WHEN COMPLEXITY IS THE NORM

Supporting women presenting
with a history of trauma, mental health diagnoses, and domestic abuse

Who are we?
And how are we funded ?

Firstly, we would like to respectfully acknowledge the Kabi Kabi, Badtjula and Gubbi Gubbi people, the Traditional Owners of the land on which we are and Elders past, present and emerging".

Fiona Herrington and Cobi van der Es both work at the Gympie & District Women's health Centre in a clinical counselling role.

The centre is funded by the Department of Justice and Governor General (DJAG) as part of Women's Health and Wellbeing contracts across the State of QLD for:

Women and young women who require assistance to achieve better health and wellbeing.

Purpose of funding to provide trauma informed support and counselling to women across a range of domains which can impact on their health and wellbeing.

Services are prioritised to women who are at risk of, and/or recovering from experiences of gender-based violence

How does complexity present? Fisher, 2009

- Chronic dysregulation: inability to regulate reactivity, impulsivity, or numbing, comprised ability to think things through.
- Inability to absorb, interpret and or integrate therapy and any other positive life experiences.
- Constant state of crisis/drama and chronic self-destructive behaviour (addictions, self-harm, suicidal ideation).
- Dissociative symptoms: not present, not grounded in the body, fragmentation, loss of memory, chronic internal conflict, experience of different parts that switch or “highjack” the body.
- Hyper-or hypo-active defensive responses: stuck in fight, flight or freeze responses.
- Unrelenting shame and self-hatred that undoes all “good” and contaminates sense of identity.

What do we see?

Fisher, 2013

- Women presenting with numerous symptoms and multiple diagnoses Anxiety, Depression, Bipolar, BPD, PTSD, Dissociative disorders, ADD, OCD, eating and addiction disorders etc.
- Relationship with themselves and others are dramatically altered by Trauma and Attachment failure.
- Long history of high functioning or unable to function in participation, social networks, employment and so on.
- Medical and mental health systems have ‘failed’ the client.
- Long history of ineffective or failed treatments.
- Inability to tolerate their own thoughts, feelings, body (sensations, chronic pain.)
- Poor problem solving skills and inability to manage life and or attend counselling therapy.

How do we respond?

Women's Health Counselling responses are grounded in Feminist Theory and Principles

- Women are the experts on their own lives (Laidlaw & Malmo, 1990)
- Give power to, rather than use power over
- Use practice frameworks that are women-centred, anti-oppressive and avoid pathologising women
- Engage in gender-role analysis, and challenge gender stereo types

- Acknowledge and work to overcome barriers to participation and access
- Maintain goals of social change through community education and social action
- Seek guidance from community women in program and service design, implementation and evaluation
- Provide safe spaces for women to develop social connections

- Work in a way that ensures relationships with clients and communities are egalitarian
- Listen, believe and where appropriate respectfully challenge women's experiences
- Support women to identify their strengths and to value and nurture themselves
- Safely challenge behaviour that restricts women's ability to take control of their lives
- Support women's rights and decisions to determine how they live their lives
- Work with flexibility to ensure clients are treated as individuals.

And more recently….The British Psychological Society, January 2018

The PTM Framework (Lucy Johnstone, 2018) is an alternative way of understanding why people sometimes experience a whole range of forms of distress, confusion, fear and despair, from mild to severe. Often labelled as 'mental illness.'

The Power Threat Meaning Framework:
A Guided Discussion that changes the narrative from illness to recovery and redistributes power.

- 'What has happened to you?' (How is Power operating in your life?)
- 'How did it affect you?' (What kind of Threats does this pose?)
- 'What sense did you make of it?' (What is the Meaning of these situations and experiences to you?)
- 'What did you have to do to survive?' (What kinds of Threat Response are you using?)
- 'What are your strengths?' (What access to Power resources do you have?)
- 'What is your story?' (How does all this fit together?)

	Safety	Choice	Collaboration	Trustworthiness	Empowerment
Definitions	Ensuring physical and emotional safety	Individual has choice and control	Making decisions with the individual and sharing power	Task clarity, consistency, and Interpersonal Boundaries	Prioritizing empowerment and skill building
Principles in Practice	Common areas are welcoming and privacy is respected	Individuals are provided a clear and appropriate message about their rights and responsibilities	Individuals are provided a significant role in planning and evaluating services	Respectful and professional boundaries are maintained	Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

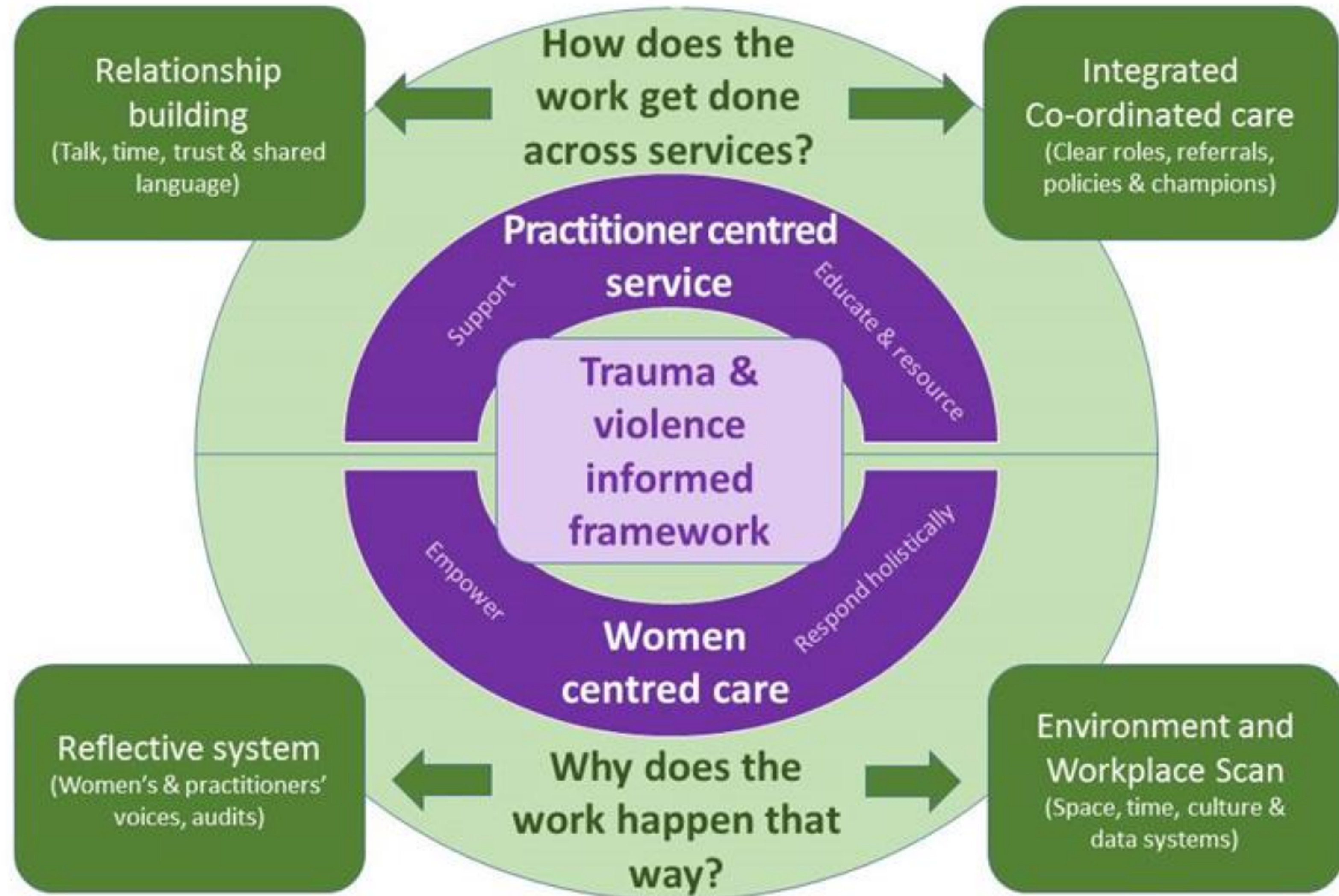
Trauma-and-violence-informed care **TVIC** expands on the concept of trauma-informed care.

It considers the intersecting impacts of systemic and interpersonal violence and structural inequities on a person's life.

A key part of implementing TVIC in practice is asking two questions:

How does the work get done across services?

Why does the work happen that way?



Is it all about **POWER** and establishing **TRUST?**

Trauma-informed care in practice is informed by new knowledge around attachment (*Attachment Theory*), scientific developments in what we know about the brain and nervous system (*Neuroscience*, *Polyvagal Theory*), working with the body, memory, and an understanding of self *(Daniel Siegel and Bessel van der Kolk and others).*

Frameworks of care and treatment are changing from bio-medical (medicine and psychiatry) to include the

- psycho-social *(trauma-informed),*
- the somatic/physical experience of trauma *(fight, flight, freeze)*
- the structural and environmental *(system theory)*
- and a recovery focus *(recovery-oriented).*

What happens in the counselling room?

Counsellors at Women's Health Centres across Queensland engage in interventions drawing on therapeutic knowledge from a broad range of evidence-based practice like:

Cognitive Behaviour Therapy,
Narrative Therapy,
Motivational Theory
Existential Theory,
Expressive and Art Therapy,
Sandplay Therapy
Mindfulness Based Therapies,
Gestalt
Compassion-based Therapy,
Acceptance and Commitment Therapy,
Somatic body Work,
Constellation Therapy
EMDR
Psychoeducation and more………………………

Working with women in groups as well as one on one.

WHEN COMPLEXITY IS THE NORM

An integrated holistic whole of service response providing multiple modalities **information, education, crisis intervention, counselling therapy, case management, advocacy, and group work** is required.

Applying trauma and healing centred care principles with a clear and safety focused analysis of power and control between individual, structures and systems.

CASE STUDY 1: Sue* a 46 year-old woman living on her own

Presentation:

She is agitated
Rapid speech
Sporadic eye contact only
Casual dress
Low mood
Poor Body Image/Body Dysmorphia?
Good insight

History:

Childhood abuse

Married, within her church, at 19 and has 2 adult children

Artist & musician, long-standing worship leader at church

Stated long-term incapacity to feel anything, perceived to be due to antidepressant medication

*Not her real name.

Preceding and contributing factors:

- While overseas visiting her family, Sue received a message from her husband that their 25 year marriage was over.
- Returned to find he was in a relationship with another woman from their church.
- Slow realisation of how controlled and manipulated she had been in the marriage, but no idea how to move forward.
- Constantly being triggered to childhood trauma by her grief and sense of abandonment.
- Sense of self worth plummeted.
- Experienced suicidal ideation and practiced self-harming to cope.
- Required anti-psychotic medication and monitoring by the ACT Team for several months.
- 12 months of Mindfulness, DBT, CBT & ACT sessions with a Registered Psychologist.
- Took up smoking again, 20 years after giving it up.
- Reconnected with High School friends, joining them in substance abuse.
- Sought indiscriminate casual sexual experiences, ongoing fixation about one particularly emotionally unavailable man, although aware it was unhealthy.
- Underwent plastic surgery, in response to increasingly poor self image, to address perceived flaws.

Diagnoses: ADHD, Depression, Anxiety, PTS

Goals for Counselling: To be able to love myself again.

Expectations of Counselling: Tools for practical application.

Perceived Personal Strengths: Creative, loyal, loving and wise.

Stated Personal Aspirations: To build a sustainable life and to experience happiness.

Satisfaction With Life as a Whole and Personal Wellbeing Index Scale Score (at first session): 22%

Perception of interventions experienced so far: “They have served their purpose but feel superficial compared to what I need now.”

Interventions:

Session 1

Psychoeducation:

- Grief & grief rituals
- Emotional intelligence

Expressive Therapy:

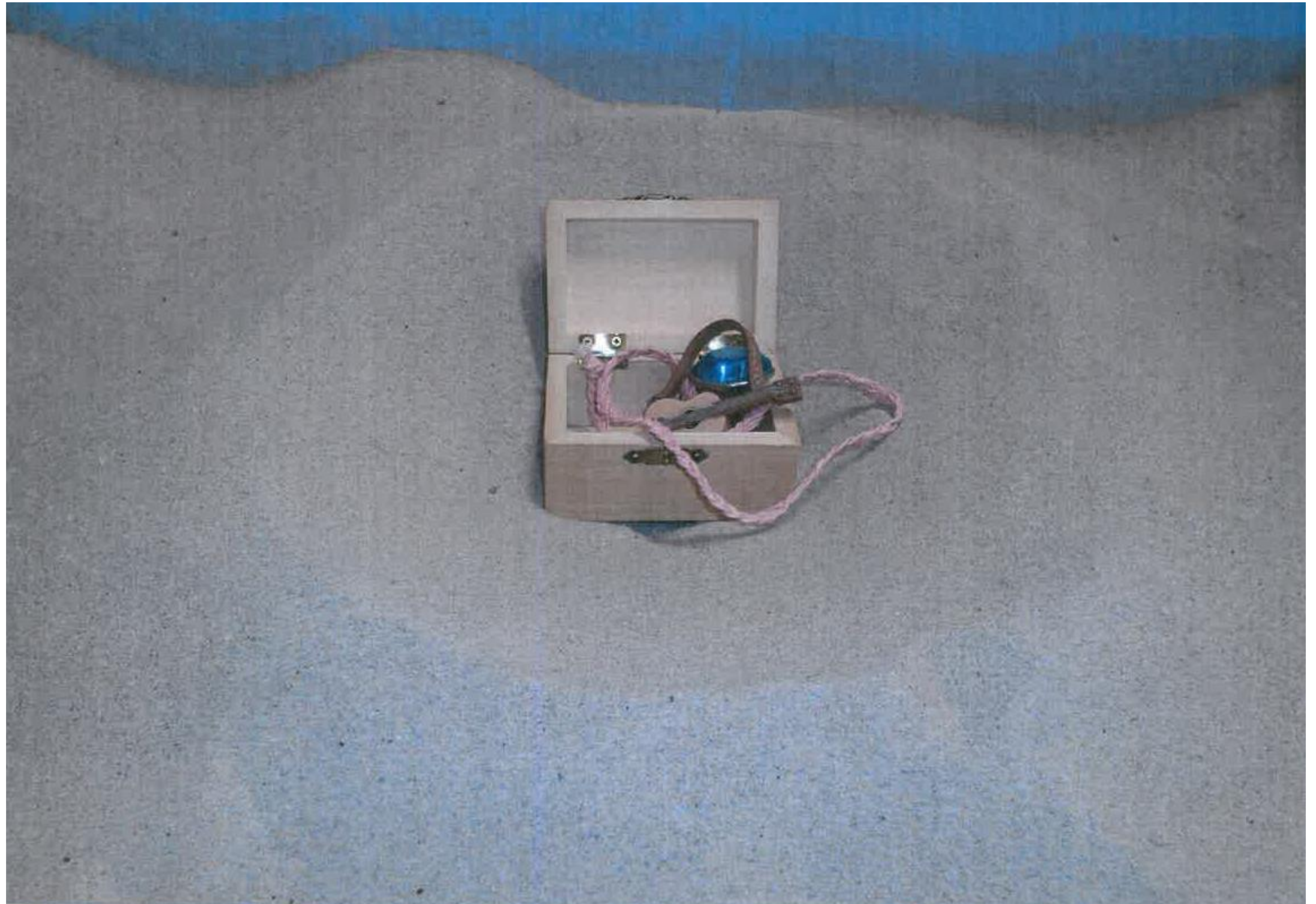
- Sand play & Symbol Work

"We've got this – follow me out." (from wolf - powerful, leader of a clan, courageous, resourceful, focused, determined, feminine, wants freedom).

Sue removed woman with snake (lust) and Sponge Bob (clown) and added ring (marriage), ukulele (music), and wolf.

Outcome:

Significant increase in hope after this session. Overwhelmed with possibilities, having many skills but no passion about anything yet. High school friends moved on.



Session 2

Psychoeducation:

- Drama/empowerment dynamic (D. Emerald)
- Transactional Analysis (E. Berne)
- Effects of Trauma

Trauma Counselling:

- Identified “I am not lovable” as major self-sabotaging belief.

Session 3

Trauma Counselling:

- Eye Movement Desensitisation and Reprocessing (EMDR) re husband ending marriage.

Desensitised negative cognition “I am not lovable” and reprocessed with “I am beautiful and lovable just the way I am.”

Outcome:

The client commenced a menial, unrewarding, physically demanding job to support herself after third session, coinciding with a longer-than-ideal gap before fourth session, and reported feeling empty and lost, comfort eating to fill the void, and experiencing the return of suicidal thoughts (but no plan).

Session 4

Safety Planning:

- Verbal contract.

Expressive Therapy:

- Sandplay & Symbol Work

"Get healthy and be watered." (from hill – alive and healthy)

Sue removed spiders (self-destruction) and sleeping dog (fatigue and death) before giving the sun (peace) and flower (life) more central positions.

Cognitive Behaviour Therapy:

- Affirmation

"I choose to seek what I need to become the best version of myself."

Outcome:

- The client reported recognising that she was doing all the giving in the casual relationship she was maintaining, and receiving nothing in return. She noted she sent him texts even after promising herself she wouldn’t, identifying her own neediness.

- She related that she had brought strays home since she was a tiny child and had starting doing that again with men since her marriage had ended.

- The client recognised the anxiety which fosters this neediness as being related to her mother.

Session 5

Trauma Counselling:

- Family Constellations process

Returned to her mother anger, control, rejection, judgement, abuse, pain, self-abuse, addiction, unworthiness, guilt, self-loathing, martyrdom, people pleasing.

Outcome:

The client reported noticing a shift in her thinking about a week after this session, resulting in her spontaneously refusing all opportunities for casual “hook ups”, due to a deep awareness that she needed something more. She stated that she felt really good about that and the fact that her fixation on the emotionally unavailable man had abruptly ceased.

Session 6

Trauma Counselling:

- Family Constellations process

Returned to father abandonment, woundedness, lack of freedom, poverty mentality, indecisiveness, toxic thinking & ideas, selfishness, hurt, pain, unforgiveness, resentment, warped idea of love.

Session 7

Expressive Therapy:

- Sandplay & Symbol Work

"Relax and follow your own timing." (from heart - big, strong, perfect, passionate, at ease, natural, really loves the gathering).

Gathering for connection, herself as a safe place and her gift for seeing potential and exalting it.

Outcome:

- The client reported that she had recently celebrated her birthday for the first time in her life with a painting challenge with friends, the results of which now hung in her house.
- She identified that, since our last session, she had experienced two more chest infections and been hospitalised for one, had lost the job she loathed, and then her housemate had moved out, leaving her on Newstart Allowance which didn't even cover her rent.
- The client shared her awareness that she could have allowed herself to be consumed by fear, but had chosen instead to trust that she would be provided with what she needed, had sold some of her art and had some savings she could access until the right new housemate came along.
- She related that she had tried out for a casual retail job that required commuting a long distance again and realised that, even if she had been offered it, the travel and the cost of parking and the pressure of sales quotas made it not viable for her at this stage, and she would not do that to herself again.
- The client explained that she had a new awareness that, however she is feeling on a particular day, it is just a chapter which will serve its purpose and then pass.
- She shared that she had a new boyfriend whom she calls her "NFL" (not forever lover), and had recently run into her ex-husband and his new partner when out one night and felt nothing but pity for them, which felt like a breakthrough for her.
- The client described rediscovering her passion for playing pool, her favourite activity prior to marrying, and was playing in competitions again.
- She described having become better at letting in new experiences, but having some remaining anxiety around the prospect of letting things go. She explained it as a foreboding that, if she has something good, it will be taken away. She shared that she is aware of this remnant of her former neediness when it comes up, but is now able to own it rather than either imploding or projecting it on those around her.

Session 8

Trauma Counselling:

- Inner child work utilising an "Affect Bridge" process to resource her abandoned 13 year-old self.

Expressive Therapy:

- Symbol Work

"You are all you need." (from flowers under glass, the flowers representing new life and the beauty that the 13 year-old grows into, with the glass representing the protection of adult, nurturing, Sue.)

Assessment tools utilised:

Satisfaction with Life as a Whole and the personal Wellbeing Index Scale at Session 1 = 22%

K10 (by G.P.) on referral as a PHN Stepped Care client at Session 6 = 28 (high level of psychological distress)

DASS 21 at Session 6 (first PHN session) = 15 (extremely severe), 8 (severe) and 8 (mild)

DASS21 at Session 8 = 12 (severe), 4 (mild) and 8 (mild)

Summary of client outcomes:

Difficult to compare different assessment tools due to client changing referral pathway.

Client reported:

- Cessation of suicidal ideation
- Increased sense of self-worth
- Greater insight into reason for failure of marriage
- Shift from attributing mental health crisis to circumstances, rather than personal defectiveness
- Increased capacity for self-management
- Growing awareness and ownership of strengths.

Counsellor observed:

- Calmer, more grounded presentation with good eye contact and well-modulated speech
- Balanced mood.

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