

Trauma Informed Care

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What to Expect

- ▶ What is trauma & how it affects individuals
- ▶ What is trauma informed care
- ▶ Impacts on practice

»» What do you think
of when you hear
the word "trauma"?

What type of events
are "traumatic"?

Traumatic/Stressful Events

Big "T"

- Witnessing
- Car Accidents
- Sexual Assaults
- Acts of Violence
- Physical Trauma
- Acts of Terrorism
- Nuclear Disasters
- Natural Disasters
- Child/Elder Abuse
- Death of Loved Ones
- Man-Made Disasters
- War Zone Experiences

Little "t"


- Falls
- Dog Bites
- Dental Procedures
- Routine Surgeries
- Minor car accidents

Cumulative Stressors "C"

- Poverty
- Racism
- Witnessing
- Homophobia
- Homelessness
- Domestic Violence
- Historical Trauma
- Multiple Deployments
- Forms of Oppression
- Loss of Language/Culture

Trauma & Stress

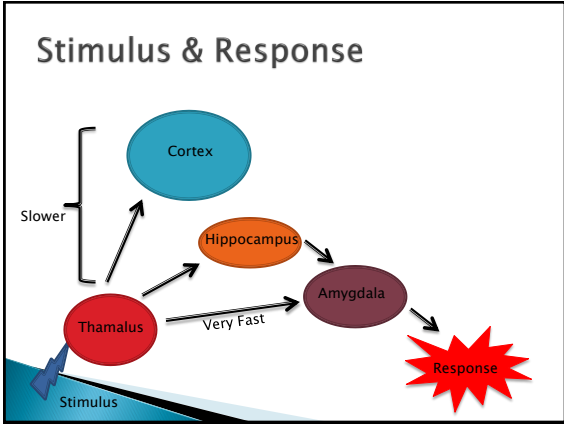
"This is too much but I can handle it"
vs
"This is too much and I can't handle it"

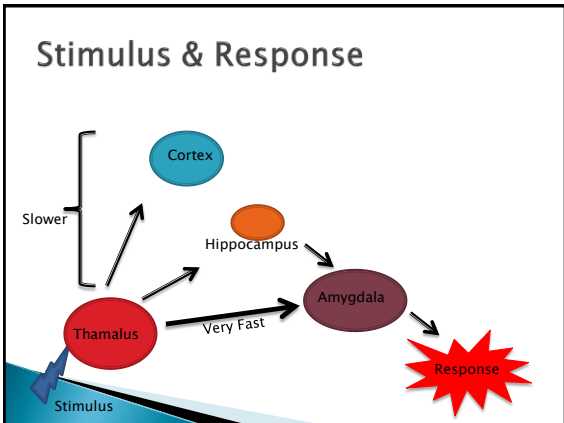


TOO much & TOO fast!
or
Too Little or Too Much for Too Long!

It's all about perception

»» How does trauma affect those who experience it?





Trauma & Stress Common Reactions

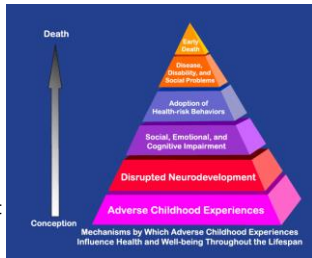
Physical Numb Fatigue Physical Pain Tight Muscles Sleep Problems Stomach Upset Hypervigilance	Emotion Rage Fear Grief Guilt Shame Apathy Anxiety Avoidance Depression	Thinking Paranoid Nightmares Dissociation Forgetfulness Poor Decisions Distorted Thoughts Suicidal/Homicidal	Behavior Isolation Self-Injury Addictions Eating Disorders Abusive Behaviors
	Spiritual Hopelessness Loss/Increase of Belief Deconstruction of Self		

ACE Study

- ▶ The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente
- ▶ Over 17,000 members of a Health Maintenance Organization (HMO) members who undergo a comprehensive physical examination provide detailed information about their childhood experience of abuse, neglect, and family dysfunction
- ▶ The ACE Study is analyzing the relationship between **multiple categories of childhood trauma (ACEs)**, and **health and behavioral outcomes** later in life

ACE Study

- ▶ The ACE study examines participants across the life span (i.e., takes a "whole life" perspective)
- ▶ Progressively uncovered how childhood stressors (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan



Post Traumatic Growth

Positive psychological and spiritual change experienced as a result of the struggle with highly challenging life situations.



What are some of the ways that you or those that you work with have experienced post-traumatic growth?



What is Trauma Informed Care?

The Paradigm Change

Basic premise for organizing services is transformed...

from: "What is wrong with you?"
to: "What has happened to you?"

Change starts with an organizational shift from a traditional "top-down" environment to one that is based on collaboration with those who have experienced trauma and their families

*National Center for Trauma Informed Care,
SAMHSA*

What is Trauma Informed Care?

A trauma-informed approach is based on the recognition that many behaviors and responses (often seen as symptoms) expressed by survivors and consumers are directly related to traumatic experiences that often cause mental health, substance abuse, and physical health concerns.

*National Center for Trauma Informed Care
Substance Abuse and Mental Health Services
Administration*

Guiding Principles of Trauma Informed Care

- ▶ Safety
- ▶ Trustworthiness & Transparency
- ▶ Peer support & mutual self-help
- ▶ Collaboration and mutuality
- ▶ Empowerment, voice, and choice
- ▶ Cultural, historical, and gender issues

(SAMHSA)

Trauma Informed Care Key Elements

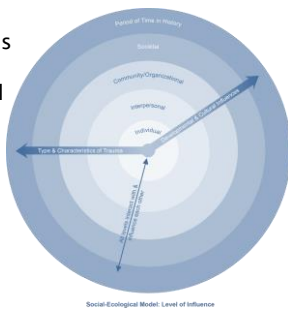
- ▶ *Realizing* prevalence of trauma
- ▶ *Recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce
- ▶ *Responding* by putting this knowledge into practice

Realizing prevalence of trauma

- ▶ View individual holistically
- ▶ Utilize comprehensive assessment of the individual's trauma experiences and their impact on development and behavior to guide services.
 - Trauma Symptom Inventory
 - UCLS PTSD Reaction Index (for children & adolescents)
 - National Center for PTSD measures:
 - http://www.ptsd.va.gov/professional/assessment/all_measures.asp

Realizing prevalence of trauma

- ▶ Realizing how trauma can & does affect more than just the individual



Realizing prevalence of trauma

Secondary trauma/vicarious trauma/compassion fatigue

- ▶ Manage professional and personal stress.
- ▶ Consistently maintain appropriate boundaries
- ▶ Be aware of secondary traumatic stress
- ▶ Prepare a personal coping plan

Recognizing affects of trauma

- ▶ View trauma-related symptoms and behaviors as an individual's best and most resilient attempt to manage, cope with, and rise above his or her experience of trauma.
- ▶ View traumatic stress reactions as normal reactions to abnormal situations.
- ▶ With this view, client relationships are based in a hopeful, strength-based stance.

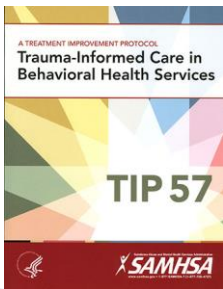
Responding with action

- ▶ Minimize the risk of re-traumatization or replicating prior trauma dynamics
 - Evaluating all practices & policies for their potential to re-traumatize a client
- ▶ Create a safe environment
 - In addition to standard safety concerns, think about senses (lights, sounds, smells, access to exits)

Responding with action

- › Identify recovery from trauma as a primary goal
- › Support control, choice, and autonomy
- › Create collaborative relationship and participation opportunities
- › Incorporate universal routine screenings for trauma
- › View trauma through a sociocultural lens
- › Use a strengths-focused perspective: promote resilience
- › Develop strategies to address secondary trauma and promote self-care

Trauma-Informed Care in Behavioral Health Services



Implications for Practice

Brene Brown "Empathy"

<https://www.youtube.com/watch?v=1Ewgu369jw>

Implications for Providers

- ▶ Is there attention to assessment of trauma throughout the time of care?
- ▶ What is the caregiver/staff training on behavioral correlates of trauma exposure?
- ▶ Is there identification and ongoing assessment of "triggers" and specific plans to address these?
- ▶ Is there awareness of the importance of establishing/maintaining predictable routines to increase sense of safety (i.e., vs. emphasis upon compliance alone?)

Implications for Providers

- ▶ Is the environment "affectively calm" to decrease or mitigate hyper-arousal?
- ▶ Does the provider demonstrate awareness/use of sensory-based interventions?
- ▶ Does the provider develop/utilize best practice guidelines?
- ▶ Is there more emphasis placed upon developing and practicing coping skills instead of "gaining insight"?

Questions?

»» Thank you!
