Interview on Mental Health and Trauma with Yvonne, a provider

Hello, my name is Elyse and I would like to welcome you back to Rising from the Ashes, Trauma Talks, a podcast series brought to by the UB School of Social Work Institute on Trauma and Trauma Informed Care. This series provides an opportunity for individuals to share their witness of how strength and resiliency have allowed them to rise from the ashes. Trauma talks follows people who have both worked within the field of trauma, as well as those who have experienced trauma. Here we will reflect on how trauma informed care can assist those who have experienced traumatic events to embrace a new life of wholeness, hope, strength, courage, safety, trust, choice, collaboration, and empowerment. Today I am here with Yvonne. She is a clinical supervisor in the field of addictions and mental health. On behalf of the institute we would like to thank you for being here today and sharing your story with us. I am going to let Yvonne begin by giving you, the audience, a sense of how she became to interact with the field of addiction. So Yvonne, can you begin to tell us a little bit about why you chose to specialize in this area.

1:02 **Yvonne**: So first I'd like to thank you for inviting me to this important broadcast series. So if we look at why I got into this specific field of addiction, I feel that most of us area effect by addition either directly or indirectly throughout our lives. I thought it was important to put it out there. For me, in my early twenties I had a close friend that went through a traumatic event. She shared with, and made me promise to not tell with anyone. She began to change, and we didn't have a lot in the case of prevention and awareness as compared to today. She started to drink a lot more and use a lot of different drugs. She started cutting which really scared me. She eventually knew she needed help, but the process was difficult for her. Because I promised I wouldn't tell, I felt like it was hard to keep her safe and keep our friendship. She went through many different doors to get help. Someone felt like she had a drug problem where someone else said mental health problems. There wasn't just one place she felt she could go to get help, which was a cause of her re-traumatizing herself, which is something we know often happens. Sad to say, she did eventually take her life which was a big impact on my life. She left a note saying that no one gets it. It was a big shift in my life where I had decided I didn't want to see that happen again. Basically, that's how I came into this field. I've been in this field for twenty three years, and I really have seen it change over time. Sadly, there is still so much stigma that exists in this field. And our field will most likely never release. Does that give you a good idea, Elyse?

3:53 **Elyse**: Yeah! So, thank you for sharing that. It's a very powerful story. So what I'm hearing is it helped you close that gap by going into it in your professional field, is that right?

4:07 **Yvonne**: Absolutely. Professionally and personally, because I did feel somewhat of a responsibility of what happened with my friend. I just thought that I really wanted to make a difference.

4:25 **Elyse**: So what does your clinical practice look like today? In what capacity are you in the community?

4:32 **Yvonne**: So I work for an organization that deals with the side of addiction however we also deal with mental health. We are an assessment and referral outreach organization, and we serve clients that have substance abuse challenges, gambling, and gaming. Our population is

adults, youth, and families of people who are affected by this challenge. We also work with disorders. We are funded by the Ministry of Long Term Health, so no pay for service and not a private service. I have two roles: The clinical supervisor where I oversee the areas of the different areas for the counselors for the organization, but I am still doing clinical work myself. I am able to keep a little piece of that so I can stay current in my skills and work directly with the population.

5:30 **Elyse**: So you're working with a population with colleagues and at the same time in a supervisor position. So I am just wondering do you see yourself as someone who is working with trauma survivors in a constant and consistent manner?

5:42 **Yvonne**: Absolutely, I mean it's quite evident for us because we are an assessment organization, our experiences that most of our clients have experienced some type of trauma. Either directly or vicariously. I can give you a couple of examples of what we see day to day. It would be mostly domestic violence, sexual abuse, unexpected loses and grief, childhood abuse, historical trauma, we have a good population of aboriginals in our community. And then things like discrimination, deaths through DUI's and crashes.

6:30 **Elyse**: Yeah, so it really does sound like you work with almost every sort of trauma that can happen. Would you also consider that you are working with trauma survivors on the organization level?

6:40: **Yvonne**: Absolutely. On the organization levels we have staff who have been through traumas themselves. Sadly some are more recently. And when you look at vicarious trauma, we are also internalizing the trauma that our clients share with us. So indirectly and directly, definitely there is some in our staff.

7:05 **Elyse**: So it sounds kind of that you are aware of how important it is to be noticing that you are working with trauma in many capacities. It is important to tune into different aspects of that like safety, trust, choice, collaboration, and empowerment. And all of those work together to perform a perspective of trauma informed care. To give listeners quick background on what Trauma Informed Care does, is that it asks individuals and service providers to stop asking, "What's wrong with a person," and to move towards ask, "What happened?" Fallot and Harris talk about these five guiding principles where they are tools that service providers can use to create that culture of a trauma informed practice. So I guess my first question in that context is would you be able to talk about what safety means to you in your role? Both physical and emotional safety and what it means to you.

8:16 **Yvonne**: When we look at safety were looking at physical and psychological. We stay mindful that there is also cultural safety within our environment as well as external ones. So we aren't just looking at the concept of safety within the organization for clients, but also outside of it. For us there are coping strategies are considered high-risk. Most often they are using substances to self-medicate to cope with a trauma or adapt to one. Although it's bad it's their survival and coping tools. It's what's working for them. We have to consider that although it may not be safe, this is what works for them to feel safer and more control. Not all survival skills are safe, but they serve a purpose for our clients. So if I look at the environment, I'd be looking at

keeping our offices neutral. Clients are able to sit by the door, they can pick if the door is open or close. I've got stress balls and mindful bowls with sand and a rake that they can play with. I've got a teddy bear and tissues, as silly as that sounds. We have LGBTQ signs to let them know this is a safe place, what else can I add? I was thinking more along of the lines of flexibility of the appointments so for some people certain times of the day, and are the better served in house or out of house? Some clients we will send out-reach people to them because of that safety factor for them if they can't come into the building. Or whatever is triggering them in that area.

10:30 **Elyse**: I think it's really great that you have that awareness of safety in terms of what might trigger them. Do you feel that the language you use with clients and staff is important in that safe environment?

10:45 **Yvonne**: Absolutely. First of all, it needs to be supportive language. We have to be careful in language is to not trigger. You have to be attentive to gender and culture and age when it comes to language. You need to be able to ask permission. Their body language will also let us know how our language is impacting them. Our responses to disclosures. Our language plays a big role whether we are serving them in English or in French. Is that what you're looking for?

11:25 **Elyse**: Yeah! That's perfect. And so then I'm also wondering for yourself what kinds of things do you do to maintain your emotional and physical safety? In-between appointments or after work? Are there things that are important to you there?

11:41 **Yvonne**: Yeah, definitely. If I look at it for myself on a professional level, not just for me but also for my staff, we are a small team network with a staff of ten, so that is a good thing for us. We have a fire-side room, not sure if you're familiar with that term, but we have a room where we have a couch and yoga mats, aroma therapy, soft lights, meditation CD's. That room is specifically for us. It can be used at any time. I can go in before work, after work, at lunch, in-between clients. We get to use it for our own mindfulness techniques. We go for walks, no one needs to ask for permission for anything like that. We support each other. We have team building days specifically for self-care. We can talk about a client freely. We can be frustrated or it can be something overwhelming that we heard. We have a lot of things in place as a staff. But if I go off on a personal level for myself, I run. I love to read, it is my biggest escape. It's fiction, not self-help! I have a cat who is my therapy cat. He's heard a lot of stories. Sleep is important, eating well, I have a go-to person that I have within the field of addiction and mental health, so that I have someone I keep my check-ins with to make sure I am doing okay.

13:56 **Elyse**: Sounds like you have a really strong network in your organization, outside, that's wonderful. If I could back track to thinking about the staff and creating safety, it sounds like that's happening, but also, now thinking about how trust can intersect there. I'm wondering, at your agency do you have a number of front line workers, admin staff, even janitorial staff working in that space?

14:31 **Yvonne**: Absolutely. I'll give you a description. Including myself we have 8 clinicians, and then I am also the clinical supervisor. We have an administrative assistant. She's the glue of the agency. And then we have our executive direction, and that's about it in the innards of our agency. That's our staff. When you look at trust, the best way to explain that is that trust goes all

ways. Myself and the clinicians, there is a mutual trust there. I have an open door policy. They can come see me whenever they need to. However, they do have to ask permission to what we call “slime,” I am not sure if you know what that term means or not. That’s a term you learn in compassion where I may have heard some traumatic information for a client, and I may go into my coworkers office and go “blahh” and put it all out there without forewarning or asking if they are able to take it at that time. So we do have that boundary set up. Our executive director is pretty supportive and is part of the team. She is the one we answer to, but our relationship with her is very equal. Our administrative staff, she is that first contact with our client. She is doing the intakes over the phone. They are the first person they see coming into our organization. It’s important to us that she has been trained, and she is, in some levels of crisis services and prevention, de-escalation, and other types of skills. That way she feels more comfortable and clients feel more comfortable with her role here. So, I’m not sure if that answers it. The trust I can tell you is during our evaluation, you are not only being evaluated by the executive director, but you are evaluating the director, the supervisor and the agency in general also. It works well because it is impactful and we learn a lot from each other.

17:17 **Elyse**: I am hearing also then collaboration is a big part of maintaining that trust. So, we know that collaboration is a critical part when working with survivors of trauma. I am wondering how do all of those components of your agency work together with community members or other organizations to ensure best possible service outcomes for clients?

17:45 **Yvonne**: When we look at collaboration between community partners, we have a model called, “there’s no wrong door” approach. And so if someone comes through our doors and aren’t best suited for us, we are able to do those screening tools to tune into that quickly so that that person can be better serviced quicker. We have that approach with other organizations like Community Mental Health Organization and without inpatient mental health unit at the hospital, with police services, and residential community centers. They are in service agreements that have all set down to see which way we can best collaborate. Then put it into writing and a service agreement. We have something very new going on right now and called the Timmin’s Hub and what it is is that we now have 6-7 organizations including our policing services where we meet once a week and may discuss a case that a person isn’t necessarily involved with, and is done without a name and it is discussed and a lead agency will take on that client and then they will go to the client and let them know what type of services they have. So there’s a lot of great things happening here with our service partners.

19:37 **Elyse**: That sounds really interesting, the idea of the Hub. Thinking about choice and the client consumer choice and perspective, how are organizations approaching that case that isn’t connected to any services? And what trauma informed aspects are guiding it?

19:58 **Yvonne**: I think safety is first. That person’s new lead agency will contact that person by telephone and will go through a safety-risk assessment with them to make them feel like the community wants to care and support them through the treatment process. It starts there and if the person is willing and wants the services, they will go into how they approach trauma informed type of care. I can tell you that some clients will refuse the services anyways. These are clients that access many services over and over again, over time. And they, when they are approached through this HUB process, they decline it because they keep repeating their own

patterns of showing up at the hospital. That's what this is is doing is trying to decrease the amounts of visits they have to do by decreasing the addiction.

21:33 **Elyse**: In that process, I heard you mention a few times screening people. Is there a specific screening for trauma history that is done off-the-bat when working with these clients?

21:43 **Yvonne**: We're using Grief screening tools. We are using The Gain Short Screener, which identifies in 3-4 different areas that a client will show, where there will be flags if the client is ranking high up, then you navigate them to services that are best for them. They are looking at high-risk behaviors in each section, they look at mental health — so looking at psychosis and basic questions around trauma, and then substance abuse. So depending on how they score on that questionnaire, it helps us to see if there is some trauma because our questions are more along the lines of, "have you had any reoccurring thoughts about something in the past?" and then we will ask, "30 days 90 days or more." So they are very basic questions but they will definitely give us that kind of flag or indicator if there is probably some trauma there. And the other one is called The Basis 32. And The Basis 32 is looking at how they are functioning in different parts and areas of their life in the last ten days. So this is in the here-and-now and they're looking at how they are managing day to day life with how they are getting up, taking showers, showing up for things, a few questions about suicide and psychosis. So those are two screening methods that we use and they actually work really well. We ask in a broad way that it's enough information to find trauma there. That's at the first initial contact with them. From there it can unfold in many different ways based on the person, their behavior, where they're at, and all those different things. What's most important, going back to safety with this, we want to avoid re-traumatizing. That's the biggest thing for us.

24:02 **Elyse**: That's wonderful to come in with that awareness. To kind of just bring us back to the component of trauma, which is looking are post-traumatic growth and resiliency. I am just hoping to ask you how you've witnessed post-traumatic growth in the populations you've worked with and how that effects your practice or awareness of the possibility of rising from the ashes, as we say?

24:39 **Yvonne**: I think that when you look at post-traumatic growth, what we are looking at is that our clients are actually being able to function at some level with the trauma that they've been through, and that they are survivors. I can't say that enough. I don't know how often I actually say in that regards of how resilient a person is in the fact that they have survived and gone through that. They have functioned through it all, and gotten so much stronger. It comes from something that they can use in other areas in their life. I don't think they are aware for the most part, for the most part, that they have this strength. When we see them come through this they actually recognize the fact that they are survivors. They are good people, worthy of being cared about. Care for themselves. It's really inspiring.

25:53 **Elyse**: Caring for themselves is important. I am wondering what are some things, are there things going on in the community to acknowledge the support for populations with substance abuse? Things such as rally's, groups that are happening? Events that are related?

26:25 **Yvonne**: There are different things that are happening in the community for individuals

who maybe are having some challenges or some difficulties in areas of their life. We have a transitional care program at the hospital, and it's the mental health out-care unit, and they cover a lot and wide variety of different topics. It's called an open-group, so I believe there is 12-15 different areas that they work with. I will name a few for you. One of them would be trauma, anxiety, anger, depression. So what it is is that it's an open group that's once a week in a certain setting. And it revolves. So let's say there's 12 sessions, then it's every 12 weeks the cycle starts over. So if you miss one group you can go to the next, or you can go to them all. So it's a group that is teaching and giving an education on the specific subject but also strategies, whether that be grounding techniques or mindfulness, different things like that. If they don't have a position or an access to a psychiatrist, it's kind of a back-way door to get them referred for those services. So that's one group. We have an organization in the community that works with women in crisis, and they have several groups they offer. Everything from survivors of abuse to trauma to different things. They are also there to help navigate them through the system if they are navigating through the court. So they give them safety plans, give them cellphones, so many different things that we have in our community. We also have male-survivors sexual abuse group. It's only been around for a few years now, so for us, that's new for the community because it hasn't been very long. But were, it is recognized that that gap was there, that there are many groups for women but in our community that males didn't have anywhere that they can go for services. There's those things and there are health groups, AA, or ALANON, gamblers anon, disorders eating clinic. We have different types of services that try to put it out to the community versus only clients within an organization. So I am not sure if that answers your question, Elyse?

29:31 **Elyse**: Yeah that's great. I think it gives a systemic picture of what's being offer and possibilities for someone who may struggle with addiction. My last question for you is, for those who may be working in the field of addiction, and subsequently as we've discussed as survivors of trauma, can you offer a few final words as to why you feel being trauma informed about care and with one another is so vital?

30:06 **Yvonne**: Yeah, I can probably say a few things. And you know, what's wonderful is where we were 20-30 years ago to where we are today is amazing! That's important to put out there so that it can stay encouraging and to keep moving forward in this area. Any service delivery should really be evaluated on-going. And I mean that as at the organizational level and higher. Basically what happens often is organizations get stuck in doing things one way. They get comfortable in how they do things. That's where confidence gets built up. When change comes along then we have to challenge ourselves in that area. So I think that if a person wants to allow for growth on a personal, professional, and even on an agency level, it's too have an outcome that can change and not be afraid of it because that's where we are going to continue to grow and improve and collaborate in order to continuously best serve our clients who really do deserve the best that we have to give them. I think that we are challenged often in training dollars, sadly as budgets get cut or budgets don't get increased. There's many organizations, that's where they do their cuts, in the training portion of their budget I guess, and I think that's really sad. It truly is, well it becomes an obstacle in how organizations are based when it comes to being effective. Where anyone who is working in an organization where training hours are continuously being cut, that is something I'd be fighting for because it is so important and again, if I compare to my training 23 years ago & education to how things have changed over time. And I've had a lot of training and have been very fortunate where I've been to trainings and conferences and workshops over

the years. Had I not been able to do that I'd be living in a little box and my clients would be living there with me. It's really important. Not only are we looking at, in regards to training and working with clients, but it's so important that the workers are trained in compassionate fatigue and vicarious trauma. I really do strongly believe that those two areas should be a part of curriculum in universities and colleges. I can't say enough about that, we need to be able to learn about it in an educational level. So when you are coming up and the next pioneers in the field of addiction that you're one step ahead of us when it comes to knowing your own in your compassion and fatigue and how to deal with vicarious trauma. So, knowledge is power to stay healthy. Make sure that stays in the podcast!

33:45 **Elyse**: Thank you so much for offering those thoughts. I think those are so important to get out there. On behalf of the Institute on Trauma and Trauma Informed Care, thank you for taking time to speak with me. It's been wonderful.

34:03 **Yvonne**: Thanks, Elyse. This is once again something that is so new to me in regards to doing these new things. That's all within this generation in getting the word out there in so many different ways. Thank you for caring about this field. I appreciate you for inviting me to be a part of that today.