



Building Professional Excellence- Part 2
Session 10: Therapeutic Approaches to Trauma
Webinar Follow-up Question and Answer Session with Courtney Armstrong

1. Question from Teodora Tecu

Is it possible for a small-T traumas (such as an emotional trauma) to lead to a PTSD?

Answer from Presenter

The DSM-5 criterion does not consider small-T traumas to lead to full blown PTSD. However, the DSM-5 created the category of Trauma and Stressor related disorders that includes diagnoses that are indicative of previous “small-t” emotional trauma such as reactive attachment disorder, some adjustment disorders, persistent complex bereavement disorder, and others.

2. Question from Rebecca Riales

In my opinion, fight or flight is actually LESS impactful than FREEZE because the person *cannot* flee or flight ... so I always say "fight or flight or freeze." Your thoughts?

Answer from Presenter

Yes, I too often refer to it as the freeze-flight-fight response because the first thing animals and humans do when under threat is freeze, then they attempt to flee or fight. If we cannot successfully flee or fight then we continue to freeze, dissociate, or go completely limp, because that is the next best way to protect ourselves from death.

A possums who “plays dead” until a predatory animal moves on is a good example of this. It’s meant to be protective but some people perceive the freeze reaction as meaning they were “weak,” “submissive” and feel shame around it. We need to help them understand it is an automatic physiological response and does not mean anything negative about them or their ability to protect themselves.

3. Question from Wendy Willing-Hall

How do you approach trauma therapy when there has been traumatic brain injury to frontal lobe area (as in, a person who survived a severe motorcycle accident with traumatic head injury and severe physical injuries to the body) and is suffering from PTSD as a result of the accident)?

Answer from Presenter

Traumatic brain injury requires different approaches depending on the nature of the client’s injury. I usually refer these cases to a neuropsychologist who can address both the brain injury needs of the client as well as the trauma therapy needs.



4. Question from Virginia Asher

How does creating safety work with a client with DID?

Answer from Presenter

When you are working with someone with DID, you can help them feel safe with the same skills you would use with any client to build rapport. You also want to keep in mind that their “parts” are always “listening in,” at least at the subconscious level. So you do not want to talk negatively about any “part,” or imply you intend to get rid of any of their “parts.” You want to help the client consider how a part has attempted to protect him/her and be respectful. The goal of therapy with DID is to facilitate integration where all the parts can live harmoniously together.

5. Question from Tracy Still

Can you explain a little more about accessing resourceful states in phase 1, especially when working with children?

Answer from Presenter

With children who have been traumatized, it’s good to start by teaching them self-regulation techniques. You can help them learn how to calm themselves down by imagining the happy place or a happy memory, slowing their breathing, humming a song that comforts them, moving their body, or imagining being a superhero, etc. Anything they can imagine that elicits a state of feeling calm, secure, and safe will work. You can simply ask, “Let’s see if we can find a something you can do that helps you feel safer when you’re here or talking about this. Maybe you can just color while we talk or draw your feelings on paper.” Beyond that, having consistent boundaries and rituals for the session helps them feel safe because then your office is a predictable environment.

6. Question from Katrina Kelley

Do you have any recommendations where people can become trained in trauma?

Answer from Presenter

For general guidelines and foundational skills, the NBCC foundation is offering several webinars on trauma treatment at <http://www.i-counseling.net>. In addition, 2 organizations have developed training programs where you can obtain a Certificate in Traumatic Studies. The 1st is The International Society for Traumatic Stress Studies at: <http://www.istss.org/home.aspx>. The 2nd is Bessel van der Kolk’s Trauma Center in Boston <http://www.traumacenter.org/index.php>.

7. Question from Amy O'Bryan

When you do 'RECON' do you explain each step before starting or explain as you go? How much information is shared with the client?

Answer from Presenter

Usually I do explain what we’ll be doing with each step of the process so the client understands the purpose and rationale of it. I do not go into great detail about the neuroscience. I just explain that the brain has its own way



of healing traumatic memories and we've found when we follow these 5-steps, it helps your mind update the memory so that you can move forward in your life and find more peace.

8. Question from Janice McWilliams

Brainspotting is a newer treatment approach that I'm reading about. Do you think that brainspotting fits into the 3 and 5-step protocols that you have spelled out today?

Answer from Presenter

Yes, I am familiar with Brainspotting can be an effective approach to treating trauma and fits into the 3-phase model of trauma treatment and the 5-step RECON protocol.

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