

TISW

Class 9

Pathways to Trauma Healing



MINDFUL FACILITATION

*“You are not a victim for sharing your story. You are a survivor setting the world on **fire** with your truth. And you never know who needs your light, your warm and raging course.”* – Alex Elle



MODELS VS. FRAMEWORKS VS. INTERVENTIONS

Models: create a blueprint for therapy and helps to plan the sequence for therapy

Framework: pre-conditions of trauma treatment across all models and techniques

Interventions: therapeutic approaches that can be used with different models that are trauma focused

**TRI-PHASIC MODEL
OF TRAUMA
HEALING:
HERMAN**

Safety and Stabilization: Given a sense of emotional and physiological Stabilization prior to moving into

Trauma Memory Processing: Remembrance and Mourning, which we will now refer to as Trauma Memory Processing, and then

Reconnection: with communities and with meaningful activities and behaviors

SMALL GROUP REFLECTION: RACHEL'S CASE

In your small group, please reflect on the case of *Rachel*. Please review the assigned stage of treatment according to the Triphasic Model (i.e., safety, remembrance and mourning, and reconnection), its connection to the neurobiology of trauma, and common interventions noted in the reading during this stage.

MODELS: JOHN BRIERE SELF TRAUMA MODEL

- Early stage: Safety/Stability/Psychoeducation/Distress Reduction and affect Regulations: Work to help the client feel safe, have stability in their life and psyche, and learn how to stay within the 'therapeutic window.
- Middle Stage: Cognitive and Emotional Interventions: These two approaches are both used to engage the client's cognitive insight and to work through fear
- Late Stage: Increasing identity and relational functioning: encourage self awareness, repairing attachments, building positive interpersonal relationships.

FRAMEWORKS

Healing Relationship

Empowerment

Rich Model

Respect

Information

Connection

Hope

IMPORTANCE OF RELATIONSHIP

Establishing a strong therapeutic alliance is the foundation of trauma work

Promoting recovery

The client's ally

The therapy contract

Respecting autonomy

Fostering insight and connection

Traumatic transference

EMPATHIC WITNESS

“Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness”
(Levine, 2010, p.152)

Levine, P. (2010). In an Unspoken Voice: How the body releases trauma and restores goodness. Berkeley: North Atlantic Books.

ACTIVITY

Pair up

Person A-
Share a
story

Person B-
Listen



DEVELOPING A STRONG THERAPEUTIC ALLIANCE — CULTURAL CONSIDERATIONS

Cultural considerations:

Gather info about cultural & historical backgrounds

Language Considerations

Normalizing the barriers to sharing

Achieved vs Ascribed credibility

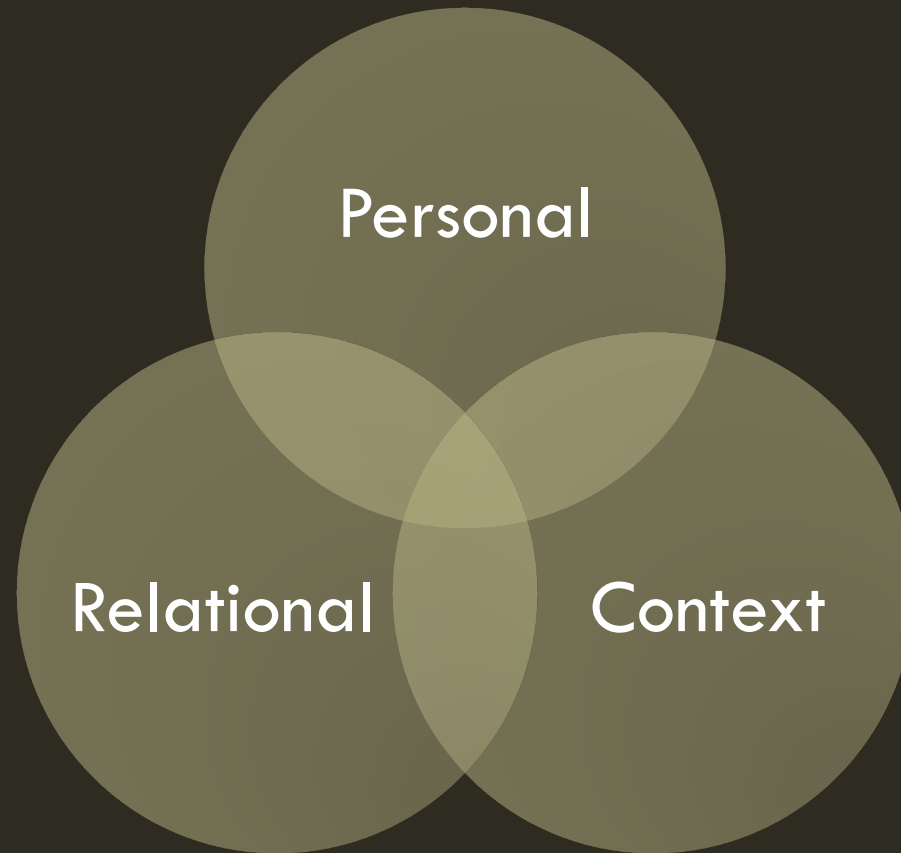
Challenges to shared group membership

Monitoring cultural transference & countertransference

Comas-Daiz & Jacobson, 1994; Brown, 2008



PHASE I — SAFETY AND STABILIZATION





RESTORING A SENSE OF PERSONAL SAFETY

Medications

- Antidepressants
- Anti-anxiety
- Prazosin

RESTORING A SENSE OF CONTROL: PSYCHOEDUCATION

Providing information on the
nature of trauma and its effects

- Comfort in knowing “not crazy”
- Normal human response to an abnormal situation



PROVIDING PSYCHOEDUCATION & HANDOUTS

Quality

Language of materials

Culturally appropriate

Risking insufficient integration



MAJOR TOPICS IN PSYCHOEDUCATION

Prevalence of trauma

Common myths

Why perpetrators engage in violence

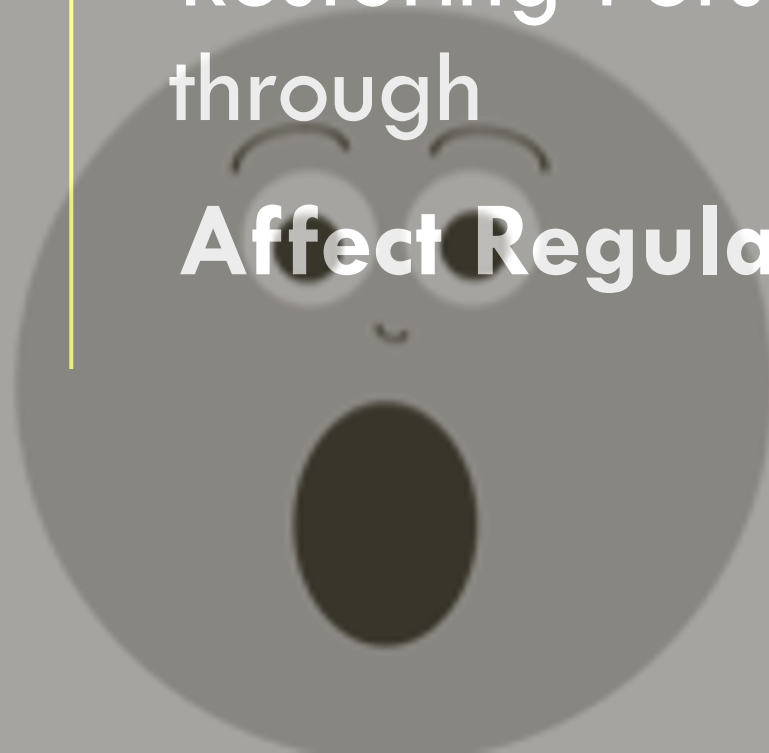
Immediate responses to trauma

Lasting responses

Reframing symptoms

Safety Planning





Restoring Personal Control
through
Affect Regulation



AFFECT REGULATION

Hyper-arousal

- Sympathetic nervous system

Hypo-arousal

- Parasympathetic nervous system

GENERAL AFFECT REGULATION INTERVENTIONS WITH THE PERSON IN FRONT OF YOU

- Change of focus
- Focus attention on you and the session
- Describe internal experience
- Orient to the immediate external environment
- Focus on breathing and relaxation techniques



ORIENTING TO THE IMMEDIATE ENVIRONMENT

Name	5 things you can see in the room with you.
Name	4 things you can feel ("chair on my back" or "feet on floor")
Name	3 things you can hear right now ("fingers tapping on keyboard" or "tv")
Name	2 things you can smell right now (or, 2 things you like the smell of)
Name	1 thing you can taste



HYPER-AROUSAL INTERVENTIONS

- **Cue to slow down breathing**
- **Move to the third person**
- **Stand up/feel the ground**
- **Dimmer switch**
- **Container**



HYPO-AROUSAL INTERVENTIONS

Sensory grounding

- Walk or March feet
- Rub hands together
- Stand up and walk around
- Hold an object in your hand
- Spritz your face

Cognitive Grounding

PHASE TWO: TRAUMA MEMORY PROCESSING





MINDFUL FACILITATION

therapeutic
approaches that can
be used with different
models that are
trauma focused

INTERVENTIONS

SMALL GROUP REFLECTION

Discuss the various treatment modalities reviewed in the asynchronous content from class 8.

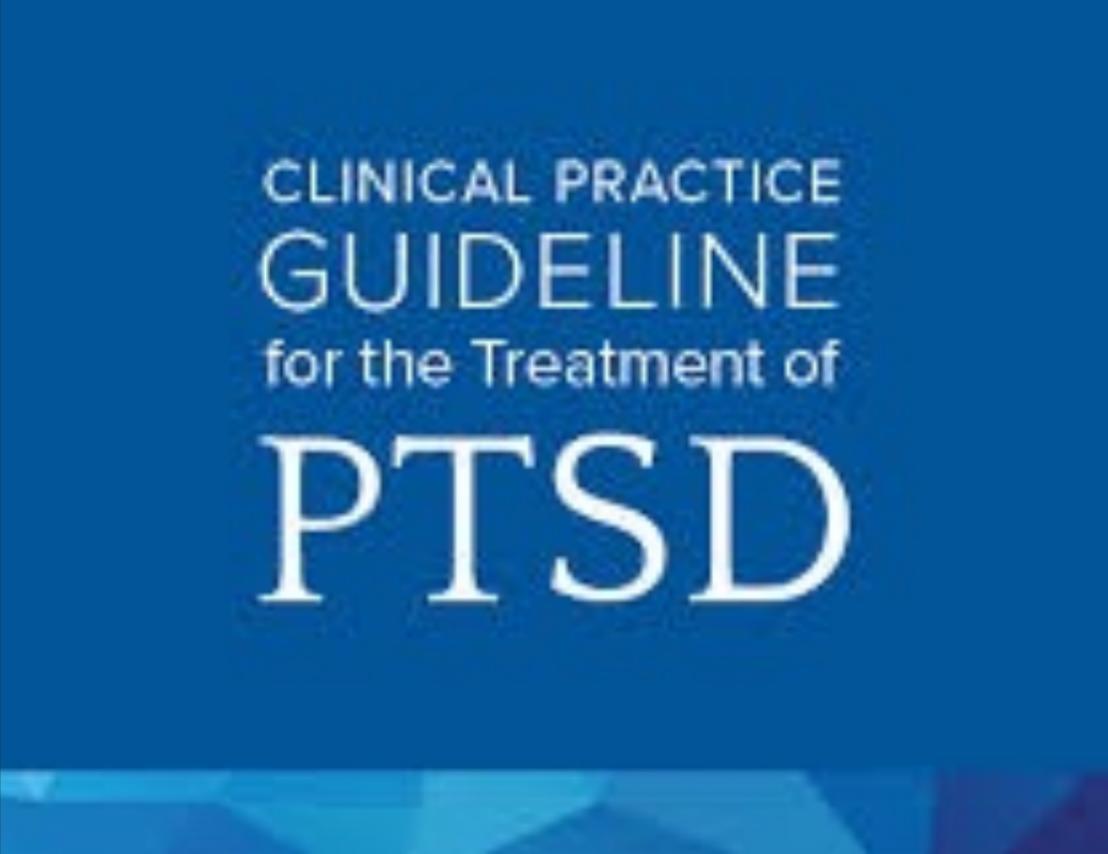
Share what intrigued or excited you, as well as what you felt some resistance toward.

Discuss your observations about how the treatments can be helpful and where they differ.

Link the notion of trauma embodiment advanced by Van der Kolk (2014) with the neurophysiological changes that follow exposure to trauma

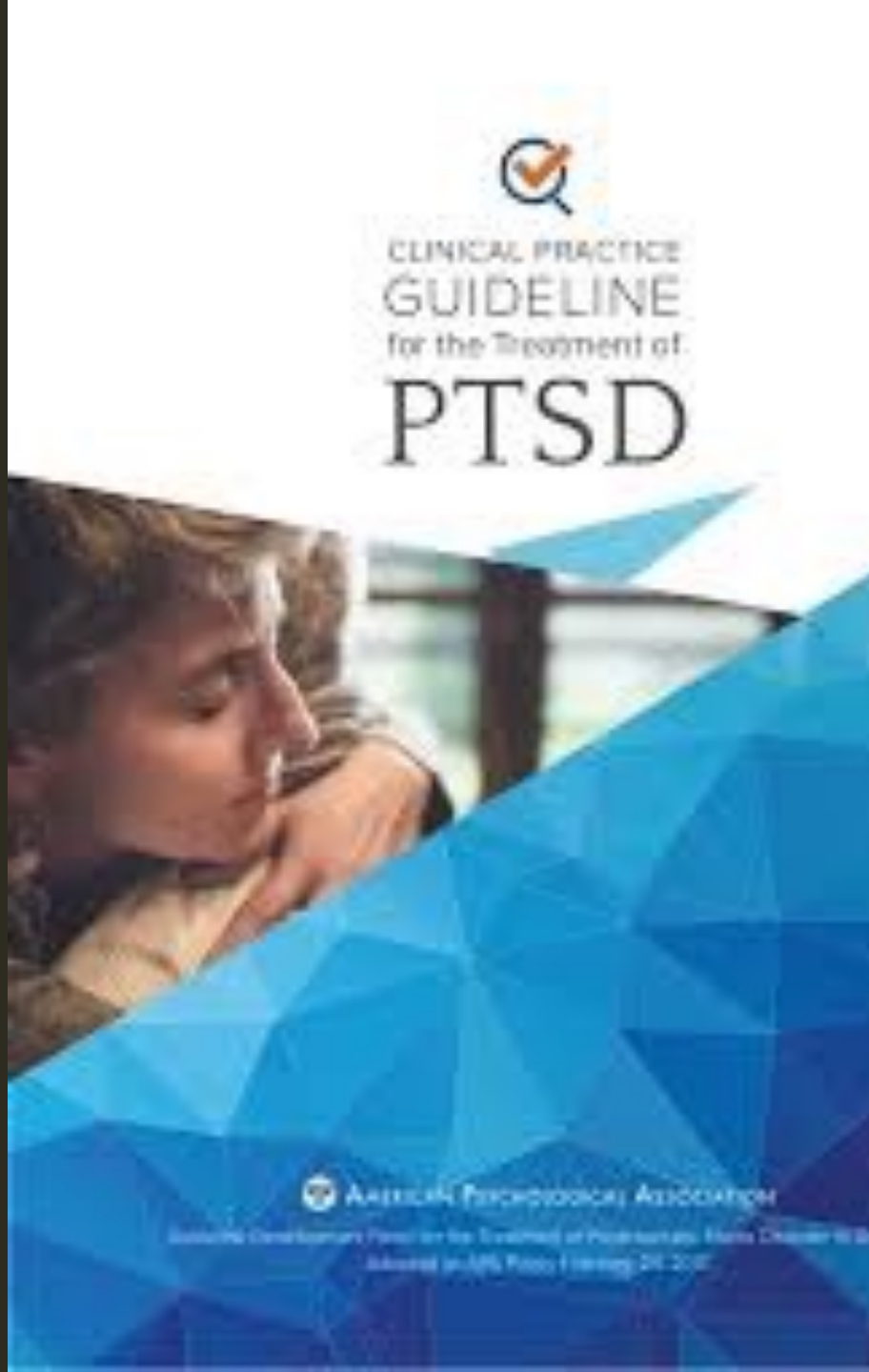
Report out to the class (remember to take notes)



The image shows the cover of the APA Clinical Practice Guideline for the Treatment of PTSD. It features a solid blue background with white text. The title is centered and reads: "CLINICAL PRACTICE GUIDELINE for the Treatment of PTSD". The word "PTSD" is significantly larger than the other words. At the bottom of the blue area, there is a decorative horizontal band with a geometric, low-poly pattern in various shades of blue and purple.

CLINICAL PRACTICE
GUIDELINE
for the Treatment of
PTSD

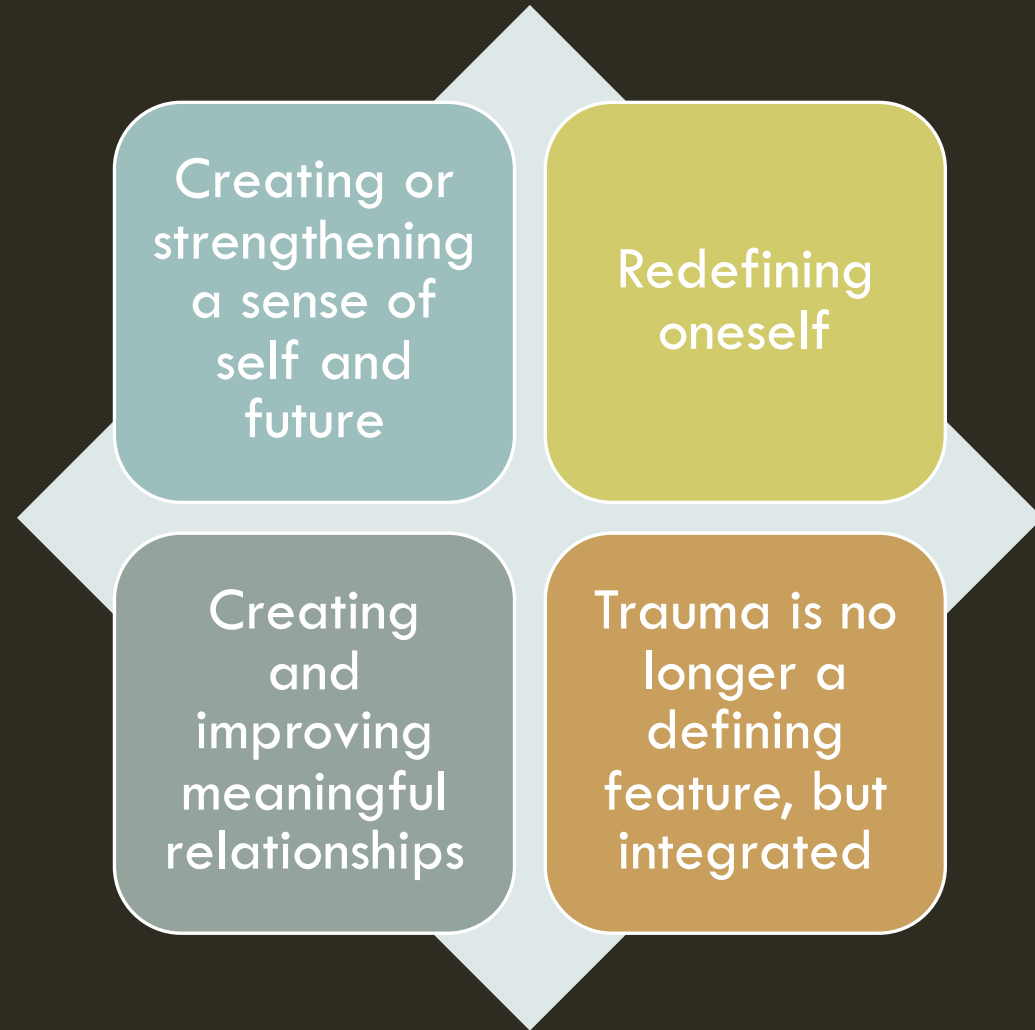
**APA CLINICAL PRACTICE
GUIDELINES (2017)
LAST UPDATED**



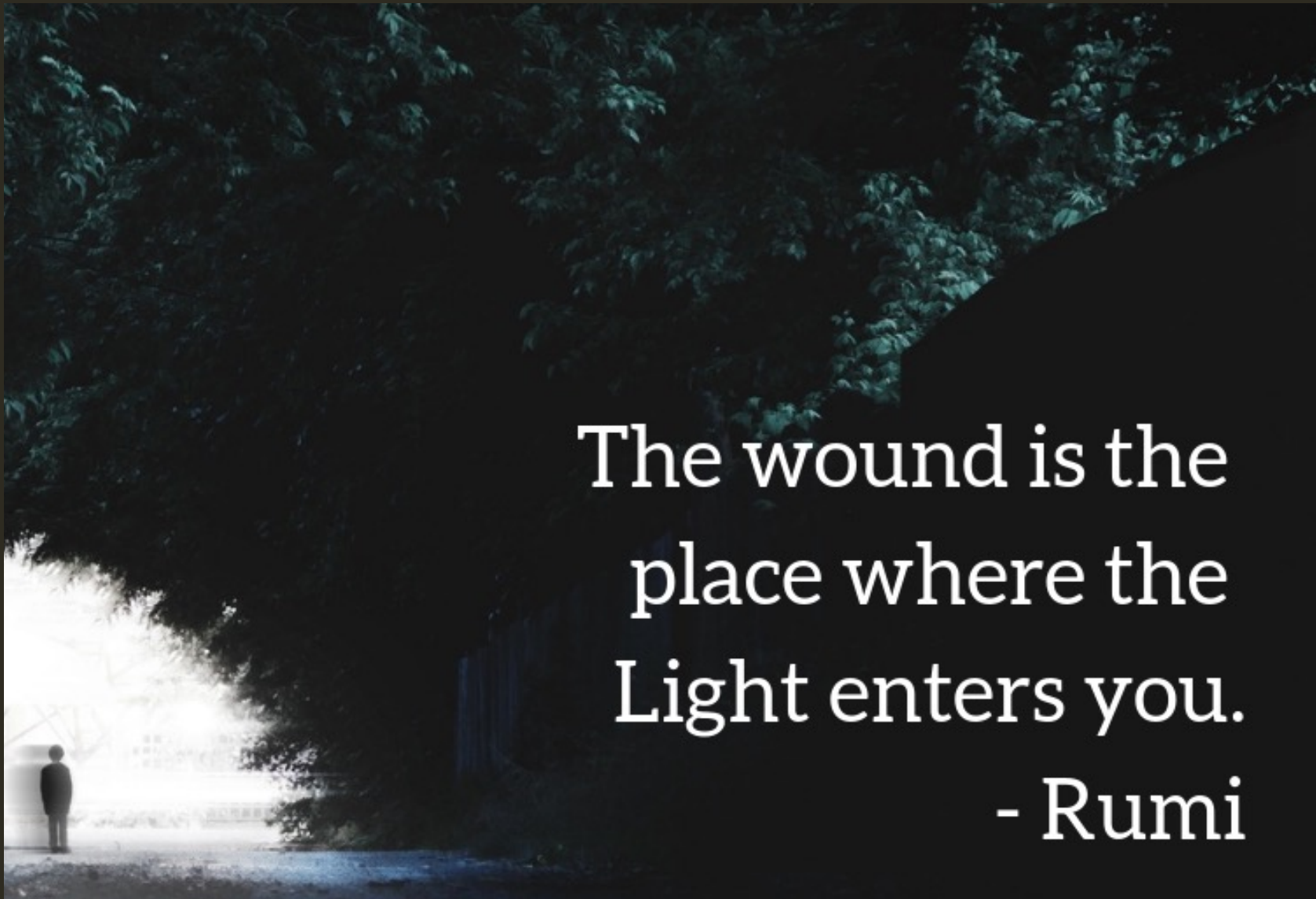
CRITIQUE OF APA PRACTICE GUIDELINES TAKE AWAYS

- Think critically
- Evaluate available data
- Client feedback is critical component of achieving good outcomes in psychotherapy
- Need to take culture, context, and our clients intersecting identities into account in understanding their meaning of trauma and their idioms of distress

PHASE 3 RECONNECTION & INTEGRATION



Herman, 1994

A person stands in a dark, dense forest, looking towards a bright, glowing light source that appears to be breaking through the trees on the left. The scene is dark and atmospheric, with the light creating a strong contrast and illuminating the person's silhouette.

The wound is the
place where the
Light enters you.
- Rumi



MINDFUL FACILITATION

LIPSKY, L. V. D. (2009): REFLECTION

What were some reactions to the Lipsky (2009) reading from last week?

What were some trauma exposure responses that might be potential burnout warning signs for you?

Other thoughts/reflections?

