

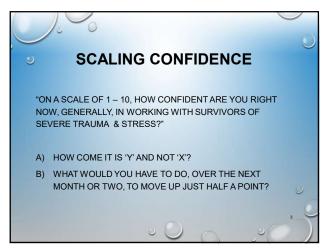
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Aims

The purpose of this presentation is to provide attendees with:

- A greater understanding of this important area of work
- Increased confidence in working with this group of service users
- An appreciation of the importance for service users to move through the 3 transitional stages of survival
- A range of tools and techniques for working with trauma and/or stress

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Formula first session task (adapted for severe trauma survivors)

❖ Important to slow down pace of speech and lower voice tone, before delivery

"Between now and when we meet, I would like you to notice what you have done/are doing already to put the memory of this incident away safely/make sense of it. Can you do this for me?"

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Purpose of FFST:

- Shifts the context from a problem focus to a solution orientation
- Helps the work go more smoothly
- · Helps client achieve goals more quickly

The 6 main areas of concern 1. Triggers 2. Flashbacks 3. Unwelcome (unwanted or intrusive) thoughts 4. 'The lows' 5. Sleep disturbance 6. Living life to the full (thriving)

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Techniques for triggers

1. The most effective technique:

"That was then, this is Now!!..."

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2. Diaphragmatic (7/11) breathing

- Very simple, yet very powerful technique
- Easy to learn and apply
- Good for gaining control over panic attacks
- Teach it in the session and give it as homework, to practise

The 3 stages of recovery: (With full acknowledgement to Yvonne Dolan) 1. VICTIM 2. SURVIVOR 3. THRIVER (Living life to the Full)

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FIGHT
FLIGHT
FREEZE
FACE!

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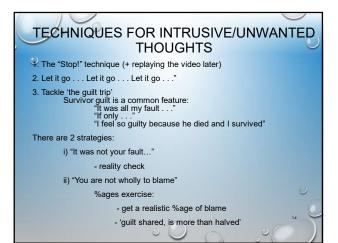
Presuppositional language The use of presuppositional language as a use of indirect communication was one of Milton Erickson's major innovations. Presuppositions are ways of talking that presume something without stating it directly: they are "implicit, unconscious suggestions." Counsellors and therapists can use presuppositions to introduce change notions and expectations during the counselling or therapy session. Some useful examples of pre-suppositional language are as follows: "Which problem do you want to solve first, a or b?" "When you have got through this time of difficulty, what other changes will you make in your life?" "Tell me about a time when the problem was less of a problem."

Presuppositional language, continued

- "When you have had similar difficulties in the past, what strategy/ies did you use to solve them?"
- T: "Tell me about a time when things were better."
- C: "There have been none."
- T: "So, you can't remember a time right now."
- "Who will be the first to notice when you've cut back on your drinking?"
- "When you are attending school on a more regular basis, what will be the main reasons for doing so?"
- "How have you coped with things being worse?"
- "When things are better again, how might you have got that to happen?"

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4. Write, read & burn(or shred)

Many find this technique extremely effective in dealing with unwelcome thoughts.

The Steps:

- First, write down the details of the memory, thought, or image that troubles you.
- Now, write down any feelings you have about the memory, thought or image. If another person is involved in the memory, address these feelings to the person, where appropriate. Include anything you would wish to say or wish you could say to that person.
- Now re-read what you have written, reading it aloud. *
- Once you have done so, burn (or shred) the pages.

Techniques for flashbacks 1. Dual awareness 2. Purposely, bring on a pleasant flashback

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Dealing with 'the lows'

- 1. The rainy day letter
- 2. Make contact with a nurturing friend
- 3. Maintain good exercise, diet, fluid intake and sleep pattern

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The solution focused feelings tank

- A very visual tool
- Especially good for healthy discharge of anger
- May be used for the whole range of negative emotions

6 Positive ways to deal with anger

- · Talk with co-worker or good friend
- · Write down the feelings in a diary or journal; writing 'as if'
- Take energetic physical exercise: punch bags/cycling/fast walking/gym workouts/swimming/etc.
- · Shout it out
- · Paint it or draw it (best for children?)
- · Play choice of music, loudly

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Permission giving statements

- 1. "In all the years I have been doing this work, I have heard just about everything there is to hear about what can happen to people; and, what one person/people can do to another."
- "You may want to tell me what happened, either now or in the future. You may want to tell someone else. Also, you don't have to tell anyone at all. All of these are okay...'

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8 Key Points to Avoid Retraumatisation or Revictimisation, When Clients Disclose

- 1. Show compassion and deep empathy

acknowledge, validate and normalise all feelings & sensations expressed

- 3. Ask strength-based questions, interrupting as appropriate whilst the client is disclosing, as follows:

 How did you cope at the time?

 What got you through all this?

 What most helped?

 How did you do that?

 Looking back on what happened, in what ways has it made you a more determined and/or stronger person?

 Awful though it was, which aspects of surviving it have made you a better person?

4. It is important to compliment sincerely, where appropriate, both as the service user is disclosing; and most importantly at the end of the session

5. Treat the content with care, respect and in a supportive manner

6. Value and affirm throughout, both verbally and non-verbally

7. Keep your own and your service user's eyes on the treatment goals

8. Keep to the '5 o'clock rule'

BLOCKS TO DISCLOSING - OVER 25 POSSIBLE REASONS!

Gender of worker	guilt	shame
Not being believed	poor basic personal skills	
Fear of consequences	fear of rejection	
Loss of control	rank/perceived status	of worker
Special needs disability	inarticulation	on denial
Feeling unsafe	non-recognition	
Feeling dirty, damaged go	oods and not wanting to in	fect/affect worker
Not wanting to be seen in	poor light by worker	embarrassment
Religious beliefs	reaction of worke	er unsure
Previous poor experience	s when disclosing	
Fear of being judged	cultu	ral
Fear of being seen as we	ak/different/abnormal	
Not trusting the environme walls, too many windows,	ent (answerphone for mes etc.)	sages, paper thin
Believing the worker's known	owledge of the subject is in	nsufficient 24
Feeling the worker has un	declared secrets of their o	

Sleep disturbance

Over 40 techniques in the following categories:

- 1. Preparing for bed
- 2. Getting off the sleep
- 3. Getting back to sleep, if awakened

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Degrimming

- Use of black humour
- As & when appropriate
- If in doubt, don't
- Lightens the session + makes the work more enjoyable for both client and worker

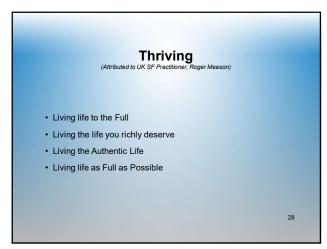
("Try and get the client to laugh in the first session." Insoo Kim Berg, personal communication, 1995)

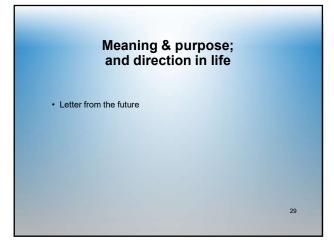
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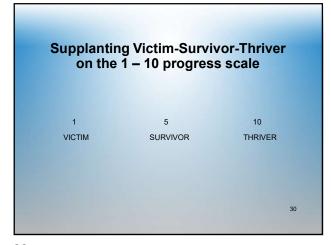
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The (most important) Thriver Stage

- · Principle focus of client
- Meaning & purpose; direction in life
- Visualisation is important (e.g. Letter from the future)
- More freedom than at earlier stages
- Real future possibilities & dreams can be explored
- Allows more compelling presents to be experienced
- Enjoy life to the full







The triple twins of SF success 1. Patience & Persistence 2. Hope & Optimism 3. Curiosity & Creativity

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For second and subsequent sessions

- 1. Elicit Positive Change: "what's better?"
- 2. Reinforce the Change: "How did you do that?", "How did you know how to do that?"
- 3. Amplify the Change: "What else is better?", What else . . .?", "Who has noticed?", "What have they noticed?"
- Build on Improvement: "What other changes might you make as a result of this happening?", "What will be your first small step?", "How will you know when you've got where you want to be?"

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3 x Part ending

- 1. Acknowledge, Validate & Compliment
- 2. Bridging statement/rationale for the task
- 3. Task/homework/something to experiment with:
 - a) Do
 - b) Think about
 - c) Notice

Time and date of next appointment. Finish assertively

VICTIM'S WORLD - Small; compact

SURVIVOR'S WORLD - Pushing at the boundaries of their comfort zone

THRIVER'S WORLD - The sky is the limit

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Scaling confidence "On a scale of 1-10, how confident are you right now in working, generally, with survivors of severe trauma and stress?"

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THE END