TRAUMA-INFORMED PRACTICE:

Understanding and working with traumatized individuals in family practice

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University of Victoria
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Statement of COI

* I have no commercial relationships or interests related to this presentation
* I am funded by the Social Sciences and Humanities Research Council

TRAUMA INFORMED PRACTICE: PRESENTATION OVERVIEW

* Presenter Background
* Simple vs. Complex Trauma
* Tri-Phasic Model of Trauma Treatment
* Screening for Trauma
* Assessing Patient – 5 Levels of Safety
* Assessing Patient Resources – 4 Quadrants
* Understanding the "Window of Tolerance" (Ogden)
* Self-Regulation and Addictions
* C-V-C
* Office Set-Up and the "No-Surprises" Policy

Presenter Background

* Dr. Tim Black, R. Psych. (Counselling Psychology - UBC 2003)
* Associate Professor of Counselling Psychology at UVic (Tenured) with my first appointment in 2003
* Department Chair – Ed Psych & Leadership Studies
* Graduate Trauma Counselling Course – UVic 2005
* Research – Military to Civilian Transition for Canadian Forces Veterans

Presenter Background Cont'd

* Registered Psychologist (CPBC) - areas of specialization include PTSD and Group Counselling
* Private Practice from 2004-2014 – Civilians and Veterans in Individual Counselling
* Veterans Transition Program (VTP) – Co-Founder
* Veterans Transition Network (VTN) – Co-Founder, Former National Clinical Director, Senior Clinician

The VTN's mission is to make sure no Canadian Veteran is left suffering in isolation.

We deliver Transition Courses that focus on:

Career
Setting concrete plans for achieving personally meaningful careers.

Family
Reconnecting and building understanding with loved ones.

PTSD
Understanding its effects and how to deal with Operational Stress.

Resources
Learning how to access available services.

Get Course Info Here

Find a Program Near You

Presenter Background Cont'd

* The Personal Side…

Simple vs. Complex Trauma

* Trauma can be conceptualized as the interaction between and overlapping of multiple continua…

Single incident trauma----------Multiple traumas

Circumstantial----------Relational

Childhood----------Adulthood

Simple vs. Complex Trauma

* As a practitioner – single incident, circumstantial traumas will have the least impact on your practice
* Multiple, relational traumas from childhood through to adulthood will have the most impact on your practice

Single incident trauma----------Multiple traumas

Circumstantial----------Relational

Childhood----------Adulthood

Simple vs. Complex Trauma

* Multiple relational traumas in patients can create significant challenges in patient self-regulation and interpersonal attachment
  * Which can then translate into significant challenges in patient management
* Borderline Personality Disorder… Multiple Childhood Relational Trauma Disorder?

Screening for Traumatic Event Exposure in Patients

* The Life Events Checklist from the Clinician Administered PTSD Scale (CAPS)

http://www.ptsd.va.gov/professional/pages/assessments/assessment-pdf/LEC-5_Standard_Self-report.pdf

Date: _____

The Developmental* Life Events Checklist

Preamble: I am going to ask you about potentially disturbing events in your life and going through this may cause some distress. These questions are important for planning how we will work together and we can stop at anytime if you would like a break.

Event	Happened To me	Witnessed It	Learned About it	Not sure	N/A	When did it happen? (Please circle all that may apply)
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
2. Fire or explosion						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
4. Serious accident at work, home or during recreational activity						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten-up)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
9. Other unwanted or uncomfortable sexual experience						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
10. Combat or exposure to a war-zone (in the military or as a civilian)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
12. Life-threatening illness or injury						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
13. Severe human suffering						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
14. Sudden, violent death (for example, homicide or suicide)						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
15. Sudden unexpected death of someone close to you						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
16. Serious injury, harm or death you caused to someone else						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**
17. Any other very stressful event or experience						**0-5 / 6-10 / 11-15 / 16-20 / 21-35 / >35yrs**

** Adapted by Black (2006) to include developmental component*

Client Name: _____

The Tri-Phasic Model of Trauma Treatment

* Judith Herman (1995) ***Trauma and Recovery***
* Briere and Scott (2015) ***Principles of Trauma Therapy: A Guide to Symptoms Evaluation and Treatment***
* Baranowsky and Gentry (2015) ***Trauma Practice: Tools for Stabilization and Recovery***
* For patients – Lewis, Kelly and Allen – ***Restoring Hope and Trust: An Illustrated Guide to Mastering Trauma***

The Tri-Phasic Model of Trauma Treatment

* Phase One – Safety and Stabilization*
* Phase Two – Remembrance/Mourning or Working Through Trauma
* Phase Three – Reconnection

*Focus will be on Phase One - Tools & Recommendations

Phase One – Safety/Stabilization

* What does it mean to be “safe”?
* At least five levels of safety for each patient:
  1) Physical Safety
  2) Emotional Safety
  3) Cognitive Safety
  4) Relational Safety
  5) Spiritual Safety

LEVELS OF SAFETY EXERCISE

Tim Black, PhD (2007)
University of Victoria
Counselling Psychology Program

Client Name: _____

Date: _____

Counsellor: _____

Organization: _____

This exercise is meant to begin a conversation about safety in general and to help you reflect on the different levels of safety you have in 5 different areas of your life: physical safety, emotional safety, cognitive safety, relational safety, and spiritual safety. There are no right or wrong answers to these questions and the ratings can, hopefully, be used by you and your counsellor to help in your process of getting better.

Physical Safety – When you think about your level of physical safety, reflect on your physical self and how safe it feels to you. Here are some questions to help:

1) Are you currently in any kind of physical danger in your life?
2) Do you have enough food to eat?
3) Do you have a safe place to stay at night?
4) Are you under any kind of threat in your life right now (e.g., attack from animals, humans; physical illnesses; lack of access to food/water/shelter)

0 _____ 10
I have no physical safety — I am 100% physically safe

Emotional Safety – When you think about your level of emotional safety, reflect on the relationship you have with your emotional self. Here are some questions to help:

1) Can you feel your feelings? Can you make sense of them?
2) How much do you rely on your emotions? Are they like a good friend that guides you? Or an enemy in the night waiting to hurt you?
3) Are your feelings scary to you, intriguing, threatening?
4) How safe do you feel when you are alone with your emotions?

0 _____ 10
I have no emotional safety — I am 100% emotionally safe

Cognitive Safety – When you think about your level of cognitive safety, reflect on the things you think about yourself, about others and about the world? Here are some questions to help:

1) What do you tell yourself about you? Do you like yourself?
2) How much do you value yourself?
3) What is the worst thing you tell yourself? What is the best thing you tell yourself?
4) How safe are your thoughts? Do your thoughts ever scare you?

0 _____ 10
I have no cognitive safety — I am 100% cognitively safe

Relational Safety – When you think about your level of relational safety, reflect on your relationships with other people that you encounter in your life. Here are some questions to help:

1) Do you have a lot of friends you can rely on in times of trouble?
2) Do your relations treat you kindly, harshly, abusively?
3) What do your relations tell you about yourself? What do they repeatedly say to you?
4) Do your relations ever hurt you physically, emotionally, verbally, whether on purpose or not?

0 _____ 10
I have no relational safety — I am 100% relationally safe

Spiritual Safety – When you think about your level of spiritual safety, if applicable, reflect on your relationship to your God, the Creator, the Universe, your ancestors, Nature or anything that you identify with Spirit. Here are some questions to help:

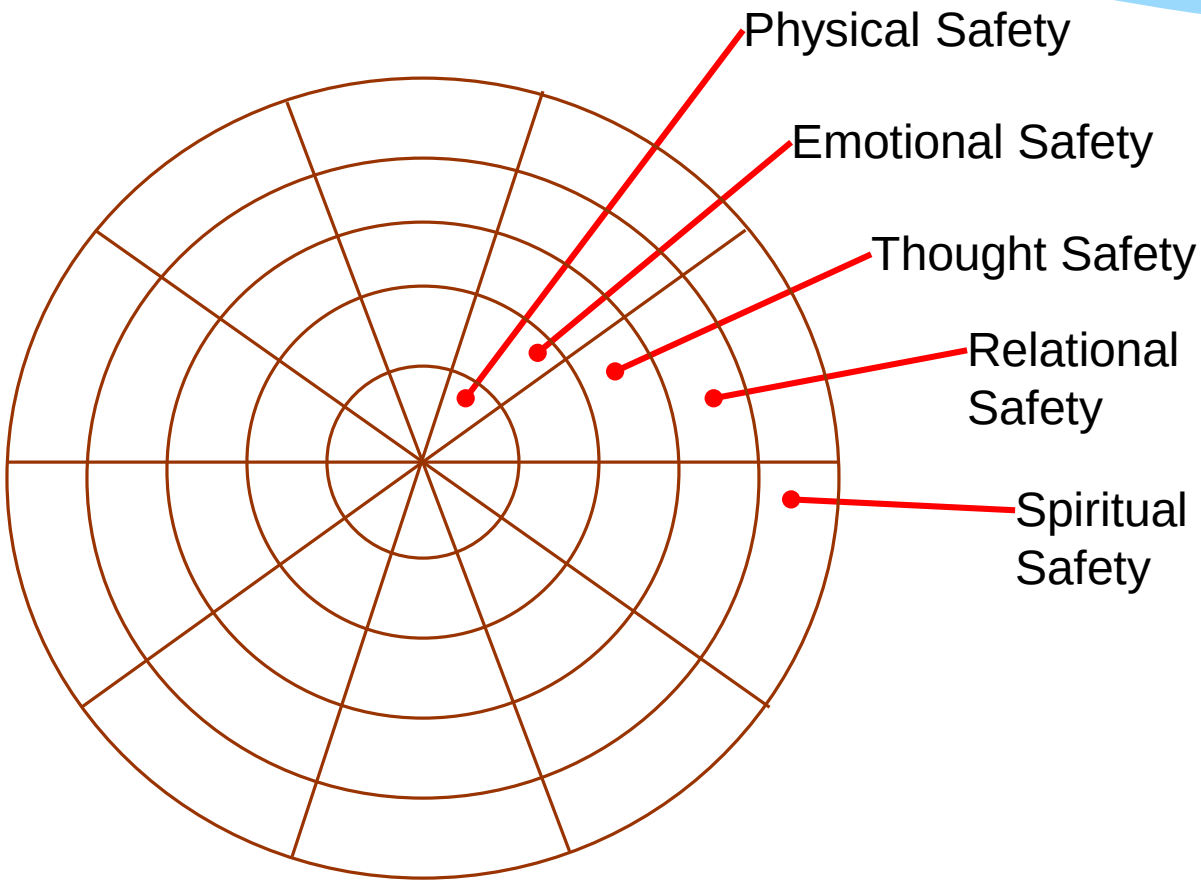
1) How does Spirit, God, the Universe see you?
2) How does Spirit, God, the Universe treat you? Kindly, jealously, harshly?
3) How do your spiritual leaders treat you?
4) Has anyone ever spiritually hurt you? Has God, Spirit or the Universe ever tried to hurt you?

0 _____ 10
I have no Spiritual safety — I am 100% Spiritually safe

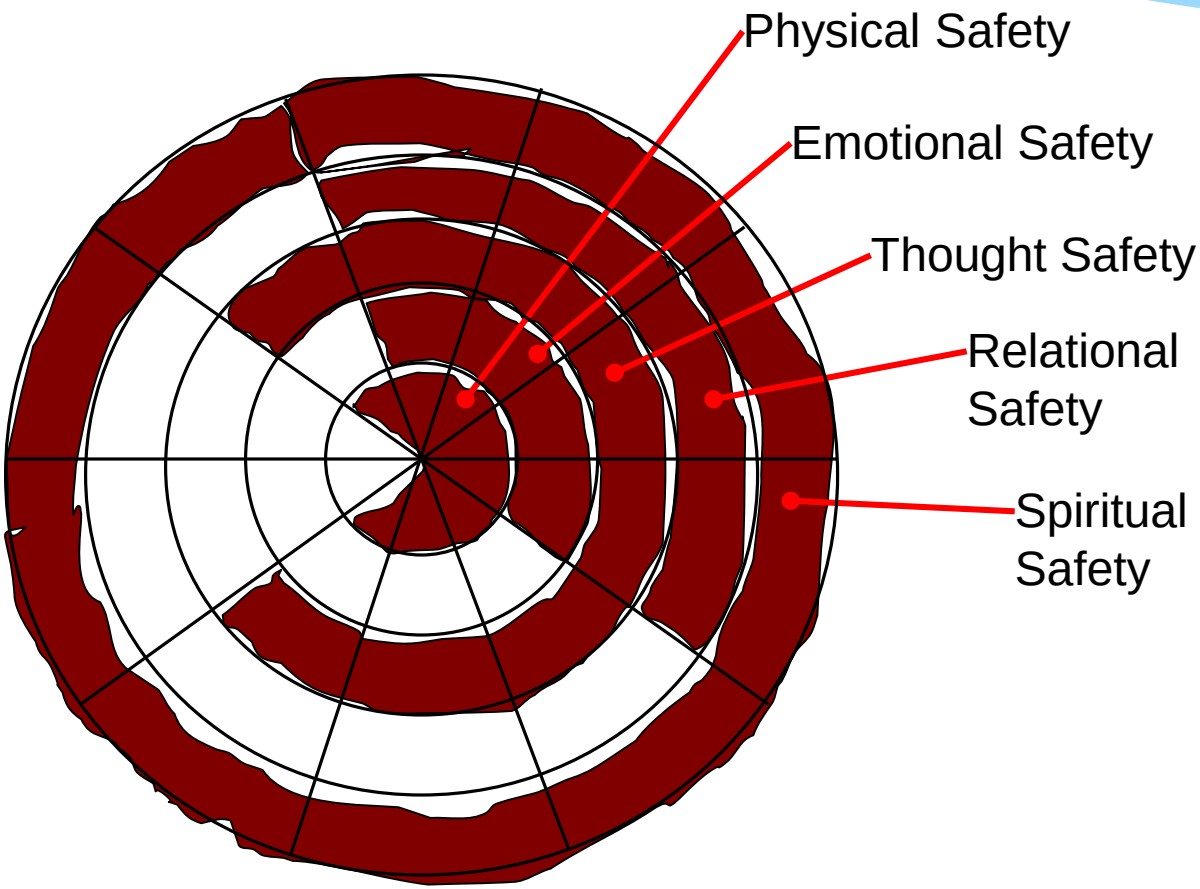
"Safety" is not something we can achieve once and for all, but something we have to "DO" every day for the rest of our lives…

~ Anonymous quote from a trauma survivor ~

Creating a Safety Map



Creating a Safety Map



Stabilization: Resources

* Once we have addressed the levels of patient safety we can then consider how “stable” patients are in their lives
* One of the lenses through which we assess stability is that of client “resources”

All-Quadrant Resources for: _____

The Insides of Me (i.e. My thoughts, feelings, awarenesses, sensations, emotions, beliefs, values, connection to Spirit)

The Physical Me (i.e. My body, my brain, my neurochemicals, my hormones, my blood, my bones, my organs, my five senses, my behaviours, my diet, my sleep etc.)

My Relationships (i.e. to individuals, family, children, friends, enemies, groups, communities, teams etc.)

My Physical Environment (i.e. dwelling, streets, transportation, buildings, art, bedroom, temperature, weather, availability of amenities, access to healthcare and mental health resources etc.)

Please note: This is meant to be a way for you to identify the resources that you can draw upon to help you feel grounded, centered and safe. Only include those things that you know can be relied upon consistently over time.

All-Quadrant Resources for: _____

The "Four Quadrant" Resources Exercise ©:

(T. Black, 2005, Adapted from Wilber's AQAL model)

It is important to acknowledge that each of these 4 areas contains resources and potential resources for doing trauma work as well as barriers or potential hindrances to doing trauma work. For the purposes of this exercise, we will be focusing on the resources and potential resources in each area. At some point we will likely address the barriers or potential hindrances to doing trauma work but for now, we are focusing on the resources.

The Inside of Me:

We all have that part of ourselves that is invisible to the rest of the world. What goes on inside of us is private and known only to us. It is how we think, how we feel, how we experience, what we sense, our beliefs and values and how we react to and make meaning of: the world, our relationships, our connection to spirit, our bodies and our environment. It is also how we think and feel about ourselves. These things are the "Insides" of all of us and represent an area in which we may possess resources for doing trauma work or that we can consciously choose to develop resources in, with or without professional help.

The Physical Me:

Just as we all have an "inside" to ourselves that is private and known only to us, we also have an "outside" or physical self that is more or less visible to the rest of the world. While our thoughts, feelings and reactions to the world are known only through self-reflection and awareness, our bodies and our behaviours are visible and knowable without the need for internal reflection. It includes body, brain, neurochemicals, hormones, blood, bones, organs, five senses, behaviours, sleep patterns, physical conditioning, metabolism etc. This is the physical me that may represent a considerable resource to us or may represent a potential area to develop further resources.

My Relationships:

Just as there are parts to ourselves that are private and known only to us, the meanings that we share in our relationships with others are private and known only by ourselves and by the people with which share that relationship. Relationships to our spouses, our friends, our children, our families, our co-workers, our ethnic group, our cultural group, our social groups and many other relationships are all potential resources for doing trauma work. Think about your relationships to individuals, groups, teams, families, acquaintances when you think about the resources that you either possess or that you can choose to develop further.

My Physical Environment:

Just as we share understanding with many different people and groups in our lives, we are also part of a physical world that is made up of different systems. We often don't think about how our environments work for us, but we often notice immediately when they work against us. In thinking about your physical environment consider things like your apartment or house, individual rooms in your house, the neighborhood that you live in, the crime rate, community resources, transportation and access to amenities. Your physical environment can be a considerable resource that you already draw upon or it may represent potential resources that you can work on developing to aid in your trauma work.

Please note: This is meant to be a way for you to identify the resources that you can draw upon to help you feel grounded, centered and safe. Only include those things that you know can be relied upon consistently over time.

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All-Quadrant Resources for: _____

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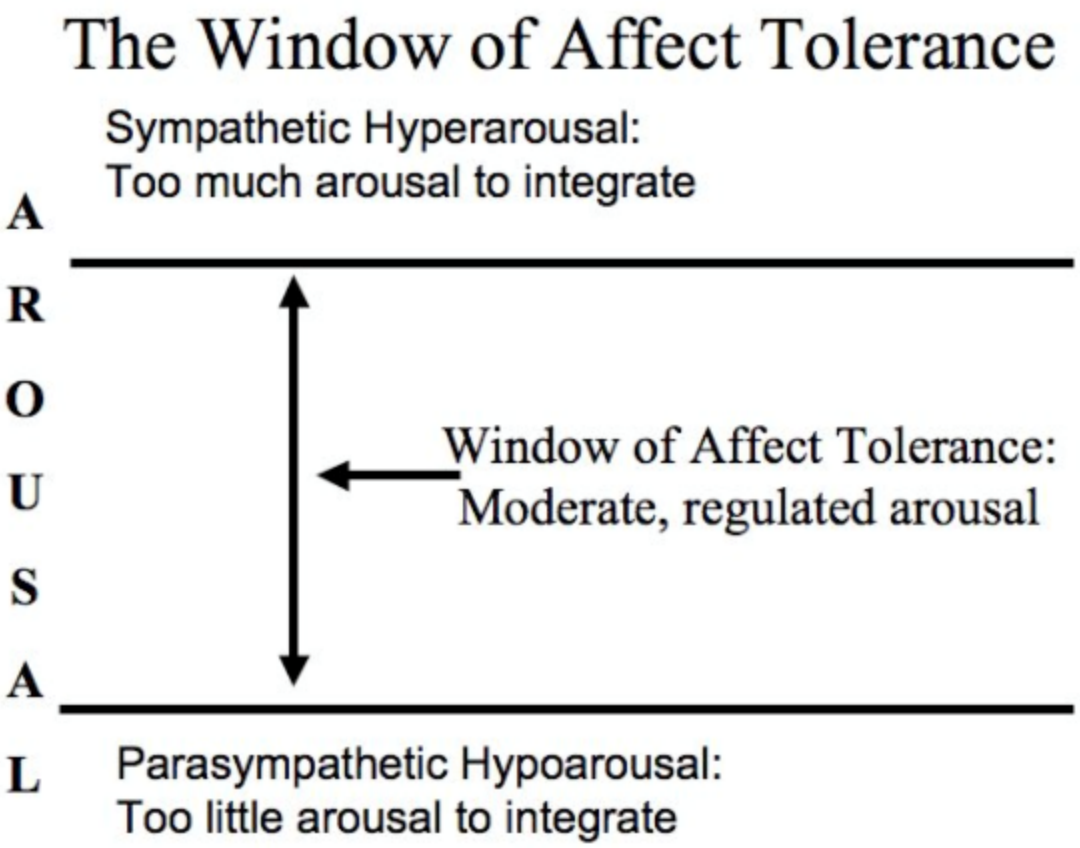
The “Window of Tolerance”

The "Window of Tolerance"



Retrieved from:
https://lifespanlearn.org/documents/OgdenChapter.p

Self-Regulation: Tools for Staying in the Window

Self-Regulation: Tools for Staying in the Window

* What is Self-Regulation?
  * ***The ability for patients to monitor, engage with and to some extent control their behaviours, emotions and cognitions without becoming overwhelmed by or dissociated from their experience***

Self-Regulation: Tools for Staying in the Window

* Self Regulation Tools allow patients to…

1) Remain present to their current experience and avoid dissociation (aka remain "grounded")
2) Remain engaged with their emotional responses without being overwhelmed
3) Remove themselves from overwhelming emotional and/or cognitive states
4) Acquire essential coping skills for future trauma work

Self-Regulation & Addictions

* Substance use/misuse and trauma tend to go hand in hand for many sufferers - The case of "Priscilla"

Priscilla is one of the enemy in the war on drugs. She sells cocaine to support her own habit, a dependence from which no calamity has been able to shake her loose: not the loss of her child, not HIV, not multiple illnesses, not brutal beatings at the hands of male "clients." She became one of the enemy at 15 when, after many years of sexual abuse by her grandfather and uncle, her mother injected her with heroin and sold her into prostitution.

Retrieved from - http://drgabormate.com/article/stop-treating-drug-users-as-criminals/

Self-Regulation & Addictions

The scientific literature makes clear that emotional stress is the most consistent trigger for addictive behaviours. How does that affect people such as Priscilla? A study published in The Journal of the American Medical Association concluded that "a history of childhood abuse per se is related to increased [nervous and hormonal] stress reactivity, which is further enhanced when additional trauma is experienced in adulthood." The point is that the addict is retraumatized over and over again by ostracism, harassment, dire poverty, disease, the frantic hunt for a source of the substance of dependence, the violence of the underground drug world and harsh chastisement at the hands of the law — all consequences of the war on drugs.

Retrieved from - http://drgabormate.com/article/stop-treating-drug-users-as-criminals/

Self-Regulation & Addictions

* Looking through the lens of "self-regulation", addiction and substance use make sense
  * Recall self–regulation helps clients - 3) Remove themselves from overwhelming emotional and/or cognitive states

Self-Regulation & Addictions

* Substances can, at least initially, assist patients in regulating their emotional discomfort
* In terms of trauma treatment, things tend to get "worse" before they get better
  * If the person is using or recovering from using, plans must be in place to deal with the inevitable increase in emotional and psychological discomfort during Phase Two
* Without a substitute means of self-regulating distress, risk of relapse and/or continued substance is increased

Self Regulation Tools for Patients in the Office and at Home

* A word about telling the traumatic story…

Self Regulation Tools for Patients in the Office and at Home

* The most effective message to communicate to patients about telling their story…

"Telling your story is very important and, in order for it to be helpful, it has to be told in a particular way. Simply telling it won't help and could actually make things more difficult for you."

Self Regulation Tools for Patients in the Office and at Home

* A word about…

Self Regulation Tools for Patients in the Office and at Home

* Triggers are internal and/or external cues that prompt a traumatic response to a typically non-traumatic event
* Telling one's trauma story in an unregulated manner can trigger a cascade of traumatic responses
* If a patient can learn what their internal and external triggers are, then they will be better equipped to self-regulate
* Coming to see a physician may be very triggering for patients – especially those with complex PTSD

Self Regulation Tools for Patients in the Office and at Home

* Diaphragmatic Breathing
* 5-4-3-2-1 Sensory Grounding
* Safe Place – Finding One & Creating One
* Progressive Relaxation with Olfactory Anchor

A Trauma Informed Practitioner's Mantra

C-V-C

A Trauma Informed Practitioner's Mantra

Choice-Voice-Control

Office Set-Up and the "No-Surprises" Policy

* Consider the patient who is a survivor of a repeated, relational, developmental traumas…
  * How would you situate yourself in your office and why?
  * How would you arrange your office furniture in the waiting area and why?
  * How exposed are they to other patients when they arrive?
  * These are some of the considerations for engaging in Trauma Informed Practice

Office Set-Up and the "No-Surprises" Policy

* In my work with PTSD sufferers, I have a "no-surprises" policy
* My office chair is furthest from the door and does not impede a "quick getaway" by clients
* To the best of my abilities, I will give a "heads up" regarding anything I am going to do or say that might trigger them or leave them feeling worse off
* This allows the individuals to have predictability and a sense of control, which is the opposite of what happens when one is traumatized

Closing Thoughts…

* Traumatic events are ubiquitous aspects of our world
* Post traumatic responses are understandable yet problematic human responses to traumatic events
* PTSD is not a dichotomous variable
* Healing is not about cure, but rather about growth despite or perhaps even inspired by limitations
* Thank you!