For Therapists: What is Traumaspotting?

If you are a mental health or substance use therapist or clinician, you may not have heard of the term *"traumaspotting"* but if you have been in the helping field for the past several years, you almost have assuredly witnessed traumaspotting.

Traumaspotting is the act of identifying "trauma" as the cause for a mental health condition, symptom, emotion, reaction, or behavior with no follow-up practical clinical recommendations.

Traumaspotting most commonly occurs during the process of a clinical discussion or case review. The thinking behind traumaspotting is based on the erroneous assumption that identifying trauma as a cause alone somehow solves the problem. To help illustrate, consider an example of traumaspotting in practice:

Scenario: A Clinical Case Review Meeting:

Clinician 1 – "My client is experiencing this problem/issue/symptom/behavior ________ (This could be anything such as relapse, anger, behavioral acting out, depression, mood swings, relationship struggles, panic attacks, etc.…)

Clinician 2-– "I know why your client is experiencing/doing ________ (problem/issue/symptom mentioned by Clinician 1 above) – "**It is happening because of TRAUMA" –** *(This is stated as if to say: "I have identified that trauma as the cause, so now I have solved the problem!"*

Keep in mind that Clinician 2 may indeed be correct in identifying the existence of trauma. Trauma may be a contributing factor or cause behind whatever the client problem or behavior that is being discussed. ***However, the act of identifying trauma alone in no way solves the problem.*** Identifying trauma as a cause and then walking away from the conversation (similar to a "mic drop" moment on a stage) can be an all-too-common situation in some clinical settings. If you have been a clinician for any length of time, it is likely that you have witnessed traumaspotting in your place of practice. Traumaspotting is labeling trauma as the end of the conversation acknowledging it as the beginning of much more.

An analogy for traumaspotting would be if you brought your car in to an auto mechanic and the mechanic listened to what was said about what is wrong with the car and then the auto mechanic simply states, "Sounds like something is wrong with the engine" and then walks away or ends the discussion. The next question clearly should be **"well how are we going to fix the engine?".**

The same is true with traumaspotting. The act of identifying trauma as a root cause is only a very basic (and often vague) first step in coming up with a course of treatment for a client's needs. "Spotting" the presence of trauma alone is not nearly enough. It is the first step in a much, much greater process. A simple response to traumaspotting may be: "Ok trauma has been identified, so **now what?"** There is so much more that needs to be done. "How are we going to help this client with their trauma?" is a question that should define and guide the critical process to follow.

Returning to the mechanic analogy, notice that saying something is wrong with the engine is a very broad answer. It may be highly likely there is a problem with a malfunctioning car's engine however there are many more parts to a car's engine. Is it the carburetor? the pistons? the radiator? or something else that is misfiring within the engine itself? Perhaps it is not the engine that is problematic but maybe it is the transmission or the axle or another automotive part outside of the engine. Now comparing this to trauma, if a client is having a problem, trauma may be involved, but in what specific way? Trauma itself can be a very broad concept and individuals so often have a complex history of trauma. Therefore, digging deeper to specifically identify how trauma is impacting our clients often deserves much more attention than simply slapping on an all-inclusive and overly generic "trauma" label. Or, perhaps the issue may not be trauma at all, and the client's current

identified problem may be the result another much more current issue such as a chemical imbalance, a need for a medication adjustment, a co-occurring addiction, or another current situational factor outside of the traditional concept of the client's past history of traumatic experiences and memories.

Top put this in perspective, compare some other presenting problems in mental health and substance use care: For example, when clinicians identify an addiction what do we do? We provide (or refer as needed) for addiction treatment. When we identify depression, we treat the depression and when we identify anxiety, we help our clients learn to cope with and alleviate anxiety. **The pattern is to identify and then provide follow up treatment recommendations and interventions (or referral)** With these and other clinical treatment issues, clinicians do not simply identify the issue and walk away, rather we provide follow up care and we engage in treatment planning discussions and strategizing sessions based on these identified treatment issues. We consult with our colleagues and other experts or consultants and we work to increase our knowledge base and skill set for these issues and disorders. We do not identify and then just walk away in relation to any of these treatment issues so why should it be any different for trauma?

Hopefully by now the point is clear: Simply identifying trauma as a cause does not in itself solve our clients' problems. Traumaspotting is diagnosing without further examining, it can be recognition without analysis, or labeling without strategizing and it often is making generalizations without in-depth reasoning, critical thinking, evaluative observation or creative treatment planning. ***Traumaspotting is painting with a broad brush and identifying without following through***.

In conclusion, trauma is absolutely a crucial issue in mental health and substance use treatment. The movement in the field toward exploring the impact of trauma on client care is extremely valuable for so many of our clients who have been impacted by trauma. Studies clearly show the value of trauma treatment. Therefore, as clinicians let us all work on expanding our knowledge and skills for helping our clients who are suffering from the impact of trauma to cope, learn, grow, achieve goals and make progress as we would with any other identified problem area. However, let us all remember that the simple "event" of identifying trauma alone is not enough. When the doorway of trauma identification is opened in a clinical setting, we need become prepared to "walk through" that doorway with our clients by engaging in the much more extensive process of comprehensive trauma treatment.