Working with Complex Clients:

Reflecting trauma, mental health issues and substance use through your correctional lens.

- Annual ICCA Conference  Nov 8 - 10, 2015
  - Boston, Massachusetts

Doing What Matters: "Sustaining Impact: Effective Programs, Measurable Outcomes, and Strong Organizations"
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Where do I come from and how does that fit with today?

- Heather holds a BA in Psychology/Law & Criminology and a Masters of Social Work. She has over 25 years of experience specializing in addictions and trauma.

- Heather has worked extensively in provincial and federal corrections. Heather has been the Executive Director of Stonehenge Therapeutic Community in Guelph, Ontario for 12 years.

- Nationally, she is one of the founding members of the Canadian Association of Women’s Criminal Justice Residential Options.

- In addition to her role as Executive Director of Stonehenge, Heather has a private practice providing therapy, consultation and training.
Where do I come from and how does that fit with today?

- Vulnerable Settings
  - Corrections
  - Residential Programs
  - Trauma
  - Addictions/Mental Health
  - Homelessness
  - Service Resolution

= complex clients
Offenders engaged in community corrections often have very complex issues and needs. Many struggle with mental health, substance use, trauma and criminality. Each issue affects the other. No one worker can meet all these needs working in isolation. Many community correction workers and probation officers feel overwhelmed, confused, afraid and hopeless when dealing with complex issues. You don’t need to be a mental health specialist to bring about exceptional results with offenders with mental health issues. In this workshop you will learn more about:

- Signs and symptoms of common mental health issues
- Interactions between trauma, mental health issues, and substance use/criminality
- Containment skills
- Identifying when you need help

Your correctional experience is key! Learn how to reflect trauma, mental health and substance use issues through your correctional lens. You will notice a difference in your work and those you work with will experience the difference..... and success.
Outcome of this Workshop

Think Differently

Ask Different Questions

Behave Differently

content
Review of Common Mental Health Issues

Recognize Signs & Symptoms
Anxiety is divided into six types depending on severity and scope. These include: Generalized Anxiety Disorder, panic disorder, phobias, obsessive compulsive disorder, post-traumatic stress disorder and acute stress disorder. Listed below are the emotional, cognitive, behavioural and physical aspects associated with anxiety disorders.

<table>
<thead>
<tr>
<th>EMOTIONAL</th>
<th>COGNITIVE</th>
<th>BEHAVIOURAL</th>
<th>PHYSICAL</th>
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<td>The emotional aspects of anxiety can include: fear, nervousness and irritability.</td>
<td>The cognitive symptoms of anxiety can include: hypervigilance, lack of concentration and rumination.</td>
<td>Anxiety may produce a fight or flight response. Individuals may feel as if they are unable to move. They may avoid things or situations which produce the feelings of fear. Obsessive-compulsive disorder may also include ritualistic behaviours.</td>
<td>Physical symptoms can include muscle tension, elevated heart rate and dry mouth. Panic disorders may also include seating, choking, shortness of breath, dizziness, nausea, numbness, tingling, chills and hot flashes.</td>
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Depression Symptoms

Emotional Symptoms
- Sadness
- Feelings of Guilt
- Suicidal
- Lack of interest
- Change in Sleep
- Lack of Energy
- Decreased Concentration
- Irritability
- Brooding

Physical Symptoms
- Pain
- Obsessive rumination
- Tearfulness
- Excessive worry over physical health

Associated symptoms
- Anxiety or Phobias
Bipolar Symptoms

Symptom Domains of Bipolar Disorder

**Manic Mood and Behaviour**
- Euphoria
- Grandiosity
- Pressured speech
- Impulsivity
- Excessive libido
- Recklessness
- Social intrusiveness
- Diminished need for sleep

**Psychotic Symptoms**
- Delusions
- Hallucinations
- Formal thought disorder

**Dysphoric or Negative Mood and Behaviour**
- Depression
- Anxiety
- Irritability
- Hostility
- Violence or suicide

**Cognitive Symptoms**
- Racing thoughts
- Distractibility
- Disorganization
- Inattentiveness

Bipolar Disorder
Post Traumatic Stress Disorder (PTSD) Symptoms

- Childhood abuse/domestic violence
- Survival skill: hyper-vigilant at reading others
- Consciously or unconsciously
- Is often mistaken for lack of motivation or engagement
- Blocks programming and counselling
- Create boundary blurring or violations
PTSD Example

Step into a survivor’s shoes:
What you can’t see in the people you work with ..........

http://youtu.be/NkWwZ9ZtPEI
Reflecting Through Your Correctional Lens

Post Traumatic Stress Disorder (PTSD)
Prison Triggers Trauma

The experience of incarceration can parallel the experience of sexual and physical abuse (Dr. Julie Darke – Queen’s University Kingston ON)

- Power imbalances
  - Searches
  - Restraint
  - Segregation
  - Urinalysis
The Nature of PTSD

- Childhood vs. Adult
  (Language of PTSD)
- Type of Trauma
- Dissociation: To or From the Trauma
- Control of Trauma
  (Garden Faucet/Movie)
Dissociation Continuum

- **Daydreaming**
  - Your mind travels “somewhere else” in the past or in the future

- **Driving along the Highway**
  - and suddenly realize you have passed several exits without knowing

- **The Traumatic Event – Abuse/Accident/War**

- **You are in a car accident**
  - sensation of slow motion but thinking was in real time
Dissociative Identity Disorder (DID)

- Displace yourself “into” another place or object. Watch from the corner of room as if an observer. “Become” the table/lamp.
- Give Person in the “Bed” a different name/identity so that you can cope. “It is happening to someone else.”
- Multiple Personality Disorder: Different selves are cut off from one another and live out different parts of the person’s life with no recollection between them.
Reptilian Brain

- Neurological processes involved in storing memory provide information about why trauma impacts us the way it does.

- The human brain contains three distinct parts that developed in this order:
  - the reptilian brain,
  - the mammalian brain,
  - and the cortex (or neo-cortex).

  Higher level functions, such as planning, developed later than the more primitive capacities, such as aggression.
The reptilian brain

- The oldest and most primitive part of the brain. Primary task is survival. Controls breathing, balance, and temperature regulation. Acts out of instinct.

The mammalian brain

- Includes the limbic system, which is the emotional center of the brain. Involved in the control and expression of emotion, the body’s response to danger, and the processing of short term memory. Primary focus is also survival.

The cortex (or neo-cortex)

- The most recent area to develop within the brain. Allows for higher level thinking, analysis, logic, and intellectual pursuits. Cortex is always overridden by reptilian and mammalian brains.
The Trauma Response

- Despite how humans have evolved, the primary task of the brain remains self-preservation and propagation of the species.

- The functions of the reptilian and mammalian brains will always override the neo-cortex, as our very survival is dependent upon this.

- The brain receives data from the outside world through the five senses. That is why containment work is effective.

- When data is received the limbic system (mammalian brain) attempts to match the data against information that has been stored from past experience. If the data matches and a threat is perceived, the alarm response of the brain is activated.

- This matching happens like a pass-fail function. If a tiger was attacking, the brain couldn’t wait for the cortex to process in detail so it goes to the mammalian brain and is fast.

- The brain kicks in the fight, flight or freeze response.
Memory Storage

- Due to heavy activity in the limbic system (mammalian brain) during a trauma, traumatic memories get stuck in the lower parts of the brain.

- The information is not analysed by the cortex in detail.

- Hormones supercharge the memory.

  - [http://website.lineone.net/~bryn_evans/Triune_Brain/triune_brain.htm](http://website.lineone.net/~bryn_evans/Triune_Brain/triune_brain.htm)
Interactions

“Figuring Out the Puzzle with Compassion and a Strengths Perspective”
Mental Health Issue

Substance Use/Criminality

Trauma
Meet Rhea
Rhea is a 37 year old woman who is on full parole, lives in Toronto and checks in with her parole officer weekly. She has a criminal record dating back 6 years involving drug possession/trafficking, break and enter and assault. She was diagnosed with bi-polar 5 years ago in the institution. She has been in and out of mental health units due to her mental health issues. She has an addiction history involving opiates that has fueled her criminal activity. In addition to bi-polar, Rhea struggles with post traumatic stress disorder symptoms from childhood and adult sexual abuse. She was sexually molested by a school gym teacher and was raped twice as an adult during periods of substance use. Rhea has a poor history of supervision in the community, often relapsing and returning to the institution. She has a fear of returning to the psychiatric ward. Her parole officer is concerned.
Stages of Change

Stages of change model:
- Pre-contemplation
- Preparation
- Action
- Maintenance
- Stable behaviour

Stages of change model
Stages of Change

- Prochaska & DiClemente
- Trans-theoretical model
- 48 behaviors and over 100 populations studied in the research
- Five Stages of Change
- Strengths based
- Normalizes relapse as part of change process
STAGES OF CHANGE

1. No, not me. Pre-contemplation

2. Well, maybe. Contemplation

3. So, ok. What do I do now? Preparation

4. Let's do this. Action

5. It is possible. Maintenance
Simultaneous Stages of Change

**Addiction Issues**
- Precontemplation
- Contemplation
- Preparation
- Action

**Trauma Issues**
- Precontemplation
- Contemplation
- Preparation
- Action
Simultaneous Stages of Change

Mental Health Issue (Bipolar)
Motivational Interviewing (MI)

- MI is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior.

- MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-directive counseling, it's more focused and goal-directed.

- The examination and resolution of ambivalence is a central purpose, and the counselor is intentionally directive in pursuing this goal.
Mental Health Issue

Substance Use/Criminality

Trauma
Borderline Personality Disorder (BPD)

An Example of Interactions
Attachment Theory

- Originally proposed by John Bowlby
- States that the infant has a tendency to seek closeness to another person and feel secure when that person is present.
- Bowlby proposed in his maternal deprivation hypothesis, that maternal deprivation would not only cause depression in children, but also acute conflict and hostility, decreasing their ability to form healthy relationships in adult life.
Developmental psychologist Mary Ainsworth devised a procedure, called *The Strange Situation*, to observe attachment relationships between a human caregiver and child.

She observed disruptions to the parent/child attachment over a 20 minute period, and noted that this affected the child's exploration and behavior toward the caregiver.
Child Exploration – Transitional Objects

- The most important tenet of attachment theory is that an infant needs to develop a relationship with at least one primary caregiver for the child’s successful social and emotional development, and in particular for learning how to effectively regulate their feelings.

- A transitional object is an item used to provide psychological comfort, especially in unusual or unique situations, or at bedtime for small children.

- In the 1980s, the theory was extended to attachment in adults. Attachment applies to adults when adults feel close attachment to their parents and their romantic partners.
Borderline Personality Disorder (DSM):

- Feeling misunderstood, neglected, alone, empty or hopeless
- Fear of being alone – Fear of being too close (trouble navigating “distance” in relationship)
- Feelings of self-hate and self-loathing
- Self-image, self-identity or sense of self often rapidly changes. Person may view themselves as evil or bad, and sometimes may feel as if they don't exist at all. An unstable self-image often leads to frequent changes in jobs, friendships, goals and values.
Borderline Personality Disorder (DSM)

- Impulsive and risky behavior, such as risky driving, unsafe sex, gambling sprees or illegal drug use
- Awareness of destructive behavior, including self-injury, but sometimes feeling unable to change it
- Wide mood swings
- Short but intense episodes of anxiety or depression
- Inappropriate anger and antagonistic behavior, sometimes escalating into physical fights
- Difficulty controlling emotions or impulses
- Suicidal behavior
If you have BPD your relationships are usually in turmoil. You may idealize someone one moment and then abruptly and dramatically shift to fury and hate over perceived slights or even minor misunderstandings. This is because people with borderline personality disorder often have difficulty accepting gray areas - things seem to be either black or white.
Pulling from What You Know

How can you apply what you have learned in this training to clinical practice with BPD?

- PTSD
- Hypervigilance - Boundaries
- Correctional Lens
- Stages of Change & Motivational Interviewing
Containment Skills

“The Key to Coping”
Neuroplasticity
Neuroplasticity, also known as brain plasticity, refers to changes in neural pathways and synapses due to changes in behavior, environment, neural processes, thinking, emotions, as well as changes resulting from bodily injury.
For Reference

Brain2Brain: Enacting Client Change Through the Persuasive Power of Neuroscience

By John B. Arden
Practical Intervention Tools
Contain Trauma/Anxiety & Build Safety

Grounding through the Body

- The senses (tools)
- Grounding stone (tools)
- Clothing
Practical Intervention Tools
Contain Trauma/Anxiety & Build Safety

Grounding with a Containment Box
- A photograph
- A picture
- A colour
- A word
- An object
Interpreting Crisis Behaviours in the Context of PTSD & Redirecting for Healthy Coping

Unwrapping the Onion Skin:

- Emotions under emotions (two sides of every story)
References:


- **HOW TRAUMA AFFECTS THE BRAIN** by MOLLY KEATON, PH. D Karuna Counseling’s Newsletter Articles (March 3, 2009).

- **MOTIVATIONAL INTERVIEWING: PREPARING PEOPLE TO CHANGE ADDICTIVE BEHAVIOR** by WILLIAM R. MILLER & STEPHEN ROLLNICK (1991)

- **WORKING WITH THE PROBLEM DRINKER: A SOLUTION-FOCUSED APPROACH** by INSOO KIM BERG & SCOTT D. MILLER (1992)

“Hope This Wasn’t Too Hard To Swallow”