Understanding Trauma and Healing - Dr. Kelly Roberts Part 1

Air Date: November 17, 2024

Guest: Dr. Kelly Roberts

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David Lowry: 0:29
Hello everyone and welcome to Peaceful Life Radio, your place on the internet dedicated to helping people live happier and more peaceful lives. I'm David Lowry and with me today is Don Drew. How are you doing today, Don?

Don Drew: 0:42
I'm doing really great, David. Christy and I just got back from Colorado where we had a wonderful time.

David Lowry: 0:47
Wow, it sounds wonderful. I wish I could get away and go there. But it's time to get back to work.

Don Drew: 0:52
Back to work. Wonderful. Crack the

David Lowry: 0:55
Crack the whip. We've got a wonderful program scheduled today with Dr. Kelly Roberts, and it's the first of a two part series.

Don Drew: 1:03
I'm excited too, but first I want to ask all our listeners to please download, like, and share our podcast, and be ensure, and be sure to invite your friends to listen as well. I hope everyone will do that.

David Lowry: 1:15
Me too. And why don't you introduce Dr. Roberts to us?

Don Drew: 1:19
Sure, David. Well, I want to introduce you to Dr. Kelly Roberts. She's a licensed marriage and family therapist and American Association for a Marriage and Family Therapy approved supervisor and her career includes teaching scholars from high school through

postgraduate university and medical residency programs. In this first episode, Kelly will talk to us about trauma. Kelly, welcome.

Kelly Roberts: 1:42
Thank you. I'm glad to be here today. I'm a therapist at heart. 25 years I've been seeing clients and also teaching and training therapists and one of the things that has emerged, especially in the research and the work that we do over the last I would say 20, maybe not 25 years, but it's a focus and understanding of trauma. Piece by piece curricula and models are certainly coming from the medical world and other places and even into the educational realm now. We teach and train students even at K through 12, hoping and thinking about what these students are bringing into the classrooms with them. The science and understanding of trauma. has really permeated and integrated into a lot of areas and it certainly has mine.

David Lowry: 2:30
Dr. Roberts, I hear this word trauma used a lot today and I hear a lot of people denigrating it. It's a thing, isn't it? What are we up against?

Kelly Roberts: 2:40
I'm glad that you asked that question and said people denigrate it or maybe it's a pop thing. That's happening not to just the word or the science or the phenomenon of trauma. It's happening to everything. Gaslighting, social sciences, therapy, whatever is able to be talked about and expanded through information processes and platforms, then gets so hyped up or maybe it's on the tip of the zeitgeist that people then start trending toward, so how can it be real?

David Lowry: 3:13
But trauma is a little more subtle. It's something we all deal with, something we all struggle with. Let's begin with some definitions.

Kelly Roberts: 3:21
I like that you framed trauma could be subtle because that is definitely one of the possibilities, David. But really, the way that we talk about trauma is a person's response to trauma. How someone responds could be that their trauma was very subtle, and it sits in a subtle place in their life and they carry it in subtle ways. In other ways, someone might have exactly the same experience and their response might be huge. It might be severely impacting their lives or their ability to function. Trauma really is the lasting emotional or physiological response. to an event, series of events, or things like that.

Don Drew: 4:01

Well, how is that different from stress?

Kelly Roberts: 4:03
Stress is a typical response that everyone should be able to have within a normal range. And sometimes we need stress, maybe a little stress is good to perform well on tasks. Our parasympathetic and sympathetic nervous systems, you know, they're hitting the gas or the brakes based on what we're responding to in a normal range of situations. Trauma is not Something that would normally happen. It's a surprise. It's something out of the ordinary and our response to whatever that event was. So,

David Lowry: 4:35
are we talking about something we don't feel prepared for and we have to respond no matter the situation? Maybe we're in over our heads, we don't know what to do, but here it goes. Here's my response to it. And then I have to live with the outcome.

Kelly Roberts: 4:49
I'm sure you guys have been around people who, We're sitting at the same place at the same time and responded to a surprise in different ways.

Don Drew: 4:57
Yes.

Kelly Roberts: 4:58
And trauma is that same way. I actually brought a little story if that's okay to tell you.

Don Drew: 5:02
Absolutely.

Kelly Roberts: 5:03
I was thinking, how can I share this difference of response? I'm going to take you back to Tuttle, Oklahoma when I was eight, nine years old. Old enough to run across the street. It's my home turf. It's small. These are false fronts, classic downtown in Oklahoma kinds of main streets. I was across the street from the drugstore where my parents were. It was Saturday, busy. There were a lot of farm tracks and I was having to jump and peek over the tracks in order to see when I could cross the street. And I thought I had calculated, okay, there was three tracks, they're gone. So I run out in the street and I hear brakes hitting super loud. I turn around and hear a lot about what happens when people are in the baseball field and they see a baseball slowing down. They're catching their brain is slowing everything down. The car was coming toward me. I was processing it very slowly,

very low, bright red, long Cadillac. As a child, instead of trying to run away, I went toward it. I actually jumped and I hit the hood of the Cadillac. It was very well waxed. My little eight year old body slid across because the inertia of the stop was still happening. I slid across that long hood. Up over the windshield, over the top of the car, I bounced on the trunk and landed on my feet on the back. Didn't hurt. It looked like a cartoon. I'm thinking, that could have been a little seen in Looney Tunes. I look around. I'm very embarrassed. And I run into the drugstore and start seeking out my parents. That was my response. What do you think the response was to the approximately 70 year old person who was driving the car?

David Lowry: 6:45
Oh my goodness.

Kelly Roberts: 6:47
All she saw was an eight year old that she thought she hit that went over her car. And so maybe five minutes, I'm kind of hiding probably over, you know, in the greeting card section and all of a sudden I'm hearing the door with the little ding ding ding, you know, kind of starting to open and And this lady with this loud voice is coming in. She's crying. She's looking around. Eventually my parents come and find me and they're like, Kelly, did you get hit by a car? Oh, I'm so embarrassed. It was just like a kid. But this lady was very traumatized.

David Lowry: 7:22
Yes.

Kelly Roberts: 7:22
And so the primary I'm going to talk about levels of primarily I was hit by the car. And so the primary I'm going to talk about levels of primarily I was hit by the car. And I had that trauma experience basically, Ooh, scary hers was, I think I just hit a child. I have no idea what happened and then I can't find the body of the child. Where's the body? Cause she's probably looking what happened to the kid I hit. So she and I were hit primarily with this event. My parents and the people that she was encountering telling about the story were hit in a secondary way. Rumors around the town happened for weeks after that about the kid that got hit by the car, depending on who told the story. And so there was many different responses to that one event, and even the person who experienced it primarily One was very resilient and a little embarrassed, hiding, and the other person thought they may have very well killed someone.

David Lowry: 8:16

Let's begin to dissect it a little bit here. The levels of trauma. You mentioned primary trauma.

Kelly Roberts: 8:22
So primary trauma is a way to talk about it. Remember that we're just creating talking points in science because we've got to have some way to measure it. But primarily, if we are the persons who were involved in that event, we experienced the event. Maybe our family's farm, we saw a tornado hit it, we were in the cellar, or perhaps something happened as an accident, or there was some kind of psychological trauma. But if we were involved, we were the people at ground zero at that place. We experienced it primarily. That primary trauma, generally, will have the greatest impacts in some ways. Sometimes the impacts All they are resilience, like taking from that life experience, not wasting another day. All of a sudden, it's completely positive at the level of ground zero or encounter of the primary trauma. That's one way we can talk about processing or thinking about trauma because. Trauma doesn't stop with the riffle effect.

David Lowry: 9:21
I'm glad you mentioned that trauma impacts people differently. So here's an example. You mentioned tornadoes. Oklahoma has lots of tornadoes every year. So I was watching the news and my person's home had been totally destroyed. It's not there anymore. It's just a slab of cement. The family had been safe and the. person comes out and they're talking to the news camera and said, we have our family. These are just worldly possessions. We will start over again. We're fine. Everything's going to be okay. And I thought, wow, this person was just like going to church and hearing a testimony. And then I had a student who went down into a cellar and when they came out, their home was gone. She was freaked out. It had been several years, and it was something she thought about every single day. You could tell it sunk into the fiber of her being and made her very guarded and careful about what was going on. Terrible things happening to some people, it's no big deal, and other people it's like, The worst thing they could have ever imagined.

Kelly Roberts: 10:28
It's true, and it actually happens at all levels. Some people will experience a secondary experience as the terrible thing. Yeah. And then also as. The turning point or a point of resiliency or something that didn't register much.

David Lowry: 10:43
We have examples of being directly involved with trauma. You mentioned an accident. If you've seen an accident, maybe you replay that over in your mind. Is it the replaying of

the event in your mind causes the most damage? What goes along psychologically in, in a person negatively impacted by trauma, keeping us from living that peaceful life this program is about?

Kelly Roberts: 11:06
I'm glad you brought that up because really what you're asking, I think, David, are the symptoms. How does someone experience in ways that are measurable or observable or experientially? How are they feeling or dealing or what do they do? Based on how they experienced that trauma, there is a broad and probably never ending list of people's responses to trauma. If we talked about a negative response, A lot of people will feel shock for a while. Sometimes trauma is like a hammer coming down. In some ways, the gentleman who talked about the tornado and, Well, we're all good. He may feel differently six weeks down the road because he could have been in shock and knew enough life experience to say, These are the things we need to say in front of the microphone. We never know if he genuinely felt like that or if it just had not sunk in yet.

David Lowry: 11:58
Good point.

Kelly Roberts: 11:59
Interestingly, with Hurricane Katrina, all of the aid comes immediately. Within the first six to eight weeks, they put up these trailers, but the people's symptoms never really externalized until about a year after. And then all of a sudden people are realizing This is what I'm thinking about all of the time. I'm visualizing things. I'm losing sleep. I'm having nightmares. I can't be near water. The sound of water is very bothersome to me. There are symptoms at any given time. Sometimes the impact or response is actually developmental or time delayed.

Don Drew: 12:38
So Kelly, I think we're seeing some of this from the COVID pandemic for a number of different reasons. Many of my friends, I lost both friends and family members due to COVID. Some folks I know didn't lose anybody or don't know anybody personally, although they're probably relatively few. And we're seeing all kinds of trauma being experienced even a couple of years after the height of the pandemic.

Kelly Roberts: 13:02
I would agree. I was losing sleep and it was a full blown pandemic response in the health system that I was working in. And there was primary, secondary, and tertiary trauma going on all the time. The folks on the machines that were dying, that was primary for them. The

secondary were the providers working right there with them. But also the families they were looking at on their iPads because they couldn't communicate in person. Or maybe through the hospital window, it's very emotional to talk and think about those times. For me, I have tertiary impact where if I'm in a hospital and it's calling a code blue, I go right back to 2020. Because code blue happened three or four times a day. It was not until this year that I could talk about it without feeling emotional enough where I was crying.

Don Drew: 13:52
Code blue is

Kelly Roberts: 13:53
People are dying. We're bringing in the trauma team to try to help resuscitate them in COVID.

David Lowry: 13:59
I hear things like memories and flashback. You mentioned that those were pervasive for you. I've heard of things like hypervigilance. Tell us about that.

Kelly Roberts: 14:09
Yeah. One of the ways that hypervigilant plays into how people respond to trauma is that it deviates their attention from what actually is going on. You'll see somebody running around or very focused on something that should have been a low priority and you're wondering out loud And then all of a sudden Somebody may just hold their arms and say hey When they stop and think they may or may not be able to come to the reality is underneath that hyper vigilance Hyper vigilance is definitely a sign Especially if it's outside of the norm that something else could be going on and that's the key You to looking at trauma symptoms because they're weird, you know, they happen in so many different ways, but you're like, this is who Don is, or this is who David is. This isn't the person who's cleaned their pool three times a day. What's going on? Why are you cleaning your pool three times a day? Ah,

Don Drew: 15:03
that's exactly right. Your point is really well made, but change in behavior driven by something internal to the individuals experiencing the trauma.

David Lowry: 15:11
You did mention secondary and these are the people who watched it happen and maybe were helpless to do anything. You have a loved one who's passing away or has a critical illness and you want to do all that you can, but what can you do? Do you have these

secondary traumas? Are the Reactions similar to the primary trauma, or, or is it different? Do these different levels make a difference in how we respond to it?

Kelly Roberts: 15:39
Let's talk a little bit about that. For instance, let's say I'm an adolescent and I've never had a grandparent die. We're visiting because this grandparent is sick. The family's coming close. Perhaps there's clergy around. It's somber. For the first time you're understanding the pain. at least cognitively, that you're going to lose a grandparent. Your experience is secondary because you're not the person dying, but you're involved in this dying, you're a close family member. However, perhaps a chaplain or the hospice worker who assists people in dying well, working through death, crossing over, you know, all of those kinds of things, they're very positive reframes about death. That person in the house is still secondarily Experiencing this trauma of a death or a dying person, it's their profession. It is something that they have lots of experience with. They actually find very good ways to frame it as positively as possible. And so there are two people that have secondary impacts there. The grandchild may have a very traumatic experience. The hospice worker may just say, Oh, that was hard. They may be talking about it in a different way. There was an adolescent there. They had never lost their grandparent. That was rough for them. So I think that. The way that people experience is always the key, but certainly for someone who has deep meaning attached, they could definitely feel it and experience it very differently.

David Lowry: 17:05
The question I have as we talk about trauma today is how can we move from trauma and being held captive in its grip towards a more transformational approach? Experience and find more meaning in life, maybe even a peaceful life.

Kelly Roberts: 17:23
Sure. So one of the ways that we talk about interventions is the naturally occurring process of life. For instance, if you broke a bone or crashed a car, one of the ways people heal from that is time. The more times they tell the story. They're actually desensitizing themselves to it, and they're putting that story in a different place. That's a naturally occurring thing that would happen with most human beings. It seems to me that you guys have run into many people telling a story, and you're thinking, dang, that story is intense, and they're just handling it. Those people have probably told that story many times, and they may have grown as a person, and all of those things are naturally occuring.

Don Drew: 18:05

Kelly, David, and I thank you for joining our podcast today. And for our listeners, this is part one of our podcast on Trauma and Healing. In part two, Dr. Roberts will discuss Intergenerational Trauma and the Concept of Moral Injury. So join us next week on Peaceful Life Radio, your place on the internet dedicated to helping people live happier and more peaceful lives.