Trauma Informed Support

1

About the presenter…

Laura McShane is the Coordinator of Mental Health Promotion and Education Services with the Canadian Mental Health Association Waterloo Wellington.

2

A Note on Trauma…

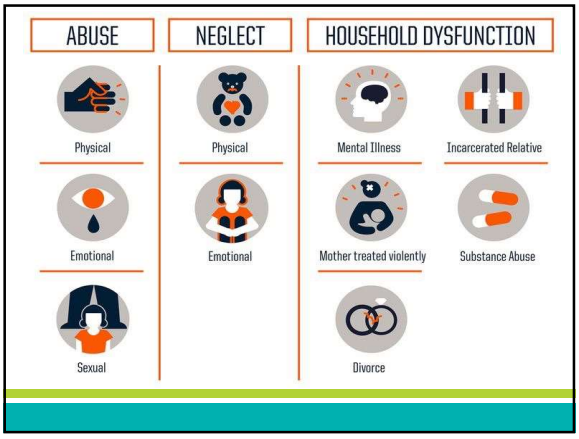
Trauma is defined by the way a person responds to events such as experiencing or witnessing abuse or violence. The experience of trauma can have a negative effect on coping skills, daily functioning, relationships and physical health. How each person adapts to trauma, and what will be helpful to them at any given time is very individual and is affected by available resources, and the complexities of people's personal and social lives.

Supporting the person to manage their inner state and improve the quality of their daily life is the most helpful approach.

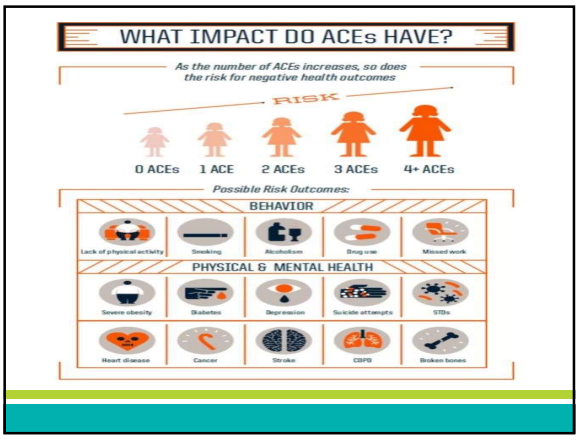
3

Adverse Early Life Experiences Study

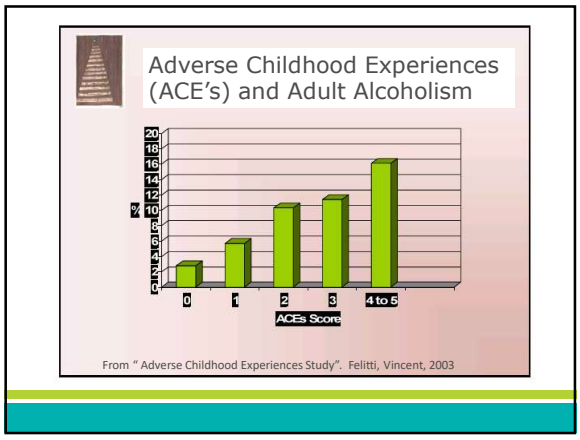
4



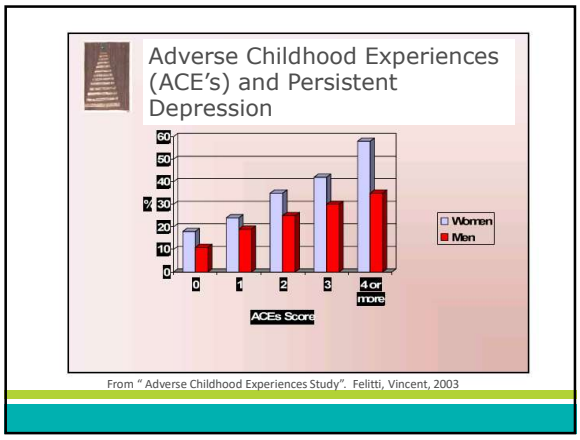
5



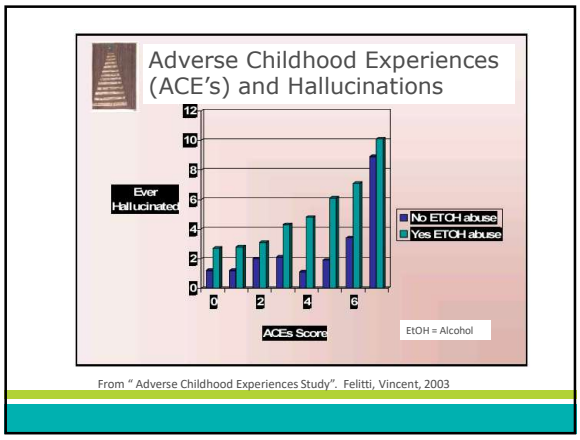
6


Adverse Childhood Experiences (ACE's) and Adult Alcoholism
20
18
16
14
12
10
%
0
1
2
3
4 to 5
ACEs Score
From " Adverse Childhood Experiences Study". Felitti, Vincent, 2003

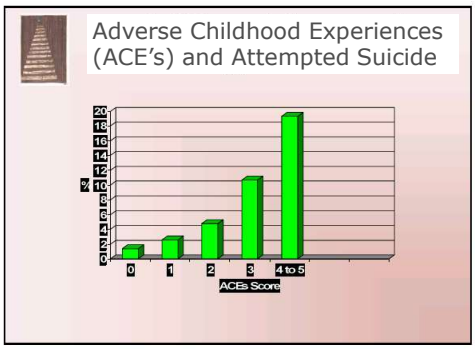
7


Adverse Childhood Experiences (ACE's) and Persistent Depression
60
50
40
%
30
20
10
0
0
1
2
3
4 or more
ACEs Score
Women
Men
From " Adverse Childhood Experiences Study". Felitti, Vincent, 2003

8

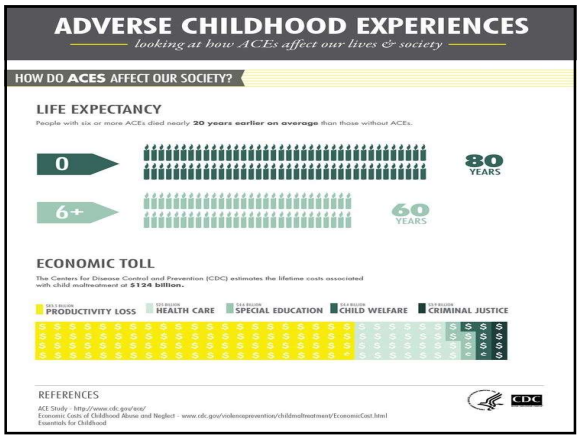

Adverse Childhood Experiences (ACE's) and Hallucinations
12
10
8
6
4
2
0
Ever Hallucinated
0
2
4
6
ACEs Score
No ETOH abuse
Yes ETOH abuse
EtOH = Alcohol
From " Adverse Childhood Experiences Study". Felitti, Vincent, 2003

9



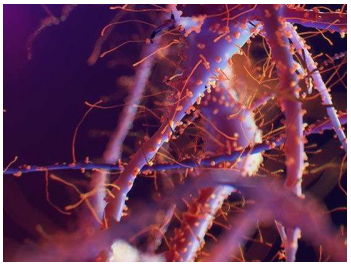
From " Adverse Childhood Experiences Study". Felitti, Vincent, 2003

10



11

The Different Types of Trauma



and its Impact.

12

Developmental/Complex Trauma

The experience of multiple, chronic and prolonged developmentally adverse events. Most often they are of an interpersonal nature

(i.e caregiver) and occurring early in life.

Bessel van der Kolk 2014

13

The Impact of Developmental Trauma

- Children and young people are very vulnerable to the effects of trauma because of their brain's developmental immaturity.
- Because a children's brain is so malleable, the impact of trauma is faster to manifest. It also leaves deeper tracks of damage.
- Children's development can slow down or be impaired following trauma. Trauma can often lead to children experiencing splintered development.
- Because children rely so much on the adults around them, they are even more intensely affected when it is these adults who cause harm to them. The trauma associated with experiences of interpersonal violence undermines the very resource that can help children recover- the stability and predictability of their connections with others.
- Developmental trauma includes children who are neglected, abused, forced to live with family violence or experience high parental conflict in the context of separation or divorce.

14

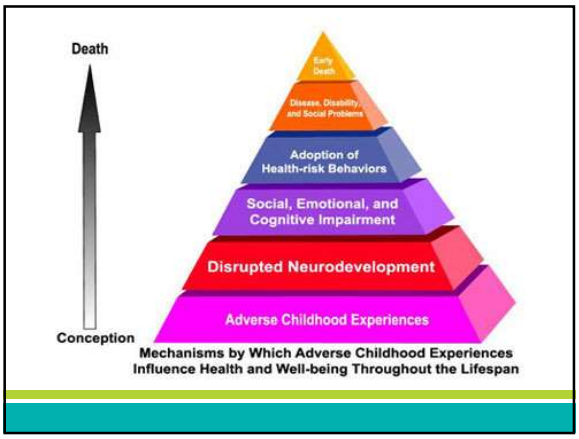
Prevalence of Trauma

Child Mental Health/Youth Detention Population

- Canadian study of 187 adolescents with trauma histories reported 42% had PTSD
- American study of 100 adolescent inpatients reported that 93% had trauma histories and PTSD
- 70-90% incarcerated girls had histories of sexual, physical, and emotional abuse

(DOC, 1998, Chesney & Sheldon, 1991)

15



16

Impact of Trauma

- Fixing others
- People pleasing
- Co-dependency
- Seeking external validation
- Living on high alert
- Fear of Abandonment
- De-prioritizes own needs
- Need to prove themselves
- Tolerates abusive behavior
- Attracts narcissistic partners
- Difficulty setting boundaries

17

Common Internalizations of Trauma Survivors

1) I am bad, evil worthless
2) Things are not as they appear
3) I am different from other people
4) It will never get better
5) No one will love me
6) I cannot trust anyone

18

In the United States the lifetime prevalence for exposure to a traumatic event has been estimated at 50-70% of the general population. And 90% of public mental health population.

(Kessler, Sonnega, Bromet, Hughes & Nelson 1995)

19

Acute Trauma

- A specific incident
- Acute stress response in the weeks following the event.
- 10-20% who experience trauma develop Post Traumatic Stress Disorder. (PTSD)

20

PTSD

21

PTSD

- Emotion Regulation difficulties
- Reliving traumatic events over and over
- Negative self perception
- Difficulties with relationships
- Sense of hopelessness
- Distorted perceptions of the perpetrator

www.ptsd.va.gov

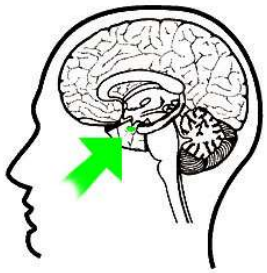
22

THE NATURE OF TRAUMATIC MEMORY

Traumatic Event → **Experienced but not synthesized or understood**

23

The amygdala – part of the limbic system in the brain



24

Trauma Survivors

Difficulties	Link to Trauma
High end users of mental health and shelter services	Traumatized people seek respite, sanctuary & safety.
Severe mental health problems	Many mental health problems are directly linked to trauma.
Drug and alcohol misuse, abuse and addiction	Not all trauma survivors use drugs and alcohol to cope. However, many attempt to alleviate the pain this way.

25

…continued

Difficulties	Link to Trauma
Poor health	Biology is altered by trauma
Difficulty functioning and managing day to day life	The nature of traumatic memory, plus after-effects interrupt day to day functioning
Periodic Homelessness	Represents flight to safety
Who makes up this group?	Trauma survivors

26

Problematic behaviours are viewed as coping strategies adopted by the Trauma Survivor

(Courtois & Gold 2009)

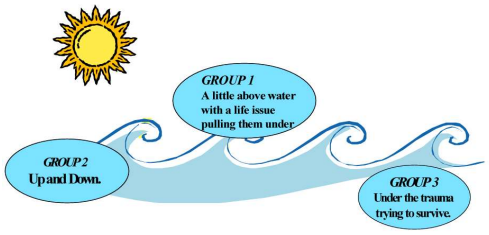
27

TRAUMA-INFORMED / TRAUMA-SPECIFIC SERVICES

"Trauma-uninformed" services:	Do not take into account the significance of violence of people's lives, the after-effects of trauma in developing services, policies or best practices and as a result are often re-traumatizing.
"Trauma-specific" services:	Address the impact of trauma directly to facilitate recovery.
"Trauma-informed" services:	Address the policies, procedures and make available a range of services. These services may also address trauma directly.

28

THE WAVE / THE RANGE AND COPING TOLERANCE FOR INTERVENTION



29

•Group 1

- Traumatized
- Few, if any, difficulties from previous slides
- Intervention: Trauma specific with support

30

Group 2

- More difficulty with day to day functioning
- More depleted (some difficulties)
- Up & down
- Intervention: Back and forth between supportive (trauma –informed) & exploratory (trauma-specific)

31

Group 3

- Need supports in place before addressing trauma
- When windows of opportunity to speak about the trauma occur, offer psycho education re: trauma
- For some in this group there is a role for medication for managing inner states. For them, medication may be the only means to gain enough respite from their troubling experiences to begin to address after-effects.
- Continuity and validation are very important aspects of the trauma-informed support.
- Intervention: More suited to trauma- informed services vs. trauma-specific services.
- Workers who see these clients are the least resourced. The risk for vicarious trauma is under estimated for these workers.

32

What is Trauma Informed care?

CARE that incorporates:

An appreciation for the high prevalence of traumatic experiences of persons who receive mental health services.

A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.

(Jennings, 2004)

33

Its not

“what's wrong with you”

but rather

“what happened to you”

34

What is Trauma Informed care

Trauma Informed

- Recognition of high prevalence of trauma
- Recognition of primary and co-occurring trauma diagnoses
- Assess for Traumatic histories & symptoms
- Recognition of culture and practices that are re-traumatizing

Non Trauma Informed

- Lack of education on trauma prevalence & “universal” precautions
- Over-diagnosis of Schizophrenia & Bipolar D., Conduct D & singular addictions.
- Cursory or no trauma treatment.
- “tradition of toughness” valued as best care approach.

(Fallot & Harris 2002)

35

What is Trauma Informed care

Trauma Informed

- Power/control minimized-constant attention to culture.
- Caregivers/supporters-collaboration
- Address training needs of staff to improve knowledge & sensitivity.

Non Trauma Informed

- Keys, security uniforms, staff demeanor, tone of voice
- Rule enforcers-compliance
- “Patient-blaming” as fall back position without training

(Fallot & Harris 2002)

36

What is Trauma Informed care

Trauma Informed

- Staff understand function of behaviour (rage, repetition- compulsion, self-injury)
- Objective, neutral language
- Transparent systems open to outside parties

Non Trauma Informed

- Behaviour seen as intentionally provocative
- Labeling language: manipulative, needy, "attention seeking"
- Closed system-advocates discouraged.

(Fallot & Harris 2002)

37

Its moving away from terms like:

Attention Seeking and Manipulation

to **Looking** at the **Need**

Attention seeking then becomes
Attention Needing

38

Principles of Trauma-Informed Treatment

- Adults, children and families are doing the best they can
- It is our responsibility to teach them a different way and lend them alternative perspectives
- Our most powerful tool is our relationships with them
- They have developed their symptoms for a reason, and the symptoms have been life saving in the past
- When afraid and stressed people seek to control
- Abused children are shame based
- Traumatized people often re-enact their trauma shifting between the roles of victim, abuser and ineffective bystander.
- Compassion and empathy are the cornerstone's of our approach
- The families are central to the children's growth
- Children learn to regulate emotions in the presence of regulated adults
- All behavioral problems are and expression of unmet needs and that our job is to help the child/family meet these needs
- When children are having difficulty they need to be closer to reliable adults
- Staff team work is the essential foundation for all our work, which includes trust, responsibility, honesty and self awareness
- If a child or family is not getting better we need to re-assess what we are doing (Wilcox, 2006)

39

Responding to Disclosures

1) Notice when someone begins to disclose abuse.
2) Slow down the disclosure.
3) Verify whether it is safe to disclose in this setting.
4) Remain aware of the whole picture.
5) Contain the disclosure of abuse.
6) Encourage them to verify support.
7) Pay attention to an often-repeated story & the need it represents.

40

Supportive Interactions

- Focus on the current issue or need
- Be supportive, respectful and caring
- Keep communication calm, clear, direct
- Be consistent and predictable with clear expectations
- Address specifically what is acceptable behaviour—what needs to happen

41

- Do not joke about, or make light of their situation
- Explore with the person ways to handle their feelings in a desirable way
- Do not assume responses are always going to be the same
- Don't touch the person unless you ask
- Address comfort needs

42

Things to Avoid

- Minimizing – “it can’t be that bad”
- One-upmanship – “if you think you’re story is bad, let me tell you mine”
- Eye rolling, smirking, making light of the person’s situation
- Patronizing, being condescending,
- Using labels (drug addict, crazy, schizo)

43

If you notice…

Confusion - be simple and straightforward

Difficulty concentrating - be brief and respectful

Feeling over-stimulated - limit noise and external stimulus, don’t force discussion

Fear and anxiety - stay calm, be supportive

44

Agitation - try to encourage focusing on the discussion

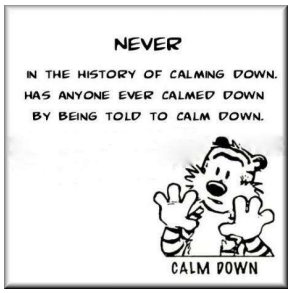
Fluctuating plans - stick to one plan at a time with small, manageable steps

Withdrawal - initiate conversation gently

Insecurity - be open and accepting

45

Validate, rather than dismiss!



46

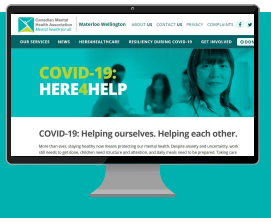
BounceBack® reclaim your health

Canadian Mental Health Association Ontario

- **Free**, guided, self-help program, grounded in cognitive behavioural therapy (CBT) to help **adults and youth 15+** learn skills to better manage low mood, mild to moderate depression and anxiety, stress or worry
- Offers two forms of support:
  1. **Telephone coaching using skill-building workbooks** (referral needed by a primary care provider or self-referral with primary care information)
  2. **Online videos** provide practical tips at: bouncebackvideo.ca (access code: bbtodayon) (no referral needed)
- Participants are contacted within **5 business days** of referral being submitted
- Telephone coaching available in **multiple languages**
- **No travelling required**. Participants receive support in the comfort of their home at a time that's convenientfor them

For more information, visit: **bouncebackontario.ca**.
If you're a healthcare professional seeking resources, email: **bounceback@ontario.cmha.ca**.

47



Visit us online
cmhaww.ca

48

HERE 24 SEVEN

1 844 437 3247
(HERE247)

Call anytime to access
Addictions, Mental Health
& Crisis Services
Waterloo-Wellington

49

Resources

- www.cmha.ca
- www.depressionhurts.ca
- www.anxietybc.ca
- www.camh.net
- www.tendacademy.com
- www.mentalhealthcommission.ca
- www.211Ontario.ca
- www.ptsd.va.gov
- www.mindfulcompassion.org
- Wellness Together Canada | Home (portal.gs)

Apps

- Stop Breathe Think
- Insight Timer
- Breethe meditation
- Gratitude Journal 365
- Calm.com
- 10% Happier

50

Promoting Wellness at Work

For additional Mental Health in the Workplace presentations, or for consultation on implementing Psychological Health and Safety in the Workplace Standards contact:

education@cmhaww.ca

If you have questions for me around the information presented today please contact me directly at:

lmcshane@cmhaww.ca

51

52

All content included in these slides is the property of CMHA Waterloo Wellington.
Do not copy or distribute without permission.
Slides are not intended as a standalone resource,
but a compliment to CMHA Trainer led education sessions.
Contact education@cmhaww.ca with questions or concerns.

Canadian Mental Health Association Waterloo Wellington
Association canadienne pour la santé mentale Waterloo Wellington

53