

The TAMAR Program

AGENDA

8:30-9:00am	Registration
9:00-10:00 am	The TAMAR Program
10:00am-10:15am	Break
10:15am-12:00pm	The TAMAR Program
12:00-1:00pm	Lunch
1:00pm-2:00pm	The Modules (cont)
2:00-2:15pm	Break
2:15pm- 3:15pm	Broken Child (Case Studies of Child Abuse)
3:15-3:30pm	Break
3:30-4:15pm	Compassion Fatigue & Self-Care
4:15-4:30pm	Wrap up

“Trauma Recovery”

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Video

“Chicago”

Who cares, why bother, what's in it for me?

- Recognition of traumatic reactions makes management of clients much easier
- A little bit of trauma awareness goes a long way
- Ongoing trauma treatment across a continuum of care is a major contributing factor to reducing recidivism in this population.

What is Trauma?

- An experience is traumatic if it:
 - (1) is sudden, unexpected, or “out of the norm”
 - (2) exceeds the individual’s perceived ability to meet its demands
 - (3) Disrupts the individual’s frame of reference and other central psychological needs and related schemas (McCann & Pearlman, 1990).

What is trauma?

- Events/experiences that are shocking, terrifying, and/or overwhelming to the individual.
- Results in feelings of fear, horror, helplessness.
- Triggering events may include witnessing, sensory exposure, media exposure.

Post-traumatic Stress Disorder (PTSD)

- A. The person has been exposed to a traumatic event in which both the following were present:
 - 1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

PTSD

- 2. The person's response involved intense fear, helplessness, or horror



PTSD

- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma)
 - efforts to avoid thoughts, feelings or conversations associated with the trauma
 - efforts to avoid activities, places or people that arouse recollections of the trauma
 - inability to recall an important aspect of the trauma

What Does Trauma Do?

- Symptoms are adaptations
- Trauma shapes a child's basic beliefs about identity, world view and spirituality
- Using a trauma framework, the effects of trauma *can* be addressed within mental health, SA, and criminal justice systems
- The four most important things a person has to offer an abused client are ***RESPECT, INFORMATION, CONNECTION, and HOPE***

- Traumatized children have the dilemma of having experienced both the overwhelming arousal of abuse and the absence of adequate soothing and comforting. Thus, they are often in a state of hyper-arousal and are particularly unskilled at self-soothing

- Addressing symptoms alone usually does not help them heal in a lasting way. A diagnosis does not help us find out what to do with disturbances in Attachment, Meaning and Relationships

Attachment and Trauma

- Survivors of childhood trauma have the dilemma of having experienced both the overwhelming arousal of abuse and the absence of adequate soothing and comforting

Risking Connections

Saakvitne, Gamble, Pearlman & Lev

- The RICH Model
 - RESPECT
 - INFORMATION
 - CONNECTION
 - HOPE



RICH MODEL

- Being an ally: Forming a growth-promoting relationship
- Safety and respect
- Frame and boundaries in work with survivors
- Working toward change: Using connection to help clients manage their feelings and memories.

Keeping a Trauma Framework

- Symptoms and behaviors are adaptations
- Managing symptoms and crises requires building feelings skills
- Everyone involved in contact with the client has the ability and responsibility of being a helper
- The helper's responses are essential tools and must be noticed and used constructively

Key Concepts

- Empowerment
 - Survivors benefit most when they participate actively in treatment and have control over decisions that affect them
 - Collaboration: requires acknowledging our responsibility to clients and the power we have in the relationship and to keep that in mind when working with a survivor

Examples of Trauma Interventions

- Telling the client what you are going to do before you do it
- Recognizing a flashback and managing it with words instead of action
- Seeing trauma responses as adaptations rather than manipulation

Settings for Trauma Treatment

- Prisons and detention centers
- Rehabilitation programs
- Diversion programs
- Outpatient treatment centers
- Homeless shelters
- AIDS treatment centers
- Psychiatric settings

Reflection

- How might your understanding and work be affected if you know that your client is also a survivor of abuse?

Listening and Making Connections:

- Between what you know about trauma adaptation and what the client is telling you
- Between different things the client is telling you
- Between the client's past and present circumstances

Survival Equations

- Feelings = danger
- Feelings = useful information

Understand How Past Influences Present

- Assume actions make sense
- Understand how actions help with coping
- What is behavior helping to cope with?
- How are actions related to person's past?
- Are there other choices?

Repeating the Trauma in Relationships: Victimization, Violence and Helpless Witnessing

- Re-enactments are ways clients unwittingly repeat aspects of their past traumatic relationships in present relationships
- Helpless witnessing places the helper in the position of a trusted person who let abuse happen without interceding

Re-enactments That Involve Anger and Violence

- The client is in flashback and believes you are trying to harm him/her
- Your actions bring up memories or fears of abuse (questions, tone of voice, urine sample)
- The client is taking out rage at others on you

Re-enactments (cont'd)

- The client is intensely frustrated at not being heard, understood, or helped
- The client is trying to get punished , or otherwise get you to take control
- The client is trying to prevent discharge
- The client needs to save face when backed into a corner over a control issue

The Impact of Re-enactments on Us as Helpers

A trauma framework gives both helpers and clients more reason for hope because:

- We believe that what we are seeing makes sense, is believable and understandable.
- We believe that we can be helpful, that we have something to offer.
- People can heal, change, grow.

- The work we do is valuable
- A belief that love and goodness exist in the world and are as powerful as cruelty and evil.
- A belief that a respectful compassionate relationship (or even an interaction) can make a difference.

Stages of Recovery

<u>Syndrome</u>	<u>Stage one</u>	<u>Stage Two</u>	<u>Stage Three</u>
<ul style="list-style-type: none">• Hysteria• (Janet 1889)•	Stabilization, symptom-orientated treatment	Exploration of traumatic memories	Personality reintegration, rehabilitation
<ul style="list-style-type: none">• Combat• trauma• (Scurfield 1985)	Trust, stress-management education	Reexperiencing trauma	Integration of trauma
<ul style="list-style-type: none">• Complicated• Post-Traumatic• Stress Disorder• (Brown & Fromm 1986)	Stabilization	Integration of memories	Development of self, drive integration

Stages of Recovery

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| <ul style="list-style-type: none">• Multiple• Personality• Disorder• (Putman 1989) | Diagnosis,
stabilization,
communication,
cooperation | Metabolism of trauma | Resolution,
integration,
development
of post resolution
coping skills |
| <ul style="list-style-type: none">• Traumatic• Disorders• (Herman, 1992) | Safety | Remembrance
and mourning | Reconnection |