

An Introduction to Trauma Issues for Women on Inpatient or Short-Stay Units

Community Connections

Washington, D.C.

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Many women with histories of sexual and physical abuse who have been diagnosed as having a mental illness or a substance abuse disorder find themselves at some time receiving treatment on a psychiatric, detoxification, or battered women's short-stay residential unit. Such a unit may be housed at a psychiatric or community hospital or may be part of a community's homeless services continuum. What characterizes such units, regardless of their treatment focus, is that women remain there for only a short time. Consequently, it is impossible to do any in-depth trauma recovery work. Yet, because so many women who spend time on such units have trauma issues it seems imperative that some rudimentary introduction to trauma issues takes place.

The following is a 4-session curriculum presented in a suggested order but capable of being attended by a woman in any order. Each session is designed to stand alone, so that a woman might attend 1, 2, 3 or all four sessions and can begin attending as soon as she and staff collaborators feel she is ready to do so. Each session should be only 45-50 minutes in length so as not to overwhelm women and tax the attention span of newly admitted women. A brief version of the sessions can also be made available to residents in written form so that women have a chance to benefit from even those sessions they missed (see one-page handouts for each session in appendix).

Session 1 An Introduction to Trauma and Psychiatric Symptoms

Session Rationale: Often women are unclear about the relevance of discussing trauma issues. If a woman has been hospitalized for depression, anxiety or substance use, she may not see the connection between those symptoms and behaviors and a history of abuse. By using readily accessible prevalence data, leaders begin to draw connections between abuse and current symptomatic behaviors.

GOAL 1: Women will come to see the connections that exist between histories of abuse and current problematic behaviors.

GOAL 2: Women will begin to assess their own appropriateness for doing trauma recovery work.

Session Introduction: Women will introduce themselves briefly to the group. Women are discouraged from going into details about their personal stories or revealing their trauma histories at this time.

Questions

Leaders should prepare for the session by putting the relevant statistics on a flip chart or blackboard.

Leaders begin the discussion by presenting the statistics on lifetime exposure to physical and sexual abuse:

- a. 43-81% of individuals diagnosed with serious mental illness
- b. 55-95% of substance addicted women
- c. 33% of incarcerated women
- d. 97% of homeless, dually diagnosed women

1. Are you surprised to learn of these statistics? How do these numbers fit with your own experience?

Leaders continue by presenting the following data on impact:

- a. increased risk for depression and post-traumatic stress disorder
- b. poor self-esteem
- c. substance abuse/use
- d. suicidal ideation and actual attempts
- e. eating disorders

- f. self-inflicted injuries
- g. chronic medical problems

2. Are you surprised to learn of these increased risks? How do these risks fit with your own experience? Are there other areas of impact that you would add?

3. Here are some questions that will help you assess whether or not you are experiencing the impact of abuse:

a. Relationships

- i. Are you unable to be in a close relationship with another person?
- ii. Are your close relationships always stormy and violent?
- iii. Have you had to leave a relationship because you were afraid for your safety or the safety of others?

b. Moods

- i. Do you often feel sad and empty?
- ii. Are you angry and tense most of the time?
- iii. Are you on edge and unable to relax?

c. Energy Level

- i. Do you feel unable to accomplish even the most simple tasks?
- ii. Do you feel totally weak and incompetent?
- iii. Are you unable to take care of yourself and your home, much less obligations outside of the home?

d. Substance Use and Reckless Behavior

- i. Do you drink or drug too much?
- ii. Do you rebel against rules and regulations just for the hell of it?
- iii. Do you drive too fast and curse at other drivers?

e. Bodily Well-being

- i. Do you sometimes feel disconnected to your body?
- ii. Do you have periods of time when you can't remember what you were doing?
- iii. Is it hard for you to remember to take care of your body?

If you have answered yes to 5 or more of these questions, you may want to consider whether or not you are the survivor of abuse and whether trauma recovery work would be helpful to you. Leaders should ask the questions out loud while also providing women with a self-assessment worksheet (See Appendix.)

Following the assessment women can discuss how they answered the questions if they feel safe to do so.

Exercises

1. Leaders should present members with a list of trauma recovery resources in their area and go over specifics of how to access those resources.
2. Leaders should facilitate a relaxation exercise and check in to see how members are feeling. Leaders can choose from the exercises included in the appendix.

Session 2 Coping with Feelings of Being Out of Control

Session Rationale: Hospitalizations are often initiated when a woman feels out of control. Being unable to manage your own responses can be terrifying in general and for a trauma survivor can be reminiscent of experiences of abuse. Powerful feelings are one of the on-going aftermaths of having been traumatized. Women may find that such overwhelming feelings leave them frightened and confused. Not knowing where the feelings come from or having a plan for how to manage them can make matters worse.

GOAL 1: Women will understand some of the triggers for their feeling out of control.

GOAL 2: Women will begin to develop a plan for how to manage feeling out of control.

Introduction to the Session: Women will introduce themselves briefly to the group. Women can identify whether they are attending their first, second, third or fourth group. Women are discouraged from going into too much detail about their personal histories or their trauma experiences at this time.

Questions

1. What does being out of control feel like for you? How does your body feel? What thoughts and emotions do you experience? Some examples might include:

- a. bodily sensations: hot, numb, tingly, rigid, flushed, suffocating, dizzy, frozen, paralyzed
- b. emotional states: scared, violent, explosive, rageful, distant, withdrawn, reckless, frustrated, stubborn overwhelmed, irrational
- c. thoughts: I am going to die, go crazy, or give up; My brain does not work; My thoughts are spinning; No one understands me

2. What things trigger being out of control for you? Categories should include the following:

- a. relationship issues
 - i. feeling criticized
 - ii. feeling abandoned
 - iii. feeling abused

- iv. feeling betrayed or lied to
- v. feeling suffocated and controlled
- vi. feeling loved and valued

b. moods

- i. feeling sad
- ii. feeling angry
- iii. feeling guilty
- iv. feeling ashamed
- v. feeling alienated or isolated

c. events

- i. anniversary dates
- ii. re-unions or family gatherings
- iii. parties or crowded gatherings
- iv. visits to the doctor
- v. starting anything new
- vi. ending anything

d. sensory experiences

- i. smells
- ii. sounds
- iii. physical sensations, such as hot or cold or touch
- iv. tastes
- v. sights

e. memories

- i. images of past abuses

3. Are there other things that trigger your feeling out of control?

4. Are there early warning signs that you are about to lose control? What are they? Are they always the same or do they vary? (Early warning signs should be feeling states, behaviors, and/or thoughts which follow the trigger but which precede feeling overwhelmed. The goal is to help women see that feeling out of control can consist of a continuum of behaviors which can be interrupted and controlled.)

5. What are some of the positive things that you can do to regain a sense of control?

These can include, but are not limited to the following:

- a. do relaxation exercises
- b. talk with a friend
- c. call a counselor
- d. take prn medication
- e. go for a walk
- f. write in a journal
- g. listen to music
- h. engage in positive self-talk
- i. remind myself that this will pass

Exercises

1. Leaders should distribute a list of resources for doing trauma recovery work in the local community and should discuss the specifics of how to access those resources.
2. Leaders should facilitate a relaxation exercise and check in with members to see how women are doing. Leaders can choose an exercise from the list provided in the appendix.

Session 3 Self-Soothing

Session Rationale: The need to gain comfort and to self-soothe is a universal human need; yet many survivors of trauma find themselves unable to utilize healthy soothing strategies.

Often survivors have had to rely on strategies that may bring comfort, but that have great down-side risk, drugs and alcohol being prime examples. Learning to first identify and then make use of strategies for gaining comfort is an important step in the recovery process.

GOAL 1: Each woman will identify the ways in which she currently comforts herself.

GOAL 2: Each woman will identify at least one additional way in which she might soothe herself.

Session Introduction: Members will briefly introduce themselves to the group and will identify how many previous sessions of the *Introduction to Trauma* module they have already attended. Members are discouraged from going into detail about their personal histories and their experiences with abuse.

Questions

1. For each of the following, identify how you make yourself feel better:
 - a. You are feeling depressed.
 - b. You are feeling stressed out and overwhelmed.
 - c. You are feeling lonely and abandoned.
 - d. You are feeling confused and incompetent.

Did you use the same strategy in each case? How many alternatives for comforting yourself do you have?

2. Are some of your strategies of the negative variety, that is, they have consequences that are severe? For each strategy that you identify as negative, think of a positive strategy that you could substitute. Positive strategies should include but not be limited to the following:

- a. using relaxation techniques
 - b. listening to music
 - c. singing or playing music
 - d. getting a massage or taking a warm bath
 - e. doing something that you enjoy that is also safe
 - f. writing
 - g. talking to a friend
 - h. wearing some nice clothing or perfume
 - i. playing with a pet or a child
 - j. praying or using spiritual resources
 - k. focusing on the moment
3. Which strategies require the help of another person? For each of those think of something that you could do on your own if a friend or partner was unavailable.

Exercises

1. *Guided Imagery* See Appendix
2. *Comfort Booklet* Using a small 3x5 booklet prepared by the leaders prior to the group, each member will create her own reminder of comforting strategies. On each page of the booklet women can list a different strategy they use to self-soothe. Leaders can provide pictures cut from magazines so that women can write in a description of the strategy or use a picture to illustrate the technique.

Session 4 *Where Do You Go from Here?*

Session Rationale: An introduction to trauma issues is just that---an introduction. Leaders and group members should be clear that the four introductory sessions are not a substitute for more in depth recovery work. Some women may decide that they are not ready to go forward and that decision should always be respected. Others, however, will feel intrigued and validated by the trauma-first perspective and will want to do more work. The question for each woman is “What approach would be best for me?” Since so many trauma survivors learn not to trust their own judgments, answering that question might be difficult. Consequently, survivors need a set of categories they can use to help make the decision about their future recovery work.

GOAL 1: Each member will be able to decide for herself whether or not further work would be useful.

GOAL 2: Each member who decides to do further recovery work will be able to evaluate the range of choices available to her.

Session Introduction: Members will briefly introduce themselves to one another and identify how many of the previous sessions they have attended. Members should be discouraged from telling their personal stories, but members who want to comment on their reactions to the group should be allowed to do so.

Questions/Referral Checklist

1. When selecting a trauma recovery resource, members should consider the following issues:
 - a. Was the abuse a single incident or were there multiple occurrences over a long period of time?
 - b. Does the impact of the abuse affect multiple areas of a woman’s life or is the impact restricted to a single area such as the ability to form an intimate relationship?
 - c. Are the trauma issues intertwined with issues of substance abuse?
 - d. Was the perpetrator a stranger, a person well known to the consumer, or a family member?
 - e. Do you consider the abuse and its impact to be an individual problem or do you see it as a couples issue or as a family problem?
 - f. Are you currently in a situation that feels unsafe?

- g. Do you feel more comfortable working on issues in a group or individually?
- h. Do you have restrictions about when or where you can attend treatment?
- i. Do you prefer an environment which encourages self-help and peer support?
- j. Are there cultural issues that should be considered in making a referral for further work, for example, race, language, sexual orientation?

As women answer these questions for themselves, leaders should point to options on the referral list that might be best suited to assist a woman in her recovery efforts. The list should include intensive options such as partial hospitalization programs as well as drop in centers and more informal options.

Exercises

1. Each woman should share, if she feels comfortable, her post-inpatient plans. All group members should have a copy of the referral list as well as a copy of the handouts to the 4-session module (see appendix).
2. Leaders should facilitate a relaxation exercise selected from the appendix. Leaders should try to select a different exercise each time so that members will have learned a selection of techniques.

APPENDIX

Self-Assessment Worksheet

Relationships

- Are you unable to be in a close relationship with another person?
- Are your close relationships always stormy and violent
- Have you had to leave a relationship because you were afraid for your safety or the safety of others?

Moods

- Do you often feel sad and empty?
- Are you angry and tense most of the time?
- Are you on edge and unable to relax?

Energy Level

- Do you feel unable to accomplish even the most simple tasks?
- Do you feel totally weak and incompetent?
- Are you unable to take care of yourself and your home, much less obligations outside of the home?

Substance Use

- Do you drink or drug too much?
- Do you rebel against rules and regulations just for the hell of it?
- Do you drive too fast and curse at other drivers?

Bodily Well-being

- Do you sometimes feel disconnected from your body?
- Do you have periods of time when you can't remember what you were doing?
- Is it hard for you to remember to take care of your body?

If you have answered yes to 5 or more of these questions, you may want to consider whether or not you are the survivor of abuse and whether trauma recovery work would be helpful to you.

Relaxation Exercises

1) (One leader reads the following relaxation exercise while group members and other leaders follow the relaxation techniques.)

Tightly squeeze all the muscles in your body and bring your shoulders up to your head. Hold the muscles tight for 10 seconds... Squeeze all the muscles tightly in your feet, lower legs, thighs, buttocks, abdomen, chest, back, shoulder, neck, head, and face... Now relax every muscle... How does that feel? Let's try that another two times.

This simple exercise can demonstrate to each participant the difference in how the body feels between being stressed/tight and then being relaxed.

2) Sit with your back straight in a chair and your feet flat on the floor. Place hands (palms down) on thighs. Either close your eyes or pick a spot in the room to focus on, and breathe in while gently pushing out your abdominal muscles. Hold your breath for a few seconds and then breathe out slowly while pulling in your abdominal muscles... Try to repeat this exercise another five times.

3) Sit with your back straight in a chair and your feet flat on the floor. Place your hand on your thigh with your thumb touching the tip of the adjacent finger, or just relax your hands on your thighs. Either close your eyes or pick a spot on in the room to focus on, and take a deep breath in through the bottom of your feet, drawing the breath up the back of your body to the top of your head. Then expel the air down the front of your body and out through the bottom of your feet. (Repeat this process several times with these variations:)

- A. Breathe in the strength of the earth through your feet and up over your body to the top of your head; breathe out all stress and tightness through the bottom of your feet.
- B. Breathe in the warmth of the earth...
Breathe out any feeling of anxiety...
- C. Breathe in the power of the earth...
Breathe out any feelings of powerlessness in the body...
- D. Breathe in the nurturance of the earth...
Breathe out any feeling of helplessness in the body...
- E. Breathe in warmth and power and strength...
Breathe out any fears that you are now ready to let go...

Now hold the warmth and power and strength in your body as you continue to breathe. Open your eyes when you are ready, and bring your attention back to the group.

4) Sit quietly, if you like you may close your eyes, and relax. Focus in on your breathing and just relax all your muscles. Drop your shoulders. Imagine going to your favorite quiet place... Make yourself comfortable... Now, allow bright sunlight to come inside you and warm your body... If you like, you may have a person that you love join you in your place and sit quietly beside you... Allow the warmth of the sun and the love of the person to fill you... Hold it inside you... Feel warm and loved... (Allow a minute to pass by) When you are ready, open your eyes and keep the warm feelings inside you.

5) Sit quietly, if you like you may close your eyes and relax. Focus on your breathing... Concentrate on slowly breathing in long, deep breaths and slowly breathing out long breaths... Relax all your muscles... Drop your shoulders... Warm your body by breathing in the warmth of the sun... Feel the warmth filling your body... Exhale....
 Breathe in more warmth, ... Breathe out negative feelings...
 Breathe in the feeling of being assertive,...breathe out passivity...
 Breathe in calmness and strength... breathe out the feeling of being helpless or powerless...
 Continue focusing on your breathing until you feel calm and centered, then open your eyes and come back into the room.

6) Guided Imagery Exercise, adapted from *Healing the Trauma of Abuse* (New Harbinger 2000) (p.74)

Get in a very comfortable sitting or lying position.

Stare at a spot above your head on the ceiling. Breathe in to a count of eight, hold it for a count of four, and let it out for a count of eight. Do that two more times.

Now close your eyes if you're comfortable doing so. Whether your eyes are open or closed, keep them in the same position they were in when you were staring at the spot on the ceiling. Breathe in to a count of eight, hold for a count of four, and breathe out for a count of eight.

Now focus on your toes. Let them completely relax. Now move the relaxation slowly up your legs, through your heels and calves to your knees. Let the warm feeling of relaxation move very slowly through your buttocks, lower abdomen, and lower back. Now feel it moving, very slowly, up your spine and through your abdomen. Feel the warm relaxation flowing into your chest and upper back.

Let this relaxation flow from your shoulders, down your arms, through your elbows and wrists, and out through your hands and fingers. Now let the relaxation go slowly through your throat and up your neck, letting it all soften and relax. Let it now move up into your forehead. Now let your whole scalp relax and feel warm and comfortable. Your body is now completely relaxed with the warm feeling of relaxation filling every muscle and cell of your body.

Now picture yourself walking in the sand on the beach on a sunny day. As you stroll along you feel the warmth of the sun on your back. You lay down on the sand. The sand cradles you and feels warm and comfortable on your back. The sun warms your body. You hear the waves crashing

against the shore in a steady rhythm. The sound of seagulls calling overhead adds to your feeling of blissful contentment.

As you relax here, you realize that you are perfectly and completely relaxed. You feel safe and at peace with the world. You know you have the power to relax yourself completely at any time you need to. You know that by completely relaxing, you are giving your body the opportunity to stabilize itself, and that when you wake up you will feel calm, relaxed, and able to get on with your tasks for the day.

Now, slowly wiggle your fingers and toes. Gradually open your eyes and return your attention to the group.

Handout for Session 1

Many women have been the victims of physical and sexual abuse. Here are the statistics:

- a. 43-81% of individuals diagnosed with serious mental illness
- b. 55-95% of substance addicted women
- c. 33% of incarcerated women
- d. 97% of homeless, dually diagnosed women

Women who have been physically and sexually abused often experience some of the following problems in their lives:

- increased risk for depression and post-traumatic stress disorder
- poor self-esteem
- substance abuse/use
- suicidal ideation and actual attempts
- eating disorders
- self-inflicted injuries
- chronic medical problems

In order to assess whether or not you are experiencing the impact of abuse, you want to take a close look at the following:

- a. The nature of your moods
- b. Your relationships
- c. Your energy level
- d. Your use of drugs and alcohol
- e. Your bodily well-being

If you find that you are having difficulty in more than one of these areas, you might want to consider whether trauma recovery work is right for you.

Handout for Session 2

1. You want to consider what circumstances cause you to feel out of control. Some of the common triggers for feeling out of control include the following:

Relationship Issues

- feeling criticized
- feeling abandoned
- feeling abused
- feeling betrayed or lied to
- feeling suffocated and controlled
- feeling loved and valued

Moods

- feeling sad
- feeling angry
- feeling guilty
- feeling ashamed
- feeling alienated or isolated

Events

- anniversary dates
- re-unions or family gatherings
- parties or crowded gatherings
- visits to the doctor
- starting anything new
- ending anything

Sensory Experiences

- smells
- sounds
- physical sensations, such as hot or cold or touch
- tastes
- sights

Memories

- images of past abuses

2. You will also want to consider what the early warning signs are that tell you that you are about to lose control. Some of the same feeling, thoughts, and behaviors that trigger feeling out of control might also function as early warning signs that you are vulnerable to losing control. Knowing the early warning signs can cause you to take action before things reach a crisis level.

3. Finally, you want to identify some of the positive things that you can do to regain a sense of control.

These can include, but are not limited to the following:

- doing relaxation exercises
- talking with a friend
- calling a counselor
- taking PRN medication
- going for a walk
- writing in a journal
- listening to music
- engaging in positive self-talk
- reminding myself that this will pass

Handout for Session 3

1. For each of the following, you want to identify ways you can use to make yourself feel better:
 - a. You are feeling depressed.
 - b. You are feeling stressed out and overwhelmed.
 - c. You are feeling lonely and abandoned.
 - d. You are feeling confused and incompetent.

2. If some of your strategies are of the negative variety, that is, they have consequences that are severe, think of a positive strategy that you could substitute. Positive strategies should include but not be limited to the following:
 - using relaxation techniques
 - listening to music
 - singing or playing music
 - getting a massage or taking a warm bath
 - doing something that you enjoy that is also safe
 - writing
 - talking to a friend
 - wearing some nice clothing or perfume
 - playing with a pet or a child
 - praying or using spiritual resources
 - focusing on the moment

- 3.If several of your strategies require the help of another person, think of something that you could do on your own if a friend or partner was unavailable.

Handout for Session 4

1. When selecting a trauma recovery resource, you should consider the following issues:

- Was the abuse a single incident or were there multiple occurrences over a long period of time?
- Does the impact of the abuse affect multiple areas of a woman's life or is the impact restricted to a single area such as the ability to form an intimate relationship?
- Are the trauma issues intertwined with issues of substance abuse?
- Was the perpetrator a stranger, a person well known to the consumer, or a family member?
- Do you consider the abuse and its impact to be an individual problem or do you see it as a couples issue or as a family problem?
- Are you currently in a situation that feels unsafe?
- Do you feel more comfortable working on issues in a group or individually?
- Do you have restrictions about when or where you can attend treatment?
- Do you prefer an environment that encourages self-help and peer support?
- Are there cultural issues that should be considered in making a referral for further work, for example, race, language, sexual orientation?

As you answer these questions for yourself, you should consider the options on the referral list that might be best suited to assist you in your recovery efforts. The list includes intensive options such as partial hospitalization programs as well as drop in centers and more informal options.