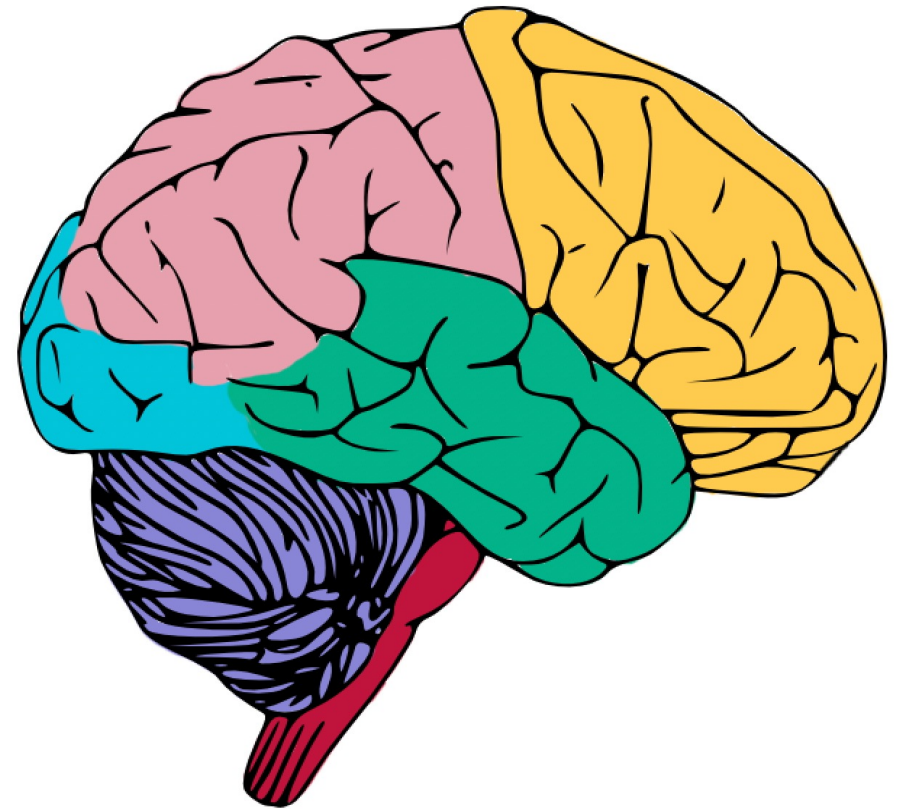


# Trauma Informed Social Work

## Module 6- Class 10: Pathways to Trauma Healing

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# Agenda

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- Common factors for trauma healing
- Best practices for trauma healing
- Clinical interventions



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# Common Factors To Consider Regarding Trauma Healing

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# Common Factors to Consider Regarding Trauma Healing

## Safety First

- Risk assessment & safety planning
- Assess current risks and develop and implement plan that includes clients' skills

## Facing vs. Avoiding

- Avoidance mechanisms include a range of negative mental and behavioral challenges
- Leads to a lack of integration, processing, and resolution of traumatic event
  - Teach skills to help clients face their trauma
  - Help them to remain “present” rather than dissociate

## Treatment Alliance

- Need for an informed therapist → alliance developed over time
- Client and therapist works **together**
- Inclusion of peer support

# Common Factors to Consider Regarding Trauma Healing

## Reversal of Clients Downward Spiral

- Openness of mind, self, emotions, relationships, and life

## Resilience and Post-Traumatic Growth

- Resilience is a process and **NOT** an outcome
- Some trauma survivors remain resilient despite traumatic experiences
- Meaning is found as a result of their trauma resulting in growth

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# Best Practices for Trauma Healing

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# Best Practices for Healing Trauma

## 1. Psychoeducation

- a. Providing information on the nature of trauma and its effects
  - Comfort in knowing “not crazy”
  - Normal human response to an abnormal situation
- b. Providing psychoeducation and handouts
  - Quality
  - Language of materials
  - Culturally appropriate
- c. Major topics in psychoeducation
  - Prevalence of trauma
  - Common myths
  - Why perpetrators engage in violence
  - Immediate responses to trauma
  - Lasting responses
  - Reframing symptoms
  - Safety Planning





# Best Practices for Healing Trauma

## 2. Importance of breathing exercises and remaining in a state of relaxation

- a. Be knowledgeable of emotion regulation techniques
  - i. Breathing exercise
  - ii. Yoga
  - iii. Tai Chi
  - iv. Rhythmical drumming
  - v. Martial Arts

## 3. Importance of mindfulness

- a. Exposure to trauma increases intolerable sensations
- b. Avoiding these feelings → increases vulnerability and becoming overwhelmed
- c. Mindfulness allows us to be in touch with our feelings and perceptions
  - i. Allows us to recognize how our emotions changes → greater emotional control
  - ii. Recognize interplay between thoughts and physical sensations
- d. Reduces the activity of the amygdala and ultimately potential triggers





# Best Practices for Healing Trauma

## 4. Recognize the importance of relationships

- a. Supportive relationships are important to helping individuals heal from trauma
- b. These relationships provide physical and emotional safety and in facing and processing the traumatic event

## 5. Professional therapist

- a. Should be knowledgeable of the impact of trauma as whole
- b. Have the necessary skills to utilize a wide array of techniques
- c. Recognition that there is not a “one size fits all” approach to treating trauma
  - a. Be open to exploring other options
- d. Provide a safe space for client





# Best Practices for Healing Trauma

## 6. Importance of communal rhythms and synchrony

- a. Trauma results in a breakdown of attuned physical synchrony
- b. Therapist should focus on physical communications and NOT only verbal communication
- c. Music and rhythms utilized by communities are an important part in healing trauma

## 7. Getting in touch

- a. Importance of being touched, hugged, or rocked
- b. Helps with excessive arousal → increases safety, protection, and feeling of being in charge





# Best Practices for Healing Trauma

## 8. Taking action

- a. Stress hormones gives traumatized individuals strength and endurance to respond to extraordinary conditions
  - a. Hyper-arousal – sympathetic nervous system
- b. Helplessness and immobilization prevents traumatized individuals from using their stress hormones to defend themselves
  - a. Hypo-arousal - parasympathetic nervous system – Dorsal Vagal



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# Clinical Interventions

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# Clinical Interventions

## 1. Cognitive Behavioral Therapy (CBT)

- Examines triggers and reinforces actions
- Used to stop unwanted thoughts and behaviors
- Includes principles of learning and conditioning to treat trauma
- Components from both behavioral and cognitive therapy are included
- Can be administered as individual or group therapy
- Usually, 12-16 sessions lasting between 60-90 minutes

## 2. Trauma-Focused CBT

- Includes components such as exposure, cognitive restructuring and various coping skills, alone or in combination
- TR-CBT tend to be brief and involve weekly sessions
- 12-15 sessions typically lasting between 60 – 90 minutes
- Free training (<http://tfcbt.musc.edu/>)

# Clinical Interventions

## 3. Cognitive Restructuring (CR)

- Interpretation of the event, rather than the event itself, determines the mood of the client
- Facilitates relearning of thoughts and beliefs as a result of the traumatic event
- Increase awareness of dysfunctional trauma-related thoughts and replace them with adaptive ones
- Normally 8-12 sessions lasting between 60-90 minutes

## 4. Eye Movement Desensitization and Reprocessing (EMDR)

- Mind-body treatment
- Client remembers a traumatic event and beliefs about themselves while paying attention to a stimulus
- Helps to reprogram brain function to resolve the emotional impact of the trauma
  - trauma and memory → resolve trauma
- Process is repeated , typically between 10-12, back and forth, eye movements, until the client's level of distress about the event diminishes
- Earlier versions consists of 1-3 sessions
  - Current standards consists of 8-12 weekly sessions lasting about 90 minutes

# Clinical Interventions

## 5. Mindfulness-Based Stress Reduction (MBSR)

- Helps individuals deal with physical or psychological pain
- Uses meditation, body awareness, yoga to increase relaxation, stress reduction, and improvement of quality of life
- Usually, 8 weekly sessions lasting between 120-150 minutes

## 6. Limbic System Therapy

- Helps in restoring the balance between the rational and emotional brains
  - Ability to be in control of responses in daily life
  - Emotional brain → ensuring that you eat, sleep, protection, defend against danger etc.
    - Accessed through self-awareness
      - Medial prefrontal cortex – notices what is happening inside of us and allows us to feel our emotions
- Exposure to trauma increases disorganization and reactivity
  - Hyper-arousal or hypo-arousal

# Clinical Intervention: Tri-Phasic model of Trauma Healing (Judith Herman)

1. **Safety and Stabilization:** Given a sense of emotional and physiological stabilization prior to moving into
2. **Trauma Memory Processing:** Remembrance and mourning, which we will now refer to as Trauma Memory Processing (e.g., EMDR, Time-limited trauma therapy) and then
3. **Reconnection:** with communities and with meaningful activities and behaviors



# Key Take-Aways

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Healing from trauma is a process that requires compassion, patience, and time

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Ensure that safety, trust, and collaboration are paramount in the client-therapeutic relationship

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Be open to exploring different approaches/intervention with your client

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Responses to trauma is not a “one size fits all”

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Ensure that you are knowledgeable about the way trauma presents in clients and the impact on overall health and wellbeing

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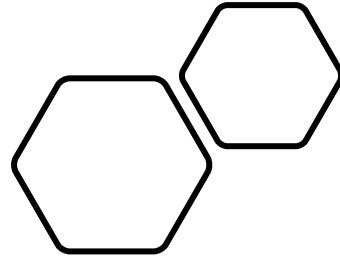
Remember the importance of culture, communities, and other resources (e.g., family) in the healing process!

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Continue to increase your knowledge of various healing practices and clinical interventions – different clients will have different needs

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# Food For Thought



“Trauma is a fact of life. It does not, however, have to be a life sentence.” (Peter A. Levine)