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# Working with Trauma Survivors

— What To Do and What Not To Do —

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**More than 50%**  
of adults in the United States  
have experienced at least one  
major trauma.

# Neurological Effects of Trauma

Adults and children experiencing traumatic events undergo biological changes in adrenal and cortisol responses that can cause dysregulation of both the limbic system and brainstem and can affect:

- Immune and stress responses
- Serotonin levels
- Neurogenesis, or cell growth within the nervous system
- Decreased activation of the hippocampus which can affect learning and memory

(Briere & Scott, 2015)

Learned helplessness as the result of being unable to escape the trauma wires the brain in such a way that leads the person to believe they could not escape future threats of trauma. The limbic system and brainstem activate hormones to self-protect, yet the person cannot do anything to protect themselves. Then the rational brain evaluates why the person didn't do anything to protect themselves, which then produces feelings of guilt and shame (Vernick, 2016).

# How People Respond to Trauma

People experiencing a traumatic event will respond differently to the traumatic event based on several factors.

- Different levels of severity of the trauma
- The person's competence levels in characterological structures of attachment, separation, integration, and adulthood (Townsend Model)
- Addiction or self-harm behaviors that need to be treated first before addressing trauma
- Whether the trauma is pure PTSD or Complex Trauma

# PTSD vs. Complex Trauma

## PTSD: Post-Traumatic Stress Disorder

- Response to a single traumatic event, or a series of events within a short period of time
- “Stuck” or overwhelmed amygdala - fight, flight, or freeze response
- Negative view of the event(s)
- Depression, anxiety, irritability
- Hallucinations, flashbacks
- Development of trauma bonds

## Complex Trauma

- Exposure to chronic trauma over time
- Physically inescapable
- Overwhelms coping strategies
- Dissociation to escape mentally
- Unable to remember details or form a narrative of their experience
- Shame and self-blame
- Feelings of helplessness
- Negative view of the world
- Possible toxic trauma bonds
- Lack of intimacy and trust with others

# Building a Therapeutic Relationship

## Be Present

- Acceptance
- Attunement
- Validation
- Identification
- Containment
- Comfort

## Convey the Good

- Affirmation
- Encouragement
- Respect
- Hope
- Forgiveness
- Celebration

## Provide Reality

- Clarification
- Perspective
- Insight
- Feedback
- Confrontation

## Call to Action

- Advice
- Structuring
- Challenge
- Development
- Service

\*Townsend, J.  
(2019). *People fuel:  
Fill your tank for life,  
love, and leadership.*  
Zondervan.

# What To Do with Trauma Survivors

## 1. Safety and Stabilization

- Ensure physical safety - Is it safe in the home where they are now; are they safe from themselves (suicidal ideation, self-harm, addictions, eating disorders, etc.); c
- Teach coping strategies when feeling overwhelmed or enraged - Doctor visit to rule out medical causes for symptoms; aerobic exercise to promote endorphins and lessen anxiety, breathing exercises to manage anxiety
- Build a trusting alliance - This builds little by little over time; respect client's boundaries; define and model your own boundaries

## 2. Memories

- Help them tell their trauma story - Developing a narrative is important for connecting the disconnected images, feelings, etc. of the memories
- Empower them to discuss and process their memories only when they are ready

## 3. Moving Forward

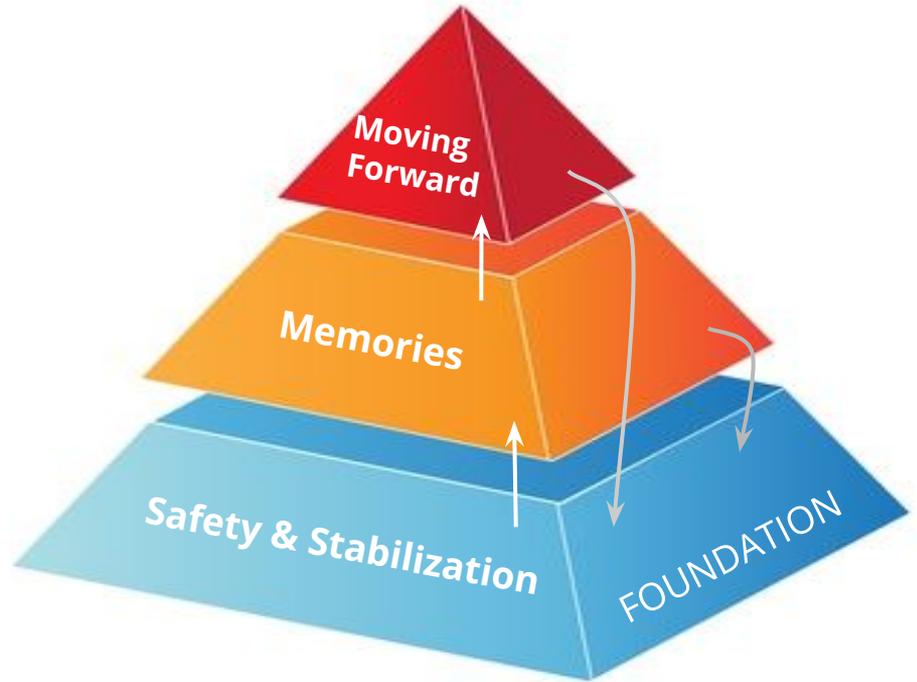
- Help the client associate with the present moment and present relationships
- Provide mismatching experiences to help the client rebuild trust in relationships and intimacy

# Safety & Stabilization - The Foundation

Safety and Stabilization is the foundation of the relationship between therapist and trauma survivor. It must be developed first, before moving into memory processing or moving forward with present relationships.

If the client begins to process memories and moves into self-harm, for instance, the therapist is to bring the client back to safety and stabilization before proceeding more with memories.

If the client begins to move forward in relationships and then experiences loss trust or anxiety in intimacy, the therapist is to return always to safety and stabilization.



# What Not To Do with Trauma Survivors

- DO NOT force the client to talk about the trauma before they are ready
- DO NOT expect the client to immediately trust you
- DO NOT guide or coerce their trauma narrative; this will disempower them all over again
- DO NOT act as if you are the only thing that can help them; this will make them dependent on you for progress and stability
- DO NOT dismiss self-care, or you will risk vicarious traumatization

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— **Thank You** —

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