An Overview of Trauma and Trauma-Informed Care 2022

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- Identify important trauma and trauma informed care definitions

- Identify and describe different types of trauma

- Understand and identify trauma symptoms and responses for adults and children

- Describe Trauma informed care and understand its importance

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

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"A trauma survivor who seek 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)

- **Trauma**: 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.

- **Complex Trauma:** can occur when an individual has been exposed over a period of time to persistent abuse, neglect, violence or abandonment, especially as a child. The person may have experienced multiple traumas, and the complex trauma is often worse when the perpetrator was someone close to the child.

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

- **Secondary Trauma**: A state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper. Often times it can occur after one difficult incident or prolonged incidences of trauma exposure. Often symptoms mimic post traumatic stress disorder symptoms.

- **Compassion Fatigue:** also knows as Vicarious trauma, is a permanent change in the provider resulting from empathic engagement with a consumer's traumatic background. Before Vicarious Trauma comes a secondary traumatic stress incident. The response is cumulative. It is much more pervasive than burnout even though the symptoms at times are similar.

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, data still being analyzed

- Staggering results, many since replicated

- Start with: www.acestudy.org

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

The 10 ACEs the researchers measured

- Physical, sexual and verbal abuse
- Physical and emotional neglect
- A family member who is:
  - depressed or diagnosed with other mental illness
  - addicted to alcohol or another substance
  - in prison
- Witnessing a mother being abused
- Losing a parent to separation, divorce or other reason

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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**

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Trauma in the Mental Health Population: United States

- 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)

- 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
- Being in special education (Children)-results in bullying

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

- Irritability
- ADHD type symptoms
- Fear
- Anxiety
- Attachment difficulties
- Boundary problems
- Lack of Trust
- Hypervigilance

- Tempter Tantrums
- Insomnia/nightmares
- Enuresis/Encopresis
- Isolation
- Fear of strangers or being left alone

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- Trauma-Informed Care (TIC) is an approach to the delivery of behavioral health 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 special 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 an individual one encounters, whether a consumer, visitor, or staff member, may have a trauma history.

The Core Principles of a Trauma-Informed System of Care

- **Safety:** Ensuring physical and emotional safety of staff members, visitors, and persons served by providing a safe, calm, and secure environment with supportive care to ensure the physical and emotional safety of everyone.

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

- **Choice:** Supporting staff member and consumer voice, choice, and control as well as self-advocacy.

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

The Core Principles of a Trauma-Informed System of Care

- **Empowerment:** Prioritizing staff member and consumer empowerment and skill building through recovery-oriented, choice-driven, trauma specific services and supports.

- **System-wide understanding** of the meaning of trauma, the prevalence, and the impact of trauma on individuals.

- **Cultural Competence:** The ability to understand, communicate with, and effectively interact with people across cultures.

- A trauma-informed organization:
  - 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 organizational wellness
  - Helps to ensure consumers come back for services

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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

Trauma-Informed Treatment Objectives and Strategies

- Establish safety
- Prevent Re-traumatization:
- Provide Psychoeducation
- Normalize Symptoms
- Identify and manage triggers
- Draw connections
- Build Resilience
- Address Sleep Disturbances
- Build Trust

- Support empowerment
- Acknowledge Grief and Bereavement
- Use Culturally and Gender Responsive Services
- Make referrals where appropriate

Trauma Specific Evidence-Based Practices

- Trauma Recovery Empowerment Model: TREM (male and female versions, as well as versions for adolescent girls and boys)
- Trauma Focused Cognitive Behavior Therapy (TF-CBT)
- Seeking Safety
- Mindfulness
- Eye Movement Desensitization and Reprocessing (EMDR)
- Exposure Therapy
- Sensory Interventions
- See EBP Philosophies document

**Most, if not all, of these interventions require specific training to practice.

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 about treatment and treatment stages

- 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

- Comfortable calming, and private treatment and waiting rooms
- 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

- Visible yet approachable security
- 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 adults

Burnout	Vicarious Trauma, Compassion Fatigue	Secondary Trauma, Indirect Trauma
Cumulative, usually over long period of time	Cumulative with symptoms that are unique to each service provider	Immediate and mirrors client/patient trauma
Predictable	Less predictable	Less predictable
Work dissatisfaction	Life dissatisfaction	Life dissatisfaction
Evident in work environment	Permeates work and home	Permeates work and home
Related to work environment conditions	Related to empathic relationship with multiple client's/patient's trauma experiences	Related to empathic relationship with one client's/patient's trauma experience
Can lead to health problems	Can lead to health problems	Can lead to health problems
Feel under pressure	Feel out of control	Feel out of control
Lack of motivation and/or energy	Symptoms of post-traumatic stress disorder	Symptoms of post-traumatic stress disorder similar to client/patient
No evidence of triggers	May have triggers that are unique to practitioner	Often have triggers that are similar to the client's/patient's triggers
Remedy is time away from work (vacation, stress leave) to recharge or positive change in work environment (this might mean a new job)	Remedy is treatment of self, similar to trauma treatment	Remedy is treatment of self, similar to trauma treatment

- Hearing traumatic stories from consumers can cause secondary trauma in practitioners
- Research shows that 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
- Supervisors should understand the signs and symptoms of secondary trauma
- Self-care practices should become a regular part of a practitioner's daily routine to help combat secondary trauma

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Signs and Symptoms of Secondary Trauma

- 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
- Reflective clinical supervision
- Ongoing skills training
- Informal/self-report screening
- Workplace 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
- Grounding Exercises

Helpful Resource: myStrength

- According to myStrength.com, myStrength offers web and mobile self-help resources, empowering individuals to be active participants in their journey to becoming – *and staying* – mentally and physically healthy. Access Code, SCCMHAprofessional for clinicians or SAGINAW for others.
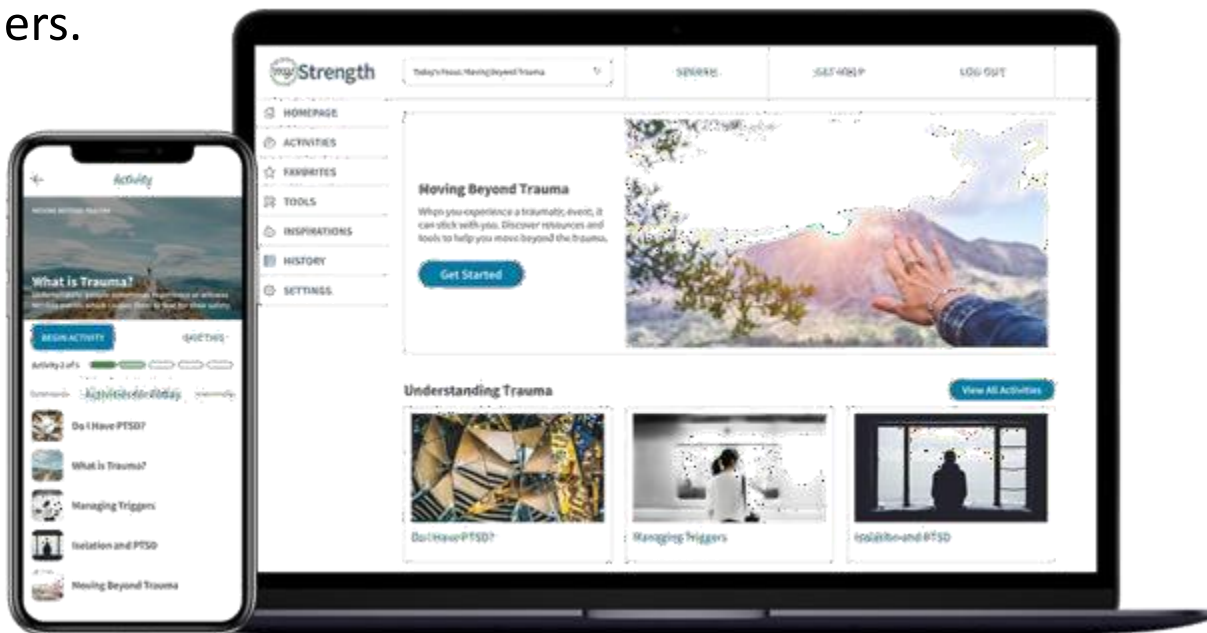
Grounding Exercise

Here's the 54321 "game". If you choose to participate, while keeping yourself on mute:

- Name 5 things you can see in the room with you.
- Name 4 things you can feel.
- Name 3 things you can hear right now.
- Name 2 things you can smell right now.
- Name 1 good thing about yourself.

Resources/References

- 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™*
- www.ibiblio.org/rcip//copingskills.html 11/05/19
- https://www.acesconnection.com/blog/aces-101-faqs, 11/05/19
- What Is Complex Trauma? - The Awareness Centre 11/30/20

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

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