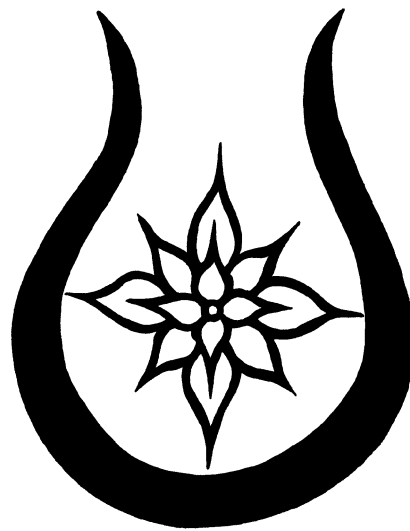


# PREVENTING TRAUMA: Guided Talking Circle



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## ABOUT THE AUTHOR

Darien Thira, PhD., serves as a community development/mental health consultant for many Aboriginal communities across Canada and offers training workshops and clinical consultation related to a variety of communications, trauma, and crisis-related fields. His doctoral dissertation related to Aboriginal suicide resilience and social activism and he is involved in further resilience research at the University of British Columbia. He has previously served as a clinician with suicidal youth at Child and Youth Mental Health and as the Director of Community Education and Professional Development at the Vancouver Crisis Centre. In relation to suicide prevention, "Through the Pain", a culturally driven community-based program has been used in over 40 Aboriginal communities across the country and as a national program in Australia. His program called "Opening the Circle" is designed to assist communities to develop their own crisis response team. "Choices", his youth suicide awareness education video & seminar was used by more than 250 suicide prevention programs world-wide and he has collaborated on the production of a new version called "Reaching Out". Darien has presented workshops at many local, provincial, national conferences, and international conferences in: Canada, the United States, and Australia.

### *Training Programs:*

Thira Consulting offers training workshops building on the material in this handbook. Designed for First nations communities, *The Community is the Medicine* offers an introduction to the knowledge, skills, and strategies necessary for community-based suicide prevention. An interactive approach--including practice-circles, small and large-group discussions, questionnaires, role-plays and other exercises--encourages the participants to share their experience and skills with one-another. For more information, Darien Thira can be reached at the number, email address, and website noted on the front of this handbook.

# PREVENTING TRAUMA

Tragically, even the healthiest community is not protection from the possibility of a community member experiencing a potentially traumatic event. In the case of such an event—an event where a person might be profoundly wounded physically, emotionally, mentally or spiritually (whether by an accident, bereavement, witnessing or being the victim of violence, etc.), it is possible to reduce the possible negative long-term impact of the event.

## GUIDED TALKING CIRCLE

Whether with one person or a small group, a guided talking circle is a supportive and structured (i.e., safe and controlled) sharing circle during which participants have the opportunity to normalize and release the traumatic impacts by hearing that it is OK to react and answering three clear questions about the tragic event in the moment. A talking circle is most effective if it is organized within 48 hours of the tragic event that made it necessary.

**Normalize:** The first thing that needs to be done is to *normalize* the experience of those in the circle—to let them know it is OK to feel the way they feel. Whatever they are feeling or thinking is normal!

**Past: Where were you when you saw or heard about the tragedy?:** The first question locates the event in the *past* so that it can be released. This question is designed to reduce the risk that the person will be “stuck in time.”

**Present: How have you been effected by the event?:** The second question allows for the participants to share the impact of the event on their present experience. This will allow them to better link their pain to the event, to make sense of their pain. In a group, by sharing their thoughts and feelings with one another—they can normalize their pain by recognizing it in others and they can also develop supportive connections in their community.

**Future: What can you do--starting today--to reduce the impacts and make your life better?:** Finally, this “solution” question is an opportunity to share pro-social and soothing activities in the face of pain that will assist the person or group members to shift to a more positive future. By naming them, it encourages them to take the steps required to heal.

These three questions are to be asked one at a time—with each participant in a sharing circle answering, before the next question is asked. This ensures that their experience is normalized due to repetition of effects (question two) and that the meeting ends with a positive direction supported by each healing goal shared (question three). The “guided talking circle” is a structured miniature of the three steps of crisis intervention: first you focus on the past with a question about where they were, focus on the present using the awareness circle, and focus on the future with an informal action plan. Asking each of the three questions, one at a time, ensures that the participant’s experience is normalized and that they take the journey from the past, through the painful present, to a positive future. A guided sharing circle is, in many ways, a miniature of the “critical incident stress

debriefing model”—it is not intended for use for large community gatherings, but for one-to-one, small group, or family support.

## **GUIDED TALKING CIRCLE**

### **NORMALIZE**

Point out that people all respond differently to a traumatic event and a reaction is to be expected.

#### **1. PAST**

- Where were you when you saw or heard about the tragedy?

#### **2. PRESENT**

- How have you been effected by the event:
  - (a) physically: how have you been feeling in your body?
  - (b) emotionally: what have your emotions been?
  - (c) mentally: how has it affected your thoughts?
  - (d) spiritually: how has your spiritual outlook been affected?

#### **3. FUTURE**

- What can you do--starting today--to reduce the impacts and make your life better?

These three questions are to be asked one at a time—with each participant in the sharing circle answering, before the next question is asked. A debriefing circle ought to be organized within 48 hours of the initiating event.