

Clinical “Know How” for Trauma: Perspective of Psychologists Working Across a Range of Client Groups

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Overview

- Introduction
- Trust
- Occupational PTSD
- Alliance/Engagement
- Case Study
- Questions

Trust

“one’s willingness to be vulnerable to another group member’s actions based on a sense of confidence in the group member’s competence” (Sweeney, 2010, p. S71).

Three precursors to develop trust in another person:

- Competence
- Confidence
- Willingness to be place in a position of vulnerability

Trust

- Personnel who trust others tend to have a positive attitude towards change
- How can therapists improve client's trust?
- Suggestions?

Occupational PTSD

- Reexperiencing
- Avoidance
- Hyperarousal
- Castro, C. A., & Adler, A. B. (2011). Reconceptualizing combat-related posttraumatic stress disorder as an occupational hazard. In A. B. Adler, P. D. Bliese, & C. A. Castro (Eds.), *Deployment psychology: Evidence-based strategies to promote mental health in the military* (pp. 217–242). Washington, DC: APA.

Evidence Based Treatments

- Therapist training
- Clinical supervision
- Therapist effects

Therapist Training

- The amount and type of training remains unclear, but the importance of training is unquestioned.
- Types of training include:
 - Participating in workshops
 - Reviewing written materials
 - Watching master clinicians

Clinical Supervision

- Helping therapists reduce avoidance during therapy
- Language used by therapists in supervision
- Therapist's flexible interpersonal style

Therapist Effects

- Also has been referred to as therapeutic alliance
- How to build this alliance?
 - Genuineness
 - The use of humour
 - Ability of therapists to listen to the client.
- Therapists ability to handle interpersonally challenging behaviours.

Role Play

References

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- Campbell, D. J., & Campbell, K. M. (2009). Embracing Change: Further Examination of a “ Capabilities and Benevolence ” Beliefs Model in a Military Sample, *Military Psychology, 21*, 351–364. doi:10.1080/08995600802565701

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