

Q: How serious or severe does an event have to be in order to be defined as trauma? For example, could adolescent heartbreak be defined as trauma if it resulted in severe and persistent depression, and is still painful to recall years later?

A (Dan): Great question. Remember: trauma happens on a continuum and it is much more about the individual's response to the event - not to mention the various other circumstances at the time that affected the response. There are many different definitions of trauma. One definition is: anything less than nurturing. I personally think we sometimes seem to want to make all suffering trauma. The definition I really like comes from Bessel VanderKolk: When an external threat overwhelms a person's internal and external positive coping skills. So, could adolescent heartbreak cause that? Absolutely because who knows what was going on in their life before that happened and since and how that experience affected them. The key distinction - and reasonable people might disagree with this - is what is meant by "painful" - all pain is not trauma. However, and perhaps most importantly, if it still causes the person pain or if that specific incident is the focus point for their feelings of pain then that is very real and deserves therapeutic attention and support and it really doesn't matter if it's trauma or not. More will be revealed in the therapeutic process and traditional trauma interventions could prove to be very effective - brainspotting, EMDR, and EFT (emotional freedom technique) to name a few.

A (Cynthia): I would add to this, since the person is still feeling this as a deep wound later in life, it is unresolved grief at the very least. Not resolving these feelings will only add to other feeling of loss and grief and add to the overall load of trauma and the behaviors that person then uses as coping mechanisms in order to respond to those feelings. It is important that if the person feels it is trauma - to deal with the situation and feelings toward resolution whether that is in therapy, prayer, mediation, speaking to that person or a symbolic method of letting it go (i.e., writing a letter to that person and then burning it, mediating as the flames and smoke rise) so that those feelings of trauma are being released to the greater universe and is no longer their own to hold in toward themselves or others.

Q: How do I deal with feeling marginalized as a therapist who has never been in recovery?

A (Dan): The first thing to figure out would be to objectively assess how much of it is you and how much of it is coming from colleagues and/or the organization. That may actually be the hardest piece - taking the emotion out of it and getting feedback from others. If it's you, and this is not meant to sound insensitive, that is your work to do with a clinical supervisor and/or therapist. If it's colleagues or the organization then it's a conversation. They may not be aware of it. If they are aware of it and are not willing to do anything about it then it's an employment decision. Finally, if it's the clients then it's still your work to do because that is a skill to develop.

A (Cynthia): This question is one that has been asked consistently since I have been in practice. The way I like to respond to it is this: The emotions that we feel in recovery are very similar as the ones we feel in any tough situation. As long as there is empathy, understanding, a positive attitude, and positive human regard for the persons one is working with, the issue of being in recovery is a non-issue. I would ask the client or the colleagues who say recovery is important.... "How is it important? Would it make a difference in the way you feel I can assist if I affirmed or not that I am in recovery?" I have worked along side many a counselor in recovery who displayed less regard for others in recovery than was healthy, so being in recovery does not mean a person who understands it all. It may mean they only understand their own path to recovery.

Q: We have 2 individuals serving in our team for over 4 years with substance use and Bipolar D/O. The team has reached a point where we feel worn out that they do not want to address the substance use, yet, it is a source of so many issues. Sometimes, staff suggest referring them to more SA intense services but they decline. What would be a good approach without appearing to force them out to get the help?

A (Cynthia): Sounds like these people are not ready for this change and not comfortable. I would take this as pre-contemplation Stage of Change and ask permission to give some information on the co-occurrences of substance abuse disorder and bipolar along with other mental health disorders. Also, explaining that both issues – SUB and MH are brain disorders – located in that person’s brain and therefore, when addressed, can lead to a brain in less confusion and more clarity toward their recovery. Many persons suffer from both, and to not get the attention so deserving is to allow oneself to suffer even longer and more severely.