

How Trauma Informed Treatment Can Be Effective In Your Practice

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Clinical Insight

- Realization during clinical supervision
- Many clients diagnosed with Bipolar, Borderline Personality Disorder, RAD, Schizophrenia, Schizo-Affective Disorder had a history of early childhood trauma that was never treated.
- Nearly all had untreated symptoms of PTSD.
- Nearly all had attachment issues.

Goal of this presentation

- To “plant a seed” to see your patients/clients in a different way
- To increase practitioners’ awareness of client’s past experiences, attachment, core beliefs, distorted cognitions and protective factors.
- How above-mentioned factors influence the client’s current recovery related to traumatic experience

RESEARCH

- *Healing Trauma-attachment, mind, body, and brain-*
By Daniel J. Siegel and Marion Solomon
- *Brain Change Therapy: Evidence-Based Strategies from Neuroscience for Anxiety, Depression and Trauma*
by Dr. Carol Kershaw, Ed.D.
- *Buddha's brain: The Practical Neuroscience of Happiness, Love & Wisdom*
by Rick Hanson, Ph. D.
- *Cognitive Processing Therapy*
by Patricia Resick, Ph.D., and Candice M. Monson, Ph.D.
- *Narrative Exposure Therapy-*
by Dr. Maggie Schauer; Dr. Frank Neuner; Dr. Thomas Elbert
- *Advanced Mindfulness: Integrating Mindfulness, Meditation & Cutting – Edge Neuroscience in the Treatment of Anxiety, Anger & Depression*
by Terry Fralich, LPC

CASE STUDIES-

how past trauma can affect us today

Principles that underline Trauma-Informed Therapy

- Not everyone learns or heals the same – different approaches for different clients
- Utilizing multiple approaches can benefit the outcome needed for healing/change
- Left-handed case
- People have the answers
- Guiding, active listening, exploring to allow for them to share, empowering
- The body does not lie – can hold on to trauma if not addressed (K)
- Body posture, intense clenching of shoulder muscles, negative self-coping
- People have an incredible inner strength and core resilience

Case studies observation

Collective experiences build and develop:

- who we are now
- how we view the world
- how we interpret events
- how we react and cope with those events
- how resilient we are
- Invariably affects five major areas of functioning:
safety; intimacy; self-esteem; power/control;
trust

Evidence-based therapies

- Cognitive Processing Therapy (CPT) - schema
5 areas to identify :
(1) trust, (2) safety, (3) self-esteem,
(4) power and control, (5) intimacy
- Challenge the “stuck points” relative to these 5 areas
- CPT limitations – does not cover protective factors or other strengths in a client’s life

Narrative Exposure Therapy

- Short-term approach disclosing past events/ testimonies along with CBT to give relief from trauma symptoms.
- Client's Timeline with Stones & Flowers

Emotional Freedom Therapy (EFT)

- a psychological acupressure approach, based on the same energy meridians used in traditional acupuncture to treat physical and emotional ailments for over five thousand years, but without the invasiveness of needles.
- Instead, simple tapping with the fingertips is used to input kinetic energy onto specific meridians on the head and chest while you think about your specific problem - whether it is a traumatic event, an addiction, pain, etc. -- and voice positive affirmations.
- When to use: when client is open to energy therapy to help bring emotions to the forefront or unmasking the emotions.

Other therapeutic treatments found to be effective

- Therapeutic Art / Art Therapy
- EMDR
- Play Therapy
- Massage Therapy
- Brain Change Therapy – rewiring the brain; meditation, mindfulness (Bruce Perry, MD; Richard Davidson, MD; Rick Hanson, Ph.D.)

Reflection

“If you were to implement one or two of the trauma-informed approaches within your work, would your client shift to a better place?”

Q&A

- THANK YOU!!!!

