

Trauma Informed Care and Homelessness

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Vancouver, BC. May 17, 2011

Objectives

- To Better Understand Trauma Responses in the Lives of People Experiencing Homelessness
- To Outline the Importance of Developing Trauma Informed Services
- To Understand Effective Approaches Relevant for Trauma-Informed Helpers

Presentation Outline

1. Define Trauma Informed Approaches with people who are homeless
2. First Stage Trauma work with homeless clients
3. Components of a Therapeutic Alliance
4. Trauma Informed Interventions with clients
5. Challenges of this work

Homelessness and Trauma



Trauma-Informed System includes People Who Abused Women

- Enduring and meaningful change occurs when the people who make up the system share a philosophy about trauma, services, the helping relationship, and trauma clients.
- How we understand trauma will determine to how we envision the overall approach to the work we do.

- In a trauma-informed system, trauma is viewed not as a single discrete event but rather as a defining and organizing experience that forms the core of an individual's identity.

- After enduring abuse an individual constructs a sense of self, a sense of others, and a belief about the world that is based on the horrific events.
- This meaning system informs life choices and may be evident in areas of function that may seem far removed from the abuse.

- In a trauma-informed approach the focus is on understanding the whole individual and appreciating the context in which that person is living her life.
- Rather than asking, “How do I understand this problem or this symptom?”
- We ask instead “How do I understand this person?”

- This approach shifts the focus to the individual and away from some limited aspect of her function and give the message that her life is understandable and her behaviors make sense when they are understood as part of a whole picture.

- Caring for an individual who is constantly at risk of physical or psychic destruction is enormously taxing and places the helper at risk for compassion fatigue and emotional exhaustion.

Changes in Relationships

- The ability to determine who is trustworthy is often distorted for abused people. The perceptions they have of others can change suddenly. They may trust someone one moment but as a result of some small lapse or disappointment they will suddenly withdraw.

Changes in Identity

- Often trauma survivors are preoccupied with shame, self-loathing and a sense of failure.
- The profound alterations is one's sense of self, the internalized images of others, and the values and ideals that give a person a sense of coherence and purpose have been invaded and systematically broken down.

Prolonged Abuse results in Complex Psychological Adaptations

- People subjected to repeated abuse develop an insidious form of post-traumatic stress that can change and distort their personalities.
- The shame and mistrust sometimes results in victim being withholding or secretive.
- Or on the other hand they can appear to be demanding or unreasonable in an attempt to have control.

Important to Remember

- People who experienced repeated trauma in childhood were deprived of the opportunity to develop certain skills necessary for adult coping, including attachment

- Trauma severs core connections to one's family, one's community and ultimately to oneself
- Survivors often feel powerless and unable to advocate for themselves

Worldview of Traumatized Homeless People

- The world is an unsafe place to live in.
- Other people are unsafe and cannot be trusted.
- The client's own thoughts and feelings are unsafe.
- Clients anticipate continued crises, danger and loss.
- Lack of belief in self-worth and capabilities.

Homelessness in inherently chaotic, internally & externally

- Others control access to resources (food, clothing, shelter) and getting access to a variety of programs can create chaos
- Little privacy on the street and in programs it may require disclosing private details
- Lack of privacy and power differential can mirror with the violence some women have survived

Lack of belief in self-worth and capabilities.

- Trauma takes away people's beliefs that they matter in the world.
- These feelings are so strong that they often inhibit people's ability to see their strengths and capabilities.

Services that are not trauma informed

- Staff may be reactive and punitive in response to clients triggers or angry outbursts
- Staff may not recognize difference between flashbacks and psychosis

What is the impact of trauma on service delivery?

- Lack of trust in providers.
- Inappropriate responses.
- Difficulty asking for and accepting help.
- Difficulty sustaining long-term relationships.
- Few coping and problem-solving skills.

- Clients may experience the system as re-traumatizing due to the lack of respect and safety, and an absence of control and choice, which mimics past traumatic experiences.

When someone is triggered, they may begin to “space out” (or dissociate), become angry, irritable, distracted, cry uncontrollably, etc.

This response occurs because the brain has adapted to be able to detect danger more easily, leading to an individual being more likely to detect danger with even very subtle reminders of the past (e.g., smell, time of day, feelings of loneliness, having little control).

- As a result, many things in the environment may appear to be threatening and triggers may be subtle and difficult to identify.
- We can never create an environment that is completely “trigger-free,” but we can create trauma-informed programs that minimize triggers as much as possible.

- This begins by recognizing that services, programs, and systems can often be both overtly and covertly re-traumatizing.

Overt Examples:

- A shelter does not have locks on the bathroom doors, leading to a lack of privacy that makes clients wary of showering/using the restrooms.

Covert Examples:

- The system/program often determines what the goals should be for the client, rather than having the client identify her own goals/needs

Example:

- Consider a client who uses drugs to manage anxiety and flashbacks.
- If this is understood as a relapse or lack of commitment to sobriety, neither staff nor the client will make the connections necessary to understand that substance abuse may serve as a way of coping
- Missed opportunity to help the client identify triggers to using drugs and alcohol and support to develop healthier coping skills.

- Traditionally, strongly confrontational approaches have need used with people who use substances.
- These approaches do not respect or support a person's right to go at their own pace with reducing substances, can damage their fragile coping and make them want to abandon their treatment efforts.

What does it Mean to Be Trauma Informed?

Trauma-Informed Help Involves:

- Understanding, anticipating, and responding to the issues, expectations, and special needs that trauma-survivors may have.

Traditional Approaches

- Traumatic stress is not viewed as a primary defining event in people's lives..
- Problems/Symptoms are discrete and separate. Each problem (symptom/concern) presented by client requires a separate source of support and / or intervention.

Trauma-informed Approaches

- Traumatic and violent events are the central, primary events impacting everything else in the lives of client. Assumes the impact of trauma is all-encompassing.
- Problems/Symptoms are inter-related responses to or coping mechanisms to deal with trauma..

Traditional Approaches

- Client abuses alcohol, the assumption is that she drinks excessively because she is an alcoholic not because she might be trying to deal with sleeplessness, anxiety, intrusive thoughts/memories or other problems associated with trauma

Trauma-informed Approaches

- Many problems(symptoms) including homelessness, psychological problems, substance use/abuse, dissociation, self-injury, & startle responses are attempts to cope w/ trauma &overwhelming feelings associated with traumatic events or unsafe environments..

Traditional Approaches

- Primary goals are defined by service providers and focus on symptom reduction.
- Reactive – services and symptoms are crisis driven.
- Sees clients as broken, vulnerable and needing protection from themselves.

Trauma-informed Approaches

- Primary goals are defined by clients and focus on recovery, self-efficacy, and healing.
- Proactive – preventing further crisis and avoiding retraumatization.
- Understands providing choice, autonomy and control is central to healing.

Incorporating Trauma-Informed Concepts into Daily Practice

A Trauma-Informed Approach:

- Recognizes that current problematic behaviors and symptoms may have originated as legitimate and even courageous attempts to cope with or defend against trauma.

A Trauma-Informed Approach . . .

- Views “symptoms” as adaptations
- Adaptations are an attempt to solve a problem
- Symptoms occur in response to something, not randomly. There is a function & a purpose to the responses
- Symptoms are an attempt to solve a problem

An Adaptation Model

- Emphasizes resiliency in human response to stress
- Helps survivors recognize their strengths and inner resources, instead of defining themselves by weakness and failure
- Reduces shame
- Engenders hope for client and helper
- Helps reinforce a framework in which everything is part of a whole

Adaptations are

- Best efforts to cope with intolerable circumstances
- Every adaptation helped an abused woman survive in the past and to some degree in the present

- The most seemingly bizarre or strange presentations have meaning
- Given the right context or perspective, they will make sense

Examples of Adaptations

- Dissociation
- Substance abuse
- Self-Harm
- Suicidality
- Denial
- Avoiding/numbing responses

Behavioural Adaptations Associated with Homeless People

- Layering of clothes
- Hypervigilance
- Seeking anonymity of large shelters
- Fear of shelters
- Not bathing
- Not willing to seek medical or dental attention

- Survivors are using the skills they have to adapt to life demands, even when these adaptations are problematic.

- These coping strategies may help survivors to endure the abuse while it is occurring (and are often encouraged by those perpetrating the abuse), but can be limiting for an adult
- They present barriers to treatment and recovery
- And be perceived as pathological conditions in assessments that are not trauma-informed.

Working From A Strengths Based Approach:

- A strengths based perspective demands a different way of seeing clients, their environments, and their current situations.
- We must be genuinely interested in and respectful of our client's stories, narratives, and accounts, as well as the interpretive angles they take on their experiences

- The literature is characterized by deficit-based discussions of victimized people, generally overlooking how they display tremendous strength and courage on a daily basis.

- Continuing to feel incompetent and unable to manage daily tasks only contributes to a lessening self-worth and self-esteem.
- Trauma survivors require support and practice to build competencies in areas such as
 - vocation,
 - education,
 - parenting,
 - and daily living skills

- In a strength-based approach, rather than diagnosing deficits and prescribing treatment to address them, we help clients identify and build on their capacities
- Clients understand that they have skills, experiential knowledge, hopes, interests, and that they are able to do some things masterfully.

Observing and understanding the client's strengths and resources/supports:

- Identify client's individual strengths.
- Identify who is part of the client's support system.
- Identify the client's hobbies/interests.
- Identify client's strengths in education and employment.
- Identify what has been helpful for the client in the past when faced with challenges.
- Identify client's current coping skills when faced with challenges.

Recognizing and Naming Client Strengths Involves:

- Ability to have perspective and see alternative viewpoints
- Ability to have empathy for self and/or others
- Ability to set appropriate boundaries in relationships with others
- Willpower and initiative
- Awareness of own psychological needs

Trauma Informed Care Involves:

- Forming a respectful relationship with clients *the first and most important step.*
- Supporting Client Control, Choice & Autonomy
- Recognizing that many client symptoms and behaviors are adaptations to trauma.
- Focusing on Client Strengths and Resources
- Identifying and reducing triggers to avoid re-traumatization
- Acknowledging the impact of vicarious trauma

Building Trusting Relationships

- Be patient and persistent.
- Convey respect.
- Be validating and affirming.
- Read clients' needs and respond accurately.
- Set realistic expectations and goals.
- Provide ongoing choices and supports.
- Know your role.

ESTABLISHING THE THERAPEUTIC ALLIANCE

- First step is to develop a relationship
- Homeless people will be revictimized if not given emotional support – unrealistic to think homeless women with sexual assault histories will disclose to strangers.

Key Elements of therapeutic relationship

1. Collaboration
2. Validation and empathic attunement
3. Empowerment of clients
4. Respectful and active engagement

Collaboration

- setting mutual goals
- providing information
- guiding and assisting clients in establishing the pace of therapy
- inviting client's feedback on her experiences of your services

Support Client Control, Choice & Autonomy

- Trauma survivors feel powerless.
- Recovery requires a sense of power and control.
- Relationships should be respectful and support mastery.
- Clients should be encouraged to make choices.

Involve Clients in Developing Care Plans

- When people develop their own goals, it fosters greater motivation and investment in the outcomes.
- This helps women develop greater self-determination and autonomy in their day to day lives.

- Often people chronically abused long to be rescued.
- They become passive and helpless hoping that you will take care of things for them
- Advocates and therapists often attempt to meet this need but hopelessly fail
- Abuse survivors feel once again disappointed and angry

- Record client strengths and write individual plans keeping strengths in the forefront. ┐
- Foster accountability by creating a regular goal review session. ┐
- Foster peer-run groups where clients can choose to talk about their goals and plans.

- Clients will not learn the necessary relationship skills when the help they receive is characterized by an overly care taking approach, it does not stress personal responsibility, and it is non-collaborative
- Trauma survivors will feel safest when they are actively participating and making decisions in the process of therapy.

Difficult Balance

- Therapists and frontline workers need to be actively involved with survivors but not over identify.
- Therapists who see their role as re-parenting are prone to becoming so involved in empathizing they develop uncritical acceptance of the survivors' helplessness and the sense of being overwhelmed.

- Counsellors and frontline workers must recognize that although women feel overwhelmed and helpless, there are ways to achieve mastery over these feelings.
- Rather than becoming enmeshed in our client's helplessness, it is essential that therapist reiterate that clients have the ability to make choices.

Empowerment & Collaboration

- Empowerment
 - Survivors benefit most when they participate actively and have control over decisions that affect them.
- Collaboration
 - Collaboration requires acknowledging our responsibility to our clients and the power we have in the relationship while deferring to their personal expertise and authority.

Collaborating with Clients to Manage Symptoms

- Working collaboratively with our clients to define the problem, and to develop a plan or intervention, recognizes that clients — and *not* helpers — have the ultimate control over their actions and healing.
- Helpers need to determine, with their clients, which symptoms are the most painful and debilitating. Then together rank the symptoms from most problematic to least.

- Traditionally, clients have been treated as passive recipients of services. They enter our doors, we tell them what we have to offer, and what they need to do, and they either take it or leave it.

Therapeutic Stance

- A client's unhealthy or insecure dependency on the therapist is disempowering and frightening for the client.
- Clients need to find own internal mechanisms of containing painful feelings and self-soothing.

- The expectation that the helper can provide soothing and reassurance is unrealistic. Clients need to develop ways to tolerate psychological pain.
- Helpers who attempt to gratify client's demands do so because they recognize the clients limited internal resources,

But . . .

- They fail to understand the need to help clients develop internal coping mechanisms.

- Unconditional love is not helpful -- but adhering to mutual respectful relationship is.
- Therapists provide containment and affect regulation by providing *predictability* and *consistency* -- not by extraordinary or “heroic” therapeutic interventions.

No intervention that takes power away from the survivor client can foster her recovery, regardless of whether it is in her best interests or not.

Therapists need to understand the distinction between helping a woman control her own behaviour, and trying to control her.

(Herman, 1993)

Responsibility & Power: Self-Harm

- Balancing empowerment with responsibility

- **How can we differentiate life-threatening behaviors from those that make us uncomfortable?**
- **How can you work *with* the client?**
- **What are the circumstances in which you, the therapist, would feel compelled to act unilaterally, with coercion?**

- What would allow you to manage your anxiety and acknowledge the client's control?
- What exactly is your responsibility (legal, organizational, ethical, interpersonal)?
- Does your organization expect you to have responsibility for things over which you have little control?

Validation and Empathic Attunement

- It is critical for the helper to validate the client's emotional responses and reactions to their early abuse experience

. . .as well as to

- normalize the creative adaptations they have developed to survive the trauma

Reflecting people in nuanced ways

“unlabeled praises”

- “Great job!” or “Good work!”

“labeled praises”

- “I really like how calm you were when your daughter was having a temper tantrum” or
- “I’m very impressed by how organized you have been.”

- Clinicians developing treatment approaches for trauma work agree that ***empathic attunement*** is an essential and possibly the critical element of the healing process .
(Courtois, 1999; Chu, 1998).

Balancing Empathy and Responsibility

- Therapists who emphasize change and responsibility without expressing empathy for their client's struggle in making these changes may be perceived by the client as critical and blaming.

Respectful Engagement / Active Facilitation

- **Be familiar with reframing statements and normalizing comments**
- **Know themselves and know how they feel and think about abuse.**

- When a therapist sits with a survivor and hears her despair and pain, and remains silent, many survivors will feel even more fear and shame.
- Some therapeutic engagement with this material is needed.

Tolerate a Range of Emotions

- Healing is a complex process, not a linear progression toward an end.
- Sometimes people will appear to be “getting worse” when, in fact, they are doing important emotional work.

- Trauma survivors experience a wide range of responses to the extreme levels of chronic stress and loss they face.
- Their comfort level in expressing these emotions will depend on their cultural orientation and whether or not these emotions are tolerated in the program setting.

- Trauma-sensitive environments anticipate these responses and encourage tolerance for emotional intensity.
- Many people have been shamed, punished or ignored in the past when they have connected to and expressed painful emotions.

Displays of anger

- This is often most challenging behaviour for workers.
- You may feel scared of anger, or resentful of it.
- Anger is very loaded for women and for survivors of abuse.
- We may classify all angry behaviour as abuse.

- It is valid for workers to expect that clients will not yell or swear at us, or threaten or hurt us, and it is also crucial that we see behaviours in context.
- Anger is an emotion that warns us that something is wrong. We have anger to protect us.

- It motivates us to change, to take action. In and of itself, anger is an adaptive, protective and life preserving emotion.
- The constructive release of anger is healthy and can result in positive outcomes.
- However, the healthy, respectful expression of anger doesn't necessarily come naturally.
- It is a skill that has to be learned and refined.

Part of becoming trauma-informed involves ...

- being very present and genuine with people in distress while containing the desire to “fix” them.
- It can be challenging to sit with people who are expressing feelings of helplessness, rage, grief, shame and betrayal - or conversely, remaining silent - and not “jump in” and become directive.

- Part of the process of forming a helping alliance with our clients is recognizing the need they have to break the isolation they feel
- This connection is possible when clients experience validation of their pain in the absence of someone trying to “fix” the situation.

- Validate what people are feeling.
- Practice being with people in distress without becoming directive. □
- Talk with staff and clients and take an inventory about what emotions are not well tolerated in the environment. □
- Use the above information as an education tool regarding cultural differences in expression. □
- Address the topics of control and power with residents and staff.

- How does our desire to “fix” interfere with healing? Where does it come from?

- What ways do we use control when we feel fear?
- What are some other ways to approach each other when we feel afraid?
- Brainstorm with staff and clients alternative ways to help support people in distress.

Effective Approaches Relevant for Trauma-Informed Helpers

Using Active Listening Skills with Distressed Complainants

Two types of distressed behaviour;

- Expressive
- Instrumental

- ***Instrumental behaviour*** is characterized by substantive demands and clearly recognizable objectives that, if attained, will benefit the person.
- These behaviours are best responded to through the strategy of problem solving.

- ***Expressive behaviour*** is motivated by the complainants desire to communicate frustration, outrage, anger, despair, or other feelings.
- The actions of a client who is in an expressive mode often appear illogical and highly emotional, especially when they lack any substantive or goal oriented demands.

- Expressive behaviour is driven by the belief that they are being treated unfairly or not respectfully, and often they feel threatened and powerless.
- This happens when a client has lost their equilibrium and is experiencing heightened levels of arousal that interfere with their ability to function effectively.

- It can be difficult to reach a client who is highly aroused and having difficulty articulating his/her needs in an understandable way.

- A client presenting in an expressive manner needs to ventilate and is best responded to through a strategy of active listening.
- By using active listening skills, you can both soothe your client while building empathy.

- When clients confront the legal system they often have incredible fears that they won't be treated fairly or provided with the kind of help or protection that they require.
- This overwhelming experience surpasses the coping mechanisms they have.
- Survivors often feel overwhelmed and powerless and have heightened emotions.

- As a consequence clients experience high levels of arousal (in the form of anxiety)---the physiological response to threat and danger.
- This anxiety serves to disrupt their ability to think clearly.

- During highly stressful situation, people spontaneously turn to others for comfort, support, understanding, and protection. We essentially have a biological need for attachment.
- Yet, many abused people disconnect from others when in crisis. If their need for support is not answered they often feel fear, anger disappointment and utterly abandoned.

- These coping response only complicates the client's circumstances, serving to undermine their sense of personal competence and effectiveness while increasing their anxiety further.

Active Listening

- When listened to by others, distressed clients tend to listen to themselves more carefully and are able to evaluate and clarify their own thoughts and feelings.

- If you hope to restore a client's equilibrium and increase her ability to think clearly –you must not present with any threatening behaviour.
- As long as your client perceives you as threatening, meaningful communication can not take place. (harsh set-up)

Examples of unhelpful responses

- ***Silence.*** Questioning a client without offering feedback, reassurance and support. Women may feel judged without knowing what you think.
- ***Advice giving.*** Telling clients what to do. Directive responses, this may be experienced as someone controlling them.

- ***Minimizing a client's experiences.*** This can happen as a failed attempt to reassure a woman.
- ***Making promises*** that you don't have the ability to keep. ie., "The crown attorney will make sure you are okay in the courtroom."

- **Telling a client to “calm down.”**
- **Speaking in clichés. “Time will heal all wounds.”**
- **Inappropriately expressing your anger towards her abuser**—she may not be able to hear this yet and may defend him.

- **Suggesting containment strategies** when she is not ready for this or needs to express her upset.
- **Asking questions that imply blame.** For example, “why didn’t you do something sooner”. Why didn’t you leave before now?
- **Touching or embracing a client** without checking it out first.

- **Self-disclosures or detailed stories about other abused women---**in a crisis, the focus needs to be on the client.
- **Assuming that all women have the same experiences.**
- **Making assumptions based on race, class, sexual orientation.**

- **Attempting to educate a client** during an emotionally upsetting time rather than responding to her emotional needs.

Helpful Responses

- **Encouragements-** To demonstrate that you are listening attentively and are focused on your client's words you either convey this with body language or brief verbal replies that relate interest and concern.

- Your responses don't need to be lengthy
- Give occasional, brief, and well-timed vocal replies, demonstrates that you are following what your clients is saying.
- Phrases such as, "I see" "okay" "yes"
- This will help the client vent and she will eventually be able to relinquish some control.

Paraphrasing

- This consists of repeating back in your own words the meaning of what is being said to you by your client.
- This demonstrates that you are both listening and comprehending what the client is conveying to you.

- An example your client might say,
“I haven’t heard back from my victim witness counsellor or the crown. I want to drop the charges and they won’t let me. I feel like I am going to go crazy.”

You would say, “ You haven’t heard back from the your counsellor or the crown yet so want to stop this process, it feels out of your control. It is too overwhelming for you and it makes you feel crazy.

Emotion Labeling

- With a highly aroused client needing to vent it is essential to label the feelings expressed or implied by your client's words and actions.
- When used effectively, it is a powerful skill because it helps identify the issues and feelings that is underneath your client's distress.

Example,

- "You sound as though you feel out of control and afraid about what this process involves and if you could you would drop the charges."
- Your client may agree and thereby validate the assessment or may clarify by saying, "I have come this far so I don't want to stop but I need more support."

Open-ended Questions

- Avoid why questions which can result in some women feeling challenged. Rather focus on what the client thinks and feels.
- Effective open-ended questions include, “Can you tell me more about that?” or “I really want to understand your experience can you tell me what happened?”
- “What do you think would help you?”

“I” Messages

- This allows you to express how you feel which may help ground a client. For example you could say “I feel frustrated when you interrupt me or cut me off because I really want to be able to help you.”
- It is important not to have an argumentative, sarcastic or hostile tone.

Boundary Issues

Interventions with Entitlement and Boundary Issues

- Overtly cognitive
- Experiential- resulting in implicit learning. The client is provided with opportunity to experience (no just hear) that she is valued and is entitled to respect. Because distorted relational schemas are non-verbal their treatment must also be nonverbal. Therapist must show, not merely tell.

- One of the earliest effects of abuse and neglect is the child's internal representations of self and others as especially negative. The child who is being abused may conclude that she is intrinsically unacceptable or deserves disregard.
- Most memories for these early experiences are implicit, involving largely nonverbal and nonautobiographical memories that cannot be recalled but are triggered.

- These schemas are primarily based in safety and attachment needs and are mostly evident in situations where the survivor perceives interpersonal threats similar to the abuse (rejection, abandonment, criticism, sexual exploitation).

- The helper provides a therapeutic experience that contradicts the clients belief that she is not entitled to respect and caring treatment by others.

What are Re-enactments?

- Re-enactments are ways that abuse survivors unintentionally repeat aspects of their past abusive relationships in present relationships

Why Do Reenactments Occur?

- Traumatic bonding
- Repetition Compulsion to Mastery
- Guilt
- Low Self-Esteem
- Skill Deficit
- Protection against vulnerability

Traumatic Bonding

- Reenactments happen because a person grows up with a destructive pattern of relations and views it as normal.
- Children tend to think that everyone's experience is the same as their own
- A parent who sometimes provides security and other times instills fear can reinforce a traumatic bond
- The greater the fear and the more need for security, hence the stronger the bond

Repetition Compulsion

- Freud described repetition compulsion as an attempt to have mastery
- Traumatized person repeat experiences in an effort to master the situation and no longer feel helpless, afraid and out of control.

Guilt

- Survivors often carry persistent guilt and shame
- Subconsciously hold on to the responsibility believing that they have the power to prevent it from happening again
- Sometime this illusion of control is worth the pain of the guilt
- Most often the guilt leaves people believing they deserve to be punished

Low Self-Esteem

- Survivors feel undeserving. When they are treated well, they become anxious
- Low self-esteem leads survivors to believe no one would want to be in a relationship with them. This belief can turn into a self-fulfilling prophecy
- Don't let people in & others grow weary of trying
- When others give up, it confirms their conviction that no one cares

Skill Deficit

Relationship skills are not inborn, we learn these skills through explicit messages but even more so, implicitly.

Survivors end up in reenactments because they lack the skills needed to negotiate healthy relationships.

Skills;

- Setting boundaries in relationships
- Learning how to skillfully negotiate conflict in relationships
- Knowing when and how to say no
- Asking for what we need or want

Protection Against Vulnerability

- This pattern is a defense of turning a sense of helplessness into a feeling of being in control.
- I fear being abandoned so drive the person away, taking control over the abandonment
- Being victimized feels horrendous, being rageful and abusive can feel powerful (though it backfires with feeling full of hate, out of control)

Caretaking of Therapist

...The child who discovers that servile attention to her abuser's various needs can forestall impending violence or elicit rare praise or affection is likely to conclude that powerful ones should be groomed and catered to, in exchange for love or forestalled abandonment.

(Briere)

How do we work with re-enactments?

Help our client become aware of how the present situation is replaying painful events of the past, and help them differentiate the past from the present.

Example 1:

If a client experiences the helper as an abuser
you can say something like;

“ I know this may feel like the past but let us
look how this is different now.....”

You can talk about the trigger in the present
and how that creates confusion between
present and past.

- Being non-defensive in response to a client's anger or disappointment dramatically increases the likelihood of a positive outcome of the discussion.
- That may mean acknowledging a mistake, or an inadvertent use of a trigger word or phrase.
“ I am sorry I said that way. I can understand why that frightened you . Let me clarify what I meant.”

- You can acknowledge how scary it must feel for the client when it feels like the past. Then say, “ Can you notice anything that is happening right now that is different from the past”.

- Example 2:

Client is behaving abusively to a helper.

It is important that you name and also to frame the client's behaviour as another way of telling a story. The story of her abuse.

The helper can say," It is okay to be angry but not okay to be abusive to me. I can say no when something doesn't feel comfortable to me."

- It is helpful to point out that what is happening now is familiar to the client.
- “One thing that may be happening is that you are letting me know what it was like to be in your family. “
- You are teaching a new skill and a new perspective to your client.

- Client is chronically self-harming, a re-enactment that may occur is one in which the client is both victim and abuser and the helper is a helpless witness.
- This often feels that despite your best efforts to offer help, you are feeling helpless to prevent or stop the self-harm. It feels that you are forced to witness violence.

- A powerful intervention is to name you experience of helpless witnessing.
- Or the experience of being a helpless witness is a direct repetition of something from the client's past.
- “It reminds me of you telling about the times your mother would leave the house saying she was going to kill herself, If it is this hard for me, an adult, I can only imagine how horrible it was for that little girl.

Constructive Responses to Re-enactments of Violence or Abuse

When working with clients who are angry or violent, it is useful to talk about your experience rather than focus only on their behaviour.

Survivors do not always understand the impact of their action on others (in their childhood the impact of other's action on them was often denied).

2. When you speak your feelings about their rage and abusive behaviour, you may be putting words to their childhood experiences.
3. When you approach the problems in the relationship from your experience you give the client the space to hear you without blame/shame. The client is not a bad person but their behaviour alienates other and makes it difficult to help them. You cannot help when you are scared.

4. When you emphasize the difference between anger and violence, you leave an opening for discussing and negotiating conflict or anger, while asking the client not to be violent.
- This distinction emphasizes that the present is different from the past when anger is not fused with violence.

- You are also affirming your commitment to stay in relation with your client to address conflict and use anger as a warning signal that some problem in a relationship needs tending.

- Need to provide a safe and respectful framework for both client as well as therapist or helper.

We must be explicit about the rules and boundaries and should not assume that our client will inherently understand the norms of relationships

- Goal of limit setting is not only to help establish and reinforce the client's sense of identity through enhancing her personal boundaries but to also preserve the personal limits of the therapist or helper.

- The ability to limit one's demands on others, independently of one's own needs, is itself a very important interpersonal skill.
- Reciprocal relationships require the ability to observe and respect another person's limits.

- Even our most intimate relationships are at times withdrawn or unable to meet all expectations.
- A helper or counsellor must take responsibility for her own limits. This can be very difficult at times, especially when a client is suffering and the limits add to the suffering.

- It is sometime difficult to know your limits before they are crossed. Warning signs include feelings of discomfort, anger and frustration.
- It is important to catch yourself before you withdraw, are angry or punitive.

- Limits are not presented as good for the client but rather for the good of the helper or the community of women (in a shelter).
- This is of course artificial but we don't want to be patronizing and tell women it is for their own good.
- The client should have a major say in what is ultimately for her own good but she does not have the say for what is good for the helper.

- We set our limits because we need to model self-care.
- It is also more honest because we often try to control others' behaviour by telling them it is for their benefit, when it really is for our own benefit.
- Honesty as a strategy can be extraordinarily effective.

Misunderstandings and miscommunications and even errors on the part of the helper or therapist are an inherent part of the healing process.

- Many abused clients are hungry for respect and honesty about your own limits is ultimately respecting the client.

Being Consistently Firm

- Clients may try to get helpers to extend their limits by arguing the validity of their own needs, criticizing the helper for inadequacy, or at time threatening to find another helper.
- In shelter and clinics they may go to other staff members and try to elicit their assistance, complain to other clients, or go directly to your supervisor.

- It is easy to fall into either extending your limits or attacking the client, implying that her needs are excessive or inappropriate.
- It is important to resist doing this.
- Giving in will reinforce the behaviour you are trying to stop and acting punitively puts you in the role of the abuser.

- Instead over and over again the helper must state her position calmly, and clearly
- The importance of soothing the client while simultaneously observing limits cannot be overstated.
- Being unwilling to tolerate a certain behaviour does not mean the helper can't comfort the client.
- You need to validate the clients distress and help her find other ways to cope with the problem,

PSYCHOEDUCATION

Clients anticipate continued crises, danger and loss

- Chronic trauma leads people to think ;
‘This is what has always happened to me, so this is what will always continue to happen.’
- People who have experienced complex trauma are being triggered all the time, so their brains are constantly on alert and sending signals of danger.

- Education about the brain's adaptation to trauma and people's sensitivity to danger and reminders/triggers, highlights the importance of creating a sense of safety and stabilization in all work that we do with trauma survivors.

Abuse & Brain Development

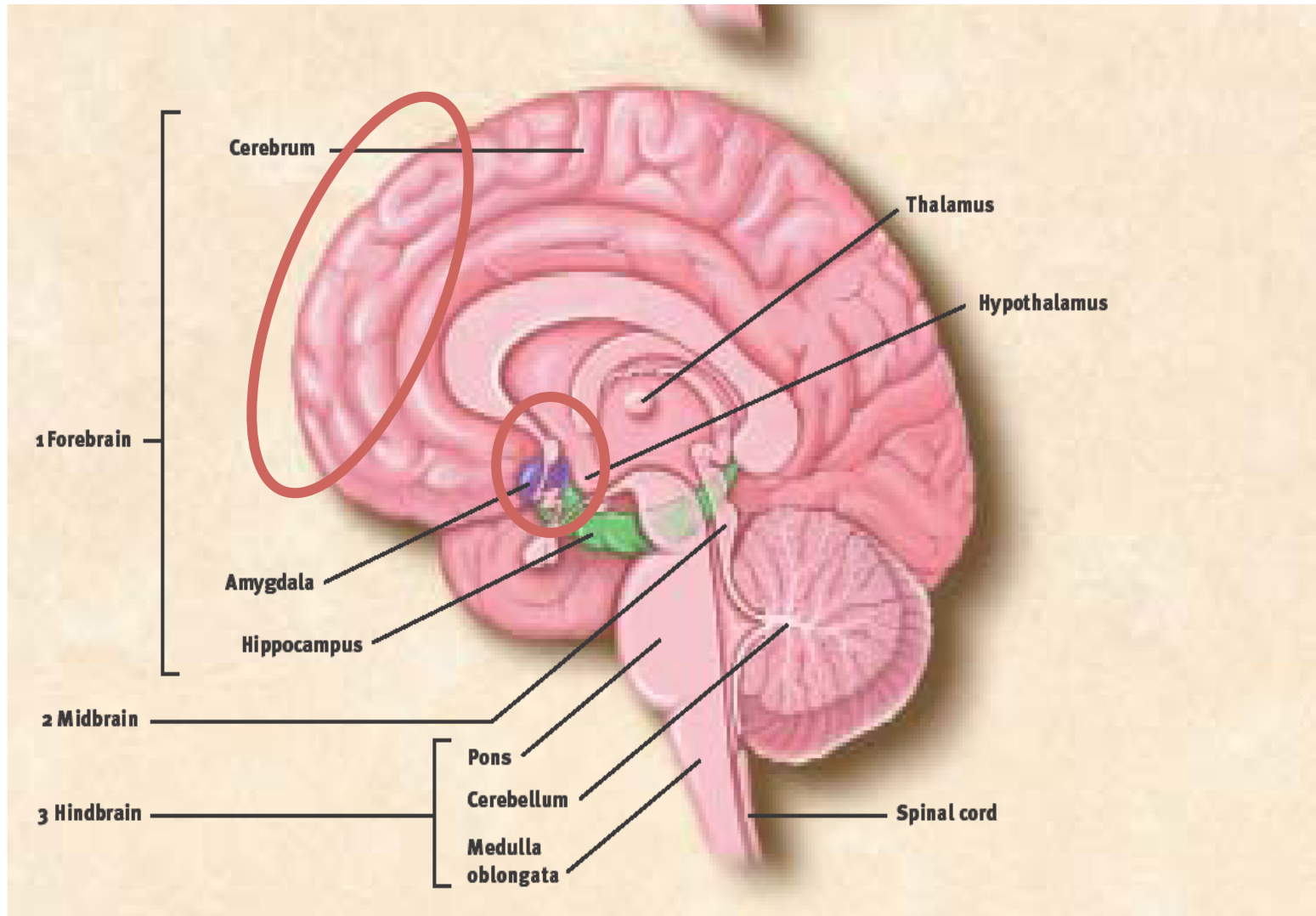
A child raised in perilous surroundings -- whether a war torn country or in a household of neglect and abuse--will develop brain connections and chemical responses that are highly sensitive to danger.

- These brain connections or chemical tendencies laid down in a dangerous environment from early life, become entrenched.
- Even if an individual ends up in a safe and secure adult environment, her brain is likely to stay on constant lookout for signs of danger.

The Stress Response and Complex Trauma

- When danger is ever-present, alarm goes off too frequently.
- Brain treats all potential threats as actual threats.
- Brain continues to release chemicals, so body becomes unbalanced.

The Stress Response



Triggers and Complex Trauma

- More reminders of past danger.
- Brain is more sensitive to danger.
- Thinking brain automatically shuts off in the face of triggers.
- Past and present danger become confused.

Common triggers may include:

- Reminders of past events.
- Lack of power/control.
- Separation or loss.
- Transitions and routine/schedule disruption.
- Feelings of vulnerability or rejection.
- Feeling threatened or attacked. Conflict in relationships.
- Loneliness.
- Sensory overload (too much stimulation).

Triggers can lead to fight-flight-freeze responses

- **Fight:**
 - Extreme anger and/or aggression (seemingly disproportionate to the situation)
- **Flight:**
 - Avoidant behavior
 - Withdrawal

- If fighting or fleeing are not adaptive or possible,
- the parasympathetic nervous system also offers two other survival alternatives,

freeze and submission

--Children, battered women, prisoners of war,
and aboriginal students in residential schools
--almost entirely dependent on freeze and
submission responses

- All of these represent different ways of modulating a dysregulated nervous system: self-injury and planning suicide both induce adrenaline and endorphin responses;
- self-starvation and overeating each induce numbing;
- and addictive behaviors can be tailored to induce either numbing
- or increased arousal or a combination of both.

APPROACHES TO HELPING INDIVIDUALS WITH GROUNDING

Reflect what you see and ask if your observation is correct:

- “You look like you are feeling very sad/ angry/ frustrated at the moment.
- Is that how you are feeling?
- I notice your hands are clenched, can you relax them?
- How about clenching them very tightly and then shaking them out a couple of times.”

- Or something like,
- “You look pretty scared to me right now. I notice that your arms are crossed over your chest and your legs are crossed as well.
- Is that how you are feeling? Would you like to stop talking for today?” Before you leave or we shift gears, let’s do some grounding exercises. Would you mind uncrossing your arms and maybe putting your feet on the floor? What do you see in the room? On the wall?”

Use imagery that helps decrease emotional intensity

- Some people find imagining an “emotional dial” they can “turn down” helpful when there is too much going on in their minds (too many emotions, too many voices, too much thinking/anxiety)

- Others find using an imaginary lockbox useful when thinking about placing their emotions there until such time when they can be addressed.
- Guided imagery creating a safe place that the survivor chooses

Focus on external cues and objects to distract from unbearable emotional states

- Draw a two foot circle around you and focus on what is in that circle and nothing else. State everything you see in that space, the color, lines, smudges if any, textures/patterns and direction of textures, smell, shapes, etc.
- If you are outdoors you can do the same thing.

- Focus on something in the distance and do the same as above if people are feeling particularly claustrophobic and need to experience more distance/space. □

- Building a box (any kind of box will do) in which objects are placed that help focus on meaningful events in the client's life (pictures, stones, jewelry, letters, etc.).
- Sometime these strategies can shift the energy enough for people to be able to sleep or cry or talk with someone.

Use deep breathing

- Inhale through the nose and out through the mouth.
- Placing hands on stomach and watching the lungs fill with air as the belly distends and contracts. □
- Some people prefer to keep eyes open during this exercise and some find it helpful to close their eyes while doing deep breathing.

- Dimming lights is helpful as the high pulse lights can feel intrusive. ┘
- Encouraging people to “be here, now” in a gentle affirming way can also be useful, especially if they can incorporate a similar phrase into the rhythm of their breathing.
- (Dissociation works to help temporarily alleviate intolerably painful feelings through distancing, so don’t be surprised if people cry or have a hard time as a result of being grounded in the present.)

Exercise and focus on the body

- Moving the body in a deliberate way (wiggling toes, hands, arms, changing physical position, standing up if you have been sitting a long time or conversely sitting down, walking over to a window if you are in an enclosed space.)

- Focusing on feeling the body while in motion. Going for a fast walk, jogging, lifting weights (some people use cans for this) or bags filled with sand/water, using a large rubber band for resistance, dancing, yoga, etc.

Inherent Challenges Front
line Workers Face

Personal Reactions to Trauma Work

- Exposure to intense emotional responses that abused clients express
- Being the target of client's anger or disappointment
- Feeling helpless in the face of overwhelming difficulties facing clients
- Inability to limit contact/or set boundaries with client because they are residing in the shelter

- Dual role-- counselling the client but also being in the role of monitoring their behaviour or insuring they follows rules.
- Feeling insufficiently skilled or knowledgeable to work with seriously traumatized clients (especially clients with trauma and substance abuse).

Addressing these Challenges

Understanding the Function of Behaviours

- For example a woman labeled as having mental health issues
- What are her behaviours?
- What is she doing, saying?
- how do her behaviours help her or harm her?
- How do her behaviours effect others?

- How does she understand her behaviours-
what meaning do they have for her?
- In what context do they occur?
- What meaning can we draw from them?

- For example, you are working with a woman who is convinced that there are people following her. If we focus on her emotions we see she has a high level of fear.
- As opposed to focusing or debating the details of her story.
- How can we help her to manage her fear?

- The challenge is to hear her experience enough to work with her on managing strong feelings and help her stay connected to practical strategies of staying safe, while neither affirming nor discounting her visions or beliefs.

- A reflection statement
- “I know you are very scared right now, and I’d like to explore with you ways of staying as safe as possible while this is happening to you,”
- may help the woman feel supported and mover her towards what she can control.

Other examples from your own
experiences.....

Group Discussion

- Now that you know about traumatic stress and its impact, how will your work change?
- What behaviors or responses are most difficult to handle or understand?
- Describe some ways that programs and systems may be overtly or covertly re-traumatizing.

The End!

Thank you . . .