



INTRODUCTION to *and* Crisis Trauma COUNSELING

edited by
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AMERICAN COUNSELING
ASSOCIATION

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INTRODUCTION to *Crisis and* Trauma COUNSELING

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DEDICATION

*This book is dedicated to the children and staff at
Sandy Hook Elementary School and their families,
and to the Sutherland Springs community and surrounding areas.*

*To the Jeremy Richman family and the Mathew Molak family, and to
the counselors and mental health professionals
who walk alongside them.*



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PREFACE

Life brings its blessings and its tragedies, and in the midst of it all, growth-fostering, healing relationships can leave an indelible mark on our psyches and in our lives. The literature is replete with data that now show the intrinsic value of supportive therapeutic relationships and the ways in which they can inspire growth and promote healing following devastating losses. As an introductory text to crisis and trauma counseling, we present an integration of cutting-edge, evidence-based theoretical constructs and models used in crisis and trauma work by counselors—such as cognitive behavioral therapy, behavioral therapy, neurofeedback, and mindfulness-based practices—and we underscore the fundamental role that relationship plays in therapeutic healing.

Throughout the course of our more than 15-year collaboration, we (Thelma and Shane) continue to discuss challenges and opportunities related to counseling and the complexities that people face in living life. As referenced in Chapter 11, we have partnered in responding to numerous community traumas and challenges, and we have worked with hundreds of people who have shared their healing journeys with us. We have also researched and published various works and imagined the content and tenor of a book that focused on a counselor's work with crisis and trauma. When we were afforded the opportunity to write this introductory text on crisis and trauma counseling, we had a vision for what we hoped to offer our readers. We also invited the visions of colleagues who generously shared their expertise and experiences related to their practices in crisis and trauma counseling. As you read this text, know that you have a community of scholars and practitioners who share in this most important work with you.

Now, we invite you to think for a moment to a time when you may have desperately wanted to help a client or another person, but in spite of your best efforts, you were unsuccessful. Consider the dynamics that interfered with your ability to truly connect in a way that your client could trust. Perhaps it was hard for your client to trust that she or he could be helped or that you would know *how* to help. Perhaps, the latter may have even been the case. It could also be that your client

feared being truly genuine and honest with you, afraid that your judgment would be ultimately painful. Perhaps your client's painful experiences with previous authority figures made it difficult to imagine a different outcome with you. Alternatively, oppressive societal messages could induce shame and mistrust within your client that could make authentic disclosure understandably challenging.

One of the goals of this text is to think about our clients by considering their current and historical social contexts and by exploring nuanced and progressive views of relational dynamics to help navigate the process of healing. We also provide a relational roadmap for how to truly see and be with your clients in ways that take into account the challenges that all relationships, including therapeutic ones, invariably bring. We explore the role that power, privilege, culture, and context play in navigating a growth-fostering therapeutic process in crisis and trauma work.

This book is intended for counselors and mental health professionals interested in learning evidence-based, cutting-edge theories and practices in crisis and trauma counseling, and we introduce a relational framework attuned to offering dignity and respectful care. Relational-cultural theory (RCT) affords dignity and provides theory-grounded guidance to conceptualize the complexities inherent in healing counseling relationships. We also introduce and describe the wide range of modalities used in trauma-specific counseling and trauma-informed care. We believe that readers familiar with RCT will resonate with the growth-fostering principles involved in therapeutic work as applied to crisis and trauma counseling. In addition to evidence-based models frequently used in crisis and trauma work, readers unfamiliar with RCT will be introduced to a progressive counseling theory that informs and complements the numerous evidence-based practices and models included in this text.

Manualized practices offer potential structures for *what* many counselors *do* in crisis and trauma counseling. For example, cognitive processing therapy (Resick, Monson, & Chard, 2014) and trauma-focused cognitive-behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) outline processes to explore maladaptive trauma-related cognitions and provide steps to desensitize people to the acute distress and avoidance of traumatic memories (Resick et al., 2014). As we outline the informed research base and structure offered by evidence-based treatments, we invite you to share in our commitment to provide relational and creative counseling *with* people living in the immediacy or aftermath of crises and traumas.

A major emphasis in this text explores *how* and *who* we are with people in distress. Chapters 1 and 2 provide a rich framework for conceptualizing the dynamics and processes in relationships that bring life-sustaining connections, authentic experiencing, and shared power. The established literature in counseling and trauma research emphasizes the centrality of the bonds and shared creativity formed in the counseling space. In this introductory preface and throughout the text, we articulate how we see the extant research into the counseling relationship, creativity in counseling, and relational neuroscience support, and we validate the tenets of RCT proposed more than 40 years ago (Miller, 1976).

The Counseling Relationship

Meta-analytic research into counseling outcomes has revealed that when counselors (a) establish and maintain connections with a wide variety of clients, (b) work with people collaboratively and responsively toward mutual goals, and

(c) infuse evidence-based and theoretical constructs naturally and authentically, they most benefit their clients (Wampold, 2015). In fact, Wampold's (2015) research clearly shows that counselors who focus solely on manualized treatments and prescriptive approaches are minimally effective at best. By contrast, Wampold has articulated a contextual model of counseling in which people experience a real relationship in counseling, work toward mutually defined goals, and experience hope that counseling will work for them. These relational principles overwhelmingly predict counseling outcomes and are foundational for crisis and trauma work.

Mutual Empathy

In reviewing how contemporary researchers articulate empathy in counseling, we found that they reiterate what RCT scholars define as mutual empathy (Jordan, 2018). As cited in Wampold (2015, p. 271), Gelso (2014) defined the therapeutic relationship as "the personal relationship between therapist and patient marked by the extent to which each is genuine with the other and perceives/experiences the other in ways that befit the other." Likewise, Bessel van der Kolk (2014) has contended that social reciprocity builds the kind of relational contexts where people can feel safe, connected, and less alone in their suffering. Our social reciprocity (van der Kolk, 2014) and engagement in real counseling relationships (Wampold, 2015) closely reflect what RCT scholars call mutual empathy. Jordan (2018, p. 7) has explained mutual empathy as "I empathize with you, with your experience and pain, and I am letting you see that your pain has affected me, and you matter to me." We navigate this mutuality following principles of relational ethics, and we describe the nuances of ethical connection and mutual empathy in Chapters 1 and 2. When working with people in crisis, or those who have experienced trauma, the mutuality we share and the real connections we support and nourish can begin to invite the potential for hope on the basis of authentic and affirming experiences in the counseling process.

Integrating Creative and Relational Practice With Trauma-Informed Care

Creativity is a key feature in many evidence-based and manualized treatments for trauma. On the TF-CBT training site, the Medical University of South Carolina (n.d.) states that "TF-CBT is best delivered by creative, resourceful therapists who have developed close therapeutic alliances with their clients" (para. 7). Many other prominent cognitive-focused, evidence-based treatments highlight the role of creativity as an effective practice, including cognitive therapy (Beck, 2012), cognitive processing therapy (Resick et al., 2014), and the Cognitive Behavioral Intervention for Trauma in Schools intervention (Jaycox, Langley, & Hoover, 2018). Although manuals and protocols can provide structure and protocols, a counselor's and client's shared creativity fuel the process of counseling (Duffey, Haberstroh, & Trepal, 2016). Finally, expressive and creative approaches—such as movement, music, yoga, dance, play, and art—allow for creative expression of pain that transcends words. Whole body approaches (Porges, 2011) that ignite our inner rhythms through expressive mediums can integrate sensory and fragmented memories, calling on the strength of community when shared in groups (van der Kolk, 2014).

Context, Culture, and Society

Throughout this text, and specifically in Chapter 3, the authors explore how societal messages, cultural norms, and historical and cultural traumas create expectations that can support healing or isolate people from resources and connections that can provide hope. Historical collective traumatic experiences pervade generations of people who suffered abuses of power, disenfranchisement, and rejection of their humanity. Our perceptions and true experiences of powerlessness and injustice resonate throughout cultures and across generations (Yehuda & Lehrner, 2018). These contextual and historical traumas can be seen in physiological markers of health, experiences of well-being, and neurological functioning. Trauma, when experienced collectively, leaves an imprint on society. Fortunately, counselors can provide healing contexts to attenuate these legacies; they can also engage in constructive social action to advocate for and enact compassionate and culturally responsive social change (Hartling & Lindner, 2017).

Relational Neurobiology and Trauma

Our brains evolved to connect and thrive in social contexts where we give and receive care, understanding, and compassionate feedback. In Chapter 4, we provide an overview of the relational brain, and we explore how trauma can disrupt and override our natural responses to stress and create distance in interpersonal relationships (Banks, 2011; Banks & Hirschman, 2015). These disconnections are especially profound when people suffered abuse within their close relationships or in contexts where they expected interpersonal and physical safety (Banks, 2011; Banks & Hirschman, 2015). van der Kolk (2014) explored how our brains and our bodies can harbor the residual memories and emotional impact of trauma; he also contended that connections with others and creative mind-body interventions can bring life, and perhaps feelings of joy, back into a physiology fragmented by traumatic experiences. Many prominent researchers and practitioners have contended that the human brain is neuroplastic and that brain health thrives from bonding and growth-fostering connections throughout the life span (Banks, 2011; Banks & Hirschman, 2015; Porges, 2011, Shapiro, 2018; Siegel, 2015; van der Kolk, 2014). These scholars have articulated therapeutic models that integrate the body and brain in the healing process. Chapter 4 provides an overview of these connections and how these relationships can stimulate growth psychologically and neurobiologically (Banks & Hirschman, 2015).

Approaches and Models Specific to Crisis and Trauma Counseling

As we build on the relational, social, contextual, and neurobiological factors that help us understand and respond to the many forms of traumatic stress, we introduce prominent models and approaches that counselors follow when providing trauma-informed care. We see these approaches as practical and evidence-based pathways for healing that rest on a solid relational foundation. Chapter 5 highlights and explores the many decisional and relational factors involved in providing immediate and responsive care for clients experiencing acute distress. Chapter 6 provides examples and models for working with clients who suffer from the

residual effects of traumatic stress, including posttraumatic stress disorder and acute stress disorder. Finally, Chapter 7 reviews factors and approaches involved when working with people experiencing suicidal ideations and plans. As you read through these various approaches and models that outline processes and decision trees found in crisis and posttrauma work, we hope that you conceptualize these models with a deep appreciation for the voluminous evidence supporting the primacy of the counseling relationship.

Developmental and Contextual Considerations in Crisis and Trauma Counseling

As you read Chapters 8–15, we ask you to consider the various losses and tragedies experienced by people, and how counselors offer their hope, resources, training, and presence to partner with them through turbulent times. These chapters offer an overview of the many faces of crises and trauma that occur throughout the life span and within distinct social contexts. For example, we explore a wide range of traumatic experiences—including sexual assault, sexual abuse, child abuse, elder abuse, and other violent acts—in Chapter 8.

In Chapter 9, we honor the many life crises associated with work, parenting, family life, and educational setbacks that can at times compound life stress and wear down people's resilience, especially when they may feel isolated and alone (Jordan, 2018). Likewise, Chapter 10 speaks to various stressors, crises, and traumatic experiences commonly seen in families, such as divorce, infidelity, incest, child abuse, medical emergencies, and substance abuse. Chapter 11 reviews the various community crises that can occur—such as natural disasters, mass shootings, and community violence—and the means by which counselors can respond. Chapter 12 offers counseling considerations when working with veterans, and Chapter 13 offers K–12 information for counselors in the schools. You will also find common crises and traumatic experiences seen on college and university campuses in Chapter 14, as well as ways in which counselors can support students and others in these settings. Finally, in Chapter 15, we offer traditional and progressive perspectives on resilience and the ways in which resilience can be strengthened through relationships and the honoring of all people's dignity.

Compassion and Care for Counselors

As is so often the case for counselors when working with others, we experienced our own losses, transitions, and community traumas and disasters during the writing and editing of this book. Our community neighbor, Sutherland Springs, Texas, experienced a mass shooting at the local Baptist church that destroyed entire families and affected community members far and wide. I (Shane) underwent a significant career and life transition via a major geographic move that not only affected my family and me but also those with whom I had shared life for 15 years. Finally, in the midst of this writing and the significant life-changing events Shane described, I (Thelma) experienced the most painful and significant loss of my life to date—the sudden loss of my precious mother. Crises come in many forms, and sometimes they come in clusters. As we are sure many of you can attest to, finding ways to care for ourselves and our well-being, with the compassion we hope to offer others, is critical to our personal welfare and continued work as counselors. We strongly articulate this message in Chapter 1 and reinforce it throughout the text.

Closing Thoughts

Our vision for this text was to present a most humane perspective on crisis and trauma experiences and to introduce cutting-edge, evidence-based resources and modalities for this work. We hope this text prepares you to conceptualize that experiences of crises and trauma can be interwoven in our lives in many ways. For example, a person may be in the throes of a loss when another turbulent life crisis or trauma arises, compounding the impact. We conclude by reiterating the great need for counselors to be prepared and trained in the complex understandings of crisis and trauma work. Moreover, we trust that this introductory text will provide you with a substantive foundation from which you can continue your growth and expand your potential for this most important counselor-client partnership.

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