

Episode 3: The role of trauma in injury work, with guest Dr Marianne Trent

Intro 0:04

Welcome to the Psychology of Case Management podcast: the show that helps you use psychological ideas to strengthen your relationship with your catastrophically-injured clients and their professional networks, so you can achieve more for your clients and feel more fulfilled in your role.

Shabnam 0:20

So, welcome to today's podcast! Today we will be talking about trauma in the Personal Injury world. We know all too well as case managers and solicitors alike, that trauma sort of barrels its way into our clients lives completely uninvited; it wrecks the world that we know that they live in and leaves them completely on their own, to try and pick up the pieces and put their lives back together. Opportunities, relationships, careers, or education, their homes, and ultimately, their, I guess their hopes and their dreams and their futures are no longer what they used to be or what they could have been. 'Loss and sadness' feels like it doesn't even begin to capture all of this. So, the emotional trauma of incurring a personal injury and how that can increase the risk of anxiety, depression, panic attacks, anger, challenging behaviours, phobias, OCD, etc. is huge. And it's something that we as case managers and solicitors need to really bear in mind with our clients. And so that's really the point of today's podcast in many ways. We know that the research tells us that depression, for example, is an important predictor of rehabilitation and recovering; that trauma is not only a client-deep issue, it does also affect those in our close relationships and family connections. So today, we have Dr Marianne Trent, talking to us. Hi!

Marianne 1:55

Hi, thank you so much for having me.

Shabnam 1:58

Thanks for being here. You are a clinical psychologist, you are trained in a number of trauma related and trauma informed therapies. And you mainly work with, I guess, compassion, I think you say, and I really liked your description of yourself. You're a human first. And that approach is woven through everything that you do.

Marianne 2:20

It certainly is. Yes, I think I've always had that approach anyway. And then I think discovering CFT, which is compassion-focused therapy, really helped me feel proud of that. So I think I'd always been quite unique and quite bespoke to the client and kind of weaving in things and, you know, sharing, you know, things that seemed relevant. But, you know, I think the COVID pandemic has been real... a real level of leveller for so many of us, and very much brought more of the human element into the therapy room for so many people. And I would guess that case managers and solicitors are also finding the same, you know, because we are struggling with the same beast, although I do understand in very different circumstances at times. So I think, yes, definitely a human first.

Shabnam 3:12

Yeah, no, that's great. It's not often that you hear people, particularly professionals, talking about themselves being human, and then bringing in other elements of their specialisms. So that's fantastic. You

have some experience of working in personal injury, am I right? And particularly, obviously, trauma. And I would say grief as well. That's your other sort of thing?

Marianne 3:35

Yes, yeah, it is. I sort of became a specialist in grief when I experienced grief myself, and that really helped me develop my compassion and my understanding for how, how different things can affect people. So whilst, you know, it doesn't take getting hit by a bus yourself to realise that it has, it does somewhat add a little bit of context. And I appreciate that might not be a very nice turn of phrase when we're looking at personal injury. But it does describe the point quite well: it does help compassion to develop that bit quicker, that empathy to deepen and to, to really get it, to get this significant impact of the things that that our clients are dealing with. So I do work in the NHS and in private practice. And, in terms of litigation, as you probably know, we don't actually work with people therapeutically in the NHS, until the litigation is settled. With waiting lists, that's often not a problem, unfortunately, because things often come to fruition by the time people are picked up. But certainly in my private practice, I work with cases that that come via legal teams for people that have been involved in personal injury cases. So, yeah, I do. You know, this is bread and butter for me. Trauma is my bag, but also I'm experienced with working with with solicitors and with their clients.

Shabnam 4:55

Yeah, no, that's that makes you perfect for this podcast! Tell me what you would say, because trauma, grief... sometimes they kind of used interchangeably probably not so much in the personal injury world, to be fair, but there is a clear relationship, isn't there, between trauma and grief. And I'm just curious: as an expert in both of those ideas, whether they differ, really, and how we should maybe be thinking about them as separate or similar things in the personal injury work we do.

Marianne 5:27

For me, the way that I explain trauma is when something from 'then' - so something from before - is kind of creeping into the 'now', and this is easier to describe when I've got my hands to gesticulate with. So I will try to make sure that I... So yeah, stuff that that might have happened, you know, a few years ago might have happened a few months ago, it might have happened many years ago. But for some reason, that doesn't feel that way. So when we're enduring trauma, when something happens that's really scary to us, then what actually matters is that we're surviving, we're getting through that. And so what happens is that the very much primitive areas of our brain are in control at that point. So you will have heard of the fight and flight response. And, you know, that is there, because what doesn't matter is, you know, whether we can suddenly look and notice the shade of the grass, or you know, whether the sun's fully out, or that doesn't matter, because that's, that could potentially mean the difference between life and death. So what happens is the part of our brain that usually manages that, so the kind of the more the more developed parts, the bits that, you know, do help you develop jet engines and things like that, those bits go offline. And the bits that are left are the bits that are going to help you run away from the snake or, you know, fight somebody so that you can get away and be free. And so what happens is the bit that time and date stamps, the bit that tells you, oh, that was 13 years ago, or that was four months ago. That's not actually 'online' at the point of the trauma. And obviously, with a number of your cases, it might be that the person was physically unconscious or not responsive at the time of this, which then doesn't help the time and date stamp. Because the way that we ground ourselves, the way that we normalise our experiences and know that we're safe, is to use that ability to know that we're safe. But if, you know, if you didn't have that at the time, then it doesn't almost get filed away in the right filing cabinet drawer, if that makes sense. So what can be really useful about the trauma work is to help do that processing. So that so that the brain learns, Oh, yeah, that's not now, that was six years ago? Oh, yeah, it feels like that now. So that's often what we're trying to get to with a client. Because if they're not feeling safe in the moment, then it's really difficult to live your life, isn't it? If you can imagine that you were feeling under threat or terrorised, you're not going

to be that functional, because every aspect of your life is going to be that much more challenging. And I think where there's an overlap with grief, is that it can be complicated when relationships are difficult. But you know, quite often, with grief, it's people that have been dearly loved and dearly cherished. And when something happens to them, it can rock our foundation so much that we just can't imagine living life or wanting to live life without them. And again, it can feel like the top bit of our brain kind of goes offline and you're operating on autopilot. So you do sometimes have that that de-realisation and that kind of needing to help them assimilate the 'now' and 'then'. So there is definitely trauma work to be done with people who do grieve. Does that kind of answer your question?

Shabnam 8:43

Yeah, no, it does. That's really helpful. So they are related. And I suppose one thing about grief, I guess it's not just about that interpersonal aspect. I'm thinking about, I guess, the loss of hopes and dreams and future as one thought that they would be living it, that there would be a grief response to that as well.

Marianne 9:07

Yeah. So, recently, with the COVID pandemic, I actually wrote an article for the *Telegraph* quite recently about this: that grief is not just about death, grief can be about so much grief can be like you said, about loss of hopes and dreams, loss of chances that people are, you know, currently in their first year of university or whatever, and they're not getting a chance to do that, or they're not getting a chance to get married or they're not getting the chance to go off and have their gap years that they've saved hard for. You know, there's so much grief and that grief is still grief. You know, grief matters. There's no grief hierarchy. You're allowed to grieve for things. Grief is not just about death: grief is about yearning. Grief is about feeling like there's a lot of not fairness with grief as well. Grief is not just about death. So, you know, I guess for the case management solicitors who might be listening, it's really important to hold on to that concept of grief, and that is very likely that their clients are going to be grieving.

Shabnam 10:06

Yeah, yeah, no, totally. And I liked what you were saying about safety and containment, I guess, in a way that makes me believe even more that when we are working with our clients who are personally injured, it really is crucial that we help them feel safe and contained. And I guess that's ultimately what a good therapeutic alliance or rapport or, you know, that working relationship allows us to do. Because without that, it's very hard to move on and process, as you say, that trauma and be able to feel less anxious, less depressed, and all those other responses that that trauma can make you feel, in addition. Yeah, that's really helpful. Thank you. And you've explained a little bit in your description, as I know it, to compassion-focused therapy. Could you say a little bit more about compassion-focused therapy, perhaps, for our listeners, who, as you've already highlighted, are not necessarily psychologically trained? And that's a very psychological training sort of idea: is it possible to sort of break it down into a sort of neat little package?

Marianne 11:16

I will do my very best. So, it's really been pioneered by the lovely Paul Gilbert, Professor Paul Gilbert, actually, and Deborah Lee and Chris Irons have, have furthered the work as well. And their books are really interesting, if anyone wanted to check them out. And but what it is, is the concept that we're it's kind of built on the the tenets of us having these really tricky brains. So like I said, they've got the older parts of our brain, which might be the more reptilian parts, we've got the mammalian parts, which allow us to live together in groups. And then we've got the human kind of parts of our brain. But the thinking is that actually, it's the human parts that really complicate things, you know, it's the human parts that elicit things like guilt and shame. And it's the human parts that do wonderful things like do create those jet engines and do help people land on the moon. But it's also the human parts that can get ruminative thoughts, you

know, that can get really stuck. And actually, that can be really useful, because we've got these problem-solving brains that do then allow these ruminative thoughts to cogitate until you do hatch the idea that does, you know, get you on the moon. But sometimes other stuff gets stuck as well, and just goes around and around and around. And we're also aware that, you know, other people have got opinions about us. So this will be around for the clients that that case managers and solicitors are working with as well. You know, the client is very aware, often, perhaps not with all brain injuries, but very aware that other people will have thoughts and feelings about them, you know, either then or now, or what they'll be like in the future. And that might affect their responses, you know, that might affect how they they feel like they're being seen. So it's really built on the on the concept of this not being our fault. So a lot of this stuff that is problematic for humans, that sets us up for a trauma reaction, that sets us up for grief... Because we can be triggered by so many external factors. So we can be triggered by sound, we can be triggered by sight, we can be triggered by touch and sensation even. So if someone had a serious car collision, for example, even the sensation of being in a car, with having the body re-feel just a normal seatbelt on them, can be massively triggering because of the way that the body holds the score, if that makes sense. So, but none of that is our fault, because we've got these tricky brains that we didn't ask for, that we didn't want. And we've also got this concept that, you know, we've all where we're at right now, because of the decisions and the thoughts and the processes and the people who shaped our lives. So partly it will be, you know, my genetic makeup that led me to sitting on this sofa talking to you today. And that really isn't my fault. You know, it's also not, you know, part of my story was done the second I was born, really, because, you know, it's my parents hopes and dreams and you know, their ability to attend to me or not attend to me, do you know what I mean? So, compassion-focused therapy is really about so much of a person's story is not their fault. And that's not enabling. That's not permissiveness, but it's thinking that actually, we're all trying to do our best to get through each day with these incredibly complicated brains. And with decisions that have been taken for us. Does that make sense?

Shabnam 14:35

Yeah, no, it really does. And it really puts into context, I think, when you said a lot of these factors that can be triggering are external to us as the sort of injured person, to use the type of client that we're talking about, and that we that we work with, and it makes me think a little bit more around... a lot of the time when you are catastrophically injured, as our clients are, you are relying massively on other people. And they indeed can be part of, I guess, the solution, but also part of the problem, when it comes to... Not just because... I think you talked about is it the mammalian brain? That kind of craves that sort of togetherness, that sense of community, I guess, the interpersonal needs. But, of course, if the people that who you are contextualised within: your family, I guess, partners, you know, kids, parents, close friends... may also be massively traumatised by the injury that has happened to you, as the individual with the personal injury.

Marianne 15:48

It feels like a big ripple effect, yeah, it really extends beyond that individual person. So the person who is at the centre of this may originally have been living independently, you know, they might not even have seen their family that much, because they've been so independent, they might have been doing that backpacking year, you know, they might have been off doing something, and then something happened, that really changed the path that their life was heading in. But it also changes the path of those around them, you know, they're next of kin, the people who are then suddenly, no, perhaps they were looking for parents were looking forward to retirement and being needed less by their children, or whatever, or imagining that their children were going to grow up soon and leave the house, and then it's all change, and there's going to be grief, there's going to be loss, it's going to be adjustment, you know, it's going to have a big impact, you know, this leads to great big systemic changes within families. It sometimes leads to the loss of life of people within families who just can't cope with this. And it's a big deal. This is real people's lives, but people's lives that expand beyond just that one person whose name is on the paper.

Shabnam 16:58

Yes, and I think that it's really important for us to, to remember that, particularly when you put it in those words, you know: people lose their lives as a result of the personal injury that has been incurred by someone else, because of the relationship that person has, and the impact it has had on them. I mean, it's frightening, in some ways. But I'm also very aware that that is something that, if formulated by those working with the person with the personal injury, that there is a sense of understanding the fragility of that context, that there is some hope that healing can occur, not just your but within the system, that that person, and vice versa.

Marianne 17:47

We're all just people trying to get through each day with the resources that we've got on any given day. So it might be that a mother or father was doing well, doing, you know, holding it together on any particular day. But that doesn't mean that that's going to be the case every day. Or it might be that you see them on a bad day, but actually things are easy or different. But we just can't know, we're all of us - and this is part of the CFT - just doing our best to get through each day with the resources that we've got.

Shabnam 18:17

Yeah, yeah, no, absolutely. So bearing that in mind, that's really helpful, actually, to have that sort of very clear and concise sort of description of the impact of trauma and the evidence base, I suppose, that it can come from in terms of compassion-focused therapy. I'm thinking, for our audience in those moments where they are with a client with personal injury and trauma is - very much so - in the room. Do you have two or three sort of practical or reflective ideas that can help us frame our involvement and our interaction with that personal injury client, their families, even their care teams, or their therapy teams?

Marianne 19:04

I think sometimes it's really useful, and it's something that as a psychologist, I have to do as well, is to really think about the person before the accident. So, you know, quite often, you might work with somebody who had a high-flying job or was able to do really great things, and then when by the time you meet them for the first time, it can be difficult to hold that person in mind. And, you know, it's quite common when you're working with people with brain injury, that you might always, you know, if someone's struggling with managing their emotions, somebody might think: Oh well, they've probably always been a bit angry anyway. Well, no, they haven't. This is this is total black and white, night and day, for them. This really can be useful to really try to connect a little bit to, you know, the pre-existing personality, the pre-existing person, to just really connect to what it is that they have lost. But of course, with insight, the person might not always know what it is that they have lost. And so it will be the family - the story will be coming from the family, and that might come with a great deal of expressed emotion. So really holding on to that but not not being scared of people's tears. So not feeling like you've asked the wrong question that's *made* people cry, I think is really useful to know, that's sort of a double-edged advice point. But don't be scared of people crying because crying is really useful. And sometimes people cry, because they're so pleased to have had a question asked, as well. Now, it's not always that, you know, you're responsible for making them cry. And quite often people don't mind crying. It's very therapeutic in itself.

Shabnam 20:40

Yeah, yeah, no, absolutely. I'm mindful that the litigation journey, as well, kind of brings points within it that can sometimes feel like it's re-traumatising, re-triggering that trauma for the client. And the one thing that comes into my mind is the expert witness statements and reports, assessments that need to be to be done.

Marianne 21:05

There can be a fair few of them, can't there?

Shabnam 21:07

Oh my goodness, yes, you know! And not just from the claimant side, but from the defendant side as well.

Marianne 21:15

Right. Yeah, everything's got to be done twice. Yeah, so I would say that, and this is something I hear time and time again, certainly in NHS care when someone's seeing different people each time, certainly at the beginning, they're like: Oh, no, I've got to tell it again, oh, can't you just read what's already been written? And it's like, well, to know, I do need to hear it from you. Because I might think about this differently, or might want to ask different questions, but it can be really exhausting for somebody, you know, because in terms of timeframes this can, this can all happen, you know, within two weeks, you know, that they might need to do all 10-20 of these, these expert reports and these expert interviews. So, you know, it's worth thinking about how well supported that person is, are they going to be by themselves? Do they, would they benefit from having their case manager with them? Have they already got an existing relationship with them? And, you know, would that actually help support the person, to help make sure that it didn't feel like it was re-traumatising, or didn't feel like it was a complete assault on the senses to having to be going over this time and time again. So, if there is... I know these things don't come for free. But I think if there was remit to think about including case managers within all or some of those interviews, then I think that would be compassionate. And that would be treating the person as an important individual, not just as another case file. And I appreciate that there's lots of sad stories in offices all over the country, all over the world, but these are still real people's lives. And real people need support, real people need help.

Shabnam 22:55

Yeah, absolutely. And it certainly feels very real. When a client feels safe, and able to tell you what's happened and the impact it's having on them and their loved ones. That's really, really helpful. Thank you. So if you were to summarise kind of the main points of today's discussion, what would be your take-home points for us, that may not necessarily be sort of practical, such as the ones that you've just mentioned, but just something for us to bear in mind, if there's one or two things that you would say "Don't forget this!"

Marianne 23:35

Okay, so obviously, people were people first. They had these big, important busy lives they've been, and done things that are unique to them, that might not interest the people sitting in front of them: we might be very different people, because we often are, but that their life has mattered, and they had hopes and dreams, and they were going somewhere. And whatever this, you know, index injury is, has taken them as either put a full stop on their experience, or has taken them in a different direction than the one that they were imagining. And so to really try and hold that in mind would be, I guess, one of our key summary points. Yeah. And to just really think about how trauma affects every aspect of a person's life so they can be re-triggered by so many things: hearing things, seeing things, smelling things, tasting things, touching things, and that they don't exist in a unique ecosystem. They exist within their own unique family setup, which might be meeting their needs adequately, but might be falling way short of that and that the ecosystem around them - the family - might also be struggling with this. It's a big deal and for many, many cases I've worked with, they're like, "I'd rather have no money and just have had this never happen." And so it's important to hold on to that as well, I think.

Shabnam 25:09

Oh gosh, if I had a penny every time I heard that. But that's really that's great. Thank you so much. I mean, for me, it highlights yet again what you said, that the unseen impact of a personal injury, which is the emotional trauma that has been caused - more so, in some ways than some of the physical injuries - can be as debilitating, and so need to be very much held in mind, by us, I suppose, as the sort of aware and informed professionals who understand the far-reaching impact of personal injury: that it is more than a physical experience, really. And that it does impact on those around, which can indeed have an... you know, be obstructive, and a barrier to rehabilitation, which is obviously what we're all here to try and help with, are those rehabilitation goals and moving things on in terms of recovery. And, of course, as you've highlighted in terms of settlements, as well. I really like the idea of bringing the 'human' into the sort of case management and legal space, and being okay with that, there's almost... I feel like you've given us permission to do that. And that there's evidence base for it: compassion-focused therapy, will advocate for that, because I guess safety and containment is core to all of this. And that's all we're trying to do with our clients. As you were talking about compassion-focused therapy, I'm reminded of the Tricky Brain Kit that you have created for this very point, I guess. Have a moment to plug it, why don't you?

Marianne 27:01

Thank you very much. So [Our Tricky Brain](#) kit is for professionals working with people who experience trauma and/or depression. And it really does help clients to understand why none of this is their fault, but helps to put in sort of a formulation for why they are affected in the way that they are. And it's a really powerful exercise, it takes probably about 14 minutes to run through with clients. But when it's done, you know, I've never yet had any feedback from anyone that says no, that was not useful. They were all blown away by how powerful it is. So it's a little kit that comes in a canvas bag, with three different pieces of the brain that you can lay out on a mat, and then different pieces to talk through that do talk through, you know, the unique way that our mammalian brains are structured, and how that plays out for us as humans. And, you know, the way that our reptilian brain is focused on keeping us safe, and will make us quite territorial and on high alert, which are a lot of the symptoms that you would see with someone who's traumatised, and then the human brain that keeps chucking back in thoughts of "Remember what happened to you! Oh, it was awful!" You know, "It's gonna happen again, you've got to watch it!" you know, "Aagh!" And everything gets stuck on a loop. And you know, you can suddenly smell something that, you know, the aftershave of the bus driver, or whatever, at the time. And that can send you back into a spiral, which sends you right back down to threat brain. So *Our Tricky Brain* is a really useful kit for using at the start of a therapeutic journey with somebody, but then maps on all the way down the therapy because people actually really do... because it's quite visual... people really do internalise that and hold on to that. And it's really de-shaming. So people really feel, "This is not my fault." This, you know, this happens to other people, too. It is not just a unique thing about me."

Shabnam 29:04

Yeah, really important. Brill. And I know you've written a book as well, haven't you?

Marianne 29:09

Yeah, I've been busy!

Shabnam 29:11

You have been! Talk about it as well, why not?

Marianne 29:14

Thank you very much. So I alluded to personal experiences of grief. And the book is actually on grief, as well. So it's called [*The Grief Collective: stories of life, loss and learning to heal*](#). And it's a really useful book for two reasons. It's useful if you're wanting to know how best to support somebody who is grieving, but it's also really useful and really validating for people who are experiencing grief for whatever reason. So it's 54 stories written by people who have experienced grief and - spoiler alert - I'm in there, one of the stories is mine. But you know, the reviews are coming through. So it was published in October 2020. And you can grab it from Amazon or you can check out my website. And the reviews are coming through. And people find it to be really wonderfully normalising and really helpful. So people message me through my social media channels to say, you know, "This is really good." You know, "I wasn't really sure how best to support my wife at this time. But this book's really helped me know what she might be going through and what she might need." But also, I read a review just today on Amazon from someone who said, "I've struggled with grief for three years, and this book has really, you know, helped me realise that what I'm experiencing is normal, and that people do not want to talk about grief." So this is why I wrote the book. Because when I was losing my father, there were a few people around me who actually were all right with talking about grief, because they got it. They understood. And so they knew to check in with me, and they knew that if I cried, that was okay, you know, because it was just nice to be asked the question. So, I think there's something very unique about knowing how to support someone who is grieving. And so I would say, if you find that you're a bit at a loss for how best to support someone grieving, either personally or professionally, that *The Grief Collective* is a wonderful place to start. And I'm not just saying that because it's my baby. But because genuinely, it's a really helpful resource. It's a really helpful tool. It's available in paperback and e-book as well.

Shabnam 31:22

And that's links very much well into the three practical kind of reflective points that you shared earlier about tears being okay, compassion, and just kind of knowing how to be available at the times that are probably important to our clients. So that's great. Dr Marianne Trent, it's been a pleasure. Thank you so much for joining us on the podcast today to talk trauma.

Marianne 31:49

Thank you for having me. Thank you for inviting me. And yeah, it's been a pleasure.

Shabnam 31:53

Brill. I'll put your details in our shownotes [see links below!]. So people can grab those items, should they find that they fit with their clients and for themselves. Thank you. And thanks to all those who are listening, and we hope to see you at the next podcast. Take care for now.

Before you go, if you enjoyed the episode today, I'd really appreciate it if you could rate it on whatever platform you're listening on, and share and like on your social media profiles. Word of mouth is the best way for us to grow and to be a continuous resource for all. And if there's any topic you wish for us to cover, please drop us a line on our website. Thank you so much for all your support.

[Our Tricky Brain](#) kit

[*The Grief Collective: stories of life, loss and learning to heal*](#)

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