Trauma Informed Processing

Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life."
– Judith Herman, Trauma and Recovery

Trauma Theory:
""Injured and in need of healing, NOT sick"

The general change in view individuals struggling with mental illness as bearing emotional "wounds", not being emotionally "sick". This was a major shift in how clinicians conceptualized dysfunction and focused providers in the direction of being able to identify and understand these "wounds", or trauma.

Biological, cognitive, and developmental theories
"Trauma is the result of compounding factors (ie; biological conditioning OR beliefs/perceptions of control OR internal/external/social variables, ESPECIALLY in children/vulnerable populations"

These are the ways "trauma theory" either impacted existing or resulted in the development of new psychological, counseling, or sociological theories. This is the **what** of trauma theory, essential how theories have worked to understand which biological, cognitive, or other environmental factors most often result in traumatic "wounds".

Trauma informed care
""A service delivery approach focused on an understanding of and responsiveness to the impact of trauma."

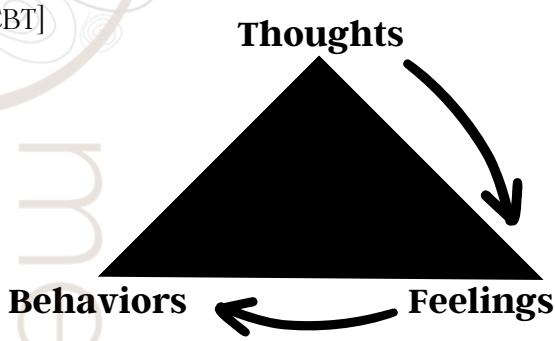
Once the trauma theory perspective became more widely understood and accepted, naturally treatment modalities developed in order to try to control most effectively for the factors commonly associated with traumatic "wounds". Care becoming more **trauma informed** means it is designed to take into account the common obstacles individuals run into when working to **process** trauma.

DEFINITION: *Accessing information with the intention of potentially shifting, moving, or changing it.*

All styles of therapy (group, individual, art, equine, ect.) share the goal of encouraging participants to process information in a myriad of different ways. This has the oppertunity to result in information changing in order for it to become less overwhelming and upsetting.

But with most traditional counseling and therapy models, the focus is on **what** information is being processed.

"Does the individual need to change their beliefs about the meaning or impact of certain events?" [ie. CBT]



"Do they need to explore their early childhood to understand how their connections now reflect the foundational relationships they experience?" [ie. Adlerian and Attachment theory]

"Are they needing to reconcile the fact that their life skills are limiting them and that they would benefit from new and novel ways of behaving/solving problems?" [DBT and Solution Focused Therapy]

This aspect of the **what** is important to therapy, but often results in the assumption that simply using a "talk therapy" modality to address the **what** will result in symptom improvement.

Unfortunately in the case of trauma, especially when it is complex, this is not often the case.

Processing

"Trauma informed" processing

Trauma-informed therapy begins by acknowledging the impact trauma has on all of these issues, and therefore addresses it as an essential aspect of the therapy process. But many **trauma informed models** still rely on "sharing" as the primary modality of processing.

Talking/sharing might be important and are often essential to improvement, but is still doesn't address **the primary reasons** that trauma results in so **uniquely persistent issues** for people; and especially why **traditional talk therapy processing models** so often prove ineffective.

"I've talked about it so many times and nothing ever changes or feels different, what is the point in continuing to try if therapy doesn't work?" [Anonymous]

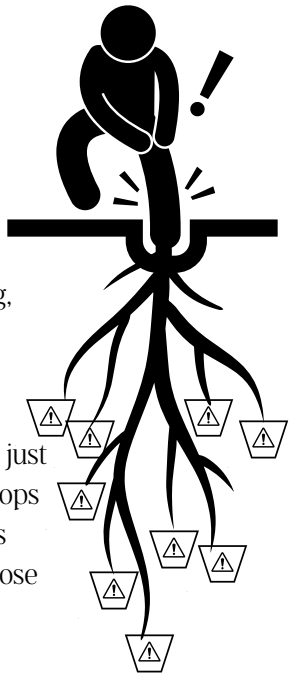
Addressing the issue of **how** the information is being processed, versus **what** information is being processed, is essential to providing effective and holistic trauma-informed care. Most **therapeutic styles**, even the trauma informed perspectives, are still **primarily focused on the what** of processing. In the case of trauma though, **the how** is often just as important. Because of the **unique way trauma impacts neuro-biology** and **how information is stored and retrieved**, understanding the processing information and the issues unique to processing trauma are essential for being able to help patients who continually find themselves **stuck**.

When a patient or client can understand why this specific (traumatic) information got stuck in a unique way that has made treatment in the past unsuccessful, not only does it create a path for them to begin to approach addressing trauma in new ways but it also validates that unsuccessful previous treatment was in no way their fault.

"Stuck"

Stuckness is often the hallmark of a traumatic source being partially, if not primarily, responsible for an individual's problematic symptoms, behaviors, or experiences. The following quote is from the "Trauma Track Patient Orientation Binder" describing how this **stuck** experience is related to **trauma**.

*"We call this stuckness and difficulty changing **trauma**. With trauma-informed care, **we hope to work together to find ways to get that stuckness moving**, even if it's something we have never thought could or would change. That movement is what we call **processing.**".*



Trauma is most recognizable by how it arrests development and inhibits healing, growth, and change. It is the natural antithesis to therapy, which is a process focused primarily on exploring and encouraging change. Understanding not just what results in trauma, but how it develops and why it is so resistant to movement is essential to being able to give hope to those who have experienced it and are living daily in "stuck" experiences.

When any **"stuckness"** is recognized as trauma, it provides more avenues to explore and options to try to get things moving again.

The following conceptualization and terms can be used to help educate both patients and other clinicians about what is meant by **trauma** and what is required for it to **change**.