



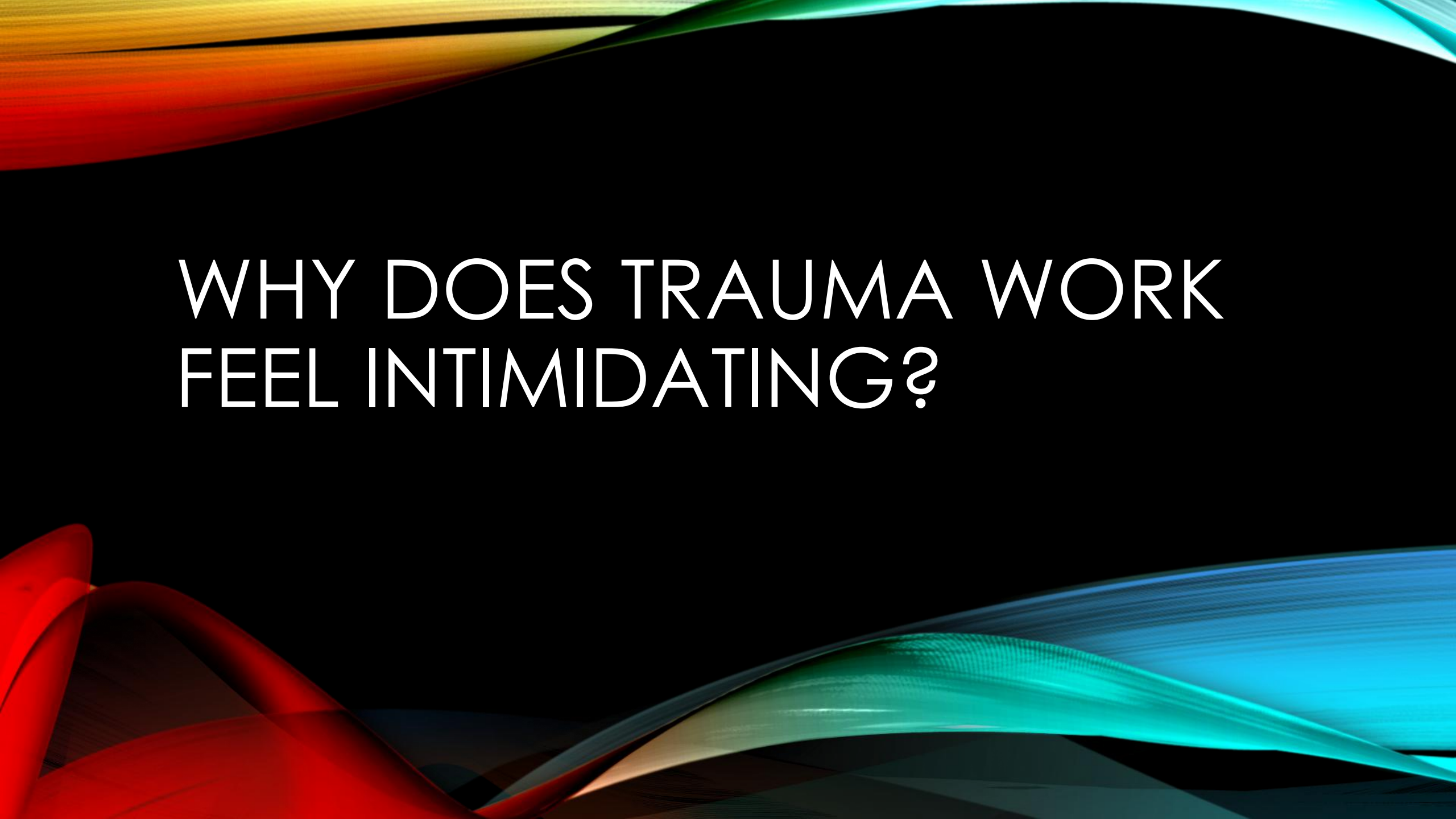
LOWERING THERAPISTS'
BARRIERS TO TREATING
TRAUMA:
RELUCTANT TO READY

BOB SMITH & SUSAN PERKINS

LEARNING OBJECTIVES

1. Identify cues that trauma is impacting a client
2. List and explain the principles of trauma therapy
3. Describe self-of-the-therapist characteristics in yourself that influence how you work with clients
4. Reduce therapists' hesitancy to treat trauma by increasing skills and ability to use self-awareness effectively

- Alice (36) and Dennis (38) come to couples therapy reporting that their arguments escalate quickly and leave them overwhelmed. During sessions, the emotional tone shifts rapidly; when Elena becomes upset, Mark's body visibly tenses and he watches her closely, frequently asking if she is okay or if he said something wrong. Elena says she is "fine," but Mark continues checking until she expresses frustration. Elena describes wanting complete openness in the relationship and believes partners should share everything, yet Mark says he feels unsure what is safe to say because certain topics—like wanting time with friends or space after an argument—can lead to intense conflict. He reports often apologizing or backing down to prevent arguments from escalating.
- Both partners describe growing up in homes where they felt responsible for managing others' emotions. Elena recalls frequently comforting her mother and listening to adult problems late into the night, while Mark describes being in a peacekeeping role. These earlier experiences echo in their current relationship. When Elena is distressed, Mark instinctively moves into a caretaker role, attempting to soothe her and prevent further escalation. When Mark withdraws or becomes quiet, Elena interprets this as rejection and becomes more urgent in seeking reassurance. The couple's conflicts often become enactments of these familiar roles—Elena pursuing connection and reassurance while Mark works to manage and contain emotional intensity.



WHY DOES TRAUMA WORK
FEEL INTIMIDATING?

WHY TRAUMA WORK FEELS INTIMIDATING

If you feel hesitant, you are not incompetent.

You may be thinking:

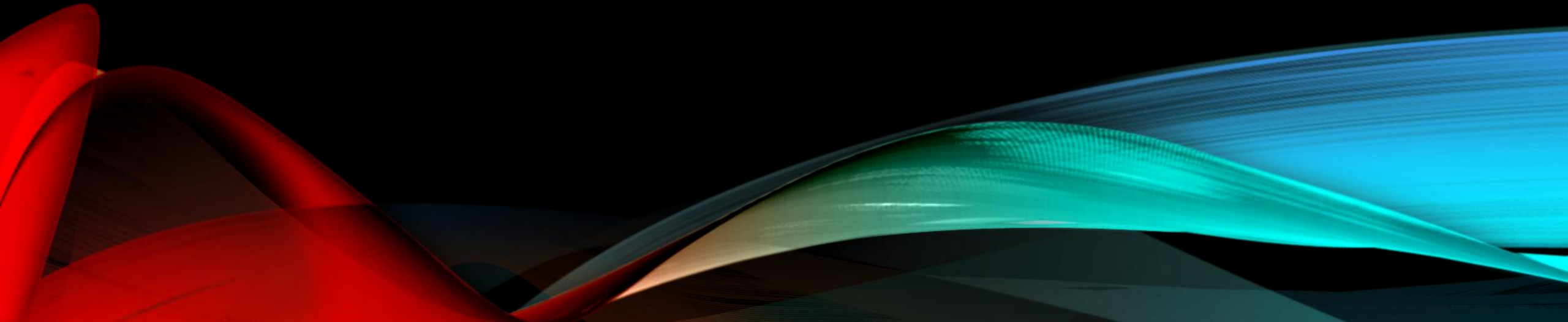
- “What if I make it worse?”
- “What if they decompensate?”
- “What if I open something I can’t contain?”
- “What if I’m not trained enough?”



Trauma work feels dangerous because trauma itself involved danger.

Today is about replacing fear with structure.

TRAUMA BASICS





You are NOT responsible for:

- Processing everything
- Making pain disappear
- Forcing a trauma narrative
- Being the rescuer
- Fixing the past

You are responsible for:

- Tracking activation
- Slowing the pace
- Protecting the window of tolerance
- Repairing ruptures
- Ending sessions regulated

HOW TRAUMA TRAUMATIZES

Trauma traumatizes someone when

PRESENT EXPERIENCE	FUTURE IMPACT
Something overwhelms them	Triggers reactivate survival response
Nervous system goes into survival mode	Adaptations become identity
The experience is not processed	
Body encodes danger and powerlessness	
When the overwhelming pattern is constant	



3 E'S OF TRAUMA

1. An event or series of **events** overwhelms a person's coping abilities and causes a traumatic response

2. The unique **experience** of the individual during the event. How they made sense of the event.

3. The measurable **effect** the traumatic event had on the individual. Especially the first 30 minutes after the event.

3 E's -Event, Experience, Effect



WHAT TRAUMA HEALING ACTUALLY LOOKS LIKE

It rarely looks dramatic.

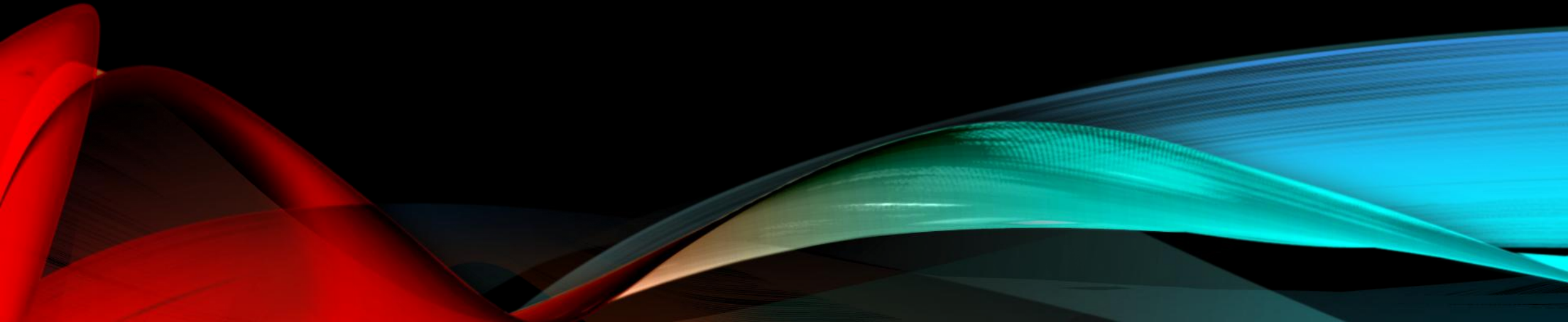


Healing looks like:

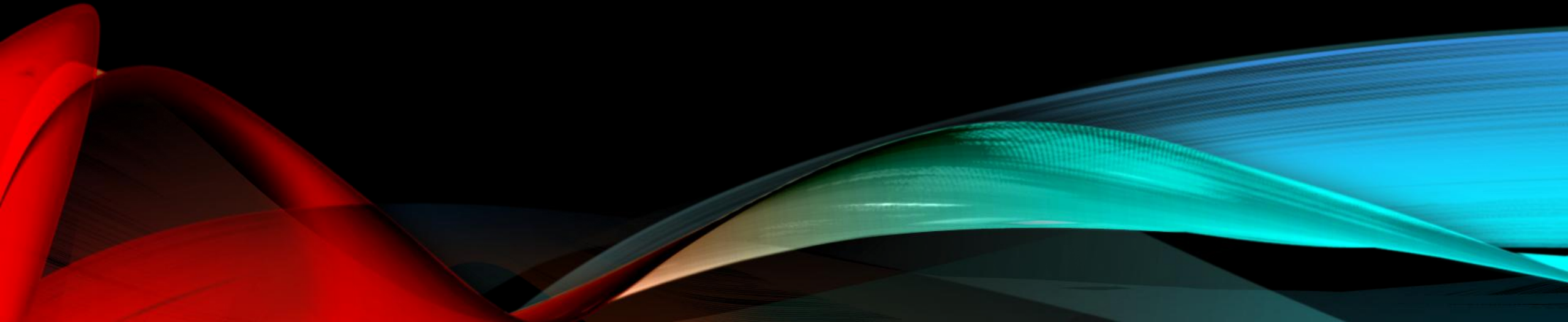
- Faster recovery from triggers
- Increased boundary clarity
- More emotional range
- Less shame
- Greater relational flexibility
- Increased capacity for intimacy

HEALING = FLEXIBILITY

ASSESSMENT



WHAT DO YOU SEE IN A CLIENT
THAT SIGNALS TRAUMA IS LIKELY?



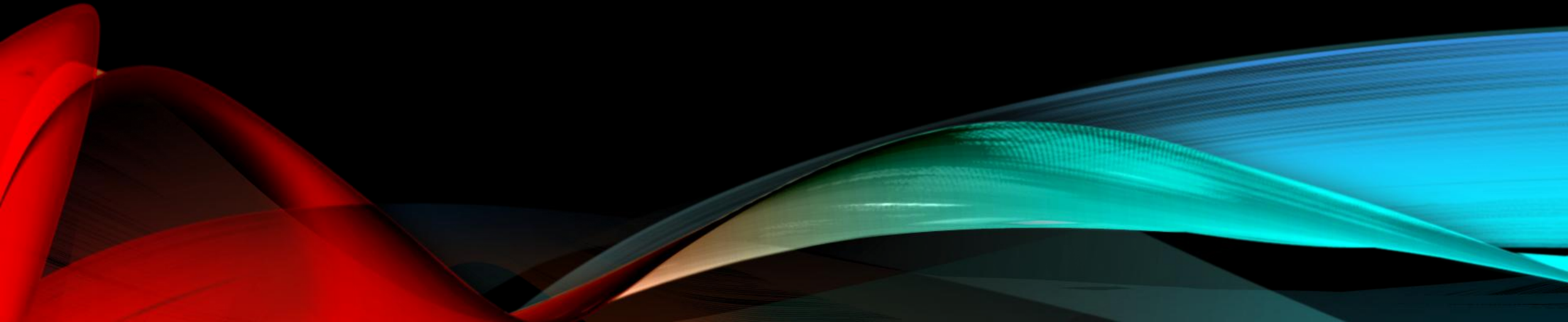
ASSESS THE INDIVIDUAL

- Look for rapid shift in state (Dysregulation)
- Incongruence between Affect and Content
- Chronic hyperarousal or as a baseline
- Narrative Markers
- Disproportionate Attachment Activation
- Boundary Confusion
- Dissociation indicators
- Developmental Red Flags



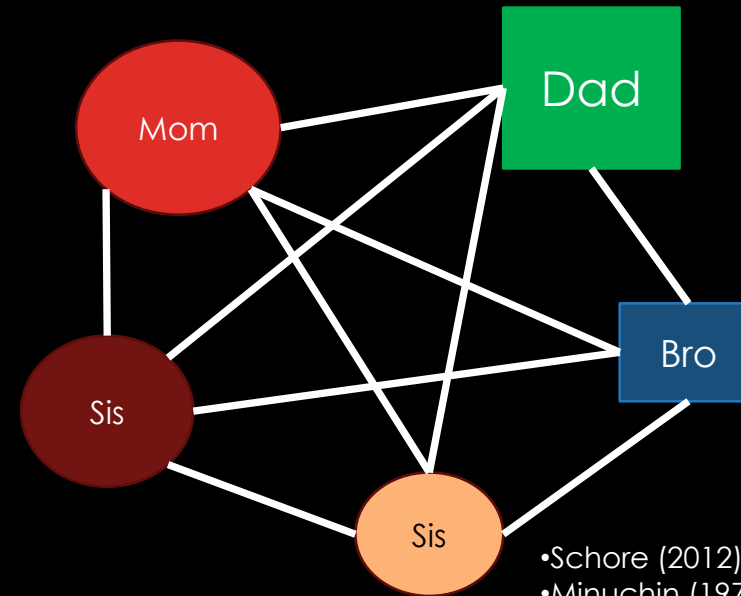
Ogden, Minton & Pain (2006). Trauma and the Body
van der Kolk (2014). The Body Keeps the Score
DSM-5-TR (APA, 2022) Dissociative Symptoms Specifier for PTSD
Herman (1992). Trauma and Recovery
Cloitre et al. (2012) Complex PTSD formulation
Brewin (2001) Dual Representation Theory
Schoore (2012). The Science of the Art of Psychotherapy
Liotti (2004) Disorganized attachment and trauma

WHAT DO YOU SEE IN A COUPLE OR FAMILY
THAT SIGNALS TRAUMA IS LIKELY?



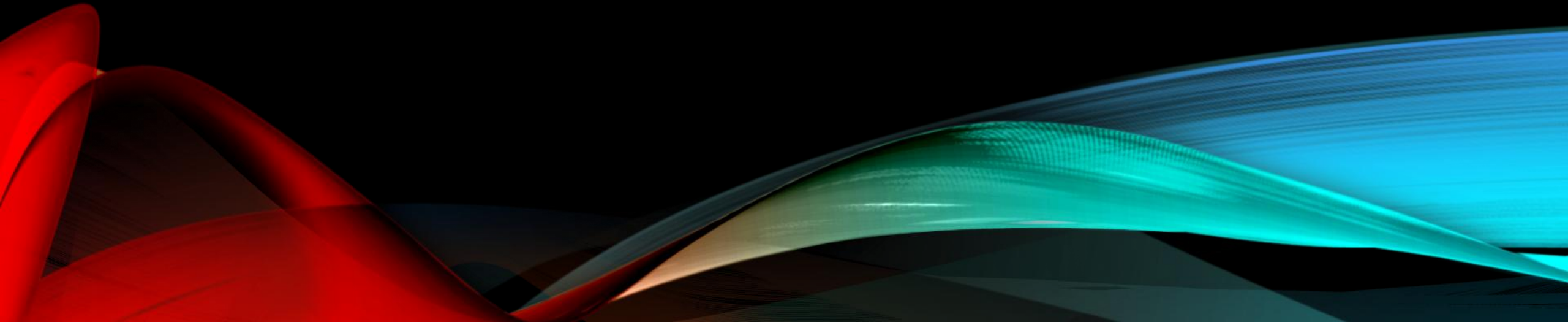
ASSESS THE SYSTEM

- Family Level Dysregulation
- Hypervigilance toward one member
- Rigid & Chaotic Rules
- Parentification (role reversal)
- Trauma Echoes in Couple Patterns
- Enactment patterns
- Family Boundary issues
- Affective Involvement



- Schore (2012) Right-brain-to-right-brain regulation
- Minuchin (1974) Structural Family Therapy
- Bowen (1978) Family Systems Theory
- Haley (Strategic Family Therapy)
- Felitti et al. (1998) ACE Study
- Jurkovic (1997) Lost Childhoods
- van der Kolk (2005) Developmental Trauma
- Johnson (2004) Emotionally Focused Therapy
- Herman (1992) Trauma and attachment disruption
- van der Kolk (1989, 2014) Traumatic reenactment
- Johnson (EFT)
- Onie; & Newbold Boundary Power
- MacMasters model of Family Functioning

TREATMENT



REFRAME: YOU ARE NOT 'DOING TRAUMA PROCESSING'

Stabilization

- Teach regulation before exploring trauma
- You are building safety, not excavating memories
- Seek out consultation or supervision

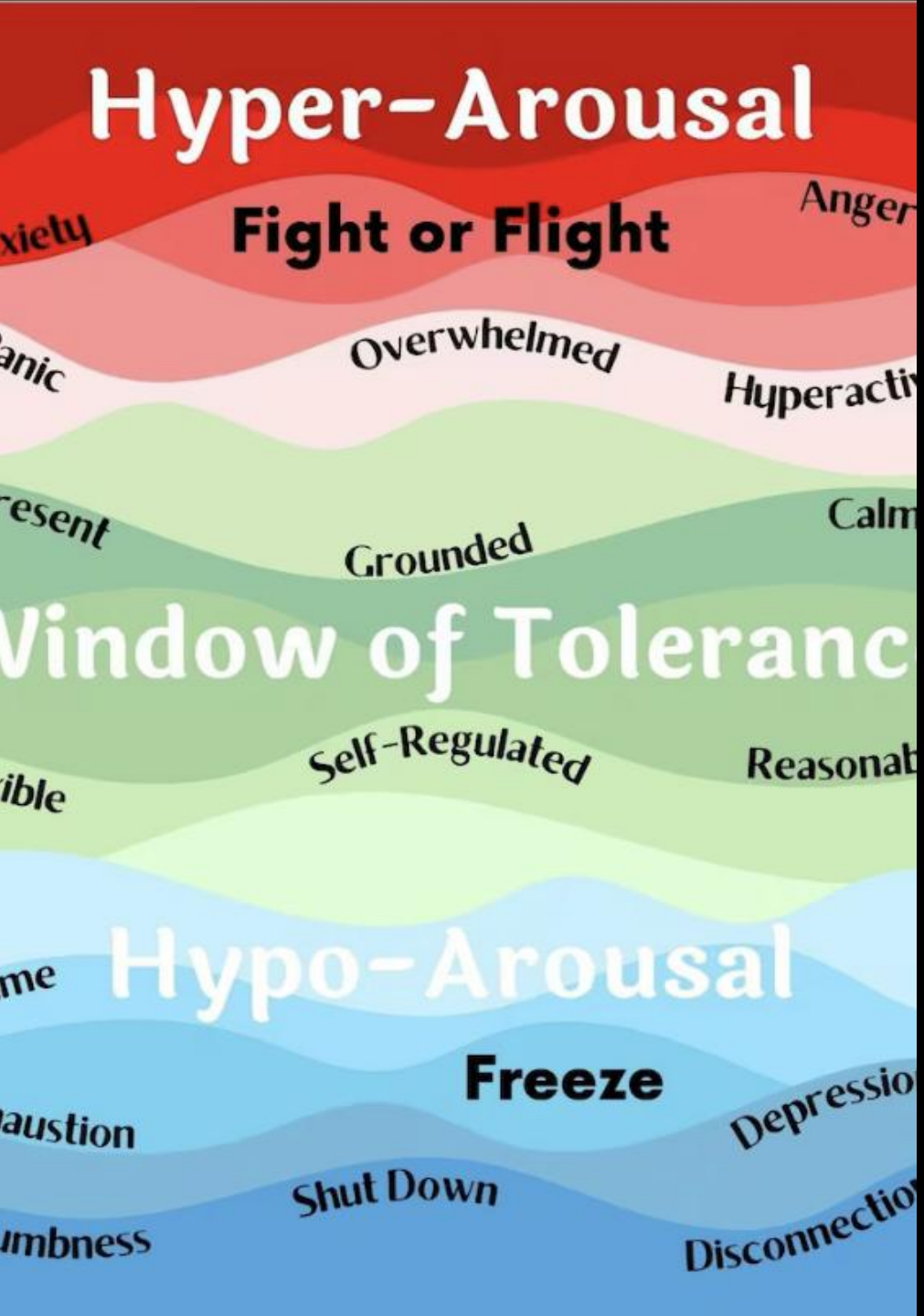




SAFETY FIRST



1. Safety before story
2. Regulation before exploration
3. Pacing over intensity
4. Connection as the intervention



WINDOW OF TOLERANCE:

Ask scaling questions 1–10:
“Where are you right now?”

When your client leaves the window, pause and help them return to regulation.

The goal is to stretch the window of tolerance

SESSION OUTLINE

When trauma is mentioned:

1. Normalize

"We don't have to go into details."

"You get to control how fast we go."

2. Orient to present

"Can we notice the room for a moment?"

"What is happening with you right now?"

3. Track the body

"What's happening in your body right now?"

4. Scale activation "0-10"

5. Close the session regulated

Feet on floor

5-4-3-2-1 grounding

6. Schedule next session



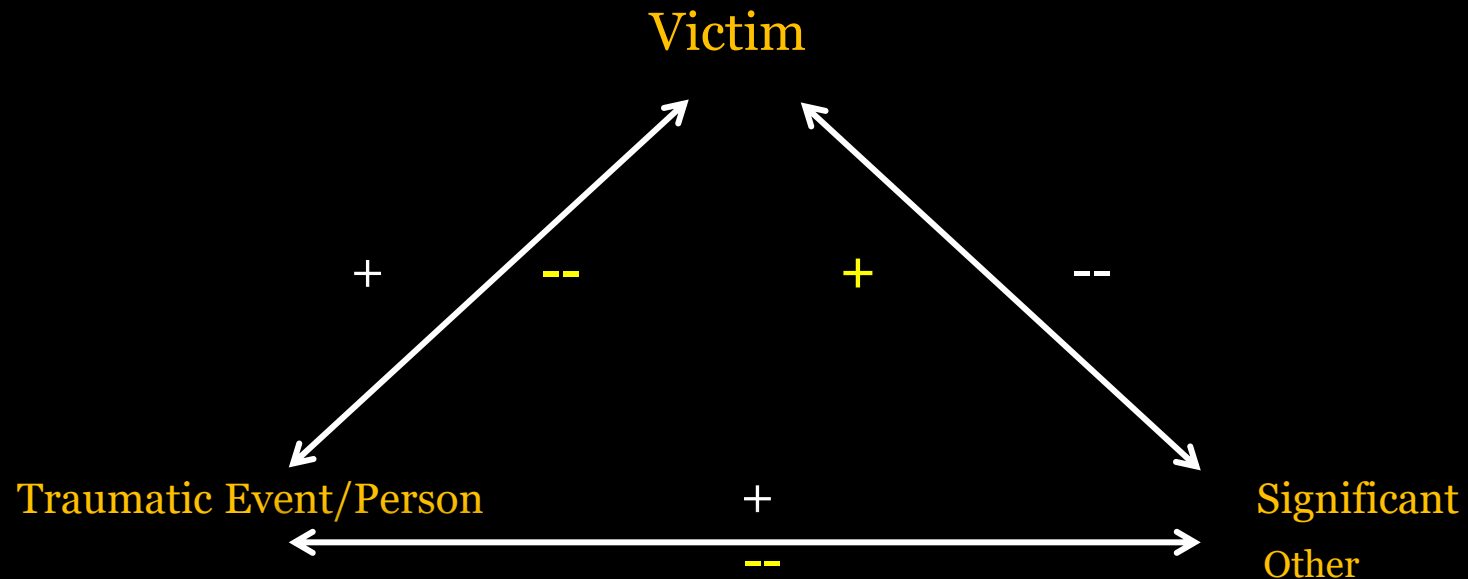
TRAUMA TREATMENT

- Get Them Talking
- Ensure the story is coherent and in order (Narrative)
- Clarify the Victim, Offender, and Significant Others' roles
- Document the treatment in some manner, such as a narrative, Scrapbook, storybook, etc



RELATIONSHIP PERSPECTIVE

- Note the components: Victim, Event, Significant Others
- A positive or negative rating is given to each connection to depict an understanding of the victim/trauma identity from the victim's perspective.
- A victim who perceives themselves as innocent, the trauma person as guilty or the trauma event as other than personalized and the significant others supportive towards the victim has a greater opportunity for rehabilitation.



SYSTEMIC TRAUMA HISTORY

Figure A.

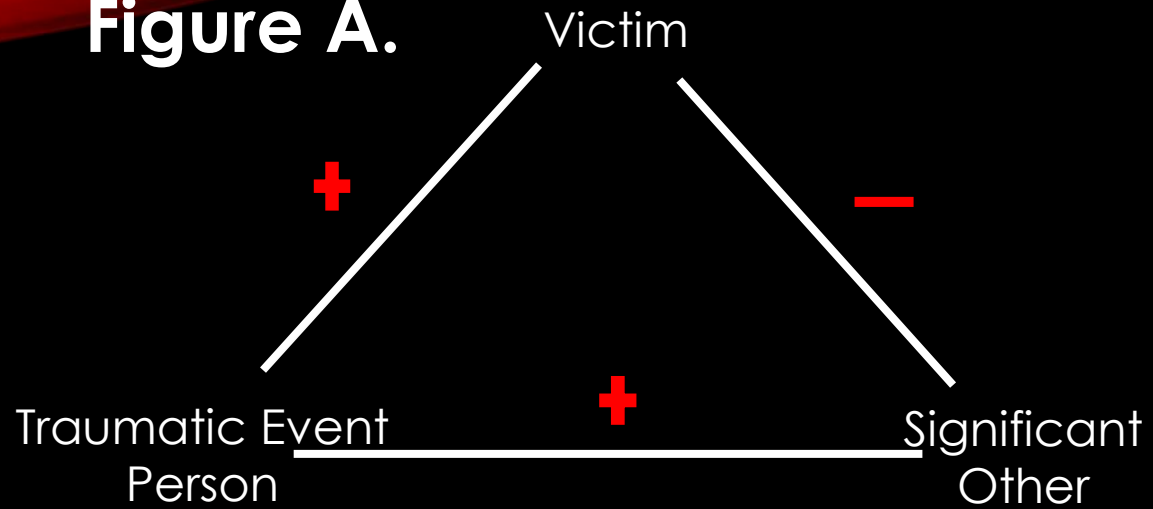
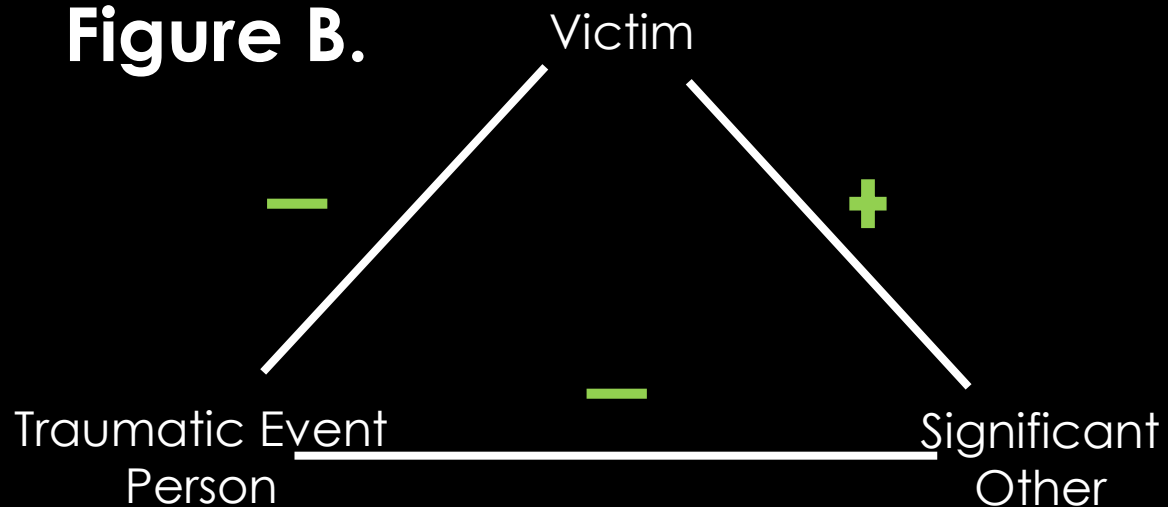


Figure B.



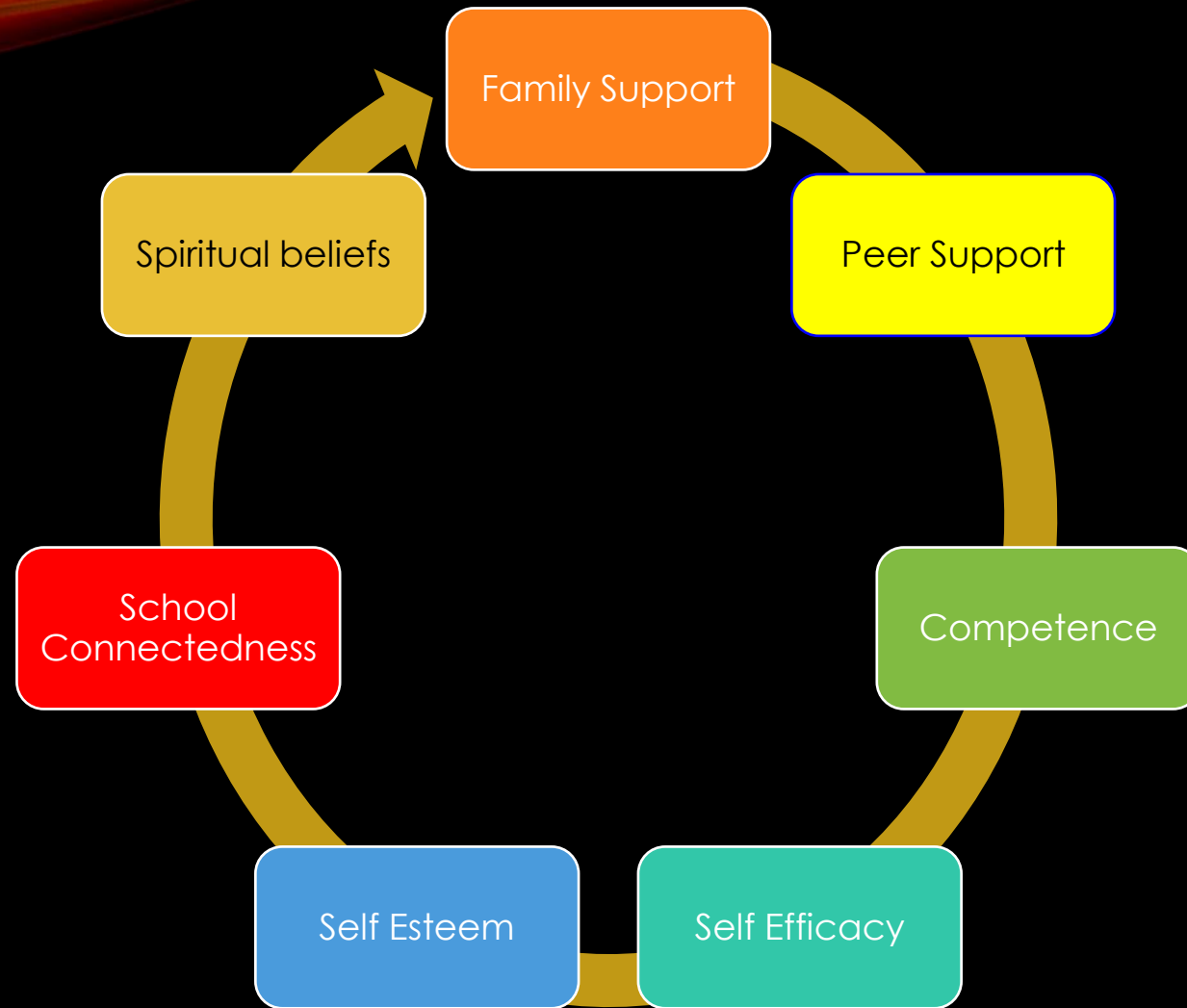
A: This victim has a positive relationship with the person responsible for the traumatic event and a negative relationship with significant others. The significant others have a positive relationship with the person who is responsible for the trauma. This is the worse case example. Consider the scenario of the community religious leader that is loved by the family and community who befriended and became a mentor to the victim only to betray their trust and sexually abuse them. They would have relationships like Figure A. In treatment we would correct this perception, as best we can, to be more like figure B which is the ideal.

LEARN EMDR

- Take some workshops and training on EMDR
- Start to use it and see how it helps
- You do not need to know their story to use EMDR; have them hold the memory in their mind's eye.



PROMOTING RESILIENCY



Sources: Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227-238.

National Child Traumatic Stress Network, Juvenile Justice Treatment Subcommittee. (in preparation). Think trauma: A training for staff in juvenile justice residential settings. Will be available from <http://www.nctsnet.org/resources/topics/juvenilejustice-system>

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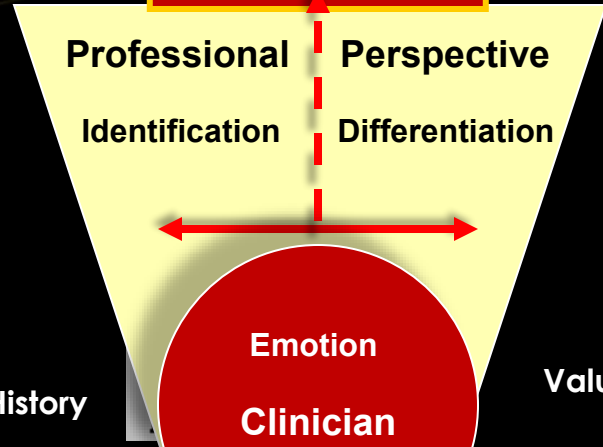
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HEALING = FLEXIBILITY

USE OF SELF MODEL

ENGAGED



Flexibility with Many Populations
Create Opportunity for Change
Novelty
High Risk

Flexibility with Many Populations
Create Opportunity for Change
Novelty
High Risk

NURTURING

CHALLENGING

See their role as supportive
Nurturing
Create Dependency
Low Risk; Enabling
Insincere

See their role as Enforcer
Rigid; Confrontive
Create Defensiveness
Low Risk
Competitive / judgmental

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Jack (48) and Jill (42) come to couples therapy because they are struggling with an ongoing conflict in their relationship. During the initial sessions, you notice that Jack often expresses a significant amount of anger, while Jill tends to alternate between withdrawing and becoming highly upset, at times responding in hurtful ways.

As you begin to explore the source of these emotional reactions, you learn that Jack has expressed his anger in overly aggressive ways on at least four occasions, which have frightened Jill. When you further explore Jill's reactions to Jack's anger, you uncover an important part of her past. Jill shares that she was molested several times by her older brother while she was sleeping in bed with her mother. At the time, she told only one friend. Together, they wrote a letter describing what had happened, but instead of sharing it with anyone, they hid it behind an old radiator in the house.

Decades later, Jill's family discovered the letter and placed it on the kitchen table for her to see but never mentioned it or addressed its contents. Jill also remained silent, and the incident has never been discussed since.

As therapy continues, a pattern begins to emerge. Jill often perceives anger in Jack, even when there is little or none present. Jack, in turn, feels increasingly frustrated because he cannot express even mild frustration without Jill interpreting it as anger and experiencing it as threatening.



QUESTIONS

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