* 5 Practical Trauma-Informed Interventions for Therapists

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Trigger Warning ...

This presentation contains fictional themes of traumatic events, and case studies of how therapists support clients using trauma-informed practice.

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* Aim and Objectives

Aim: To equip therapists with five trauma-informed tools

Objectives:

- ✓ **To highlight** why becoming ‘trauma-informed’ has become essential to good practice in counselling and psychotherapy
- ✓ **To describe** how to ’embody’ trauma-informed practice
- ✓ **To share** practical interventions that can be used in practice

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* Complaints about Competence and Fitness to Practise

'Clients have complained about their therapists for:

- ✓ ***giving a medical diagnosis or opinion***
- ✓ *offering legal or financial advice*
- ✓ ***not referring on where appropriate or necessary***
- ✓ ***claiming a specialism or ability to work in a particular field without adequate training or preparation***
- ✓ *breaking confidentiality inappropriately or not taking action when necessary*

'Complaints have also related to the therapist's fitness to practise, including:

- ✓ *… **not taking sufficient care of their own health needs**'*

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BACP, n.d., paras 3 and 4

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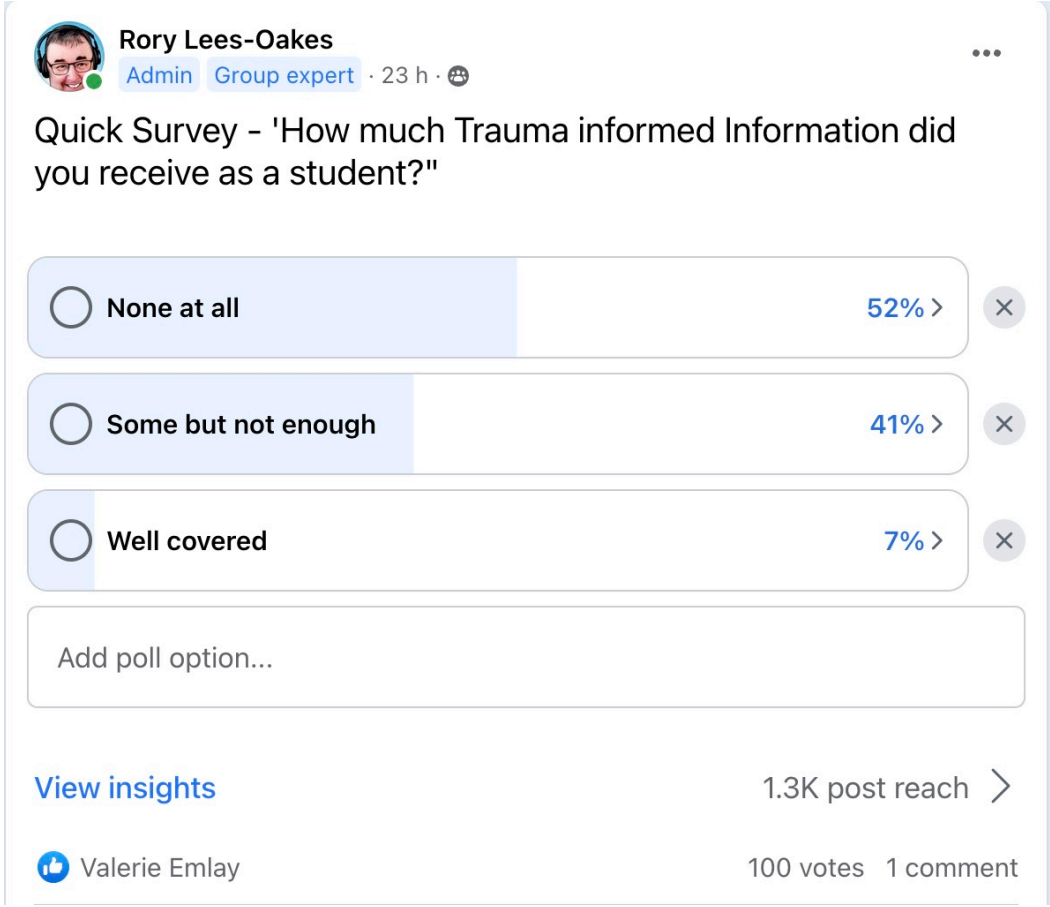
* Recent Poll of 100 Counsellors: Results

The statistics laid bare that trauma-informed practice is hardly covered in training, with only 7% of qualified counsellors believing that they had received enough trauma-informed information.

This poll was carried out via Counselling Tutor's Facebook community in September 2023 (see image). '



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* Why Is This?

Most of what we know about trauma and its effects came to prominence in the 21st century. Most metamodels of therapy were developed in the 19th and 20th centuries.

Although theorists like Rogers acknowledged trauma, most of the effective approaches have been developed in the 21st century.

Carl Ransom Rogers
1902–1987

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* Short History of PTS(D)

Early 1800s: PTSD-like symptoms were first formally recognised in soldiers, referred to as ‘nostalgia’ or ‘soldier’s heart’.

World War I (1914–1918): The condition became known as ‘shell shock’, recognising the impact of combat and bombardment on soldiers’ mental health.

World War II (1939–1945): The term ‘combat fatigue’ was used, acknowledging the psychological impact of prolonged combat on soldiers.

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* Short History of PTS(D)

1970s: The experiences of Vietnam War veterans and victims of other traumatic events brought attention to the lasting psychological impact of trauma. The term ‘post-traumatic stress disorder’ started to be used.

1980: PTSD was formally recognised as a disorder with specific symptoms in the third edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-III).

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* Short History of PTS(D)

1990s–2000s: Further research expanded the understanding of PTSD, **recognising that it could result from various types of traumatic events, not just combat.**

21st century: Ongoing research has continued to **deepen the understanding of PTSD, including its neurobiological basis, potential treatments, and preventive strategies**. PTSD is now recognised as a complex disorder that can affect anyone who has experienced or witnessed a traumatic event.

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* A Trauma-Informed Practitioner

In a 2019 conversation with psychotherapist Richard Erskine, following his lecture on the effects of trauma, I sought his perspective on Carl Rogers' approach to therapy.

Erskine subtly implied that while Rogers' methods are valuable, they alone are not sufficient for addressing the complexities of trauma.

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What Does **‘Trauma-Informed’** Mean?

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* Working Definition

OHID (2022, ‘Working definition of trauma-informed practice’ section) defines trauma-informed practice as an approach that can:

- ✓ Realise that trauma can affect individuals, groups and communities
- ✓ Recognise the signs, symptoms and widespread impact of trauma
- ✓ Prevent re-traumatisation.

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* Six Key Principles

OHID (2022) lists the following as its
'Key principles of trauma-informed practice':

- ✓ Safety
- ✓ Trustworthiness
- ✓ Choice
- ✓ Collaboration
- ✓ Empowerment
- ✓ Cultural consideration.

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* What the Trauma-Informed Practitioner Embodies

- ✓ Recognising trauma
- ✓ Avoiding re-traumatising the client
- ✓ Delivering psychological information
- ✓ Using stabilisation techniques
- ✓ Being culturally competent around trauma
- ✓ Managing in-room dissociation
- ✓ Paying attention to their own self-care

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* Becoming Trauma-Informed

The five interventions I will explore in this presentation come from a nine-module, 33-lesson course.

I designed it to assist practitioners to become trauma-informed, so they can better serve their clients.

1. Putting Safety First
2. Defining Trauma
3. Trauma - Mind and Body
4. Signs of Trauma
5. Trauma Recovery Models
6. Trauma - Cultural Perspectives
7. Working with Dissociation
8. Bonus Content - Breathwork
9. Research and Supervision

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Intervention 1:
Stabilisation

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* Stabilisation

'Stabilization is a prerequisite for working through the trauma because otherwise "working through" will be re-traumatizing.'

'The message for the patient is a simple one: ***no recovery from trauma is possible without attending to issues of safety, care for the self, reparative connections to other human beings, and a renewed faith in the universe.***

'The therapist's job is not just to be a witness to this process but to teach the patient how.'

Fisher, 1999, pp. 1–2

Janina Fisher, Ph.D

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* Case Study – Sally

Background: Sally is 25 years old; she has been referred to you by her doctor. When she arrives, she is tearful and struggles to articulate the presenting issue. Even contracting is a challenge.

Presenting issues: Sally says that she tried therapy before and lasted just two sessions because the **therapist shared that he too had a traumatic event in his life.**

Throughout the session, she seems disconnected and unfocused.

How do you proceed? What is your thought process?

* Useful Interventions

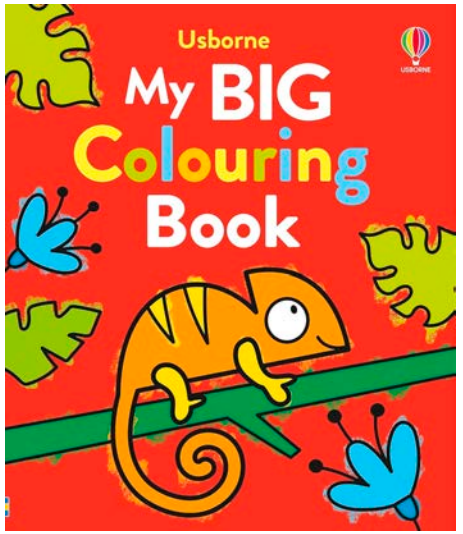
Stabilisation Techniques

Prioritise safety: Reassure the client that they are in a safe place and not under threat.

Map support: Help the client to identify positive relationships – who they can trust, who they can go to for wisdom, and who they can go to for help.

Suggest tools: Resources and consistent support can help the client navigate their recovery process.

Be creative: For example, use colouring books or play catch with a ball as a way of grounding. (Explain to the client that activities like this calm the brain and the nervous system. They can also be fun.)



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Intervention 2:
Psychological Education

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* Case Study – Tony

Background: Tony is a male, 26, around 6 feet tall, with a muscular build, and has come to therapy because he considers himself a ‘coward’.

Presenting issues: A couple of months ago, Tony was on his way to work when he witnessed a mugging: two youths in hoodies and masks attacked a young woman pushing a pram, stealing her phone and handbag.

Although Tony was only a few feet away from the woman, he froze during the attack and now feels intense guilt for not having intervened.

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* This Is What I Know..

Being trauma-informed does not mean you become an expert or label the client with a diagnosis.

It means you can share helpful information for the client to conceptualise what is going on for them.

Let’s look at this in practice. It can start with you saying: ‘This is what I know …’

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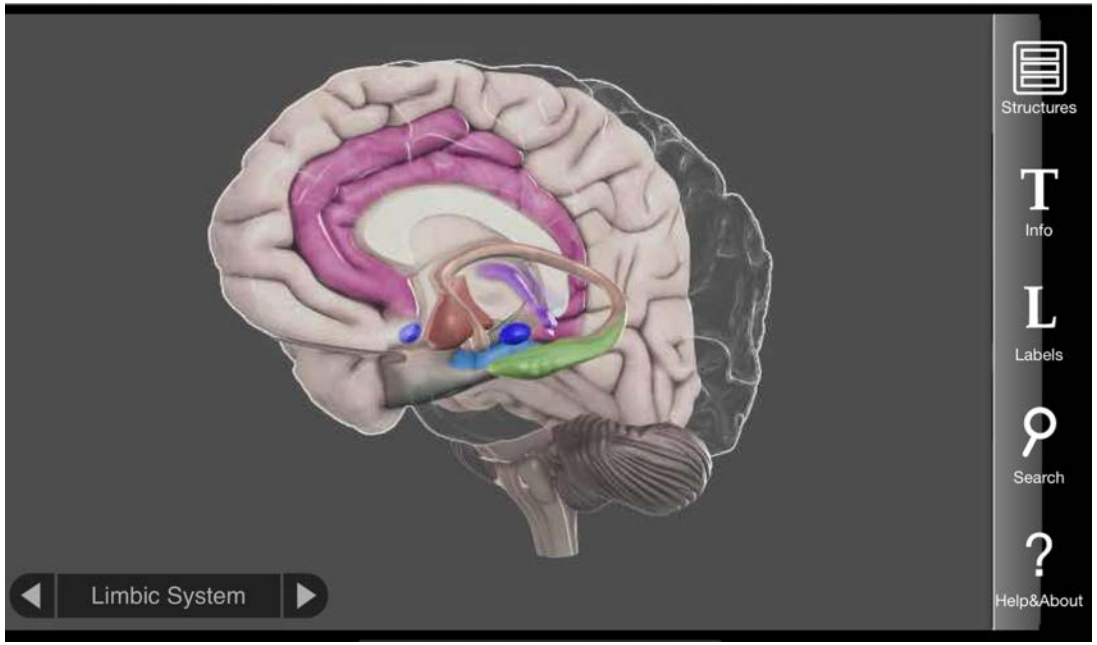
* Therapist's Response – Normalise

'I hear you feel guilty for not intervening. This is what I know ...

'In a stressful situation like you encountered, your brain goes into a type of autopilot called fight, flight or freeze mode. It's a primitive survival mechanism.

That day, your brain decided to protect you by going into freeze mode, as it does with most people.'

Wait for the client's response.



3D Brain is an app that's useful for psychological information. It is available on Apple's App Store and on Google Play Store.

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Intervention 3:

Highlighting Signs of Trauma

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* Case Study – Arjun

Background: Arjun, a 30-year-old graphic designer, sought therapy for persistent physical ailments that medical examinations couldn't fully explain.

His symptoms included chronic headaches, gastrointestinal issues, and unexplained muscle aches.

Presenting issues: Arjun described experiencing severe headaches several times a week, often accompanied by stomach upset.

He also reported having muscle aches and pains, especially in his back and shoulders. Additionally, Arjun struggled with insomnia and fatigue.

He hints that he had a 'difficult childhood'.

* Useful Interventions

Historic trauma can present as bodily symptoms, such as Arjun is experiencing.

Reflect to the client that sometimes bodily symptoms can be a result of a traumatic event or events, and that this is not unusual.

- ✓ Reassure the client that you will be here for them if they feel safe to share **what happened to them.**
- ✓ Be patient and thoughtful, and work at their pace.
- ✓ If the client is very distressed, consider pausing and using stabilisation.

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Intervention 4:
Awareness of Cultural Perspectives

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* Case Study – Rachel

Background: Rachel, a 31-year-old sound engineer, shared that her five-year same-sex relationship with Tony ended earlier this year.

The relationship's demise was precipitated by a distressing incident in which Rachel and Tony were subjected to homophobic taunts by a group of youths on a bus.

During the confrontation, Rachel was physically assaulted while trying to defend Tony.

Presenting issues: Following this incident, Rachel suffered from flashbacks and heightened irritability, which eventually led to the breakdown of the relationship.

Rachel is now seeking to understand and come to terms with the end of her relationship, and with her feelings of guilt about contributing to the break-up.

* Dual Burden?

‘It is also possible, however, that when discrimination is superimposed on a history of traumatic events, already stretched coping resources might be overwhelmed (allostatic overload), rendering individuals less able to ward off the threat to their well-being.’

Matheson et al. (2019, p. 3)

Note: ‘Allostatic overload’ refers to wear and tear on the body through traumatic events.

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* Useful Interventions

Acknowledge diverse trauma impacts: Understand the unique sociological and psychological effects of trauma on individuals from various communities and backgrounds.

Recognise minority-group challenges: Be aware of the extra difficulties faced by clients from minority groups, including trauma stemming from prejudice and discrimination.

Understand the compound effect of trauma: Recognise that the dual burden of direct trauma and systemic oppression can intensify the impact of trauma, making recovery more challenging.

* Useful Interventions

Embrace intersectionality in trauma: Develop a deep understanding of how overlapping identities (race, gender, class etc.) affect a person's experience with trauma and their path to healing.

Provide equitable support: Focus on offering compassionate and effective support, especially to those facing systemic barriers, ensuring equitable access to resources for healing and recovery.

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* Useful Interventions

Own your privilege: For relationship-building, it can be useful for a therapist from the majority culture to refer to their privilege.

Minority clients may begin to see their therapist as an ally and someone who is on their side.

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Intervention 5:
Working with Dissociation

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* Case Study – Li

Background: Li is a 40-year-old woman who sought therapy after being repeatedly assaulted and sexually abused by her father as a child. The case has gone to court and her father is currently serving a five-year prison sentence. Li has changed address and moved away from the area she lived.

Presenting issues: Li describes the circumstances of what happened and – as she does – she starts to disassociate, stating her father is following her, and is waiting at home and will kill her.

She says that he is waiting outside and that she saw him follow her into the waiting room.

* Useful Interventions

Do a reality check: State to the client that they are in a safe environment, and remind them of the present situation (e.g. for Li, that she is not a child anymore and that her father is in prison).

Acknowledge the client's reality: Recognise that what they are experiencing seems real, but state that in reality it is a traumatic flashback.

Bring the client back from the there-and-then into the here-and-now: Use a grounding technique to help the client regain their agency and their power.

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* 54321 Technique

This is an in-the-room grounding exercise to help refocus and calm the mind.

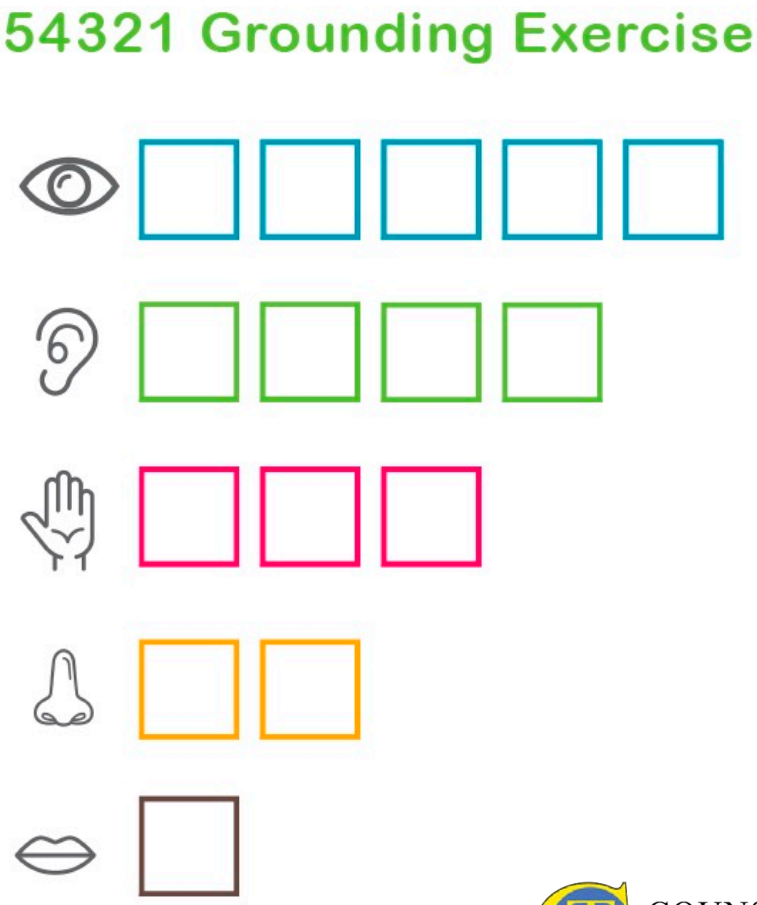
Step 1 – Visual observation: Identify five things you can see around you.

Step 2 – Auditory awareness: Notice four things you can hear, and identify their sources.

Step 3 – Tactile sensation: Focus on three things you can feel by touch (feel free to pick up objects).

Step 4 – Olfactory perception: Recognise two things you can smell.

Step 5 – Gustatory experience: Conclude by acknowledging one thing you can taste.



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Takeaways

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* What You Can Do

- ✓ **Think about undertaking some trauma-informed training.**
- ✓ Integrate stabilisation techniques into your practice.
- ✓ Effective trauma work is rarely short-term.
- ✓ Remember that clients may not disclose what has happened to them – don’t push for details!
- ✓ Where appropriate, consider offering psychological education.
- ✓ **Consider your relationship to trauma: practitioner burnout is a real possibility.**

* Finally

Self-Care/Putting Safety First

You can be an effective trauma-informed practitioner only if you build solid foundations around personal preparations and self-care.

Using the effective planning we covered in the first section of the course will allow you to take care of yourself and add longevity to your ability to work in the field of trauma.

When working with trauma, you need ***to stay grounded and stay safe.***

1. Putting Safety First
1.1 Vicarious Trauma
1.2 Personal Preparation Plan
1.3 Working with Trauma Online
1.4 Working within Your Competence

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