

When Helpers Need Help: Treating Trauma Professionals

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Treating Professionals

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 cant 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)

Boundaries

- 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 alternately
- 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?

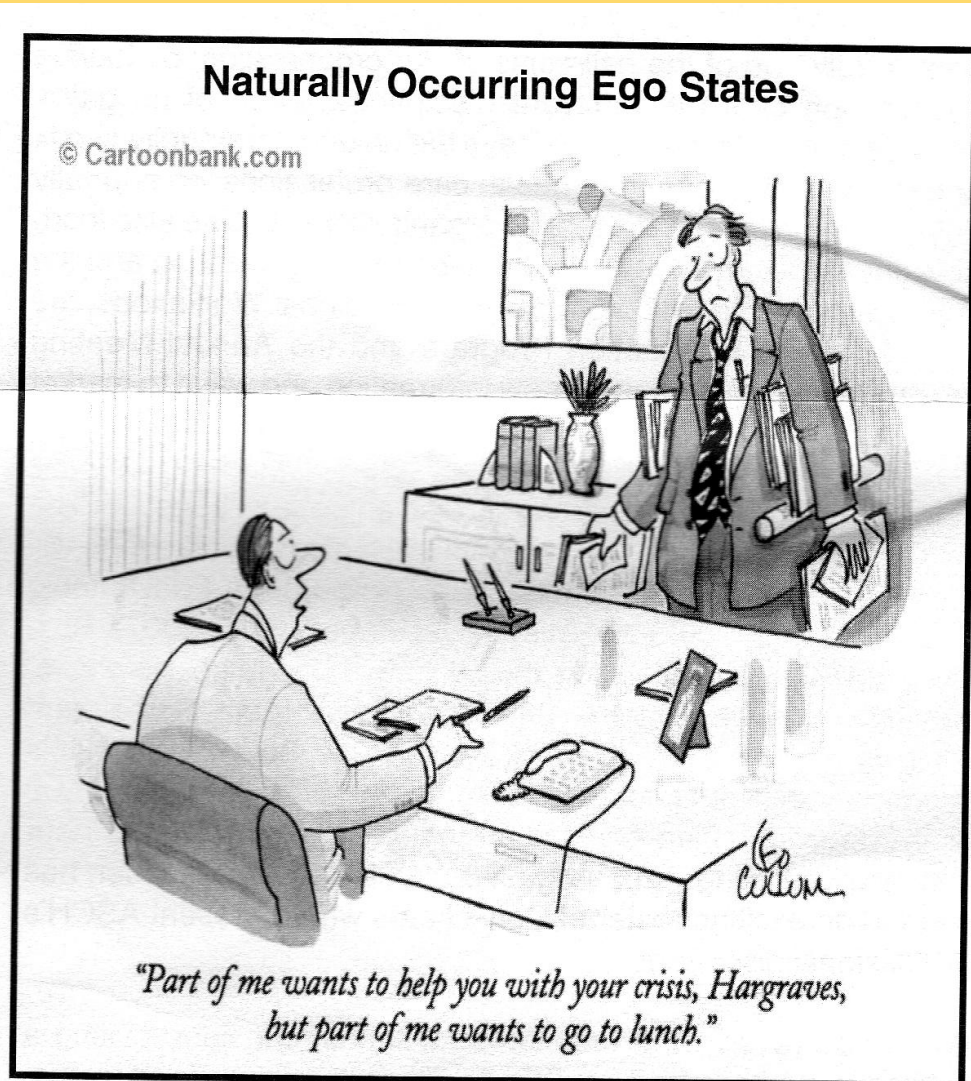
Assessment

- 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

SELF-CARE



- 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