SUPPORTING ADAPTATION AFTER TRAUMA WITHIN AN INTEGRATION FRAMEWORK

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Mobilizing Knowledge to Inspire Action
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Silove’s Adaptation and Development After Persecution & Trauma Model

- An integrative psychosocial framework for connecting the multiple issues, stressors and resources facing war-affected individuals (Silove, 2005).

- The hypothesis underpinning the model is that extreme trauma fundamentally challenges one or more of 5 major adaptive systems which sustain “a state of psychosocial equilibrium in individuals and their communities” (Silove, 1999): safety, bonds/attachment, identity/roles, justice and existential meaning.

- Adaptation refers to the ability of individuals and society to adjust to new information and experiences. Adaptation involves learning and adopting new behaviours to cope with change and constantly changing environments (Yohani, 2014).

- In the aftermath of war trauma, individuals and communities actively defend and maintain these five systems of psychosocial stability.

- Individual and collective mental health disorders can reflect a failure to adapt both individually and in the psychosocial environment in the aftermath following trauma.


The hypothesis underpinning this model proposes that extreme trauma represents a fundamental challenge to one or more of these adaptive systems that bolster psychosocial equilibrium in individuals and their community – Silove, 2006.
Example: Bonds and Attachment in War-Affected Youth (Yohani, 2015+)

“Children seek protection in networks of social support…conflict and violent social change have affected social welfare networks between families and communities” (Machel Report, 1996, p. 9)

A supportive post-trauma environment becomes important in mobilizing adaptive responses in youth and their families.

<table>
<thead>
<tr>
<th>TYPES OF THREAT</th>
<th>ADAPTIVE RESPONSE</th>
<th>MALADAPTIVE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witnessing violence against friends/family</td>
<td>Social, family, &amp; peer support</td>
<td>PTSD symptoms: Re-experiencing, avoidance &amp; hyper-arousal</td>
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<td>Separation from caregiver</td>
<td>Open-minded &amp; flexible foster placements in settlement countries</td>
<td>Impaired family functioning</td>
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<td>Traumatized caregivers</td>
<td>Adoptions in child’s community handled with discretion</td>
<td>Children unwilling/unable to play with others</td>
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<td>Community connections &amp; supports damaged</td>
<td>Community/sociocultural reconstruction</td>
<td>Feeling guilty</td>
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<td>Caregivers unaware of child’s mental health issues</td>
<td>Community involvement</td>
<td>Depression/sadness</td>
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<td>Caregivers fails to notice or discourages re-experiencing play</td>
<td>Supportive environments in orphanages &amp; schools</td>
<td>Anxiety</td>
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<td>Difficult relationships with teachers in settlement countries</td>
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<td>Disrupted family</td>
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<td>Lack of social support (eg. school, peers)</td>
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</tbody>
</table>

Example: Supporting Bonds and Attachment

- Support parents to parent successfully
- Support communities to maintain cultural practices and stay connected to roots
- Support youth to keep home language alive
- Support community development initiatives that foster social interaction and supports – e.g. women’s groups
- Attachment-based therapeutic interventions
- Family-focused therapeutic interventions
- Other???
For more information about the ADAPT Model and applications to different populations see:


