



MODULE THREE

Trauma-informed Coaching



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Introduction

In Module Three we are exploring what it means to be a Trauma-informed Coach, as we support our clients.

In this module you'll find core ideas that help to deepen our work as Self-belief Coaches:

- Understand the definition of trauma and what it means to be traumatised.
- Appreciate what trauma-aware coaching is, why it is important to commit to self-reflection and self-enquiry and where to seek out supervision if this feels necessary.
- Learn the 'Split in the Psyche' psychotherapeutic model of trauma and how it might be used with clients.
- Explore how to coach sensitively, without entanglement, within boundaries and without working directly with the traumatised self.

Consider:

- How does becoming more trauma-informed help me to create psychological safety for my clients?
- How does this work help me to become braver as a coach?
- How might these ideas be incorporated into my client work?
- What is unclear to me?
- What questions do I have?

Self-belief Coaching is Trauma-informed Coaching

As Self-belief Coaches we are committed to creating psychological safety for our clients.

This means having an understanding about trauma, how it presents in coaching, and selecting appropriate coaching interventions so that we can best support our clients.

Being a trauma-informed Self-belief Coach means remaining within the boundaries of our coaching practice, while:

- Being comfortable with emotional disclosure or sharing of painful early experience.
- Coaching the client's healthy self from our own healthy self and recognising any entanglements.
- Being alert to survival strategies in ourselves and our clients and having ways to respond.
- Being willing to challenge ideas clients may have about their Self-concept.
- Feeling comfortable talking about trauma with clients for whom it would be useful.
- Recognising other interventions, such as therapy or another coach, may be more appropriate for some clients.

We also acknowledge and understand that as practitioners, we carry our own trauma and survival strategies which might show itself in our coaching.

We commit to being in self-reflection and to seek out supervision to deepen our understanding of our own survivor strategies.

Trauma: what it is and what it isn't

Trauma is a highly sophisticated physiological process. It can be thought of as “what happens to a person when there is either too much too soon, too much for too long or not enough for too long” (Duros & Crowley, 2014).

Trauma is caused by any event that's stressful enough to leave us feeling helpless, overwhelmed and/or profoundly unsafe.

Our normal stress response prepares us for fight, flight, freeze or fawn. When trauma occurs, the psyche cannot withstand the event and our autonomic nervous system overrides and creates a 'freeze, fragment and collapse' response.

Trauma creates physiological and psychological impacts:

- *Psychologically* our psyche 'splits', this splitting includes submission, dissociation (a disconnection with the body and the present) and memory fragmentation.
- *Physiologically* rich sensory information flows through our bodies. These sensations are designed to keep us safe in the moment of trauma. Post-traumatic stress describes how our physiology is reactivated by stimulus after the trauma.

Our physiology and psychology are innately connected. Polyvagal Theory established the understanding that psychological processes influence body state. The vagus nerve is a family of neural pathways that wander (the Latin root of vagus means 'wanderer') throughout the body.

Trauma is an internalised process that can result in past experiences being replayed in a range of different ways in the 'here and now'. This is because trauma causes an overload on the nervous system.

Trauma affects how we experience, think and feel about ourselves, about those around us and how we relate to others.

Trauma is not stress. Trauma and stress are not the same; although high levels of stress are associated with those who are traumatised.

Trauma is not an event that is distressing (both of which have an emotional and physical impact of course, but do not necessarily damage the psyche).

The term trauma can also refer to injury or wound to the body as following an accident or operation.

Not everyone who lives through a traumatic event will have post-traumatic symptoms in its aftermath.

The causes of trauma

Thomas Hubl offers three levels of trauma:

1. Our personal experiences; that from early life (dysfunctional attachment, adverse childhood conditions) and existential events throughout our lives.
2. That which is passed on from our ancestors; that is, transgenerational.
3. Collective or systemic trauma, that which is held in society because of perpetration on others for example, through war, genocide, slavery, and colonialism.

PERSONAL TRAUMA EXPERIENCES

The most common category of trauma is the first category - traumatising experiences.

Listening out for indications of these help us to support our clients to make links between the 'there and then' of the trauma, and how this is informing and impacting their beliefs and behaviour in the 'here and now'.

It is the survival strategies from that experience that often have the negative impact on the here and now.

Examples of things to listen out for:

Early life stress:	• Difficulties in pregnancy which affect the infant. • Difficult birth time spent in an incubator or away from mother, mother unable to care or bond with infant. • Hospitalisation as an infant or child.
Dysfunctional or insecure attachment:	• Parents being unable to bond consistently and predictably to meet the babies needs for love, touch, safety, food, warmth. • Likely to happen in large families, or where there is ill health or disability in the family which takes the parent's attention away from the infant/child. • Being in care for any length of time.
Adverse childhood conditions:	• Domestic violence; witnessing and experiencing anger; physical abuse of the child. Sibling bullying and abuse.

	• Sexual abuse of the child from within the family or local community. • Parental alcoholism or drug abuse. • Punitive systems the family is part of (including faith systems). • Racial-based trauma (from individuals, from media, from systems of power). • Poverty adds another layer to any traumatising conditions that exist.
Early responsibility:	• Becoming a carer to a parent from a young age due to illness or disability. • Taking on responsibility for younger siblings from a young age.
Loss at a young age:	• Death of either parent or close attachment figure early in life, particularly without adequate emotional support. • Going to boarding school at an early age.
Family narratives:	• Parenting styles that were controlling, without boundaries, critical, cold, inconsistent, enmeshed relationships or expectations that felt unreasonable. • Parents wanting a child of the opposite sex, parents rejecting the personality or identity of the child. • The child feeling their birth was unwanted or inconvenient in some way. • Comparisons to other siblings or family members.
Existential Trauma:	• Life threatening events including war, destruction from natural and man-made disasters. • Assault including coercive control and sexual assault. • Discrimination including systemic racism, body-size, disability, sexuality and gender-based discrimination.

The fundamental causes of personal trauma are not being or feeling wanted, not being or feeling loved, not being protected.

The impact of each trauma is cumulative, with each traumatising experience adding another layer of impact.

TRANSGENERATIONAL TRAUMA

This trauma results from a wide range of possible causal factors, including how our parents, or those parenting us, related to us based on their trauma experiences and survivor strategies.

There is some emerging epigenetic evidence in mice about how the DNA is changed by the trauma response in one generation. If the trauma response is somehow encoded into the DNA (as is being suggested but yet unsubstantiated), then we inherit sensitivity to conditions that can activate the trauma self. The implication is that some have already been 'primed' to be sensitised to their environment.

Understanding our trauma response and knowing it is linked to both our own experience, and to previous generations can help us to understand that 'it didn't start with us'.

COLLECTIVE TRAUMA

We live in a traumatising and traumatised society.

This means our collective culture holds the same survival defences against the trauma parts embedded within societal 'norms' and institutions. We take these in as part of our societal conditioning and exposure. We are all affected by these dynamics.

Those who perpetrate trauma on others also stimulate the trauma response within themselves. They too become more split, cut off, frozen, numb and utilise a range of survival strategies, the strongest of which are denial and justification, together with the perpetrator-victim dynamics. These are held in society structures, systems and attitudes.

Doing our own work is an essential part of contributing to the healing of collective trauma.

This means owning our own perpetration on others, taking responsibility for our part in the continuing collective trauma, or trauma within individuals. This enables us to be more open to the reality of the world and the shared/unshared experience.

A good reflective question to ask ourselves as coaches is "*in what ways am I part of this?*" in relation to specific events.

We need to sit with the question and allow things to emerge, to meet our truths with compassion and discernment.

This reflection is often a challenge for a Forming/Formed Self-concept.

An example of this is the systemic racism that is part of our collective trauma. This affects all of us in different ways, depending on our racial identity.

Some questions to sit with:

- *Do I know the experience of racial trauma directly?*
- *Am I numb or frozen to it as part of a traumatised response?*
- *How are the communities and institutions I belong to, complicit in this collective traumatising? How am I?*
- *What aspects of racial trauma might I be unaware of?*
- *How can I become more mindful of parts of me that are numb or frozen to particular issues, or are in denial or have become dissociated?*

A model for coaches: three selves of trauma

Professor Franz Ruppert (2011) explains that the impact of the traumatising experience is to cause the psyche to 'split off' the emotions, thoughts and memory of what is happening.

The psyche is the essence of our 'self', our life spirit, the unconscious and conscious psychological components of who we are, including identity. It is woven through the body, emotions and mind and is shaped by our developmental experience. The word 'psyche' is a metaphor and not a physical entity.

The result of the splitting is to create three parts or selves:



Healthy Self – all that existed before the split in the psyche.

Characteristics: can think clearly, seeks truth, is grounded, calm, capable of self-compassion and self-care, faces reality, knows what the self needs, has rounded memory of the past. Includes a functioning Protector.

Survivor Self—the rigid defence system against any possibility of re-traumatising. Primarily concerned with blocking connection to deep emotions and likely to be 'cut off' from the body. Cultivates a Survivor Identity and employs Survival Strategies in order to protect against being overwhelmed by painful emotions. Characteristics: distracts self, seeks protective control of self and others, lacks empathy, can become confused, creates illusions e.g.: 'everything is fine'.

Trauma Self - hidden and cut off from immediate consciousness. The split-off parts and feelings can diminish the life energy, block connection with passion, meaning and vitality. Characteristics: is frozen at the time of the trauma and remains the age of the trauma, carries the emotions, memories and bodily experience from the traumatising experience.

Things to know:

- The proportions of each 'self' vary depending on the extent of the trauma and the compounding impact of trauma.
- Those who have an extensive trauma biography are likely to have Trauma and Survivor selves that are much larger, and their Healthy self will be smaller.
- The proportions may also vary depending on the context. For example, if a person is in a situation that triggers trauma memory - in that moment the Survivor self will expand, and the Healthy self will contract.
- The split in the psyche is there at all times, and our inner world is impacted by the extent to which a Survivor Identity and Survival Strategies have been developed and deployed.
- All effective coaching is from the Healthy self of the coach aimed at the Healthy self of the client.
- **The Survivor Self is NOT COACHABLE.**
- This part is usually active when coaching goes wrong; that is, active in both the client and the coach.
- The Survivor Self is resistant and inflexible, closed to self-enquiry or self-reflection, not receptive to feedback, out of contact with the body and likely to harden its response if challenged.
- It's important to understand the strategies of the Survivor Self as they will stunt the effectiveness of coaching.
- It is important that the Coach can identify when their own Survival Strategies are operating.

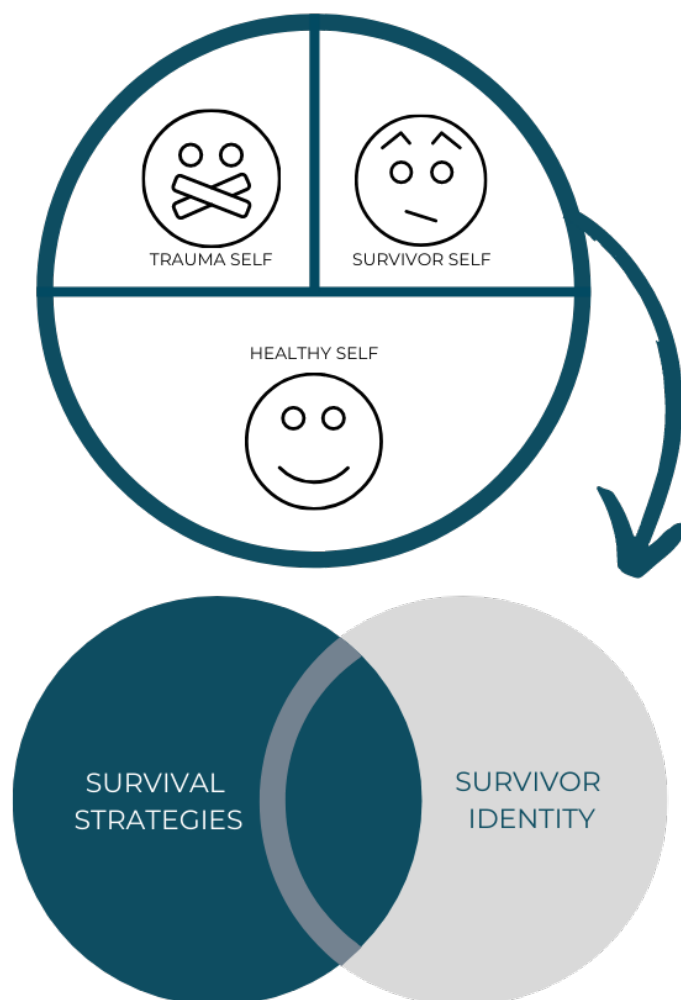
Getting to know the Survivor Self

The purpose of the Survivor Self is to block out any existing trauma feelings and maintain a rigid defence against any possibility of being re-traumatised.

The Survivor Self is NOT coachable.

The Survivor Self is a complex system that involves survival strategies and the creation of an adapted survivor identity which together to keep perceived danger away. Both will show up in coaching!

Getting to know these aspects of the Survivor Self helps you to understand your client in a deeper way:



THE SURVIVOR SELF WILL SHOW UP IN COACHING

The Survivor Self develops because of trauma – it's who we have decided we need to be to ensure the trauma is not re-experienced.

Because trauma cuts our capacity to develop our self-concept through healthy interaction with others, in its place:

- We absorb the attributions given to us by others (either directly or through how we interpret how they treat us).
- We develop these attributions into a 'faux-identity'
- We create stories about who we are to explain our experience to ourselves
- We create stories about others to keep our survival strategies in place.

These stories and identifications influence how we relate to ourselves, others, and the world.

The Survivor Self is a false one – it's who we have become because of trauma.

It is often far from 'weak or meek' - the Survivor Self often presents with a pseudo-autonomy characterised by:

- Determined independence
- Striving to be perfect
- Being wilful, argumentative, contrarian
- Not seeking help or refusing it when offered
- Rebelling, breaking the rules
- Pathological rescuing or dominance of others.

Many in leadership roles demonstrate narcissism as a product of the constructed self, with a heightened ambition drive, lack of empathy and compassion, and a sense of entitlement.

The Survivor Self is akin to the most extreme version of The Protector. However, is not coachable as it is not open to change.

HOW THE SURVIVOR SELF TENDS TO SHOW UP IN COACHING:

- Few healthy relationships in the client's life – notice how they describe their connections with others - how much closeness/distance are they describing?
- Inability to receive positive feedback or appreciation. Client may resist, test, and push back against the coach's unconditional positive regard.
- High resistance to self-reflection, personal accountability and compassion for self and others.
- The use of intellectualisation as a defence.
- The presence of obvious narcissism.
- High level of exhaustion and overwork.
- Inability or unwillingness to rest.
- Absence of joy and meaning.
- Agitation, hypervigilance, indications of not feeling safe.
- Diagnosed mental health conditions that make coaching less beneficial as an intervention (mental health conditions in themselves do not necessarily mean that coaching can't be helpful, but this needs to be discussed with the client).

Operating through the Survivor Identify and its associated strategies is *exhausting* for clients.

Over time these elements become rigid or restrictive. The cost of maintaining the Survivor Self becomes too high and the client decides to seek help to change.

SURVIVAL STRATEGIES WILL SHOW UP IN COACHING

We will primarily see the **strategies** that the Survivor Self employs.

When Survival Strategies pop up, the coach's ability to be present and attuned to their bodies, really matters.

Our job is to recognise any survival strategies and to coach the Healthy Self of the client from our own Healthy Self.

As coaches, we also have our own survival strategies – being cognisant of these is crucial to minimise entanglement (we'll come to this later!).

Things to know:

- Many survival strategies are not harmful or self-abusive but can tip over into a more damaging dynamic.
- Over and above everything, the Survivor Self involves a loss of connection with the body – where we are less able to connect with felt experience (emotions, sensations, gut feelings) in the 'here and now'.
- Instead of being in the body, the Survivor Self will stay in the mind – creating a range of survival strategies, that Ruppert (2011) describes as:

SURVIVAL STRATEGIES	HOW THEY PRESENT
Distraction: anything that takes our attention away from what we are feeling.	Clients may use long narratives or give a lot of context to stop the focus on what they are experiencing in the here and now. Client may seem committed to avoid resting or being alone – this can feel dangerous as feelings may surface. Client is likely to avoid feeling – they may make contact with some inner emotion and then pull away; they may even pull away from the coaching so as to avoid any contact with feeling; or who use other strategies to ensure they are not in touch with themselves and their feelings. Coaches who use avoidance tend to gloss over any emotion their client exhibits, introduce a tool or exercise to avoid feeling helpless, anxious or unsure.
Control: bringing as much as possible under your control (internally and externally) as a way of calming internal disorder.	Control of the self - appearance, what we eat, what we allow ourselves to do and have. Control of others – manipulating/influencing or controlling by telling them what they can and cannot do, setting limits and punishing them. As the coach, you might feel controlled by the client, and hear in their stories how control is vital for them. Coaches can try to control sessions; steering clients away from any of their own discomfort, dismissing their own blind spots, not asking for help/supervision/support, staying in illusions (see below).

SURVIVAL STRATEGIES	HOW THEY PRESENT
Compensation: offer a moment of escape, a 'high' of some sort.	Where we search for substitutes to emotional or embodied connection. This can look like faux happiness, excessive eating, drinking, sexual promiscuity, gambling, scrolling, shopping. Usually because of shame and guilt, these behaviours are often not talked about in coaching unless we enquire. Coaches engaging in these behaviours are likely to benefit greatly from supportive supervision.
Illusions— escaping to fantasy or believing in any kind of idealised easier, simpler, perfect existence.	Illusions are about avoiding some difficulty in the here and now. Clients may idealise parents, organisations, their boss, or colleague. They may gloss over reality, cling to the idea of great professional success (when this is not reality) or having a unique purpose, or being indispensable or heroic, holding onto the idea of an idealised world. Illusions don't tend to last, so when one collapses, the survival strategies work hard to create another. Coaches who are uncomfortable with the client's circumstances can use positive thinking to help clients escape reality.
Denial: refusing to accept something that part of us knows to be true.	Clients tend to deny trauma, because the truth may lead to allowing vulnerability and/or their self-concept changing. Denial will often move to defence if challenged directly. Denial can be seen in clients who refuse to see any emotional impact of their beliefs and behaviour: Working a 60-hour week isn't a problem. Boarding school wasn't great, but I'm sure it did me good. My mother is in constant daily contact but that's just her, its ok. Coaches use denial when they sense things are 'off' but are not prepared to raise this with the client or to seek help in supervision. Coaches can become consumed with the 'business' side of being a coach, as a way of convincing themselves that extrinsic measures of success (income, numbers of followers, numbers of clients) are markers of coaching success.

WHEN THE SURVIVOR SELF PRESENTS IN COACHING

The most important thing to remember is that these strategies are not open to be challenged – they are working as designed – keeping the vulnerability, associated emotions and the body out of the session, out of the coaching relationship.

- Ask how much the client wants to explore any of the issues around the origin of their feelings.
- Seek permission to introduce the Three Selves Model and ask them how they feel it plays out for them.
- Explore how the context or culture may be activating the Survivor Self and what healthy ways they can make a Subject-Object Shift (*I have this part instead of I am this...*).
- Notice and challenge assumptions about all-or-nothing choices and black and white ways of thinking. Notice and challenge the use of 'always', 'never', 'everyone' 'musts' and 'shoulds'.
- Invite the client to explore metaphors and similes they raise or generate.
- Listen for the narrative the client is using, often it will be about failure or of only just succeeding with 'luck' etc. Ask the client to tell a different story with a wholly positive slant.
- Offer the client authentic feedback about the qualities you see them exhibit – with warmth and honesty.
- Offer the client stories about how other clients (always more than one) have resolved similar issues.

To coach someone in their Survivor Self, we need to:

- access the Healthy Self of the client.
- stay grounded in our own Healthy Self - through having an understanding of our own Survivor Self and how our identity and strategies can become Entangled with those of the client.

Understanding Entanglement

Entanglement is when the Client's Survivor Self activates the Survivor Self of the Coach who takes over the coaching.

This is how entanglement impacts the coaching dynamic:

CLIENT → COACH ↓	HEALTHY SELF (HS)	SURVIVOR SELF (SS)	TRAUMA SELF (TS)
HEALTHY SELF (HS)	Not entangled. Coaching Successful.	Client in SS but coach doesn't get entangled. Coaching is possible.	The coach can be with the client in TS without moving to SS. Coach can offer empathetic support.
SURVIVOR SELF (SS)	Coach entangles the client by rescuing, controlling, creating dependence, being distant. The client avoids this invitation but is unlikely to continue the coaching contract.	Both are entangled. Survivor Strategies will be present in both coach and client. Coach might feel bored or fearful. Coaching will be dysfunctional without progress, insight, or change.	Coach is unable to bear the pain experienced by the client; only able to offer 'faux-compassion'; likely to try to shut down the trauma self and/or to become more overly directive. Coach may be critical of the client or find a reason to end the engagement. No coaching possible.
TRAUMA SELF (TS)	Client may see that the coach is unable to do effective work. Client either pulls away or takes care of the Coach. No coaching possible.	Coach has no access to resources of the client's healthy self. Coach may feel victimised by the SS of the client.	Neither can be available to the other. It is likely that both would find a reason to end the engagement.

Adapted from Vaughn Smith (2019).

SPOTTING THE COACH'S SURVIVAL SELF IN ACTION

When the coach's Survival Self is operating, you may notice you are rescuing, wanting to please, manipulating, distancing from, controlling, clinging to, or colluding with the client.

- When clients cancel at short notice or ask to reschedule, you are over-willing to accommodate them, sacrificing something important to you to make room for them.
- The contracting process feels superficial, but you hesitate to raise it.
- Instead of offering the client feedback in the 'here and now' or asking, *'How are things going between us?'* you take refuge in politeness, but inside you feel angry or anxious.
- You feel the client is using you.
- You feel exasperated: it seems to be impossible to make any real connection with the client.
- Anger with the client emerges as passive-aggression.
- You want to punish the client, however subtly.
- You are bored – clockwatching, thinking, *'when can this be over?'*
- You are irritated: the client issues are *'ridiculous', 'trivial', 'why can't they just be grownup?'*
- You start thinking, *'they are just playing victim and that always annoys me'*
- You are totally unmoved by client displays of emotion. You feel distant.
- You feel pity and a strong urge to rescue, for instance, by stepping out of the coach role and into a helper role.
- Anxiety is kicking in: the client is going to leave without a 'solution' so you'd better offer some advice, you find yourself instructing by saying *'you should'* or *'you must.'*
- You are doing a great deal of the talking.
- It feels as if you are doing all of the work.
- The word 'I' intrudes into your speech a lot of the time.

When any of this happens - in the moment:

- Allow yourself to notice and name what is happening.
- Break the connection: change your physical state, get up, suggest that you and the client have a stretch, a cup of tea or loo break.
- Make yourself conscious of being grounded: both feet firmly planted on the floor.

- Use a physical cue (grabbing your thumb with one hand) to remind yourself you are safe, you can access your Healthy Self).
- You may want to suggest a pause in discussing the apparent topic for coaching and ask *'Something doesn't feel quite right to me in this conversation – I'm feeling a bit disconnected. How is it going for you?'*
- Ask coaching questions aimed at connecting with the client's healthy self.

After the session:

Take ten minutes to reflect on what happened for you. Ask yourself:

- What was really going on for me?
- What was I feeling?
- What had happened to my connection with my body?
- Who might the client have become for me?
- What associations with my 'there and then' emerge as I reflect on this?
- What was I feeling with the client?
- What was I afraid of?
- *What might be behind that?*

Use coaching supervision to help explore your responses to clients and to bring trauma awareness to your reflections on the client work.

Seek our therapeutic help if you find your Survival Self is in the Coaching chair.

Coaching with the Healthy Self

All effective coaching is from the Healthy self of the coach aimed at the Healthy self of the client. No matter what the client brings to the session, if the coach is in their Healthy Self, coaching is possible.

The most important thing is that we don't replace the client's existing narrative with another survival strategy (it's worth re-considering interventions such as mindset, cognitive or thought work because this is where survival strategies tend to thrive).

SELF-BELIEF COACHING PRINCIPLES

- Assume clients have Healthy Self resources, even if they are not always readily available to them.
- Ensure emotional safety and respect personal and professional boundaries.
- Be clear in your contracting that you work with the whole person and that their early life experience can be an important factor in the coaching process.
- In contracting be clear that as part of the work you might suggest body-experience related exercises.
- Practise introducing the model to peers, to be sure you really understand it and hear yourself say the words and get feedback.
- Work with the concept of 'parts' e.g. *'I hear part of you feels overwhelmed; I wondered what other parts of you are experiencing?'*
- Do our own self-reflection and develop your self-regulation techniques.
- Coach from your Healthy Self - reflect on what is happening in the 'here and now' where relevant.
- Use coaching supervision to help explore your responses to clients and to bring trauma awareness to your reflections on the client work.
- Seek our therapeutic help if you find yourself using your own Survival Strategies in your client work.

HEALTHY SELF RESOURCES

Always assume clients have Healthy Self resources, even if they are not always readily available to them. I always come back to the fact that someone who survived trauma has sought coaching - this is evidence of incredibly healthy resourcefulness!

Self-belief Coaching is about helping our clients to cultivate and grow their inner resources. We are likely to see the capacity for these resources in our clients:

- Capacity for self-reflection, self-enquiry and insight
- Indications of a healthy connection with what the client wants
- Ability to face the truth
- Ability to take responsibility for actions
- Capacity for self-empathy and authentic empathy for others
- Feel a sense of connection to the past, present and future
- Capacity to trust the coach and process sufficiently to make desired changes.

There will also be personal resources you see in each individual client. We can strengthen our client's self-concept by naming them – this brings often unconscious resources into the open.

Resources might be related to:

- Beliefs (I trust xxx, I can do it, etc.)
- Hobbies (gardening, cooking, yoga, crosswords, etc.)
- Relationships (family, friends, pets, co-workers, community, etc.)
- Spirituality (community, religion, God, anything that gives you deep meaning.)
- Purpose (to help others, teach, learn, etc.)
- Values (Authenticity, autonomy, peace, service, justice, etc.)
- Abilities (determination, analytical, intelligence, etc.)
- Talents (public speaking, music, arts, working with hands, etc.)
- Strengths (flexibility, tolerance, courage, sense of humour, creativity, etc.)

COACHING 'AROUND' THE CLIENT'S SURVIVOR SELF

These are suggestions for how to access the Healthy Self of the client – use if and when it feels appropriate.

- Use deep listening skills to listen out for Survivor Self vocabulary (emotional armour; distraction, control, compensation, illusions and denial). When you hear it, we can reflect it back to clients with an enquiry, e.g.: *What might this (controlling) part be protecting you from?*
- Explore links between the 'there and then' and the 'here and now', e.g.: *It sounds like you are finding it difficult to connect with your colleague who is quite distant and private, I wonder if that reminds you of anyone else from your life?*
- Introduce the 'Three Selves Model' to clients if you feel they will benefit from understanding this.
- Remember that clients have many 'parts' but our clients may not know about this concept. It can be so helpful for opening them up to their Healthy Self resources. e.g., *'I hear part of you feels overwhelmed; I wondered what other parts you can access?'*
- We can help clients develop a relationship with the felt-experience of the body, e.g.: *...that lump in your throat you describe when you are about to share in meetings – can you imagine this? Does it have a colour? Shape? Is it moving or still? If you could reach into your body and touch it, what would this feel like?*
- We can help clients develop their contact with their emotions, e.g.: *It sounds like anger you are feeling? But I'm wondering if this is irritation or rage? Can you feel that difference – it's quite different in intensity, isn't it? So, on the spectrum of anger where are you?*
- We can help clients to lean into their emotions, to practice feeling them, being interested in what the emotions are linked to. This can work with clients who are curious to know more. e.g.: *You are describing nervousness – can you tell me where in your body you feel that? Maybe just close your eyes for a second and see where that nervousness lives. Ok in your belly and legs – great, can you stay with that feeling and just see what happens. If you want to, you can ask that nervousness why it's here, what does it want you to know? We don't have to 'fix' anything, this is about awareness.*
- We can offer back care and concern about behaviours that are damaging, eg: *I see how conscientious you are. And I see you are being exhausted by work, so you have no space left for joy. I wonder what you might be worried about if you allowed that space?*
- We can help clients access the perspective of their Healthy Self: *I hear you are uncertain about a lot of things, but what are you certain about?*

FROM ENTANGLEMENT TO HEALTHY MUTUAL AUTONOMY

The way out of entangled relationships as a pattern of relating is to:

1. Recognise when we are entangled in this way
2. Move into Healthy Self
3. Develop the capacity to relate with healthy mutual autonomy (you might notice that relating from a place of healthy mutual autonomy includes many elements from the developmental stages of a Formed Self-concept and Reforming Self-concept).

Healthy mutual autonomy means:

- We don't adapt to meet the perceived needs of others or to protect ourselves from rejection or abandonment.
- We can trust ourselves and recognise who is trustworthy and who isn't.
- We know what is healthy for us and speak of our needs without fear.
- We can ask for and accept the help we need.
- We have our own sense of self-belief, self-acceptance, self-worth and self-trust.
- We accept ourselves as we are/we don't have to hide parts of ourselves.
- We accept others as they are and walk away if they are not healthy for us.
- We can end a relationship that has run its course or is not healthy for us (we don't hang on, fearful of stepping out).
- We can relate, be close, without losing contact with ourselves.

Coaching the client's Trauma Self

If clients share experiences that are distressing to them, we just need to listen, to be a witness to the story and to validate their feelings.

We don't need to rescue them from the distress or rescue ourselves by moving the client on quickly.

We hear the narratives of our clients in every session. They'll offer context to an issue or update us on a situation.

Clients may also share autobiographical details as they make links with 'there and then' experiences that are impacting and informing their beliefs and behaviour in the 'here and now'.

Here are some ideas for what to say when clients share their trauma:

- How are you right now, sharing this?
- I am so moved by what you have shared.
- As you remember this event, what resources can you see that your younger self called on?
- How do you experience this affecting you today in the way you show up?
- Thank you for trusting me with your story.
- What, if any, help are you getting or have you had around these issues?
- How does this connect, if at all, with what is happening currently for you?
- What might we be mindful of as we continue our work here?

COACHING ANXIOUS/BURNTOUT CLIENTS

When clients reach the state of anxiety and burn out, it's often their Survivor Self is in control.

Remember this is not coachable. Instead, we try to reach the Healthy Self:

- Notice escalating or intense feelings – invite the client to pause and to take their time to return a self-regulated, grounded place.
- Express your concern; ask what professional/medical/therapeutic help they have already sought and how effective they believe it has been. Coach them around how to get more, if you and they feel this is a good idea.

- Ask what other strategies the client has already tried such as yoga, mindfulness, breathing exercises, and if they have, how far it helped them. If it was helpful, explore how it might be helpful again.

SUICIDE IDEATION AND RISK

- Signs to be mindful of - the client describes current difficulties with sleeping or symptoms of depression. Aspects of the client's presentation leads you to conclude his or her mental health may be fragile. Client has revealed they have attempted to take their life in the past.
- The client uses phrases such as, '*Life doesn't seem to have much meaning*'; '*My life feels as if it's over*'; the client will not engage in long term planning for their future. The client openly talks about ending their life.
- Stay calm. Express your response to hearing them talk in this way. Ask for more information if it feels appropriate, let go of the taboo about doing this.
- **Coach the client on how to find help and be clear about confidentiality limits.** We have a duty of care to our clients and may need to share the information with an appropriate other.
- Talk with your supervisor at the earliest opportunity about what, if any, action is needed.

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Podcasts:

[Rachel Yehuda – podcast interview](#), OnBeing 2017: *How Trauma and Resilience Cross Generations*.

[David Treleaven – podcast interview](#), Coaches Rising 2020: *Becoming a Trauma-sensitive Coach*.

[Sonya Renee Taylor – podcast interview](#), Unlocking Us 2020: *The Body is Not an Apology*.