

Supporting Recovery

Blue Knot Foundation fact sheet for people supporting adults with experiences of childhood trauma

- 1** Supporting an adult who experiences the effects of childhood trauma is challenging as well as rewarding. A 'trauma-informed' approach to interpersonal relating to them can make many positive differences. Its key principles are *safety, trustworthiness, choice, collaboration and empowerment*.
- 2** A trauma-informed approach minimises the potential for upsetting and destabilising interactions. It rests on awareness of the impacts of trauma, and recognises that many problems faced by survivors are trauma-related. It thus understands the links between 'past' traumatic experience and current challenges of everyday life.
- 3** Childhood trauma takes many forms (e.g. sexual, emotional, physical abuse and neglect). It can also occur in the absence of abuse when caregivers have unresolved trauma histories themselves.

- 4 Unresolved childhood trauma leads to a range of health problems, both mental and physical. It negatively impacts functioning and cannot be addressed by 'will-power' alone. Survivors can't 'snap out of it' or 'move on' without assistance (which has not been understood by many well-meaning people, including health workers). Advising survivors to 'focus on the positive' can have the effect of discounting their distress, and increasing their sense of isolation.
- 5 It is possible for childhood trauma to be resolved. When adults heal from early life trauma, this also has positive effects on their children or the children they may go on to have.
- 6 Health workers, as well as survivors, may be unaware of the links between 'past' traumatic experience and current challenges. Adult survivors, their partners, families and carers typically receive little support, and can feel they are 'struggling alone'. This is why an approach which is 'trauma-informed' is very valuable.
- 7 Childhood trauma is 'complex' trauma (i.e. *cumulative, underlying and interpersonally generated*). Since it occurs in the context of early care-giving relationships, it makes sense that intimate relationships may be challenging for the adult survivor who may be easily 'triggered' by minor stress in ways which seem disproportionate. Understanding this basic point can increase empathy. It can also help you not to take criticism and relational fall-out 'personally'.
- 8 A trauma-informed approach rests on a 'do no harm' approach that is sensitive to how trauma dynamics can be *unintentionally* re-enacted. It is attentive to how (i.e. the way in which) support is offered, not just what the support is. When interactions are underpinned by the guiding principles of *safety, trustworthiness, choice, collaboration and empowerment*, this is reassuring to survivors who are understandably sensitive to the potential for their feelings to be disregarded.
- 9 *Neuroplasticity* means that contrary to what was previously believed, our brains can change in structure and function. *Every interpersonal interaction has the potential to assist integration of neural networks* (necessary not only for recovery from trauma but for general well-being). Relating in a 'trauma-informed' way is 'win-win!'

- 10** Research establishes that childhood coping mechanisms to deal with early overwhelming experiences are initially protective. But they lose their protective function over time and actively undermine health in adulthood unless the underlying trauma is resolved. *Problematic coping strategies and behaviours have developed for a reason.* Knowing that they were initially protective can help you to acknowledge their purpose when they seem to have become the problem, and to have 'outlived their usefulness'.
- 11** Both visible agitation (hyperarousal) and 'spacing out' (hypoarousal; includes 'emotional blunting' and 'shutdown') are trauma responses. Thus a survivor who is unresponsive may be as overwhelmed as one who is insistent and argumentative. In neither case is it appropriate to pursue an interaction which elicits these responses. This does not mean 'giving in' or 'avoiding the issues'. Rather a trauma-informed response recognises it is unproductive (and potentially retraumatising) to continue to engage a survivor when they are already at the limits of their ability to tolerate feeling.
- 12** Dissociative ('shut down') responses have not been well understood (including by health professionals) and are often mistaken as depression. It is inappropriate to attempt to 'rouse' or 'get a reaction' from a survivor who has disengaged from an interaction. Once again, this is not the same as avoidance or 'giving in'. If it is important to address the issue, it should be revisited when the survivor is calmer and more able to 'hear' it (i.e. when they are in 'the window of tolerance').
- 13** Basic knowledge of the brain can assist not only your relationship with the person you want to support, but your own well-being. From 'top down', the brain comprises the cortex (thinking, reflective capacity), limbic system (emotions) and brain stem (arousal states; includes 'survival' responses). Under stress, 'lower' (brain stem) responses dominate (flow 'bottom up') and limit ability to be calm, reflect, and respond flexibly.
- 14** Survivors are particularly vulnerable to overwhelm from lower brain stem responses ('easily triggered'). But everyone is subject to stress, which restricts 'higher brain' functioning. This is not 'personal weakness', but *how the brain functions.* As a carer, partner or supporter of someone who experiences the effects of childhood trauma, *you are also subject to stress and your own self-care should be a high priority.* Thus soothing and stabilising strategies (which differ from person to person) are necessary for you no less than for the person you seek to support.



- 15** Attending to your own self-care (with also involves your own `me time`) will not only assist interactions with the survivor, but will `model` the importance of self-care for them as well.
- 16** When `the going gets tough`, remember that *ruptures in relating can be repaired*. Minor ruptures in interpersonal communication are frequent in all relationships (they are more striking, and potentially more triggering, when there is unresolved trauma). Seek to enact the guiding principles of a trauma-informed approach as much as possible.
- 17** Although `support for supporters` can be hard to locate, it does exist and should be accessed as necessary. The Blue Knot Helpline and Redress Support Service, which offers specialist short term telephone counselling support to survivors of childhood trauma, is also available to their supporters, partners and carers. It can be accessed 9.00am – 5.00pm AEST seven days (i.e. including weekends) on **1300 657 380**. You may also like to attend a Blue Knot Foundation workshop for supporters and carers, in which basic principles of `trauma-informed` relating are discussed in more detail. To find out more, go to <http://blueknot.org.au/supporters/supporter-workshops/>

