

Episode 267—Robert T. Muller, PhD: Working with Trauma Survivors: Therapeutic Approaches and Strategies for Promoting Posttraumatic Growth

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello and welcome to inSocialWork. This is Louanne Bakk and I'll be your host for this episode. Individuals who have experienced trauma often avoid closeness and intimacy and it can be particularly challenging for clinicians to provide the necessary support. When working with trauma survivors, the strategies used in a therapeutic relationship can be critical to fostering client progress, success and in avoiding retraumatization. In this episode, Dr. Robert T. Muller describes his research and clinical work with individuals who have experienced trauma. He describes why trauma survivors engage in avoidance in close relationships, why they use specific coping strategies and challenges that can occur in psychotherapy. Using case examples, Dr. Muller illustrates the importance of pacing trauma work with clients, engaging in a therapeutic relationship that promotes safety and avoiding subtle types of dishonesty in treatment. He provides techniques that can be effective in work with trauma survivors and in promoting post-traumatic growth. In concluding, Dr. Muller summarizes how his perspective compares to other forms of trauma work and the benefits and limitations of certain therapeutic approaches. Trained at Harvard, Robert T. Muller PhD is currently a professor at York University in Toronto. Dr. Muller is a Fellow of the International Society for the Study of Trauma and Dissociation for his work on trauma treatment in practices and teaches in Toronto. He has over 25 years of experience and is author of "Trauma and the Struggle to Open Up" and "Trauma and the Avoidant Client." Dr. Muller was interviewed in March 2019 by Caitlin Beck, dual degree graduate student in law and social work here at the UB School of Social Work.

[00:02:34] Hi listeners, Caitlin Beck here. I'm a dual degree grad student in law and social work at the University at Buffalo. And today I'm speaking with Dr. Robert T Muller, professor of clinical psychology at York University in Toronto. So Rob, can we start by having you tell us generally about your research and your clinical work?

[00:02:52] Yes sure. I'm very happy to. So I focused my work on trauma survivors, and these are adults who have been through traumatic experiences as children or as adults, and both my clinical work, the psychotherapy I do as well as the research that I do, really focuses on that. So specifically what I look at in my research are outcomes of people who have been through trauma treatment, looking at what works for whom and then also very much focusing on the therapy relationship and what is it about therapy relationship that helps people who have trauma histories be able to recover and deal with in many ways the traumatic past that they've lived through.

[00:03:30] I'm wondering then, you're bringing up relationships, specifically therapeutic relationship, but I'm wondering why do you think trauma survivors engage in avoidance of close relationships?

[00:03:40] Well what happens for many people is that they deal with and use the coping methods that have worked for them throughout their life. And avoidance is, I see it as a

coping strategy. Yes it is an attachment category and people who have been through trauma, some of them, roughly 20 percent or so, have what's called the avoidant attachment style. But many people who have been through trauma use varying kinds of avoidance to cope with their experiences. And why do they use that coping strategy? Because it's worked for them. So for example drugs and alcohol are very often used as an avoidance strategy and it can be quite effective in numbing the pain and in leading people not to think about it. And why do they not want to think about it? It's very painful to think about when people have been through interpersonal trauma experiences. That's how I really view avoidance. So then what does that mean for treatment? Well it means basically that if you're going to help someone shift from a coping strategy, you have to help them find new ways of coping. No, people are not going to give up a coping strategy unless they have something in it for them to change. And what has to be in it for them to change has to ultimately be preferable to the coping strategy they've been using. So if they're going to agree with you and then actually make the commitment to drop drugs and alcohol if that's what they've been using, then what's in it for them on the other side. And that can be very scary for people and we don't ultimately know what's in it for them on the other side. And so taking that risk and being open to change can be quite challenging. So that's kind of how I see avoidance strategies in trauma.

[00:05:18] And with that with strategies, in one of your books you had discussed a client who used humor as a way of coping. Do you see that coping strategy as a good thing?

[00:05:27] Right. So I think you're referring to "Trauma and the Struggle to Open Up," and there, Absolutely, I refer to a case and I refer to him by the pseudonym Nicholas. This was a client but I've hidden all identifying information, and for Nicholas, yes, There was an ability on his part, it was really impressive. He was really a funny guy and he used humor as a strategy to cope, laugh and the world laughs along with you, that kind of thing. And I saw that in many ways as actually quite effective. It was in many ways quite adaptive. People liked him. He was sociable. But what he had difficulty with specifically was intimacy. So this was a fellow who in intimate relationships really struggled. And it was his girlfriend, he'd been in a relationship with her longer than he'd been with anybody else in many years, and she said, you know, "listen I've had enough. You need to go for therapy." And he was willing to do this because he was now, I don't remember exactly, I think it was in his 40s. He had decided that he had been lonely long enough and he came to therapy at her request. And it was interesting to see how even in my waiting room he would make people laugh. And when we worked together he would sometimes crack jokes especially at times when the tension was high and when I asked him to look inside and I began pointing this out and I did actually find him funny I didn't want him to feel like I was putting him down for this, but part of our work was about having him look inside and question his own motivation. And to his credit he was willing to do it. But it's interesting, for him this was a coping strategy that did work for a long time.

[00:07:04] Yeah, when we think of coping strategies I feel like we more quickly think of alcohol and drugs. We don't automatically think of laughter. So I'm wondering, since we're talking about some your case studies, can you talk about your method of slowing clients down when they have a trauma story to tell?

[00:07:19] What happens very often when people come in for therapy is that they've been holding in painful stories for a long time and it feels like a burden. It feels like they've been pained by their stories. And so when someone experiences a therapist as being empathic and open and willing to lend an ear, what we sometimes see is that people will just try to purge themselves of their traumatic past and they'll start talking and opening up. And this

can be a good thing in part because they haven't really shared many of these painful stories with anyone before. But the problem that I see with some of these folks when they do this is that afterwards, after the session, even in the elevator ride downstairs or the subway home or whatever, in the car ride home, they start to feel "oh my god I've spilled the beans." They often feel humiliated at having shared so much. And so it's really important when you do trauma work to pace the process of opening up, to help people slow the whole thing down. Now this can be challenging because if you slow them down to the point of giving the message that you're not interested in their painful past, that we don't talk about that here, then you're shutting somebody down who otherwise really is ready to try to open up, so you don't want to do that. On the other hand, if you just let them give you all the gory details in that first session, they're going to feel humiliated afterwards because they don't have trust in the relationship just yet because they don't know you just yet. So the process of pacing it is really important. So there are a few techniques for doing this. In my newest book I sort of break it up into sort of three major steps. One is honor the telling, where as they've sort of told this story for a bit and kind of as soon as they come up for air, you might say something like "Jake, so you've told me a little bit about what happened with your uncle when you were a kid. Do you think that this is the kind of thing we're going to want to perhaps look at in our work together? I mean it sounds like this is something that you've really struggled with for a long time." And so then Jake might answer, you might say "Is this the first time you've told anybody or is this something you've told people before?" And the person tells you maybe they have or they haven't, something like that. What you're doing there is you're shifting the conversation from the "give me the gory details" approach to the telling of the story. What's it like to share this story? Is this the first time you've shared the story? How does it feel telling me this, you know what you've even told me so far? That kind of thing shifts the conversation a bit. It's still very respectful but it moves away from the details. Then the second piece is to flag it as a topic you might look at in therapy. "Jake, do you think this is something we're going to want to really examine in our work together? I'm imagining that this is something you've been holding on for a long time and that we're going to want to unpack it a little bit." And so you sort of flag it as this is something that we'll be part of our work together, part of the process. And then you come back to it. That's the third step. Even at the end of that first session, "so Jake we've talked a little bit about the struggles you're having with your mother-in-law, we've talked a little bit about how your son has ADHD and you're going to want to get a referral for that, so we're going to want to look into that a little more. You've also talked about some of those difficult experiences you've had with your uncle when you were younger. To think that these are going to be some of the things we're going to want to maybe look at some of our work together?" So you bring it back into the room and what that conveys is this trauma story that you've told me is something I'm interested in and it isn't bigger than the both of us. Yet what you haven't done is you haven't gone into great detail around the story, so you haven't risked possibly triggering this person in the very first meeting. So that's a kind of an example of a pacing approach. And then there are many other ways of pacing as well and working with people but it's a process that sort of says we're going to look and we're going to be interested in your trauma but also we're going to do it at a pace that the person can actually manage. So that's how I sort of think of pacing.

[00:11:19] I think it's interesting how the first two markers in that process are about the procedure, you're asking them what does it feel in this procedure you're sharing for the first time. In law we find that the procedure is just as powerful as the substance of the law. You have power in both. So I think it's really interesting that in clinical work, stopping and helping a client go through the procedure of sharing is in some ways just as powerful or maybe in a different way as the substance you'll get to later.

[00:11:46] Exactly and in fact the process of engaging in this interaction is an important part of the therapy and trauma because the therapist and the client are in a kind of a relationship. It's a therapeutic relationship and we are together unpacking something and working together on this client's problems and how we do that together and where are there difficulties in that process, where does it go well, Those are things that the person can then take with them and apply them to other relationships. So this idea of pacing something difficult is something that they can start to do even in other relationships because relational trauma leads to all kinds of problems in people's relationships. And so you want to help them with exactly the interpersonal process procedures, you're referring to it as much as the content of their story.

[00:12:31] So can we talk a little bit more about your perspective on the nature of relationships for those who have experienced trauma?

[00:12:39] Yeah, for sure, very happy to, Caitlyn. So when people have been through trauma they have very often suffered in the context of an interpersonal relationship. Now of course there are traumas, absolutely important traumas that people have experience through natural disasters and through war and other kinds of experiences. But for many people their traumas relate to interpersonal experiences and even soldiers who have PTSD talk about the interpersonal nature of the trauma in the sense that feeling let down by their country that they went to war with a certain idea around what they were doing and now they feel deep profound disappointment and disillusionment in their leaders or betrayal that happens or if somebody does something, whether it's in a combat situation or in a domestic violence situation, that they feel humiliated by, they made a choice. I see this sometimes with siblings, that they feel that they made a choice that ended up harming one of their own siblings rather than themselves being harmed. And so they feel this profound guilt and shame. So when people have been through interpersonal trauma what they've experienced very often is interpersonal interactions where they have been hurt. They've often experienced betrayal from people who've cared about them, they may experience abandonment, we see this more often with people who have been through domestic violence, childhood abuse, abuse in family situations, and so their trauma is interpersonal in that they've experienced it from other people but the treatment as well is interpersonal. And so it's interesting that, in my book I refer to this as relationships can be both poison and antidote, and what I mean by this is that people, as I mentioned the poison part people who have suffered from others, the antidote piece is that the treatment is a relational treatment. And even if you're using exposure therapy in your work or cognitive behavioral therapy, research on psychotherapy outcome shows that the relationship piece is one of the most important aspects of the treatment process, and this is absolutely true in trauma work. The relationship is very important. So how does this look actually? Well there are a number of ways but there has to be a sense of safety in the relationship. And many people talk about safety through self-regulation skills. And I do think that those are very important, but safety in the psychotherapy relationship is equally important. And how do people feel safety in the psychotherapy relationship? Well one of the main ways is by people feeling validated, people feeling listened to, people feeling attuned to by their therapist, and this may seem obvious in many ways, because we all try to listen as good therapists, we try to pay attention and we try to not be judgmental, but with trauma it's easier said than done because people have been so badly harmed previously in relationships, they may perceive and feel the therapist as very triggering. In fact, not just when the therapist makes a mistake, but even when the therapist does everything right, even empathy can be triggering for people who have been through trauma because they may feel that you're being nice to them just to manipulate them or you're being nice to them but you're

ultimately going to abandon them or you're being nice to them and you're ultimately going to somehow harm them. So that's where it can be really challenging in the work.

[00:16:05] That makes a lot of sense because the poison like you just said is the first relationship, but the same way to heal is another relationship. You've mentioned safety already, but I'm wondering if you can talk more about safety, so how do you foster safety if everything is triggering?

[00:16:19] Well, everything is not triggering. A lot of things are triggering but not everything is triggering. How do you foster safety? The primary aspect of safety is an interpersonal one. There are various attitudes the therapist has to have in order to bring a sense of relational safety. One of these is a moral commitment to truth telling. The therapist has to have a sense that it's really important that the client have the space to tell their truth and you're never there to try to convince them that things didn't happen the way they perceived it to have happened. So you're there to accept their understanding, to listen, to be patient with them, to be attuned to them, as I mentioned. Another really important attitude is that there is no right or wrong way to suffer or there's no trivial kind of suffering. Very often people come in with the sense that their suffering doesn't count. Well you know other people who've been through them might say, the client might say "Syrian refugees are going through so much, what am I here whining about just because my father smacked me around a little bit? I'm just being a big whiner." And so we hear people say that kind of thing. And the problem with that of course is that they're not taking their own suffering seriously. So there's an attitude, there's no trivial suffering, if the person has really been through some kind of subjectively traumatic experience. Validation is a very important aspect. All of these bring safety to the therapy relationship. And so as I mentioned validating, naming the trauma for what it is, helping someone find a language to name the trauma. So to actually give it a name at the pace that the person can bear. So if the person has never referred to it as rape to start to bring that language to them, "what you've been through some people would call that rape. How does that sound to you?" That person may not be comfortable with it, but the idea of starting to name things for what they are, again at a pace that the person can handle, gives a sense to the client that you're actually taking their suffering seriously. And there are other aspects as well, but all of these are all attitudes and the way you frame yourself interpersonally in relation the stance you take in relation to the other person can help bring safety to the relationship. I find that when therapists too quickly go into techniques, whether these are CBT techniques or Emotion-Focused Therapy techniques and they try to really rush into techniques before really giving space for the therapy relationship to develop and people might not feel that their story is really being heard.

[00:18:46] And we talk about honesty too? Why is honesty so important to trauma work?

[00:18:51] Yeah, yeah for sure. So it's really easy to fall into a trap of being dishonest. And so what does that actually mean? Obviously I'm not saying that we're lying to our patients, but there are subtle kinds of dishonesty that are very easy to fall into. So for example, the client who pushes you into changing the diagnosis on their form and maybe it's okay because from one perspective, listen, if they didn't carry this diagnosis but they carry that diagnosis they're not going to get coverage from their insurance company. And so maybe you're quote "doing them a favor" by making sure, but then the question is what price? And so in trauma therapy it's tricky because when you start to do these little acts of, and again, they're white lies, no one's getting harmed really, although I guess it is technically insurance fraud. So people tell themselves this is okay, it's not a big deal. The problem in trauma work is that clients are really sensitive to dishonesty because they've

often been manipulated. Many people who have been through trauma have been told explicitly "This is our little secret," let's say it's sexual abuse from someone. "You're a bad person if you tell," you know, when they were little kids. Or in domestic violence situations, told "are you going to tell other people about me? I'm going to end up in jail." And so people learn to be dishonest and they get triggered by dishonesty. So in trauma work you want to really be aware of these subtle acts of dishonesty that you might witness with other clients or you might witness in your everyday life. No one is perfect and I'm certainly not trying to say that I'm a Boy Scout and I'm never dishonest or whatever. Of course in the real world people do all kinds of things that are whatever, white lies or this or that, or we make moral choices and sometimes dishonesty is in fact the more moral thing to do. So things are complicated, things aren't black and white. But in trauma work you want to pay attention to honesty in the relationship because little acts of dishonesty can really be served as dangerous and triggering to clients.

[00:20:53] With these conversations about safety and honesty it seems like the therapy relationship in trauma work can be very fragile. So how do you deal with that?

[00:21:02] Yeah it is. It really is fragile. I think that's a really good word for it, Caitlyn, and I mean yeah the therapy relationship is fragile. And inevitably therapists will step into enactments. By an enactment, I mean where they act out something that relates thematically to the person's past. So let's say you as a therapist were just being a nice guy and doing the client a favor by changing the date or by doing something on your billing so that you help the person in your view and maybe it is even what the person asked for but you don't realize that you stepped into a quote "dishonest enactment." For that client you may not realize it but then something comes up thematically over the next few weeks, that things come up around dishonesty, and you may not even realize the connection. It may be so sadly you may not even realize it. The thing to do is to pay attention to what happens emotionally to yourself and your client. So starting to notice that the client starts doing little things like asking questions about you or something has shifted or they've clammed up a bit in a way that they weren't a few weeks before and you notice that there's some sort of emotional shift either in the client or in how you feel toward the client. All of a sudden you're feeling frustrated with the person, they were so non defensive for weeks and weeks and weeks and now all of a sudden there's a renewed pattern of defensiveness. And so you start to notice changes in you, you're feeling frustrated. So you start to really pay attention to these subtleties in the therapy relationship, both coming from the client and from you. And again, you may not get to the original reason that things start, but asking them what's going on for them, how are they feeling in relation to you, what's going on in the session, noticing if the client does something different. I had one client, for example, who was sitting in the comfortable couch for three months. Then all of a sudden there are two or three sessions went by where she went and sat in the swivel chair, the least comfortable chair in the room, and you can make lots of interpretations, is that, is that a power move, is that this or is it that. I asked the client about this and I noticed this allowed and with interest and she pointed out how, she said "Well, I don't know I think the chair is a little bit closer to the door." And I asked her a little bit about that and it turned out that she was feeling a little bit put off by something completely unrelated in my mind that I had asked a couple of weeks before, but it got her thinking. In fact he got her so upset that she began talking to her husband about this question that I asked and it seemed to pre-date the swivel chair change. It's just interesting that these little things that can happen in the relationship can get enacted behaviorally and you want to notice these things, what's going on here, what's different. And yeah the relationship can be fragile, but what you can do is you can use that in the service of the therapy. So if the client is feeling upset about something, being able to help them navigate those feelings, tell you what they're feeling,

feel that they've opened up to you and that you didn't criticize them, you didn't abandon them, you didn't tell them that they were stupid for saying what they said and you were nondefensive in responding to them. That idea of repairing conflict in relationships can be so healing and so growthful for people who've never had that experience before. So that fragility can actually be used in the service of the treatment.

[00:24:11] And in that answer you talked about enactments. Can you also explain ruptures and how they're helpful to the relationship, to a therapeutic relationship? And that might have already been part of your last definite answer. But I'm just wondering how they work in relation to enactments.

[00:24:26] Yeah for sure. So with that particular client that I mentioned with the swivel chair and that's sitting closer to the door, we sort of unpacked this idea that maybe she was feeling a little bit upset with me and kind of wanted to almost get out of the room, that kind of thing. There was no rupture in that relationship, the client and I kind of noticed it relatively early on, but let's say something's happening where let's say I hadn't asked the client about that and it kind of started eating the client up, this irritation and then I said something else again that was along the same theme. And the client didn't show up to a session or two. This can happen where something that took place interpersonally through the process of whatever, just doing therapy, ends up creating a break in the relationship a rupture and the client feels misunderstood by the therapist, upset with the therapist, and maybe even stops coming into therapy. It's really important to notice these ruptures as soon as they happen and to hear them as interpersonal communications, especially if you've been working with somebody for a while. If you've been doing therapy with somebody for a year and they have never done this before but they out of the blue don't show up and then they don't show up a second time, not saying you've sent them one single message and they haven't responded. I won't just say "oh well you know, whatever, they will choose to come back when they want to." I won't do that. The way I'll understand it is there's been a rupture and this is someone who's come in for a long time. Chances are that something happened between the two of us. So I might give them a call, maybe give it a second shot and try to get them on the phone and say "Hey I'm wondering, if there's something going on here," and the person might say "Oh I don't know, I don't think so," "How about we have one session and if this is the end of our work together, no problem, it can be a goodbye session. But if not then maybe we can try to unpack if there is something going on." If the person is willing to come in then I will talk to them a little bit about "hey I wonder if something's going on here. Something happened in the last couple of sessions that maybe rubbed you the wrong way, I'm not sure." And that kind of thing. I'll open that discussion up. And again I don't know where that'll go, but more often than not I find that it does actually go somewhere and that process, and even I've had clients say to me later on "It's sort of felt a little like you were fighting for me." And I say to them, "What does that feel like?" They might say "You know, I kind of don't think I've ever had anyone fight for me before. It was kind of like you were saying 'hey, this relationship matters to you.'" And that experience, again, can be a very healing experience for people to feel that. And again, it's very much an interpersonal here and now thing between the two of us. With ruptures I see them kind of as communications and ultimately it is important to repair a ruptured alliance. You have to somehow go over the difficult territory and say "Something difficult was happening between us, how do we understand that?" and kind of unpack it like you might in any other relationship, any other important relationship.

[00:27:07] So how have you found post-traumatic growth occurs in trauma therapy?

[00:27:11] It's a really interesting idea, post-traumatic growth. So post-traumatic growth refers to the idea that when people have been through life altering overwhelming experiences it can leave them with many questions. And these are questions they very often just don't even deal with. And so therapy can be helpful in that you help the person navigate their way through these difficult life questions. Again, this isn't all of the therapy and trauma therapy but it is part of it. And so questions like "Why me? Why did this thing happen to me?" There's no real answer to why me, or why not me, if you're talking about servicemen and servicewomen, this thing happened to my buddy but it didn't happen to me. Why is it that he had to suffer the way he did and I'm okay. And so these kinds of questions often lead people to difficult, scary places and those are places that they will go to anyway. And so in trauma work helping them actually face those questions. So you know like "Well let's let's unpack that, Joanne. Why me? When you think about why me, what comes up for you?" And so you ask that and you sort of open up the discussion and not that you're going to ultimately have any answers, because some of these are philosophical questions, but these are all questions that force a reckoning. A question of how do I see the world and what's my place in it. And so there may not be clear answers but by the process of asking it, it no longer becomes this terrifying idea and they start to open up to questions about their identity and their place in the world and how do they see their trauma as having shifted and having had an impact on their life. And so that can be very helpful to do that with people. And that's where the growth comes in, that people start to ask questions, to reckon with difficult issues around who they are and then from there that process itself is what's growthful. They begin to ask "Okay, so this is how I see the world, so then what? Where do I fit in?" And yeah, where do you fit in? And if you've never had a place where you could fit in before, where might you fit in. And again it's a difficult question, there's no clear answer, but that's kind of "let's come back to this and let's wonder about this together," and you help the client come back to that and as you do work with them what you find often is that these questions kind of percolate. I had one client who we didn't have any answers to that question, she had no idea. She comes to me three months later when we were dealing with a totally different issue that had to do with her daughter. She comes in and she says to me "I decided I'm going to start a website." And I'm like "Okay." And she asked me for like, which design do you think is better. And so she shows me this design. So we go through it and I'm thinking in my mind this is fantastic. But what we then came to later, and I realized that pretty quickly, is this woman was now starting to actually find an identity for herself, and it was an important one. She started, it was a website actually that she had been actually thinking about for many years. And it's not like that was some big huge solution or quote "a big deal," but what it was important was that it started getting her thinking about where she fits in. She'd always felt like she just had no place. And that's where we started moving forward on that issue. I did see it as growthful, and of course she was scared and she was anxious, what will people think, all that stuff. Okay that's fine, we can work with that. So that's where I see post-traumatic growth. Post this trauma, how do people find a place for themselves.

[00:30:31] I saw it when your books, I thought this was interesting, that post-traumatic growth is not saying like "oh, there is a silver lining to this." Like "what doesn't kill you makes you stronger." Like those sort of passive comments. This is different. Post-traumatic growth is deeper. I like that distinction that you made.

[00:30:46] For sure, for sure. It's really an important distinction, because people sometimes think that out of good intentions we often help people find the silver lining or that sort of thing and that's okay with friends and family but it doesn't really have a place in trauma therapy. In trauma therapy clients are just way too smart for that. And so when you sort of pull the silver lining thing on them they will almost always very quickly say

something like "well that's easy for you to say." And the truth is they're right. That's easy for me to say. I've never been beaten up by my boyfriend before, or girlfriend or whatever. I mean that's never happened to me. So yeah, it's easy for me to say that, you know, whatever, you know. So it's very important that we don't have people feel invalidated by trying to find post-traumatic growth. It's not like you're trying to force it or make it happen. Post-traumatic growth will happen if you help people ask difficult questions and you sit and actually listen to them as they grapple with these difficult questions. And in that process post-traumatic growth will take place.

[00:31:48] So you can't spot post-traumatic growth prospectively, only retroactively then. Right?

[00:31:53] Yeah and I do talk about that in some of my writing, the idea that there are various aspects to this. You know, seeing people have greater self-determination is a big piece of post-traumatic growth. Helping them as they start to realize that their values are becoming clearer to them, what's actually important to them, and they realize "Wait a minute. I've always been doing this thing, thinking that my husband wanted me to, actually don't give a crap about that. What I think is this," and they start to sort of open themselves up to actually clarifying with their values are. Another important aspect to this growth is dignity. Starting to realize that dignity matters and that they've been doing these things or letting themselves get drawn into this or that or the other thing, and that it's not okay anymore because it's just not dignified. It's not what they want to be. And so they start to value their own dignity. So these are sort of aspects of post-traumatic growth where you see change in those areas. So you can sort of use those ideas to help kind of notice post-traumatic growth.

[00:32:50] I'm wondering, just as sort of like a macro view of your work, if you could talk about your perspective on trauma work is different than other researchers and clinicians perspectives on trauma work.

[00:33:01] Yeah. So I'm definitely much more relational in my work than many people who do trauma therapy. So many people will do trauma therapy focusing on stage one work, and I'm not talking down in relation to stage one work. It's extremely important work. By stage one work what we mean is helping the person feel some basic safety in their general environment. So learning grounding skills, learning deep breathing strategies, learning how to notice their own triggers, journaling, psychoeducation. Those are all very very important aspects of the early stages of trauma work. But I don't believe that trauma work ends there. And again, people are limited by time and sometimes if you only have five sessions to work with someone, what are you going to do? And of course you want to focus on stage one work if you only have a few sessions with somebody. Absolutely. But if you can help them go beyond that or you have privilege to be able to help them go beyond that, it's really important to take it to the next level, which would be helping them unpack their trauma story and doing that in a way where the two of you are in this process very much together. So it's very much an interpersonal process and as things come up and they're facing their story, as they start to really unpack their story, as I've mentioned before, they will feel feelings toward the therapist or toward the therapy they may imagine, or again I don't want to make it sound like it's all in their head because these are experiences they've lived with, we all see and experience the world through our own eyes, right? but people who have been really harmed in the past might see the therapist as knowing this new information about them, now for sure they're going to drop them, or they're going to abandon them, or maybe they're going to manipulate them, or maybe this is a power grab, or maybe they pretend like they're caring but deep down they don't really

care, or maybe the person starts to imagine they don't deserve to be talking about these things. These are all very common themes, or they might be worried that the therapist will betray them. These are all themes that are very common because these are the lived experience of that many trauma survivors has gone through. And so as they project these experiences onto the therapist and onto the relationship, these can be noticed by the therapist and you can really use the here and now, what's going on right now between the two of us as a real model for how things can be different out there in the person's everyday life. They really focus very much on what's happening in the here and now of our relationship as the person becomes increasingly vulnerable in the process of therapy.

[00:35:31] Thank you Rob. You have answered all my questions and more, but I wanted to know is there anything you want to add before we close today?

[00:35:38] Maybe one last final point, I would say that we didn't touch on the idea of shame. And I think that shame is a very important concept in trauma work and we want to always be attentive to the idea that our clients will feel shame for choices they made in the past but also for even some of the things that they say in therapy, and so being attentive to that experience is an important one because it can be a very powerful feeling that often leaves people feeling alone and desperate. So they'll be kind of one last point that I would have wanted to make. But other than that I think that mostly I shared with you some of my thoughts about treatment.

[00:36:12] Rob, thank you so much for joining us today. I feel like I and our listeners learned so much from you. It's been a joy talking to you.

[00:36:19] Thank you so much, Caitlin, for having me. I really appreciate it.

[00:36:22] You've been listening to Dr. Robert T Muller's discussion on therapeutic approaches in work with trauma survivors. I'm Louanne Bakk. Please join us again at [inSocialWork](#).

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