

Hope, Resiliency, & Post Traumatic Growth
 Improving Outcomes in Trauma Services
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- EMDR Trained
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Learning Objectives

1. Improve understanding of trauma responses
2. Explore key concepts of hope, resilience, and post-traumatic growth
3. Discuss best practices to apply these concepts to social work practice

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Commonly Reported Trauma Responses ¹²

- Sleep disturbances
- Anxiety/Panic
- Alcohol/drug consumption
- Appetite change
- Survivor guilt
- Sex drive change
- Digestive issues
- Anger outbursts
- Recklessness
- Poor focus
- Numbness
- Loss of motivation
- Intrusive images
- Obsessiveness
- Startle reaction
- Nightmares
- Denial/Disbelief
- Redefining
- Memory issues
- Isolating
- morals/values/ faith
- Hypervigilance
- Secondary injury from relational stress
- Lack of hope

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Snyder's Hope Theory

Three Key Components ¹¹

1. Goals - Desired targets
2. WillPower - Motivation to move towards goals
3. WayPower - Planning routes to achieve goals

"The perceived capability to derive pathways to desired goals, and motivate oneself via agency thinking to use those pathways" - Rick Snyder, PhD²

Increasing Hope Can...

- Improve self-esteem³
- Improve mental health symptoms³
- Improve symptoms and daily functioning in chronic illnesses ¹
- Be a protective factor against PTSD⁴

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Masten's Ordinary Magic Theory

"The shift from pathology and possibility is at the heart of resilience."¹⁰
- Laura Copley

Resilience isn't a superpower, but can be nurtured and developed ⁹

Resilience - The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands ⁷

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8 Factors Influencing Resilience ⁸

1. Neuroplasticity and Biology
2. Emotional Regulation
3. Cognitive Reframing- pain + meaning = integration into story vs. shame
4. Persistence - setbacks are viewed as part of building self-efficacy
5. Future Vision
6. Social Capital - connection increases our capacity to adapt and recover
7. Culture and Equity - culture/inequity shapes adversities and can add to chronic strain
8. Developmental Timing/Preparation - age/life experience dictate preparation and protection against challenges

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Post Traumatic Growth (PTG)

PTG is NOT about trauma. It is about what happens in the aftermath of the trauma

Five Domains ⁶

1. Appreciation for Life
2. Relationships with Others
3. Personal Strength
4. New Possibility
5. Spiritual/Existential Change

Who is more likely to experience PTG?

- Openness to Experiences
- Extroversion/Seeking Social Support
- Activity level

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Post Traumatic Growth Inventory

- TOTAL SCORE 0-105
- Appreciation for Life (1,2,13)
- Relationships with Others (6,8,9,15,16,20)
- Personal Strength (4,10,12,19)
- New Possibility (3,7,11,14,17)
- Spiritual/Existential Change (5,18)

Higher score = the more positive transformation following their traumatic experience(s)

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Vicarious Post Traumatic Growth (VPTG)

“Professionals working with trauma survivors may therefore experience personal and professional growth as a result of being witness to their clients’ resilience and ability to overcome adversity, suggesting a vicarious phenomenon that is both positive and very powerful. These experiences may involve changes in self-perception, interpersonal relationships and philosophy of life.”

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EMDR	<ul style="list-style-type: none"> • Distressing memories are changeable, therefore change is possible (Hope) • Reduced reactivity/Improved regulation demonstrates adaptive coping (Resilience) • Trauma is part of a broader life story, a new version of self emerges (PTG)
CBT/ Cognitive	<ul style="list-style-type: none"> • Challenge stuck points that maintain helplessness (Hope) • Reframing builds psychological flexibility/emotional regulation (Resilience) • Reconstruct core beliefs regarding self, world, others (PTG)
ACT	<ul style="list-style-type: none"> • Values driven goals even when symptoms persist (Hope) • Builds psychological flexibility/emotional regulation (Resilience) • Trauma doesn't define the person (PTG)
Narrative	<ul style="list-style-type: none"> • Externalizing problems helps restore a preferred identity (Hope) • Highlights strengths/skills already present (Resilience) • Clients re-write their story and develop new meaning (PTG)
Somatic	<ul style="list-style-type: none"> • Experiences of safety increase belief that change is possible (Hope) • Physiological regulation is learned and repeatable (Resilience) • Body autonomy and trust supports personal identity (PTG)

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Questions?



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