

Not Taking the Trauma Home:

Holding the Holder at the Organizational Level

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Paris is a mother of three: Sam (age 17), Madison (age 13), and Nicholas (age 9). Sarah is a mother of two: Dylan (age 8) and Savannah (age 6). This article was born out of a late-night discussion in the hotel lobby at the 2018 Association for Play Therapy International Conference. We both had arrived late, having spent the day presenting, seeing clients, writing notes, and supervising others, then flying across the country – and the world – instead of tucking our babies in (no matter how old they are). We sank into a couch, rested our heads upon each other's shoulders, and listened to each other wrestle with the constant struggle to show up for clients, colleagues, students, and our own families. We began to wonder: How do we save our best self for our own children if we give our best self all day every day to other children?

The honest answer: We do not always. For other practical answers, we asked our children and spouses, "What are the best and hardest parts about having a play therapist mom/partner?" The best parts included, "We get to play with everything first," "You are really fun," "You help children whose mommies can't help them," and (from older kids/teens), "You understand more complicated and mature topics." The hardest parts included, "You are away a lot," "I wonder if you've had more fun with another kid," "I'm jealous because they get to spend more time with you," (and from older kids), "You see me as another client that needs to be fixed when I am going through a hard thing." We don't know if parents in other professions tell their kids during cleanup time, "That's my toy. Please don't touch it!" but our children and partners have said, "Don't therapize me."

CLINICAL COMMENT FROM GUEST

EDITOR FRANC HUDSPETH, PHD, LPC, ACS, RPT-S:

Vicarious trauma can be treated systemically by “taking care of us.”

So, how do you know if you have taken the trauma home? Here is a short list:

- Over-responding: snapping orders, freaking out about messes, using words like “always” and “never,” (i.e., “you always leave your clothes on the floor” and “you never help around here”).
- Under-responding: Your partner seems upset and you choose to ignore it because you do not have the bandwidth to deal with it right away. You are too tired to set limits with your kids when you know they need them (the thought that an extra half hour of screen time will not kill them).
- Dreading special playtime with your children: It feels like work.
- Not enjoying a small gathering in someone’s home, wondering what might be going on upstairs between children (even when there is a babysitter present).
- Not letting your children go to a bathroom by themselves or spend the night elsewhere without enormous worry; remaining vigilant on play dates.
- Diminishing creativity: Feeling drained, as if you will never have a deep thought or an inspired idea again. Hear the word “never” in there? Both authors have experienced this and feel the need to encourage others.

It happens! But, when this list becomes the pattern, not the exception, we must take a hard look at our compassion fatigue. The toxic effects of carrying trauma for too long go by many names: burnout (Freudenberger, 1980; Maslach, 1982; Pines & Aronson, 1988), vicarious traumatization (VT, McCann & Pearlman, 1990; Pearlman & Mac Ian, 1990) and secondary traumatic stress (STS, Baird & Jenkins, 2003; Baird & Kracen, 2006; Jenkins & Baird, 2002), or compassion fatigue (Figley, 1995). And, the increased energy expense in working the “second shift,” or tending to housework and childcare after a full-day’s work (Hochschild & Machung, 1989/2012), affects how we show up for our own families.

How We Show Up at Home

Most of us have heard how important showing up is. Being aware of how we show up is crucial. Trauma-informed play therapists are well-versed in the window of tolerance and its applications. It is helpful to apply this lens to our own regulation. If we spend as much of the day as possible in our optimal arousal zone, we are likely to bring our best selves to our children and partners. What does that look like?

Several years ago, Paris’s children gave her two nutcrackers. On the left, we see the “cookie mommy” in the pink dress in her optimal arousal zone: warm, nurturing, playful. On the right, the “drill sergeant” is in her

hyperarousal zone: barking orders and getting things done efficiently, perhaps with less nurturing engagement. When the drill sergeant shows up, she must work to get back into her optimal arousal window. A third sloth-like nutcracker would binge Netflix to represent hypoarousal, but fortunately no one makes a nutcracker like that.



As we take a hard look at what causes our secondary trauma and make self-care shifts organizationally and individually, our creativity returns. It was never gone. It was simply covered up by holding trauma content and the “busyness of business.”

The Busyness of Business

There are always ancillary tasks to do, such as writing notes, returning e-mails, dealing with third party payers, cleaning the playroom, etc. The swirling collateral chaos coalesces to form a constant buzz of busyness! It is like a drone that hovers around us at all times. In fact, going back into clinical session is a relief, because mindfully holding the child, dyad, or family sharpens our focus on the present moment, and allows us to land the drone for a short while. This business busyness creates its own stress that accumulates over time and becomes what we call *detail fatigue*. Some strategies we have found helpful in managing detail fatigue include:

- **Chunking time:** cordoning off a percentage of time for administrative tasks based on the number of clinical or supervision sessions scheduled.
- **Jotting notes:** using a quick tool to record first impressions to trigger recall for note writing later.
- **Connecting with community:** talking with others about how they manage detail fatigue. The APT Resource Center has dozens of ideas shared by other play therapists (<https://www.a4pt.org/page/ResourceCenter>).
- **Scheduling** difficult clients at times of the day when clinicians have the most internal resources.

It can be difficult to schedule administrative time without encroaching on personal time. Work is more likely to create negative spillover on family life than family life is on work (e.g., Forma, 2008; Sultana, 2012). Many women cope by reducing time they would otherwise take for themselves before cutting or restructuring family or work obligations, threatening their wellbeing (Higgins, Duxbury, & Lyons, 2010). Preventing emotional exhaustion and protecting empathic engagement requires significant systemic intervention (Hernandez, Gangsei, & Engstrom, 2007; Maslach, 2003; Phelps, Lloyd, Creamer, & Forbes, 2009).

Play therapists are told to “prioritize self-care” but are often unsupported in carving out administrative time or in developing administrative competence. Work systems need to provide infrastructure that supports clinicians by protecting administrative time and by equipping play therapists with knowledge and strategies for navigating the droning administrative airspace (cf. Pliske, 2018). Establishing this kind of support systemically highlights a clear difference from what is typically published in the literature on managing work stress and achieving work balance. Our philosophy, and what we try to establish in our respective organizations, is “We take care of us,” instead of, “You take care of you.”

Nurture House and ESPAS: Holding the Holders

Research supports ongoing supervision and peer consultation as the most consistent protective factor against the development of STS and VT (Chouliara, Hutchison, & Karatzias, 2009; Etherington, 2009; Harrison & Westwood, 2009; Pistorius, Feinaur, Harper, Stahmann, & Miller, 2008). Supervisors can encourage (or nudge) supervisees to

acquire trauma-informed practices through direct or indirect teaching methods (Schaefer & Drewes, 2014), and present options for education, training, supervised experience, or consultation (American Counseling Association, 2014, Sect. C.2.b; American Psychological Association, 2018, Sect. 2.01c, 2.01d; National Association of Social Workers, 2018, Sect. 1.04b). Concretely, how do we do this?

Ongoing education is protective (Butler, Carello, & Maguin, 2016; Courtois & Gold, 2009; Cunningham, 2004). Nurture House and ESPAS provide resource libraries and free access to in-house monthly and archived trainings to employees/interns. Nurture House has a wall of intervention boxes with instructions and supplies readily accessible by category.

The cultures of both organizations promote clinician connection as a protective factor. We make ourselves available for case staffing, processing, or encouragement between sessions. Clinicians who hold the story beautifully for a family can find a colleague or supervisor with whom to process the session afterwards. Clinicians sometimes approach us and begin to cry in the safe space we create to share feelings after having compartmentalized these feelings during a session.

Leadership holds clinicians, responding to their expressed needs, modeling how to provide a similar process for the families they hold. Supervisors regularly ask, “What are you holding?” and “How can I help you hold it?” After a hard session or day, one clinician often asks another, “What do you need?” to leave a client’s story at work. Organizationally, this could include asking for extra supervision or a limit on current

caseload, purchasing a play therapy tool or bibliotherapy resource, or requesting a computer for administrative purposes. Individually, this may include asking for a certain smell to be diffused in the treatment room, walking outside with a client or family on a nice day instead of working inside, or recognizing a need for grounding after a hard session.

Creating a home environment has been helpful. Both organizations provide a variety of snacks, drinks, warm beverages and cups of soup, etc., to feed clinicians' minds and bodies. People congregate in our organizations' kitchens and support each other over a cup of tea. Nurture House is developing a healing garden for the staff. When we hold hard things for a family, experience a loss or a disappointment in relation to the work, we can plant living markers to transform that trauma. Nurture House has weighted lap pads, fuzzy and heated blankets, and a Heavy Bear available for clinicians. Both organizations celebrate self-care decisions when clinicians pay attention to what they need.

We strive to balance caseloads between intensive trauma cases and other treatment issues. Lastly, we employ playful processing strategies. Clinicians can create a sandtray to process or reflect on a case to keep their "containers" healthy, particularly when countertransference is part of the exploration.

Keeping Our Containers Healthy

We believe that play therapists, as therapeutic containers, hold the trauma in a tension that requires us to witness and honor the content without absorbing it. Some coffee or tea cups are easily washed and

replaced in the cupboard with no stain or residue of what was held, while others show a long history of previous stains. What's the difference?

Nonporous cups are glazed in layers that render the inside surface smooth; porous materials will absorb and retain different flavors and aromas from the beverage. If our boundaries are too porous, we hold the flavor of clients' trauma stories. It is impossible to have impermeable boundaries. However, when we provide an insulated container, the essence of the child or family's story is preserved while the steam (iatrogenic trauma responses) is vented, diffusing it into the larger airspace. Garry Landreth uses a similar analogy about rinsing the residue out of the teapot. His strategies are more specific to the individual therapist's work between sessions, cleansing the mental space as we clean the playroom. We find both analogies apt in trauma treatment.

Conclusion

The stress associated with engaging in emotionally demanding work may make professional longevity difficult to sustain (Kinman & Grant, 2011). Detail fatigue may contribute to further dissatisfaction. Self-care and organizational care are critical in helping play therapists leach the toxicity out of clients' trauma, for our families and for us. When organizations become good-enough containers, clinicians can more easily hold trauma stories, cleanse their own containers, go home to enjoy their families, and come back to do it all over again. We can preserve our best self – for our clients and our families – by not taking the trauma home with us.

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