Integrating Trauma Informed Care and Resilience Informed Practices

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Introduction

The information and dates in this presentation are accurate as of the date of this presentation or delivery of content

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Learning Objectives

To have a basic understanding of:

1. Trauma informed care
2. Foundations of Trauma
3. Trauma and Stress Related Disorders
4. Foundations of Resilience

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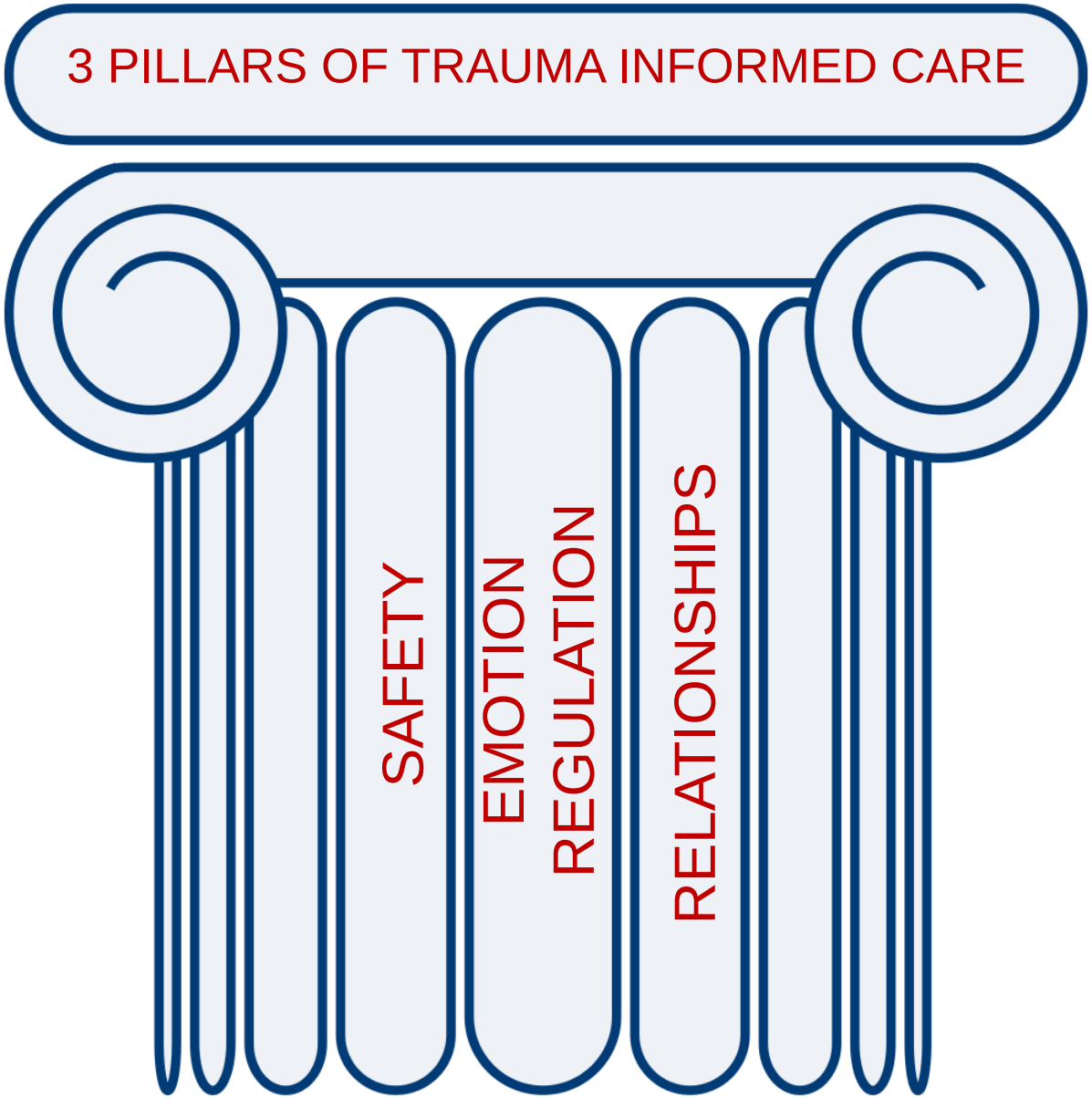
4 R's of a Trauma Informed Approach

- **R**ealizes the prevalence of trauma
- **R**esponds by putting this knowledge into practice
- **R**esists re-traumatization
- **R**ecognizes the impact of trauma on recipients of services and providers

SAMHSA (2012)

The Concept of "Universal Precautions"

- We don't know what kinds of experiences our participants have had when they present for services, so:
- If we assume it is not related to trauma, then we miss a great opportunity to help.
- If we assume trauma may be playing a role, then we begin to pay attention to signs of trauma and ask the right questions
- The steps we take to create a safe and trusting environment benefits everyone
- A trauma-informed approach is designed to avoid re-traumatizing those who seek assistance



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Why focus on trauma?

- Research on trauma has evolved over time
- The Trauma Informed Care (TIC) movement picked up Adverse Childhood Events (ACEs)
- ACEs and trauma are more prevalent in human service systems (e.g. behavioral health, child welfare, homeless programs)
- ACEs and trauma can be difficult to detect

Bottom line: Service providers who understand trauma and its effects can avoid or prevent re-traumatizing people who receive services.

What is Psychological Trauma?

SAMHSA definition of trauma includes three key elements:

1. **External** cause (event or circumstances)
2. Individual life changing **experience**
3. Profound **effects**

The combination of one or more adverse events that results in long lasting emotional, cognitive and/or physical harm

Why focus on resilience?

- Resilience is critical to recovery from trauma
- Provides guidance and understanding of what helps overcome the negative effects of exposure to trauma and toxic stress
- Provides hope to both providers and recipients of care
- We can "break the cycle"

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Definition

- **Resilience –** A dynamic **process** reflecting positive **adjustment** despite significant **risk or adversity** (Luthar & Zigler, 1991; Garmezy, 1971; Rutter, 1987)
  - **Adversity** – experiences with high probability for negative outcomes (e.g. parental mental illness)
  - **Positive adaptation** – better than expected life outcomes despite being exposed to adversity (e.g. mental health in home with parent with severe mental illness

Concept of Resilience

Resilience is…	Resilience is not the same as…
• Contextual and situational	• Competence
• Domain specific	• Ego resiliency
• Fluctuates over time	• Grit

Person-environment perspective vs. Individual trait perspective

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Adverse Childhood Experiences Study (ACES)

The Driving Force of the Trauma Informed Care Movement

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The Adverse Childhood Experiences (ACE) Study

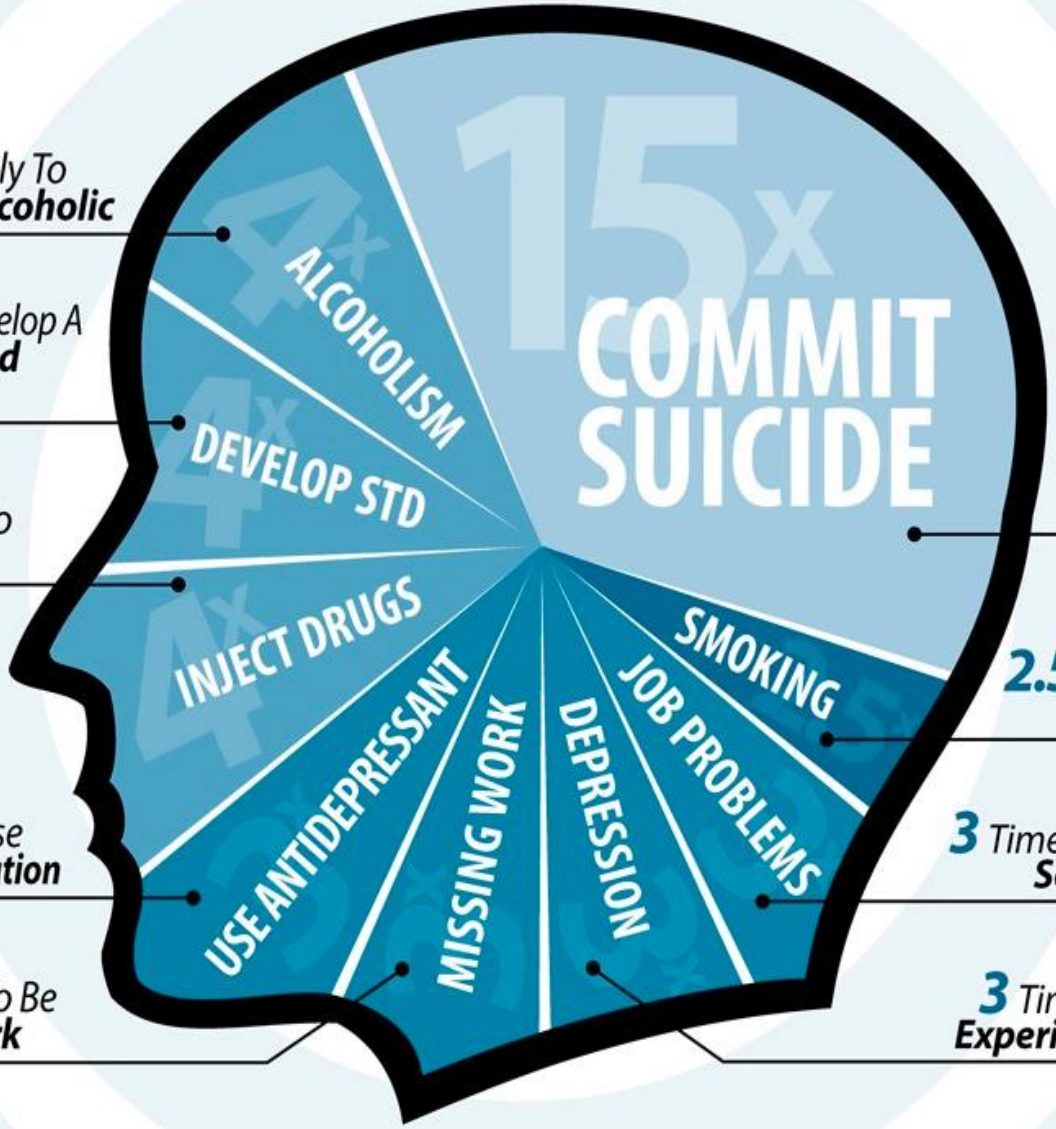
- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- A study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject
- Prevalence of ACEs:
  - 52% - 64% Exposed to at least 1 ACES**
  - 25% Exposed to 2 or more
  - 16% Exposed to 4 or more

List of ACEs

1. **Emotional abuse**
2. **Physical abuse**
3. **Sexual abuse**
4. **Substance misuse within household**
5. **Household mental illness**
6. **Mother treated violently**
7. **Incarcerated household member**
8. *Physical neglect*
9. *Emotional neglect*
10. *Parental separation or divorce*

Main Study Finding: ACEs are common and poor outcomes are more likely with more ACEs (Dose Response)

PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



4 *Times More Likely To* ***Become An Alcoholic***

4 *Times More Likely To Develop A* ***Sexually Transmitted Disease***

4 *Times More Likely To* ***Inject Drugs***

3 *Times More Likely To Use* ***Antidepressant Medication***

3 *Times More Likely To Be* ***Absent From Work***

15 *Times More Likely To* ***Commit Suicide***

2.5 *Times More Likely To* ***Smoke Tobacco***

3 *Times More Likely To Have* ***Serious Job Problems***

3 *Times More Likely To* ***Experience Depression***

ACEs Were Also Related to…

Health Risk Behavior

- Smoking
- Substance use/abuse
- Sexual promiscuity
- Early pregnancy
- Eating disorders
- Self-harm

That in turn lead to…

Physical Health Problems

- Obesity
- Chronic Obstructive Pulmonary Disease
- Asthma
- Heart disease
- Sleep problems
- Cancer
- Early death

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Trauma in Service Systems

- 97% of homeless women with serious mental illness (a) experienced severe physical and sexual abuse (b) 87% experienced abuse in both childhood and adulthood (Goodman et al., 1997)

- 90% of public mental health participants have been (a) exposed to trauma, and (b) had multiple experiences of trauma (Mueser et al., 1998)

- In a U.S. study of 100 adolescent psychiatric inpatients, 93% had histories of trauma and 32% had symptoms of PTSD (Lipschitz et al., 1999)

- A study of a State's child/adolescent long-term care service users (162) found 100% had documented histories of trauma (Massachusetts DMH, 2007)

- 93% of males in a juvenile justice (JJ) facility reported trauma history (compared to 84% females), but more females met criteria for PTSD (18% female, 11% male). (Abram et al., 2004)

Understanding the Human Stress Response

The Neurobiology of Trauma

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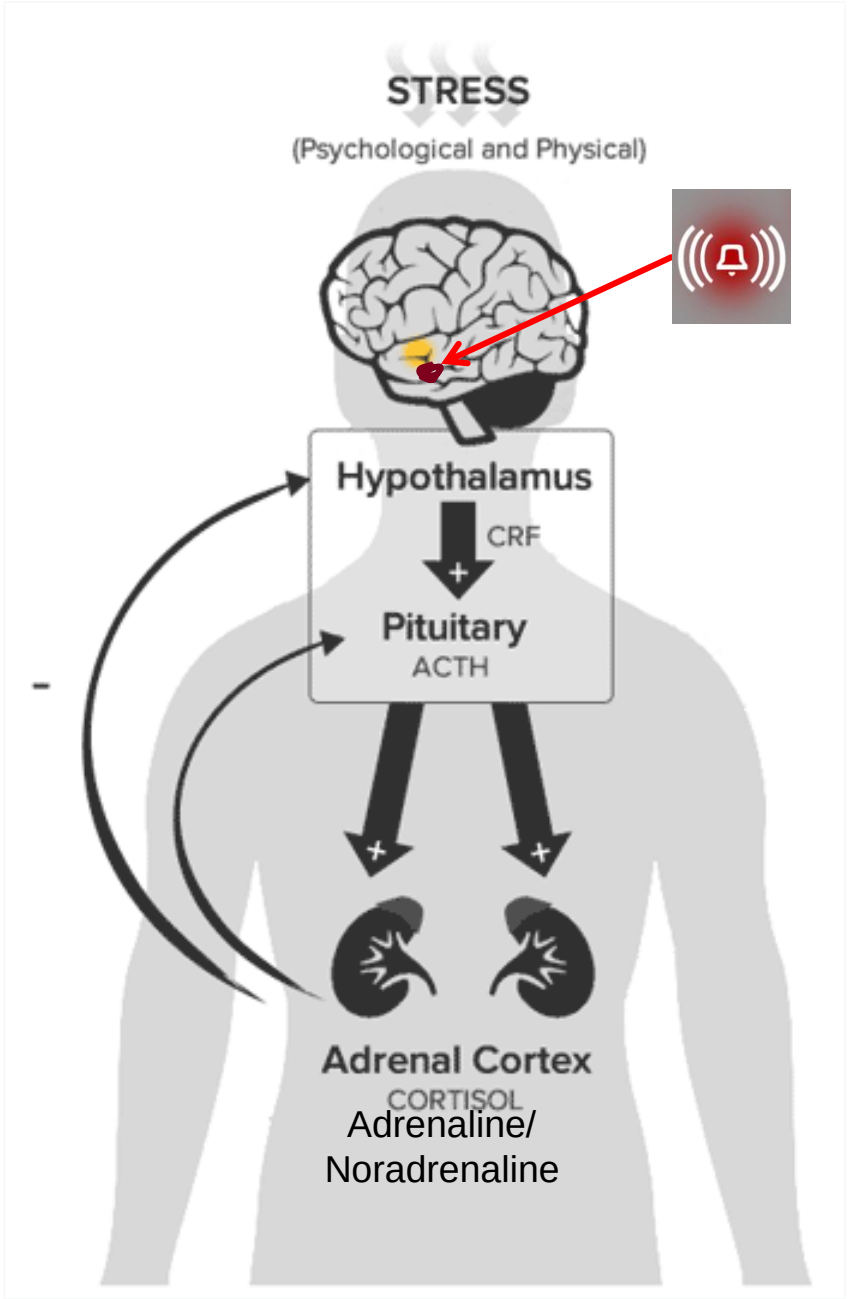

Exposure to trauma and chronic stress makes it difficult to distinguish…

Bottom Line: Exposure to chronic stress can over time overwhelm the human stress response and the immune system leading to physical health and mental health problems.

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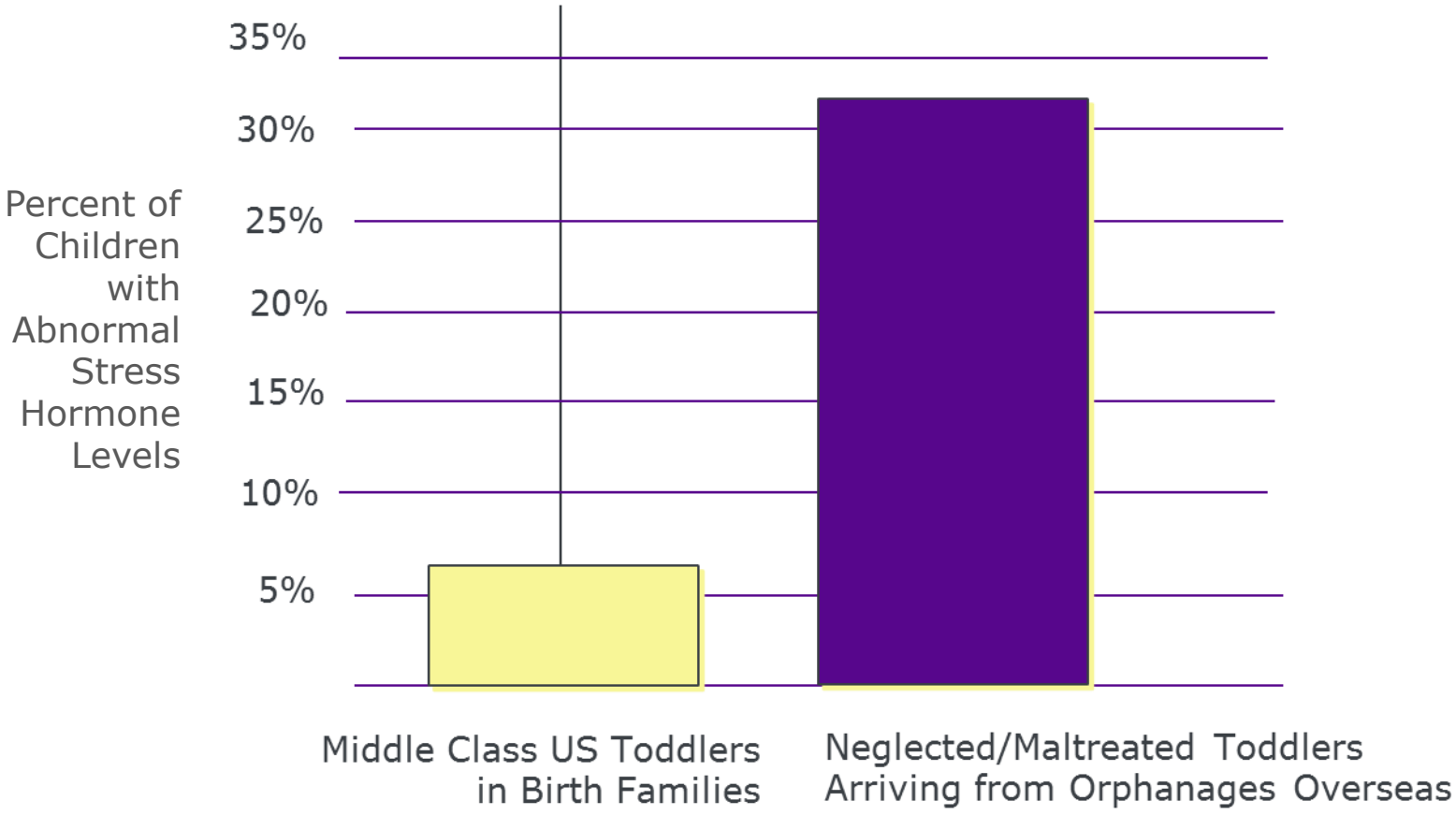
Institutionalization and Neglect of Young Children Disrupts Their Body Chemistry



Source: Gunnar & Fisher (2006)

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Normal Defensive Responses to High Threat

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Trauma

Trauma and Stress-Related Disorders and Different Types of Trauma

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Post-Traumatic Stress Disorder (PTSD)

a) Exposure (1) – stressor: direct, witnessing in person, indirect (relative or close friend)

b) Intrusion (1) – memories, flashbacks nightmares

c) Avoidance (1) – of trauma reminders [people, places or situations associated with event(s)]

d) Negative alterations in cognition and mood (2) - Incomplete memories; trauma related emotions; diminished interest; withdrawal; emotional numbing; negative beliefs about self or the world

e) Alterations in arousal and reactivity (2) - Irritability, self-destructive reckless behavior, exaggerated startle; concentration; sleep disturbance

Other Trauma- and Stressor-Related Disorders

New chapter in DSM-5 brings together anxiety disorders that are preceded by a distressing or traumatic event

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Trauma or Stress Related Disorders Affecting Only Children

Disorder	Description
PTSD – Preschool Subtype	Recreating trauma in play; recurring dreams or nightmares (related or not to traumatic event); fear, guilt, sadness or withdrawing from friends/activities. Symptoms present for at least1 month.
Disinhibited Social Engagement Disorder	Stemming from severe childhood neglect. Children who exhibit overly familiar and comfortable behavior with relative strangers.
Reactive Attachment Disorder	Stemming from extremely insufficient care of a child. Infants and young children demonstrate disturbed or inappropriate attachment behaviors – unable to get comfort, support, protection or nurturance from attachment figures.

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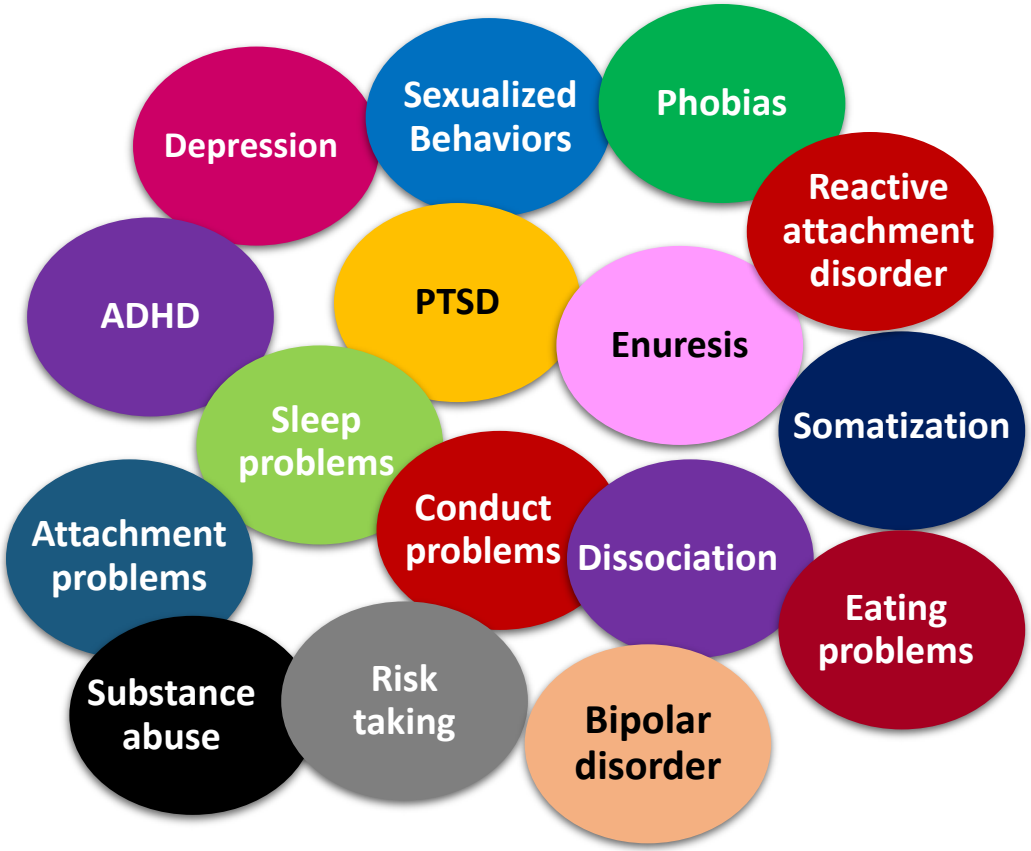
Trauma or Stress Related Disorders Affecting Children

Disorder	Description
Acute Stress Disorder	PTSD symptoms following a traumatic event that last from 2 days to 4 weeks after the event.
Adjustment Disorder	Emotional or behavioral symptoms in response to an identifiable stressor, including community violence, divorce, or termination of relationship.

Prevalence

- Two-thirds of children experience at least one ACE before 16: 30.8% (1 event) 37% (2+ events)
- Most common events are vicarious - witnessing or learning about a trauma that affected others
- Approximately five million children experience some form of traumatic event each year.
- More than two million children in the US are victims of physical and/or sexual abuse.
- **Childhood trauma most often results in depressive, disruptive behavior disorders and anxiety – not PTSD (Copeland et al., 2007)**

What is it?



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Pain Suffering

Moving from What's Wrong with You? → What Happened to You? → What's Most Helpful For You?

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Various Forms of Trauma

- **Acute Trauma/Situational Trauma:** results from exposure to a single overwhelming event → PTSD
- **Chronic or Toxic Stress:** adverse experiences in childhood that threatens brain development and are associated with poor health and social problems → physical and behavioral health problems
- **Complex Trauma:** exposure to multiple or prolonged traumatic events and impact of this exposure on development
- **Historical Trauma:** refers to the *cumulative trauma* over both the life span and across *generations* that results from massive *catastrophic* events that are of human design.

Understanding Resilience

The Other Side Of The Coin From Trauma

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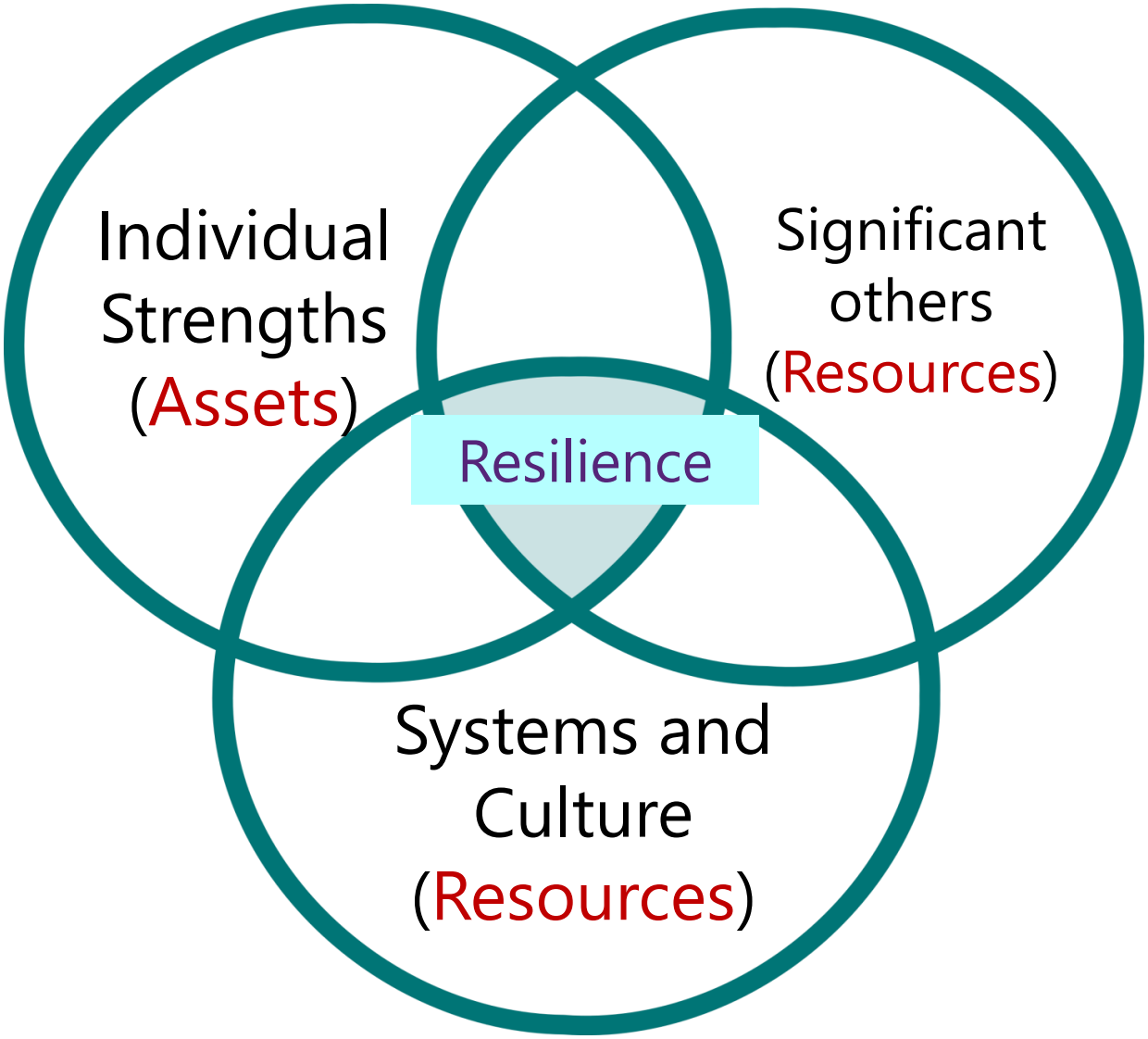
Three Levels of Protection



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Ways of Building Resilience

- Build on strengths
  - Individual coping, emotional regulation, problem-solving
- Increase protective factors
  - Strengthening the family system – support parenting
  - Supporting the family system - economic supports, food security, healthy water and environment
  - Strengthening schools and services systems (e.g. child welfare, behavioral health, juvenile justice)
- Reduce exposure to risk
  - Prenatal care
  - Early intervention with parents and children

Tips:
Trauma Informed Practices That Build Resilience

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Six Clusters

- Cluster 1: Promoting Emotional Safety
- Cluster 2: Restoring Choice and Control
- Cluster 3: Facilitating Connection
- Cluster 4: Supporting Coping
- Cluster 5: Provide Culturally Competent Care
- Cluster 6: Building Strengths

Source: Wilson, Fauci and Goodman, 2015

Promoting Safety

Goal/Objective: Adopt a non-judgmental approach about trauma in all communication with people

Rationale: People exposed to trauma and chronic stress are often self-critical, self-blaming

Emotional Safety

•Accept people's' responses

•Avoid embarrassing/shaming

•Give accepting messages

Use respectful language

•Calm tones

•Choice of words

•People first language (people with depression vs. "depressives")

Gentle /Non-Judgmental Questioning

•Altering questions upon intake

•Open-ended question

•Querying commands

•Avoid interrogations/rapid-fire questioning

•Take frequent breaks

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Promoting Safety

Goal/Objective: The program communicates policies clearly and safely

Rationale: Exposure to trauma and adversity can affect learning and concentration and memory

- All staff can describe policies
- Connect policies to safety or control
- Repeat as often as is necessary
- Be transparent
  - What-to-expect discussions
  - Posting and changes in shifts

Choice and Control

Goal/Objective: Provide opportunities for people to tell their stories

Rationale: Healing from exposure to trauma and chronic stress starts with talking about it.

- Provide appropriate space/time
- Provide choice of when to share*
- Pace conversations
- Offer non-threatening alternatives to talking
- Discuss safety
- Provide safety measures
  - Subjective Units of Distress (SUDS) Ratings (e.g. how stressed on a scale of 1-10)
  - "Happy" place (e.g. a place to go in imagination where the person feels safe)

* Providers should avoid try not to reinforce avoidance by not talking about it.

Choice and Control

Goal/Objective: Provide opportunities for people to shape the focus of their work

Rationale: People exposed to trauma and adversity may feel little control over their own thoughts, feelings and behaviors.

- Emphasize shared interactions
- Staff willing to learn from people
- Respect person expertise
- Ask for permission before offering unsolicited solutions
- Remember: People have learned
- Support stated needs
- Offer services outside the box
- Start w/ small easy choices

Choice and Control

Goal/Objective: People are given opportunities to influence how program services are designed and implemented.

Rationale: Shared decision making provides leadership opportunities and a greater sense of control.

- Formal check-ins with individuals
- Organized listening sessions or town halls
- Anonymous surveys in the waiting area
- Program meetings for recipients
- Community Collaborative Boards

Facilitating Connections

Goal/Objective: Invest in relationships with people – not necessarily intervention but how we relate

Rationale: People exposed to trauma and chronic stress may have difficulty trusting others or develop the sense that others don't care.

- Being fully present
- Accompany to other services
- "Family" model – support
- Listen carefully
- Motivational Interviewing (Open-Ended Questions, Reflections, Affirmations and Summaries)

Facilitating Connections

Goal/Objective: Create opportunities for people to connect with each other → Peer Support

Rationale: People exposed to trauma and chronic stress may withdraw and isolate

- Create group opportunities
- Peer-led groups
- Recruit program participants

Facilitating Connections

Goal/Objective: Support parenting relationships.

Rationale: Trauma can be intergenerational and TIC is an opportunity to "break the cycle"

- Psychoeducation on child trauma
- Psychoeducation on intergenerational/historical trauma
- Trauma treatment: Trauma Focused- Cognitive Behavioral Therapy (TF-CBT)
- Promote positive parenting
- Use EBPs (PCIT, Parent Mgmt. Training, MFG)
- Connecting parents with community resources

Support Coping

Goal/Objective: Promote coping that explicitly address the effects of the population you serve (e.g. child abuse, sexual abuse, DV)

Rationale: People exposed to trauma and chronic stress may develop unhealthy coping strategies

- Promote psychoeducation
  - Classes, Videos, Written materials
  - Topics: coercion, isolation
- Reframe all responses as adaptive
- Reframe request for breaks as self-care
- Address interactions of substance use/abuse and trauma

Support Coping

Goal/Objective: Support people in strengthening and developing coping strategies

Rationale: People exposed to trauma and chronic stress have strengths that can be built upon

- Strengthen coping skills
- Help participants recognize triggers
- Relaxation and breathing
- Containment skills
- Connecting with trusted others
- Message that "healing is possible"
- Metaphors promote acceptance
- Church/Temple/Synagogue
- Religiosity/Spirituality
- Quotes/poems/affirmations
- Diet and healthy eating habits
- Exercise
- Smiling and positive thoughts
- Support holistic healing

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Providing Culturally Competent Care

Goal/Objective: The physical space and services are inclusive and welcoming to people of all backgrounds.

Rationale: People from marginalized groups often feel that services do not cater to them

- Written materials representative of peoples served
- Reading materials representative of people served
- Décor (e.g. posters, furnishings) representative of people served
- People can communicate in their language
- Avoid jargon, abbreviations and acronyms in communication
- Access to interpreters
- Staff reflect the diversity of the people served.

Providing Culturally Competent Care

Goal/Objective: Affirm and respond to multiple identities Pt. 1

Rationale: Research indicates that many practitioners feel unprepared to provide culturally competent care

- Staff explore own biases
  - Thoughts feelings and behaviors
  - Avoid assumptions
    - Be mindful about matching
    - Cultural ≠ Violence
- Staff acquire knowledge
  - Learn personal from individual
  - Learn of group on your own
  - Learn from the community
- Understand community differences

Providing Culturally Competent Care

Goal/Objective: Affirm and respond to multiple identities – Part 2

Rationale: Research indicates that many practitioners feel unprepared to provide culturally competent care

- Awareness of multiple identities
- Awareness of intersectionality
- Differences in help-seeking
- Clarify meaning of violence within the cultural group
- Support engagement in cultural practices (Dietary restrictions, Religious practices)
- Info on cultural resources
- Engage community resources

Building Strengths

Goal/Objective: Staff recognize and value strength

Rationale: People exposed to trauma and chronic stress have strengths that may not be recognized

Ask:

- What has helped in the past?
- How have you made it (this far)?
- How have you coped in the past?
- How have you managed emotions?
- Who do you feel safe with?
- How have you kept yourself safe?

Building Strengths

Goal/Objective: Provide opportunities for people to develop leadership skills

Rationale: People exposed to trauma and chronic stress may feel powerless

- Moving beyond survival and trauma
- Encourage people to select topics for groups
- Offer courses on leadership development