From Trauma to Triumph: Empowering Individuals with Trauma-Informed Care Practices

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Trustee, Monarch Housing Associates

Housing as a Human Right: An Asset-Based Approach to Housing Justice

October 3, 2023

What is Trauma?

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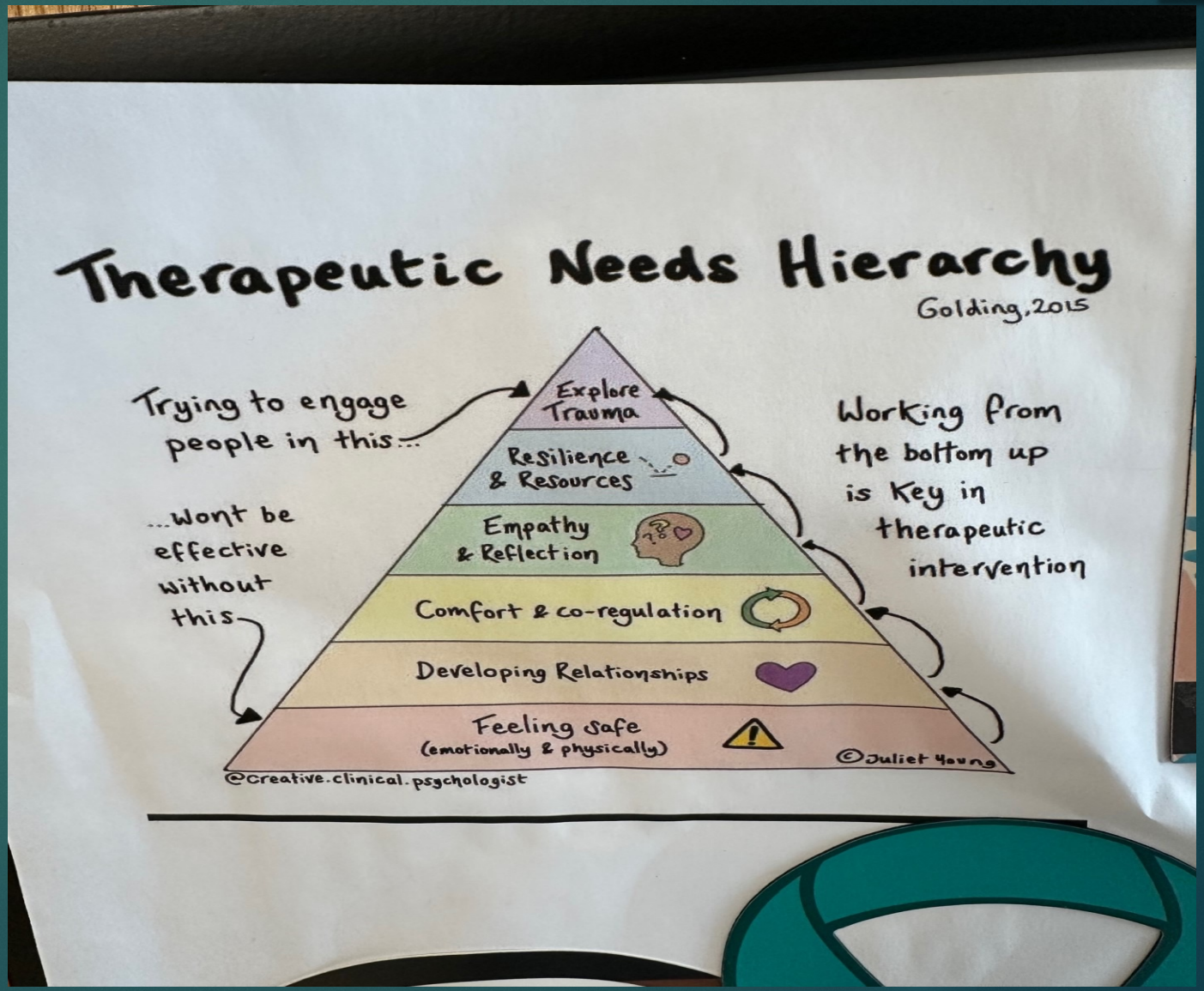
ST FRANCIS COUNSELING SERVICE IN OCEAN COUNTY

A tiny bit about me…

-I have been in the mental health field since 2007 and most of my experience has been linked in some way to trauma

-I have been the director of St Francis Counseling Service in Ocean County since 2021. St Francis Counseling Service is the lead sexual violence prevention and counseling agency for Ocean County and we additionally work with survivors of other crimes, such as domestic violence

-I love referencing Maslow's hierarchy of needs when it comes to therapy because if basic needs are not met and the client is not safe, we can not address the higher level trauma needs



A Self Care Note…

(YOU ARE ALLOWED TO FEEL HOWEVER YOU FEEL)

Trauma by definition:

Trauma is not about the event or experience, but rather it is about how our mind and body interpret that experience.

It is an ACTUAL or PERCEIVED threat to one's own life or bodily integrity

A subjective experience of terror and helplessness

An experience does not have to be "huge" or "catastrophic" to cause disturbance or be considered trauma.

It is ANYTHING that OVERLOADED your CAPACITY TO COPE and continues to be emotionally challenging.

Two people witnessing the same event or having the same experience may respond in two very different ways, one experiencing it as trauma and the other not.

More officially…
The diagnostic criteria from DSM-5-TR

Exposure to actual or threatened death to adults, adolescents, and children older than six. (Special considerations for children under 6)

(Can be directly experiencing, witnessing, learning about how it happened to someone close to them, or repeated/extreme exposure to traumatic event details (i.e. first responders, therapists, etc)

More officially…
The diagnostic criteria from DSM-5-TR

Symptoms (at least one):

-Recurrent, involuntary and intrusive distressing memories of the traumatic event

-Recurring and distressing dreams about the event

-Dissociative reactions or flashbacks about the event

-Intense or prolonged psychological distress at exposure to triggers or cues related to event

-Physiological reactions to triggers or cues

-Avoidance of distressing memories or reminders of the event

More officially…
The diagnostic criteria from DSM-5-TR

Negative alterations in cognitions and mood associated with traumatic events (at least two):

-Inability to remember an important aspect of the traumatic events

-Negative beliefs about oneself, others or the world around the event

-Distorted cognitions about the cause or consequences of the traumatic event leading to blame

-Persistent negative emotional state

-Feelings of detachment or estrangement from others

-Persistent inability to experience positive emotions

More officially…
The diagnostic criteria from DSM-5-TR

Arousal and Reactivity (two or more)

-Irritable behavior or angry outbursts

-Reckless or self destructive behavior

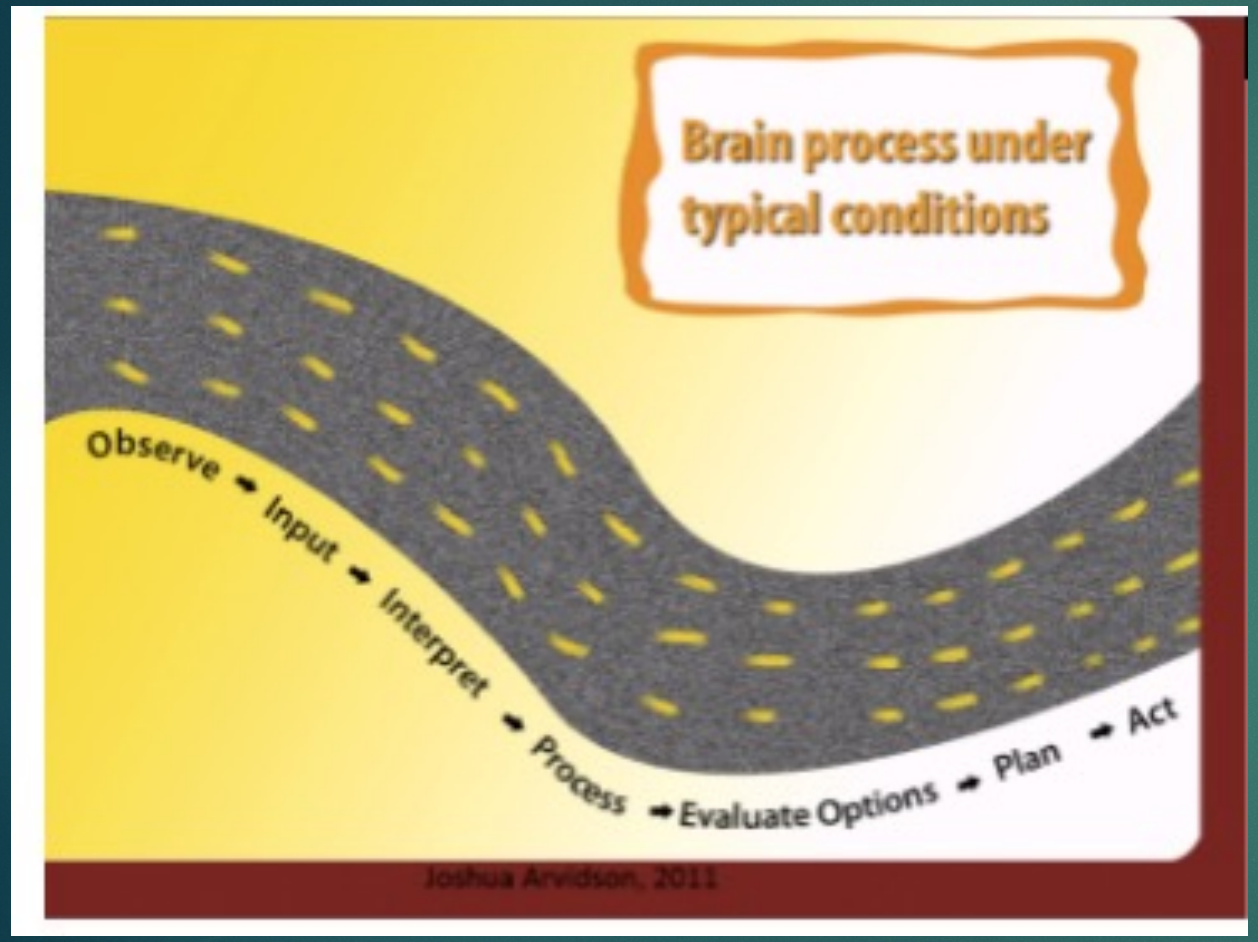
-Hypervigilance

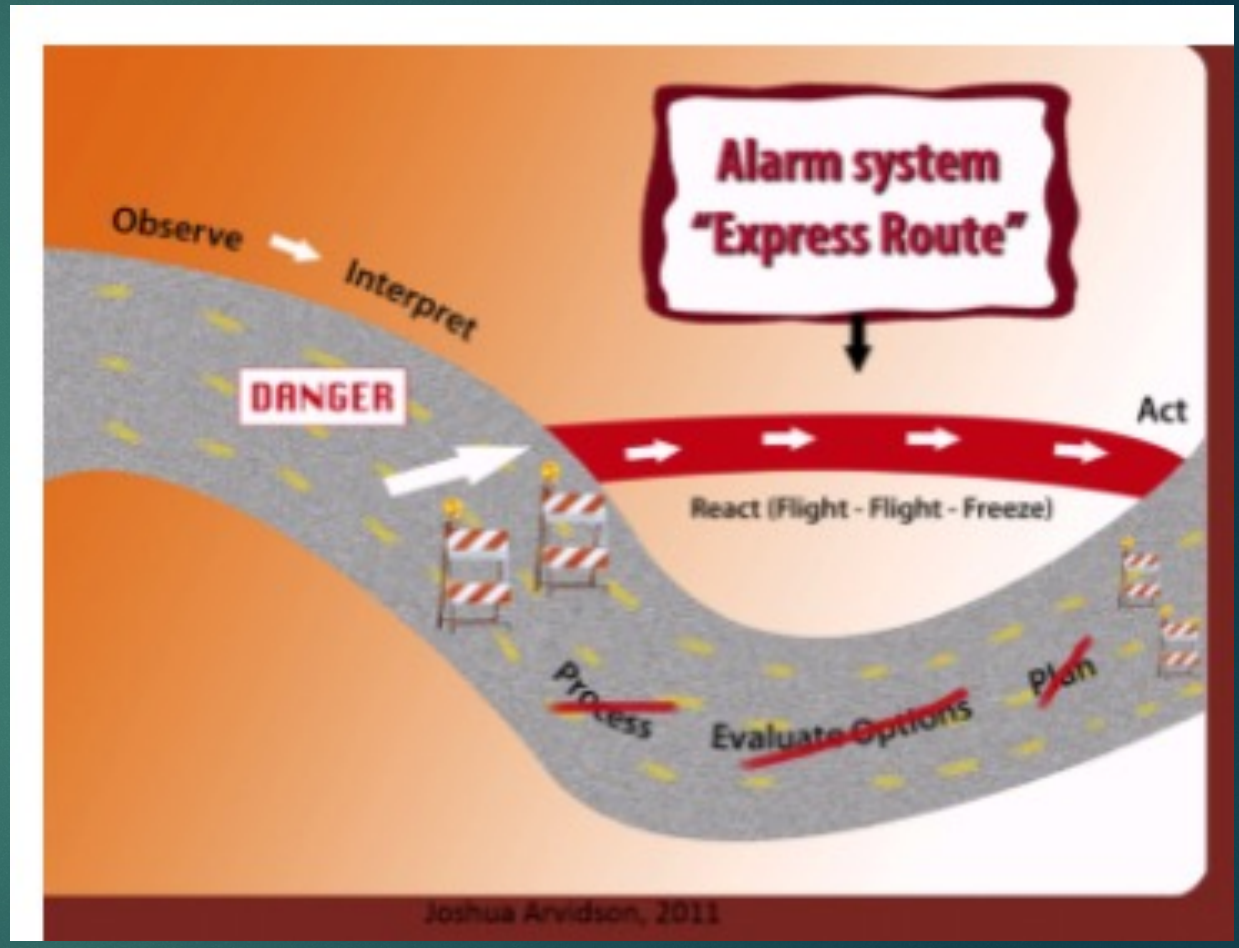
-Exaggerated startle response

-Problems with concentration

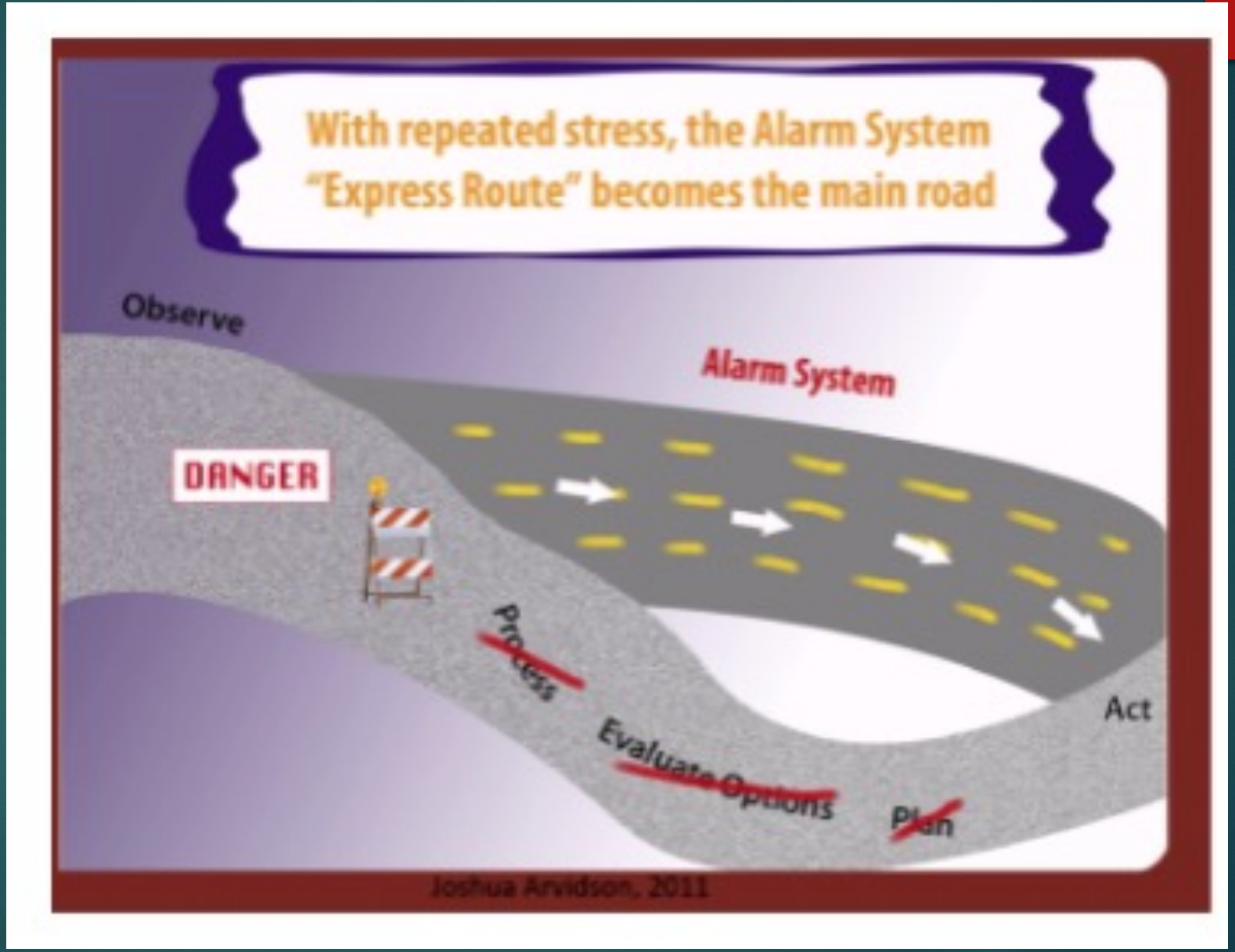
-Sleep disturbance

The Trauma Pathway:





The Trauma Pathway:



To lighten the mood for a minute and explain about trauma….

The one and only, George Carlin…

To summarize:

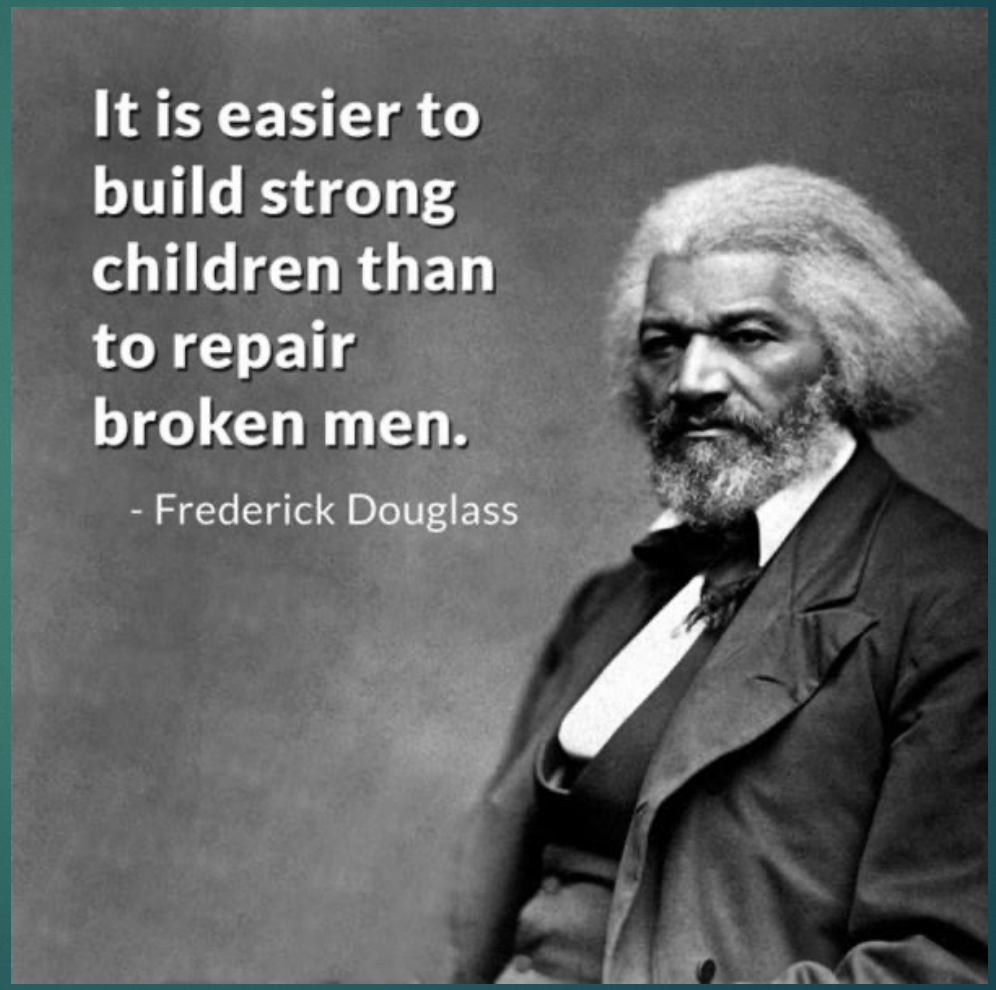
-TO BE DIAGNOSED WITH POST-TRAUMATIC STRESS DISORDER, YOU NEED TO HAVE EXPERIENCED TRAUMA

-HOWEVER, YOU DO NOT NEED TO BE DIAGNOSED WITH PTSD TO HAVE EXPERIENCED TRAUMA/EXPERIENCED TRAUMATIC EFFECTS

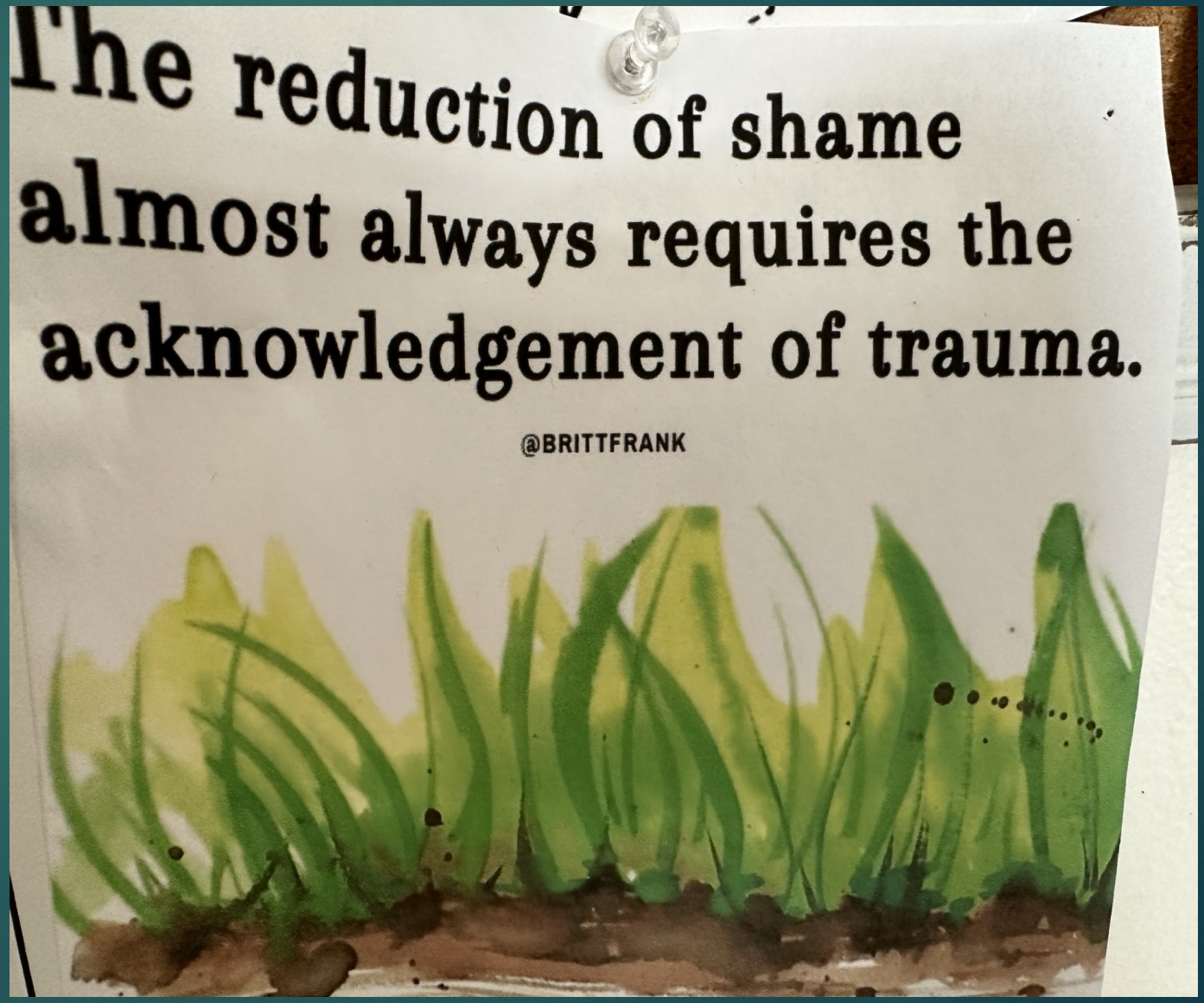
-THEREFORE, MOST HUMANS HAVE EXPERIENCED TRAUMA AT SOME POINT, BUT MAY OR MAY NOT HAVE BEEN DIAGNOSED OFFICIALLY

-LASTLY, THIS DOES NOT NEGATE OR MINIMIZE THEIR TRAUMA EXPERIENCE

Considerations in Trauma: Resilience

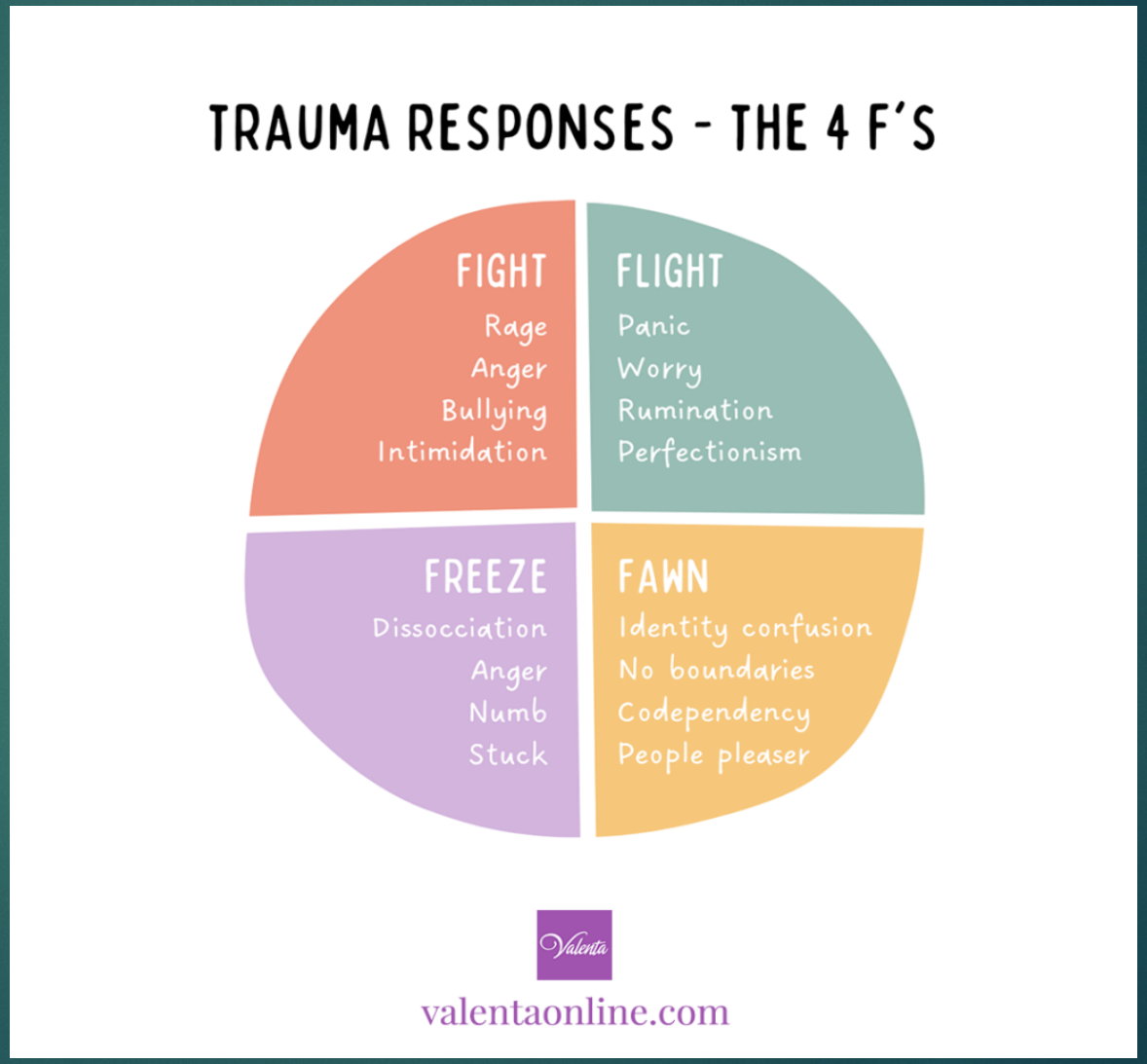


Considerations in Trauma: Shame/Previous Trauma



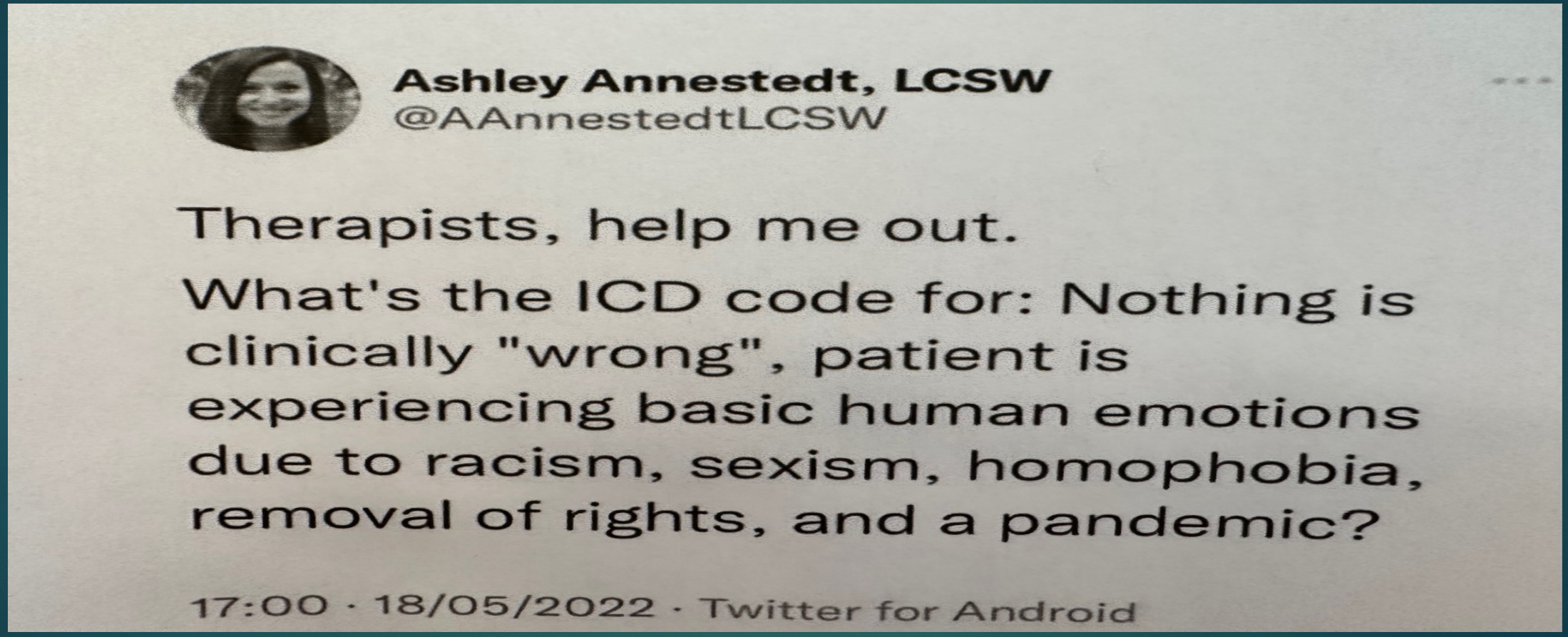
Considerations in Trauma: Different Reactions

Considerations in Trauma: Different Reactions



Considerations in Trauma: Expectations by Society

In closing and to link to today's continuing topic…



Ashley Annestedt, LCSW
@AAnnestedtLCSW

Therapists, help me out.

What's the ICD code for: Nothing is clinically "wrong", patient is experiencing basic human emotions due to racism, sexism, homophobia, removal of rights, and a pandemic?

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Using Trauma Research to Challenge Biases

CENTER ON CHILDREN, FAMILIES, AND THE LAW

HELPING THE HELPERS

Trauma, PTSD, and Complex PTSD

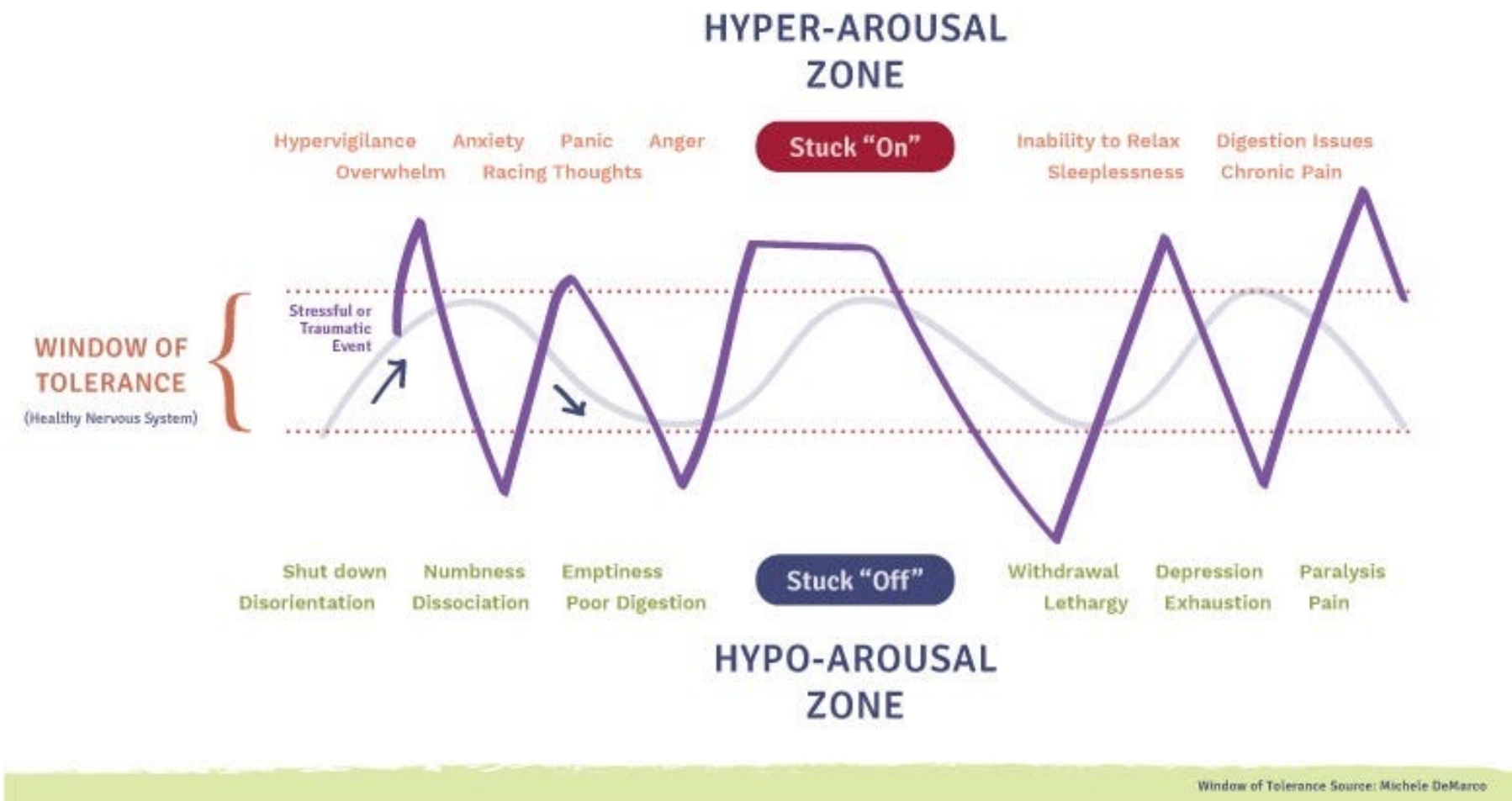
Stressor
triggers flight or fight response

Trauma
The stressor overwhelms our survival response.

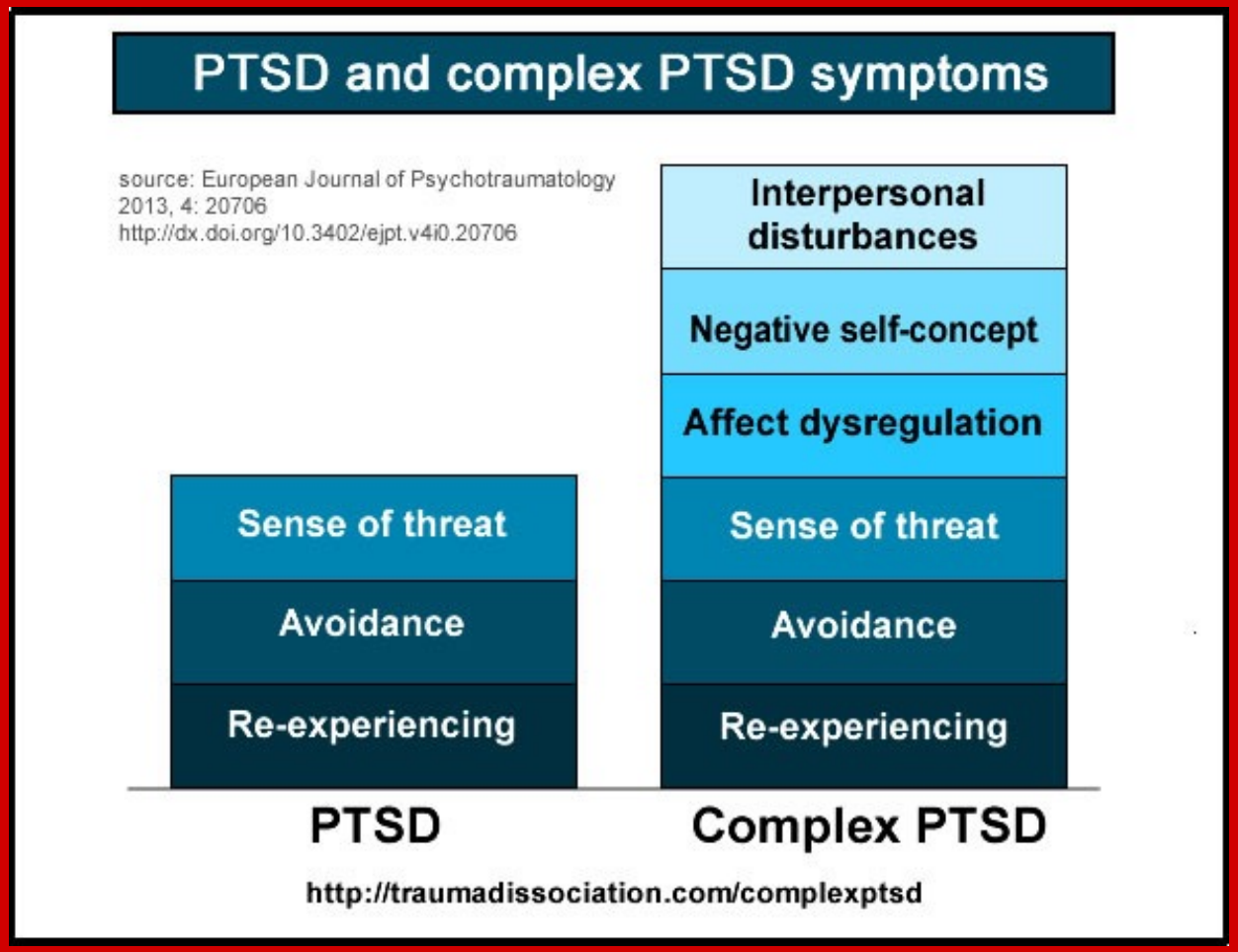
PTSD
PTSD is likely to develop if we are unable to process the trauma following

Complex PTSD
When exposed to continuous trauma and/or developmental trauma we may develop complex PTSD

Length of exposure/repeated exposure


HYPER-AROUSAL ZONE
Hypervigilance
Anxiety
Panic
Anger
Overwhelm
Racing Thoughts
Stuck "On"
Inability to Relax
Digestion Issues
Sleeplessness
Chronic Pain
WINDOW OF TOLERANCE
(Healthy Nervous System)
Stressful or Traumatic Event
Shut down
Numbness
Emptiness
Disorientation
Dissociation
Poor Digestion
Stuck "Off"
Withdrawal
Depression
Paralysis
Lethargy
Exhaustion
Pain
HYPO-AROUSAL ZONE
Window of Tolerance Source: Michele DeMarco

Complex PTSD



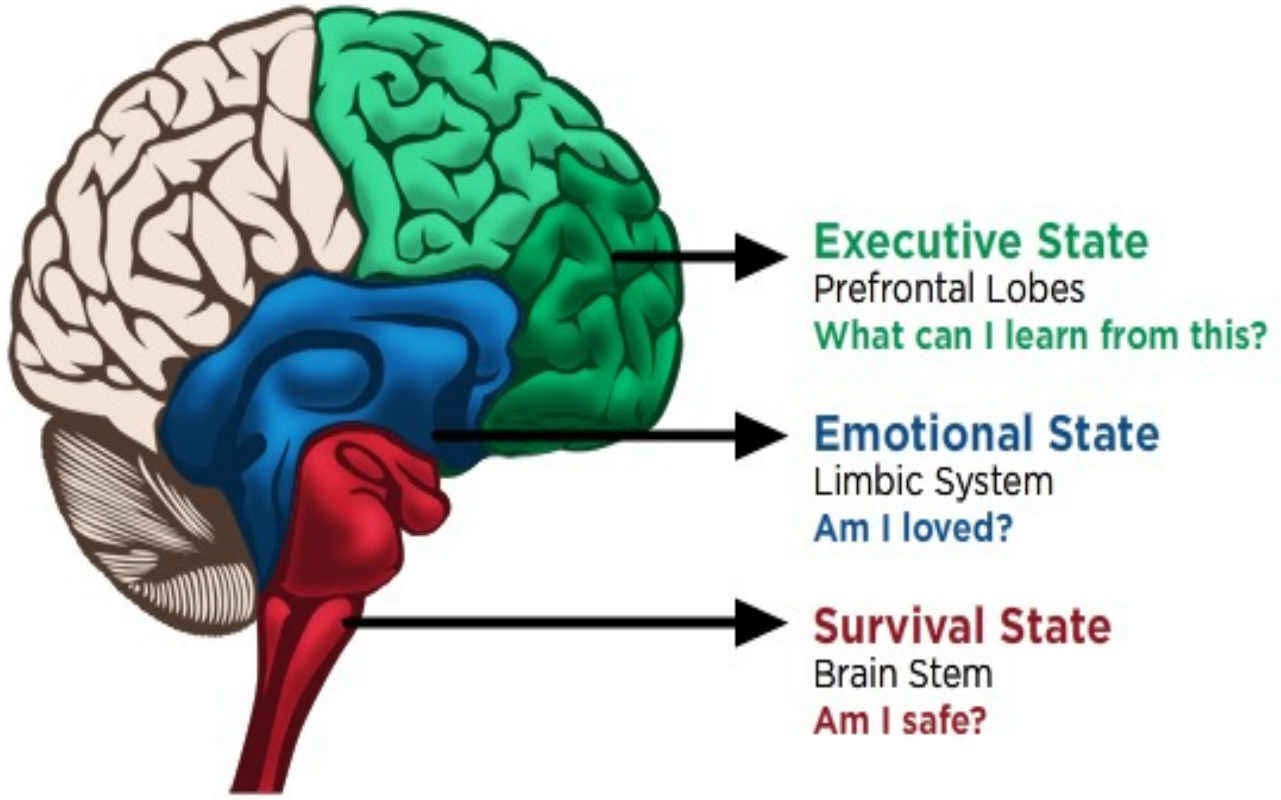
Impact of Homelessness on Brain Function

When our needs for safety are not met our brain will keep us in survival state.

The experience of homelessness and poverty is likely to keep brains in survival state.

With PTSD we may stay stuck in a survival state or be more easily triggered back to a survival state even when we are safe and have our needs met.

- Developmental trauma impacts brain development because the focus is on survival/safety rather than developmental milestones.

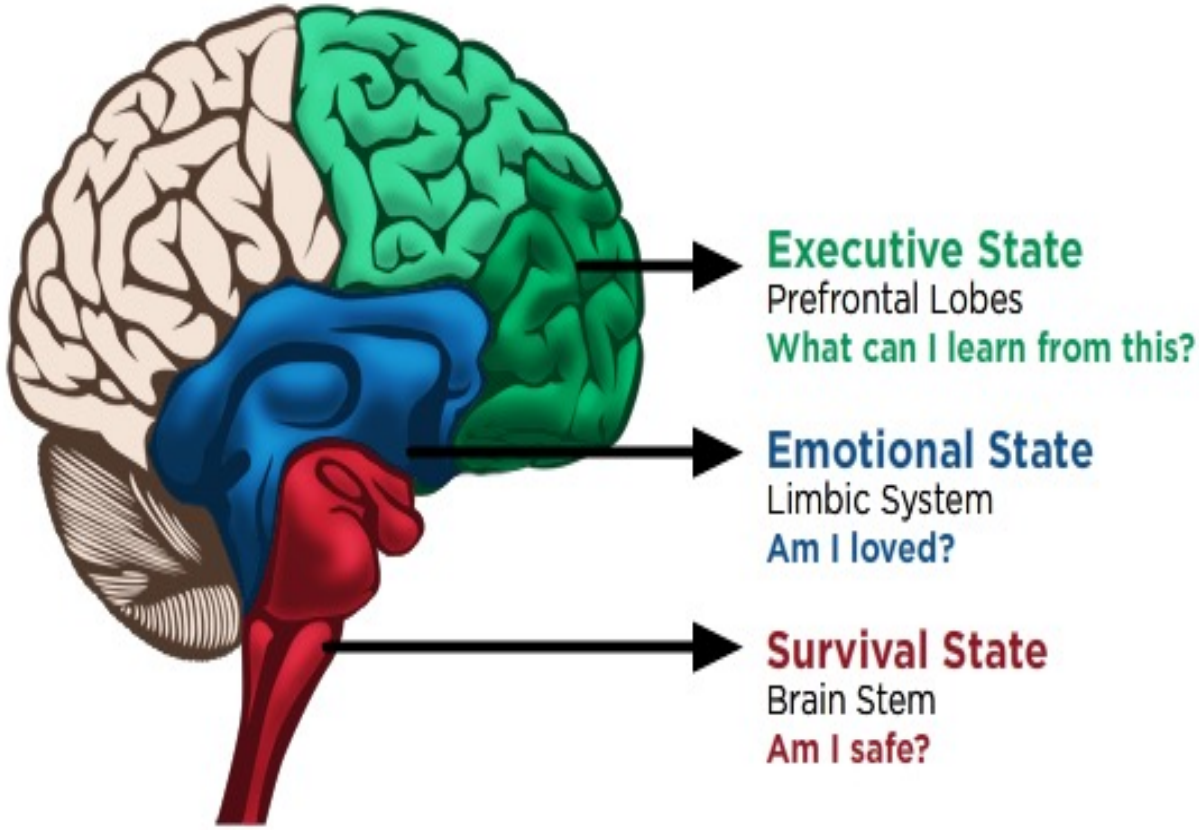


Impact of Housing From Youth Perspective

- Housing increased stability
  - "getting a house because I have a more open and like quiet space to think."
  - "I couldn't get things done when I was on the streets because a lot of things distracted me."
  - "Like being in my car more I would always have to stress about getting gas. Stressing about like storing food that I would buy. Things like that. Now I don't have to worry about it. I have my home. I have a refrigerator. I don't have to worry about where I'm gonna go."
  - "like I said I know that this is my house so it just, being able to call some place your home, it just really makes you feel better about yourself. And it gives you something to keep going for. So… It just gives me motivation to keep doing everything right because it's a part of adulthood, you know, you have to do it."

How can we use this information to change systems?

- Consider the impact of trauma in the design of systems of care.
  - Advocate for adequate levels of funding so our frontline workers can have their own sense of safety and security.
  - Re-evaluate our own assumptions and biases.
  - Examine ways our systems may intentionally or unintentionally respond to symptoms of trauma punitively.



Post

PEER OUTREACH SUPPORT TEAM

State of New Jersey
Department of Human Services
Division of Mental Health and Addiction Services

Mental Health Association in New Jersey, Inc.

About The POST Program

- The Peer Outreach Support Team program consists of peers: people in recovery from mental health problems, who can share lived experience and serve as role models.
- The program offers non-clinical case-management, transportation, and educational/engagement outreach to Hudson County residents living with mental health and/or co-occurring challenges.

WHAT IS PEER SUPPORT?

- Peer support encompasses a range of activities and interactions between people who have shared similar experiences of being diagnosed with mental health conditions. This mutuality—often called “peerness”—between a peer worker and person using services promotes connection and inspires hope.

- Peer support offers a level of acceptance, understanding, and validation not found in other professional relationships.*

WHAT DO PEER SUPPORT SPECIALISTS DO?

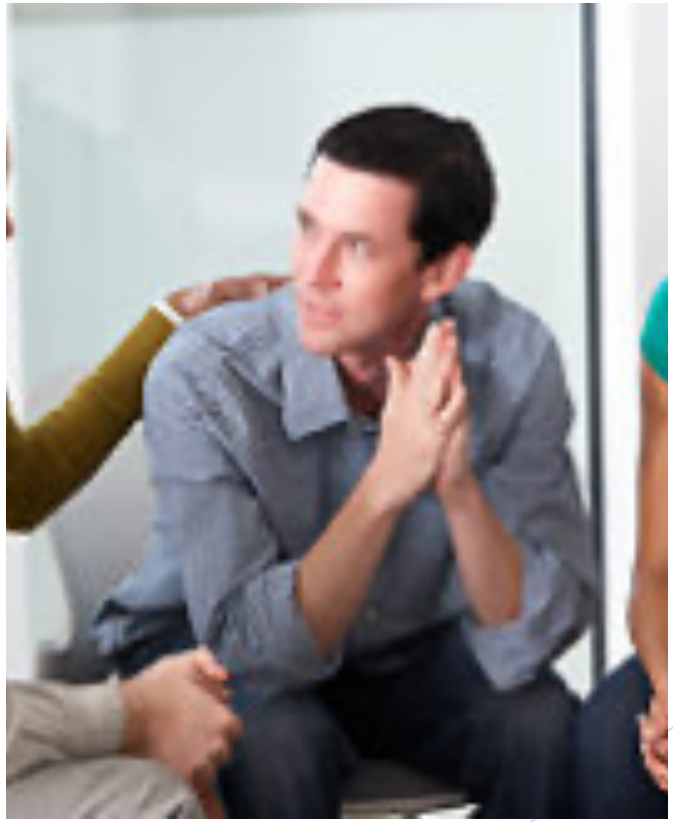
- Peer support workers walk alongside people in recovery, offering individualized supports and demonstrating that recovery is possible. They share their own lived experience of moving from hopelessness to hope.
- They share tools that can complement clinical supports by providing strategies for self - empowerment and achieving a self-determined life.
- They support people in recovery to connect with their own inner strength, motivation, and desire to move forward in life, even when experiencing challenges.

POST PROGRAM SERVICES

Support	Assist	Collaborate
Certified Recovery Support Practitioners provide non-clinical, experience-based support, using evidence-based practices, to individuals who are seeking to attain or maintain wellness.	We provide information and assistance with referrals and links to community resources, such as mental health, medical, housing, employment and self-help programs.	POST team members work with individual consumers to achieve goals, overcome barriers, and create a system of support.

Peers Helping Peers

- MHANJ has a long history of creating job opportunities for consumers of mental health services, starting the POST program in the Atlantic County office in 1986.
- Over the years, peers who work on the POST teams have demonstrated that they are sometimes better able to engage consumers in services due to their first-hand knowledge of the mental health system from a consumer perspective.
- Working with peer staff members can be especially inspirational and empowering for consumers who have not worked or are not in the workforce.



Interested in POST Services?

- If you are interested in POST services or any other MHANJ program, please call Jill Schlossberg at 201-275-0207
- Or email jschlossberg@mhanj.org

monarch
HOUSING ASSOCIATES

Thank you to our speakers!

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Questions?

Thank you for attending the panel!