



Why is Trauma relevant in practice? An aid for Kins

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Trauma based practice: an aid for Kin's working with individuals whom have suffered significant injury through incidents or events.

In rehabilitation and body work modalities we as practitioners may laud the parasympathetic nervous system (PNS) for calming us down in our stressful busy lives, but we need the sympathetic nervous system (SNS) to activate us, to achieve goals and get everyday things done. We modulate between these two systems. In the mental health world this area is called our window of tolerance. Most of us live within a broad window of tolerance where we can self soothe, distract and/or emotionally regulate when we are upset, overwhelmed or experience a possible trauma event.

Trauma is a word that gets thrown around a lot these days. One might describe their experience at Starbucks, when the barista butchered their name this morning, as traumatic. But that that is not trauma. Trauma is an experience that overwhelms an individual's capacity to cope. It is a breach of one's protective barrier – physical, mental, emotional and spiritual. Two individuals can be in the same car accident: both may suffer acute physical injuries, but one may suffer from PTSD. What are some reasons this might happen?

To begin with, the event that caused the trauma passes but the body still believes that it is under threat. Trauma isn't our bad experiences, but rather the perception of the experiences. Do not think for a moment this makes the perception any less real. Different parts of the brain activate and/or completely shut down. It does not become a memory. The experience, functionally, is still happening. The individual experiences a sense of hopelessness, helplessness or loss of sovereignty. This has a huge impact on the individual, but also how they relate to others. Those with traumatic experiences have increased stress and decreased trust. Their window of tolerance becomes narrow. The lens they see the world through becomes a veil of threat, everywhere.

Types of trauma can include:

- Single Incident Trauma which is related to a sudden or overwhelming event such as an accident, natural disaster, assault or sudden loss.
- Complex or Repetitive Trauma which is related to ongoing abuse, domestic violence or war and usually involves being trapped emotionally and/physically.
- Developmental Trauma results from early ongoing or repetitive trauma, (as infants, children and teens) involving physical, sexual or emotional abuse, abandonment. This typically occurs within the child's care giving system and effects healthy attachment and development.
- Intergenerational Trauma describes the psychological and emotional effects that can be experienced by someone living with a trauma survivor. Adaptation patterns develop in response to trauma can be passed down from one generation to the next.
- Historical Trauma is an aspect of intergenerational trauma. It is the cumulative emotional and psychological response to trauma experienced by a massive group of people, inflicted by a dominant population.

Trauma Informed Practice (TIP) is a way of working with a client, within an organization, and through all levels and sectors of health care, that is as safe, respectful, and collaborative as possible. Everyone benefits from this style of practice but our clients who have been experienced trauma will feel like they have landed somewhere safe, and potentially ready to heal. Among all Canadians, 76% of all adults report having experience some form of trauma and 9.2% meet the criteria for PTSD. You have most certainly encountered someone who is traumatized. So how do we adapt our practice?

Here are four principles that may help guide you toward a trauma-informed approach.

1. Trauma awareness – An organization must work from a place of awareness amongst all staff. Firstly, understanding trauma as a brain injury takes some of the stigma away. There is a strong

relationship between trauma and substance-abuse, physical and mental health issues. Survivors are more likely to engage in a broad range of high-risk activities, or behave/react in ways that are not culturally normative, to cope. Trauma is common. We have no idea who is walking through our door and what burdens they are carrying with them. Be kind.

2. **Emphasis on safety and trustworthiness** – Predictability, reliability, and trust are key in building a strong therapeutic relationship with a client. Ensuring a practice space feels safe, creating firm boundaries, adopting a regular schedule, providing clear information about programming, and providing clear information about disclosure are all excellent ways to incorporate TIP. Permission to touch is a big factor in TIP. We take for granted how comfortable we are with the human body that we may forget that, for some, the body can feel like a prison. A traumatized individual, ever-vigilant, may be triggered by touch and put right back into their trauma experience. And they may not have the capacity to say no, especially in a relationship where there is an amount of authority and power. Ask permission.
3. **Opportunity for Choice, Collaboration, or Connection** – TIP is invitational and inclusive. The feeling of choice could be deeply important for a trauma survivor on the road to recovery. Providing a sense of self-determination and dignity may go a long way toward equalizing any power differentials. They may have treatment preferences. Or perhaps they wish to collaborate on location and establishing the time of day they work best. A therapist should check in with a client to see how they would like feedback: touch or telling? Human connection is vital. We are social creatures and studies have shown that trauma survivors who have access to connection and community recover from their trauma more quickly.
4. **Strengths based and skill building** – Clients in trauma informed care are assisted to further develop their strengths and work on developing their resiliency and coping skills. Help them to see what they are already doing well and how they can build on that. Guiding them to recognize triggers, modelling calmness and grounding behaviour is important, but we also need to own up to it when we are off or in a bad mood during a session. Emotional intelligence is real. Our words may say one thing but if our body language says another, our hyper-vigilant client will be on red alert and may not even know why!

Be patient, and be aware that if you are working with a client who has experienced trauma, it will affect their recovery. If you would like more information on how you can work toward a trauma informed practice, BC's Interior Health has published a guide available at: http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

You can also check with your local health authority as there may be continuing education opportunities available.