

Nexus

Dual Diagnosis Consultation Service

Working with Trauma - Trauma Informed Care

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Key messages from today

- How trauma memory is stored in the brain
- Window of tolerance
- Safety & Stabilisation

Responses to trauma

- **Fight**
- **Flight**
- **Freeze**
- **Fawn/submit**

[https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/?utm_source=newsletter_mental_health&utm_medium=email&utm_campaign=newsletter_mental_health_03&\\$deep_link=true](https://themighty.com/2020/01/fight-flight-freeze-fawn-trauma-responses/?utm_source=newsletter_mental_health&utm_medium=email&utm_campaign=newsletter_mental_health_03&$deep_link=true)

How trauma manifests behaviorally



Effects of trauma

Re-experiencing

Recurrent 're-experiencing' of the traumatic event, through unwanted and intrusive memories, recurrent dreams or nightmares, or 'flashbacks'.

Avoidance

Persistent avoidance of memories, thoughts, feelings or external reminders of the event (such as people, places or activities).

Negative cognitions

Persistent negative mood, and feeling a distorted sense of blame of self or others, or feeling detached from others, and less interested in activities.

Physiological arousal

Persistent symptoms of increased physiological arousal: hypervigilance, sleep difficulties, exaggerated startle response, increased anger and concentration difficulties.

Psychological effects of trauma

No two people react in the same way:

- feel angry, sad, afraid or confused
- get headaches or tummy upsets
- have nightmares and trouble sleeping
- get into fights or do things that you wouldn't normally do
- be unable to concentrate, and have trouble doing usual work
- not want to talk to or be around others

Many people recover in a few weeks on their own, or with the help of friends and family. Some people might have these reactions for a long time.

Neurobiology of Trauma

How the brain encodes traumatic memory?

Traumatic memories are different from ordinary clinical memories in the way they are encoded in the brain. There is evidence that trauma is stored in the part of the brain called the **limbic system, which processes emotions and sensations, not language or speech**



Traumatic memories

How Trauma Impacts Four Different Types of Memory

EXPLICIT MEMORY

SEMANTIC MEMORY

What It Is

The memory of general knowledge and facts.

Example

You remember what a bicycle is.

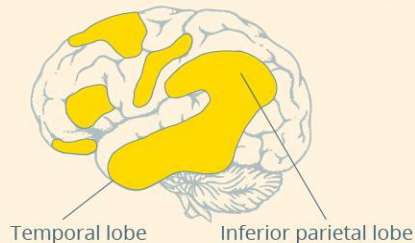


How Trauma Can Affect It

Trauma can prevent information (like words, images, sounds, etc.) from different parts of the brain from combining to make a semantic memory.

Related Brain Area

The temporal lobe and inferior parietal cortex collect information from different brain areas to create semantic memory.



IMPLICIT MEMORY

EPISODIC MEMORY

What It Is

The autobiographical memory of an event or experience – including the who, what, and where.

Example

You remember who was there and what street you were on when you fell off your bicycle in front of a crowd.

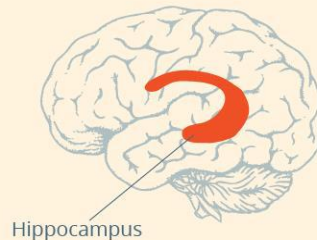


How Trauma Can Affect It

Trauma can shutdown episodic memory and fragment the sequence of events.

Related Brain Area

The hippocampus is responsible for creating and recalling episodic memory.



EMOTIONAL MEMORY

What It Is

The memory of the emotions you felt during an experience.

Example

When a wave of shame or anxiety grabs you the next time you see your bicycle after the big fall.

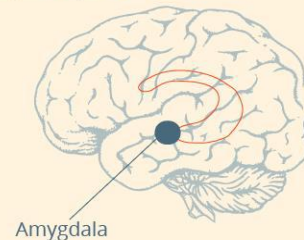


How Trauma Can Affect It

After trauma, a person may get triggered and experience painful emotions, often without context.

Related Brain Area

The amygdala plays a key role in supporting memory for emotionally charged experiences.



PROCEDURAL MEMORY

What It Is

The memory of how to perform a common task without actively thinking

Example

You can ride a bicycle automatically, without having to stop and recall how it's done.

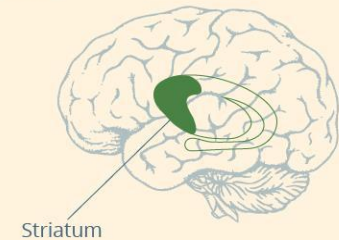


How Trauma Can Affect It

Trauma can change patterns of procedural memory. For example, a person might tense up and unconsciously alter their posture, which could lead to pain or even numbness.

Related Brain Area

The striatum is associated with producing procedural memory and creating new habits.



3 ways the brain changes after trauma

1 Threat perception system is enhanced

- See danger everywhere, core perception not cognitive – fear driven brain

2 Filtering system doesn't work well

- Ability to discern what is relevant and dismiss what is not relevant regarding danger/fear doesn't work
- Hard to focus and often feels overloaded

3 Self sensing system is blunted

- body feels bad when exposed to trauma so efforts are made to dampen the response system – eg use drugs or alcohol
- Defensive response at core level of brain – survival response

(NICABM 2020, Bessel van der Kolk)

Theories and frameworks for understanding Trauma

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Polyvagal System

WINDOW OF TOLERANCE (POLYVAGAL THEORY)

STATE OF HYPERAROUSAL

Sympathetic System Activated: Acceleration of autonomic nervous system response (increased heart rate, blood pressure, blood flow to large muscles, etc.) -HEIGHTENED SENSATIONS

"Flight/Fight" Response Activated: state of hyper-vigilance, anxiety, perception of challenge or danger

Disorganized Cognitive Processing: thinking is rigid or chaotic, poor judgment, racing thoughts, obsessive thoughts & behaviors, Intrusive emotions/images, emotional reactivity, dread

No new learning can take place

Faux WoT

OPTIMAL ZONE OF AROUSAL-WINDOW OF TOLERANCE

Parasympathetic System Stimulated (Ventral Vagal Nerve): Deceleration of autonomic nervous system response, body regulated, State where emotions tolerated and information integrated -NORMALIZED SENSATIONS

Full Activation of Pre-Frontal Cortex: greater access to intuition and insight, calm, alert, relaxed, aware, coherent

Social Engagement System Activated: Self-soothing/emotion regulation system activated, fear modulated

Experience Full Range of Emotions: (joy, grief, anger, etc.) with a sense of control and awareness of options.

New learning can take place

Faux WoT

STATE OF HYPOAROUSAL

Parasympathetic System Activated (Dorsal Vagal Nerve): Extreme deceleration of autonomic nervous system response (decreased heart rate, blood flow to extremities, etc.) -ABSENCE OF SENSATIONS

"Freeze" Response Activated: slowed or disabled thinking process, dissociation of awareness, isolation/withdrawal, depression, numb, hopelessness, shut-down response, disabled defensive responses

No new learning can take place

What you might see if someone is outside the “window of tolerance”

- Flooding
- Dissociation
- Self harming
- Accidents
- Suicidality
- Overdoses (intentional & unintentional)
- High risk behaviours
- Leaving treatment

Principles of Trauma Informed Practice

Safety

Physical, emotional, environmental, cultural, systematic

Trustworthiness

Clarity, consistency, interpersonal, boundaries

Collaboration

Maximising client choice & control

Choice

Maximising collaboration & sharing power

Empowerment

Prioritising empowerment skills

(Blue Knot Foundation, 2012)

Trauma Informed Care

- **Do not push consumers to revisit events or disclose information** if they are not ready to do so.
- It is understandable that the person may be upset by these thoughts and feelings that may arise, and they should be allowed to engage with these feelings in order to help process the trauma emotionally.
- Assist consumers to develop good self-care and have skills to regulate their emotions before they delve deeply into their traumatic experiences or are exposed to the stories of others; however, choice and control should be left to the consumer.

NB: In-depth discussion of a person's trauma experiences should only be conducted by someone who is trained in dealing with trauma responses.

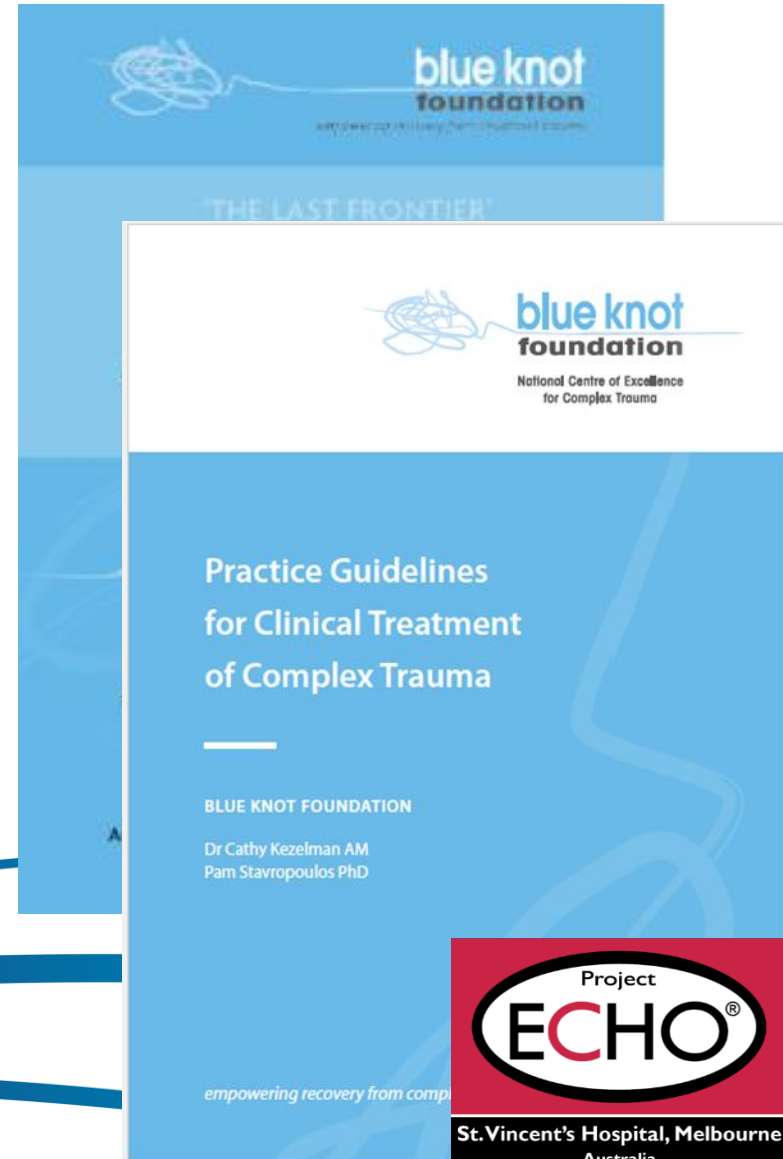
(Blue Knot Foundation, 2012)

Three-phased approach

Phase 1 – Safety and stabilisation

Phase 2 – Processing the trauma

Phase 3 - Integration



The relationship and impact between trauma, substance use and mental health

- It is common for the frequency of trauma-related symptoms to increase when a person stops drinking or using drugs.
- This is because clients often use these substances to suppress these feelings and control traumatic thoughts.
- It is the avoidance symptoms, rather than re-experiencing symptoms, have been associated with the perpetuation of trauma-related symptoms.
- If a person does become upset due to traumatic thoughts, that they should not avoid or suppress these thoughts or feelings.
- Telling a person not to think or talk about what happened may also intensify feelings of guilt and shame. For those who have experienced abuse, it may closely re-enact their experience of being told to keep quiet about it.

(Comorbidity Guidelines 2016)

Interventions

- Psychoeducation about common reactions trauma and symptom management
- Praise resilience
- Normalise feelings
- Natural reaction to an abnormal situation
- Let them know it's not their fault
- Contact supportive and stable friends, family
- Anxiety-reducing techniques -

Interventions

- Depending on the trauma – start with present moment oriented interventions
 - Grounding
 - 5 senses awareness - 3/3/3
 - Mindfulness
 - Progressive muscle relaxation
 - Breathing exercises
 - Visualisation

(Comorbidity Guidelines 2016)

Grounding exercises

- Sip hot or cold drinks and focus on the feeling
- Breathe in slowly (4 counts) hold for 4 counts and breath out for 8 counts - repeat
- Tense and release each muscle group in your body
- Look around and find every object that is red, blue, yellow, etc
- Watch videos of kittens, puppies etc on internet
- List 3 things that have gone well – even small ones

Interventions

- Maintain healthy diet
- Adequate rest
- Regular breaks from using or reduce use
- Exercise – mindful walking, yoga
- Contact with supportive and stable friends, family
- Harm minimisation
- Safety planning - emergency services, Directline and Life Line, online services, etc

(Comorbidity Guidelines 2016)

Tools and resources

Tools and resources



Model of Care: Trauma Informed Care and Practice for Alcohol and Drug Treatment

Model of Care: Trauma Informed Care and Practice for Alcohol and Drug Treatment - MNMH (2020)



Trauma Informed Care and Practice Clinician Capability Framework

Trauma Informed Care and Practice Clinician Capability Framework - MNMH (2020)



Managing and Preventing Vicarious Trauma: Guidelines for MNMH-ADS Staff

Managing and Preventing Vicarious Trauma: Guidelines for MNMH-ADS Staff - MNMH (2020)

VAADA Cards

- Acknowledge
- Assure
- Ask
- Allow

USEFUL QUESTIONS

Triggers and avoidance

- » Are you aware of any triggers for feelings of distress like sounds, smells, touch, situations or people?
- » Do you avoid these things as a way to manage your thoughts, feelings and behavior?
- » Have you had times when you were overwhelmed and didn't know how to manage your thoughts, feelings and behavior?

Coping strategies

- » How have alcohol and other drugs helped you to manage painful feelings or memories?
- » Is there anything else that helps you to relax and what gets in the way of you doing more of this?
- » If you can't think of anything that really helps, would you like to work on some ideas?

Supports

- » Are there family, friends or others you can count on for support?
- » What is it like to talk about these issues?
- » Is there anything you have disclosed to someone you have not talked about with anyone else?
- » Are you feeling okay with everything you've talked about today?

TALKING ABOUT TRAUMA

Acknowledge

- » the difficulty and courage involved in talking about painful experiences;
- » people's use of substances to manage their distress;
- » individuals' strengths and resources by identifying the survival skills that have got them to where they are now.

Assure

- » the person that they don't need to discuss the details of their experience and should only disclose what they are comfortable sharing.

Ask

- » how the person's trauma is affecting them now;
- » if they have had any previous professional help in relation to these issues.

Allow

- » for people's cultural backgrounds when understanding their trauma and making referrals;
- » some time at the end of the session to check with the person if they're okay.

Brief Interventions - Families

For family, friends and other key support people:

[Blue Knot Foundation](#)

Bouverie Centre – 8481 4800

Parentline Victoria 13 22 89 (0-18 years)

ReachOut - <https://au.reachout.com/>

1800Respect – 1800 737 732

DV connect – Supporter enquiries – 1800 88 88 68

Direct Line – 24hr counselling and referral line - 1800 888 236

Family Drug Help: 1300 660 068

eheadspace FAF (family & friends) - <https://headspace.org.au/eheadspace/>

What Can I Do? Lots!

e-health
interventions

self-help groups

physical activity

pharmacological

complementary
and alternative
therapies

psychological



(Comorbidity Guidelines 2016)

Key things to consider

- How trauma memory is stored in the brain
- Window of tolerance
- Safety & Stabilisation

- Vicarious/secondary trauma – self care
- Family
- Support networks
- Integrated care with other services – MHCP

Treatment Options

- Somatic Trauma Therapy & Somatic Experiencing
 - Peter Levine, Babette Rothchild
- EMDR – Eye Movement Desensitisation & Reprocessing – Francine Shapiro
- Trauma-Focussed Cognitive Behavioural Therapy
 - Exposure therapy
 - Cognitive behavioural therapies
- Psychodynamic psychotherapy – long term
- Critical Incident Stress Management
- Brainspotting - https://www.youtube.com/watch?v=7FO_udVWkqA
- Havening - <https://www.youtube.com/watch?v=VD6PcEWDJbo>
- Tapping - <https://www.youtube.com/watch?v=XRfLTQjJhp0>

Treatment Options

- Acceptance and Commitment Therapy (ACT) & Trauma-focused Acceptance and Commitment Therapy (TACT)
 - Russ Harris, ECASA - Burrows
- Dialectical Behavioural Therapy (DBT)
 - Marsha Linehan
- Narrative therapy
- Mentalisation therapy
 - Peter Fornagy (2015)
- Pharmacological treatments (Ed's talk next week)
- Neurofeedback
- Motivational Interviewing

Resources

- [Blue Knot Foundation](#)
- [Black Dog Institute](#)
- Phoenix Australia – Alcohol & [Substance](#) use
- [Comorbidity Guidelines 2016](#)
- [Insight - trauma informed care](#)
- [Recognising, screening & assessing complex trauma PHN](#)
- [SHARC - Family Drug Help](#)
- Directline 1800 888 236 <https://www.directline.org.au/>
- NICABM 2020 <https://www.nicabm.com/trauma-three-ways-trauma-changes-the-brain/>
- [Trauma and substance use, NDARC, 2011](#)
- [Putting together the pieces – Responding to trauma and substance use \(2014\), Re-Gen](#)
- [Guidelines for trauma-informed family sensitive practice in adult health services, The Bouverie centre](#)

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Thank you!



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