UNDERSTANDING TRAUMA AND IMPLEMENTING TRAUMA INFORMED CARE

TRAUMA'S IMPACT ON WOMEN AND CHILDREN

OUR
TAKEAWAY
FOR TODAY:

- Define trauma
- Understanding of trauma prevalence; importance of resilience and protective factors
- A working definition of Acute, Chronic Stress and Trauma
- Resilience
- Impact of Trauma on women
- Impact of Trauma on Children and their development
- ACES study review
- Protective Factors for Children/Families
- Recovery, consumer-driven and trauma specific services and treatments(Empowerment)

PREVALENCE OF TRAUMA IN MENTAL HEALTH POPULATION – UNITED STATES

- **90**% of public mental health clients involved in Mental Health treatment have been exposed to trauma   (*Mueser et al., 2004, Mueser et al., 1998)*

- **97**% of homeless women with SMI have experienced severe physical & sexual abuse – and of that 97% it has been determined that **87%** experience this abuse both in childhood and adulthood (*Goodman et al., 1997)*

A SIGNIFICANT NUMBER OF CHILDREN IN AMERICAN SOCIETY ARE EXPOSED TO TRAUMATIC LIFE EVENTS:

- Rates of youths' exposure to sexual abuse or another common trauma, are estimated to be 25 to 43%.
- Estimated rates of witnessing community violence range from 39% to 85% — and estimated rates of victimization go up to 66%. (these numbers are at least a few years old – how would they change today with current events and changes in our society)
- Rates of youths' exposure to disasters are lower than for other traumatic events – however lets consider the traumas occurring in Louisianan through natural disasters. (But I would suspect if we were to look across the globe we would find significant changes in those numbers).

OVER 92% OF HOMELESS MOTHERS HAVE SEVERE TRAUMA HISTORIES. THEY HAVE TWICE THE RATE OF DRUG AND ALCOHOL DEPENDENCE AS THOSE WITHOUT.

SAMHSA 2011

Everyone is talking about Trauma:
Isn't this just another fad/buzz word?

I will often hear:
- "We always look for trauma"
- "Trauma is part of everyone's life"
- "Trauma is a fact of life"
- "we don't want to open up issues on trauma at an assessment"

It is important to remember:
It is not just about individual practice/treatment –
it also means looking at larger organizational functions,
implementation of programs, culture and management functions,
even environmental factors….Any piece of this/or all of these can be
part of and *impact* trauma treatment

WHAT IS A TRAUMA INFORMED ORGANIZATION

FINDING A WORKING DEFINITION FOR TRAUMA

TIC AND ROSC

We need to understand why Trauma Informed Care (TIC) is important throughout a Recovery Oriented System of Care (ROSC)?

TRAUMA-INFORMED CARE

"Trauma-informed organizations, programs, and services are based on **an understanding of the vulnerabilities or triggers of trauma survivors** that traditional service delivery approaches may **exacerbate**, so that these services and programs can be more supportive and avoid re-traumatization."

NCTIC, SAMHSA

HTTPS://WWW.YOUTUBE.COM/WATCH?V=LOEQUWDAJE0

ReMoved

Story of Zoe

DEFINING TRAUMA

Trauma Defined

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being

DEVELOPING YOUR OWN DEFINITION OF TRAUMA TO FIT YOUR ORGANIZATION

## What can be found in a definition of Trauma:

- Individualized experience

- Multiple experiences

- Fear, anxiety, worry

- Impairments

Definition for Trauma from the American Psychological Association

Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives.

SAMHSA's DEFINITION OF TRAUMA

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being
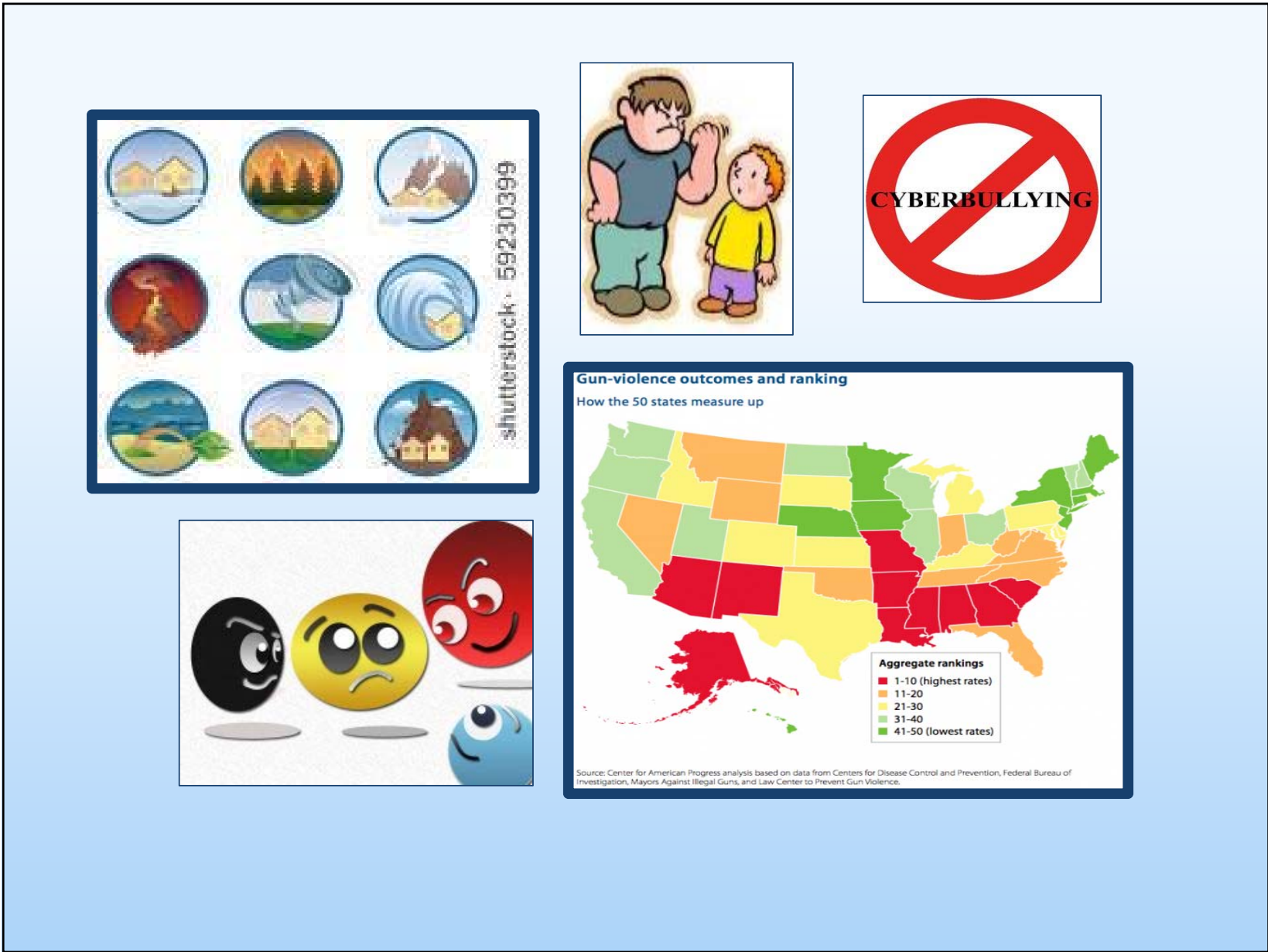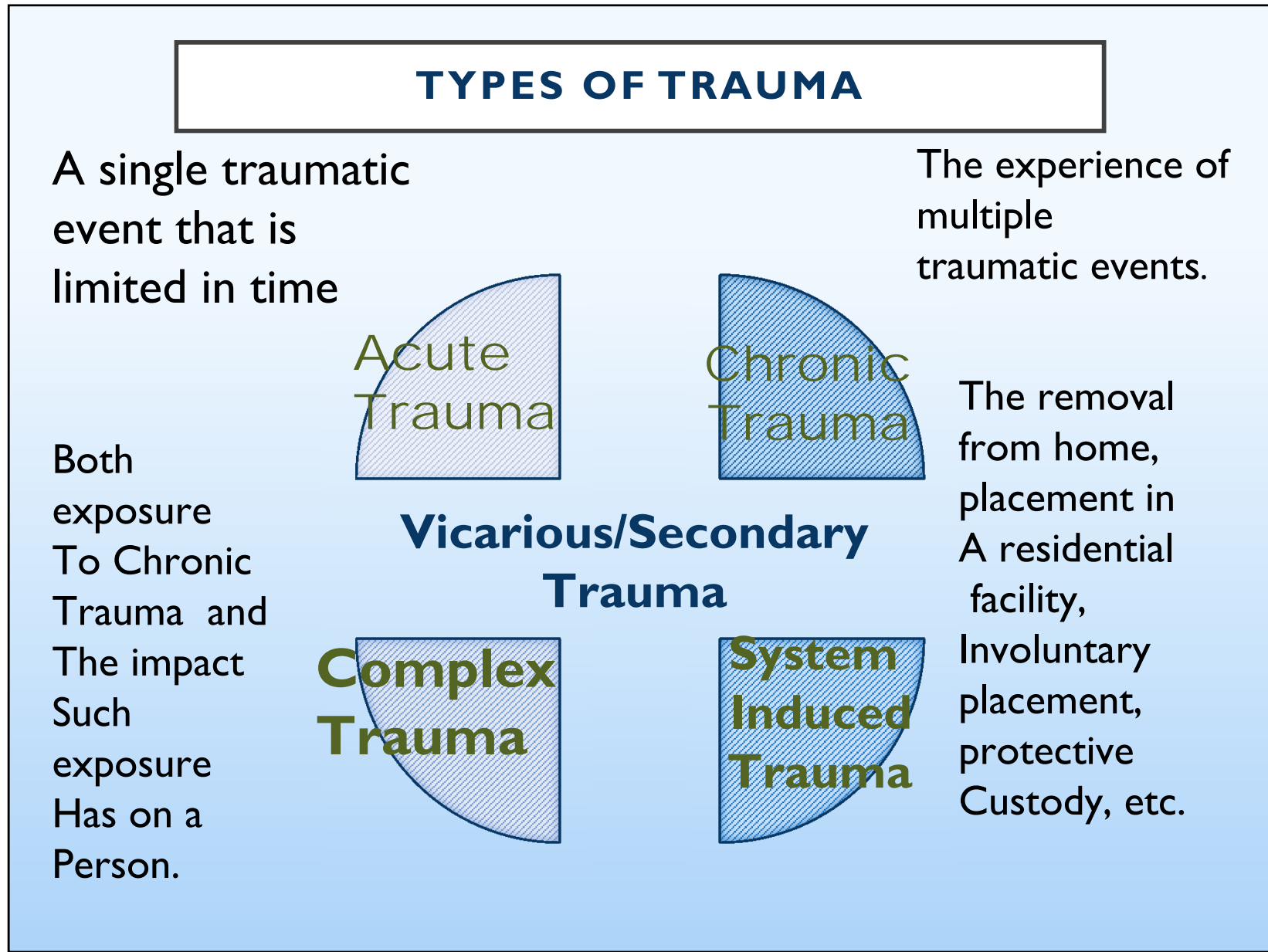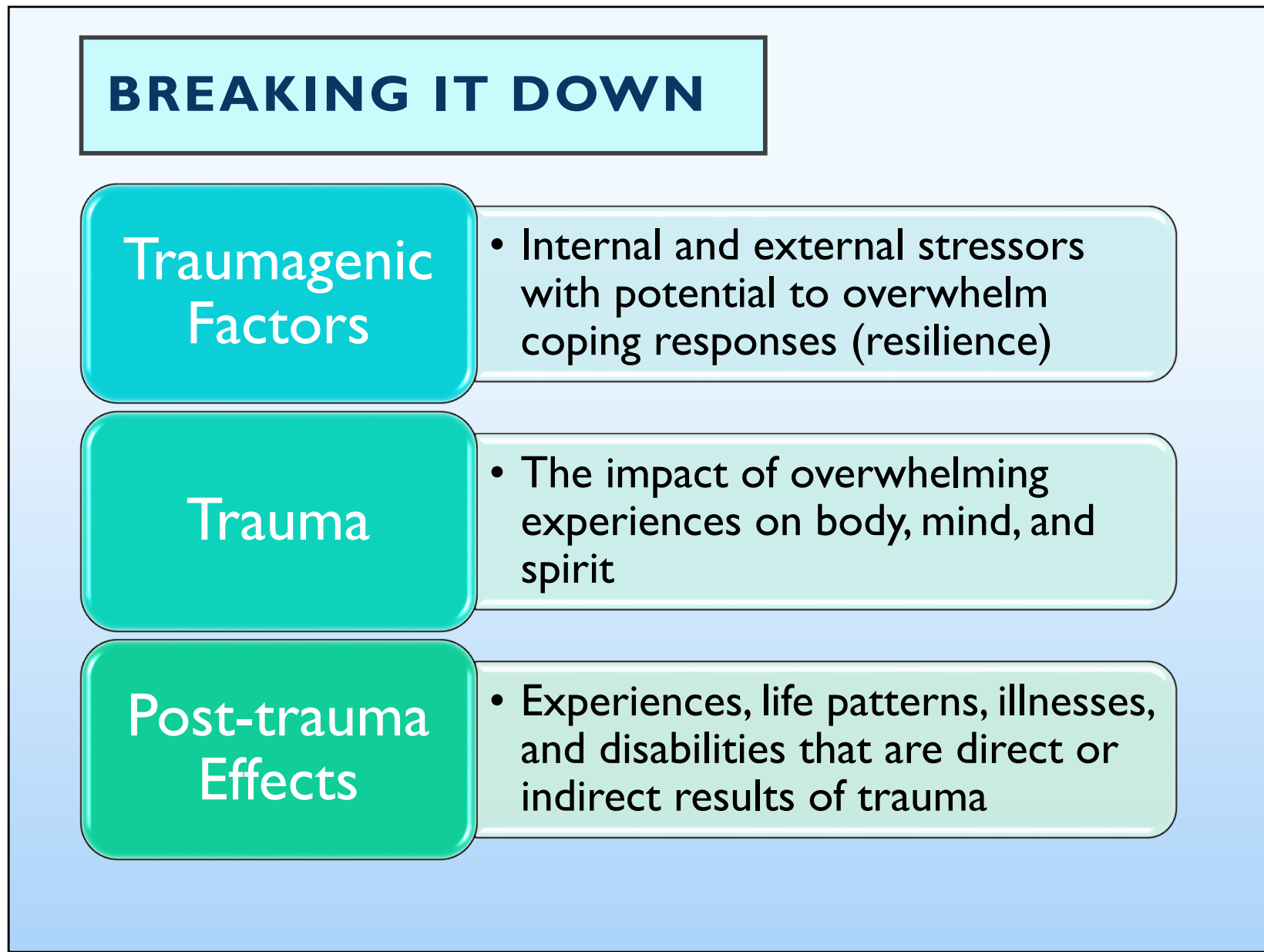
"We have learned, given the numbers of trauma survivors and their often debilitating post-traumatic responses, that this constitutes a public health challenge of the first magnitude."

Susan Salasin, SAMHSA

TYPES OF TRAUMA

TYPES OF TRAUMA

A single traumatic event that is limited in time

The experience of multiple traumatic events.

Acute Trauma

Chronic Trauma

Both exposure To Chronic Trauma and The impact Such exposure Has on a Person.

Vicarious/Secondary Trauma

The removal from home, placement in A residential facility, Involuntary placement, protective Custody, etc.

Complex Trauma

System Induced Trauma

BREAKING IT DOWN

Traumagenic Factors
- Internal and external stressors with potential to overwhelm coping responses (resilience)

Trauma
- The impact of overwhelming experiences on body, mind, and spirit

Post-trauma Effects
- Experiences, life patterns, illnesses, and disabilities that are direct or indirect results of trauma

Common Reactions to Traumatic Experiences

Each person is different and responds to trauma in their own way. However, there are particular types of reactions that are common.

Many people have strong emotional or physical reactions after going through a trauma.

Traumatic events may also affect the way a person thinks and behaves. These are normal reactions to an abnormal event.

 For most people, these feelings start soon after the traumatic event has occurred. some, however, these feelings may not appear until months or years after the event.

NUANCES OF SYMPTOMS:

Blue Rose

- The experience of traumatic events is what made PTSD questionable for many years – research of Returning Veterans substantiated the DX of PTSD

90% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's 223.4 million people.

National Council

NUANCES OF SYMPTOMS:

- Headaches, backaches, stomachaches, etc.
- Sudden sweating and/or heart palpitations
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds and illnesses
- Increased use of alcohol or drugs and/or overeating
- Fear, depression, anxiety

➢ Outbursts of anger or rage

➢ Emotional swings

➢ Nightmares and flashbacks — re-experiencing the trauma

➢ Tendency to isolate oneself or feelings of detachment

➢ Difficulty trusting and/or feelings of betrayal

➢ Self-blame, survivor guilt, or shame

➢ Diminished interest in everyday activities

Potential Traumatic Events

Abuse

- Emotional
- Sexual
- Physical
- Domestic violence
- Witnessing violence
- Bullying
- Cyberbulling
- Institutional

Loss

- Death
- Abandonment
- Neglect
- Separation
- Natural disaster
- Accidents
- Terrorism
- War

Chronic Stressors

- Poverty
- Racism
- Invasive medical procedure
- Community trauma
- Historical trauma
- Family member with substance use disorder

SAMHSA

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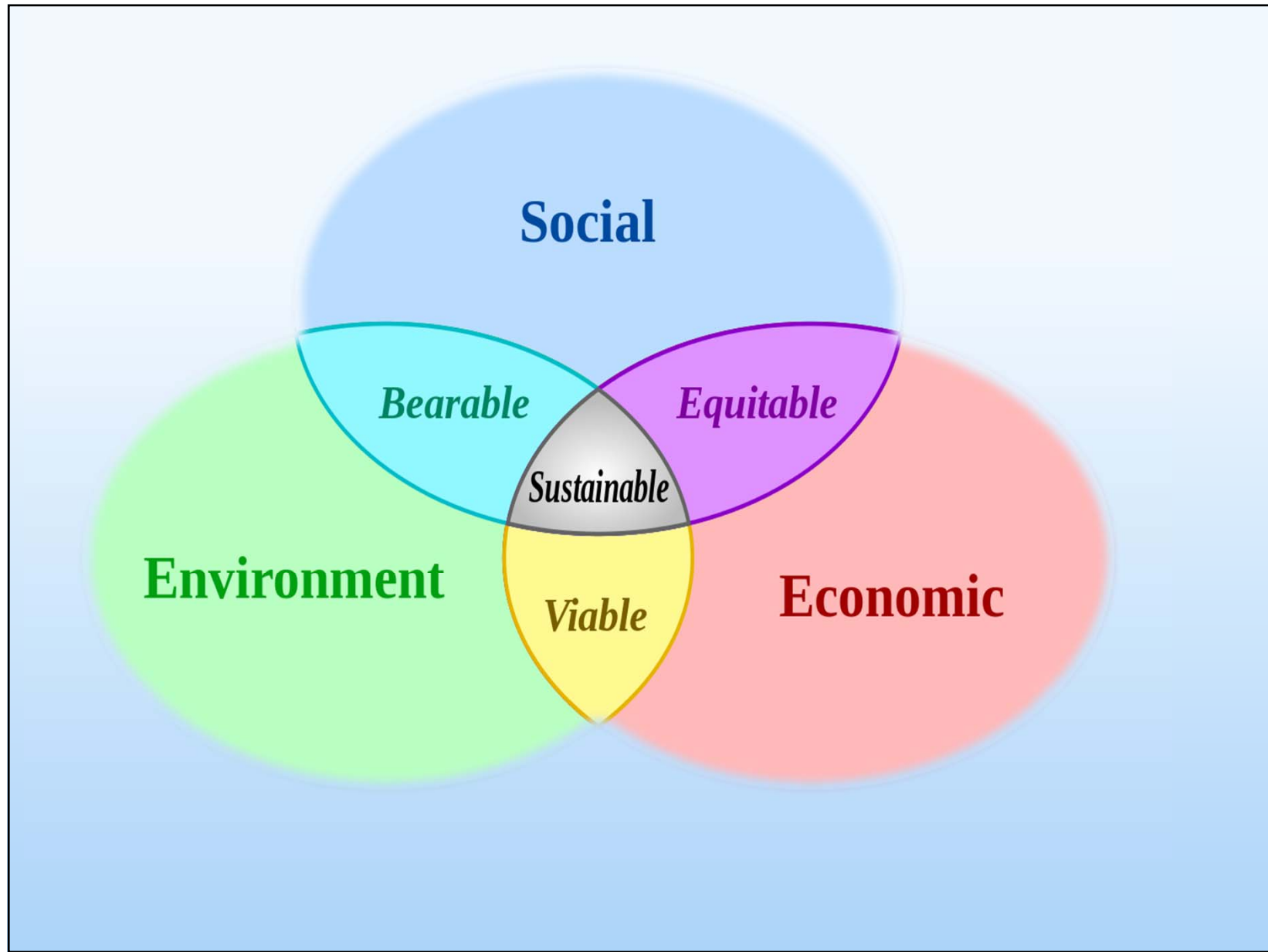Trauma – an intense event that threatens safety or security of an individual

Toxic Stress – re-occurring negative experiences that threaten safety or security

Positive — Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable — Serious, temporary stress responses, buffered by supportive relationships.

Toxic — Prolonged activation of stress response systems in the absence of protective relationships.
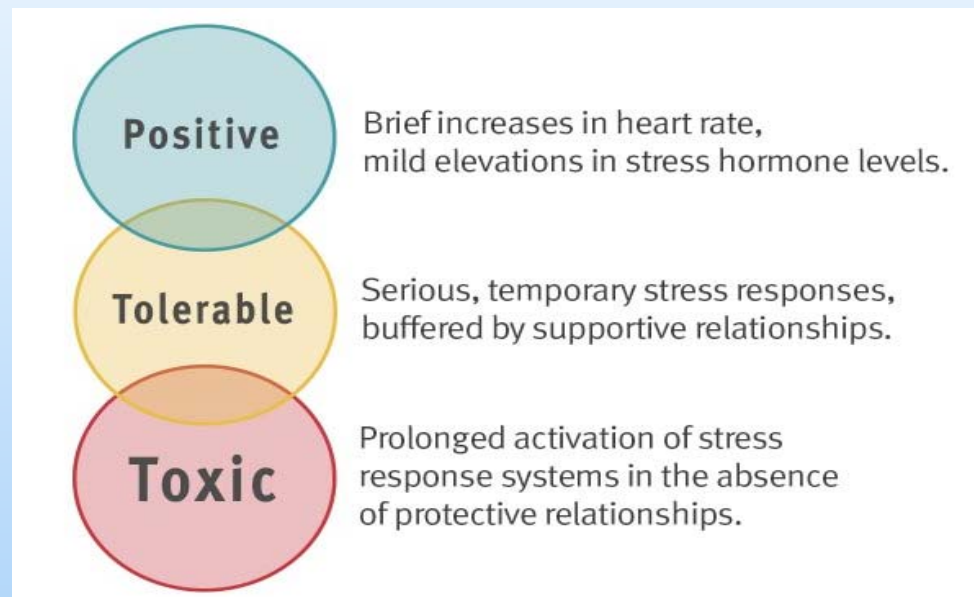
Developing and supporting Resilience

How do we know if we have resilience?

How do we know if our children will have resilience?

WHAT MAKES EACH OF OUR EXPERIENCES SO DIFFERENT EVEN WHEN WE SEE/EXPERIENCE THE SAME EVENT?
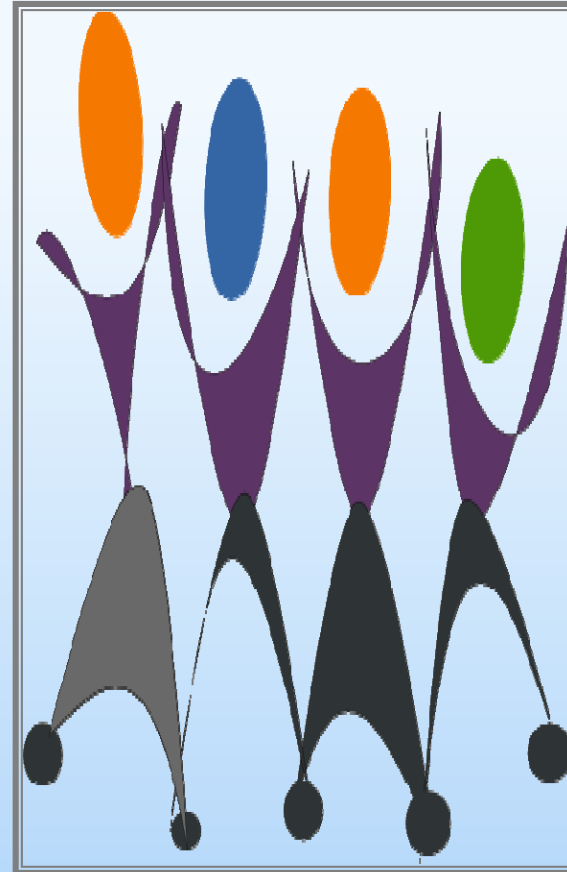
…is a story

of strength, adaption and resilience.

Stories of resilience –against all odds.

THE HUMAN STORY…

Could it be **RESILIENCE**?

Here are some definitions:

- Resilience means being able to adapt to life's misfortunes and setbacks

Source: Mayo Clinic

- The ability to become strong, healthy, or successful again after something bad happens: the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc.

Source: Merriam-Webster's Learner's Dictionary

SUPPORTING RESILIENCE

- https://www.youtube.com/watch?v=eHyv_LFXkVU
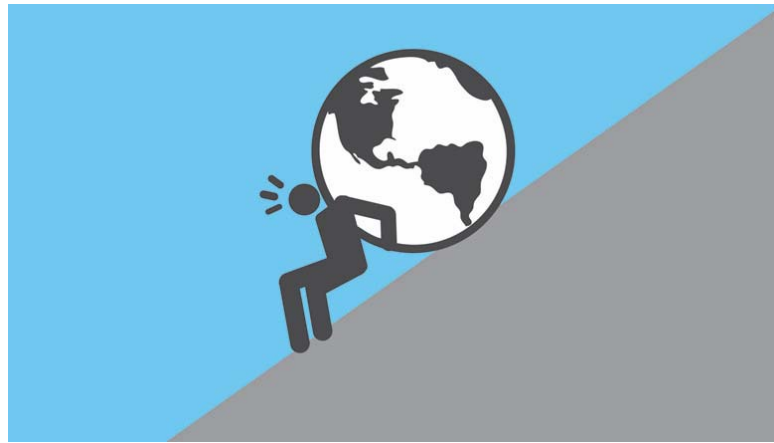
ADDITIONAL DEFINITIONS OF RESILIENCE

- Ability to function competently under threat or to recover from extreme stress or trauma quickly

- Capacity to meet challenge and use it for psychological growth

- Good developmental outcomes and adaptive abilities in spite of growing up in high risk situations

Looking at the whole challenge

Toxic stress and trauma-

- Environmental, family, and individual factors
- Multiple stressful/traumagenic experiences
- Multiple effects, multiple behavioral reactions
- Multiple types of challenges and disorders
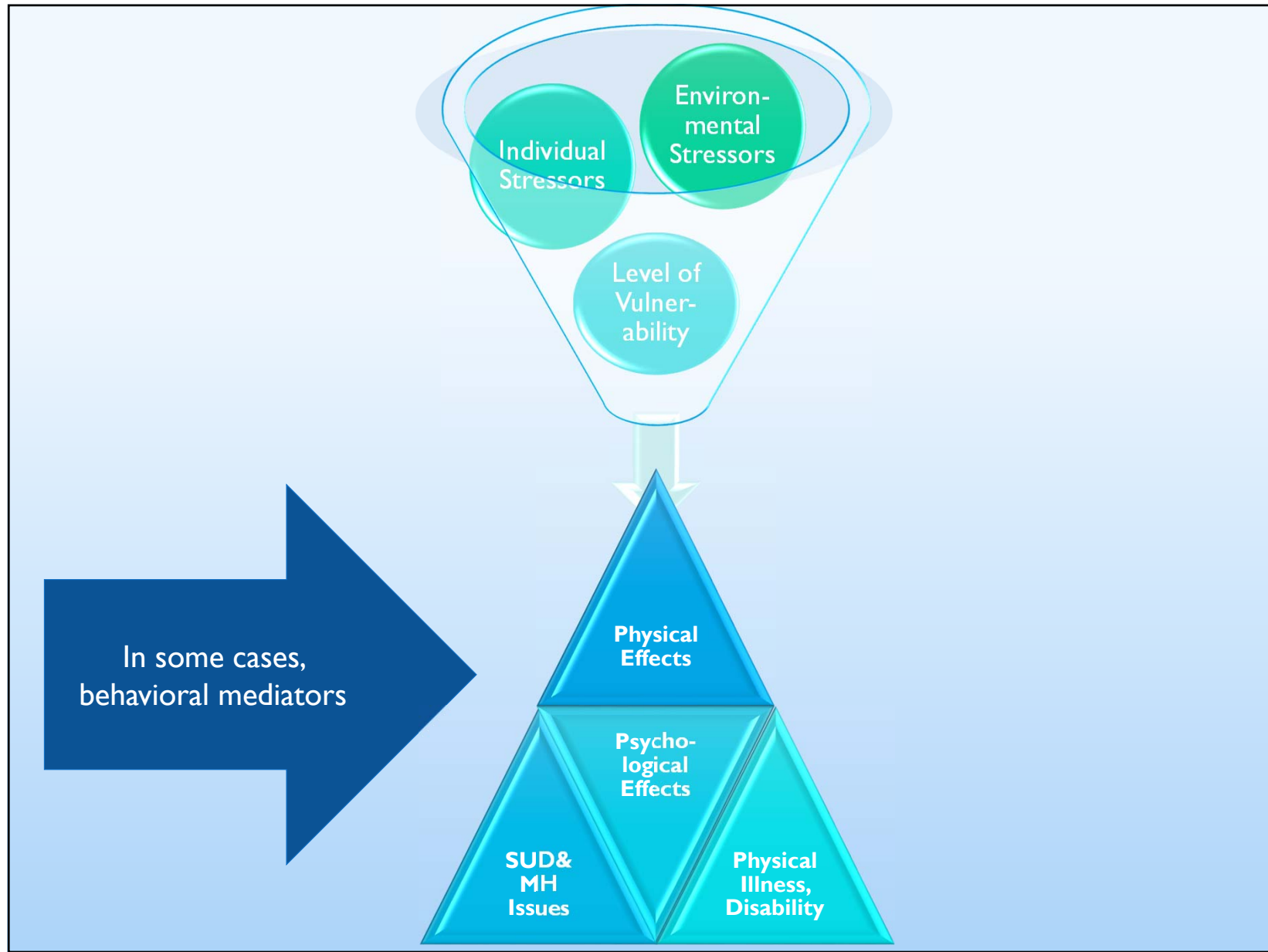
Importance of Relationships for Children

WHAT WE KNOW ABOUT RISK AND PROTECTIVE FACTORS

Poor outcomes and resilience should be seen as a continuum of possibilities based on the balance of risk and protective factors across development and on the timing of new stressors or opportunities in the course of a child's life.

Davies, 2004

Response to Trauma: Development and Learning[15,16]

AGE	IMPACT ON WORKING MEMORY	IMPACT ON INHIBITORY CONTROL	IMPACT ON COGNITIVE FLEXIBILITY
Infant / toddler / pre-schooler	Difficulty acquiring developmental milestones	Frequent severe tantrums Aggressive with other children Attachment may be impacted	Easily frustrated
School-aged child	Difficulty with school skill acquisition Losing details can lead to confabulation, viewed by others as lying	Frequently in trouble at school and with peers for fighting and disrupting	Organizational difficulties Can look like learning problems or ADHD
Adolescent	Difficulty keeping up with material as academics advance Trouble keeping school work and home life organized Confabulation increasingly interpreted by others as integrity issue	Impulsive actions which can threaten health and well-being Actions can lead to involvement with law enforcement and increasingly serious consequences	Difficulty assuming tasks of young adulthood which require rapid interpretation of information: ie, driving, functioning in workforce

AT-RISK CHILDREN WHO EXPERIENCE PROTECTIVE PROCESSES OVER TIME ARE MORE LIKELY TO DEVELOP RESILIENT TRAITS AND ADAPTIVE COPING STRATEGIES

IN BRIEF: WHAT IS RESILIENCE?

Video

RISK & PROTECTIVE FACTORS

Risk Factors

- Child
  - Prematurity, serious illness
  - Exposure to toxins in utero
  - Temperament

- Parent
  - Single parenthood with lack of support
  - Domestic violence
  - Separation/divorce – especially if high- conflict
  - Illness – physical or mental
  - Substance abuse
  - Death of parent or sibling
  - History of childhood trauma/foster care placement
 - Insecure attachment

RISK & PROTECTIVE FACTORS

Protective Factors

- Child
  - Good health
  - Easy temperament
  - Clear cues
- Parent
  - Positive relationship experiences (secure attachment)
  - Family or other support
  - Stable relationship between parents

SOCIAL/ENVIRONMENTAL/COMMUNITY RISK & PROTECTIVE FACTORS

- Poverty
- Poor access services
- Inadequate/poor quality child care
- Exposure to racism, discrimination
- Poor schools
- Dangerous neighborhood/ community violence

➤ Exposure to media violence

➤ Accessible health care and social services

➤ Adequate employment & housing

➤ Good schools

➤ Sense of safety

Impact of the ACES Study
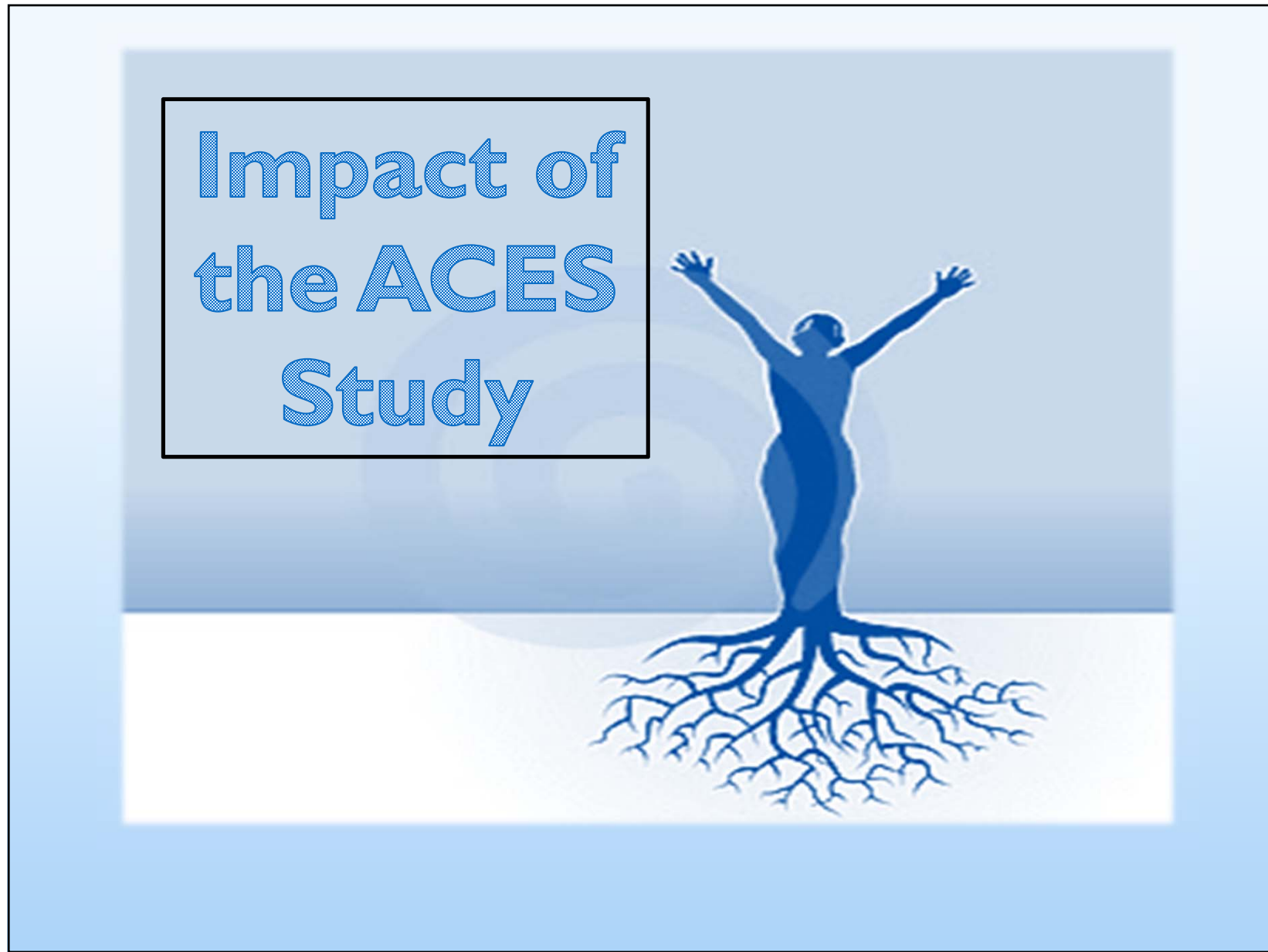
Adverse Childhood Experiences (ACEs) Affect Adult Health

ACEs have serious health consequences for adults:

- **Adoption of health risk behaviors as coping mechanisms** (e.g., eating disorders, smoking, substance abuse, self-harm, sexual promiscuity)

- **Severe medical conditions** (e.g., heart disease, pulmonary disease, liver disease, STDs, gynecologic cancer)

- **Early death**

(Felitti et al, 1998)

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REPORTS OF ACES, FIRST ROUND OF THE STUDY

- The Adverse Childhood Experiences, or "ACE" Study has done more than anything to measure the **long-term consequences** of **childhood trauma** and **put them "on the map**." It started with a **simple question** that one of the Co-PIs, Dr. Vincent Felitti, asked a woman who was **struggling in his weight-loss program**. Her answer revealed some **unexpected connections** between child trauma and **later-life illness**, and set him and Dr. Robert Anda, who would become his Co-PI, on an incredible journey.

How Childhood Trauma
Can Make You A Sick Adult

HTTPS://WWW.YOUTUBE.COM/WATCH?V=Y3CCACGEG8E

REPORTS OF ACES, FIRST ROUND OF THE STUDY

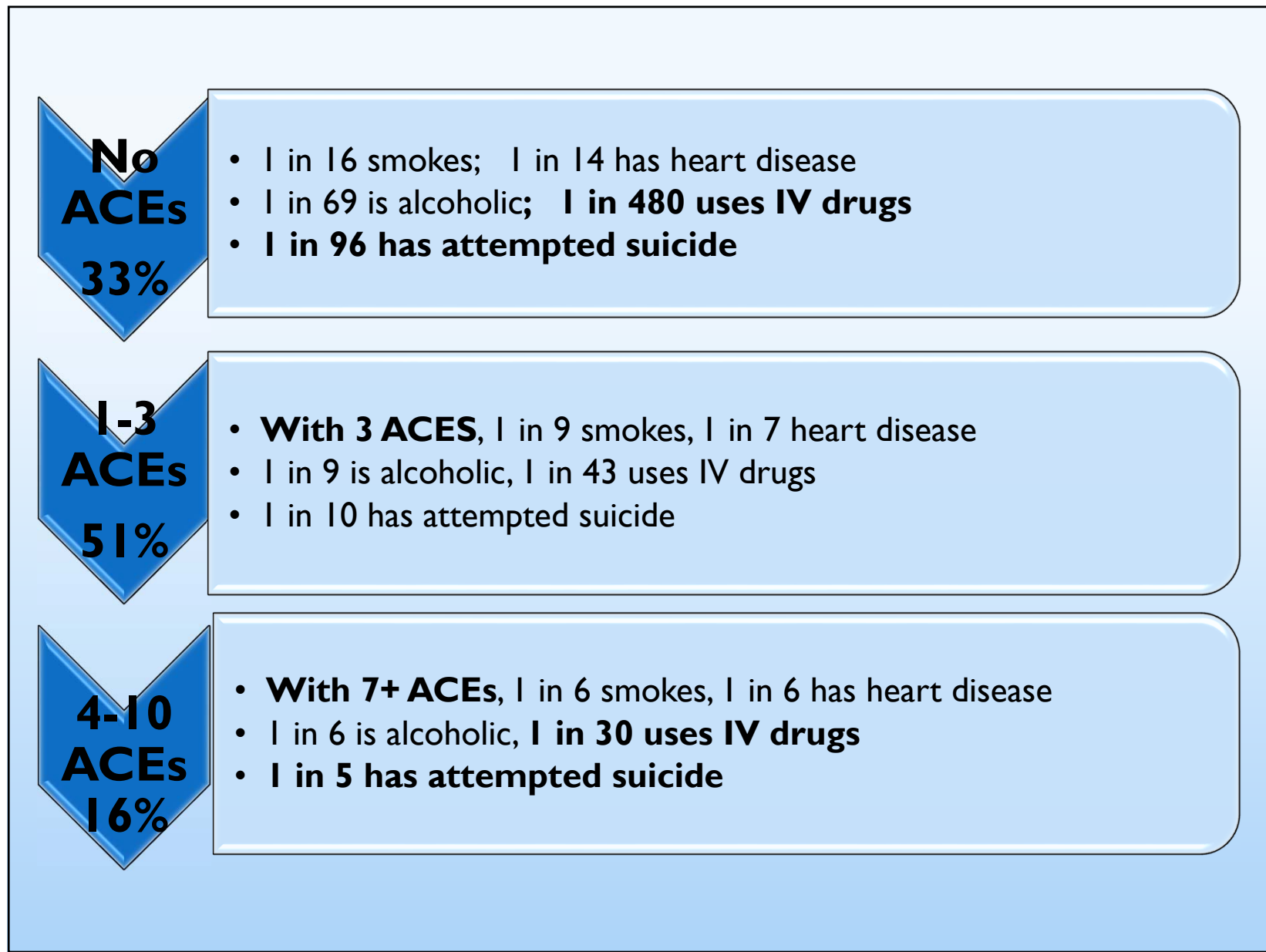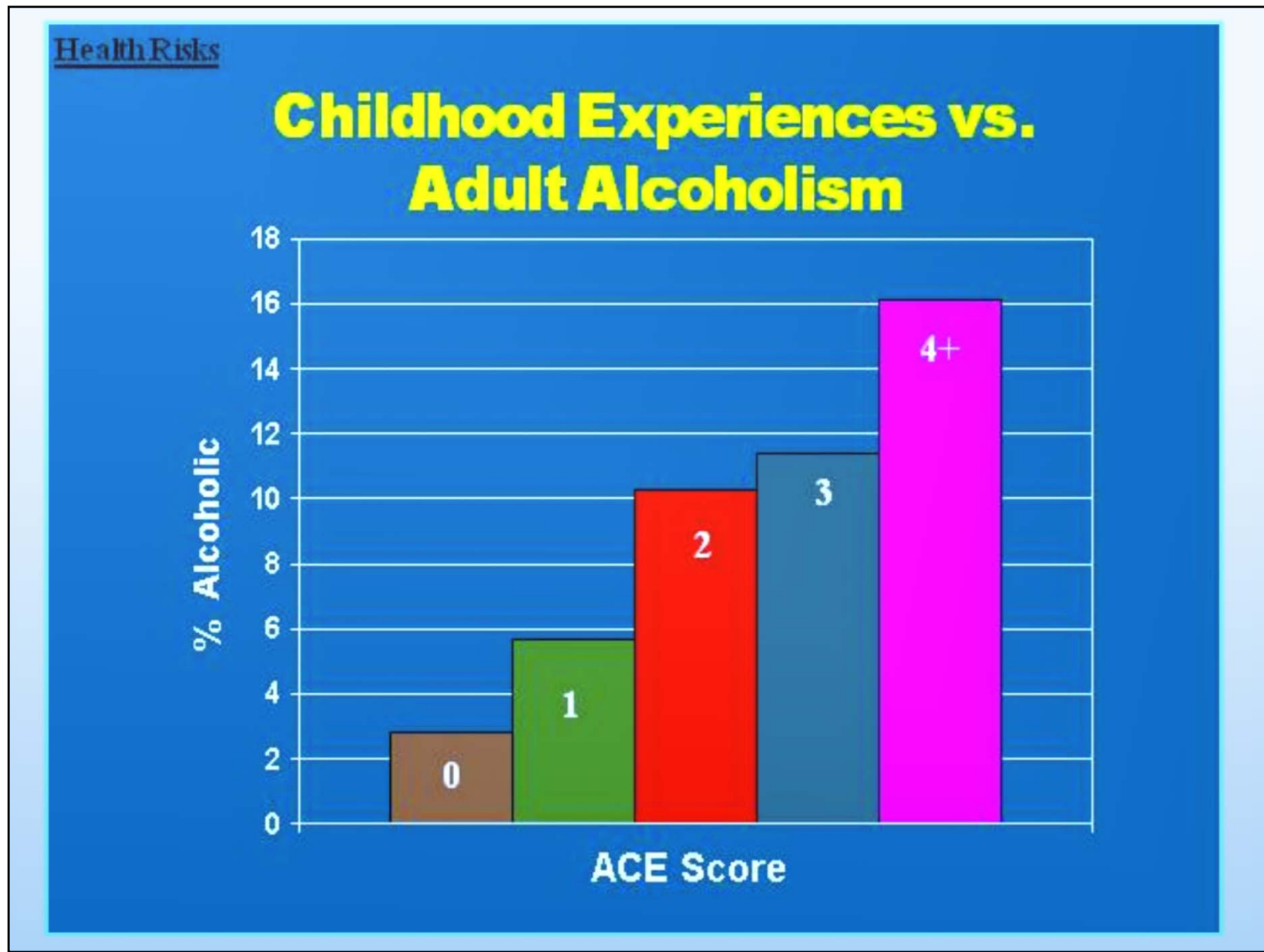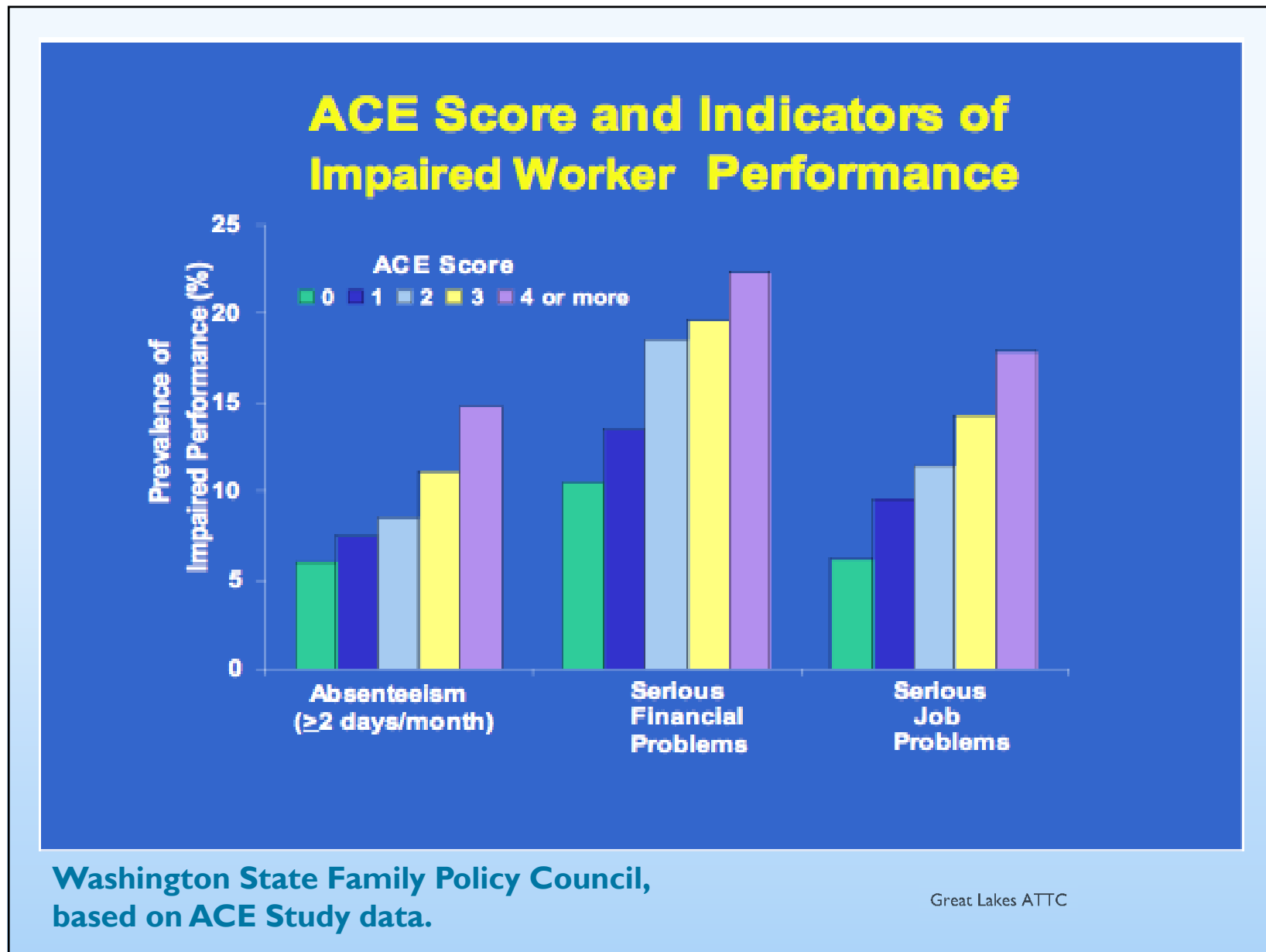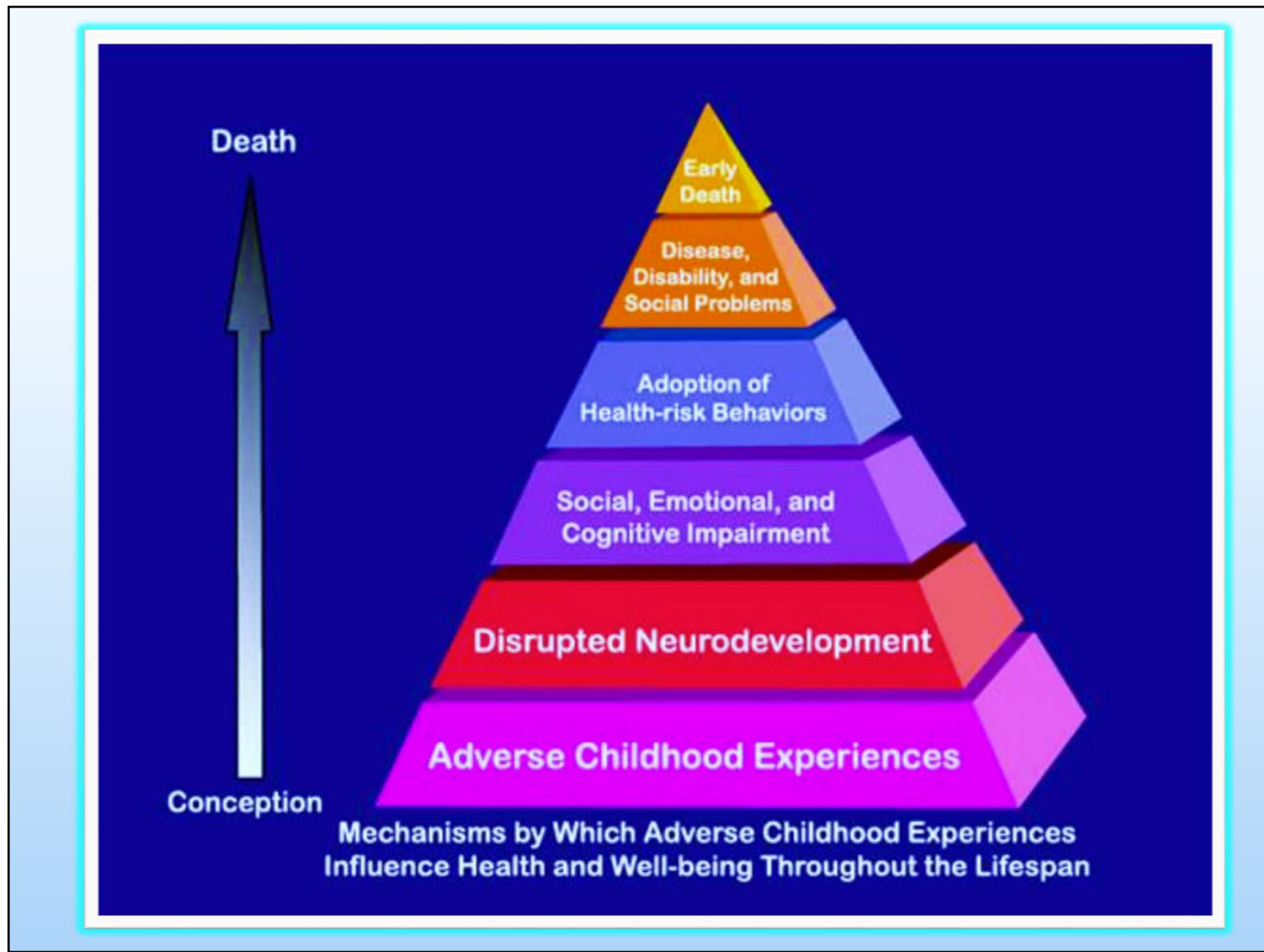| Reported	Kind of Stressor or Traumagenic Experience
28%	Physical Abuse
31%	Sexual Abuse
11%	Emotional Abuse
19%	Mental Illness in the household
27%	Substance abuse in the household
23%	Divorce or separation of parents
13%	Domestic violence in the household
5%	Incarceration of a household member

CATEGORIES WITHIN THE ACES

- **Abuse:**
  - **Emotional Abuse**
- **Physical Abuse**
  - **Sexual Abuse**
- **Household Challenges**
  - **Mother Treated Violently**
  - **Household Substance Abuse**
  - **Household Mental Illness**
  - **Parental separation or divorce**
  - **Incarcerated household member**
- **Neglect**
  - **Emotional neglect**
  - **Physical neglect**

ACEs INFLUENCE VIA BIOLOGIC IMPACT ON NEURODEVELOPMENT

TRAUMATIC STRESS

NEUTRAL START

BRAIN
Hormones, chemicals & cellular systems prepare for a tough life in an evil world

INDIVIDUAL
- Edgy
- Hot temper
- Impulsive
- Hyper vigilant
- "Brawn over brains"

OUTCOME
Individual & species survive the worst conditions.

Normal Biologic Response to Toxic Stress Can Make Parenting Harder

BRAIN
Hormones, chemicals & cellular systems prepare for life in a benevolent world

INDIVIDUAL
- Laid back
- Relationship-oriented
- Thinks things through
- "Process over power"

OUTCOME
Individual & species live peacefully in good times; vulnerable in poor conditions

No ACEs

33%

- 1 in 16 smokes;   1 in 14 has heart disease
- 1 in 69 is alcoholic;   **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 is alcoholic, 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 is alcoholic, **1 in 30 uses IV drugs**
- **1 in 5 has attempted suicide**

TRAUMA'S IMPACT UPON:

Families,
Parent-Child Relationships
and Parenting

Trauma Prevalence in Children

71%

Number of children who are exposed to violence each year

(Finklehor, et al, 2013)

3 million

Number of children maltreated or neglected each year

(Child Welfare Info. Gateway, 2013)

3.5-10 million

Children witness violence against their mother each year

(Child Witness to Violence Project, 2013)

1 in 4 girls & 1 in 6 boys

Number who are sexually abused before adulthood

(NCTSN Fact Sheet, 2009)

94%

Percentage of children in a study of juvenile justice settings who have experienced trauma

(Rosenberg, et al, 2014)

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THE IMPACT OF EARLY ADVERSITY ON CHILDREN'S DEVELOPMENT

- Let's go back and visit Zoe

https://www.bing.com/videos/search?q=Removed+Part+2+Abby+White&&view=detail&mid=579BE81D6EB51A839D4B579BE81D6EB51A839D4B&FORM=VRDGAR

Impact of Toxic Stress on the Brain Center of Children:
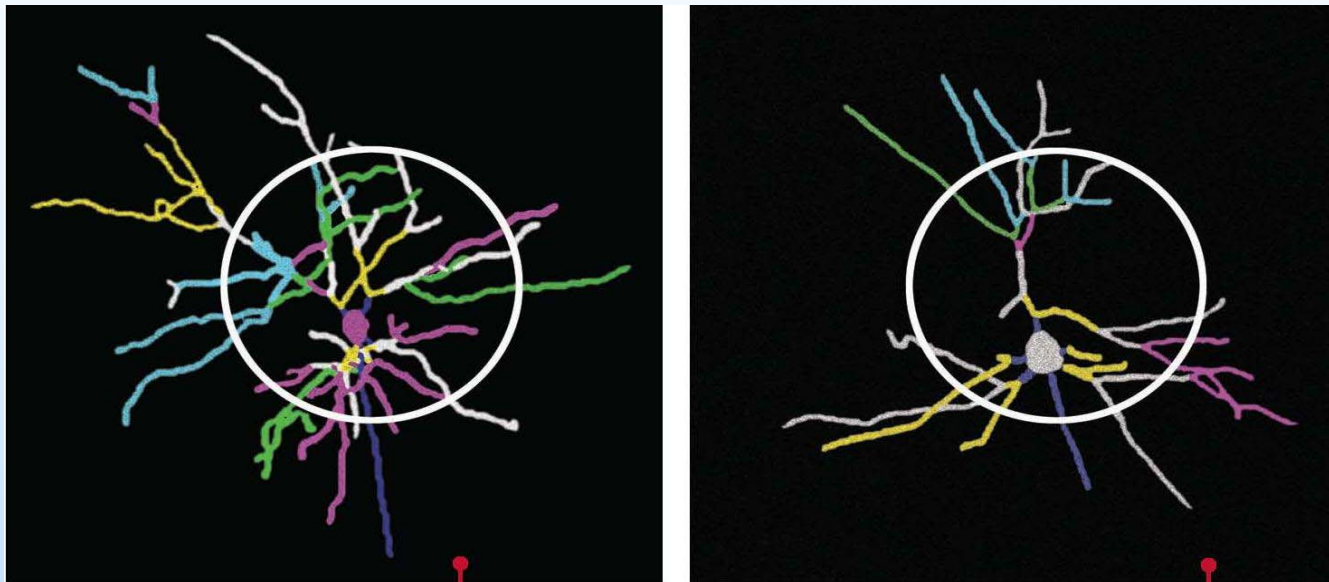
Center for Developing Child, Harvard University

THE IMPACT OF TRAUMA ON BRAIN DEVELOPMENT

- Experiences build Brain Architect

https://www.youtube.com/watch?v=VNNsN9IJkws&list=PL0DB506DEF92B6347&index=1

- Serve and Return Interaction Shapes Brain Circuitry

https://www.youtube.com/watch?v=m_5u8-QSh6A&index=2&list=PL0DB506DEF92B6347

- Toxic Stress Derail Healthy Development

https://www.youtube.com/watch?v=rVwFkcOZHJw&index=3&list=PL0DB506DEF92B6347

WHAT WILL WE SEE BEHAVIORALLY?

Frontal Lobe Functions

- Impulse Control

- Organization

- Time Orientation

- Reading Social Cues

Corpus Callossum

- Not well integrated having problems using words to solve problems

Amygdala Functions

- Problems w/emotional control
- Delays in cause and effect thinking
- Difficulty w/empathy
- Inability to describe own emotions
- Hyper-arousal, anxiety

A Place for Everyone

Multiple Systems, Constituents, Efforts

- Community & Civic Groups
- First Responders
- Natural Helpers in Neighborhood
- Child Welfare
- Faith Communities, Spiritual Leaders
- Juvenile Justice
- Self
- Natural "listeners" in Community
- Medical Systems, Cultural Healers
- Family
- Schools and School Staff
- Treatment & Recovery
- Community
- Child Care & Senior Services
- Shelters, Food Programs, etc.
- Business & Philanthropy

Great Lakes ATTC

Factors which promote resilience (protective factors) serve to buffer the impact of risk factors – a safe and secure relationship with a consistent caring adult is among the most significant protective factors in a child's life

Risk Factors
Are Not Fate

CONCEPTS FOR UNDERSTANDING TRAUMATIC STRESS RESPONSES IN FAMILIES & CHILDREN

- Trauma experiences are inherently complex

- Trauma occurs within a broad context that includes children's personal characteristics, life experiences and current circumstances

- Traumatic events often generate secondary adversities, life changes and distressing reminders in children's daily lives

CONCEPTS FOR UNDERSTANDING TRAUMATIC STRESS RESPONSES IN FAMILIES & CHILDREN (CONT.)

- Children can exhibit a wide range of reactions to trauma and loss

- Danger and safety are core concerns in the lives of traumatized children

- Traumatic experiences affect the family and broader caregiving systems

- Protective and promotive factors can reduce the adverse impact of trauma

CONCEPTS FOR UNDERSTANDING TRAUMATIC STRESS RESPONSES IN FAMILIES & CHILDREN (CONT.)

- Trauma and post-trauma adversities can strongly influence development

- Developmental neurobiology underlies children's reactions to traumatic experiences

- Culture is closely interwoven with traumatic experiences, response and recovery

CONCEPTS FOR UNDERSTANDING TRAUMATIC STRESS RESPONSES IN FAMILIES & CHILDREN (CONT.)

- Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery

- Working with trauma-exposed children can evoke distress in providers that makes it more difficult for them to provide good care

Source: National Child Traumatic Stress Network (NCTSN)
www.nctsn.org

TRAUMA RESILIENCE & PARENTING

A parent's capacity to understand the impact of the exposure to violence upon their children and to provide psychological support is one of the factors most associated with children's ability to cope with traumatic experience

Gerwirtz - 2011

PARENTING & TRAUMA

- Trauma elicits proximity-seeking in children (Bowlby, 1969)

- Parenting practices have more influence than parent's functioning

- Young children need adults to help them make sense of events and to construct a narrative

- The parent is the child's natural guide

PARENTS WITH A TRAUMA HISTORY MAY

- Find it hard to talk about their strengths (or those of their children)

- Need support in managing children's behavior

- Have difficulty labeling their children's emotions, and validating them

- Have difficulty managing their own emotions in family communication

- When posttraumatic stress symptoms interfere with daily interactions with children, parents should seek individual treatment

PARENTING PRACTICES PREDICT CHILDREN'S RECOVERY FROM A TRAUMATIC INCIDENT

Mothers' observed parenting is associated with steeper reductions in child-reported traumatic stress over a period of four months following a domestic violence incident.

Gewirtz, Medhanie, & DeGarmo, (2011), Journal of Family Psychology, 25, 29-38.

STRATEGIES FOR SUPPORTING CHILDREN'S FEELINGS OF SAFETY

Support child's caregiving system to:

- understand and manage their own emotional responses

- learn to accurately & empathically understand and respond to children's actions, communications, needs and feelings

- Build predictable, safe and appropriate responses to children's behaviors

STRATEGIES FOR SUPPORTING CHILDREN'S FEELINGS OF SAFETY

- Build predictability through use of individual familial and systems routines and rituals

- Build an understanding of the importance of predictability in daily routine; trouble-shoot planned variations, and expect response to unexpected ones

- Incorporate rituals from variety of cultures; build system-specific rituals

STRATEGIES FOR SUPPORTING CHILDREN'S FEELINGS OF SAFETY

- Plan ahead to avoid and minimize power struggles

- View children through a lens that assumes what are you are seeing is their best attempt to regulate

STRATEGY: BEING A REGULATORY PARTNER

- Children need adults to partner with them in order to build their capacity for self-regulation

- As human beings we are wired to regulate better when supported by another person

- Our capacity for problem solving and other executive thinking is significantly diminished in a state of emotional arousal

STRATEGY: HIGHLIGHTING WHAT IS GOING WELL

Step 1: Pay attention to what is going well

Step 2: State it out loud & be specific

Step 3: Note how child benefits

"Wow! You are great at naming her feelings for her, that lets her know you understand and it helps her be calmer."

WHY FOCUS ON PARENTING PRACTICES?

- Parents are key to children's recovery and adjustment

- Parents are children's most significant support

- Stress gets in the way of parenting practices

- Children's post trauma reactions may include both acting out and "acting in"

- Parenting practices can improve with intervention

- Improvements in parenting support children's adjustment!

STRATEGY: BUILDING PARENTAL EMPATHY

- Ask… wonder together and explore

- What do you suppose he's feeling right now?

- How do you think this is for her right now?

- What do you suppose she needs from you?

- Do you thinks he's stressed right now? How can you tell?

- How do you suppose stopping and thinking about how he feels for just a moment makes your relationship stronger?

WOMEN AND THE IMPACT OF TRAUMA
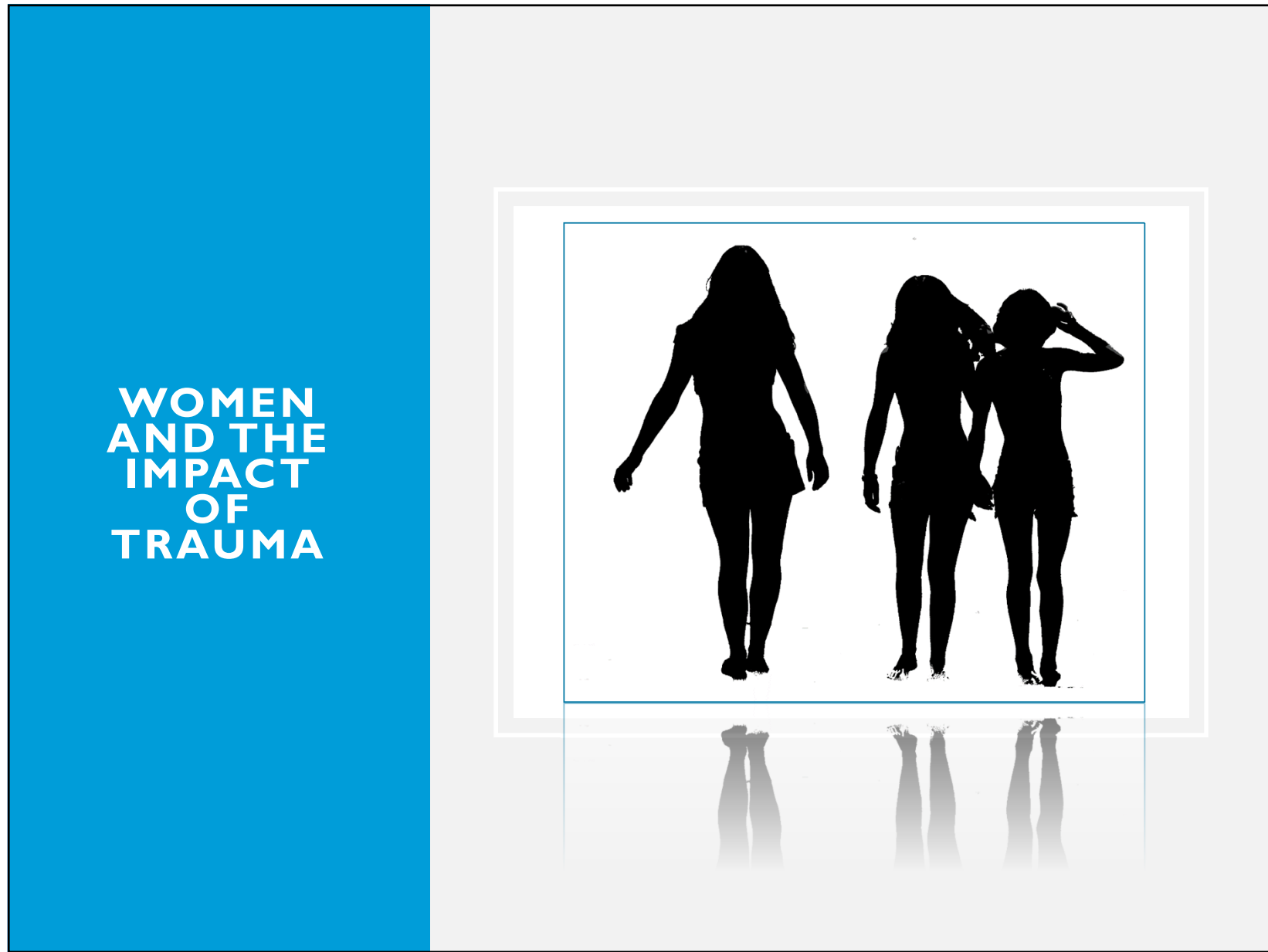
PREVELENCE OF TRAUMA IN MENTAL HEALTH POPULATION – UNITED STATES

Research indicates that women are **twice** as likely to develop Posttraumatic Stress Disorder (PTSD; experience a longer duration of posttraumatic symptoms, and display more sensitivity to stimuli that remind them of the trauma.

Although women are at greater risk for negative consequences following traumatic events, many often hesitate to seek mental health treatment. Survivors often wait **years** to receive help, while others never receive treatment at all.

DISCUSSION ON PREVALENCE CONTINUED:

According to the U.S. Department of Health and Human Services Office on Women's Health, **55% – 99%** of women in substance use treatment and **85% – 95%** of women in the public mental health system report a history of trauma, with the abuse most commonly having occurred in childhood.

National Council for Behavioral Health

FOR ADULTS AND CHILDREN IN AMERICAN COMMUNITIES

- Trauma is a common experience, and it is especially common in the lives of people with mental and substance use disorders. For this reason, the need to address trauma is increasingly seen as an important part of effective behavioral health care

TRAUMA CAN HAVE A LARGER IMPACT:

- A lifetime history of sexual abuse among women in childhood or adulthood ranges from 15% to 25%. The prevalence of domestic violence among women in the United States ranges from 9% to 44%, depending on definitions.

- The cost of intimate partner violence, which disproportionately affects women and girls, was estimated to be $8.3 billion in 2003. This total includes the costs of medical care, mental health services, and lost productivity.

SAMHSA
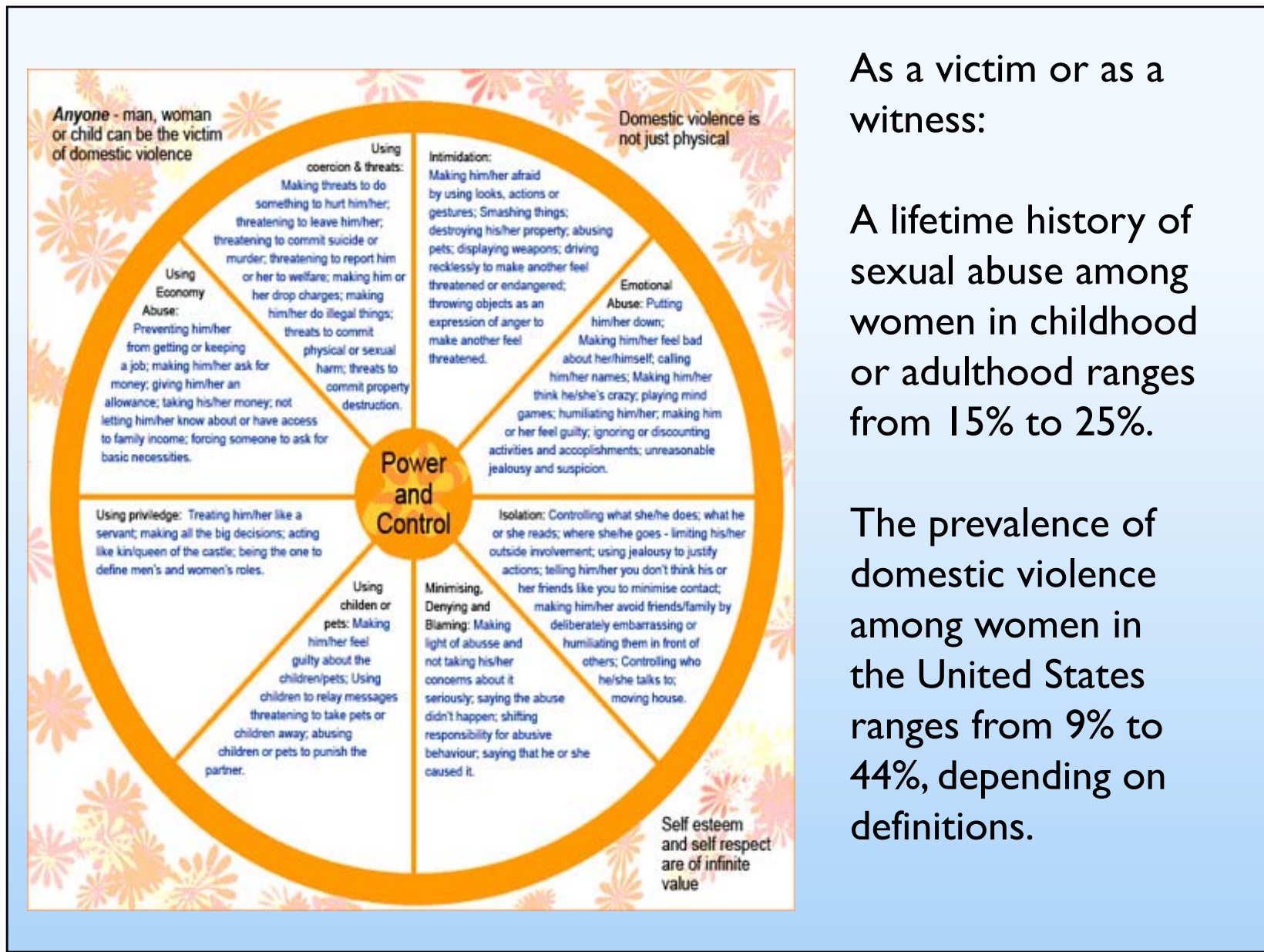
As a victim or as a witness:

A lifetime history of sexual abuse among women in childhood or adulthood ranges from 15% to 25%.

The prevalence of domestic violence among women in the United States ranges from 9% to 44%, depending on definitions.

DIFFERENT TYPES OF TRAUMA:

- Victim/Witness of Domestic Violence
- Victim/Witness of Community Violence
- Historical Trauma (generations and cultures)
- School Violence
- Bullying
- Natural and Manmade Disasters
- Forced Displacement
- War, Political violence
- Military Trauma
- Traumatic Grief or Separation
- System Induced and Re-traumatization

BUT THE MOST COMMON ABUSE FOR WOMEN IS:

- Sexual assault or child sexual abuse.

- About *one in three* women will experience a sexual assault in their lifetime. Rates of sexual assault are higher for women than men.

- Women are also more likely to be neglected or abused in childhood, to *experience* domestic violence, or to have a loved one suddenly die.

- US Department of Veteran Affairs"

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use (such as smoking, excessive alcohol use, and taking drugs), mental health problems (such as depression, anxiety, or PTSD), and other risky behaviors (such as self-injury and risky sexual encounters) have been linked with traumatic experiences. Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing.

TREATMENT/INTERVENTIONS

Focusing on Strength
And
Viewing
the entire picture

STARTING WITH STRENGTH BASED INTERACTIONS.... AND
WHAT MAKES IT HARD TO FOCUS ON STRENGTHS?

- Natural reactions to negative conditions and effects

- Assessment, planning, service, reimbursement systems based on deficits (diagnoses, symptoms)

- Challenging behaviors that accompany some common post-trauma conditions

- Human tendency to stigmatize

- Fear/judgements/punishment

WHAT WILL FOCUSING ON STRENGTH ACHIEVE, IF WE USE IT…

- Affirms the dignity of all people

- Takes people from "victim" to survivor—to hero

- Generates hope

- Makes it safe to claim the power of choice and healthy social connection

- Protects, nourishes, empowers

- Makes it safe for the story to be told

LOOKING AT THE WHOLE CHALLENGE

- Toxic stress and trauma

- Environmental, family, and individual factors

- Multiple stressful/traumagenic experiences

- Multiple effects, multiple behavioral reactions
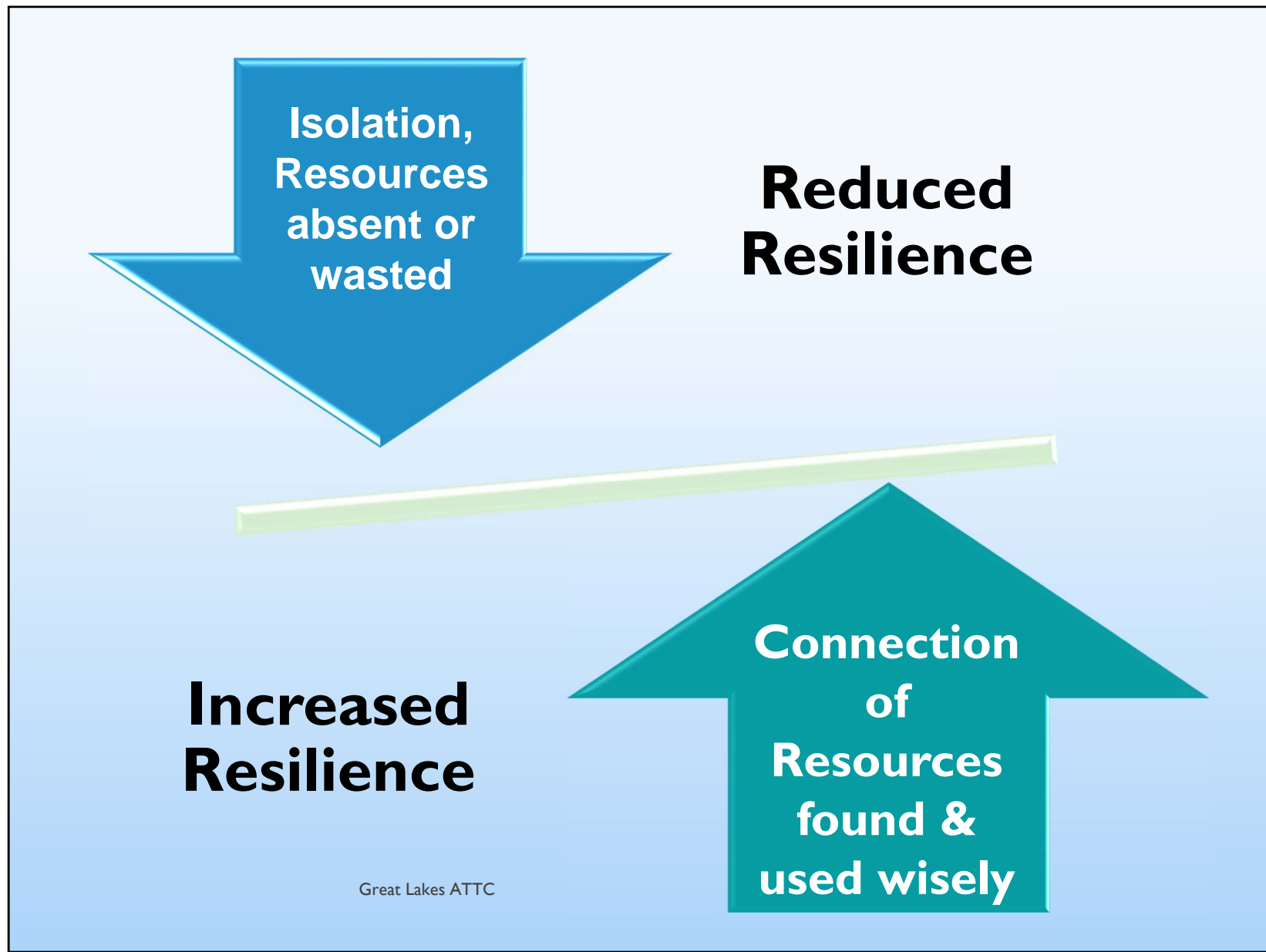
- Multiple types of challenges and disorders

Resilience → Stress → Extreme Stress → Toxic Stress → Trauma

LOOKING AT THE WHOLE CONTINUUM

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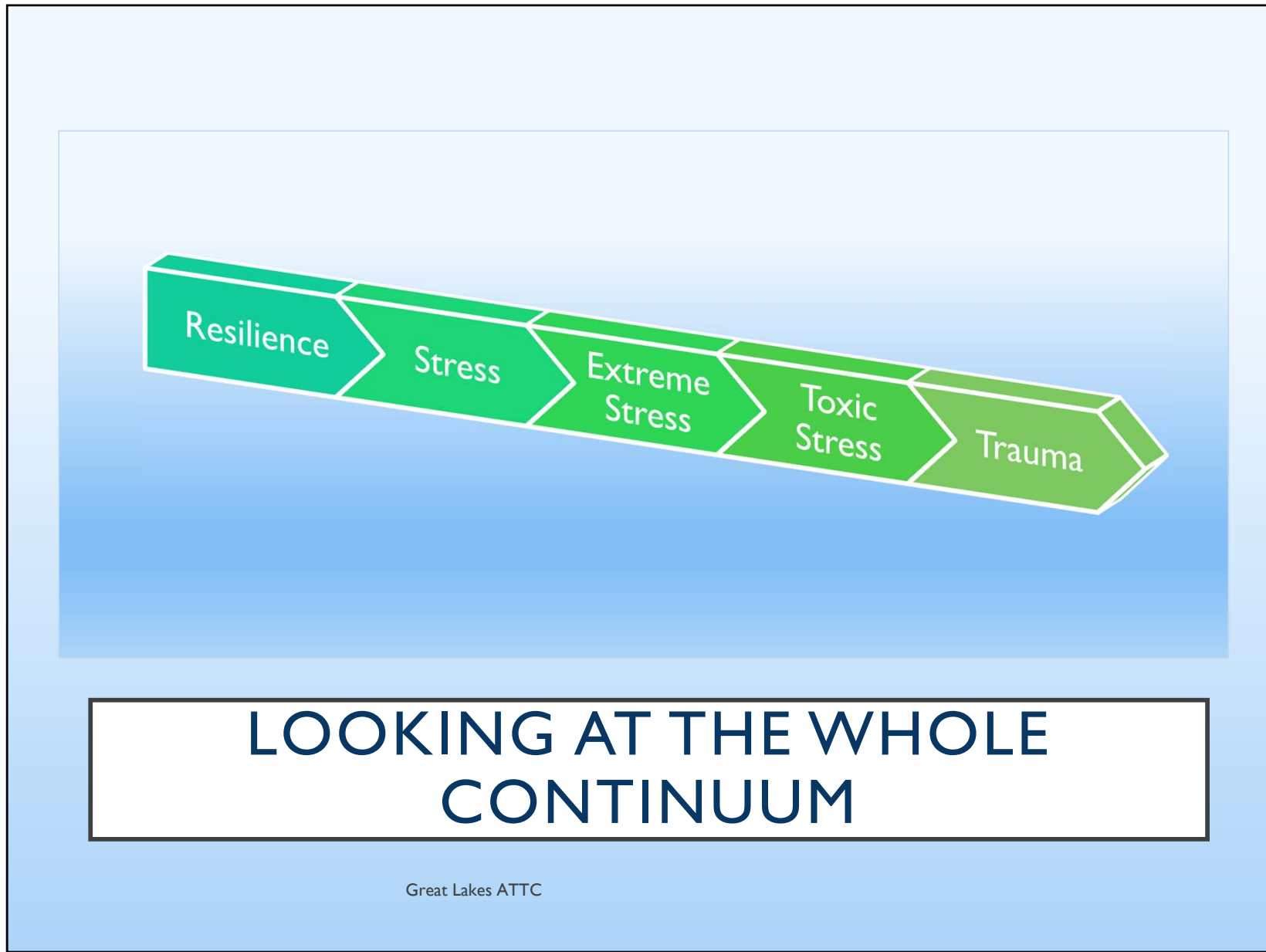
THE WHOLE PICTURE: COLLABORATION AMONG

- Multiple systems (e.g., mental health, substance use disorders, prevention, medicine, criminal justice, child welfare, education)

- Multiple community resources (e.g., civic orgs., communities of recovery, faith communities, natural helpers, cultural healers, AA)

- Multiple approaches linked by supportive screening and referral networks, for a
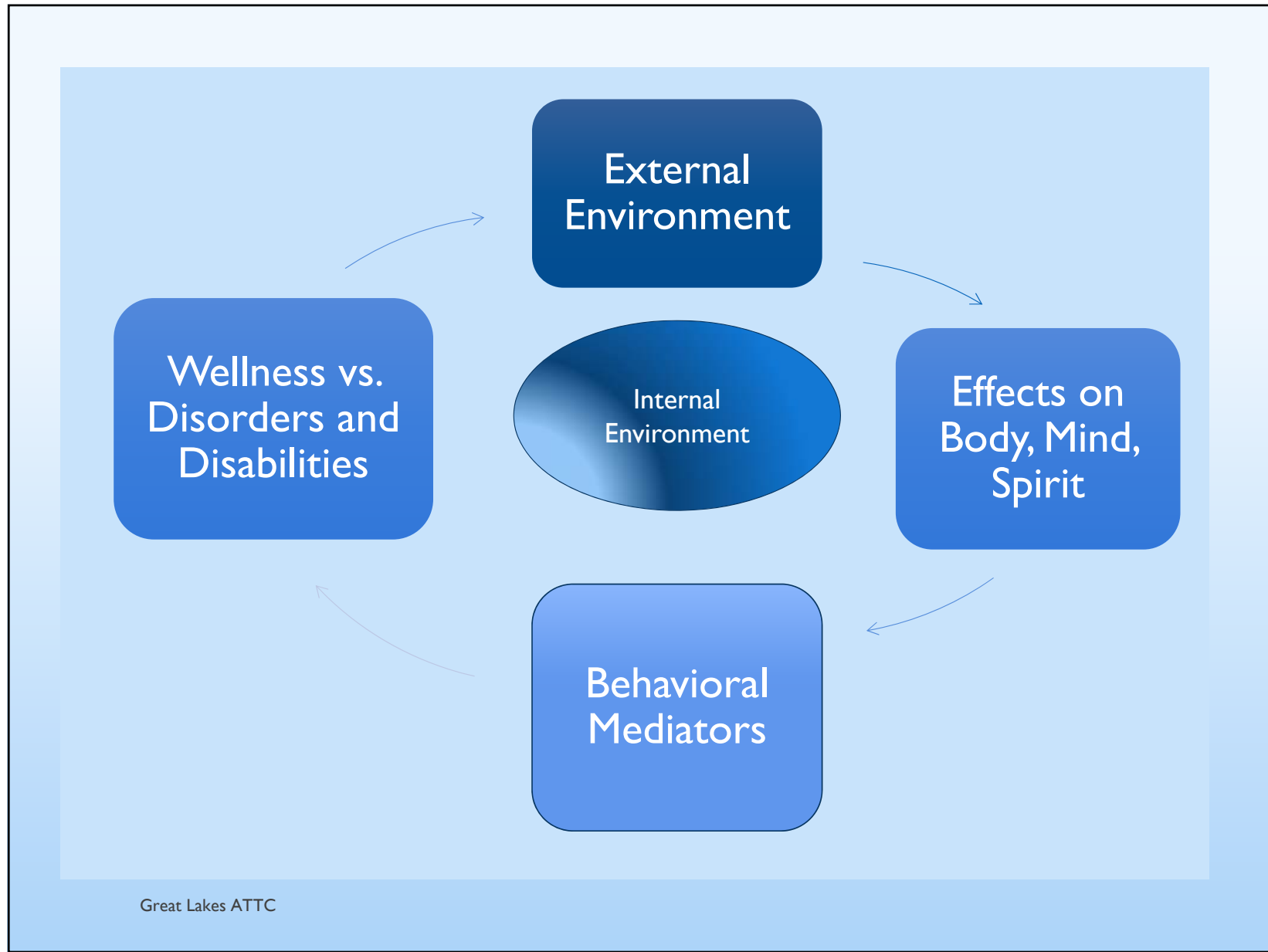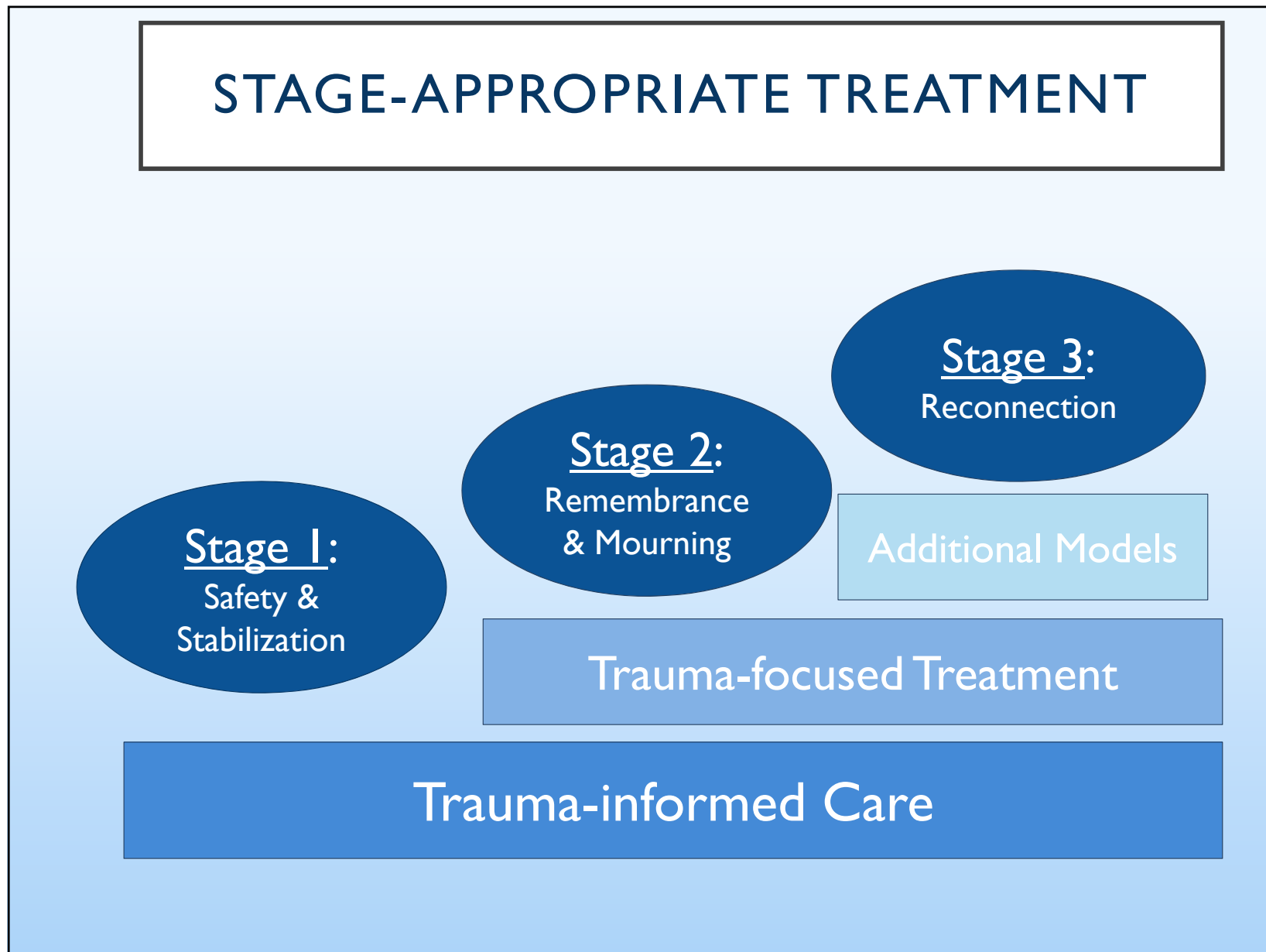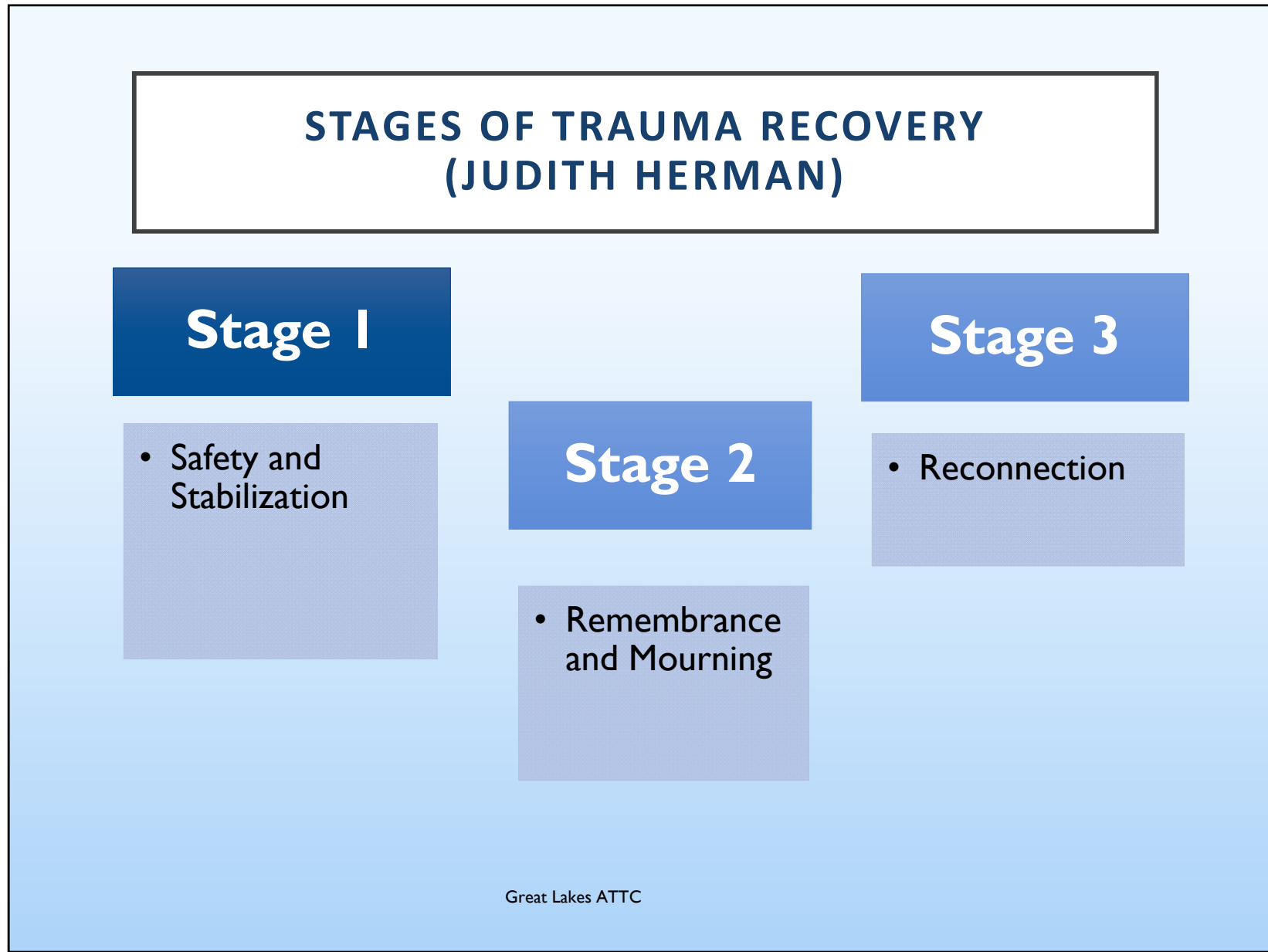   "no wrong door" approach

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THE POWER OF HUMAN CONNECTION

In Service Systems

In Communities

In Cultures

In Families

Within Individuals

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Dahlgren & Whitehead, 2010
DETERMINE Final Report
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Health Determinants Model

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STAGE-APPROPRIATE TREATMENT

Stage 3:
Reconnection

Stage 2:
Remembrance
& Mourning

Stage 1:
Safety &
Stabilization

Additional Models

Trauma-focused Treatment

Trauma-informed Care

STAGES OF TRAUMA RECOVERY (JUDITH HERMAN)

Stage 1

- Safety and Stabilization

Stage 2

- Remembrance and Mourning

Stage 3

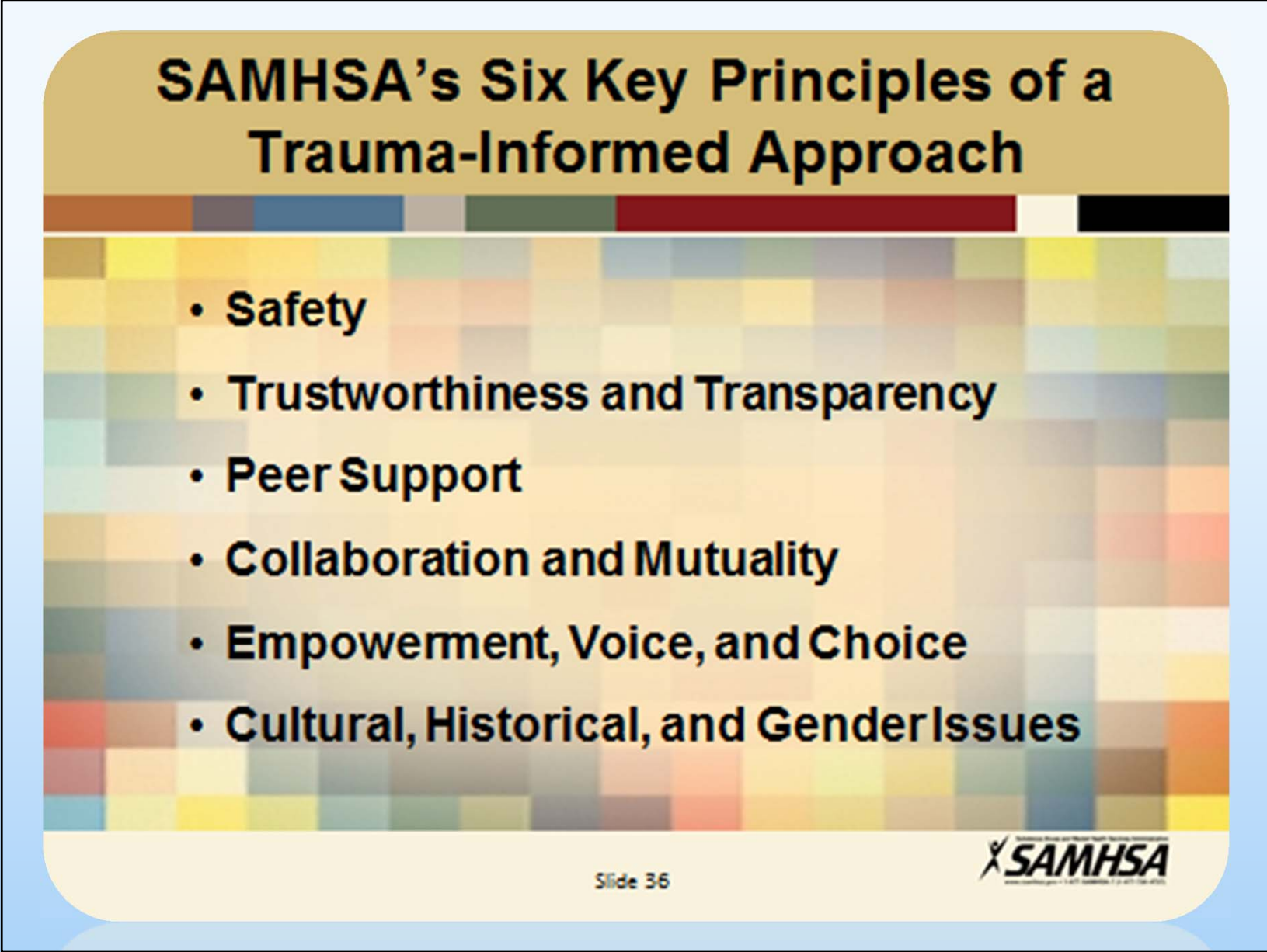- Reconnection

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THE ILLNESS END OF THE SPECTRUM INCLUDES

- Posttraumatic stress disorder

- Depressive (e.g., bipolar) and anxiety disorders

- Substance use disorders

- Personality disorders, conduct disorders

- Psychotic disorders, including schizophrenia

- Immune, autoimmune disorders

- Cardiovascular, pulmonary disorders

- Gastrointestinal, metabolic disorders

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TRADITIONAL HUMAN SERVICE PARADIGM

- Hierarchical: Rule, control, and manage

- "Blame the victim" or consider people helpless

- Focus on problems; see behaviors as symptoms

- See as individual problems; ignore environment

- Separate service systems, minimal coordination

- Emphasize individual diagnoses

- Treat "separate" conditions separately

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SAMHSA's Six Key Principles of a Trauma-Informed Approach

- Safety

- Trustworthiness and Transparency

- Peer Support

- Collaboration and Mutuality

- Empowerment, Voice, and Choice

- Cultural, Historical, and Gender Issues

Slide 36
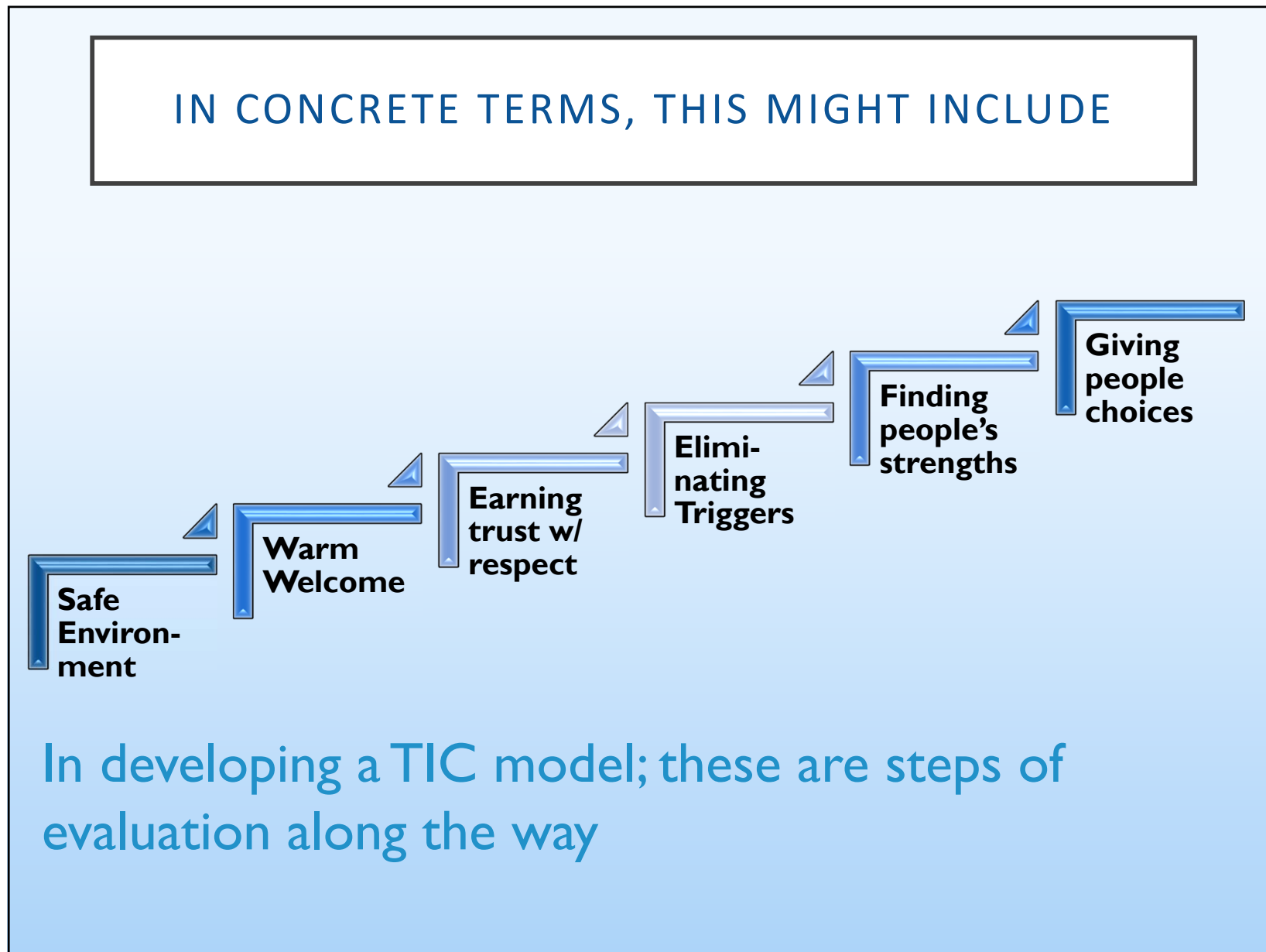
SAMHSA

SAMHSA'S KEY PRINCIPLES FOR TIC

- Safety: Setting and interactions physically and psychologically safe

- Trustworthiness and Transparency: Meaningful sharing of power and decision making; Trans- parent operations/decisions maintain trust

- Collaboration/Mutuality: Partnership, leveling of power differences; Recognition that
healing happens in relationships and
in meaningful sharing of power

- Empowerment: Individuals' strengths are recognized, built on, validated; New skills built as necessary

- Voice and Choice: Aim is to strengthen staff's, participants, families' experience of choice; Recognition of need for individualized approach

- Inclusiveness and Shared Purpose:
everyone has a role to play; Don't have
to be a therapist to be therapeutic
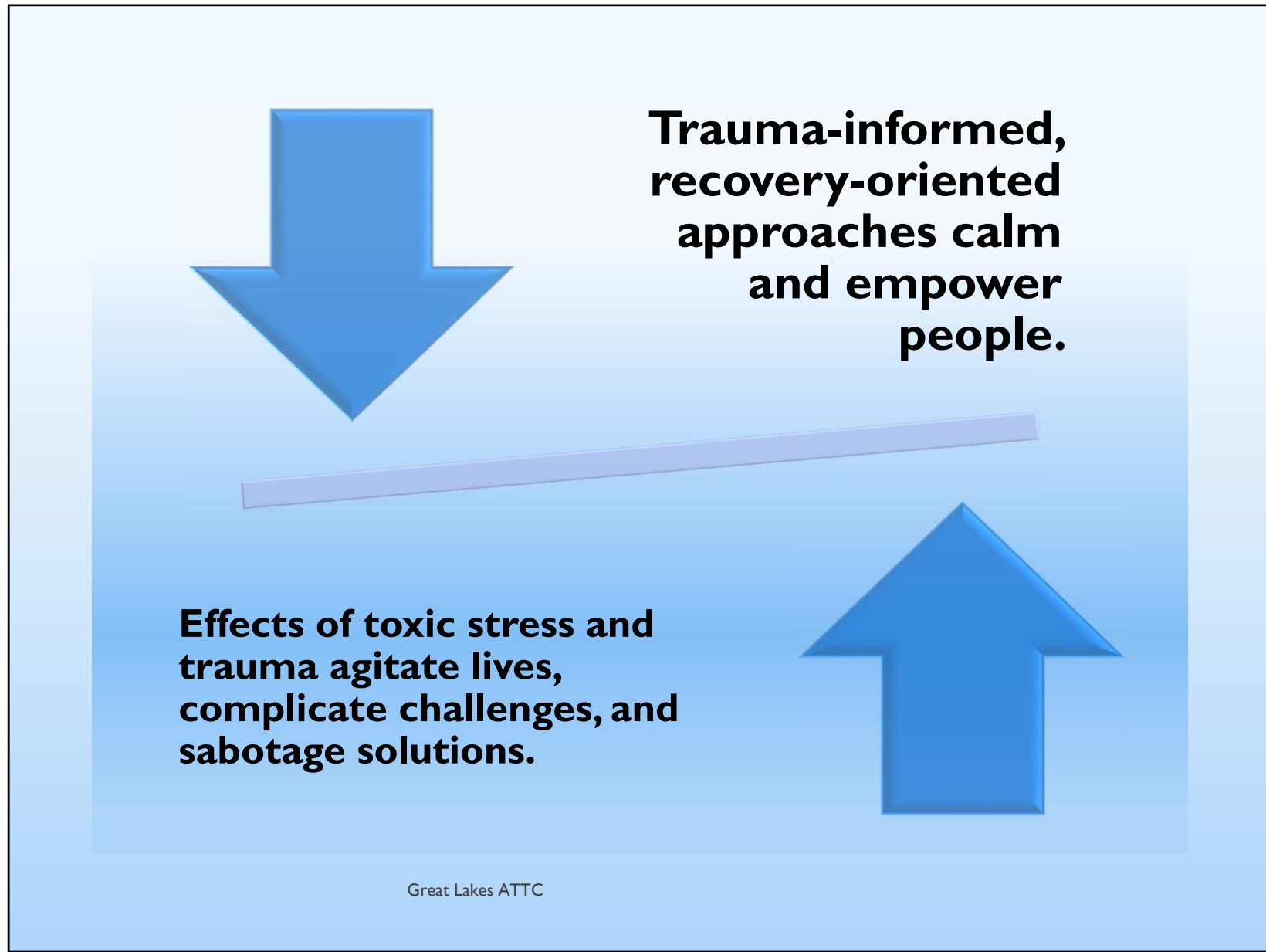
SAMHSA'S KEY PRINCIPLES (CONT'D.)

- <u>Cultural, historical, and gender issues</u>: Addresses these issues, moves past cultural stereotypes/biases, offers gender-responsive services, leverages cultural connections, addresses historical trauma

- <u>Change process</u>: Is conscious, intentional, ongoing; Strives to be a learning
  community, responding to new
  knowledge and developments

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IN CONCRETE TERMS, THIS MIGHT INCLUDE

Giving people choices

Finding people's strengths

Elimi-nating Triggers

Earning trust w/ respect

Warm Welcome

Safe Environ-ment

In developing a TIC model; these are steps of evaluation along the way

Trauma-informed, recovery-oriented approaches calm and empower people.

Effects of toxic stress and trauma agitate lives, complicate challenges, and sabotage solutions.

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TREATMENT

These two end sections are just a brief overview of what we will talk about in more detail in Chicago in September.

Treating trauma can not occur in a silo – you must have a trauma informed approach in order to successfully get engagement and commitment. If we re-traumatize we will only prolong the wait time that the client will have until seeking treatment again.

- ## Recovery/treatment
  - TF-CBT-manualized
  - TREM – manualized(trauma recovery for Men/Women) *community connections mode
  - GROUPS- treatment and support groups
    - Smart Recovery Model (supportive/skills building)
    - 12 step program
    - Support groups/self managed

    **There can be Barriers-

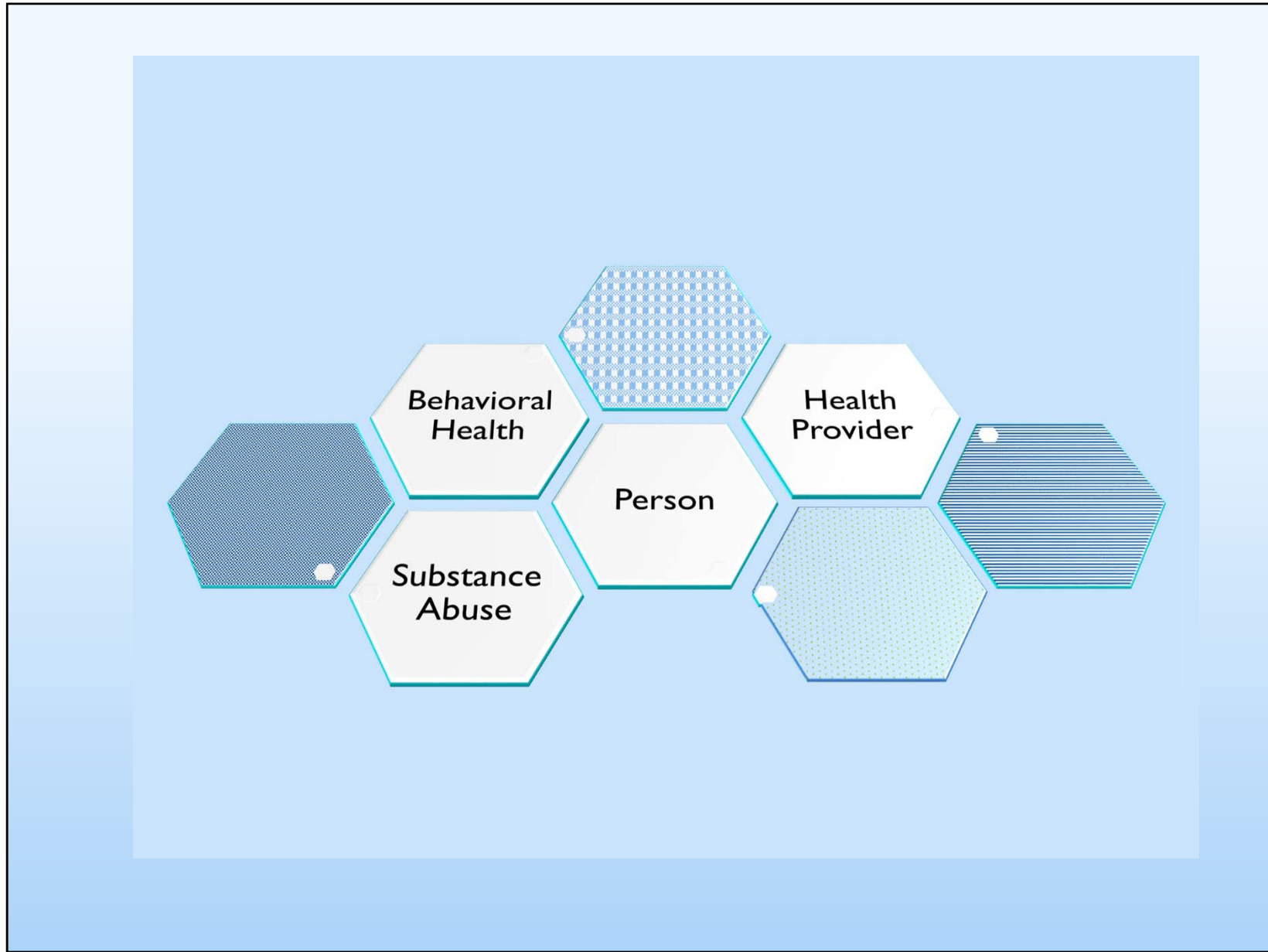## FUNDAMENTAL COMPONENTS OF MENTAL HEALTH RECOVERY

1. Self-direction
2. Individualized and person-centered
3. Empowered
4. Holistic
5. Non-linear
6. Strength-based
7. Respect
8. Responsibility
9. Hope

SAMHSA, 2012

SAMHSA'S 12 PRINCIPLES OF RECOVERY

1. Many pathways

2. Self-directed and empowering

3. Aware of need for change and transformation

4. Holistic

5. Cultural dimension

6. Continuum of health and wellness

7. Emerges from hope and gratitude

8. Process of healing and self-redefinition

9. Addressing discrimination, transcending shame and stigma

10. Supported by peers and allies

11. (Re)joining and (re)building a life in the community
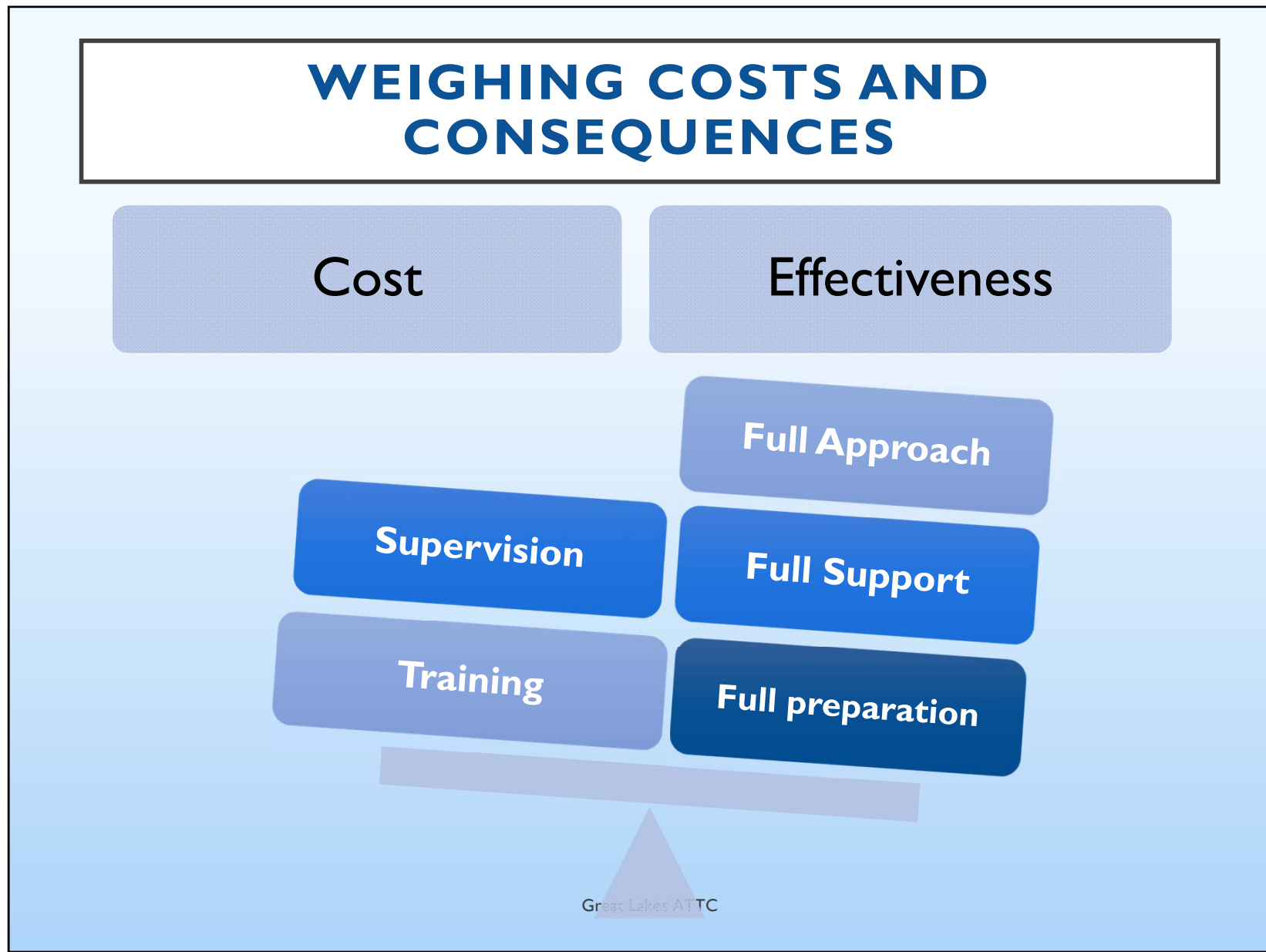
12. Recovery is a reality!

SAMHSA, 2012

IMPLEMENTING TRAUMA-INFORMED CARE

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WEIGHING COSTS AND CONSEQUENCES

Cost

Effectiveness

Full Approach

Supervision

Full Support

Training

Full preparation

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"There are a hundred stages of change, the first 96 being precontemplation."

Stuart Duckworth

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MANY IMPLEMENTATION OPTIONS

- National TIC implementation models, e.g.,

  - Risking Connection (Sidran Institute)

  - The Sanctuary Model (Sandra Bloom, MD, et al.)

  - The Community Connections model (Harris & Fallot)

- Resources for in-house implementation, e.g.,

  - Hiring or designating a TIC Coordinator

  - Consultation and TA on implementation

  - Blending of components of multiple models

  - Stringent evaluation of implementation

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- Based on Constructiveness Self-Development Theory, with premise that therapeutic relationship is foundation for growth and change

- Therapeutic relationship components: Relationship, Information, Connection, Hope

- Training curriculum and TA: Relationship, empowerment, symptoms as adaptation, meaning making, provider effects

RISKING CONNECTION

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THE SANCTUARY MODEL

- Framework for understanding impact and engaging members
- Change and healing the same in participants, providers, organization, families, communities
- Healthy organizations, providers, systems far more likely to heal, less likely to wound
- Training, TA instill 7 Sanctuary commitments at all levels

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THE COMMUNITY CONNECTIONS MODEL

- "Creating Cultures of Trauma-informed Care" (Fallot and Harris, 2009)

- Four-stage system-change process for changing organizational culture

- Extensive initial planning, to instill commitment and understanding of process

- Two-day kickoff training, many staff

- Short- and long-term follow-up

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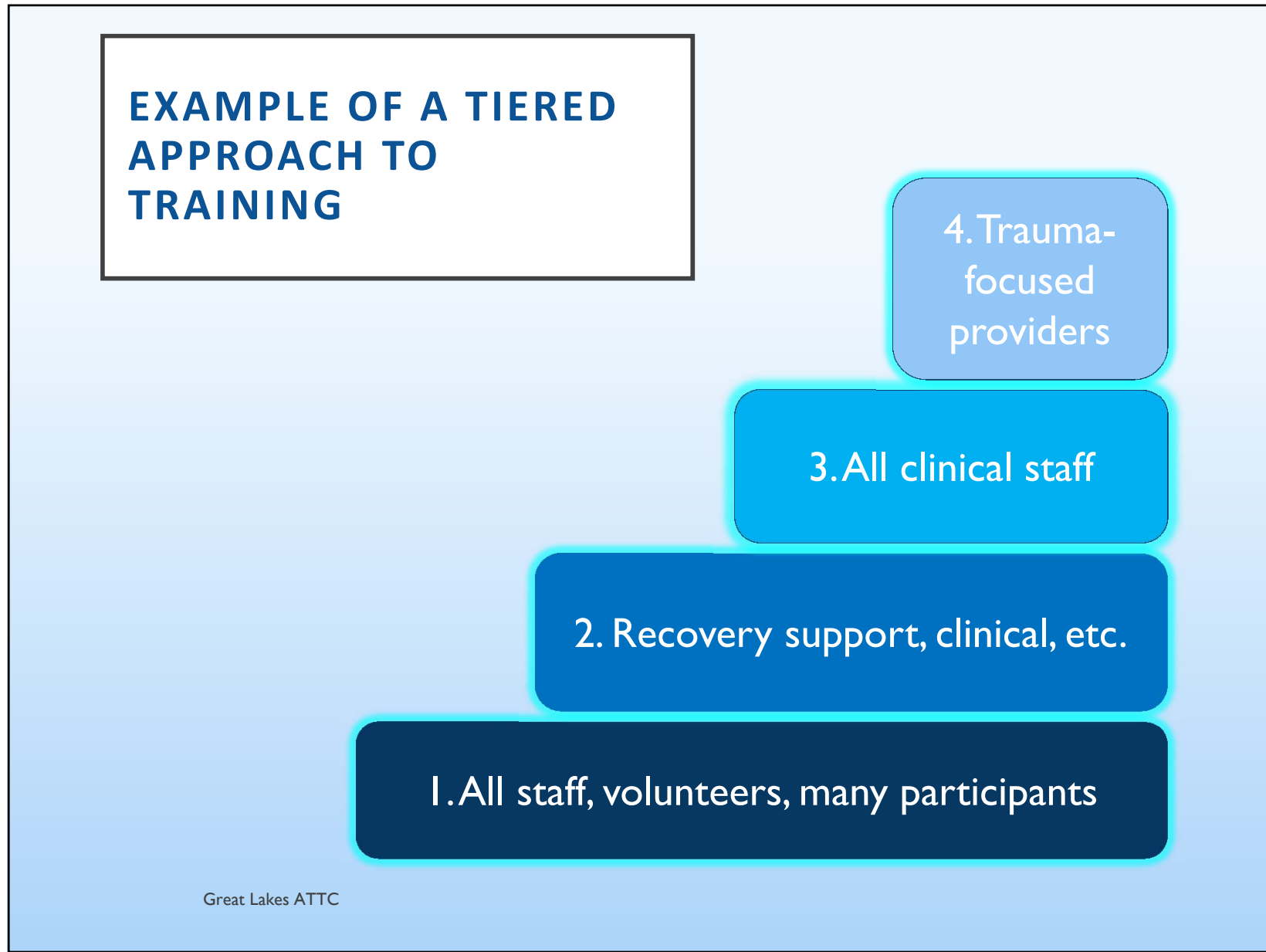
THE HUMAN SIDE OF CHANGE (MICHAEL DIAMOND)

- No "expert" stance: Use all stakeholders to define challenges, plan solutions

- Know change can make people feel inadequate, uncertain, powerless, anxious; Address this

- Create a "transitional space" where people can work through process and make mistakes

- Support grieving (loss of the old way)

- Maximize organizational resilience

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Trauma Training and Staff Support

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EXAMPLE OF A TIERED APPROACH TO TRAINING

4. Trauma-focused providers

3. All clinical staff

2. Recovery support, clinical, etc.

1. All staff, volunteers, many participants

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WHO? HOW MUCH? HOW LONG? HOW OFTEN?

- Balancing depth and complexity—and safety issues—against financial realities

- Universal need for understanding

- Provider difficulty from common misconceptions about stage-appropriate responses to trauma

- Effects of learners' own experiences

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1. ALL STAFF, VOLUNTEERS, MANY SVC. PARTICIPANTS

- General, accessible, de-stigmatizing information about toxic stress, trauma, and their effects

- Tips for safe, respectful, effective responses to all service participants and people in recovery

- Ways of identifying and eliminating safety issues and triggers for post-trauma reactions

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2. RECOVERY SUPPORT, CLINICAL, OTHER SVC. PROV.

- Effects, implications for service relationships

- Relationship with SUD/co-occurring conditions

- Stages of trauma recovery and their implications

- TIC principles/practices and brief screening

- Ways of referring to trauma and its effects, modeling and describing stabilization skills

- Self-care for service providers

- Recognizing stress, secondary trauma

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3. ALL CLINICAL STAFF

- More in-depth on trauma and effects

- Assessment and stage-appropriate referral

- Normalizing psychoeducation

- Safety skills and considerations for recognizing/ managing effects of toxic stress/trauma

- More in-depth on secondary trauma

- Plans for self-care, mutual support

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Burnout
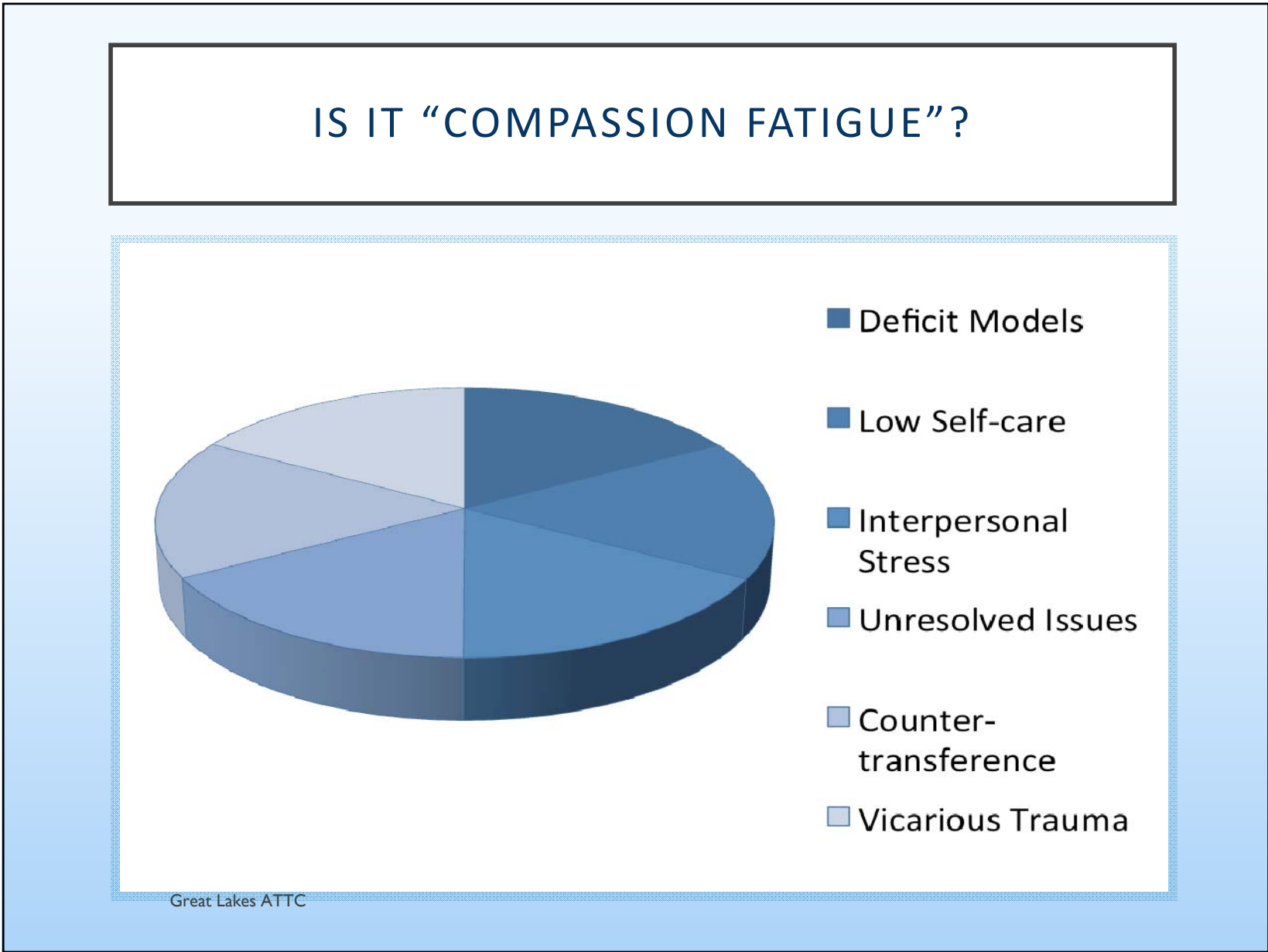# vs
Secondary Trauma Stress
(Compassion fatigue)

BREAKING DOWN "COMPASSION FATIGUE"

- Immersion in deficit-based models

- Neglect of self-care, leading to exhaustion

- Effects of developmental trauma on service provision relationships (frustration, stress)

- Unresolved primary trauma, grief, guilt, shame and/or anger, triggered by material

- Countertransference, over identification

- Vicarious traumatization: Sponge is full

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Vicarious Traumatization (VT)

–is defined by Pearlman and Saakvitne (1995, p. 31), as the "negative effects of caring about and caring for others".

IS IT "COMPASSION FATIGUE"?

- Deficit Models
- Low Self-care
- Interpersonal Stress
- Unresolved Issues
- Counter-transference
- Vicarious Trauma

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FAMILY THERAPEUTIC REFERRALS

- Infant Mental Health Endorsement for families with infants and toddlers
- Experience in evidence based practices
- Training & experience in assessment with DC 0-3R (infants & toddlers)
- Trauma Informed Child Parent Psychotherapy (TI-CPP)
- Attachment Bio-Behavioral Catch-up (ABC)
- Parent-Child Interactive Therapy (PCIT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_149098

ACCEPTING THE CHALLENGE

The beginning is the most
important part of the work.
~ Plato ~
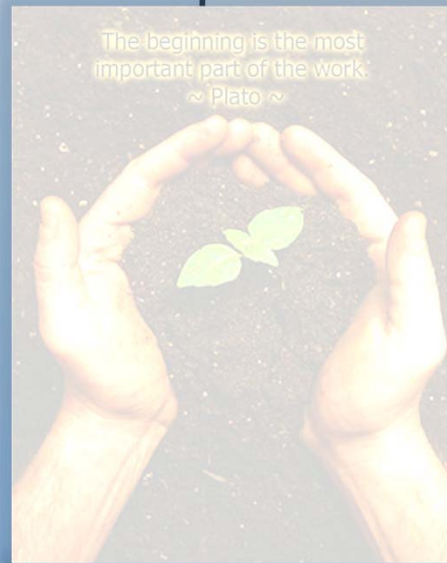
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MORE INFORMATION

- SAMHSA's National Center for Trauma-Informed Care (NCTIC): http://www.samhsa.gov/nctic/

- SAMHSA's Partners for Recovery: http://partnersforrecovery.samhsa.gov/rosc.html

- Great Lakes Addiction Technology Transfer Center (ATTC):http://www.attcnetwork.org/regcenters/index_greatlakes.asp

- National ATTC Network: http://www.attcnetwork.org/index.asp

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Are there questions?

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THANK YOU!