

Trauma Basics

About Trauma

- One of the last frontiers of our society is the lack of realisation about the extent of trauma
- (Warwick Middleton, cited in Helen Tobler, 'Early trauma takes a long-term toll') The Weekend Australian [Health] 23-24 July 2011, p.13

Types of Trauma

- Single incident trauma – near death experience, natural disaster, major car crash, experiencing serious assault, rape, witnessing these events
- Complex trauma – multiple events commencing during childhood

What happens to the brain

- Flight, fight or freeze hormones work really well to help us accelerate when we're being chased by a vicious dog with big teeth, fight when we're cornered, or turn to stone and stop breathing to escape detection by a predator. But they become toxic when they're turned on for too long.

• https://www.youtube.com/watch?v=7S_BB7R8NMU

Physiological responses

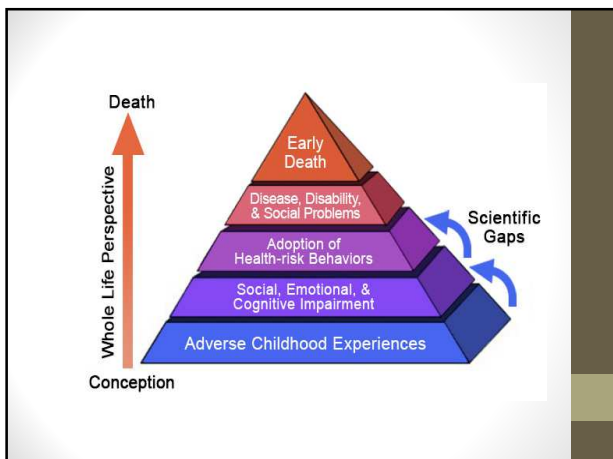
- Emergency response systems
- Changes to the brain

Adverse Childhood Experiences (ACE) Study

- The most comprehensive and systematic study of childhood experiences and adult outcomes is the Adverse Childhood Experiences (ACE) study conducted in the United States.
- This longitudinal study draws on over 17000 participants and commenced in the late 1990s.
- Major findings of the study

Adverse Childhood Experiences	Impact of Trauma	Long-Term Consequences
Abuse of Child Psychological abuse Physical abuse Sexual abuse Trauma in Child's Home Environment Substance abuse Parental separation and/or divorce Mentally ill or suicidal household member Violence to mother Imprisoned household member	Neurobiologic Effects of Trauma Disrupted neuro-development Difficulty controlling Anger – Rage Hallucinations Depression Panic reactions Anxiety Multiple (6+) somatic problems Sleep problems Impaired memory Flashbacks Dissociation	Disease and Disability Ischemic heart disease Cancer Chronic lung disease Chronic emphysema Asthma Liver disease Skeletal fractures Poor self rated health Sexually transmitted disease HIV/AIDS

Adverse Childhood Experiences	Impact of Trauma	Long-Term Consequences
Neglect of Child Abandonment Child's basic physical and/or emotional needs unmet	Health Risk Behaviours Smoking Severe obesity Physical inactivity Suicide attempts Alcoholism Drug abuse 50+ sex partners Replication of original trauma Self-injury Eating disorders Perpetrate interpersonal violence	Social Problems Homelessness Prostitution Delinquency, violence and criminal behaviour Inability to sustain employment – welfare recipient Re-victimisation: rape; domestic violence Inability to parent Inter-generational transmission of abuse Long-term use of health, behavioural health, correctional, and social services



What does this mean for financial counsellors?

- You are going to see a lot of clients with trauma and therefore you need to know how to manage trauma related behaviours and how to look after yourself (preventing vicarious traumatisation)

Difficult behaviours

- Many people who have experienced complex trauma will be reactive and can become aggressive and difficult if they are triggered.
- There are a number of ways that you can minimise this, some will require the cooperation of the organisation where you work.

Individually: Managing Difficult Situations

Communication is the Key

Undivided attention

- help feel validated through listening, verbal and non verbal
- <https://www.youtube.com/watch?v=4VOubVB4CTU&list=PLW0-37FtLBmP9-VVS3pxsxl6mi0UarYcM&index=3>

Be Non-judgmental

- Body language and tone say a lot
- <https://www.youtube.com/watch?v=6TeOGJP5vGA>

Focus on Feelings

- Identify possible feelings
- <https://www.youtube.com/watch?v=4VOubVB4CTU&list=PLW0-37FtLBmP9-VVS3pxsxl6mi0UarYcM&index=3>

Allow Silence
Allow time for people to respond, to think

Clarify Messages

- Avoid misunderstandings, check <https://www.youtube.com/watch?v=vkSwXL3cGUg&index=1&list=PLLTRx2n5eYMXHcpnrwDNBpHf4YVmjUp->

Manage yourself
Prepare and plan where possible

- Have a team
- Use positive self-talk
- Recognize personal limits
- Debrief

https://www.youtube.com/watch?v=fUXdrI9ch_Q&list=PLJtw61qZ4J7vWkGjhlOER4l9r00tdrmU

Organisationally: Trauma informed service delivery

SAFETY

- Ensure physical and emotional safety

TRUSTWORTHINESS

- Maximise trustworthiness through task clarity, consistency and interpersonal boundaries

CHOICE

- Maximise consumer choice and control

COLLABORATION

- Maximise collaboration and sharing of power

EMPOWERMENT

- Prioritise empowerment and skill-building

Safety

- How would you describe the reception and waiting areas? Are they comfortable and inviting?
- Are the first contacts with consumers welcoming, respectful and engaging?
- Do clients receive clear explanations and information about each task and procedure? Are the rationales made explicit?
- Does each contact conclude with information about what comes next?

Trustworthiness

- Does the program provide clear information about what will be done, by whom, when, why, under what circumstances, at what cost, and with what goals?
- When, if at all, do boundaries veer from those of the respectful professional?
- How does the program handle dilemmas between role clarity and accomplishing multiple tasks?
- What is involved in the informed consent process? Is both the information provided and the consent obtained taken seriously? That is, are the goals, risks, and benefits clearly outlined and does the consumer have a genuine choice to withhold consent or give partial consent?

Choice

- How much choice does each consumer have over what services he or she receives? Over when, where, and by whom the service is provided? (eg time of day or week, office vs home vs other locale, gender of provider)
- Does the consumer choose how contact is made (eg by phone, mail, to home or other address?)
- Does the program build in small choices that make a difference to clients (eg When would you like me to call? Is there some other way you would like me to reach you or would you prefer to get in touch with me?)

Collaboration

- In service planning, goal setting, and development of priorities, are clients consulted and their preferences given substantial weight?
- Does the program cultivate a model of doing 'with' rather than 'to' or 'for' consumers?
- Does the program and its providers communicate a conviction that the consumer is the ultimate expert on her or his own experience?
- Are consumers involved as frequently as feasible in service planning meetings? Are their priorities elicited and then validated in formulating the plan?

Empowerment

- In routine service provision, how are each client's strengths and skills recognised?
- Do client advocates have significant advisory voice in the planning and evaluation of services?
- How can each contact or service be focused on skill-development or enhancement?

Signs of Vicarious Trauma

Emotional	Behavioural	Physical/physiological	Spiritual	Cognitive
Prolonged grief.	Isolation.	Headaches.	Changed relationship with meaning and hope.	Cynicism.
Prolonged anxiety.	Avoidance.	Hives or rashes.	Lack of sense of purpose.	Becoming judgmental of others.
Prolonged sadness.	Numbing.	Heartburn.	Decreased sense of agency.	Negativity.
Irritability.	Staying at work longer.	Migraines.	Reduced sense of connection to others.	Thinking about clients' traumas at home.
Labile mood.	Not being able to separate work from personal life.	Stomach ulcers.	Challenged to maintain a sense of self as viable, worth loving, deserving.	Difficulty making day-to-day decisions.

Signs of Vicarious Trauma

Emotional	Behavioural	Physical/physiological	Spiritual	Cognitive
Depression.	Increased alcohol consumption.	Tics.	Changed relationship with meaning and hope.	Cynicism.
Agitation/anger.	Undertaking risky behaviours.	Anxiety.	Lack of sense of purpose.	Becoming judgmental of others.
Changed sense of humour.	Avoiding people or duties.	Hot Sweats.	Decreased sense of agency.	Negativity.
Tuning out.	Difficulty sleeping.		Reduced sense of connection to others.	Thinking about clients' traumas at home.
Feeling less safe in the world.	Changed eating		Challenged to maintain a sense of self as viable, worth loving, deserving.	Difficulty making decisions, concentrating, remembering

Preventing vicarious trauma

- Manage caseloads
- Supervision
- Peer supervision
- Organisational responses – environment, support, successes
- Ongoing professional development
- Personal coping strategies
- Spirituality
- Regular leave
- Humour
- Focus on well-being

What are the main roles of a financial counsellor?

- Discuss at table for five minutes

Traditional Approaches to Changing Behaviour

- Confrontation
 - Threats
- Making them feel bad

Change Talk

What are your thoughts on this example?
Notice how the client responds?
What techniques are being used by the therapist in this video?
What is he missing?
Do you think the client is motivated for change after this interaction?



<https://www.youtube.com/watch?v=VivanBFkvi>

Change Talk (Take II)

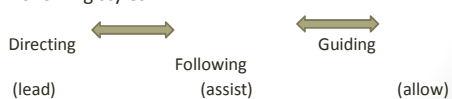
What are your thoughts on this interaction?
How do you think the client feels?
What techniques do you notice the therapist using?
Do you think the client is motivated for change?



<https://www.youtube.com/watch?v=67l6g1l7Zao&t=6s>

What is Motivational Interviewing?

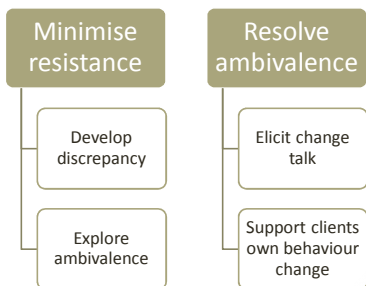
- Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change (Miller & Rollnick, 2013).
- The overall style of MI is one of guiding, which lies between and incorporates elements of directing and following styles.



MI within financial counselling services

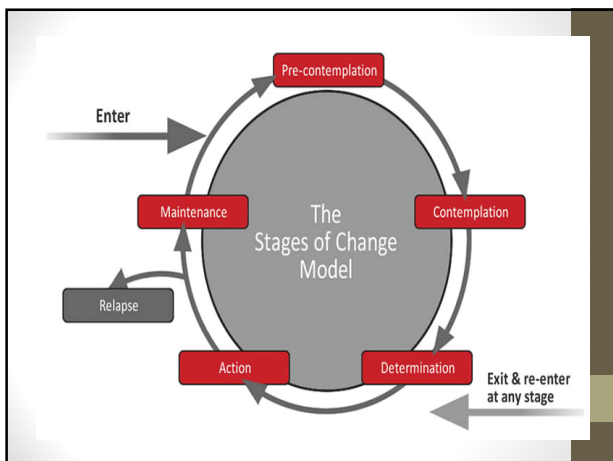
- MI skills are useful to help clients become ready, willing and able to change behaviour
- Person-centred approach and non-confrontational
- Uses skills to reveal individual personal strengths and discrepancies between stated values and behaviours.
- Helps people identify their goals, recognise discrepancies, solidifies goal ownership and activates clients through self motivation.
- <https://www.youtube.com/watch?v=hB-zchaxlNc&t=1s>

Elements of MI



WHY DON'T PEOPLE CHANGE??





Stages of Change

- Stages of Change Model (Prochaska & DiClemente, 1983) is an integrative, biopsychosocial model to conceptualize the process of intentional behaviour change.
- People change because they are ready, willing and able
- Change is not linear
- Change is most persisting when it is internally motivated
- People can remain stuck in the early stages
- **Individuals who are experiencing resistance are not prepared for action!!**
- Intervention must be appropriate to the person's stage of change.

Examples of the 5 Stages

- **Pre-contemplation:** "I don't think I have a problem, if you have a problem with me not budgeting it is your problem"
- **Contemplation:** "Ok I see not budgeting is causing me some problems, but I don't really want to do anything about it"
- **Preparation:** Learning about resources and how to access them, preparing for budgeting, hearing some change talk, making plans for implementing a budget.

Examples of the 5 Stages

- **Action:** Start to stop behaviour, either begins preparation for budgeting or actual uses budget.
- **Maintenance:** Sticking with it, 6 months to 2 years
- **Relapse:** derailment or life happens – requires de-briefing and support to recognise learning and what to do to get back to action.

Stages of change	Patient Characteristics	Clinician Strategies
Precontemplation	Denies problem and its importance.	Ask permission to discuss problem . Express concern
Contemplation	Weighs pros and cons.	Elicit patient's perspective first
Preparation/ Determination	Begins to form commitment to specific goals ,methods ,and timetable.	Negotiate a start date to begin some or all change activities.
Action	Follows a plan of regular activity to change problem.	Discuss difference between slip and relapse
Maintenance	Has varying levels of awareness regarding importance of long term vigilance.	Support life-style and personnel redefinition that reduce risk of relapse
Relapse	Consistent return to a problem behavior after period of resolution.	Frame relapse as a learning opportunity in preparation for next action stage.

Matching Interventions to Stage of Change

- Pre- contemplation ----- Empathy
- Contemplation ----- Explore ambivalence
- Preparation ----- Clarify, Plan & Set Goals
- Action ----- Develop Plans, Support & Encourage
- Maintenance ----- Review, Evaluate & Renew
- Relapse ----- Debrief & Regroup

Righting Reflex

- We want to make things right
- With MI, the helper doesn't try to make things right, they do not try to change the client's behaviour
- Change comes from the client's intrinsic motivation
- To be successful in MI, resist the righting reflex

Ambivalence – Yes but...

- Ambivalence is a normal part of preparing for change and a place where a person can remain stuck for some time between change talk and sustain talk "yes but".
- HOWEVER, ambivalence is necessary for change to occur at all and is human nature.
- The ambivalent person already has the for and against argument in their mind.
- When a helper uses a directing style or a "righting reflex" with a person who is ambivalent, it brings out a person's opposite argument and they've gone backwards in establishing any change.

Let's try to persuade or convince each other!

- In pairs, think about something that you have been thinking about changing or should change, perhaps want or need to change, but haven't done so yet.
- Then the helper tells you how much you need to change, list reasons for doing so, tells you how to do it and tells you to do it.
- What do you notice in yourself when you are receiving this approach?

Now let's try a different approach.....

Take II – Change Talk

- This time in your pairs, use the same issue around ambivalence to change but this time the helper is to give you no advice at all and instead ask you a series of questions and listen respectfully:
1. "Why would you want to make this change?"
 2. "How might you go about it in order to succeed?"
 3. "What are the three basic reasons for you to do it?"
 4. "How important is it for you to make this change, and why?"
 5. Summarise what the client has said
 6. "So what do you think you'll do?"

Take II Continued

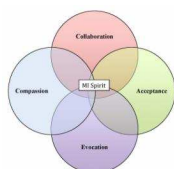
- What do you notice in yourself when receiving this approach?

- What is the difference between the two styles of approaching ambivalence?

People are more likely to be persuaded by what they hear themselves say.

The Spirit of MI

Collaboration
Compassion
Evocation
Acceptance



4 Key Processes in MI

- **Engaging:** is a process of establishing a helpful connection and working relationship.
- **Focusing:** is a process by which you develop and maintain a specific direction in the conversation about change.
- **Evoking:** involves eliciting clients own motivations for change and lies at the heart of MI
- **Planning:** is a process encompassing both developing commitment to change and formulating a concrete plan of action.

Core Skills in Engagement & Empathy

- **Asking Open Ended Questions** – helps to understand the client’s internal frame of reference.
- **Affirming** – affirms the client’s strengths, efforts, abilities and good intentions. Honouring the client’s worth.
- **Reflective Listening** – making a guess about the client’s meaning to develop deeper understanding and accuracy.
- **Summarising** – reflections that collect what a client has been saying, offering it back to end a session or transition to another task.

Core Skills

Open Questions

Affirmations

Reflections

Summaries



Asking Open Questions

- An open question invites a person to reflect before responding and provides plenty of latitude for how to answer, whereas a closed question constrains the range of possible replies and usually yields a short answer.
- **“What brings you here today?”**
- **“How has this problem affected your day to day life?”**
- **“How do you hope your life might be different 5 years from now?”**
- **“Where do you think this path that you’re on is leading you?”**
- **“How do you hope I might be able to help you?”**

Closed questions masquerading as open questions!

- Multiple choice questions:
 - **“So what are you hoping to do: quit or cut down?”**
 - **“What do you think would be the best approach for you: adjust your diet, exercise more or try medication?”**
- Rhetorical questions:
 - **“Don’t you think it would be better for you to _____?”**
 - **“Isn’t your family important to you?”**
 - **“You don’t really expect that to work, do you?”**

Affirming

- To affirm is to recognise, support, and encourage the client’s strengths and efforts.
- Affirming intentions:
 - **“You tried really hard this week!”**
 - **“Your intention was good even though it didn’t turn out as you would like.”**
- Affirming with reframing:
 - **“You’re feeling really bad that you didn’t stick to your plan and instead drank on two days this week, and you’re thinking that you blew it. What strikes me though, it how different this is from where you started.”**

Affirming Continued

- Affirming positive attributes:
- “You got really discouraged this week and still came back. You’re persistent.”
- “Listening to all you’ve been through, I’m not sure if I would have been able to come out of that as well as you have. You’re a real survivor.”
- Affirming broader aspects:
- “Welcome back! It’s good to see you.”
- “You’re amazing.”

Reflection

- Simple reflections:
- Client: “I’m feeling depressed”
- Interviewer: “You’re feeling depressed”
“You’re feeling kind of down”
“Pretty depressed..”
- Client: “I’m getting really discouraged about controlling my diabetes”
- Interviewer: “You’ve been trying hard but your sugar levels are still high”

Reflection

- Complex Reflection:
- Client: “I think I’m probably being too careful. My last test results were good. It just scares me what I feel pain like that.”
- Interviewer: *making a guess* “It reminds you of your heart attack.”
- Client: “I’m feeling pretty depressed today.”
- Interviewer: “Something has happened since we last talked.”
“Your mood has been up and down in the past week”
“You look like you don’t have much energy”

Summarising

- A summary pulls together information that the client has offered and can be collecting, linking and transitional.
- Collecting:
- “So one thing you hope will be different a year from now is that you will have a good job, one that you enjoy and brings you in contact with people. You’ve been relating more positively to your children lately, and you would like that to continue. You also said you might like to quit smoking. What else, as you think of where you’d like your life to be a year from now?”

Summarising

- Linking:
- “You felt really hurt and angry when he didn’t bother to call you back – disrespected in a way. I remember you told me another time when someone just ignored you and it really set you off.”
- Transitional:
- “Well, you remember I told you that I have some specific questions I would need to ask you before we finish today, but before I do that let me see if I understand what you’re hoping we can help you with here. You need some emergency help with food and safe housing for you and your children. You already have a primary care doctor but you’d like to have your children see a dentist. Have I missed anything?”

Demonstration of OARS in Action



Exploring Values & Goals

- A key to understanding another's internal frame of reference is to understand his or her core goals and values.
- Self-actualisation involves moving toward one's natural, ideal or mature state.
- A values interview explores the person's core goals; why they are important and how they are expressed.
- To live with integrity is to behave in a manner that is consistent with and fulfils one's core values.
- Discrepancy between current behaviour and a core value can be a powerful motivator for change when explored in a safe and supportive atmosphere.
- Self-regulation is the capacity to formulate a plan of one's own and implement behaviour to carry it out.
- To "confront" means to come face to face, and self-confrontation is usually more powerful than being confronted by someone else.

Open Ended Questions to Elicit Values

- **"Tell me what you care most about in life. What matters most to you?"**
- **"How do you hope your life will be different a few years from now?"**
- **"What would you say are the rules you live by? What do you try to live up to?"**
- **"Suppose I asked you to describe the goals that guide your life, the values you try to live by. What would you say are your five most important values, maybe just one word for each to begin with. What would they be?"**

Exploring Discrepancy

- Statements that promote defensiveness:
- **"Don't you see how what you're doing is hurting your family?"**
- **"How can you say you're an honest person when you're so deceptive?"**
- **"If you keep on as you are, you're going to destroy your health."**
- Instead use OARS to explore discrepancy.

Discrepancy



Practice

"You know, I've lost two jobs because of my disability. I have got to find something to help me learn to follow instructions. I've been reading some information on adult ADHD. This is the last job I am going to lose because of ADHD!"

- A. Pre-contemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance

Practice

"This is just like all the rest of the government agencies! Jumping through your hoops is not going to make any difference in my life. I know what I need to do, and I'll do it when I'm good and ready."

- A. Pre-contemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance

Practice

"I guess those are some things I haven't thought about before. I'm not saying I agree with you, or that I am going to work on a resume or do those informational interview things, but I'll think about what you said."

- A. Pre-contemplation
- B. Contemplation
- C. Preparation
- D. Action
- E. Maintenance

Summary

- Trauma is highly prevalent in society and especially in the client groups that need financial counsellors
- Our approach needs to be trauma informed both individually and organisationally
- We need to protect ourselves from the impact of exposure to the trauma of others
- We need skills to manage difficult behaviour safely and effectively
- MI is a technique of collaboration and empowerment that fits the model of trauma informed care
- It works with stages of change model to enable FC to be more effective
- MI features open ended questions, affirming, reflecting and summarising
- Exploring values and discrepancies helps the change journey
