Service Providers

Qualities and Characteristics Essential to Working with People Affected by Trauma

Working with people who have experienced trauma is difficult work, and can be emotionally draining. It can also trigger our own trauma histories. The stories and situations that they may describe can make a provider feel many emotions, including sadness, pity, frustration, hopelessness, anger and disbelief. The skills and characteristics outlined below are essential in building strong relationships with people affected by trauma. Strong provider/client relationships are the foundation of helping and recovery.

Empathy

Individuals who have experienced trauma need to feel supported and understood, not pitied. Pity creates shame while compassion creates connection (Briere, CODI keynote address, 2012). So rather than being sympathetic, providers need to demonstrate empathy and compassion by communicating their own feelings to the individual. For example, “I get the sense that you are feeling sad and hurt by what happened.” This statement does not imply judgment, but rather that you are trying to understand where they are coming from.

Compassion

Compassion is as important for our clients’ recovery as it is for our own well-being. It is a skill that can be taught and nurtured by our organizations and agencies, and it is demonstrated in how we treat our colleagues, how managers treat employees, and, of course, how we interact with our clients.

Note: This is how you think the client if feeling, not yourself.
has been defined as “feeling the suffering of others with a felt desire to help.” In other words, the helper feels a sense of equality and common humanity with the suffering of another (Briere, CODI keynote address, 2012).

See the section on Self-Compassion for more information on cultivating this important skill, pages 104 - 107

**Able to Talk Openly**

In order to help people who have experienced trauma, service providers need to be able to talk openly about issues, feelings and experiences related to the trauma. It is up to the individual who has experienced the trauma to disclose these things, and there is no right way to do this. The amount or nature of the information is not relevant. What is relevant is that if you come across as uncomfortable or unable to say certain words, it communicates to the individual that you don’t want to hear it. The ability to engage with the clients suffering creates opportunity for healing.

**Self-Aware**

It is essential that service providers have an understanding of their own trauma histories. It is also essential that they are aware how it relates to their own beliefs, values, theories and biases related to trauma. Regardless of whether a service provider has experienced trauma or not, it is essential for them to have a level of self-awareness that will allow them to have a sense of themselves and their process when working with clients.

Providers who are self-aware of their feelings, thoughts and how they come across are more likely to invite clients who have experienced trauma to discuss their feelings more openly. Individuals who have been affected by trauma will sense this, leading to a stronger helping relationship and connection.

Clinical supervision can be a fundamental component to the process of self-awareness because it provides space that allows service providers to explore their own experiences with clients and that, in turn, helps promote healthy boundaries and connections.
Self-Care and Wellness

Attending to our own wellness is important because it plays a significant role in our ability to attune to our clients in a meaningful and engaged way. It is not only our own individual responsibility to care for ourselves, but also the responsibility of our agencies to create an environment where it is possible and expected.

Flexible

Providers must be flexible when working with people who have experienced trauma so that they can demonstrate care and concern for those people. This can include a willingness to accommodate some clients’ difficulties with, for example, medical exams or office space by changing normal routines or procedures.

Comfortable with the Unknown

Someone else’s experience of trauma may not be something with which the provider can directly relate. This can provoke feelings of discomfort and uncertainty. It is important to strive to remain open and grounded. This allows the relationship to remain intact and the potential for solutions and possibilities to emerge.

Willingness to Learn from Clients

Providers are often considered experts. However, when providers position themselves as experts in relation to their clients, it makes clients feel inferior. This can ultimately replicate the power dynamic that may have been present during the original trauma. You are not the expert of your clients’ lives; they are the experts, and you must be willing to learn from them. Letting them teach us about their world is the best way to become knowledgeable.
Willingness to Connect Emotionally with the Client’s Experience of Trauma

In order to make an effective and meaningful connection with people who have been affected by trauma, providers must make a connection beyond only facts and symptoms. Feelings and emotions play a central role in their work with clients. This type of connection allows them to feel accepted, understood and genuinely cared for.

Willingness to Step into the World of the Client

During the time they share together, providers must be willing to step into the shoes of the individual who has experienced trauma. This will make a strong connection and create a solid understanding of what it is like for that person to live with the trauma. Feeling understood has an impact on the nervous system. The experience of being understood by another person triggers the same response in the brain as a secure attachment (Briere, CODI keynote speaker, 2012).

Able to Regulate Own Emotions

Given the intense emotions that can result from discussions with clients who have experienced trauma, providers need to be able to regulate their own emotions and stay grounded during and after working with their clients. Being able to do this requires an awareness of self and their own nervous system, and what is required to regulate it. The ability to develop this level of self-awareness can then create opportunity for the service provider to use their own nervous systems as a tool to assist and support their clients.

Clients who have experienced trauma themselves may present as unable to regulate their emotions, so it is the providers job to stay calm and demonstrate emotional regulation. The provider’s regulated nervous system has the potential to regulate the nervous systems of others.
Able to Treat the Client as an Equal and Collaborator

In order not to pathologize clients who have experienced trauma, providers need to treat clients as equals and not act on a belief system that they are weaker and less resourceful. When clients who have been affected by trauma are treated as equals, their strengths and resources are highlighted. It is not an “us” or “them” concept. When we make ourselves other than our clients, we can replicate the dynamic of the trauma. Being able to communicate a sense of relatedness allows for greater connection, communication and ultimately healing.

Good Listener

Providers must be willing to actively listen to clients by focusing solely on what they are saying and showing genuine interest. This will encourage the client to open up and share information and feelings that will help in healing and recovery. Being a good listener also requires that we be comfortable with silence.

Willingness to Debrief

If the provider is to be successful in processing the experience, it is important that they be able to debrief with co-workers about their contacts with clients who have experienced trauma. It is normal to be left with difficult feelings after conversations about trauma or its impact. You are more helpful when you can share your feelings and thoughts with others.
Self-compassion is defined as “kindness directed toward the self.” At its core, trauma affects a person’s capacity to be self-compassionate, so trauma recovery is about nurturing and growing that ability.
Self-Compassion

To effectively support recovery, service providers are required to develop their own capacity for self-compassion. Our ability to be compassionate depends on our ability to be self-compassionate.

As mentioned elsewhere in this toolkit, safe, trustworthy and authentic relationships are the heart of recovery. The relationship we have with ourselves is just as crucial to healing as our ties to the people around us.

However, treating ourselves kindly can be quite a foreign concept. Cutting ourselves some slack can be viewed as making excuses for ourselves or encouraging self-pity (Neff, 2011). Our critical thoughts judge our weaknesses and struggle in ways that we would never express toward a friend. We say things to ourselves that are quite shocking. Just like abuse from others, self-hostility impacts our ability to manage stress, and is associated with a host of mental health problems (Gilbert, 2008).

Rather, self-compassion is linked to less anxiety and depression (Neff, 2011). Some people are naturally kinder to themselves and can step outside our society’s endless quest for perfection. For those people who struggle with being kind to themselves, Kristen Neff and Christopher Germer, two key researchers and therapists working on understanding self-compassion, have noted that self-compassion can be taught (Germer, 2009; Neff, 2011).

Neff has developed an eight-week group intervention that helps people engage in self-compassion practices that incorporate aspects of mindful meditation and build on the age-old Buddhist practices of “Loving Kindness.”

In these practices, through the development of mindful awareness, the practitioners learn to notice when their thoughts drift into self-blame or hostility, recognize that this is a moment of suffering and everyone’s life contains difficulties,
and gently turn hostile thoughts toward a more compassionate view of our actions and circumstances (Neff, 2011).

In the Buddhist tradition, loving kindness practice is one of the foundations of mindfulness and an essential component of spiritual progress. In psychotherapy, it has been known for a long time that people who ruminate on their failings and circumstances are more prone to depression (Williams, 2007). Also strong negative emotions associated with self-loathing, such as shame, contribute to social isolation and feelings of helplessness (Gilbert, 2009).

A person capable of self-compassion knows that they have not been singled out for periods of struggle and unhappiness. We are creatures who experience difficulties by the very fact that we have been born. By allowing ourselves to experience loving kindness, not as an idea but as a felt sense, we are able to address difficulties directly, learn from them and, if possible, take some wise action to change them.

Harsh self-criticism, like bullying by others, undermines our ability to learn. Most victims of bullying want to hide. Self-compassion allows us to soften our hearts and minds in the midst of trouble and to see what can be done to change things, or to find the wisdom to accept what cannot be changed (Germer, 2009). It is the beginning of experiencing ourselves as worthy of kindness.

Perhaps the most important outcome of self-compassion is the increased capacity to care for others. If we are more aware that everyone is in the same boat, the same reality of human struggle, we can feel for the plight of others. The great wisdom traditions of the world understood that the beginning of loving others is to love ourselves.

Compassion is different than pity. Its old Latin root means that to have compassion is to “suffer with” others, not to simply observe their pain. True compassion goes further than
an emotional connection; it ignites the desire to relieve the suffering, to do something about it (Neff, 2011).

For more information on the development of self-compassion, visit Neff and Germer’s links, which also have some downloadable guided practice meditations:

www.self-compassion.org
www.mindfulselfcompassion.org
www.klinic.mb.ca