Trauma-informed Clinical Practices: Facilitating Healing
Participant Handbook
v.1 1/2023

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First version January 2023

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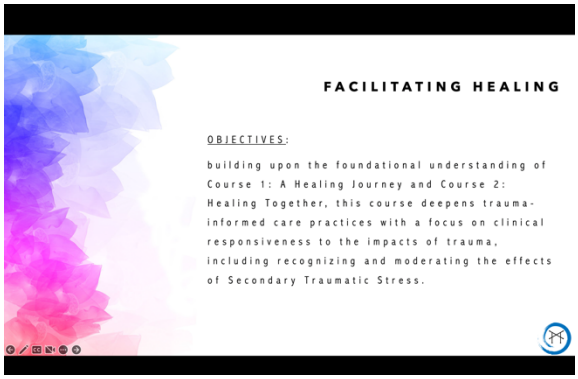
Trauma-informed Clinical Practices
Facilitating Healing

OBJECTIVES: building upon the foundational understanding of Course 1: A Healing Journey and Course 2: Healing Together, this course deepens trauma-informed care practices with a focus on clinical responsiveness to the impacts of trauma, including recognizing and moderating the effects of Secondary Traumatic Stress.

The flow of topics include:

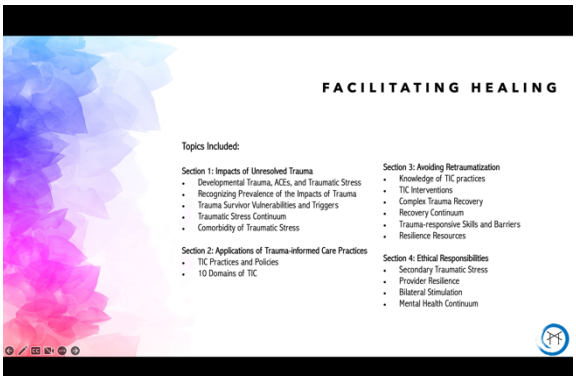


Section 1: Impacts of Unresolved Trauma (265 minutes)

- Developmental Trauma, ACEs, and Traumatic Stress
- Recognizing Prevalence of the Impacts of Trauma
- Trauma Survivor Vulnerabilities and Triggers
- Traumatic Stress Continuum
- Comorbidity of Traumatic Stress

Section 2: Applications of Trauma-informed Care Practices (95 minutes)

- TIC Practices and Policies
- 10 Domains of TIC



Section 3: Avoiding Retraumatization (132 minutes)

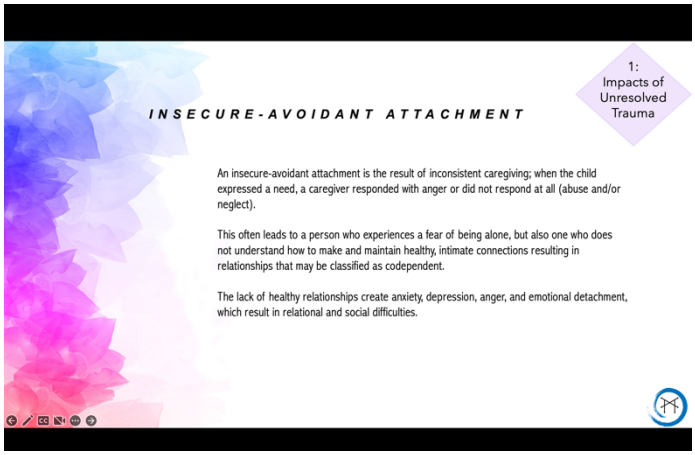
- Knowledge of TIC practices
- TIC Interventions
- Complex Trauma Recovery
- Recovery Continuum
- Trauma-responsive Skills and Barriers
- Resilience Resources

Section 4: Ethical Responsibilities (36 minutes)

- Secondary Traumatic Stress
- Provider Resilience
- Bilateral Stimulation
- Mental Health Continuum

Facilitator's Note: Take **five minutes** to overview the topics, introduce yourself and your relevant background. Encourage everyone to connect to their sense of safety: emotional, psychological, and physical, during this training. Encourage people to connect with therapeutic practices to assist in processing and releasing any feelings that come up as they engage in this training. **(The total training should be covered in 528 minutes or 8 hours and 48 minutes.)**

Insecure-avoidant Attachment.



An insecure-avoidant attachment is the result of inconsistent caregiving; when the child expressed a need, a caregiver responded with anger or did not respond at all (abuse and/or neglect).

This often leads to a person who experiences a fear of being alone, but also one who does not understand how to make and maintain healthy, intimate connections resulting in relationships that may be classified as codependent.

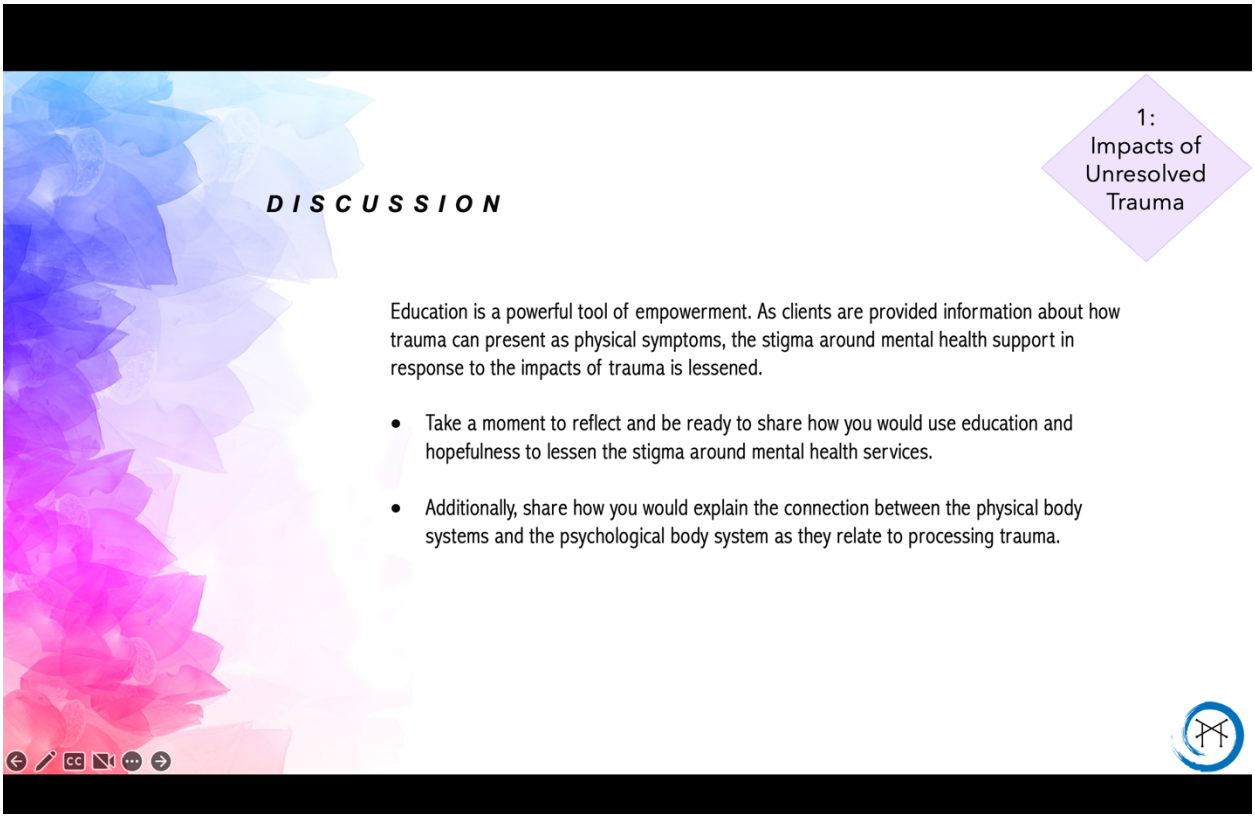
The lack of healthy relationships create anxiety, depression, anger, and emotional detachment, which result in relational and social difficulties.

Facilitator Note: Take **3-5 minutes** to review insecure-avoidant attachment style. This type of parenting led to an individual who shows no preference in attachment, seeing no difference between the quality of care provided by a parent and the quality of care provided by a stranger, which impacts an individual's ability to form healthy relationships.

Share the following strategies with participants for times when they are assisting a person with an insecure-avoidant attachment style:

- Allow the client to practice voicing their need for space, mentoring them through ways to communicate this need as something others in their life should not see as a personal affront, but as a means to ground and establish safety;
- Model and mirror ways to express needs in a positive, blame-free manner (rather than a person stating, "You're smothering me! I need to be alone!" perhaps practicing something more like, "I am having a hard time staying grounded and I think I need to spend some time reflecting to find the root of this feeling before I feel overwhelmed.");
- Leverage collaboration and mutuality within encounters, allowing the client to explore and share their needs without feeling led or controlled;
- Educate the person on the role of guilt and shame in adaptive behavior patterns so that they can understand their own behavioral patterns around the feelings of blame, guilt, and shame and learn to develop a more balanced relationship with feedback and criticism;
- Establish means to practice and celebrate safely expressing vulnerability as a template for their interactions with others.

Discussion.



Education is a powerful tool of empowerment. As clients are provided information about how trauma can present as physical symptoms, the stigma around mental health support in response to the impacts of trauma is lessened.

- Take a moment to reflect and be ready to share how you would use education and hopefulness to lessen the stigma around mental health services.

- Additionally, share how you would explain the connection between the physical body systems and the psychological body system as they relate to processing trauma.

Facilitator Note: Allow participants **10-15 minutes** to engage in a discussion around empowerment through education in the clinical setting. Perhaps allow participants five minutes to reflect before initiating discourse around the prompts.

You can remind participants of the section of Course 2: Healing Together in which they learned about the role of education in restoration. People with a history of unresolved traumas often feel as though there is something fundamentally flawed or broken within them, when that is very far from the truth.

Teaching a person with a history of unresolved traumas how those events and experiences have and continue to impact them has an empowering and transformative effect on the individual.

They can understand that there is nothing wrong or broken within them, but their body system functioned and adapted to the adversity they experienced and once these events and experiences are processed and resolved, they become more resilient for having these experiences occur.

Emphasize that when education is used to help individuals make sense of their adaptive patterns, suddenly, people with a history of trauma understand that their body system and behavioral adaptations are working to ensure their survival, exactly as their body was designed to function, beginning the healing process of releasing the guilt and shame commonly experienced in individuals with histories of unresolved trauma.

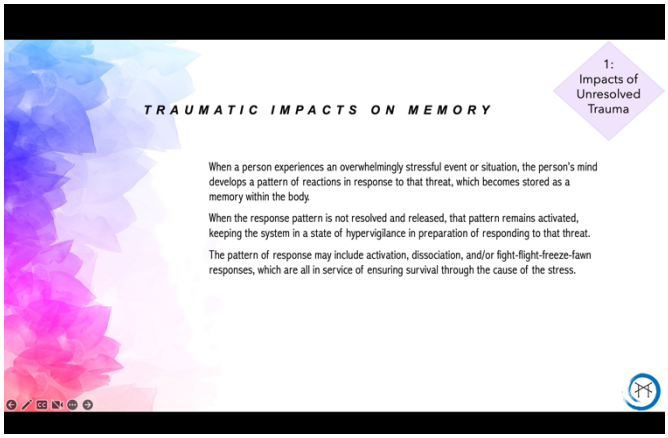
Additionally, you can also remind participants of **SAMHSA's 6 Principles of Trauma-informed Care**, which were covered in Course 1: A Healing Journey. Explain how leveraging education creates an environment, which employs these six principles.

1. Safety
2. Trustworthiness & transparency
3. Peer support
4. Collaboration & mutuality
5. Empowerment, voice, & choice
6. Historical, cultural, and gender issues

Trauma Impacts on Memory.

When a person experiences an overwhelmingly stressful event or situation, the person's mind develops a pattern of reactions in response to that threat, which becomes stored as a memory within the body.

When the response pattern is not resolved and released, that pattern remains activated, keeping the system in a state of hypervigilance in preparation of responding to that threat.



The pattern of response may include activation, dissociation, and/or fight-flight-freeze-fawn responses, which are all in service of ensuring survival through the cause of the stress.

Facilitator Note: Take **3-5 minutes** to expand on the ways in which trauma impacts a person's memory. There are two categories of memory, explicit memory and implicit memory.

Explicit memories are connected with specific events and facts. **Semantic memories** are those related to general facts and information. Trauma can impact the ability of the temporal and parietal lobes from connecting information related to a specific fact, set of facts, or specific information. **Episodic memories** are those related to narratives of events or experiences. Trauma can impact the hippocampus, impacting an individual's ability to recall or store memories of events or creating holes in a person's memory, blocking access to the details around events.

Implicit memories are subconscious memories that are stored as reflexes and autonomic responses. **Emotional memories** are stored somatically as the emotions experienced during an event. Trauma can create emotional memories, which are triggered when stimuli are encountered that are similar to the stimuli of the original, unresolved traumatic event. **Procedural memories** are created in the striatum for common and/or routine tasks so that a person can negotiate these common tasks without having to stop and think about how to complete them, like brushing one's teeth or tying one's shoes. Trauma can create an autonomic response to stimuli, such as tensing in anticipation of injury when seeing a bicycle after a bicycle accident. This tensing and constriction, over time, creates a shift in posture, muscle tension, pain, and eventual numbness, until the trauma is processed and released.

The graphic on the following page is also included in the Participant Handbook for clarity in understanding the impact of trauma on memory.

How Trauma Impacts Four Different Types of Memory

EXPLICIT MEMORY

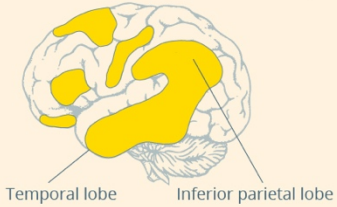
SEMANTIC MEMORY

What It Is
The memory of general knowledge and facts.

Example
You remember what a bicycle is.

How Trauma Can Affect It
Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain from combining to make a semantic memory.

Related Brain Area
The temporal lobe and inferior parietal cortex collect information from different brain areas to create semantic memory.



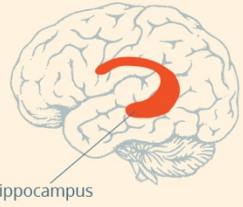
EPISODIC MEMORY

What It Is
The autobiographical memory of an event or experience – including the who, what, and where.

Example
You remember who was there and what street you were on when you fell off your bicycle in front of a crowd.

How Trauma Can Affect It
Trauma can shutdown episodic memory and fragment the sequence of events.

Related Brain Area
The hippocampus is responsible for creating and recalling episodic memory.



IMPLICIT MEMORY

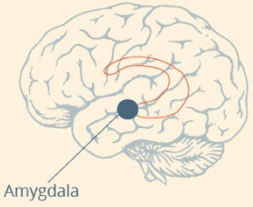
EMOTIONAL MEMORY

What It Is
The memory of the emotions you felt during an experience.

Example
When a wave of shame or anxiety grabs you the next time you see your bicycle after the big fall.

How Trauma Can Affect It
After trauma, a person may get triggered and experience painful emotions, often without context.

Related Brain Area
The amygdala plays a key role in supporting memory for emotionally charged experiences.



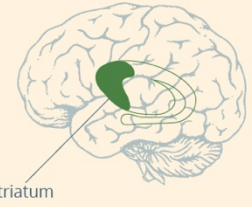
PROCEDURAL MEMORY

What It Is
The memory of how to perform a common task without actively thinking

Example
You can ride a bicycle automatically, without having to stop and recall how it's done.

How Trauma Can Affect It
Trauma can change patterns of procedural memory. For example, a person might tense up and unconsciously alter their posture, which could lead to pain or even numbness.

Related Brain Area
The striatum is associated with producing procedural memory and creating new habits.



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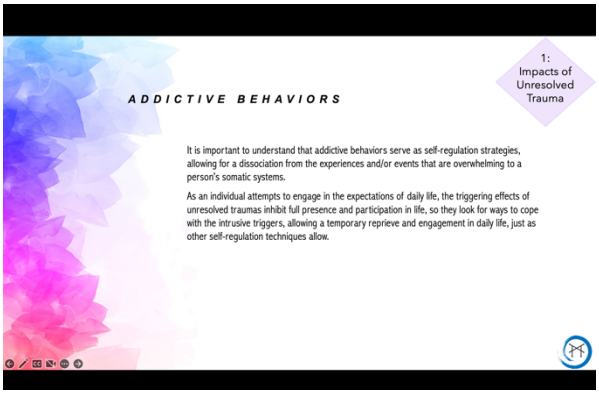
Addictive Behaviors.



It is important to understand that addictive behaviors serve as self-regulation strategies, allowing for a dissociation from the experiences and/or events that are overwhelming to a person's somatic systems.

As an individual attempts to engage in the expectations of daily life, the triggering effects of unresolved traumas inhibit full presence and participation in life, so they look for ways to cope with the intrusive triggers, allowing a temporary reprieve and engagement in daily life, just as other self-regulation techniques allow.

Facilitator Note: Take **3-5 minutes** to discuss the role of addictive behaviors. Remind participants of the need to destigmatize adaptive behaviors, honoring the role these addictive behaviors play in reacting to trauma. The philosophy of an abstinence model for addiction is rooted in shame, which encourages participation in the adaptive behavior loop, thus keeping the addictive behavior pattern necessary for a feeling of safety. Removing the shame and stigma will allow a client to inquire to find the root of the avoidance, addictive pattern of behavior, which is requisite to healing.

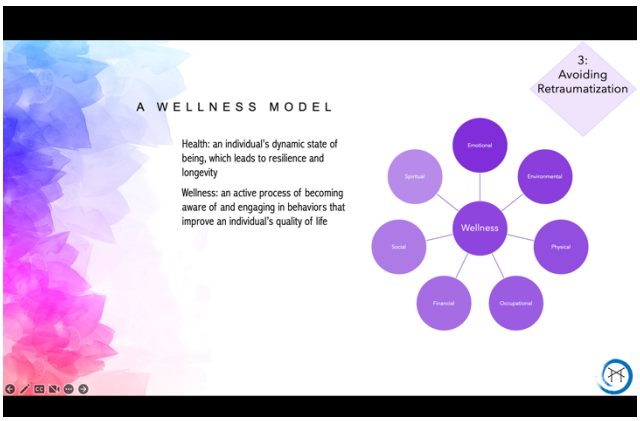
Behavioral addictions, similar to substance use disorders, are rooted in an attempt to avoid and numb the impacts of suffering, but rather than the use of a substance to avoid pain, an individual connects to a behavior, such as shopping, sex, gambling, self-harm, gaming, thrill-seeking, eating, etc., as a behavioral habit to release neurochemicals, such as endorphins, adrenaline, dopamine, oxytocin, etc., which lessen the suffering caused by unresolved traumas.

You may also refer participants who would like more understanding of this perspective on addiction to Gabor Mate's video discussing The Myth of Normal:

Wellness Model.

Health: an individual's dynamic state of being, which leads to resilience and longevity

Wellness: an active process of becoming aware of and engaging in behaviors that improve an individual's quality of life



Facilitator Note: Take **3-5 minutes** to discuss the wellness model and the connection to the clinical practices of the Seven Cs of Resilience.

The Wellness Model includes:

- Emotional wellness: creation of and engagement in satisfying relationships
- Environmental wellness: participation in environments that support well-being
- Intellectual wellness: recognizing creative abilities and engaging in ways to expand understanding, knowledge, and skills
- Physical wellness: dedication to nourishing the physical self through activities, diet, sleep, nutrition, and access to medical care
- Occupational wellness: personal satisfaction and enrichment achieved through one's profession
- Financial wellness: security and satisfaction with current and future financial situations
- Social wellness: developing a secure sense of connection, belonging, and support with others
- Spiritual wellness: expanding a sense of purpose and meaning in life

The Seven Cs of Resilience include:

- Competence: clinical practices should develop a client's effective use of coping strategies, but also an awareness of the root of unmet needs requiring the use of coping strategies.
- Confidence: clinical practices should confront false beliefs and assumptions in order to establish a more realistic understanding of the client's self; this allows the client to establish a sense of confidence and competence in one's agency and abilities.
- Connection: clinical practices should model boundaries and healthy relational interactions as a framework for clients to use in their relationships and interpersonal interactions. This will allow for more healthy interactions in peer support systems.
- Character: clinical practices should nurture explorations of identity, allowing clients to connect to their value statements and ability to engage in empathy and compassion to self and others.

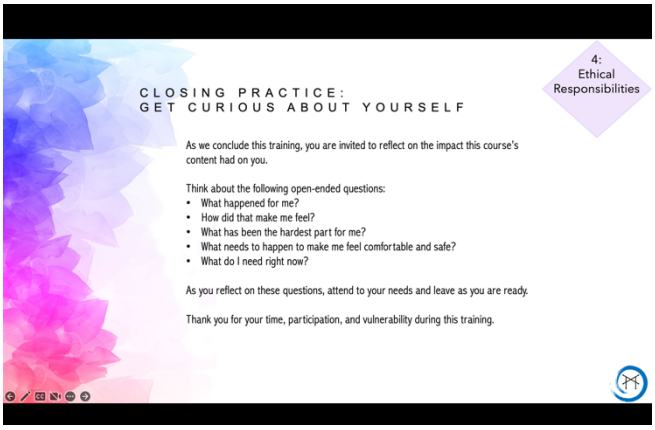
- Contribution: clinical practices should encourage clients to explore their sense of purpose and life goals so they feel capable of contributing to their systems, such as their family system, their community system, their work system, etc.
- Coping: clinical practices should provide explicit instruction and modeling of coping strategies as they apply to everyday stressors.
- Control: clinical practices should foster a sense of control and agency in decision making and goal setting.

Closing Practice: Get Curious About Yourself.

As we conclude this training, you are invited to reflect on the impact this course's content had on you.

Think about the following open-ended questions:

- What happened for me?
- How did that make me feel?
- What has been the hardest part for me?
- What needs to happen to make me feel comfortable and safe?
- What do I need right now?



As you reflect on these questions, attend to your needs and leave as you are ready.

Thank you for your time, participation, and vulnerability during this training.

Facilitator Note: Spend **less than one minute** to share a thank you to participants for showing up and engaging. Invite them to engage in a gratitude meditation, leaving when they are ready.