



Instinctual Trauma Response®
First Responder Trauma Program

Introduction:

Instinctual Trauma Response® (ITR) is an innovative method for resilience building and resolving traumatic stress symptoms. Years of practice-based evidence suggests ITR is highly effective across a range of clinical and nonclinical settings and with a variety of populations.

ITR offers unique interventions that “*work with the brain the way the brain works.*” All interventions are designed to impact areas of the brain that are associated with, and crucial to mental health and wellness.

ITR With First Responders:

First responders are exposed to high levels of stress and a wide range of traumatic events over the course of their careers. First responders deal with life and death situations and caring for people when they are most vulnerable. It is recognized that unsupported exposure to chronic stress and trauma can undermine resiliency and for some individuals lead to primary and secondary traumatic stress injuries such as Post-Traumatic Stress Disorder, Complex Trauma, and Secondary Traumatic Stress. First responders suffering from post-traumatic stress injuries/illnesses often experience functional impairments in both their personal and work lives.

First responders dealing with chronic stress and/or stress injuries/illnesses may be less effective in their professional responsibilities, and this could negatively impact the public for whom they serve. Unresolved traumatic stress also impacts personal functioning, job satisfaction and retention in the workforce. ITR nonclinical and clinical pathways increase individual resiliency to maintain or restore optimal functioning. Although building resiliency skills cannot prevent a stress injury/illness, a resilient individual is more likely to take measures to promote healing instead of avoiding or ignoring symptoms. Restoring first responders to optimal functioning, so they can live a more balanced and healthy life, creates a workplace culture and organizational practices that promotes health and wellness.

ITR Program Overview:

The ITR program has two (2) clinical pathways for managing stress and resolving traumatic stress:

1) Accelerated Traumatology Course 101 (Certified Trauma Support Coach) is a non-medical peer support/coaching approach that focuses on stress management and resilience building. This pathway educates and empowers individuals with knowledge and skills that promote awareness, self-care, and healing.

2) Accelerated Traumatology Course 102 (Certified Trauma Specialist) is the medical/clinical pathway that focuses on trauma re-processing. This pathway includes all knowledge and skills from the non-medical peer support/coaching approach but aims to resolve post-traumatic stress symptoms such as *intrusive thoughts, flashbacks, avoidance of triggers, behavioral changes/difficulties, emotional dysregulation, negative view of self and others, relationship difficulties, cognitive disturbances, dissociation, regression, depersonalization, and derealization*. Resolution of symptoms is accomplished through Graphic Narrative™ and Externalized Dialogue™, which are tasks unique to ITR.

ITR Delivery & Components:

ITR can be delivered through hourly or intensive sessions, either in-person, virtually, or a hybrid model.

ITR non-medical peer support/coaching pathway has three (3) phases. These are:

- 1) Psychoeducation
- 2) Grounding
- 3) True-Self/Parts Work

ITR medical/clinical pathway includes non-medical plus seven (7) phases. These are:

- 1) Assessments
- 2) Timeline Development/treatment planning
- 3) Psychoeducation
- 4) Grounding
- 5) Graphic Narrative work
- 6) Externalized Dialogue/Parts work
- 7) Re-assessment

Proposed Mechanisms for How ITR Improves Resiliency and Resolves Traumatic Stress Symptoms:

ITR shares the assumption, with other evidence-based practices (i.e., EMDR) and with general neurobiology consensus, that traumatic stress symptoms are the result of

unprocessed information that is stored in implicit memory as a “fragmented” unfinished story. During stressful and overwhelming events, the emotional part of the brain (amygdala) overrides the information-processing portion of the brain (hippocampus) and interrupts the individual’s ability to process and store the information with words (explicit memory) and linear sequence. Instead, memories of the event(s) are stored in fragments and in implicit memory (perceptual, emotional/unconscious). Because the individual does not have explicit recall, the brain mistakenly believes the event(s) is not over and will send reminders to the individual of perceived danger. These reminders (triggers) may be intrusive images and nightmares or other distressing body sensations. The brain has learned a pattern of reaction that can be stimulated by sensory recognition. When the trigger is present, the brain uses the pattern of reaction it knows, *the traumatic loop*, even though it is not needed.

ITR techniques exercise the pathway from the medial prefrontal cortex to the amygdala and the hippocampus, creating more neuro synapses on the “slow road”, in turn speeding up the slow road. This gives a time stamp and meaning to a trigger, which helps to reduce or eliminate trigger reactions. By putting time and space to events, triggers can move to memories and *“finish the story.”*

The ITR coaching/peer support pathway focuses on teaching grounding techniques and parts work. Grounding exercises help to calm parts of the limbic system (insula, thalamus, amygdala) and increase the individual’s ability to manage physical/body sensations associated with dissociation and anxiety. Once the limbic system is better controlled, then cognitive work is introduced with ITR parts work. This technique focuses on engaging the limbic system and the cortex (cingulate cortex, medial prefrontal cortex) and improves self-awareness, regulation, and behavioral management.

Repetition of ITR coaching and clinical techniques strengthens new neuro synapses. These new neuro synapses become more familiar and easier to respond from, which in turn reduces traumatic stress symptoms, improves resiliency, and enhances well-being.

ITR Workbook/Guide:

The ITR Workbook serves as both a guide and interactive tool. It is used during the peer support/coaching training and can be referenced as a field guide in the future. It is also for the therapist and client to utilize during in-person or virtual sessions. The workbook is not necessary but can augment both clinical pathways and enhance the client experience.

Digital/Teletherapy Resources/ITR App (HelpForTrauma.app):

The ITR web-based application is designed to enhance the virtual experience of teletherapy and makes ITR accessible to everyone. The app assists the therapist with guiding individuals through all phases of the clinical pathways. For some individuals, the app can also be used independently as a self-help tool without the guidance of a therapist.

HelpForTrauma.app is a highly secure, HIPAA-compliant, healthcare platform. All data is secured in transit using 256-bit AES encryption and SSL technology. Secure HTTPS endpoints are used whenever transmitting the information, and an encrypted database, which provides encryption of all data at rest.

Blueprint:

ITR utilizes Blueprint, a digital platform, to assist with gathering client data, measure client outcomes, and get insights at the point of care to make more informed treatment decisions. The digital platform compiles information to measure treatment response and quantify the impact the method is having on client outcomes.