Interacting with Traumatized Clients: From Knowledge to Practice

Triune Brain Model

Rational Brain
- Pre-frontal cortex/Neo Cortex
  - Rational thoughts, modulates emotional responses
  - Responsible for: language, abstract thought, imagination and decision-making

Limbic System
- Amygdala, Hippocampus
  - Emotional mind
  - Responsible for: basic emotions and drives

(\textit{Rational Brain and limbic system are more advanced parts of the brain, developed in order to function with other human beings, in relationships and communities})

Primitive Brain
- Vital signs, and quick judgment
  - Responsible for: survival, ‘gut reactions’

(\textit{Primitive brain is ancient and functions to ensure basic survival})
Behavioral Symptoms of Trauma
- Expressing, identifying and managing emotions
- Unpredictable emotional responses
- Hypervigilance
- Issues with self-regulation
- Impulsivity
- Dissociation
- Cognition issues

Interacting with Traumatized Clients

1. **Self-regulation**

As a professional, we need to be able to avoid getting into situations where the primitive part of our brain takes over by FIRST being able to recognize when we are beginning to escalate, ourselves.

**Mirror Neurons**
- Remain neutral.
- Make minimal gestures/body movements, keep a neutral posture and facial expression.
- A calm, attentive expression reduces hostility.

2. **Enhance the Relationship and Rapport**

**Listen**

- Motivational Interviewing
  - Open-ended Questions
  - Affirmations
  - Reflections
  - Summaries

**Consistency**

- Proximal Behaviors vs. Distal Behaviors
  - Proximal: Within client’s control (honesty, showing up)
    - Violations involving proximal behaviors warrant a swift, punitive response.
  - Distal: Behavior not presently in the client’s control (sobriety when dependent on a substance)
    - Violations involving distal behaviors warrant responses which increase support, skill-building and treatment.
Boundaries
- Role clarification
- Continued consistency
- Modeling behavior

Slow things down
- Explain the, “WHY?”
- External controls, not personal
- Emphasize conditions

Choices
- If a person has survived trauma or a traumatic event, they had their ability to choose and their power taken from them with each traumatic event
- Asking the client to develop a plan and choose an option engages the prefrontal cortex and the logical part of their brain (rational) which can help to pull them out of their emotional (limbic) and survival-oriented (reptilian) brain.

Managing Trauma Responses
Grounding
- Breathing
- Engage 5 senses
- Blank Person
- Think not feel

Treatment referral
- Gender-specific
- Trauma-informed
  - EMDR
  - Brainspotting
- Cognitive Behavioral Treatment/Cognitive Behavioral Intervention

Manipulation
If someone is purposefully trying to manipulate in an attempt to avoid consequence or for any other reason, it will not be difficult for them to use their frontal lobe and reason with you.
Vicarious trauma and Burnout

Symptoms
- Unhealthy self-soothing
- Isolating
- Change in values/belief system

Coping Skills
- Movement/exercise
- Sharing
- Processing
- Therapeutic intervention
- Engage in community
- Reaching out
Resources

Reading
Waking the Tiger: Healing Trauma
Peter A. Levine with Ann Frederick

Available on Amazon

Training

Cognitive-Behavioral Interventions and Cognitive-Behavioral Interventions for Substance Abuse (CBI and CBI-SA)
University of Cincinnati
“The Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum is designed for individuals that are moderate to high need in the area of substance abuse and well suited for criminal justice populations. The curriculum can be delivered as a stand-alone substance abuse intervention, or incorporated into a larger program, particularly those designed for clients in the corrections system. As the name of the curriculum suggests, this intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. Such cognitive behavioral strategies have routinely demonstrated high treatment effects, including when used with a correctional population.

The curriculum is non-proprietary, but training is required. An adolescent version is also available.”

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Healing trauma
Dr. Stephanie Covington
“6-week, skills-based program particularly designed for settings requiring a shorter intervention: jails, domestic violence agencies, and sexual assault services. There are detailed instructions (specific lesson plans) for the session topics which include: the process of trauma, power and abuse, grounding and self-soothing, and healthy relationships. There is a strong emphasis on grounding skills. The workbook can be printed in both English and Spanish.”

Beyond Violence
Dr. Stephanie Covington
“Beyond Violence is an evidence-based manualized curriculum for women in criminal justice settings (jails, prisons, and community corrections) with histories of aggression and/or violence. It deals with the violence and trauma they have experienced, as well as the violence they may have perpetrated. This four-level model of violence prevention considers the complex interplay between individual, relationship, community, and societal factors. It addresses the factors that put people at risk for experiencing and/or perpetrating violence. This model is used by the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and was used in the Prison Rape Elimination Act (PREA) research on women in prison. This is a 20 session (40 hour) intervention that consists of a facilitator guide, participant workbook and DVD. “

Available for purchase at info@stephaniecovington.com