Trauma-Informed Care

Empowering. Engaging. Effective.

Paula Buege

Wisconsin Family Ties

Self Care and Compassion
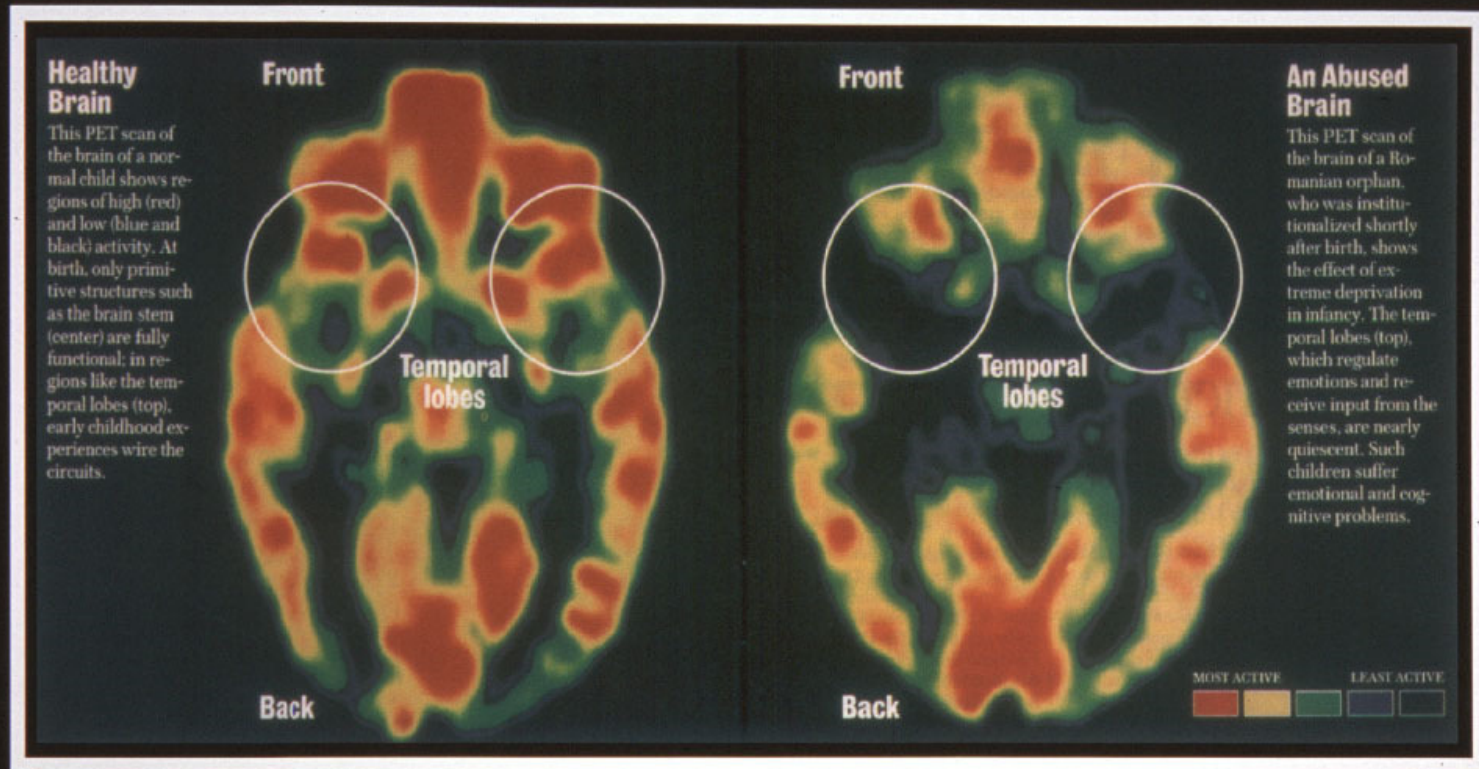
What does it mean to feel safe?

Stress-relieving strategies:
- Breathe
- Feel feet on the floor
- Count to 10
- Use fidgets
- Walk/stretch
- Chew gum
- Doodle
- Put lotion on hands
- Think of a favorite place or person

Why Trauma? Why Now?

- Consumer Activism
- Prevalence
- Science
- Effective Services
- Hope

Trauma

- Refers to extreme stress (e.g. threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope

- Is subjective

- Often results in feeling vulnerable, helpless and afraid

- Often interferes with relationships and fundamental beliefs about oneself, others and one's place in the world

- Disrupts the nervous system

Prevalence

- 56% of the **general population** reported at least one traumatic event. (Kessler,1996)

- 90% of **mental health clients** have been exposed to a traumatic event and most have multiple exposures. (Muesar,1998)

- 83% of females and 32% of males with **developmental disabilities** have experienced sexual assault. Of those who were assaulted, 50% had been assaulted 10 or more times. (Hand,1986)

- 97% of **homeless women** with mental illness experienced severe physical and/or sexual abuse. (Goodman et al.,1997)

Prevalence cont'd

- Women in community samples report a lifetime history of physical & sexual abuse ranging from 36-51%, while women with **substance abuse problems** report a lifetime history ranging from 55-99%.   (Najavits et. al., 1997)

- 75-93% of youth entering the **juvenile justice** system are estimated to have experienced some degree of traumatic victimization.   (*Healing Invisible Woun*ds, Justice Policy Institute)

- 92% of **incarcerated girls** reported sexual, physical or severe emotional abuse in childhood.

(*Healing Invisible Woun*ds, Justice Policy Institute)

Mediating and Exacerbating Factors

Person

- Age/developmental stage
- Past experiences
- Strengths and coping skills
- Cultural beliefs

Environment

- Supportive responses from significant others and community
- Access to safety and resources

Event

- Severity & chronicity
- Interpersonal vs. act of nature
- Intentional vs. accidental

Acute Trauma/PTSD

- **Re-experiencing**: disturbing memories and thoughts, dreams, flashbacks

- **Hyper-arousal**: high alert, difficulty going to sleep or staying asleep, difficulty paying attention, exaggerated startle response, hyper-vigilant, usually constant, stressed, angry

- **Avoidance**: disconnected, detached, numb, disengaged from the real world (daydreaming, fantasy, spacey), may appear to be uncaring or unmotivated, trouble remembering event

Trauma Continuum

Acute Trauma

- Adult onset
- Single incident
- Adequate child development
- No co-morbid psychological disorders

Complex Trauma

- Early onset
- Multiple incidents
- Extended over time
- Highly invasive
- Interpersonal
- Significant amount of stigma
- Vulnerability

Complex Trauma

Re-experiencing   Avoidance   Hyper-arousal

PLUS Dysregulation

- **Emotional:** difficulty managing feelings; low frustration tolerance; problems using words to express needs, thoughts, concerns; few self soothing strategies; chronic emptiness; shame.

- **Cognitive:** catastrophizing; concrete thinking (black & white); difficulty maintaining focus; memory impairments.

- **Interpersonal:** difficulty assessing social cues; difficulty seeking attention in appropriate ways; challenges in seeing another's point of view; difficulty maintaining relationships; challenges in managing transition, unpredictability and change; unstable self image.

- **Behavioral:** impulsive; suicidal; self-injurious; chemical use/dependency; trauma re-enactment.

Sanctuary Trauma

The overt and covert traumatic events that occur in settings that are socially sanctioned as 'safe':

- Medical, mental health & substance use disorder services
- Corrections
- Foster care
- School
- Places of worship
- Boarding schools

More on the Impact of Trauma

Early Relationships

Relationships are developed through the emotional bond between the child and caregiver. It is through this relationship that we learn to:

- Regulate emotions/self-soothe
- Develop trust in others
- Freely explore our environment
- Understand ourselves and others
- Understand that we can impact the world around us
- Begin to establish a worldview

Brain Development

- Each developmental stage depends on the previous stage.

- Trauma impacts each level of development and the ability to move to the next stage.

- In times of stress, we regress.

Hypothalamus

Pituitary gland

Amygdala   Hippocampus
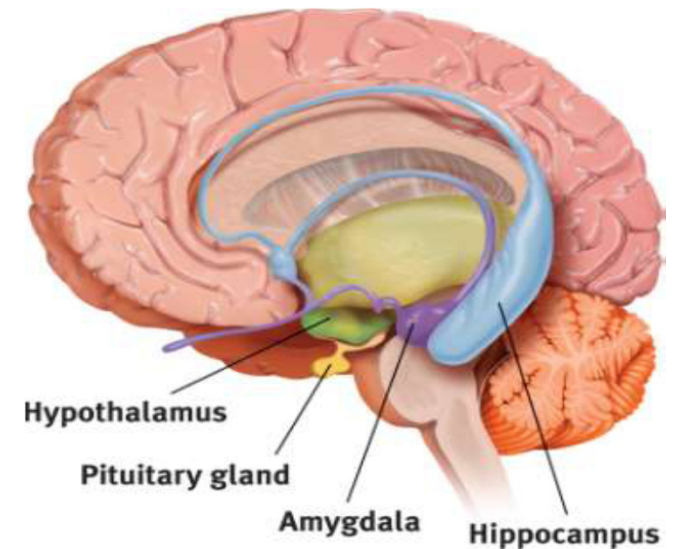
Stress Response and the Brain

If there is danger the 'thinking brain' goes off line allowing the doing brain to act.

Traumatized children may experience changes in brain structures, neuro-chemistry & genetic expression.

Reminders or "Triggers"

- Lack of or loss of control
- Threats/feeling threatened or attacked
- Observing threats/assaults
- Isolation
- Interacting with authority figures
- Lack of information
- Being told what to do
- Lack of privacy

- Removal of clothing- medical exams
- Being touched
- Being watched
- Loud noises
- Darkness
- Intrusive or personal questions
- Being locked in a room
- Being ignored
- Condescending looks

Reminders or "Triggers", cont'd

- Sensory experiences (e.g., smells, sounds, touch, taste, body position)

- Separation or loss

- Transitions and disruptions in routine- unpredictability

- Feelings of vulnerability and rejection

- Sensory overload (e.g., crowded spaces, loud sounds, powerful smells)

Impact on Worldview

Typical Development

vs.

Developmental Trauma

- Belief in a predictable and benevolent world
- Positive self worth
- Hopeful and optimistic about the future
- Empowered

- Basic mistrust of others
- Belief that the world is an unsafe place
- Negative self-worth
- Fear and pessimism about future
- Hopeless and powerless

Trauma World View

- No place is safe

- Other people are unsafe and cannot be trusted

- My own actions, thoughts and feelings are unsafe

- I expect crisis, danger and loss

- I have no worth and no abilities

Impact Over the Life Span

Effects of cumulative adverse childhood experiences:

- Neurological
- Biological
- Psychological
- Social
- Mortality

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
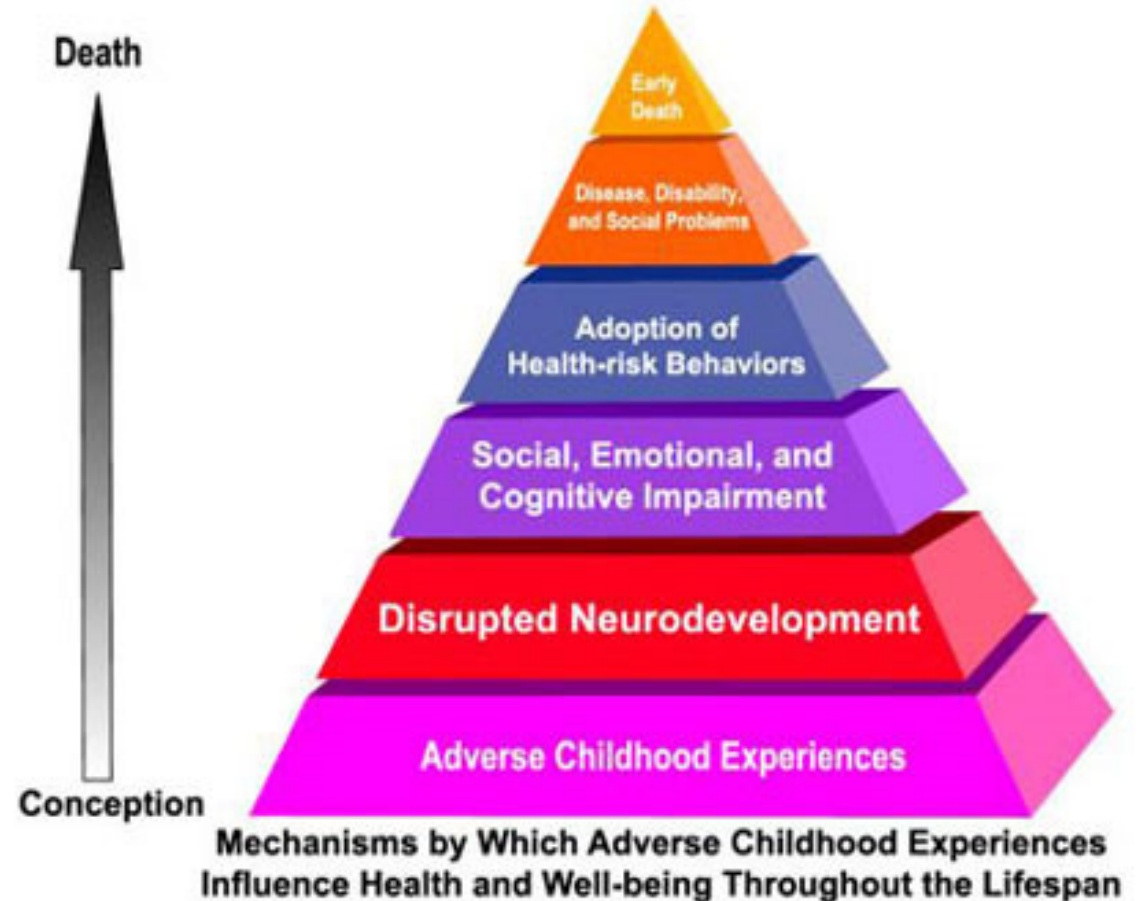
The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill.

- Alice Milller

Adverse Childhood Experience (ACE) Study

http://www.cdc.gov/nccdphp/ACE/

http://acestoohigh.com/

Wisconsin ACE Study

http://wichildrenstrustfund.org/files/WisconsinACEs.pdf

Trauma-Informed Care (TIC)

"I had been coerced into treatment by people who said they're trying to help…These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness, loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and the belief that help meant humiliation, loss of control, and loss of dignity."

--Laura Prescott

Trauma-Informed Care

What it is

A principle-based culture change process

What it is not

An intervention to address PTSD

Move from '*What's wrong with you?*'

to

'*What happened to you?*'

"If human beings are perceived as potentials rather than problems, as possessing strengths instead of weaknesses, as unlimited rather than dull and unresponsive, then they thrive and grow to their capabilities."

\- Robert Conklin

Explaining not Excusing Behaviors

Outward Expressions

- Anger/defiance
- Violence toward others
- Truancy
- Criminal acts
- Perfectionism
- Refusal

Inward Expressions

- Withdrawal
- Substance use
- Perfectionistic
- Avoidance
- Violence to self
- Spacing out

Wisconsin's TIC Guiding Principles

Understand the prevalence and impact of trauma.

Communicate with compassion.

Promote safety.

Share power.

Earn trust.

Healing happens in relationships

Pursue the person's strengths, choice and autonomy.

Embrace Diversity.

Respect human rights.

Provide holistic care.

SAMHSA's TIC Guiding Principles

Incorporate knowledge about trauma prevalence, impact, and recovery – in all aspects of service delivery

- Physical and Emotional Safety
- Trustworthiness and Transparency
- Collaboration & Mutuality
- Empowerment
- Voice & Choice
- Peer Support and Mutual Self-Help
- Resilience and Strengths-Based
- Inclusiveness and Shared Purpose
- Cultural, Historical and Gender Issues
- Change Process

(SAMHSA work group, 2012)

Practice Based on TIC Principles

Principle: *Pursue the person's strengths, choice and autonomy*

Traditional

- Everyone goes to bed at 10:30pm.

- Person is given completed treatment plan which must be signed for services.

- A few homogenous activities are provided and everyone is supposed to attend.

Trauma-Informed

- Time for sleeping is adaptable and based on the client's needs.

- Recovery plans are created collaboratively, family members or advocates are included if the client chooses.

- People are offered a menu of options based on needs, desires and recovery plan.

Comparison

Traditional

Key Question: "What's wrong with you?"

- Symptom reduction
- Rules, directives, and use of token systems to maintain order
- Therapy sessions viewed as the primary and often sole healing approach

Trauma-Informed

Key Question: "What happened to you?"

- Symptoms are adaptations to trauma.
- Wellness plans, stress reduction are among many tools used to recover
- Healing can happens in healthy relationships

Trauma-Informed Actions

- Avoid forcing eye contact
- Be aware of your proximity
- Avoid asking too many questions
- Pace client meetings by offering breaks (e.g., water, stretch, gum, etc.)
- Draw upon past success
- Ask before touching/hugging
- Provide choice when possible
- Ask about the client's goals and priorities

More Trauma-Informed Actions

- During emotional times ask "*how can I support you right now?*"

- When topics overwhelm or leave you speechless, be willing to sit in supportive silence

- Provide clear information about when, where and by whom services will be provided

- Be prepared to repeat information many times; repetition is commonly needed when people are working with an overwhelmed nervous system

-- *A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations*. Disability Rights Wisconsin

TIC and Organizational Change

- Leadership and Champions
- Meaningful client involvement
- Trauma-sensitive human resource practices
- Trauma-sensitive environment
- Trauma-sensitive strategies and tools

- http://www.xtranormal.com/watch/7401881/behavior-analyst-vs-staff

General Trauma Resources

- National Center for Trauma-Informed Care

  http://mentalhealth.samhsa.gov/nctic/

- National Center for Posttraumatic Stress Disorder

  http://www.ncptsd.org/

- National Child Traumatic Stress Network

  http://www.nctsn.org/

- International Society for Traumatic Stress Studies

  http://www.istss.org/

- International Society for the Study of Trauma and Dissociation

  http://www.isstd.org/

- The Anna Institute

- http//www.annafoundation.org/

Questions?

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"Enhancing lives by promoting children's mental health"

Questions?

If you want to find out more:

http://www.dhs.wisconsin.gov/tic/

If you would like to be added to the Wisconsin TIC List Serve, please follow this link:

http://www.dhs.wisconsin.gov/tic/signup.htm