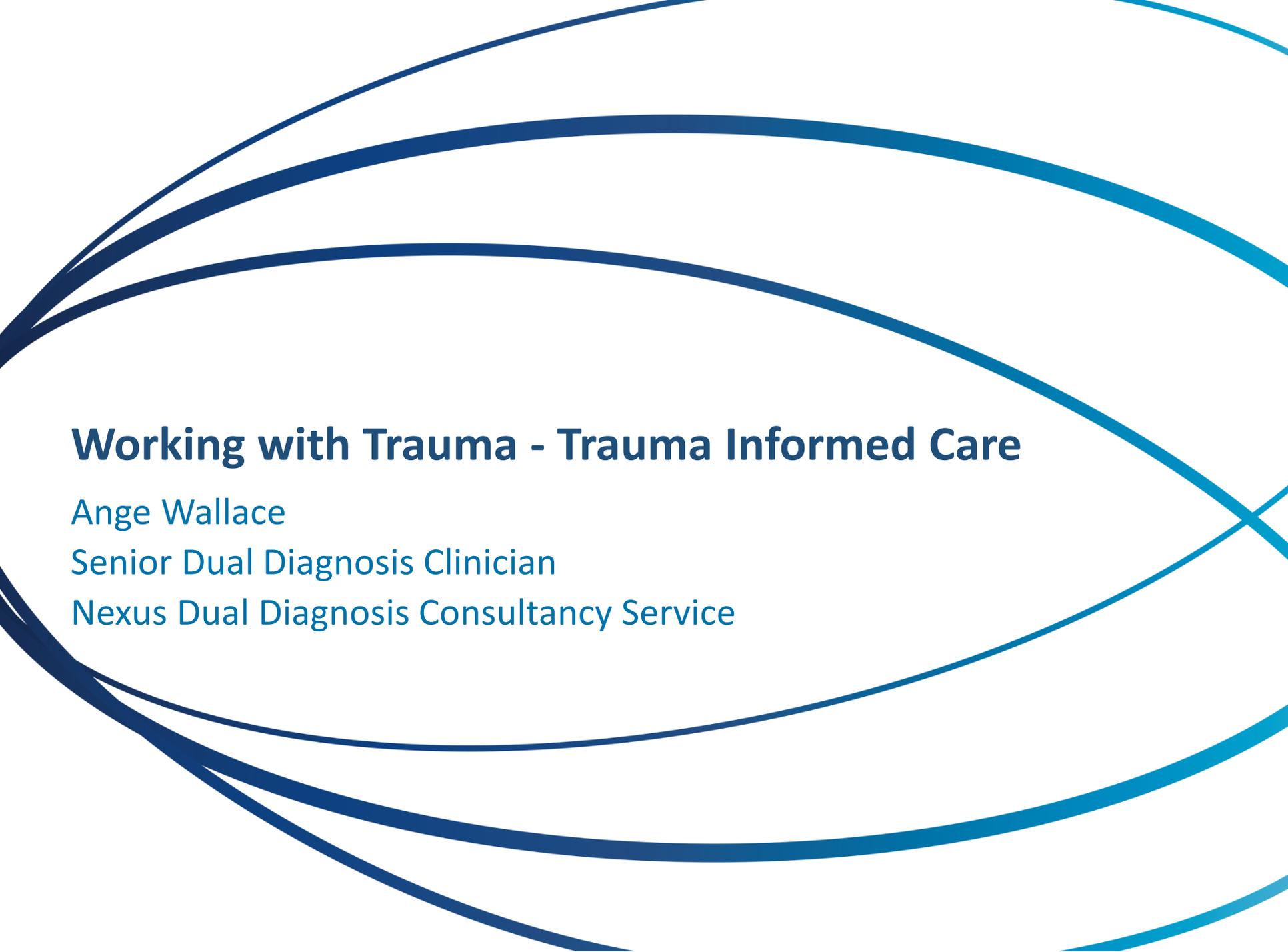


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The background features several thick, dark blue curved lines that sweep across the page from the left side towards the right, creating a sense of movement and framing the central text.

Working with Trauma - Trauma Informed Care

Ange Wallace

Senior Dual Diagnosis Clinician

Nexus Dual Diagnosis Consultancy Service

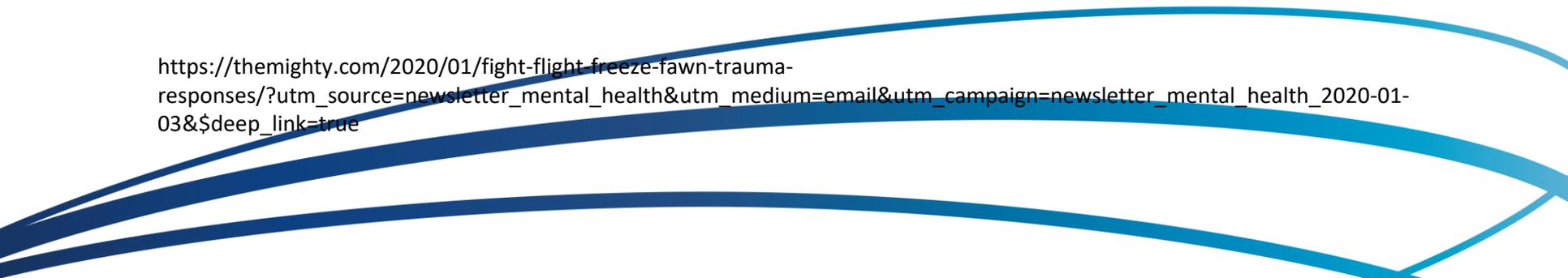
Key messages from today

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

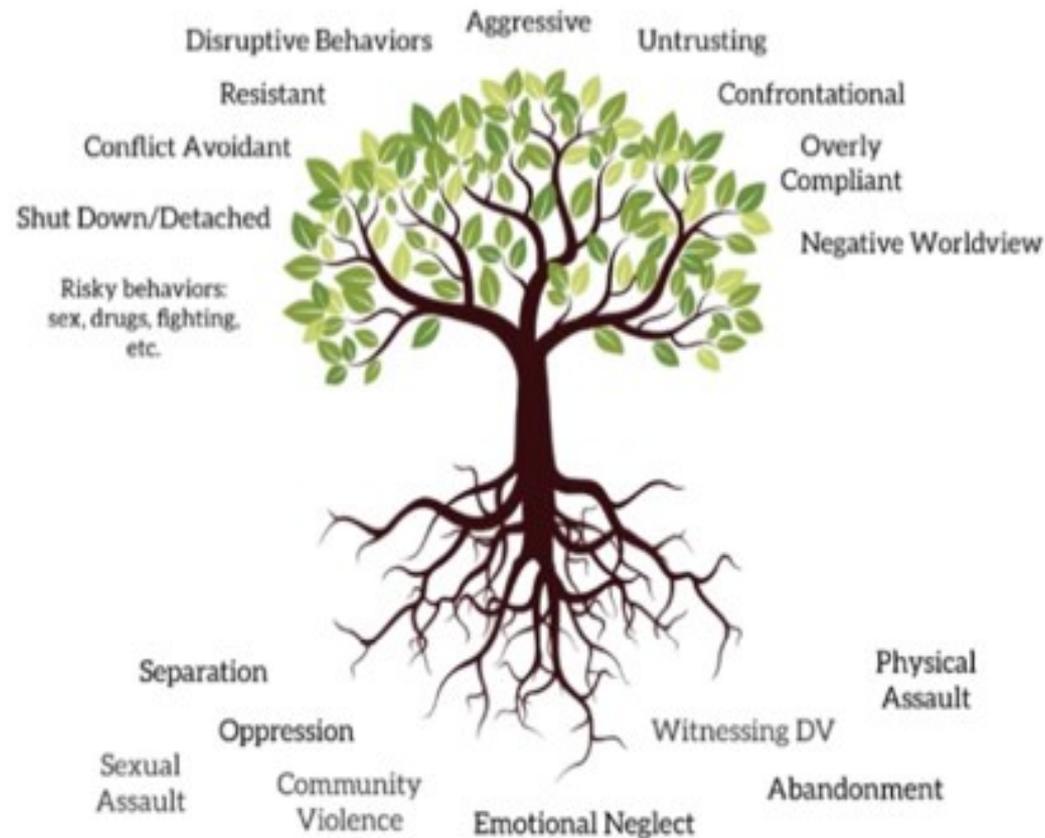
Responses to trauma

- **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_2020-01-03&\\$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_2020-01-03&$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.

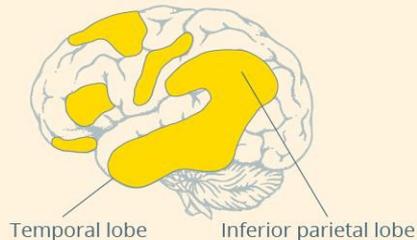


How Trauma Can Affect It

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.

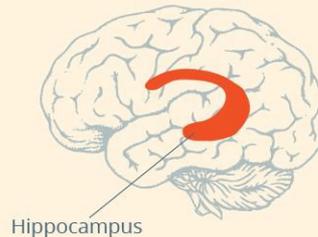


How Trauma Can Affect It

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.

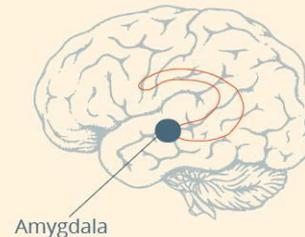


How Trauma Can Affect It

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.

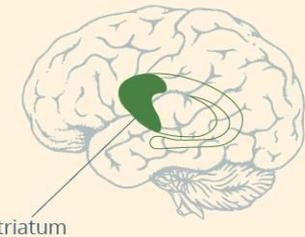


How Trauma Can Affect It

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
- 

Working with dissociation

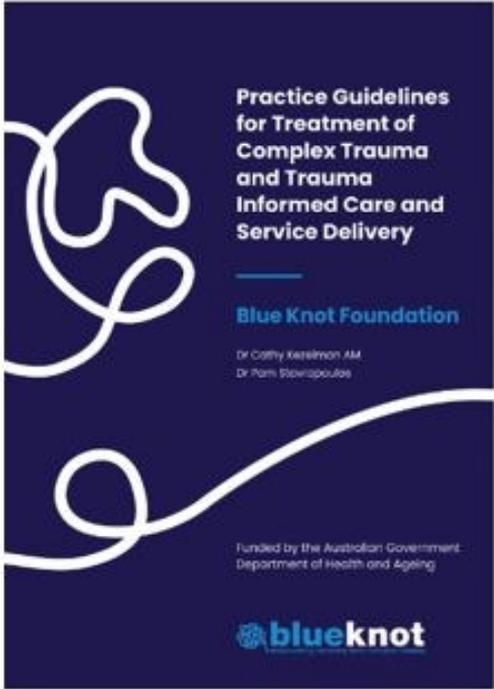
Dissociative Experiences Scale - II (DES-II)

Instructions:
 This questionnaire consists of questions about experiences that you may have in your daily life. We are interested to know often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you, and show what percentage of the time you have the experience.

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
1. I have a sense of being detached from my body.	0	10	20	30	40	50	60	70	80	90	100
2. I have a sense of being detached from my surroundings.	0	10	20	30	40	50	60	70	80	90	100
3. I have a sense of being detached from my emotions.	0	10	20	30	40	50	60	70	80	90	100
4. I have a sense of being detached from my thoughts.	0	10	20	30	40	50	60	70	80	90	100
5. I have a sense of being detached from my actions.	0	10	20	30	40	50	60	70	80	90	100
6. I have a sense of being detached from my identity.	0	10	20	30	40	50	60	70	80	90	100
7. I have a sense of being detached from my personality.	0	10	20	30	40	50	60	70	80	90	100
8. I have a sense of being detached from my self.	0	10	20	30	40	50	60	70	80	90	100
9. I have a sense of being detached from my mind.	0	10	20	30	40	50	60	70	80	90	100
10. I have a sense of being detached from my body.	0	10	20	30	40	50	60	70	80	90	100
11. I have a sense of being detached from my surroundings.	0	10	20	30	40	50	60	70	80	90	100
12. I have a sense of being detached from my emotions.	0	10	20	30	40	50	60	70	80	90	100
13. I have a sense of being detached from my thoughts.	0	10	20	30	40	50	60	70	80	90	100
14. I have a sense of being detached from my actions.	0	10	20	30	40	50	60	70	80	90	100
15. I have a sense of being detached from my identity.	0	10	20	30	40	50	60	70	80	90	100
16. I have a sense of being detached from my personality.	0	10	20	30	40	50	60	70	80	90	100
17. I have a sense of being detached from my self.	0	10	20	30	40	50	60	70	80	90	100
18. I have a sense of being detached from my mind.	0	10	20	30	40	50	60	70	80	90	100
19. I have a sense of being detached from my body.	0	10	20	30	40	50	60	70	80	90	100
20. I have a sense of being detached from my surroundings.	0	10	20	30	40	50	60	70	80	90	100

- Normalise and Validate
 - It is a normal response to an abnormal situation
 - It is your mind and body trying to protect you from fear and pain
 - Be gentle and compassionate
- Bring person back to the room by grounding
 - Smelling salts, hand waving or gently kick chair (not the person)
 - Move fingers, rub hands, thighs
- Let them know that you noticed they were distracted in case they are not aware
- Practice mindfulness skills
 - Mindfulness of sound, drinking water mindfully, mindful walking
 - Start with external mindfulness,
- DES-2 Dissociative Experiences Scale – II

Developer: Carlson, E.B. & Putnam, F.W. (1993). An update on the Dissociative Experience Scale. *Dissociation* 6(1), p. 16-27.

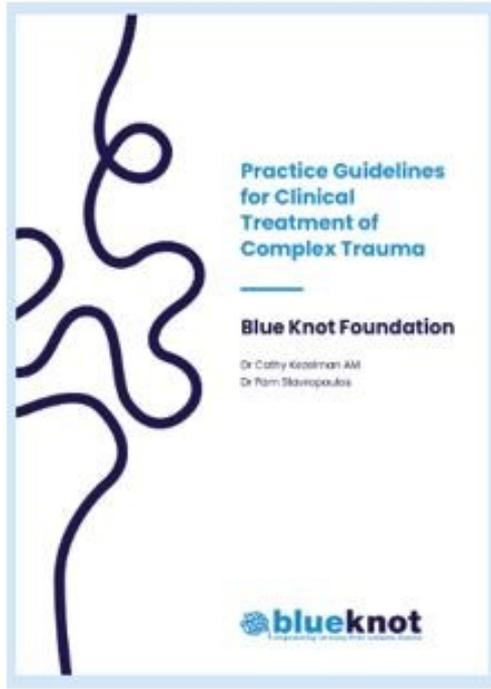


**Practice Guidelines
for Treatment of
Complex Trauma
and Trauma
Informed Care and
Service Delivery**

Blue Knot Foundation

Dr Cathy Keeshman AM
Dr Pam Stavropoulos

Funded by the Australian Government
Department of Health and Ageing



**Practice Guidelines
for Clinical
Treatment of
Complex Trauma**

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Dr Pam Stavropoulos



**Guidelines for
Clinical Supervisors
of Therapists who
Work with Complex
Trauma and
Dissociation**

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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 Principles



Harris & Fallot (2001) originally described TIC as care that is based on the principles of safety, trustworthiness, choice, collaboration and empowerment.

However, Phoenix Australia has extended these principles and now describes TIC as care that is based on the principles listed below.

Trauma Informed Care

- **Do not push people 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 people 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 individual.

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)



Phoenix Guidelines 2020



CHAPTER 1 – INTRODUCTION

The aims, scope, development process, and implementation strategy for this living guideline.



CHAPTER 2 - TRAUMA

Definitions of trauma and terms used inconsistently within the



CHAPTER 6 - TREATMENT RECOMMENDATIONS

Guideline treatment recommendations provided alongside issues for consideration in implementation.



CHAPTER 3 - CHILDREN

Considerations for how clinical problems in children and adolescents



MEDICATION PRESCRIBING ALGORITHM (APPENDIX TO CHAPTER 6)

An example of an evidence-informed clinical tool for prescribing medications.



CHAPTER 4 - INTERVENTIONS

A summary of the interventions used in clinical practice or research



CHAPTER 7 - CPTSD

Information about the ICD-11 diagnosis of complex PTSD, including symptom clusters.



CHAPTER 5 - METHODS

Details of the methods used to synthesize evidence that underpins the



CHAPTER 8 - ECONOMIC CONSIDERATIONS

A broad overview of the economic considerations presented by the diagnosis and treatment of PTSD and ASD.



CHAPTER 9 - SPECIAL POPULATIONS - ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES



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CHAPTER 9 - SPECIAL POPULATIONS -
DISASTERS



CHAPTER 9 - SPECIAL POPULA
EMERGENCY SERVICES PERSONNEL



CHAPTER 9 - SPECIAL POPULATIONS - SEXUAL
ASSAULT



CHAPTER 9 - SPECIAL POPULA
AND EX-MILITARY PERSONNEL



CHAPTER 9 - SPECIAL POPULATIONS -
TERRORISM



CHAPTER 9 - SPECIAL POPULA
VEHICLE ACCIDENT AND OTHER
INJURY SURVIVORS



CHAPTER 9 - SPECIAL POPULATIONS - VICTIMS
OF CRIME



CHAPTER 9 - SPECIAL POPULA
OLDER PEOPLE

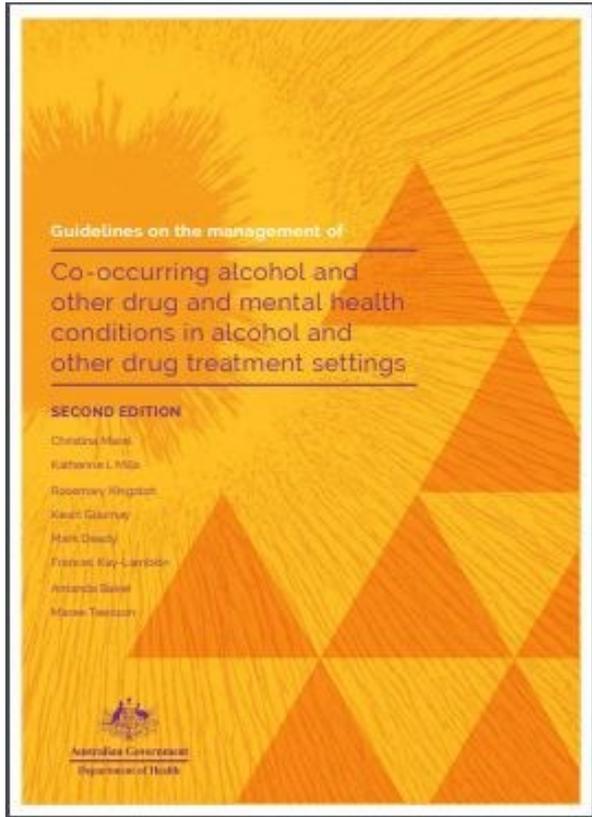


CHAPTER 9 - SPECIAL POPULATIONS - VICTIMS
OF INTIMATE PARTNER VIOLENCE



CHAPTER 9 - SPECIAL POPULATIONS -
REFUGEES AND ASYLUM SEEKERS





THIRD
EDITION

GUIDELINES ON THE MANAGEMENT OF

co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings

Christina Marel, Ewa Siedlecka, Alana Fisher, Kevin Gournay, Mark Deady, Amanda Baker, Frances Kay-Lambkin, Maree Teesson, Andrew Baillie & Katherine L Mills



Australian Government

Department of Health
7/11/2018 11:30:00 AM



THE UNIVERSITY OF
SYDNEY
Matilda Centre

<https://comorbidityguidelines.org.au/guidelines/pdf/download>



Trauma Informed Care and responding to sexual abuse disclosure.

A Webinar presented by Phoenix Australia and the Northern Centre Against Sexual Assault (NCASA).

July 15th 2020
2pm-4pm



A video player interface at the bottom of the slide. It includes a play button icon, a progress bar showing '00:01', a volume icon, and a close icon. To the right of the progress bar are logos for 'NCASA' and 'www.sli.do'. Below the 'www.sli.do' logo is the text 'Slido code (#V567)'. Further right are icons for signal strength, settings, and a 'vimeo' logo.

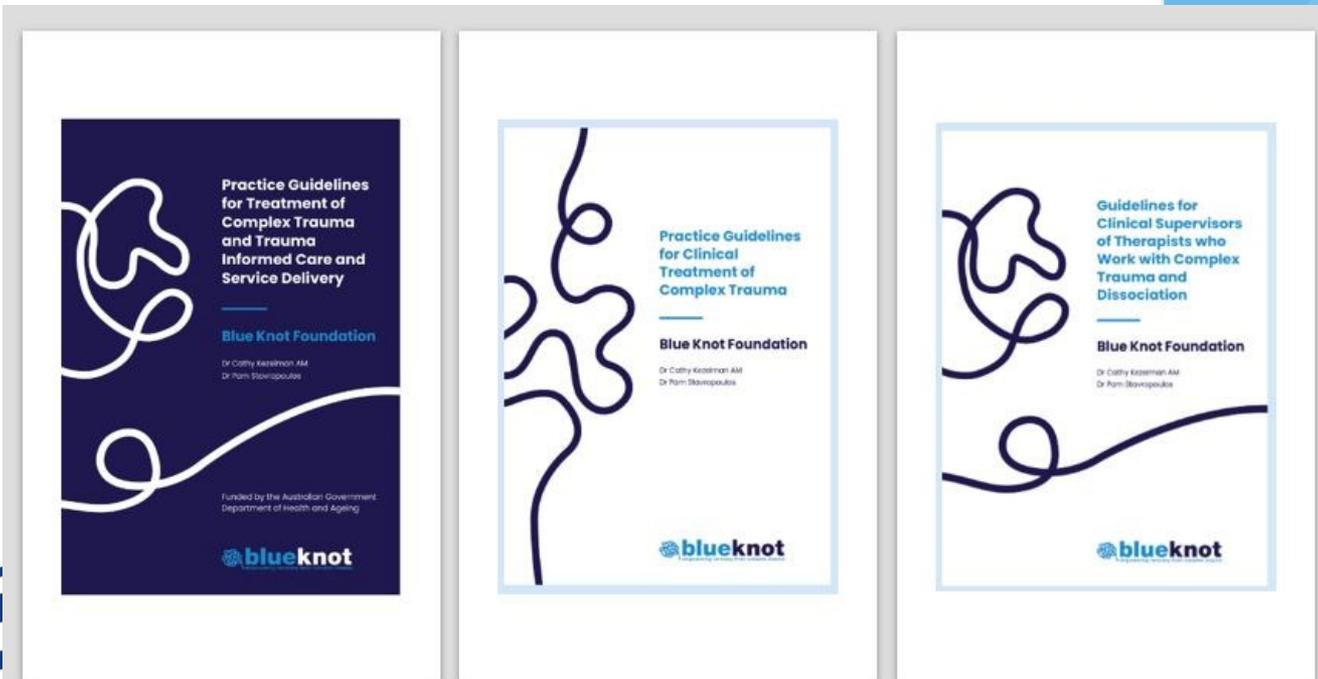
<https://www.emphn.org.au/what-we-do/mental-health/north-east-mental-health-service-coordination-alliance-nemhsca/nemhsca-events>

Three-phased approach

Phase 1 – Stabilisation & Resilience Building

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 people often use substances to suppress the trauma-related symptoms, feelings and control traumatic thoughts.
- It is the avoidance symptoms, rather than re-experiencing symptoms, that 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
 - Mindfulness – present moment awareness, 3/3/3
 - 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
 - Heavy blanket
- 

Interventions

- Maintain healthy diet
- Adequate rest
- Regular breaks from using or reduce use if safe to do so
- 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)



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/>



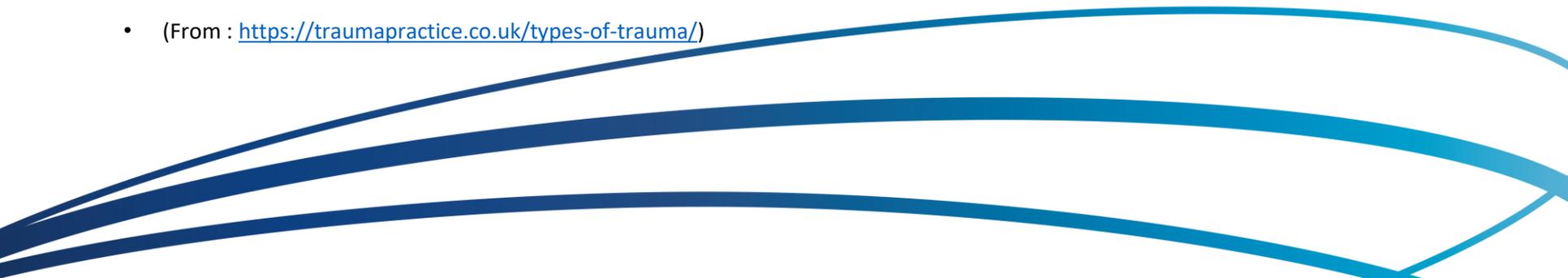
What Can I Do? Lots!



Types of Trauma?

Vicarious or Secondary Trauma

This type of trauma can occur when someone speaks to someone who has experienced a trauma or witnessed a trauma first hand. The person listening can experience secondary trauma and experience symptoms experienced by the person explaining the trauma.

- (From : <https://traumapractice.co.uk/types-of-trauma/>)
- 

Worker Self Care

Physical self-care

Maintaining a balanced, healthy diet, sleeping well, exercise, ensuring there is time for relaxation and leisure activities

Emotional self-care

Ensuring opportunities to talk and debrief

Professional self-care

Maintaining support, clinical supervision, professional development, time-management, and taking the opportunity to address work-related concerns, demands, unfairness, or inequity

Key things to consider

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

- Family & Support networks
- Self care



Resources

- [Blue Knot Foundation](#)
- [Black Dog Institute](#)
- Pheonix Australia – Alcohol & [Substance](#) use
- [Comorbidity Guidelines 2022](#)
- [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/>
- [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](#)

[NEXUS Dual Diagnosis Service](#)

(03) 9231 2083 nexus@svha.org.au

Thank you!

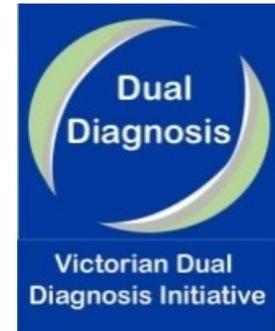


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