'd better be careful what you say or else	
I've had a hard life	
I've already had one heart attack, you are going to give me another	
We weren't living in the house where you said it happened	

Identifying Triggers	
Words	Phrases
Smells	Places
Sexual behaviour	People
Clothes	Situations
Others	

A trigger is anything that reminds you of your abuse or brings up feelings associated with the abuse. Triggers often operate out of our awareness or on the edge of our awareness. Triggers can come through senses.

**Hearing e.g. words, accents, music**

**Vision e.g. people, places, clothes, objects**

**Smell e.g. cigarette smoke, aftershave**

**Touch e.g. materials, physical contact**

**Taste e.g. alcohol**

Words	Phrases
<p><i>Parts of the body</i> e.g. breast, cock, bottom</p>	<p>I love you, I'm not going to hurt you, daddy's little girl, You like this don't you Good boy</p>
<p><i>Sexual words</i> e.g. sex, suck, fuck</p>	<p><i>Places</i> Bathroom, Bedroom, Garden shed, The house/place, town where you were abused</p>
<p><i>Sexual behaviours</i> Oral sex, Masturbation, Certain sexual positions e.g. someone on top of you, Anal intercourse, stroking, kissing</p>	<p><i>People</i> Your abuser, children, someone who looks like your abuser, someone who acts like your abuser</p>
<p><i>Clothes</i> Jeans, shorts, underwear, bathrobe, uniforms, pajamas</p>	<p><i>Situations</i> Arguments, feeling trapped, rejected, powerless, betrayed, ignored/unheard</p>
<p>Other Glazed eyes, false teeth, nakedness, pubic hair, chocolate, certain time of year/week</p>	

# Dealing with body flashbacks

- If you have experienced some kind of torture It's quite common to experience what is known as a body flashback it often feels like the person/s are still touching you
- A way of dealing with this is to use retaliation.
- Visualize the abuser and warn them that you would do exactly the same to them as they did to you, ask a trusted person to be present as you do this if you need them. It's important to retaliate as forcibly as you can. The person or person's that you have visualized often don't like a dose of their own medicine.

# Letters to your inner child.

- **Aim** To communicate with the child you were and to support and comfort him or her.
- Think of an incident or a time as a child when you were unhappy. This does not have to be during the time you were abused. Write a letter to yourself as the child you were then from the adult you are now. Try to make contact with him or her. Tell the child you are an adult who *will* listen and believe and will try to understand what is happening. Write your letter in simple language, the sort of language a child could understand. If you had a nickname as a child you may want to use it in your letter.
- Dear \_\_\_\_\_
- Write a reply to yourself as you are now from this child. Try to remember how you felt as a child and what you would have liked from an adult. You may want to write about how you were feeling, what was happening to you, the things you didn't understand.
- Dear \_\_\_\_\_
- 3. Continue writing letters to and from yourself as a child so the adult part of yourself is able to support and accept the child you were and the child feels comforted.
- As an adult you could try to explain to the child how she or he was not to blame for the abuse and did not deserve to be abused. The adult may be able to help the child understand his or her moods, feelings and behaviours. As you continue writing letters you may be able to get closer to the child who felt unloved and alone and offer the child love and support. You can help the child realize he or she is no longer alone. Comforting the child could take some time, so keep returning the this letter-writing exercise over the following months.

Little Lyn,

If you have done all your cleaning and everything what he tells you to do best thing you can do is go to your room, out of his way because if you are near him he will only shout at you and tell you to go there. Or her will beat you and put you in the cupboard or tell you to go to your room. So you might as well be in your room, there he can't say you have done something wrong when you haven't because you are out of the way. Are you still helping nannan? Does her arm still hurt? Don't forget I am always her for you. I know how hard it is for you, you are only a little girl and have done nothing wrong. He is just an evil person, you can trust me always and I will try to protect you always. Just remember you are not alone, I know you think you are. You think you have no one but you have me Lyn. I will always be here for you, I will always love you like a little girl should be loved.

Remember I love you

Big Lyn

Lyn scared Lyn really scared

nannan not well she brok her arm grandad hit her really hard and fall down stairs fell on her arm

I have been helping her for a while cause she is struggling

He will not help her I have to and keep getting things wrong I am only little cannot do a lot of grown up stuff but he says i got to he is really angry all the time nannan in a lot of pain but i got some tablets for her with out him knowing when he was drunk

Its not pinching it is ? Because they are hers i am really scared he got knife to my nan said he would kill her if i did not do as he said and get it right i have been locked in cupboard for hours i got things wrong said i am useless thick stupid dont know anything and he swers all the time nannan cannot help me because she is not well i am so scared do not want to go back in the cupboard he put dead rat in cupboard with me put it on my head why does he do that ?

It horrible dont like that they scare me he said i am really going to get it he really angry but i have not done anything wrong i know i have not he is scaring me not nice

I have to go now Lyn what is a rota dont know that word got

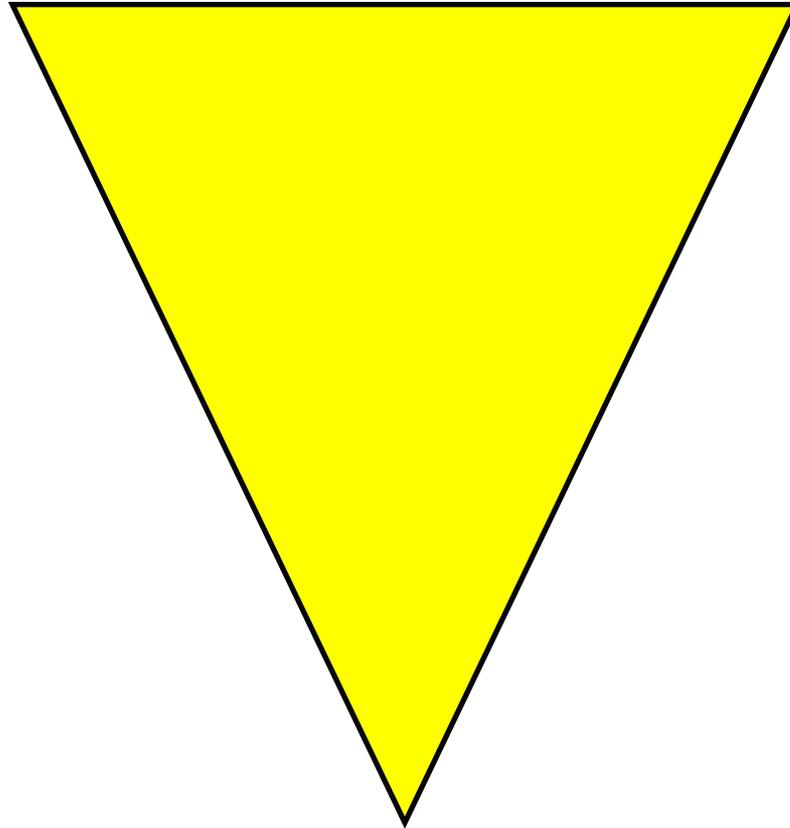
to go

little Lyn



THOUGHTS

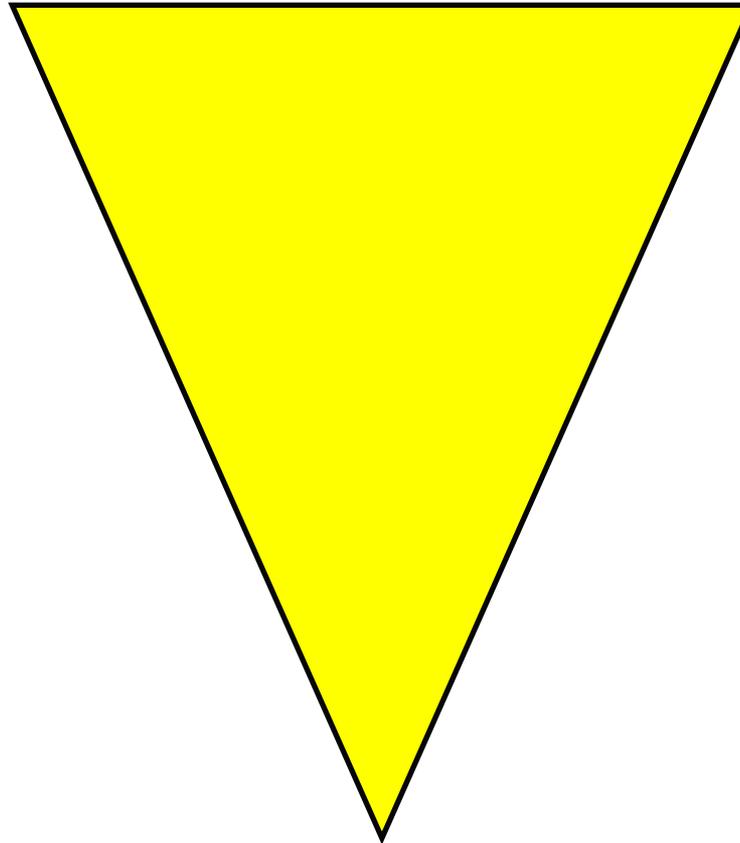
FEELINGS



BEHAVIOUR

# Making sense of paranoia

THOUGHTS  
TRIGGER



FEELINGS  
(Threat)  
CONSPIRACY

BEHAVIOUR  
CONVICTION

## Trigger / Thoughts

They have just looked at me in a strange way are they sniggering at me?

## Conspiracy/ Feelings

I don't feel safe in this situation I am getting very anxious I want to get away they are definitely plotting something.

## Conviction / Behaviour

I am going to hide away I don't feel safe around people

Which of the above is the main problem?

When working with people use this example:

Conviction ←————→ Story  
(What's happening now)

Conspiracy ←————→ History  
(How have you got here what brought you to services)

Trigger ←————→ Past/Present  
(determine the relationship between past events and present experiences)

## Angie, 38 years old

Angie and her sister were brought up by their mother who was a heroin addict. At times when their mother wasn't able to inject herself Angie would have to do it for her. When she was 7 years old her mother died of a heroin overdose. Angie was never sure whether she had administered the fatal dose. Their grandfather gained custody of them and began to abuse them. As he abused her sister he would make Angie hit her at the same time. He would tell her he was a hypnotist and he would put a 'bar' in her head so she wouldn't remember the abuse. After each incident of abuse he would urinate upon her. As she approached 14 years of age her behaviour became very aggressive and she was placed in a school for dysfunctional children. Whilst in there she was given large doses of anti psychotic medication which she continued to take for many years. When she was 21 years old she got into an abusive relationship where her boyfriend would play mind games with her and frighten her. When the relationship broke up he told her she would never be free of him. For many years she became increasingly frightened and paranoid and was admitted to psychiatric services at the age of 26 where she received a diagnosis of schizo-affective disorder. She had long spells in hospital. Whenever she tried to talk about her experiences she was disbelieved and was told it was part of her illness.

At the age of 33 she went cold turkey off all her medication and handed herself into the police telling them that she had been abusing children. She became convinced that a man would enter her flat every Friday. She was not allowed to see his face. He would change around cameras that he had installed to monitor her with, strip her naked, have sex with her and spray shaving foam inside her. He would then urinate on the carpet. She became very fearful of police and psychiatric services, refusing to engage with them as they were part of the conspiracy. The police took no action over the child abuse charges.

### Trigger

Why was she convinced she was an abuser?

What could you do when she says she can smell urine?

### Conspiracy

She feels frightened and powerless. What action would you take at this point?

### Conviction

She is convinced this man enters her flat every Friday. How could you help her make sense of this belief?

## Feedback

A trigger point

One of her triggers is that she says that she can smell urine.

Ask her what has been happening in the last few weeks, take action, seek support and advice if necessary, try and make her see the relationship between past events.

## Conspiracy

Prepare for this stage by asking her to identify people she can trust in a crisis, check out the reality of her fears and feelings, ask her why she has not already been arrested if she *is* a child abuser, try to raise an element of doubt to her belief system

## Conviction

Arrange meetings away from her flat on Friday, ask her why he didn't come on another day, ask her why she wasn't allowed to see his face.

Question; What role did the 'bar' play that her grandfather said he put in her head? What did it symbolise? What could the shaving foam be?

## Alarm systems

Alarm systems are related to circumstances that become the trigger. For example smelling urine. Irrational thoughts are what we first react to, but the thoughts are rational when the initial threat occurred.

Trauma goes away, but thoughts and memory remain. Fearful situations stay in the brain and are easily activated.

### Negative response

People saying your thoughts are not real.

### Positive response

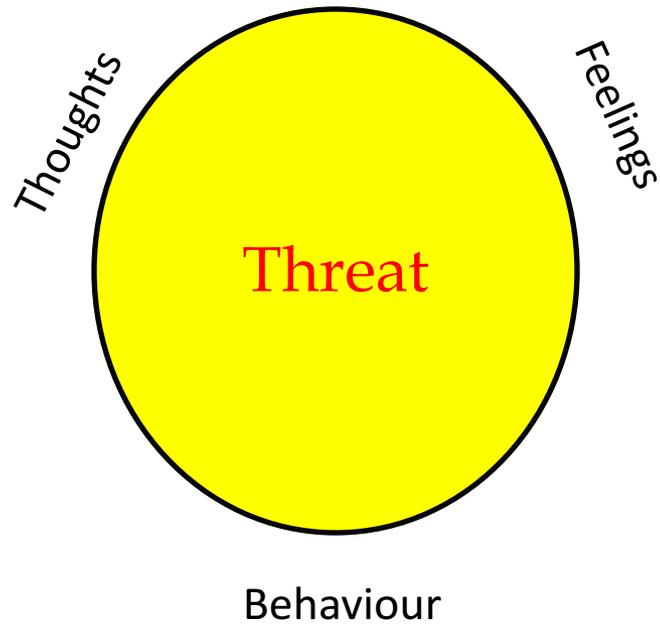
When were your thoughts and beliefs more real? When did they start?

The relationship is more important than the therapy.

Mans inability to communicate is a result of his failure to listen effectively, skilfully and with understanding to another person”

***Carl Rogers***

# Vicious circle



# Help break the cycle

Increased arousal/ hypervigilance



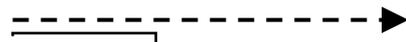
Emotional overload



Social withdrawal acts as retreat & protection

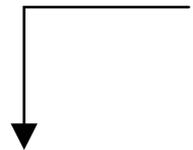


Response

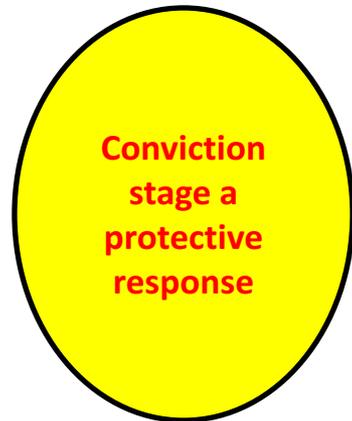


Help break\_

Perceived  
As lazy



**Conviction  
stage a  
protective  
response**



Excessive  
Pressure



Clear supportive, positive  
Communication



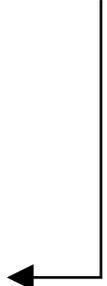
Help try and make sense of  
Ideas and beliefs



Break cycle of  
threat



Social withdrawal  
Retreat & protection



# Decoding Beliefs

- Munchausen by proxy
- Deliver him
- Gabriel's Law
- Different doors to a parallel universe
- William Sergeant
- Ewan Campbell
- Hitler is alive

# Decoding Beliefs

- My dad is an emperor
- Vampires attack me
- I live on a spaceship
- I am a fox
- I am a philosopher

# Contacts

- [peterbullimore@yahoo.co.uk](mailto:peterbullimore@yahoo.co.uk)

[www.nationalparanoianetwork.org](http://www.nationalparanoianetwork.org)

[www.DrBobJohnson.org](http://www.DrBobJohnson.org)

[www.melissarobertsfoundation.org.au](http://www.melissarobertsfoundation.org.au)