

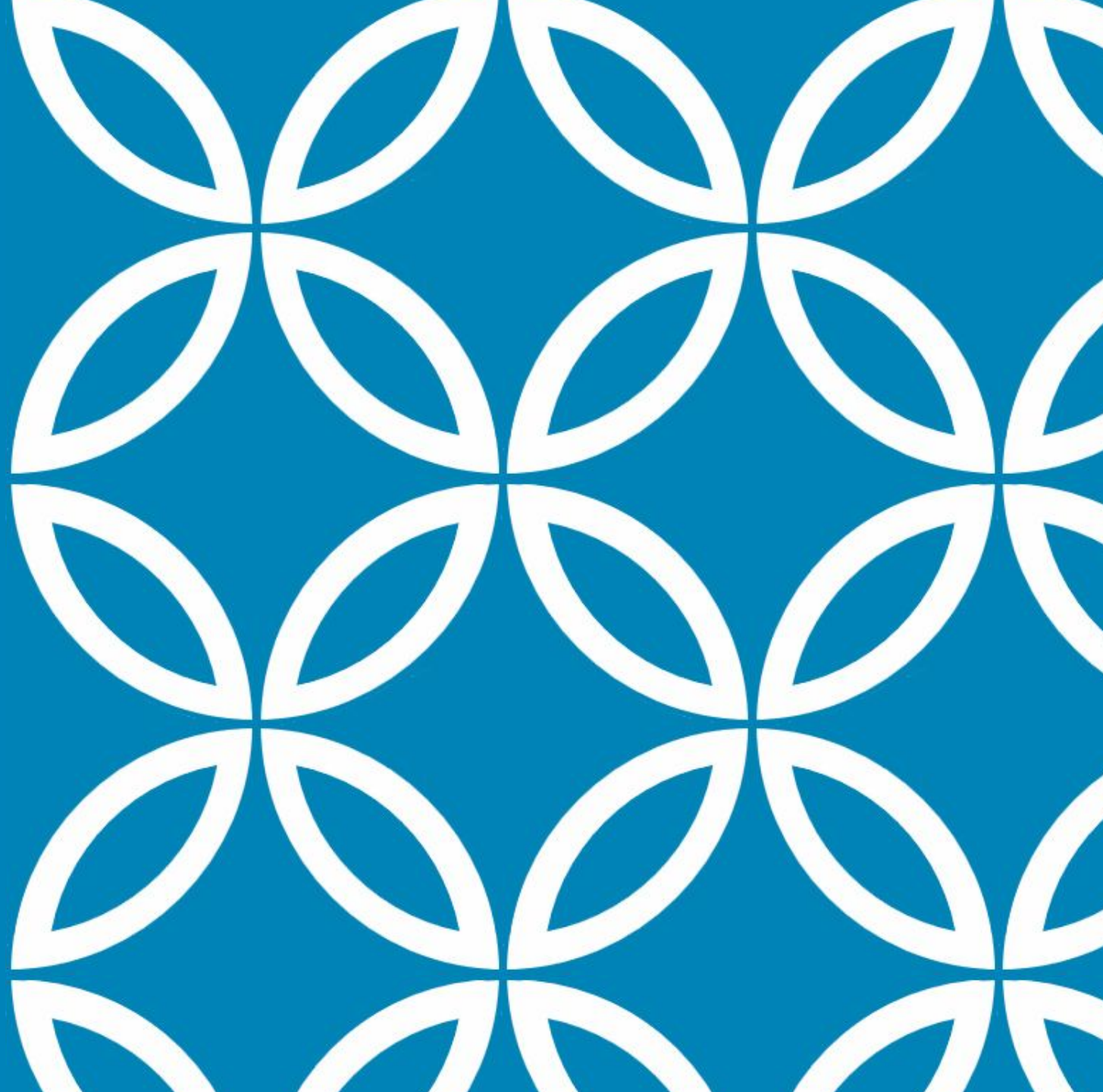
TRAUMA

IDENTIFICATION,
PREVENTION,
PROTECTION, &
HEALING

MMHC 2023

Dr. Zoë Thomas, MD FRCPC

Dr. Omar Reda, MD, ABPN





Benefit concert for Palestinian centre in Burj El Barajneh for youth with disabilities July 2023

ZOË THOMAS (SHE/HER)

Psychiatrist, Jewish General Hospital, Tio'Tia:ke/Montreal

Assistant Professor, McGill University

White Jewish queer settler x 3-5 gens

Founder of Trauma-Focused Therapy Program in 2019

Therapeutic approaches include NET, EMDR, SP, MBCT, psychodynamic and group psychotherapy

No conflicts of interest to declare

Four months in Palestine in 2007

- ▣ Volunteer at Women's Center in East Jerusalem
- ▣ Youth poetry workshop at Al-Quds University
- ▣ Summer camps in West Bank



OMAR REDA

Psychiatrist

Trauma “expert”

Author

Humanitarian

Family advocate

LAND ACKNOWLEDGMENT



This conference takes place on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples.

Takronto/Toronto was purchased by the colonial government in 1805 under Treaty 13. The Mississaugas were given 10 shillings (\$68 in 2023), as well as some goods, for 1015 km² of land.

In 1986, the Mississaugas initiated a claim against the Government of Canada, stating that the Crown had acquired more land than the original purchase had agreed upon and had not paid a reasonable amount of money for the land acquired. It was settled at \$145 million.



DISCLOSURE

No conflicts of interest to declare.

LEARNING OBJECTIVES

1. Identify the most common psychological and behavioral reactions that individuals and communities can experience during traumatic events (e.g., vicarious trauma, survivor guilt).
2. Demonstrate the basic skills of Psychological First Aid to mitigate distress and promote recovery in individuals and communities during traumatic events.
3. Provide culturally and spiritually-responsive strategies through case-based discussion to prevent and break the cycle of intergenerational trauma.
4. Review actions necessary to protect the psychological health of mental health providers.
5. Discuss trauma-based cases and explore practical approaches towards facilitating post-traumatic growth.

Talking about trauma is activating at the best of times.

Talking about trauma as a violent war is ongoing is all the more brutal.

It is normal to feel helpless, enraged, exhausted.

It is normal to feel like a neglectful bystander.

Let us be together with these feelings.



MEET FARIS

16-year-old boy, a refugee from Aleppo, Syria

Faris is Arabic for Warrior

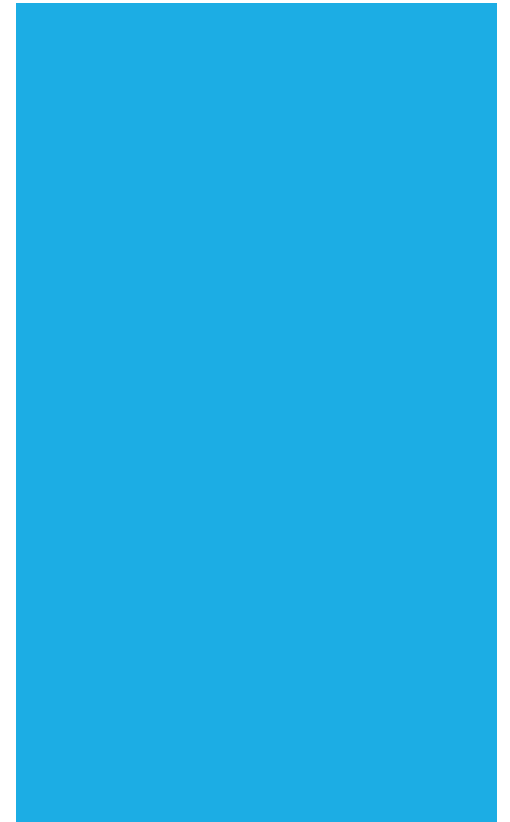
The oldest boy, the second oldest of 4 children, all live with mom and grandma

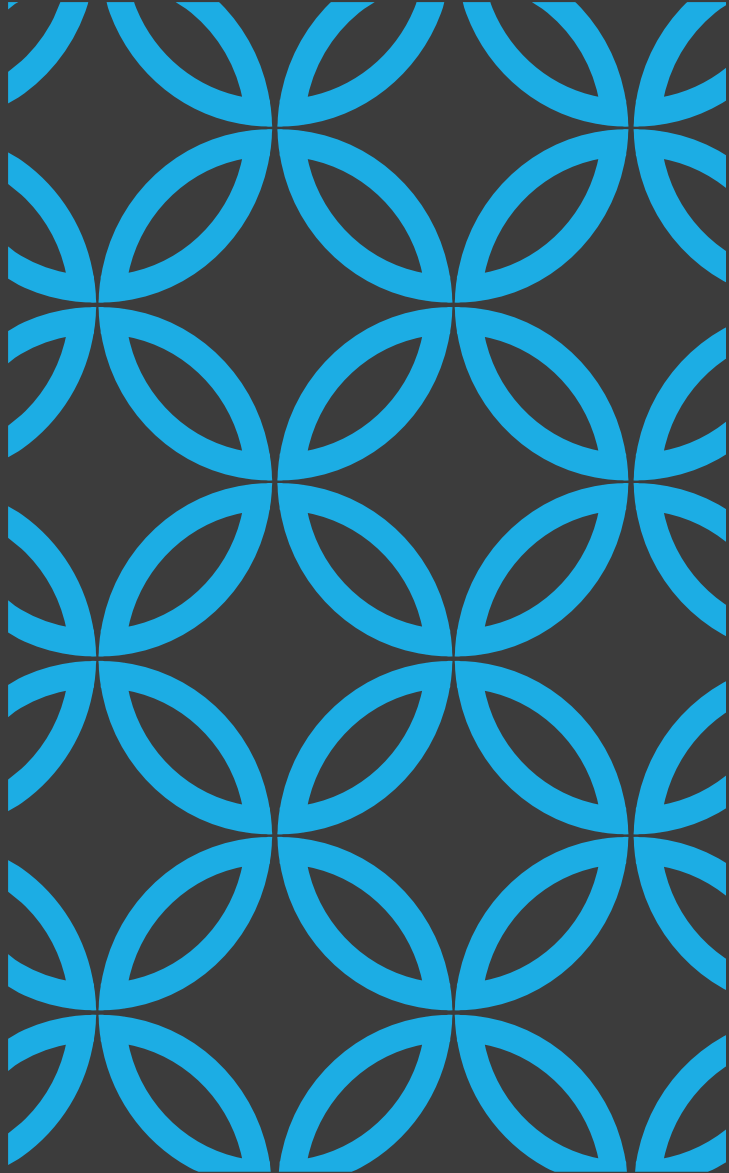
Father in Turkey

A boxer, what a disappointment

The current “situation” in the Middle East is “triggering” for everyone

How do you think Faris might show up in your healing space?
What do you think Faris might be “struggling” with?





TRAUMA PRESENTATIONS

MOST TRAUMA SYMPTOMS ARE NORMAL
RESPONSES TO ABNORMAL SITUATIONS.

MAN-MADE TRAUMA

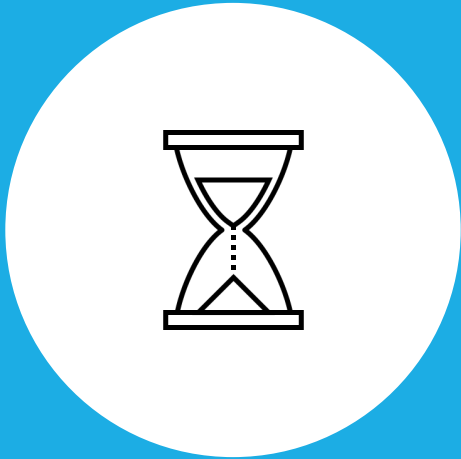
Life-threatening
Violent

Boundary violation
Abuse of power
Absence of choice

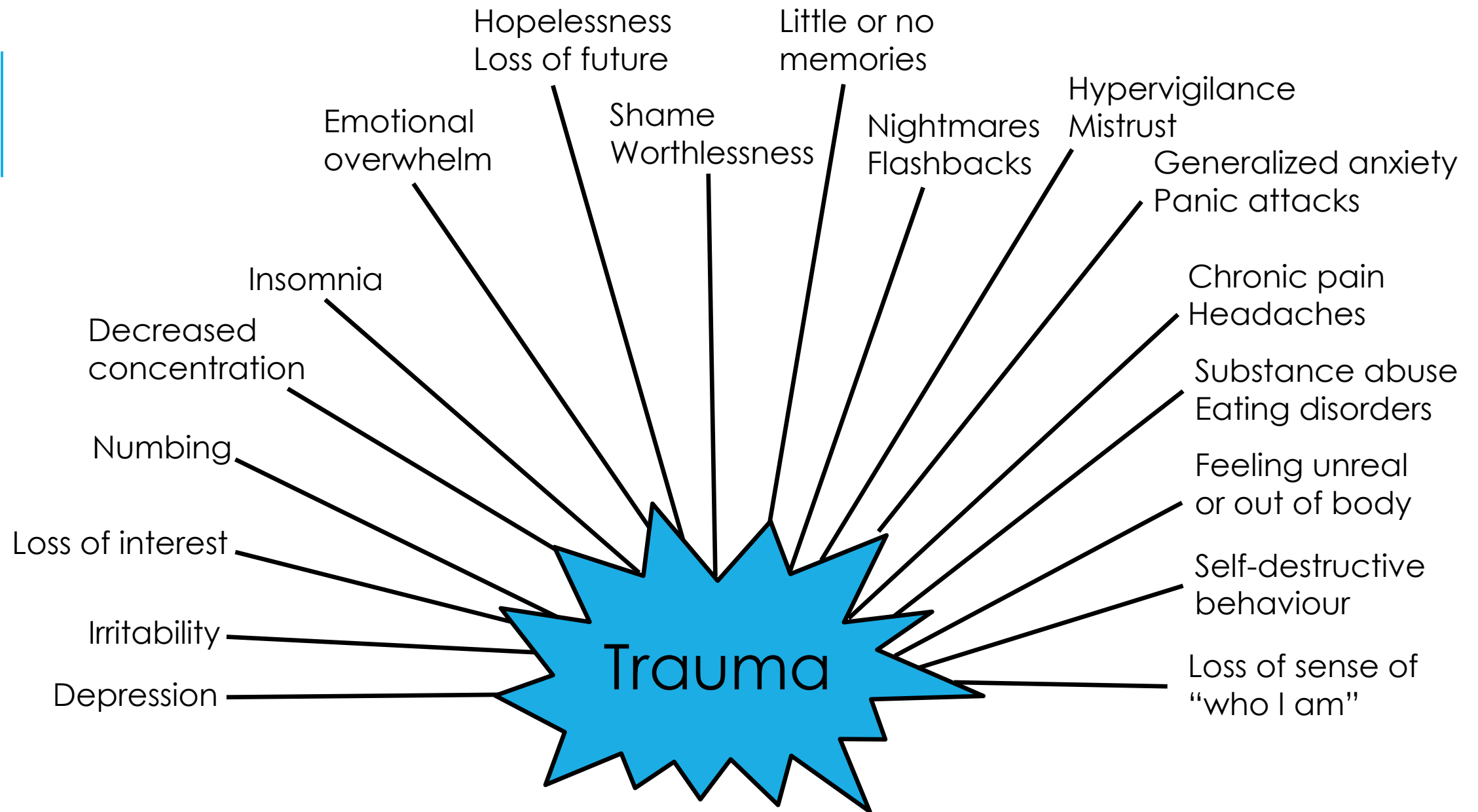
Helplessness
Shock
Terror

INDIVIDUAL TRAUMAS INTERSECT WITH SOCIETAL AXES OF POWER

Context of colonial patriarchal ableist white supremacy
Certain identities are marginalized, criminalized, oppressed
Women, Black folks, Indigenous folks, racialized folks, sexual and religious minorities, Migrants, “undocumented” folks, non-colonial language speakers, Disabled folks, “fat” folks, poor folks, less educated folks



TIME WILL HEAL?



Adapted from Janina Fisher

Poor sleep
Hyperarousal
Hypervigilance
Increased startle

Heart disease
COPD
Cancer
Liver disease
STD's
Obesity
Autoimmune diseases
Pelvic pain
Migraines, headaches
Unexplained symptoms



Intrusive memories
Flashbacks
Nightmares
Avoidance
Poor concentration
Dissociation
Negative patterns of thinking

Suicide (12 x)
Depression (5x)
Bipolar disorder
GAD
OCD
Panic disorder
Phobias
ADHD
Learning disability

Distress with triggers
Persistent fear, anger, guilt, shame
Difficulty experiencing positive emotions
Diminished interest
Irritability, aggression
Self-destructive behavior

Emotion regulation challenges:
Self-harm
Substance abuse
Eating disorders
Shoplifting, hoarding, gambling
Skin picking, trichotillomania
Outbursts

Loss of meaning
Negative core beliefs
"I'm bad"
"The world is dangerous,"
"No-one can to be trusted"

Impact on relationships:
Detachment from others
Isolation / mistrust
Abusive relationships
Parenting difficulties
Difficulty seeking help

Traumatic events of the earliest years of infancy and childhood are not lost but, like a child's footprints in cement, are often preserved life-long.

Time does not heal the wounds that occur in those earliest years; time conceals them.

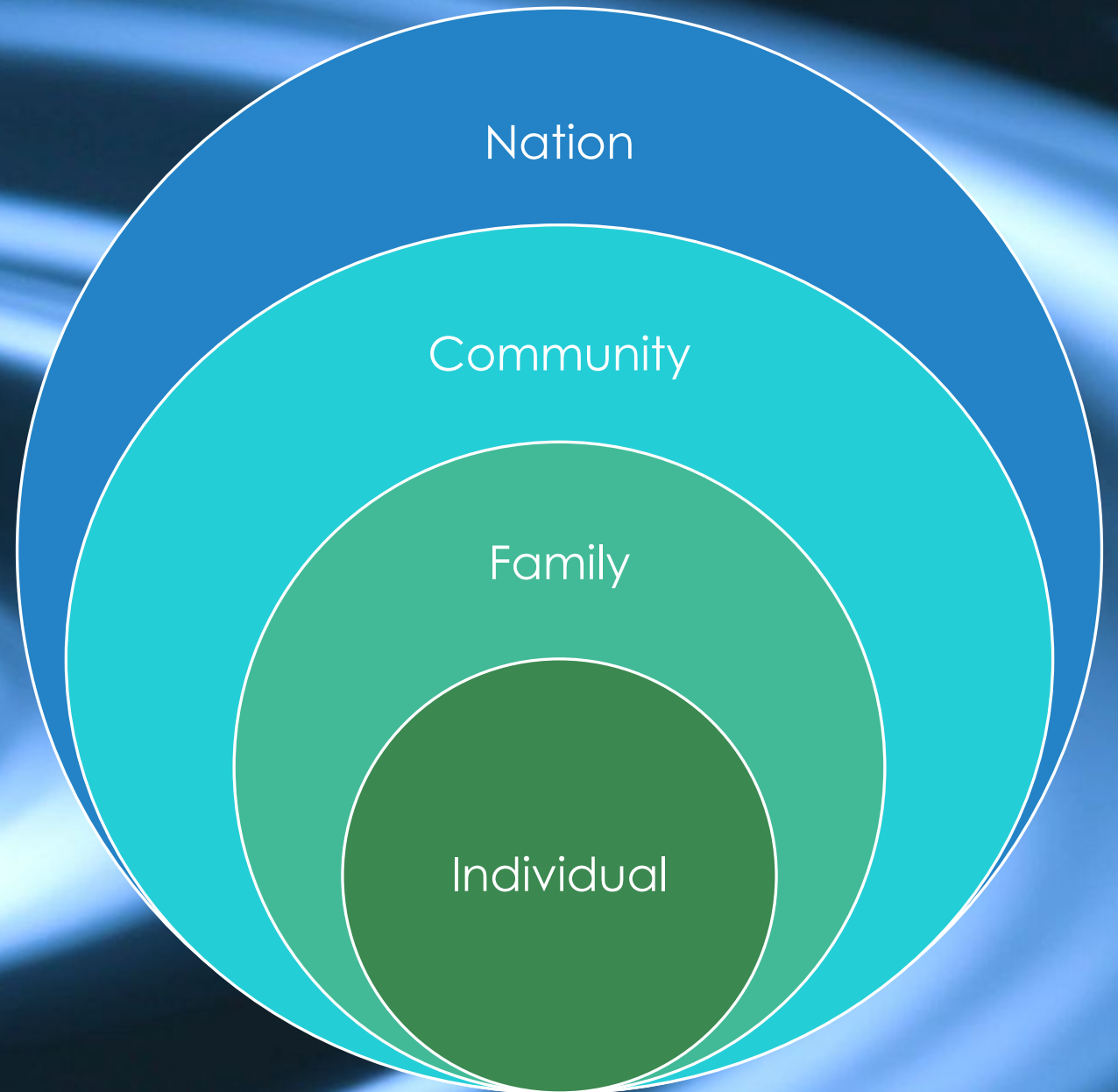
They are not lost; they are embodied.

Felitti, 2010



THE HIDDEN EPIDEMIC

TRAUMA'S RIPPLE EFFECT



CLINICAL PITFALLS

Trauma survivor presents as...

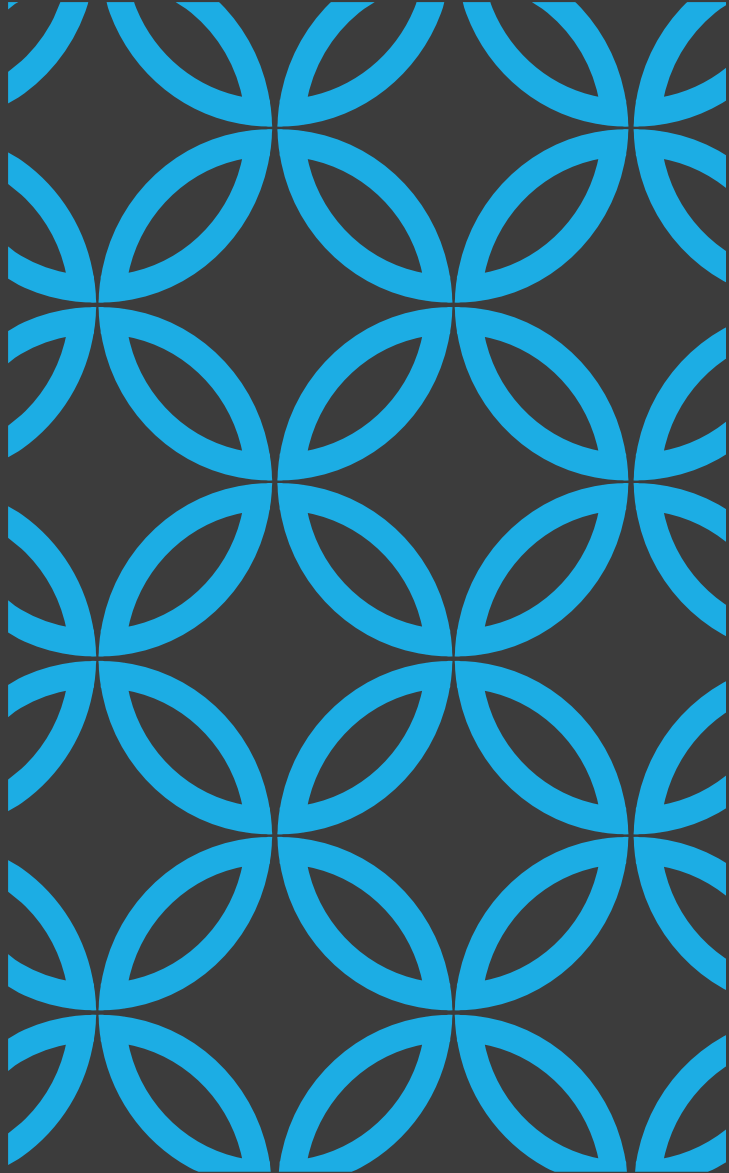
- Mistrusting
- Unable to voice needs
- Easily triggered, angry
- Disconnected
- Cancellations

Clinician feels...

- Incompetent
- Helpless
- Less empathic
- Burned out

Institutional retraumatization...

- Patient-blaming
- Emphasis on compliance
- Overuse of power
- Ignoring needs of patient
- Lack of consent



VICARIOUS TRAUMA

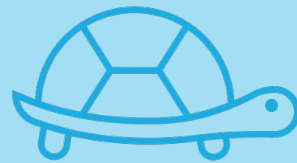
THE NATURAL CONSEQUENCE OF CARING FOR OTHERS

“The transformation that occurs within the trauma worker as a result of empathic engagement with the client’s trauma experiences. Such engagement includes listening to graphic descriptions of horrific events, bearing witness to people’s cruelty towards one another, and witnessing and participating in traumatic reenactments.”

Pearlman & Saakvitne, 1995



VT is the natural transformation in a helper's inner experience as a result of **responsibility for** and **empathic engagement** with clients' trauma material.



VT happens over time and it often has an **insidious** onset. It occurs due to the **cumulative** exposure to numerous stories.



VT includes our **strong feelings** and our defenses against those feelings. It can manifest in strong reactions like grief, rage, fear and outrage.

VICARIOUS TRAUMATIZATION IS A PROCESS

RISK FACTORS FOR VICARIOUS TRAUMA

Personal history of trauma – substantial risk factor

Less experienced therapists

Trauma caseload volume

Poor boundaries, overextending oneself

Many negative clinical outcomes

Lack of institutional support around VT

WARNING SIGNS OF VT

Physical	Psychological	Behavioral
<ul style="list-style-type: none">▪ Exhaustion▪ Insomnia▪ Headaches▪ Sore back and neck▪ Susceptibility to illness▪ Irritable bowel▪ Rashes, acne▪ Grinding teeth▪ Heart palpitations▪ Hypochondriasis	<ul style="list-style-type: none">▪ Emotional exhaustion▪ Hopelessness▪ Guilt, negative self-image▪ Anxiety▪ Spacing out▪ Flashbacks▪ Reduced empathy and cynicism at work▪ Impaired decision-making▪ Impostor syndrome▪ Less enjoyment of work▪ Distorted cognitive schemas	<ul style="list-style-type: none">▪ Avoidance of clients or colleagues▪ Dread with certain clients▪ Not returning phone calls▪ Problems in relationships, sex, intimacy▪ Irritability▪ Withdrawal from loved ones▪ Increased drugs, alcohol use▪ Excessive TV, social media▪ Binging or low appetite▪ High trauma media

SURVIVOR GUILT

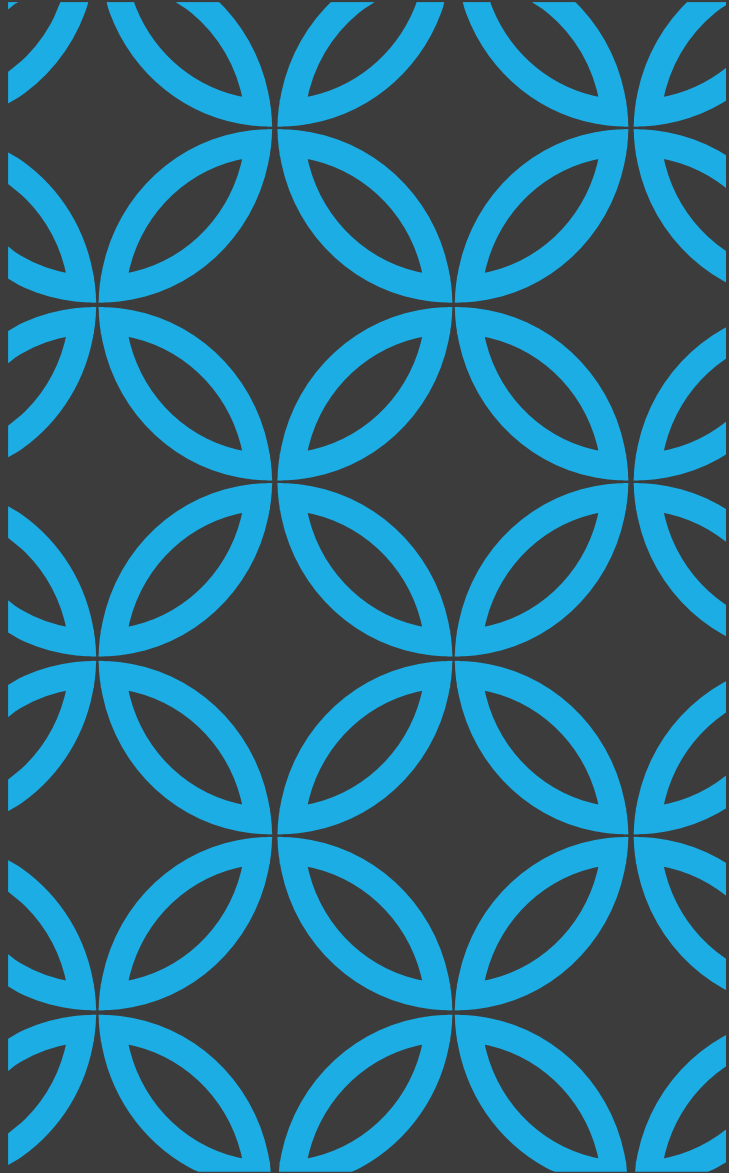
Common following traumatic events in which others have died (40%)

Emotional distress and negative self-appraisal

Survivors feel responsible for the death or injury of others, even when they had no real power or influence in the situation

Pre-existing beliefs about worthiness and justice are relevant

Previously included in PTSD symptoms in DSMIII and IV



HEALING TRAUMA

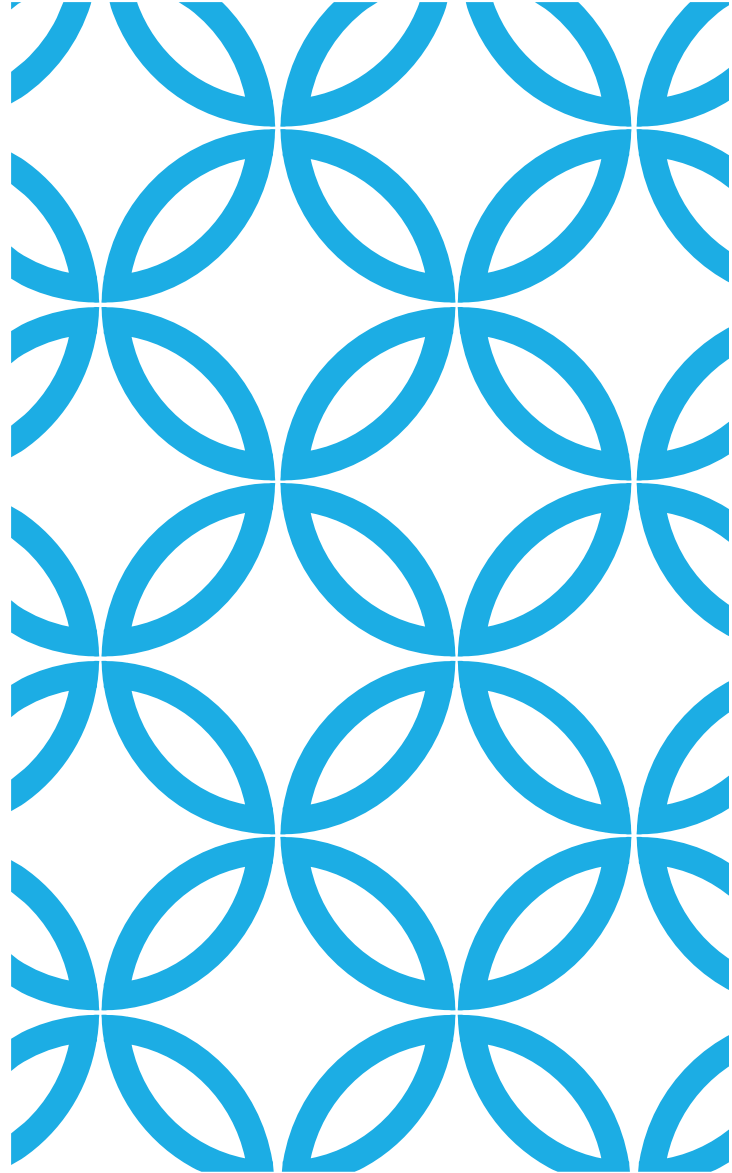
HEALING TRAUMA

SAFETY

CONNECTION

JUSTICE

BEAUTY



SAFETY

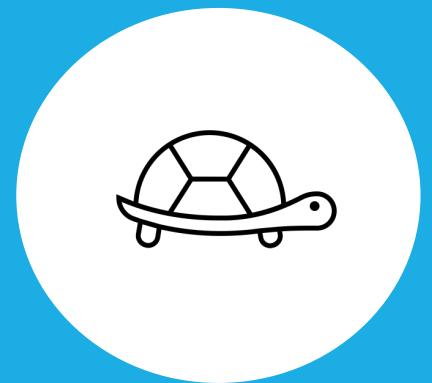
STAGE-BASED MODEL



- 1) Safety & Stabilization
Building the foundation beneath your feet
- 2) Trauma Processing
Taking the sting out of the memories
- 3) Integration & Reconnection
Moving beyond

Judith Herman 1992

SLOW IS FAST.



STAGE 1 – SAFETY & STABILIZATION



- Environmental safety
 - Stable living situation, status, non-abusive relationships*
- Physical safety
 - Free of substance use, self-injury, eating disorders*
- Emotional safety
 - Ability to calm the body, modulate intense emotions, set boundaries*

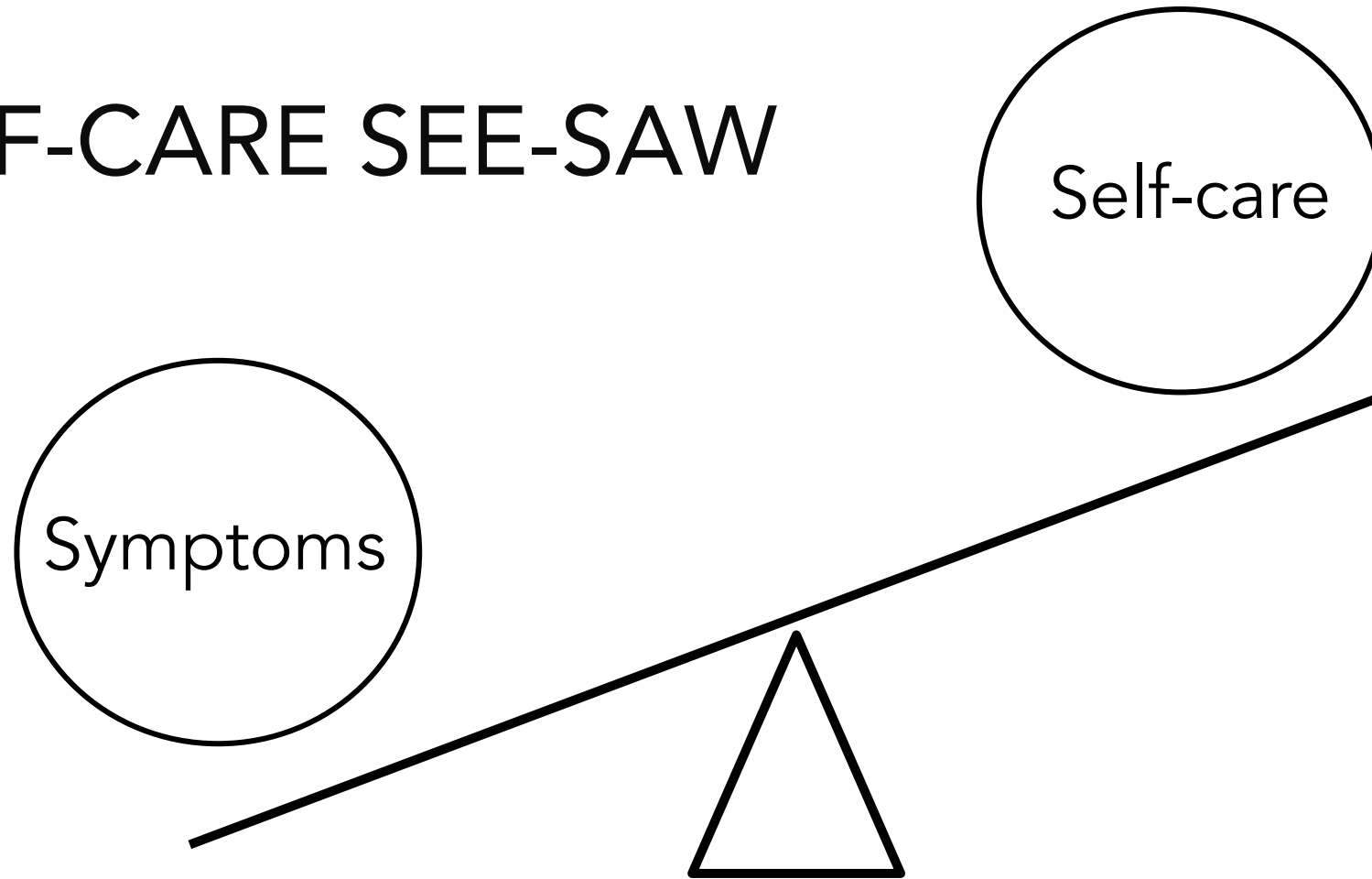
SELF-CARE



Most trauma survivors have difficulties with self care:

- View self as damaged and undeserving
- Never taught
- Lack of awareness of own needs
- Trauma associations

SELF-CARE SEE-SAW



No improvement in symptoms if no improvement in self-care

CASCADE OF SURVIVAL RESPONSES

Flight



Fight



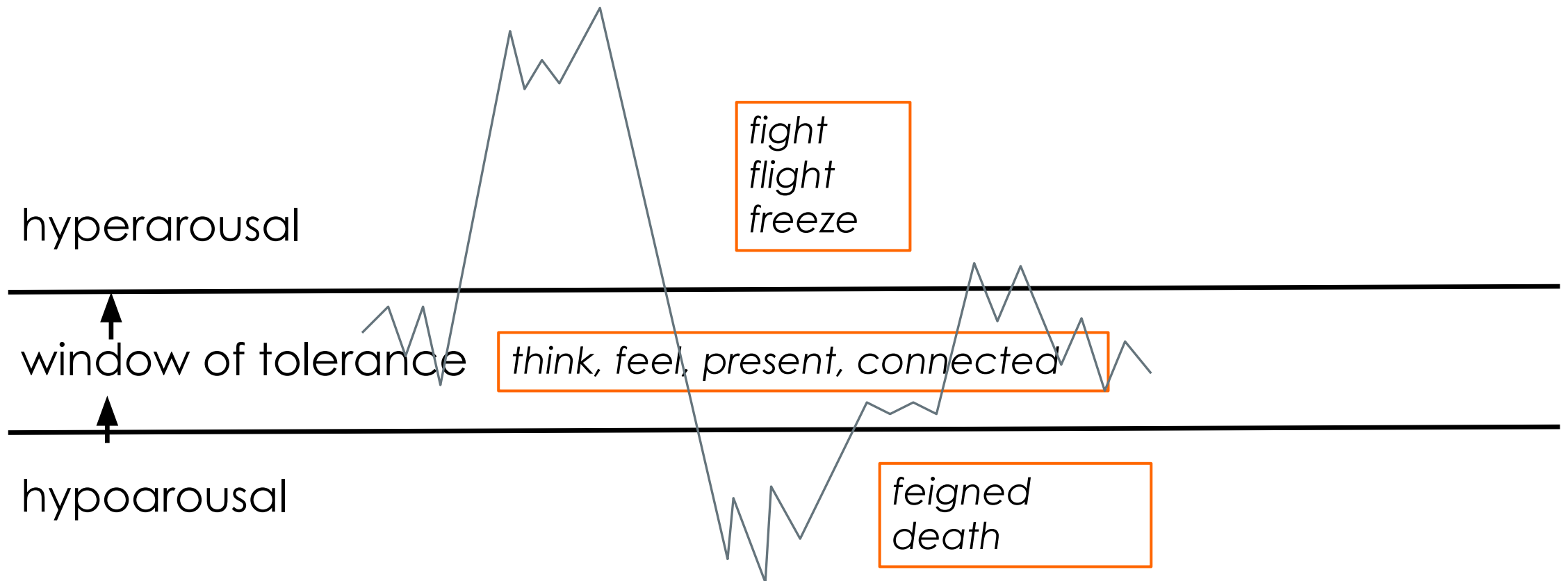
Freeze



Feigned Death



The Window of Tolerance



IDENTIFYING TRIGGER STATES

HypERarousal

racing thoughts
Pressured speech
anger
fear
flushed
body tension
urge to move/restless/ fidgety
shallow breathing
panicky
sweaty
dilated pupils/ tunnel vision

HypOarousal

low motivation
sluggish
heavy sensation
cold
Confused
dissociated
sleepy
numb
depressed affect
unresponsive

GROUNDING



A set of physical, mental and soothing strategies to distract from the trauma response in order return to the here-and-now.

Premise: if we orient to the present moment, we direct blood flow away from the fear center. Over time, we increase our window of tolerance.

PHYSICAL GROUNDING

Using our 5 senses to orient to the present moment



Breathe
Emphasis on the exhale



Smell a soothing oil (lavender)
Smell an activating oil (peppermint)



Look at people's shoes
Look at your reflection in mirror



Take a sip of water / tea
Chew gum
Suck on a lozenge



Hold a grounding stone
Play with Play-Doh
Push your hands into your knees
Squeeze your left arm
Cold water on your face



Plant feet in the ground
Shift in chair
Straighten spine
Stand up
Walk

MENTAL GROUNDING

- **Colors:** Name all objects of a certain color in the room, i.e. blue
- **Categories:** Name as many animals in one minute
- **Step-by-step:** Recite all the steps in a daily activity, e.g. a recipe
- **Orientation:** State date, place, name, age
- **Relational contact:** Make eye / verbal contact with someone
- **Favorites:** think of favorite animal, color, ice cream
- **Counting or reading out loud**

BRINGING PEOPLE BACK FROM...

HypERarousal

Diaphragmatic breathing

Grounding through the feet

Movement: Shaking or stomping out excess energy, jumping

Warm water

Soothing, calming music and sounds (Quran)

Comforting food

Tea

Drinking from a straw

Weighted blanket

HypOarousal

Anything that stimulates the senses!

Smelling essential oils

Cold water

Chewy crunchy food

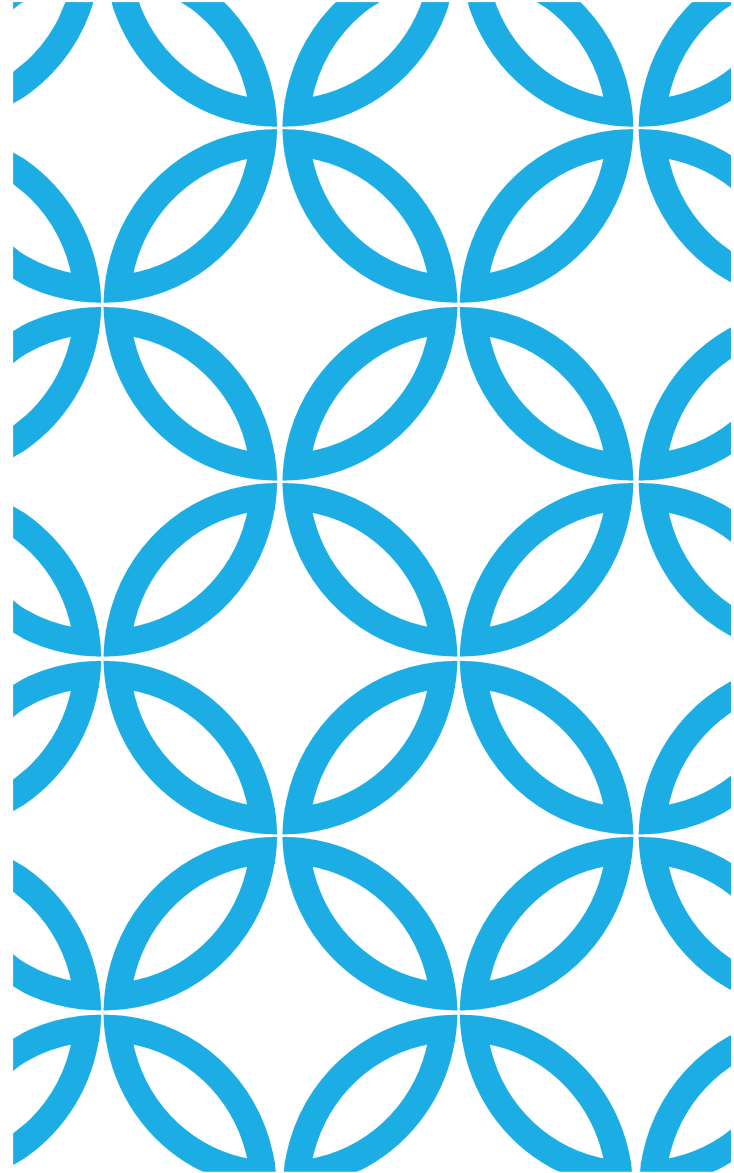
Micro Movements

Gently sitting and bouncing on therapy ball (simulating rocking motion)

Rocking chair

Painting, colouring

Dancing and other movements (prayer)



CONNECTION

Safety is first established relationally.



Therefore, healing from violence also happens relationally.

INTERPERSONAL TRAUMA: THE BIND

The person you most depend on is the person you most fear

This early template sets the stage for relational difficulties

Trauma and violence are isolating experiences.

The antidote is connection...

Both **outside** and **within** the therapeutic relationship.

AWARENESS OF OUR OWN INTERSECTIONALITIES AND BLIND SPOTS

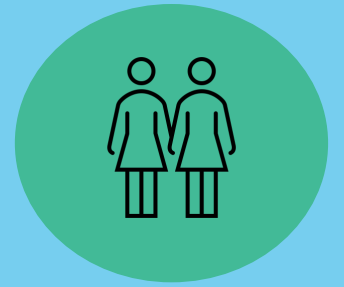
People from marginalized communities are less likely to seek out therapy... and are more likely to have negative experiences in therapy
Many traumatized people experience institutional betrayal

Requires actively mitigating power imbalances in clinical relationship.
Relinquishing being 'the expert'

HEALING THE FAMILY UNIT

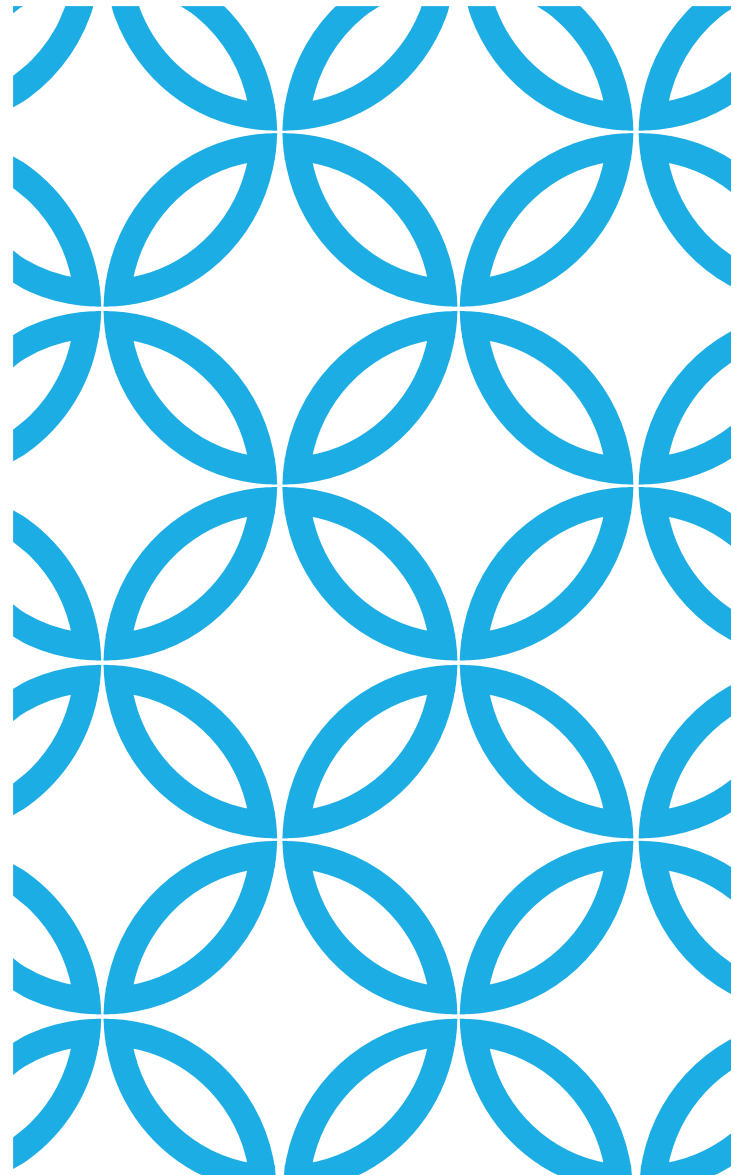
It takes a village (an ummah)....

BUDDY SYSTEM



Each staff has a peer support

- Frequent contact
- Address and validate each other's stressors, both professional and personal
- Help find solutions together
- Keep a watch over one another – notice if worsening status



JUSTICE

THE THREE HEARTBREAKS OF TRAUMA



1. Trauma happened



2. Trauma leaves a legacy



3. Trauma often gets perpetuated

PARENTING AS A TRAUMA SURVIVOR

Bittersweet – giving your child that what you didn't get

Nourishment barriers

Lack of role models

Responding from within your Window of Tolerance



INNER CHILD

Young part that lives within us.
Represents our innermost
unmet needs from childhood.

We might feel
disconnected from,
angry with,
ashamed of,
embarrassed by
our inner child.

Repairing our relationship with
our inner child leads to better
relationships, with self and with
others.

FLIPPING YOUR LID

ADAPTIVE CHILD

Black and white

Perfectionist

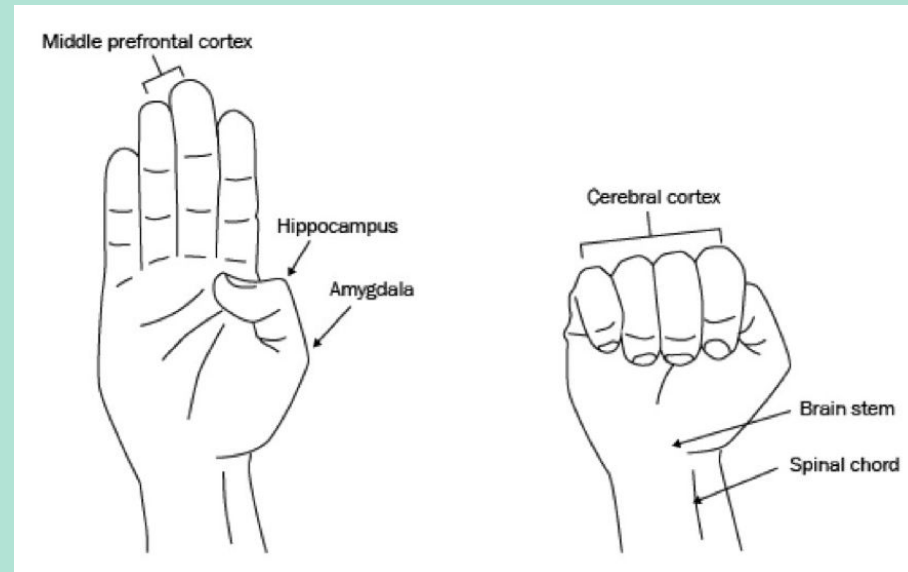
Harsh

Rigid

Relentless

Certain

Tight in body



FUNCTIONAL ADULT

Shades of gray

Realistic

Warm

Flexible

Forgiving

Humble

Relaxed in body

PRACTICES FOR PARENTS

Focus on positive shared moments

Offer space and praise (voice and choice)

Normalize talking about feelings

Unconditional love

Special time together

Repair ruptures and set things right!

VALIDATION

Validation is the recognition and acceptance of someone's thoughts, feelings, sensations and behaviours as understandable.

Not agreeing or approving, simply acknowledging.

Calms intense emotions. Requires parents to do it for themselves.

It makes sense that you feel this way.

It's ok to feel this way.

You have a right to feel this way.

Your feelings are not the problem.

Given the circumstances, of course you feel this way.

PROFESSIONAL & INSTITUTIONAL STRATEGIES



Supervision & buddy system

Manageable workloads which recognize the traumatic effect of work

Workplace cultures that emphasize fairness, equity, respect, autonomy

Promoting self-care and debriefing opportunities in the workplace

Relational work culture

Humor

Valuing autonomy

Inclusive decision-making & conflict resolution

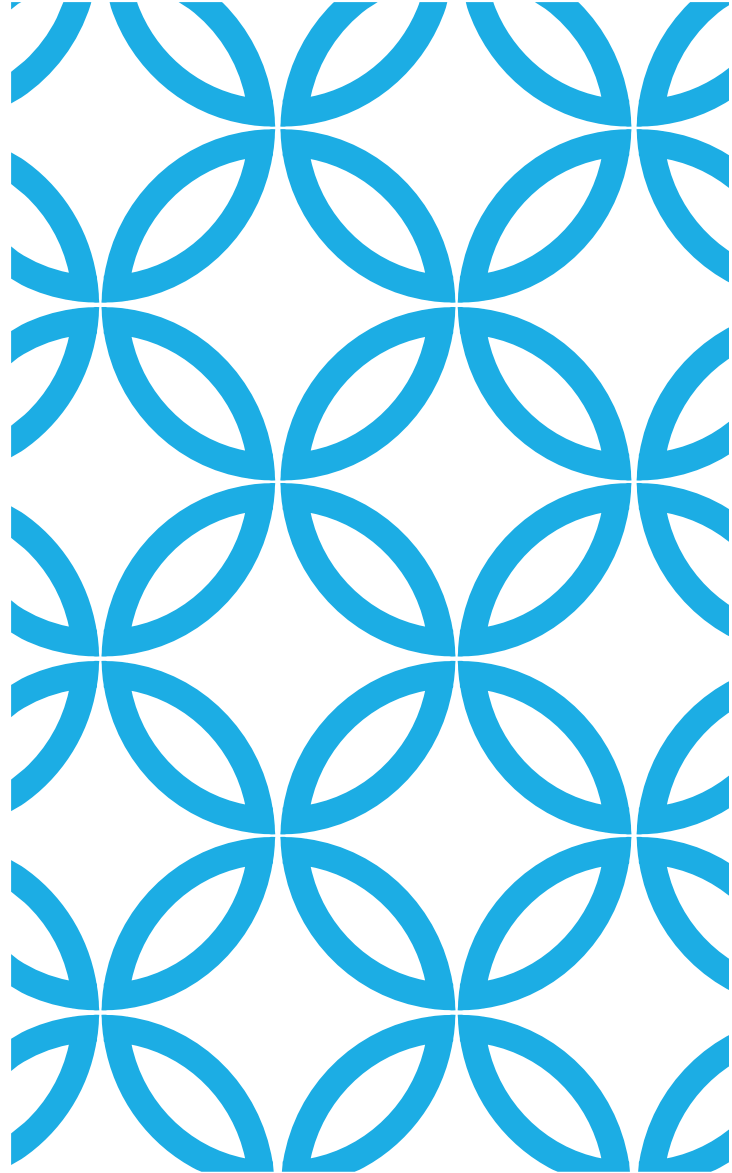
COMMUNITY & POLITICAL STRATEGIES



Connections with community organizations.

Actively participating in relevant political and legal debates.

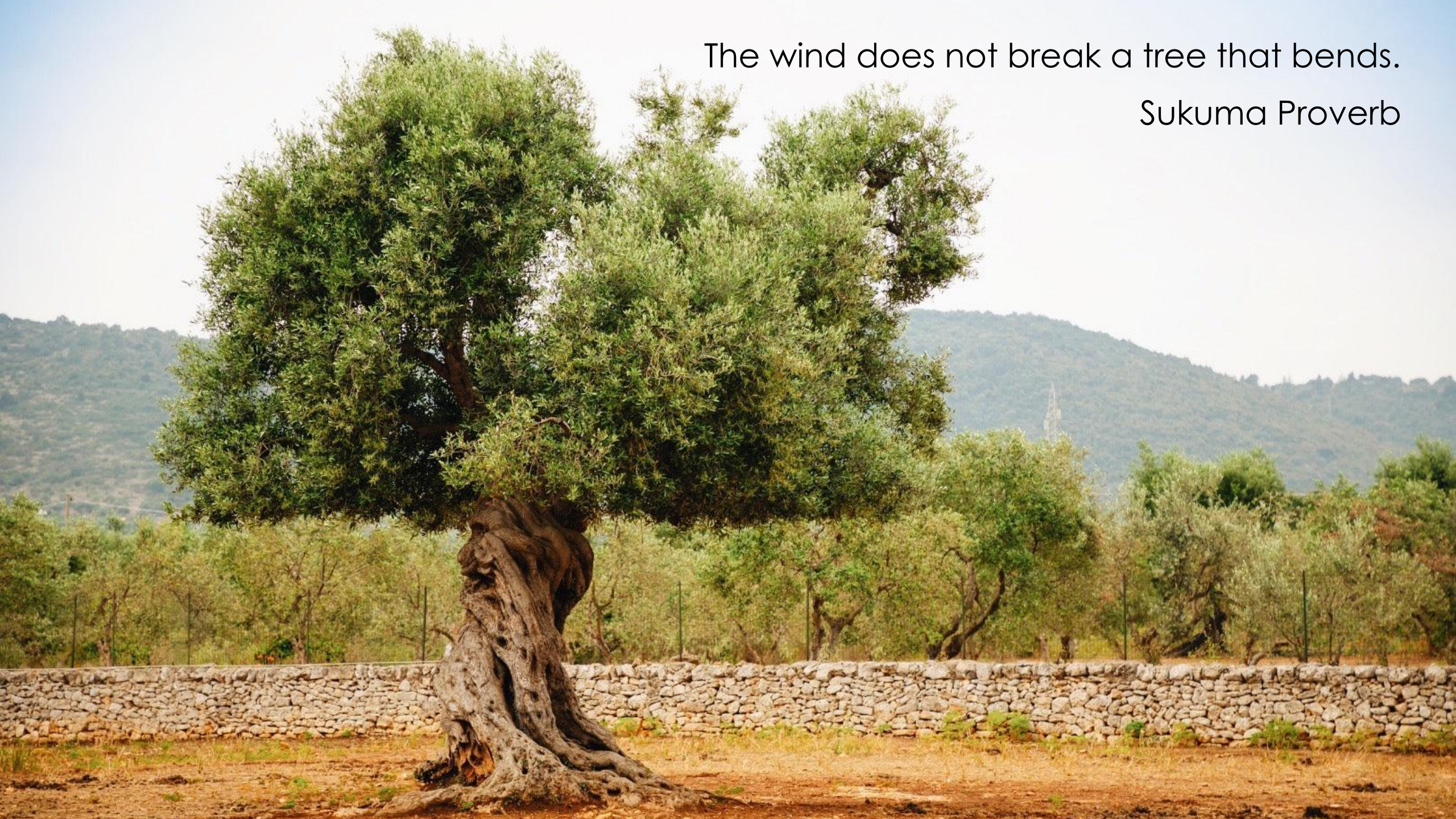
Attending to issues of social justice that compound oppression, violence, illness, such as gender and racial equity, as well as other social determinants of health.



BEAUTY

The wind does not break a tree that bends.

Sukuma Proverb



RE·SIL·IENCE

LATIN



re-

+

salire

resilire

back

to jump, leap

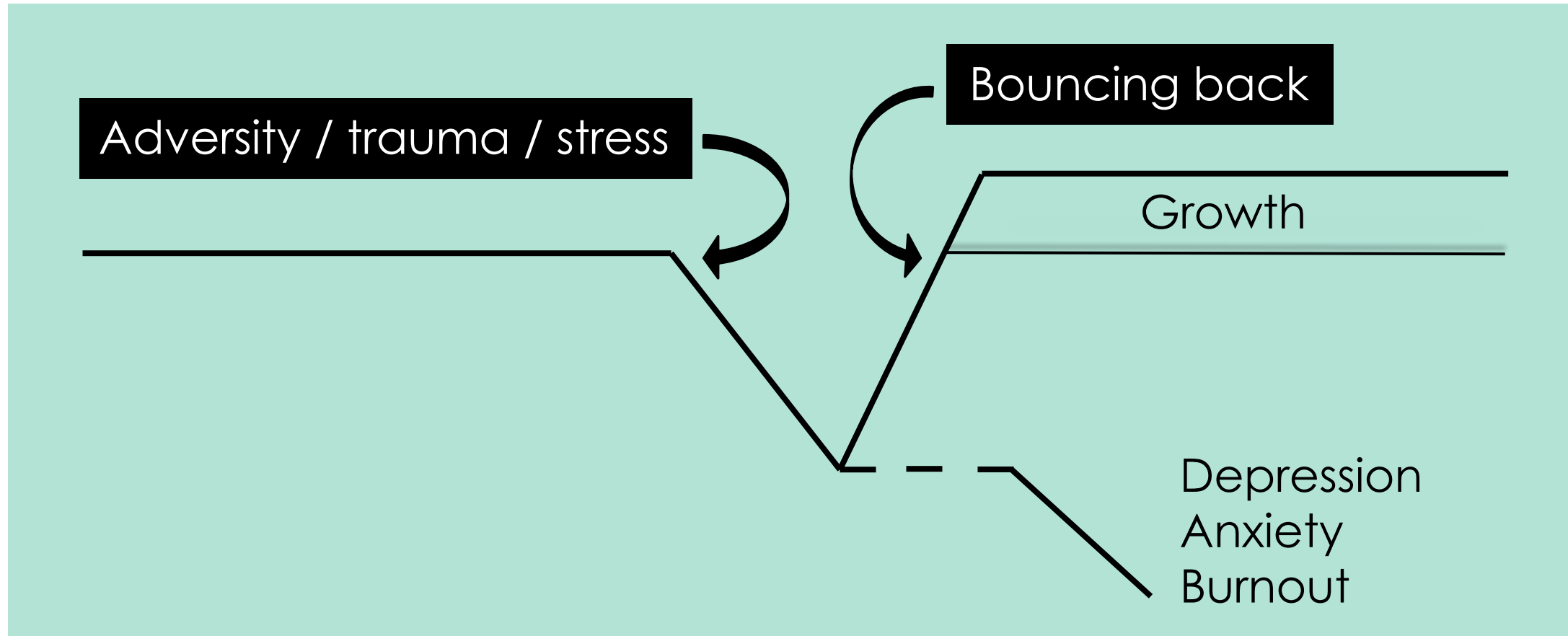
In physics

Capability of a strained body to recover its size and shape after deformation caused by compressive stress

In psychology

Ability to recover from or adjust to misfortune or change

RESILIENCE INVOLVES GROWTH



RESILIENCE IS...

Dynamic

Universal

Develops in childhood.

RESILIENCE ISN'T...

Lack of distress.

Distress is expected.

Some prefer term
resistance.

VICARIOUS POST-TRAUMATIC GROWTH

- Gains in relationship skills
- Increased appreciation for human resilience
- Increased levels of sensitivity, compassion, insight, tolerance, and empathy
- Satisfaction of observing clients' growth & being part of healing process
- Spiritual well-being
- Increased gratitude

Most clinicians report that benefits outweigh challenges

HEALING TRAUMA INSTITUTE

An attempt at healing my own wounds

A moral obligation towards my children

To celebrate the legacy of my loved ones

Faith, family, gratitude, service

”

“If you have come to help me, you are wasting your time.

If you have come because your liberation is bound up with mine, then let us work together.”

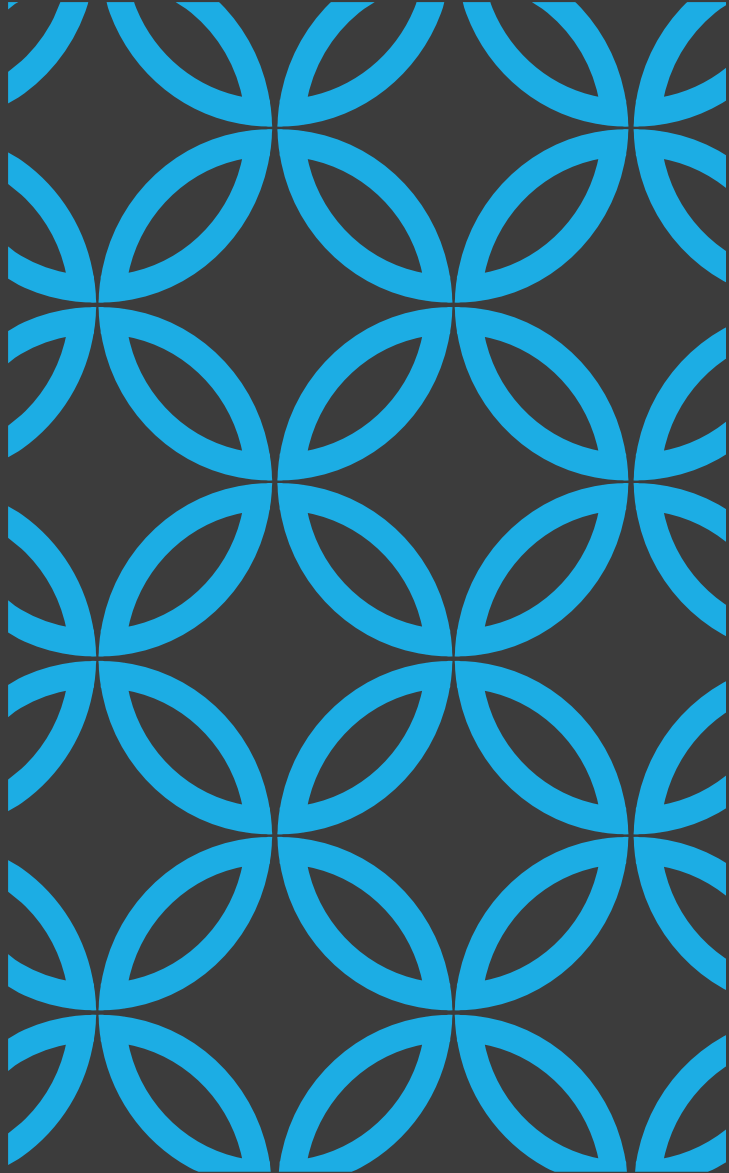
*– Lilla Watson,
Australian Aboriginal
Activist*

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DISCUSSION
