

March 15, 2016 (10 am to 1 pm)

By Amy Lohr

OUTLINE

1. (5 MIN) Introduction
2. (40 MIN) *Understanding the Effects of Trauma*
 - a. Defining Trauma

“Traumatic stress refers to the emotional, cognitive, behavioral, and physiological experience of individuals who are exposed to, or who witness, events that overwhelm their coping and problem-solving abilities.”

- *Assessing & Treating Trauma & PTSD*, Linda Schupp
 - b. Symptoms of PTSD & Depression
 - c. Physiology of Trauma: Fight, Flee, Freeze
 - i. Work toward Parasympathetic Dominance – where we have access to all our resources
 - d. *Modes of Functioning*
 - i. **Victim Mode** – Safety vs. Lack of Safety
 - ii. **Survivor Mode** - able to function & cope; ability to safely process difficult emotions
 - iii. **Thriving Mode** – all needs are met and valued & overall growth continues
 - iv. **Challenges that Emerge in Victim & Survivor Mode**
 1. **Mindset & Beliefs:** Battling pessimism, hopelessness, learned “helplessness”, entitlement, defensiveness, pride, and more!
 2. **Anger, Fear, Pain** – layers of emotions beneath their behavior or lack of behavior; our automatic impulse is to just notice what is on the surface
 3. **Reactivity vs Responsiveness** – learn how to Respond instead of React (get out of fight/flee/freeze); notice those reactions in others as a trauma response
 4. **Lack of Self-Care**
 5. **Lack of Support System**
 6. **Co-Occurring Issues:** Mental Illness, Substance Abuse, Addictions, & Compulsive Behavior – likely pre-existing and intensifying with unemployment; possibly emerging for first time; **Personality Disorders** – they might not be able to hold a job, especially if low to moderate functioning
 7. **Battle over Power & Powerlessness:** Drama Triangle & Trauma Reenactments
3. (60 MIN) **What you can do to help:**
 - a. You have become a **part of their Journey** in dealing with their **Sacred Pain**
 - i. **We all have Sacred Pain** – the life struggles and wounds that have been difficult to tend to; it is the pain we often resist and void and is the same pain that offers the deepest opportunities for growth, change, and wisdom – this is what makes pain sacred because of the gifts and growth it can afford us.
 1. **As helpers, we can only provide as much care and compassion as we are able to give our Self.** If we are not honoring our own pain and

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“tender” emotions and experiences, it will be difficult for us to feel a positive regard for other’s and their struggles. It is common to experience compassion fatigue in the helping profession – so it is essential you find ways to stay grounded in the passion and meaning that lead you into this field in the first place. One way to re-connect with your passion and feel inspiration is to hear other’s stories of pain, survival, and passion for change. Today, Amy will share her inspirational recovery story and demonstrate honoring her sacred pain, as well as identifying the “gifts” of embracing her sacred pain. Hearing Amy’s story and how Amy weaves this in to the experiences with your clients, will help you re-acquaint with the greatest gift we can offer any client – compassion.

ii. **As helpers on client’s Sacred Journey, we are tasked with:**

1. **Respecting their journey up until this point**– we all have creative strategies to avoid pain in our lives and to survive; those strategies create a foundation of resilience. When we ask people to dig up their “foundation”, so we can help them pour in new, constructive strategies, this is still extremely scary! We are all used to doing what we know and what we are comfortable with – it feels very threatening to ask us to change (...activating Flight/Flee/Freeze).
2. **“Create a Vessel for Sacred Pain”**
3. **Help them identify and foster Resources (Internal & External)**- Bridge Exercise; Assess lack of resources; Review Resource List
4. **Seeking Safety**
5. **Help them identify basic self-care:** we need to address needs at the bottom before we can work our way up; focus on basics
6. **Everyone:** Breathe, Relax, & Stop Tensing!
7. **Instill Hope** – they struggle to believe in themselves, so it can go a long way to have others believe in them; ensure you are establishing Hope and Belief in the Person *not* the situation or outcomes (employment). “I believe in and have hope in You. You are going to be ok.” Sometimes I also say, “I believe in you and your abilities 100%, and I will continue to believe in you until you are able to believe in yourself.” DO NOT INSTILL FALSE HOPE OR MAKE PROMISES FOR EMPLOYMENT OR OTHER OUTCOMES – YOU DO NOT HAVE POWER OVER THAT.
8. **Inspiration** - Help them find things (anything) that provides Inspiration (a quote, mantra, image, podcasts, books, picture of loved one, objects, etc). Offer a small stone, bead, or object to represent the internal resource they need to overcome unemployment.
9. **Meaning (Spirit):** When we are able to find meaning through hardship that is beyond “fixing” and “making things better”, we feel more grounded, empowered, and trust that “everything will be ok”,

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regardless of what happens. This all helps to keep us out of Fight/Flee/Freeze. We need to find something that keeps us grounded. Reality is that the most feared consequences are not that bad – but the way we react to resist the things we are scared of is actually what does cause suffering in our life. (Examples: Victor Frankl; Family & children who were homeless – hope, resilience, & gratitude in all circumstances).

10. **Accepting Powerlessness: We only have control over the care & attention we provide to our Self or the situation.** We do not have control over outcomes; we can either regard the care and attention we need or disregard it...we have no control beyond our response.
11. **Normalize** pain and struggles
12. **Focus on Strengths:** this will help you see hidden resources (internal & external); it will also empower them by seeing their resiliency.
13. **Motivational Interviewing:** assess readiness for change; if they aren't ready, your efforts are futile
14. **De-escalating Clients & Managing your own reactivity (these go hand & hand):** the more you are tense, reactive, and stressed, the more they will mirror the same behavior – model relaxation and your own self-care (something as simple as offering water to someone could be huge). Ensure you are not in the Drama Triangle – Rescuing counters empowerment.
15. **Boundaries** – what are your roles/responsibilities? Limitations? Don't take client's behaviors personally – its not about you (rarely are other's behaviors ever about us).
16. **Empower-** we are empowered when we have choices, so there are truly few circumstances in life where we are totally powerless. We can empower others by highlighting the choices they have (mentally, emotionally, physically, spiritually, and situationally) and providing encouragement and responsibility in their decision-making or lack thereof. "I have choices. My choices are _____. I choose to _____."
Do not tell the person what they need to, should, or have to do – this is disempowering. You can highlight choices, consequences, & accountability to what they stated they want/need. Judgment does not need to be involvement in the decision-making: they can just own the choices they make. When someone tries to take away our choice, we will want to "fight" for power – Fight mode.
17. **See the person beyond their behaviors & resistance.** Let them know you see and hear them. Usually negative behaviors are used to "get other's attention" for how they are feeling because they are incapable or unwilling to see their own feelings or take responsibility for them. Validations: " I know you are hurting" (when someone is presenting with anger) or "You have experienced a lot of pain in your life"

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4. (10 MIN) What you *Can't* do & When to refer:

- a. You can't assess for trauma & mental illness yourself; you can't help them work through the feelings they have to the trauma and loss in their life – refer them to counseling (stay within your realm of expertise). ***You can validate what you see and hear them saying; you can normalize that unemployment is a trauma and provide them with handouts for their education; you can express concern and inform them that there is help for them when & if they are interested in getting more support***
- b. Know when you need to refer and to whom: have a list of **resources** (including the one I am offering) that are holistic and attend to all aspects of the individual (mental, emotional, physical, social, financial, spiritual, etc)
- c. **Some individual's will not leave Victim Mode in their lifetime**
- d. **You can't change someone's personality** & sometimes they are in a situation of unemployment due to personality disorders or traits that are self-sabotaging
- e. If the person is still stuck and not moving forward, resistant, etc – they may need the emotional support and process of therapy (inquire if they are open to this)
- f. **Relinquish the statements:** "I need to make them _____" Or "I need to get them to _____". You cannot *make* or *get* someone to do anything – nor is this your responsibility or within your power to do so. When someone tries to *make* or *get* us to do something, we react negatively. Notice when you are thinking this way or your behavior with a client is motivated by those thoughts – manage your own thinking, accept your powerlessness, and ground yourself back in empowering the client to see his/her choices & responses.
- g. **If you notice the symptoms of depression**, there could be a lot more underlying this (including suicidal thoughts) – provide immediate referrals for a mental health assessment, you don't know how unsafe they may be and unemployment is a significant risk factor for suicide. If you need immediate assistance, contact the Resolve Crisis Network – 1-888-796-8226, where a counselor can assist you if someone is making statements of self-harm and they can also talk to that individual.

5. (30 MIN) Review of Questions & Case Examples *Grab Lunch*

6. (30 MIN) Experiential Learning: Guided Meditation; Practicing Mindfulness

7. (5 MIN) Conclusion.

Hope, Respect, & Compassion are ultimately what goes a long way! Use the information from today to normalize their experiences, instill hope, and offer resources when necessary. You will likely be the only person who will validate that unemployment is a trauma – which can affect them in ways beyond just changing their circumstances financially or with employment. The trauma of unemployment has the potential to cause wounds emotionally, spiritually, physically, mentally, socially. Hearing this can provide relief and hope as they can then start to see the right resources to heal from the trauma beyond just applying for a job. It can continue to remain hopeless to just address the employment side, without addressing the emotions lingering from the trauma – ultimately the fight/flee/freeze can and will sabotage it all.

****Unemployment is often experienced as a traumatic experience – this is a normal reaction, which warrants attention and may need the additional support of counseling to work through the emotional, mental, and behavioral impact of unemployment as a trauma.***

“Traumatic stress refers to the emotional, cognitive, behavioral, and physiological experience of individuals who are exposed to, or who witness, events that overwhelm their coping and problem-solving abilities.” – Linda Schupp

****Please note, this list is assembled to present an example of symptoms of Depression & PTSD, this is not intended to be used as an assessment tool & does not in any way replace the need for an assessment from a trained mental health professional.***

Posttraumatic Stress Disorder Symptoms:

- Intrusive thoughts, feelings, sensations, or images of trauma
- Distressing dreams
- Dissociative reactions – occur on a continuum in re-experiencing emotions, sensations or images of trauma (could emerge as flashbacks; not feeling present/connected; experiencing self or others as unreal/distorted)
- Emotional distress/reaction (anxiety, anger, sadness) at exposure to triggers to trauma (internal or external cues that symbolize or resemble an aspect of the trauma)
- Physical distress/reaction at exposure to triggers to trauma (could emerge as panic attack)
- Avoiding internal reminders of the trauma (memories, thoughts, feelings) and avoiding external reminders of the trauma (people, places, things)
- Difficulty remembering aspects of the trauma
- Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous”, or “My whole nervous system is permanently ruined”)
- Distorted thoughts about facts of trauma(i.e. blaming self or others)
- Persistent negative emotions (anger, blame, shame, guilt, fear, helplessness, etc)
- Decreased interest in activities that are normally pleasurable
- Difficulty in experiencing positive emotions (happiness, love, compassion, empathy, joy, etc)
- Increased irritability, anger or aggression (physical, verbal, or towards property)
- Poor concentration/focus
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Sleep disturbance (trouble falling or staying asleep; waking; excessive sleeping)

Symptoms of Depression:

- Depressed mood most of the day, nearly every day
- decreased interest or pleasure in all, or almost all, activities most of the day
- Significant weight loss when not dieting or weight gain, or decrease/increase in appetite.
- Sleep disturbance
- feelings of restlessness or being slowed down
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Poor concentration, indecisiveness
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. ***PLEASE NOTE: If you are currently experiencing suicidal ideation, please call 911 immediately to be assessed at your local hospital.***