The Value of Safe Spaces: Anticipating the Needs of Trauma Survivors

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As American society increases its understanding of the potential effects of traumatic experiences among all populations, we see the value in developing safe spaces to anticipate the needs of these individuals across human service domains.

Join Andrea Winkler, clinical social worker from the Duke Psychiatric Outpatient Clinic and Duke Area Health Education Center. Attendees will learn how to better serve their clients through using a “trauma informed service approach.” Attendees will learn what principles to employ when working with people that may be at risk for traumatic exposures.
What is Trauma?
Trauma

- “A disordered psychic or behavioral state resulting from mental or emotional stress or physical injury.”
  Merriam-Webster Dictionary
- “An extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects.”
  Encarta Dictionary
Trauma via DSM-5

- Exposure to actual or threatened death, serious injury, or sexual violence via...
  - Direct exposure
  - Witnessing the event as it occurred to others
  - Learning that the event occurred to a close family member or friend (if death, must have been violent or accidental)
  - Experiencing repeated or extreme exposure to aversive details of the traumatic event (not exposure through electronic media, TV, movies, pictures, unless work related)
Types of Trauma

- Acute Trauma = a single event that lasts for a limited time.

- Chronic Trauma = the experience of multiple traumatic events, often over a longer period of time.

- Complex Trauma = multiple traumatic events that begin at a very young age, caused by adults who should have been caring for and protecting the child.
Examples of Trauma:

- Domestic violence
- Sexual abuse and assault
- Physical abuse and assault
- Community violence
- Historical /Intergenerational
- Serious accidents
- Unexpected loss of a loved one
- Medical procedures or conditions
- War and/or terrorist attacks
- Institutional abuse
- Secondhand exposure
Response to Trauma Varies

- Nature of the trauma
- How close the person was to the event
- Previous trauma experience(s)
- Relationship to the abuser or victim
- Perception of the person involved about the experience
- Chronicity and severity of the trauma itself
- Coping skills of the person prior to the experience
- Response of support system
- Level of life stressors at time of experience
Potential Impacts of Trauma

- Neurological
- Biological
- Emotional
- Psychological
- Behavioral
- Social
Some traumatic events have a direct impact on brain function and structure.

Trauma activates stress hormones and neurochemicals

- Acutely this results in flight, fight, or freeze.
- Chronically this results in +/- changes to brain functioning and/or +/- changes to brain structure due to neuroendocrine system impacts.
- Chronic trauma can cause over-activation of “HPA” axis in the brain, and constant production of stress hormone, cortisol.
- The amygdala (emotion and fear response) and hippocampus (memory) are also impacted.
- Brain changes can include: reduced cerebral volume, associated ventricular enlargement, alterations in pituitary and hippocampus.
Biological Effects

- Somatic complaints
- Sleep disturbance
- Fatigue
- Forgetfulness, confusion, and concentration difficulties
- Flashbacks or Dissociation
- Sexual numbing
- Increased “flight, fight, or freeze(submit)” response
- Gastrointestinal, cardiovascular, musculoskeletal, respiratory, and dermatological conditions
Emotional Effects

- Shock, numbness
- Disconnectedness
- Fear
- Anger, rage
- Worry, anxiety
- Sadness, grief
- Powerless, ineffective
- Overwhelm

- Depression
- Impatience
- Lack of trust
- Unsafe
- Inner turmoil and pain
- Restricted range of affect
- Self-blame, self-doubt
- Shame, secrecy
Psychological Effects

Cognitions are especially impacted by trauma:

- Distrust of others or expectations that they might be harmed by everyone
- Overestimation of and preoccupation with danger
- Low self-esteem and self-blame
- Helplessness and hopelessness about the future
- Shame and/or stigma
- Survivor guilt
Behavioral Effects

- Crying
- Agitation, irritability, rage
- Passiveness
- Diminished interest in activities
- Self-injurious behaviors
- Suicidality
- Reenactments

- Dissociation
- Risky, impulsive behaviors
- Compulsive behaviors
- Problems with eating
- Rigid behaviors
- Increased use of substances
- Panic, phobia
Social Effects

- Isolating, detaching from others
- Over working
- Relationship strains, dysfunction
- Neglect of responsibilities
- Poor parenting
- Feeling unlikeable or “strange” in social settings
- Assuming malevolence
- Avoidance of sexual activity or trauma related activity
- High rates of re-victimization
Trauma- and Stressor-Related Disorders (DSM 5)

- Acute Stress Disorder (3 days to 1 month)
- Post Traumatic Stress Disorder (PTSD) (> 1 month)
- Other Specified trauma-related disorder
- Co-occurring SA/MH disorders are also common including: major depressive disorder, generalized anxiety disorder, obsessive compulsive disorder and other anxiety disorders, substance use disorders (SUD), sleep disorders
Post-Traumatic Growth

• After exposure to trauma most people will experience some of the effects noted above, but will not develop chronic symptoms or psychiatric illness.

• They will garner their resilience via internal strengths and external supports, and make constructive meaning of what has happened.

• People may reflect that trauma offered them opportunity to develop important coping strategies or other positive outcomes.
Adverse Childhood Experiences (ACE) Study

- Collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego.
- 1995-1997 enrolled 17,000 subjects via their HMO membership
- Surveys used to measure number of childhood trauma experiences and teen/adult risk behaviors and health.
Adverse Childhood Experiences

1) Emotional abuse (recurrent and severe)
2) Physical abuse (recurrent and severe)
3) Sexual abuse
4) Emotional neglect
5) Physical neglect
6) Mother treated violently
7) Household substance abuse
8) Household mental illness
9) Parental separation or divorce
10) Incarcerated household member

ACE Score = Combined number of individual adverse experience

Zero (0) to Ten (10)
ACE Score  Health/Social Problems

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease

- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
# Prevalence of Trauma

70% of U.S. adults have experienced at least one traumatic event in their lifetime

20% of those go on to experience PTSD

7% lifetime rate of PTSD in U.S.

## Among Men
- 61% experience trauma in lifetime
- 5% develop PTSD
- More likely to suffer crime victimization or war trauma
- Robbery victimization rate is higher for males (2.4 per 1,000 males age 12 or older) than for females (1.4 per 1,000)
- Aggravated assault rate is also higher for males (3.4 per 1,000) than for females (2.3 per 1,000)
- Males (0.1 per 1,000) are less likely than females (1.3 per 1,000) to be victims of rape or sexual assault.

## Among Women
- 51% experience in lifetime
- 10% develop PTSD
- 92% of homeless women have experienced severe physical and/or sexual abuse
- 1/3 of women veterans experienced sexual assault during military service
- 9-44% experience domestic violence in lifetime
- More likely to have experienced childhood physical and/or sexual abuse
- 91% of incarcerated women in state prison
Prevalence of Trauma

Among Populations

- 90% of public mental health clients exposed to multiple
What is Trauma-Informed Care?

Changing the question from “What is wrong with you?” to “What happened to you?”
Trauma Informed Care

“To understand the role that violence and victimization play in the lives of most of our consumers of mental health and substance abuse services and to use that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will facilitate consumer participation in treatment.”

(Harris & Fallot, 2001)
Core Principles of T-I Care

1) Safety: Ensure physical and emotional safety
2) Trustworthiness: Maximize trustworthiness, making expectations clear, and maintaining appropriate boundaries
3) Choice: Prioritize consumer choice and control
4) Collaboration: Maximize collaboration and sharing of power with clients
5) Empowerment: Prioritize client empowerment and skill-building
General Recommendations

- Recognize the primacy of trauma.
- Incorporate knowledge about trauma in all aspects of service delivery.
- Be hospitable and engaging for trauma survivors - be prepared to respond appropriately to verbalization of their experiences.
- See all behaviors as attempts to cope and survive.
- See both vulnerabilities and strengths.
- Recognize our primary goal is the person’s empowerment and recovery from the effects of trauma.
- Remember that they may need help coordinating services across multiple systems.
- Provide information about evidence based trauma specific treatment services.
- Avoid re-traumatization in your environment.
- Engage de-escalation strategies when needed.
Identifying Trauma

• Identifying trauma related issues as early as possible is an important element of TIC.

• Consider how to raise awareness in your setting with:
  
  • Pamphlets
  • Websites
  • Display boards
  • Educational sessions

Stigma is a MAJOR barrier to acknowledging the impact of traumatic events and seeking help – public spaces can begin to break this stigma
Build Relationships With Local Agencies

- There are a variety of trauma and PTSD screening tools that can be engaged quickly and easily in the appropriate environments – healthcare settings, schools, counseling centers, etc.

- Foster relationships with these local supports so that you can direct people to these entities.

- Don’t forget to provide a brief explanation of the prevalence data as rationale for your consideration of these issues at all, it can help remove the sense of isolation and shame.
How to Support Treatment Engagement

• Be aware of ambivalence with regard to addressing trauma issues, consider training in motivational interviewing to explore ambivalence.

• Be aware of pacing any disclosures and track level of intensity of emotion. It is not appropriate to allow people to become completely overwhelmed in their discussions with you. Hold space, be respectful, set boundaries, and support connecting to an appropriate provider.
Trauma Specific Interventions or Services

• Services designed specifically to address violence, trauma, and related symptoms and reactions.
• Intent of activities is to increase skills and strategies that allow survivors to manage their symptoms and reactions.
• Goal is to eventually reduce or eliminate debilitating symptoms and prevent further traumatization or violence.

“Services that address the impact of trauma on women’s lives and facilitate trauma recovery.”

(Harris and Fallot, 2001)
Trauma Specific Treatment Models

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Skills Training in Affective and Interpersonal Regulation (STAIR)
- Stress Inoculation Training
- Narrative Therapy
- And More!
Integrated Trauma and Substance Use Disorder Treatment Models

- A Woman’s Path to Recovery (Based on A Woman’s Addiction Workbook)
- Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women
- Forever Free
- Helping Women Recover and Beyond Trauma
- Interactive Journaling
- Seeking Safety
- Trauma Recovery and Empowerment Model
A Note on Psychopharmacology

Treatment of PTSD*

- Evidence suggests CBT has greater impact on PTSD than medications – some see medications as an addition to therapy
- Selective serotonin reuptake inhibitors (SSRI) have the strongest evidence base
- **Only Zoloft and Paxil are approved by FDA for PTSD**
- Strong evidence for Prozac and Effexor (SNRI) as well and are sometimes used “off label”
- Medications will minimize symptoms though will not likely entirely eliminate them
- There are exceptions to use of SSRI as 1st line treatment (i.e., co-morbid bipolar disorder)
- Maximum benefit depends on dosage and duration

Recognize Resiliency!

- A large proportion of those exposed to trauma do NOT develop long-term negative effects....how??!!
  - Effective parenting/care-giving/support system
  - Connections to other competent and caring people
  - Problem solving skills
  - Self-regulation skills
  - Positive beliefs about the self
  - Beliefs that life has meaning
  - Spirituality, faith, or religious affiliation
  - Socioeconomic advantages
  - Pro-social peers and friends
  - Safe and effective communities
Value of De-escalation

• Crisis planning includes client input into strategies.
• Use of least restrictive interventions for aggression FIRST.
• Deal with mild frustration or anger proactively.
• Allow whatever time is necessary to work with a person to reduce their anxiety or anger.

• Use tone of voice to soothe and help modulate client affect.
• Use individualized approach.

“A show of support” instead of “A show of force” – Goetz & Taylor-Trujillo
Avoid Retraumatization

- Violating boundaries
- Breaking trust
- Having unclear or inconsistent expectations
- Having unclear or inconsistent rule enforcement
- Chaotic environments
- Rigid policies that do not allow a person to have what they need to feel safe
- Unexpected or unwelcome touch
- Disruption or unexpected changes in routines
- Disrespectfully challenging or minimizing expressions of others’ experiences
- Labeling intense emotions as pathological
- Minimizing, discrediting, or ignoring the client’s feelings or responses to the environment
- Disrupting relationships
What are YOUR Ideas for Incorporating this Awareness?
Questions
Thank You!

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