

Webinar

An interdisciplinary panel discussion

Supporting the Wellbeing of People Experiencing a Trauma Response

Tuesday, 2nd June 2015

“Working together. Working better.”

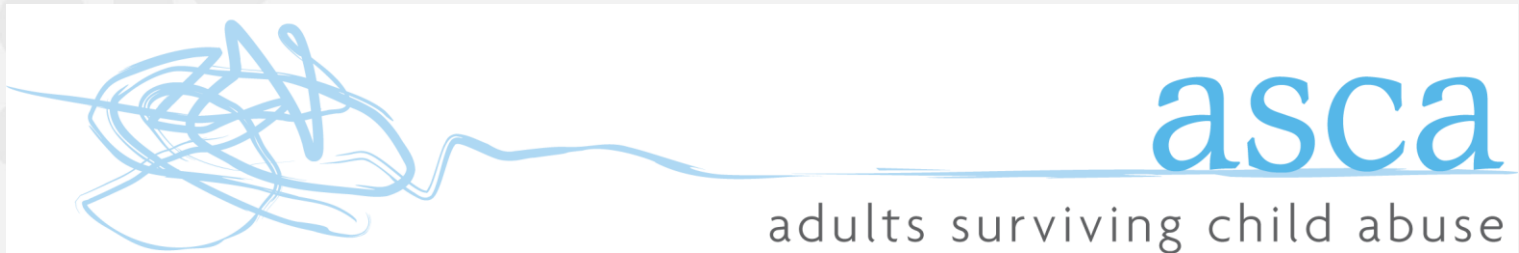
Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

MHPN wishes to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located. We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.

This webinar is presented by



MHPN gratefully acknowledges the support of Adults Surviving Child Abuse (ASCA) in the production of this webinar.



This webinar is presented by

Tonight's panel



Ms Jac Taylor
Coordinator Counselling
Services & Royal
Commission Support
Services (SA)



Ms Naomi Halpern
Social Worker (VIC)



Mr John Ellis
survivor/solicitor
providing legal support
to survivors (NSW)



**Adjunct Prof
Warwick Middleton**
psychiatrist (QLD)

Facilitator



Dr Mary Emeleus GP and Psychotherapist (QLD)

This webinar is presented by



MHPN is funded by the Commonwealth Department of Social Services to deliver this professional development webinar to practitioners who support individuals and communities affected by or engaging in the Royal Commission into Institutional Responses to Child Sexual Abuse.

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Post your comments and questions for panellists and/or participants in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in each chat box can be seen by all participants and panellists. Please keep all comments on topic.
- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.



Learning Outcomes

Through an inter-disciplinary panel discussion about Brad, at the completion of the webinar participants will:

- a better understanding of the impact on the mental, physical, familial and social wellbeing of people experiencing a trauma response
- a better understanding of how services and practitioners can respond effectively in their assessment, treatment and support of people who are experiencing a trauma response
- take home tips and strategies for interdisciplinary collaboration to support people who are experiencing a trauma response.

Coordinator Counselling Services & Royal Commission Support Services Perspective

Understanding the effects of child sexual abuse:

- Feeling shame and responsibility
- Feeling anger and outrage
- Experiencing vivid memories, intense feelings, numbness & dissociation
- Feeling isolated
- Difficulties trusting people and experiencing intimacy
- Worrying if they will abuse children
- Questioning sexuality
- Difficulty in trusting their own judgement

Taken from *It's Not Your Fault: Men talk about living beyond the effects of sexual abuse*, Respond SA,
http://www.respondsa.org.au/wp-content/uploads/sites/8/2013/05/Its-Not-Your-Fault_May2013_Booklet.pdf



Ms Jac Taylor

Coordinator Counselling Services & Royal Commission Support Services Perspective

Adopting a trauma lens

- Experiencing traumatic events may result in experiencing mental health symptomatology
- Adopting a trauma lens requires asking yourself “what has happened to this person?” rather than “what is wrong with this person?”
- Trauma informed practice:
 - Recognizes the trauma histories of consumers
 - Minimises re-traumatisation
 - Views “symptoms” as adaptations (coping strategies)
 - Recovery is possible



Ms Jac Taylor

Trauma Informed Care & Practice

5 Principles of ASCA's Practice Guidelines:

- Safety (physical & emotional)
- Trustworthiness (transparency & consistency)
- Empowerment (client led, client centred, strengths based)
- Collaboration (power sharing)
- Choice (consumer has control & choices)

ASCA (2012) *'The Last Frontier': Practice Guidelines for Treatment of Complex Trauma & Trauma Informed Care & Service Delivery*.
Available at: <https://www.asca.org.au/About/WHAT-WE-DO/ASCA-Practice-Guidelines.aspx>



Ms Jac Taylor

Coordinator Counselling Services & Royal Commission Support Services Perspective

A Phased Approach:

- Phase 1: Safety & Stabilisation
- Phase 2: Processing (within window of tolerance)
- Phase 3: Integration (beyond the actual experiences of trauma and focuses on how these experiences have affected functioning)



Ms Jac Taylor

Coordinator Counselling Services & Royal Commission Support Services Perspective

Phase 1: Safety & Stabilisation

- Establishing a secure base in therapy
- Increasing safety
- Psychoeducation about child sexual abuse and trauma
- Skill development to self-regulate
- At client's pace & may take considerable time



Ms Jac Taylor

Social Worker Perspective



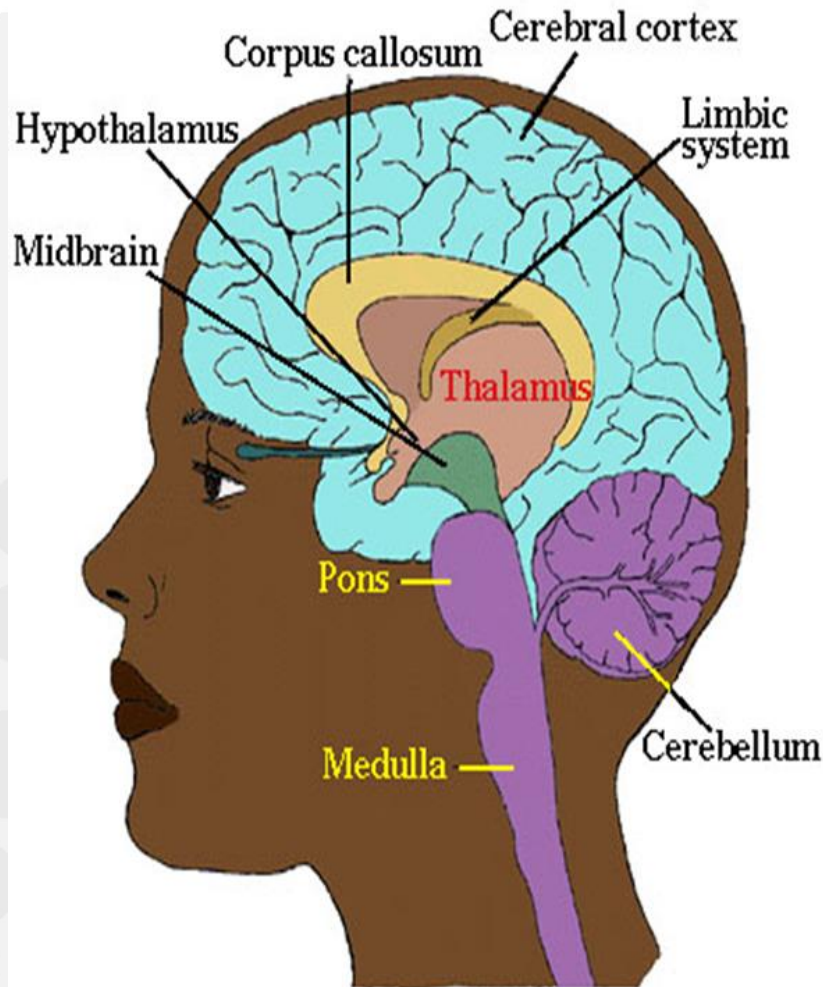
**“Come into my parlour”
said the spider to the fly**

- unequal power relationship with an authority figure
- conducted in private (secrecy)
- “trust me”
- facilitate stepping closer to that which the client’s defences are designed to avoid



Ms Naomi Halpern

Trauma Trigger Response



- Cerebral cortex / frontal lobes: goes off-line
- Limbic: amygdala fires and unconscious trauma response activated
- Brain Stem: fight, flight, freeze, or submit response activated



Ms Naomi Halpern
Social Worker Perspective

Window of Tolerance



Hyperarousal Zone

Can't think clearly, become quick to anger or tears, easily overwhelmed, can't recall or retain what therapist says



WINDOW OF TOLERANCE

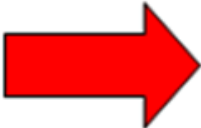







Hypoarousal Zone

Non-responsive, doesn't give full answers (yes/no), doesn't recall or retain what therapist says, difficult to form alliance



The problem is not the problem - but a solution to another problem

depression		anger / rage
substance abuse		pain / emptiness / memory
self harm		TRB / numbness / memory
flash backs		memorial / omens
violent rage		powerlessness / grief
dissociating		all of the above!

Social Worker Perspective

Locus of Control Shift

- Enables child to maintain attachment bond
- **“I am bad”** = compensates for feelings of helplessness, powerlessness and loss of control
- **“I am bad”** = avoidance of overwhelming pain, grief and anger
- **“It’s my fault because I am bad”**. Therefore, I can change and be good - then I will be lovable and the abuse will stop = illusion of power



Ms Naomi Halpern

Survivor/ Solicitor Perspective



Survivor/ Solicitor Perspective

My Background

- Clergy abuse survivor and a lawyer supporting other survivors
- Have acted for more than 400 other survivors
- Gave evidence in a Royal Commission public hearing, represented survivors in public hearings and attended numerous private sessions with survivors



Mr John Ellis

Survivor/ Solicitor Perspective

How it all started

- 15 years ago, I was like Brad
- Successful career, family, and children about the same age as Brad's
- Then started to 'unravel' in frightening ways
- What I wanted was safety and guidance
- First step was a sexual assault counsellor who understood about trauma



Mr John Ellis

Survivor/ Solicitor Perspective

What helped

- Naming what was happening as a trauma reaction
- Providing support to allow the memories to come in their own time
- Information about what to expect
- Understanding my behaviour and reactions as trauma responses
- Knowing I was not alone - this was a shared 'normal' reaction to trauma



Mr John Ellis

Survivor/ Solicitor Perspective

Survivor/ Solicitor Perspective

What I have learned - what is important to our clients

- Support – including referrals to professionals at the outset
- Information and guidance – what lies ahead
- Establishing safety and trust
- Providing choices - and realistic information about what each option may entail
- Includes criminal processes as well as redress options



Mr John Ellis

Survivor/ Solicitor Perspective

Survivor/ Solicitor Perspective

Key points

- Each journey is individual
- Appropriate support networks are essential - not being alone
- A survivor needs a sense of control in the processes
- Process is more important than outcomes
- 'Justice' is a subjective concept



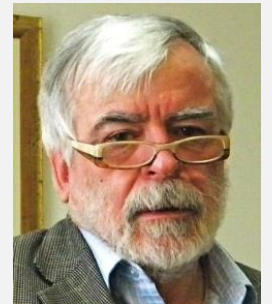
Mr John Ellis

Survivor/ Solicitor Perspective

Psychiatrist Perspective

Factors That Maintain Silence About Abuse: Individual

- Shame
- Fear
- Conditioning
- Protection of vulnerable family members



**Adjunct Prof Warwick
Middleton**

Psychiatrist Perspective

Factors That Maintain Silence About Abuse: Societal

- Non-accountable, hierarchical institutions
- Lack of societal "selfhood"
- Low status of women/children
- High indices of corruption
- Lack of concern about human rights
- Lack of a free press



Adjunct Prof Warwick Middleton
Psychiatrist Perspective

Psychiatrist Perspective

Individual Selfhood

- Being able to own one's life
- Having available a full range of emotions
- Having a core, non-fragmented centre
- Being able to control one's emotions, rather than controlled by them
- Having actuation, perseverance and resilience
- Being able to love and be loved
- Having ego defences in the "mature" spectrum

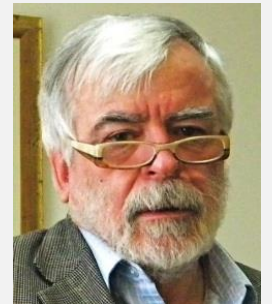


Adjunct Prof Warwick Middleton
Psychiatrist Perspective

Psychiatrist Perspective

Therapy: Essential Components

- Patient motivation
- The nature of the therapeutic relationship
- "The rest" - techniques, models, tools etc.



Adjunct Prof Warwick Middleton
Psychiatrist Perspective

Psychiatrist Perspective

The Royal Commission into Institutional Child Sex Abuse

- Focus on institutional rather than intra-familial abuse
- Validating the invalidated
- For comparable societies - of global significance demonstrates that anywhere abuse and exploitation can occur, it will occur



Adjunct Prof Warwick Middleton
Psychiatrist Perspective



Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 2 weeks
- Each participant will be sent an email with online resources associated with this webinar within one week
- MHPN's next webinar will be *announced soon, keep an eye out for your invitation to join us*. Visit www.mhpn.org.au/webinars to view our library of past webinars.

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

**Thank you for your contribution and
participation in tonight's event**

www.mhpn.org.au