Trauma Informed Care

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Objectives

The participant will understand:

- Sources of potential trauma and complex trauma for individuals served by child serving systems.
- Impact of trauma on emotional and behavioral functioning
- Principles of trauma-informed systems.

What We Know…

- Individuals with histories of trauma are likely to present to primary care with many physical problems/complaints.
- Their behavior can interfere with patient-provider communication, impede compliance with treatment regimens, and generally, frustrate the practitioner.
- More importantly, these patients are at high risk for deteriorating health.

Most people who have experienced traumas do not seek mental health services. Instead, they look for assistance and care in the primary care setting.

Trauma Defined...

- an emotional shock that creates significant and lasting damage to a person's mental, physical and emotional growth.

- Traumatic experiences can significantly alter a person's perception of themselves, their environment, and the people around them. In effect, trauma changes the way people view themselves, others and their world.

- Can impact safety, well-being, permanence.

Prevalence

- Over 90% of mental health clients have trauma histories.
- In state hospitals, estimates range up to 95%.
- 90% or more of women in jails and prisons are victims of physical or sexual abuse.
- Up to 2/3 of men and women in substance abuse treatment report childhood abuse or neglect.
- Similar statistics exist for foster care, juvenile justice, homeless shelters, welfare programs, etc.
- Boys who experience or witness violence are 1000 times more likely to commit violence.

Vulnerable Populations

- Children & women
- American Indian/Alaska Native
- Veterans
- Refugees and immigrants
- People who are homeless
- Individuals who are LGBTQ
- People who are institutionalized in mental health or criminal justice systems

Trauma occurs in layers, with each layer affecting every other layer. Current trauma is one layer. Former traumas in one's life are more fundamental layers. Underlying one's own individual trauma history is one's group identity or identities and the historical trauma with which they are associated.

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Exposure to Trauma

Trauma can be:

- A single event
- A connected series of events
- Chronic lasting stress

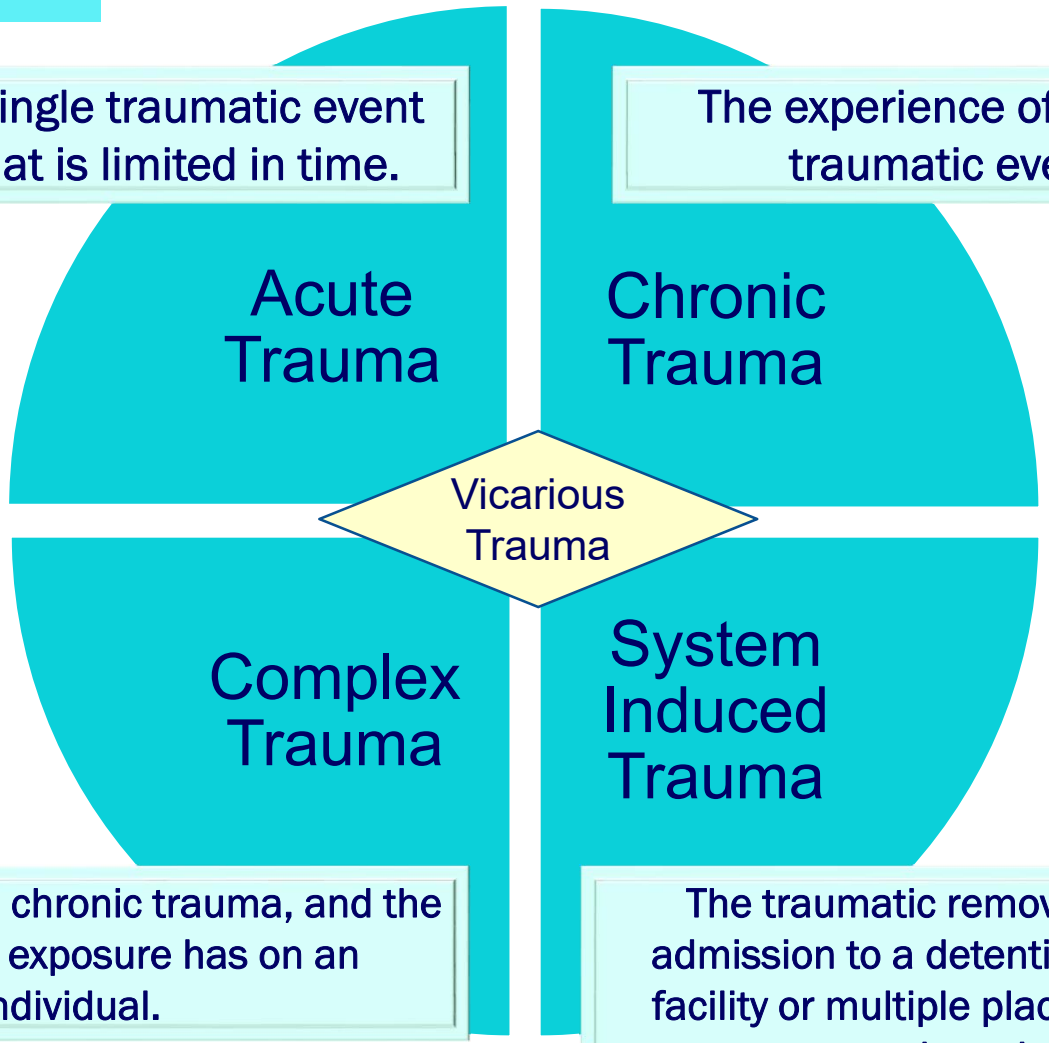
Trauma is under-reported and under-diagnosed.

(NTAC, 2004)

Types of Traumatic Experiences

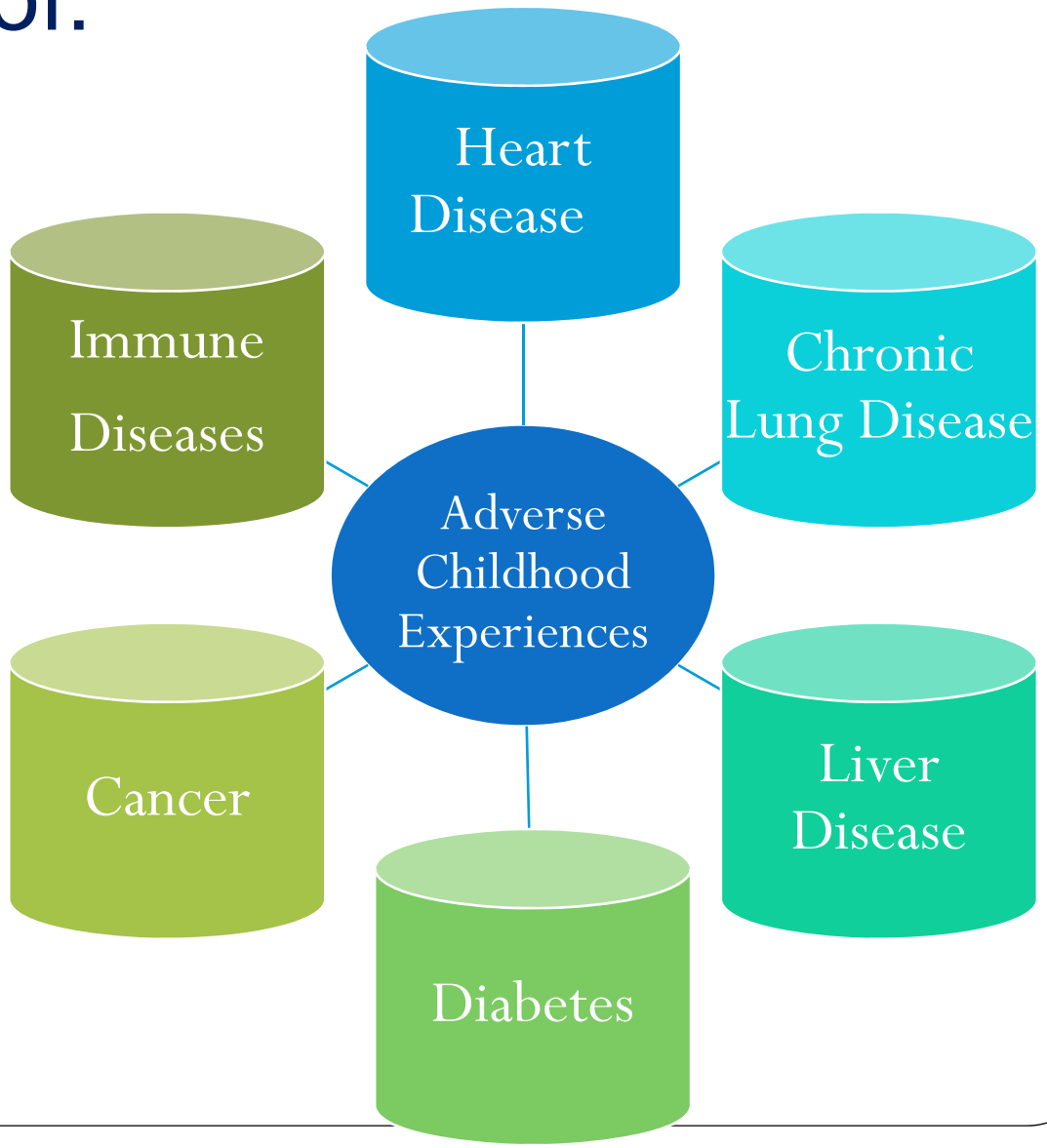
- Loss of a loved one
- Abandonment
- Accidents
- Homelessness
- Community/school violence
- Bullying, including cyber-bullying
- Domestic violence
- Neglect
- Frequent moves
- Serious medical Illness
- Physical abuse
- Sexual abuse
- Emotional/verbal abuse
- Man-made or natural disasters
- Witnessing violence
- Terrorism
- Refugee and War Zone trauma

Types of Trauma



Adverse childhood experiences increase the risk of:

4 or more traumatic experiences shorten life expectancy by 20 years



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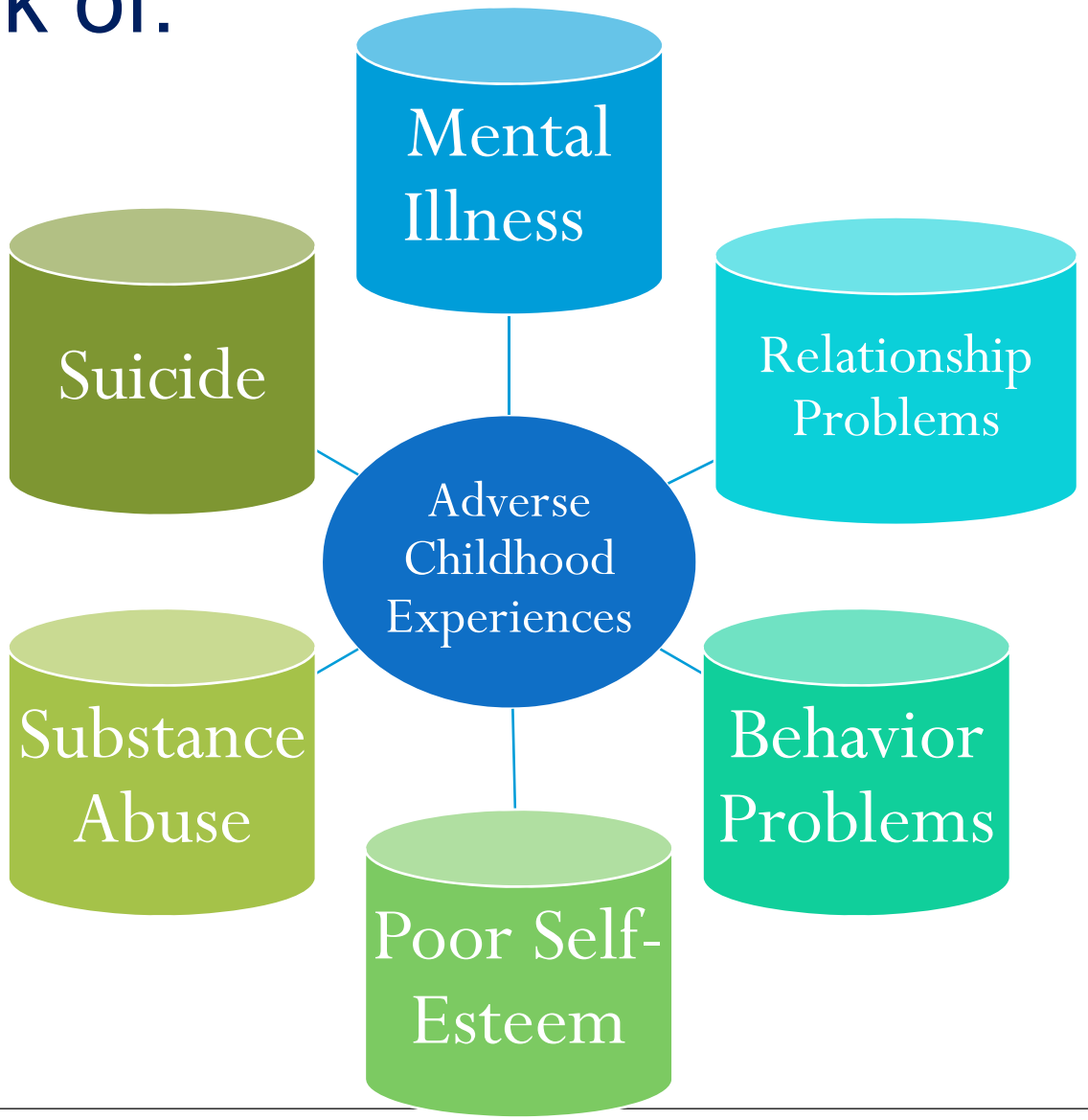


ACE Study Facts

- Adults with ACE score $\geq$4 are 460% more likely to have lifetime history of depression.

- Adults with ACE score $\geq$5 are 16 times more likely to have lifetime history of alcoholism.

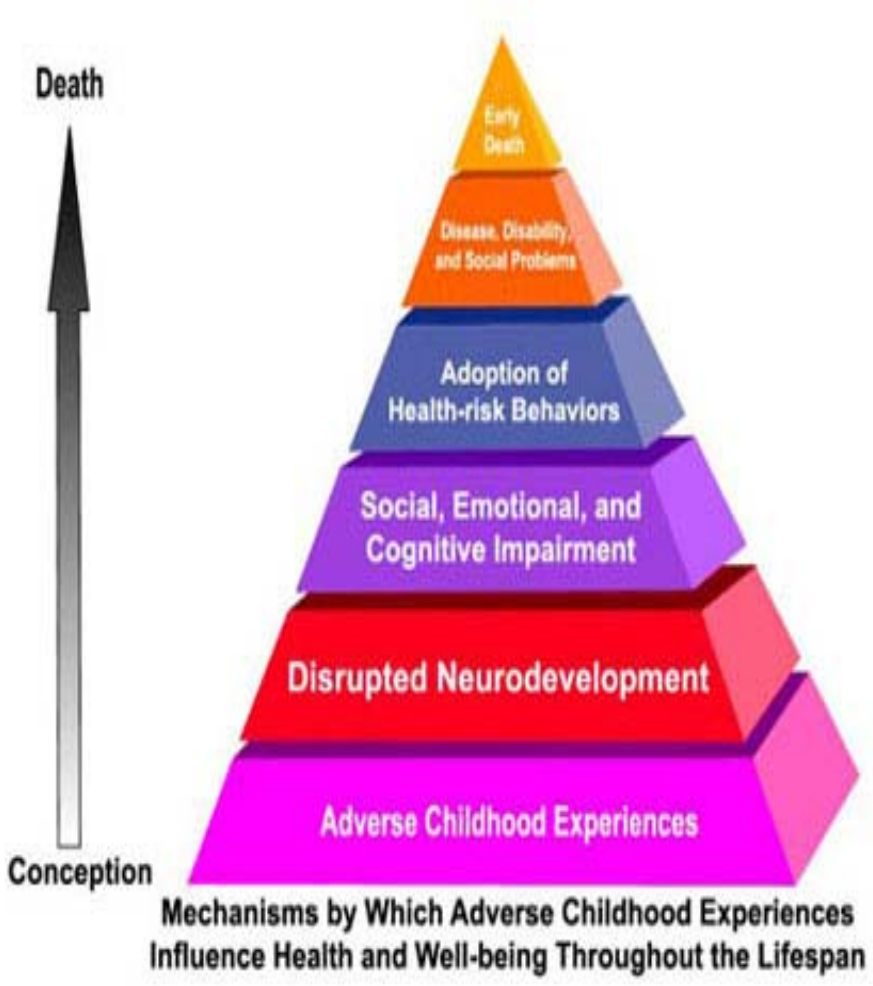
- ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's & individuals who reported *6 or more ACEs* had 24.36 times increased odds of attempting suicide.

Impact of Trauma Over the Life Span

ACE Study - effects are neurological, biological, psychological and social in nature, including:

- Changes in neurobiology
- Social, emotional and cognitive impairment
- Adoption of health-risk behaviors as coping mechanisms
- Severe and persistent behavioral health, physical health, social problems, and early death

(Felitti)



Impact of Exposure to Trauma

Can cause impairments in many areas of development & functioning, including:

- Attachment – Difficulty relating to & empathizing with others; believe the world to be uncertain & unpredictable

- Biology – problems with sensation & movement, including hypersensitivity to physical contact & insensitivity to pain; physical symptoms & increased medical problems

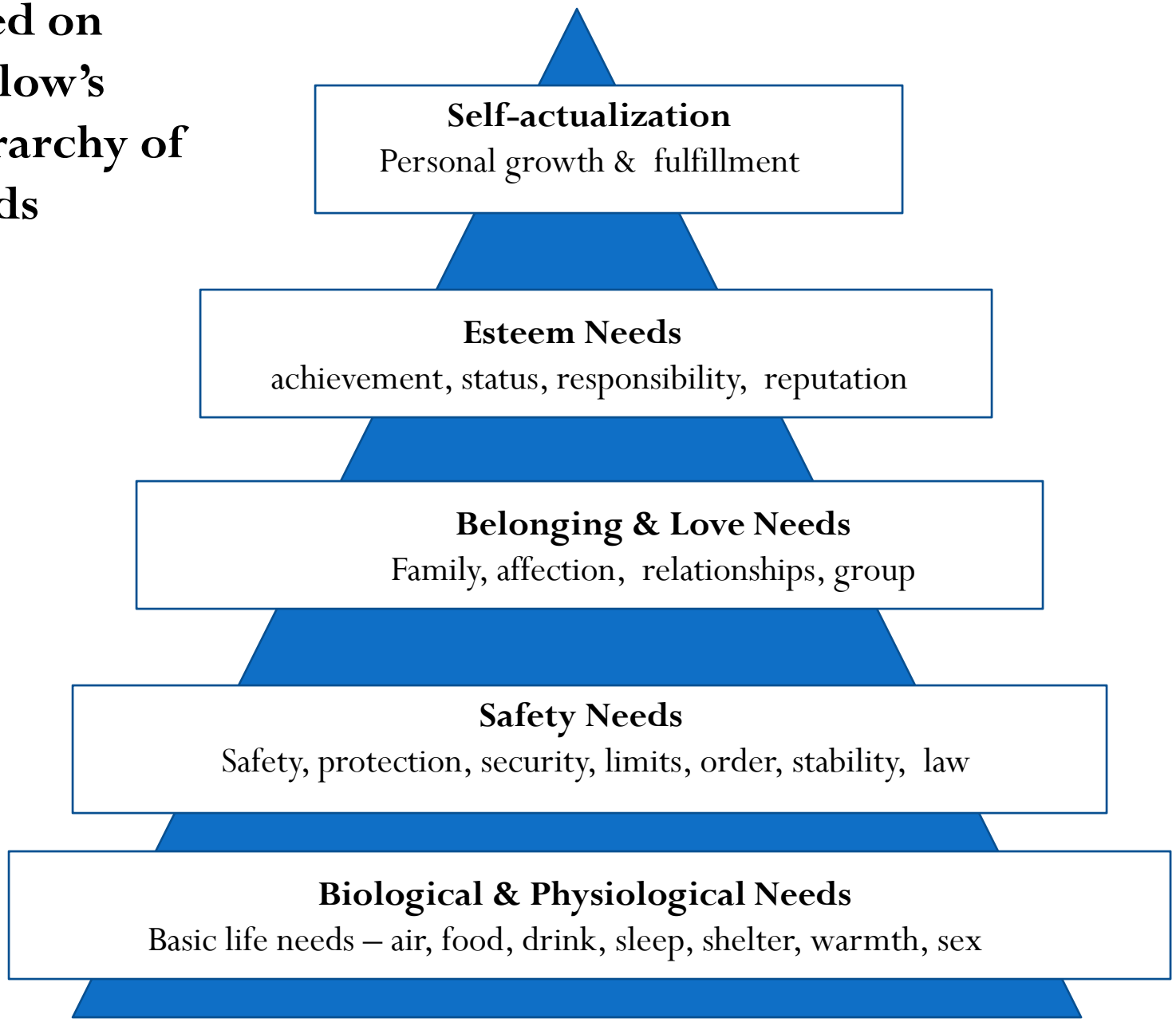
Impact of Trauma, cont.

- Mood Regulation – difficulty identifying & controlling emotions & internal states
- Behavioral Control - poor impulse control, self-destructive behavior, aggression, risk taking behavior
- Dissociation – feeling detached, as if observing something happening to them that is not real

Impact of Trauma, cont.

- Cognition – difficult focusing & completing tasks or anticipating future events; learning difficulties & problems with language development
- Self-concept – feeling shame/guilt; low self-esteem, disturbed body image
- Loss & Betrayal - loss of part(s) of their life; distrust of others
- Powerlessness – perceive self as victim; have no say in what happens to them; unable to control their lives, etc.

Based on Maslow's Hierarchy of Needs



Trauma-Specific Interventions

- Services designed specifically to address violence, trauma, and related symptoms and reactions.

- The intent of the activities is to increase skills and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life, and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.

TRAUMA INFORMED PRACTICE

Trauma Informed	Non-Trauma Informed
Recognition of high prevalence of trauma	Lack of education on trauma prevalence & “universal” precautions
Recognition of primary and co-occurring trauma diagnoses	Over-diagnosis of Schizophrenia & Bipolar D/O, Conduct D/O & singular addictions
Assess for traumatic histories & symptoms	Cursory or no trauma assessment
Recognition of culture and practices that are re-traumatizing	“Tradition of Toughness” valued as best care approach

TRAUMA INFORMED PRACTICE

Trauma Informed	Non-Trauma Informed
Power/control minimized - constant attention to culture	Locked doors, security, uniforms, staff demeanor, tone of voice
Caregivers/supporters – collaboration	Rule enforcers – compliance
Address training needs of staff to improve knowledge & sensitivity	“Client-blaming” as fallback position without training
Staff understand function of behavior (rage, repetition-compulsion, self-injury)	Behavior seen as intentionally provocative

TRAUMA INFORMED PRACTICE

Trauma Informed	Non-Trauma Informed
Objective, neutral language	Labeling language: manipulative, needy, resistant, "attention-seeking"
Transparent systems open to outside parties	Closed system – advocates discouraged

(Fallot & Harris, 2002; Cook et al., 2002, Ford, 2003, Cusack et al., Jennings, 1998, Prescott, 2000)

Trauma Informed Systems

UNIVERSAL PRECAUTIONS

Presume that every person in a treatment setting has been exposed to abuse, violence, neglect, or other traumatic event(s).

"What has happened to you?"

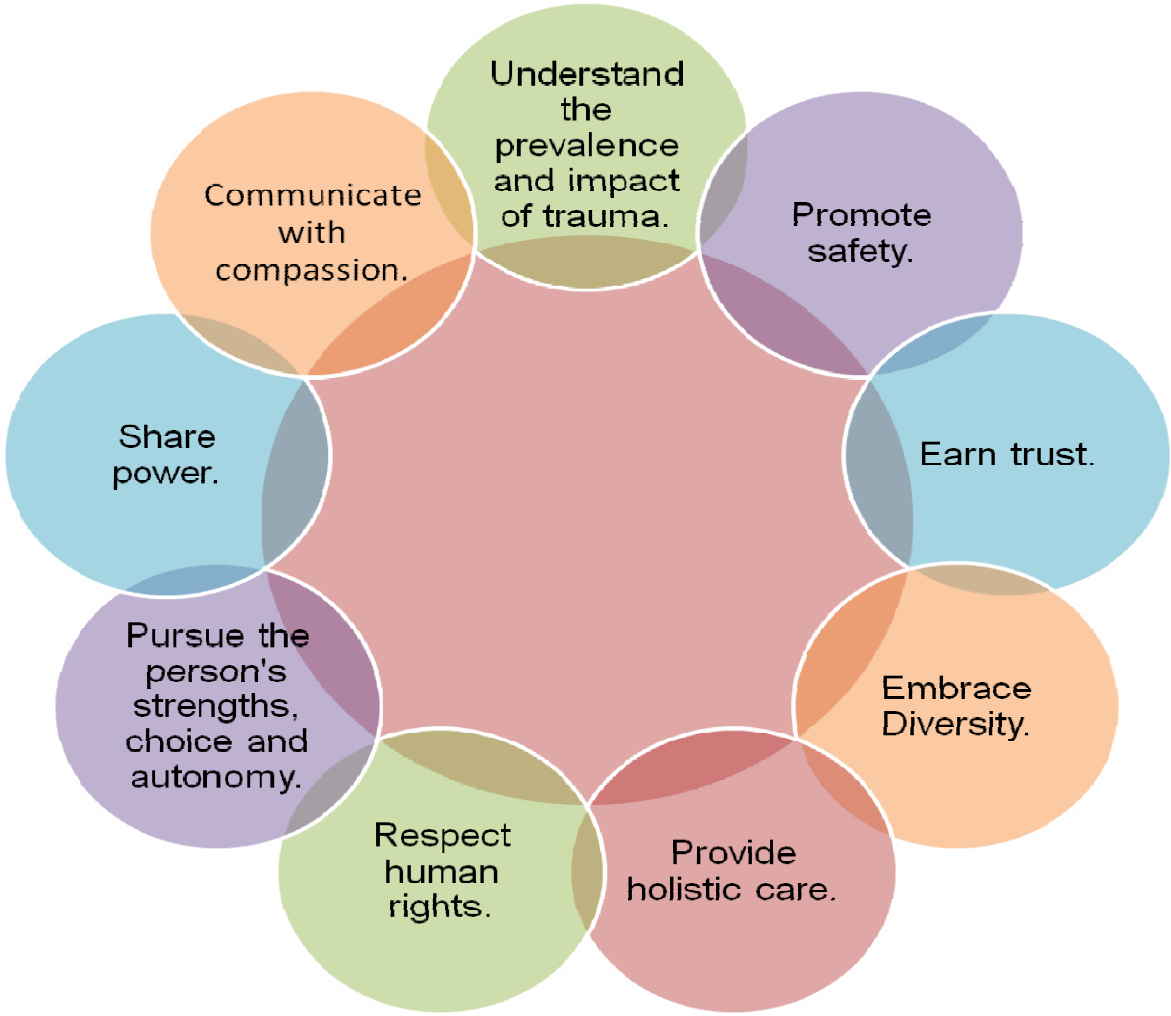
Take Home Message

- Trauma is pervasive
- Trauma's impact is broad, diverse and often life-shaping
- Systems can promote healing and prevent retraumatization:

  Do No Harm

- Remember that *Healing Happens in Relationships*

Guiding Values of Trauma Sensitive Services
"Healing Happens in Relationship"



Resources

- Community Connections – Creating Cultures of Trauma Informed Care
  - http://communityconnectionsdc.org/web/page/673/interior.html
- Trauma-Informed Organizational Toolkit
  - http://www.familyhomelessness.org/media/90.pdf
- Trauma-Informed Care; Best Practices and Protocols for Ohio's Domestic Violence Programs
  - http://www.odvn.org/images/stories/FinalTICManual.pdf
- Creating Cultures of Trauma-Informed Care; A Self-Assessment and Planning Protocol
  - http://www.annafoundation.org/CCTICSELFASSPP.pdf
- Shelter from the Storm: Trauma Informed Care in Homelessness Services Settings - Article
  - http://homeless.samhsa.gov/ResourceFiles/cenfdthy.pdf
- Adverse Childhood Experience Study
  - http://www.acestudy.org/
- Community Re-Traumatization - Article
  - http://www.annafoundation.org/COMMUNITY%20RETRAUMATIZATION.pdf

Resources, cont.

- Complex Trauma in Children and Adolescents. *Focal Point, Winter / 2007, Vol. 21, No. 1*. www.rtc.pdx.edu.
- Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services.--pdf, (2007) Update: Draft for Publication by SAMHSA/CMHS Ann Jennings, Ph.D
- Criteria for Building a Trauma-Informed Mental Health Service System.pdf. Ann Jennings, Ph.D.
- Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments(pdf), (2007) States' Reports on Trauma-Informed Activities *Organized by Individual States*, Ann Jennings, Ph.D.
- Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments(pdf). (2007) States' Reports on Trauma-Informed Activities *Organized to Trauma Informed Criteria*. Anna Jennings, PhD.

Resources, cont.

- Florida Dept. of Children & Families Children's Mental Health, Jane B. Streit, Ph.D., Sr. Psychologist, 2010.
- National Child Traumatic Stress Network, Child Welfare Trauma Training Toolkit, 2008.
- http://www.cdc.gov/ace/prevalence.htm. The ACES Experience.
- Kerker & Dore (2006). Mental health needs and treatment of foster youth: Barriers and opportunities, *American Journal of Orthospychiatry,* 76(1), 138-147.
- Pynoos & al., Issues in the developmental neurobiology of traumatic stress. *Annals of the New York Academy of Sciences, 821, 176-193.*
- Perry, B. (2003). *The cost of caring: Secondary traumatic stress and the impact of working with high-risk children and families.* The Child Trauma Academy.
- Pecora et al., *Assessing the effects of foster care: Early results from the Casey National Alumni Study.* Casey Family Programs.

Resources, cont.

- Eyberg, S.M. (1988). Parent-child interaction therapy: Integration of traditional and behavioral concerns. *Child and Family Therapy, 10, 33-46*.
- Complex Trauma in Children and Adolescents. *Focal Point, Winter/2007, Vol. 21, No.1*. www.rtc.pdx.edu.
- National Registry of Evidence-based Programs and Practices. http://www.nrepp.samhsa.gov.
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- Criteria for Building a Trauma-Informed Mental Health Service System.pdf. Ann Jennings, Ph.D.
- Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments(pdf), (2007) States' Reports on Trauma-Informed Activities *Organized by Individual States*, Ann Jennings, Ph.D.
- Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments(pdf). (2007) States' Reports on Trauma-Informed Activities *Organized to Trauma Informed Criteria*. Anna Jennings, PhD.