INTRODUCTION to
Crisis and Trauma COUNSELING

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DEDICATION

This book is dedicated to the children and staff at Sandy Hook Elementary School and their families, and to the Sutherland Springs community and surrounding areas.

To the Jeremy Richman family and the Mathew Molak family, and to the counselors and mental health professionals who walk alongside them.
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Life brings its blessings and its tragedies, and in the midst of it all, growth-fostering, healing relationships can leave an indelible mark on our psyches and in our lives. The literature is replete with data that now show the intrinsic value of supportive therapeutic relationships and the ways in which they can inspire growth and promote healing following devastating losses. As an introductory text to crisis and trauma counseling, we present an integration of cutting-edge, evidence-based theoretical constructs and models used in crisis and trauma work by counselors—such as cognitive behavioral therapy, behavioral therapy, neurofeedback, and mindfulness-based practices—and we underscore the fundamental role that relationship plays in therapeutic healing.

Throughout the course of our more than 15-year collaboration, we (Thelma and Shane) continue to discuss challenges and opportunities related to counseling and the complexities that people face in living life. As referenced in Chapter 11, we have partnered in responding to numerous community traumas and challenges, and we have worked with hundreds of people who have shared their healing journeys with us. We have also researched and published various works and imagined the content and tenor of a book that focused on a counselor’s work with crisis and trauma. When we were afforded the opportunity to write this introductory text on crisis and trauma counseling, we had a vision for what we hoped to offer our readers. We also invited the visions of colleagues who generously shared their expertise and experiences related to their practices in crisis and trauma counseling. As you read this text, know that you have a community of scholars and practitioners who share in this most important work with you.

Now, we invite you to think for a moment to a time when you may have desperately wanted to help a client or another person, but in spite of your best efforts, you were unsuccessful. Consider the dynamics that interfered with your ability to truly connect in a way that your client could trust. Perhaps it was hard for your client to trust that she or he could be helped or that you would know how to help. Perhaps, the latter may have even been the case. It could also be that your client
feared being truly genuine and honest with you, afraid that your judgment would be ultimately painful. Perhaps your client’s painful experiences with previous authority figures made it difficult to imagine a different outcome with you. Alternatively, oppressive societal messages could induce shame and mistrust within your client that could make authentic disclosure understandably challenging.

One of the goals of this text is to think about our clients by considering their current and historical social contexts and by exploring nuanced and progressive views of relational dynamics to help navigate the process of healing. We also provide a relational roadmap for how to truly see and be with your clients in ways that take into account the challenges that all relationships, including therapeutic ones, invariably bring. We explore the role that power, privilege, culture, and context play in navigating a growth-fostering therapeutic process in crisis and trauma work.

This book is intended for counselors and mental health professionals interested in learning evidence-based, cutting-edge theories and practices in crisis and trauma counseling, and we introduce a relational framework attuned to offering dignity and respectful care. Relational-cultural theory (RCT) affords dignity and provides theory-grounded guidance to conceptualize the complexities inherent in healing counseling relationships. We also introduce and describe the wide range of modalities used in trauma-specific counseling and trauma-informed care. We believe that readers familiar with RCT will resonate with the growth-fostering principles involved in therapeutic work as applied to crisis and trauma counseling. In addition to evidence-based models frequently used in crisis and trauma work, readers unfamiliar with RCT will be introduced to a progressive counseling theory that informs and complements the numerous evidence-based practices and models included in this text.

Manualized practices offer potential structures for what many counselors do in crisis and trauma counseling. For example, cognitive processing therapy (Resick, Monson, & Chard, 2014) and trauma-focused cognitive-behavioral therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) outline processes to explore maladaptive trauma-related cognitions and provide steps to desensitize people to the acute distress and avoidance of traumatic memories (Resick et al., 2014). As we outline the informed research base and structure offered by evidence-based treatments, we invite you to share in our commitment to provide relational and creative counseling with people living in the immediacy or aftermath of crises and traumas.

A major emphasis in this text explores how and who we are with people in distress. Chapters 1 and 2 provide a rich framework for conceptualizing the dynamics and processes in relationships that bring life-sustaining connections, authentic experiencing, and shared power. The established literature in counseling and trauma research emphasizes the centrality of the bonds and shared creativity formed in the counseling space. In this introductory preface and throughout the text, we articulate how we see the extant research into the counseling relationship, creativity in counseling, and relational neuroscience support, and we validate the tenets of RCT proposed more than 40 years ago (Miller, 1976).

The Counseling Relationship

Meta-analytic research into counseling outcomes has revealed that when counselors (a) establish and maintain connections with a wide variety of clients, (b) work with people collaboratively and responsively toward mutual goals, and
(c) infuse evidence-based and theoretical constructs naturally and authentically, they most benefit their clients (Wampold, 2015). In fact, Wampold’s (2015) research clearly shows that counselors who focus solely on manualized treatments and prescriptive approaches are minimally effective at best. By contrast, Wampold has articulated a contextual model of counseling in which people experience a real relationship in counseling, work toward mutually defined goals, and experience hope that counseling will work for them. These relational principles overwhelmingly predict counseling outcomes and are foundational for crisis and trauma work.

Mutual Empathy

In reviewing how contemporary researchers articulate empathy in counseling, we found that they reiterate what RCT scholars define as mutual empathy (Jordan, 2018). As cited in Wampold (2015, p. 271), Gelso (2014) defined the therapeutic relationship as “the personal relationship between therapist and patient marked by the extent to which each is genuine with the other and perceives/experiences the other in ways that befit the other.” Likewise, Bessel van der Kolk (2014) has contended that social reciprocity builds the kind of relational contexts where people can feel safe, connected, and less alone in their suffering. Our social reciprocity (van der Kolk, 2014) and engagement in real counseling relationships (Wampold, 2015) closely reflect what RCT scholars call mutual empathy. Jordan (2018, p. 7) has explained mutual empathy as “I empathize with you, with your experience and pain, and I am letting you see that your pain has affected me, and you matter to me.” We navigate this mutuality following principles of relational ethics, and we describe the nuances of ethical connection and mutual empathy in Chapters 1 and 2. When working with people in crisis, or those who have experienced trauma, the mutuality we share and the real connections we support and nourish can begin to invite the potential for hope on the basis of authentic and affirming experiences in the counseling process.

Integrating Creative and Relational Practice
With Trauma-Informed Care

Creativity is a key feature in many evidence-based and manualized treatments for trauma. On the TF-CBT training site, the Medical University of South Carolina (n.d.) states that “TF-CBT is best delivered by creative, resourceful therapists who have developed close therapeutic alliances with their clients” (para. 7). Many other prominent cognitive-focused, evidence-based treatments highlight the role of creativity as an effective practice, including cognitive therapy (Beck, 2012), cognitive processing therapy (Resick et al., 2014), and the Cognitive Behavioral Intervention for Trauma in Schools intervention (Jaycox, Langley, & Hoover, 2018). Although manuals and protocols can provide structure and protocols, a counselor’s and client’s shared creativity fuel the process of counseling (Duffey, Haberstroh, & Trepal, 2016). Finally, expressive and creative approaches—such as movement, music, yoga, dance, play, and art—allow for creative expression of pain that transcends words. Whole body approaches (Porges, 2011) that ignite our inner rhythms through expressive mediums can integrate sensory and fragmented memories, calling on the strength of community when shared in groups (van der Kolk, 2014).
Context, Culture, and Society

Throughout this text, and specifically in Chapter 3, the authors explore how societal messages, cultural norms, and historical and cultural traumas create expectations that can support healing or isolate people from resources and connections that can provide hope. Historical collective traumatic experiences pervade generations of people who suffered abuses of power, disenfranchisement, and rejection of their humanity. Our perceptions and true experiences of powerlessness and injustice resonate throughout cultures and across generations (Yehuda & Lehrner, 2018). These contextual and historical traumas can be seen in physiological markers of health, experiences of well-being, and neurological functioning. Trauma, when experienced collectively, leaves an imprint on society. Fortunately, counselors can provide healing contexts to attenuate these legacies; they can also engage in constructive social action to advocate for and enact compassionate and culturally responsive social change (Hartling & Lindner, 2017).

Relational Neurobiology and Trauma

Our brains evolved to connect and thrive in social contexts where we give and receive care, understanding, and compassionate feedback. In Chapter 4, we provide an overview of the relational brain, and we explore how trauma can disrupt and override our natural responses to stress and create distance in interpersonal relationships (Banks, 2011; Banks & Hirschman, 2015). These disconnections are especially profound when people suffered abuse within their close relationships or in contexts where they expected interpersonal and physical safety (Banks, 2011; Banks & Hirschman, 2015). van der Kolk (2014) explored how our brains and our bodies can harbor the residual memories and emotional impact of trauma; he also contended that connections with others and creative mind-body interventions can bring life, and perhaps feelings of joy, back into a physiology fragmented by traumatic experiences. Many prominent researchers and practitioners have contended that the human brain is neuroplastic and that brain health thrives from bonding and growth-fostering connections throughout the life span (Banks, 2011; Banks & Hirschman, 2015; Porges, 2011, Shapiro, 2018; Siegel, 2015; van der Kolk, 2014). These scholars have articulated therapeutic models that integrate the body and brain in the healing process. Chapter 4 provides an overview of these connections and how these relationships can stimulate growth psychologically and neurobiologically (Banks & Hirschman, 2015).

Approaches and Models Specific to Crisis and Trauma Counseling

As we build on the relational, social, contextual, and neurobiological factors that help us understand and respond to the many forms of traumatic stress, we introduce prominent models and approaches that counselors follow when providing trauma-informed care. We see these approaches as practical and evidence-based pathways for healing that rest on a solid relational foundation. Chapter 5 highlights and explores the many decisional and relational factors involved in providing immediate and responsive care for clients experiencing acute distress. Chapter 6 provides examples and models for working with clients who suffer from the
residual effects of traumatic stress, including posttraumatic stress disorder and acute stress disorder. Finally, Chapter 7 reviews factors and approaches involved when working with people experiencing suicidal ideations and plans. As you read through these various approaches and models that outline processes and decision trees found in crisis and posttrauma work, we hope that you conceptualize these models with a deep appreciation for the voluminous evidence supporting the primacy of the counseling relationship.

Developmental and Contextual Considerations in Crisis and Trauma Counseling

As you read Chapters 8–15, we ask you to consider the various losses and tragedies experienced by people, and how counselors offer their hope, resources, training, and presence to partner with them through turbulent times. These chapters offer an overview of the many faces of crises and trauma that occur throughout the life span and within distinct social contexts. For example, we explore a wide range of traumatic experiences—including sexual assault, sexual abuse, child abuse, elder abuse, and other violent acts—in Chapter 8.

In Chapter 9, we honor the many life crises associated with work, parenting, family life, and educational setbacks that can at times compound life stress and wear down people’s resilience, especially when they may feel isolated and alone (Jordan, 2018). Likewise, Chapter 10 speaks to various stressors, crises, and traumatic experiences commonly seen in families, such as divorce, infidelity, incest, child abuse, medical emergencies, and substance abuse. Chapter 11 reviews the various community crises that can occur—such as natural disasters, mass shootings, and community violence—and the means by which counselors can respond. Chapter 12 offers counseling considerations when working with veterans, and Chapter 13 offers K–12 information for counselors in the schools. You will also find common crises and traumatic experiences seen on college and university campuses in Chapter 14, as well as ways in which counselors can support students and others in these settings. Finally, in Chapter 15, we offer traditional and progressive perspectives on resilience and the ways in which resilience can be strengthened through relationships and the honoring of all people’s dignity.

Compassion and Care for Counselors

As is so often the case for counselors when working with others, we experienced our own losses, transitions, and community traumas and disasters during the writing and editing of this book. Our community neighbor, Sutherland Springs, Texas, experienced a mass shooting at the local Baptist church that destroyed entire families and affected community members far and wide. I (Shane) underwent a significant career and life transition via a major geographic move that not only affected my family and me but also those with whom I had shared life for 15 years. Finally, in the midst of this writing and the significant life-changing events Shane described, I (Thelma) experienced the most painful and significant loss of my life to date—the sudden loss of my precious mother. Crises come in many forms, and sometimes they come in clusters. As we are sure many of you can attest to, finding ways to care for ourselves and our well-being, with the compassion we hope to offer others, is critical to our personal welfare and continued work as counselors. We strongly articulate this message in Chapter 1 and reinforce it throughout the text.
**Closing Thoughts**

Our vision for this text was to present a most humane perspective on crisis and trauma experiences and to introduce cutting-edge, evidence-based resources and modalities for this work. We hope this text prepares you to conceptualize that experiences of crises and trauma can be interwoven in our lives in many ways. For example, a person may be in the throes of a loss when another turbulent life crisis or trauma arises, compounding the impact. We conclude by reiterating the great need for counselors to be prepared and trained in the complex understandings of crisis and trauma work. Moreover, we trust that this introductory text will provide you with a substantive foundation from which you can continue your growth and expand your potential for this most important counselor-client partnership.

**References**


Thelma Duffey, PhD, is professor and chair in the Department of Counseling at the University of Texas at San Antonio (UTSA) and is past president of the American Counseling Association (ACA). An ACA fellow, she is currently serving as ACA treasurer. Professor Duffey was the founding president of the Association for Creativity in Counseling (ACC), a division within the ACA, and she is editor for the *Journal of Creativity in Mental Health*. Professor Duffey has received numerous leadership and research awards from professional organizations, including the Association for Counselor Education and Supervision, the Southern Association for Counselor Education and Supervision, the ACA, the Texas Counseling Association, the Texas Association for Counselor Education and Supervision, and the Association for Assessment and Research in Counseling. The ACC established an award in her name. Professor Duffey has more than 60 peer-reviewed publications and three edited and coedited books: *Creative Interventions in Grief and Loss Therapy: When the Music Stops, a Dream Dies; A Counselor's Guide to Working With Men;* and *Child and Adolescent Counseling Case Studies: Developmental, Systemic, Multicultural, and Relational Contexts.* Her research interests include relational-cultural theory, developmental relational counseling, creativity in counseling, and grief and loss counseling. Professor Duffey provided support and consultation in Newtown, Connecticut, following the shootings at Sandy Hook Elementary School and co-led efforts to provide crisis and trauma services to Sutherland Springs and neighboring communities. Professor Duffey codirects the Academy for Crisis and Trauma Counseling within the Department of Counseling. During her tenure as ACA president, Professor Duffey led a national antibullying and interpersonal violence initiative, and she currently leads efforts within the UTSA Department of Counseling to support the works of the David’s Legacy Foundation.
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To our clients, students, colleagues, and friends, we thank you for helping create a space where connection and goodness prevail. And to our families, it is because of your support, inspiration, and love that we do the work we do. You inspire, motivate, and support us, and for that we are deeply grateful.
CHAPTER 1
Introduction to Crisis and Trauma Counseling

Thelma Duffey and Shane Haberstroh

There are critical incidences and traumatic events that occur daily in the lives of unsuspecting people. Every day, women, men, and children are in the midst of living their lives when, much to their horror, crises arise in their homes, schools, workplaces, and communities. Illnesses, accidents, job layoffs, and sudden deaths occur, seemingly out of nowhere, and people are plunged into crisis. Far too often, communities and the larger world experience critical events and tragedies of significant proportions. When these calamities occur, the media instantaneously broadcasts images of mass murders, war, and acts of terrorism and violence. These tragedies create unimaginable images in the psyches of contemporary society.

Introduction to Key Terms and Philosophies

Crisis

By definition, a crisis is often an immediate, unpredictable event that occurs in people’s lives—such as receiving a threatening medical diagnosis, experiencing a miscarriage, or undergoing a divorce—that can overwhelm the ways that they naturally cope. People can experience crises individually or as part of a group, community, or other connected system (James & Gilliland, 2013; Myer & Moore, 2006). Crisis experiences often compromise people’s feelings of safety and can induce feelings of fear, sadness, and even a sense of devastation. Crises can also interfere with a person's ability to function in the world by negatively affecting several life domains, such as work, family, and social connections. Crises can aggravate existing emo-
tional injuries, further obstructing a person’s ability to respond to the incident. This aggravation can lead to a person’s sense of hypervigilance following a painful and unexpected violation of trust and safety. This violation can increase the intensity of a person’s feelings, resulting in a deepened experience of anger, anxiety, guilt, and grief. Furthermore, the “intensity, duration, and suddenness” (James & Gilliland, 2013, p. 8) of an experience may result in a person’s experience of trauma.

Trauma

Trauma involves an emotional, mental, and physical response to a powerfully negative experience or series of situations in which people perceived that they or a loved one experienced serious psychological, physical, or emotional harm (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Trauma can result from an event or a series of events that subsequently causes intense physical and psychological stress reactions (SAMHSA, 2014). These experiences can include violence, sexual assault, abuse, neglect, disaster, terrorism, and war. Chronic abuse, abandonment, a tragic loss of a loved one, or war experiences, for example, can all result in trauma that can be both enduring and complex. In those cases in which complex trauma exists, a person experiences serious stressors that “(a) are repetitive or prolonged, (b) involve harm or abandonment by caregivers or other ostensibly responsible adults, and (c) occur at developmentally vulnerable times” (Ford & Courtois, 2009, p. 13).

These stressors can also involve complex interpersonal traumatic experiences such as betrayal, loss, rejection, and relational violence. People suffer trauma individually and within their communities. These tragedies, and the trauma that ensues, may upend the emotional, physical, and relational landscapes of communities, resulting in generational trauma—at times altering the fabric of that community for years to come (Dupré, Dawe, & Barling, 2014). In fact, history has shown how traumas and crises have helped shape the values of nations, diverse cultural groups, and generations throughout the years (Martz, 2010). As a result, these societal, cultural, and familial messages often guide an individual’s response to crises and trauma and can either derail or facilitate healing (Duffey, 2005; Hartling & Lindner, 2016). Every day, professional counselors assist people as they navigate life crises and the immediate and acute aspects of traumatic events and loss (McAdams & Keener, 2008).

Conceptualizing Crisis and Trauma

One of the purposes of this text is to practically identify the many faces of crisis, the ways in which crises can occur, and the relational processes that counselors can use when working through crises and traumatic injuries. We also explore important distinctions between crises and trauma because, although these terms are at times used interchangeably, there are clear differences that distinguish one from the other. Recognizing and understanding these differences is important to the work of counseling.

For example, although most people experience crises in their lives (e.g., relationship loss, acute illness, job loss, academic disappointments), not every crisis is followed by trauma. In other words, crises, in and of themselves, do not constitute a trauma, and they do not always lead to traumatic responses. In contrast, trauma
can be seen as a profound and often overwhelming response to a critical loss or injury, such as accidents, deaths, and acts of violence.

Although crises tend to resolve over time, people undergoing trauma may continually experience flashbacks and other debilitating symptoms, such as nightmares, as well as physical, emotional, spiritual, and social concerns. Trauma can also result in a pattern of acute anxiety, depression, and posttraumatic stress. Like many loss situations, traumatic injuries can affect a person’s personal relationships; behavioral, sleep, and nutritional patterns; and ability to function in life. Empathic, informed, relational, and skilled professional counseling can support people undergoing periods of crises and experiences of trauma.

**Trauma-Informed Care (TIC)**

TIC is a model used by counselors and institutions to place trauma assessment, treatment, and recovery as a primary goal for counseling. SAMHSA, an agency within the U.S. Department of Health and Human Services, discussed how TIC involves using every person within an organization—from the president or chief executive officer of a company to the maintenance person, and everyone in between—in the service of health and healing. All parties involved recognize the role of trauma in a person’s life and understand that people use diverse coping mechanisms to deal with trauma. TIC also involves working with the whole being of a person, taking trauma history into account and considering the person’s coping mechanisms. TIC recognizes that trauma can affect a person’s interpersonal functioning, including interaction with others, work performance, and sleep patterns (SAMHSA, 2014).

This model considers the way that trauma can influence a person’s daily responses to events, potentially including isolation, anxiety, substance misuse, and over- or undereating that can increase health risks (SAMHSA, 2014). A person’s functioning and emotional, physical, social, and spiritual health can be affected. SAMHSA described how a person’s mind and body can be stuck in a state of threat when experiencing trauma because the brain is unable to filter information temporally and contextually. This condition can result in an impaired sense of self and disconnection, not only from one’s body but also from others. Disconnection can lead to a person’s distressing reactions to a traumatic event, including intrusive memories, images, thoughts, and dreams as well as a sense of feeling numb and dissociated. When faced with cues or triggers that mirror the trauma event, a person may react as if the trauma is happening in that moment. This experience can be perpetually devastating. As a result, a counselor’s compassion, responsiveness, and resourcefulness can bring needed support and relief.

**The Relational Foundation for Crisis and Trauma Counseling**

Numerous theories related to crisis and trauma counseling support counselors in this important work, and we offer a description and applications of the more prevailing theories in the following chapters. We also discuss outstanding resources in subsequent chapters, such as the American Red Cross, the American Counseling Association (ACA), and the National Child Traumatic Stress Network. In this chapter, however, we introduce the works of the Jean Baker Miller Training Insti-
tute and the Human Dignity and Humiliation Studies (HumanDHS); moreover, we identify these works and SAMHSA’s TIC model as foundational to this text.

This book is structured to provide counselors and mental health professionals with current essential information and examples of practical application to crisis and trauma counseling. Relationally framed, we emphasize (a) the power of the connections counselors form with people in crisis and as they work through traumatic experiences; (b) an intentional focus on safeguarding a person’s dignity throughout the work; (c) the relational, societal, political, and cultural contexts that affect a person’s experience of crisis and trauma; (d) the various contexts in which crises and trauma arise; and (e) the diverse means by which counselors can intervene and support people who face them.

We invited scholars and practitioners experienced in working with crisis and trauma situations to contribute to this book, and together, we draw on our practices and research as we discuss the many dynamics of crisis and trauma and strategies to promote hope and healing. With the exception of publicly documented crises addressed in this text, the case examples we use throughout the book are compilations of actual client stories, de-identified to protect confidentiality. Our goal is to provide you with guiding theories and interventions for working with crisis and trauma situations while underscoring the role of humane connection as a most salient feature of crisis and trauma counseling.

Relationship is at the core of counseling, as indicated in its definition (Kaplan, Tarvydas, & Gladding, 2014), and research speaks to the primary role of relationship in therapeutic success (Norcross & Wampold, 2018). It is therefore essential that counselors explore the means by which healing and compassionate relationships are formed, which is particularly salient when working with people following traumatic losses. We offer leading theoretical constructs focused on crisis and trauma counseling and integrate guiding relational principles throughout this text. Judith V. Jordan—renowned scholar and cofounder of the Jean Baker Miller Training Institute, which is home to relational-cultural theory (RCT)—also provides a detailed description of the role of connection in Chapter 2. We begin our discussion with a brief overview of RCT.

**RCT**

Counseling theories provide frameworks to understand the human experience. At the most fundamental level, our theoretical perspectives guide the questions we ask, the way we relate to our clients, and how we conceptualize the counseling process. RCT is based on the early works of Jean Baker Miller, who recognized that traditional psychological theories largely ignored the emotional needs of women and marginalized groups (Jordan, 2018; Miller, 1976). Miller (1976) discussed how these clinical models emphasized separation from others as key to human development (Hartling & Sparks, 2008; Jordan, 2017). In response, she documented what she saw as the undervalued, yet indisputable, relational strengths of women in her book, *Toward a New Psychology of Women* (Miller, 1976).

Her work with other RCT founding scholars at the Stone Center at Wellesley College evolved into a theory that identified the importance of authentic, mutual connection as particularly relevant to the experiences of marginalized groups. Since then, scholars have explored the unique challenges facing many men soci-
etally and have described RCT in application to counseling men (Duffey & Haberstroh, 2014). RCT’s focus on (a) the importance of growth through connection, (b) the societal and cultural influences that affect people’s responses to life and to one another, (c) the role of power and privilege, and (d) the means by which these factors affect a person’s response to trauma and resilience make it a progressive theory relevant to working with men, women, and children.

Relational Principles

Relational Neuroscience

RCT’s theoretical principles, particularly as they relate to trauma work, are supported by neuroscientific findings showing that human beings are “wired for connection” (Banks & Hirschman, 2015). Dr. Amy Banks, director of Advanced Training at the Jean Baker Miller Institute at Wellesley Centers for Women, has referred to this principle as relational neuroscience. Relational neuroscience addresses the impact of interpersonal exchanges on the brain and identifies the impact of trauma on a person’s neurobiological structure and changing brain chemistry. This change can affect the ways that people who experience trauma interact with others.

For some people who have already suffered compounded losses after trauma, recognition of brain change and its potential impact on relationships can be discouraging. Fortunately, research has indicated that people’s brains have the capacity to regenerate and heal. Scientists refer to this occurrence as the brain’s neuroplasticity (Banks & Hirschman, 2015). An awareness that growth-fostering connection with others (Jordan, 2018) and relational counseling experiences can promote brain health and influence neuroplasticity (Banks & Hirschman, 2015; Jordan, 2018) brings hope to people with trauma experiences and direction to their counselors. These concepts are addressed in Chapter 4.

Growth in Connection

According to RCT, the nature of a person’s relationships deeply influences one’s psychological development across the life span (Miller, 2008). Furthermore, mutually rewarding social connections facilitate emotional growth and a desire for continued connection (Banks, 2006, 2011, 2016; Lenz, 2016). The concept of growth in connection diverges from traditional psychological approaches that purport independence from others as a cornerstone to growth. In a sense, RCT reinforces the idea that people need one another, and it introduces a model that proposes how people indeed grow in relationship. This paradigm is particularly salient given that the United States, as a culture, commonly privileges stoicism and rugged individualism and often views presenting pain or expressing need as weakness (O’Malley, Arbesman, Steiger, Fowler, & Christakis, 2012).

Authenticity

In contrast, RCT recognizes the courage and strength involved in authenticity, and it identifies authenticity—the ability to represent oneself fully in relationship—as central to growth (Jordan, 2018). We believe that RCT’s reframing, and a counselor’s conceptualization of the client through this lens, provides a source of direction, hopefulness, and relief for people in crisis.
**Context**

Professional counselors and mental health clinicians using relationally competent principles consider the life circumstances and contextual factors that affect their clients. Context helps counselors look at all sides of a situation, and it brings perspective to behaviors, attitudes, and feelings that could otherwise be pathologized. For example, far too many women with trauma histories are disproportionately misdiagnosed with borderline personality disorder (BPD; Cloitre, Garvet, Weiss, Carlson, & Bryant, 2014; Lewis & Grenyer, 2009). We have worked with several women who held tightly to this BPD diagnosis after receiving it from former mental health professionals. Some of these women may experience “unstable relationships with others, efforts to avoid real or imagined abandonment, identity disturbances, [and other symptomology]” (American Psychiatric Association, 2013, p. 663), which are characteristically seen in BPD. In many of these cases, however, these women also have a history of exploitation, abuse, domination, and other misuses of power. These histories bring context to their diagnoses, and counselors can conceptualize their situations using a trauma-informed (SAMHSA, 2014) and relational lens.

Although diagnoses of BPD can be appropriate, there are several cases in which posttraumatic stress disorder (PTSD) is a more appropriate and realistic diagnosis (Cloitre et al., 2014; Lewis & Grenyer, 2009). For example, there is context to the way these women respond to situations, and their relationships, and focusing on these contexts may help them begin to understand their responses from a perspective that Jordan, Kaplan, Miller, Stiver, and Surrey (1991) described as an “internalized deficiency model of women” (p. 26). In these cases, women who internalize these deficiencies have difficulty noticing their own strengths and values, and “they end up believing the way they think and feel is unimportant” (Jordan et al., 1991, p. 27). This dynamic can set a woman up to carry a distorted sense of her own value.

Reconceptualizing client concerns from a strength-based, relational lens provides clients with an opportunity to face their crises or revisit their traumatic histories with self-compassion and a perspective that can support posttraumatic growth (Jordan, 2017; Kress, Haiyasoso, Zoldan, & Trepal, 2018), making the contextual aspect of RCT especially relevant to crisis and trauma counseling. See Sidebar 1.1 for more information on RCT.

**Power**

RCT examines the difference between power-with and power-over. Power-with reflects a shared power, whereas power-over involves exploitation, control, or dismissiveness. These dynamics can be played out within supervisory and personal relationships as well as in exploitive business dealings.

**Central Relational Paradox**

RCT shows that in spite of people’s yearning for connection, they sometimes engage in protective, but disconnecting, strategies that prevent their desired con-

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**Sidebar 1.1 • Relational-Cultural Theory**

Relational-cultural theory posits that people need healthy and meaningful connections in their lives for growth. Research now shows how the brain is actually wired to desire connection with others and can even grow from healthy connections. With this in mind, how do you instill this hope with your clients?