Trauma-Informed Care

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Objectives

- Identify important trauma and trauma informed care definitions

- Identify and describe different types of trauma

- Understand and identify trauma symptoms and responses

- Describe Trauma informed care and understand its importance

- Understand Re-traumatization and secondary trauma/wounding and how to prevent it

"A trauma survivor who seeks services may interact with a dozen individuals before actually sitting down with a clinician trained to provide trauma services. A woman will have to make an appointment and speak with a receptionist. A man will enter the agency and walk past a security guard or maintenance worker. A family may stop for a snack at a hospital cafeteria. Once they are in the agency they may encounter office workers, intake personnel, trainees, and anonymous clinicians. Any of these individuals has the opportunity to make a consumer's visit to the service agency inviting or terrifying" (Harris & Fallot, 2001, p 7)

Important Definitions

- **<u>Trauma</u>**: defined as a psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror, or helplessness that creates significant and lasting damage to a person's mental, physical and emotional growth

- **<u>Re-traumatization</u>**: re-traumatization entails replication of the event(s) or dynamics of an original trauma which triggers a response associated with the original trauma

- **<u>Secondary Trauma</u>**: also known as vicarious trauma, is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event

Adverse Childhood Experiences (ACE) Study

- Co-PIs: Robert F. Anda, MD (CDC) and Vincent J. Feltti, MD (Kaiser Permanente)

- HMO enrollees, average age 59, interviewed about difficult childhood experiences.

- Test consists of 10 questions regarding adverse childhood experiences.

- More than 17,000 interviewed

- Staggering results, many since replicated

- Start with: www.acestudy.org

ACES Study

No ACEs 33%

- 1 in 16 smokes;   1 in 14 has heart disease
- 1 in 69 abuses alcohol;   **1 in 480 uses IV drugs**
- **1 in 96 has attempted suicide**

1-3 ACEs 51%

- **With 3 ACES**, 1 in 9 smokes, 1 in 7 heart disease
- 1 in 9 abuses alcohol, 1 in 43 uses IV drugs
- 1 in 10 has attempted suicide

4-10 ACEs 16%

- **With 7+ ACEs**, 1 in 6 smokes, 1 in 6 has heart disease
- 1 in 6 abuses alcohol, **1 in 30 uses IV drugs**
- **1 in 5 has attempted suicide**

3rd Annual Ohio Trauma Informed Care Summit: "Understanding and Implementing TIC: Treatment and the impact of Trauma on individuals with Mental Illness and co-occurring disorders. Karen Goodman

- Up to **90%** of public mental health clients in have been exposed to trauma (Goodman et al., 1997, Mueser et al., 1998)

- Most Mental Health Clients have multiple experiences of trauma. (Mueser et al., 2004, Mueser et al., 1998)

- On average an individual will experience at least 5 traumatic experiences in their lifetime

- More than 90% of individuals with developmental disabilities will experience some form of physical or sexual abuse in their lifetimes and 49% will experience multiple incidences of abuse (Valenti-Hein and Swartz, 1995)

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Trauma and Substance Use Disorder

- Up to two-thirds of men and women in substance use disorder treatment report childhood abuse and neglect (SAMHSA CSAT, 2000)

- Study of male veterans in SUD inpatient treatment
  - 77% exposed to severe childhood trauma
  - 58% history of lifetime PTSD (Triffleman et al, 1995)

- 50% of women in SUD treatment have history of rape or incest (Governor's commission on Sexual and Domestic Violence, Commonwealth of MA, 2006)

Types of Traumatic Events

- Sexual abuse
- Physical abuse
- Abandonment, betrayal of trust (Such as abuse by a caregiver)
- Neglect
- The death of a loved one
- Life threatening illness of a caregiver
- Witnessing domestic violence
- Bullying
- Military combat
- Serious automobile accidents
- Life-threatening health situations and/or painful medical procedures

- Witnessing police activity or having a close relative incarcerated
- Personal Incarceration
- Police Violence
- House fires or other reasons for loss of home or dwelling (Safe place)
- Life-threatening natural disasters
- Acts of threats or terrorism
- Living in poverty
- History of being in special education - results in bullying

Common Trauma Responses

Physical:

- Sleep disturbances- nightmares, insomnia, over-sleeping
- Chronic health conditions
- Musculoskeletal pains
- Somatization
  - emotional disturbances manifesting themselves in the body
  - Often physical symptoms have no explainable cause-a full physical work up should still be done

Emotional:

- Depressive Symptoms
- Flashbacks
- Suicidal Ideation
- Self-harm-way of grounding flashbacks
- Withdrawal from others
- Intense fear/anxiety- Hyperarousal (Also called Hypervigilance)
- Exaggerated Startle Response
- Excessive worry

Relational:

- Boundary Problems
- Sexual problems- promiscuity or withdrawal from sex
- Loss of friendships- Withdrawal from others

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What is Trauma-Informed Care (TIC)

- Trauma-Informed Care (TIC) is an approach to the delivery of all services that includes an understanding of trauma and an awareness of the impact that it can have across settings, services, and populations.
- The primary purpose of TIC services is not the treatment of trauma. The purpose is to approach the person who has needs due to their trauma history in a sensitive, caring, and welcoming way.
- The idea is to use **universal trauma precautions**. This approach always presumes the possibility that any individual one encounters may have a trauma history.

The Core Principles of a Trauma-Informed System of Care

- **Safety**: ensuring physical and emotional safety of persons served by providing a safe, calm, and secure environment with supportive care to ensure the physical and emotional safety of consumers served.

- **Trustworthiness and Transparency**: maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries.

- **Peer Support:** Peer Support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

- **Empowerment, Voice and Choice**: prioritizing consumer voice, choice and control as well as self-advocacy and prioritizing consumer empowerment and skill building through recovery-oriented, consumer-driven, trauma specific services and supports.

The Core Principles of a Trauma-Informed System of Care

- **Collaboration and mutuality**: maximizing collaboration and sharing of power with consumers through the development of healing, hopeful, honest and trustworthy relationships.

- **System-wide understanding** of the prevalence and impact of trauma on persons served.

- **Cultural, historical and gender issues:** Cultural Competence is the ability to understand, communicate with, and effectively interact with people across cultures. The organization actively moves past cultural and gender stereotypes and biases , offers culturally and gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Why Trauma-Informed Care?

- A trauma-informed approach:
  - Increases safety for all
  - Improves social environment in a way that improves relationships for all
  - Cares for the caregivers
  - Improves quality of services
  - Reduces negative encounters and events
  - Creates a community of hope, wellness and recovery
  - Increases success and satisfaction at work
  - Promotes overall wellness
  - Helps to ensure consumers continue to engage

Trauma-Informed Care Basic Assumptions

- Trauma shapes the survivor's basic beliefs about identity, world view and spirituality, or meaning-making
- Trauma is something that happened to the individual not something that is wrong with them
- The four most important things a worker has to offer a survivor is Respect, Information, Connection and Hope (RICH)
- Workers need support from one another, including (RICH)
- Working with survivors affects the person of the helper as well

Preventing Re-traumatization

- Create a safe, welcoming environment, using consistency, communication, and compassion

- Support client-centered choices, ideals and autonomy-give as much personal choice and power as possible

- Always provide clear, direct information

It Takes Everyone to Make a Difference

- Every contact with a consumer and with each other will affect us in 1 of 2 ways
    1. Contribute to a safe, trusting and healing environment
    2. Detract from a safe and trusting environment
- We all play a role in assisting consumers to heal and make progress in their lives
- We all matter when it comes to creating a safe, trusting, and healing environment
- How we treat an individual with a trauma history can shape how they view the service delivery system as a whole

- Congested or noisy areas
- Unclean, uncomfortable areas
- Layers of red tape before a consumer's needs are met
- Questioning what is wrong with the person rather than what happened or how can I help
- Viewing an individual as their diagnosis rather than an individual who needs help.
- Ignoring that trauma exists
- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding or judgmental

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What Helps

- Clean, comfortable furniture
- No "wrong door" philosophy
- Having a pleasant, hopeful demeanor when interacting with consumers
- A smile and a hello go a long way
- Be aware that trauma plays a role in everyone's lives
- Interactions that express kindness, patience, reassurance, calm, acceptance and listening
- Clean, working, private restrooms
- Well lit areas

What Helps

- Recognize that an individual may be acting a certain way because they may be being triggered
- Sensible fair rules that focus on what you CAN do rather than what you CAN'T do
- Reacting in a calm way even if a consumer is acting out their emotions
- Viewing individuals as a whole person rather than their diagnosis or trauma
- Allowing someone to keep a door open or asking if you can close the door

Important Resiliency Factors

- Realistic Optimism
- Facing fears
- Moral Compass
- Religion or spirituality
- Social Supports
- Resilient Role Models
- Physical fitness
- Brain fitness
- Cognitive and Emotional Flexibility

- Meaning and purpose
- Autonomy
- Self-esteem
- External supports
- Affiliation
- Safe people in their lives

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Secondary Trauma and Self-care

- Hearing traumatic stories from consumers can cause secondary trauma in helping professionals

- Research shows that and up to 50% of child welfare workers and 6-26% of all workers who work with those who have been traumatized will experience secondary trauma

- Recognize the signs of secondary trauma and get help when needed

- Have a good understanding of the signs and symptoms of secondary trauma

- Self-care practices should become a regular part of a caregiver's daily routine to help combat secondary trauma

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- Hypervigilance

- Hopelessness

- Inability to embrace complexity

- Inability to listen and avoiding consumers

- Anger and cynicism

- Sleeplessness

- Fear

- Chronic exhaustion

- Physical ailments

- Minimizing

- Guilt

Secondary Trauma Management/Intervention

- Psychoeducation
- A supportive supervisor or mentor
- Ongoing skills training
- Informal/self-report screening
- Self-care groups or other form of peer-to-peer support and accountability
- Personal counseling

- Maintain balance with life and work
- Set clear boundaries with consumers
- Use of Evidence-Based Practices
- Exercise and good nutrition
- Mindfulness

Resources

- Tip 57-Trauma Informed Care in Behavioral Health Situations-SAMHSA publication
- National Council for Behavioral Health
- National Child Traumatic Stress Network-NCTSN.org
- www.Michigan.gov/traumatoxicstress
- www.improvingmipractices.org
- *myStrength^TM*

Main Facility

500 Hancock, Saginaw, Michigan 48602
Phone: (989) 797-3400
Toll Free: 1-800-258-8678
Michigan Relay 711

24 Hour Mental Health Emergency Services

(989) 792-9732
Toll Free: 1-800-233-0022

www.sccmha.org