The Role of the Clinical Supervisor in a Trauma Informed System of Care

Presenter
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Lessons from History:
The Alcoholic Republic
“Americans drank more alcohol per capita, the first 40 years after the signing of The Declaration of Independence than anytime in our nations history.”

Rationale
• The British had all the tea
• Water was impure
• Milk spoiled easily
Every Helping Professional Needs to be an Advocate for Trauma Informed Care as a Part of their Ethical Responsibility

A brief history
- Freud
- World War I
- World War II
- Vietnam War
- Modern Addictions and Mental Health Treatment
- The Woman's Movement
In the Realm of the Hungry Ghost
by
Gabor Mate, M.D.

- Drugs don’t cause addiction any more than a deck of cards causes compulsive gambling
- There needs to be a pre-existing vulnerability
- For some people, the seeds of addiction is planted years before they use
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The clinical supervisor has a responsibly to understand various types of trauma and their treatment

Diagnostic Categories

PTSD
- The person has been exposed to a traumatic event
- Recurrent and intensive distressing recollections of the event
- Efforts to avoid conversations, activities, places and people that bring up memories of the event
- Difficulty falling or staying asleep, nightmares, flashbacks
PTSD vs. Complex Trauma

with complex trauma exposure to a specific traumatic event is not required

Complex Trauma Includes Multiple Layers and Years of Traumatic Experiences

- Neglect
- Abandonment
- Multiple placements
- Parental substance abuse
- Adult emotional unavailability
- Multiple losses
- Exposure to domestic violence
- Abuse

Most Common Symptoms of Complex Trauma

- Difficulty regulating emotions 65%
- Difficulty with impulse control 63%
- Negative self-image (eating disorder) 62%
- Difficulty concentrating (ADHD) 60%
- Aggression (Conduct Disorder) 56%
- PTSD 12%
- Substance Abuse 10%
What About the Environment?

What is the impact of living under constant threat of trauma?

Historical Trauma

A cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma

- Brave Hart, 2000

Historical Trauma Features

- Loss of culture
- Survivor guilt
- Depression
- Traumatic stress symptoms
- Numbing
- Low self esteem
Historical Trauma Features Continued

- Historical unresolved grief
- Substance use
- Suicidal ideations
- Traumatizing others at the micro and macro levels

The Clinical Supervisor has a Responsibility to Create a Trauma Informed System of Care

A trauma informed system of care recognizes and therapeutically responds to the impact of traumatic stress on those who have contact with the system from the initial phone call, through termination and follow-up. In a trauma informed system of care every member of the service team has an awareness of their role in reducing the impact of trauma on those seeking services.

The First 5 Minutes of Contact

- A warm greeting
- Pictures on the wall
- Magazines in the waiting room
- A short wait
- An inviting waiting room
- Positive service energy
Ethics and Trauma
Iaotragenic Effect
How service providers can inadvertently traumatize clients
• Heavy confrontation
• Unwelcome touch
• Not guarding against burnout and compassion fatigue

Sign of Compassion Fatigue
• Loss of energy
• Loss of hope
• Loss of idealism
• Spiritual distress
• Shift in your world view
• Depersonalization

Depersonalization
Compassion Fatigue Protective Factors

- Laughter
- Feelings of appreciation
- Team cohesion
- Outlets to discuss traumatic experiences

Ethics and Trauma Continued: How Service Providers Can Inadvertently Traumatize Clients

- Paternalism
- Unhealthy boundaries
- Discharge for confirming the diagnosis
- Keeping clients in therapy too long
- Treating aftercare as an afterthought
- Dual relationships
- Sexual exploitation
- Professional desertion

What Happens When We Don’t Address Trauma?

Impact of trauma across the life span
Center for Disease Control and Prevention

The Adverse Childhood Study (ACE)

Research with Nearly 18,000 Adults

Discovered A Strong Correlation Between Early Childhood Trauma and Physical and Mental Illness in Adulthood

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ACE Study

Directions – For each “yes” answer, give yourself one point. For each “no” answer, give yourself zero points.

When you were growing up in your household, before age 18, did you have any of the following experiences?

1. Often had a parent or someone else in the household who swore at you, yelled at you, and sometimes, or often, acted in a way that made you believe you might be physically hurt. ____

2. Sometimes, often, or very often, were you pushed, grabbed, slapped, or had something thrown at you, or hit so hard that you had marks or were injured? ____

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ACE Study Continued

3. An adult or person at least five years older ever touched you or fondled you in a sexual way, had you touch their body in a sexual way, attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you. ____

4. Were you ever mad to feel unloved, unprotected, and not special in your home? ____

5. Were there times when you did not have food, clean clothes, and a place to live? If you were sick, were there times when an adult did not take care of you consistently? ____
ACE Study Continued

6. Did you ever witness your mother or stepmother get pushed, grabbed, slapped, hit, or have something thrown at her? ____

7. Was there anyone in your household who was a problem drinker, alcoholic, or who used street drugs? ____

8. Did you live with a household member who was depressed, mentally ill, or attempted suicide? ____

9. Were your parents ever separated or divorced? ____

10. Did you ever have a household member who went to prison? ____

Reality

“Where there is trauma in the family there is usually a conspiracy of silence. Everyone has to honor the ‘no talk’ rule. These Dark Secrets if internalized can lead to physical and mental health problems.”

Judith Herrmann

Good Family Secrets

- Santa Claus
- The tooth fairy
- Surprise birthday party
- How you feel about people as people
Follow-up Research on the ACE Study

Year
- 2010  
  - Link between lung cancer and childhood trauma
- 2009  
  - Link between childhood trauma and premature death
  - Prescription drug abuse

Follow-up Studies Continued

Year
- 2008  
  - Pulmonary disease and childhood trauma
- 2007  
  - Mental illness in adulthood
  - Cigarette smoking
- 2006  
  - Early alcohol and drug use
- 2005  
  - Homelessness in adulthood

Follow-up Studies Continued

Year
- 2004  
  - Depression in adulthood
  - Liver disease
  - Heart disease
  - Teen pregnancy
- 2003  
  - Illicit drug use
  - Mental illness
Follow-up Studies Continued

2002  ◦ alcoholism and depression in adulthood
2001  ◦ suicide attempts and risky sexual behavior
2000  ◦ HIV and other sexually transmitted diseases

Trauma History

• 1 in 6 men
• 1 in 3 women
• 80% of people in psych hospitals
• 70% of people in addictions treatment
• 90% of chemically dependent women
• 2/3 of all suicide attempts

We should presume the clients we serve have a history of traumatic stress and exercise “universal precautions” by creating a trauma informed system of care. To not do so would be unethical.
Principles of a Trauma Informed System of Care

• Safe, calm and secure environment
• System wide understanding of trauma
• Cultural competence
• Gender fair and gender competent

Principles of a Trauma Informed System of Care Continued

• Consumer voice

Consumer Voice

What Hurts?

• “A congested and loud waiting area”
• “A long wait”
• “Difficult to understand sign-in sheets”
Consumer Voice
What Hurts Continued
• “Uninviting waiting room”
• “Separate bathrooms”
• “Unhappy staff”
• “Uncomfortable furniture”

Consumer Voice
What Helps?
• “Kindness, patience, reassurance and calmness”
• “Comfortable waiting room with calm colors”
• “Clean and comfortable furniture”

Consumer Voice
What Helps in Counseling
• “When I am listened to”
• “When the different agencies where I receive services talk to each other”
Consumer Voice
What Helps in Counseling Continued
• “When I was given choices”
• “When they didn’t judge me”
• “When they showed me how instead of telling me what to do”

Principles of Trauma Informed Care Continued
• Advocacy
• Peer driven care in all levels of programming
• Healing, hopeful, honesty and trusting relationships
• Parallel Process- How we treat each other impacts how we treat clients

Levels of Leadership from Appointment to Transcendence
• Level one- Appointment
  “Congratulations you’re the boss” (intimidation)
• Level two- Relationship
• Level three- Productivity
  (people produce because they know you care)
Levels of Leadership Continued

• Level four - People Development
  (you develop other leaders)
• Level five - States Person
  (years of integrity, people follow because of who you are)

Levels of Leadership Continued

• Level six - Transcendence
  - strong in levels 2-5
  - heart leader
  - self actualized
  - no need to intimidate
  - no need to hide behind ism’s

Steps to Developing a Trauma Informed System of Care

1. Create a trauma informed change team
   • Include peers
2. Select leadership
3. Announce the agency’s commitment to becoming trauma informed
Steps to Developing a Trauma Informed System of Care

4. Train staff
   • Evidence based practices
   • Select evidence based practice with staff input (expect grief)
   • Cultural and gender competence including micro-aggressions

Steps to Developing a Trauma Informed System of Care

Continued

4. Train staff continued
   • Boundaries

Types of Family Boundaries

• Loose- everyone is doing their own thing, no one is aware of what’s going on with other family members
• Enmeshed- family members are too close
• Healthy- everyone is allowed the 5 freedoms
The Goal is: Differentiation of Self

Steps to Developing a Trauma Informed System of Care
Continued
5. Train leadership
   • Buy in
   • How to support staff
   • Team building

6. Make sure policy and procedures are trauma informed
   • Vision, mission and value statement
   • Good vacation policy
   • Health insurance that has a good benefit for counseling
Steps to Developing a Trauma Informed System of Care

7. Collect Data
   - Staff retention
   - Client satisfaction
   - No show rates
   - Recovery rates
   - Walk through
   - Recruitment, hiring and retaining trauma informed staff

Clinical supervisors need to be aware of various approaches to trauma treatment and recovery

Three Phases of Trauma Recovery
Judith Hermann

- Safety (home, community, counseling)
- Remembering and mourning
- Reconnection
  - Revisiting old hopes and dreams
  - Establishing new hopes and dreams
  - Finding a survival mission
  - Striving to reach your potential
Cognitive Behavioral Approach

- Listen to the metaphors and help clients change the metaphors
- Validate the client’s feelings
- Commend the client for his/her symptoms
- Help the client re-frame the symptom as survival skills
- Help the client explore the usefulness of the survival skills today
- Symptom reduction

Service Providers Have an Ethical Responsibility to Utilize Evidence Based Approaches to Trauma Treatment and Recovery

- ARC model-experiential/community based approach
- Sanctuary Model
- EMDR
- Exposure Therapy
- Mindfulness Meditation
- Yoga Psychotherapy

Evidence Based Approaches Continued

- CBT
- DBT
- Seeking Safety
Relapse Prevention for Trauma and Addiction

- Utilize the 5 senses
  - Touch
  - Sound
  - Sight
  - Taste
  - Smell

Exercise

Harris' history is full of abuse and trauma. He was born three months premature, his labor was induced by his father kicking his mother in the abdomen. This was an indication of the abuse Harris was about to suffer throughout his childhood and adolescence. At age two he had his jaw broken by his father and was regularly beaten by both parents. He learned not to reach for food during meals without his father's permission; otherwise his father would stab him in the hand with a fork...

Harris lived in a constant state of fear; his father would load his gun and tell the children they had thirty minutes to hide outside of the house and that if he found them he would shoot them. Harris' father was later imprisoned for sexually assaulting his daughter. Harris' mother died from smoking and excessive drinking. Harris later shot and killed two teenagers, he is facing the death penalty.

- What argument could Harris' attorney use to save Harris' life? What information would the attorney need to share with the court?