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Webinar

## An interdisciplinary panel discussion

### Recognising and Responding to Complex Trauma

Monday, 7<sup>th</sup> April 2014

**"Working together. Working better."**

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by **mhpn**

Mental Health Professionals' Network

MHPN gratefully acknowledges the support of Adults Surviving Child Abuse (ASCA) in the production of this webinar.



**This webinar is presented by**



MHPN is funded by the Commonwealth Department of Social Services to deliver this professional development series of three webinars to practitioners who support individuals and communities affected by or engaging in the [Royal Commission into Institutional Responses to Child Sexual Abuse](#).

**This webinar is presented by**



Tonight's panel

- Dr Cathy Kezelman (Consumer Advocate)
- Dr David Walker (General Practitioner)
- Mr Iggy Kim (Mental Health Nurse)
- Prof Louise Newman (Psychiatrist)

Facilitator

- Dr Mary Emeleus (General Practitioner)

## Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Comments posted in the chat boxes can be seen by participants and panellists. Please keep all comments on topic.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

## Learning Objectives



*Through an inter-disciplinary panel discussion about Tanya (case study), at the completion of the webinar participants will:*

- Understand the prevalence, epidemiology, characteristics and impact of complex trauma
- Be better equipped to recognize the physical, mental and psychosocial presentations which might indicate unresolved trauma.
- Acquire tips and strategies for interdisciplinary collaboration to support people who have been exposed to or experienced complex trauma

## Consumer Advocate Perspective



### Prevalance

Every day general practitioners will see, often unknowingly, a number of people experiencing the impacts of complex trauma

- People with diverse presentations, co-morbidities and/or unspecified pain
- In Australia 5 million adults have lived experience of unresolved trauma



Dr Cathy Kezelman

## Consumer Advocate Perspective



### What is trauma?

- Real or perceived threat to life, limb, self which threatens to overwhelm coping mechanisms
- It can be a single incident or complex - traumatic stresses are interpersonal, premeditated, planned
- Complex trauma is more prevalent and comprehensive in its effects

*Trauma from childhood is often especially damaging*

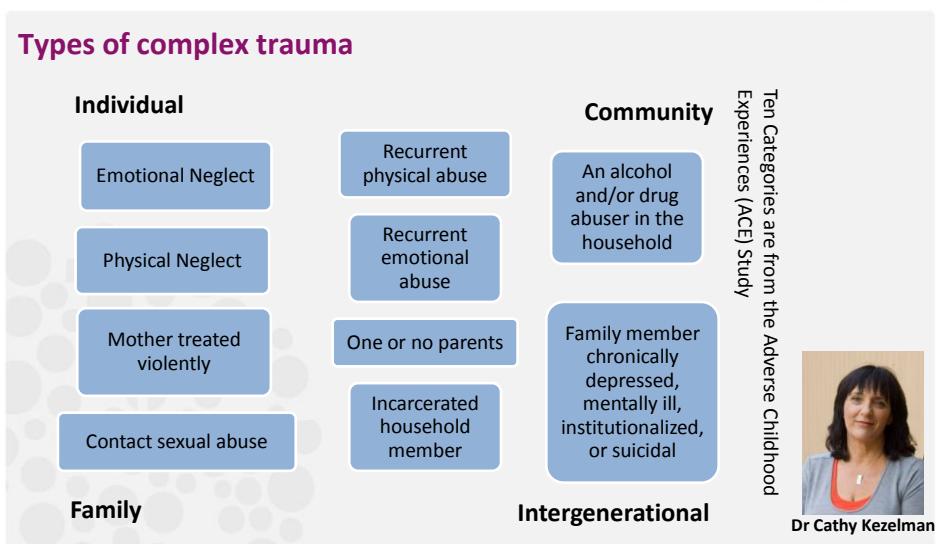


Dr Cathy Kezelman

## Consumer Advocate Perspective



### Types of complex trauma



## General Practitioner Perspective



**Tanya**

- Chaos!



**Dr David Walker**

## General Practitioner Perspective



### Logistics

- What procedures does your practice have in place for this (or other emergency) type presentations?
- How equipped are your staff for dealing with the agitated/aggressive patient?
- Personal safety for staff and practitioners?



Dr David Walker

## General Practitioner Perspective



### In my practice...

- A chance to defuse with the practice nurse (who has some mental health training) if time/rooms allow
- A focussed consult with me
- Explain logistical difficulties but highlight my desire to listen both now and as soon as possible in a more appropriate appointment time



Dr David Walker

## General Practitioner Perspective



### Right now...

1. Identify her biggest concern today:
  - ? letter of support to her employer
  - ? financial concerns e.g. rent but also perhaps medical costs etc
2. Risk:
  - to herself and others
3. Formulate a plan:
  - does she warrant admission and is she "safe"?
  - does she warrant medication e.g. small supply of benzodiazepaines?
  - If she doesn't need admission, how soon can you get her back in?
    - What's your waiting time?
    - Emergency slots?

Do you need external help and who can provide in your area? e.g. community Mental Health, Acute Care Team, Social Work, Non-government provider of mental health care.



Dr David Walker

## General Practitioner Perspective



### She's back...

1. Allow adequate time if possible - Yikes!
2. Gain rapport, build trust and aim to provide a safe place for her to unload
3. Full medical history
4. Full psych history
5. Medications both now and past agents
6. ATODS history



Dr David Walker

## General Practitioner Perspective



### She's back... (cont.)

7. Current social circumstances
8. Family history / Background
  - trauma history??? - only with care and only if appropriate now.... Don't have to achieve everything today
9. Set some "rules"
  - same doctor, especially for opiates, benzos
  - explore barriers to reliable GP care e.g. cost, transport, work etc
  - ? arrangements for the financially disadvantaged
    - care plans
    - chronic disease item numbers to help offset
10. Arrange regular ongoing appointments - how regular??



Dr David Walker

## Mental Health Nurse Perspective



### The relationship is the treatment

- Tanya's experience of the world is that it's dangerous and threatening
- How to minimise harm – from the front desk to the consulting room?



Mr Iggy Kim

## Mental Health Nurse Perspective



### It takes both sides to polarise

- 'Attention-seeking' is attachment-seeking
- Unsafe attachments can escalate – how we respond to Tanya can take on a life of their own



Mr Iggy Kim

## Mental Health Nurse Perspective



### Coordinate understanding and support among all staff

- Non-clinical staff are also part of the treatment relationship
- Trauma is everywhere – no species barrier between consumers and staff



Mr Iggy Kim

## Mental Health Nurse Perspective



### Tools are useful, but the toolbox is even more important

- The tools are only as good as the relationship and clinical theory that guides what to use (or not use) and when



Mr Iggy Kim

## Psychiatrist Perspective



### Recognising and Responding to Complex Trauma

- Issues in help seeking, trust and disclosure
- Difficulties regulating emotional states and behaviour; self harm and communication
- Managing the clinical interaction



Prof Louise Newman

## Psychiatrist Perspective



### Clarification of Developmental Issues

- Early attachment and trauma
- History of care and protection and response
- History of disclosure or disguised communications
- Impact of trauma on development
- Trauma related health and mental health presentations



Prof Louise Newman

## Psychiatrist Perspective



### Understanding of Self Experience

- Issues of interpersonal functioning and relationships
- Affective regulation and tolerance – negative states, triggers and attempts to self regulate
- Complex responses to stress – dissociation, anger and dysregulation, self-harm and risk
- Parenting issues – anxiety about repetition. Protective capacity



Prof Louise Newman

## Psychiatrist Perspective



### Clinical Response

- Engagement and therapeutic space – boundaries and clinical support
- Avoid premature 'diagnosis' and maintain a trauma –focussed understanding
- Validation, listening and containment
- Clinician self-care



Prof Louise Newman

## Consumer Advocate Perspective



### Trauma informed practice

#### 5 Core principles

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

What happened to the person? Not – what is wrong with the person?



Dr Cathy Kezelman

## Consumer Advocate Perspective



### Small responses make a difference

- Research shows that even severe early trauma can be resolved, and its negative intergenerational effects can be intercepted
- People can recover and their children can do well
- Don't underestimate the capacity of positive interactions to be soothing and validating, even in the most routine aspects of relating
- Positive relational experiences promote wellbeing



Dr Cathy Kezelman



Q&A session

## Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- This webinar is the first in a series of three webinars exploring collaborative care to support Tanya. Come to the next two webinars to hear how the service system responds to and supports Tanya:
  1. *Screening, Assessing and Recognising Complex Trauma*  
Tuesday, 20th May 2014
  2. *Working Therapeutically with Complex Trauma*  
Wednesday, 11th June 2014



Are you interested in establishing a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit [www.mhpn.org.au](http://www.mhpn.org.au)



**Thank you for your contribution and  
participation**

