

Mental Health Basics



FOR DOMESTIC VIOLENCE ADVOCATES

This Course Made Possible by

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The Seattle Human Services Department, Domestic Violence and Sexual Assault Prevention Division.

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The opinions, findings, conclusions, and recommendations expressed in this course are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Created by the DV/MH Collaboration Project

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The development of this course was a collaborative effort by the following:

- **City of Seattle** Human Service Department, Domestic Violence and Sexual Assault Prevention Division
- **Consejo Counseling and Referral Service** – a social service organization that primarily serves Latino/as and has domestic violence and mental health programs
- **King County Coalition Against Domestic Violence** – a county-wide membership organization
- **New Beginnings** – a domestic violence organization
- **Seattle Counseling Service** – a mental health and addictions organization that primarily serves people who are LGBTQ
- **Sound Mental Health** – a community mental health organization

Project Focus

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The organizations are partners in the **Domestic Violence and Mental Health Collaboration Project**, a grant-funded effort to improve services for survivors of domestic violence with mental health concerns.

Since Seattle Counseling Service and Consejo specialize in serving LGBTQ and Spanish-speaking immigrant and refugee communities respectively, these communities are also a focus of the project.

Enhancing Knowledge

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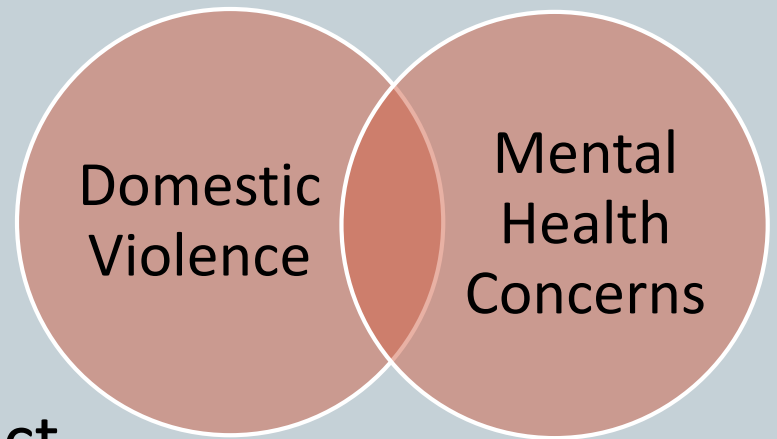
This course is a component of the Enhancing Knowledge Initiative of the project.

While the domestic violence advocates at the partner organizations participate in this course, the mental health providers at the partner organizations will participate in a course on domestic violence basics.

How will taking this course lead to change?

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The purpose of the courses is to provide a shared understanding of how domestic violence and mental health concerns intersect.



This is one step in a process of systems change that the partners are undergoing in order to work together more effectively and to improve services.

Other Project Steps

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The other steps include:

- Creating more welcoming environments
- Improving identification of and response to domestic violence and mental health concerns
- Making more effective referrals
- Utilizing liaisons
- Conducting cross-disciplinary case reviews
- Building stronger relationships between the partner organizations
- Increasing collaboration

Expectations for this Course

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- This course is intended to cover mental health basics only. It is an overview.
- The content has been tailored specifically for domestic violence advocates.
- Information on how to respond to mental health concerns is provided in the course entitled “Mental Health Response for Domestic Violence Advocates”
- If you are interested in learning more, please see the “Learn More” section at the end of the response course.

Course Contents

This course has 6 lessons:

1. Trauma-Informed DV Advocacy
2. Trauma Response
3. Mental Health
4. Mental Health Diagnoses
5. Culture
6. Co-Occurring Factors

Learning Objectives

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AS A RESULT OF THIS COURSE YOU WILL BE BETTER ABLE TO:

- 1. Define the key components of trauma-informed domestic violence advocacy**
- 2. Recognize common responses to and effects of trauma**
- 3. Define mental health and list the factors that impact mental health**
- 4. Describe the purpose of mental health diagnoses and discuss the pros and cons of receiving a diagnosis**

Learning Objectives continued

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AS A RESULT OF THIS COURSE YOU WILL BE BETTER ABLE TO:

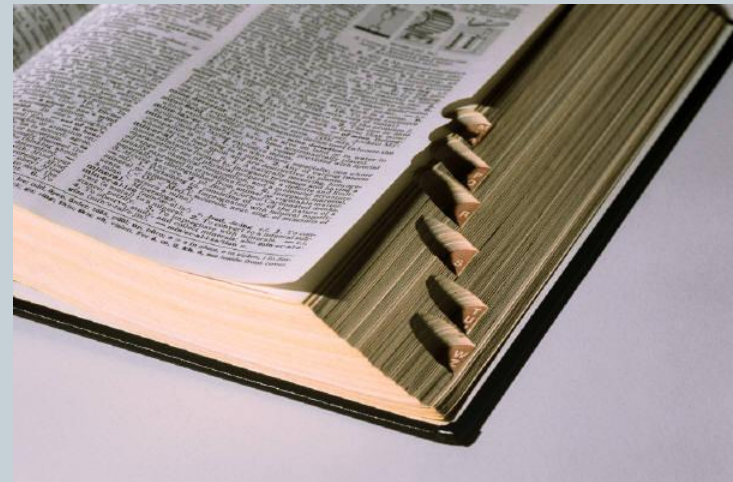
- 5. Recognize the role culture plays in the lives of all domestic violence survivors**
- 6. Recognize the intersection of domestic violence, mental health concerns, substance use, trauma response, and traumatic brain injury**

A Note about Language

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Accompanying this course is a glossary that was created by the DV/MH Collaboration Project.

If you are not familiar with a word or term used in the course, please check the glossary for more information.



Why Learn about Mental Health?

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There are many reasons including:

- Abuse and violence often cause lasting trauma to survivors.
- Trauma can contribute to the development or worsening of physical and mental health conditions and can interfere with safety and quality of life.
- Survivors are at increased risk of suicide.
- You have an opportunity to help survivors obtain the resources and support they need. You can really make a difference.

Opportunity

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- You may be the first person a survivor trusts enough to disclose that s/he is experiencing mental health problems.
- You are in a position to link survivors to mental health resources and to support them with getting their mental health needs met.
- Many DV survivors are not familiar with resources for mental health services or refrain from accessing these services for a variety of reasons.



Defining Success

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How do you define success in your work?

As an advocate, you are already adept at using advocacy-based counseling to support survivors. You know that addressing DV is not about “rescuing” survivors or about convincing someone to leave a relationship.

Advocacy-based counseling also applies to mental health. Supporting someone with their mental health concerns is not about convincing them to take medication or to see a MH provider. It is about helping them make informed decisions.

Indicators of Success

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With that in mind, we suggest these indicators of success:

- Creating an environment where people feel comfortable talking about their mental health concerns
- Educating survivors about the link between experiencing trauma and experiencing symptoms of mental illness
- Informing survivors about mental health services and connecting them when applicable

Lesson 1: Trauma-Informed DV Advocacy

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AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Define the key components of trauma-informed domestic violence advocacy

Starting with a Trauma-Informed Framework

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- We are starting this course with a lesson on trauma-informed DV advocacy because trauma experiences are at the root of many of the mental health concerns that you will encounter.
- We hope that approaching mental health concerns from a trauma-informed advocacy perspective will enable you to feel better prepared and more comfortable.

What is Trauma-Informed DV Advocacy?

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As you know, the focus of DV advocacy is on *“What has happened to you?”* not *“What is wrong with you?”*



Trauma-Informed DV Advocacy means maintaining this focus when talking with survivors about their emotional wellbeing and mental health.

The Experience of Survivors

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It is important to ground our work in the experiences of actual survivors. In order to do that, we are going to look at artwork created by a survivor.

She expressed her experiences with abuse and trauma visually by painting a t-shirt as part of the **Clothesline Project**, a national project that encourages survivors to tell their stories through decorating t-shirts and to air their “dirty laundry.”



Her shirt is titled, “The Stress Chalice” and is included in this course with her permission.

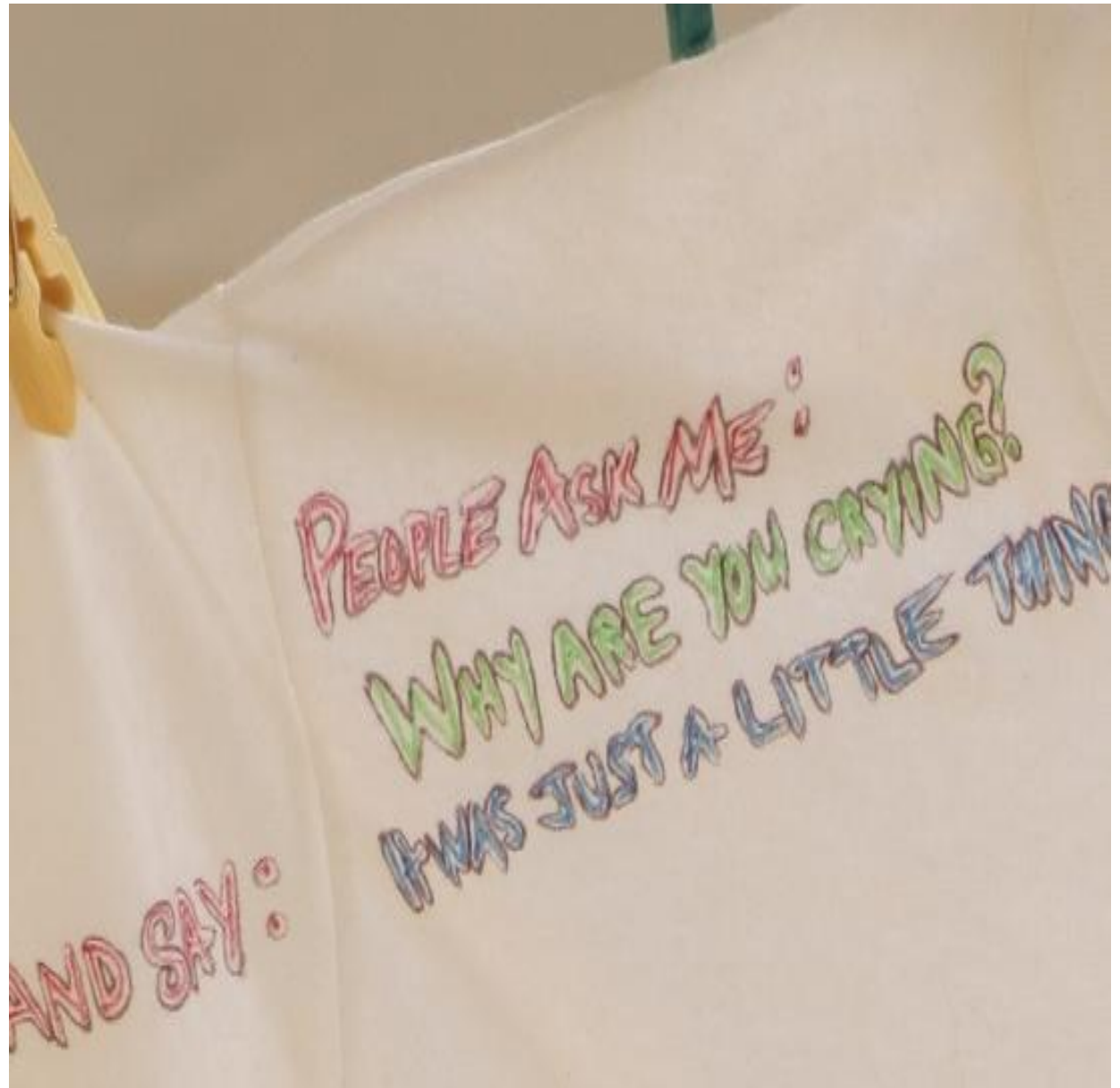
Close-up of the shoulder of the t-shirt

“People Ask Me:

Why are you crying?

And Say:

It was just a little thing!”



Stress Chalice Layers:

Continued abuse
by my ex

Medical problems and
appointments

Single parenting a child
who has witnessed DV

Making \$ ends meet

Legal and custody
battles

Today's little stressors

= My Cup Runneth
Over!



Clothesline t-shirt from the collection of
Project DVORA, Jewish Family Service Seattle
Photo courtesy of Megan Ross

My Cup Runneth Over

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As the “Stress Chalice” illustrates, the impact of DV is far more than the consequences of a single incident. It is layer upon layer of trauma and stress that can take a major toll on the survivor.

The cumulative effect can be that the survivor is *overflowing* with stress and emotion. This can lead to the survivor reacting in ways that seem odd or out of proportion to the situation. This is sometimes known as a trauma response. We know this thanks to the development of trauma theory.

Trauma Theory

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Trauma theory emerged in the 1970's as a result of social justice movements and a new understanding of

- The impact of the Holocaust and Hiroshima-Nagasaki on survivors;
- The large number of traumatized Vietnam war veterans;
- The global prevalence and impact of violence against women;
- The prevalence of physical and sexual abuse of children; and
- The impact of trauma on physical, psychological and neurological development.

Trauma Framework

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A trauma framework gives us a way to:

- View trauma responses and seemingly unhealthy behaviors as survival strategies.
- Recognize the role of abuse and violence in the development of mental health symptoms and disorders.
- Understand the impact of trauma on the developing brain.



Components of Trauma-Informed Advocacy

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A trauma-informed DV advocacy program has reviewed and refined its services to ensure:

1. A welcoming and inclusive environment
2. The survivor's sense of control is fostered
3. A recognition of the impact of trauma



A Welcoming and Inclusive Environment

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Recognize that entering an office or shelter environment can have an effect on survivors, and that communal living can be difficult for anyone.

Tell every person who enters your program:

“If there are things here that make you feel unsafe or uncomfortable, let me/us know...we will try to make things comfortable and safe.”

- Warshaw, Pease, et. al. (2007)



Fostering the Survivor's Sense of Control

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Understand that much of a survivor's energy may have been spent on trying to have control over a situation in which s/he has little or no real control, such as trying to keep an abusive partner calm, or keeping the children safe.



Giving up control in order to follow program rules and structure, or to interact with an advocate who is perceived as an “authority” may result in increased anxiety for the survivor.

- Warshaw, Pease, et. al. (2007)

A Recognition of the Impact of Trauma

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Trauma can impact the survivor's behavior and their ability to process information.

It can make otherwise neutral events seem disturbing or threatening.

Maintaining a trauma-informed perspective can help you feel more comfortable with unfamiliar or unusual behaviors.

What Can You Do?

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As you proceed through this training, keep in mind the following questions:

- *Knowing the impact of trauma, how might you view survivors' needs differently?*
- *What are you and your organization doing to offer trauma-informed services?*
- *What else might you do?*

Lesson 2: Trauma Response

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AS A RESULT OF THIS LESSON, YOU WILL BE BETTER ABLE TO:

Recognize common responses to and effects of trauma

Understanding Trauma Response

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- Of course, to have a trauma-informed perspective, it is important to know what trauma is and how people may respond to it.
- This lesson will explain the basics of trauma response. This includes information about how the brain functions. It is not critical for you to be familiar with what is happening in the brain, but we hope you will find this information useful.

Trauma is

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- A **threat** to a person's physical and/or emotional safety and wellbeing.
- An **overwhelming** experience that is difficult to manage emotionally.
- **Distressing** to individuals, and may affect whole families and communities across generations.

For example, the experience of racist threats and violence, combined with institutional and cultural racism, can cause ongoing, intergenerational trauma to many people of color.

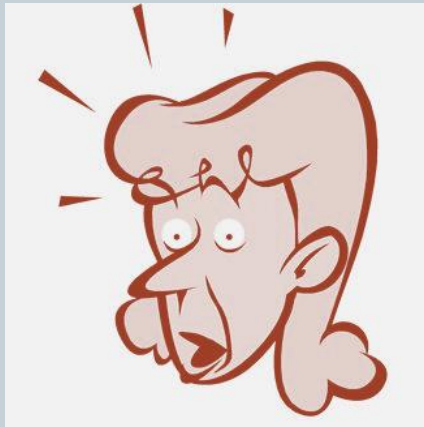
- Carole Warshaw, MD

Response to Trauma

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When people experience trauma they typically react in one of three ways:

Freeze



Flight



Fight

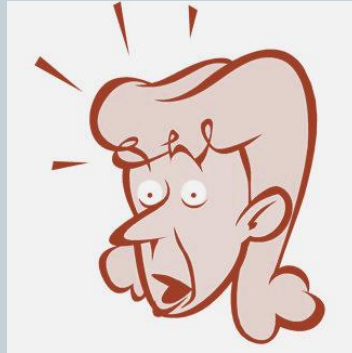


Possible Disassociation

Hyperarousal

Freeze Response to Trauma

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If a person feels unable to respond to trauma (to fight or flee), then they freeze.

Blood pressure drops and the person may dissociate. In some ways this is like “playing dead.”

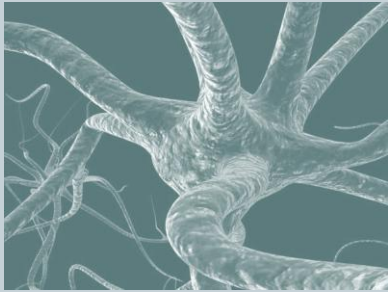
The drop in blood pressure can reduce blood loss from wounds.

Fight or Flight Response to Trauma

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Fight or flight responses happen automatically.

Heart rate, blood pressure and breathing increase.



Stress hormones are released in the body.

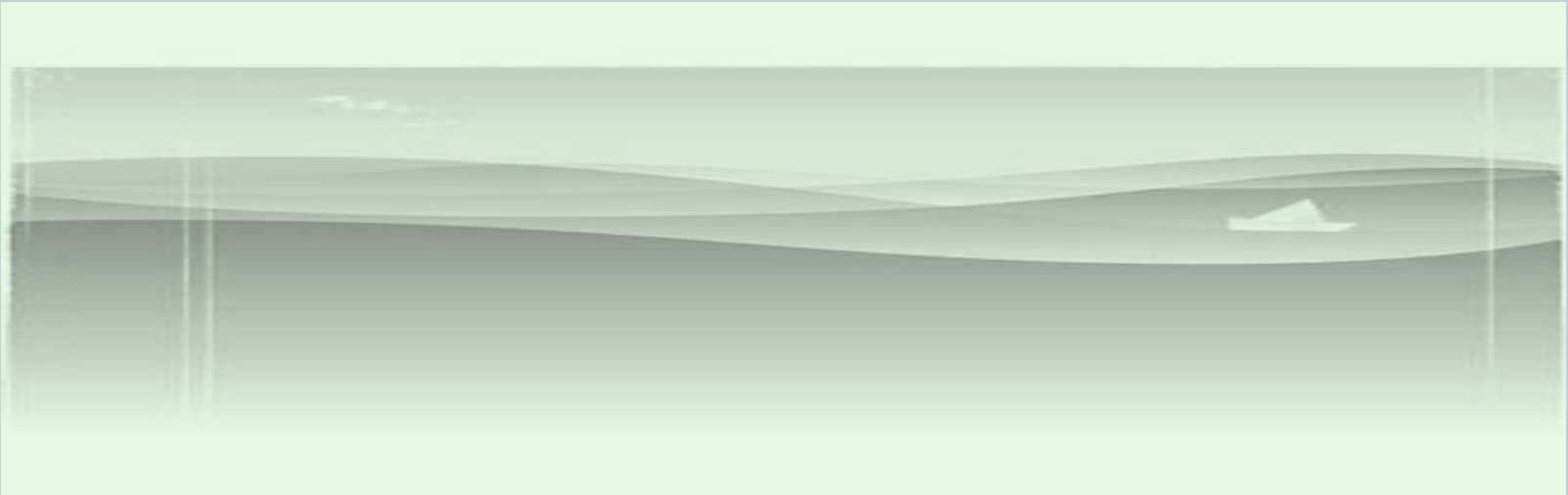
Higher brain functioning shuts down to ready the body for gross motor response (for fight or flight).



After the Threat Ends

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After the threat stops, heart rate, blood pressure, and breathing should ideally return to normal levels.

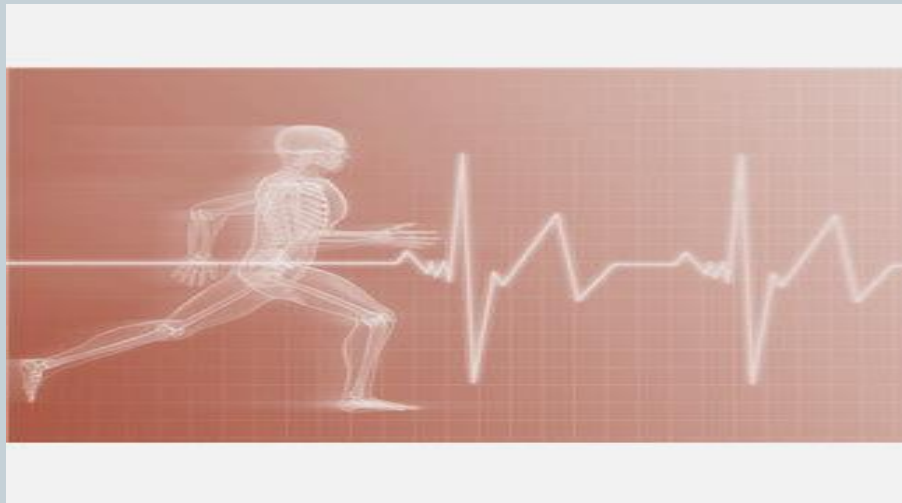


Impact of Repeated Trauma

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A person experiencing repeated trauma may have a change in their brain chemistry.

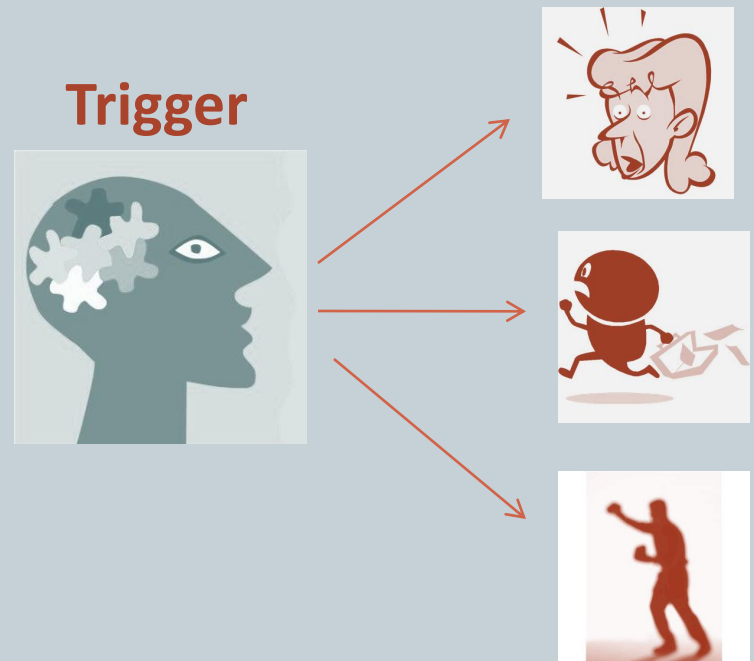
The brain is not able to return to its normal calm state, and the person does not have a chance to fully calm down, as the danger is repeated, and ongoing.



Impact of Repeated Trauma continued

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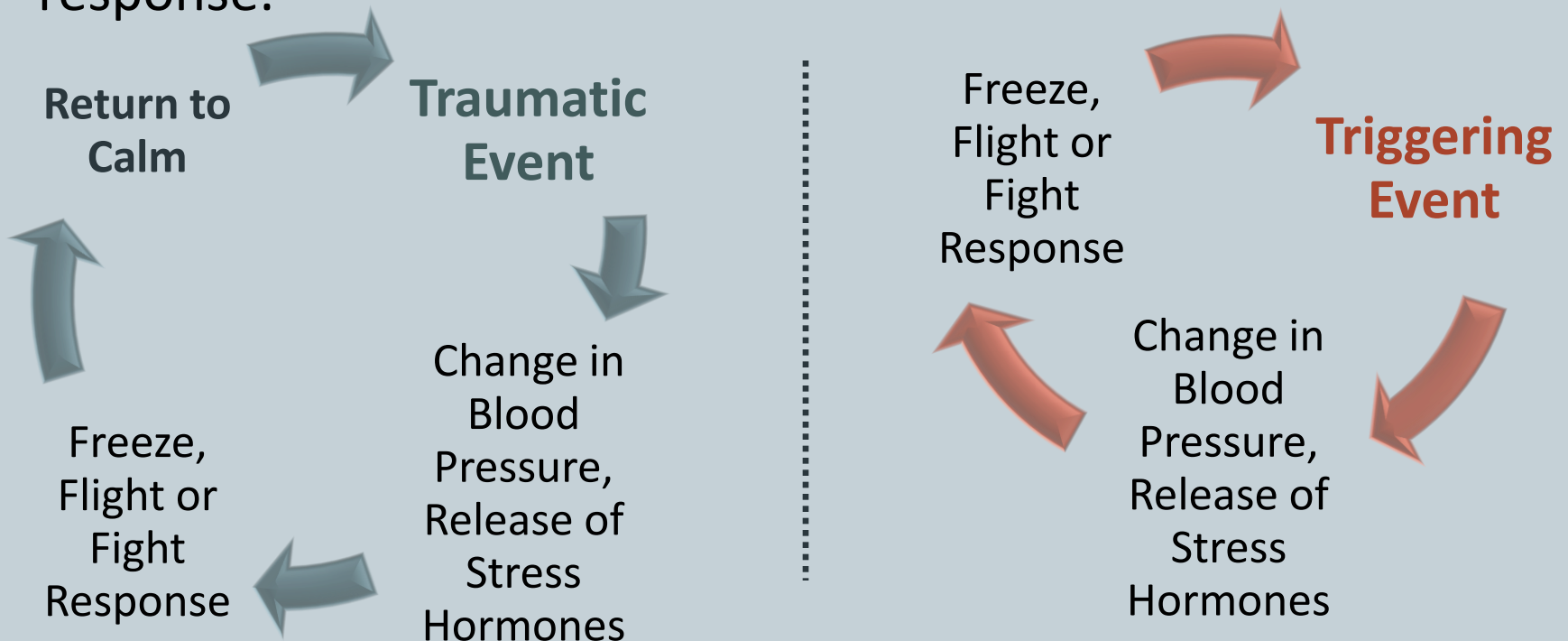
- This change can affect the trauma survivor's perceptions and their reasoning about what constitutes a threat, as well as their mental, emotional, and social functioning.
- Any event that reminds the person of trauma can trigger the “fight, flight or freeze” response, so that the survivor regularly disassociates or lives in a constant state of fear, anxiety and hyperarousal.



Repeated Trauma Can Change People

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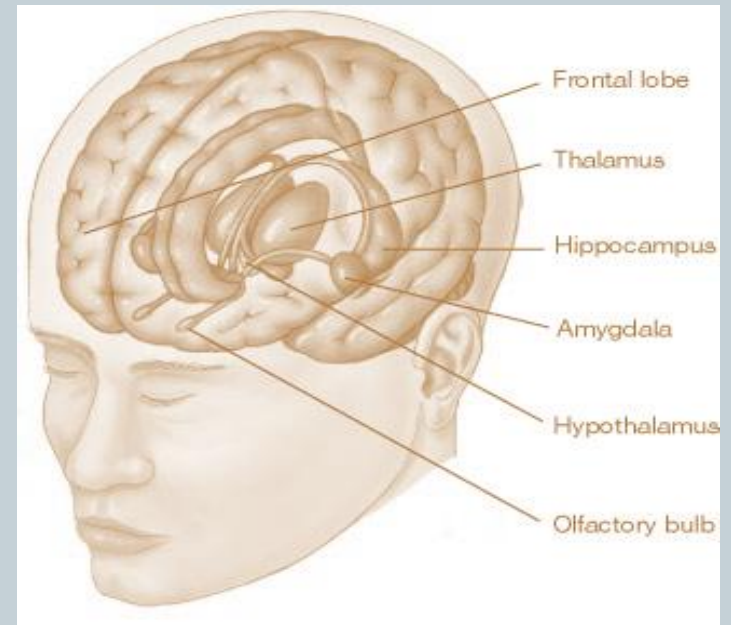
With repeated trauma experiences, the cycle can change from the one on the left to the one on the right. The return to calm is eliminated and ordinary events can trigger a trauma response.



The Limbic System

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- To better understand trauma response, it can be helpful to understand a little bit about how our brains work.
- One part of the brain is the limbic system. The limbic system is a group of interconnected structures that mediate emotions, learning and memory.
- We will focus on 2 of those structures: the amygdala and the hippocampus.



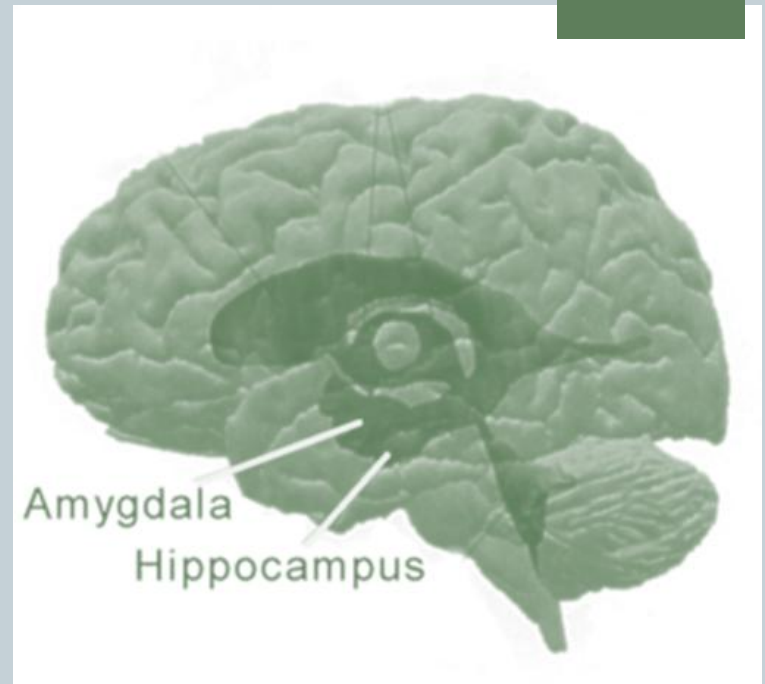
The Amygdala

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The word amygdala comes from the Greek word for almond because the amygdala has an almond shape.



The amygdala is involved in emotional processing and the formation of long-term memories. It is the center for identification of danger. When triggered, it gives rise to fear and anxiety putting the brain in a stage of alertness, getting ready for fight or flight.



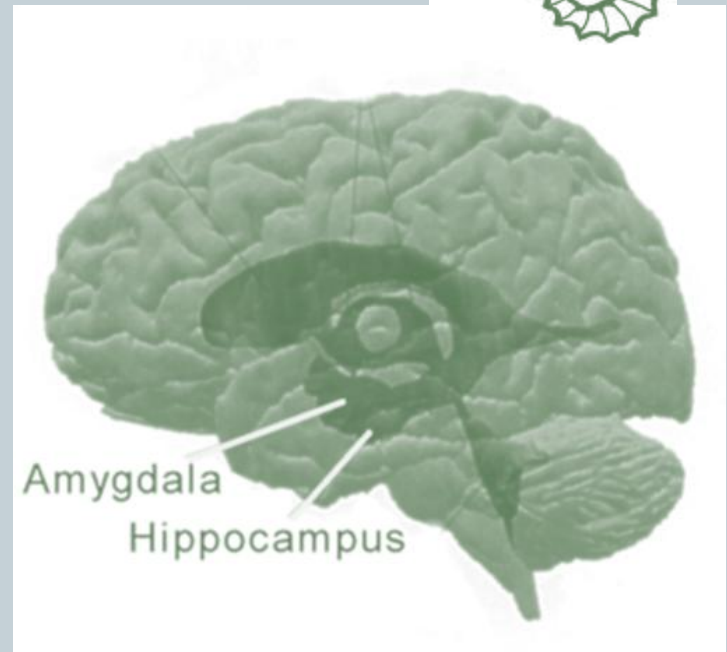
The Hippocampus

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The word hippocampus comes from the Greek word for seahorse because the hippocampus is shaped like a seahorse.



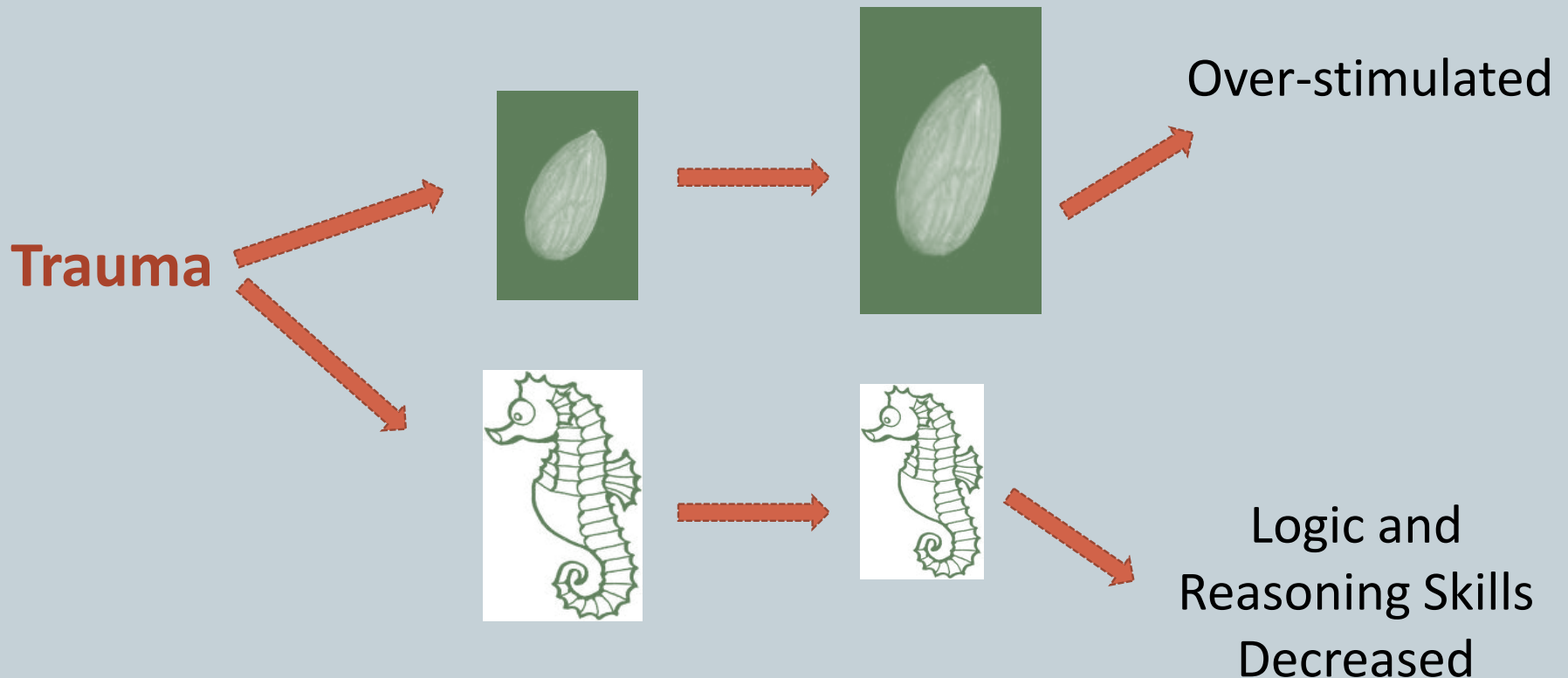
The hippocampus is involved in the transformation of short-term memories into long-term memories. It is also involved in logic and reasoning. It enables us to compare present threats with similar past experiences.



Trauma, the Amygdala and the Hippocampus

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Traumatic events can cause the amygdala to expand and the hippocampus to shrink.



Example of Repeated Trauma

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Here is one example of how trauma might impact a survivor's response to an event that seems non-threatening to others:

Tonya is a survivor of repeated physical and sexual abuse by her partner. She is living in a DV shelter with her 4-year old twin boys. It is 8:30pm.

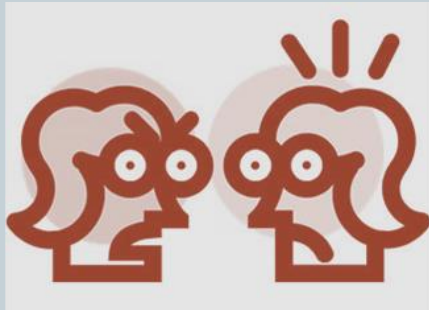
Tonya's sons are running up and down the hallway screaming and fighting with each other.



Example continued

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Pam, another resident, politely asks Tonya to take her boys into their room, as Pam and her kids are getting ready to go to sleep.



Tonya gets extremely upset. She screams at Pam to, “Get the f--- out of my face!”

Tonya is shaking and her body is tense.

Tonya grabs her sons by the arms, pulls them into her room, slams the door, and starts weeping loudly.

What Happened?

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Tonya's partner started many abusive incidents by criticizing her parenting, and telling her to get the boys under control. Tonya's perceptions and thoughts have been changed by her repeated experience of trauma.

Because of this, she automatically experienced Pam's request to take the boys into the room as a threat (even though, if given time, she might not have seen it that way.)

Her perception triggered a "fight and flight" response. In that state, Tonya reacted to Pam in a way that seemed out of proportion to what had happened.

Common Responses to Trauma

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In addition to the freeze, fight and flight responses, there are ongoing ways in which trauma may impact survivors.

Common responses to trauma include:

- Difficulty eating and sleeping
- Anger and irritability
- Fatigue; Chronic and unexplained pain
- Depression, grief, crying, despair, and hopelessness



Common Responses to Trauma continued

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- Anxiety and fear; Guilt and shame
- Difficulty making decisions and controlling emotions
- Feeling distracted or having difficulty concentrating
- Dissociation, numbness, or detachment
- Substance abuse
- Deliberate self-harm
- Isolation from family and friends
- Re-experiencing the trauma (e.g., flashbacks)



Coping with Trauma

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- Each survivor brings his or her own strengths and resilience to coping with trauma.
- Yet with each exposure to trauma, resiliency may be diminished.
- The coping strategies and freeze, flight or fight responses that might work for immediate survival may not be effective in the long term and may become problematic. The result may be the development or exacerbation of mental disorders.