When Helpers Need Help: Treating Trauma Professionals

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Client fidgets, shifts, fidgets, paces, fidgets, “It must be so weird to see me in this state”

Therapist: “not at all. This is actually really normal considering everything you are going through.”

Client: matter of fact with a slight eye roll “yeah. I know” pauses for a second, “I mean... no... thanks... I appreciate the normalizing.”

Both laugh.

Client: “Sorry, I can’t help it!”
Step 1: Mutual Respect

- Client often want to be respected as professional equals. Embrace it!
  - What does this do to the power dynamic?
- Contain assumptions, labels, and judgements.
- Have open discussions about your treatment styles, skill level, and favored techniques. Allow client to choose right path for themselves without judgement.
Risk, trust, and transparency

• When a client enters a therapist's office for the first time, what are they risking?
• When a trauma professional enters a therapist's office for the first time, are they taking additional risks?
• When a trauma professional enters a therapist's office, what is at risk for the therapist?
Trust

• Expect to be challenged
• Don’t be afraid to say ‘I don’t know that technique/research/book etc’
• Recognize vulnerabilities for client (in admitting that they don’t ‘have it all together) and for the therapist (this person can see behind the curtain)
• Self monitor for fears/vulnerabilities (so you don’t panic and drop your client)
• What boundaries do you typically set with clients?
  – Time, personal information, focus of therapy,

• Do they change with other professionals? Should they?
Use of Self

• Professionals tend to demand that you are more present and ‘real’
• Often want to be engaged as professionals and as clients at the same time or alternatingly
• Often want to know more about you professionally and personally
Use of Self

Discussion: what are the ‘rules’ about self disclosure?

– What are the dangers of renegotiating them?
– What are the dangers of refusing to?
Assessment

• Can feel like a ‘consult’ – clients often have strong opinions regarding their diagnosis and tx planning
• Usually far more collaborative
• Beware of client self monitoring, can be an opportunity to create safety
• Balance respect for clients opinion with the professional urge to intellectualize and detach
Dual Relationships

- Likely to happen in small communities, even small communities in big cities (such as SA or DV)
- Demand discussion, collaboration, and constant revisiting
- Boundaries should be mutually decided upon with safety for both parties involved in discussion
Naturally Occurring Ego States

“Part of me wants to help you with your crisis, Hargraves, but part of me wants to go to lunch.”
• What is ‘self-care’?
Shannon’s self care

• Have a clear job description, and stick with it.
• Get clear expectations from supervisor, including understanding definition of ‘success’ and ‘failure’ for the job
• Go home at a reasonable hour.
• Rarely work from home.
• Give family and friends my full attention when with them.
Shannon’s self care plan

• Say no when I need to say no
• Remember that my clients and my job survived without me
• Do things that engage a completely selfish, non empathetic side of myself
• Spend time alone
• Remember that my energy is finite
• If the job will not allow me to do these things, I quit