

The Traumatic Stress Research Consortium (TSRC)

at the Kinsey Institute, Indiana University

August 2021 Newsletter

Understanding client therapy experiences

In this newsletter, we are excited to continue to highlight client perspectives by sharing results from our worldwide client survey. Trauma professionals are well acquainted with the unique, individual stories of their clients' journeys but client perspectives are often missing from survey research. In contributing to bridging that gap, the TSRC's collaborative research can further empower clinicians and clients to promote healing from trauma.

We are seeking hundreds of therapy clients for our survey. We invite you to help your clients share their experience.

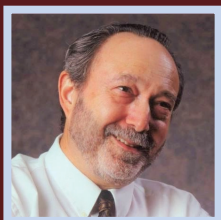
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Our Team

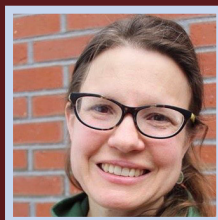
The TSRC is an international group of clinicians and researchers exploring the science of safety and connection



Stephen W. Porges, Ph.D.
Founding Director



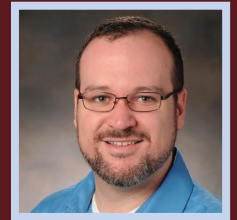
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Client survey: Focus on therapy history



The TSRC client survey continues to be available online and is open to all adult clients who are currently in therapy. Clients do not need to identify as trauma survivors or have a trauma history to participate. The TSRC professional network members have been crucial to this research, and we are deeply grateful for their efforts to raise awareness about the survey with their clients. Information on how to share the survey with your client can be found in the box on page 1.

About the participants

In this newsletter, we continue to report preliminary results based on data collected since we launched the client survey in September 2020. To date, 133 clients have taken the time to share their experience with us. Responses have come from 14 countries, with the most common being the United States (49.6%), United Kingdom (12.8%), Canada (8.3%) and Australia (7.5%). Clients spanned a broad age range from 18-70 years and 75.2% were female. The individuals who have taken our client survey so far are overwhelmingly trauma survivors. Most reported severe trauma histories with 91% of clients reporting some form of abuse or neglect in childhood. Participants also had high levels of body stress responses as measured by a standardized self-report

compared to scores reported from a general population study.

Number of years in therapy

Although some of the people who took our survey reported starting therapy in the last year or two, many of the clients reported that they have been in therapy for ten years or more, with the median being 4 years.

KEY FINDINGS

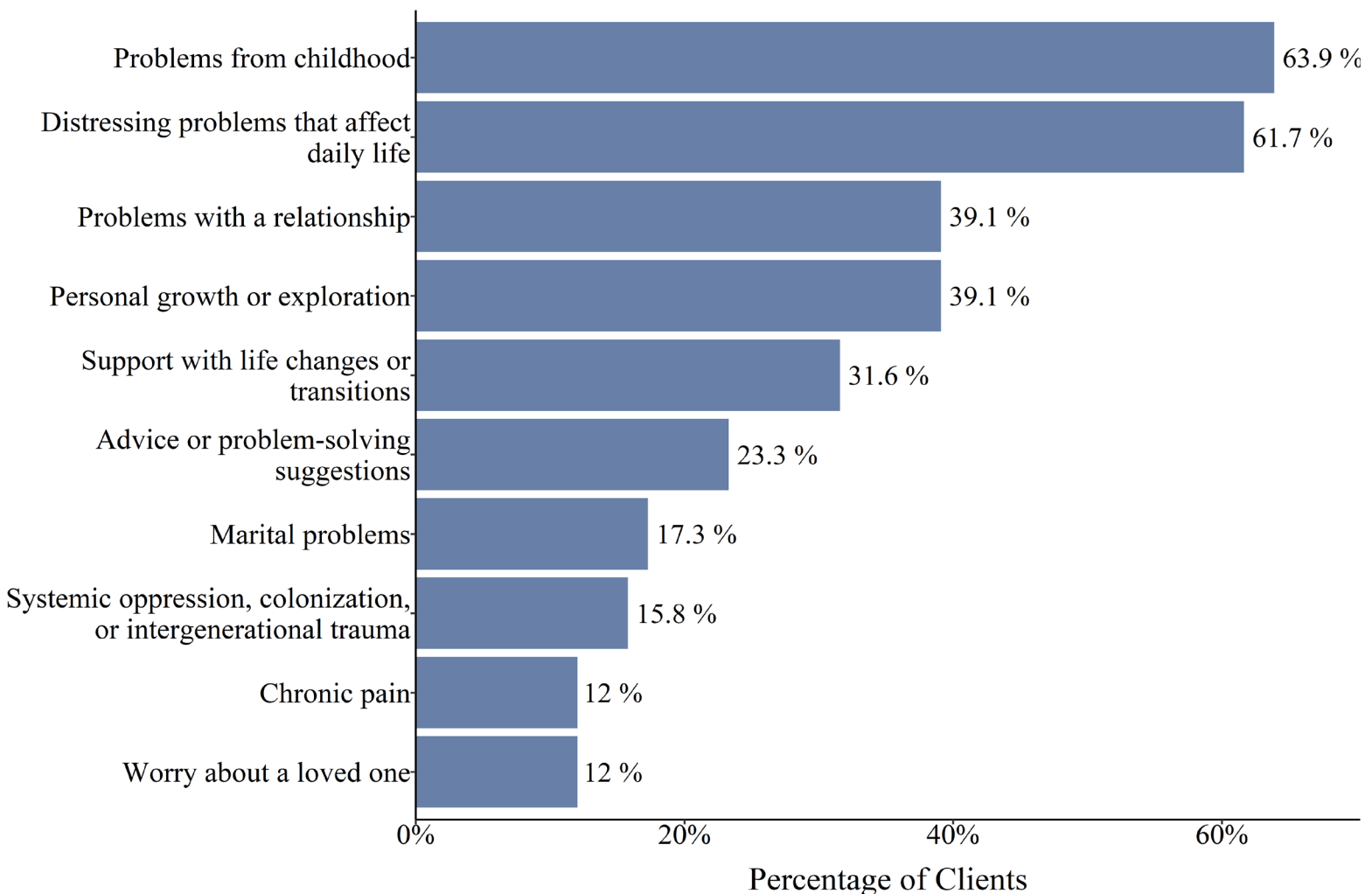
- Clients have been in therapy for median of 4 years
- 60.3% of clients reported more than three therapists in their lifetime, with no age-related association
- 56.4% of clients reported four or more reasons for starting therapy
- The quality of the therapeutic relationship is a crucial factor in a client's choice to continue or end therapy

Reasons for starting Therapy

The full TSRC client survey covers a broad range of client experiences and history, including reasons for starting and ending therapy. Clients were asked about their reasons for starting therapy and could select or write in as many reasons as they wanted. Many clients chose to share reasons in their own words, reflecting the complexity and nuance that may lead any individual to seek therapy. After reading and discussing the responses, our research team categorized them based on common themes.

The chart below shows the reasons for starting therapy ranked from most common to least common. We found that many clients had multiple motivations for starting therapy. The most commonly co-occurring reasons were the combination of distressing problems that affect everyday life and problems from childhood. However, there were many unique combinations of reasons, revealing the complex interplay of motivations that lead to seeking therapy.

Client Reasons for Starting Therapy



Number of therapists in lifetime

Clients who took the survey reported having seen between 1 and more than 10 therapists. We found no association between age and number of therapists a client had seen. Some older clients who took our survey were new to therapy and some younger clients reported multiple therapists.

Number of Therapists

1-3 therapists: 33.09%

4-6 therapists: 30.07%

7-9 therapists: 13.54%

10+ therapists: 6.76%



Reasons for ending therapy

Clients were also asked about why they have ended therapy in the past, and could select or write in as many reasons as they wanted. Therapists will likely not be surprised to see that the quality of the therapeutic relationship is an important factor in client choices to end or continue their treatment. This was vividly illustrated by the client responders, for whom “incompatibility with the therapist” was the single most common reason for ending therapy. Many survey respondents also used the opportunity provided by the write-in option to describe the experiences that led to their ending therapy in more detail.

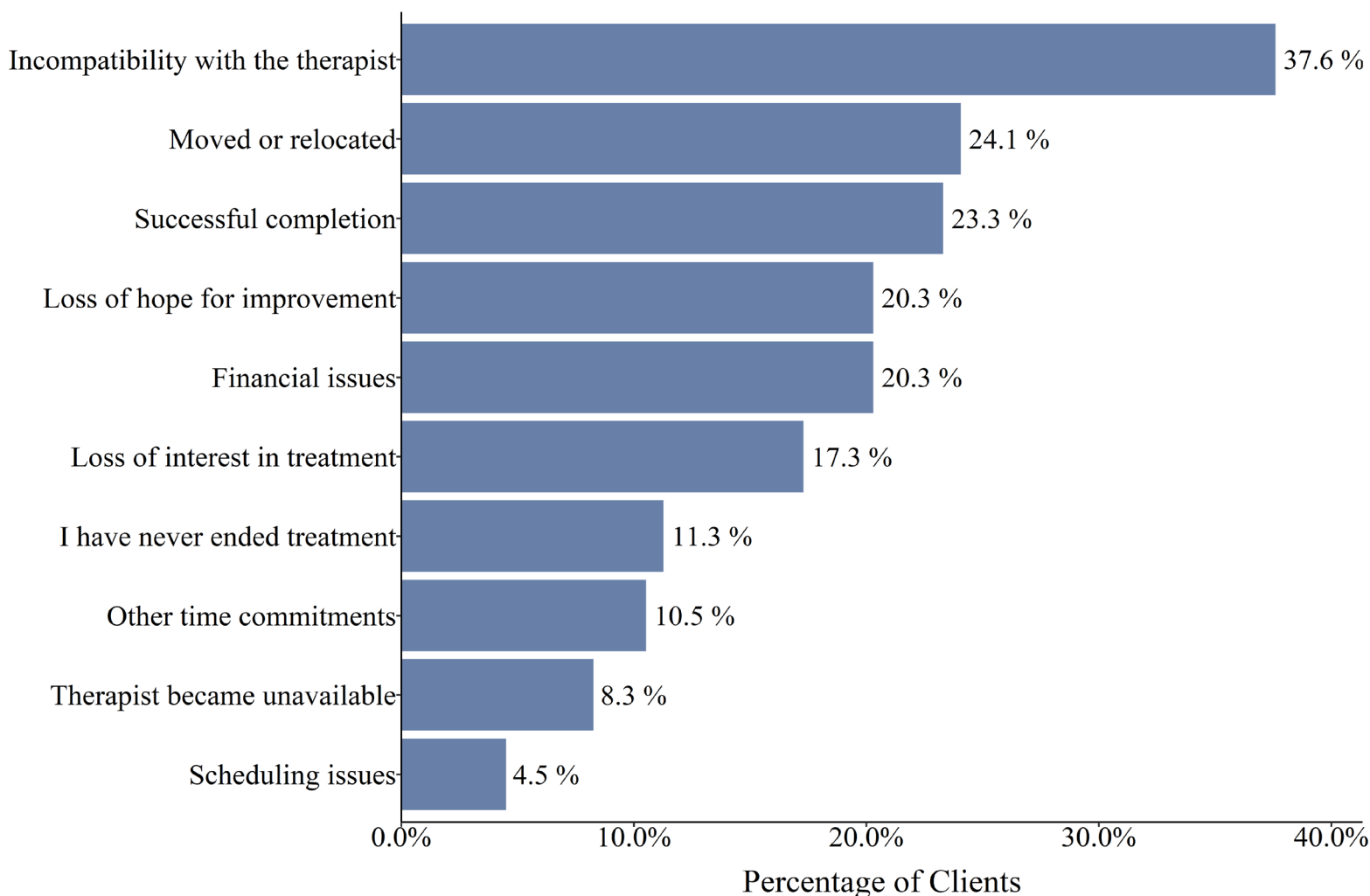
Based on our data, we cannot make an assertion about what specific factors (for both client and therapist) might lead to a client experiencing incompatibility. Nonetheless, many client responses point to the significance of the client’s relationship with the therapist. Trauma experiences and their legacy may present extra challenges to achieving a sense of compatibility for both the client and therapist.

Many of the clients who have taken our survey reported traumatic experiences in childhood and high levels of ongoing body stress response. When a client’s nervous system is tuned to be on high alert for danger and searching for safety, we can make an educated guess that the well-developed sensitive protective systems of trauma survivors may lead them to break off therapy with therapists who are not able to create a sense of safety in the relationship. On the client side, the danger cues their systems have been tuned to maintain create a greater

challenge for feeling a sense of safety. All of this means it makes sense that clients with trauma history may find it more difficult to feel compatible with a therapist and for a therapist to accurately give attuned cues of safety to the client. Clients' reasons for ending therapy in their own words included "betrayal of trust" or "harsh judgmental attitude". These descriptions lend support to the idea that clients who have experienced trauma may have difficulty finding a therapist that is able to effectively convey safety.

It was also notable to us that only one-quarter of respondents reported ending therapy because they felt they had "successfully completed" therapy. Our data supports the idea that clients begin and end therapy for multiple, complex reasons, and that clients may return to therapy even after successful completion to address new issues.

Client Reasons for Ending Therapy



Establishing safety in the therapeutic relationship

Trauma therapists know that validating clients' perspectives is an important part of the path toward healing, however, client perspectives on the therapy experience are often missing from more formal research on mental health treatment. The survey responses reference the ambiguity and complexity that are at play in client engagement with outpatient mental health therapy, and add to a more complete understanding of client experiences. Although these findings are preliminary, they point to the diverse combinations of client motivations for starting therapy, the amount of time clients may spend in therapy, as well as the key role of the relationship between therapist and client in trauma therapy.

These findings may affirm the challenges many clients with trauma histories face in establishing safety in relationship with their therapists, including more frequent ruptures with therapists and long-term involvement in therapy over time with multiple therapists.

Looking ahead

We continue to shape and refine our client survey based on participant responses, and encourage our network members to connect clients to this ongoing research effort. As we gather more data, we look forward to sharing our findings on a wide range of client experiences, uncovering patterns that can help us appreciate the interaction of the brain and body in wellbeing and resilience, as well as better understand client and clinician experiences to inform treatment.



About the Consortium

The TSRC is an international group of clinicians and researchers studying the science of safety and connection. We are committed to furthering our understanding of the personal trajectories of trauma survivors taking into account mental and physical health, social wellbeing, resilience, and personal meaning. Our research orientation is grounded in Polyvagal Theory, developed by Dr. Stephen Porges, which explains how threat can retune our autonomic nervous systems into states of defense.

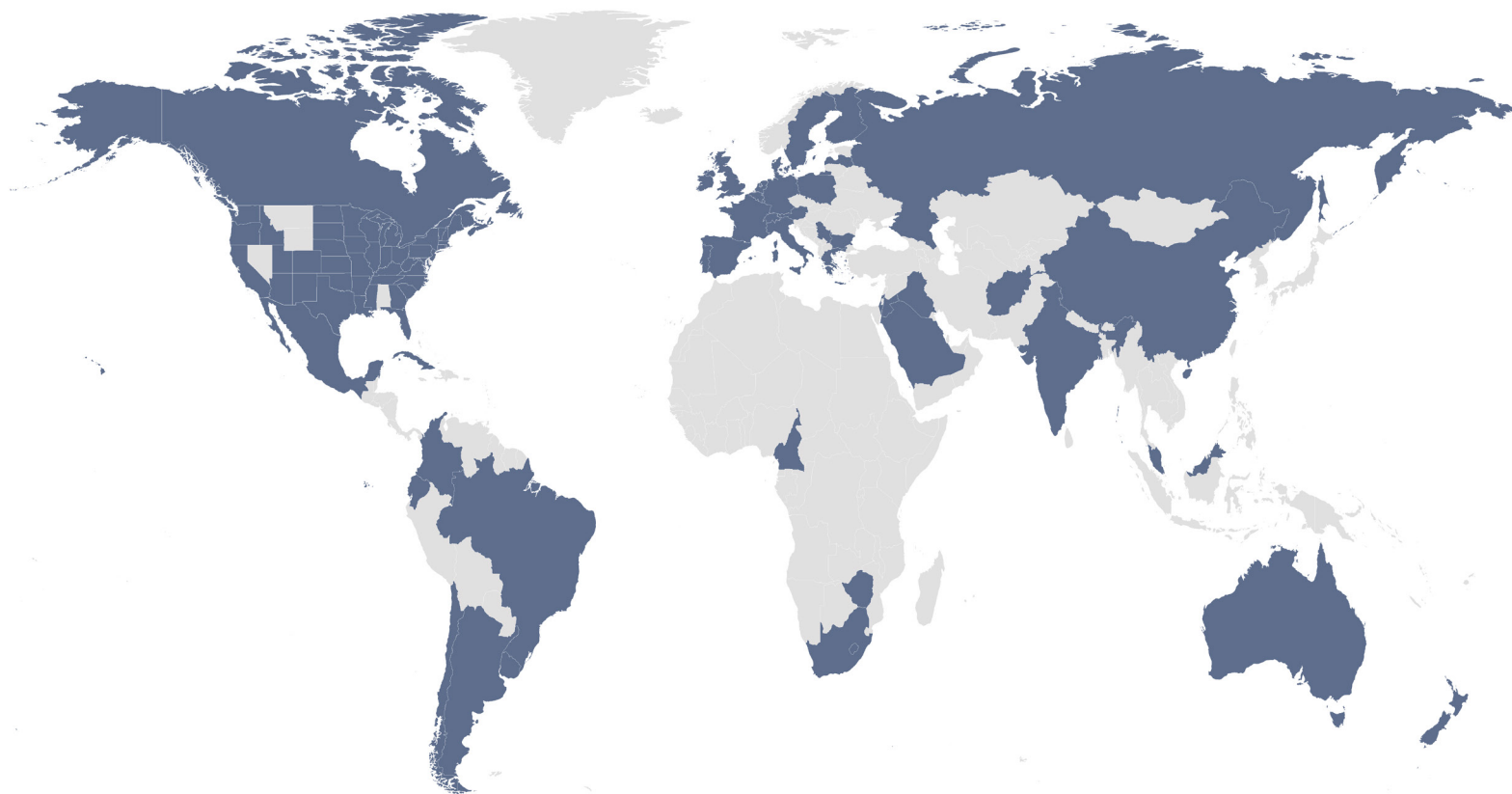
Since launching in 2018, membership has

grown to more than 860 trauma workers and continues to expand every day. Two-thirds of our members are located in the US, with one-third spread over more than 40 different countries. The map below shows the location of consortium members across the globe.

Our survey for trauma professionals, launched two years ago, is ongoing with more than 700 responses and counting. Preliminary results from the trauma professionals survey were reported in previous newsletters, which can be accessed in the archive on [our webpage](#).

Help grow our membership!

Invite your colleagues to join the TSRC network. Register at trauma@indiana.edu

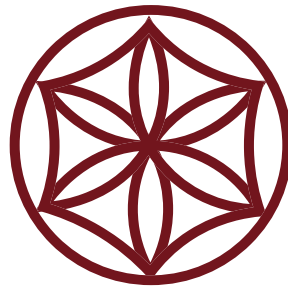


Thank you to our donors

The consortium is grateful to the U.S. Association for Body Psychotherapy (USABP), the Dillon Fund, the Chaja Foundation, Dr. Christopher Walling, and two anonymous donors for generous gifts in support of our research and outreach mission.

Subscription Information

You are receiving this newsletter because you are an active member of the Traumatic Stress Research Consortium (TSRC). If you wish to unsubscribe, please follow the link at the bottom of the email you received from us.



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