



WIRED FOR CONNECTION

WORKING WITH FOLKS WITH TRAUMA

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SCAN ME

For slides and resources,
and to sign up for the “Wired for Connection” newsletter!

<https://carolynklassen.com/speaking/southern-health-sante-sud-trauma/>

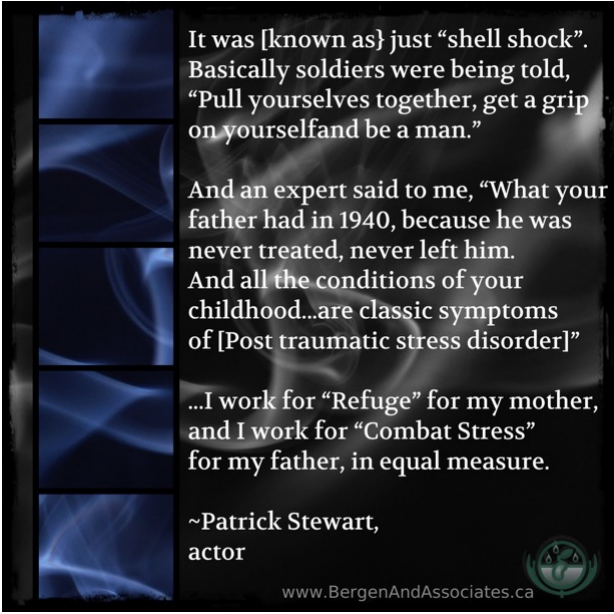
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I suppose since most of our hurts come through relationship, so will our healing
Wm Paul Young

You play a role in healing.

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It was [known as] just “shell shock”. Basically soldiers were being told, “Pull yourselves together, get a grip on yourself and be a man.”

And an expert said to me, “What your father had in 1940, because he was never treated, never left him. And all the conditions of your childhood...are classic symptoms of [Post traumatic stress disorder]”

...I work for “Refuge” for my mother, and I work for “Combat Stress” for my father, in equal measure.

~Patrick Stewart, actor

www.BergenAndAssociates.ca

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Inviting people to talk about the stories of actual trauma is generally not helpful

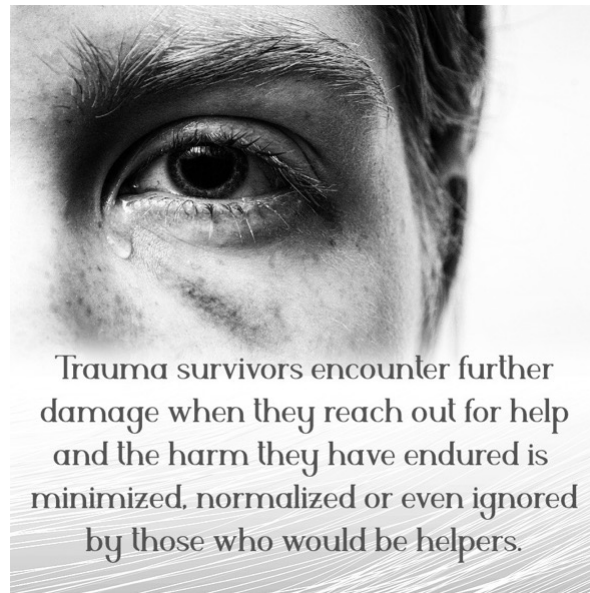
Retraumatizing is often the result	I don't ask about what they experienced—I don't ask them to tell me the story of the "bad thing" or the worst of it.
When they are general about it—that tells you all you need to know	It is helpful to talk about the real world impacts of the trauma now and what to do about it

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THE RELEVANT QUESTION FOR A TRAUMA THERAPIST:
Who did you tell and what did they do?

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Trauma survivors encounter further damage when they reach out for help and the harm they have endured is minimized, normalized or even ignored by those who would be helpers.

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Retraumatization in the “system” Policies, Procedures, Structural and Institutional Racism and Oppression

- ▶ Having to retell the story repeatedly
- ▶ Being treated as a number
- ▶ Being seen as a label (e.g. addict)
- ▶ No access/impossible gatekeeping to services
- ▶ Lack of accessibility considerations
- ▶ Isolation or exclusion practices (masking)
- ▶ Cultural insensitivity
- ▶ “isms”

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Retraumatization in individual relationship Power, control, Subversiveness, interpersonal racism and oppression

- ▶ Not being seen/heard
 - ▶ Non-transparency and veiled truths
 - ▶ Does things **for** rather than **with**
 - ▶ Punitive treatment, coercive practices and oppressive language
 - ▶ Racial profiling
 - ▶ Non-collaborative
 - ▶ Victim blaming
 - ▶ Non-acknowledgement of historical narratives
 - ▶ Microaggressions
 - ▶ Non-inclusive language
 - ▶ Non-acknowledgement of power dynamics (!)
- Institute on Trauma and Trauma Informed Care

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Trauma Informed Care

“Trauma-informed care is a strengths based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

<https://traumainformedoregon.org/wp-content/uploads/2016/01/What-is-Trauma-Informed-Care.pdf>

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5 Guiding principles of Trauma Informed Care

1. Safety
2. Choice
3. Collaboration
4. Trustworthiness
5. Empowerment




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Trauma Informed Care (TIC) objectives:

1. An awareness of the prevalence of trauma;
2. An understanding of the impact of trauma on physical, emotional, and mental health as well as on behaviors and engagement to services
3. An understanding that current service systems can retraumatize individuals.

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Discussion:

What patterns do you notice that you already incorporate in your regular rhythms in your practice that are trauma informed?

1. Safety,
2. Choice,
3. Collaboration,
4. Trustworthiness and
5. Empowerment.

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A program, organization, or system that is trauma informed:

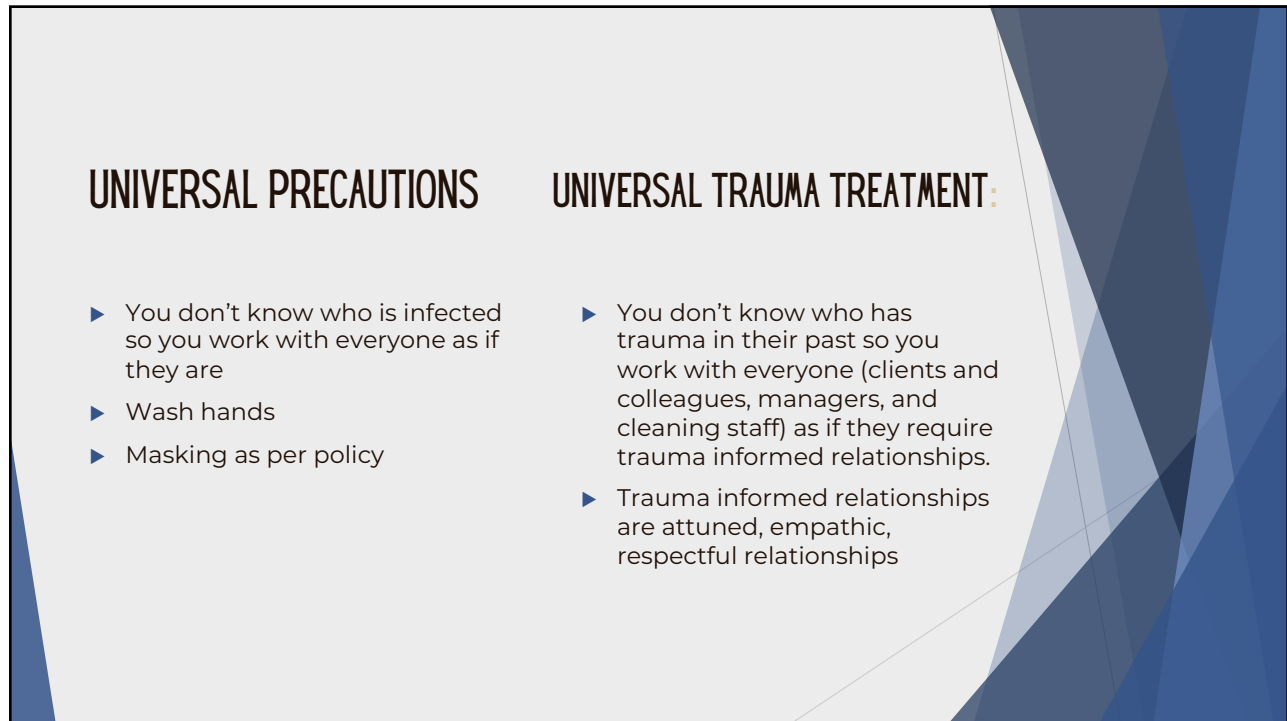
1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices;
4. and seeks to actively **resist** re-traumatization

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All the rest of this afternoon looks at how to live this out in clinical practice

There is not the expectation that you will become “trauma therapists”.
This is coaching to be trauma informed as you do your work.
The goal is to be a trauma-informed clinician

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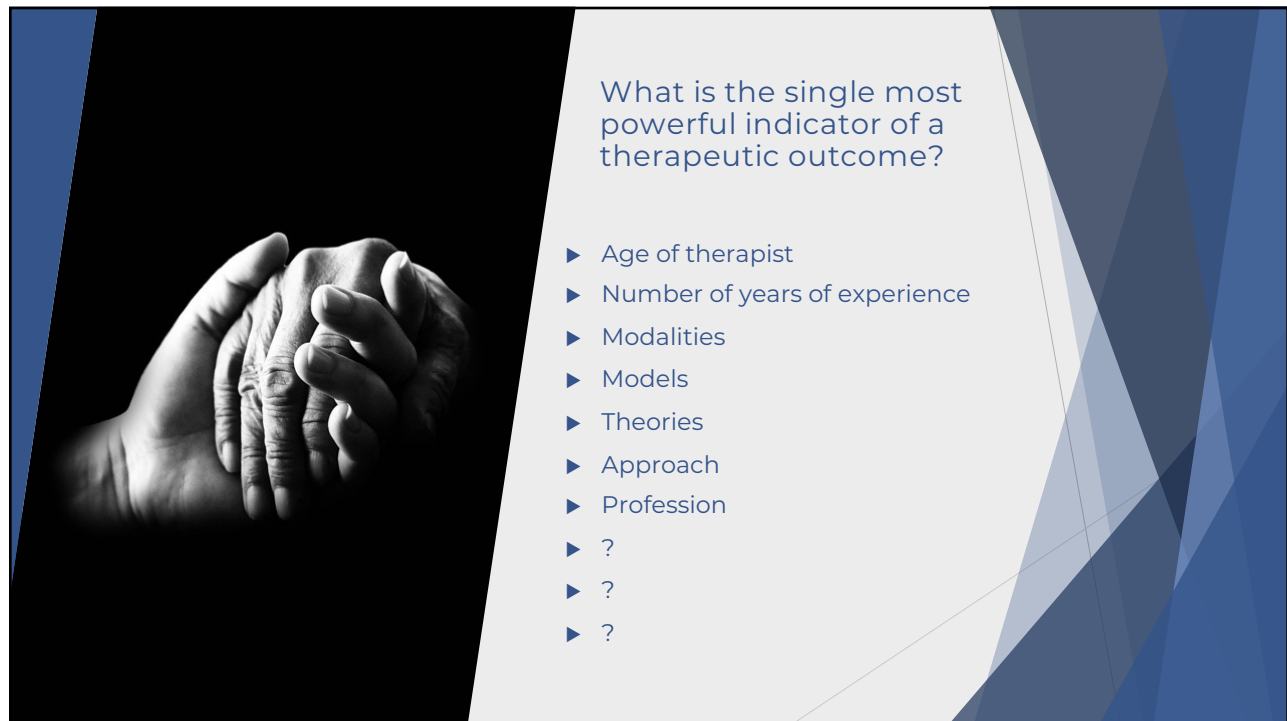
UNIVERSAL PRECAUTIONS

- ▶ You don't know who is infected so you work with everyone as if they are
- ▶ Wash hands
- ▶ Masking as per policy

UNIVERSAL TRAUMA TREATMENT:

- ▶ You don't know who has trauma in their past so you work with everyone (clients and colleagues, managers, and cleaning staff) as if they require trauma informed relationships.
- ▶ Trauma informed relationships are attuned, empathic, respectful relationships

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What is the single most powerful indicator of a therapeutic outcome?

- ▶ Age of therapist
- ▶ Number of years of experience
- ▶ Modalities
- ▶ Models
- ▶ Theories
- ▶ Approach
- ▶ Profession
- ▶ ?
- ▶ ?
- ▶ ?

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▶ The single most important indicator of the success of the therapeutic outcome is *the quality of the therapeutic alliance as **indicated by the client.***

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Therapists consistently overrate the quality of the therapeutic alliance

- ▶ 25% believe they are in the top 10%
- ▶ 100% believe they are in the top 50%
- ▶ A bad start is not the end!

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Paying attention to the therapeutic alliance is ESSENTIAL



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Couples in the feedback condition demonstrated significantly greater improvement than those in the TAU condition at posttreatment, achieved nearly 4 times the rate of clinically significant change, and maintained a significant advantage on the primary measure at 6-month follow-up while attaining a significantly lower rate of separation or divorce.

[Using client feedback to improve couple therapy outcomes: a randomized clinical trial in a naturalistic setting.](#)

MG Anker, BL Duncan, JA Sparks
Journal of consulting and clinical psychology, 2009


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Talking about “us”—
the therapeutic
alliance

These conversations occur because
of the understanding that you can't
move forward without a bond, and
if you don't have it, you can't go
further.

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Requires generosity to
invite critique and
feedback non-defensively
which will at times:

- Be helpful for lifelong learning,
- Be a misunderstanding that can
be respectfully de-tangled.

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Questions to increase therapeutic alliance

- ▶ Safety is important to me. What can I do to make this session feel safer? The room, myself, what we talk about, how we talk about it?
- ▶ Life is full and challenging at levels I probably don't understand. Let's figure out what is realistic when I make suggestions.
- ▶ How will I know if I have hurt you?
- ▶ I would want you to tell me if I have said something that feels painful or insensitive. How possible would that be for you?
- ▶ If I ask something that you don't want to answer, I would hope you would tell me. I know that I often clam up when I'm around my doctor—so I'm checking, would you be able to _____ with me as a _____?
- ▶ What was today's appointment like for you? I'm not perfect and I'm trying to grow—do you have any tips for me?

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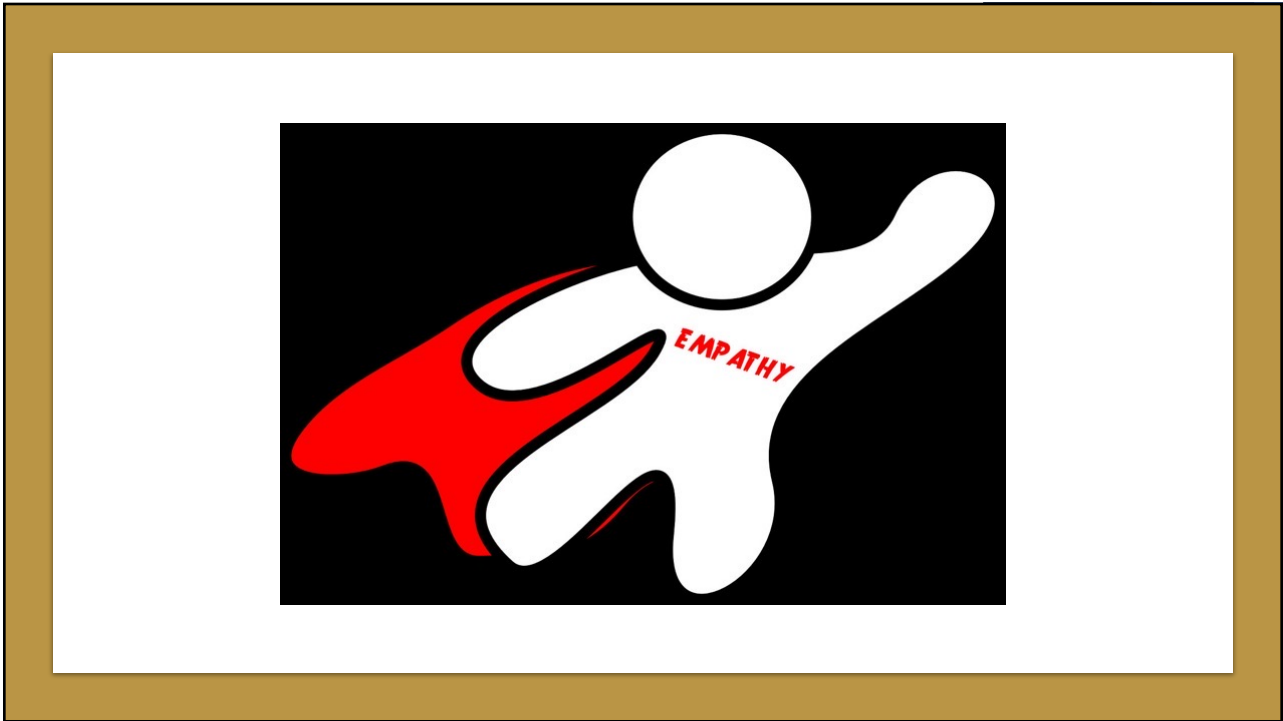
Empathy drives connection



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5 qualities of empathy



PERSPECTIVE TAKING



STAYING OUT OF JUDGEMENT



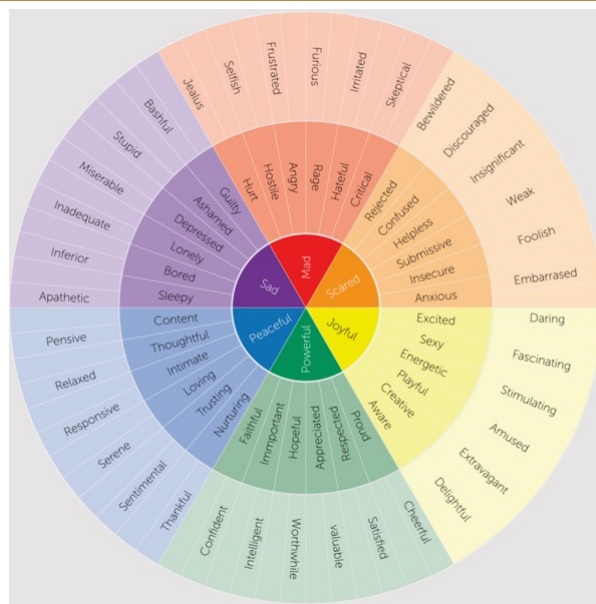
RECOGNIZING EMOTION IN OTHER PEOPLE



COMMUNICATING THAT EMOTION IN YOUR OWN WORDS

-And mindfulness

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Emotional Literacy is a thing. A lot of us don't have a high level of emotional literacy

← Feeling wheel

To develop your own emotional literacy: *Permission to Feel: Unlocking the Power of Emotions to Help Our Kids, Ourselves, and Our Society Thrive* by Marc Brackett

Atlas of the Heart by Brené Brown

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Empathy is both incredibly difficult and very simple

▶ Empathy is not endorsement

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Listening to and receiving people is wholesome. We think listening needs to produce a result, but the listening IS the result.
...“Listen, listen, love, love.”

Father Gregory Boyle

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We choose to become what child psychologist Alice Miller calls: enlightened witnesses. People, who through their kindness, tenderness and focused attentive love, return folks to themselves.

Gregory Boyle



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Trauma informed care is body centric

- ▶ Asks, "What's happening in you in this moment?" instead of "What's wrong with you?"
- ▶ "Can you tell me what is happening in your body?"
- ▶ How does your body feel about doing this?
- ▶ What does your body need to feel safe?
- ▶ Where is your nervous system at?
- ▶ How is your nervous system handling this right now?

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How can you invite “coming back to oneself” in the body?

- ▶ Heat packs
- ▶ Walk in the park
- ▶ Temperature check
- ▶ How safe does your body feel in this room? Is there anything we can do to increase your sense of safety?
- ▶ Ask: How have you been truly good to your body lately. What made that possible. How can we make sure you can do more of that?

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CO-REGULATION IS POWERFUL WHEN
AN INDIVIDUAL IS HAVING DIFFICULT
SELF-REGULATING

Keeping your heart
rate at 60 beats a
minute is a
powerful tool



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Cultural sensitivity/humility

- ▶ Finding ways of bringing culture into treatment without making assumptions.
- ▶ Understand the historical difference in power and abuse of power. Look to name power. **"Power over" is the default setting at this time.** Demonstrating "power with" is essential and requires gentle persistence.
- ▶ Look at making structural changes to service delivery that are culturally attuned and respectful.

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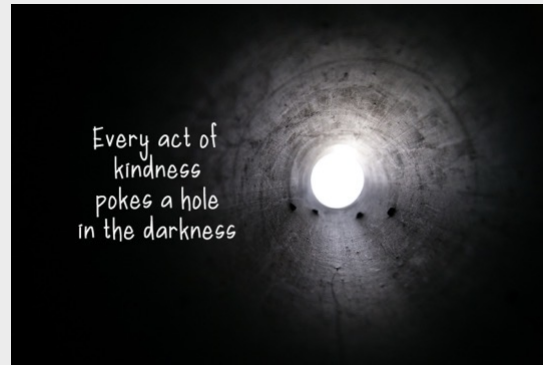


You can safely assume shame is part of the conversation

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Communicate with your whole body. Gently. Attune

- Eye level, attune to eye contact
- Choose body angle
- Be aware of tone of voice
- Rate of speech
- Openness of posture
- Relaxed
- Speed of movement

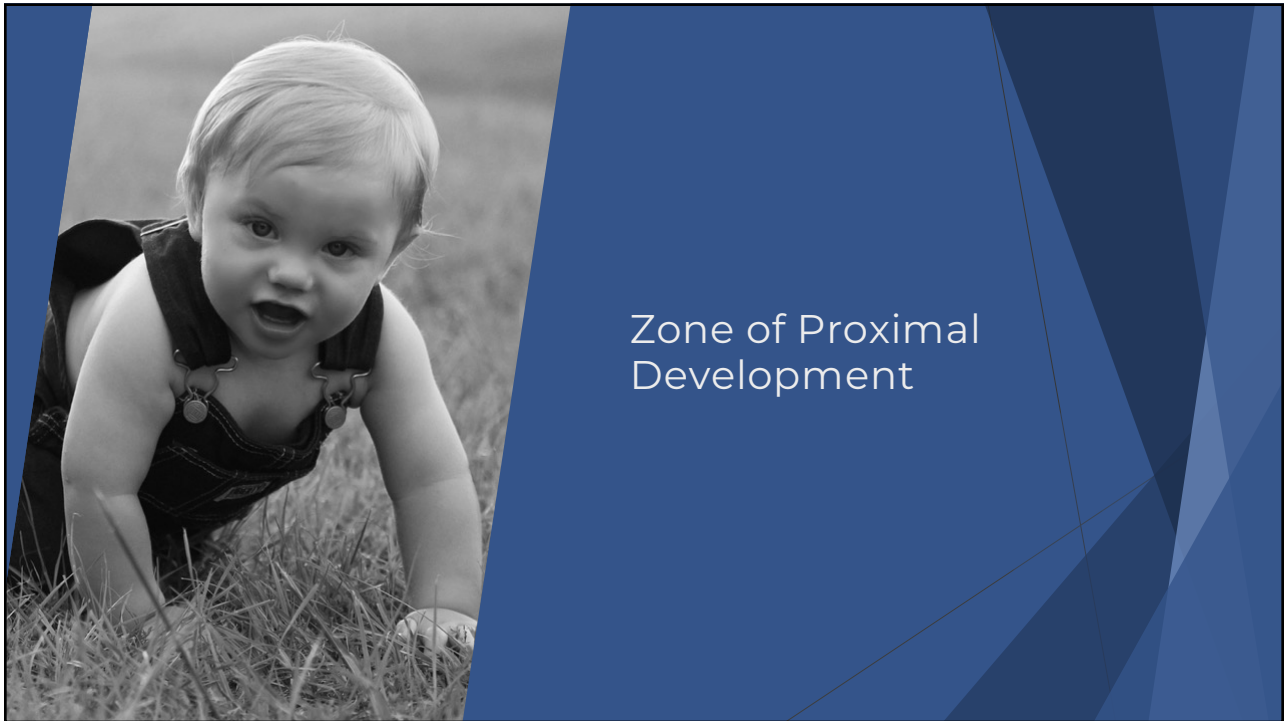


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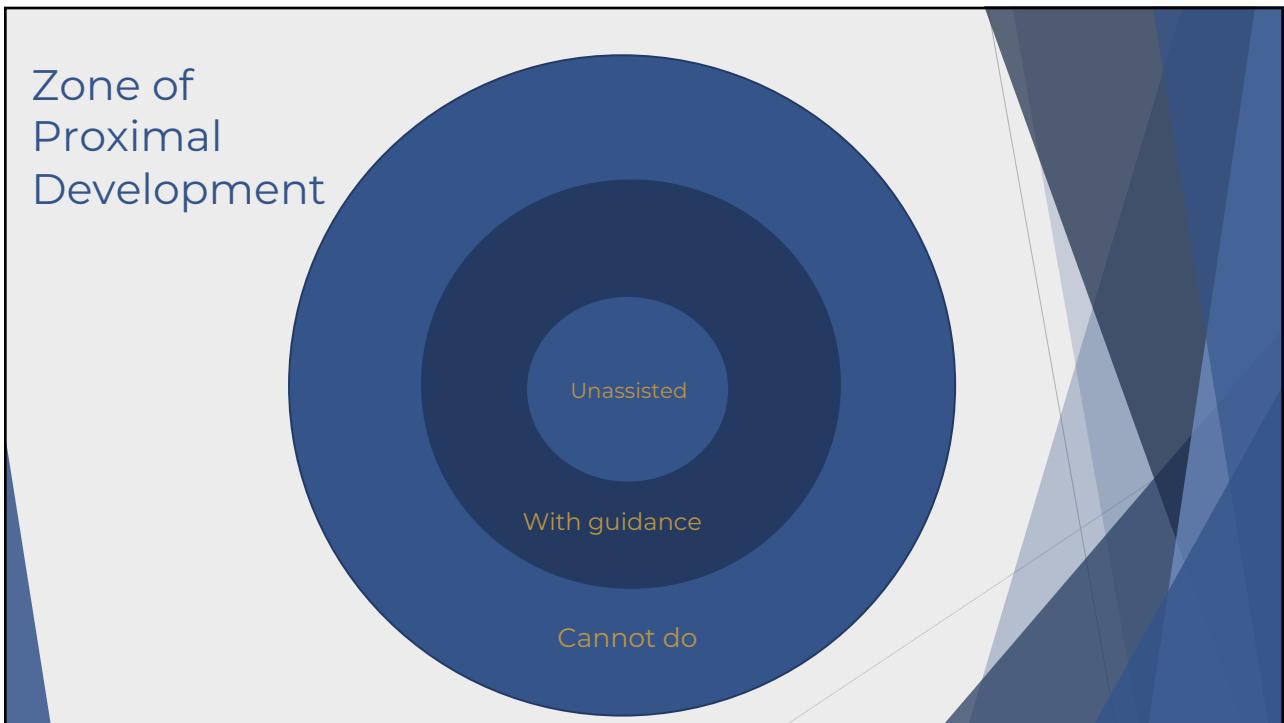
Give people permission not to trust you, when it's right to do so

- ▶ Trust may take longer than you organically have got
- ▶ Trust may develop only to have you break that trust
- ▶ Trust may be too challenging for this person—and so you adjust everything because trust is not an option
- ▶ Trust can be very fragile for people with CPTSD. Treasure it. Allow it to develop. Or not.
- ▶ Help people to understand how trust may best stay narrow—this is, in itself, a trust building exercise.

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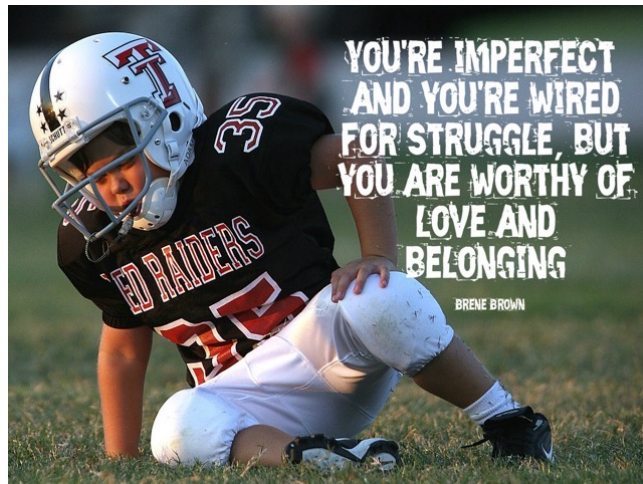


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People who are being triggered are treating people who have triggers and are working with people who have triggers

▶ This matters

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To take with you.

1. One strategy to try personally
2. One concept to ponder more in the days to come
3. One strategy you want to work to develop as you work with patients
4. One thing you have found yourself grateful in your life/career today



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We
don't
have to do
all of it alone.
We were never
meant to.
Brené Brown



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