Using Trauma Theory to Better Understand PACE Participants

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Reassurance
Learning Goals

• Attendees will develop an understanding of trauma theory.

• Attendees will understand how trauma impacts individuals, communities and agencies.

• Attendees will receive tools for improving the quality of interactions when working with traumatized individuals

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Overview

Part One - What is Trauma Theory?
• Rationale for Trauma Informed practice
• How trauma and healthcare are related
• ACES
• Implication of ACES for Philadelphia

Part Two – Understanding the Impact of Trauma
• How does trauma impact personality and behaviors?
• What are the traps that clinicians can fall into when working with trauma survivors?
• What heals trauma?
• What role can LIFE UPenn play in healing?

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Overview, continued

• Part Three – Impact on Agencies
  – What are features of trauma impacted agencies?
  – How are agency staff impacted by trauma?
  – What can be done to manage the impact of trauma work?

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What is Trauma Theory?

Part One
What Do We Know?

• What is trauma?
• How do we typically think about trauma?

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Opening Questions

• Why are we talking about trauma?
• What is your training on trauma?
• What are the issues with talking about trauma?
• Why should we talk about trauma?
• What are our personal connections to trauma?

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What is Trauma?

• Trauma: “when humans are exposed to events or situations that overwhelm their ability to cope” (NCTSN).

• Trauma: “Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Reactions such as shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms” (http://www.apa.org/search.aspx?query=trauma)

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Trauma Informed Practice

• Incorporates assessment of trauma and trauma symptoms into all routine practice;
• It ensures that clients have access to trauma-focused interventions, that is, interventions that treat the consequences of traumatic stress.
• Asks clients not “What is wrong with you?” but instead, “What happened to you?”

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Trauma Informed Practice

• Focuses attention on the ways in which services are delivered and service systems are organized (Bloom & Farragher, 2011).

• Recognizing that traumatic events made people feel unsafe and powerless, trauma-informed practice seeks to create programs where clients and staff feel safe and empowered. Generally, trauma-informed practice is organized around the principles of safety/trustworthiness, choice/collaboration/empowerment, and a strengths-based approach (Hopper, Bassuk, & Olivet, 2010).
Do We Know Our Clients?
Trauma and Healthcare

http://www.socialjusticesolutions.org/2014/02/06/dr-jeffrey-brenner-believe-ace-scores-become-vital-sign-important-height-weight-blood-pressure/

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Types of Trauma

- Acts of God – natural disasters, etc.
- Acts of Humans- human induced, not always premeditation or deliberate
  - Types of Human Induced Trauma
    - Betrayal trauma
    - Attachment trauma
    - Organizational trauma
  - Human induced trauma typically involves greater severity of response

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Consequences of Trauma

- Dissociation
- Depression
- Bipolar
- Anxiety Disorders
- Substance Abuse
- Psychosis
- Personality Disorders
- Physical Illness

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Betrayal Trauma

The saddest thing about betrayal is that it never comes from your enemies.
The “Second Injury”

• “The second injury” (Symonds, 1980) occurs when
  – Helpers are insensitive to the victim's plight in ways that cause additional shame and blame
  – When expected help is not forthcoming
  – When subsequent trauma is not prevented

Eible, 2015
Secondary Trauma

• Secondary trauma – when those are exposed to the trauma or traumatized individual have reactions similar to the victim.

• Have you ever experienced secondary trauma?

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Seeking Treatment

• What is the experience of seeking help?

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How Sensitive Are We?

Everyone you meet is fighting a battle you know nothing about.
Be kind.
Always.

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What is The ACE Study?

• The ACE Study is ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA.

• Over 17,000 Kaiser patients participating in routine health screening volunteered to participate in The Study.

• Examined impact of childhood trauma on later social and health effects.

• It reveals staggering proof of the health, social, and economic risks that result from childhood trauma.

Source: http://acestudy.org/

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The ACES Tool

• [http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf](http://acestudy.org/yahoo_site_admin/assets/docs/ACE_Calculator-English.127143712.pdf)

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Who Was Studied

- Middle class Americans
- Well insured
- 80% White
- 10% Black
- 10% Asian
- 74% College Educated
- Single city (7th largest)

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ACE Findings

• Scores
  – One third (1/3) had a ACE Score of 0
  – 17% had a score of 4 or more
  – 11% had a score of 5 or more

• If any one category was experienced, there was a 87% chance that another category was experienced.

Source: http://acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf

Eible, 2015
ACES Scores and Health

Eible, 2015
ACES Score and Depression

Source: http://acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf

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ACES Score and Antidepressants

ACE Score and Rates of Antidepressant Prescriptions
approximately 50 years later

Prescription rate per 100 person-years

0 1 2 3 4 5 or more

ACE Score

Eible, 2015

Source: http://acestudy.org/yahoo site admin/assets/docs/LaniuVermetten FINAL 8-26-09.12892303.pdf
ACES Score and Suicide Attempts

Source: http://acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf

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ACE Score and Alcoholism

Source: http://acestudy.org/yahoo_site_admin/assets/docs/LaniuusVermetten_FINAL_8-26-09.12892303.pdf

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ACE Score and IV Drug Use

ACE Score vs Intravenous Drug Use

Source: http://acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf

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ACE Score and Cardiac Disease

ACEs Increase Likelihood of Heart Disease *

- Emotional abuse  1.7x
- Physical abuse  1.5x
- Sexual abuse  1.4x
- Domestic violence  1.4x
- Mental illness  1.4x
- Substance abuse  1.3x
- Household criminal  1.7x
- Emotional neglect  1.3x
- Physical neglect  1.4x

Source: http://acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf

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Discussion

• Does socioeconomic status impact one’s exposure to trauma? How? Why or why not?

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Philadelphia Demographics

• The racial makeup of the city as of 2012 was:
  – 44.3% Black
  – 36.6% White
  – 6.8% Asian
  – 2.3% from other races
  – 3.2% Mixed Race
  – 0.2% Native American
  – 0.05% Pacific Islander
  – 13.0% of the population were Hispanic and Latino.

(Source: US Census Bureau)
# Philadelphia Demographics

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<tbody>
<tr>
<td>Did Not Complete High School</td>
<td>233,665</td>
<td>1,187,744</td>
<td>30,370,155</td>
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<td>Completed High School</td>
<td>350,966</td>
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<td>57,863,097</td>
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<td>Some College</td>
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<td>53,460</td>
<td>587,440</td>
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<td>Completed Bachelors Degree</td>
<td>117,220</td>
<td>1,331,583</td>
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<td>Completed Graduate Degree</td>
<td>84,701</td>
<td>797,123</td>
<td>19,465,340</td>
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</table>

Phillyadelphia

- Unpublished study: In Philadelphia, 37% of Philadelphians have an ACES score of 4 or more. (Source: Sandy Bloom, http://www.cany.org/resources/resources.html).

- Defending Childhood Study - Holder – 60% of children are exposed to violence

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Working with Trauma Survivors

Part Two

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Overview

Part Two

• Quick review of session one.
• How does trauma impact personality and behaviors?
• What are the challenges clinicians face when working with trauma survivors?
• What heals trauma?
• What role can PACE have in healing trauma?

Eible, 2015
Review from Session One

• Trauma: “when humans are exposed to events or situations that overwhelm their ability to cope” (NCTSN).

• Trauma Informed Practice
  – Incorporates assessment of trauma and trauma symptoms into all routine practice;
  – It ensures that clients have access to trauma-focused interventions, that is, interventions that treat the consequences of traumatic stress.
  – Asks clients not “What is wrong with you?” but instead, “What happened to you?”

• ACES results: Relationship between trauma and poor health outcomes.

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Review from Session One

• “The second injury” (Symonds, 1980) occurs when
  – Helpers are insensitive to the victim's plight in ways that cause additional shame and blame
  – When expected help is not forthcoming
  – When subsequent trauma is not prevented

• Secondary trauma – when those are exposed to the trauma or traumatized individual have reactions similar to the victim.

Eible, 2015
Types of Trauma

• Acts of God – natural disasters, etc.
• Acts of Humans- human induced, not always premeditation or deliberate. Types of Human Induced Trauma
  • Betrayal trauma
  • Attachment trauma
  • Organizational trauma

– Human induced trauma typically involves greater severity of response

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Impact of Trauma

• Relationship between trauma and behaviors
• Rethinking personality disorders

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The Brain

• Impact of trauma on the brain

Eible, 2015
Impact of Trauma

• Betrayal trauma with greater severity of response (Herman, 1992)

• Relationship between long term mental health issues and early childhood experiences. In general, the greater the mental health issues, the more likely there were significant trauma experiences.

• Borderline Personality Disorder – 80% or higher of those with BPD have experienced childhood trauma (Courtois and Gold, 2009).

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Behavioral Characteristics

• Handout

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Gender Differences

• Birrell and Fried research

Eible, 2015
Consequences of Trauma

- Dissociation
- Depression
- Bipolar
- Anxiety Disorders
- Substance Abuse
- Psychosis
- Personality Disorders
- Physical Illness

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Challenges to Trauma Work

• Substance abuse issues
• Communication patterns and styles may be different
• Expectations may be difficult to meet
• “Splitting”
• Trust issues
• Distancing
• Boundaries and limits may be difficult
• Responsibility shifting
• Control
• Denial
• Projection

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Nature of Treatment Challenges

• Arise from history of behavioral patterns that supported survival
• Can evolve into personality “disorders”
• Can be highly challenging for care providers

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Challenges to Care

- Behaviors Exhibited/ Challenges to Care
  - Trust
  - Distancing
  - Boundaries
  - Limits
  - Responsibility
  - Control
  - Denial
  - Projection
  - Motivation

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Challenge #1: Trust

• Definition: belief that something or someone is good, honest, and reliable. Assumption of the presence of trust

• Failure to recognize that individuals w/ h/o abuse by caretakers do not know the meaning and “how to-s” in human relationships

• Expectation that clinician will ultimately betray member’s trust

• Impact on practice
  • Not trusting primary care and medical advice given
  • Time – trust is an expectation upon initial meeting
  • Resistance for clinicians to acknowledge the lack of trust
  • Taking the absence of trust personally

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PACE Participants

• How do we see resistance from participants in our practice?
  – Not following the care plan
  – Decreased center attendance
  – Increased mental health behaviors
  – Becoming a “problem” member

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Challenge # 2: Distancing

- Definition of distancing
- Distancing/withdrawal occurs for both client from clinician and clinician from client
- Is distancing appropriate for members who have major problems in maintaining basic relationships?
- What does appropriate distancing look like?
- Impact on practice
  - Anger and blaming
  - Trying to control when the member is seen and for how long
  - Frustration with how much time member needs
  - Frustration with how many needs member has
  - Avoidance (for example, not returning phone calls)
  - Need to “vent” to other staff

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Challenge #3 & 4: Boundaries & Limits

• Boundaries placed according to style and comfort.
• Use of self in question.
• Impact on Practice:
  – Lack of knowing how to set boundaries with our members.
  – Conflict between Team members leads to tension on the Teams

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Challenge #5: Responsibility

- Uncovering the traumatic events can be overwhelming and intolerable
- Responsibility shifts onto clinician to keep member in treatment or to prevent self-harm
- Impact on Practice:
  - Feeling responsible for outcomes
  - Feeling like without our intervention, something terrible will happen to member.
  - Staff discomfort living with risk
  - Consideration of a harm reduction strategy where possible

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Challenge #6: Control

- Definition: the ability or perceived ability to manipulate others’ emotions or events; an assertion of power

- Light switch metaphor – alternating between extremes, an overwhelming loss of control vs. strict and rigid control of their emotions

- Impact on Practice:
  - Exhaustion – both for members and staff
  - Tendency to want to control the member’s behaviors
  - Negative judgment because “they cannot control themselves”
  - Staff afraid of failing these members – is failure inevitable?

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Challenge #7: Denial

- Definition of denial
- Core defense mechanism
- Leads to use of disassociation and of repression when experiences have been denied
- Impact on Practice:
  - Responses to members that further deny their experiences

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Challenge # 8: Projection

- The internal world of trauma survivors is confused, conflicted and fragmented.
- This leads to an impasse in healing and blame is placed on the clinician.
- Clinicians are often seen in both positive and negative traits.
- Clinician is blamed for not being, knowing or doing enough.
- Impact on Practice:
  - Staff can “never be right” or “good enough”
  - Fault-seeking behaviors
  - Staff can give up on these individuals
    - Burnout and compassion fatigue
    - It’s exhausting, time consuming, and frustrating for staff

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Challenge # 9: Idealization

• Definition of idealization
• Clinicians need a “healthy sense of self-awareness” to handle changing conditions
• Impact on Practice:
  – Feeling of walking on eggshells or broken glass
  – Leads to second guessing and constant questioning of effectiveness as a clinician
  – Feeling of holding breath whenever there is contact

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Challenge #10: Motivation

- Definition: the driving force and inner basic impulse for behaviors
- Ingrained pathologies, marked rigidity in defense mechanisms and insufficient motivation suggests poorer prognosis for change
- Looking for forward progress, even if it’s small
- Verbalization is much less reliable than change in behaviors
- Impact on Practice:
  - Natural inclination of health providers to want to fix individuals; members may not ever be “completely fixed”
  - Acknowledgment that even small changes are huge to these individuals
  - If an individual lacks motivation, how does that affect the care plan?

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Practice Implications

• How does this apply to our practice?
• What assumptions can we make about applications to the population served in PACE?
• How will your work change with this information?

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Characteristics that Heal

- Affirming that trauma occurred
- Calm and patient presence
- Consistency
- Reliability
- Predictability and routine

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What Heals Trauma?

- Dual therapy/treatments (medications plus therapy most effective)
- Therapy
  - Relational/psychoanalytic
  - Cognitive behavioral
  - Dialectical behavioral therapy
  - Other therapies (EMT, etc.)
- Growth producing relationships
- Meditation
- Emerging evidence re brain repair
- Trauma-informed agency practice, creation of sanctuary

Eible, 2015
Trauma-Informed Practice

• Importance of self-awareness
• Triggers (on team, with members, with families)
• Aversions
• Management of emotions
• Awareness of losses
• Awareness of stressors
• Finding safety

Eible, 2015
Trauma-Informed Practice

• Emotional connections heal. Connections with good boundaries are important in this work

• Three “R”s
  – Recognize the prevalence of trauma
  – Recognize how it affects everyone and every system
  – Respond by putting this knowledge into practice

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What is PTG?
Current Techniques

• CBT and DBT
• Emotional Freedom Technique
• Tension/Trauma Release Exercises

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Trauma Releasing Exercises

• Introduction to TRE

• [https://www.youtube.com/watch?v=sXtDfViRq6Y](https://www.youtube.com/watch?v=sXtDfViRq6Y)

• An example of TRE

• [https://www.youtube.com/watch?v=27VgK0LR3Q](https://www.youtube.com/watch?v=27VgK0LR3Q)

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Emotional Freedom Technique

- EFT Demonstration
- [http://eft.mercola.com/](http://eft.mercola.com/) (1-8 minutes only)

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Trauma Informed Agencies and Organizational Trauma

Part Three

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Trauma Informed Agencies

• Guiding Principles of Trauma Informed Care (handout)

• Watch for cycles of function and transfer of mental health issues

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Concept of sanctuary

• What is sanctuary?

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Discussion

• Reflections on “Destroying Sanctuary”
  – What parts of the description did you relate to?
  – How does PACE program experience the sanctuary/lack of sanctuary context?
    • What are the changes observed over time?
    • What are current organizational features?

Eible, 2015
Lack of Agency Sanctuary

• What are the stressors in the current work setting?
• What are the losses?

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Parallel Process

• What is parallel process?
• What is the parallel process(es) observed at your PACE program?

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Personal implications

• How have you personally experienced changes in sanctuary over your career?
• What are the current signs and symptoms of stress you are experiencing related to your work setting?
• How is your work setting impacting your personal life?

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Personal Stress

• Handout

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The Sanctuary Model

- Community Meeting
- Safety Plans
- Red Flag Reviews
- S.E.L.F. Psychoeducation
- S.E.L.F. Treatment Planning
- S.E.L.F. Team Meetings

Source: http://sanctuaryweb.com/toolkit.php

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Qualities of a Worksite with Sanctuary

A Sanctuary program should be a strong, resilient, tolerant, caring, knowledge-seeking, cohesive and nonviolent community where

- Staff are thriving, people trust each other to do the right thing, and clients are making progress in their own recovery within the context of a truly safe and connected community.

- Decreased staff turnover, decreased use of coercive measures, decreased critical incidents, staff injuries, and client injuries, greater client and staff satisfaction.

- Such a community is sufficiently knowledgeable that it fully recognizes the ever present possibility of violence and therefore constantly attends to protecting its social immune system against the spread of violence in any form – physical, psychological, social or moral.

- In such a community, communication is open, direct and honest and people trust that they will find out information that they need to make good decisions.

Source: http://sanctuaryweb.com/sanctuary-model.php

Eible, 2015
Qualities of a Worksite with Sanctuary

- Members of a Sanctuary community are curious about human behavior and do not assume that everyone is motivated in the same way. They are accustomed to listening deeply and to being heard by others.
- If someone feels that their trust has been betrayed, they are willing to give the other person the “benefit of the doubt”, and find out what happened, rather than leap to the worst conclusions.
- A Sanctuary community uses knowledge already attained and is gaining new knowledge all the time in the context of social learning.
- Within this community, members recognize the importance of democratic decision-making and shared responsibility in problem-solving and conflict resolution all of which serves to minimize abuses of power and enables an organization to deal more competently with the challenges of complexity in the world around us.
- Every effort is made to include anyone affected by a decision in the decision-making process and as a result people feel free to dissent, to raise troubling concerns, and to support consensus agreements even when they may not fully agree themselves.

Source: http://sanctuaryweb.com/sanctuary-model.php

Eible, 2015
Qualities of a Worksite with Sanctuary

• A Sanctuary community is able to have safe and useful conflict as a means of learning and growing. Conflicts are seen as a resource and are generally well-managed with emotional intelligence and open communication.

• Everyone in a Sanctuary community recognizes that “hurt people hurt people” and that therefore, creating and sustaining a just environment is vital to everyone’s safety and well-being.

• Because the heart of Sanctuary is community, people in a Sanctuary environment are encouraged and supported in their individual striving but are also expected to maintain an active concern for the “common good” even when that may mean putting aside one’s own individual needs.

• In full recognition of the vulnerability to loss that everyone experiences, a Sanctuary community honors individual and group losses, while using a vision of the future to prevent stagnation and to promote continued development.

• Ultimately, people who come into a Sanctuary community are offered an opportunity to have corrective emotional, relational, and environmental experiences.  

Source: http://sanctuaryweb.com/sanctuary-model.php  
Eible, 2015
Sanctuary Model Outcomes

- Less violence including physical, verbal, emotional forms of violence
- Systemic understanding of complex biopsychosocial and developmental impact of trauma and abuse with implications for response
- Less victim-blaming; less punitive and judgmental responses
- Clearer more consistent boundaries, higher expectations, linked rights and responsibilities
- Earlier identification of and confrontation with perpetrator behavior
- Better ability to articulate goals, create strategies for change, justify need for holistic approach
- Understanding of reenactment behavior and resistance to change
- More democratic environment at all levels
- Better outcomes for clients, staff, and organization

Source: http://sanctuaryweb.com/sanctuary-model.php

Eible, 2015
Discussion

• How can we create sanctuary?
• What are the sources of sanctuary at the worksite?
• What do you do to create sanctuary for yourself?

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Application to Practice

• How can PACE programs move toward becoming a trauma-informed practice?

Eible, 2015
What Will You Do Differently?

Eible, 2015
Parting Thoughts

I see you. I hear you. You matter. You are important.

Love, Swati

Elble, 2015
Citations


• Substance Abuse and Mental Health Services Administration  
http://www.samhsa.gov/

• Trauma and Behavior Part 3: "The Importance of Relationship"  
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• Trauma from a Brain Perspective: Tracking the Neurological Impact  
https://www.youtube.com/watch?v=li_XCGtHcac

• Trauma Module 5: Trauma and the Brain  
https://www.youtube.com/watch?v=5LZJEreVlCo

• https://search.yahoo.com/search;_ylt=AspVYFhB3x_5XhYqv41j5aObvZx4?p=characteristics+of+trauma&toggle=1&cop=mss&ei=UTF-8&ilc=1&fr=yfp-t-901

Eible, 2015
Citations


• Jenna Van Slyke, M. S. Post-traumatic Growth.
Wrap Up

• Questions/Comments/Discussion
• Completion of course evaluations

Eible, 2015