



Refugee Services

National Partnership
for Community Training

Gulf Coast Jewish Family & Community Services

Trauma: From Surviving to Thriving

The survivors' experiences and service providers' roles

Building Awareness, Skills & Knowledge:

A Community Response to the Torture Survivor Experience

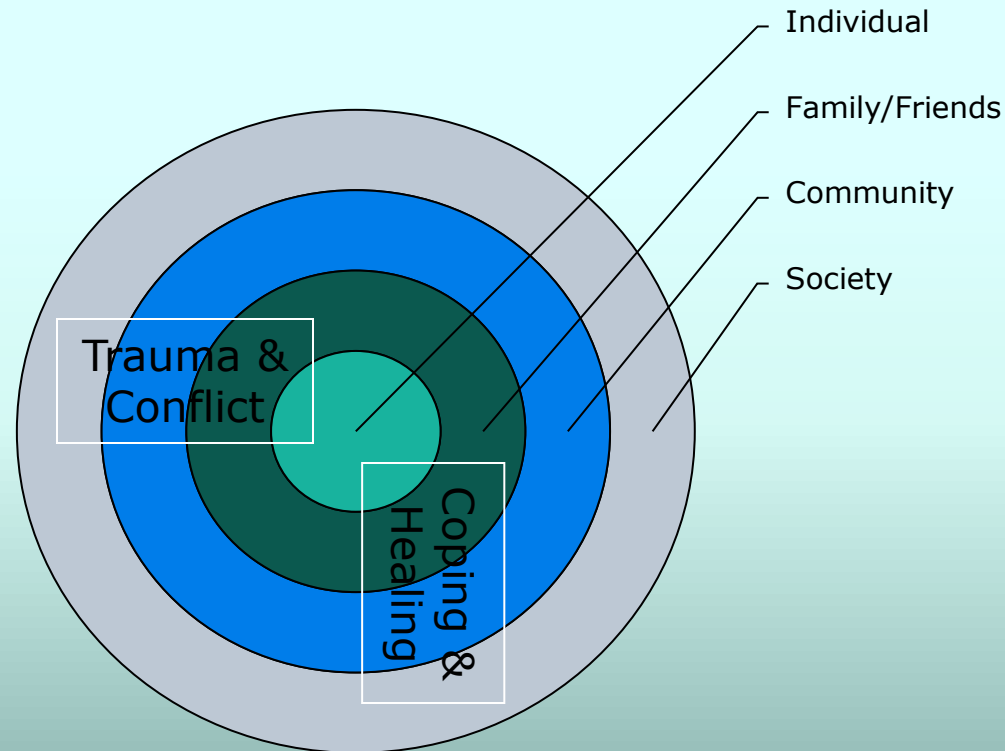
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Bellevue/NYU Program for Survivors of Torture

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”



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

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

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

Pre-Flight	Flight	Post-Flight
War	Fear	Language/cultural barriers
Violence and Torture	Lack of access	Financial instability
Arrests	Hiding	Housing instability
Fear, threats	Risks	Shock
Lack of access	Lack of basic needs	Change in roles
Secrecy	Loss	Family tension
Disrupted daily life	Violence	Differing rates of acculturation
Separation and death	Leaving others behind	Discrimination
More	More	More

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

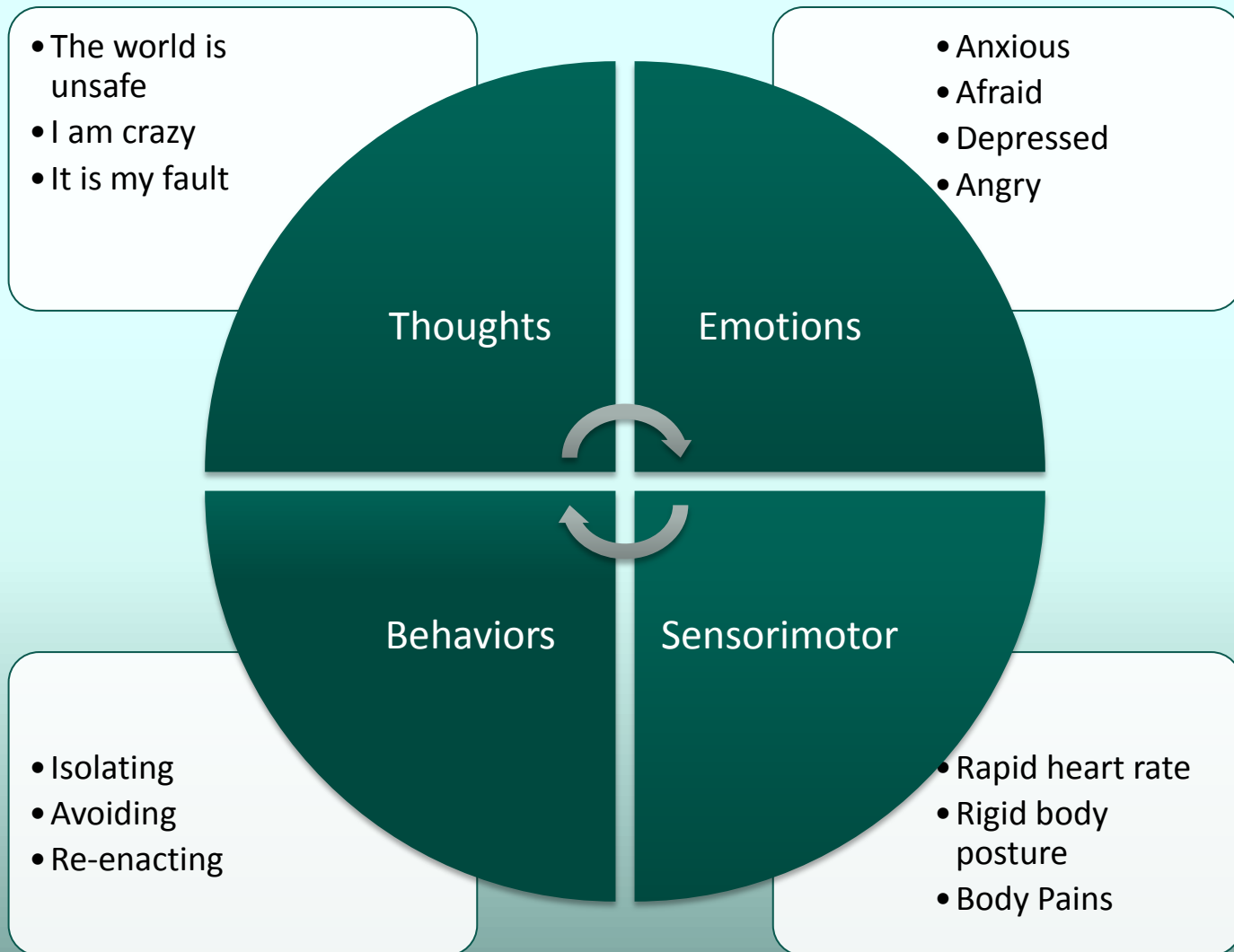
- **ASSESSMENT:** Are you asking about experiences from all three periods and making a plan to address struggles at each level?
- **INTERVENTION:** Are your agency's services designed to address struggles from all periods and are staff equipped to address them?
- **REFERRAL:** When additional assessment 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!

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!

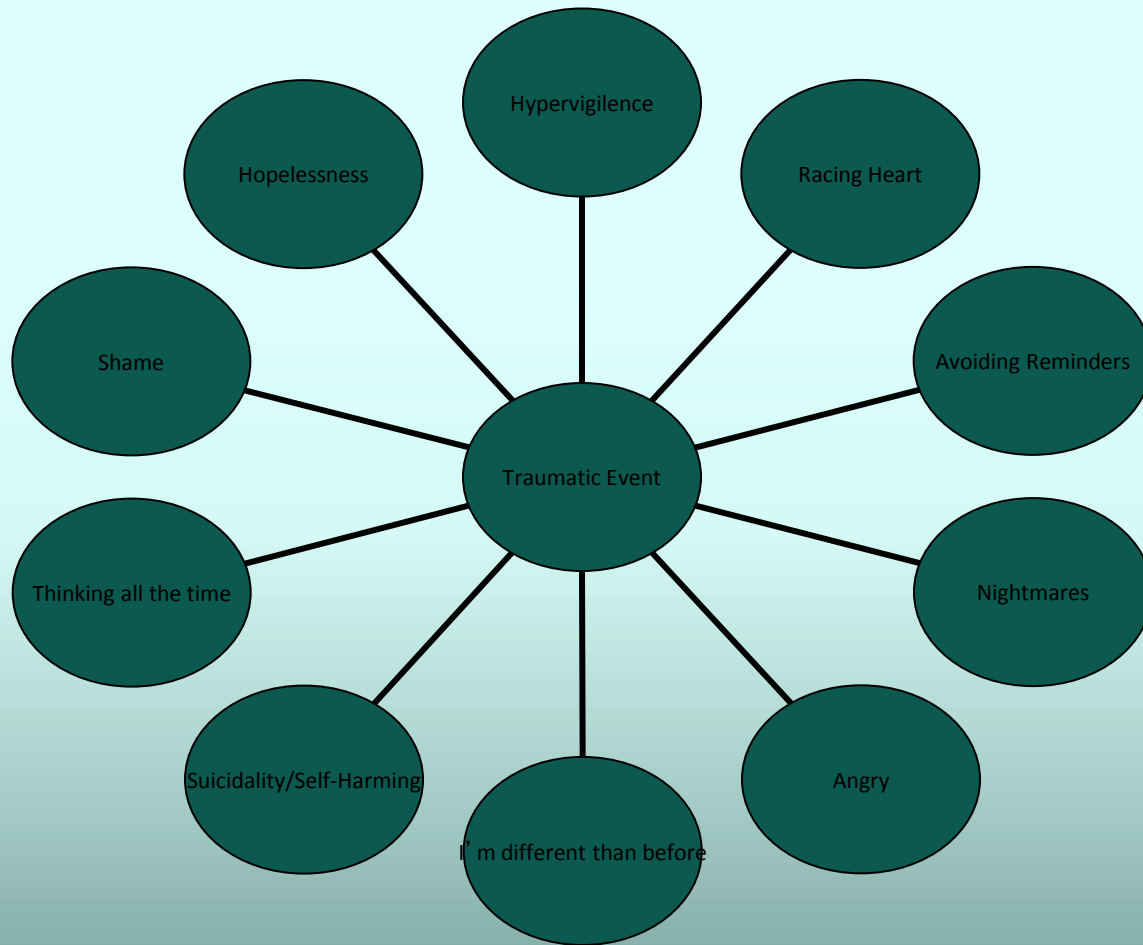
Trauma Reactions



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



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

Briere, J. & Scott, C. (2006)

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

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

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

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!

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