Trauma: From Surviving to Thriving
The survivors’ experiences and service providers’ roles

Building Awareness, Skills & Knowledge:
A Community Response to the Torture Survivor Experience

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Objectives

1. To have an increased understanding of trauma
2. To learn and apply a trauma framework to your work with survivors of torture: Survival – Stabilization – Thriving
3. To learn trauma-informed assessment, intervention, and referral strategies
Trauma Across “Systems”

Individual
Family/Friends
Community
Society

Trauma & Conflict
Coping & Healing

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Small Group Exercise: Our Clients

• Each person identifies a trauma survivor client who might be described by one of the terms below and describes why the label fits her/him
  – The Surviving Client
  – The Coping Client
  – The Healing Client
  – The Thriving Client

• Big Group: Implications for Service Provision

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Torture and Trauma

- What does a trauma survivor look like?
- What does a torture survivor look like?
- Generalizations, assumptions, judgments
- Culturally-informed, clinically curious, resiliency-based
- Risks of asking and risks of not asking about history
- Safety & Empowerment Approach

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Common Language: Stressful vs. Traumatic

• Stressful events are intense or overwhelming in the moment, but the person is able to return to their regular functioning soon after the event has ended.

• An event is traumatic when it is experienced as so destructive or shocking that a person’s coping skills are overwhelmed and the normal stress reactions are too intense for the body and mind to return to regular functioning after the event has ended.
Displaced Persons: Conditions for trauma responses and trauma reminders

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<thead>
<tr>
<th>Pre-Flight</th>
<th>Flight</th>
<th>Post-Flight</th>
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<tbody>
<tr>
<td>War</td>
<td>Fear</td>
<td>Language/cultural barriers</td>
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<tr>
<td>Violence and Torture</td>
<td>Lack of access</td>
<td>Financial instability</td>
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<td>Arrests</td>
<td>Hiding</td>
<td>Housing instability</td>
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<td>Fear, threats</td>
<td>Risks</td>
<td>Shock</td>
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<tr>
<td>Lack of access</td>
<td>Lack of basic needs</td>
<td>Change in roles</td>
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<td>Secrecy</td>
<td>Loss</td>
<td>Family tension</td>
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<td>Disrupted daily life</td>
<td>Violence</td>
<td>Differing rates of acculturation</td>
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<td>Separation and death</td>
<td>Leaving others behind</td>
<td>Discrimination</td>
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<tr>
<td>More</td>
<td>More</td>
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</tbody>
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Large Group Exercise:
Periods of Displacement

- The services that you/your agency provides are intended to address struggles from which period?
- Struggles from which period are most distressing for your clients?
- Is there a match or mismatch?

Practice Implications

- ASSESSMENT: Are you asking about experiences from all three periods and making a plan to address struggles at each level?
- INTERVENTION: Are your agency’s services designed to address struggles from all periods and are staff equipped to address them?
- REFERRAL: When additional assessment or interventions are needed, do you know how to access them in your community?
- NEXT STEP: Write down 1 change that you can propose to your agency to enhance your assessment, intervention, and referral processes related to periods of displacement!

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Large Group Exercise:
What does trauma look like?

- Examples of trauma symptoms/reactions
- Functions of trauma reactions (then and now)
- Practice Implications: Applying a “trauma lens”
  - ASSESSMENT: How might this reaction/behavior/symptom be trauma-related? What function did this reaction/behavior/symptom have when the client was in danger?
  - INTERVENTION: How might I respond in a trauma-informed way? Does the client understand how trauma is at play?
  - REFERRAL: What additional trauma-related support might be needed?
  - NEXT STEP: Write down 1 thing you can do to enhance your staff’s knowledge of or application of a trauma lens!
Trauma Reactions

- **Thoughts**
  - The world is unsafe
  - I am crazy
  - It is my fault

- **Emotions**
  - Anxious
  - Afraid
  - Depressed
  - Angry

- **Behaviors**
  - Isolating
  - Avoiding
  - Re-enacting

- **Sensorimotor**
  - Rapid heart rate
  - Rigid body posture
  - Body Pains
Post-Traumatic Stress Disorder (PTSD)

- Stressor: Exposure to a traumatic event
- Intrusion symptoms: Event is re-experienced
- Avoidance symptoms: Avoiding thoughts, feelings and reminders
- Negative alterations in cognitions and mood: negative beliefs & emotions, constricted affect, diminished interest
- Alterations in arousal and reactivity: irritability, hyper-vigilance, sleep, concentration
- “Crazy” OR “Normal reactions to abnormal events”
Psycho-Education Tool #1: Trauma Reactions

- Traumatic Event
- Thinking all the time
- Shame
- Hopelessness
- Racing Heart
- Hypervigilence
- Avoiding Reminders
- Nightmares
- Suicidality/Self-Harming
- Angry
- I'm different than before

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Psycho-Education Tool #2: Trauma Reminders

- A Thought
- An Emotion
- A Physical Sensation
- A Behavior
- Our 5 senses
  - Smell
  - Sound
  - Sight
  - Touch
  - Taste
- Time (of day, of year, holiday)
- A few of my trauma reminders are: ______________________________
  ______________________________
  ______________________________

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Trauma Response Factors

- An individual’s trauma symptom picture is a function of 3 domains:
  - Individual variables
  - Stressor characteristics
  - The response of others to the victim

Manifestation of Trauma in Care

- Missed Sessions
- Arriving Late
- Anger at the provider
- Forgetting
- “Resistance” (i.e. lack of readiness)
- “Checking out”
- Avoidance
- Asking multiple providers for the same thing
- Sharing different information with different providers

*Exercise*: Reframe one as trauma-related (describe it through a trauma lens)
Trauma-informed Assessment Approaches

- Explain encounter purpose, duration, next steps
- Facilitate sense of agency and control
- Compassionate and normalizing language and tone
- Ask about history of traumatic events
- Do risk assessment of real and perceived threats
- Assess client’s understanding of the symptoms and the client’s priorities of care
- Seek understanding of the symptoms and care from the client’s family-, community- and cultural-perspective
- Avoid assumptions of similarity and assumptions of difference

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Trauma-informed Assessment Approaches

- Assess stress tolerance
- Identify self-protective skills and coping skills
- Identify thoughts and behaviors that were once adaptive (when threat was still present) but have become maladaptive
- View client report and clinical observations through a trauma lens
- Assess support system and “treatment team”
- Determine current stage of healing (survival, stabilization, thriving)
- Assess and problem-solve potential barriers to care
- Know that assessment is ongoing
Trauma-Informed Intervention Approaches

- Promote a relationship of safety, empowerment, respect & hope
- Establish a predictable and consistent treatment frame
- Foster a collaborative approach
- Practice in culturally-competent ways
- Be clinically curious and nonjudgmental
- Foster client’s curiosity rather than shame and judgment about their own symptoms
Trauma-Informed Intervention Approaches

• Teach clients to monitor their functioning
• Provide trauma psycho-education
• Do and teach harm reduction and safety planning
• Listen and bear witness to your clients’ stories of trauma
• Validate your clients’ reactions
• Acknowledge and praise your clients’ strengths and resiliency
• Encourage practice, practice, practice of new skills

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Trauma-Informed Referral Approaches

- Become familiar with other agencies, their services, and their approaches to working with trauma survivors
- Acknowledge personal and agency’s limits and refer out when
  - Other individuals or agencies have greater expertise
  - Specialized treatment is indicated (e.g. substance dependence, high risk behaviors, trauma processing)
  - You cannot meet client’s cultural/linguistic needs
- Expand client’s support system by referring to other community programs
- Incorporate client’s traditional and spiritual practices into the referral plan
- Prepare client for the referral, what to expect, potential challenges/barriers
- Facilitate successful connection with new agency

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Small Group Exercise: Trauma – What we do and what we could be doing

• Discuss how your agency conceptualizes and addresses trauma
  – Are trauma and its impacts understood by all personnel at your agency (e.g. therapist, receptionist, volunteers) and the agencies where you frequently refer your clients?
  – How does your agency assess for trauma history, trauma symptoms and clients’ coping skills?
  – What trauma-informed interventions does your agency provide?
  – How does your agency make trauma-informed referrals to outside services?

• Large group – share!

• NEXT STEP: Write down 2-3 ways your agency could enhance its trauma perspective and trauma-informed services and your next steps to ensuring that this happens!
References