

## **Self-Care for Those Who Work with Trauma**

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### **I. INTRODUCTION**

As therapists and helping professionals who work with victims and survivors of trauma, we are exposed to the palpable levels of suffering, struggle, shame, and despair that permeate our clients' lives. We sit and listen to their pain, their grief, and their loss. Part of our work is to hold hope and compassion for them, especially when they often cannot hold it for themselves. This work can be exhilarating and immensely satisfying, but it can also come with a cost.

Treating individuals who have lived through traumatic events and their consequences imposes a special burden on—as well as provides an opportunity for—the therapist. In this essay, I'll examine the impacts of working with trauma and will share methods for reducing the personal cost of doing this important work. Furthermore, these techniques for minimizing the stress of our work also create a chance for us to deepen our capacity to be compassionately present without being emotionally hijacked.

In addition to treating trauma-based disorders for 33 years, I have also trained and supervised clinicians and first responders in working with trauma and reducing the inevitable toll of that work. I find my work with survivors of trauma to be profoundly rewarding. It can also be the most demanding task undertaken by therapists and clients alike.

### **II. ON THE NATURE OF TRAUMA AND THE CHALLENGE TO THERAPISTS**

Imagine: a thousand wild elks are at a watering hole casually drinking, and suddenly a predator approaches and makes a sound. In a millisecond, all heads turn as one toward the sound, ears straining to hear, eyes scanning for danger. Collectively they become ready to respond to the danger by either fighting or running for their lives.

All mammalian brains are evolutionarily primed for survival. Any detected threat, whether real or imagined, will trigger our survival defense mechanisms. These mammalian defenses include fight, flight, freeze, submit, and attach (van der Hart, Nijenhuis, and Steele 2006). Also, the communication of these states can be near instantaneous, like in the example of the elk herd above. We humans can resonate with our fellow mammals' instinctive reactions too. Ever notice how you can sometimes sense and pick up on other people's anxiety or anger even when it is subtle? Evolution has gifted us with the ability to detect fight-or-flight states in our fellow humans—as if we are connected nervous system to nervous system—so that we can respond rapidly to dangerous or life-threatening circumstances. My neurobiological state is affected by your neurobiological state.

Often, people who enter the helping and therapeutic professions have a strong ability to empathize. This ability to intuitively sense into another's feelings is a powerful aid in support of therapeutic work. However, that same heightened ability for empathic attunement also leaves us more vulnerable to impacts from the pain and suffering of our traumatized clients.

Dr. Charles Figley, a leader in this field, wrote about compassion fatigue: “We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy, and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor, and hope. We tire. We aren’t sick, but we aren’t ourselves” (Figley 1995).

If you work with victims and survivors of trauma, you might notice the gradual onset of feelings of overwhelm and anxiety that seemingly come out of nowhere. This symptom creep is so slow—and often reflexively denied—that you may be totally unaware of how much your work with trauma is affecting you. Symptoms can range from mild to severe, and if the stress remains high, it can lead to syndromes such as burnout, compassion fatigue, and even secondary traumatic stress or vicarious traumatization. These diagnoses refer to the emotional effects that can result from continued contact with individuals who have experienced trauma.

Some of the common signs and symptoms of being impacted by your work with trauma may include:

- Difficulty sleeping
- Eating more or less
- Feeling chronically overwhelmed
- Anxiety
- Work-related nightmares
- Social withdrawal
- Avoidance of certain clients or situations
- Feeling flat
- Feelings of despair and/or hopelessness
- Irritability
- Feeling more pessimistic or cynical
- No energy, time, and/or motivation for self-care
- Intrusive thoughts and images
- Worry and rumination
- Increased fear for the safety of significant others (partner, children, family, etc.)
- Increased reliance on substances such as alcohol, food, and recreational or medicinal products that dampen and manage emotional pain
- Returning to old behavioral habits and patterns
- Difficulty making decisions
- Difficulty concentrating
- Being much more sensitive and reactive to signs of danger
- Increased sensitivity to certain sounds, smells, and/or lighting
- Reduced sense of enjoyment or competence in your work
- Increased sense of isolation
- Difficulty trusting others
- Struggling frequently with illness, aches, and pains

You can see that many of the above symptoms are like those that impact survivors of trauma. Yet if you are suffering from these symptoms, you may not be aware of the cause and will therefore be less likely to seek help. Many of the individuals who begin to experience these symptoms tend to think it is just them—their fault, their own problem. Consider my client, Rob.

In our initial session, I learned that Rob was a first responder who had arrived at the scene of a gruesome and unsuccessful suicide attempt 12 months earlier. In my office, Rob appeared distressed and somewhat ashamed. He had been struggling with sleep issues, anxiety, and very low self-esteem for almost a year before he became so exhausted and low that he was pushed by his supervisor to seek professional help.

“I can’t get that image of the guy’s head out of my mind. It just keeps coming back again and again,” he said while picking at his cuticles. He continued, “I kept thinking there was something wrong with me. None of the other guys seemed upset at all. They don’t ever seem tired like me, and I keep fighting these feelings because I don’t want to look weak or not cut out for the job. But I just can’t stop seeing it. And I can’t stop being so bothered by it.”

Rob had been exposed to a lot of prior traumatic injuries and death, but it had never affected him like this. As we explored why this case stayed with him, we discovered that the individual who attempted suicide reminded Rob of his father, with whom he was very close and who had been severely depressed. That connection caused him to feel somehow personally responsible for this injured man’s trauma, and it also removed whatever defenses he had against shouldering the blame for the incident.

A therapist’s job consists of sitting for hours a day while listening attentively and empathically to stories of pain and struggle. When a therapist treats trauma, those stories of pain and struggle are even more intense, more powerful, and therefore more taxing to be present with. If you are constantly in the field, it is inevitable that you too will become affected by swimming in this sea of extreme human suffering. We are affected by two different but related levels of our nature.

### **Neurobiological and Relational Impacts**

While these two levels often interweave and impact one another, it is useful to distinguish them. One level is the neurobiological. Sitting with extreme states of terror will impact us through our resonant mammalian brain—like the elks at the watering hole. Our neurobiology will automatically reflect a state of heightened activity to more closely match our client’s arousal.

Trauma responses include both hyperarousal and hypoarousal. Hyperarousal, or over-activation, is when our physiology is amped up—heart racing, breathing faster, and primed to run or fight for our survival. In contrast, examples of hypoarousal include getting spacey, unfocused, diffused, and lethargic to the extreme of not being able to keep your eyes open for one more second. Therapists who work with clients who dissociate due to their trauma experiences often report falling into a parallel trance when their client is deeply hypoaroused. Either way, our neurobiology is doing what it is meant to do: to resonate and respond to the neurobiological states of others.

The other level of impact is the relational. This is where our personal psychology and our way of being in relationships come together. In simply hearing the stories and imagining the pain and terror, we empathically remember analogous events within our experience or the experiences of those with whom we are close. This can occur even when our client might not be feeling or having an emotional experience. In that particular moment, we are not being impacted by their neurobiology in such a direct way. Instead, through empathy and experience, we feel into our client's pain and anguish, and we experience qualities of those states as well.

To use a song as an analogy, the neurobiological level is the music and the relational level is the words. They interact and inform one another.

In the early 1990s, my full-time practice was devoted to working with those whose lives were touched by trauma. At that time, I was working with several clients who all recounted similar stories of extreme, sadistic abuse—including torture and murder—by groups of adults. The gruesome details and intense pain, despair, and horror were overwhelming. Knowing that this was done not just by lone individuals but groups of adults who bond over their common desire to torture children, as well as the fact that this was a large and secretive underworld, shattered my core beliefs about safety, decency, and the goodness of the world in general.

I felt haunted by these experiences. I would often reflect on the stories I heard or have them intrude seemingly on their own. Repeatedly, vivid and disturbing images of what I had heard about would suddenly appear. Strong feelings of hopelessness, dread, and suffocating powerlessness to change this awful reality permeated my days. I was losing passion for my work and began to feel unsafe and vulnerable.

This darkness touched my spiritual heart as well. I often wondered, “Where is God in all this?” I felt hollowed out and empty. I wondered how this had occurred. What brought it on?

Frogs and lobsters are cooked gradually. They are placed in comfortably cool water that then heats up so slowly that they don't know they're cooking until it's too late. Trauma works the same way. Traumatic stress can creep up on us gradually, and we rationalize our symptoms because we just think it is the new normal.

I struggled off and on with these feelings for months until I had lunch with a colleague. After sharing my struggles, pain, and the fear of this vast underground of child sex-traffickers with her, she simply sat looking at me in dismay and shaking her head. She too became overwhelmed at the thought of what I was sharing. Even though she was speechless and had no suggestions to help, her mere astonishment cued me in to something important. I was also a victim of gradualism. I had already been treating trauma for almost a decade and had gotten used to some of the stories I heard. However, there was also a slow, cumulative effect that dramatically increased when I began working with several individuals at once who were abused by groups.

In hindsight, I can also see that during our lunch, my colleague was partially hijacked by my activation. I was clearly in distress, anxious, and feeling very cynical and hopeless. Just as with the elk at the watering hole, my nervous system was sending out danger signals to her nervous

system. She picked it up and then felt hopeless and overwhelmed too, which only served to amplify and deepen my own negative feelings.

One factor that increases our vulnerability to secondary traumatic stress is being in the impossible bind of wanting to do something to help, yet feeling powerless to change what has already happened. Most helping professionals tend to be caretakers in life. It is very hard to *not* feel responsible. It is this sense of responsibility that can set the stage for us to be impacted even more by the work. If you treat trauma victims, you are at risk of being overwhelmed by the same symptoms that have hijacked the nervous systems of your clients.

This hijacking can appear as constant worry and rumination about a case or a session, intrusive dreams, or dread when you're about to see the client. It can also take on the form of somatic manifestations such as headaches, GI disorders, skin disorders, sleep disorders, and pain and fatigue syndromes. You may find you are more vigilant, checking for strangers and signs of danger in your environment. You may feel tired and depleted, with a closed and heavy heart. These symptoms can alternate with those of activation such as anxiety, worry, anger, irritability, or fidgeting. These experiences can also be interspersed with moments of intrusion such as flashbacks, where images, feelings, and/or memories of working with trauma insert themselves into your awareness unbidden.

Perhaps most stressful for therapists is when they find their own sense of boundaries being shaken. You cannot stop the mental and emotional intrusions. You may feel like you cannot stop thinking about a client's trauma or cannot stop worrying about his or her safety. Dreaming about work and the traumas experienced by your clients is especially upsetting. Sleep is no longer a respite from your stressful days.

How we intentionally engage in self-care will determine both our stress level and how we function as therapists. The more you pay attention to and shift your own level of activation and dysregulation, the more you can be compassionately present with your clients.

### **The Amazing Two-Way Mammalian Brain!**

I previously mentioned how mammalian brains can pick up distress, as in “run for your life!” However, we can also pick up the signs of “relax, it's all clear now” (Porges 1995). This means we can intentionally choose to be senders of the “relax, it's all clear” signal.

Good parents intuitively do this when they hold and soothe a distressed child. Dr. Allan Schore speaks of brain-to-brain attunement in the parent-child dyad (Schore 2000). Most parents instinctively change the tone and volume of their voice, lovingly hold the child, offer kind and concerned eye contact, and perhaps gently rock the child. This behavior and the underlying neurophysiological state of the parent are what help soothe the child, nourish healthy attachment, and encourage the child to learn how to self-soothe.

As therapists, we can help shift our clients' neurophysiological states by shifting ours. Our ability to self-regulate allows us to intentionally control the tone, rate, and volume of our speech. Along with a relaxed facial expression, relaxed body posture, and verbal and non-verbal alignment, we send clear bodily signals that can speak directly to our clients' nervous systems



and help them feel safe. When we feel safe, our nervous system regulates and we can engage more fully in relationships (Porges 2009). We then become more present to early attachment wounds and more available for healing them.

In contrast, the dysregulated nervous system is less able to take in what therapy can offer. Our job with trauma survivors is to help them not be locked into continual bouncing from hyper to hypoarousal. As with parents, most intuitive therapists already instinctively change the tone of their interaction with a dysregulated client. However, many of us do this without being fully aware of what we are doing or why we are doing it. When it is an intentional action, it becomes a very powerful and helpful tool. Additionally, we can enhance our ability to remain mindfully and compassionately connected and present.

In one form or another, to one degree or another, those of us that work with survivors and victims of trauma will be impacted by our work. We can enjoy the rewards of this important work while also preventing and healing the potential costs. The good news is that both the prevention and remediation of this stress are relatively simple.

### **III. SELF-CARE PRACTICES FOR TRAUMA WORKERS**

#### **1. Be Honest with Yourself: Your Limitations and Needs**

This is the crucial first step of self-care. Therapists, nurses, coaches, and first responders are known for their selflessness and altruism. We are drawn to the helping professions because we want to ease others' suffering.

However, the personal qualities that draw us to this work often include a tendency to focus more on other people's experiences and needs rather than acknowledging our own. This can mean we are not so great at knowing and heeding our limitations, and that we tend to put self-care last on our to-do list—if it makes it onto the list at all. This means that you may avoid taking time for self-care and doing the things that can help you feel and function better. So be honest with your ambivalence about taking care of yourself.

#### **2. Set the Foundation: Sleeping and Eating**

Yes, we all know this, but we often don't place importance on these aspects of self-care. Make sure you get both adequate rest—most people need eight to nine hours of sleep per night—and a healthy, balanced diet, including a nutritious variety of foods. Sleep and nutrition help maintain a more regulated nervous system. Chronically skimping on one or both will increase your likelihood of becoming dysregulated.

#### **3. Practice Self-Regulation Frequently**

The bulk of the following practices are for directly promoting self-regulation. Trauma can induce a chronic state of dysregulation in the nervous system. This is what perpetuates many, if not all, of the signs and symptoms of trauma-based disorders. Spending hours with the chronically dysregulated nervous systems of clients can induce a similar dysregulation in professional healers. On one level, it impacts us because we are listening to and being empathic with our clients' horrendous experiences, which can trigger our own traumatic-stress responses. Additionally, just being with other human mammals who are frequently in states of fight-or-flight can trigger our own survival responses. In turn, these responses exacerbate all the other symptoms and struggles that you as the professional are trying to help manage in both yourself and in your clients.

Therefore, it is profoundly helpful to have methods and practices for guiding your nervous system to re-regulate. We can also teach this to our clients. It carries more weight when we have direct experience with these practices ourselves.

Perhaps most importantly, practicing self-regulation can significantly improve your ability to remain in regulation even while working with trauma-impacted clients. The more you can remain in regulation, the more you can help your clients manage and transform the effects of their trauma.

##### **A. Relaxation Techniques**

These include progressive relaxation, autogenic training, and the body scan, which are just a few excellent methods to help you learn how to relax the body and the mind. Yoga, tai chi, and somatic practices can help cultivate relaxation, and thus the ability to re-regulate and to be

present. Practice these to develop the ability to sense how you hold tension in your body and how to release it. A more advanced body practice that I have found very helpful is the Realization Process developed by Dr. Judith Blackstone (Blackstone 2011).

#### A Simple Relaxation Practice:

1. Take a moment to nourish your ability to relax.
2. Adjust your posture so that you are sitting or lying in a comfortable position . . .
3. Turn your awareness to your breath, inviting your breath to become long . . . slow . . . deep . . . and full . . .
4. As best you can, allow your out-breath to be a few seconds longer than your in-breath . . .
5. With each inhalation, imagine you are inhaling relaxing and calming air . . .
6. With each exhalation, imagine you are releasing any tension or gripping in your body and mind . . . so that breath by breath, you relax more and more . . .
7. Also with each out-breath, letting your body sink a little deeper into the surface on which you are resting . . .
8. Invite your muscles to release and relax, to go slack and smooth, to allow tension to simply flow out . . .
9. Invite yourself to rest and relax more and more deeply, letting go more and more . . .
10. Inhaling relaxation, exhaling any remaining tension or gripping . . .
11. Let yourself drift . . . and float deeper . . . body feeling calm . . . and relaxed . . .
12. Linger here as long as you wish . . . and when you transition back to activity, give yourself a moment or two to adjust.

#### **B. Mindfulness**

These benefits of relaxation techniques are complemented and extended through mindfulness meditation and cultivating mindful awareness. The practice of mindfulness meditation is well documented to reduce stress, enhance our ability to cope with illness, reduce intensity of perceived pain, decrease depression and anxiety, increase a sense of calmness, improve cognition, decrease distractibility, and increase one's sense of well-being. Practicing mindfulness is a powerful road to improved self-regulation. Additionally, this type of practice builds the ability to notice when we have become entranced by our thoughts, daydreams, fears, and projections. This ability is especially helpful in working with trauma, as we can better track our client's dysregulation as well as our own and respond more effectively.

#### Mindfulness of Breath:

1. If you wish, you can begin by taking a few moments and several conscious breaths to relax, as outlined in the Relaxation Practice above.
2. Then tune your awareness to the sensation of your breathing . . . feeling the moment-by-moment changing sensations of the full duration of your in-breath . . . and sensing the flow of sensations of the full duration of your out-breath . . .
3. No need to change or control your breath. Simply allowing your breath to find its rhythm.
4. Just riding the waves of your breath . . . breath by breath . . . remaining aware of the ever-changing sensations of the breath.
5. Give yourself permission to let go of a need to do, or to fix, or to problem-solve . . .



6. When you notice that your attention has wandered off the breath and into a thought, daydream, or memory, simply note that it has wandered and—like training a puppy on a leash—return your attention to your breath gently and without judgment.
7. By paying mindful attention to breathing, breath by breath you are creating the conditions where your nervous system most easily self-regulates.

Within meditation disciplines there are two types of practice: formal practice and informal practice. Formal practice is when you intentionally set aside time from the rush of doing and busyness to practice mindfulness. A daily formal practice is recommended so that you can develop the ability to be more deeply present and mindful.

Informal practice is when you happen to engage in a practice—say, mindfulness of breath—while you are sitting at a traffic light or washing the dishes. This involves shifting your attention from being absorbed in your thoughts to sensing the movement of your breath, your posture, and the surrounding sounds, sights, and smells. You notice without the constant commentary, slowing down to more fully attend to this moment. This is the process of returning to presence or mindfulness. It can certainly be incorporated into your work day as well. This could mean sitting with a client and having some of your attention upon the movement of your body breathing.

### **C. Strengthen Spiritual Resources**

Without some larger sense of meaning, purpose, or hope, it is much easier to develop burnout, compassion fatigue, and even secondary traumatization from working with a traumatized population. It becomes all too easy to fall into dark cynicism, hopelessness, and negativity about the world if we only see the horrible everywhere we look.

Connecting with Source, Divinity, God, Spirit, True Nature, the Universe—or whatever you may call it—is massively helpful for keeping perspective and seeing the larger picture. Nourishing our spiritual connection builds resources that help us to not feel lost and depressed due to the amount of intense suffering in the world.

Nourishing your spiritual self can be supported by reading sacred, holy, or inspiring books; practices such as prayer, meditation, contemplation, chanting, or attending worship services; and/or joining a group of like-minded companions.

### **D. Practice Compassion for Self and Others**

It can be so easy for us to feel anger or rage for the harm done to our clients—to hate the abusers and tormentors. Frequently, therapists also experience anger and frustration toward themselves for not feeling more effective in their work. At the same time, almost universally, trauma survivors struggle with shame and self-loathing; they often have a huge deficit in compassion for themselves.

For all these reasons, practicing compassion for self and others is a powerful tool to shift us away from the negativity bias of our nervous system. It helps us move from being stuck in despair to feeling empowered to respond with compassionate action. Also, embodying an attitude of compassion and lovingkindness while working is a potent method for remaining grounded and offering your clients a safe, unconditionally accepting environment. Regular practice cultivates

and nourishes our ability to meet the people, events, and moments of our life with a more open heart.

A Compassion/Lovingkindness Practice:

1. Take a moment to adjust your posture so that you are comfortably supported, ideally in a sitting position.
2. Take a few moments to settle into mindfulness of your breath and body . . . simply being aware of the present moment sensations of the movement of your breath and of your body sitting. Letting yourself arrive in this moment . . . letting go of doing or judging . . . and simply sitting here, following your breath.
3. When you are ready, while using your breath as a tether, focus on the area around your heart. Just notice whatever sensations are present.
4. The Buddha said: “You can search all the worlds and universes and not find someone more deserving of your lovingkindness than yourself.”
5. This part can be challenging for those who struggle with self-compassion, but with practice it becomes easier and profoundly rewarding.
6. Perhaps picture yourself as a child or see yourself as a good mother would, who sees her only child through the loving eyes of her heart. See yourself with tender and compassionate eyes. At heart, all humans want happiness and to suffer less.
7. Alternatively, you can recall all of the love and affection that has been sent your way by family, friends, other people, and even dear pets. Feel into their sense of love and kindness for you.
8. Breathe all this lovingkindness into your heart.
9. Feeling and generating this heartfelt sense of love, kind regard, compassion, and tenderness with each breath.
10. Intending and sending these wishes to yourself (to be said silently, pausing between each one, allowing yourself to mindfully be with the flow of experience):
  - a. “May I be happy.”
  - b. “May I be free from suffering.”
  - c. “May I be filled with well-being.”
  - d. “May I be at ease.”
11. Repeat these four wishes/intentions slowly three times. Notice how you meet the feelings that arise. Do you resist or close your heart? Can you be with these feelings and wishes? Don’t analyze—just notice what happens on its own.
12. When you feel ready, bring to heart and mind someone you love or care about or someone you deeply appreciate or respect. It could be a parent, a partner, a child, a mentor or teacher, or a beloved pet.
13. Intending and sending these wishes to them (to be said silently, pausing between each one, allowing yourself to mindfully be with the flow of experience):
  - a. “May they be happy.”
  - b. “May they be free from suffering.”
  - c. “May they be filled with well-being.”
  - d. “May they be at ease.”
14. Repeat these four wishes/intentions slowly three times. Notice how you meet the feelings that arise. Do you meet them with contraction or opening?

15. When ready, bring to mind and heart someone toward whom you feel neutral, such as a stranger or a passerby on the street.
16. Intending and sending these wishes to them (to be said silently, pausing between each one, allowing yourself to mindfully be with the flow of experience):
  - a. “May they be happy.”
  - b. “May they be free from suffering.”
  - c. “May they be filled with well-being.”
  - d. “May they be at ease.”
17. Repeat these four wishes/intentions slowly three times. Notice how you meet the feelings that arise. Do you meet them with contraction or opening?
18. Now, when ready, bring to heart and mind someone toward whom you have negative feelings: anger, resentment, hurt, or even hatred. It is best to begin with someone other than your archenemy and then you can work up from there.
19. Intending and sending these wishes to them (to be said silently, pausing between each one, allowing yourself to mindfully be with the flow of experience):
  - a. “May they be happy.”
  - b. “May they be free from suffering.”
  - c. “May they be filled with well-being.”
  - d. “May they be at ease.”
20. Repeat these four wishes/intentions slowly three times. Notice how you meet the feelings that arise. Do you meet them with contraction or opening?
21. Now, when ready, bring to heart and mind all beings—ones you love, ones you feel neutral toward, and ones you dislike or hate; ones you know and ones you do not know. Hold in your heart and mind that all beings want happiness and to suffer less.
22. Intending and sending these wishes to them (to be said silently, pausing between each one, allowing yourself to mindfully be with the flow of experience):
  - a. “May all beings be happy.”
  - b. “May all beings be free from suffering.”
  - c. “May all beings be filled with well-being.”
  - d. “May all beings be at ease.”
23. Repeat these four wishes/intentions slowly three times. Notice how you meet the feelings that arise. Do you meet them with contraction or opening?
24. Finally, to complete the circle, bring yourself back to heart and mind when you are ready. Once again offer these intentions—these heart-wishes—to yourself.
25. Intending and sending these wishes to yourself (to be said silently, pausing between each one, allowing yourself to mindfully be with the flow of experience):
  - a. “May I be happy.”
  - b. “May I be free from suffering.”
  - c. “May I be filled with well-being.”
  - d. “May I be at ease.”
26. Repeat these four wishes/intentions slowly three times. Notice how you meet this experience now. Notice how you feel.
27. Take a moment to transition back to your activity.
28. If done regularly, this powerful practice can lead to genuine feelings of compassion and lovingkindness for all beings, including ourselves.

### **E. Practice Gratitude**

The abundant benefits of practicing gratitude are well researched, and they can be a true game changer in your life—especially in how you manage working with traumatic wounding. We know now that practicing gratitude improves mood, decreases depression, improves immune function, helps regulate sleep, provides a more positive outlook on life, and leaves one feeling more alive and able to express compassion and kindness in social interactions. This is a tremendous practice to help counter our human tendency to remain in the negativity bias and to help us be more resilient in the face of working with trauma.

The practice of gratitude can be as simple as writing down three to five things that you are grateful for each day. It can be gratitude for getting a new job, or as basic as being grateful for the weather, the smell of coffee, the smile of a friend, or the company of your pet. The point is to be regular with the practice. In as little as one week of gratitude practice, many people notice a significant shift in their mood and sense of contentment.

There are even apps you can download that make it easy and convenient to engage in a gratitude practice. One among many for the iPhone is Grateful: A Gratitude Journal by treebetty. One among many for Android is Bliss: Gratitude Journal by John De Mott.

### **F. Touch and the Butterfly Hug**

We humans respond to touch. Gentle, affectionate touch helps calm the nervous system and can trigger the release of oxytocin, the attachment hormone. Our bodies do not differentiate between when someone we love touches us and when we are touching or holding ourselves. The calming release of oxytocin occurs in both instances. So when you are feeling upset, ungrounded, agitated, or irritable, try giving yourself a hug or a gentle stroke on the cheek. See how that impacts the way you feel.

The Butterfly Hug is a technique that was created and developed by Lucina Artigas during her work with the survivors of Hurricane Pauline in Acapulco, Mexico, in 1998 (Artigas, Jarero, Mauer, López Cano, and Alcalá 2000). This technique was designed to be self-administered. It is based on Eye Movement Desensitization and Reprocessing (EMDR) and the idea that bilateral stimulation helps soothe and ground the nervous system, reducing traumatic activation. Here, Artigas describes how to do the Butterfly Hug:

Cross your arms over your chest so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection, between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that the fingers point toward the neck and not toward the arms. Now interlock your thumbs to form the butterfly's body and the extension of your other fingers outward will form the butterfly's wings. Your eyes can be closed or partially closed, looking toward the tip of your nose. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely. You can breathe slowly and deeply (abdominal breathing) while you observe what is going through your mind and body—such as thoughts, images, sounds, odors, feelings, and physical sensation—without changing, pushing your thoughts away, or judging. You can pretend as though what you

are observing is like clouds passing by (Artigas, Jarero, Mauer, López Cano, and Alcalá 2000).

The Butterfly Hug is something you can do that combines the basic benefit of soothing yourself with the bilateral stimulation that helps reduce the charge of traumatic stress. It is like turbo-charging a hug.

### **G. Forest Bathing**

Forest bathing is the practice of spending time walking slowly or simply sitting outdoors in the woods or a park. The practice has been heavily researched in Japan since 1982 and has been found to produce many benefits. Spending time in nature with trees reduces blood pressure, lowers heart rate, reduces the stress hormone cortisol, improves immune function, and lifts overall mood. In short, it helps regulate the body's response to stress and supports your desire to be less activated and more grounded. Even as little as 10 minutes of forest bathing can be beneficial.

Combining forest bathing with mindful walking is even more potent.

Instructions for Mindful Walking Practice:

1. First, stand in a comfortable, upright position.
2. You can have your arms by your side or clasped comfortably behind your back.
3. Take a few moments to drop into mindfully feeling your breath.
4. Sense the rise and fall of your breath, breath by breath.
5. Then expand your awareness to include your body standing—feeling your feet on the ground, your weight being supported by your hips and legs, the sensations of this breath entering and exiting the body.
6. Relax and release any unnecessary tension in the body.
7. When ready, start slowly, as if you are walking under water.
8. While using your breath as an anchor, feel with your awareness the motion of lifting the foot, supporting your weight on the other leg as you move your foot forward, placing your foot, and then rolling on your foot as the other begins its journey forward.
9. Move up close to the feeling of each leg moving and each foot alternately lifting, moving, placing, rolling . . . lifting, moving, placing, rolling.
10. Take your time. Walk slowly. The goal is not to get somewhere. It is to arrive fully in each step.
11. Each time your mind wanders, simply notice that it has and then gently return your attention to the flow of sensations of walking.
12. Once you can remain mindful of your walking and breathing, you can then further expand your awareness to include sights, smells, sounds, and textures.

To deepen the positive effects even more, add a gratitude practice while you mindfully walk. Be grateful for the day, noticing and appreciating the sights, sounds, smells, and natural beauty that surround you.

### **H. Co-Regulation Through Socialization**

Feeling isolated and withdrawn is a common symptom of being overtaxed by your work with trauma. Remaining isolated helps continue the cycle of being overwhelmed, anxious, and/or depleted.

The above suggestions can be practiced when you are alone. However, we can also co-regulate and shift out of dysregulation through relationship. If we spend time with good friends or close family, we may find our mood and state of activation shift. Social interaction can help us feel uplifted and more grounded. Being with others helps remind us that we are more than our work—that there is more to life than contracting in fear or being overly consumed by our work. Connecting with family, friends, and colleagues also helps us recontextualize our work within the broader framework of our lives.

### **I. Consultation, Supervision, and Training**

Regularly refreshing your skill set will help you feel more empowered. Learning the latest approaches will provide new tools and new ways of thinking about your professional work. Additionally, being with others who share this work can also provide social support, which is a needed antidote to the solitary nature of therapy. Supervision and consultation can help you tease out whether the issues impeding the progress of effective treatment are the client's or your own.

### **J. Psychotherapy**

If the above practices are not helping you feel better and you are still struggling, then it would be wise to seek psychotherapy with an experienced trauma therapist. Usually the stress-related symptoms from working with trauma can be ameliorated in a short period of time. If you are a survivor of trauma and work in the field, therapy can be indispensable to help you build resources and resilience to support your work.

#### **IV. CARING FOR OURSELVES RESULTS IN BETTER CARING FOR OUR CLIENTS**

The challenge and stress of working with trauma can be transformative for both therapist and client. In the last 20-plus years, brain science has allowed us to understand how much trauma impacts the whole person and how it causes survivors to live in distressing states of dysregulation. Recent neuroscientific research on how trauma lives in the mind and body is transforming the way we treat it. We have more tools than ever to alleviate traumatic suffering.

In this paper, we have explored how this same brain science elucidates processes that occur in parallel in the therapist or trauma worker—how exposure to states of hyperarousal or hypoarousal affects us in our work and life. The practices suggested above can provide two distinct benefits for easing the stress of trauma work.

First, the more you are regulated, the more rapidly you can notice when you are dysregulated and can consciously shift back. That in and of itself will powerfully reduce the stress of working with this population. These practices can stop and reverse many of the symptoms of burnout, compassion fatigue, secondary traumatic stress, and vicarious traumatization.

Second, by developing the ability to self-regulate, you are creating the optimal conditions to support the healing of your client. You become more able to remain compassionately present to extreme emotions. You can intentionally shift your state in order to invite the client into shifting theirs. Rather than being hijacked by the arousal and activation of your client—overidentifying with their fear, despair, or horror—instead you can settle yourself and then help them come into a more relaxed, regulated state. When we interact with our client from a nonactivated state, we can more easily help their nervous system shift as well. This facilitates their movement from the isolation and fear that characterize the traumatic arousal emergency defense system to a more socially engaged and relational capacity. Our work helps deepen our client’s capacity to make use of the interpersonal nature of therapy. It allows them to better repair their attachment wounds and to feel safer in the therapeutic space.

Many of our clients also suffer from lack of self-care. They may feel that self-care is too difficult or that they are unworthy of it. When the therapist engages in self-care, we model for our clients the crucial importance of the process. Self-care is a gift we give to ourselves, but it also benefits anyone we work with.

References:

Artigas, Lucina, Ignacio Jarero, Magali Mauer, Teresa López Cano, and Nigte Alcalá. 2000. “EMDR and Traumatic Stress after Natural Disasters: Integrative Treatment Protocol and the Butterfly Hug.” Poster presented at the EMDRIA Conference, Toronto, ON.

Blackstone, Judith. 2011. *The Realization Process: A Step-by-Step Guide to Embodied Spiritual Awakening*. Boulder, CO: Sounds True. Audio program.

Figley, Charles R. 1995. “Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview.” In *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. Edited by Charles R. Figley. New York: Routledge.

Porges, Stephen W. 1995. “Orienting in a Defensive World: Mammalian Modifications of Our Evolutionary Heritage. A Polyvagal Theory.” *Psychophysiology* 32, no. 4: 301–318. DOI: 10.1111/j.1469-8986.1995.tb01213.x.

Porges, Stephen W. 2009. “The Polyvagal Theory: New Insights into Adaptive Reactions of the Autonomic Nervous System.” *Cleveland Clinical Journal of Medicine* 76, suppl. 2: S86–S90. DOI: 10.3949/ccjm.76.s2.17.

Schore, Allan N. 2000. “Attachment and the Regulation of the Right Brain.” *Attachment & Human Development* 2, no. 1: 23–47. DOI: 10.1080/146167300361309.

van der Hart, Onno, Ellert R.S. Nijenhuis, and Kathy Steele. 2006. *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization*. New York: W. W. Norton & Co.