Building Shields Against Trauma Monsters: What Lies Beneath Patients Behaviors

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CFHA Annual Conference October 17-19, 2019 • Denver, Colorado



The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.



Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at <u>https://www.cfha.net/page/Resources 2019</u> and on the conference mobile app.



At the conclusion of this session, the participant will be able to:

- List assessments & interventions for Trauma Informed Care (TIC)
- Identify best practices for utilization of BHC services & vitality of warm handoffs
- Discuss how to build resilience and coping strategies against vicarious trauma within the Primary Care Behavioral Health (PCBH) Model



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- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



Trauma Monsters



The post traumatic stress monsters were once part of a race of benevolent guardians who became corrupted by a painful and unknown malady. Left a twisted shell of their former selves, the monsters began to crave the intense rush of fear and trauma to dull their own pain much like a drug.

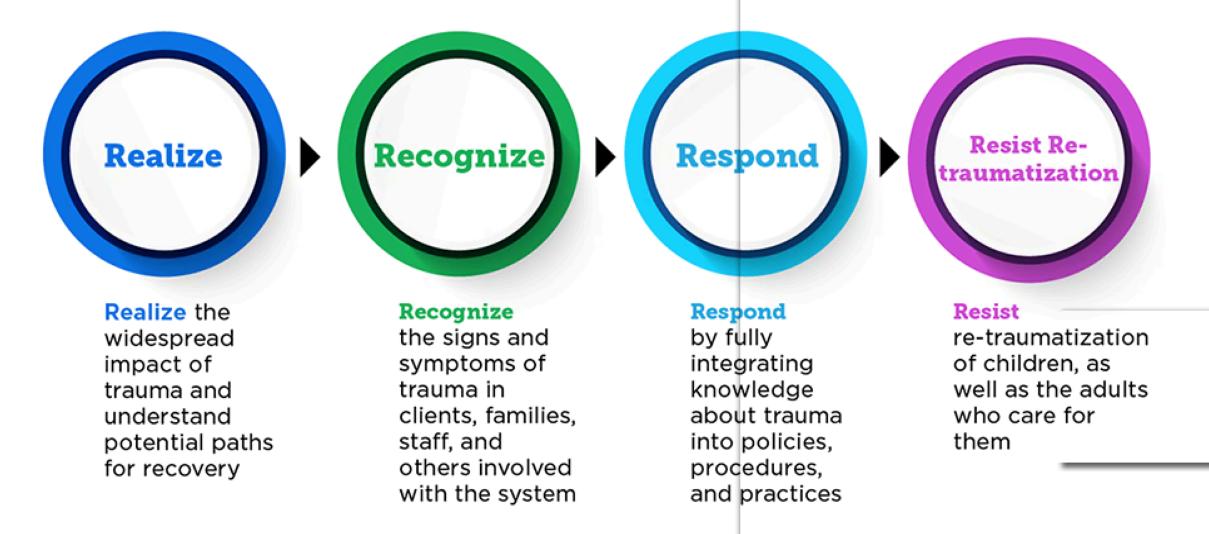
The monsters can be found stalking battlefields or lurking near traumatic events and natural disasters, feeding off the collective trauma and fear. They will then seek out individuals involved and stalk them, becoming a constant reminder of that pain. Victims are forced to relive the terrifying moment over and over again while the monster feeds on the destructive energy. The PTSD monster is part of the same family as the anxiety monster.

The Three E's in Trauma



Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

How Trauma Affects Your Patients

- Repeatedly missed or cancelled appointments
- Avoiding preventative care
- Poor adherence to medical recommendations
- Chronic unexplained pain
- Persistent severe MH symptoms & addiction



Assessment: Screening Tools

In the nact month have you

Example

Positive screening

• PC-PTSD-5

>>>>>>

• PCL-5

• ACEs

| had nightmares about the event(s) or thought about the event(s) when you did not want to? | YES | NO |
|---|----------------|----|
| tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)? | YES | NO |
| 3. been constantly on guard, watchful, or easily startled? | YES | NO |
| felt numb or detached from people, activities, or your surroundings? YES | | NO |
| 5. felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused? | YES | NO |
| Total score is sum of "YES" responses in items 1-5. | TOTAL SCORE | |

What does it mean to hold space for another person?

It means that we are willing to walk alongside another person in whatever journey they're on without judging them, making them feel inadequate, trying to fix them, or trying to impact the outcome. When we hold space for other people, we open our hearts, offer unconditional support, and let go of judgment and control.

Heather Plett



How Trauma Affects Providers

Table One: Comparison of three different caregiver responses to the traumatic histories of their patients.

| | Symptoms | Susceptible Population | Risk Factors |
|-------------------------------|--|--|--|
| Burnout | Exhaustion Feelings of inadequacy Mental and physical health problems Substance abuse | Human service personnel of all types | Job / role factors limiting autonomy, work overload, low satisfaction |
| Secondary Traumatic Stress | Rapid onset of re-experiencing client's trauma Avoidance and numbing Persistent arousal | Victim's significant others Emergency personnel Care providers to victim | Personal trauma in history of care provider |
| Vicarious Traumatization | Gradual change in inner experience / world view of therapist, +/- PTSD symptoms | Mental health professionals working with victims over time | Better training / education of provider a protective factor |

(Maslach 1982, Figley 1983a, 1995b, McCann et al 1990, Baird & Jenkins, 2003)

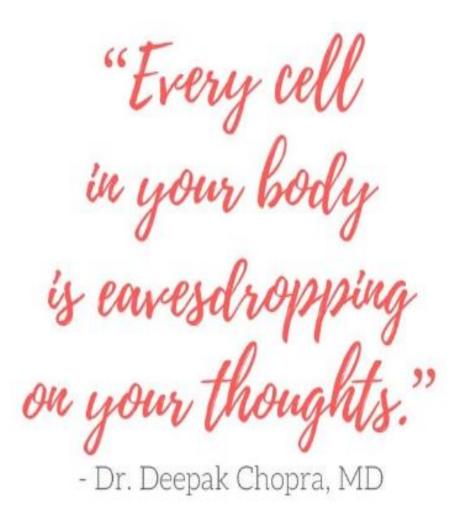
BHC Handoffs: Handing over Trauma

- Imagine yourself as an emotional container.
 - How often do you hold trauma in your daily practice?
 - Do you recognize when you are feeling flooded?
 - How much space do you allow for trauma stories?
- Considerations for Handoffs
 - What is your consult question/need?
 - Does this relate to yourself or the patient or BOTH?
 - What influences your decisions on when/if you would request a BHC handoff?
 - How do you discuss this with your patient?

Building a Trauma Map: Finding your Exit

Awareness

- Help identify and understand your own reactions
 - Risks/vulnerabilities
- Help address vicarious trauma
- Do you recognize your own storm warnings?
 - How do you adjust your work & self-care?



Building a Shield: Balance & Connection

BALANCE

Exercise:

- Which area of your life do you begin to neglect first when experiencing stress?
- How do you re-shift your balance at work vs home?
- What helps you maintain a sense of balance?
- What hurts your balance?

CONNECTION

Exercise:

- Who makes up your own village of support?
- When have you experienced a disconnect from your support system?
- How do you practice being emotionally connected?
- When did you last feel heard by someone?

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.





Join us next year in Philadelphia, Pennsylvania! Thank you!