

PRESENCE-BASED®
COACHING

The Intersection of Coaching + Trauma

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What is Trauma and Trauma-Informed Coaching?

My intention for writing this piece is to illuminate some of the nuts and bolts about what trauma is and how trauma symptoms may show up in coaching. It's important for us to get clear on our role as coaches, while being able to offer some skillful moves around working with any unexpected emerging trauma symptoms in coaching. My hope is that we as coaches can feel less fearful of the unknowns around this topic and more resourced with the skills we already have from Presence-Based Coaching (PBC). We can feel empowered to address client trauma symptoms in the present moment and have the confidence to support a client to take a next step to seek and receive help outside of coaching if needed.

Some Key Concepts

As coaches, it's important to know the territory of trauma. In Presence-Based Coaching we offer coaching processes that work in and through the body. A helpful reminder is that the body itself (muscles, cells, posture, armoring patterns, contractions, etc.) stores all of our historical experiences and memories within its physical structures. Our clients also come to coaching with what we might call psychic or psychological structures (aka ego or personality, in this work we name this as habit nature). Habit nature is revealed within the body as well as through client attachments and aversions, and the resulting client perspectives, patterns, strategies and behaviors. Some of these historical structures could be unexpectedly dislodged during a coaching process (although **this is rare**).

I want to note there have been many challenges in our local and global environments during the last several years, due to Covid and the many ramifications of navigating the pandemic and post-pandemic waters in various domains of our lives. Additional stressors have included emerging awareness of systemic racism, economic uncertainty, organizations struggling to navigate remote or in person work, political tensions, a war in Ukraine and Israel, climate change, to name a few. These longer-term stressors can exacerbate trauma symptoms and as one of my teachers says, can "expose the fault-lines in our client's foundations." From a systems point of view, ancestral trauma and collective trauma may also be at play, which might contribute to surfacing traumatic stress or symptoms in coaching.

Trauma-Informed Coaching means we as practitioners are informed and sensitive to the contexts in which our clients operate, as well as attuned to emerging signs or behavioral cues of trauma in our clients in a coaching session. It is a gift to bring awareness to possible



symptoms of trauma to a client, as this may open the possibility of getting the support and healing the client may want.

It's also important that we as coaches know how to skillfully work with what's happening if needed in the moment to support our clients in a coaching session. A key here is that we as the coach remain grounded and relaxed, with our own nervous system regulated. At a minimum, we can be in the regular practice of shifting our own nervous system when triggered to a more calm and centered inner state. Shifting our own internal state makes it possible to be a resource through biological co-regulation that can become available in the coaching space with a client. As we know, our grounded nervous system supports the client to regulate their own nervous system.

Below are some simplified frameworks through which to discern when symptoms of trauma might be occurring in your client. I'll offer some coaching moves around what to do next (including referral to a therapist or other practitioner specializing in trauma). A reminder that how we attend to our client points to ethics, particularly with ICF, and our scope of practice.

ICF has offered the coaching community two PDF's which provide an invaluable summary of what you might look for with clients in terms of trauma symptoms and offers information on making a referral.

What is Trauma?

Trauma can occur from past experience, either one time (acute) or ongoing (chronic) that was too big, intense, painful, or scary to tolerate and make sense of at that time. The Nervous System feels overwhelmed and unable to process what happened. Note that trauma is not necessarily what happens to us, but rather the result of how the event(s) impact us.

Gabor Mate's definition: "trauma is not what happens to us; trauma is what happens inside you, the wound that you sustained, the meaning you made of it, that way you then came to believe certain things about yourself, the world or other people...a disconnection from your authentic self, that can be restored at any moment."

(<https://www.youtube.com/watch?v=nmJOuTAk09g>)

Examples of exposure to a traumatic event/experience include events like: a car wreck, extreme weather conditions (earthquake/flood/drought/fires), emotional, physical or sexual abuse or neglect, ongoing systemic racism or limited access to resources (food, housing), a parent was unavailable (i.e. mental illness or deployed in the military), a child was seriously ill or had a physical accident, an invasive surgery/medical procedure, living in a war zone, experiencing homelessness or a refugee or immigrant circumstance.



Traumatic experiences can result in the existence of unprocessed material from the past being stored in the body (often compartmentalized or unconscious). Inside a coaching session, a client may unexpectedly share a past experience that felt traumatic, or that may be intertwined with and impact their current capacities or behaviors. When working in/through the body, especially as we do in PBC, old traumatic material can also surface unbidden in the moment. When this happens, the client or their body can begin to display trauma symptoms. There are other symptoms and signs of trauma that are not explicitly revealed within a coaching session that the ICF PDFs cover (e.g., marked changes in mood, withdrawal, sleep issues, work performance decline). Best practice is to become familiar with this landscape of symptoms.

How Common is Trauma in the General Population in the US?

A large and long-term study was done by Kaiser-Permanente (a health insurance provider) called ACE – Adverse Childhood Experiences research. This research was done in 1995-97 on 17,000 people in the US around childhood experiences such as abuse, neglect, addictions, and how these various experiences in childhood influence overall health and well-being (or don't). Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.

Marginalized populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live and work. Another research study shows that a large percentage of people in the US (89.7%) have had exposure to a traumatic event in their lives. There is a wide range along the trauma spectrum of severity – we could differentiate it as “little t, and big T” (i.e., from a hospital stay as a child to get your tonsils out, all the way to PTSD as a combat veteran).

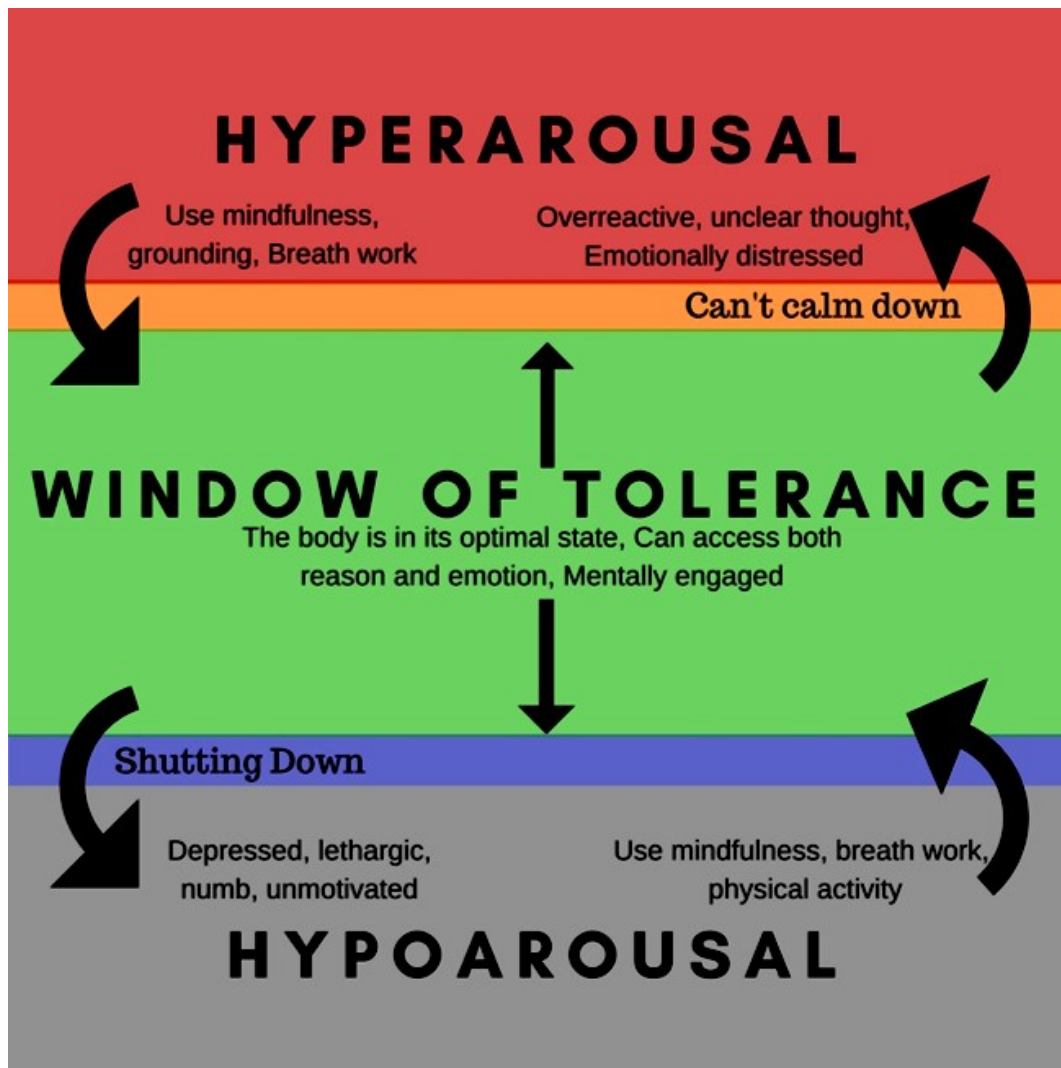
A Possible Framework: Autonomic Nervous System (ANS) and the Window of Tolerance (WOT)

In coaching, trauma symptoms often show up in the whole-body Nervous System (NS). As humans, we all have an autonomic NS which has two parts: Sympathetic and Parasympathetic, also known as gas/brakes. In healthy NS functioning, the Sympathetic NS helps us gear up for taking action (mobilize, fight/flight under threat to survival) and the Parasympathetic NS helps us wind down and relax (rest and digest, immobilize).

Our NS is conditioned from a young age in our family and other care systems (education, religious), as well as historical circumstances and context of our past and current life. Our NS has a range within which we can take in, process and integrate information – and our higher brain centers (the pre-frontal cortex – thinking, reasoning, planning and executive control of attention) can remain on-line and functioning. Our NS can recover from activation of either Parasympathetic or Sympathetic NS pretty quickly and return back to a neutral inner state.



A very helpful concept for trauma-informed coaches is known as the **Window of Tolerance** (WOT) (Siegal, Daniel J., *Mindsight*, Bantam, 2010). WOT describes our range of tolerance for life's experience and the healthy functioning of our Autonomic NS. Our NS can regulate itself under stress (during stress and/or recovery after stress). However, if we have experienced past trauma in our lives, that window can narrow into smaller and smaller ranges, and our experience can feel like "too much" for us to take in, digest and integrate. Our NS then more easily becomes activated/dysregulated and moves "outside our window" in reaction to feeling under stress or threat.





<http://www.hallidayquinn.co.uk>

We have two directions our NS might go -

- Hyperarousal -- unhealthy Mobilization (Sympathetic NS = can't get out of fight/flight or becomes hypervigilant, can't calm down, stuck on "on").
- Hypoarousal -- unhealthy Immobilization (Parasympathetic NS = freeze/faint, shutting down, stuck on "off").

Regulation and resourcing clients -- a reminder that we work with our own and work with our client's NS regulation all the time in PBC. This is a valuable resourcing practice that we already offer our clients. In our stream of coaching, we use mindfulness and Presence practices to support our client's overall resilience and resourcefulness, such as:

- including the view of our client's wholeness
- asking the client to self-observe
- working with internal states through the Awareness Map
- conscious breathing practices
- encouraging Presence-building practices (such as centering, grounding, sitting/meditation)
- and ongoing body/mind practices such as somatic practices (like Chi Gong)

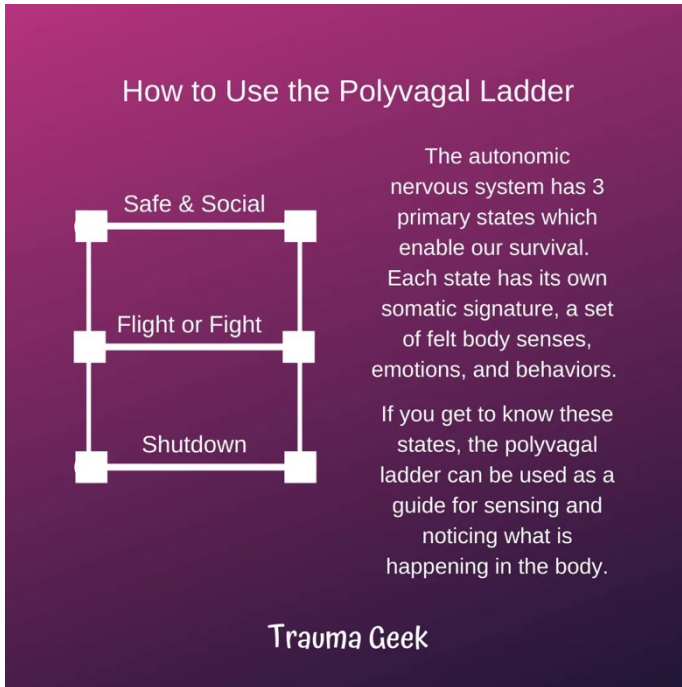
Another Framework: Polyvagal Theory

There is another framework that might be a useful addition here, and many of you may have heard of Polyvagal theory. Dr. Stephen Porges is the creator of this theory, and it has bearing on a possible pathway to how a client's nervous system might become regulated if needed in a coaching conversation. This theory has been operationalized by clinical therapist Deb Dana, who has written several books on the subject based on her in depth work over many years with clients using Polyvagal theory in trauma therapy and recovery.

Polyvagal theory postulates a hierarchical nature of human autonomic NS states, known as a "ladder" which illustrates the pathways of three possible NS states. The polyvagal nerve runs from the brain through the heart to the gut. Within this theory, neuroception "describes how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening."¹ Neuroception is a subconscious process, where the NS detects cues of safety or danger inside, in relationship, and/or in the environment.



See illustration below:



What's our Role as Coaches? The Big Picture:

To notice during coaching any signs or symptoms of possible NS dysregulation in our client arising in the moment or if the client seems to be moving outside their window of tolerance. We can help the client to regulate their NS back to within their own window of tolerance, and thus a more resourced internal state. Once the client's cognitive faculties come back "online," we can then partner with the client around a possible referral source if needed.

This points to the importance of doing our own work as a coach around this topic. Examples of resourcing ourselves as a coach to become more trauma-informed include knowledge (educating yourself about trauma and symptoms), handling your own personal/historical issues around trauma, and over time, having practice and experience in noticing and working with client's possible trauma symptoms in coaching. Knowing (if possible) the territory or red flags ahead of time with client can be useful. For example, while setting up a coaching engagement, inquiring if the client knows of any past trauma, or is/has been in therapy around trauma. And this is not 100% guarantee, as often traumatic events might be out of the client's conscious awareness, or there can be a stigma or shame attached to sharing past family



history that includes trauma. On the other hand, some clients are very forthcoming about past trauma.

What's our Role as Coaches? Let's get Specific:

If you know or suspect that the client may have a past history of unresolved traumatic event(s) or circumstances, our PBC moves listed above as **regulation and resourcing** are best offered in the first sessions of a coaching engagement as tools to embody up front. They can be learned and practiced in *advance* of any NS dysregulation of the client or possible arising of trauma material during a coaching conversation.

Your sense of possible previous trauma can also be revealed from your observation of the client's NS and possible dysregulation, as well as your listening around how the client describes their history, environment, behaviors, or relationships. If something unexpected does arise during coaching that you suspect may be related to a client's past trauma, our role as coaches is first to notice this from our own state of grounded presence (or shift into our own grounded Presence as needed).

Here are some signs and cues of possible NS dysregulation, and the client possibly moving outside their WOT. The client:

- Shallow, rapid breathing or holding the breath
- Dissolving in tears, collapsing or gets rigid in posture
- Feeling very strong emotions (like rage or terror)
- Skin sweating, feeling clammy
- Strong sense of aversion
- Uncomfortable internal body sensations or difficult memories arising from the past
- Dissociation (client feels disoriented, spacey, nauseous, dizzy, numbness, out of contact with the body)

What to do next: Pause coaching (especially useful if you know or suspect your client has a history of trauma).

- Take a pause from the coaching and check in with client – ask: “what’s happening right now?” or offer with permission, a grounded observation “I noticed that your breath seems to be speeded up and is more shallow in your chest, and you are suddenly not talking. What are you noticing?”
- The client may be outside of their “window of tolerance” and their Sympathetic NS (gas) or Parasympathetic (brake) NS is being activated.
- It's possible the client's body could be accessing a prior experience that is too intense for their NS to handle in the moment.
- Ask your client if this is a familiar state/experience (may or may not be).



- Ask if your client is feeling resourced internally – and if not, or you sense they are not, support them coming back into their window of tolerance.
 - **If the client seems to be in unhealthy fight/flight (Sympathetic dysregulation)**, we can activate the parasympathetic system, slowing things down: mindful Breathing practices (exhale longer than inhale, or 4-part breath). Orienting to cues of safety (looking at you as coach as a resource, encouraging connection with some of the 5 senses, especially grounding in sensation. Or creating a sense of support/scaffolding by noticing another person or object in the room or outside a window – biological co-regulation from your own settled NS).
 - **If the client seems to be in unhealthy freeze/faint (Para Sympathetic dysregulation)**, we can work to activate the Sympathetic NS – breathing longer on inhale, any kind of movement, standing/stomping/grounding to activate legs, pushing against a wall with arms, support/scaffolding from another person (you as coach).
 - **Moves that work for both Sympathetic and Para Sympathetic dysregulation:** Asking the client to bring their attention more fully into the present moment, the here and now; asking the client to breathe with you, while feeling their feet on the floor and/or seat in the chair and noticing the contact between them and what they are touching, opening their eyes if closed and orient themselves around the current room, or stand up and turn in a circle to allow the whole body to check in present time that there is no danger outside of them right now.

All of these coaching moves can help restore a sense of psychological and physical safety in the moment and can allow the client's NS to become more regulated and support the client to come back into their own window of tolerance. Your own grounded and settled nervous system and presence will support this process as you become an anchor for the client through biological co-regulation within the relational field. Once client is feeling in a more resourced state, consider wondering together with the client if this experience may be related to past trauma?

You might offer the possibility that another source of support might be needed to work with whatever is arising in the coaching conversation. Include a referral to resources for therapists who are trained in trauma work (e.g., Somatic Experiencing (the work of Peter Lavine), Psychologytoday.com for a therapist experienced in trauma, Internal Family Systems (IFS) or Trauma Release Exercise practitioners). Sometimes coaching can continue in parallel as the client works with a trauma practitioner, and sometimes it might be more useful to suspend or complete coaching while the client is attending fully to trauma recovery.



We play an important role as coaches in naming what we are noticing, because our clients may not be aware of trauma or the contours of their personal trauma exposure and its impact on their lives and functioning. We can support our client to view and understand old traumatic material for what it actually is. And offer hope that these experiences and symptoms can be later processed in the proper holding container (with a skilled trauma therapist or other trained trauma professional).

Conclusion

Trauma healing and recovery are possible, under the right skilled care, or combination of care. In our role as coaches, we can become more trauma-informed to support our clients in their own healing journey. Coaches play an important role in supporting the client's resourcing and post-traumatic growth. If you suspect a client might be better served by a skilled trauma professional or therapist trained in this area, bring this topic up in coaching. And, since most of us as coaches are not trained in working clinically with trauma, that process is best left to another professional resource.

Resources:

<https://www.stephenporges.com>

<https://medium.com/age-of-awareness/how-to-use-the-polyvagal-ladder-c68835f0fe19>

<https://www.traumageek.com/pdfs>

¹<https://eric.ed.gov/?id=EJ938225#:~:text=The%20term%20%22Neuroception%22%20describes%20how,a%20stranger%20as%20an%20assault.>