

Making connections: from trauma recovery to psychological safety

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Introduction

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Why am I sharing our story?

- Around 90% of consumers admitted to mental health services have experienced trauma
- The RCMHS report has identified the need to embed trauma informed practice throughout the mental health system
- A lack of trauma informed practice not only compromises the quality of care but can also re-traumatise consumers
- Ours is a story of hope and recovery, my intention in sharing our research and experience is that it may be of interest and possibly of help to others.

What will we cover?

Part 1:

- Theories around the transmission of intergenerational trauma
 - Psychosocial
 - Epigenetic

Part 2

- Signs and presenting symptoms

Part 3

- Evidence based approaches
- The importance of psychological safety for consumers, carers and clinicians in trauma informed care

Stefa Kirszenblat

- Jewish survivor
- Date of birth: 16 September 1924
- Place of birth: Warsaw, Poland
- Camps:
 - Majdanek (Poland: Concentration Camp)
 - Malchow (Germany: Concentration Camp)
 - Auschwitz II-Birkenau (Poland: Death Camp)
 - Ravensbruck (Germany: Concentration Camp)
 - Place of liberation: Malchow (Germany: Concentration Camp)
- Notes: Forced (death) marches, evasion of roundups, escapes during marches



Transmission of trauma: psychosocial

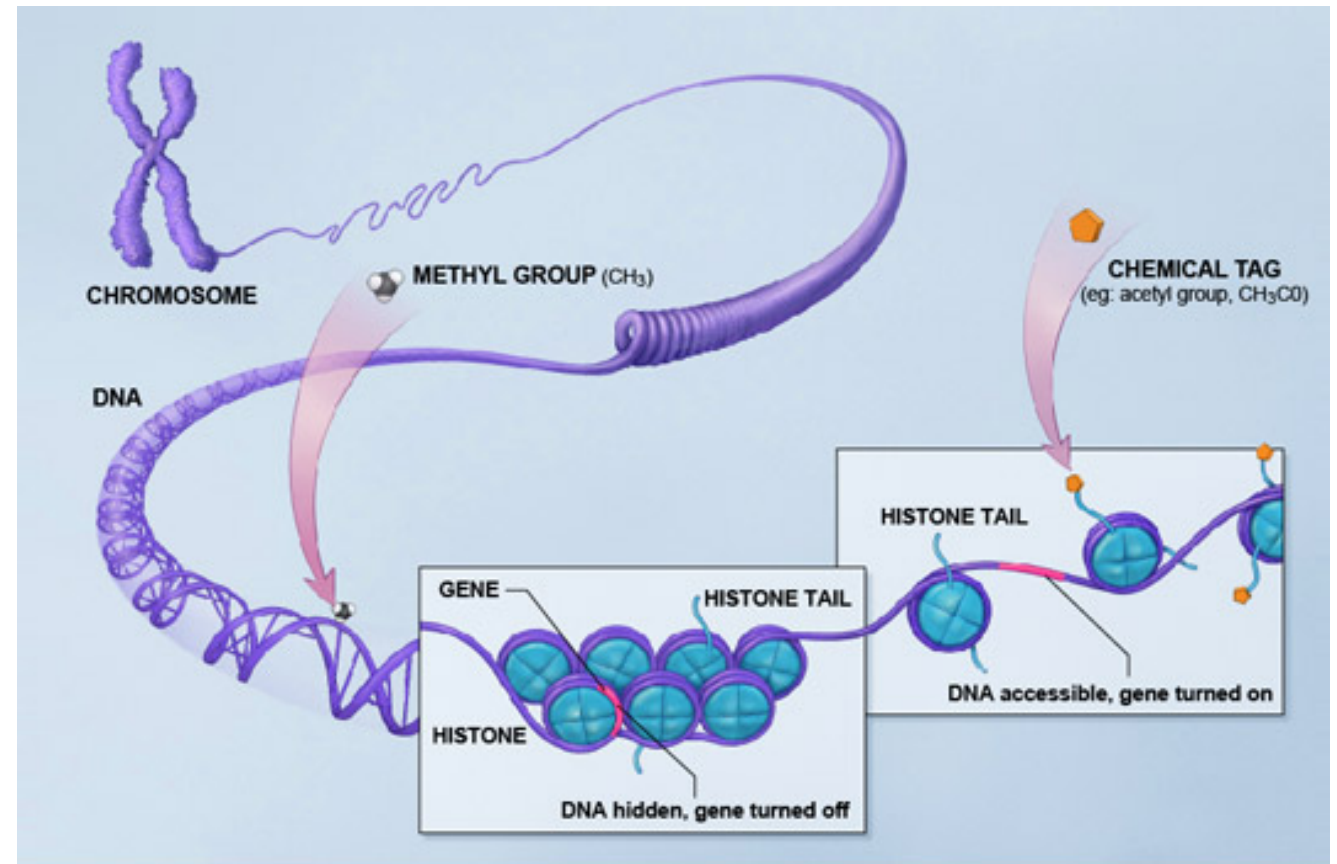
- Victim, fighter, numb, those who made it ~ Danieli (1985)
- Security based on physical, nutritional and material things
- Joy, self-fulfilment, relaxation and pleasure – “frivolous”
- Compulsive worker
- Rage and aggression
- Parenting styles
- Intolerance of dependency
- Sought higher education, status
- Numbing, isolation, somatization



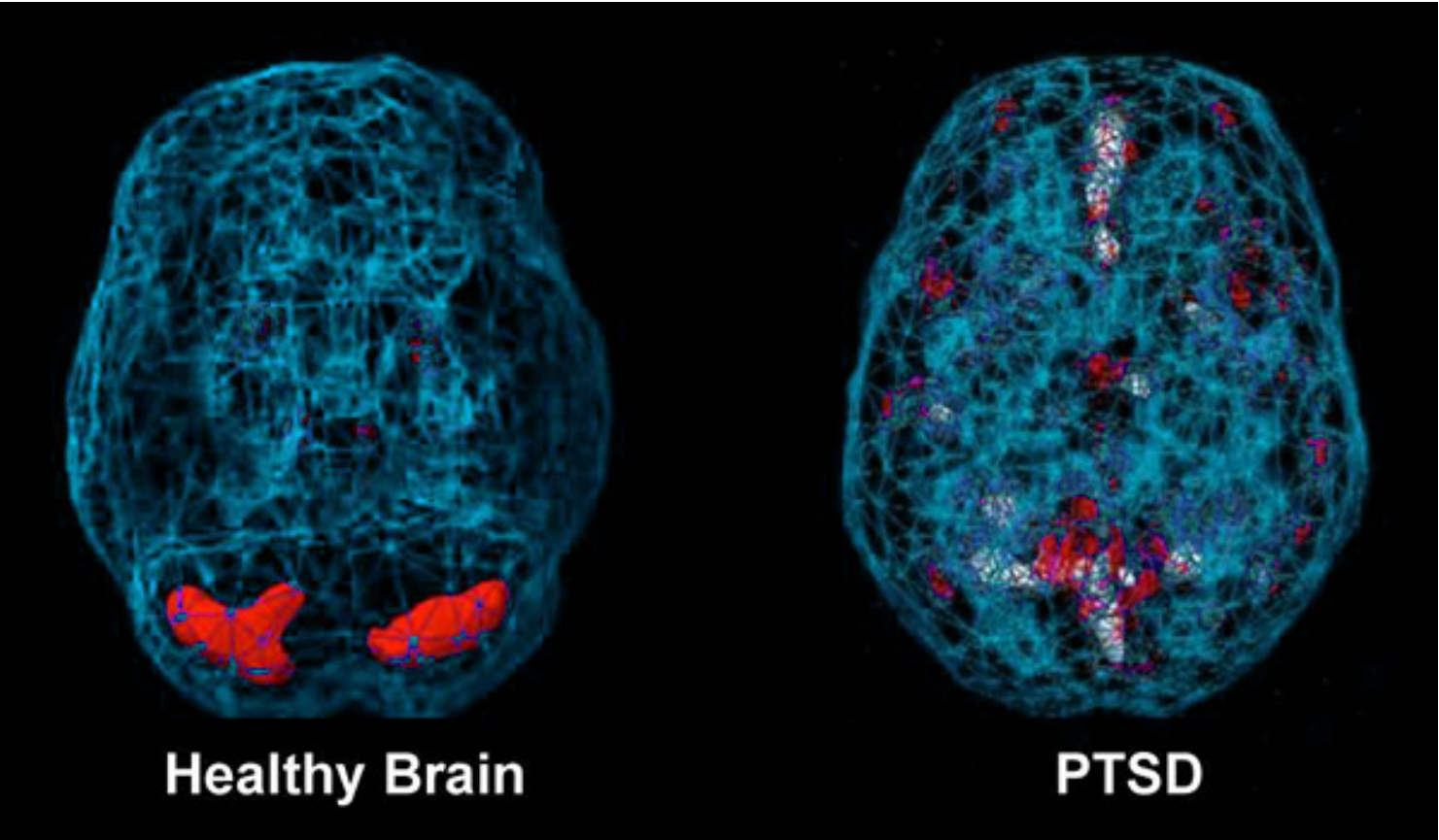
Transmission of trauma: epigenetic

~ Rachel Yehuda, Director, Traumatic Stress
Studies Division, Mount Sinai School of
Medicines
~ Epigenetic transgenerational transmission
of Holocaust trauma: A Review
Kellerman, 2015

- Epigenetics - hereditary and environmental (psychobiology)
- Survival skills passed onto offspring
- Parental and offspring PTSD/depression
- Somatic marker – not leaving food on the plate
- Pre-natal / perinatal stress predictor of mental health
- Hyperactive amygdala



Small molecules, like methyl or acetyl groups, can switch genes on or off by binding to the DNA or to the histone proteins it winds around. Methyl groups act like a road block, stopping enzymes from reading the DNA, while acetylation can loosen the DNA coil, exposing hidden genes so they can become active. Source: NIH common fund



Trauma brain:
The case for psychological safety

	Normal	Trauma
Amygdala	Fight, flight in response to danger	Flight, flight triggered in response to memories of danger
Hypothalamus-adrenal-pituitary axis	Releases hormones, like cortisol to direct efforts to stressor	Overactive, causing hormone imbalance, stress and anxiety
Pre-frontal cortex	Complex thinking and decision making and appropriate behaviour	Dysfunctional thinking and decision making leading to inappropriate behaviour
Hippocampus	Transfers and stores information into memories	Stores memories incorrectly and affects memory retrieval



Possible symptoms of intergenerational trauma

Hypervigilance,
hyperadrenergic,
fight, flight, freeze
(brain fog)

Difficulty managing
intense emotions

Anxiety, depression

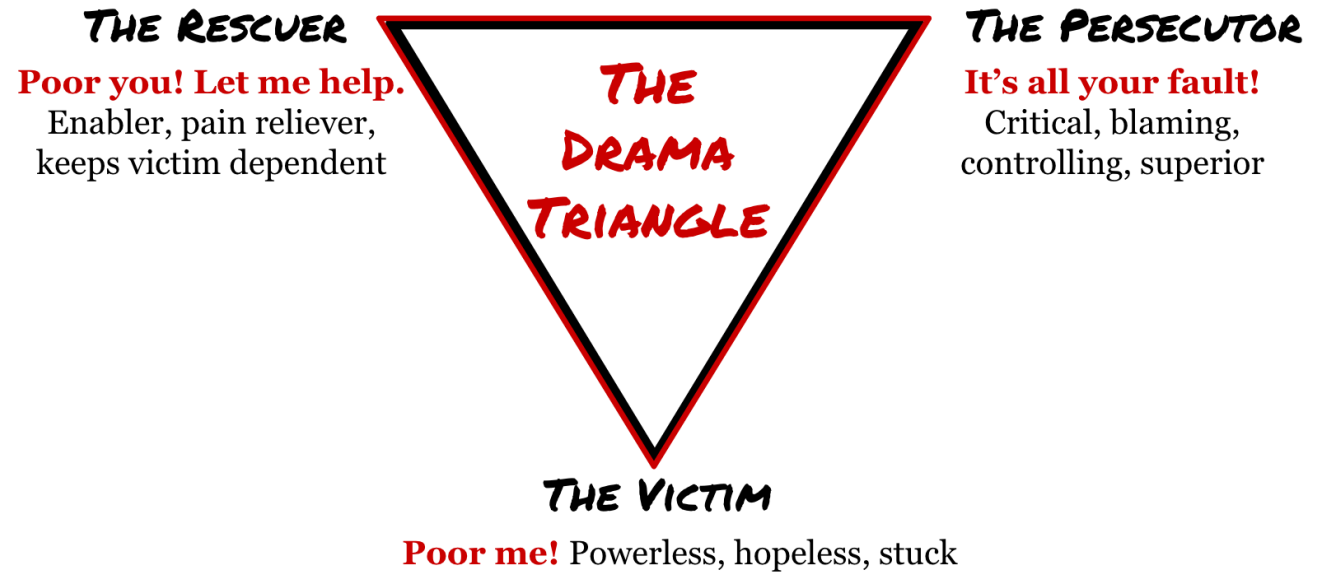
Super-achiever,
addiction to work
(Johann Hari)

? Increased
vulnerability to
stressful events,
burnout

Interpersonal
conflict:
Rescuer, persecutor,
victim

Conflict

- Need to feel heard and understood
- Sense of injustice
- Speak in calm, soft tone
- Short sentences
- Turn taking
- Begin sentences with “I” not “you”
- Focus on feelings
- Paraphrase, summarise, empathise





Psychological Safety: feeling safe to speak up

- To feel heard and understood
- To experience unconditional positive regard
- To feel supported in our hopes, dreams and aspirations
- To feel empowered to make a positive contribution to community

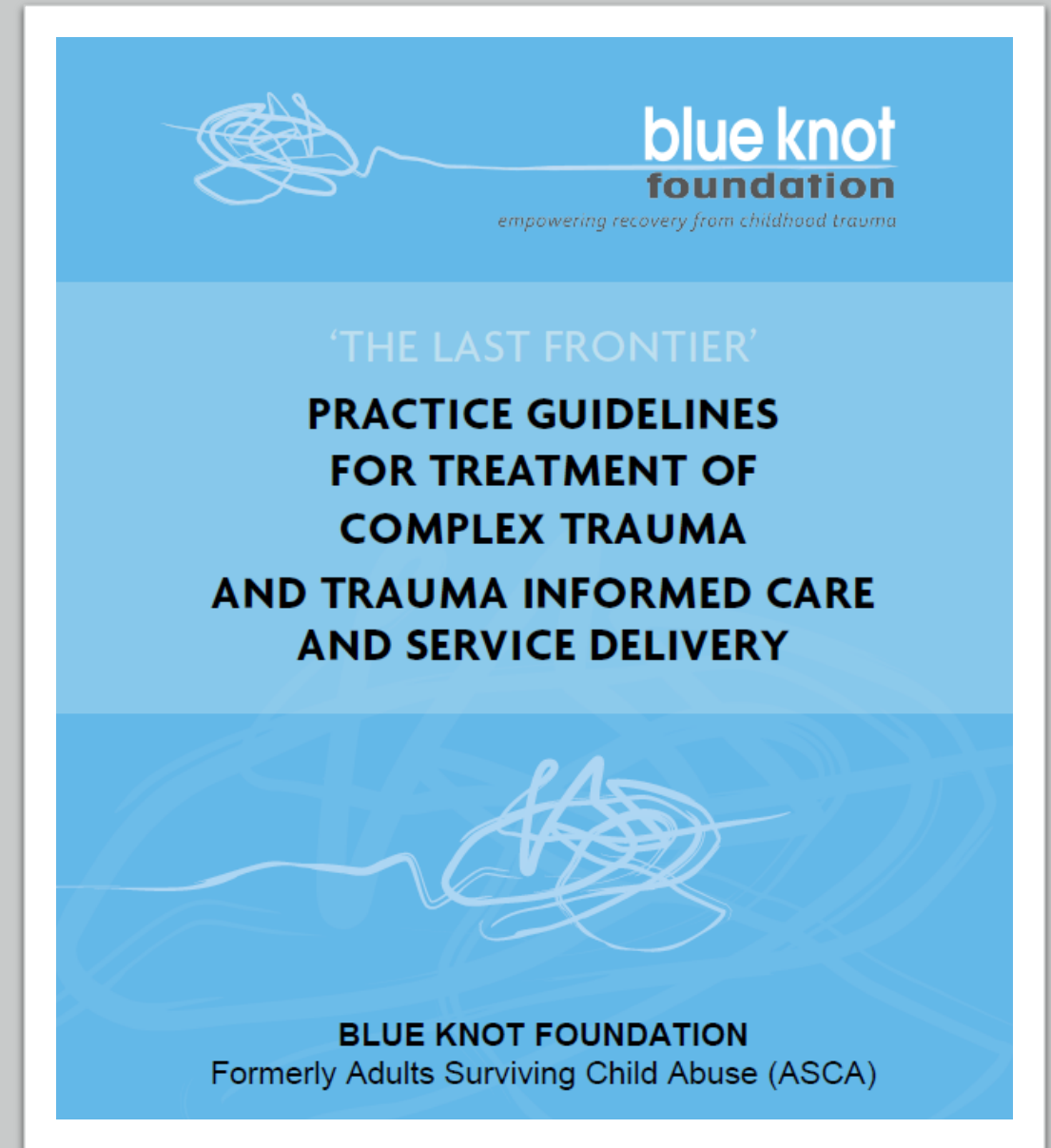
The “Hope Package”

- Making connections – psychodynamic, psychoanalysis, psychoeducation - integration
- Identifying and managing resistance
- Transactional analysis
- Healing the child within - Schema Therapy
- Family therapy
- CBT
- Narrative therapy
- Bio-feedback– Fitbit pulse monitoring
- Neuroplasticity – the well-worn path



Guidelines (clinical)

- Facilitate client safety
 - Communication
- Promote affect-regulation
 - Modelling
 - Neuroplasticity
- Attune to attachment issues
 - Therapeutic alliance
 - Support networks
- Attune to window of tolerance
 - Recognise hyper-hypo arousal
- Acquisition, not just restoration of function
 - Parenting
 - Assertiveness
- Strengths-based approach (empowering)
 - Reflective, analytical
- Psycho-education about the physiology of trauma
 - Fight, flight, freeze
 - Normalising (remove blame/shame)
- Recognise the importance of
 - Boundaries, supervision, self-care



Trauma informed care and psychological safety



THRIVE™

T - Trust

H - Humility

R - Respect

I - Inclusion

V - Vulnerability

E - Empathy

Summary: Building connections

- Transmission of intergenerational trauma
- Recognition of possible signs and symptoms
- Evidence based approaches and alignment with psychological safety to promote recovery
- Recognition that psychological safety is essential for the delivery of trauma informed care, for consumers, carers and clinicians



Questions

