Coping and Trauma: A Group Level Therapeutic Approach

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Building and Nurturing Communities of Color (BANCC)

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Mission Statement:
South Side Help Center mission is to provide comprehensive Services to help people of all ages cope with, mental, physical and social problems by offering prevention and positive healthy alternatives so that at-risk individuals may live productive lives in their communities.

Established by community residents in 1987 as a 501 (c)(3) not-for-profit organization

Executive Director: Vanessa Smith

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MEET THE PRESENTER

Graduate School: Fordham University Masters of Social Work with a Concentration in Administration

Specialized Content Areas:

- Motivational Interviewing
- Trauma Informed Care Perspective
- Certified Trainer of Project AIM
- Certified Trainer of ARTAS
- Organizational Strategic Planning
- Counseling, Testing & Referral (CTR)
- LIFT (Facilitator)
- Certified Trainer Social Networking Strategies (SNS)
- Holistic Health Recovery Program Facilitator
- Certified Trainer Couples HIV Test Counseling (CHTC)

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BANCC Project
WHAT IS BANCC?

Building and Nurturing Communities of Color:

- National, CDC funded project
- Provide CBOs/ASOs with capacity building assistance (CBA) services
- Work w/ HIV prevention, treatment, care and mental health services

Overarching Goal:

Improve the delivery and effectiveness of HIV prevention services for high-risk and/or racial/ethnic minority populations.

Key Service Areas:

Organizational Infrastructure and Program Sustainability (OIPS): *Strategic Planning*

Public Health Strategies (PHSs): *Couples HIV Test Counseling, ARTAS and Social Networking Strategies*

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BANCC CBA Team

CBA Director: Pamela Tassin, BSEd., CHES, CCHP

CBA Clinical Coordinator: Shaune D. Freeman, MSW, LCSW

CBA Training Specialist: Ericka Dawson, MPA

Creative Director: Osceola Muhammad, MA

CBA Program Assistant: Erin Fletcher

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LEARNING OBJECTIVES

1. Have an opportunity to discuss research from principal investigator of Living In the Face of Trauma (LIFT) Dr. Kathleen J. Sikkema.

2. Learn the [2] types of coping strategies used within the LIFT intervention.

3. Learn how to recognize resistance from a trauma informed perspective.


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WHAT IS TRAUMA?

“A direct personal ...actual or threatened death or serious injury...to one’s physical integrity...witnessing an event that involves death, injury...threat to the physical integrity of another person...learning about unexpected or violent death...harm, or threat of death or injury to family member or close associate...”

(DSM –IV- TR, 2000)
WHAT IS TRAUMA?

Trauma is used to describe experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless.

(Center for Nonviolence & Social Justice, 2008)
TYPE OF TRAUMAS?

- Community and School Violence
- Early Childhood Trauma
- Medical Trauma
- Neglect
- Physical Abuse
- Sexual Abuse
- Domestic Violence
- Natural Disasters

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Number of Traumatic Experiences

- 32% None
- 27% 1
- 21% 2
- 20% 3 or more

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Number of Traumatic Experiences

- None: 53%
- 1: 32%
- 2: 21%

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UAI in the past 2 months

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Stimulant (Crack, Cocaine, Meth) Use

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K10 Depression Score – Estimated Marginal Means

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**BACKGROUND/RATIONALE**

**Name of Intervention:** Living in the Face of Trauma (LIFT) Intervention

**Intervention Type:** Group Level Intervention (GLI)

**Number of Sessions:** (15) Sessions

**Target population:** HIV positive Men/Women with history of Childhood Sexual Abuse (CSA)

**Goals of Intervention:**
1. Improve coping with the combined stressors of HIV and CSA
2. Reduce psychological distress
3. Eliminate or reduce sexual transmission risk behavior and substance abuse

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Study Design and Sample

Sample 247 HIV positive individuals

Female: 53%
Male: 47%

Sample 247 HIV positive individuals

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STUDY DESIGN AND SAMPLE

Sample 247 HIV positive individuals

African Americans: 68%
Hispanic: 17%
White: 10%
Other: 5%

Sample 247 HIV positive individuals

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TYPES OF COPING STRATEGIES USED IN LIFT INTERVENTION
COPING INTERVENTION

1. **Problem-focused** coping to manage or alter the problem that is causing distress.

2. **Emotion-focused** coping to regulate emotional responses to the problem.

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OUTCOMES FOR PROBLEM FOCUSED COPING

- Communication Skills
- Problem-Solving
- Risk-Reduction Skills
- Cognitive Reformation
- Relaxation Techniques

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EMOTION-FOCUSED COPING

Cognitive Restructuring

Social Support

Social Comparisons

Relationship Techniques

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EMOTION-FOCUSED COPING

Breathing Retraining Awareness

chest breathing vs. abdominal or belly breathing

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LIFT SESSIONS AT A GLANCE

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LIFT Session Layout

Session 1: Build Group Cohesion and Social Support

Session 2: Identify and Express Emotion Related to Sexual Trauma and HIV

Session 3: Identify and Express Emotion Related to Sexual Trauma and HIV; Introduce Symptoms of Sexual Abuse Trauma

Session 4: Identification and Expression of Perceptions as a Victim; Identification of Feelings and Behaviors Towards Important Social Support Systems

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LIFT Session Layout

Session 5: Identification of Stressors and Coping Difficulties Related to the Impact of Sexual Abuse Trauma and HIV

Session 6, 7 & 8: Develop Adaptive Strategies to Reduce Psychological Stress

Session 9: Identification of Patterns of Relationships Including Those Generated by Sexual Abuse Experiences

Session 10: Identification of Patterns of Relationships Including Those Generated by Sexual Abuse Experiences (cont.)

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LIFT Session Layout

Session 11: Elements for Successful Relationships and Less Stressful Lives

Session 12: The Impact of Trauma on Health Behaviors Including Sex and Substance Use and Developing Adaptive Coping Strategies to Minimize Risk behavior

Session 13: The Impact of Trauma on Health Behaviors Including Sex and Substance Use and Developing Adaptive Coping Strategies to Increase Health Behavior

Session 14: Review of Need and Progress: Development of Continued Support

Session 15: Summary and Closure

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Signs of Resistance

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SIGNS OF RESISTANCE

A. INTERRUPTING
B. IGNORING
C. DENYING
D. ARGUING

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Signs of Resistance

- Interrupting
- Cutting off
- Excessive Leaving
- Talking over

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Signs of Resistance

- Inattention
- Non-Answer
- Sidetracking

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Signs of Resistance

- Disagreeing
- Excusing
- Blaming
- Unwilling to change

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Signs of Resistance

- Arguing
- Hostility
- Discounting
- Challenging

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Cognitive Schemas

Safety  Trust  Esteem  Control  Intimacy

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APPLICATION, BEST PRACTICES AND LESSONS LEARNED OF INTERVENTION

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APPLICATION

- 2 experienced group facilitators
- Licensed clinical practitioners
- Receive weekly supervision by experts in trauma and HIV mental health
- Co-facilitators meet before and after each session

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APPLICATION

- Discussions
- Trigger Identification
- Modalities
- Skills-Building Exercises
- Goal Setting
- Medical linkage
- Social Support

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APPLICATION

Parallel Processes:
-Derives originally from psychoanalytic concepts of transference
-therapists unconsciously replicate the problems and dynamics of trauma related group

Informed Gentle Supervision:
-tread lightly with same gendered therapists implementing intervention
-female vs. male
-level of comfort during supervision process will dictate the most desired outcome within the supervision process

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APPLICATION

Parallel Processes are:

- complex
- occur between traumatized clients
- stressed staff
- pressured organizations
- hostile economic and social forces

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BEST PRACTICES

- **Work** to gain trust!
- **Explore** emotions with participants before you start into next session.
- **Validate** and **normalize** clients' feelings around resistance.
- **Encourage** participants to attend all sessions and foster group cohesion.
- Set the room up in a group therapeutic setting (circle) to facilitate a participatory approach.

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LESSONS LEARNED

- Black MSM experience more traumatic life experiences than their white counterparts.

- There is a correlation between traumatic life experiences and HIV risk factors including unprotected anal intercourse (UAI), substance use, and depression.

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LESSONS LEARNED

Black MSM are negatively impacted by multiple forms of trauma

- CSA
- Homelessness,
- Unemployment
- Physical abuse/violence
- Incarcerations

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LESSONS LEARNED

- Black MSM need more adaptive coping strategies to handle daily triggers.

- Resilience-focused interventions may be beneficial to increase self-efficacy and improve coping skills.

- Potential challenges exist for Black MSM at the structural/policy level because there is a lack of visibility and opportunity for change.

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LEASONS LEARNED

- Rates of sexual abuse among HIV-infected persons range from 25% to 76%, more than double estimated rates in the general population.
- CSA linked to sex work
- Multiple sex partners
- Substance abuse
- Adult sexual victimization

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LESSONS LEARNED

➢ MSM are 5 times more likely to have attempted suicide than heterosexuals (Cochran, Sullivan, & Mays, 2003).

➢ 1 in 5 MSM have a lifetime history of an affective disorder, chiefly recurrent depression (Cochran & Mays, 2000).

➢ As compared with heterosexual men, MSM seem to be at increased risk for major depression and panic attacks (Cochran & Mays, 2000).

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QUESTIONS?

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REFERENCES


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REFERENCES


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