

Introduction

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At The Grove, we run a range of courses, including our trauma course, which Sarah Briggs and I launched in 2020. Through that work, we've stayed very close to what therapists are actually facing. This book grew from what I often saw in the therapy room and in The Grove's work as a training practice.

I've heard the same questions again and again from thoughtful, committed practitioners: 'How do I recognise trauma when it is hidden beneath competence, addiction, perfectionism, shutdown or shame?' 'How do I respond when a client becomes overwhelmed, dissociates, or seems to disappear in front of me?' 'What do I actually do next?'

At The Grove, our motto is 'Practice, Empowered'. It's not about having all the answers; it is about helping clinicians feel more grounded, more resourced and more able to think and respond in the moment. This book doesn't seek to overwhelm the reader with theory; rather, its intention is to support the practitioner in becoming a more impactful, 'trauma-wise' clinician, someone who can recognise what is happening in the room, stay present to it, and respond with clarity, care and confidence when it matters most.

Trauma work asks a great deal of the therapist. It asks us to listen carefully, to pace responsibly, to think relationally and to tolerate complexity without rushing for certainty. It asks us to hold theory lightly enough that we do not lose the person sitting in front of us. It asks us to stay grounded and flexible at the same time. This book has been written with that in mind.

About *The Complete Trauma Therapy Toolkit*

This book didn't begin with a plan. It began with a feeling: a quiet discomfort, a sense that something vital was missing. It began, as so much in therapy does, with a gap.

A client sits in front of you. The air in the room is still. They've just said something that alters the atmosphere; grief, maybe, or violence, or a memory they've never shared before. And you, the therapist, are suddenly aware that you are alone with them in this delicate moment. No textbook. No script. Just you, and them, and the question: 'What now?'

This book is our attempt to answer that moment.

Back in 2018, we began writing a trauma course we wished we could have taken.

We didn't set out to innovate. We set out to equip. We'd sat in too many training rooms that spoke in abstractions – diagnoses, symptom clusters, elegant diagrams – but offered little when it came to what to do when someone dissociates. What to say when shame enters the room before the client has spoken. How to recognise the flicker of hyperarousal behind someone's practised smile. We wanted something we could reach for in the moment, not just admire on a slide.

At the time, there was no single programme that offered what we knew was essential: trauma training that was relational, somatically grounded, rigorous, creative and, above all, human.

So we wrote it.

Since then, the Grove trauma course has supported hundreds of professionals across every corner of mental health care: psychotherapists, GPs, social workers, psychiatrists, counsellors in schools and prisons; those working with survivors of childhood sexual abuse, complex loss and violent crime. The diversity of clinicians has been immense. And the need has been strikingly consistent. Practitioners want to feel confident. Prepared. Not perfect, not invulnerable; just more able to help.

Again and again, we were asked: 'Can you put this into a book?'

So here it is, not a manual, but hopefully a companion, a guide.

But to understand why we wrote it, it might help to understand something a little more personal.

In 1999, I was driving home from a meeting at the BBC in Birmingham. It was an ordinary afternoon. Uneventful. Unmemorable. That was until an HGV lorry drifted suddenly into the middle lane and clipped the back of my car. The car spun. Time slowed. I'd heard people say your life flashes before your eyes. I'd dismissed it until that moment, until the spin was real and the world was no longer following the rules of physics or narrative structure.

Mid-spin, the car was facing the wrong way on the motorway. The HGV was hurtling towards the front of the car. I remember a window cracking. My head hit the glass. Then nothing.

When I came to, I was in the brambles on the side of the motorway. The

car was wrecked. The lorry had veered into a field. By some impossible grace, I walked away shaken and bleeding, but alive.

And yet trauma doesn't end when the body is safe. Safety of the body doesn't mean safety of the mind.

As Judith Herman wrote, 'Traumatic events destroy the victim's fundamental assumptions about the safety of the world, the positive value of the self, and the meaningful order of creation' (1992, p. 51).

I still sweat when I'm in a passenger seat. I flinch when brakes are applied too suddenly. I've practised for years, consciously, rigorously, to reassure my nervous system that the present is not the past. That we are not on that road. That the danger is not real.

The body remembers what the mind forgets. Trauma leaves its trace: in the breath, the heartbeat, the way a hand curls into a fist.

That experience reshaped how I understood trauma, not as an event but as a response; not as memory, but as something that can hijack the present. I have come to believe that part of healing is not about erasing our trauma, but about learning how to live alongside it. My amygdala (the brain's smoke alarm and threat detector) does not know dates or narratives; it only knows threat. It reacts quickly, instinctively, before the thinking part of my brain has a chance to catch up. So even now, years later, my body may still flinch, still brace, still prepare. What has changed is not the presence of the response but my relationship to it. It no longer runs the show. The charge has softened. The alarm rings more quietly. And when it does, I can notice it, recognise it as an old attempt at protection, and choose to stay here and grounded in the present rather than pulled back into the past.

It's this lived knowledge that shaped every page of this book, not just the theory, but the ethos: that trauma work is not only technical but also ethical, relational and tender. This isn't a book of clever ideas; it's a book of companionship for those who know what it means to sit beside pain and not flinch. To wait and to listen. To not always understand but always care.

This book is for the therapist who knows what it's like to feel out of their depth and stay in the room anyway. It's for those who have sat through long silences, heard unbearable stories, and kept their hands still, their breath calm, their face soft.

This work asks something of us: not just skill, but stamina; not just knowledge, but willingness. The willingness to sit with discomfort. To hold space when there is no resolution, only presence.

In his poem 'In Memory of W.B Yeats', W.H. Auden (1940) wrote: 'In the deserts of the heart / Let the healing fountain start'. For me, it's a line that speaks to the essence of the work. Even in the most barren places, healing

can begin; not with certainty, but with presence. Not with answers, but with attention.

The work is slow. It's repetitive. It's often unseen. But it matters.

'Practice, Empowered' doesn't mean having all the answers. It means knowing how to stay present when the answers aren't clear.

We wrote this book so that you don't have to feel alone in that task, because when the therapist is empowered, the work changes. The client feels it. Safety happens. Healing becomes possible. This book matters not just because the tools are useful, but because *you* are.

This is a collaborative book, enriched by the wider contribution of The Grove's directors, who write here from their own areas of deep clinical interest and experience. That matters to me. One of the strengths of The Grove has always been that it is not built around a single voice, school or fixed method. It is built around serious therapeutic thinking, honest reflection and a shared commitment to helping people heal. The chapters in this book reflect that. They speak to one another, but they do not sound identical. Nor should they. Different clinicians bring different lenses, different energies and different forms of wisdom. We've tried to keep that alive in the book.

What holds the chapters together is a shared way of thinking about the work. This book follows the client journey and broadly reflects Judith Herman's tri-phasic model of trauma treatment: Phase One (safety and stabilisation), Phase Two (trauma processing) and Phase Three (reconnection and integration). In practice, that means we begin by helping the therapist understand trauma and recognise how it presents. Alongside that, we move into the work of safety, stabilisation and regulation, before considering how memory, imagery, meaning-making, integration and growth may come into focus. The phases are not rigid steps to be ticked off a list. Therapy is often untidy. Clients move backward and forward. Life interrupts. Defences strengthen and soften. Even so, the tri-phasic model offers a reliable and humane structure, reminding us that before we go digging, we need enough safety. Before we process, we need enough steadiness. Before we ask a client to revisit pain, we need to know they have some way of returning to the present.

This book is intended as a companion rather than a manifesto. It is not tied to one modality alone, and I hope that makes it useful to a wide range of readers. You may work psychodynamically, integratively, person-centredly, cognitively, somatically or systemically, or you may work from another therapeutic tradition altogether. You may be a seasoned trauma therapist or someone who increasingly realises that trauma is woven through much of the work you are already doing. I hope that you will find ideas, tools, frameworks

and reflections here, which can sit alongside your existing practice rather than demand that you abandon it. At the same time, the book is not modality-neutral but has a clear relational bias. We're interested in what helps a client feel more connected to themselves, their body and their thinking, and to others.

Throughout the book, you'll notice a mix of theory, case material, tools, worksheets and clinical reflection. That's deliberate. In the room, we don't get to work in neat categories, so neither should the learning. Theory helps us make sense of what we're seeing. Tools give us something to reach for when a moment needs holding. The case material keeps it real because therapy always unfolds in someone's actual life, not in abstract ideas. And the clinical reflection is there because this work is never just about technique. Every intervention carries weight; it depends on timing, on judgement, on the relationship in front of us and on the responsibility we hold as therapists.

You'll also find a number of printable worksheets, exercises, psychoeducational handouts and clinically useful resources designed to support the work in the room. Alongside these, there is a QR code. Scanning the code will take you to a secure online folder hosted by Dropbox where the corresponding Grove resources can be accessed, downloaded and printed for use with clients. We want the book to function not only as something to read and reflect upon, but also as a practical companion that therapists can actively work from in day-to-day clinical practice. Some of these resources may support formulation and stabilisation; others may help with reflection, grounding, regulation or integration. Our hope is that they will become tools you can return to repeatedly, adapt thoughtfully, and make your own within the therapeutic relationship.

A word about the case studies. The cases in this book are based on real clinical work and are fully anonymised. Names and identifying details have been changed and, in some instances, minor contextual elements have been altered to protect confidentiality while preserving the emotional and clinical truth of the work. These are not invented stories. They emerge from real therapeutic encounters, real suffering, real defence, real courage and real attempts at change. That said, no collection of cases can be fully representative. The case material in this book is shaped by the people many of us have worked with most often, including a noticeable number of clients who are articulate, professionally established and educated to degree level or beyond. Some are senior figures in their fields. Many are people who have become very practised at functioning well on the surface while carrying distress privately. It's worth naming that. These cases do not reflect a perfect cross-section of society, and we do not pretend that they do. Trauma, of course, is no respecter of education, profession, class, race, culture, gender or circumstance. It appears across all

walks of life. The clients represented here offer one important window into trauma, but not the only one.

The book is also personal to me. Not because it is about me, it isn't, but because I know what it is to sit with people whose suffering does not fit neatly into categories, and to feel both the privilege and the responsibility of being entrusted with that. I know what it is to long for language that is clinically sound but still human. I know what it is to want a resource that can help the therapist think, feel and act with greater confidence. This book comes out of years of sitting with clients, teaching therapists, supervising difficult work, making mistakes, learning from them, and returning to the same simple truth: healing is rarely helped by cleverness alone. It is helped by steadiness, curiosity, patience, courage, and the willingness to stay in thoughtful relationship with another human being.

What follows is a brief walk through the chapters.

Chapter 1, on understanding trauma, begins with what we actually meet in the room. Not theory first, but experience. Trauma as it shows itself: in the body, in relationships, in patterns that repeat without explanation. Drawing on the work of Judith Herman and others, the chapter frames trauma not simply as an event but as something that overwhelms a person's capacity to cope and leaves a lasting imprint. The task here is to help you see it, especially when it hides in plain sight.

Chapter 2, 'Creating a trauma treatment plan,' slows things down. Before we intervene, we learn how to begin. Grounded in collaborative and formulation-based approaches, the chapter focuses on how to build a shared understanding with the client; how to listen, how to map what is happening with them rather than to them, and how to create a treatment plan that feels containing rather than prescriptive.

Chapter 3 moves into the first phase of Herman's tri-phasic model: safety and stabilisation. Here the emphasis is on regulation; on helping the nervous system settle enough for the work to begin. Drawing on polyvagal theory and contemporary trauma-informed practice, it offers ways of supporting clients to find ground without pushing them too quickly towards what overwhelms them.

Chapter 4, 'Working with memory and imagery,' focuses on the second phase of the tri-phasic model and gently opens the door to memory. Rooted in trauma theory and approaches to memory reconsolidation, this chapter introduces narrative and imagery work with care. There is no rush. The focus is on readiness, pacing, and helping clients begin to approach what has happened without being pulled back into it. Story, imagery, and perspective begin slowly to shift.

Chapter 5 turns to the beliefs that trauma leaves behind. Drawing on cognitive processing therapy and the work of Patricia Resick, it explores the ‘stuck points’ that shape how a client comes to see themselves and the world. The work here is not about forcing new thoughts, but about loosening the grip of old, often punishing conclusions.

Chapter 6 offers another way of understanding the inner world through Internal Family Systems. Based on the work of Richard Schwartz, it introduces the idea that the self is made up of different parts: protectors, critics and exiles. Rather than challenging these parts directly, we begin to relate to them with curiosity, and something begins to soften.

Chapter 7 brings us back to the body. Drawing from somatic approaches such as Peter Levine’s somatic experiencing and Pat Ogden’s sensorimotor psychotherapy, it recognises that trauma is not only remembered but carried. The work here is careful and gradual, helping clients reconnect with sensation, movement and breath in ways that restore a sense of safety.

Chapter 8, ‘The trauma of difference’, widens the lens. Informed by intersectional and culturally responsive frameworks, it acknowledges that trauma does not exist outside of identity, culture or context. Nor does therapy. This chapter invites the therapist to remain aware of difference, power, and their own position in the work.

Chapter 9, ‘The space between’, moves into daily life. Drawing on behavioural and skills-based approaches, it focuses on the space between trigger and response. This is where change becomes lived rather than understood, where clients begin to practise new ways of responding in the world around them.

Chapter 10 allows space for something beyond survival. Informed by the literature on post-traumatic growth and meaning-making, it considers how clients may begin to reconnect with values, purpose, and direction. Not as a demand, but as a possibility that emerges when the nervous system is no longer dominated by threat.

Chapter 11, ‘Integration and next steps’, brings the work towards an ending. Grounded in relational and integrative thinking, it focuses on consolidation, reflection, and the transition out of therapy. Not a perfect ending, but a real one, where the client leaves with more of themselves available and the sense that they can go on.

If there is one hope I have for this book, it is that it helps therapists feel accompanied in the work. Trauma can shrink lives as people isolate themselves from a world that has hurt them, and trauma work can do something similar to the clinician if we are not careful. This book is our attempt to stand beside you as you stand beside others. Not to tell you exactly how every session should go, because no good book can do that, but to offer structure, companionship, challenge and practical help.

We wrote it because this work matters. Because clients matter. Because therapists deserve resources that are thoughtful, usable and humane. And we wrote it in the hope that somewhere, in some therapy room, a clinician may feel a little steadier, a little clearer and a little less alone, because this book is within reach.

We hope it helps. Even a little.

Elliot Davis – April 2026