



Trauma Recovery

Recovery is the primary goal for those who have experienced trauma, their families and their care providers. Recovery does not necessarily mean complete freedom from post-traumatic effects. Rather, it is an individual experience that will look and be different for everyone. In general, recovery is the ability to live in the present without being overwhelmed by the thoughts and feelings of the past.

In a trauma-informed system, it is acknowledged that everyone plays a role in supporting recovery, from the person at reception to the CEO.

What May Help

It is impossible to sweep the world clean of triggers. There will always be difficult problems to solve, events that are unsettling and experiences that are unpleasant. It is a much better strategy to enhance our ability to cope. We now know that even deep patterns of neural firing can be changed through the ability of the brain to change itself (Davidson, 2003).

Through the nurturing of healthy relationships, attending to basic physical needs (i.e., sleep and nutrition), having adequate housing and food security, people have a greater opportunity to engage in trauma recovery. The mind, body and spirit will respond to these positive factors, which maximizes the potential for healing.

In addition, the practice of mindfulness can also play a significant role in trauma recovery by helping to restructure parts of the brain that have been the most compromised by trauma. Mindfulness is paying attention in the present moment to body sensations, emotions and thoughts without judgment (Williams et al., 2007). Mindfulness is a skill based on thousands of years of practice in various meditative traditions. The most popular modern versions are Mindfulness Based Stress Reduction, yoga, and qi gong.

Definitions of Recovery

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” (SAMHSA)

“Mental health recovery is a journey of healing and transformation for a person with a mental health condition to be able to live a fulfilling and meaningful life in communities of his or her choice while striving towards personal goals.” (US Department of Veterans Affairs)



Safe relationships and the development of mind/body practices calm the limbic system. Recent studies that look at changes in the brains of people who have been practicing meditation, even for a short time, show that their limbic systems are less reactive and the neural connections between the prefrontal cortex (thinking brain) and the limbic area (reactive brain) had increased (Davidson, 2012). These changes show that meditators are more likely to pause before reacting and, when stressed, choose a wiser course of action.

Other studies have shown that cognitive behavioural therapy combined with mindfulness practices can help prevent a relapse in people prone to clinical depression (Williams et al., 2007), obsessive compulsive disorder (Schwartz, 1996) and addictions (Marlatt, 2010).

Not all mindful practices involve sitting still. Bessel van der Kolk's team at his centre for people impacted by trauma in Massachusetts showed that women with "treatment resistant" PTSD improved after participating in several weeks of yoga. Almost half of them no longer had the symptom requirements for a diagnosis of PTSD (see yoga article at www.traumacenter.org). While these are early days, the emerging literature would suggest that there are many ways to heal from trauma.

Important Aspects of Trauma Recovery

Dr. Judith Herman (1992) conceives trauma recovery to proceed in three stages:

- Safety and stabilization
- Remembrance and mourning
- Reconnection



Safety and Stabilization

The central task of recovery is safety. Clients may feel they lack control over their emotions and other issues that stem from the unresolved trauma. Helping clients to realize what areas of their life need to be stabilized, and how that will be accomplished, will help the client move toward recovery. For example:

- A person who has experienced trauma may struggle to regulate difficult emotions in everyday life, which they might not necessarily associate directly to the trauma.
- A service provider can help the client learn to regulate these emotions.
- They work together as a team to stabilize the emotions so the individual who has experienced trauma can move on with the recovery process. This process takes time and varies from person to person.
- Some people who experienced trauma, particularly complex trauma, find that speaking about their experience or about the impact of their experience emotionally overwhelming. Recently, both therapists and researchers have been exploring nonverbal ways to foster emotional regulation. Several studies have suggested that Mindfulness Based Stress Reduction (MBSR) groups and the use of acupuncture for clients with PTSD reduce negative emotions and promote a calmer appraisal of life situations (Hollifield, 2007; Davidson et al., 2003). These practices work well with more traditional talk therapies and allow greater stability throughout recovery. Auricular acupuncture has the added advantage of reducing cravings for alcohol and drugs, as well as promoting better sleep and clearer thinking among clients who receive it regularly (Stuyt, 2005). It is also well suited for supporting work with refugees and immigrants in that it is nonverbal and closer to the methods of traditional medicine found in their own cultures.



Remembrance and Mourning

When clients feel stable, the task shifts to recounting the trauma, putting words and emotions to it, and making meaning of it. This process is usually undertaken with a counsellor or therapist in individual and/or group counselling. It might not require or be necessary to spend a lot of time in this phase. It is necessary, however, to continue to attend to safety during this phase. Attending to and establishing safety allows the client to move through this phase in a way that integrates the story of the trauma, rather than responding to it from a fight, flight and freeze response.

Pacing and timing are also crucial, and the point is neither to “re-live” nor avoid the trauma. This phase also includes exploring the losses associated with the trauma, and providing space for the client to grieve and experience the sadness associated with these losses.

Metaphor for creating safety:

“The experience of emotional overwhelm is similar to that of a shaken bottle of soda. Inside the bottle is a tremendous amount of pressure. The safest way to release the pressure is to open and close the cap in a slow, cautious and intentional manner so as to prevent an explosion.”

Rothschild, 2010

Reconnection

The final stage of recovery involves redefining oneself in the context of meaningful relationships. When they are able to see the things that happened to them and understand that those events do not determine who they are, many people who have experienced trauma are able to gain a different perspective and meaning of the traumatic experiences. The trauma is no longer the organizing principle of their lives. It becomes part of their story, but they are not living in it or from it.

In many instances, people who have experienced trauma find a mission through which they can continue to heal and grow, such as talking to youth or peer mentoring. Successful resolution of the effects of trauma is a powerful testament to the resiliency of the human spirit.



Other Aspects of Trauma Recovery

- Assist the client in connecting with services that are central to recovery, such as health and mental health services, addictions services, therapeutic services, crisis services, culturally appropriate/relevant services and traditional healing services.
- Partner with the client as they define what recovery means to them.
- Consider the client's cultural context and include social supports that help them connect to the community.
- Encourage and assist the client in connecting in a meaningful way with themselves, safe family members, friends, culture and community.
- Assist clients in identifying activities that would provide a sense of purpose and meaning



“Being a trauma survivor means that I have remarkable coping skills, intuition, and resiliency. Contrary to what many (including other survivors) may think, trauma survivors can be, and often are, highly functioning individuals. Even though we sometimes have an inability to care for ourselves and make safe choices, this does not mean we are strangers to ourselves and do not know our needs.”

Individual affected by trauma



The Resilience of People Affected by Trauma

Too often, programs focus so intently on the problems that they miss the strengths and resilience people bring to the human service setting. Just as we spend time and energy focusing on the impact of trauma, we must spend equal time on how people survived the experience, the strengths they have developed from having survived it, and how that resiliency has or will help in their recovery.

The most common approaches used by health care providers highlight pathology or illness, and inadvertently give the impression that there is something wrong with a person rather than that something wrong was done to the person (Elliot et al., 2005). When working with people who have experienced trauma, it is crucially important to make the distinction between who they are as human beings and what has happened to them.

Trauma should be viewed as an “injury” that requires time and support to heal. It can be very challenging for individuals affected by trauma to believe that their experience does not define them or their lives, and that the trauma did not occur because there was something wrong with them. The task of service providers is to assist them in making this distinction more accessible to them.

Trauma-informed practice recognizes symptoms as originating from adaptations to the traumatic event(s) or context. Validating resilience is important, even when past coping behaviours are now causing problems. Understanding a symptom as an adaptation reduces the guilt and shame that is so often associated with trauma. It also increases a person’s capacity for self-compassion, and provides a guideline for developing new skills and resources so that new and better adaptations can be developed for the current situation (Elliot et al., 2005).



The language we use when speaking with or about people who have experienced trauma should also reflect resilience rather than simply being a description of them. This toolkit intentionally omits terms like “victim” and “survivor” because those terms imply who someone “is” rather than recognizing that they were impacted by a specific experience.

Working from a resilience-minded perspective helps people who have experienced trauma to realize that they do have the skills they need to heal and recover. To identify and access these skills, they need to reframe their coping behaviours and knowledge from weakness to strength. As service providers, we play a very important role in assisting individuals to develop a new trauma-informed lens of practice.



“A big part of my recovery and decision to start dealing with my past was talking to my Minister. He helped me to feel comfortable, like I was normal, and I was accepted by him unconditionally, even though I talked about doing drugs and crime. He seemed to really listen and I never felt bad or stupid around him. This was a new experience for me. I still keep in contact with him and do talks at the AA meetings at the Church.”

Individual affected by trauma



Service Providers

Qualities and Characteristics Essential to Working with People Affected by Trauma

Working with people who have experienced trauma is difficult work, and can be emotionally draining. It can also trigger our own trauma histories. The stories and situations that they may describe can make a provider feel many emotions, including sadness, pity, frustration, hopelessness, anger and disbelief. The skills and characteristics outlined below are essential in building strong relationships with people affected by trauma. Strong provider/client relationships are the foundation of helping and recovery.

Empathy

Individuals who have experienced trauma need to feel supported and understood, not pitied. Pity creates shame while compassion creates connection (Briere, CODI keynote address, 2012). So rather than being sympathetic, providers need to demonstrate empathy and compassion by communicating their own feelings to the individual. For example, "I get the sense that you are feeling sad and hurt by what happened." This statement does not imply judgment, but rather that you are trying to understand where they are coming from.

Compassion

Compassion is as important for our clients' recovery as it is for our own well-being. It is a skill that can be taught and nurtured by our organizations and agencies, and it is demonstrated in how we treat our colleagues, how managers treat employees, and, of course, how we interact with our clients. Compassion



has been defined as “feeling the suffering of others with a felt desire to help.” In other words, the helper feels a sense of equality and common humanity with the suffering of another (Briere, CODI keynote address, 2012).

See the section on Self-Compassion for more information on cultivating this important skill, pages 104 - 107

Able to Talk Openly

In order to help people who have experienced trauma, service providers need to be able to talk openly about issues, feelings and experiences related to the trauma. It is up to the individual who has experienced the trauma to disclose these things, and there is no right way to do this. The amount or nature of the information is not relevant. What is relevant is that if you come across as uncomfortable or unable to say certain words, it communicates to the individual that you don't want to hear it. The ability to engage with the clients suffering creates opportunity for healing.

Self-Aware

It is essential that service providers have an understanding of their own trauma histories. It is also essential that they are aware how it relates to their own beliefs, values, theories and biases related to trauma. Regardless of whether a service provider has experienced trauma or not, it is essential for them to have a level of self-awareness that will allow them to have a sense of themselves and their process when working with clients.

Providers who are self-aware of their feelings, thoughts and how they come across are more likely to invite clients who have experienced trauma to discuss their feelings more openly. Individuals who have been affected by trauma will sense this, leading to a stronger helping relationship and connection.

Clinical supervision can be a fundamental component to the process of self-awareness because it provides space that allows service providers to explore their own experiences with clients and that, in turn, helps promote healthy boundaries and connections.



Self-Care and Wellness

Attending to our own wellness is important because it plays a significant role in our ability to attune to our clients in a meaningful and engaged way. It is not only our own individual responsibility to care for ourselves, but also the responsibility of our agencies to create an environment where it is possible and expected.

Flexible

Providers must be flexible when working with people who have experienced trauma so that they can demonstrate care and concern for those people. This can include a willingness to accommodate some clients' difficulties with, for example, medical exams or office space by changing normal routines or procedures.

Comfortable with the Unknown

Someone else's experience of trauma may not be something with which the provider can directly relate. This can provoke feelings of discomfort and uncertainty. It is important to strive to remain open and grounded. This allows the relationship to remain intact and the potential for solutions and possibilities to emerge.

Willingness to Learn from Clients

Providers are often considered experts. However, when providers position themselves as experts in relation to their clients, it makes clients feel inferior. This can ultimately replicate the power dynamic that may have been present during the original trauma. You are not the expert of your clients' lives; they are the experts, and you must be willing to learn from them. Letting them teach us about their world is the best way to become knowledgeable.



Willingness to Connect Emotionally with the Client's Experience of Trauma

In order to make an effective and meaningful connection with people who have been affected by trauma, providers must make a connection beyond only facts and symptoms. Feelings and emotions play a central role in their work with clients. This type of connection allows them to feel accepted, understood and genuinely cared for.

Willingness to Step into the World of the Client

During the time they share together, providers must be willing to step into the shoes of the individual who has experienced trauma. This will make a strong connection and create a solid understanding of what it is like for that person to live with the trauma. Feeling understood has an impact on the nervous system. The experience of being understood by another person triggers the same response in the brain as a secure attachment (Briere, CODI keynote speaker, 2012).

Able to Regulate Own Emotions

Given the intense emotions that can result from discussions with clients who have experienced trauma, providers need to be able to regulate their own emotions and stay grounded during and after working with their clients. Being able to do this requires an awareness of self and their own nervous system, and what is required to regulate it. The ability to develop this level of self-awareness can then create opportunity for the service provider to use their own nervous systems as a tool to assist and support their clients.

Clients who have experienced trauma themselves may present as unable to regulate their emotions, so it is the providers job to stay calm and demonstrate emotional regulation. The provider's regulated nervous system has the potential to regulate the nervous systems of others.



Able to Treat the Client as an Equal and Collaborator

In order not to pathologize clients who have experienced trauma, providers need to treat clients as equals and not act on a belief system that they are weaker and less resourceful. When clients who have been affected by trauma are treated as equals, their strengths and resources are highlighted. It is not an “us” or “them” concept. When we make ourselves other than our clients, we can replicate the dynamic of the trauma. Being able to communicate a sense of relatedness allows for greater connection, communication and ultimately healing.

Good Listener

Providers must be willing to actively listen to clients by focusing solely on what they are saying and showing genuine interest. This will encourage the client to open up and share information and feelings that will help in healing and recovery. Being a good listener also requires that we be comfortable with silence.

Willingness to Debrief

If the provider is to be successful in processing the experience, it is important that they be able to debrief with co-workers about their contacts with clients who have experienced trauma. It is normal to be left with difficult feelings after conversations about trauma or its impact. You are more helpful when you can share your feelings and thoughts with others.



Self-compassion is defined as “kindness directed toward the self.” At its core, trauma affects a person’s capacity to be self-compassionate, so trauma recovery is about nurturing and growing that ability.



Self-Compassion

To effectively support recovery, service providers are required to develop their own capacity for self-compassion. Our ability to be compassionate depends on our ability to be self-compassionate.

As mentioned elsewhere in this toolkit, safe, trustworthy and authentic relationships are the heart of recovery. The relationship we have with ourselves is just as crucial to healing as our ties to the people around us.

However, treating ourselves kindly can be quite a foreign concept. Cutting ourselves some slack can be viewed as making excuses for ourselves or encouraging self-pity (Neff, 2011). Our critical thoughts judge our weaknesses and struggle in ways that we would never express toward a friend. We say things to ourselves that are quite shocking. Just like abuse from others, self-hostility impacts our ability to manage stress, and is associated with a host of mental health problems (Gilbert, 2008).

Rather, self-compassion is linked to less anxiety and depression (Neff, 2011). Some people are naturally kinder to themselves and can step outside our society's endless quest for perfection. For those people who struggle with being kind to themselves, Kristen Neff and Christopher Germer, two key researchers and therapists working on understanding self-compassion, have noted that self-compassion can be taught (Germer, 2009; Neff, 2011).

Neff has developed an eight-week group intervention that helps people engage in self-compassion practices that incorporate aspects of mindful meditation and build on the age-old Buddhist practices of "Loving Kindness."

In these practices, through the development of mindful awareness, the practitioners learn to notice when their thoughts drift into self-blame or hostility, recognize that this is a moment of suffering and everyone's life contains difficulties,



and gently turn hostile thoughts toward a more compassionate view of our actions and circumstances (Neff, 2011).

In the Buddhist tradition, loving kindness practice is one of the foundations of mindfulness and an essential component of spiritual progress. In psychotherapy, it has been known for a long time that people who ruminate on their failings and circumstances are more prone to depression (Williams, 2007). Also strong negative emotions associated with self-loathing, such as shame, contribute to social isolation and feelings of helplessness (Gilbert, 2009).

A person capable of self-compassion knows that they have not been singled out for periods of struggle and unhappiness. We are creatures who experience difficulties by the very fact that we have been born. By allowing ourselves to experience loving kindness, not as an idea but as a felt sense, we are able to address difficulties directly, learn from them and, if possible, take some wise action to change them.

Harsh self-criticism, like bullying by others, undermines our ability to learn. Most victims of bullying want to hide. Self-compassion allows us to soften our hearts and minds in the midst of trouble and to see what can be done to change things, or to find the wisdom to accept what cannot be changed (Germer, 2009). It is the beginning of experiencing ourselves as worthy of kindness.

Perhaps the most important outcome of self-compassion is the increased capacity to care for others. If we are more aware that everyone is in the same boat, the same reality of human struggle, we can feel for the plight of others. The great wisdom traditions of the world understood that the beginning of loving others is to love ourselves.

Compassion is different than pity. Its old Latin root means that to have compassion is to “suffer with” others, not to simply observe their pain. True compassion goes further than



an emotional connection; it ignites the desire to relieve the suffering, to do something about it (Neff, 2011).

For more information on the development of self-compassion, visit Neff and Germer's links, which also have some downloadable guided practice meditations:

www.self-compassion.org

www.mindfulselfcompassion.org

www.klinic.mb.ca



“Focusing on their strengths engages clients in their own process of change by instilling hope about the ultimate possibility of changing and creating a better life for themselves and their family.”

ARC Community Services, Madison, WI



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