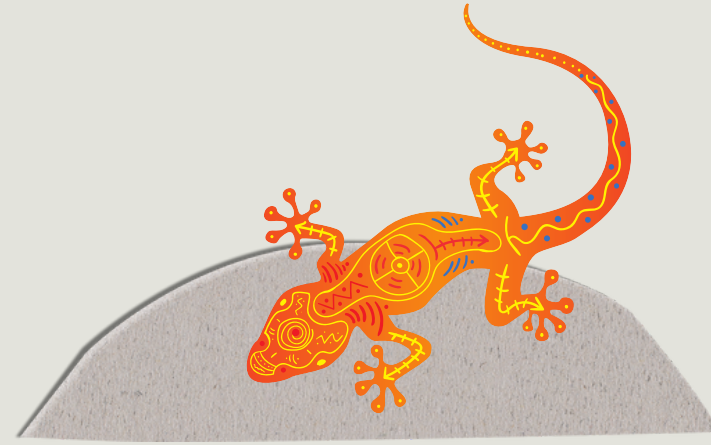


A hand reaching out over a globe with a sunburst, surrounded by various paper cutouts including a red starburst, a green gear, a red jagged shape, a red speech bubble, and a brown jagged shape.

# PSYCHOTHERAPY X COUNSELLING

A TRAUMA INFORMED PRACTICE

MARCH 2022



“I We would like to acknowledge that this meeting is being held on Aboriginal land and recognise the strength, resilience and capacity of Noongar people in this land.”



# ABOUT ME:

Over the past 25 years, I began my work with individuals, families and relationship / couples counselling and clinical Supervision, with clinical expertise in trauma-Informed work, and Family Domestic Violence.

I run supervision for the multicultural community (individually and groups). Also, I'm a covenor of Brazilian ACA- (Australian Counselling Chapter) Chapters.



## **Education:**

**BSC Hons in Psychology; Post graduated in Emotional Focused Therapy (IEFT); Post Graduated in Psychodrama and Group Psychotherapy. Clinical registration with ACA**



**WHAT'S MY NAME?**

**COUNSELLOR, PSYCHOLOGIST OR PSYCHOTHERAPIST?**

What influences a practitioner to call themselves Counsellor, psychologist or Psychotherapist?

What's my identity?

Who you identify with?



# WHAT'S MY NAME?

## COUNSELLOR, PSYCHOLOGIST OR PSYCHOTHERAPIST?

### PSYCHOLOGIST

A psychologist is a university trained health professional who will have completed a 4 year undergraduate degree in psychology. In addition they will have undertaken one (or more) of the following:

- A two year internship to supplement their formal training;
- A 1 year post-graduate qualification plus 1 year internship; or
- A 2 year Master's degree or 3 year Doctoral degree.

To be registered as a clinical psychologist, the health professional must have completed a Master's or Doctoral degree plus a required period of supervised practice.

Psychology training in Australia usually focuses on Mental Health skills training and in particular Cognitive Behavioural Therapy (CBT) approaches. However many psychologists extend their training and experience to utilise additional approaches such as psychodynamic work and integrated well-being approaches.

Psychology is regulated by the Australian Health Practitioner Registration Agency ([AHPRA](#)).

Medicare

### COUNSELLING

Counselling generally refers to short-term consultation while psychotherapy typically refers to longer-term treatment. Counselling typically deals with present issues that are easily resolved on the conscious level whereas psychotherapy intensively and extensively examines a person's psychological history. In other words, counselling is more concerned with practical or immediate issues and outcomes while psychotherapy is more focused on helping a person understand his/her life in a profound and reflective manner.

Counselling normally helps a client process powerful emotions such as grief or anger, deal with immediate causes of stress and anxiety, clarify values and identify options when making important personal or professional decisions, manage conflicts within relationships, develop better interpersonal and communication skills, or intentionally change unproductive thoughts and behaviours.

### PSYCHOTHERAPY

Psychotherapy, on the other hand, is an evolutionary process that helps a person look at long-standing attitudes, thoughts, and behaviours that have resulted in the current quality of one's life and relationships. It goes much deeper to uncover root causes of problems, resulting in more dramatic changes in perspective regarding oneself, one's life experience, and the world in general. Ultimately, psychotherapy aims to empower the individual by freeing him/her from the grip of unconscious triggers or impulses through increased self-awareness ( Australian Counselling).

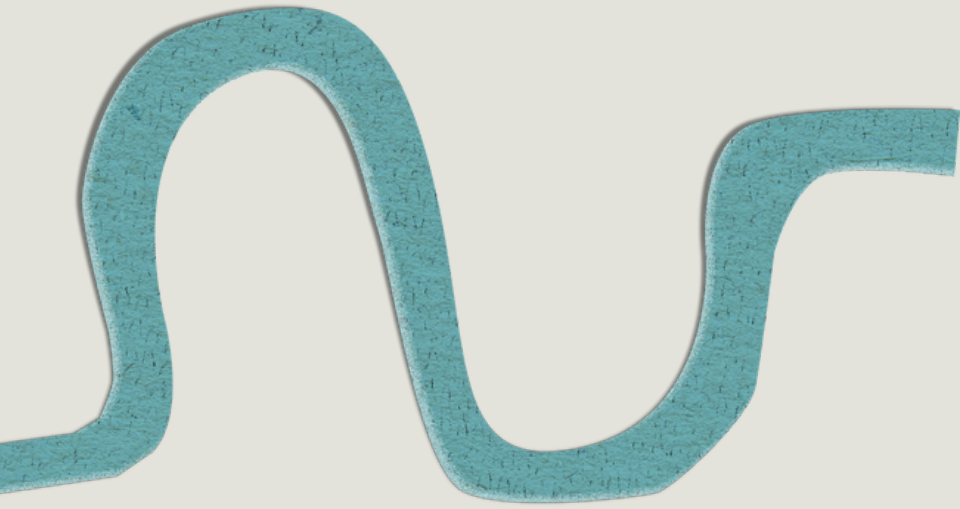
(ACA, PACFA, ARCAP, CCAA, ANZACATA, AASW)

Supervision/mentoring and OPD Insurance (FOCUS, AON, FELTON GREEN, INSURANCE HOUSE)  
Medibank, BUPA and EAP

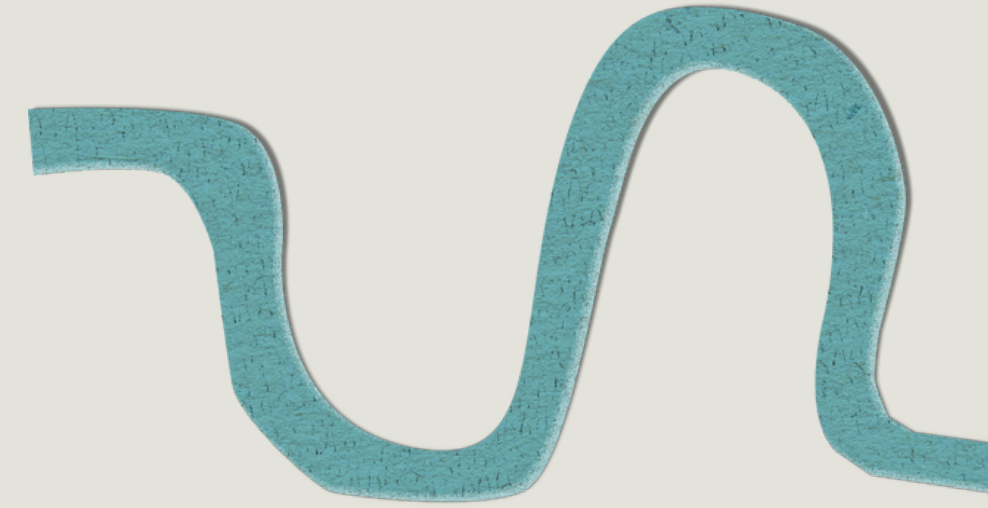
# WHAT IS TRAUMA?



Gabor Maté is a retired physician who, after 20 years of family practice and palliative care experience, worked for over a decade in Vancouver's Downtown East Side with patients challenged by drug addiction and mental illness.



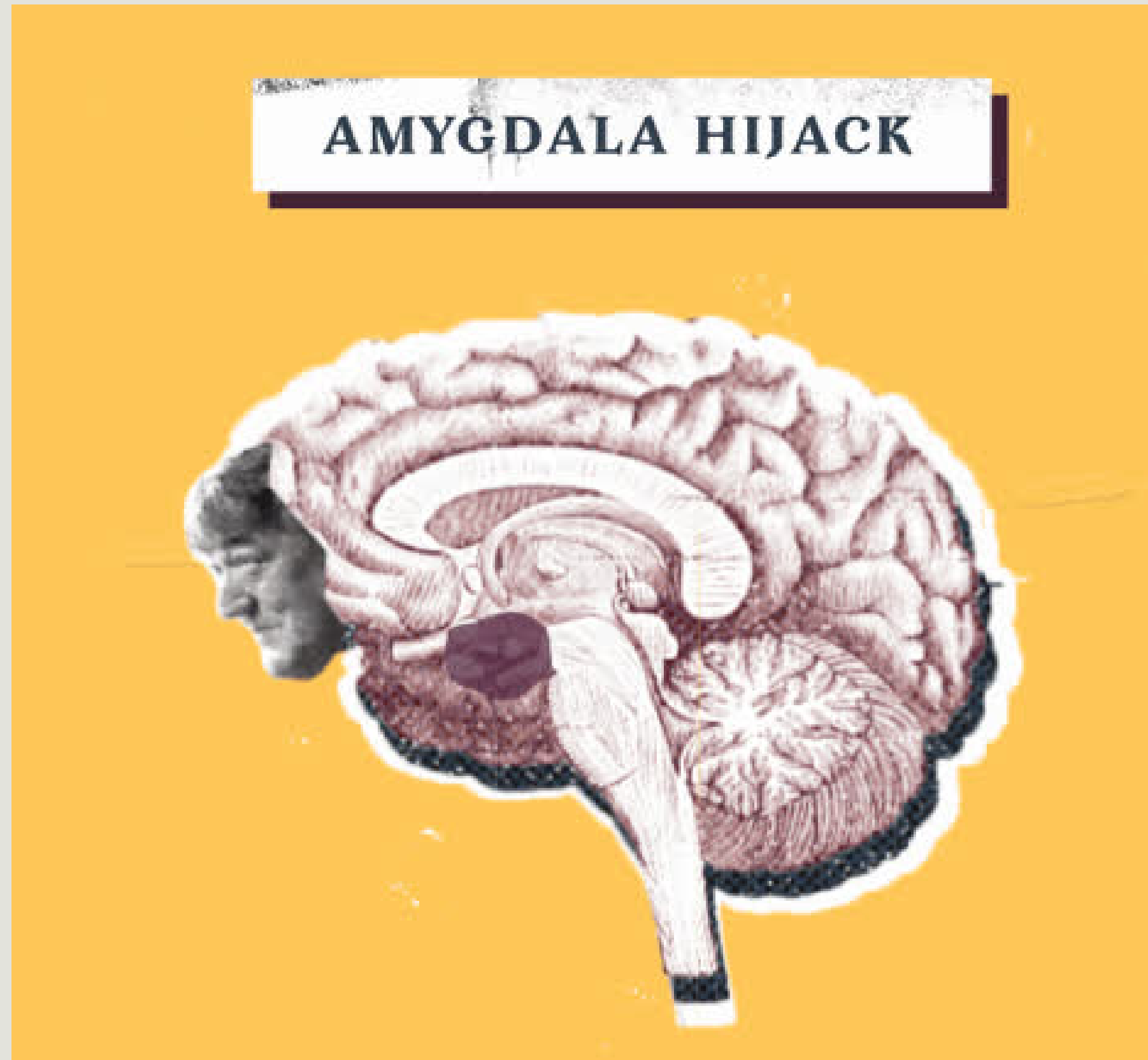
**TRAUMA IS NOT  
WHAT HAPPENS  
TO YOU, IT IS  
WHAT HAPPENS  
INSIDE YOU**



- Gabor Mate

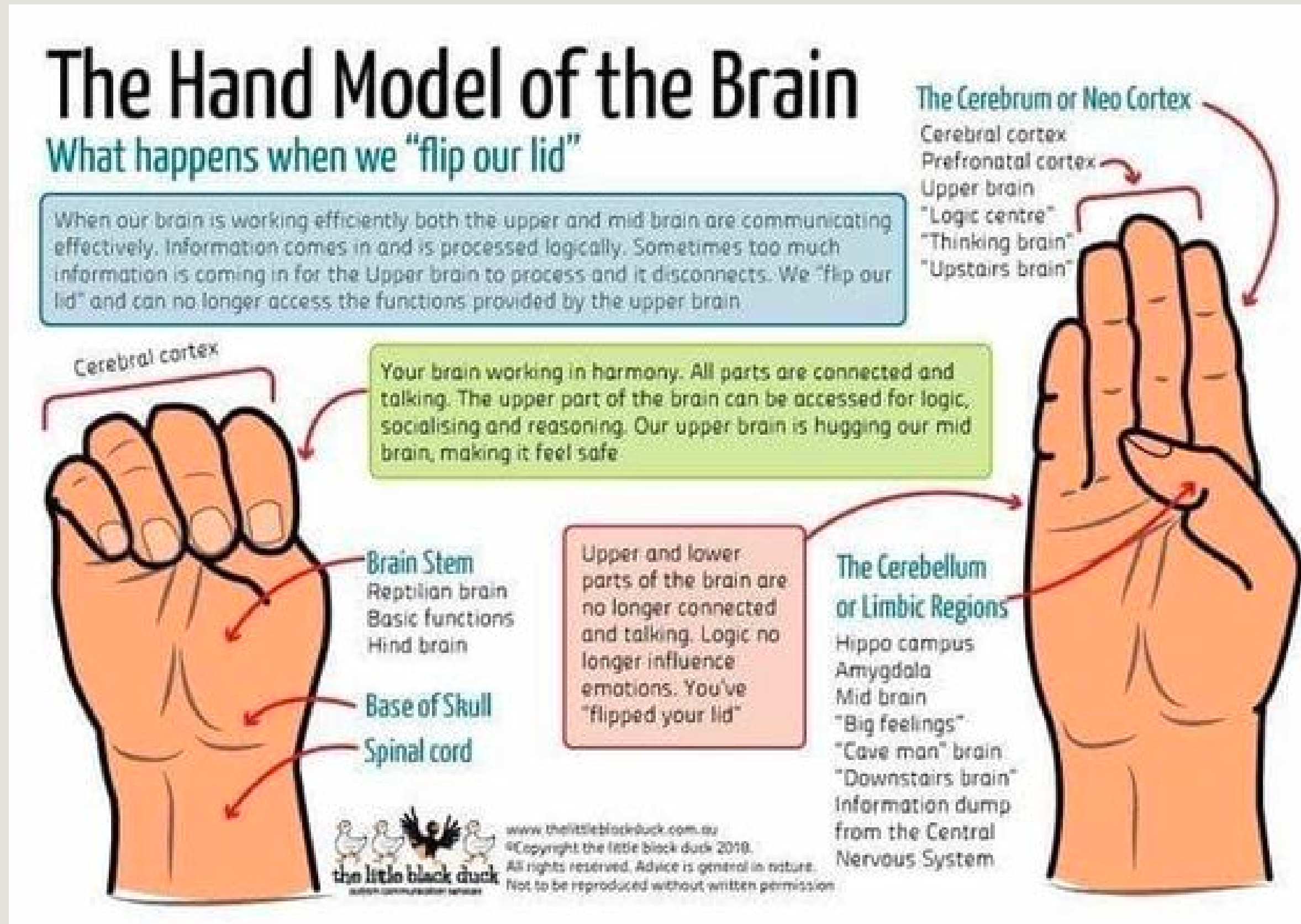
# TRAUMA

- Symptoms: Dissociation, flashback, nightmares, hypervigilance, difficulty on mood regulation, mistrust
- PTSD, BPD and AOD - Body and Mind
- Secondary Trauma / Vicarious traumatization
- Amygdala and trauma - Amygdala Hijack - Sequestro da amígdala
- Survival and Nervous system - Fight, flight and freeze
- Environmental trauma, gender and race, grief and loss, neglect
- Big T and small t - A big T event is one that most people would consider traumatic, such as a plane crash or sudden and unexpected loss of a loved one. A little t event is one experienced as traumatic at a personal level, such as the loss of a pet or a relationship breakup.





# TRAUMA



Daniel Siegel's hand model

(Daniel J. Siegel é professor clínico de psiquiatria na Faculdade de Medicina da UCLA e diretor executivo do Mindsight Institute)

# TRAUMA INFORMED APPROACH



# TRAUMA INFORMED APPROACH

Core trauma-informed principles:

- Safety – emotional as well as physical e.g. is the environment welcoming?
- Trust – is the service sensitive to people's needs?
- Choice – do you provide opportunities for choice?
- Collaboration – do you communicate a sense of 'doing with' rather than 'doing to'?
- Empowerment – is empowering people a key focus?
- Respect for Diversity – do you respect diversity in all its forms?

(Blue Knot Foundation)





# **THE THERAPEUTIC RELATIONSHIP:**



what is important in a therapeutic  
relationship?



# THE THERAPEUTIC RELATIONSHIP

Dr Michelle Webster:

- -Practitioners need to be able to maintain a genuine and real connection with their clients as well as to develop a symbolically maternal relationship
- -Trust and Acceptance – This means understanding the complexity of countertransference that includes any and all practitioner's emotional reactions.

Ways to monitor reactions in session:

- 1-Note-taking after sessions helps practitioners keep track of content and processes.
- 2-Taking time between sessions to regroup and reflecting on their reactions helps practitioners manage their reactions before warming up for the next session.
- 3-Supervision and consulting are also essential resources to assist practitioners to manage their reactions

# THE THERAPEUTIC RELATIONSHIP

Relationship: client –practitioner- REAL ENCOUNTER

- The realness comes from how a practitioner is in-session – they are present to the client as well as to themselves.
- They listen to a client with respect and care
- They enquire about a client's experience in a non-judgmental and open way.

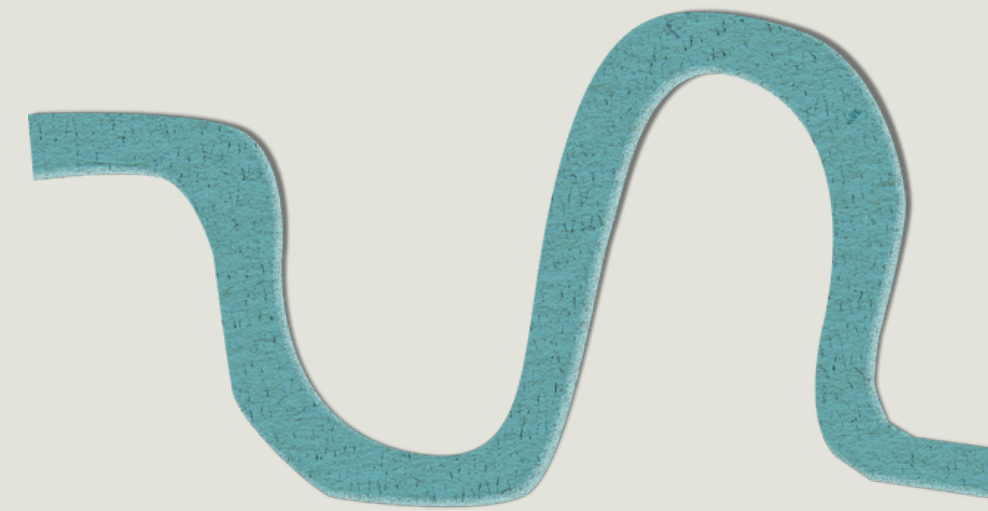
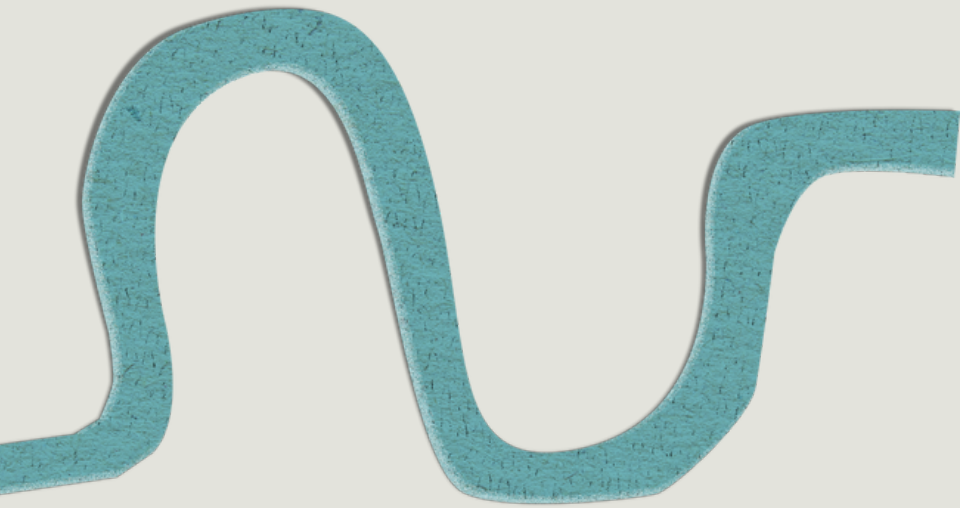
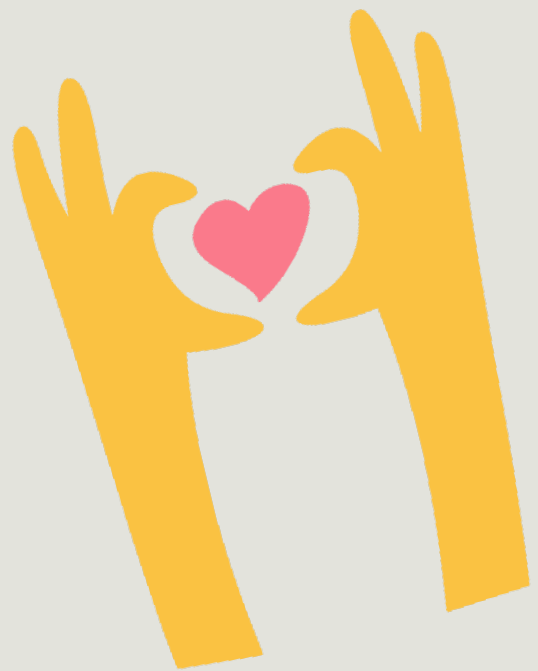


# LOVE IN THE THERAPY

An Important aspect of the symbolic relationship is the love clients require during psychotherapy.

Rogers believed that love, communicated through genuineness, empathy and unconditional regard, was the primary force in helping clients change.

Ferenczi said; love as what was needed for patients to be healed and nurtured.



# **THERAPEUTIC RELATIONSHIP- THE MATERNAL EXPERIENCE**

- The symbolic relationship can be described as a maternal experience. The maternal paradigm has its origins in early object-relationship work ( Webster pg41, Emotional Focused in Psychotherapy)
- Ferenczi had recommended. “THERAPIST USE MATERNAL FRIENDLINESS AND BE AN AFFECTIONATE MOTHER TOWARDS PATIENTS IN THEIR DISTRESS”
- Donald Winnicott “ REFEREED TO A MOTHERING EXPERIENCE AS “ PRIMARY MATERNAL PREOCCUPATION” – he believed that patients who had regressed to primary trauma required what mothers provided in infant care: holding, rocking, soothing and intuiting the infant’s needs
- Michael Balint recommend that the therapist: “ACT AS A CARETAKER TO ALLOW THE CLIENT ABSOLUTE SURRENDER”



# WHAT IS NOT TRAUMA-INFORMED

Bob Newhart - Stop It (Mad TV) Share



Watch on  YouTube

# QUESTIONS

