

Navigating Trauma and FASD: Ethics, Practice and Perspective

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learning objectives

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- gain a working knowledge of trauma and its impacts
 - explore the complexities when trauma and fasd co-occur
 - discuss the overarching themes and implications of attachment
 - improve our understanding of a systems perspective in treatment and support
 - understand the impacts on families and caregivers
 - explore the ethics and practice implications for support workers, therapists and systems

theoretical underpinnings

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- developed from a practice perspective
 - an intersecting field requiring interdisciplinary and flexible approaches
 - our work is mindful of attachment principles, neurodevelopmental approaches, trauma-informed practice and developmental age-and-stage appropriate interventions
 - research in this field is multi-faceted, often neurobiological in its focus...and sparse

trauma

concepts and diagnosis



trauma

concepts and diagnosis

trauma broadly defined

- a serious injury or shock to the body, as from violence or an accident
- an emotional wound or shock that creates substantial, lasting damage to the psychological development of a person
- an event or situation that causes great distress and disruption

trauma

concepts and diagnosis

post traumatic stress disorder defined

exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

- directly experiencing the traumatic event(s)
- witnessing, in person, the event(s) as it occurred to others
- learning that the traumatic event(s) occurred to a close family member or close friend. in cases of actual or threatened death of a family member or friend, the event(s) must have been violent and accidental
- experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)

trauma

concepts and diagnosis

-
- complex post traumatic stress disorder
 - complex developmental trauma, working towards its own definition
 - trauma in the context of attachment
 - the singular vs repeated/expected model and its implications
 - when the source of safety is the source of hurt

trauma

symptoms as strategies



trauma

symptoms as strategies

the trauma response

- when traumatized, we are having a normal response to an abnormal experience
- the neurological system has developed reactions that serve an adaptive purpose, but that can cause distortions of thought, mood and behaviour
- responses to trauma are physiological, involuntary and express themselves in our behaviour
- this happens when our fight, flight, freeze, flop response is engaged when *not* in a traumatic situation
- trauma is an issue of context

trauma

symptoms as strategies

-
- youth communicate in behavior and all behaviour has meaning
 - the presentation of the traumatic response in young people is behavioral, involuntary and reactive
 - the trauma response is borne of experience and expresses in our approach to the world
 - young people who have developed in the context of trauma have no perspective of stability to compare their behaviors with, creating major challenges in goal-focused treatment

trauma

symptoms as strategies

neurological impacts of trauma exposure

- pre-frontal cortex (executive functioning and expression of personality)
- amygdala (memory and emotional response)
- hippocampus (short/long term memories and spatial navigation)

trauma

symptoms as strategies

the four symptom clusters and their differentials

- **re-experiencing or intrusion:** dreams, daydreams, flashbacks, images and reminders, all involuntary
- **differentials:** distraction, attention challenges, night terrors, inability to follow direction, impacts on learning, interruptions in sequential understanding, ignoring and defiance (often misunderstood disassociation)
- **avoidance:** of any reminders of the event (thoughts, feelings or external cues)
- **differentials:** social and generalized anxiety, hypersensitivity and hyperactivity, interpersonal challenges, reactivity in peer and adult relationships, resistance, stubbornness, oppositional, obsessional

trauma

symptoms as strategies

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- **negative cognitions and mood:** multiple possible negative mood responses ranging from irritability to suicidality
 - differentials: depression, anhedonia, weight loss/gain, flat affect
 - **arousal and reactivity:** aggression, recklessness, behavioural issues with sleep, self-harm, compulsions etc...we cannot forget that young people can readily demonstrate the fight response
 - differentials: aggression, violence, self-harm, promiscuity, fighting, conduct disordered behaviour, oppositional and defiant behaviour, criminalization, impacts in personality functioning

fasd and trauma

compounding effects



fasd and trauma

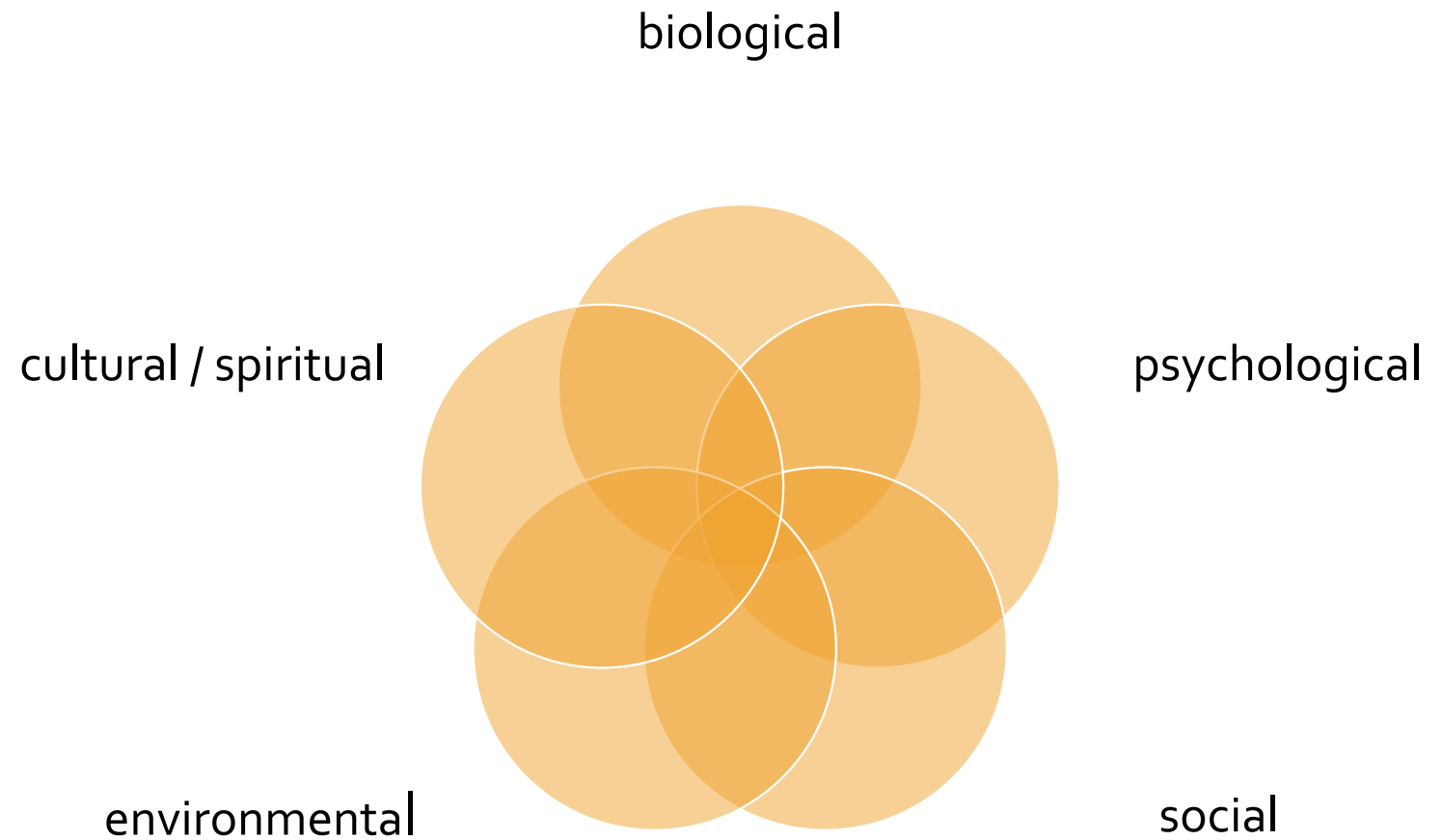
compounding effects

streissguth et al. (1996). longitudinal study of fasd over the lifespan.

- interaction between the primary effects of alcohol exposure & the environment – “secondary disabilities”
- over 90% have co-occurring mental health issues
- high prevalence findings continue to be supported in the research literature (clark et al. (2004), o’connor & paley (2009), pei et al. (2011)

fasd and trauma

compounding effects



fasd and trauma

compounding effects

-
- complex interaction of biological, psychological, environmental, social and spiritual bases of mental health issues
 - effect of genetics, pre-natal exposures and post-natal environmental influences
 - impact on risk of developing mental health diagnosis

fasd and trauma

compounding effects

fasd and common mental health diagnoses

- mood disorders (incl. depression, dysthymic, bipolar)
- anxiety disorders
- psychotic disorders
- attention / activity – add/adhd
- behavioural disorders (conduct disorder, oppositional defiance disorder, delinquency, self-harm)
- personality disorders (avoidant, antisocial, dependant, borderline, schizoid)
- attachment disorder
- addictive disorders
- suicide (threats/attempts)
- trauma (ptsd???)

fasd and trauma

compounding effects

differential
diagnoses

trauma
defined

incidence &
prevalence

what we don't know???

evidence-
based
practice

treatment
responsivity

short term /
long term
impact

fasd and trauma

compounding effects

henry et al. (2007) retrospective study looking at neurodevelopmental / neurobehavioral profiles of children/youth with trauma/no fasd and trauma/w fasd (n=274)

findings:

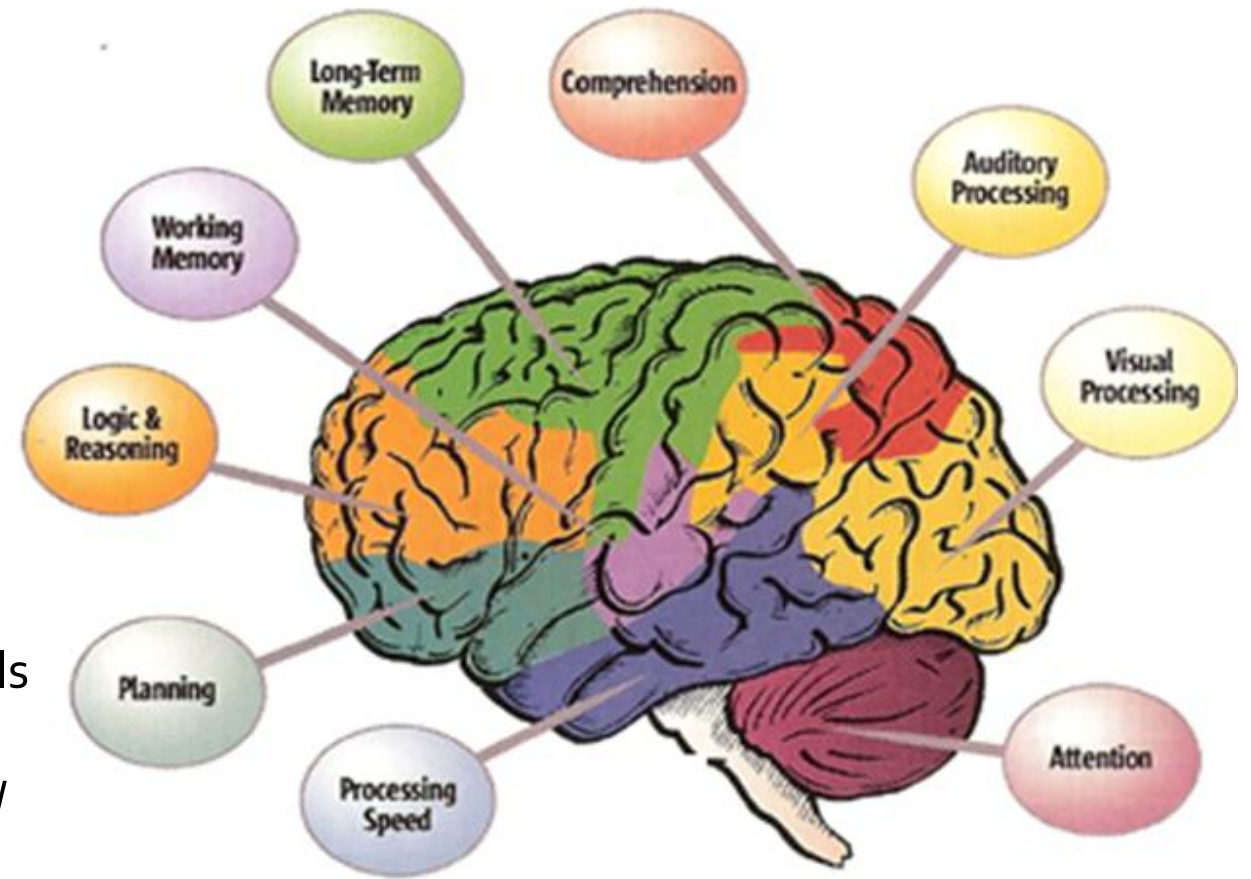
- combination of trauma and fasd was found to significantly increase neurodevelopmental & neurobehavioral challenges than trauma alone
- greater intellectual and cognitive challenges in trauma/fasd, areas of most significant differences: attention, memory, language expressive and receptive
- both children with trauma/fasd and trauma/no fasd are more likely to be reported as oppositional, hyperactive, restless/impulsive, inattentive, socially inept and generally more behavioural problems than general population

fasd and trauma

compounding effects

brain function

cognition
attention / activity
language /
communication
memory
executive function
adaptive skills
social/relational skills
emotion regulation
sensory processing /
motor skills



fasd and trauma

compounding effects

what we see???

what we think???

what is really happening???

this is the challenge of understanding/misunderstanding

behaviour(s) . . .

fasd and trauma

compounding effects

-
- inconsistent and varied performance
 - often misunderstood as lazy, unmotivated, uncooperative, defiant, bad
 - repeated failure and discouragement
 - experience multiple losses
 - limited and unstable friendships and support
 - chronic stress to meet daily demands / expectations
 - sensitive to environmental stability and changes
 - exhibit a complex array of internalizing/externalizing behaviours.

fasd and trauma

compounding effects

-
- hyper-sensitivity to attachment relationships and disruptions, including the therapeutic relationship
 - disconnect among levels of brain processes (thinking, feeling, sensing) can be more apparent and challenging to address
 - responsiveness to treatment approaches can be inconsistent and varied requiring more reinforcement and repetition
 - degree of insight and self-awareness is challenged and creates difficulties for incorporation and generalization of concepts and skills learned
 - reliance on and sensitivity to external / environmental supports and structure for day-to-day functioning can influence therapeutic focus and progress

attachment

concepts and implications



attachment

concepts and implications

significance of attachment for our clients

- attachment is neurological, plastic and part of the healing process, especially when the hurt has been in attachment
- clients will push and pull when there has been attachment trauma
- this can look like the behavioral up-and-down, but is actually the in-and-out of the relationship, having significant treatment implications and warranting the attachment approach in treatment
- implications for old ways of thinking about boundaries

attachment

concepts and implications

significance of attachment for our clients

- traumatized youth develop hypersensitivity and attunement to caregiver's emotional state and behaviors
- traumatized young people will often titrate the emotions in the family system to ease tensions
- traumatized children and youth are reactive and easily triggered
- child with fasd are also hyper-vigilant and hyper-aroused
- significant implications for the presentation of behavior in the home

attachment

concepts and implications

intersection of relationally focused therapy and neurodevelopmental approaches

- relationally-focused therapeutic intervention addresses the challenges for both ptsd/trauma and fasd
- fostering a potential for human interdependence is part of healing practices for both trauma and fasd
- focusing on supporting and shoring up relational resources for the client is crucial
- intervention can focus on the attachment relationships surrounding the individual
- adopting a systems focus and challenging old notions of the “identified patient”...account for their system even if only as an internalised reality

practice

implications for treatment



practice

implications for treatment

common challenges of therapeutic interventions

- reliance on memory and recall
- requires ability to regulate and modulate emotional responses
- short term therapeutic resources
- rigid and prescribed techniques and approaches
- occurs in isolation and in artificial and controlled settings
- exclusionary of parents, caregivers, support systems

practice

implications for treatment

-
- over-reliance on insight, introspection, and self-modulation
 - reliance on verbalization in therapy
 - complex and abstract therapeutic concepts
 - focus on cognitive and meta-cognitive skills to produce change
 - focus on past/future time orientation
 - utilizes reward systems to motivate change

practice

implications for treatment

principles of mental health intervention

- individualized (treatment needs and responsivity)
- holistic (beyond the diagnoses)
- multi-systemic (medical care; mental health; school; social service; vocational training agency; social services; family; church)
- multi-modal (individual therapy; family therapy; medication; vocational training/job coaching; case management; support groups; mentoring; outreach)
- family-based (understand family systems, involve caregivers/advocates)
- life-span perspective (sustain the support)

practice

implications for treatment

qualities of the mental health or support professional

- understands and values the therapeutic relationship
- creates safety (physical/emotional/relational)
- understands the disability and diagnosis, and makes therapeutic accommodations
- assesses responsivity to different therapeutic modalities and provides feedback as to appropriate fit for intervention
- ability to attune to client's mode of communication / expression and adapt accordingly
- recognizes what is not being verbalized in the therapeutic space and can respond appropriately

practice

implications for treatment

-
- understands “behaviours” as a communication of unmet needs
 - ability to identify strengths & build on resiliency
 - ability to help clients develop coping skills and reduce harm
 - incorporates multimodal therapeutic approaches
 - has realistic expectations of client, family, self and therapeutic process
 - collaborates and understands the value of interdependent support networks
 - understands the importance of involvement of parents/caregivers in therapeutic interventions (especially with children/youth)

practice

implications for treatment

-
- assesses for psychiatric/medical issues that require further referral and/or medication intervention
 - identifies immediate needs of client/family and facilitates access to community resources to address (housing, financial security, basic necessities, legal services)
 - has an understanding and uses effective approaches to address complex traumatic experiences, chronic stress, substance misuse & addictions, attachment disorders, grief & loss, anxiety/depression, suicidality/self-harm and concurrent disorders
 - sound ethical practice and ability to effectively address issues of confidentiality

caregiving

implications for your approach



caregiving

implications for your approach

challenges of caregiving

- under-supported and under-resourced
- difficulties navigating systems and resources
- when co-occurring diagnosis and disability, can result in service denial
- feelings of isolation and fatigue
- own impacts on mental and emotional functioning due to the nature of the attachment bond
- feeling of inadequacy and concerns about your own approaches
- not understanding what you are seeing

caregiving

implications for your approach

the most unique and powerful role

- understanding the significance of your role and the value of relationship
- differentiating yourself from the professional system the client is engaged with
- impacts of the milieu and behavioral engagement (as differentiated from insight-driven change)
- separating the behavior from the bond

caregiving

implications for your approach

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- being the soft place to fall
 - redefining success
 - shifting the paradigm from high and low to close and far
 - creating insight in authentic emotional moments in the context of attachment
 - tapping into your own supports
 - not being afraid to emotionally engage

ethics

perspectives on practice



ethical challenges and implications for support services

- information sharing, working in silos and confidentiality
- competing agendas
- imposed agendas
- skew of a system that is goal-focused
- gaps in services when multiple factors co-occur

ethics

perspectives on practice

challenges to working from a systems and relational framework

- assessment
- who is the client
- interpreting behavior in contextual terms
- adopting a systems focus whether actively engaged in treatment or not
- rapport building with the client's caregiving system
- what do we do when the attachment bonds are not safe

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