Strengthening our Communities by Identifying and Working with Survivors of Trauma

An Introduction
- Clinical presentation
- Trauma-Informed Care
What is Trauma?
Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.

(SAMHSA 2014)
How does knowing about trauma impact our ability to strengthen our communities?

- For people in recovery from trauma, it helps them understand that they are insightful in their belief that they can’t “just get over it”—that healing takes time and multiple services.

- For families of people in recovery from trauma it helps them understand the complexity of this recovery which allows them to be supportive in a helpful way.
For clinicians, understanding the complexity of trauma recovery allows for being prepared to assist our clients in a way that may need to encourage the input of several clinicians in order to provide appropriate care. It also allows us to be advocates for understanding in the community as to why the opiate epidemic is so prevalent.
Key elements

- It is the individual’s experience of these events or circumstances that determine whether it is a traumatic event.

- The long-lasting effects on the individual are the result of how the individual experiences the events or circumstance.
2 out of 3 individuals with substance use disorders have experienced trauma (nida)

Sexual Assault victims 300% more likely to use marijuana, 600% more likely to have used cocaine, and 1000% more likely to have used other drugs (including heroin) (nida)
Males with an ACE score of 6 when compared to males with a score of 0 have a 4600% greater likelihood of becoming an injection drug user.

For Females, 78% of injection drug use can be attributed adverse childhood experiences (ACE).

(Felitti, Origins of Addiction, 2004)
ACE Associated health risks
More trauma equate to greater risk/severity

- Substance Abuse
- Overall healthy quality of life
- Liver disease
- COPD
- Heart Disease
- Smoking
- Depression
- Fetal Death
- Hallucinations
- Suicide attempts
- Intimate partner violence

- Multiple sex partners
- STI’s /HIV
- Early initiation of smoking and sexual activity
- Unintended /adolescent pregnancy
- Early onset of mental health conditions
Trauma Pyramid
Exposure increases risk

- Early Death
- Disease, Disability, & Social Problems
- Adoption of Health-Risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experience
Considerations of Trauma

- Was the trauma a single event, repeated or sustained?
  - Those having experienced periods of sustained trauma are particularly susceptible to substance abuse, mental disorders and traumatic stress responses

- Was there enough time to process the experience before the experience of additional trauma?
Considerations of Trauma

- Was the trauma expected or unexpected?
  - Many individuals may perseverate on events for months or years replaying the events

- How many losses has the trauma caused?
  - Loses from the trauma can far exceed the event – TBI as an example

- Were the effects of the trauma isolated or pervasive?
Considerations of Trauma

- Pervasiveness increases the probability of being triggered by multiple surrounding cues

- Who was responsible and was the act intentional?
  - The need to assign blame or fault, understanding the meaning of or make sense of, to restore predictability, control and safety from an irrational, random act.
Consideration of Trauma

- Was the trauma experienced directly or indirectly?
  - Experiencing the trauma of others can happen either by witnessing the event or by hearing of the events from someone else’s experience (secondary trauma)

- What has happened since the trauma?
  - Losses (employment, relationships, routines, housing) erode a sense of safety
Psychological Considerations

- More important than ‘what happened’ is ‘the meaning the survivor attaches to the experience’
- People interpret trauma in vastly different ways
- Individuals report they no longer see life the same way
- Core beliefs (safety, fairness, the future, purpose, perception of others) disrupted
Responses to Trauma

- Emotional
  - Beyond the initial reactions symptoms can include anger, fear, sadness and shame
  - Yet, the client may encounter difficulty identifying the emotions

- Emotional Dysregulation
  - Traumatic stress tends to evoke too little or too much emotional response
  - Unable to tolerate distressing emotions
Responses to Trauma

- **Numbing**
  - Emotions become detached from thoughts, behaviors or memories. A lack of external signs of trauma hide internal emotions
  - As a result of this, others tend to minimize the effects of trauma on the survivor

- **Physical**
  - Manifested in many chronic health conditions; sleep, gastrointestinal, SAB cardiovascular, neurological, respiratory...
Responses to Trauma

- Somatization
  - The person focuses on bodily symptoms to express emotional distress. Many are unaware of this connection and can be resistant to exploring emotional pain which makes them appear avoidant.
  - Clients may exhibit this response to trauma by expressing or presenting a need to be seen in clinic but then not show for the appointment.
Hypervigilence (Hyperarousal)

- The body’s way of remaining prepared: muscle tension, sleep disturbances, hyperactive startle response. It is an attempt to restore a sense of safety/self protection though it produces overreactions.

- Serves as self-protective while under threat of continued trauma. It can be very detrimental because it impedes a person's ability to assess and respond appropriately.
Responses to Trauma

- **Sleep Disturbances**
  - Among most persistent symptoms being experienced long after the trauma. May be in the form of early awakening, restless sleep, difficulty attaining sleep, nightmares.

- **Triggers**
  - Any sensory reminder of the trauma; some are easily noted others are very subtle. Can be a noise, smell, temperature, visual scene... time of day, season, holiday, anniversary, etc.
Responses to Trauma

- Triggers can lead to flashbacks, trauma-induced hallucinations or delusions

- Cognitive

- Trauma can alter cognitions. Individuals can see themselves as incompetent and damaged, see others and the world as unsafe and unpredictable and the future as hopeless.
Responses to Trauma

- Anticipation that life will never be the same there will be no sense of a normal life.

- Core beliefs challenged and altered; people are dangerous, the world is hazardous, life can end abruptly, sense of vulnerability exaggerated

- Dissociations occur when people learn to separate themselves from the trauma to survive. A mental process where connections between thoughts, feelings, memories, actions, sense of identity are severed
Signs and symptoms of dissociative disorders include:

- Memory loss (amnesia) of certain time periods, events and people.
- Other mental health problems, such as depression, anxiety, and suicidal thoughts/attempt can accompany dissociative disorders.
- A sense of being detached from yourself.
- A perception of the people and things around you as distorted and unreal.
- A blurred sense of identity.
- Significant stress or problems in your relationships, work or other important areas of your life.
Responses to Trauma

Behavioral

› Often, people use behaviors to manage the emotional aftereffects, intensity, or distressing aspects of trauma

› Some people utilize: avoidance, self-medication (SAB), compulsive behavior impulsivity, self-injury, aggression, or reenacting the trauma to reduce their tension or stress

› Substance use almost always increases after trauma and many relapses can be triggered by additional trauma
Trauma Informed Care and Treatment Strategies
Promote trauma awareness and understanding
  • Recognize the role trauma has played in the client’s life and tailor your approach to their needs

Trauma symptoms and behaviors stem from Adapting to trauma experiences
  • Your view will tend to shift from a pathology (what’s wrong with you?) to resiliency (trauma reactions as normal reactions to abnormal situations)
TRAUMA-INFORMED CARE Principles

- View trauma through a wider lens
  - Many factors have contributed to the individual’s experience of trauma; individual attributes, developmental factors, life history and circumstance, trauma event(s), trauma exposure, resources, time...

- Minimize Retraumatization
  - Treatment approaches, policies, programs review
  - Instances that provoke loss of control, feelings of being trapped, or disempowered
TRAUMA-INFORMED CARE Principles

- Create a safe environment
  - Strive to support the client’s sense of physical and emotional safety… being aware

- Recovery from trauma is a primary goal
  - Bridge the connection between trauma, mental health and substance abuse
  - Treatment that fails to address the role of trauma will be less likely to experience long term recovery
TRAVMA–INFORMED CARE Principles

- Support control, choice, autonomy
  - Create opportunities for choice and empowerment. Create the sense of competence and reinforce that belief
  - Create opportunities for contribution to program level suggestions

- Familiarize Clients with trauma service
  - Explain programs, the purpose of trauma questions, efforts and purpose to normalize trauma responses, discuss planned trauma interventions.
TRAUMA-INFORMED CARE Principles

- Universal Routine Trauma Screening
- Understand trauma through a Sociocultural lens
  - Life experience, culture, community reaction are key contextual elements of understanding trauma
- Use a strengths-focused perspective to promote resilience
  - Shift from “What’s wrong with you?” to, “What has worked for you?”
TRAUMA-INFORMED CARE Principles

- Foster Trauma-Resistant Skills
  - Normalize their experience; develop positive self-care skills and coping strategies, build networks, and grow a sense of competency

- Organizational Commitment

- Strategies to address secondary trauma
  - Subject to: avoidance, insomnia, stress, anxiety, depression, negative thinking, diminished affect, somatic complaints
Provide Hope! Recovery is Possible!

- Attitude can instill a sense of hope for the client
- Normalizing and reframing difficult emotions can help them be viewed as manageable
- Behavioral, emotional, and cognitive responses to triggers can be seen as a normal part of recovery

(samhsa TIP 57)
Trauma Informed Care

- Common Treatment Modalities:
  - EMDR
  - Cognitive Behavioral Therapy (CBT)
  - Dialectical Behavioral Therapy (DBT)
  - Individual and Group Therapy
Trauma Informed Therapy: Non-traditional therapies

- Art Therapy
- Dance Therapy
- Drama Therapy
- Massage Therapy
- Accupuncture/Acupressure
- Meditation
- Mindfulness/Awareness
- Yoga
Self-Care for the Therapist, Part I: Knowing When to Refer Elsewhere

- Be aware of your agencies scope of practice. Trauma recovery takes a long time—is this what your services are intended for? If not, find an agency that does provide these long term services.
- Be aware of your own scope of practice, skills and training and what you are able to reasonably do. It is better to refer out than be overwhelmed by a client’s care.
Self-Care for the Therapist, Part I: Knowing When to Refer Elsewhere

- Even if you are trained in trauma-informed care, be aware of your own boundaries around this. Many of the traditional modalities of treatment require extensive training.
- Be open to working with a multi-disciplinary team if possible that might include a therapist, an AOD specialist, an employment specialist, etc.
Self-Care for the Therapist, Part I: Knowing When to Refer Elsewhere.

- If referral is necessary, approach the client with gratitude that they trusted sharing their story with you. Express that you want them to get the best care possible and you know a wonderful person who might be able to help them with this.

- In some cases it might be a good idea to provide general counseling until linkage can be made.
Compile a list of therapists, AOD specialists, case managers, vocational rehab services and any other specialists that seem appropriate so that linkage can be made as soon as possible.

It is okay that we do not know everything about trauma and that we cannot help everyone. It is absolutely appropriate to refer when necessary.
In order to be an effective caregiver or therapist:

Thou shalt heal/take care of thyself.
Self-Care for the Therapist, Part II: Self-Care

- Working with trauma survivors impacts caregivers and therapists mentally, emotionally, spiritually and sometimes physically. We call it:
  - Secondary Trauma(tization)
  - Vicarious Traumatization
  - Compassion Fatigue
  - Burnout
Symptoms include but are not limited to:

- Depression
- Cynicism
- Boredom
- Loss of Compassion
- Discouragement
- Exhaustion

From Working with Trauma Survivors, PTSD National Center
We can develop the signs and symptoms of PTSD:

- Hyperarousal
- Intrusive thoughts/dreams
- Avoidance or Emotional Numbing
- Anxiety
- Depression
- Loss of relationships
- Lack of sleep/too much sleep
- Changes in eating/weight
We all know we need to “take care of ourselves.”

Just like we might set up a treatment plan for our clients with concrete measurable goals, we can extend ourselves the same courtesy and actually engage in meaningful, concrete activities.
Self-Care for the Therapist, Part II: Self Care

What do you do to take care of yourself?
Self-care for the Therapist, Part II: Self Care

- Get your own therapy
- Keep a journal
- Practice yoga
- Take care of personal relationships
- Use vacation and personal time.
- Read good books
- Meditate/Practice Mindfulness
- Exercise
Self-Care for the Therapist, Part II: Self Care

- Travel
- Talk to a trusted colleague/supervisor
- Go for a walk/bicycle ride/hike
- Go out with friends/family
- Eat a healthy diet
- Talk to your doctor if necessary
- Join a professional consultation group
- Make time for intimacy with S.O.
Self-Care for the Therapist, Part II: Self Care

- Take up a new hobby
- Try not to work too many hours or take work home.
- Breathe/stretch between sessions with clients.
- Get adequate sleep
- Engage in activities that continue to support self-esteem and healthy relationships outside of work.
Self–Care for the Therapist, Part II: Self Care

- Recommended Reading:
  - *Transforming the Pain: A Workbook on Vicarious Traumatization*, Karen W. Saakvitne and Laurie Anne Pearlman
In Conclusion:

Trauma does not just impact individuals who are coping with it. Trauma impacts individuals, their families and the communities they live in which is evident in the current opiate epidemic. By understanding trauma for the complex, multi-layered challenge that it is to the person who experience it,
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we can approach it with the patience and compassion that allows for long-term planning for the variety of needs that the client will encounter.

By taking care of ourselves, we can continue to educate our communities, advocate for our clients and provide competent care that causes no additional harm to the client or to ourselves.
Self-Care for the Therapist
Part II: Self Care