

Working With Trauma in Family Services

A Guide for Family Support Professionals

Presented by Oli Doyle, Trauma Counsellor

www.olidoyle.com

Acknowledgement of Country

Session Outline

- 1) What do you see?
- 2) What's happening underneath?
- 3) What happens to you?
- 4) How do we respond?

“We are filled with potential. Health in many ways can be seen as bathing in a wide open pool of possibility. Unhealth can be viewed as various rigid and chaotic ways we become unable to be present with this broad freedom.”

Daniel Siegel, *The Mindful Therapist*. (2010)



Trauma symptoms can trigger behavioural chaos (fight/flight response) and/or rigidity (freeze/fawn/collapse response) in clients and ourselves.

**Clients (and us too) are searching
for ways to control or eliminate
trauma symptoms.**

**Control is not the solution. It is
the problem.**

"Emotional Control isn't the solution; it's the problem. In order to gain the illusion of control over painful experiences, the client must sacrifice living a vital life. The irony is that painful experiences can't be controlled or eliminated in the first place and that attempts at control are what actually make painful experiences even more painful."

[Robinson, Strosahl and Gustavson, *Brief Interventions For Radical Change*](#)

Our goal is to promote flexible responses to trauma that are in line with a client's hopes, dreams and values.

Part 1: What do you see?

What behaviours do you notice when clients are overwhelmed?

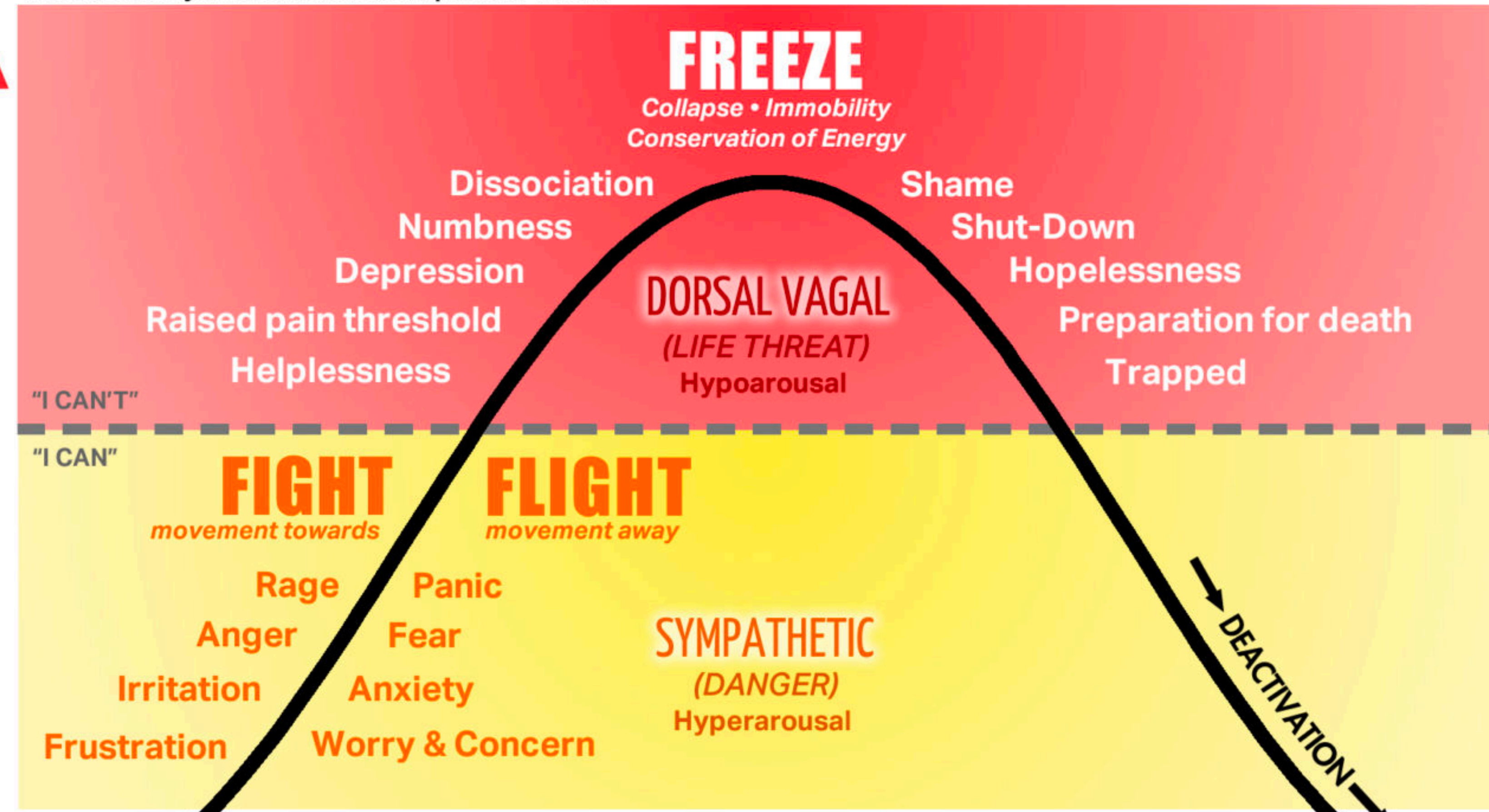
Sympathetic (Fight/Flight) Nervous System Behaviours

- Speaking rapidly
- Jumping from topic to topic
- Scanning for danger
- Shallow breathing
- Fidgeting
- Pacing

Parasympathetic (Freeze/Collapse) Nervous System Behaviours

- Zoning out
- Slumped posture
- Lack of motivation
- Lack of interest in the conversation
- Agreeing with whatever you suggest

The nervous system with a neuroception of threat:



PARASYMPATHETIC NERVOUS SYSTEM
 DORSAL VAGAL COMPLEX

Increases

- Fuel storage & insulin activity • Immobilization behavior (with fear)
- Endorphins that help numb and raise the pain threshold
- Conservation of metabolic resources

Decreases

- Heart Rate • Blood Pressure • Temperature • Muscle Tone
- Facial Expressions & Eye Contact • Depth of Breath • Social Behavior
- Attunement to Human Voice • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

- Blood Pressure • Heart Rate • Fuel Availability • Adrenaline
- Oxygen Circulation to Vital Organs • Blood Clotting • Pupil Size
- Dilation of Bronchi • Defensive Responses

Decreases

- Fuel Storage • Insulin Activity • Digestion • Salivation
- Relational Ability • Immune Response

The nervous system with a neuroception of safety:



PARASYMPATHETIC NERVOUS SYSTEM
 VENTRAL VAGAL COMPLEX

Increases

- Digestion • Intestinal Motility • Resistance to Infection
- Immune Response • Rest and Recuperation • Health & Vitality
- Circulation to non-vital organs (skin, extremities)
- Oxytocin (neuromodulator involved in social bonds that allows immobility without fear) • Ability to Relate and Connect
- Movement in eyes and head turning • Prosody in voice • Breath

Decreases

- Defensive Responses

VVC is the beginning and end of stress response.
 When VVC is dominant, SNS and DVC are in transient blends which promote healthy physiological functioning.

Part 2: What's underneath?

In fight/flight, the nervous system is flooded with energy to escape or fight back.



Run?

Or fight?



If this fails, or if escape/resistance is not safe, we collapse into a *freeze* state in order to survive.



In this state of collapse, the fight/flight energy is stored in the body.

If this energy is not processed it becomes stuck.

“A threatened human (or impala) must discharge all the energy mobilised to negotiate that threat or it will become a victim of trauma. This residual energy does not simply go away. It persists in the body and often forces the formation of a wide variety of symptoms... These symptoms are the organism’s way of containing the undischarged residual energy.”

Waking The Tiger, Healing Trauma, Levine and Frederick (1997)

Part 2.1: Client Example

Part 3: What happens to you?

What physical sensations, emotions and reactions do you experience when a client is stuck in fight/flight?

What physical sensations, emotions and reactions do you experience when a client is stuck in collapse?

**What qualities do you want to
embody in your work?**

Think of a time when your reactions to a client's trauma behaviours got in the way of being the worker you want to be...

“As patterns of emotional and situational avoidance widen, people lose their bearings in life and fall out of contact with positive, vitality-producing behaviours. Their life space constricts as their emotional control agenda takes over.”

Strosahl, Gustavson and Robinson, *Brief Interventions For Radical Change*. (2012)



Experiential Avoidance (EA)

Cognitive avoidance

Suppress - Thoughts and memories

Avoidance - Push thoughts and feelings away

Distract self - Disengage from thoughts

Repression - Exclude distressing thoughts from consciousness

Emotional avoidance

Denial - Refuse to believe or acknowledge truth

Blunting - Avoid negative info

Wishful thinking - Interpret reality to be what one desires

Substances - To numb/avoid feelings

Behavioural avoidance

Distancing - Move away from stressful situations

Distraction - Use activities to avoid thoughts

Procrastination - Avoid doing things that cause distress

Disengagement - Withdraw from distress, may be social

Part 4: What can you do?

**1) Recognise your response as
normal and healthy**

When we sit with someone whose nervous system is dysregulated, we are wired to mirror that dysregulation because watching those around us is one way of monitoring safety.

2) Regulate yourself

- Develop dual awareness
- Breathe
- Notice
- Observe beyond the story

3) Co-regulate

- Change the pace
- Pause
- Notice
- Use wise self-disclosure

- Leave tasks (if you can) and focus on grounding
- Provide practical support if you can
- Empathise

4) Debrief and reflect

- Take time to breathe and stretch
- Consider the client's behaviour through the lens of trauma and the nervous system
- Consult a trusted colleague
- Take time to ground and centre yourself before the next interaction

Thank you and good luck!

For referrals, supervision or training opportunities you can reach me here:



Phone: 0430 181 746

Email: oli@olidoyle.com

Website: www.olidoyle.com