TRAUMA INFORMED CARE: THE IMPORTANCE OF THE WORKING ALLIANCE

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Objectives

Upon completion of this webinar, participants will be able to

- Identify ways to enhance the counseling working alliance
- Discuss rates of trauma, and the developmental impact of stress throughout the lifespan
- Describe the specific tenants of trauma informed care

Webinar Description

Interpersonal trauma is quite common in the lives of individuals with disability and those with substance use disorders. Individuals who experience trauma (especially early in development) are at much higher risk for developing disability later in life, meeting the criteria for substance use disorders, having mental health related diagnoses, attempting suicide, and having poorer quality of relationships throughout the course of the lifespan. It is essential for practitioners (regardless of the setting that they are working in) to utilize trauma-informed care to address the needs of clients who have trauma histories or child-maltreatment histories. This presentation will illustrate the unique needs of this client base, demonstrate elements of trauma informed care, and emphasize the importance of the counseling working alliance for this population.

Webinar: University of North Texas Workplace Inclusion & Sustainable Employment (WISE)
Important to mention

Today we will be talking about trauma, childhood trauma, and traumatic stress. This is a sensitive topic, and in some cases may serve as a trigger. If you are affected by images, conversation, lecture materials etc. Please do not hesitate to do what you need to do to take care of yourself (stepping out, calling someone, seeking counseling).

This is important information to cover, in the event that you have a negative response reach out for help.

Emergency 911
Suicide Prevention Hotline 800-273-8255
Explaining Trauma

• Exposure to complex trauma (often called toxic stress) is especially common in the lives of individuals with disabilities, mental illness and substance use disorders

• Approximately 80-90% of individuals seeking treatment for substance use also report trauma history, many exhibit at least one cluster of PTSD symptoms

So what is trauma?

“an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea”
Post-traumatic stress disorder

- Usually begins within 3 months of an event, symptoms must last more than a month and be severe enough to have an impact on functioning (work, relationships etc.).

- Direct exposure to death, threatened death, actual or threatened serious injury

- At least one symptom of re-experiencing
  - flashbacks, bad dreams, frightening thoughts

- At least one symptom of avoidance
  - staying away from places, people, events or objects that are reminders of the experience; avoiding thoughts or feelings related to the experience

- At least two arousal and reactivity symptoms
  - easily startled, tense or on edge, difficulty sleeping, angry outbursts

- At least two cognition and mood symptoms
  - trouble remembering key features of the event, negative thoughts about oneself or the world, distorted feelings (guilt, blame), loss of interest in enjoyable activities

American Psychological Association (2016)
Post Traumatic Stress Disorder

• Why do some develop PTSD, and others do not?
  • Not everyone who survives a dangerous event develops PTSD (most do not)

• Risk factors
  • Living through dangerous events and traumas
  • Physical injury
  • Witnessing physical injury or death
  • Childhood trauma
  • Feelings of horror, helplessness and fear (**PERCEPTION**)
  • No social support (after)
  • Extra stress (loss of loved one, job, home, pain and injury)
  • History of SUD and or mental illness

• Resilience Factors
  • Support
  • Positive perspective, positive coping strategies
  • Acting and responding effectively despite fear

National Institute of Mental Health (2017)
Stress Trauma and Memory

• Why it is difficult to “Just get over it”

• Our brains are “hardwired” to remember negative situations and experiences

• Registering potentially dangerous threats and keeping them active in memory was essential to survival for early humans, our brains are no different now

• Bad is stronger than good (memories), and research shows that having good does not offset bad
  • This holds true with raising children, one good parent does not offset abuse or neglect from another

• John Gottman noted that it took 5 positive interactions with spouses to lessen the impact of 1 bad one (the memory remains)
Child Maltreatment

Now consider how early trauma might be different than trauma experienced later in life

• Abuse, neglect, exploitation of a child by a caretaker, often in the home environment

• Sexual abuse, physical neglect, physical abuse, emotional/psychological abuse, emotional/psychological neglect

• According to the Centers for Disease Control and Prevention (2017) there were 683,000 victims of child-maltreatment that were reported to child-protective services in 2015

• 1 in 4 children will experience some form of abuse or neglect in childhood, children with disabilities are especially vulnerable

• Many who experience child-maltreatment develop substance use disorders

• The lasting effects of maltreatment are believed to contribute to reductions in the counseling working alliance
  • pre-mature termination
  • ineffective interventions
Abuse changes the developing brain

- Our brains are highly adaptable (plastic)

- Children adapt to whatever environment they are in
  - Nurturing vs. Abusive
  - For many is on a spectrum
  - A lot of research also suggests that development of key brain structures that involve the stress response happens prenatally (meaning that an overwhelming number of events that trigger traumatic reactions are outside of a person's control)

- Neuroplasticity
  - The brain's ability to grow, repair in response to environment and experiences

Source, National Institute of Health (NIH)
3 Year Old Children

Normal

Extreme Neglect
Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

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Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied (P < .001). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.
The Adverse Childhood Experiences Study

• According to the Centers for Disease Control and Prevention (2014), 686,000 children experienced maltreatment in 2012 which unfortunately resulted in 1640 fatalities.

• In a study of over 15,000 participants found that:
  • Over half experienced at least one adverse experience
  • **Exposure to 4+ criteria:** 12 times more likely to have suicide attempt, 7 times more likely to be dependent on alcohol, 10 times more likely to engage in IV drug use
  • Probability of EARLY drug use is 2-4 times greater

• More than 5 events 7-10 fold increase in IV drug use, illicit drug use, and dependence

• **Significantly and positively** related to numerous negative health outcomes including: cancer, heart disease, emphysema, and liver disease.

• High rates of mental health problems, psychological dysfunction, and are very likely to suffer from depression
• The odds of experiencing disability increases significantly as a function of maltreatment severity, with odds increasing for each unit increase in CTQ score: [OR = 1.03, 95% CI 1.004-1.06] which is similar to the risk that advancing age has on disability [OR = 1.04, 95% CI 1.01-1.07]. This is considered clinically meaningful.

• For extreme maltreatment severity, the odds for disability was 1.92, with an associated probability of 66%. Less severe maltreatment did not translate to significantly increased odds for disability in our sample.

• People in treatment for SUD are very likely to report child maltreatment histories, and most also report disability. Only maltreatment severity explained disability, chronic substance abuse did not.
The Counseling Working Alliance

• Is largely considered the foundation of therapeutic change

• Involves the bond between counselor and client in addition to therapeutic tasks and goals

• Significantly related to positive outcomes in substance use and trauma treatment, also increases retention and adherence or “buy in”

• May be especially important for individuals who experience maltreatment
Factors Influencing the Working Alliance

• Interpersonal trust
  • **Defined as:** a foundational belief in the reliability or trustworthiness of others (in this case based on Erikson’s theory of psychosocial development)
  • Maltreatment has a profound impact on socio-emotional development, particularly in forming and sustaining interpersonal relationships due to the mistrust for perpetrating caretakers or parents that develops in childhood
  • These consequences often extend into adulthood, as individuals with maltreatment histories demonstrate lower levels of relational trust, and poorer trust with intimate partners
  • Individuals interpret the behavior of others in ways that are congruent with past life experiences, and respond in ways that are consistent with these anticipations
  • Frequently the cognitive distortions which result from early trauma generate a challenge in establishing relationships, often adversely affecting the working alliance
Implications

• **Assessment** for maltreatment is an important part of the treatment process

• Childhood Trauma Interview
  • Brief, semi-structured interview which covers a range of childhood traumatic events

• Childhood Trauma Questionnaire (used in this study)

• Childhood Abuse and Trauma Scale
  • Comprehensive, broad range of traumas, based on subjective perceptions

• Adverse Childhood Experiences Studies

• Self-report

• Also it is important to determine the impact of traumatic stress or PTSD
  • National Center for PTSD: [https://www.ptsd.va.gov/professional/ptsd-overview/dsm5_criteria_ptsd.asp](https://www.ptsd.va.gov/professional/ptsd-overview/dsm5_criteria_ptsd.asp)
Implications

- **Assessment** of the working alliance may also be an important part of the treatment process for this population.
- The Session Rating Scale: 4 items, three components of the working alliance.
- Working Alliance Inventory SR (used in this study).
- Agreement on goals and tasks is essential and increases working alliance ratings, open dialogue regarding the therapeutic relationship is also important in building trust.
Implications

- How do we build trust with our clients?
  - Active listening (genuine)
  - Attend to verbal and non-verbal behavior
  - Express empathy
  - Be GENUINE and transparent
  - Show respect
  - Balance challenge with support, caring confrontation
  - Do what you say you are going to do, when you say you are going to do it. Consistency
  - Consider our own beliefs about substance use disorders, stigma
Trauma-informed care and trauma-informed systems function according to at least four basic principles:

1) **Realize** the prevalence of traumatic events and the widespread impact of trauma

2) **Recognize** the signs and symptoms of trauma

3) **Respond** by integrating knowledge about trauma into policies, procedures, and practices

4) seek to actively **Resist Re-traumatization**
Considering the needs of individuals with trauma histories

- Screening is important (what the trauma was, and when it happened might be important details)
  - This might provide useful information on how the client interacts with us, it also might provide a good source of information for potential job placement

- Workplace accommodations (Hollowood, 2017)
  - Flexibility with scheduling
  - Noise cancelling device, modified lighting in workplace, repositioned desk
  - Written instructions and requests
  - Time for phone calls to support services
  - Modified break schedule, allowing music or headset
  - Assistance animal
  - Awareness training for staff
  - Reducing non-essential job functions
  - Providing a mentor
  - Consistent shift scheduling

- In many cases clients may also need treatment for SUD, trauma, mental health related issues. We also need to consider the type of environment they may be working in
Questions?