Trauma-Informed Care: Addressing Mental Health Risk Factors

Ben Kudler, LICSW
Cara Presley, LICSW
Melissa Savage, LICSW, LADC
Continuing Medical Education Disclosure

- **Program Faculty:** Melissa Savage, LICSW, LADC
  - **Current Position:** Addiction Specialist, Behavioral Health Program, Fenway Health
  - **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

- **Program Faculty:** Ben Kudler, LICSW
  - **Current Position:** Psychotherapist, Fenway Health
  - **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

- **Program Faculty:** Cara Presley, LICSW
  - **Current Position:** Manager, Violence Recovery Program, Fenway Health
  - **Disclosure:** No relevant financial relationships. Presentation does not include discussion of off-label products.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.
Objectives

1. Identify at least three mental health risk factors that impact Transgender people.

2. Increase ability to assess and treat acute and chronic trauma with Transgender clients.

3. Develop an understanding for the value of providing a trauma-informed approach to treatment.
Defining Trauma

Acute trauma

- Acute trauma occurs following a single traumatic event that causes extreme emotional or physical distress. Without treatment, acute trauma reactive symptoms can evolve into PTSD, anxiety, depression, etc. Experiencing multiple traumatic events can compound the effects. Examples: physical or sexual assault, police harassment.

- In a 2013 report 72 percent of the victims of LGBTQ or HIV-motivated hate violence homicides in 2013 were transgender women, and 67 percent were transgender women of color. When compared to their non-transgender LGBQH peers, the report found that transgender people of color were 6 times more likely to experience physical violence from the police, 1.5 times more likely to experience discrimination, 1.5 times more likely to face sexual violence and 1.8 times more likely to experience bias-based violence in shelters.

Defining Trauma

Chronic/complex trauma

- Complex trauma can be the result of an ongoing traumatic event, such as abuse or neglect over time, multiple experiences of single events, or chronic traumatic experiences such as mistreatment/discrimination affecting a person’s sense of self in the world. Examples: Repeated exposure to discrimination or harassment; domestic violence; childhood sexual abuse.

- 50% of 6450 trans respondents reported that their medical providers were not prepared to address their health needs, 19% had been refused health care, 28% delayed addressing medical issues because of discrimination in health care. (Fenway Guide to Lesbian, Gay, Bisexual, And Transgender Health, 2nd Edition)
Trauma-Informed Approach

Emphasizes:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender Issues

(SAMHSA, 2014)
Transgender Suicide

- Suicide Rates
- Trans or Gender Non-Conforming – 41%
- Lesbian, Gay or Bisexual – 20%
- Overall Population – 4.6%

Assessment & Treatment of Acute Trauma
Triggering Events

- **Hate Violence**
  Violence or discrimination against individuals because of real or perceived sexual orientation, gender, race, disability, religion or ethnicity.

- **Domestic Violence**
  A pattern of behavior used by one person in a relationship to assert power and control over the other person; also known as partner abuse or intimate partner violence. Domestic violence does not necessarily involve physical violence. Also known as intimate partner violence and partner abuse.

- **Sexual Assault**
  Any type of unwanted sexual experience.
**Violence & Harassment**

- LGBTQ people are nearly 2½ times more likely to experience hate crimes than any other group.

- Transgender people and people of color are most likely to be the victims of anti-LGBTQ murders
  - By August, 14 transgender and gender non-conforming people had been reported murdered in 2015. Twelve of the victims were transgender women of color.

- Transgender survivors were 1.9 times more likely to experience physical violence and 3.9 times more likely to experience discrimination within intimate partner violence (IPV) relationships. In addition, transgender survivors were 2.5 times more likely to experience incidents if IPV in public spaces.

---

Violence & Harassment

- Transgender survivors were 3.7 times more likely to experience police violence compared to non-transgender survivors and 7 times more likely to experience physical violence when interacting with the police compared to non-transgender survivors.
- 13 percent of African-American transgender people surveyed were sexually assaulted in the workplace.
- 22 percent of homeless transgender individuals were assaulted while staying in shelters.
- 12 percent of transgender youth report being sexually assaulted in K–12 settings by peers or educational staff.
- Nearly 9 out of 10 LGBT-identified students experienced anti-LGBTQ harassment in 2009.

2011 Injustice at Every Turn: A Report of the National Transgender Discrimination Survey
Risk Factors for Traumatic Response

Reactions and responses to abuse can vary according to many factors...

- Severity, duration, frequency of abuse
- How recent or distant in time the abuse happened
- Whether or not the survivor was believed
- How much support and validation or blame and rejection were received
- Intellectual or developmental capacity to understand the abuse
- Cultural norms/rituals/values towards abuse
Normal Human Stress Response

- Cognitive:
  - Memory problems, inability to concentrate, poor judgment, racing thoughts, worry

- Emotional:
  - Moodiness, irritability, agitation, feeling overwhelmed, loneliness, general unhappiness

- Behavioral:
  - Appetite changes, sleeping changes, isolation, procrastinating or neglecting responsibilities, using alcohol, cigarettes, or drugs to relax, nervous habits (e.g. nail biting, pacing)

- Physical:
  - Aches and pains, diarrhea or constipation, nausea, dizziness, chest pain, rapid heartbeat, loss of sex drive, frequent colds
Acute Stress Response to Trauma

- Trauma occurs when an event or experience shatters the survivor’s sense of safety in the world and overwhelms their ability to adapt.

- Under acute stress, the human brain sends out a cascade of hormones in sequence that alert and prepare the body for *fight, flight or freeze*. 
Trauma & the Brain

- The limbic system helps to perceive and evaluate the environment and respond to fear, emotion and stress. When a traumatic event occurs, the amygdala senses a threat to the person’s survival.
- Hormones are secreted and neurons fire to alert the body to *fight, freeze or flee*. This survival response takes over and the person reacts with strategies that keep them alive.
- While the survival mode is activated, the pre-frontal cortex—the thinking part of the limbic system that controls reasoning, judgment, impulse control—goes off-line. PTSD occurs when the survival response stays activated, even when the threat no longer exists.
Trauma Response

Universal indicators of trauma-reactivity (PTSD) include the following:

- Intrusion / re-experiencing of the trauma
- Heightened arousal
- Numbing or avoidance
- Negative alterations in thinking and mood
Health Consequences

Physical & psychological impacts of abuse

- Depression, difficulty concentrating, trouble sleeping
- Nightmares
- Feeling chronically tired
- Chest pain, difficulty breathing
- Substance abuse
- Stomachaches, headaches, & general physical pain with no apparent cause
- People who have experienced partner abuse are 80% more likely to have a stroke, 70% more likely to have heart disease, 60% more likely to have asthma and 70% more likely to drink heavily.
Healing from Acute Trauma

- Treatment can help to re-train the limbic system to evaluate and control responses to fear effectively, safely and functionally

- Stages of trauma treatment:
  - Safety & stabilization
  - Remembrance, mourning, integration
  - Reconnection

Herman, Judith L. Trauma and Recovery, 1992
Assessment & Treatment of Complex Trauma
Implications of Complex Trauma

Impact on the individual and relationships

- Sense of self/self-esteem
- Social support network
- Sense of safety in the world/trust toward others and trusting systems
- Suicide risk/self-harm
- Substance use
- Increased depression/anxiety
Trauma Response Over Time

Factors impacting long-term response

- Race/class/employment status
- Family history and social support network
- History with criminal justice system
- Access to trans-affirming medical care, gender-affirming treatment
- Mental health history and family history
- Legal protections in the area
- History of other acute trauma
Case study: Sam
Best Practices

- You don’t need to know everything to be a good support. Ask questions.
- Understanding social/environmental context is especially important here. Ask about supports, finances, experiences navigating systems, housing/employment, access to gender-affirming medical care.
Trauma-specific Intervention

Trauma-informed programing recognizes...

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery;
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety;
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.
Treatment Guidance

- Knowledge
  - Risks related to substance use and abuse
  - Losses and trauma experienced or likely to be experienced
  - Harm reduction strategies
  - Discrimination and hostility
  - Sexual health concerns

- Assess
  - Nicotine addiction
  - Self-acceptance, and be able to provide support as needed
  - Mental status and determine whether intervention related to anxiety, depression and suicidality is needed
  - Treatment modalities and groups accommodate sexual orientation and gender identity
Trauma-specific Interventions

- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection®
- Sanctuary Model®
- Seeking Safety
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Trauma Recovery and Empowerment Model (TREM and M-TREM)
For further information:

Violence Recovery Program @ Fenway
617-927-6250
http://fenwayhealth.org/care/behavioral-health/vrp/

Behavioral Health at Fenway (intake line)
617-927-6202
http://fenwayhealth.org/care/behavioral-health/individual-psychotherapy/

Substance Abuse Treatment Program @ Fenway
617-927-6202