

Trauma through the Eyes of Your Client – Defining Healing

Belinda James, MOFDC, MSW
Chief Executive Officer
Project DEAMHI, Inc.
314-495-0104
bjames@projectdeamhi.org
www.projectdeamhi.org



What is Project DEAMHI, Inc.?

■ Non-profit organization that is passionate about providing educational presentations, life skills programs and support groups for children, adolescents and adults as well professional development training for parents and staff

■ Mission

■ to bring opportunities for **discussion, education and awareness** to **mental health issues**

■ Programs

- Young Decision Makers Program (20 weeks on mental health, substance abuse prevention, healthy relationship building, bullying prevention, and peer leader training)
- SOS/YMOW (Sisters of Strength/Young Men of Worth)
- Points of Light Youth Leadership Institute (Service Learning)
- S.U.P.E.R. Girls (Sassy, Unique, Positive, Energetic and Real) Life Skills Program



Workshop Objectives

- Identify and discuss the depth of mental health issues and trauma;
- Discuss the implementation of trauma-informed care that builds client relationships; and
- Describe and utilize motivational interviewing techniques.



Quote for Your Thought Bag

As a family member in a focus group said:

"Rich people can decide what they want to do. Poor people are usually told what they have to do."

A Client/Worker Relation-Ship is like a Boat at Sea

What makes it difficult to work with clients?



Challenges to working with Clients

- Low levels of logic
- Lack of knowledge
- Inaccurate information
- Unrealistic expectations
- Mental Health
- Assumptions
- Environment
- Previous bad experiences
- Frustration
- Anger
- Anxiety
- Manipulation
- Intimidation
- Substance Abuse Issues
- Hopelessness
- Displacement

What is your role with mental health issues?

- Your role is not to diagnose a client;
- Your role is to assess whether or not there are some increased risks of a mental health disorder

Group Activity

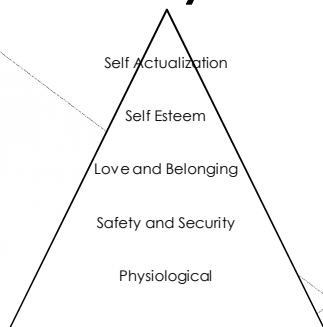
What questions should you be asking during your intake process?

How to help Clients navigate in the Direction of Healing

Step 1: Understanding the Depth of Mental Health Issues and Trauma

Risk Factors (Increase the vulnerability of an individual, group, or community to untreated mental health problems)	Protective Factors (Build resiliency in the same individual, group, or community)
Biology and heredity	A positive self esteem
A history of violence and trauma	An outgoing personality
Poverty	Supportive family relationships
School Problems	Strong bonds to family, school and community
Out of home placement	Resilience (a set of strengths internal to the individual and highly influenced by protective factors)
Depression	
Suicide attempts	Reference: U.S. Department of Health and Human Services Office of Minority Health

Maslow's Hierarchy of Needs



Maslow's Hierarchy of Needs continued

- Which life circumstances stood out for you?
- Which would be the immediate circumstances you would want to address as a provider?
- Message: In order to see through the eyes of our clients, we have to understand the following:
 - ☐ what their journey has been like
 - ☐ Understand their priorities
 - ☐ and then gentle challenge those priorities if they don't focus on healthy decision making.

The Depths of Trauma

What is Trauma?

- A traumatic event is one in which a person experiences (witnesses or is confronted with):
 - Actual or threatened death
 - Serious injury
 - Threat to the physical integrity of self or another

What is Trauma?

- Trauma and traumatic events include personal and private experiences and public experiences.
 - Examples of personal and private events:
 - Sexual assault
 - Sexual abuse
 - Domestic violence/interpersonal violence
 - Witnessing domestic violence

Source: Hopper, 2009

What is Trauma?

Examples of public trauma/traumatic events:

- Natural disasters
- War
- Community violence

Source: Hopper, 2009

What is Trauma?

- Prolonged exposure to repetitive or severe events such as child abuse, is likely to cause the most severe and lasting effects."
- "Traumatization can also occur from neglect, which is the absence of essential physical or emotional care, soothing and restorative experiences from significant others, particularly in children."

Source: International Society for the Study of Trauma and Dissociation, 2009

Effects of Trauma

Attachment Issues Helplessness

Sleep Problems Appetite changes

Fear Anger Irritable

Feelings of loss of control Mistrust

Spiritual Questioning Survival Mode

Statistics on Trauma

- In 2013, there were a nationally estimated 679,000 victims of abuse and neglect, resulting in a rate of 9.1 victims per 1,000 children in the population. 4
- More than 89,000 forcible rapes were reported in this country in 2008. 1
- The quality of the attachment bond between mother and baby affects the child's ability—even as an adult—to feel safe in the world, trust others, handle stress, and rebound from disappointment. Early-life trauma disrupts this important attachment bond, resulting in adult relationship difficulties. 3
- Between 25 and 75 percent of individuals who have survived abuse or other types of violent trauma have problems related to alcohol abuse. 2
- Being diagnosed with PTSD increases an individual's risk of developing a disorder involving alcohol abuse. 2



References:

1. Department of Justice—Federal Bureau of Investigation, Crime in the United States, 2008. http://www.fbi.gov/cr/cr2008/cr2008table_01.html
2. National Center for Post-Traumatic Stress Disorder document titled "PTSD and Problems with Alcohol Use"
3. Trauma, Attachment and Stress Disorders: Rethinking and Rewriting Developmental Issues, Lonita Belsky Graduate Institute, Center for Clinical Studies and Research, and LA County Early Identification and Intervention Group
4. U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau Child Maltreatment 2013 Report

The Effects of Trauma on Communication

- Clients with extensive trauma histories could be seen as "argumentative" on one end of the spectrum or "numb" (passive) on the other end.
- At times, they could continuously be in survival mode, so they are always anticipating the worst in a situation.

How Trauma affects Relationship Building

- Increases confrontational behavior and/or conflict
- Decreases trust
- Makes it hard to give any potential support person the benefit of the doubt, so don't take judgment personal from clients

What do you think is the most common mental health disorder?

Most Common Mental Health Disorders

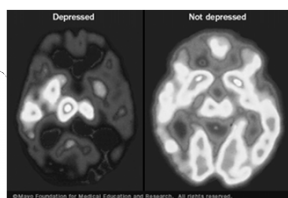
According to the Center for Behavioral Health and Statistics Quality (CBHSQ) Data Review (October 2014), among adults aged 18 or older, an estimated 22.5 % (51.2 million adults) had at least one of the past year diagnoses that were assessed in the following table:

Most Common Mental Health Disorders	Percentage of diagnosis in persons 18 years of age or older
Past Year Mood Disorders	Bipolar I Disorder 0.4% Major Depressive Disorder 6.0% Dysthymic Disorder 1.7%
Past Year Anxiety Disorders	Posttraumatic Stress Disorder 0.7% Social Phobia 1.0% Specific Phobia 1.6% Generalized Anxiety Disorder 1.8% One or More Anxiety Disorders 5.7%
Past Year Substance Use Disorders	Alcohol Abuse 3.1% Alcohol Dependence 3.3% Alcohol Use Disorder (Abuse or Dependence) 6.4% Illicit Drug Use Disorder (Abuse or Dependence) 3.0%
Past Year Adjustment Disorders	Adjustment Disorder 6.9%
Almost a quarter of adults in the United States had one or more mental disorders (including adjustment disorder and substance use disorders) in the past year.	Source: Center for Behavioral Health and Statistics Quality (CBHSQ) Data Review (October 2014)

Depression is

- A disease just like cancer, diabetes, etc.
- Can be genetic
- Something that can happen from situations/events

What's the difference?



Depression is NOT

- A weakness
- Something you or another person caused
- Something you can fix by yourself

Symptoms of Clinical Depression

- ▶ Must exhibit at least **five of the following nine** symptoms for 2 weeks or more:
 - ▶ **Persistent sadness or irritability**
 - ▶ **A loss of interest or pleasure in Activities (or loss of interest in friends)**
 - ▶ Weight loss or gain
 - ▶ Sleep difficulties
 - ▶ Observable agitated or slowed down behaviors
 - ▶ Concentration problems
 - ▶ Thoughts of worthlessness or extreme guilt
 - ▶ Feeling fatigued or diminished energy
 - ▶ Suicidal thoughts or preoccupation with death

Risk Factors for Depression

■ Combination of:

- Genetics
- Psychological
- Environmental
- Hormones
- Abuse of alcohol or drugs
- Medical conditions

Anxiety Disorder

- Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam, keep focused on an important speech. In general, it helps one cope. But when anxiety becomes an excessive, irrational dread of everyday situations, it has become a disabling disorder.

● Five major types of anxiety disorders are:

- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Social Phobia (or Social Anxiety Disorder)
- In general, anxiety disorders are treated with medication, specific types of psychotherapy, or both.

Bi Polar Disorder

Symptoms of mania or a manic episode include:

•Mood Changes

A long period of feeling "high," or an overly happy or outgoing mood
•Extremely irritable mood, agitation, feeling "jumpy" or "wired."

•Behavioral Changes

Talking very fast, jumping from one idea to another, having racing thoughts
•Being easily distracted
•Increasing goal-directed activities, such as taking on new projects
•Being restless
•Sleeping little
•Having an unrealistic belief in one's abilities
•Behaving impulsively and taking part in a lot of pleasurable, high-risk behaviors, such as spending sprees, impulsive sex, and impulsive business investments.

Symptoms of depression or a depressive episode include:

•Mood Changes

A long period of feeling worried or empty

•Loss of interest in

•Behavioral Changes

Feeling tired or "slowed down"
•Having problems concentrating, remembering, and making decisions
•Being restless or irritable
•Changing eating, sleeping, or other habits
•Thinking of death or suicide, or attempting suicide.

Barriers to developing Trust

- Clients may find themselves seeking help just when their self-confidence is at its lowest and their sense of hopelessness is at its highest.
- Some of our clients may have been deeply hurt through disrespect.
- Our approach: a bridge builder or bulldozer
- even in our passion
i.e. intake worker comment

The Truth about Suicide

- Suicide is the 10th leading cause of death for Americans with 41,149 suicides reported in 2013 (Centers for Disease Control and Prevention Data & Statistical Fatal Injury Report 2013)
- Suicide is the 2nd leading cause of death for the 15-29 age group :

Sources: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). [cited 2012 Oct 19] www.cdc.gov/injury/wisqars/index.html.

Suicide Rates by Age

- Suicide is the 3rd leading cause of death among persons aged 15-24
- The 2nd leading cause of death among persons aged 25-34
- The 4th leading cause of death among persons aged 35-54
- Among 15-to-24-year olds, suicide accounts for 20% of all deaths annually

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [on-line]. (2010). [cited 2012 Oct 19] www.cdc.gov/injury/wisqars/index.html.

Suicide Rates by Gender

- For many years, the suicide rate has been about 4 times higher among men than among women.
- In 2013, men had a suicide rate of 20.2 and women had a rate of 5.5.
- Of those who died by suicide in 2013, 77.9% were male and 22.1% were female.

Source: Centers for Disease Control and Prevention Data & Statistical Fatal Injury Report 2013

Suicide Rates by Race/Ethnicity

- In 2013, the highest U.S. suicide rate (14.2) was among Whites and the 2nd highest rate (11.7) was among American Indians and Alaska Natives.
- Much lower and roughly similar rates were found among Asians and Pacific Islanders (5.8), Blacks (5.4) and Hispanics (5.7)

Source: Centers for Disease Control and Prevention Data & Statistical Fatal Injury Report 2013

Suicide Methods

- In 2013, firearms were the most common method of death by suicide, accounting for a little more than half (51.4%) of all suicide deaths.
- The next most common methods were suffocation (including hangings) at 24.5% and poisoning at 16.1%

Source: Centers for Disease Control and Prevention Data & Statistical Fatal Injury Report 2013

The Truth About Suicide for Young People

- In a 2011 nationally representative sample of youth in grades 9-12:
 - ❖ 15.8% of students reported that they had seriously considered attempting suicide during the 12 months preceding the survey
 - ❖ 12.8% of students reported that they made a plan about how they would attempt suicide during the 12 months preceding the survey
 - ❖ 7.8% of students reported that they had attempted suicide 1 or more times during the 12 months preceding the survey

Source: Centers for Disease Control and Prevention, Youth risk behavior surveillance – United States, 2011. MMWR, Surveillance Summaries 2012; 61 (no. SS-4). Available from www.cdc.gov/mmwr/pdf/ss/ss6104.pdf

Strongest Predictors of Suicide

- Recent trigger event
- Access to weapons or other means
- Current talk of suicide/making a plan
- Strong wish to die/preoccupied with death(i.e., thoughts, music, reading)
- Substance use
- Aggressive behavior
- Genetics
- Recent attempt by friend or family member
- Depression (hopelessness, withdrawal)
- Previous suicide attempt

Clear Signals

- Threatens suicide
- Depressed but suddenly becomes cheerful
- Giving prized possessions away
- Take note of changes in
 - Physical habits
 - Behavior
- Exhibits risk taking behaviors
 - Substance abuse
 - Driving recklessly
 - Interest in guns
 - Death or suicidal themes
 - Acts of aggression

Suicide Might Be a Risk If You Hear

- ⊙ *I'm just so tired...*
- ⊙ *I can't take it anymore...*
- ⊙ *I feel helpless/hopeless...*
- ⊙ *This is too much to bear...*
- ⊙ *I want it all to be over...*
- ⊙ *No one will care...*
- ⊙ *I just can't get through this...*

QPR

Action Steps to support a person in crisis

- Question
- Persuade
- Refer

Ask A *Question* Save A Life

**How to help Clients
navigate in the Direction
of Healing**

**Step 2: Implement
Trauma Informed Care**

**What is Trauma-
Informed Care?**

Quote

**Respect is a great gift
whose power you
should not
underestimate.**

What is your comfort level?**Group Activity**

- How do you feel about talking with clients regarding mental health?
- Any concerns?
- What are your community mental health resources?
 - Extremely important for the referral process
- How have agencies or how should agencies forge a relationship with the mental health community?

Support Phase 1: Agency Review

Tool: Bi-Focal Vision

- The ability to see at two levels at the same time
- Your own belief that clients have strengths and can move in positive directions is your most powerful tool as you work with them.

Support Phase 2: Empowerment Approach

Client Self-Direction

- The client is self-directed by their maximal involvement in intervention decisions
- Promoting self-determination requires that clients are empowered to fully participate in decision making about their life;
- The process may have to be tailored according to a client's strengths;
- But, people with different capacities are not without strengths.

**How to help Clients
navigate in the Direction
of Healing**

**Step 3: Motivational
Interviewing Techniques**

Support Phase 3: Client Regulation of Emotion

What does it mean to express empathy?

Expressing empathy involves seeing the world through the client's eyes, thinking about things as the client thinks about them, feeling things as the client feels them, sharing in the client's experiences.

It involves accepting and understanding another's views and feelings neutrally, without judging or evaluating in any way.

Neutrality is key because acceptance does not necessarily mean approval or agreement.

Support Phase 4: Coping with Experiences

How do you develop Discrepancy?

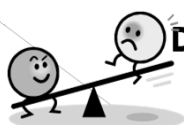
This is where you use a more directive approach

With strategic questions, it is most helpful if the client talks about the reasons for change rather than the staff person doing the talking.

Help clients examine the discrepancies between their current behavior and future goals by using a **decision balance activity**

- when clients perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes

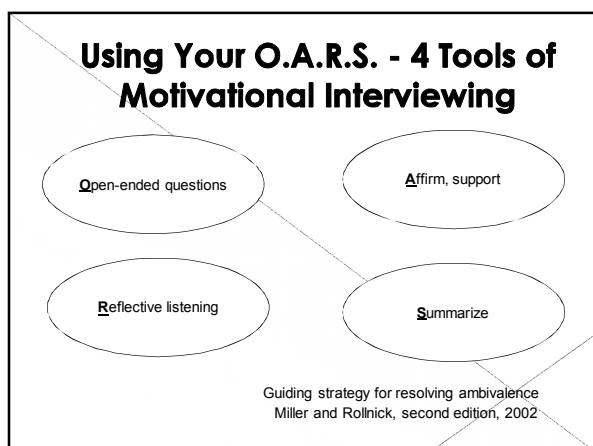
Support Phase 5: New Vision

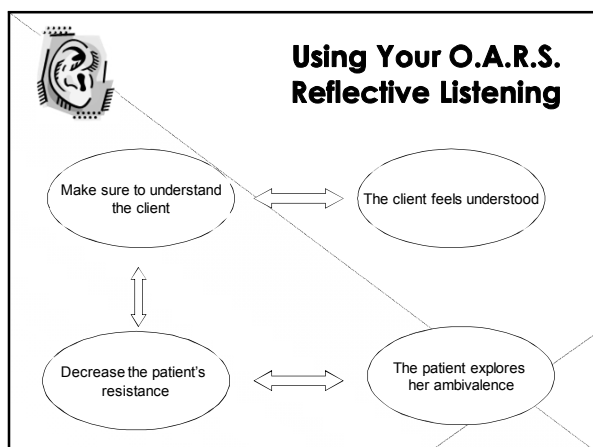


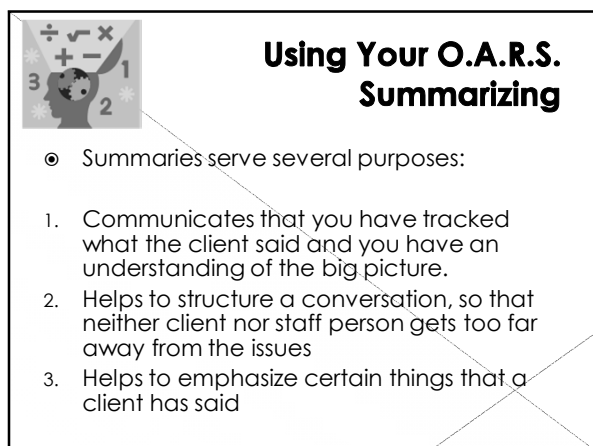
Decision Balance Role Play

◎ A decision balance activity focuses on the following points

- Reasons to stay the same
- Concerns about changing the unhealthy habit
- Reasons to change
- Benefits of changing







Summarizing Example

"So Lisa, let me make sure I have got this right. You care about your children very much, and don't want social services to intervene. You believe you need to change your relationships that involve using, and aren't quite sure how to do that. What else would you add?"



What can staff provide with MI?

- ◎ You can:
 - Provide low-key feedback (without a lot of "I think you should")
 - Roll with resistance (avoiding arguments, shifting focus)
 - Use a supportive, non-judgmental, collaborative approach



What else can staff provide?

- Show empathy through words and tone of voice
- Demonstrate genuine concern and awareness of the client's experiences (that they are actually being heard)
- Follow the client's lead in the discussion instead of structuring the discussion according to your agenda.

What do clients want?

- Special treatment
- Choices
- High quality
- Reliability
- Now

Good Mental Health is a state of successful performance of mental function resulting in productive activities, fulfilling relationships, and the ability to cope and adapt.

"If we only look at what is, we might never attain what could be."

- Author unknown



Questions?

**Belinda James, M.S.W.,
MOFDC**

Chief Executive Officer

Project DEAMHI, Inc.

314-495-0104

bjames@projectdeamhi.org

www.projectdeamhi.org

References

- Center for Behavioral Health and Statistics Quality (CBHSQ) Data Review (October 2014).
- Centers for Disease Control and Prevention Data & Statistical Fatal Injury Report 2013.
- Centers for Disease Control and Prevention. Youth risk behavior surveillance – United States, 2011. MMWR, Surveillance Summaries 2012; 61 (no. SS-4). Available from www.cdc.gov/mmwr/pdf/ss/ss6104.pdf.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [on-line]. (2010). [cited 2012 Oct 19] www.cdc.gov/injury/wisqars/index.html.
- Department of Justice – Federal Bureau of Investigation. Crime in the United States, 2008. http://www.fbi.gov/ucr/cius2008/data/table_01.html.

References

- Hopper, E. (2009). Yoga-Based Interventions, (1-31). Power Point Presentation delivered November 2009.
- International Society for the Study of Trauma and Dissociation. FAQs Trauma, (1-8). Retrieved on February 29, 2009 from: <http://isst-d.org/education/faq-trauma.htm>.
- Miller and Rollnick, second edition, 2002.
- National Center for Post-Traumatic Stress Disorder document titled "PTSD and Problems with Alcohol Use".
- Trauma, Attachment and Stress Disorders: Rethinking and Reworking Developmental Issues. Santa Barbara Graduate Institute, Center for Clinical Studies and Research, and LA County Early Identification and Intervention Group.
- U.S. Department of Health and Human Services Office of Minority Health
- U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau Child Maltreatment 2013 Report

Helpful Resources

Trauma Center
www.traumacenter.org

National Center for Post Traumatic Stress Disorder
www.ncptsd.va.gov

National Institute of Mental Health
www.nimh.nih.gov

National Alliance on Mental Illness
www.nami.org

Mental Health America
www.mentalhealthamerica.net

Helpful Resources continued

American Psychiatric Association Answer Center 1-888-35-PSYCH
(Live operators; available from 8:30 a.m. – 6 p.m.,
Eastern time, refer you to local board-certified
Psychiatrists)

American Psychological Association Public
Education Line 1-800-964-2000
(To locate board-certified psychologists)

National Council for Community Behavioral Healthcare
www.TheNationalCouncil.org
(To locate mental health and addictions treatment facilities in your
community)

**The Mental Health
First Aid Action Plan**

MENTAL HEALTH FIRST AID	ACTION PLAN
ACTION A	Assess for risk of suicide or harm
ACTION L	Listen non judgmentally
ACTION G	Give reassurance and information
ACTION E	Encourage appropriate professional help
ACTION E	Encourage self-help and other support strategies

Mental Health First Aid USA copyright 2009 Anne Arundel County Mental Health Agency, Inc. on behalf of the Maryland Department of Health and Mental Hygiene, the Missouri Department of Mental Health, and the National Council for Community Behavioral Health

70

**ACTION A: Assess for risk of
suicide or harm**

- Gently approach the person about your concerns
- Let the person know that you are available to talk when they are ready
- If the person does not initiate a conversation, you can begin a dialogue
- If you have seen warning signs, engage the person in a discussion about your observations

**ACTION A: Assess for risk of
suicide or harm**

- If you suspect someone may be at risk of suicide, it is important to directly ask about suicidal thoughts
- Do not avoid using the word suicide or harming yourself
- It is important to ask the question without dread and without expressing a negative judgment

ACTION L: Listen non-judgmentally

- Understand the symptoms for what they are
- Empathize with how the person feels about his or her beliefs and experiences
- Listen to the person without judging
- Reflect and restate what the person has said
- Ask clarifying questions to show that you want to understand (avoid the question why – it brings on judgment)
- Maintain comfortable eye contact
- Avoid confrontation unless necessary to prevent harmful acts
- Allow silences

ACTION G: Give reassurance and information

- Respect the person's privacy and confidentiality unless you are concerned that the person is at risk of harming self or others
- Do not blame the person for the illness
- Have realistic expectations for the person
- Offer consistent emotional support and understanding
- Give the person hope for recovery
- Offer information

ACTION E: Encourage self-help and other support strategies

- Try to determine whether the person has a supportive social network, and if they do, encourage them to utilize these supports
- Family, friends, and faith community networks are an important source of support
- Peer support and family support groups can be very helpful



Quote for Your Thought Bag

"We have two ears, but only one mouth, so
that we may listen more and talk less."

- Zeno (3rd Century B.C.)
