Trauma Learning Collaborative of SMC Change Agents present

Understanding the Effects of Trauma

Objectives

- **Increase recognition** of the effects of trauma and its impact on youth and families
- Develop a **common framework** for working with lived experiences of trauma
- **Reduce stigma and shame** by understanding trauma-related symptoms

Topics for Discussion

1.1 Trauma Informed Care

1.2 Prevalence & Impact

1.3 Types of Trauma

1.4 Recognizing Trauma Symptoms

1.5 Crisis Intervention & Prevention

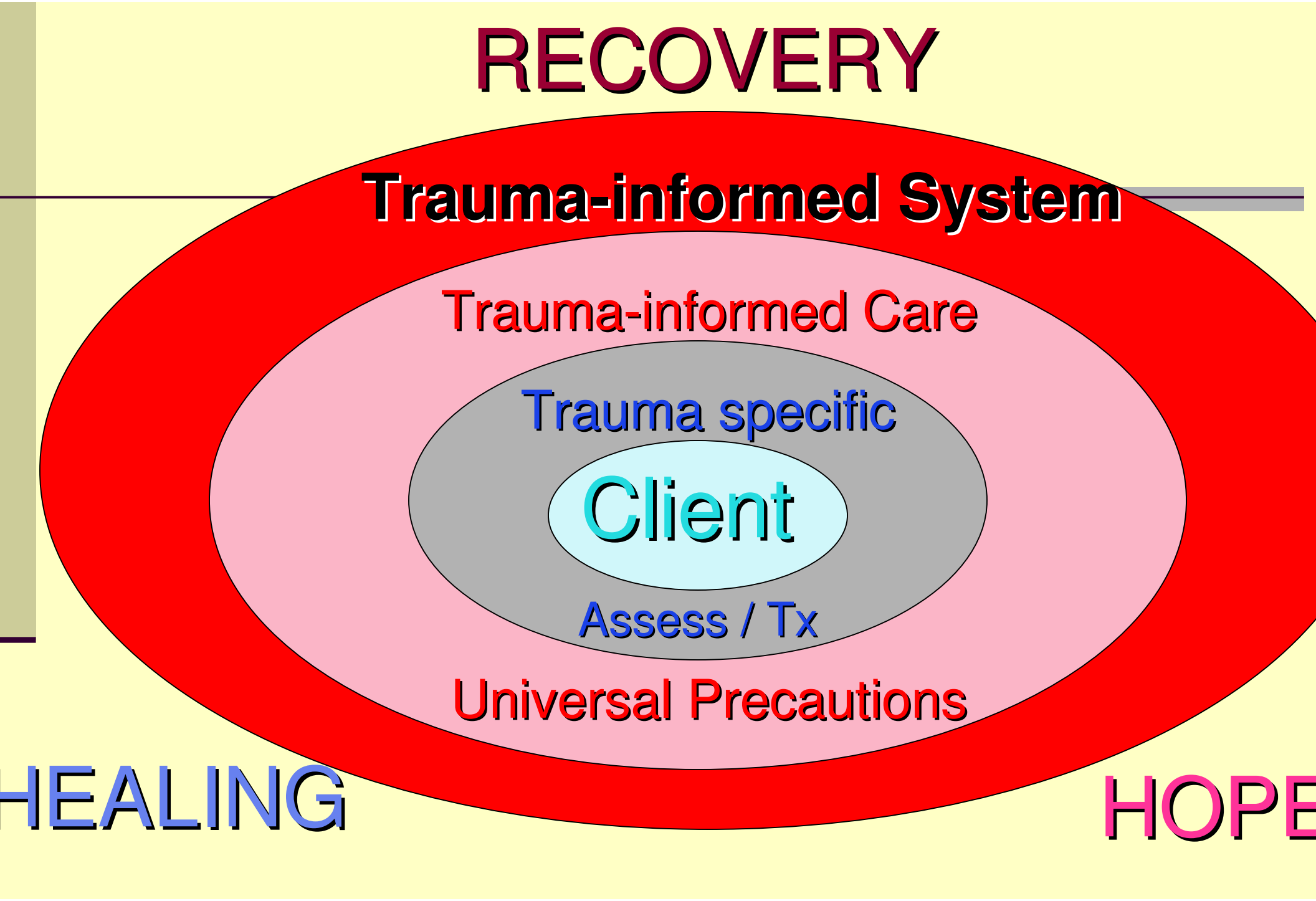
1.6 Substance Abuse and Trauma

1.7 Cultural and Trauma

1.8 Resources

Involve and support the involvement of persons with lived experience of trauma at all systems activities ~ *Ann Jennings*

1.1 Trauma Informed Care


RECOVERY
Trauma-informed System
Trauma-informed Care
Trauma specific
Client
Assess / Tx
Universal Precautions
HEALING
HOPE

Trauma Informed Care System

Key Features

- **Understand the whole person** and how they live their life including the coping strategies that they are currently using
- **Emphasize strengths**, highlighting adaptation over symptoms and resilience over pathology
- **Strive for collaboration** and genuine partnership between consumer and provider
- **Provide awareness/training** on re-traumatizing practices
- **Identify recovery** from trauma as the PRIMARY goal

Trauma Informed Care System
Key Features

- **Strive to be culturally competent** and to understand each person in the context of their life experiences and cultural background.
- **Solicit consumer and family input** in the design and evaluation of services.
- **Create an atmosphere** that is respectful of survivors need for safety, respect and acceptance

Lynne Marsenich, LCSW. (June 26, 2009). ***Trauma Informed Care.*** *CIMH*

A Culture Shift: The Core Principles of a Trauma-Informed System of Care

- Safety: Ensuring physical and emotional safety
- Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- Choice: Prioritizing consumer choice and control
- Collaboration: Maximizing collaboration and sharing of power with consumers
- Empowerment: Prioritizing consumer empowerment and skill-building

Roger D. Fallot, PhD, Community Connections, 2008

Benefits of Trauma Informed Services

- **Evidence-based** and effective
- **Cost-effective**
- **Humane** and responsive to real needs
- **Aligned** with over-arching goals
- Highlights glitches in the system and **offer solutions**
- **Work well** with other best practices

Grant, Gabriella. (July 20, 2009). ***Trauma-Informed Policies and Procedures***.

Individuals with histories of violence, abuse, and neglect from childhood onward make up the majority of clients served by public mental health and substance abuse service systems ~ *Ann Jennings*

1.2 Prevalence & Impact

Universal Precautions

Presume that every person in a treatment setting has been exposed to abuse, violence, neglect or other traumatic experiences.

National Association Mental Health State Program Directors (NASMHPD)

Why Screen for Trauma

- Most clinicians **underestimate the prevalence** of trauma
- PTSD symptoms are often not evaluated and therefore go **unrecognized** and **untreated**
- Routine assessment of trauma in persons presenting to behavioral health services is **often "overlooked"** in the absence of typical PTSD symptoms as the presenting complaint

Prevalence & Impact of Trauma

Over past 15 years ~ growing acknowledgment in human service systems ~ impact & prevalence

National Surveys ~ **55-90% of us** ~ experience at **least one** traumatic event

On Average ~ **5 traumatic events** / per individual

Conclusion:

Trauma is a social reality **NOT A RARE EXCEPTIO**

Prevalence of Trauma in Youth and Families

- **More than 6 in 10** U.S. youth have been exposed to violence within the past year (*SAMHSA's Role and Actions: Strategic Initiative #2: Trauma & Justice, 2010).*
- **82 percent** of all adolescents and children in continuing care inpatient and intensive residential treatment programs in the state of Massachusetts were found to have histories of trauma *(LeBel J, Stromberg,2004).*
- **90 percent** of public mental health clients have been exposed to trauma *(Mueser et al.,2004).*

Adverse Childhood Experiences (ACE) Study (1998-2010)

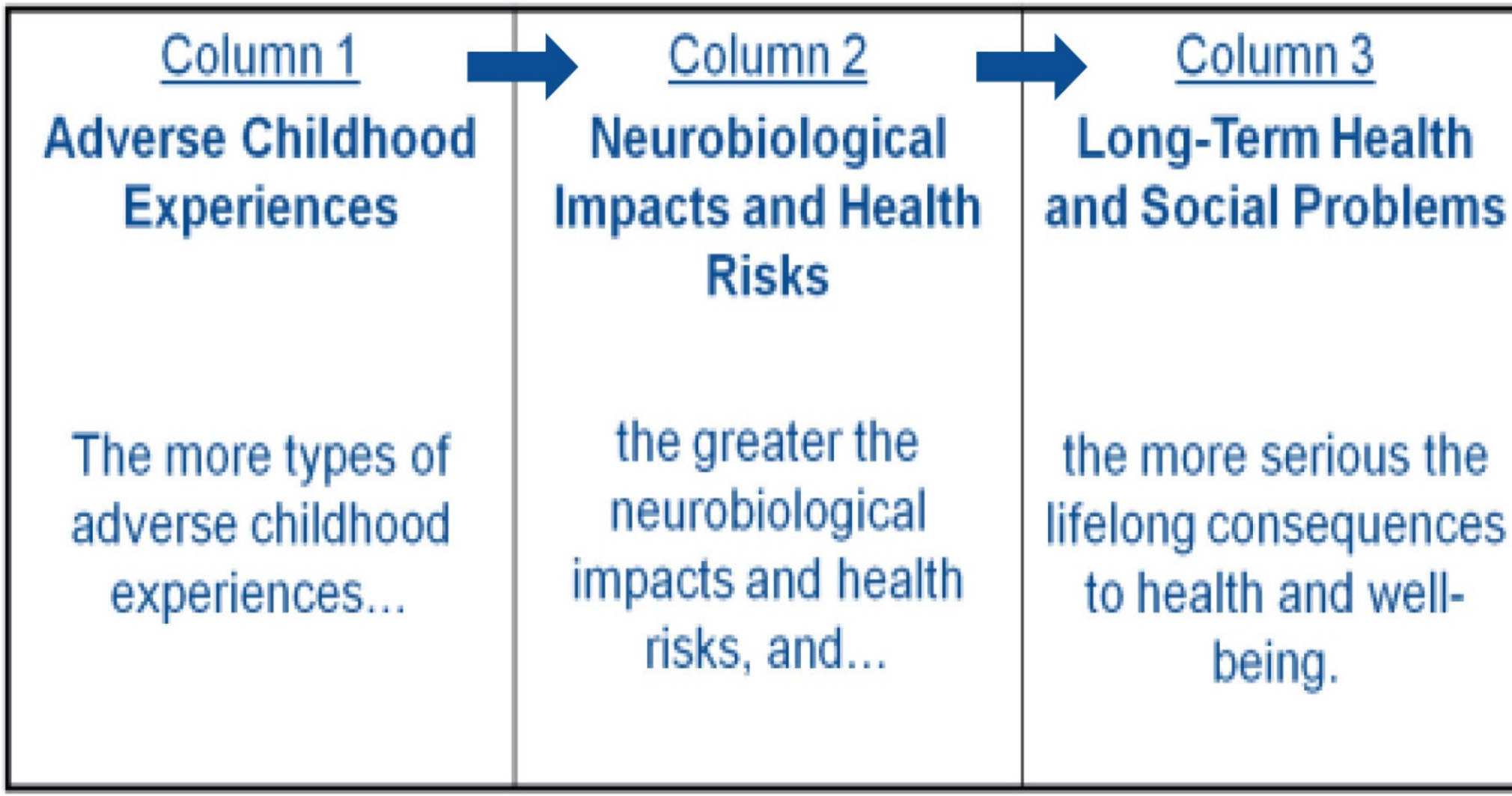
- Largest study ever that determined both the prevalence of traumatic life experiences in the first 18 years of life and the impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy

- **Primary Finding:** Adverse Childhood experiences are common & powerfully influence who we become as adults

Types of Adverse Childhood Experiences (Birth to 18)

- **Abuse of Child**
  - Emotional abuse, 11%
  - Physical abuse, 28%
  - Contact sexual abuse, 22%
- **Neglect of Child**
  - Emotional neglect, 19%
  - Physical neglect, 15%
- **Trauma in Child's Household**
  - Alcohol or drug use, 2%
  - Depressed, emotionally disturbed, or suicidal household member, 17%
  - Mother treated violently, 13%
  - Imprisoned household member, 6%
  - Loss of parent, 23%

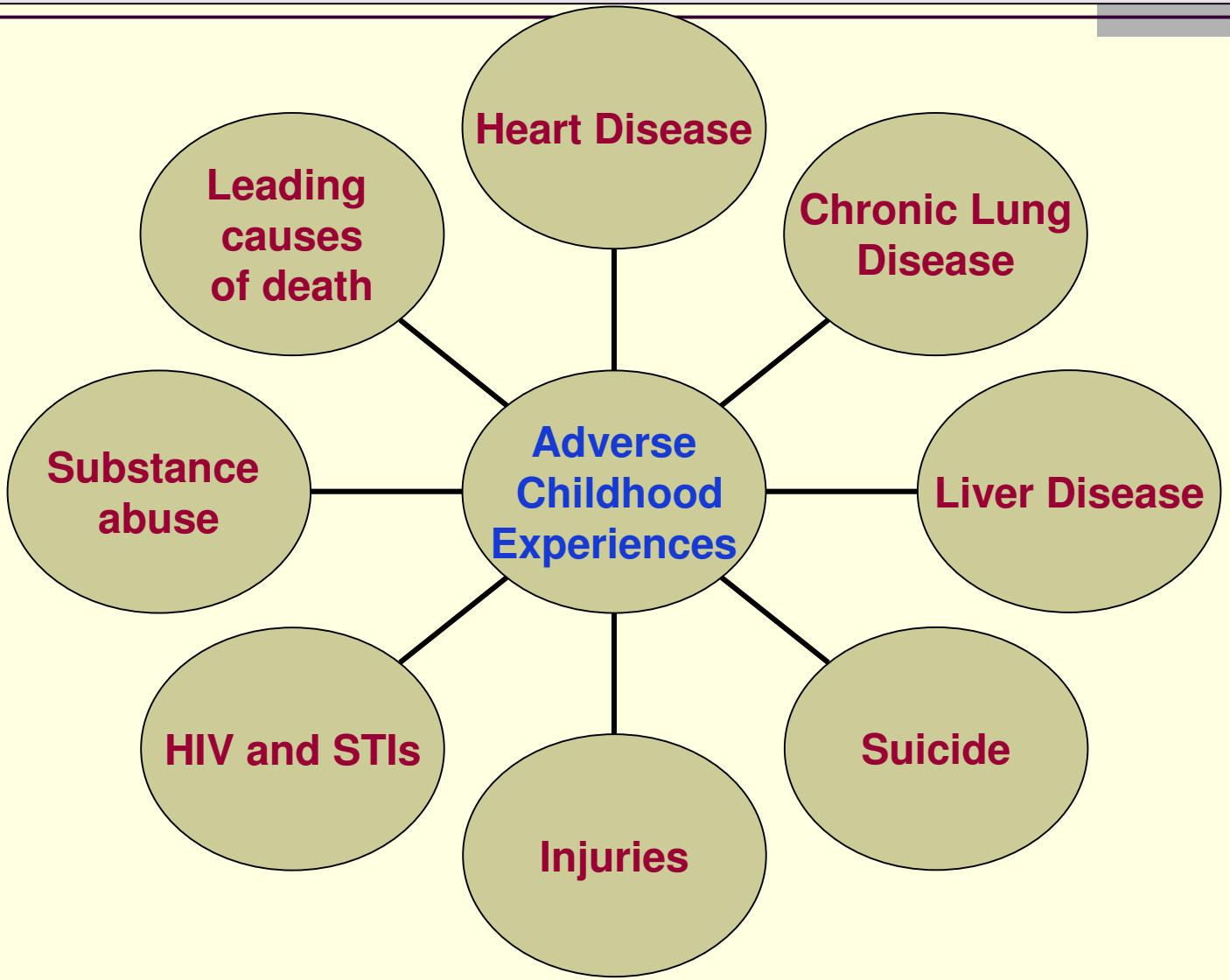
ACE Comprehensive Chart



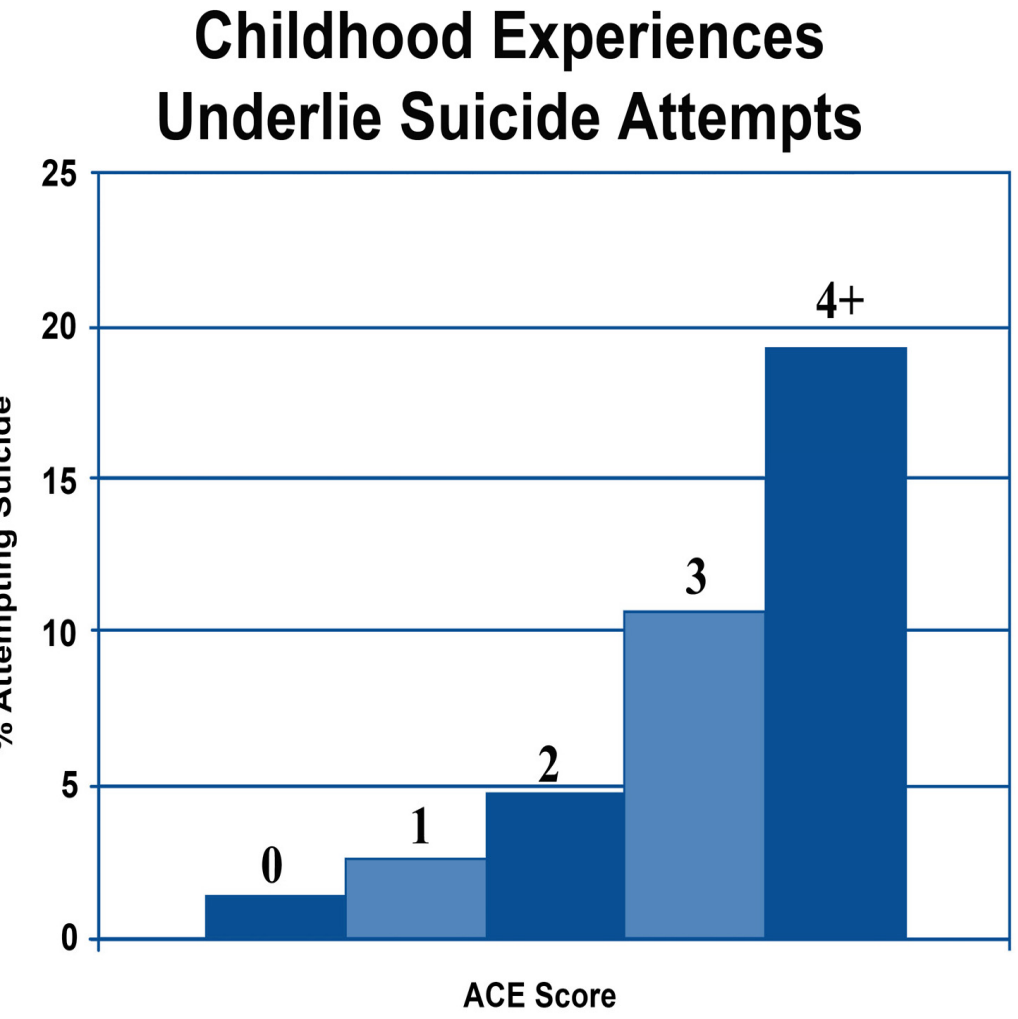
Impact of Trauma Over the Lifespan

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

ACEs Increase Risk



Adverse Childhood Experiences Underlie Suicide Attempts



Attributable to ACEs:

- 80% of child/adolescent suicide attempts
- Children with an ACE score of 4 or more are almost 10 times as likely to attempt suicide than children with an ACE score of 0.

Universal Trauma Screening

Asking all clients about trauma, as part of the initial intake or assessment process can assist in;

- Determining appropriate follow-up and referral
- Understanding any imminent danger requiring urgent response
- Identifying the need for trauma-specific services
- Communicating to the client that the agency believes abuse and violence are significant events
- Demonstrating that the agency staff recognizes and is open to hearing about past trauma
- Facilitating later disclosure if the client initially decides not to talk about traumatic experiences

Most people experience multiple traumas over the life span

-*Bessel van der Kolk, MD*

1.2 Types of Trauma

Types of Trauma

- Pre and Perinatal
- Single Episode
- Complex
- Intergenerational / Historical
- Organizational
- Vicarious / Secondary

An event is traumatic…

- When the person experiences a **real or perceived threat** to life, bodily integrity, or sanity;
- Circumstances of the event or feeling memory include abuse of power, betrayal of trust, entrapment, **helplessness**, pain, confusion, and/or loss, and
- Ability to cope is **overwhelmed**.

(Pearlman & Saakvitne, 1995; Giller, 2003)

"A profound and meaningful loss of control"

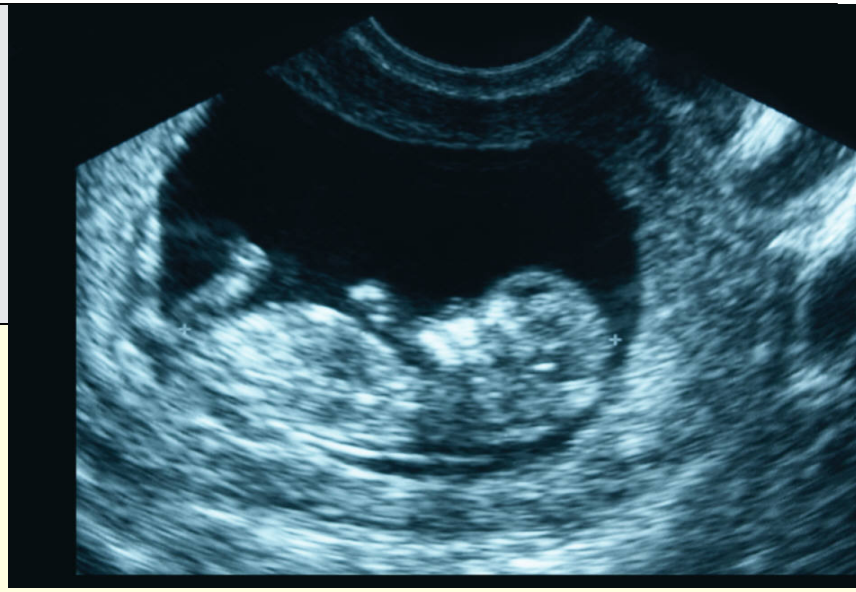
-Rape Trauma Services

Pre and Perinatal Trauma

Consequences for newborns:

- Habituate less readily to stress
- Physiologically more vulnerable
- Exhibit **higher cortisol levels** even after being soothed
- May disrupt the attachment pattern of mother and infant

Pre and Perinatal Stressors



- In-utero substance abuse
- Maternal depression (unresolved grief/loss issues, prolonged or undetected PPD)
- Maternal trauma (conception by rape, domestic violence, immigration)
- Exposure to elevated levels of prenatal cortisol alters the physiologic & behavioral reactivity of the newborn (Field et al., 2004)

Pre and Perinatal Stressors

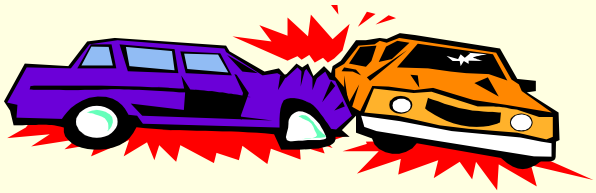
- Medical Issues (surgery or other invasive procedure for newborn, cesarean birth, premature birth, forceps delivery or vacuum extraction)
- An infant's right brain responds to the mother's nonverbal affective communication-facial expressions, tone of voice, posture, tempo of movement, and physiologic changes (Bowlby, 1969)
- Disturbed affect regulation (continuous emotional distress throughout pregnancy & after birth)
- Deprivation/maltreatment

Healthy, **secure** attachments and bonding mitigate the effects of trauma

Single Episode Trauma

- A broadly defined term used to characterize many different kinds of insults and events,
- Often leaves the individual feeling **helpless** and/or **powerless**, and
- **Overwhelms** ordinary self care that provides the individual with a sense of control, connection, and meaning in life.

(Herman, 1992)



Single Episode Stressors

- Car accidents
- Serious falls and/or other life-threatening injuries
- Natural Disasters
- Mass Interpersonal Violence and War
- Surgery
- Rape, Sexual and Physical Assault
- Abortion
- Birth trauma
- Partner battery
- Torture
- Child Abuse

(Briere and Scott, 2006)

Complex PTSD

Refers to the results or outcomes of four simultaneous factors:

1. **Chronic** *(abuse or neglect)*
2. **Early** *(childhood)*
3. **Maltreatment**
4. **Within a care-giving relationship**

Becker-Weidman, Ph.D. "**Complex Post Traumatic Stress Disorder: Definition, Assessment, Treatment**".

Developmental Stressors

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Caregiver with substance use and/or mental health needs
- Loss /Death of caregiver
- Bullying
- Incarceration of caregiver
- Divorce or separation of parents
- Domestic Violence
- Immigration

Van der Kolk, Bessel. Complex Trauma and Disorders of Extreme Stress

traumacenter.org/products/publications.php

Intergenerational Trauma

- Future generations destined to carry on the pain of the past

- Unites historical with primary traumas of the caregiver that affect the functioning of the nervous system and influence behavior, affect & cognition

  (Schore, 2001, 2003).

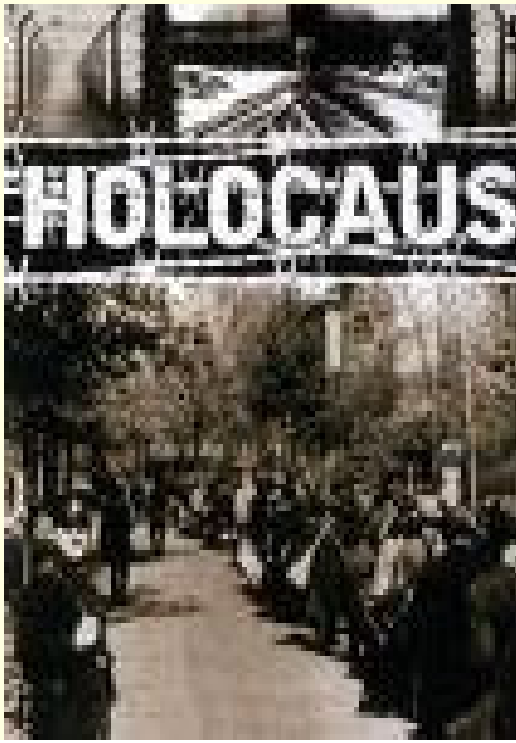
Historical Trauma

- Historical trauma is the cumulative emotional and psychological wounding over the life span and across generations, resulting trauma experienced by the individual's social group.

- Historic trauma generates;

Survival guilt, depression, low self-esteem, psychic numbing, anger, victim identity, preoccupation with trauma, physical symptoms

(Brave Heart, 2005)



Organizational Trauma

Organizations that work with trauma survivors must acknowledge the impact of trauma on the individual worker and the organization.

Overt & covert traumatic events that occurs in a health or human service setting may engender a parallel process.

Dysfunction on a team could include:

- Lack of trust
- Fear of Conflict
- Lack of Commitment
- Avoidance of Accountability
- Subsequent Inattention
- Burnout

Vicarious & Secondary Trauma

Vicarious Trauma

- A person not directly involved, but can feel the impact of the event in their own nervous system when listening and experiencing victim's emotions.

Secondary Trauma

1. Family members and close associates who suffer from their loved one's trauma as a result of their closeness.
2. People who are eyewitnesses to incidences that they are meant to mediate and are overwhelmed by what they see, hear and feel.

State of Mind in Trauma

"We do not see things as they are, we see things as we are."

The Talmud

The occurrence of trauma symptoms is increasingly recognized as an important causative factor in a number of psychiatric disorders. ~British Columbia Centre of Excellence for Women's Health

1.3 Recognizing Trauma Symptoms

No Single Diagnosis

People with abuse and trauma histories face a range of mental health issues including;

- ✓ Anxiety
- ✓ Panic attacks
- ✓ Depression
- ✓ Substance abuse and dependence
- ✓ Personality disorders (especially borderline personality disorder)
- ✓ Dissociative identity disorders
- ✓ Psychotic disorders
- ✓ Somatization
- ✓ Eating disorders
- ✓ Post-traumatic stress disorders

SAMHSA's Women, Co-occurring Disorders and Violence Study *(1998-2003)*

Trauma Related Symptoms

Trauma Informed Perspective

"How do I understand this person?"

rather than

"How do I understand this problem or symptom?"

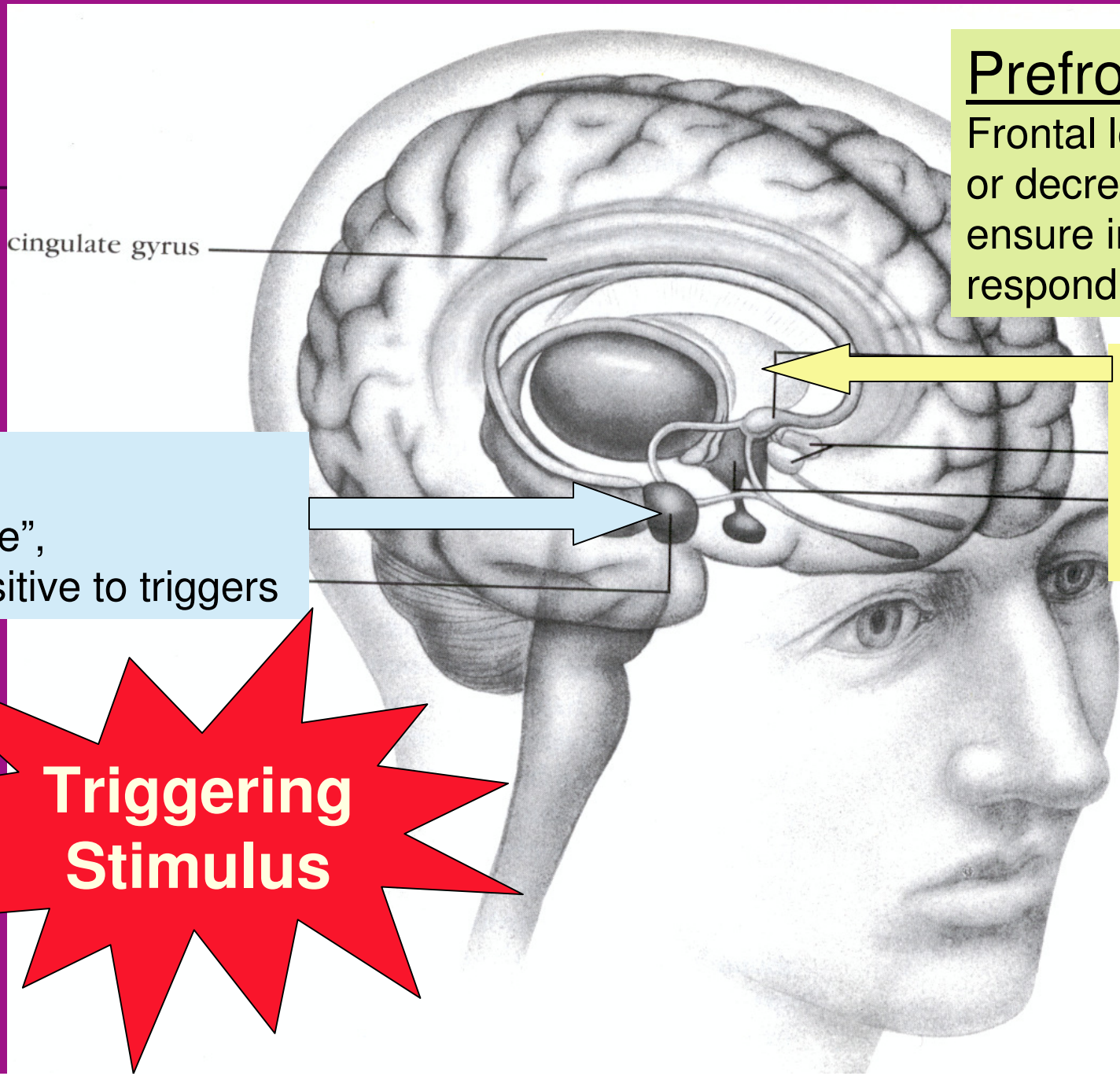
Adaptive Coping Behaviors

- **Burning and Cutting**… **protect from vulnerable feelings**
- **Substance Use**… numbing, distraction from memories; **"I just want to feel better."**
- **Under eating**… **maintain** sense of **control**
- **Over or binge eating**… masks anxiety, compensates for feelings of unworthiness
- **Hypervigilance**… **ensure safety** at all times
- **Hopelessness**… **avoidance** of success/failure

What happens in a brain

that has been

conditioned by chronic exposure to violence and abuse?



Prefrontal Cortex

Frontal lobes shut down or decrease activity to ensure instinctive responding

Thalamus

Ability to percei new information decreases

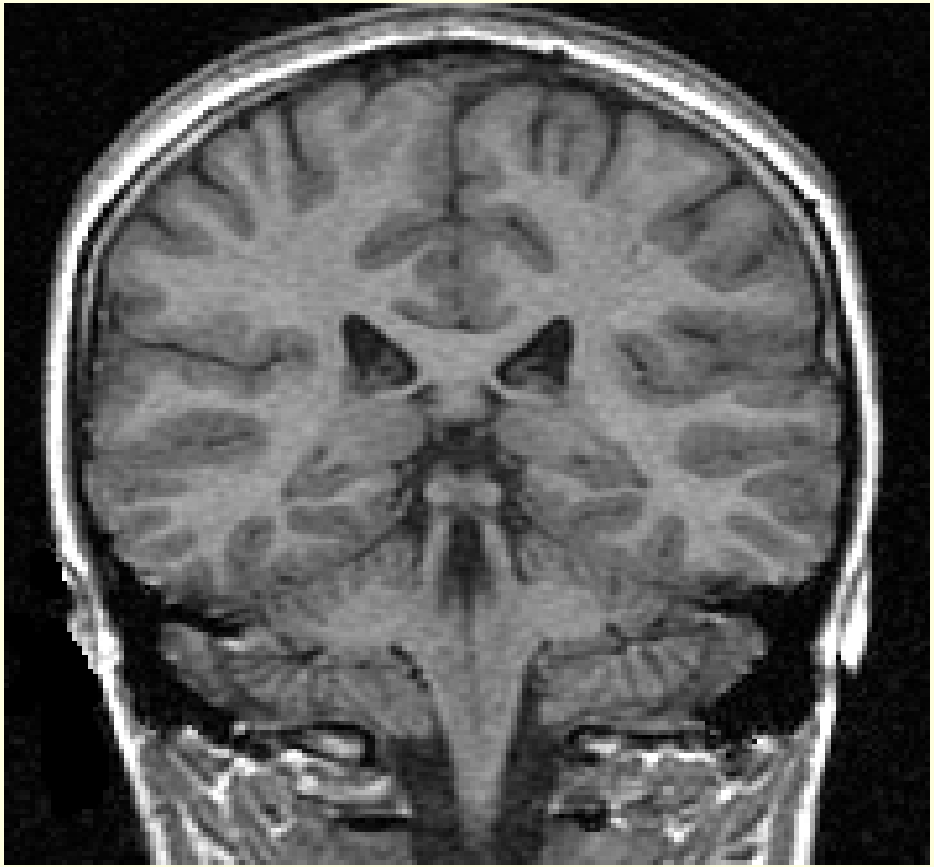
mygdala

comes “irritable”, reasingly sensitive to triggers

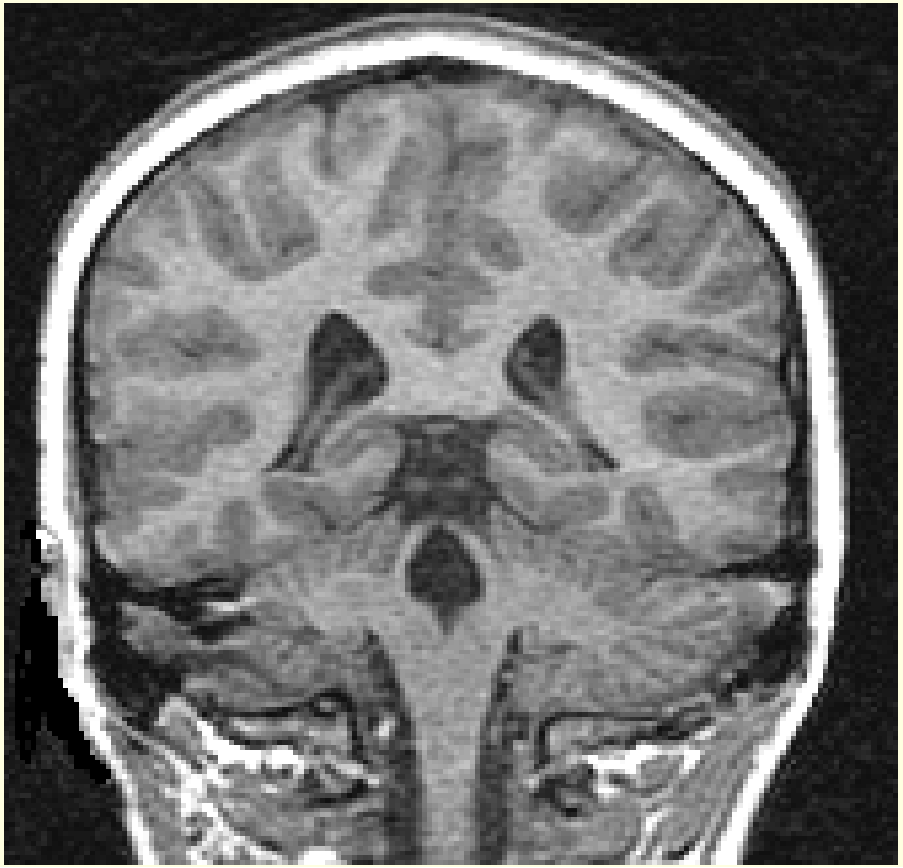
Triggering Stimulus

Lateral Ventricles Measures in Two 11 Year Old Males

Healthy, Non-Maltreated Matched Control

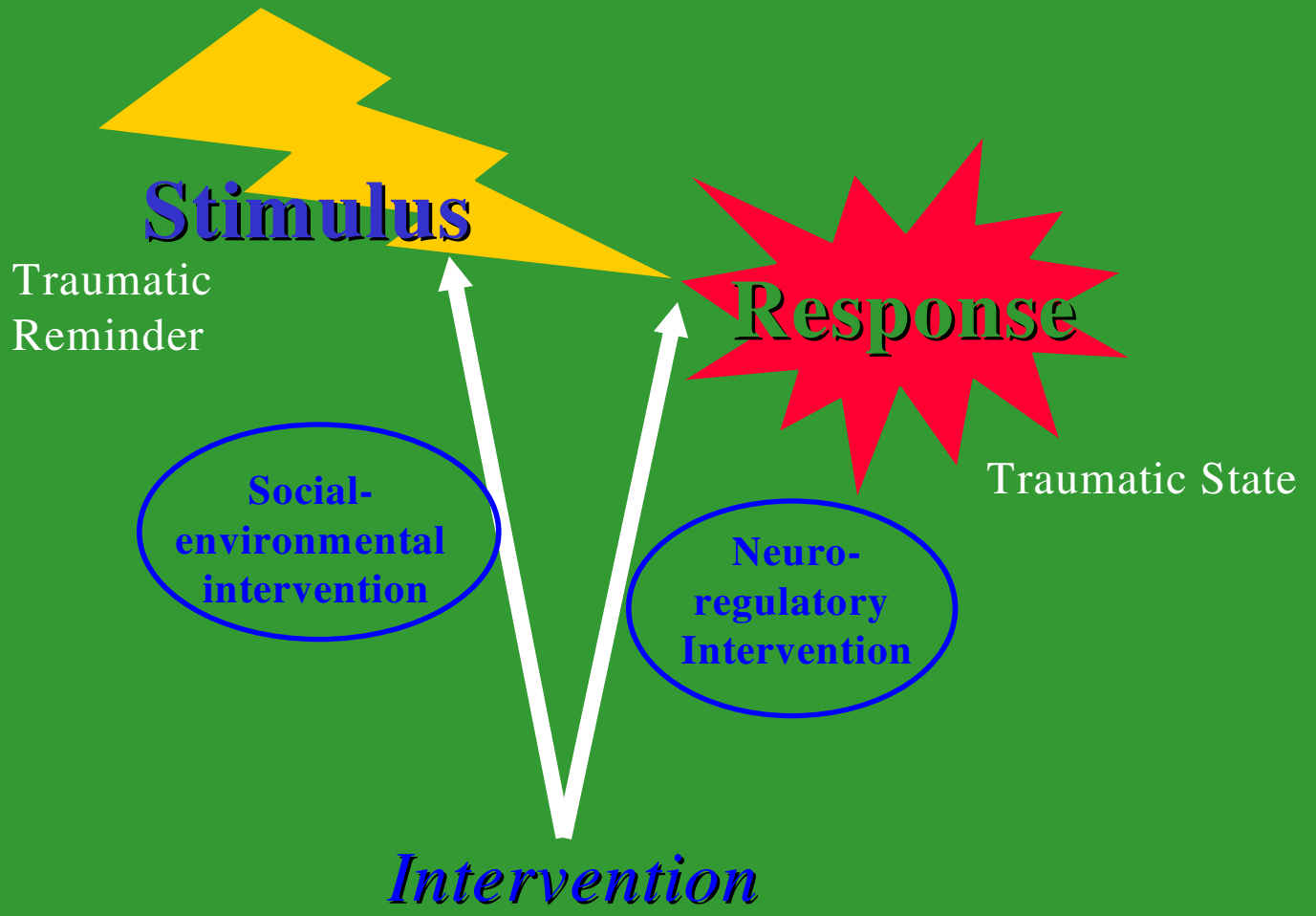


Maltreated Male with Chronic PTSD

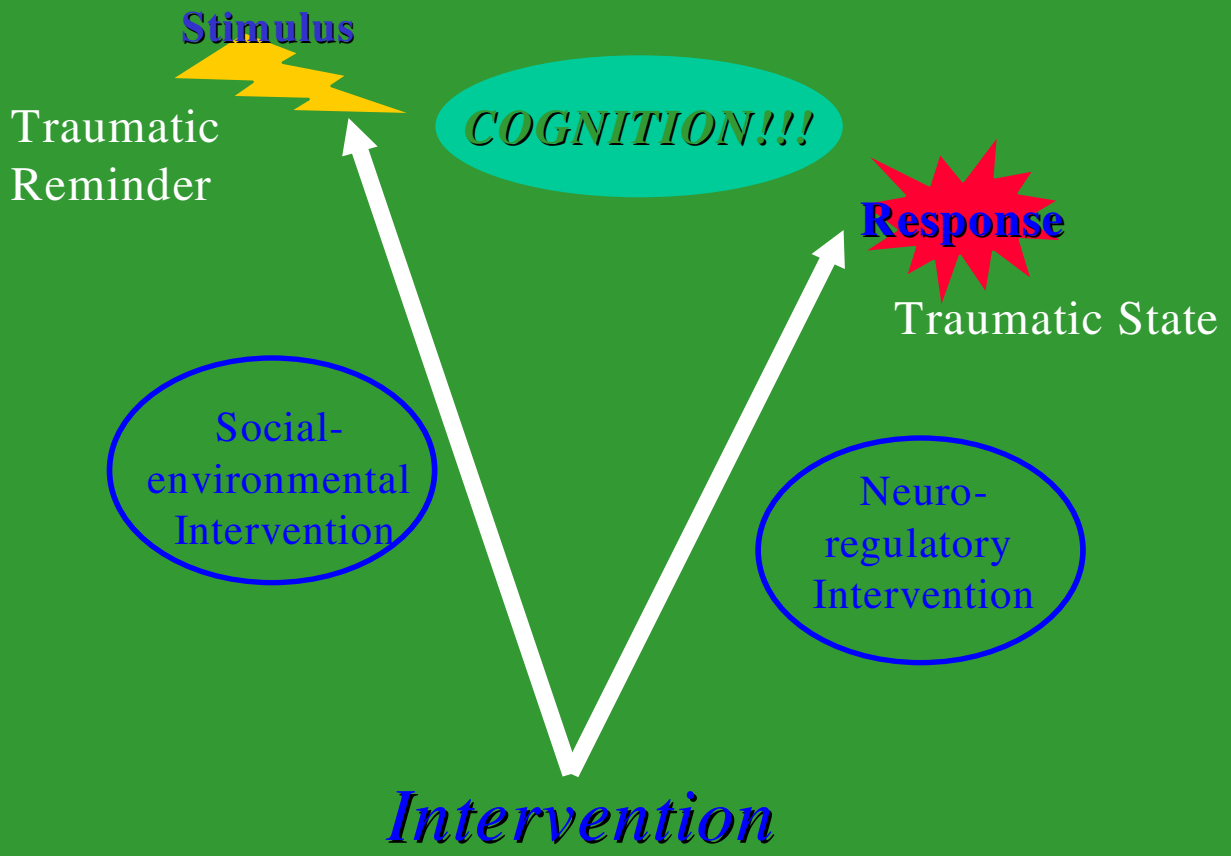


Between Stimulus and Response

Between Stimulus and Response



Between Stimulus and Response



Every encounter offers a possibility for change to help elicit resiliency

- NASMHPD

1.4 Crisis Prevention & Intervention

Crisis Prevention Plan

Essential Components

An ***individualized*** plan developed in advance to prevent a crisis that identifies:

1. Triggers
2. Early Warning Signs
3. Strategies

Restraint/Seclusion Reduction Initiative (RSRI) - Boston Medical Center Intensive Residential Treatment Program (IRTP) Safety Tool

Triggers: What makes you feel scared or upset or angry and could cause you to go into crisis?

- Not being listened to
- Lack of privacy
- Feeling lonely
- Darkness
- Being teased or picked on
- Feeling pressured
- People yelling
- Being isolated
- Being touched
- Loud noises
- Not having control
- Being stared at or not looked at when spoken to
- Other (describe)

_____

Early Warning Signs:

What might you or others notice or what you might feel just before losing control?

- Clenching teeth
- Wringing hands
- Bouncing legs
- Shaking
- Crying
- Giggling
- Heart Pounding
- Singing inappropriately
- Pacing
- Eating more
- Breathing hard
- Shortness of breath
- Clenching fists
- Loud voice
- Rocking
- Can't sit still
- Swearing
- Restlessness
- Other _____

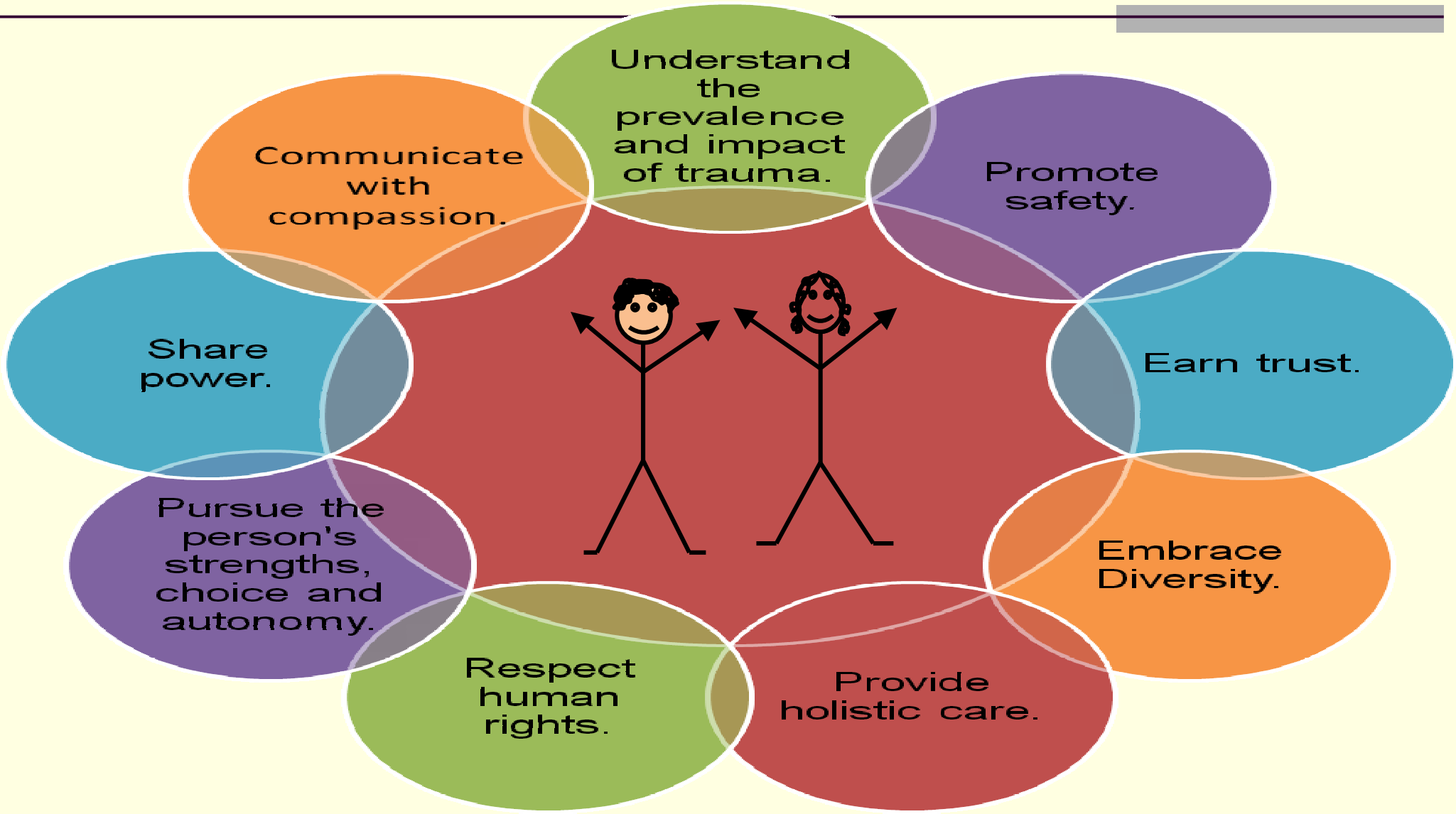
Strategies: What are some things that help you calm down when you start to get upset?

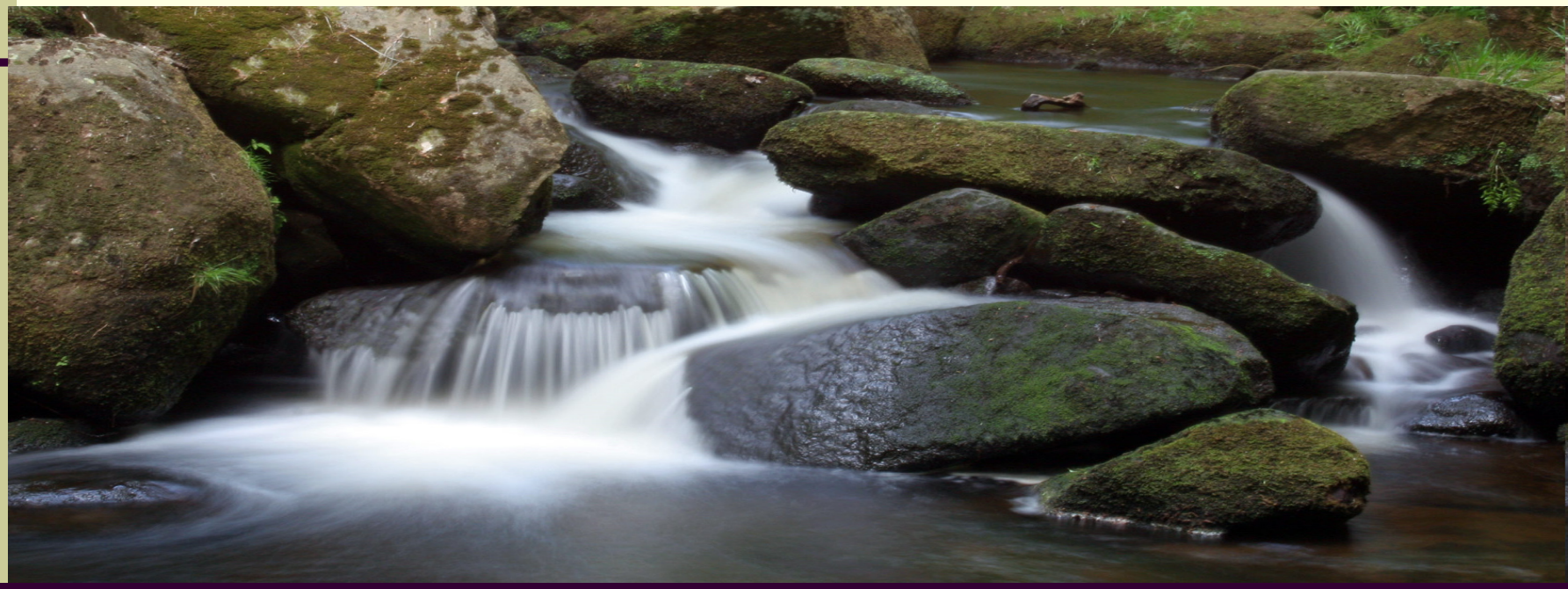
- Time alone
- Reading a book
- Pacing
- Coloring
- Hugging a stuffed animal
- Taking a hot shower
- Deep breathing
- Being left alone
- Talking to peers
- Therapeutic touch
- Exercising
- Eating
- Writing in a journal
- Taking a cold shower
- Listening to music
- Grounding technique
- Lying on the grass
- Molding clay
- Calling friends or family (who?) _____

Developmentally Responsive Interventions

- **Children** use pictorial descriptions of difficult states and strategies that may not be language based
- **Adolescents** may need intense physical work-outs or write rap music
- **Adults** need attention to what they have learned to use to self-soothe and calm down

Guiding Values of Trauma Informed Care
"Healing Happens in Relationship"





Somatic Grounding Exercises

Orienting: Calms arousal

Client Experience: Anxious, not feeling safe, fastness of speech, tracking the room and the therapist

Orienting:

- *Move the eyes and turn the head throughout the room*
- *Name what you are seeing and sensing*

Grounding: Counters dissociation

Client Experience: Recalling a traumatic moment, feeling overwhelmed, light-headed and spacey

Grounding:

- *Direct awareness to the feet by moving them*
- *Push feet into ground while sitting or standing*
- *Gently stomp, stand, walk*

Belly Breathing: Soothes fear and anxiety

Client Experience: restlessness, irritability, heart pounding, muscle tension, shortness of breath

Belly Breathing:

- *Place hands on the belly*
- *Breathe into the belly with focus on the exhale*
- *Count while breathing*
- *Focus away from tight areas*

Boundary: Re-engages defensive movements

Client Experience: Experience relationships as overwhelming and invasive

Boundary:

- *Extend arms in front of the body*
- *Sense a physical boundary*
- *Push outward*

New Learning is Healing

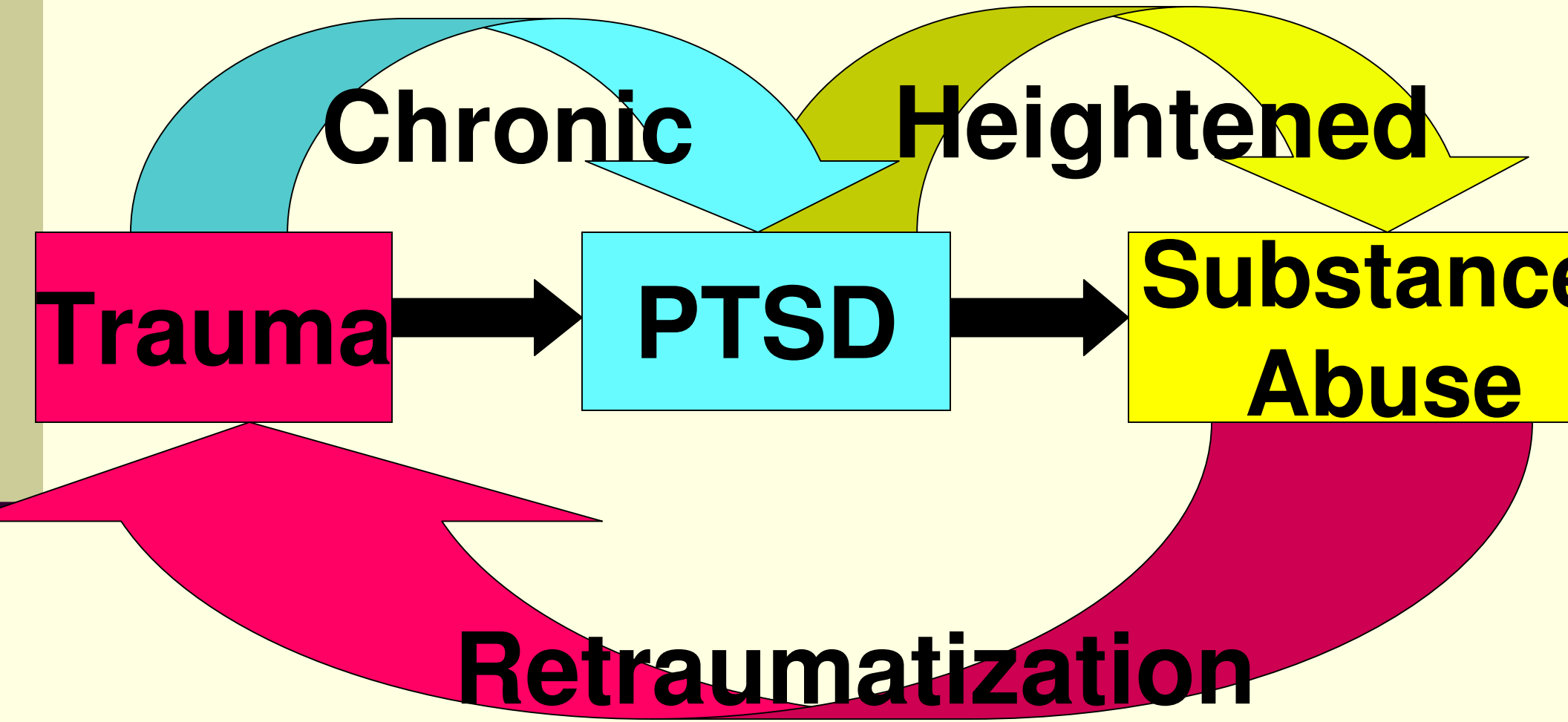
- Response to traumatic stress is learned behavior, mediated by the brain & social environment
- Traumatic stress brings the past to the present
- The survival response impacts the mind, body, behavior & speech *"… the amygdala leads a hostile takeover of consciousness by emotion."*
- To change the response, create **new learning & skills**

(LeDoux, 2002)

There is a high probability of drug or alcohol relapse when trauma is not addressed ~ *Ann Jennings*

1.5 Substance Abuse and Trauma

Cycle of Trauma and Substance Abuse



Depresion

sorrow

pain

The stages before suici

Judith Herman's
Stages of Trauma Recovery

Stage One: **ESTABLISHING SAFETY**	Ability to self-soothe, regulate emotions and manage depressive symptoms
Stage Two: **REMEMBRANCE & MOURNING**	Coming to terms with the traumati past, rather than seeking to uncov all of its details
Stage Three: **RECONNECTION**	Healthy present and a healed self with an integrated understanding the past

Stages of Change

re-contemplation	Promote self-efficacy Increase perception of risks
ontemplation	Develop & explore discrepancy
reparation	Follow client's lead to determine best course of action to take
ction	Empower & support client to take ste toward change
aintenance	Proactively address barriers Use strategies to prevent relapse
elapse	Reframe as learning opportunity Re-assess stage of change

Co-occurring Disorders

- Survivors of early sexual abuse may use drugs and alcohol to cope with abuse-related memories
- Substance abuse may not be effectively managed until the trauma-based memories have been addressed and alternative means of coping with the pain are provided
- PTSD symptoms are widely reported to become worse with initial abstinence.

(Jennings, 2004)

“Above all, Do No Harm”

Universal trauma screening and **culture-specific** trauma assessment methods are needed to;

- develop collaborative relationships
- accurately assess for appropriate services
- avoid retraumatization

Cultural context influences the perception and response to traumatic events, informs the recovery process

~ Ann Jennings

1.6 Culture and Trauma

Cultural identity shapes how we identify the threat of traumatic events, interpret them, and manifests our distress at them.

(National Organization for Victim Assistance, Washington DC, 2007)

- A 12 year old Tongan female presents with auditory hallucinations and suicidal ideations. She has been seeing you for treatment and has a history of severe sexual abuse. Medication compliance is inconsistent. She has been hospitalized twice. Mother reports to you in a session, " hearing voices can represent your ancestors speaking to you." You're feeling that Mom is having a hard time seeing the severity of the situation.

- What can you begin to hypothesize?
- What would you want to assess?
- How can you build a better relationship with this family?

Cultural Humility

- Viewing a client from their worldview and cultural perspective will help you engage with a client to do the trauma work that is needed for recovery
- Do not assume that what you perceive as trauma or symptoms related to trauma is perceived the same way by your client.
- Enter each session humble, acknowledge that you are not the expert of anything
- Accept that it is your responsibility to learn about your client's cultural identity, not the responsibility of your client to teach you.
- Don't be scared to discuss issues of r/e/c.
- Reflect on your own cultural identity process
  - Identify biases and stereotypes you may have

Why Practice Cultural Humility

- Creates a container for safety
- Provides validation of lived experiences
- Facilitates your own growth in cultural identity
- Reduces barriers to accessing services
- Avoids re-traumatization of clients
- Engages the whole person
- Facilitates cultural adaptations to treatment models

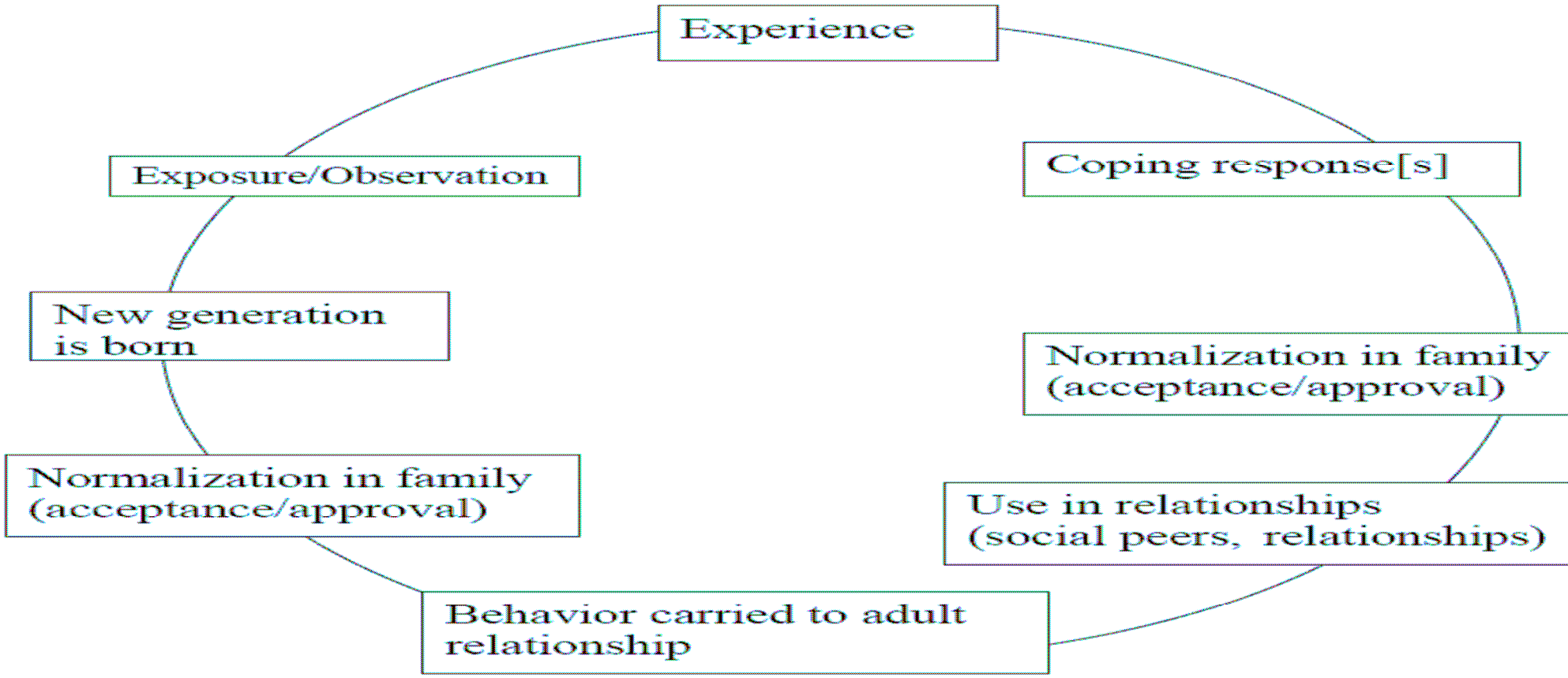
ADDRESSING

- Age
- Developmental and acquired disabilities
- Religion
- Ethnicity
- Socioeconomic Status
- Sexual Orientation
- Indigenous heritage
- National origin
- Gender

(Hays, Pamela, 2001)


Ask Questions
Distinguish Perspectives
Think Twice
Be Flexible
Build Self-Awareness
Ten Strategies
for Effective
Cross-Cultural
Communication
Be Honest
Recognize the Complexity
Listen Actively
Respect Differences
Avoid Stereotyping

INTERGENERATIONAL TRAUMA



Copyright 2004: Michele Maas MSW ASW
"Connecting the Generations" Presentation
1st National Conference on Substance Abuse and Child Welfare 7/14/04-7/15/04
Baltimore, MD

Cultural Specific Assessment

- Family's Role
- Cultural beliefs and practices
  - Collective vs. Individualistic
- Immigration
    - Acculturation issues
    - Residency Status
- Intergenerational/Historical trauma
- Religious/Spiritual beliefs & practices
- Language
- Experiences of Trauma
- Support systems
- Youth's perspective vs. Caregiver's perspectives

Culture Heals

We are creating an environment of safety by acknowledging the root of the problem as trauma ~ Ann Jennings

1.8 Resources

Co-occurring Screening Tools

- **COJAC,** Co-occurring Joint Action Council,

  http://adp.cahwnet.gov/cojac/pdf/cojac_screening_tool.pdf

- **AC-OK Screen for Co-Occurring Disorders**

http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/AC-OK%20COD%20Screen%20Packet%205-23-7.pdf

Post Traumatic Stress (PTS) Screening Tools

- **Trauma Symptom Checklist (TSC-40),** http://johnbriere.com/tsc.htm
- **PTSD Checklist**, http://tgorski.com/Terrorism/ptsd_checklist_civilian_version.htm
- **Impact of Events Scale *8-Item Child/Adolescent Scale**, http://childtrauma.com/chmies8.html
- **ACE Score**, http://acestudy.org/files/ACE_Score_Calculator.pdf

Assessment & Treatment

Assessment:

Initial Trauma Review: http://johnbriere.com/ITR-R.htm

Trauma Symptom Checklist for Children (TSCC): http://johnbriere.com/tscc.htm

(Provide safety and stabilization skills, (grounding and centering), BEFORE, during and post- administration of the ITR and TSCC.)

Treatment:

30 Trauma-Informed Treatment Intervention Fact Sheets *plus culturally sensitive information:*

http://nctsn.org/nccts/nav.do?pid=ctr_top_trmnt_prom

Trauma Informed Care

- **Articles, curricula and reports:** http://www.theannainstitute.org/articles.html and http://www.cdc.gov/ace/index.htm.
- **Jennings A., "The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for Behavioral Health Systems," NTAC/NASMHPD, 2004,** http://www.theannainstitute.org/DCS.pdf.
- **State Public Systems Coalition on Trauma: A Listserv for those in public service committed to addressing trauma.** Email SPSCOT@gwi.net for information and to request membership.
- **Trauma-Informed Care: Resources and Information.** The Anna Institute, Inc. http://theannainstitute.org/TIC-RESOURCES.html.
- "**CCTIC Program Self-Assessment and Planning Protocol**", Community Connections, http://www.communityconnectionsdc.org/

Research and Online Courses

- **Child Trauma Academy** childtraumaacademy.org/default.aspx
- **David Baldwin's Trauma Information Pages** trauma-pages.com/
- **Healing Resources. Info** traumaresources.org/index.htm
- **International Society for the Study of Trauma and Dissociation,** isst-d.org/
- **National Center for Posttraumatic Stress Disorder** ncptsd.va.gov/ncmain/information/
- **National Child Traumatic Stress Network (NCTSN)** nctsn.org/nccts/nav.do?pid=hom_main

Professional Trainings

- **Sensorimotor Psychotherapy Institute**

sensorimotorpsychotherapy.org

- **Somatic Experiencing** ~ Peter Levine Ph.D.

traumahealing.com

~ articles on dissociation, self-harm and suicidality

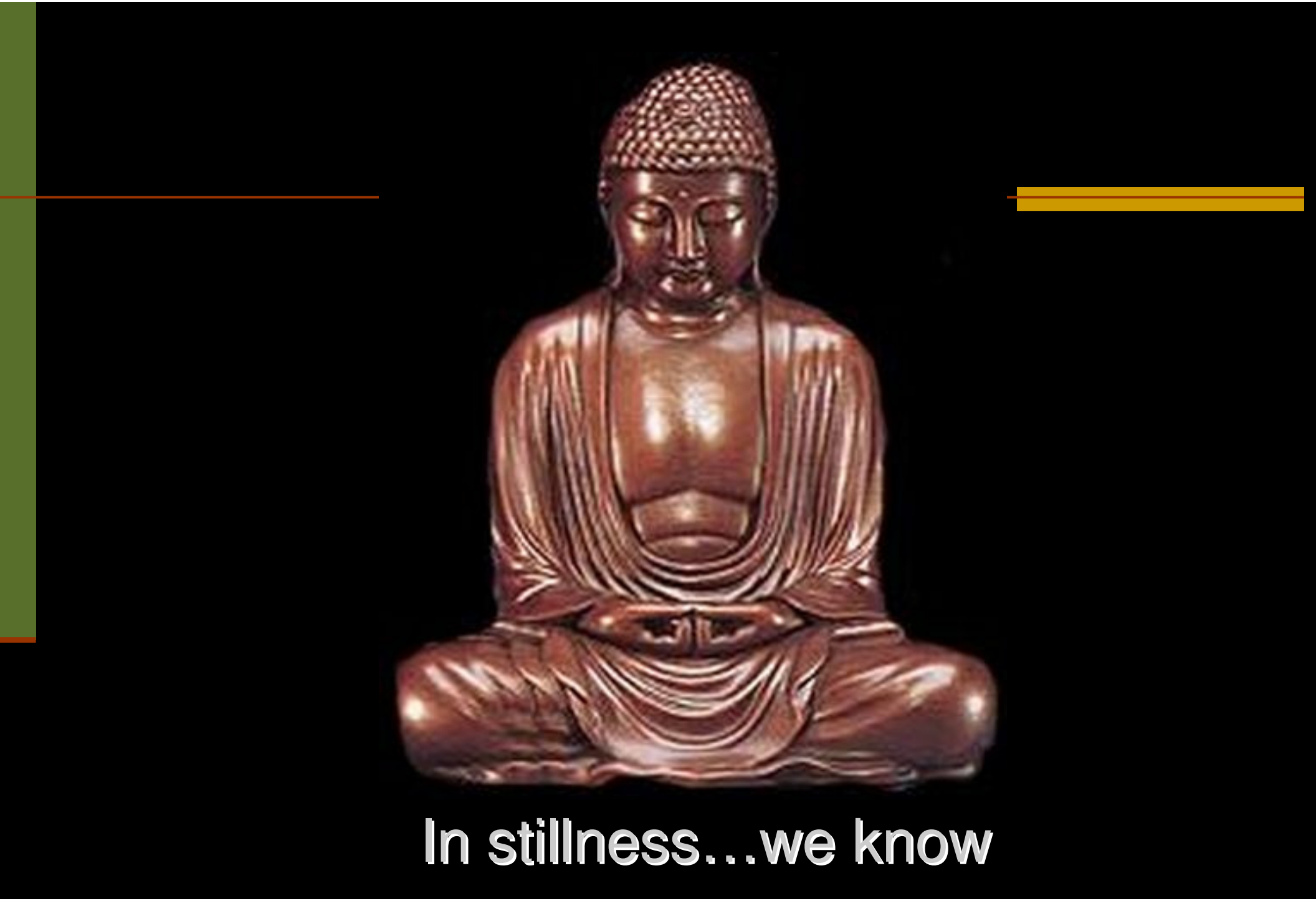
janinafisher.com/resources.php

2nd Annual San Mateo County 2010 Trauma Conference

Four Online Videos:

- Consumer Panel Video
- Janina Fisher, Ph.D.: **'Understanding the Prolonged Effects of Childhood Neglect and Trauma'**
- Janina Fisher: **'Broken Bonds: Attachment, Trauma and the Body'**
- Steve Frankel Ph.D., JD: **'A Guided Tour Through the Halls of Shame',**

http://smhealth.org/bhrs/trauma


In stillness…we know