Trauma-Informed Care

For Health Professionals

Overview

- What is Trauma and PTSD?
- The ACEs Study
- Attachment Theory
- Systemic and Intergenerational Trauma
- Impacts of Trauma
- Trauma-informed Care

What Is Trauma?

- APA (American Psychological Association) defines Trauma as:
  - 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.”
- Trauma refers to **intense and overwhelming experiences** that involve serious loss, threat, or harm to a person’s physical and/or emotional well being.
- These experiences may occur at any time in a person’s life and may involve a **single** traumatic event or many **repeated** traumatic events over time.
- These traumatic experiences often overwhelm the person’s coping resources which often leads the person to find ways of coping that may work in the short run but may cause serious harm in the long run.

What is Trauma?

- **Subjective** and **Changing**
  - The definition of trauma is based on individual experiences and is constantly changing according to new data.
  - Researchers have many questions about the nature and experience of trauma. More questions than answers.
  - There have been many exciting recent breakthroughs in the neuroscience of trauma and trauma theory (especially PolyVagal theory and Interpersonal Neurobiology).
- **Protection** vs **Connection**
  - When we have experienced trauma, our brains tend to wire for *protection* rather than *connection*.
- **BIG T & little t**
  - Big T - Trauma is associated with a large traumatic event.
  - Little t - trauma is associated with (relatively) smaller traumatic events.
- **PTSD** (**Disorder**) vs **PTSI** (**Injury**)
  - There is an increasing trend within the psychological community to treat trauma-related symptoms/pathology as a form of “brain injury” rather than a “mental disorder.”
- “**Victim**” vs “**Survivor**”
  - Language matters. When you refer to someone as a survivor rather than a victim it can be much more empowering for that person.

3 Major Types of Trauma

Acute trauma results from a single incident.

Chronic trauma is repeated and prolonged such as domestic violence or abuse.

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Acute Trauma

- Acute trauma is a **single traumatic event** that is limited in time.
- Examples of Acute Trauma include:
    - Serious accidents
    - Community violence
    - Natural disasters (earthquakes, wildfires, floods)
    - Sudden or violent loss of a loved one
    - Physical or sexual assault (e.g., being shot or raped)
- During an acute event, people go through a variety of upsetting feelings, thoughts, and physical reactions that contribute to a sense of being overwhelmed.

Chronic Trauma

- Chronic trauma refers to the experience of multiple traumatic events over time; multiple traumatic experiences that go on repeatedly.
- These may be **longstanding** trauma such as physical abuse, neglect, or war.
- Could also be defined by multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence
- The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact.

Complex Trauma

- Complex trauma describes both exposure to chronic trauma (usually caused by adults entrusted with the child's care) and the impact of such exposure on (i.e., the difficulties that arise as a result of adapting to or surviving these experiences).
- Children who have experienced complex trauma have often endured **multiple *interpersonal* traumatic events** from a very young age.
- Complex trauma has profound effects on nearly every aspect of a child's development and functioning.
- In complex trauma we also see multiple traumatic events (like chronic trauma), but the trauma is perpetrated by a trusted caregiver during childhood. There is also a deep sense of betrayal and loss of trust that accompanies complex trauma.

PTSD

History of PTSD

- The idea of “Trauma” or trauma-related symptomology has been correlated to post-combat experiences since ancient Greece.
- In the 20th century, trauma (or PTSD) has undergone multiple changes and variations in its conceptualization.
- Psychologists began to identify and treat PTSD in the 1970’s and 80’s.
- With each new edition to the DSM (Diagnostic and Statistical Manual- the diagnostic criteria that psychologists use) PTSD has been updated and adjusted.

AMERICAN PSYCHOLOGICAL ASSOCIATION

PTSD

- American Psychological Association (APA) are the authors of the DSM.
- The DSM is a human construct driven by personal visions, it can be problematic and pathologizing.
- Trauma is MUCH bigger than the way the APA defines it in the DSM.
  - Trauma is not a linear, objective disorder. It is far more subjective and nebulous in nature.
  - More work needs to be done in terms of definitions and diagnoses
  - C-PTSD- complex PTSD does not exist in the DSM and can have very different symptomology presentation than classic PTSD

PTSD

PTSD Diagnostic Criteria per the DSM-5

- **Criterion A**: *stressor*- The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.
- **Criterion B**: *intrusion symptoms* – The traumatic event is persistently re-experienced in the following way.
- **Criterion C**: *avoidance* – Persistent effortful avoidance of distressing trauma-related stimuli after the stressful event.
- **Criterion D**: *negative alterations in cognitions and mood*- Negative alterations in cognitions and mood that began or worsened after the traumatic event.

Intrusion	Avoidance	Cognition & Mood Changes	Arousal & Reactivity Changes
• Involuntary & recurrent memories • Traumatic nightmares • Flashbacks • Intense or prolonged distress after exposure to reminders	Avoiding trauma-related • Thoughts • Feelings • People • Places • Conversations • Activities • Objects • Situations	• Can't recall key features of event • Negative beliefs about self or world • Distorted blame • Persistent fear, horror, anger, guilt or shame • Diminished interest in activities • Feeling alienated • Inability to feel positive emotions	• Irritable or aggressive • Self-destructive • Hypervigilance • Exaggerated startle response • Problems with concentration • Sleep problems

PTSD

DSM-5 Diagnostic criteria for PTSD

https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/

ACEs Study

- The ACEs (**Adverse Childhood Experiences**) study was done by Kaiser Permanente and the CDC in the 1990's in Southern California.
  - Over a ten-year study involving 17,000 people
  - Looked at effects of adverse childhood experiences (trauma)over the lifespan
  - Largest study ever done on this subject
- ACEs, are potentially traumatic adverse events that occur in childhood (0-18 years).
- The major finding of this study was that **ACEs are linked to chronic health problems, mental illness, and substance abuse in adulthood**. ACEs can also negatively impact education and job opportunities.

ACEs

- Adverse Childhood Experiences (ACEs): **Impact on brain, body and behavior**

- https://www.youtube.com/watch?v=W-8jTTIsJ7Q

The 10 ACEs Categories

Examples of ACEs include:

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Emotional Neglect
- Physical Neglect
- Loss of parent to divorce or death
- Domestic Violence in the home
- Substance abuse in the home
- Mental Illness in the home
- Loss of a family member to prison

ACEs

Of the 17,000 respondents to the ACEs survey:

1 in 4 exposed to **2** categories of ACEs

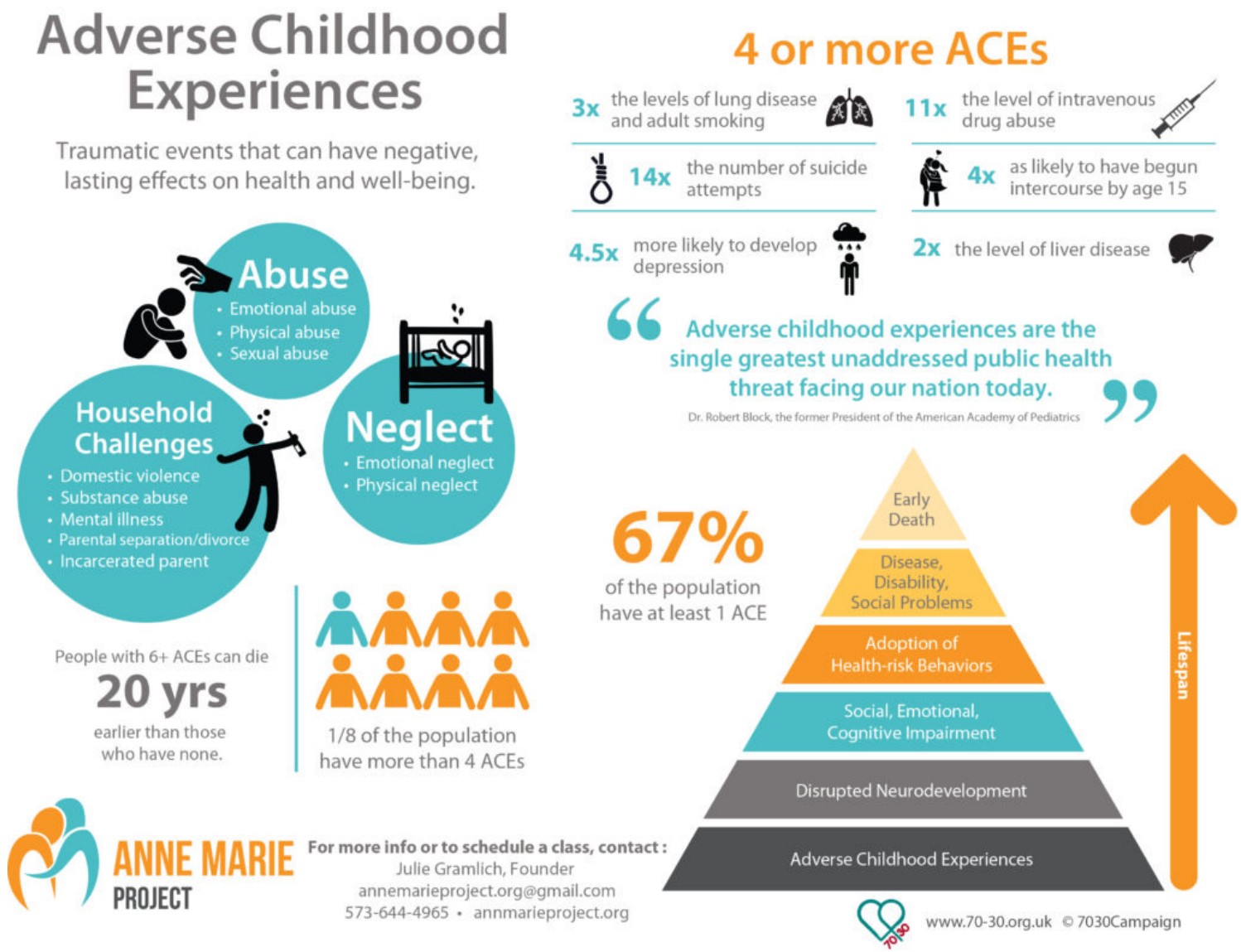
1 in 16 was exposed to **4** categories.

22% were sexually abused as children.

66% of the women experienced abuse, violence or family strife in childhood.

Women were **50%** more likely than men to have experienced 5 or more ACEs

ACEs Impacts



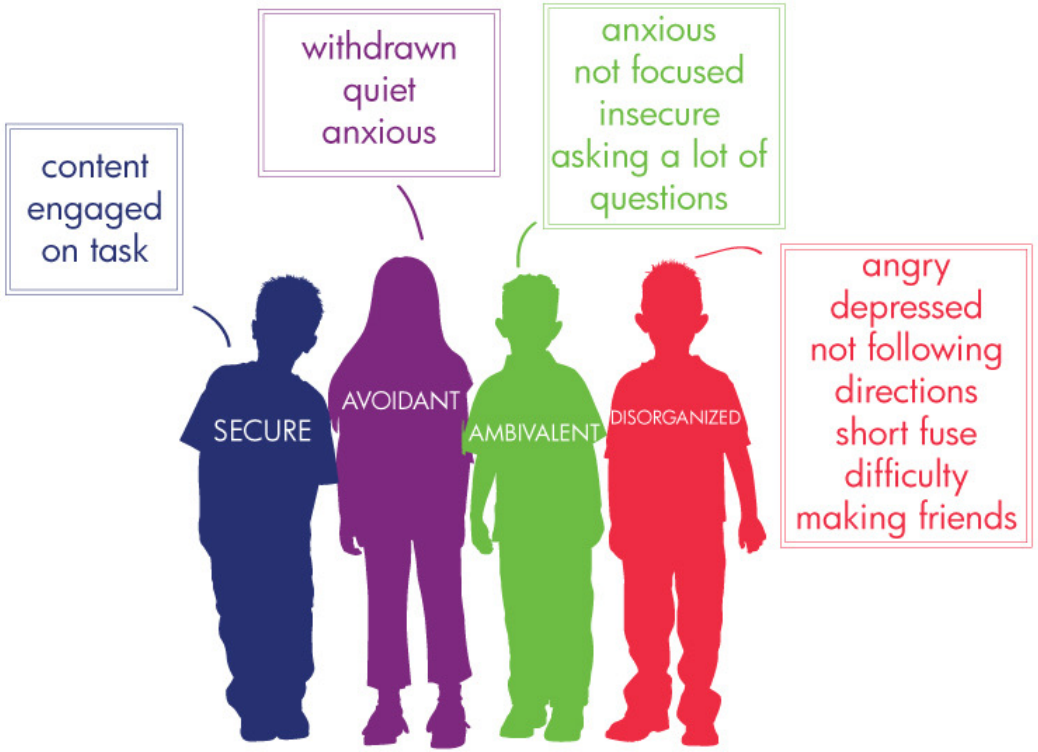
Attachment Theory

- Nature vs. Nurture: Genes have little to do with Attachment
- Temperament (nature) and attachment (nurture) are independent!
- Attachment patterns are solely built by experience

  L. Alan Sroufe, et al "The Development of the Person," 2005.
- In every culture, healthy relationships are **contingent** on healthy relational interactions with our primary caregivers
- We experience psychological *injury* in relationships, and we experience psychological *healing* through relationships
- ***Connection vs Protection***

Attachment Theory

- The infant's neural pathways are informed by their relationship with their primary caregiver and the ability to co-regulate.
- Co-Regulation of the Nervous system:
  - Infants use the primary caregiver to regulate inner states and that is reflected in their brain structures.
  - Negative early childhood experiences (such as ACES/interpersonal traumas) can impact ability to co-regulate with others which impact current functioning in relationships.
  - Explains why humans **do** the things we do/**think** the things we do/**respond** the way we do/**feel** the way we do in relationships.
  - The neural pathways of attachment become the "well-worn paths" of how we perceive reality, feel and respond – which ultimately becomes our personality and reality.



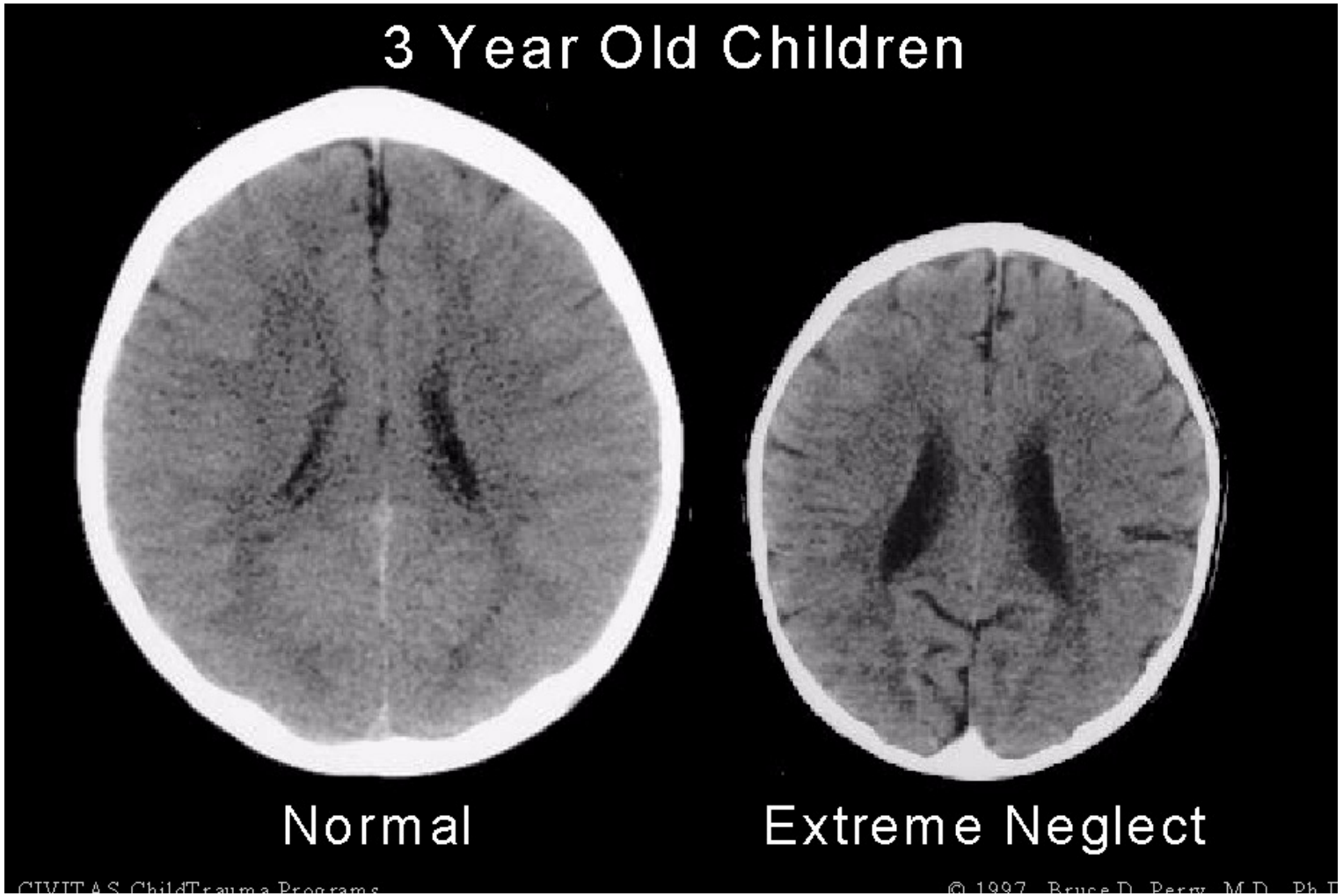
Historical, Systemic, Ontological, Cultural

- <u>Zoom out:</u>
  - Post-traumatic Slavery Syndrome
  - Historical Trauma (Native Americans)
  - Intergenerational Trauma
  - Epigenetics
- Systematic oppression is traumatic!
- Think about prevalence of ACES: what communities have the highest incidences?

Epigenetics

- It has been suggested by researchers that **psychological trauma can affect the biology of individuals, and even have biological and behavioral consequences on the offspring of exposed individuals.**
- New research on the epigenetics of trauma includes the study of heritable changes in gene expression that are caused by factors such as DNA methylation (primarily) rather than by a change in the sequence of base pairs in DNA itself.
- Study finds PTSD effects may linger in body chemistry of next generation
- *It Didn't Start With You*- by Mark Wolman

Impacts of Trauma



Impacts of Trauma

Impacts of Trauma are:

- Neurological
- Biological
- Psychological
- Social

They include:

- Changes in brain neurobiology
- Social, emotional & cognitive impairment
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence)
- Severe and persistent behavioral health issues, health and social problems, early death.

(Felitti et al, 1998)

Impacts of Trauma

Neurobiological Effects of Trauma:

- Disrupted neuro-development
- Difficulty controlling anger-rage
- Hallucinations
- Depression – other MH disorders
- Panic reactions
- Anxiety
- Multiple somatic problems
- Sleep problems
- Impaired memory Flashbacks
- Dissociation

Health Risk Behaviors:

- Smoking
- Severe obesity
- Physical inactivity
- Suicide attempts
- Alcoholism
- Drug abuse
- 50 + sex partners
- Repetition of original trauma
- Self injury

Impacts of Trauma

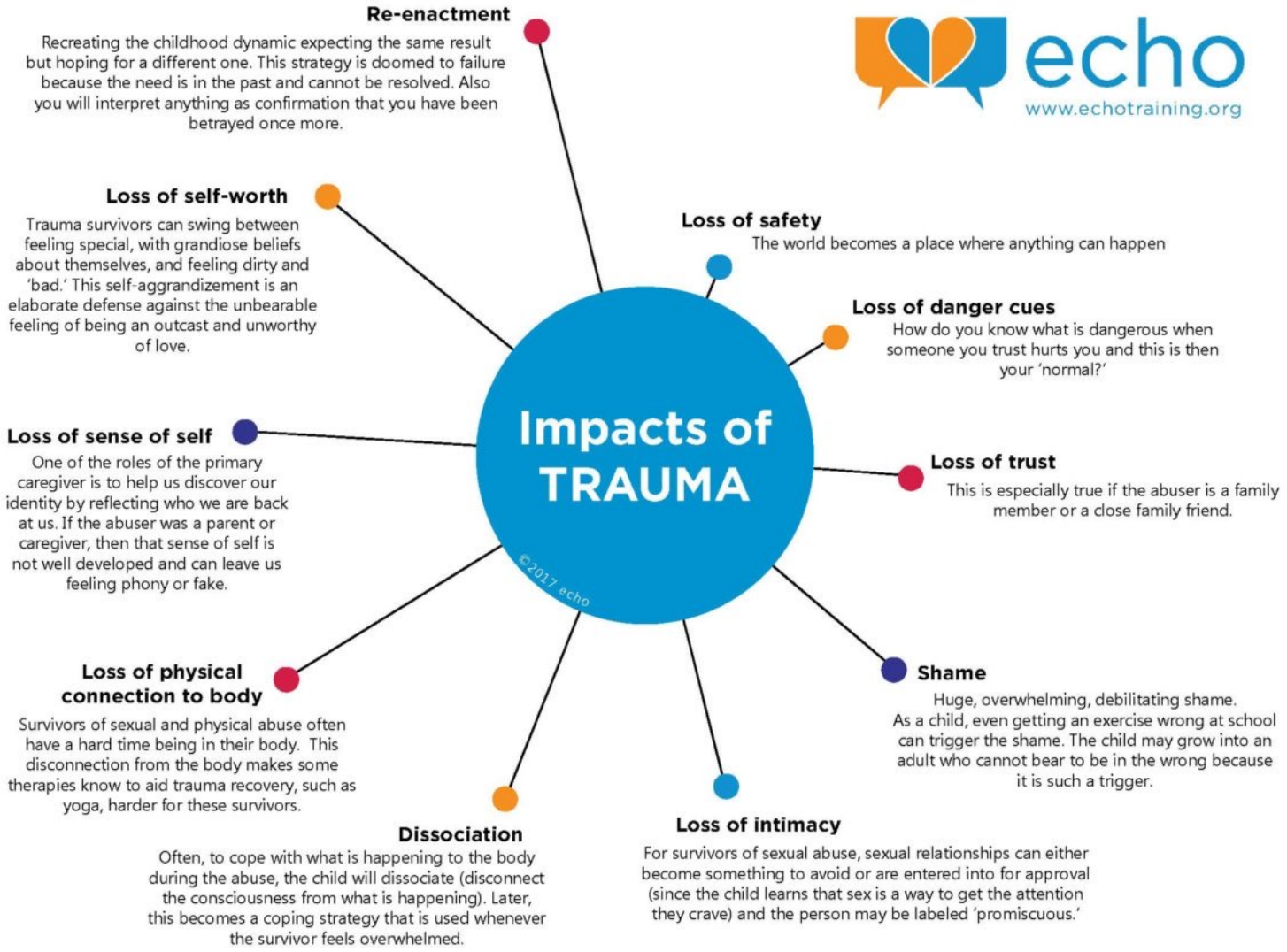
Disease and disability:

- Ischemic heart disease
- Cancer
- Chronic lung disease
- Chronic emphysema
- Asthma
- Liver disease
- Skeletal Fracture
- Poor self rated health
- Sexually transmitted disease
- HIV/AIDS

Serious Social Problems:

- Homelessness
- Prostitution
- Delinquency, violence, criminal
- Inability to sustain employment
- Re-victimisation: rape, violence
- Compromised ability to parent
- Negative alterations in self perceptions and relationships with others
- Altered systems of meaning

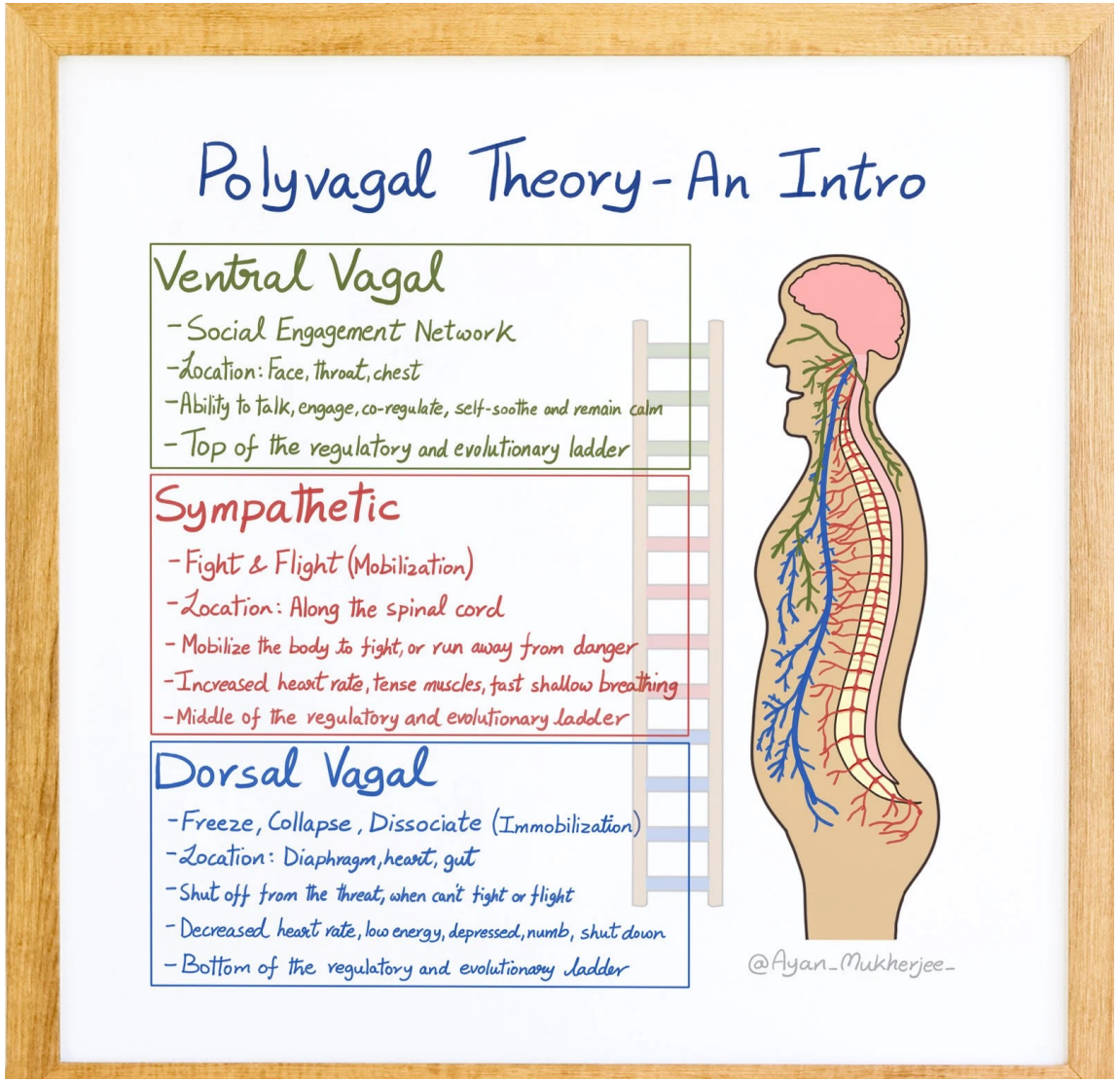
Impacts of Trauma



Impacts of Trauma

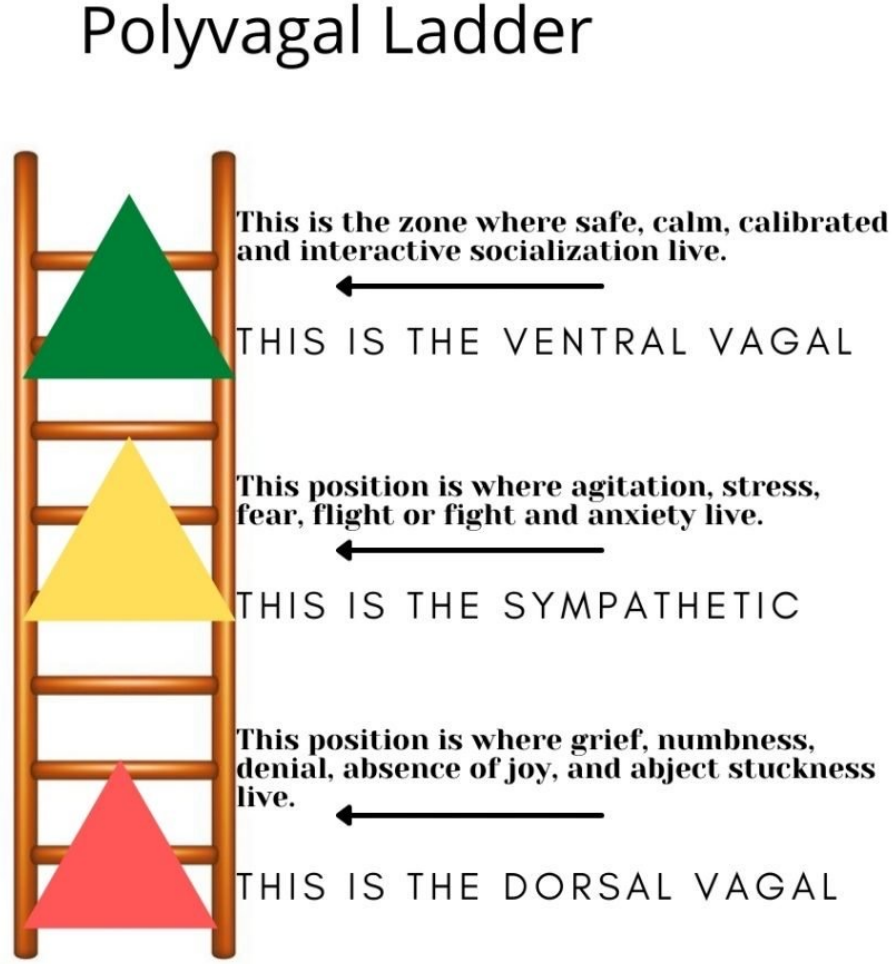
Polyvagal Theory

- The Vagal Nerve (10th Cranial Nerve) is the longest cranial nerve and manages a vast range of vital functions communicating sensory input from outside triggers to the rest of the body.
- Polyvagal theory emphasizes the evolutionary development of two systems:
  - the **parasympathetic** nervous system which is ultimately connected to the vagal nerve (rest & digest AND freeze)
  - the **sympathetic** nervous system (fight or flight)
- Each has its own function, and cause the body to react differently before, during, and after a traumatic or stressful event. If these two systems become damaged from excessive and recurrent trauma, a break down occurs and mental illnesses such as CPTSD and anxiety disorders may result.



Impacts of Trauma

- Polyvagal Theory and Nervous System Regulation
  - Polyvagal theory suggests that PTSD/trauma symptoms are biologically based and somatically experienced
  - When the Vagus nerve is “toned” and functions well, the ventral vagal branch serves to activate the parasympathetic system: putting “the brakes” on the sympathetic system arousal, the fight-flight responses that occur through trauma exposure and in PTSD.
  - Stephen Porges and Deb Dana



Trauma-Informed Care

A better way to view people and their symptoms

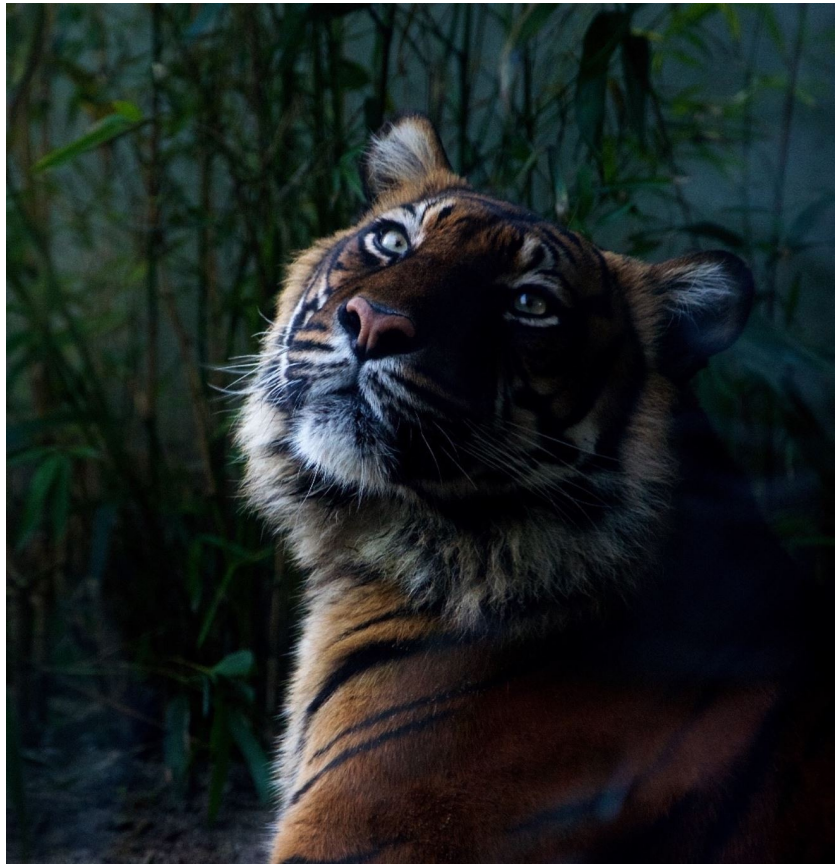
Imagine a place that…

- Asks “What happened to you?” instead of “What is wrong with you? *Non-pathologizing*
- Understands past trauma can be triggered by experiences in the present
- Is committed to supporting people as they heal
- Leaves a person feeling informed and valued vs judged

Symptoms as Adaptations

It can be useful to think of all trauma symptoms as adaptations.

- Symptoms represent the clients' attempt to cope the best way they can with overwhelming feelings.
- When we see symptoms in a trauma survivor, it is always significant to ask ourselves: what purpose does this behaviour serve?
- Every symptom helped the survivor cope at some point in the past and is still in the present – in some way.
- As humans we are incredibly adaptive creatures. If we help the survivor explore how behaviours are an adaptation, we may be able to help them learn to substitute a less problematic behaviour.



Symptoms as Adaptations

- The traumatic event is over, but the person's reaction to it is not.
- The intrusion of the past into the present is one of the main problems confronting the trauma survivor.
- Often referred to as *re-experiencing,* this is the key to many psychological symptoms and psychiatric disorders that RESULT from traumatic experiences.
- This intrusion may present as distressing intrusive memories, flashbacks, nightmares, or overwhelming emotional states.

Symptoms as Adaptations

- Survivors of repetitive early trauma are likely to instinctively continue to use the same self-protective coping strategies that they employed to shield themselves from psychic harm at the time of the traumatic experience.
- Hypervigilance, dissociation, avoidance and numbing are examples of coping strategies that may have been effective at some time, but later interfere with the persons' ability to live the life they want.

Trauma-Informed Care

- Trauma-Informed Care (TIC) is an organizational approach in the human service field that assumes that **an individual is more likely than not to have a history of trauma**.
- Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- **including service staff.**
- On an organizational or systemic level, Trauma-Informed Care changes organizational culture **to emphasize respecting and appropriately responding to the effects of trauma at all levels**.
- When service systems operating procedures do not use a trauma-informed approach, the possibility for triggering or exacerbating trauma symptoms and **re-traumatizing** individuals increases.

Trauma-Informed Care

- Aims to **avoid re-traumatization**
- Appreciates many problem behaviours began as understandable **attempts to cope** (symptoms as adaptations)
- Strives to maximize **choices** for the survivor and control over the healing process
- Seeks to be **culturally competent**
- Understands each survivor in the **context** of life experiences and cultural background

(Alvarez and Sloan, 2010)

Trauma-Informed Care

For the purposes of identifying trauma and its adaptive symptoms, it is much more useful to ask:

"What HAPPENED to this person" rather than "What is WRONG with this person".

Trauma-Informed Care

Why TIC?

- Improves our desired outcomes
- Supports trauma recovery by:
  - Reducing re-traumatization
  - Providing “corrective emotional experience”
- Decreases our own vicarious trauma or compassion fatigue.
- Care professions can all benefit from a trauma-informed approach- why?
  - Impacts the caregiver’s ability to care!
  - **Number one indicator of positive mental health outcome is a positive relationship.**
  - TIC helps build relationships and sees clients/patients (AND caregivers) as humans rather than problems.

Trauma-Informed Care

Why TIC?

- **Many current problems faced by the people we serve may be related to traumatic life experiences.**
- Most health care and human service systems do not routinely and comprehensively inquire about the trauma that may have been or currently experienced by our clients.
- We can do unintentional damage when we don't fully understand the role that trauma may be playing in the lives of our clients.
- **To provide effective services we need to understand the traumatic life situations that may be contributing to the client's current problems.**
- People who have experienced traumatic life events are often very sensitive to situations that remind them of the people, places or things involved in the traumatic event.
- These reminders, also known as triggers, may cause a person to relive the trauma and view organizations as a source of distress and not as a healing and welcoming environment.

Trauma-Informed Care

- “Trauma-Informed Care is a ***strengths-based framework*** that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes ***physical, psychological, and emotional safety*** for both providers and survivors to rebuild a ***sense of control and empowerment***.” (Hopper et al, 2010)
- “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***.” (SAMHSA)

Trauma-Informed Care

A trauma-informed approach

(the **4 R's**):

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resists** re-traumatization

(SAMHSA)

Trauma-Informed Care

Core Principles of TIC:

- **Awareness:** Everyone knows the role of trauma and its prevalence
- **Safety:** Ensuring physical and emotional safety
- **Trustworthiness**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Choice:** Respect and prioritize consumer choice and control
- **Collaboration:** Maximizing collaboration and sharing of power with consumers
- **Empowerment:** Prioritizing consumer empowerment and skill-building

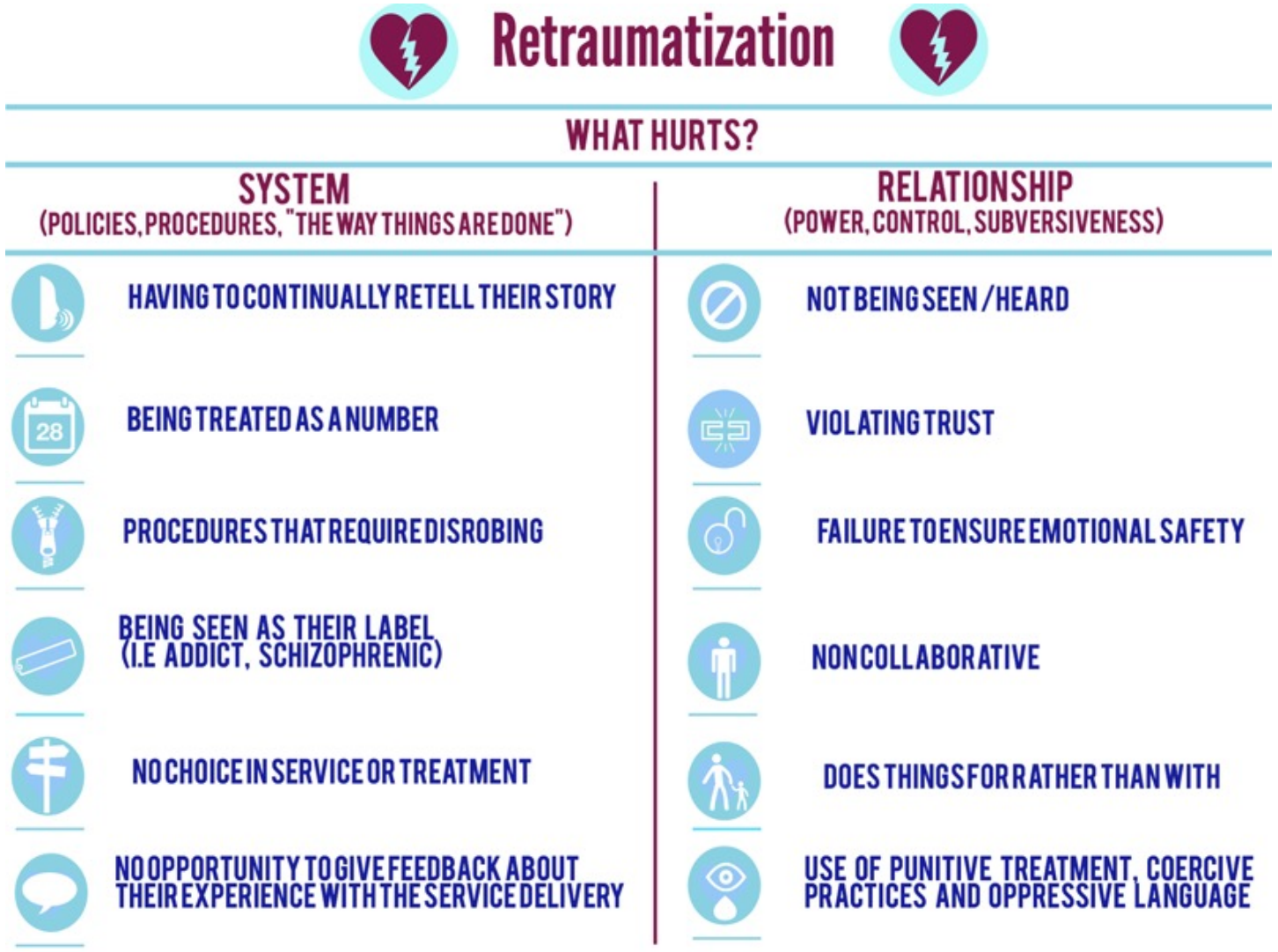
Trauma-Informed Care

Trauma-Informed Care

Re-Traumatization

- Re-traumatization is any situation or environment that resembles an individual's trauma literally or symbolically, which then triggers difficult feelings and reactions associated with the original trauma.
- Re-traumatization is a **significant concern**, as individuals who are traumatized multiple times frequently have exacerbated trauma-related symptoms compared to those who have experienced a single trauma.
- Individuals with multiple trauma experiences often exhibit a decreased willingness to engage in treatment.
- Re-traumatization may also occur when interfacing with individuals who have history of historical, inter-generational and/or a cultural trauma experience.

Trauma-Informed Care



Trauma-Informed Care

Offer

Offer support and validation

- Communicate care and concern
- Avoid passing judgement

Ask

Ask questions of the survivor

- Find out if they are currently experiencing some kind of violence or coercion in their life

Listen

Listen to what they have to say

- Resist interrupting them
- Make sure your body language is receptive

Offer

Offer information and assistance

- Give them a resource card, a phone number, or a website
- Refer them to an advocate (warm hand-off)
- Tell them you are available to help in the future

Tips for Practicing TIC

- Use language the person recognizes
  - Language mirroring
- Meet the survivor “where they are”
  - If a person is not ready to talk, do not force the conversation. Rather keep the door open for a later time.
- Consider the person’s cultural context
  - Avoid making assumptions – just ask!

Tips for Practicing TIC

- Recognize adaptive behaviors serve a purpose
  - Why is a person chronically miss morning appointments? Is the morning the only time they can sleep? Do they have a traumatic brain injury that prevents them from remembering things?
  - Adjust to help that person succeed. Set appointment times for the afternoon.
- Include everyone in your agency
  - From receptionist to treatment staff
  - Provide trauma training to every employee

Trauma-Informed Care

A trauma-informed organization:

- Increases safety for all
- Improves the social environment in a way that improves relationships for all
- Cares for the caregivers
- Increases the quality of services
- Reduces negative encounters and events
- Creates a community of hope and health
- Increases success and satisfaction at work

Non-Trauma-Informed

- Lack of education on trauma
- Over-diagnosis of schizophrenia, singular addictions, bipolar and conduct disorders
- Focus is on rule enforcement and compliance
- Behavior seen as intentionally provocative
- Labeling: *“manipulative, needy, attention-seeking”*

Problems Associated with a Controlling Culture

- Focus is on staff, not the care recipient
- Addressing a problem is built around staff and program convenience
- Rules become more important as staff knowledge about their origin erodes
- The person’s compliance and containment are mistaken as actual learning of new skills and/or real improvement

Problems Associated with a Controlling Culture

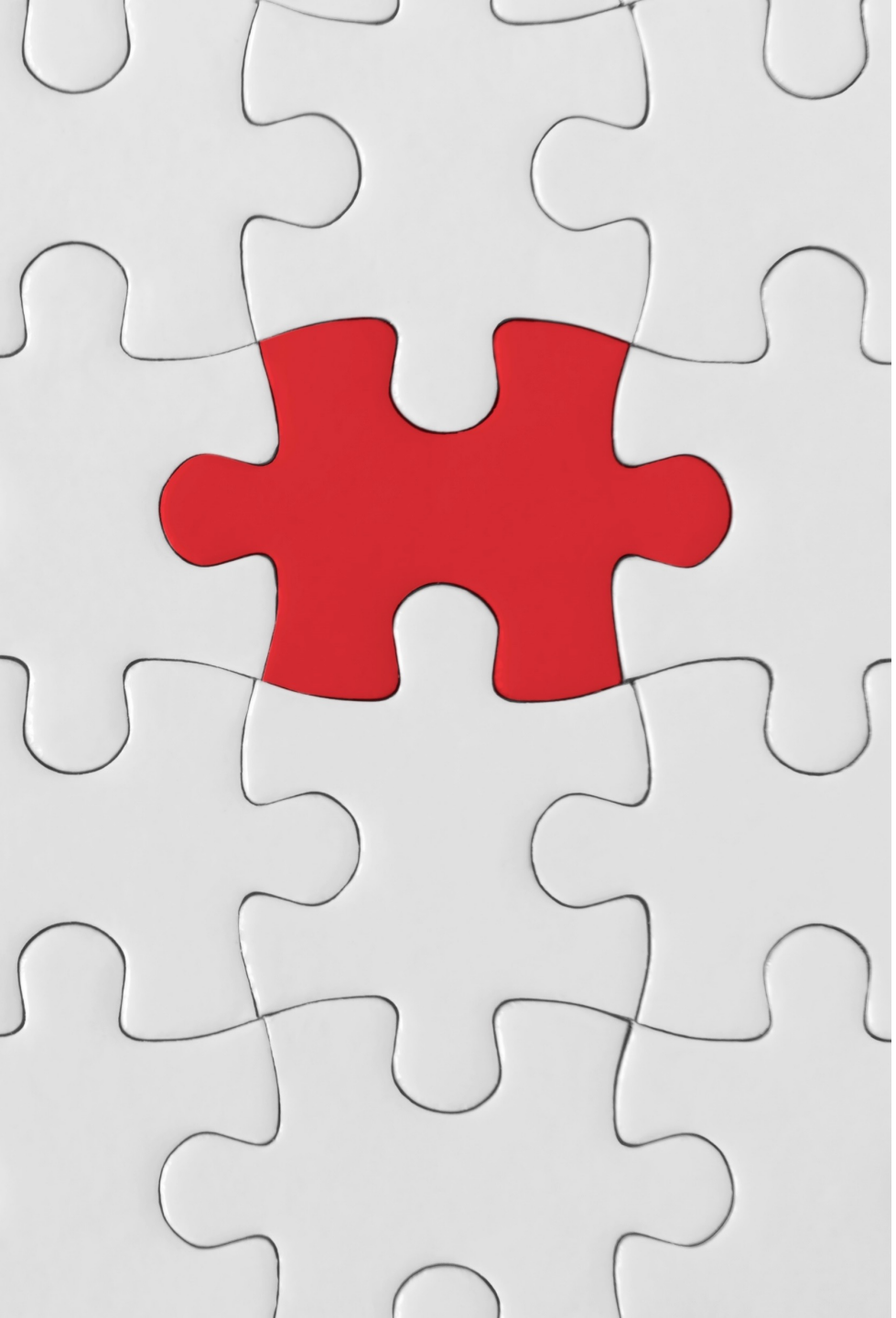
- Minor violations often lead to control struggles
- Fosters a belief that privileges (rights) must be earned
- Reinforces a need to control the recipient
- Poorly trained staff who bully people into compliance are not identified or disciplined
- These same staff may be rewarded for maintaining safety or creating a quiet shift

Post-Traumatic Growth

- Survivors of trauma who strengthen their abilities to find wisdom that allow them emotional growth in relationship with others are often referred to as experiencing post-traumatic growth.
- Post-traumatic growth is reflected in the following:
  - Strengthening of relationships/sense of connection
  - Increased sense of personal strengths
  - Awareness of increased possibilities in life
- Re-wire the brain for <u>CONNECTION vs PROTECTION</u>
  - This takes **safety** and healthy positive **relationships**
  - Validation, unconditional positive regard, and non-judgment

Trauma Stewardship

- Be trauma-informed!
- These are ways you can contribute to trauma stewardship and promote trauma-informed care within your organizations:
  - Acknowledge that vicarious trauma is real
  - Be present in the trauma (yours *and* your patient's)
  - Prioritize self-care
  - Recognize the difference between self-care and "checking out"
  - Create systems and organizations that promote self-care and trauma stewardship



Core Elements in the Most Effective Treatment Programs

- Memory identification, processing and regulation
- Anxiety management
- Identification and alteration of maladaptive cognitions
- Interpersonal communication and social problem-solving
- Direct intervention in the home/community
- Appropriate use of medication

- *Hodas, 2004*

In Summary

- There is an extremely ***high prevalence*** rates of trauma and ACEs among the general population
- The impact of trauma is ***neurological, biological, psychological, and social*** and symptoms are basic survival adaptations
- Understanding the characteristics of trauma-informed care and how to implement trauma-informed clinical skills to ***improve staff and patient outcomes/nervous system regulation***
- Helping ourselves and others to have post-traumatic growth can ***re-wire our brains from protection to connection***

Thank you

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