Trauma, Trauma-Informed Care & Muslim Mental Health: An Introduction

Muslim Mental Health Association Conference
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Land Acknowledgement

As we gather together, we acknowledge this sacred land on which this conference is being held. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

We are also mindful of broken covenants and the need to strive to make right with all our relations.

https://torontoconference.ca/right-relations/territorial-acknowledgements/

Objectives

- To provide a brief overview of the meaning and impact of trauma
- To review the principles of trauma informed care
- To outline the stages of trauma recovery and share a psychoeducational model for supporting trauma recovery
- **To discuss cultural and spiritual considerations in supporting Muslim patients/clients with histories of trauma (with one example case)**

What is Trauma?

What is Trauma?

When an **event** overwhelms an individual's **resources**

Event: childhood physical, emotional, sexual abuse, witnessing violence, growing up with parent who abuses substances, neglect, maltreatment; abusive relationships in adulthood

Resources: personal/internal (e.g. physical height or strength, sense of purpose, ability to create meaning, skills); and environmental (e.g. parents, family, community)

Types of Trauma

- Both **single incident** trauma and **chronic or repeated** trauma can have a significant impact on people
- Repetitive trauma often results in more profound symptoms and wider ranging impact than is described after a single incident (Herman, 1992)

Posttraumatic Stress Disorder (PTSD)

- Hyperarousal
- Intrusive symptoms/Re-experiencing
- Avoidance
- Negative cognitions

+/- dissociative symptoms

DSM 5

Complex Posttraumatic Stress Disorder (cPTSD)

Core symptoms of PTSD (Re-experiencing, Avoidance/Numbing, Hyperarousal and Negative Cognitions)

AND

Disturbances in some or all of 5 self regulatory domains:

- emotional regulation difficulties
- disturbances in relational capacities
- alterations in attention and consciousness (eg. Dissociation)
- adversely affected belief systems
- somatic distress or disorganization

Consensus Treatment Guidelines for Complex PTSD in Adults
Retrieved from https//www.istss.org/

Trauma Informed Care

Trauma Informed Care

Key Principles

1. Trauma awareness
2. Emphasis on safety and building trust
3. Opportunities for choice, collaboration and connection
4. Strengths-based and skill building

Canadian Centre on Substance Abuse 2014

Trauma Informed Care

1) Trauma awareness
- Impact on development
- How people cope and survive
- Impact on physical health and mental health

Trauma Informed Care

2) Emphasis on safety and building trust
- Safety for client (acknowledge history of boundary violations/abuses of power; clear information, informed consent, safety plans, consistent appointments)
- Safety for provider (address vicarious trauma)

Trauma Informed Care

3) Choice, collaboration and connection
- Self-determination, dignity and personal control
- Emotional expression without judgment
- Talk about power imbalances
- Consider ways to ensure client input (ex. advisory group)

Trauma Informed Care

4) Strengths-based and skill building
- Behaviours and interactions as adaptations/possible survival resources
- Teach and model skills to manage trauma symptoms/triggers
- Parallel attention paid to clinicians building these skills and competencies

Trauma Informed Care Self Assessment Questionnaire:

- Can you explain to a client what trauma is, including effects? (y/n)
- Do you recognize the signs and symptoms of trauma even if a person does not verbally tell you? (y/n)
- Do you ask about previous trauma and how it is impacting your client's life currently? (y/n)
- Are you willing to actively listen to difficult feelings and emotions as they arise? (y/n)
- Do you encourage clients to disclose only what they feel comfortable sharing? (y/n)

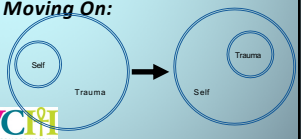
Denby, C., Winslow, C., Wilette, C. et al ,2008

Trauma Informed Care Self Assessment Questionnaire:

- Do you ask clients how they cope with difficult behaviours that may arise from their trauma symptoms? (e.g. disordered eating, addictions)
- Do you believe trauma survivors are resilient and able to recover? (y/n)
- Does your organization promote trauma recovery as part of its mandate and/or programming? (y/n)
- Does your organization foster a climate of sharing feelings and experiences related to clients in a safe and confidential setting? (y/n)

Stages of trauma recovery

- ***Stage I: Safety and Stabilization***:
  - *'Building the foundation under your feet'*
- ***Stage II: Coming to Terms with Traumatic Memories:***
  - *'Taking the emotional sting out of the memories'*
- ***Stage III: Integration and Moving On:***
  - *'Moving beyond'*



Judith Herman, 1992

Stage 1: Safety and stabilization

- "How does your past experience impact you currently?" (e.g. mood, relationships, sense of self)
- Psychoeducation
- Safety - with self and others
- Resource building (Cognitive, emotional, interpersonal & body based)
- Limited focus on traumatic events or recovering of traumatic memories

Focus in Stage 1

Self care and symptom control
Acknowledgement of the role of trauma
Functioning
Expression of affect & impulses, productively
Relational work

Chu, 2011

Stage 2: Remembrance & mourning

- Focus on the traumatic story
- Correct distortions and misperceptions
- Mourn and grieve

Stage 3: Reconnection

- Focus on empowerment and reconnection
- Create a future – relationships, sense of self, sustained belief system

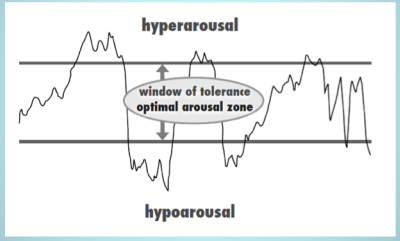
Case Example

42 years old, identifies as a woman (she/her), heterosexual, married for 20 years, 5 children, ages 15 to 5, fled Afghanistan due to threat or history of sexual assault, identifies as practicing Muslim

- Presenting with symptoms of PTSD and conversion symptoms (sudden onset paralysis) and hallucinations (flashbacks)
- Cannot discuss past
- Difficulties with trusting others - does not want strangers in her home
- Partial response to medications
- Family worries about her; she does not have ways to cope with reminders of past traumas

Stage 1: Psychoeducation

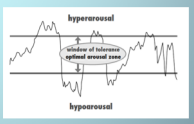
The modulation model



Ogden, Minton & Pain, 2006

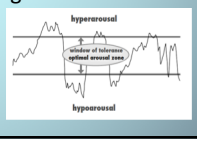
Modulation model

- Window of tolerance
  - Ability to think, feel and sense at same time
  - Can be a calm, focused state
  - Can have strong emotions but stay "within the window"



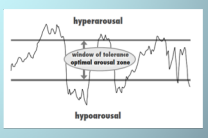
Modulation model

- Hyperarousal:
  - Fight, flight, freeze
  - Racing thoughts
  - Anger or fear
  - Body tension and movement urges
  - Shallow breathing
  - Other examples?



Modulation model

- Hypoarousal
  - Low motivation
  - Sluggish/ heavy sensation
  - Confused
  - Sleepy
  - Depressed affect
  - Other examples?



Trauma and the modulation model

- Window of tolerance narrows (e.g. toothpick thin)
- Intolerable emotions/sensations →tension reducing behaviour
- Rapid movement from hyper-arousal to hypo-arousal and back again (e.g. guilt and shame in response to survival resourcing)
- Being "in the window" may feel unsafe or unfamiliar

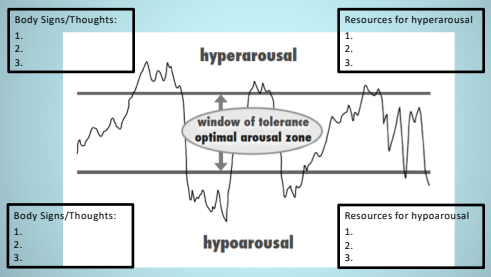
Using the modulation model

- Where is the client in the modulation model?
- Where are *you* in the modulation model?

Using the modulation model

- Neuroplasticity: "Neurons that fire together wire together"
- One can change one's brain by doing something differently
- Clients can learn skills (experiment with resourcing, relational therapy) to widen window

The modulation model



(Ogden, Minton & Pain, 2006)

Managing hypoarousal and hyperarousal

Grounding

- Detaching from emotional state by focusing on the the present moment or by re-directing your attention
- Three major ways of grounding: mental, physical, and soothing

Grounding

- Mental grounding – reading a sign backwards, counting up to your current age, naming colours
- Physical grounding - 5 Sense resourcing, stones
- Soothing – mantra, self-talk

Case Example (A.S.)

42 years old, with PTSD, conversion symptoms

- Psychoeducation
- Use of physical grounding (ice, music) and relational soothing (talking to family members) to manage conversation symptoms/dissociation
- art

How could I have supported her culturally and spiritually?

Thank you for your attention.

Thank you
to all the patients/clients of
Women's College Hospital
who have exemplified courage and resiliency
in their pursuit of healing and wellness
And
To my colleagues in the Trauma Therapy program
(who generously shared many of their slides)

Resources

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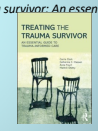

Questions