



Trauma Sensitivity

Supporting trauma survivors in your practice

River Lightbearer

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By

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1: Why Does This Book Exist?

I grew up in an environment that can most charitably be referred to as toxic. During my childhood, I was alternately neglected or ignored and yelled at or blamed for the issues of the adults around me. At school, I was severely bullied by other students and, on occasion, by teachers.

As an adult, the effects of these experiences clung to me. I married an abusive man. I struggled to trust people enough to even make acquaintances, never mind friends. Panic attacks and difficulty comprehending what other people told me impacted my ability to hold jobs and parent my children. At the time, in the late 1990s-early 2000s, I didn't know that these issues were directly related to the trauma I'd experienced. I thought I was just too damaged and broken to be able to lead a positive, beneficial life.

In 2005, I became friends with someone who practiced and taught yoga, energy healing, and channeling. During our friendship, he taught me all three, as well as providing me with energy healing and channeling sessions.

All of them were difficult for me. In energy healing, part of me fought against the idea of having my friend touch me, since he used a hands-on modality. In channeling, I struggled to let go of my perceived need to control everything long enough to enter trance, let alone allow my guide to speak through me. And in yoga...

Oh, dear lord, yoga was horrific for me.

The physical piece of yoga involves certain poses, or *asana*. Being able to move my body into those poses required me to actually be in my body and be able to judge where I was spatially as well as how various parts of my body were positioned.

Being in my body was something I had avoided for decades, because my body

was a place of pain and harm. It was also a body that didn't match who I actually was, since I am a nonbinary person (meaning, in my case, that I identify as neither male nor female) in a body that has breasts and a vagina—which were the recipients and possibly the causes of some of the pain and harm I'd experienced.

When attending my friend's yoga classes, not only did I have to deal with the discomfort and terror of being required to be “in my body,” but I also had to accept him physically assisting me into some of the *asana*, which obviously required him to touch me. I had panic attacks. I ended more classes than not in tears.

My ever-patient friend sat with me through every one of those meltdowns until I was calm enough to leave and drive home, but he couldn't understand why I was struggling so much. Even though he was fully aware of as much of my trauma history as I was able to recall, he, too, couldn't draw a connection between those experiences and the difficulties I lived with.

However, I began researching and studying trauma and realized that many of my struggles and issues were directly related to what I'd experienced as a child and as an adult. I tried to explain this to my friend; he grasped it on an intellectual level, but couldn't comprehend why I—or anyone else—couldn't “just get over” trauma once it ended. One of the reasons our friendship came to a close shortly after I left my children's father was that my friend said, “I thought you'd be happy once you were out of that marriage. Why haven't you let go of it and decided to just be happy?”

The “why” was—and still is, despite therapy and a lot of work on my own—that trauma simply doesn't work that way. You can't “just get over” it. You can't “just decide to be happy.” And the long-lasting effects of trauma can have a huge impact on how a survivor functions in the day-to-day world and on how, or whether, they're able to successfully navigate situations like coaching, healing practices, mindfulness practices, and other spiritually-based things.

When trauma occurs, the brain is altered not only on an emotional level, but a physiological one. The responses and reactions humans have evolved to survive threats are constantly “on” in a trauma survivor. We live with brains, minds, bodies, and energy systems that have the marks of our trauma indelibly imprinted. While therapies exist that can help us learn to manage those effects, and the marks may fade over time, those scars remain just as permanently as a physical scar from an injury or surgery, and the scars left by trauma are no more our choice or within our control than physical scars.

Because of these changes in our brains and how we function, some aspects of coaching, healing practices, and other services are difficult for trauma survivors to access. This isn't by choice either. Just as someone who uses a wheelchair due to paralysis can't decide to get up and walk around and may need accommodations or

modifications to be able to do certain things, someone whose functioning is altered by trauma can't decide not to have trauma responses and may need modifications and changes to certain practices.

One of the biggest impacts on a trauma survivor is that "threatened" is a nearly constant state. The autonomic responses to threat, which pass for someone who isn't traumatized once the threat ends, never shut off for a trauma survivor. The subconscious and unconscious parts of the brain perceive threats even when none exist, and perceive threat in situations and actions that other people wouldn't consider a danger.

When something reminds a survivor of the original trauma, the brain responds exactly as it did when that trauma occurred—because to those autonomic parts of the brain, time doesn't mean anything. As far as those parts of the brain are concerned, that trauma is occurring NOW. Recognizing the passage of time is a function of the conscious brain, and that isn't the part of the brain that's reacting. This is the literal meaning of "trigger"; a trigger is not something that you don't like or that upsets you, it is a reminder of trauma that causes a strong trauma response. Although a survivor can learn to manage triggers, the initial reaction is outside their control.

A survivor can learn to be aware of what is likely to trigger them and has the right to decide how or whether to address those triggers. It is not up to anyone else to tell a survivor they "have to face the trigger to become desensitized" or that they "can't just avoid things, they have to learn to live with them." The choice of how to progress in healing from trauma and in how to deal with triggers and other trauma effects is for the survivor to make.

Trauma-sensitivity means being aware of how practices, classes, etc. might affect a survivor, and offering survivors options and modifications to help mitigate those effects. It means understanding that trauma is not something someone chooses and neither are the changes trauma makes to brain, mind, body, and energy. It means validating a survivor's experience and their self-knowledge and understanding rather than accusing them of "dwelling in the past," of lying, or of "not wanting to get better" because of the ways they choose to manage their experiences.

To be trauma-sensitive, a practitioner needs to be aware of their own biases, particularly if they are also a trauma survivor. Trauma does not affect everyone in the same ways. Even if you're familiar with how trauma impacts you and have found ways that work for you to manage your reactions and experiences, that doesn't mean you're familiar with how it impacts everyone and what would work for everyone. Practitioners also need to be cognizant of the fact that not everyone finds the same experiences traumatic. Just because you wouldn't be traumatized by something doesn't mean no one would be.

Trauma-sensitivity necessitates understanding what trauma actually is. It means realizing that in addition to experiences that are likely to be traumatic, such as abuse, for some people simply existing causes trauma. This is especially true for members of minority groups, whether based on race, gender, or other factors, that are often targeted for harm solely because of those factors.

It also means realizing that if you are not part of one of those groups, you might be able to intellectually understand what it's like to constantly feel threatened just because of who you are, but you cannot understand it on an experiential level. Nor do you have to understand it on that level. It's enough to accept that people live those experiences and that their responses and reactions to those experiences are valid.

This resource is not intended as a textbook on how to treat trauma survivors. Rather, my intention is to give spiritually-based entrepreneurs and practitioners an overview of how trauma might impact their clients and suggestions of accommodations and modifications they might make to their practices—and adjustments they might make to their thinking—that will support those clients in benefiting from their services.

Trauma happens to far more people than we realize and can leave impacts on a global level as well as familial and individual. Even if you aren't aware of any trauma survivors among your client base, it's reasonable to assume they are there, and adjusting to a more trauma-sensitive way of presenting your services will benefit them and you.

2: What Does Trauma Do?

Trauma can occur in a wide variety of ways, and it differs from person to person. The term doesn't refer to the specific event, but rather to the emotional, mental, and physiological effects left by the event, which won't be the same for everyone. What one person experiences as traumatic, another person might find only mildly annoying. What leaves a decades-long impact on someone's mental and physical functioning might only bother another person for a few months.

The effects can depend on how old someone was when the trauma occurred; different forms of abuse and trauma affect the brain differently depending on the developmental stage of the person. They're also dependent on what else is happening or has happened in the person's life; someone who has already lived through traumatic events or is currently in a traumatic situation will be more likely to experience the effects from additional events than someone who is living in a safe, calm environment and has not previously experienced trauma.

There is no one hundred percent guaranteed way someone will be affected by trauma, but there are some impacts that are generally true for people who have experienced traumatic events. Knowing some of these effects can help practitioners understand what their clients might be dealing with and how their practices might help—or might be difficult or even retraumatizing.

It Doesn't End

Trauma becomes internalized, stored in mind, body, and energy. This isn't a choice; someone can no more “just let go” of trauma than they could “just let go” of diabetes, cancer, or any other chronic condition. Even if the person consciously doesn't think about or isn't impacted by their experiences, the subconscious and unconscious minds still bear the effects, as do the body and the energy system. PTSD symptoms are rooted in the body's response to the original trauma (fight,

flight, or freeze), but also in the emotions the trauma brought up, and all of this is stored in the energy system.

For a survivor, the trauma doesn't end. The mind becomes "stuck" at the time of the experience. This alters the nervous system, which in turn leads to the body going into overdrive to control the physiological reactions. Aside from the mental and emotional effects caused by this, the changes to the nervous system and the constant "hyperdrive" of the body can lead to autoimmune disorders and conditions such as Chronic Fatigue Syndrome or fibromyalgia.

Trauma creates physiological changes in the brain itself. It impedes the areas of the brain that are responsible for the physical, embodied sense of aliveness. It alters how the nervous system perceives safety and danger. The system then perceives danger when none is present, so constantly responds as if the person is under threat. The behaviors and reactions of a trauma survivor aren't choices or signs of weakness; they're caused by actual changes to the structure and functioning of the brain. This means they can be corrected and managed, with time and work, but not simply by "thinking positively."

Everything that happens to someone affects how—and whether—the various parts of their brain function. Connections among parts of the brain form in response to what the person experiences, and these connections become the person's default. When someone is traumatized, all levels of the brain are impacted. Even basic functions like eating, sleeping, and digestion might not work properly in a trauma survivor.

This is why a survivor can't necessarily "logic" their way out of a trauma response, whether it's to immediate trauma or due to a trigger that has reminded them of past trauma. Remember, the parts of the brain that cause the responses can't distinguish past and present; they only distinguish threat and not-threat. And because of the damage trauma has done, they nearly always distinguish threat.

Even when a survivor is safe, they may not be able to recognize the safety because their perception is faulty due to the trauma. This leads to intrusive fears, shame for feeling afraid, despair of ever "getting better," and impulses to fight, flee, or freeze when unnecessary. The brain traps the survivor in a constant state of red alert.

Practices that require someone to focus inward, such as many mindfulness practices, can bring the trauma and its effects to the surface. This doesn't mean a survivor shouldn't engage in those practices, but they and the instructor or practitioner need to be aware of the potential for these memories and impacts to rise up, and to be aware of how to manage the responses. They also may need to find alternative ways to do the practice that are less likely to cause this. Otherwise this compounds the sense of "not safe" with which the survivor already struggles.

A Survivor Can't Trust Their Body

Trauma also makes trusting the body and its signals difficult. A survivor's brain may receive no or incomplete signals from the body, or may misinterpret or ignore the signals it receives. This is especially true when the body reacts to signals that only exist within the mind.

People with PTSD often put emphasis on the sensations within their body, sometimes to the exclusion of input from outside the body. Ideally the two sets of input work together, but they may not when trauma is involved. The inner sensations constantly signal danger even when the external input says there is no threat.

Survivors may believe the inaccurate input is reality, leading to beliefs that the world is a dangerous place and people have malicious intentions. Obviously, this can cause issues when trying to navigate services and practices and when trying to connect with other people, including practitioners and instructors.

When someone is triggered, in the literal sense of having an external stimulus remind them of past trauma, it activates the brain's emotional center as if the trauma is occurring at that moment. Stress hormones increase, which causes a physical response. Activity in the speech center decreases. During a flashback, the ability to speak is compromised, if not lost entirely, just as it likely was during the initial trauma. Meanwhile, activity in the visual center increases as if visual images of the trauma are entering the brain for the first time.

Someone's adrenaline production also increases when they're triggered, and the adrenaline levels stay elevated for longer than in someone who hasn't experienced trauma. This can cause long-term issues with memory, health, and focus, among other things.

The brain responds to triggers and memories identically to how it responded to the original trauma. The parts of the brain responsible for these reactions can't distinguish between past and present, and also can't judge the passage of time, so during a flashback or memory, the person may lose all sense of what time period they're in or that what they're experiencing has an ending.

Reactions to triggers are often outside the person's control. Because of that, and because of the seeming irrationality of the reactions, the survivor may feel "crazy" or ashamed. This furthers the shame and unwillingness to speak sparked by the initial trauma, especially if the person isn't aware that they're reacting due to trauma. The conscious mind may not recall the events, but other parts of the brain, and the body and energy system, still show the effects of trauma.

Memories Aren't Always Reliable

A survivor may in fact never fully recall what happened to them. Memories may be suppressed for years—even decades—unless or until something triggers their resurfacing. When the memories do come back, or if they were never suppressed to begin with, they're often fragmented and incohesive rather than a detailed beginning-to-end narrative, leading to the person being unable to explain what they're recalling. Unfortunately, this also can lead to the person not being believed.

Fragmented memories, memories that are out of order chronologically, or “flashes” of memory instead of larger pieces aren't indicators that trauma didn't occur. In fact, if traumatic memories come to a person in these ways, they're more likely to be true, because the brain is trying to protect itself against the memories and their effects. But trying to convince others that traumatic events actually happened, especially if the memories aren't coherent, can be difficult.

This is one of many reasons it's important to believe and validate a survivor who tells you what they've experienced. They're already struggling to recall what happened and may be questioning their own sanity because of the way the memories are returning and the reactions they have. Expressing doubt of what they tell you or saying you believe they're being dishonest only causes further harm.

The inability to integrate traumatic memories into something accessible and coherent leads to the survivor being unable to incorporate new experiences. This causes progressive inability to function personally and professionally. And again, this isn't a choice.

Survivors also may have memory issues about things that aren't connected to the trauma. I've sometimes joked that I have to write things down and then make a note to look at the note—except it isn't really a joke for me. I'm constantly going through the notes I've made and finding out that I've either forgotten things or I've written the same thing three or four times because I kept forgetting I'd already written it down. If I'm distracted when someone tells me something, I sometimes don't even remember it long enough to write it down.

I've often wondered why working in “real” jobs seemed easier when I was in my twenties—even though I was still living in traumatic circumstances at the time—than now, in my early fifties. I've learned that this is because of the progressive dysfunction caused by my past traumas. Even though I have worked to integrate my experiences, full integration hasn't been possible, and my executive functioning is impacted by this.

The Whole Brain is Affected

Trauma also impacts a survivor's emotional management and functioning. At times of intense emotions, the rational mind is less accessible. Ideally, a survivor will, through therapy and other work, be able to integrate the rational and emotional minds; in Dialectical Behavioral Therapy (DBT), this integration is called the "wise mind." But if someone experiences a trigger, the emotional mind can go from zero to sixty before they fully realize they've been triggered, and this takes the rational mind offline.

The rational thought of "This isn't real, it's something from the past" can't always get through, leading to the person not being able to bring themselves out of the flashback and reactions easily. This is especially true if the trauma occurred over a long period of time and the person was a child when it began.

Even when the rational brain is involved in managing a flashback or trigger, it can't erase the emotions, sensations, and thoughts trauma leaves behind. All it can do is help the person perceive the threat as having ended and find and use management strategies to deescalate emotionally. The emotions and memories, and any physical sensations the person may experience due to trauma, aren't chosen and aren't within their control to "just think away."

Since some parts of the brain don't function adequately, a number of things in the survivor's life may be difficult. Trauma survivors may struggle with executive functioning, meaning things like decision-making and planning things in advance are compromised. Since these tasks are a big part of some coaching programs and other practices, a survivor may struggle to be able to meet the expectations they believe have been set for them or the ones they've set for themselves.

Distraction and difficulty focusing are other issues caused by the rewiring trauma does to the brain. Sometimes I'm able to concentrate on a task for hours; other times, within five minutes my brain has wandered off to do something else. This can make completing tasks difficult, especially if I'm expected to do so within a certain time frame or following a specific structure. Some structure is helpful to me, but too much structure causes me to feel anxious, which increases the likelihood that I'll lose focus.

Survivors, like people with other types of neurodivergence, may live with sensory issues or processing deficits. A survivor might struggle with or be unable to tolerate certain smells, textures, tastes, or sounds. They may have difficulty with spatial organization and orientation; for example, they might not be able to judge where their body is in relation to other physical objects, particularly if they can't see the other objects, but sometimes even if they can see them. I've lost count of the number of doorways I've walked into because even though I can see the door frame and the opening to walk through, my brain doesn't quite get my body past the frame.

Some survivors have difficulty with expressive language (speaking or writing) and/or with receptive language (comprehending what they hear or read). This is because of the changes to their brains but may also be part of the original trauma.

Some of the abuse I experienced as a child was due to either not speaking quickly enough when an adult spoke to me or phrasing something incorrectly so the adult accused me of lying even when I was telling the truth. I might have had issues with expressive and receptive language anyway, but the trauma I experienced around the process of speaking and comprehending what other people said to me compounded those issues. Because of this, I sometimes struggle with verbal communication, especially if there's no visual input, such as on a phone call. If I can see the person who's speaking, it's a bit easier, but my preferred communication method is written.

Sometimes when a survivor tries to speak, the language center of the brain actually shuts down. Again, this is due to the changes in brain function, but also because of the trauma itself. Someone who experienced trauma, especially as a child, may have been told not to talk about it, which led to fears of talking at all. This may only be an issue when the survivor tries to talk about their trauma, but for some of us, it's pervasive in all areas of our lives.

The Effects Are Broad

Because of all of these factors, survivors may have trouble forming interpersonal relationships. Being unable to understand their own emotions and the emotions of others, along with having a brain that constantly registers "threat" when no threat is present and that may misinterpret certain input and occurrences, can make it very hard to connect with other people and maintain those connections.

Survivors often have trouble trusting others not to harm them and to understand and accept the needs they have due to their trauma, so may put up walls and even deliberately sabotage personal and professional relationships. This isn't because they don't want people in their lives; it's out of fear and because of the changes to their brains.

A survivor may not even be fully aware of what will trigger them or cause problems for them until they encounter it. I didn't know, for example, that being called "silly" was a trigger until my husband said I was silly one day when we were joking around. One of my abusers when I was a child said I was "being silly" any time they disagreed with what I said; they used it as a way of diminishing and demeaning me, often before engaging in more abusive behavior toward me. Although my husband meant it affectionately, I found that I was unable to hear someone calling me that without feeling invalidated and fearing that additional

abuse was around the corner.

If a survivor tells you they're triggered or upset by something you say or do, even if they haven't mentioned it as a trigger before, believe them. They're on a journey of healing and of learning what does and doesn't work for them, and part of that journey is sometimes encountering things we didn't realize were problematic.

Obviously, there are many reasons why forming even a working relationship with someone may be difficult for a trauma survivor. For coaches and practitioners whose client base includes survivors, being aware of these factors, and of the fact that they are often beyond the conscious choice and control of the survivor, is vital in order to form a health and beneficial working connection.

3: Trauma Isn't a Finite Thing

The effects of experiencing trauma don't go away when the trauma ends. Nor can they be erased by "deciding not to think about it" or "letting go of the past." Because some of the effects are a direct result of changes to brain structure and function, they take work to overcome, much as someone with a physical brain injury might have to relearn or learn different ways to do things they were able to do prior to the injury.

This means that no matter how much someone wants to heal from their trauma or how much they want to be able to engage in tasks, participate in programs or classes, and so on, they may not be able to without some adjustments and accommodations. When a survivor asks a practitioner to adjust things for them or help them figure out an alternate way to complete tasks or engage in the practice, they aren't being lazy or looking for attention. They need the accommodation because of something that is beyond their control. It is no different from someone with a physical disability asking for modifications or accommodations.

The effects someone experiences due to trauma and how long those effects last have nothing to do with what the trauma was. There is no scale of severity for measuring how trauma affects someone, even though I and a number of other survivors I know have been told, "You have no right to be traumatized by that, other people have had much worse experiences and they're just fine."

That is not how trauma works at all, and that kind of thinking is one of the things that keeps survivors from seeking professional help to deal with their trauma. There are many variables that contribute to how significantly someone is impacted by trauma, and science is still learning what some of those variables are. However, they include how old the person was at the time the trauma began or occurred; whether it was ongoing or a single event; whether it was caused by someone close to the person such as a parent or caregiver; and what support the

person had in the immediate aftermath to deal with the trauma and its effects.

No one has the right to tell someone else that their trauma “wasn’t so bad” or that they don’t have a reason to feel violated or harmed. And no one has a right to tell a survivor that they don’t need what they say they need in order to progress in healing or to be able to access services from a practitioner.

Some Instructions Are Difficult

Some things that coaches and other practitioners frequently say or use in their practices can be difficult for survivors. For example, as mentioned in the previous chapter, survivors often have difficulty focusing. This doesn’t necessarily mean a survivor can’t concentrate on anything, but if they’re being told they need to “stay with it” and not be distracted when working on an assignment from a coach, or keep their mind from wandering at all, it may not be possible for them to follow that direction.

One of the directions I’ve had the most trouble with from coaches is “be playful. Play with the concept. Be curious. Act like a little kid.” I’ve been told by several coaches to make vision boards, and have been told that vision boards are “fun” and “joyful” and that I should love making them.

I don’t. I am unable to make vision boards, because they don’t make sense to me. They don’t feel fun or joyful. They feel like pressure and anger to me, compounded by my having been treated poorly, bordering on bullying and emotional abuse, by my artist grandmother and my elementary school art teacher when I couldn’t do artistic things “right.” For me, any type of visual art, whether making a collage or coloring a picture in a book, can be triggering.

I stopped feeling able to play and be “like a kid” when I still was one, because I was expected to be responsible, to take care of my mother rather than her taking care of me, and I learned that if my father caught me playing one of my “let’s pretend” games, he would interrogate me about what I was doing until I thought I’d done something horribly wrong.

I thought for a very long time that this was a “me” problem, but in the research I did for this resource and other books I’m planning about trauma, I found this quote from the book *The Body Keeps the Score*, by Bessel van Der Kolk: “If we feel abandoned or worthless or invisible, nothing seems to matter. Fear destroys curiosity and playfulness.” (p. 352)

It isn’t just a “me” thing. It’s a trauma thing. Some survivors, particularly those who experienced long-term trauma as children, literally lose part or all of their ability to imagine and play. Trauma impedes imagination because your mind is constantly pulled back into the trauma rather than being free to wander and create,

which may be part of the issue with tasks like making vision boards. Some of the tasks that coaches and practitioners recommend and teach can feel difficult, even impossible, to a trauma survivor.

Feeling Safe Matters

Trauma survivors also often struggle to feel safe in any context. We learn that there is no such thing as safety, because the people who were supposed to keep us safe may be the ones who caused our trauma, and the settings in which we were supposed to be safe may have been the very ones where our trauma occurred. We also may have become conditioned to believe that horrible things happened to us because we're horrible people. If we're horrible and deserve bad things, how could we ever be safe anywhere?

Of course, most trauma survivors are not horrible people, and none of us deserved what happened to us. But we carry those perceptions because of our experiences and, if abuse was a factor, because of what we were told or led to believe by the abuser and possibly by people to whom we tried to report the abuse. Because of this, we're conditioned to expect to be treated badly. Our minds are on alert from the moment we begin an interaction with someone, particularly someone we don't know. Sometimes we perceive poor treatment where there isn't any, or where the other person is acting out of their own issues rather than because of something "wrong" with us.

In a relationship with a coach or practitioner, especially in the context of a group class or program where we also have to interact with other participants, the mindset of "I'm a horrible person, and they're going to figure that out" can have a huge impact on how we engage in the program. We may be unwilling to participate in group calls, for example, or in an in-person class may stay in the corner and not speak to others. If our trauma includes abuse by a parent or authority figure, we might actually be afraid of the person leading the class or group, which only complicates things further if we struggle with tasks that are required.

During my experience in a group business coaching program, there were a few tasks I either wasn't capable of or felt incapable of. Each time, if I tried to advocate for myself and explain why the task wasn't something I believed I could do, I was told, "Maybe you just shouldn't be running a business, then" or "Of course you can do this, everyone can."

I was told that I was arguing. I did not feel supported or heard; at times, I actually felt bullied, though I did recognize that some of that was my perception being warped by past experiences. I shut down and for the most part stopped participating other than in the Facebook group, where I only responded if someone else asked a question that I knew I could answer. When my contract was up, I opted

not to renew it.

I'm not saying that a group leader, or any coach or practitioner, is obligated to adjust or modify things for a trauma survivor. But if you aren't willing to make accommodations for someone who has summoned the courage to ask—and believe me, for a lot of survivors asking for *anything* is an act of courage—how are you helping them? Presumably you're in the business you chose because you want to help and serve others. Being unwilling to enable people to benefit from what you offer is not being of service.

Coping Mechanisms Aren't Always Choices

Just as a trauma survivor doesn't choose how they react to reminders of the trauma or other circumstances, they also don't consciously choose all of the behaviors they use to cope. Some of those behaviors developed as survival mechanisms, and even though the person might no longer be in a situation where their survival is in doubt, the coping strategies linger because the brain might not fully recognize that the threat is over.

Beginning when I was around seven years old, my mother made me responsible for getting her up for work in the morning. If I failed to wake her up on time or didn't go back repeatedly to make sure she actually got out of bed, I was punished. Because of that, I learned to blame myself when she was late for work, which extended to blaming myself any time anything went wrong for her.

That has carried over into my relationships with other people. I constantly catch myself starting to take over something that isn't actually my responsibility. It's caused friction in my marriage because it took me several years to understand that I wasn't actually helping my husband by making sure he got up in time for work. Rather, I was interfering with the routine he needs to follow to get on track in the morning. For him, being late for work was preferable to having that routine short-circuited.

When I'm part of a group program that's run by someone else, I sometimes struggle to find the limits of my responsibilities. I'm not responsible for whether other people in the program complete any work that's assigned or attend meetings. I'm not responsible for making sure they understand the program or work. But because I was conditioned very early to hold responsibilities that shouldn't have been mine and was punished when I didn't meet those responsibilities, I developed the coping strategy of stepping in and, at times, taking over for people even when that isn't what they want or need. That impacts how I'm able to engage in a group, even though I'm mindful of it and work to catch myself before I fall into it.

It is up to a survivor to learn to recognize their defense mechanisms and manage or eliminate them when they're problematic. But it's also up to people who

work with survivors to be compassionate toward them as they are learning. You can accept the person and understand the reasons behind the behavior without enabling the behavior. Telling someone to “stop doing that” when they aren’t in conscious control of what they’re doing because it’s an automatic trauma response only causes them to feel more self-conscious and ashamed.

“Abused” Becomes Identity

A survivor may identify themselves with having been abused. This isn’t a conscious choice either. It happens because the abuse created part of the template for who they are. The way you’re treated as a child, especially a young child, by your caretakers forms that template, and your self-perceptions are affected by it. When the treatment includes abuse, your template includes “abused person.” Even when you consciously work to stop thinking of yourself this way, subconsciously it becomes part of your identity.

Telling someone to “stop thinking of yourself as a victim” or “get out of victim mindset” is also unhelpful, because they aren’t consciously choosing to think of themselves that way. Changing that thought pattern isn’t as easy as just saying, “Oh, I guess I won’t think this anymore.” It isn’t only a pattern of conscious thought. It’s a deeply imprinted pattern of *being*, and deleting that pattern and creating a new one takes more than just a conscious decision.

This is another example of something a survivor might already recognize as a problem and be trying to change, and having it brought up to them as something simple to fix—when it isn’t simple at all—can cause the survivor to even further internalize the idea that they are a bad person and are irreparably broken and deserving of bad things.

Sense of Self, Sense of Purpose

When someone experiences abuse and other forms of long-term trauma, they may completely lose their sense of self and their sense of purpose. The part of the brain responsible for those senses shuts down at the time of trauma, and it *stays* shut down even when the trauma ends, just as the automatic reactions to trauma remain even when there isn’t a traumatic stimulus present.

Without these things, fully engaging with yourself and the world around you is difficult and may feel impossible. A survivor might struggle to make decisions because they aren’t connected with the part of their brain responsible for thoughts like “I want this, I need that, I feel this.” In some cases, a survivor’s sense of self is so fragmented or compromised that they can’t even recognize their own reflection.

Because the sense of self and purpose are damaged, asking a survivor to

define their purpose, as many coaches do, might cause them to grind to a halt. Same with asking them to make decisions, whether you're asking them to decide on something about their business or something as simple as choosing a time for a one-on-one meeting. Compounding this issue is the fact that many survivors of long-term trauma develop learned helplessness, a state in which they believe they're incapable of changing anything or of acting on their own because this is what they've been conditioned to by the abuse they experienced.

When I was asked what I believed my purpose to be, not only was I unable to come up with an answer, but I thought I was doomed to failure and felt like I was irreparably broken because I didn't have an answer. I had a similar reaction when asked to make decisions about what tasks I wanted to complete or what services I wanted to offer in my business.

Obviously being able to answer those questions is important in running a business, but coming up with the answers was more difficult for me. I needed to hear examples of other people's answers to the same questions in order for my brain to click into the right processes. I didn't take other people's answers as my own, but their answers gave me a framework and inspiration for mine.

Inner Child Work

Another frequent concept I've encountered in coaching and some other practices is inner child work or shadow work. Although the two are not exactly the same thing, I believe our shadows are created by our inner children, so I use the terms somewhat interchangeably here.

When trauma occurs, depending on the severity and duration, part of our consciousness becomes frozen at that moment. That consciousness fragment stops growing and aging; it's permanently stuck at the age at which the person experiences the trauma. Someone who experiences numerous traumatic events might have many of these fragments; someone who experiences long-term trauma but a few events that are especially traumatic might have only a few. Even someone who experiences only a single traumatic event is likely to have a consciousness fragment frozen at the moment of occurrence.

These fragments, our "inner children," chronically live within the trauma, because for them it is unending. It's a Groundhog Day-like loop in which they live the same moments over and over until the survivor is able to access and work with them. Therapy and energy healing can both help in unfreezing the fragments and bringing growth and progress to them, but it takes a lot of work for the fragments to leave victim mode.

Healing these inner children can be one of the most difficult tasks a survivor faces, and asking a survivor to engage in an inner child meditation or any other tool

that requires them to access those fragments is likely to retraumatize them. Sometimes practitioners ask their clients to do inner child work, or offer them a guided inner child meditation, but doing so without understanding of how to support them through the memories and emotions that are likely to arise is harmful.

That isn't to say a survivor shouldn't do inner child work or shadow work. We absolutely do need to do those things in order to progress in our healing journeys. However, this is a case where one size does not fit all. A survivor who experienced trauma as a child may not have conscious memories of their childhood. They may have blocked out memories of the trauma and even of their existence as a child, assuming they were ever able to exist in a state most people associate as childhood. Because of this, they may not be able to access their inner children or may even reject those fragments as part of themselves.

Asking—or, worse, requiring—them to connect with these frozen pieces may not be possible for them without additional support and preparation, and having them do so without effective support to help them cope with the trauma and recovered memories is unethical at best. As a practitioner, if you know a task or practice has a probability of causing physical or emotional harm to a client and you require them to engage in it anyway, you are not behaving in an ethical way. The basis of any practice should be to cause no harm to our clients, and we as practitioners are not the ones who get to determine what may or may not be harmful.

Even if inner child work isn't traumatizing for a survivor, they may struggle to do it because they are unable to attune to children, whether their inner children or flesh and blood. If someone spends their childhood in survival mode to cope with abuse or other trauma, they don't have an opportunity to actually be a child, and therefore can't conceptualize what children are like. In this case, the survivor might want to do the inner child work but find themselves unable to or only able to do it with great difficulty, which can cause them to feel more broken.

If inner child work is part of your practice, or is something you recommend to your clients, it's a wise idea to be cautious about it and make it optional, particularly for people you know to be trauma survivors. Doing inner child work is an important part of the healing journey, but being forced into it in order to complete a program or because "someone else says so" doesn't help the survivor. With inner child work, as with most things, survivors need to have options in order to believe they have control and autonomy in their lives.

A Way of Existence

Survivors also may struggle in situations where things are calm and people

are kind. This might seem counterintuitive to someone who hasn't experienced trauma; why would a person have a hard time with calmness and kindness? But if it's something you aren't accustomed to, as is the case for people who have experienced long-term abuse or other trauma, calmness and kindness can feel scary and even painful. That doesn't mean a survivor enjoys chaos and cruel treatment, but an unpleasant and harmful familiar situation feels less frightening than a pleasant and gentle unfamiliar one.

Because of this, survivors, often without realizing it, tend to create chaos and drama. They aren't doing it to cause problems for other people or because they want their lives to suck; it's because they are so accustomed to having these negative qualities in their lives that they don't know how to function without them.

I've used the analogy of being in prison. When you're living in an abusive situation, particularly as a child, you are in a form of prison. You can't leave, or at least aren't able to see a way to do so.

When a person is put in prison for committing a crime, they don't like being there. They aren't supposed to; it wouldn't be much of a deterrent if it was enjoyable. In prison, people are subject to strict rules and structure. You eat at certain times, shower at certain times, exercise at certain times, go to bed at certain times. Other people, the corrections officers, have control over you and get to tell you what to do. Prisoners are likely to hate this state of being.

But when they're released, depending on how long they were there, they're suddenly in a world that is unfamiliar to them, where those rules and structures and authority figures don't exist or aren't present in the same way. Someone who's been in prison for many years may literally not know how to function in the world without the structure they've become used to. This is one reason some people reoffend after being released, though it isn't true for all; some people aren't inherently criminal, they just can't understand how to navigate life outside of prison, so they put themselves in a position of having to go back.

When someone lives in a traumatic or abusive situation for many years, they become just as accustomed to it as a prisoner does to prison. I was in an abusive marriage for about fourteen years. I hated the way my husband treated me, and I feared constantly for our children. Toward the end of the marriage, I alternated between being terrified that my husband would escalate to physical violence and praying that he would so I would have some proof that I was being abused, since almost all of the abuse was verbal and emotional and therefore left no visible signs.

While I was in that marriage, I learned what was likely to set off my husband, and I structured my actions and, in fact, my life, to try to avoid setting him off. I structured things to try to be out of the home when he was there, or at least in another room, and to try to protect my children. I walked on eggshells when I did

have to interact with him. Every day at the time he got home from work, any sense of peace I'd gained during the day evaporated.

I did manage to leave the marriage. But I couldn't easily leave behind the structures I'd established to protect myself and try to protect my kids. I wanted to be happy, but I couldn't figure out how to navigate a life where I didn't have to walk on eggshells and didn't have to be afraid. I lost a very close friend because of this; he had very little understanding of trauma, and couldn't understand why I wasn't just instantly happy and "all better" once I was out of the marriage.

When someone lives with ongoing abuse and trauma, it becomes ingrained in them. It's part of their thought patterns, their emotions, and their very physiology. Because trauma alters so many aspects of someone's mind, body, and life, the person has to learn to live all over again after the trauma has ended. Just as someone who receives a traumatic brain injury may have to relearn basic things like how to feed themselves, how to read, and so on, someone who has lived with long-term trauma may, once they're out of the situation, have to relearn how to live in a setting that doesn't require them to work around the trauma. And this relearning is complicated by the changes the trauma has left behind in their body and brain.

After I left my marriage to my children's father, I didn't consciously choose to continue struggling. I didn't intentionally fear other people or panic whenever my cell phone rang with my ex's number on the display. I didn't walk on eggshells around other people because I wanted to. But all of these were things I did because of the impact of years of abuse, and I didn't know how to stop doing them.

Sometimes, to be honest, I still don't know. My trauma began when I was very young, and continued for decades. As recently as two years before I write these words, I was still dealing with occasional toxicity and abusive behavior from my ex, until I went no-contact with him because my kids were finally old enough that I didn't have to interact with him anymore. Although I left the living situation in which the abuse occurred, since the court required me to share legal custody of my children (because I couldn't prove the abuse), I continued having to interact with the abuser for thirteen years after I left. And the entire time, I was afraid, and I walked on eggshells, and this mindset permeated all aspects of my life.

If someone experiences abuse or other trauma over a period of years or decades, it is unreasonable to expect them to be able to overcome the effects in a few months. The physiological and mental changes that occurred over a long span of time can't be erased quickly and easily. It takes time, it takes work, and some of those effects will never go away. They'll just become easier to manage.

In working with trauma survivors, it's important to know that they may not be able to control certain behaviors and responses, because those things are caused by the rewiring of their brains. They may not even be fully aware that they

have the behaviors and responses, and may also be unaware of the triggers and instigators that cause them. It's okay to call the survivor's attention to problematic behaviors, but do so in a gentle way, with the understanding that they might not know they were doing it and may not know how to stop. You want to help them to perceive you as supportive and compassionate, not as someone who's going to make demands they can't meet.

4: Supporting Your Clients

This chapter offers additional information about the obstacles a trauma history might create for a survivor in accessing your services and suggested modifications and accommodations you might make in order to have a more trauma-sensitive practice. Please know that none of the advice here is intended to teach you how to treat trauma survivors, nor are these directives. The things I suggest are gained from research and my own experiences but may not work for all survivors or for all practitioners.

One of the concepts I often encounter with other practitioners is the idea of “being healed” or “being fully healed.” This phrasing is inaccurate. Healing is a journey, and it’s one that continues for the survivor’s entire life. There is no “fully healed” in a single lifetime. The survivor will heal certain wounds and aspects only to find deeper damage underneath. I recommend avoiding using phrasing like “healing” or “being fully healed” with survivors; instead, phrases like “working toward healing” or “progressing in healing” acknowledge the work the survivor has already done and give hope to them that they will continue to improve.

Because healing is a journey, and as a survivor I sometimes uncover things I wasn’t aware of and don’t know how to work on, at times I’ve been told by practitioners that I “don’t want to be better” or “like to suffer.” Sometimes I was told this because I was triggered by something the practitioner said; sometimes it was because something they told me to do didn’t work for me or wasn’t possible for me.

In the latter case, obviously their ego got in the way, because they took my difficulties as something personal against them and lashed out at me because of it. But knowing that their words came from a place of their own ego didn’t make them any less harmful to me, and for quite a while, due to those words, I believed I was too screwed up to heal and that maybe I did actually want to be screwed up for the rest of my life, because that’s what I was told by someone “in authority.”

A survivor does want to change and progress in their healing journey, but that doesn't mean they know how. It also doesn't mean that what you, as a practitioner, tell them to do is the right thing for them. As practitioners, we need to set aside our egos and any rigidity we have as far as "this is what we do and how we do it," and put ourselves in our clients' place. What works for us, and the way we've developed to do our practice, is not going to be right for everyone. If a client tells you something you do or say isn't right for them, it isn't a personal attack on you. It's simply the reality that nothing works for everyone.

Sovereignty vs. Responsibility

Some coaches talk about "sovereignty" and use it to mean something along the lines of "do whatever you want, other people's reactions are their problem, not yours." And, of course, they extend this to saying that it isn't their responsibility if a client is hurt or harmed by something they do or say.

My guides and I don't speak in terms of sovereignty, but rather personal responsibility. Each of us has the responsibility to be true to ourself and who we are, but we also have the responsibility to ensure that we don't cause harm to others. If we do cause harm, we have the responsibility to apologize or make amends in whatever way possible, and at the very least to acknowledge that we have committed a harmful action.

Taking responsibility for your life means taking responsibility for the effect your actions and words have on others and for the choices you make. It does not, however, mean that a survivor is responsible for what someone else did to them. Abuse is the responsibility of the abuser, not the recipient, despite what many practitioners claim. Further, the idea that "things aren't done to you" is blatantly false, because if you are abused, something is being done to you.

Those concepts and others along the same lines are harmful to survivors because they tell survivors that they are at fault for their own trauma. There is no fault. There is no blame. There is responsibility, but a survivor is not responsible for the trauma they experienced. Their responsibility lies in identifying the effects the trauma has had, accepting which aspects of their life they have the power to control and change, and doing what they can to heal and to keep from causing harm to others.

Mindfulness Can Be Harmful

Mindfulness is another commonly used practice—and buzzword—that can cause issues for or harm to trauma survivors. Mindfulness means connecting with and learning to manage your mind, but for a survivor, the mind is a war zone. A

survivor's brain, as discussed previously, is wired to read and respond to "threat" even when no threat is present. Tuning into their mind can put the survivor right back in the thick of memories and impressions left by the trauma—and they cannot turn these off, because they are being caused by the brain itself. Just as you can't "think" a broken leg into being instantly healed, a trauma survivor can't think and logic their way out of a physiological response.

Mindfulness and other spiritually-based techniques and practices aren't cure-alls, though they're often pitched as such. There is no one-size-fits-all approach to healing from trauma. And a practitioner or instructor does not necessarily know what's best for all of their clients and students. Asking a client or student what will work for them is a good place to start.

A survivor may know their perceptions of themselves and the world around them are skewed, but that doesn't mean they can change those perceptions. They may not even understand what the correct perceptions would be. Pointing out to them that they're seeing things incorrectly, especially without offering an alternative view, can be invalidating and harmful. The survivor knows they need to change their perception, but without knowing how to do so, they feel worse about themselves for being "wrong."

That isn't to say survivors shouldn't practice mindfulness. Done properly, mindfulness practices can be highly beneficial to survivors. But they need to be taught practices in a way that doesn't lead to the brain responding to threats that don't exist in the present and that enable them to feel safe.

Being Trauma-Sensitive

Being a trauma-sensitive practitioner means creating safety for all of your clients or students, regardless of their trauma history—or whether you know if they have a trauma history. This might necessitate offering options about how your services are provided, or where, or modifying a standard process to make it more accessible and help it feel safer to survivors.

To be trauma-sensitive is to recognize that trauma affects different people in different ways, and it isn't your place to determine whether someone else's experiences were traumatic or how they "should" be affected, but rather to hold space for them and provide a service that helps them progress in their healing journey rather than holding them back or causing further trauma. Becoming trauma-sensitive requires you, as a practitioner or instructor, to be aware of your areas of privilege, your biases, and your perception of what trauma actually is, and to accept that you may need to work on these things in order to be truly beneficial to your clients or students and to yourself.

A trauma-sensitive practitioner or instructor learns to recognize the signs of

trauma reactions so they are able to know when a client or student is struggling and take steps to help that person. This means learning the physical, physiological, and, if applicable, energetic signs as well as the mental and emotional ones. That information is more in-depth than this short resource allows; I strongly recommend Bessel van Der Kolk's book *The Body Keeps the Score* as an educational resource for practitioners and instructors who want to learn more about the signs and impacts of trauma.

Even if none of your clients or students tell you they have a trauma history, it's very likely at least a few of them do. Trauma happens to far more people than we realize, and it can leave impacts on a global scale as well as familial and individual. These effects might be physical, emotional, and energetic; they may be internal or external. A survivor may not consciously recall the trauma, but that doesn't mean they aren't impacted by it. And they may not consciously recognize the behaviors and thoughts they have as a result of the trauma.

As a trauma-sensitive practitioner or instructor, part of your role is facilitating the growth and healing of your clients. Many practitioners lack a full understanding of trauma and its effects, or they understand their own reaction to past trauma but aren't able to recognize that their experience isn't everyone's and what works for them doesn't work for everyone. This leads to situations such as a client reporting a trauma reaction and being told, "Just keep practicing this, you'll get over it," or "that's your ego talking and trying to keep you from getting better," which can lead to shame and frustration on the client's part since it isn't just their ego, they want to get better, and they can't just instantly "switch off" the reactions.

People who have experienced trauma need successful interpersonal interactions to help rewire their brains from perceiving everything and everyone as a threat. Remember that these perceptions are not a conscious choice on the part of a trauma survivor, and the deeper part of the brain that perceives things this way doesn't necessarily respond to logic. To learn that people aren't threats, a survivor needs to encounter people who aren't threatening. People who accept them and are willing to work with and learn to understand them.

As a practitioner in any type of service or healing practice, accepting and being willing to learn about your clients and their needs would reasonably be a top priority. You can't help people heal or connect with themselves if you aren't willing to accept them and help them learn to accept themselves. This doesn't mean excusing unacceptable behavior; it means understanding that they may not be making a conscious choice to behave that way, and showing them compassion as you point out the problem and help them find a solution.

Having these successful interactions also helps counter one of the biggest stumbling blocks for a survivor: feeling incompetent. This may be because of the impact the trauma had on their sense of self, or because the abuse they

experienced included being explicitly told they were incompetent and incapable. Either way, a survivor needs experiences in which they can be successful while still pressing against the bounds of their comfort zone. They need to have predictable encounters in which some aspects are within their control.

Being a trauma-sensitive practitioner may also mean cultivating connections with professionals and encouraging your clients to seek professional services as needed. You aren't expected to know everything about treating trauma, and it would be unethical—and possibly illegal—to try to treat it if you aren't qualified and licensed to do so. Find licensed professionals in your area or online who offer treatment to trauma survivors and build those connections, both in order to have people to whom to refer your clients when needed and to have someone to turn to when you need support in crafting a trauma-sensitive practice.

Offer Options Instead of Orders

Fear of change—including healing—is common. A survivor of long-term abuse has an identity that's entangled with being abused. They literally may not know who they are without the effects of the trauma. When I first started receiving energy healing sessions, I remember asking my mentor, in tears, "But who will I be? If I heal from all of this, who will I be, because I don't know who else I am."

That isn't a question with an easy answer, and in my honest opinion, it's best not to try to answer it. The question comes from fear, and it doesn't mean the survivor can't or doesn't want to change. It just means they need reassurance and encouragement to become the next iteration of themselves.

Someone who has experienced trauma may have difficulty accepting that they have power over a situation. They may struggle with feeling like someone is in authority over them, especially if that person gives directions the survivor doesn't feel they can follow. And asking for help or modifications can be an issue as well. Self-advocacy is a skill that needs to be learned, and it's one some survivors don't possess because if they tried to speak up for themselves during the trauma, it didn't end well for them.

One of my issues in accessing business coaching was that I felt like I had no choice but to do what my coach suggested, and when I was unable to do something or needed to do it a different way, I was afraid she would be angry with me and kick me out of the group for not doing what I was told.

It's important to give your clients and students options, especially if you have trauma survivors amongst your client base. Instead of phrasing things as a command, like "Close your eyes," you might say, "If you're comfortable closing your eyes, please do so, but it's okay to keep them open if you need to," or just "I invite you to close your eyes if you're able."

It can also be beneficial to state explicitly to your clients or students that you are working *with* them, on as equal a footing as possible, and that it's okay if they aren't able or willing to do everything you ask and it's okay for them to speak up if they need something modified in order to be successful. At times, you may even want to give them overt opportunities to ask for what they need, such as saying, "If you need clarification, please tell me now," or "If anyone needs to change how we're doing this, raise your hand."

If you're working with a group, making these statements and invitations to the group as a whole is most helpful for any trauma survivors. Speaking to the group means the survivor isn't being singled out, and if you invite everyone in the group to make changes to how they're doing the practice, or to advocate for themselves, the survivor may be able to see others speaking up and recognize that doing so isn't dangerous, leading to them being better able to advocate for themselves.

Trauma-sensitive practices need to be developed over time and altered or modified as needed through study and through discussions with your clients. There is no "one size fits all" method or accommodation, and the process of being trauma-sensitive isn't a one-and-done. It will take work, but in order to bring the highest benefit to your clients or students, it's work well worth doing.

How can you best support trauma survivors in your practice?

- Have new clients or students complete a trauma-sensitivity questionnaire. A sample one is included at the end of this book.
- Offer your clients and students options instead of giving directions. For example, "If you're comfortable doing so, please close your eyes," instead of just "Close your eyes." Or phrase a direction as "I invite you to..." so your client/student feels they have a choice.
- Ask before touching your client or student. If they say no, don't touch them.
- Bring a new client or student into your space (if working in person) early so they have time to familiarize themselves with the space and with you.
- Ask the client if they want a detailed description of how the session or class will work so they are prepared. If they say yes, give them as much detail as you can or as they seem to want.
- Ask the client how you can best support them, rather than assuming you know what they need.
- Follow the client's lead in discussing their experiences. Don't ask for details about their experiences, but allow them to give details if they wish.
- Alert clients to any potentially triggering content or activities that are part of your practice. Even if you wouldn't be triggered by it, give them a heads-up; not everyone is triggered by the same things.

- If a survivor's behavior is problematic for you or your other clients (e.g. in a group or class), rather than simply demanding that they stop or becoming angry, gently bring their attention to the behavior and, if possible, guide them through identifying why they do it.
- Believe a client when they tell you they've experienced trauma. Believe what they say they need. Believe them about themselves.

There are a number of resources available for those who wish to learn more about trauma. I offer consultation for spiritually-based practitioners who want to be more trauma-sensitive, and I would be happy to schedule a discussion with you about how I might help. You can reach out to schedule or with any questions at river@riverevolutions.com

I recommend that any practitioner who wants to be more trauma-sensitive, and anyone who is themselves a trauma survivor, read *The Body Keeps the Score* by Bessel van Der Kolk and/or *Trauma-Sensitive Mindfulness* by David Treleaven. The former book includes detailed, and somewhat scientific, explanations of what trauma does to one's mind, brain, and body, as well as suggestions for working with survivors. The latter book is specifically written for mindfulness instructors whose client base includes trauma survivors, but some of his tips can be applied to any type of practice.

Ethically, unless you are a licensed professional with training in trauma recovery, I strongly advise you to refrain from attempting to treat your client's trauma, and instead stay with providing whatever service or instruction you already offer in such a way as to be sensitive to the needs of survivors. This may be a legal caution as well, since claiming to provide services for which you are untrained and unlicensed is an illegal act in many jurisdictions.

This short book is just a basic overview of how to build a more trauma-sensitive practice. It isn't meant as instruction on how to treat trauma survivors. It also isn't intended as an exhaustive list of ways to be trauma sensitive, nor as blanket instructions that apply to everyone. It is my hope that it helps you in creating a trauma-sensitive practice and that it has helped you gain a more thorough understanding of what trauma is, what it does, and what that means for survivors.

ABOUT THE AUTHOR



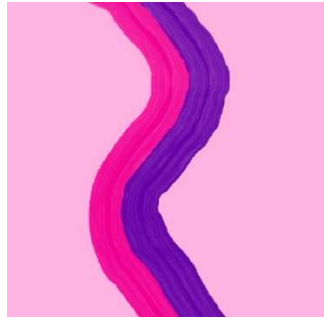
River Lightbearer (she/her/they/them), also known as Kim Ramsey-Winkler, has been on her own healing journey most of her adult life and has a passion for helping others heal and find their inner light. As a survivor of abuse and trauma, her heart is in guiding other survivors to gain ground in their journeys and create the lives they want to live.

Through her practice, RiverEvolutions, River offers Chios, channeling, card readings, and mindset coaching in person to clients in the greater Boston area of Massachusetts, as well as online/by distance to clients around the world.

River is a nonbinary eclectic Witch, and has previously authored a number of young adult novels under the name Jo Ramsey and adult romance novels under the names Karenna Colcroft and KC Winter. She is the mother to a daughter, a transgender offspring, and a son-in-law, as well as the grandmother to two little boys and five souls whose physical forms sadly didn't see life outside the womb.

Living in Massachusetts, River splits time between the home she shares with her husband and the home owned by her committed life partner. When not writing or serving other humans, River is the servant to two cats.

RIVEREVOLUTIONS



RiverEvolutions is the name given to me to use in my practice as catalyst, channel, and healing practitioner, a reflection of my spiritual name, River Lightbearer. Through my work, I help survivors of trauma, as well as others, gain clarity and direction to progress on their healing journeys and throughout their lives.

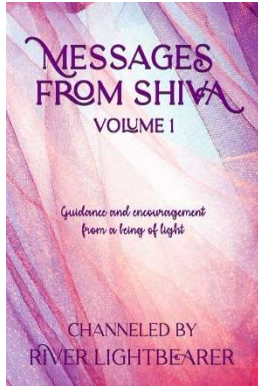
Channeling is the cornerstone of RiverEvolutions. In a channeling session, you're able to speak, directly or relayed through me, with one of my guides: Shiva, a being of light, or Pietkela, a higher-level being. They share their profound wisdom and compassion to offer guidance and help you identify aspects of your life in which change would benefit you as well as aspects that benefit you now. Pietkela and I also offer guided support to those seeking conscious connection with their own guides.

Chios® Energy Healing, a method of working with your energy to bring positive changes to your mind and body, restores balance and flow to your energy system, bringing you clarity, calmness, and a heightened sense of well-being. I am a Certified Chios® Master Teacher and Chios® Master of Healing Consciousness.

For those who operate their own spiritually-based practices, I offer channeling sessions focused on your business and how best to proceed. As a nonbinary human and a trauma survivor who has done extensive research and studying of the effects of trauma on mind and body, I also offer consultation to practitioners who want to develop a more gender-inclusive and/or trauma-informed practice. And for those seeking an additional service to add to your practice, I provide instruction in the Chios® Energy Healing modality.

Learn more about me and my services by visiting <http://www.riverevolutions.com> or emailing info@riverevolutions.com.

OTHER PUBLICATIONS BY RIVER LIGHTBEARER



Messages from Shiva

For most of her life, River Lightbearer has worked closely with her guides, beings who are connected to and work with her to help on her spiritual path. One of those guides, a being of light called Shiva, has collaborated with River to share daily messages of encouragement and compassion on social media. This book is a compilation of the first several months of those messages, reorganized based on the topics and themes that will most benefit those navigating their lives, healing journeys, and spiritual paths. Whether you read the book from beginning to end or open it at random to find the message you most need on any given day, River and Shiva intend that you find the guidance you seek within these pages.

Available on [Amazon.com](https://www.amazon.com)

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