

# Working with Survivors with Mental Health Related Needs

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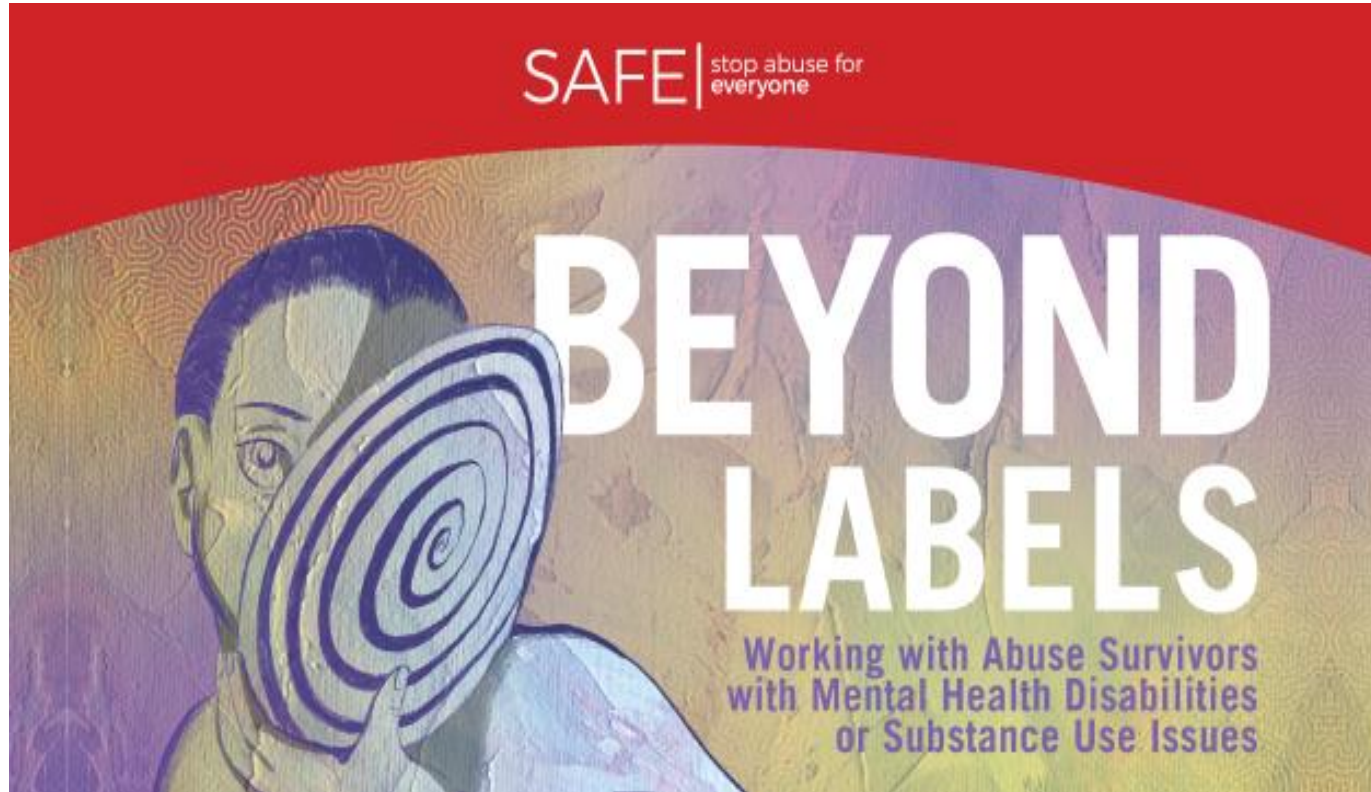
# SAFE | stop abuse for everyone

A merger of Austin Children's Shelter and SafePlace

- Training for people with disabilities on topics such as healthy relationships, sexuality, and personal safety
- Information, technical assistance, and training for individuals, disability service organizations, domestic violence and sexual assault workers, families, and others
- Community partnerships to recognize and address gaps in services for people with disabilities

This presentation is based on information from:  
BEYOND LABELS - Working with Abuse Survivors with Mental Health Disabilities  
or Substance Use Issues” © 2007, 2020 by SAFE

# SAFE



**Beyond Labels is a newly revised guide for victim service agencies.**

- ❖ Supports agencies and staff seeking to improve their response to survivors of violence.
- ❖ Includes strategies for working with survivors experiencing depression, anxiety, dissociation, flashbacks, hallucinations, self-injury, substance misuse or addiction, and other symptoms of violence.



Visit [safeaustin.org/beyondlabels](https://safeaustin.org/beyondlabels) to order.

# Learning Objectives

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1. Overview language used to discuss mental health.
2. Consider our understanding of trauma & the impact on the brain.
3. Explore the connections between trauma, mental health symptoms, and violence.
4. Enhance accessibility & supportive services to domestic violence and sexual assault survivors with mental health symptoms.

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# Language

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# What is Mental Health?

**One definition of mental health and well being includes a person's feeling that:**

**they are coping,  
are fairly in control of their lives,  
can manage challenges &  
responsibilities.**

World Federation for Mental Health, 2006

**A person who is mentally healthy has productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope.**



World Federation for Mental Health, 2006



# What is Mental Illness?

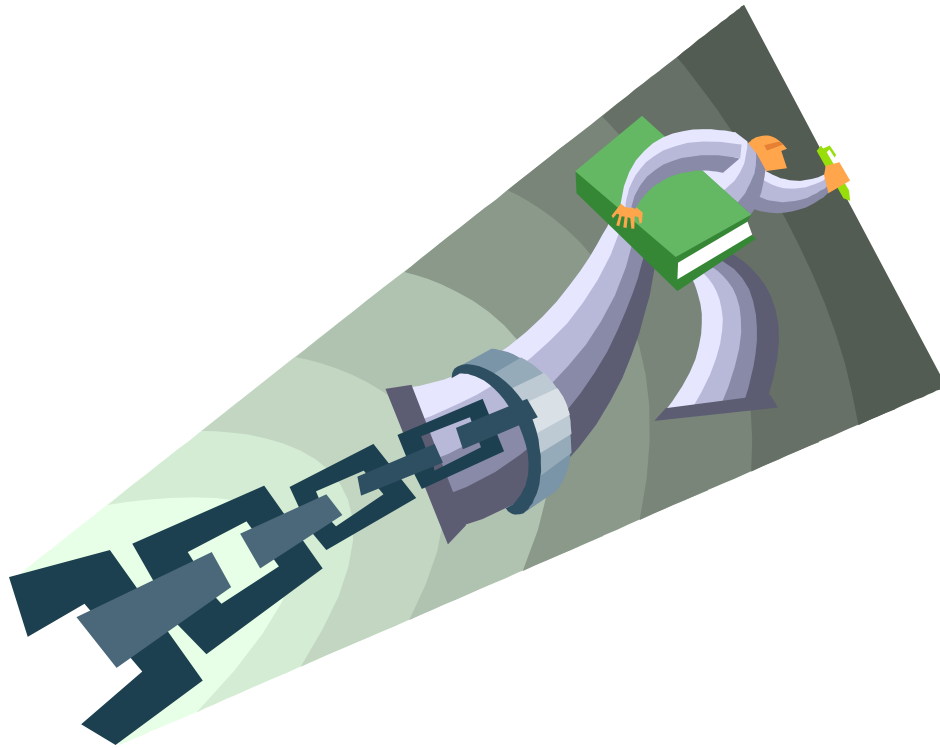
**Mental illness is a general term used to refer to all mental disorders.**

Mental disorders are health conditions that refer to changes in thinking, mood or behavior and are associated with distress and/or impaired functioning.

For survivors of trauma, including domestic and sexual violence, behaviors and symptoms that are associated with mental illness may develop as a coping response—an understandable adaptation to terrible events.



# Statistics and Links



# **The Leading Cause of Disability**

**Nearly one in five adults in the United States live with a mental illness**

(National Institute on Drug Abuse, August 2018)





Set background

Clear frame

**Benefits of diagnosis:**

**Possible harm from  
diagnosis:**



[https://jamboard.google.com/d/1ZARue6IX242oeoVS6\\_g919zW7-2qqE\\_oZnlQak5-sCE/edit?usp=sharing](https://jamboard.google.com/d/1ZARue6IX242oeoVS6_g919zW7-2qqE_oZnlQak5-sCE/edit?usp=sharing)

# To Label or Not to Label?

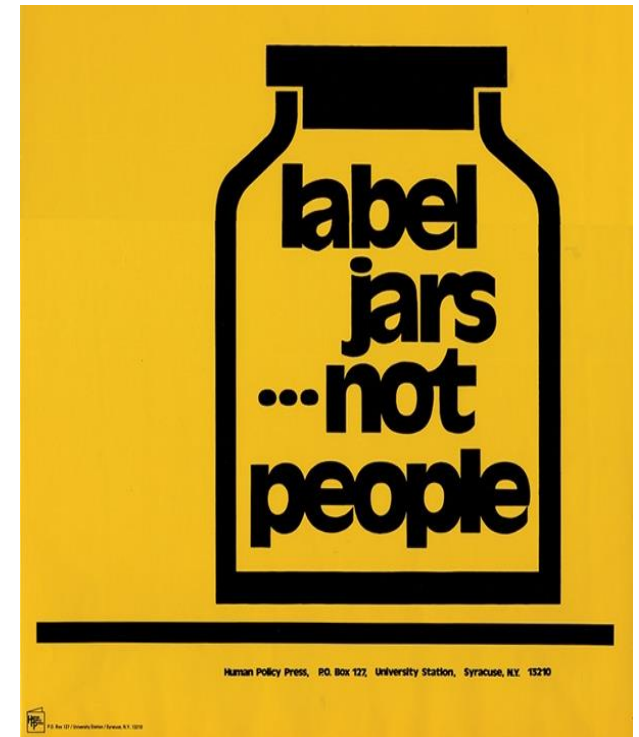
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## **Why label** (pros of diagnostic labels)?

- ✓ Access to mental health services
- ✓ Access to medications
- ✓ Provides a common language for professionals

## **Some results of diagnostic labels**

- ✓ Shifts the focus of the crisis
- ✓ Can follow survivors for years or a lifetime
- ✓ Person may not identify with the label



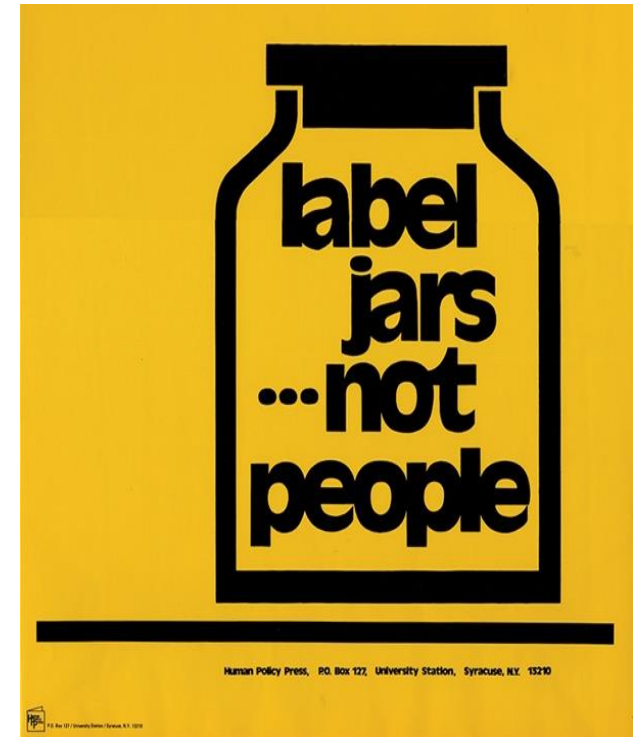
# To Label or Not to Label?

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## Cautions

- ✓ Diagnosis may be inaccurate or change
- ✓ Can increase stigma
- ✓ Documentation
- ✓ Diagnosis used by perpetrator
- ✓ Creates an filter through which everything a person does is seen...

YOU and ME by Debbie Sesula





# When Talking about Mental Health

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**Is referring to the diagnosis necessary? Is it relevant to the conversation? If yes....**

- Ask the person what the diagnosis means to them.
- Then, ask how they want you to refer to their diagnosis.
- If it's not relevant to the conversation...**don't do it!**
- Use person-first language
- Be cautious with **reclaimed terms**.

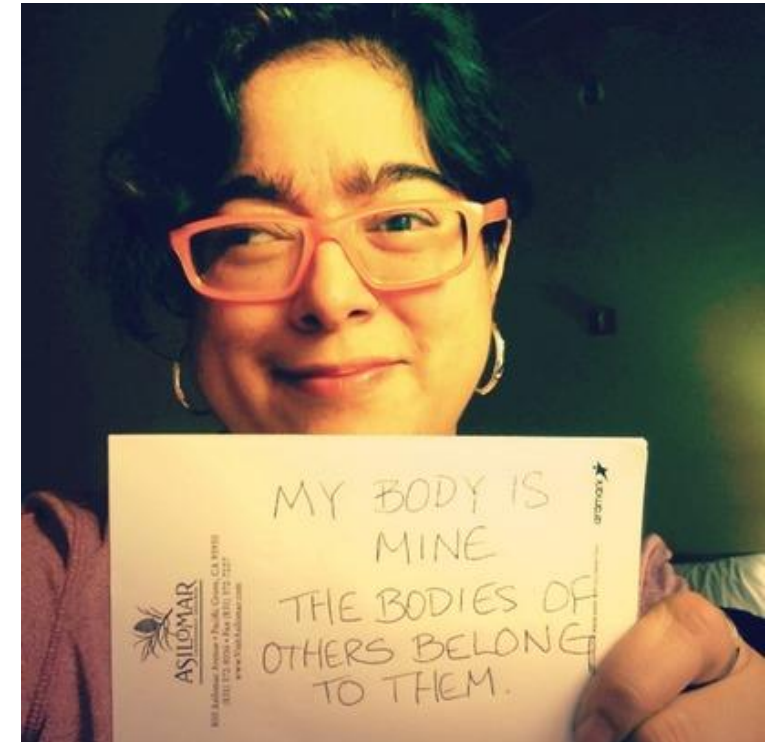


## Language!

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“Your words are one of the tools at your disposal to make justice....”

-Theresa Soto



# Trauma

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# What is trauma?

**Mind and body  
perception that the  
situation is...**

- ✓ **Life threatening**
- ✓ **Threat to the  
physical integrity of  
self and others**

**Person's nervous  
system is  
overwhelmed...**

- ✓ **Intense terror,  
helplessness,  
hopelessness**
- ✓ **Loss of control**

*(American Psychiatric Association, 2014; Levine, 1999)*

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# Trauma Is Not The Event....

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Based on the work of Peter Levine and Somatic Experiencing (SETI); Material developed by Maggie Kline & Kris Downing

# Traumatic Experiences Can...

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**Make us feel helpless**

**Threaten our boundaries or usual coping strategies**

**Overwhelm our capacity to:**

- ☐ Have a sense of control over ourselves and our immediate environment
- ☐ Maintain connections with others
- ☐ Make meaning of our experiences



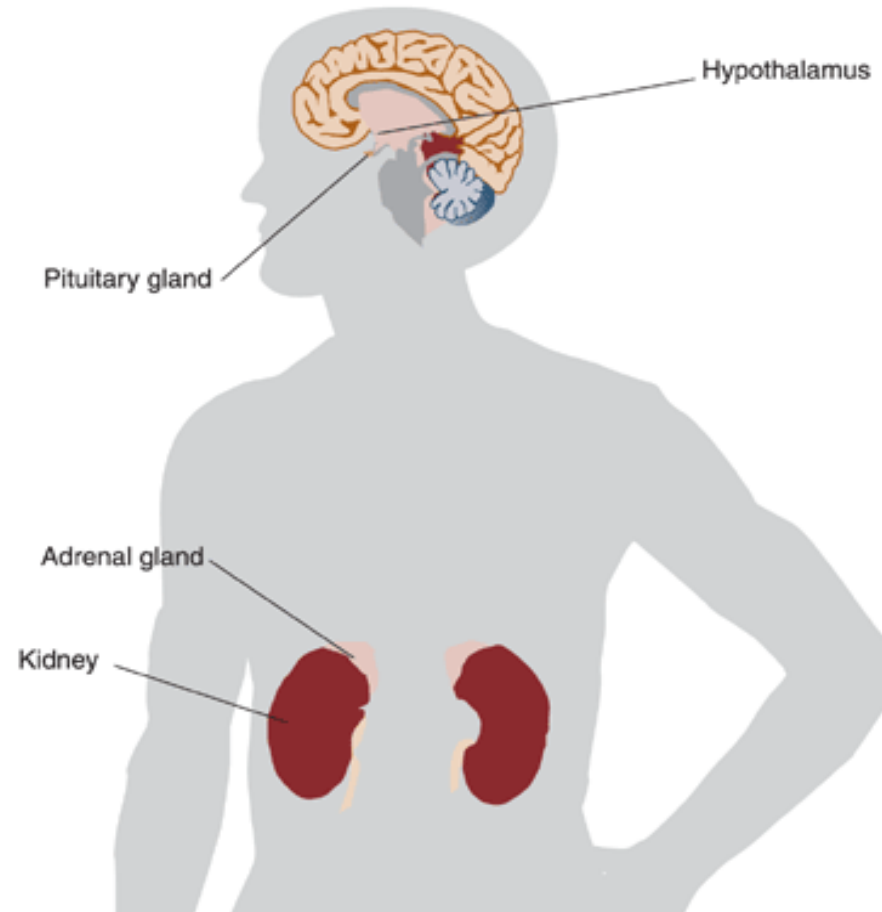
# Trauma and The Brain

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# Social Engagement, Fight, Flight, Freeze

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# What can *fight or flight* look like?



Put it in the chat

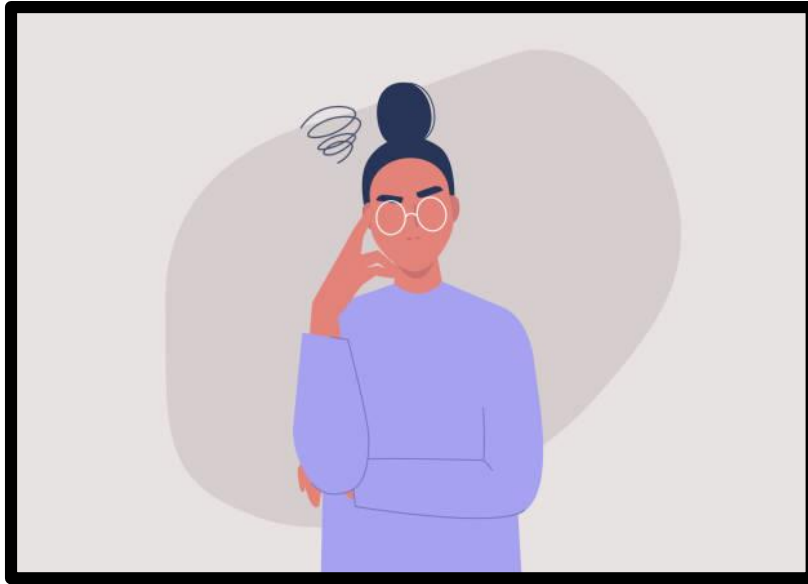
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unmute and share!

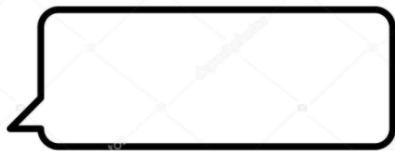


- Oppositional / defiant behavior
- Engaging in power struggles
- Aggressive behavior
- Angry explosive outbursts
- Hyperactivity, obsessive, compulsive behavior
- Restlessness, overly talkative
- Leaving-running away-dissociation

# What can *freeze* look like?



Put it in the chat OR unmute and share!



- Daydreaming, difficulty paying attention
- Disorganized, difficulty completing assignments
- Headaches, stomach problems
- Low energy, flat affect
- Isolating, withdrawn, few or no friends
- Extreme sensitivity to noise
- Alcohol and drug use / abuse

# When Safety Needs Are Not Met

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People are:

- More likely to tolerate harm
- More likely to be involved in harmful acts, due to familiarity
- More likely to use substances to alleviate pain
- More likely to seek out acceptance from others

# Trauma, Mental Health, and Violence

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# Childhood Trauma and Mental Health

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ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

- A high number and high intensity of ACEs result in a range of negative physical and mental health outcomes.
- A person with four ACEs is 460% more likely to experience clinical depression as an adult than someone with no ACEs.

(Felliti, 2002)

# Effects of Trauma on Mental Health

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Trauma experiences are linked to **hallucinations and delusions**, **depression**, suicidal tendencies, chronic anxiety, **hostility**, flashbacks, *sleep problems*, impaired memory, or **dissociation**.

# Mental Health and Trauma

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Study of 54 women with schizophrenia or schizoaffective disorder and co-occurring substance abuse or dependence:

- 61% had experienced childhood sexual abuse
- 48% reported childhood physical abuse
- 59% reported adulthood sexual abuse
- 82% reported adult physical abuse

81% of adults diagnosed with borderline personality disorder and 90% diagnosed with dissociative identity disorder reported sexual or physical abuse as children.

(Gearon, Kaltman, Brown, & Bellack, 2003)

(Herman, Perry, & Van der Kolk, 1989, Ross et al, 1990, as cited in Jennings, 2004a)

# Victimization

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In one survey of 936 people in Chicago with severe mental illness symptoms:

- Over 25% reported being victims of violent crime in the course of a year.
- At least eight times more to be robbed
- 15 times more likely to be assaulted
- 23 times more likely to be raped



(Teplin, McClelland, Abram, & Weiner, 2005, as cited in Levin, 2005)



# At increased risk for victimization....

- Abuser threatens hospitalization
- Symptoms can interfere with judgement, decision making, and cognitive functioning
- Person may not trust their instincts
- Less effective coping methods (substance abuse)
- May have burned out family and friends networks
- May have burned bridges with professional helpers

# At increased risk for victimization....

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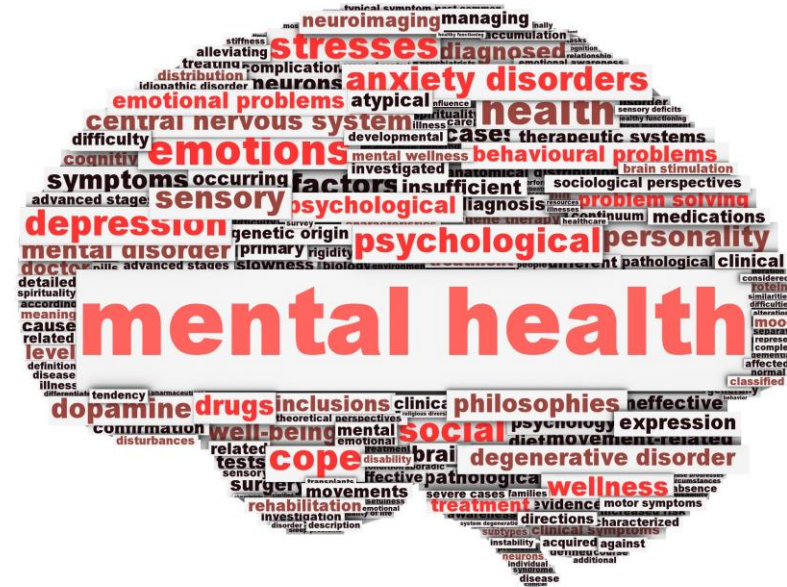
- Less likely to be viewed as credible by professional helpers
- Perpetrator's perception of easier targets
- Social isolation and segregation
- Routine boundary violations
- Societal stigma
- Over-medication as method of coping and control



# Barriers to Getting Supports

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- Under-funded public mental health systems
- Lack of available or affordable health insurance coverage that includes mental health services
- Varying availability of treatments
- Lack of training on addressing core issues (i.e., trauma associated with domestic violence and sexual assault)
- Restrictions on medications
- Relative lack of long-term therapeutic services



We're only deepening a stigma when we don't work with a survivor because they have other issues (like mental health related symptoms or substance use) in their lives.

- Erin Goodison, SAFE's Senior Director of Housing

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# Trauma-Informed Support

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Recovery from the effects of trauma, especially human caused trauma, requires growth promoting relationships and the willingness of survivors to risk reconnecting over time with friends, family, treatment providers, & community.



-Sidran Institute n.d.

# Trauma-informed care and support:

## A shift in thinking



Instead of asking...

“What is wrong with you?”  
ask

“What happened to you?”



# Trauma Informed Values

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- **Safety:** Will I be safe here and with you— physically *and* emotionally?
- **Trustworthiness:** Can I believe in you to tell me the truth and be honest?
- **Choice:** Will I be able to make decision or are you making all of the decisions for me?
- **Collaboration:** Will you tell me what to do or will you work with me?
- **Empowerment:** Will you support me to find and use my own voice?



# Trauma-Informed Reminders

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- Behaviors categorized as dysfunctional may be better known as coping responses.
- Offer collaborative partnerships around various issues/needs and provide options and real choices.
- Behavior is communication.



# Accommodations

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**Accommodations** allow someone to do something they would not otherwise be able to do, or makes it easier for them to do

**Types:**

1. Physical device
2. Adaptation
3. Service
4. Approach
5. Communication



# Asking about accommodations....

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Ask about accommodations - **after a person's eligibility for services has been determined.**

You can say:

- ☐ "If you discover you need anything while you are receiving services, let us know."
- ☐ "Do you know of any needs you have that we can help you with while you are here?"

Give examples:

1. Information on how the building is laid out.
2. Meeting with a support or advocacy group?
3. How and where to store medication?
4. Advance planning in case of a crisis?

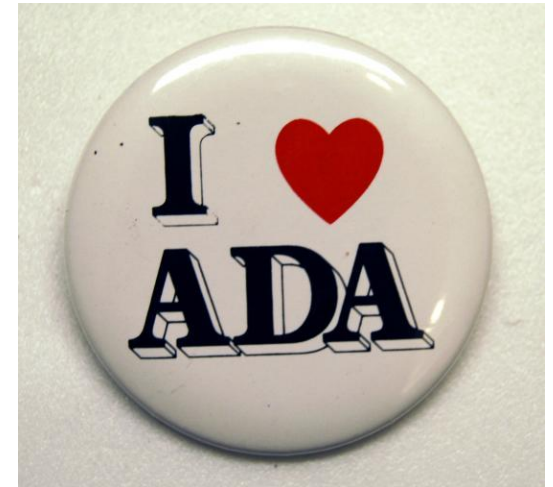


# The Americans with Disabilities Act (ADA)

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- Civil rights law (1990)
- Guarantees people with disabilities the right to equal opportunity and equal access to the very same benefits and privileges enjoyed by people without disabilities in their own communities.
- Requires service providers to make *reasonable modifications to policy and procedure*.



**Department of Justice-Disability Rights Section**  
**Americans with Disabilities Act Office – 800/514-0301 (Voice) or 800/514 0383 (TTY)**  
**<https://www.justice.gov/crt/disability-rights-section>**

# Trauma-Informed Intake

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## Information to obtain:

- barriers the survivor has experienced in the past
- fears they have about using your services
- ways the survivor's has coped and survived up to this point in time
- has the survivor tried to get help in the past
- who is in the survivor's support network
- are there other helpful resources available
- the survivor's needs for autonomy
- the survivor's need for privacy





# After a disclosure of a mental health related diagnosis or symptoms

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The person is probably not asking you to solve a problem.

If the person does want to talk further or does ask for help, it's important to avoid overwhelming the person with too many questions or suggestions. You might ask:

- What does this mean to you?
- What is hard for you right now?
- Who gave you this diagnosis?
- Have you ever received treatment? What about now?
- Is there anything we can do to support you?
- Have you participated in support groups in the past?



# Communication

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- Establish trust
- Pay attention to your own body language, tone of voice, and facial expressions.
- Your offers of help may be met with suspicion.
- Whispering, laughing with other staff, talking on telephone, and text messaging may create fear about what is happening.
- Expecting a person to follow guidelines and boundaries is treating a person with respect.







# Neurobiological Interventions

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- Introduce the person to new environments.
- Provide opportunity for real sharing of control.
- Comfort and orienting to the present with animals/pets.
- Prevent sensory overload (intense sights, sounds or bodily sensations can frighten or bewilder the person).
- Develop trust – honesty and truthfulness is paramount.

Campbell, R., 2012, NIJ

# Neurobiological Interventions

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- Creative expression (use more than one sense at a time - music and dancing; drawing and music, yoga and sound, etc.)
- Physical exercise
- Relaxation, mindfulness, and grounding exercises
- Sleep, healthy diets, hydration
- Meditation, Yoga

Campbell, R., 2012, NIJ

# Activity: Take Action!



## Directions:

1. Take 3 minutes to reflect on what you learned.
2. Think about where you have the power to create change:
  - Policies
  - Direct interaction
  - Training/Protocol
  - Outreach/Materials
3. Identify 2 things you can do immediately to make your services more trauma informed and accessible for survivors with mental health related needs

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Share it in the chat

OR

unmute and share!



# Resources

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Mental Health America

<http://www.mentalhealthamerica.net/>

National Alliance on Mental Illness

[www.nami.org](http://www.nami.org)

National Institute of Mental Health

[www.nimh.nih.gov](http://www.nimh.nih.gov)

Disability Rights Texas

<https://www.disabilityrightstx.org/>

# Questions?

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# Part II

## January 13, 2022

# Working with Survivors with Substance Abuse/Addiction

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DISABILITY SERVICES  
EDUCATOR & TRAINING COORDINATOR

# Thank you!

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**Heidi Lersch, Program Manager**

**Michelle Schwartz, Program Director**

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**disabilityservices@safeaustin.org**

**24-hour SAFEline**

Call: 512.267.SAFE (7233)

Text: 737.888.SAFE (7233)

Chat: [www.safeaustin.org/chat](http://www.safeaustin.org/chat)

For Deaf, DeafBlind, DeafDisabled,  
Hard of Hearing people, please use relay/VRS

# References

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- American Foundation for Suicide Prevention. (2006). *When you fear someone may take their own life. Frequently asked questions*. Retrieved October 25, 2006, from [www.afsp.org](http://www.afsp.org)
- Caldwell, B., LeBel, J., Huckshorn, K., & Stromberg, N. (2006, September 20-22). *Creating violence free and coercion free mental health treatment environments for the reduction of seclusion and restraint*. San Antonio, TX: Seclusion and Restraint Training Institute, Hogg Foundation.
- Canadian Mental Health Association, BC Division. (2005, March). *Violence and mental health symptoms: Unpacking the myths*. Fact Sheet. Retrieved June 27, 2006, from [www.cmha.bc.ca/files/3-violence\\_myths.pdf](http://www.cmha.bc.ca/files/3-violence_myths.pdf)
- Carmen, E., et al. (1996, January 25). *Task force on the restraint and seclusion of persons who have been physically or sexually abused: Report and recommendations*. Appendix: De-escalation form for DMH facilities/vendors. Massachusetts Department of Mental Health.
- Felitti, V.J. (2002). "The Relationship of adverse childhood experiences to adult health: Turning gold into lead." *The Permanente Journal*. (6) 44-47. Retrieved April 17, 2007, from [www.acestudy.org/docs/GoldintoLead.pdf](http://www.acestudy.org/docs/GoldintoLead.pdf)
- Gearon, J.S., Kaltman, S.I., Brown, C., & Bellack, A. (2003, April). Traumatic life events and PTSD among women with substance use disorders and schizophrenia. *Psychiatric Services*, 54(4), 523-528.
- Herman, J. (1992). *Trauma and Recovery*. New York, NY: Basic Books.



# References

---

- Hoog, C. (revised 2004). *Model protocol on screening practices for domestic violence victims with disabilities*. Abused Deaf Women's Advocacy Services for the Washington State Coalition Against Domestic Violence. Retrieved December 5, 2006, from [www.wscadv.org/projects/screening\\_protocol.pdf](http://www.wscadv.org/projects/screening_protocol.pdf)
- Jennings, A. (2004a). *The damaging consequences of violence and trauma: Facts, discussion points, and recommendations for the behavioral health system*. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors. Retrieved from [www.nasmhpd.org/general\\_files/publications/ntac\\_pubs/reports/Trauma%20Services%20doc%20FINAL-04.pdf](http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/Trauma%20Services%20doc%20FINAL-04.pdf)
- Kelly, N. (n.d.) *Self-injury*. Fact sheet. SAFE: Austin, TX.
- Kilburn, E. & Whitlock, J.L. (2009). Distraction techniques and alternative coping strategies. The Practical Matters Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY Retrieved from [www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-2.pdf](http://www.selfinjury.bctr.cornell.edu/perch/resources/distraction-techniques-pm-2.pdf)
- King, D., & Schwartz, M. (2020). Beyond Labels, Working with Abuse Survivors with Mental Health Disabilities or Substance Use Issues. SAFE, P. O. Box 19454, Austin, Texas 78760. [www.safeaustin.org/disability](http://www.safeaustin.org/disability)

# References

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- Levin, A. (2005, September 2). People with mental health symptoms more often crime victims. *Psychiatric News*. (40) 17, p. 16. American Psychiatric Publishing, Inc. Retrieved March 27, 2007, from [www.pn.psychiatryon-line.org/cgi/content/full/40/17/16](http://www.pn.psychiatryon-line.org/cgi/content/full/40/17/16)
- M. (n.d.). About This Project. Retrieved February 20, 2019, from <https://whatisableism.tumblr.com/about>
- Maine Substance Abuse and Mental Health Services. (2019). *Rights and legal issues – Sample crisis plan*. Main Department of Health and Human
- Mazelis, R. (2003, October). *Understanding and responding to women living with self-inflicted violence*. Women, Co-Occurring Disorders and Violence Study. Retrieved January 5, 2006, from [www.healingselfinjury.org/SelfInjury%20Fact%20Sheet%20Final.pdf](http://www.healingselfinjury.org/SelfInjury%20Fact%20Sheet%20Final.pdf)
- Mental Health America (2001). *America's Mental Health Survey*. Roper Starch Worldwide, Inc. (At the time of the survey, Mental Health America was known as National Mental Health Association). Retrieved May 10, 2007, from [www1.nmha.org/pdfdocs/mentalhealthreport2001.pdf](http://www1.nmha.org/pdfdocs/mentalhealthreport2001.pdf)
- Mental Health America. (2006). *When mental health is compromised; barriers to care, social discrimination; mental disorders, the labels; screening for suicide risk; key national mental health organizations; medication overview; history of mental health movement*. Sections prepared for SAFE.

# References

- Mueser, K.T., Goodman, L.B., Trumbetta, S.L., Rosenberg, S.D., Osher, C., Vidaver, R., Auciello, P., & Foy, D.W. (1998). Trauma and posttraumatic stress disorder in severe mental health symptoms. *Journal of Consulting and Clinical Psychology*, 66, 493-499.
- Ramsey, F. (2014, October 02). The 10 Phrases I've Stopped Saying And The People Who Appreciate Me For It. Retrieved January 23, 2019, from <https://www.upworthy.com/the-10-phrases-ive-stopped-saying-and-the-people-who-appreciate-me-for-it>
- Saakvitne, K., Gamble, S., Pearlman, L.A., & Tabor Lev, B. (2000). *Risking connection: A training curriculum for working with survivors of childhood abuse*. Sidran Institute. Baltimore, MD: The Sidran Press
- San Francisco Suicide Prevention. (2006, March 13). *P.L.A.I.D. P.A.L.S.* Retrieved June 16, 2006, from [www.sfsuicide.org/html/plaid.html](http://www.sfsuicide.org/html/plaid.html)
- Substance Abuse and Mental Health Services Administration (SAMSHA). (2002). CSAT.
- Substance Abuse and Mental Health Services Administration. (2015, September). *Behavioral health trends in the United States: National survey on drug use and health*. Retrieved November 16, 2018, from [www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf)
- Texas Suicide Prevention Community Network. (2004). *Suicide prevention – Coming together to care. A suicide prevention toolkit for Texas communities*. Mental Health Association in Texas. Retrieved September, 2006, from [www.mhatexas.org/SuicidePreventToolkit8\\_04.htm](http://www.mhatexas.org/SuicidePreventToolkit8_04.htm)

# References

---

- U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, race, and ethnicity – a supplement to Mental health: A report to the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved March, 2006, from [www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf](http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf)
- U.S. Department of Health and Human Services. (2005). *Mental health response to mass violence and terrorism: a field guide*. Substance Abuse and Mental Health Services Administration. Retrieved March 2006, from [www.nicic.org/Library/021221](http://www.nicic.org/Library/021221)
- Warshaw, C., & Pease, T. (2006, July 11). *Domestic violence, trauma, and mental health: a national dialogue*. Workshop presented at 12<sup>th</sup> national conference on domestic violence, “Organizing for Collective Power,” National Coalition Against Domestic Violence, Atlanta, GA.
- Weisburd, D.E. (Producer/Director). (1994). *Community encounters; A co-training effort; Families and law enforcement. Parts I, II, III*. (Motion Picture). National Alliance for the Mentally Ill – California.
- Witness Justice. (2007). *Trauma – The “common denominator”*. Developed in collaboration with the Center for Mental Health Services’ Center on Women, Violence and Trauma. Retrieved April 26, 2007, from [www.witnessjustice.org/health/trauma.cfm](http://www.witnessjustice.org/health/trauma.cfm)