Trauma Based Disorders

Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (C-PTSD): This is the most well-known of the trauma-based disorders and can occur after a person experiences a situation of trauma. The difference between PTSD and C-PTSD is that C-PTSD exists after prolonged trauma, such as childhood abuse, whereas PTSD can exist after once off traumatic incidents, such as car crashes or assaults. Any trauma-based disorder can effectively change how the brain processes information and can lead to the brain blocking certain information totally. This could include avoidance of anything that reminds the person, or could be considered linked to the trauma, as well as feelings of being unsettled and dysregulated, intrusive thoughts and flashbacks and fears and paranoia.

C-PTSD often results in long-term changes to the person's behaviour, coping strategies and mental health. Many with C-PTSD will have a very negative self-view that they are constantly trying to ignore, or conversely, constantly trying to be validated for. With some, the acknowledgement from others of how unwell they are can be immensely validating and for some, this acknowledgement can be extremely intrusive and unwelcome.

When having a psychotic episode linked to trauma (e.g., This means when the person is extremely distressed and escalated), the person can appear to be detached from reality and be talking about things that are not there and talking to and about people who aren't present. Psychotic episodes for some people can last for a day, or several weeks. When experiencing a psychotic episode, the person's behaviour is very different and standard strategies to respond are often totally ineffective. During psychotic episodes, the person may actually believe that things are happening to them, or they

are still experiencing this, or similar trauma. Reports have stated that during an episode, the lines of reality are not only blurred, but unable to be seen by the person at the time.

Reactive Attachment Disorder (RAD): This exists when children are unable to form attachment with their care givers. It's most likely present in children who have been abused or neglected by those who were meant to look after them. This presents as emotional withdrawal, lack of responsiveness when others are providing comfort. It's also common that those who have RAD will have excessive or unpredictable sadness, irritability, fearfulness, or anger.

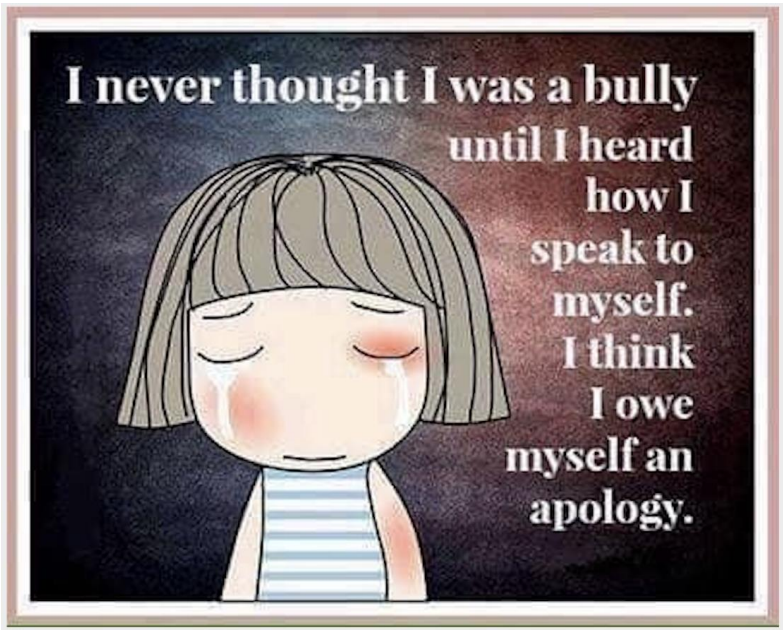
Disinhibited Social Engagement Disorder (DSED): Although similar in cause to RAD, DSED exists in situations where children do not know how to form appropriate and culturally normal relationships with others. Examples might be when children are over-friendly with others, such as sitting on the laps of strangers or trying to be part of private conversations. There is significant risk in children who present with this as they exhibit no fear of strangers and no understanding of the signs of dangerous behaviour from adults.

Personality Disorders Commonly linked to being the result of childhood abuse and trauma

Borderline Personality Disorder (BPD): Borderline Personality Disorder affects 2-6% of Australians and presents as intense emotional feelings that are difficult to manage. Statistics indicate that most people with BPD have endured childhood abuse and/or significant trauma as a child. It is very likely that those with BPD will self-harm and struggle with substances like alcohol and drugs, as well as food. People with BPD are often very impulsive, can feel quite empty and struggle to understand their identity. Many individuals with BPD need to feel 'sick' and 'significantly affected' in order to feel validated as a person. Often, if people around them are sicker, or have more significant issues, the person with BPD feels invalidated and can feel even more sad and unwell. Often, it's necessary to help the person with BPD have a regular source of emotional expression to meet their needs and avoid the more dramatic feelings which can lead to self-injury. After experiencing happy or joyous moments, a person

with BPD can sometimes experience more significant depressive episodes, as the happier they have been, the more empty they will then feel as a result.

It's very likely that people with BPD form relationships with others very quickly and often without the usual caution demonstrated by their non-BPD peers. The person with BPD can take any courtesy as emotional nourishment and misunderstand normal kindness provided by others. It's very important to be aware of the need for emotional attachment when working with people BPD as rejection can be extremely traumatic and lead to serious and debilitating mental health unwellness. There is a high degree of emotional manipulation demonstrated by many people with BPD. This is done without realisation in most circumstances as the person is just trying to make you see how unwell they are and how much they need your help, without always realising that their behaviour of harming themselves when they don't feel supported or acknowledged enough is very manipulative to those around them.



Just like any mental illness, personality disorders such as this have varying levels associated with presentation. The above description is based on standardised presentation only and is not indicative of all those with NDP, nor is it designed to be used in any kind of diagnostic capacity. Diagnosis of a personality disorder can only be done by a psychiatrist after testing and assessment.

Narcissistic Personality Disorder (NPD): NPD is not like what we see in the movies, where a person performs evil acts for fun or to get their own way, people with NPD are survivors of trauma whose brains have created a set of coping skills to manage life and manipulation is

often a way to create a feeling of safety. Many would describe NPD to be almost the opposite of BPD but coming from the same place and as a result often, of childhood abuse, neglect and/or trauma. The person with BPD (as explained above) often needs to 'feel sick' to feel validated, whereas the person with NPD sees illness as serious weakness and avoids any acknowledgement of this where possible. People with NPD are often confident in certain (or all) areas of their lives and will need validation of their skills and abilities from their peers a lot more than others would. The person with NPD often tries to control the narrative by creating stories for others to believe, to make sure other people view things the same way that they do. Being right is very important to people with NPD and the truth is much less important than gaining respect and acknowledgement.

When challenged or if anyone infers the person with NPD is not a 'good person', or 'wrong', it's very likely that the person will respond to this with significant escalation and aggression. There is a high degree of emotional manipulation demonstrated by many with NPD, often as a method of controlling the attitudes of all those around them. It's not unusual for a person with NPD to use threats, intimidation or trying to make others feel guilty, as a method of controlling those around them.

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Working with someone who has a Trauma-Based Disorder

Working with someone who has a trauma-based disorder can be very complex and emotionally exhausting. People who've experienced trauma can have dramatic emotional fluctuations and require much more emotional validation than those without. This can be very difficult for workers as it can be quite taxing emotionally. Some key concepts to remember when working with people with trauma-based disorders.

- Reality wasn't easy for them. Their lives had some very difficult times, and the human brain can only endure so much. In order to cope with this, they often try to change reality and/or create new distractions to focus on. Let this be, this is a coping mechanism.
- They don't need people telling them they are incorrect or constantly trying to be the 'reality police'. Often new realities are necessary to manage the difficulty of how the world is for them and an important coping strategy.
- If they are demonstrating extreme behaviour, then they are likely to be dysregulated. This can happen if there's issues with medication, or there's been a reminder of something traumatic, or if they aren't getting their needs met. Feeling dysregulated is the same as feeling like you've forgotten something and you can't remember what it is, but it's really important. It feels unsettled and you often feel confused as a result. A dysregulated person is likely to have erratic behaviour.
- Distraction is often a much better response to issues than talking about the traumatic topic. Discussing serious issues related to traumatic history is best done by a trained practitioner due to the possibility of re-traumatising someone or affecting their coping strategies by how others respond to their stories.
- People with trauma-based disorders need to feel safe and to feel safe, they need to check people are able to be trusted. It's very common for people with trauma-based disorders to test those around them to see if they will stay with them, or if they are likely to abandon. This can mean that new workers endure some difficult shifts when they first start as the person is pushing them to see if they are strong enough.
- Telling someone who's lived through a trauma-based disorder that they are over-reacting to something is effectively gaslighting them. No-one has the right to dictate

what a reasonable emotional response is and it's not the role of workers to tell people that they have responded incorrectly, or too much to something.

- It's essential to find out what source and type of validation and support the person needs when working with them as they will not be regulated if they don't receive this. If a person needs to have their ego inflated (eg. A person with NPD), then please do this as without this, the person will not feel comfortable and regulated). If a person needs to know that you understand how sick they really are, then it's important to provide them this validation or they are likely to do what is needed to really show you how sick they feel they are. Validating the needs of someone is essential.
- Anxiety is a huge issue for most people with trauma-based disorders. Anxiety can occur due to uncertainty about what's happening, or feelings of not being in control, hypervigilance or just not feeling like you're coping. Anxiety often happens when people are not regulated as well.