

National Capacity Building Webinar Series

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Transcending Violence:

Trauma-Informed Care and
Torture Survivors

Overview of Talk

- Trauma as a public health issue
- Trauma informed care and trauma specific services
- Limits of PTSD diagnosis
- Becoming trauma informed
- Selecting approaches to treatment and support
- Gender-based approaches
- Building partnerships

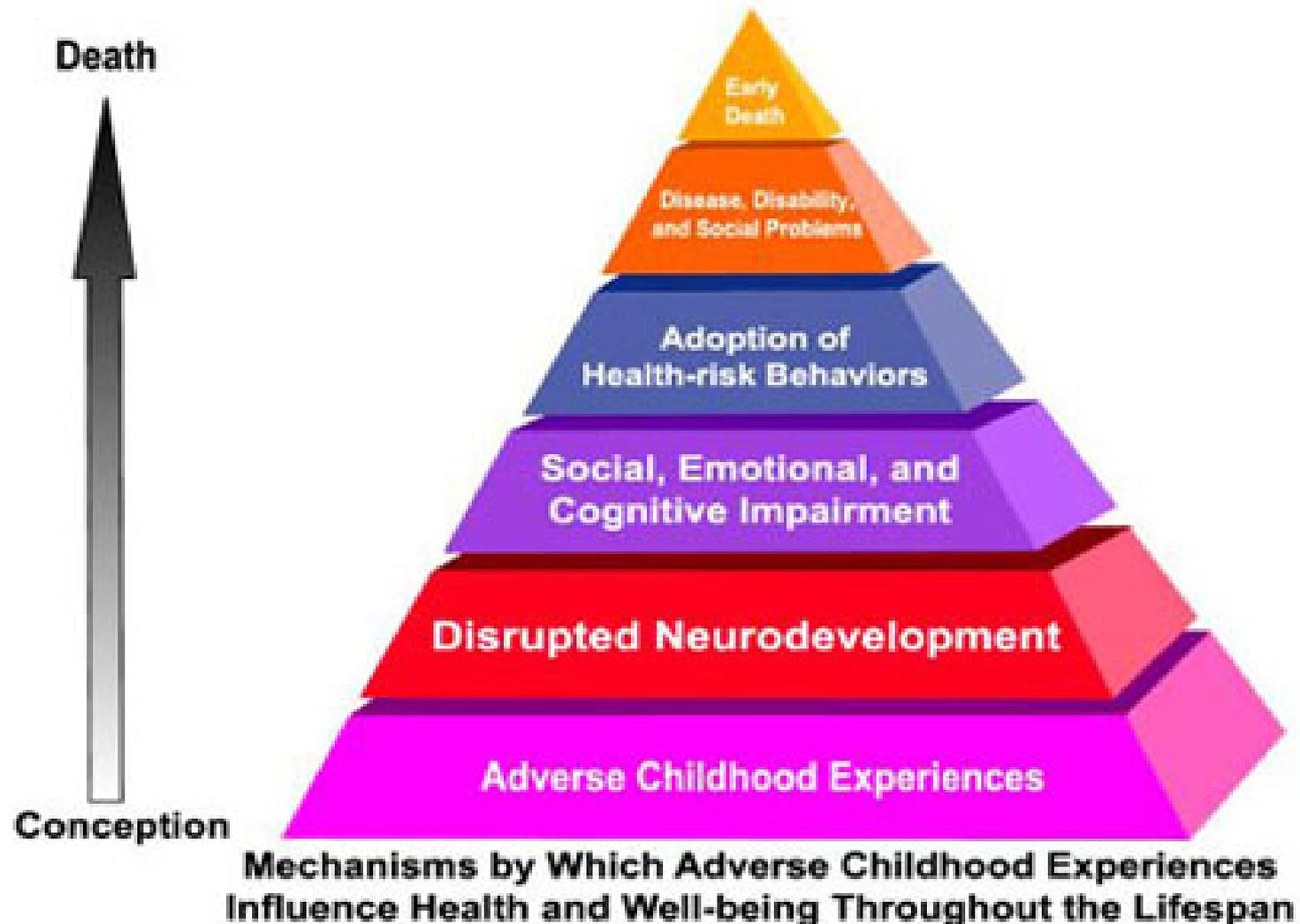
Trauma as a Public Health Issue

- Widespread recognition of impact of trauma
- Connection between violence and long-term health and social consequences
- Support strengths and resilience
- Address psychosocial needs: housing, jobs, language – not just therapy
- Change from “What’s wrong with you?” to “What happened to you?”

The ACE Study: Impact of Trauma on Health

- Epidemiological study of 17,000 subjects
- Trauma cumulates
- Chronic stress has highly significant relationship to health, mental health, and social behaviors
- Impact may show up decades after the trauma occurs

Causal Model Established



How Violence Affects Health

- ACE > 4 460% more likely to be depressed
- ACE > 7 3000% more likely to attempt suicide
- ACE > 6 4600% more likely to use IV drugs
- ACE > 4 400% more likely to abuse alcohol
- ACE > 4 500% more likely to experience DV
- ACE > 4 Die on average 20 years earlier
- ACE score also affects absenteeism, job performance, income, liver disease, COPD, use of social services, and dozens of other measures

Historical Trauma

Cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma

Maria Yellow Horse Braveheart

Trauma Informed Care and Trauma Specific Services

Definitions

- Trauma specific services: Clinical interventions that directly address trauma symptoms
- Trauma informed care: Any program where personnel, policies and the environment all reflect a comprehensive understanding of trauma

Why is TIC important?



- Applies to all settings
- Addresses all trauma-related problems, not just PTSD
- Makes everyone accountable
- Applies to staff as well as clients
- Avoids retraumatization

Concerns about PTSD Diagnosis

- Applicability to non-western cultures
 - Presumes violence to be unusual or isolated
 - Measures symptoms common in the West
- Over-diagnosis
 - Symptoms as normal reaction to violence
 - Fewer than 20% develop disabling PTSD
- Undermining of natural recovery processes
- Overlooking other trauma-related problems

Complex Diagnostic Picture

- Clinical mix of problems
- Misdiagnosis as psychotic illness
- Cultural differences in experience
- Common misconceptions
 - People never recover
 - People don't want to tell their story



Retraumatization

- A situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the associated feelings and reactions
- Can be obvious – or not so obvious
- Is usually unintentional
- Is always hurtful, exacerbating the very symptoms that brought the person into services

Potential Retraumatization



- Dentist office
- Male authority figures
- Gynecological exam
- ESL classroom
- Anyone in uniform
- Confined spaces
- Being transported
- Particular sounds

Becoming Trauma Informed



Creating a Trauma-Informed Environment

- Deep exploration of values from multiple perspectives
- Examination of program and environment
 - How well do we apply these values to clients/patients?
 - How well do we apply these values to staff?

TIC Principles

Fallot and Harris, 2006

Safety: Ensuring physical and emotional safety

Trustworthiness: Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries

Choice: Prioritizing consumer choice and control

Collaboration: Maximizing collaboration and sharing of power with consumers

Empowerment: Prioritizing empowerment & skill-building

Application of Trauma-Informed Principles

Fallot and Harris, 2006

- Program procedures
- Formal service policies
- Screening, assessment & planning
- Administrative support
- Staff training
- Human resource practices
- Environment

Safety

To what extent do service delivery practices and settings ensure the physical and emotional safety of consumers?

How can services and settings be modified to ensure this safety more effectively and consistently?

Trustworthiness

To what extent do current service delivery practices make the tasks involved in service delivery clear? Ensure consistency in practice? Maintain boundaries, especially interpersonal ones, appropriate for the program?

How can services be modified to ensure that tasks and boundaries are established and maintained clearly, consistently, and appropriately?

Choice

To what extent do current service delivery practices prioritize consumer experiences of choice and control?

How can services be modified to ensure that consumer experiences of choice and control are maximized?

Collaboration

To what extent do current service delivery practices maximize collaboration and the sharing of power between providers and consumers?

How can services be modified to ensure that collaboration and power-sharing are maximized?

Empowerment

To what extent do current service delivery practices prioritize consumer empowerment, recognizing strengths and building skills?

How can services be modified to ensure that experiences of empowerment and the development or enhancement of consumer skills are maximized?

Revisiting the Principles for Staff

- Safety: How can we ensure physical and emotional safety for staff members?
- Trustworthiness: How can we maximize trustworthiness as administrators and supervisors?
- Choice: How can we enhance staff members' choice and control in their day-to-day work?
- Collaboration: How can we maximize collaboration and sharing of power with staff members?
- Empowerment: How can we prioritize staff empowerment and skill-building at every opportunity?

Organizational Trauma

- Given prevalence data, many staff will have trauma in their backgrounds
- Organizations, like people, are affected by trauma
- Organizational trauma can become embedded in organizational culture

Trauma Specific Services



Selecting Trauma Treatment

- Wide variety of modalities available
- Evidence based practices
 - Science based, fidelity measures
 - Few outcome studies on non-western pops
- Emerging practices
- Consider context: Is it trauma informed?
- Your role as cultural educator and coach

Framework for Effective Trauma Treatment

I. Support resilience

II. Embrace cultural differences

III. Treat severe symptoms

I. Support Natural Resilience

- Ability to maintain functioning despite trauma
- Prevalence of resilience
- Implications for treatment
 - Lack of pronounced distress may be “normal”
 - Treatment may undermine healing
- Resilience as multi-dimensional

II. Embrace Cultural Differences

- Assess cultural appropriateness of interventions
- Cultural biases about addressing problems directly
- Consult with cultural advisors



III. Treat Severe Symptoms

- Biological basis for learned fear
- Be aware of re-traumatization
- Implications for treatment
 - Cognitive-behavioral treatments
 - Body-based therapies
 - Pharmacology





Emerging Models

- Self-care & self-healing
- Traditional healing
- Story-telling & narratives
- Psychosocial approaches
- Body-based therapies
- Religion & spirituality

Self-Care and Self-Healing



- Development of trust
- Deep listening
- Inventory self-healing
- Supporting cultural practices
- Importance of humor, friendship, & physical exercise

Traditional Healing



- Culturally based symptoms
 - Physical complaints with cultural meaning
 - Psychological meaning of trauma symptoms
- Local patterns of help-seeking
- Healing resources
 - Indigenous practices
 - Cultural healers

Storytelling and Narratives

- Cultural differences in sharing or not sharing the story
- Repeated telling of the story can be retraumatizing
- New clinical storytelling approaches
 - Modulated disclosure
 - Combining story with political action
 - Mollica's model of healing narratives

LADS

BANLONGCHENG

VIENG-CHAN

MEKHONG RIVER

INTERVIEWED

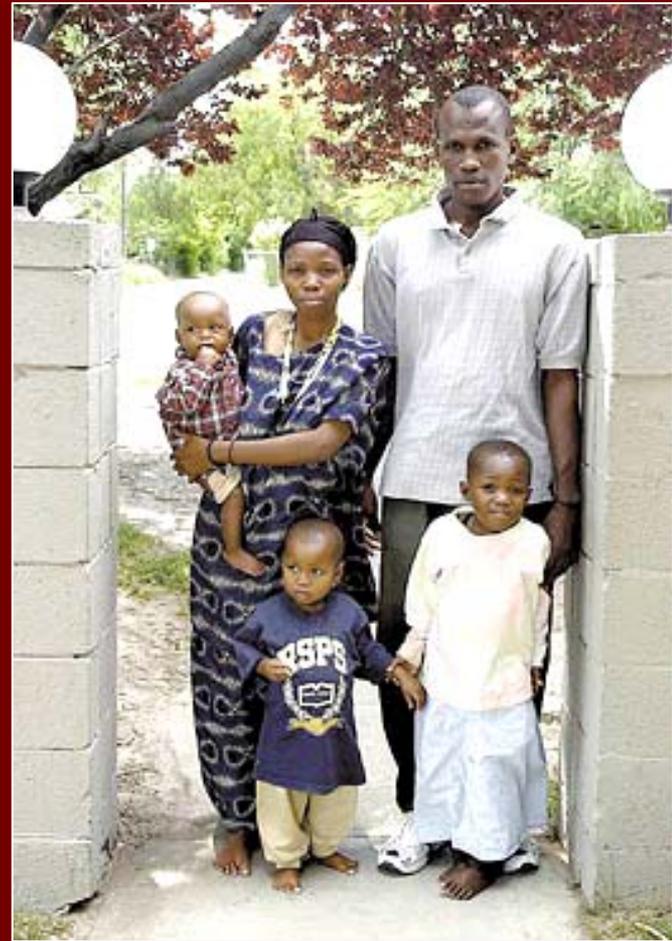
PHAMNIKHON

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Psychosocial Approaches

- Full array of services:
 - Health & mental health
 - Recreation & social
 - Family support
 - Housing
 - Employment
 - Legal services
 - Language skills



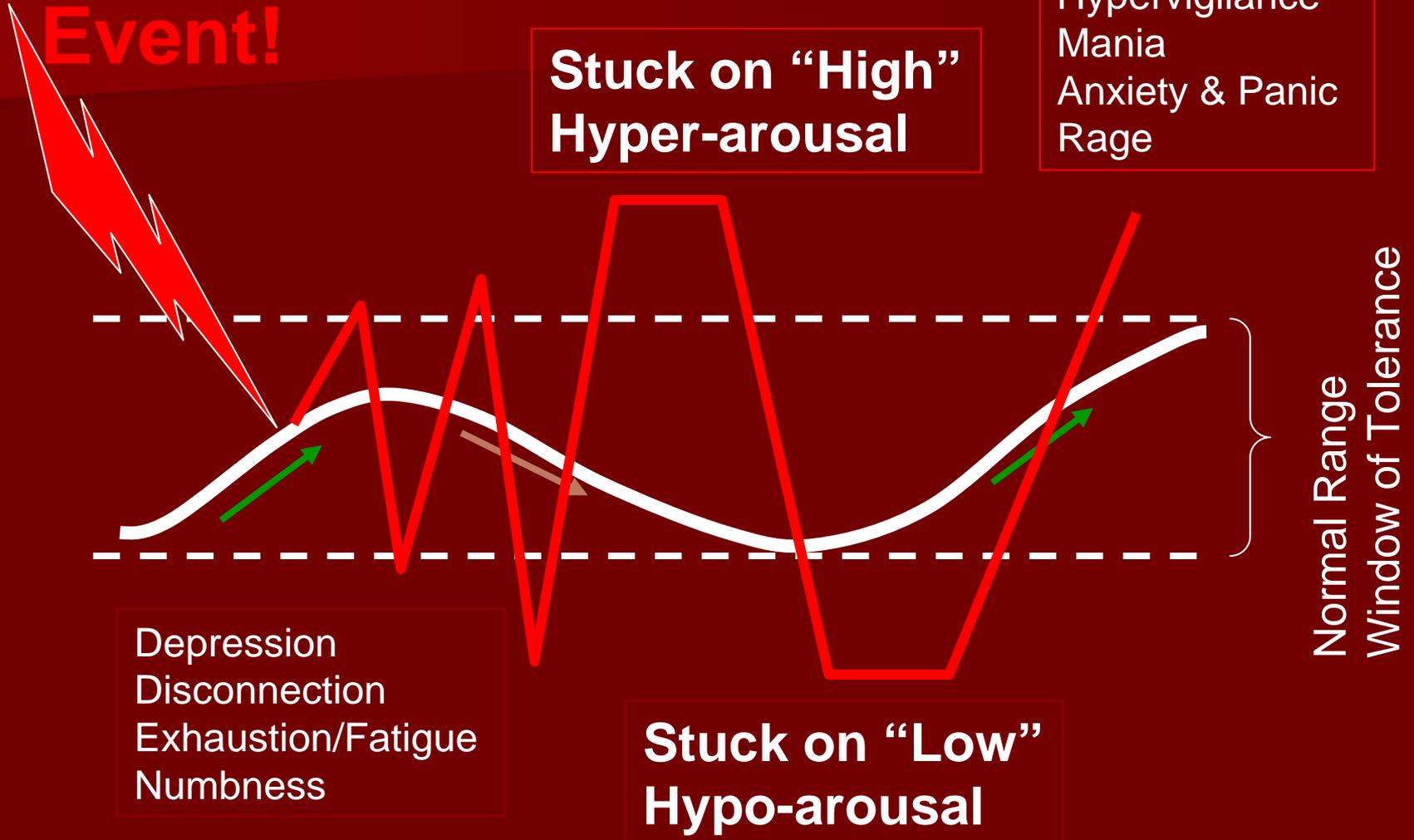
Resettlement Stress

- Resettlement stress may be more important than original trauma
- 4 factors 62% stress:
 - Socioeconomic strain
 - Alienation
 - Discrimination
 - Violence and threats



Body-Based Therapies

Traumatic Event!



Religion and Spirituality

- Questions about good and evil
- Faith, prayer and religious practices
- Relationship to organized religion



Religion and Spirituality

- Connection with faith community and clergy
- Coping and transformation of trauma
- Helping people to “suffer well”
- Forgiveness and healing



Issues Facing Women



- Higher risk for violence and trauma
- Targets of terrorism and genocide
- Vulnerable to compounded trauma
- Vulnerable to retraumatization

Gender-Based Programs

- Address empowerment in cultural context
- Ensure safety; unravel retraumatization
- Address health and family issues
- Recognize women's resilience and self-healing



Developing Partnerships with the Mental Health System

Torture Survivors in the Public Mental Health System

- Lack of political support
 - Few in number; scattered geographically
 - Ignorance and discrimination
- Mental health system may be unprepared
 - Diagnostic system not helpful
 - Oriented to acute care
 - Chronically under-funded
 - Workforce generally not trained in trauma
 - Cultural awareness often lacking

Trauma-Informed Partnerships



- What you bring to the table – cultural awareness & experience
- What mental health brings to the table – potential resources, expertise & political support

Conclusions

- Torture survivors are normal people exposed to extreme events
- All programs and services need to be trauma informed
- Non-conventional interventions and solutions should be considered
- Adaptation to a new country is a long-term process, as is recovery