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
“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 placed in a position of vulnerability
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

Evidence Based Treatments

- Therapist training
- Clinical supervision
- Therapist effects
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


- Sweeney, P. J. (2010). Do soldiers reevaluate trust in their leaders prior to combat operations? *Military Psychology, 22*(Suppl 1), S70–S88. doi:10.1080/08995601003644312

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Institute of Clinical Psychology - Case Study Forum: Defence Trauma

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