



# Trauma History and its impact on Cancer Treatment

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27 October 2017

# Learning Objectives



- Understand the impact of trauma on brain development and behavior
- Work effectively with “difficult” patient behaviors such as non-compliance, ambivalence, and aggression
- Be aware of resources for accessing trauma-informed and trauma-specific care



# What is Trauma?

Definitions & Associated Diagnoses

# A definition for your consideration:



- A single experience
- Enduring, repeated, or multiple experiences

That **completely overwhelm** the individual's ability to cope or integrate the ideas and emotions involved in that experience

# What can be traumatic?

- Auto accident
- Sudden job loss
- Relationship loss
- Humiliating or deeply disappointing circumstance
- **Discovery of a life-threatening illness or disabling condition**
- Violence (either observed, heard about, or experienced directly)
- Basically anything, provided...



# Three common elements:

- It was unexpected
- The person was unprepared
- There was nothing the person could do to stop it from happening



# The bottom line:



- Some experiences will be experienced as traumatic by some people but not others
- Personal factors weigh heavily on whether or not a person experiences something as traumatic
- Consider resilience, health status, psychosocial functioning, and other vulnerabilities that may even vary day to day

# Who can be traumatized?

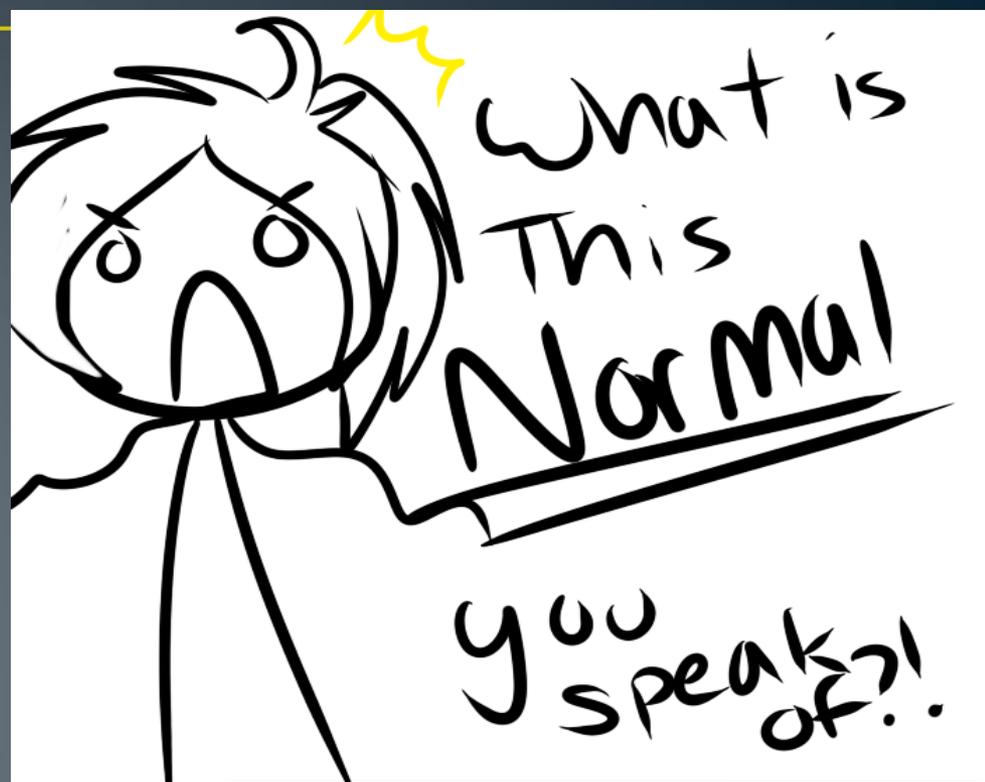
- Service Providers – Vicarious Trauma
- All cultures
- Every socioeconomic status
- All ages
- All religions
- All sexual orientations
- Families, communities
- Organizations
- ACE study (Felitti and Anda, 1998) suggests at least 75% of the population has experienced at least one traumatic event



# ANYONE



# “Normal” reactions



- Blocking the experience from memory
- Avoiding reminders of the trauma
- Lack of processing of the trauma means it may feel like the trauma happened just yesterday, when it may have been months or even years

# Trauma can result in:

- Changes to the brain
- Compromised immune systems
- Increased physical and mental stress
- Decreased trust
- Attachment difficulties and conflictual relationships
- Hyperarousal and hypervigilance
- Rigid or chaotic behavior



# ACE Study identified increased risk for:

- Alcoholism and alcohol abuse
- COPD
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- STI
- Multiple sexual partners
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for intimate partner violence

# Cognitive:

- Memory lapses, especially about the trauma
- Loss of time
- Flooding
- Difficulty making decisions
- Feeling distracted
- Withdrawal from normal routine



- Thoughts of suicide
- Decreased ability to concentrate

# Neurobiological:

- Overproduction of stress hormones that do not return to normal after being activated, and can endure for hours or days
- Alarm system in the brain remains “on”, creating difficulty in reading faces and social cues, perceiving threats, and avoidance
- Part of the brain systems change by becoming smaller or bigger than usual
- Fight, flight, freeze response activates, and may look different from person to person
- Responses are **involuntary**

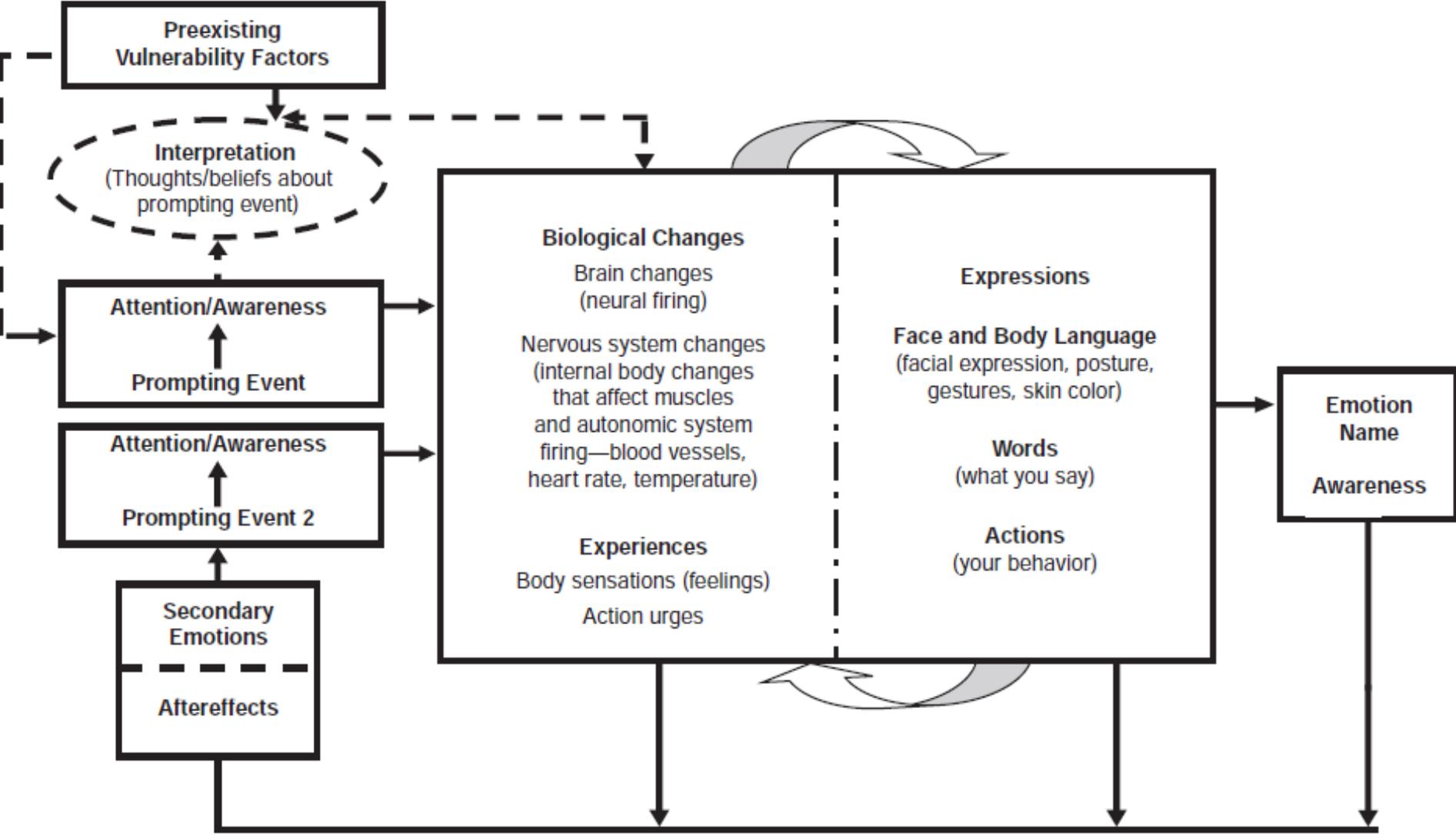




**Where does the behavior come from, and  
what do we do about it?**

Finding the kernel of truth...

# Model for Describing Emotions



# Resistant patients???



1. The second you decide a patient is resistant, you have put yourself at odds with that patient.
2. You cannot work effectively with someone you are at odds with.
3. It is not the patient's responsibility to meet your expectations, but rather it is your responsibility to assess where they are at, understand what needs to happen for them to improve from that point, and modify your interventions accordingly.

# Our interpretations...



- Recognize fight, flight, or freeze response
- Relate behaviors back to the trauma
- Avoid judgmental behavior
- **REMEMBER:** trauma impacts the manner in which a person does or does not approach helping relationships and their interactions with service providers

# Core Trauma-Informed Principles:

- Acknowledgment – recognizing that trauma is pervasive
- Safety
- Trust
- Choice and control
- Compassion
- Collaboration
- Strengths-based



"This person is sick."	"This person is a survivor of trauma."
"They are weak."	"They are stronger for having gone through the trauma."
"They should be over it already."	"Recovery from trauma is a process and takes time."
"They are making it up."	"This is hard to hear, and harder to talk about."
"They want attention."	"They are crying out for help."
"Don't ask them about it or they will get upset."	"Talking about the trauma gives people permission to heal."
"They have poor coping methods."	"They have survival skills that have got them to where they are now."
"They'll never get over it."	"People can recover from trauma."
"They are permanently damaged."	"They can change, learn and recover."

Language is so important in working with people who have experienced trauma because they often experience invalidation from the health care providers who are tasked with helping them.

# How we ask is important



- Do not ask about abuse “out of the blue”,  
but do ask about abuse as part of a routine assessment
- Abuse cannot be explored in the same way as other clinical information
- Assess as part of a broader, holistic psychological assessment that honors the emotions and experiences of the patient
- Could be given on a check-box form, per study participants
- Give the patient the opportunity and choice to discuss, but don't force the issue
- Work to normalize the emotions around the abuse

# When a patient discloses:



- Listen intently
- Respond in a nonjudgmental way
- Validate the significance of the abuse
- Provide support and reassurance
- Let the patient know what emotions they may experience if this was their first revelation that they were abused
- Never force a patient to give details of their abuse
- Offer empathetic statements
- Teach skills for self-consoling and healthy coping

# Working Toward:

- Validation of emotions, but not necessarily of actions
- Acceptance of the person, but not necessarily the behavior
- Understanding the implications of a trauma history
- Understanding where the behavior is really coming from (i.e. trying ineffectively to get needs met, not trying to manipulate)
- Noticing, validating, and problem solving if you are experiencing dysregulation within yourself

**PATIENTS DO NOT SPLIT STAFF;**

**ONLY STAFF CAN SPLIT STAFF**



## Resources for Care Providers & Patients

A resource for service organizations and providers  
to deliver services that are trauma-informed

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# Trauma-informed

The Trauma Toolkit  
Second Edition, 2013



# Survivors of Trauma

**The Laurel Centre** – trauma-specific therapy for female survivors of childhood sexual abuse

**104 Roslyn Road, Winnipeg, MB R3L 0G6**

**Phone: 204.783.5460**

**Fax: 204.774.2912**

**Men's Resource Centre** – trauma-specific therapy for male survivors of trauma

**115 Pulford Street, Winnipeg, MB R3L 1X8**

**Telephone: 204-415-6797**

**Toll-Free: 1-855-672-6727**

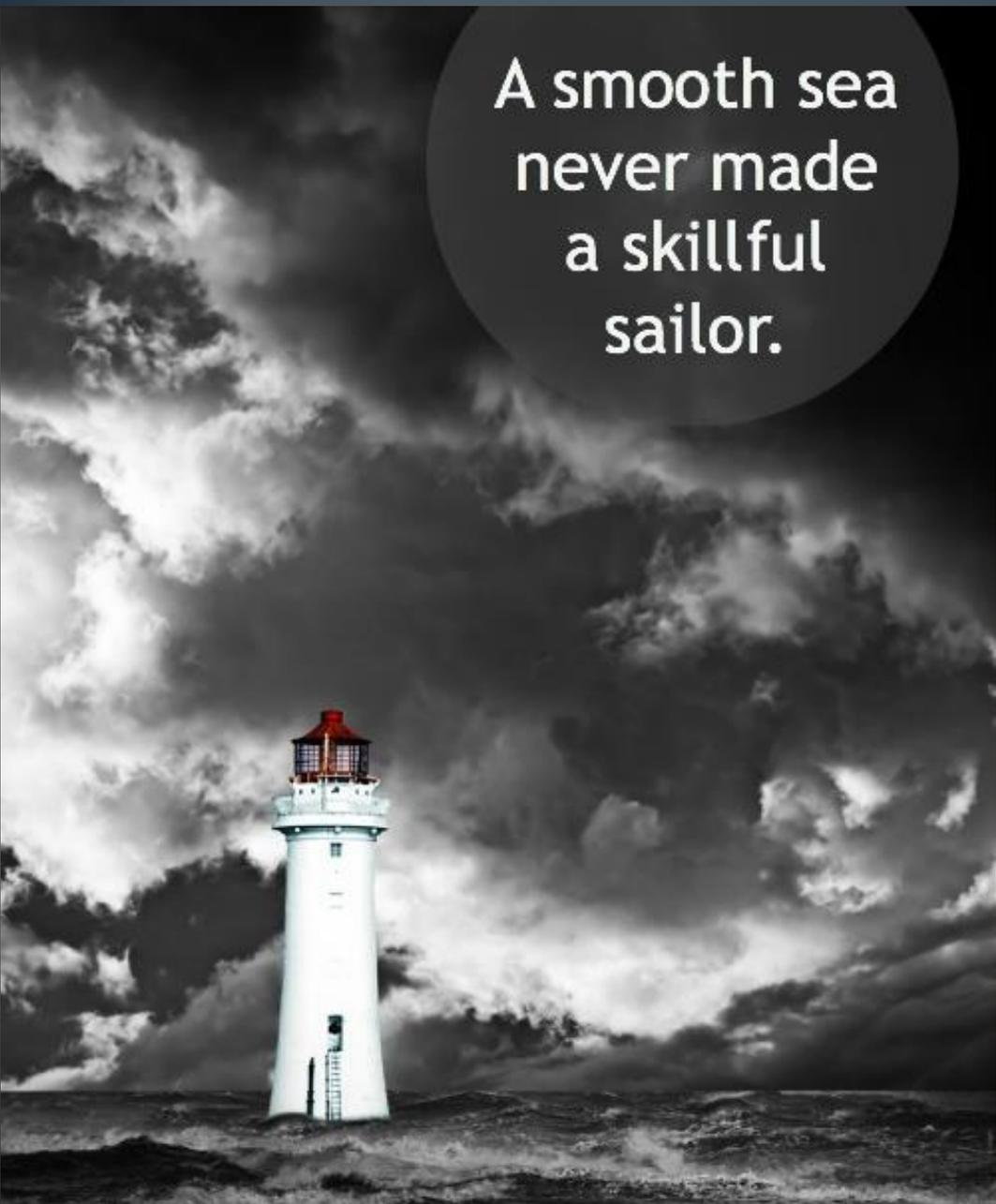
**Klinic Community Health** – specialize in trauma therapy for drop-in, short-term, and long-term

**870 Portage Avenue, Winnipeg, MB R3G 0P1**

**Phone: (204) 784-4090**

# Trauma-Informed Therapy on a sliding scale:

- **Family Dynamics** – tends to have a shorter waiting list  
401-393 Portage Avenue, Winnipeg, MB R3B 3H6  
Telephone 204-947-1677  
After hours/toll free 1-800-668-9920
- **Jewish Child & Family Services** - tends to have no waiting list; do not have to be Jewish to access the counseling program. Suite C200 – 123 Doncaster Street, Winnipeg MB R3N 2B2  
Phone: (204) 477-7430

A tall, white lighthouse with a red lantern room stands on a rocky island. The sky is filled with dark, dramatic clouds, and the sea is visible in the foreground. The lighthouse has a small window and a ladder leading up to the lantern room.

A smooth sea  
never made  
a skillful  
sailor.

**THANKS FOR  
LISTENING!**

**QUESTIONS??**