

Trauma 101: Trauma Informed Care

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Objectives



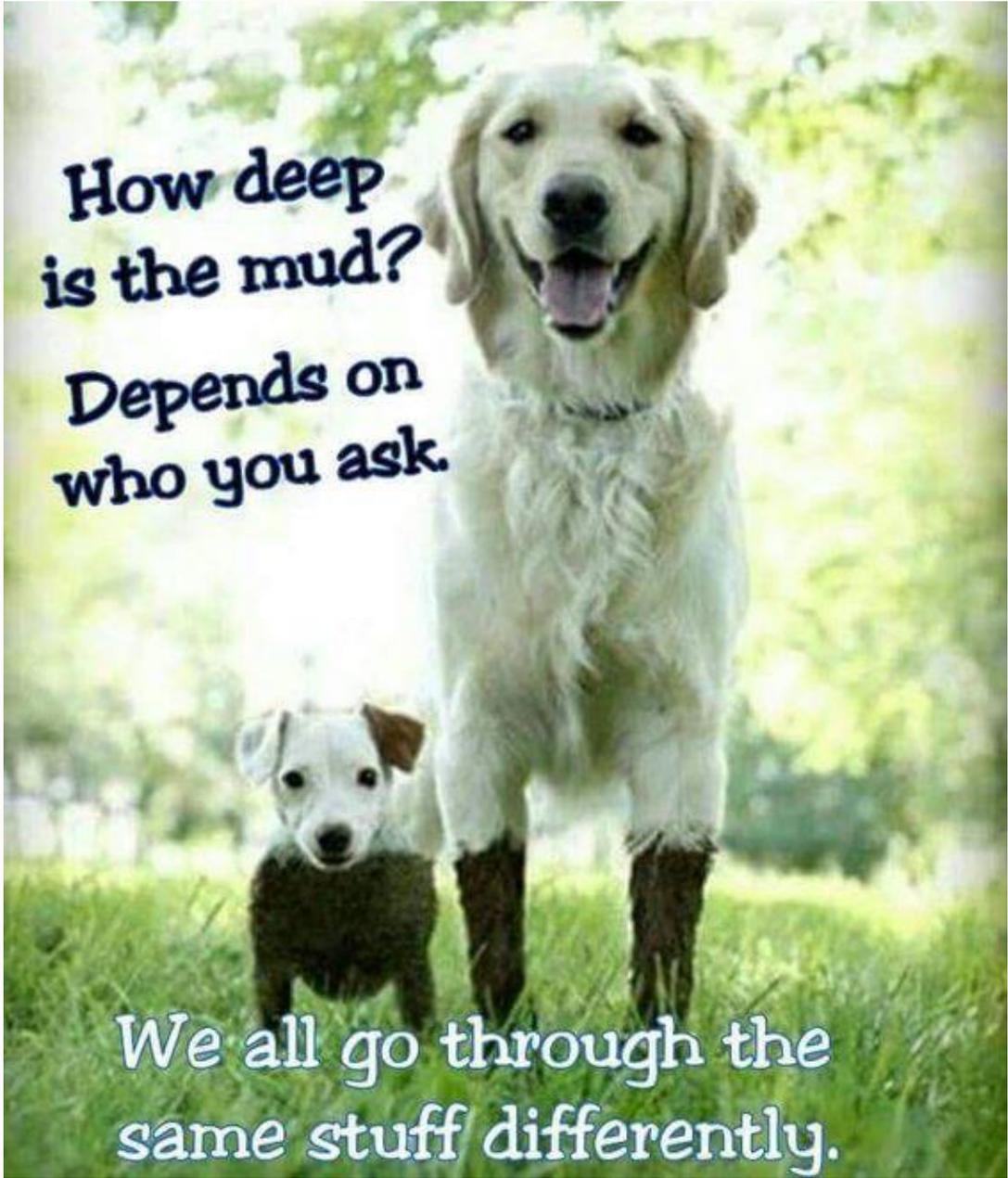
The participant will understand:

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- 
- Sources of potential trauma and complex trauma for individuals served by child serving systems.
 - Impact of trauma on emotional and behavioral functioning
 - Principles of trauma-informed systems.
 - Ways to decrease the possibility that those seeking services and staff experience trauma.
- 



Types of Traumatic Experiences

- Loss of a loved one
- Abandonment
- Accidents
- Homelessness
- Community/school violence
- Bullying, including cyber-bullying
- Domestic violence
- Neglect
- Frequent moves
- Serious medical illness
- Physical abuse
- Sexual abuse
- Emotional/verbal abuse
- Man-made or natural disasters
- Witnessing violence
- Terrorism
- Refugee and War Zone trauma.



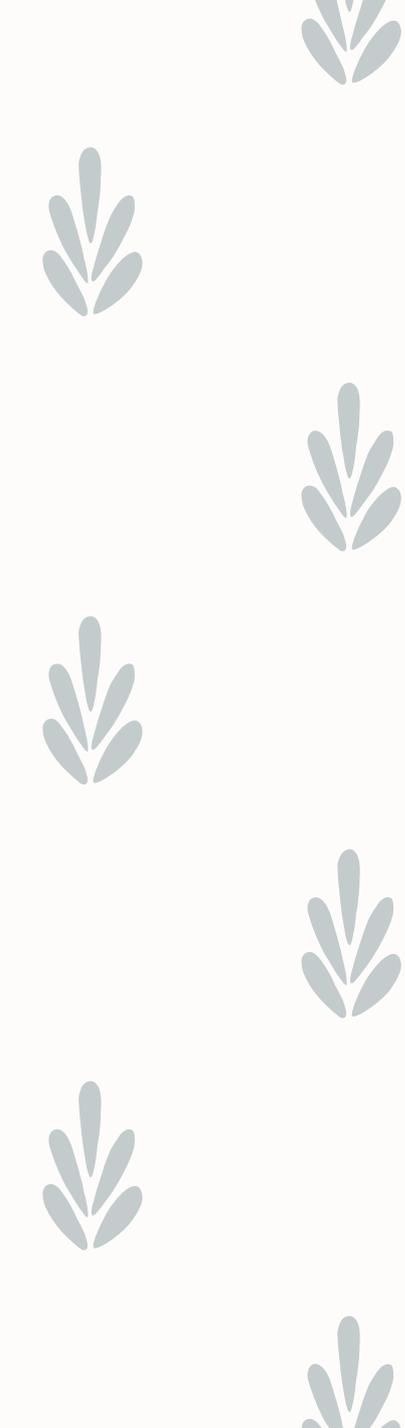
**How deep
is the mud?
Depends on
who you ask.**

**We all go through the
same stuff differently.**



Imagine a place that...

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- 
- 
- 
- 
- Asks “What happened to you?” instead of “What is wrong with you?”
 - Understands past trauma can be triggered by experiences in the present.
 - Is committed to supporting people as they heal.
 - Leaves a person feeling edified.



What is trauma?

“An emotional shock that creates significant and lasting damage to a person’s mental, physical, and emotional growth”

- Not a diagnostic category
- A series of experiences that elicits feelings of terror, powerlessness, and out-of-control psychological arousal
 - Results in survival driven behaviors, thoughts, emotions, and needs
- Often misinterpreted as symptoms of disorders
(depression, anxiety, ADHD, Oppositional Defiant Disorder, Bipolar Disorder, etc.)

Prevalence



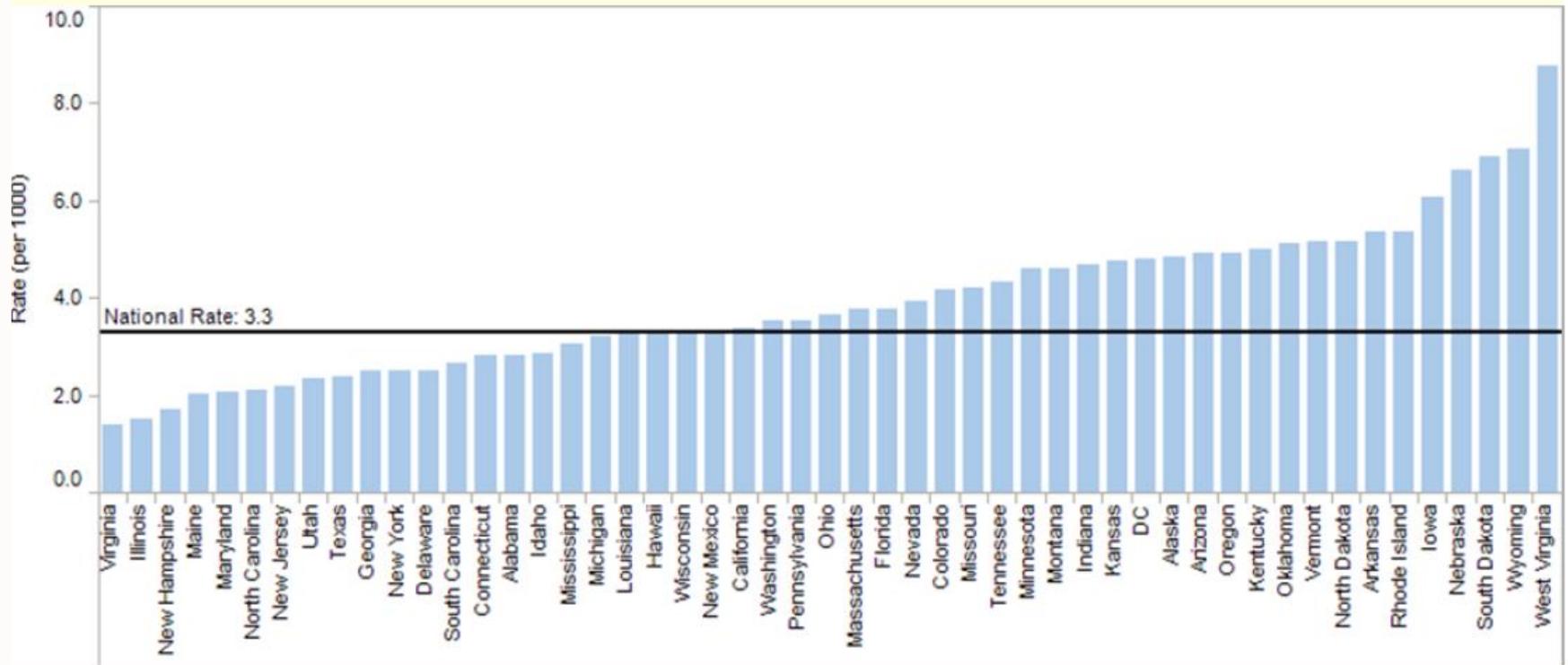
- More than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence, and/or stalking by an intimate partner. (CDC,2013)
- Nearly 80% of female offenders with a mental illness report having been physically and/or sexually abused. (Marcenich, 2009)
- The majority of clients served by public mental health and substance abuse service systems are survivors of trauma.
(Mueser et al, 1998)
- Seventy-five percent (75%) of women and men in treatment for substance abuse report trauma histories. (SAMSHA/CSAT, 2000)

WV -- A Growing Crisis

WV is experiencing a child welfare crisis that is being driven by the drug epidemic

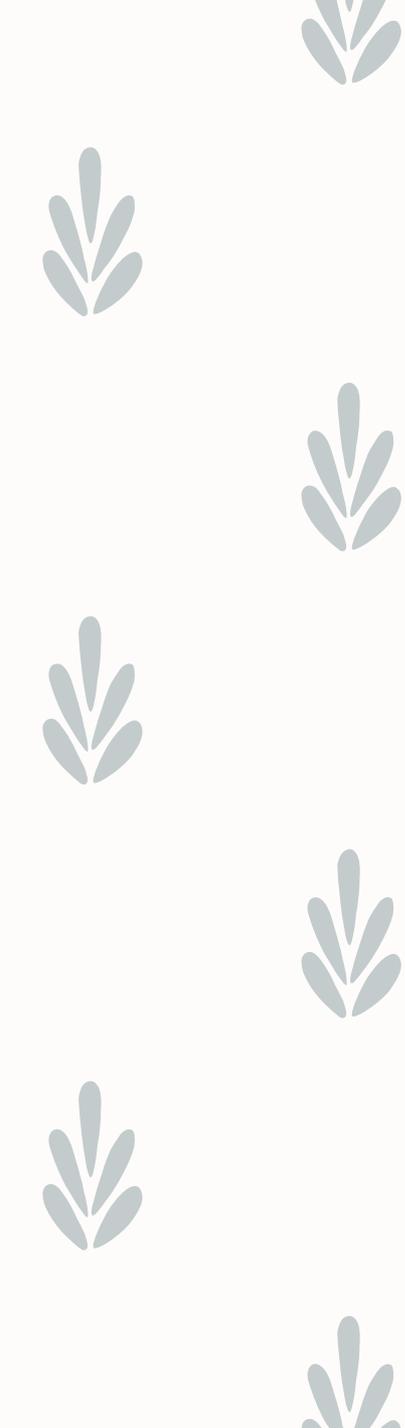
- 83% of open child abuse/neglect cases involve drugs
- Since 2014 the number of youth in the custody of the state has steadily increased. When comparing October 2014 with October 2017, there was a 46% increase.
- 22% increase in accepted abuse/neglect referrals over 3 years
- 34% increase in open CPS cases over 3 years
- Averaging 23% vacancy rate for CPS positions
- 63% of the children entering care are age 10 and younger
- WV is #1 in children removals nationally
- 43% of the children are in kinship/relative placements
- WV adoptions have increased 113% since 2005

Children in Care



Source:

- 1) WV Bureau for Children and Families
- 2) Annie E. Casey Foundation



Staggering Financial Burden of Childhood Abuse & Trauma

- **Annual Direct Costs:** Hospitalization, Mental Health Care System, Child Welfare Service System, Law Enforcement = **\$33 billion.**
- **Annual Indirect Costs:** Special Ed, Juvenile Justice, Mental Health & Health Care, Criminal Justice System, Lost Productivity = **\$47 billion**
- **Total Annual Cost: \$80 billion annually.**
- **Lifetime Cost per non-fatal victim: \$830,928**
- **Cost per fatal victim: \$16.60 million**
- **Economic burden of child maltreatment in a given year: \$428 billion**

Economic Impact Study. (September, 2014). Prevent Child Abuse America

Peterson, Cora & Florence, Curtis & Klevens, Joanne. (2018). The economic burden of child maltreatment in the United States, 2015. Child Abuse & Neglect.

Types of Trauma

A single traumatic event that is limited in time.

Acute
Trauma

The experience of multiple traumatic events.

Chronic
Trauma

Vicarious
Trauma

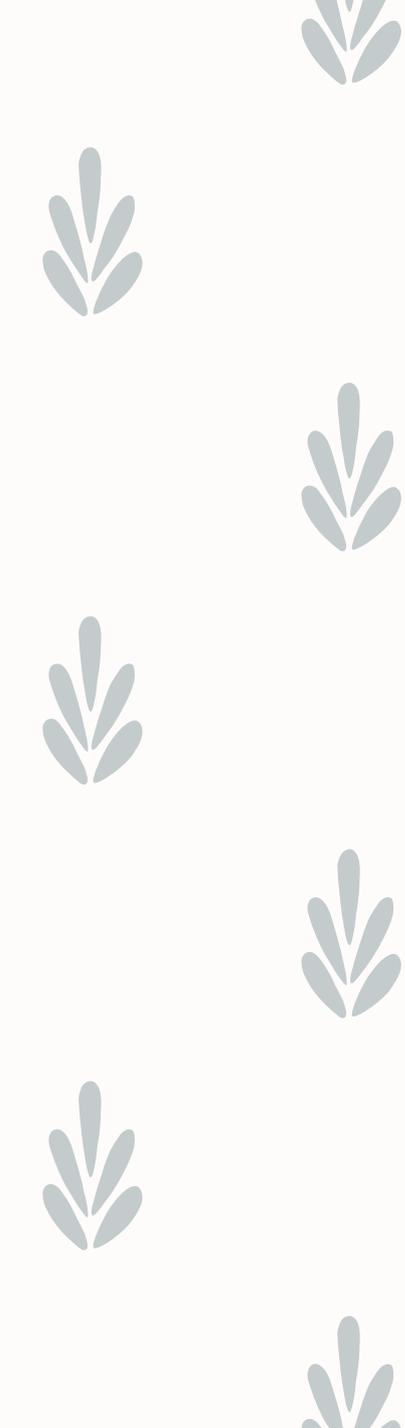
Complex
Trauma

System
Induced
Trauma

Both exposure to chronic trauma, and the impact such exposure has on an individual.

The traumatic removal from home, admission to a detention or residential facility or multiple placements within a short time.

Trauma is under-reported and under-diagnosed.



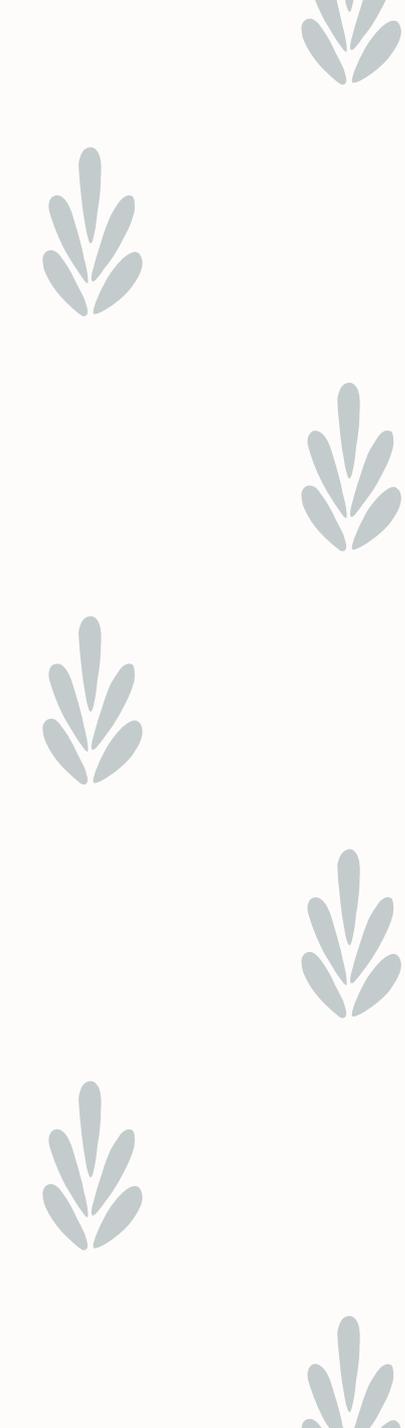
What does trauma do to us?

Chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole.

Developmental trauma sets the stage for unfocused responses to subsequent stress.

Bessel A. van der Kolk , MD

http://www.traumacenter.org/products/pdf_files/Preprint_Dev_Trauma_Disorder.pdf



Supporting Evidence

Three major national studies reveal the medical and emotional impact of trauma.

- Adverse Childhood Experiences (ACE) Study:
Bridging the gap between childhood trauma and negative consequences later in life
- National Comorbidity Survey-Replication (NCS-R)
- Canadian Community Health Survey Cycle



ACE Questions

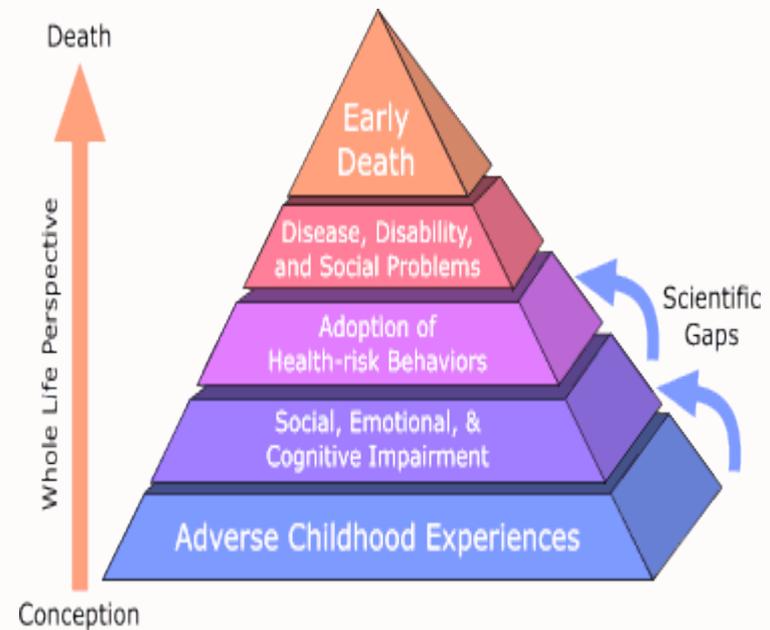
- 1. Recurrent emotional abuse
- 2. Recurrent physical abuse
- 3. Sexual abuse
- 4. Witnessed domestic violence
- 5. Household alcohol or drug abuse
- 6. Household mental illness
- 7. Parents separated/divorced
- 8. Incarcerated household member
- 9. Emotional neglect
- 10. Physical neglect

ACES Pyramid

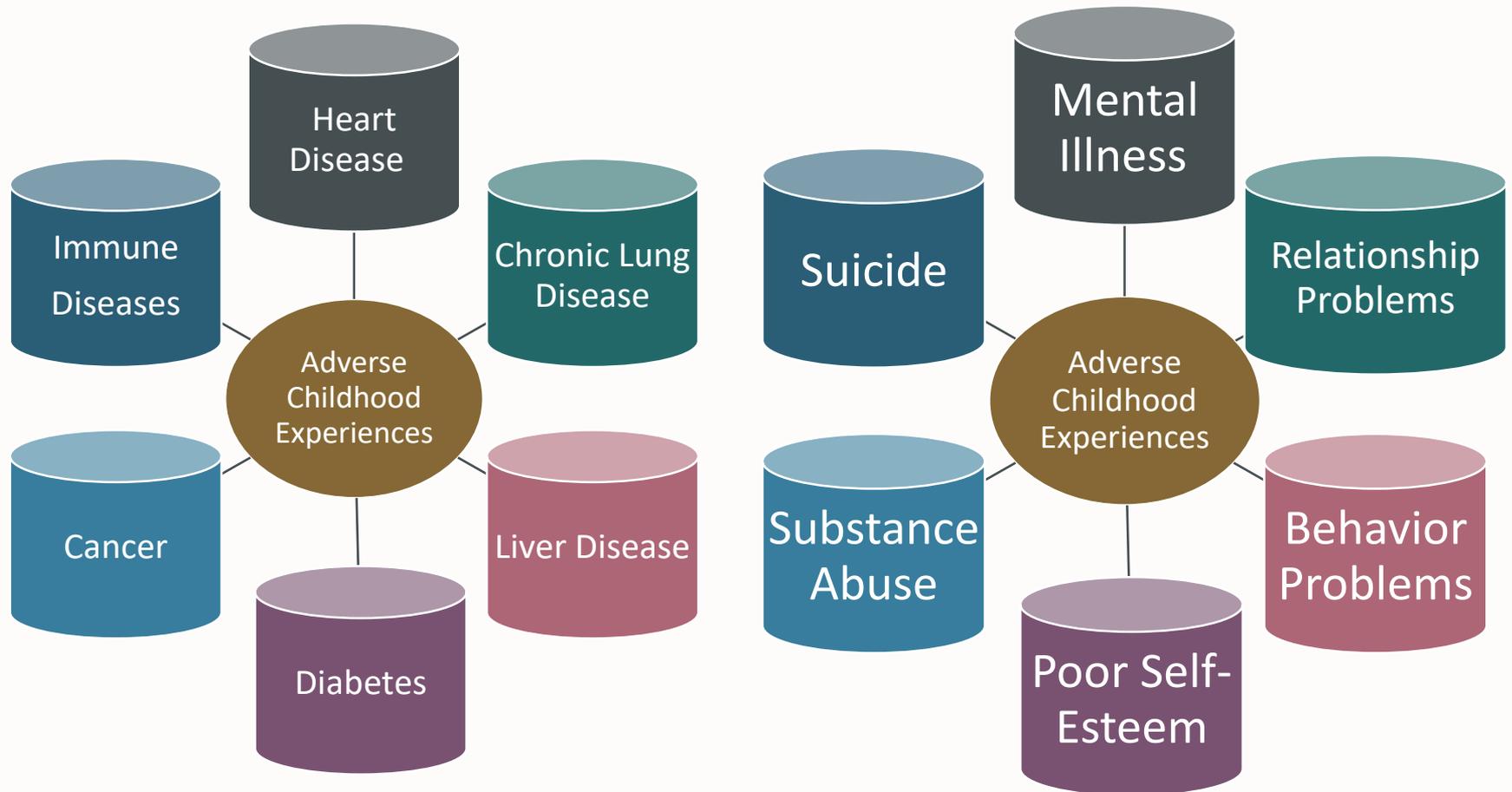
Bridging the gap
between childhood
trauma and negative
consequences later in
life.

50% of study participants
reported at least one
adverse childhood
experience

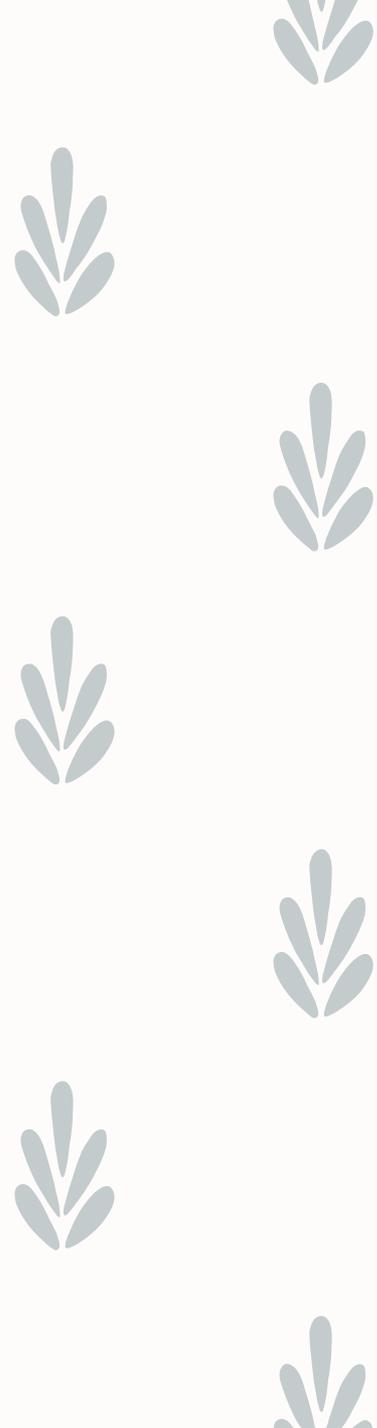
25% reported at least two
or more untreated trauma



Adverse childhood experiences increase the risk of:

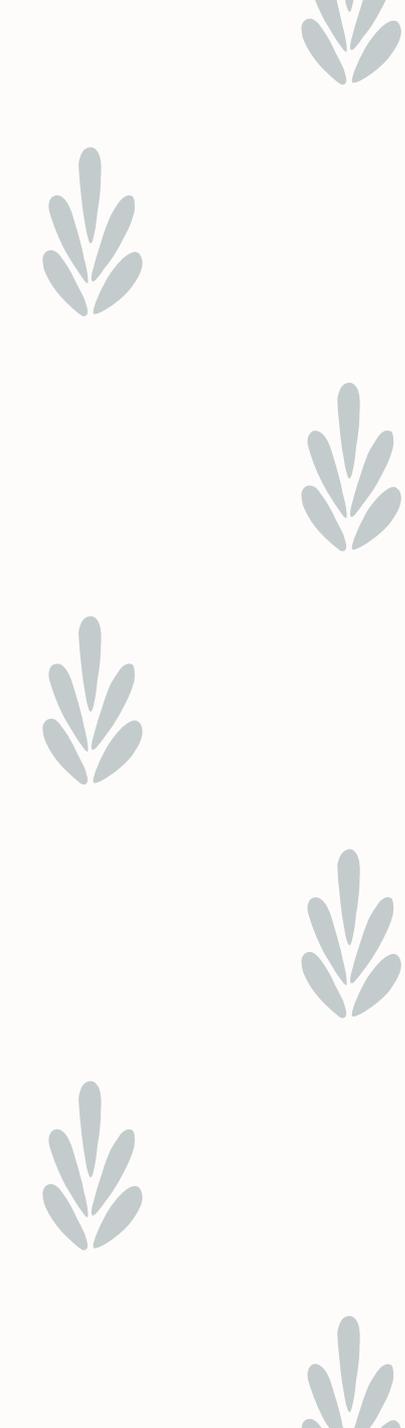


4 or more traumatic exposures shorten life expectancy by 20 years



ACE Study Facts

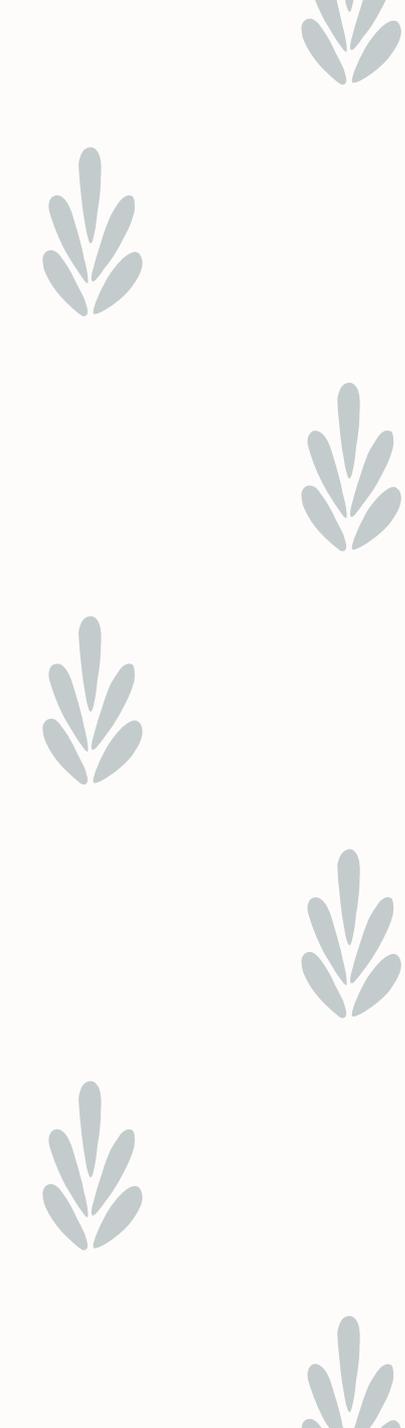
- Adults with ACE score ≥ 4 are 460% more likely to have lifetime history of depression.
- Adults with ACE score ≥ 5 are 16 times more likely to have lifetime history of alcoholism.
- Male child with ACE score of 6 has 4,600% increase in likelihood of later becoming IV drug user.



Impact of Exposure to Trauma

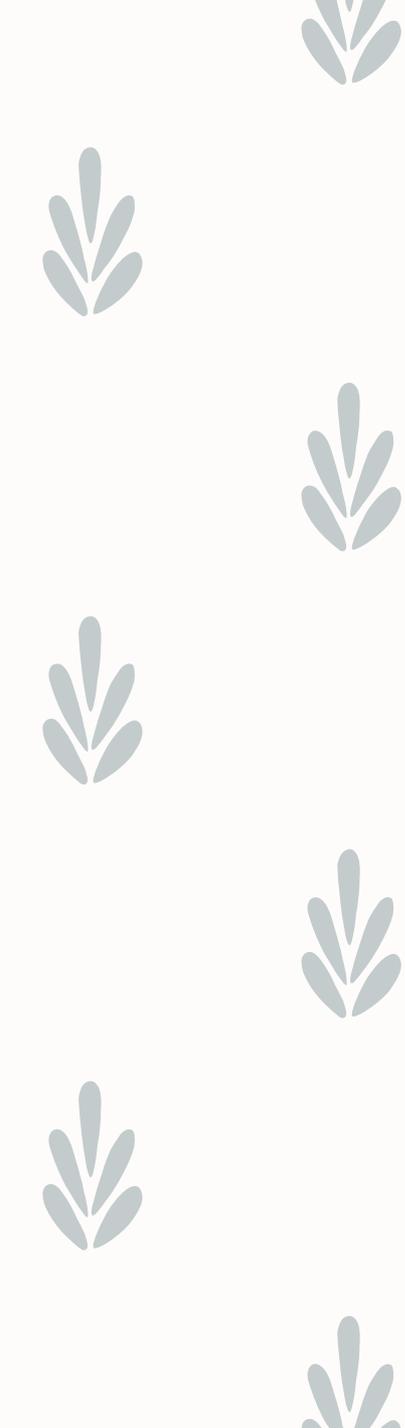
Can cause impairments in many areas of development & functioning, including:

- Attachment – Difficulty relating to & empathizing with others; believe the world to be uncertain & unpredictable
- Biology – problems with sensation & movement, including hypersensitivity to physical contact & insensitivity to pain; physical symptoms & increased medical problems



Impact of Trauma, cont.

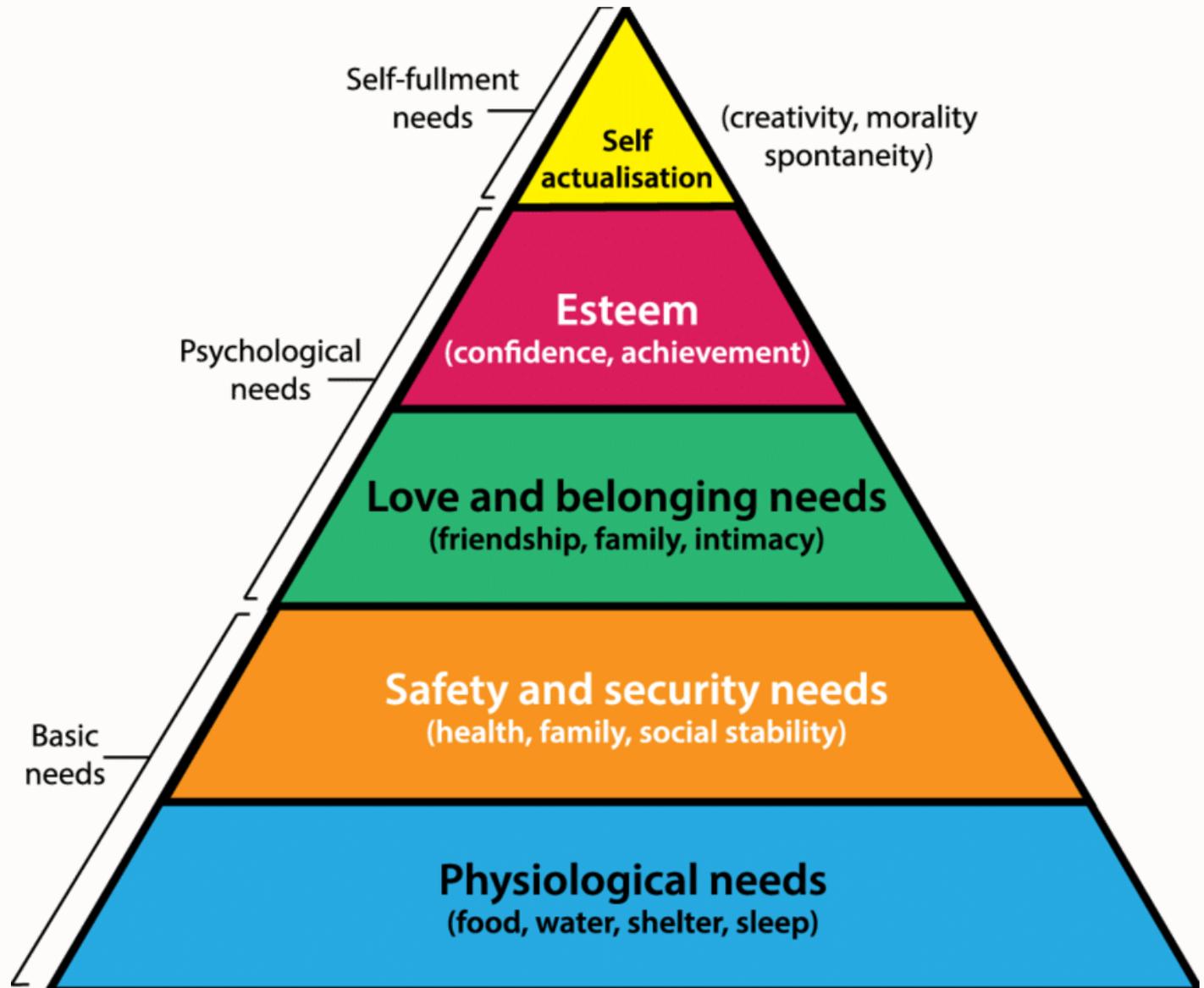
- Mood Regulation – difficulty identifying & controlling emotions & internal states
- Behavioral Control - poor impulse control, self-destructive behavior, aggression, risk taking behavior
- Dissociation – feeling detached, as if observing something happening to them that is not real

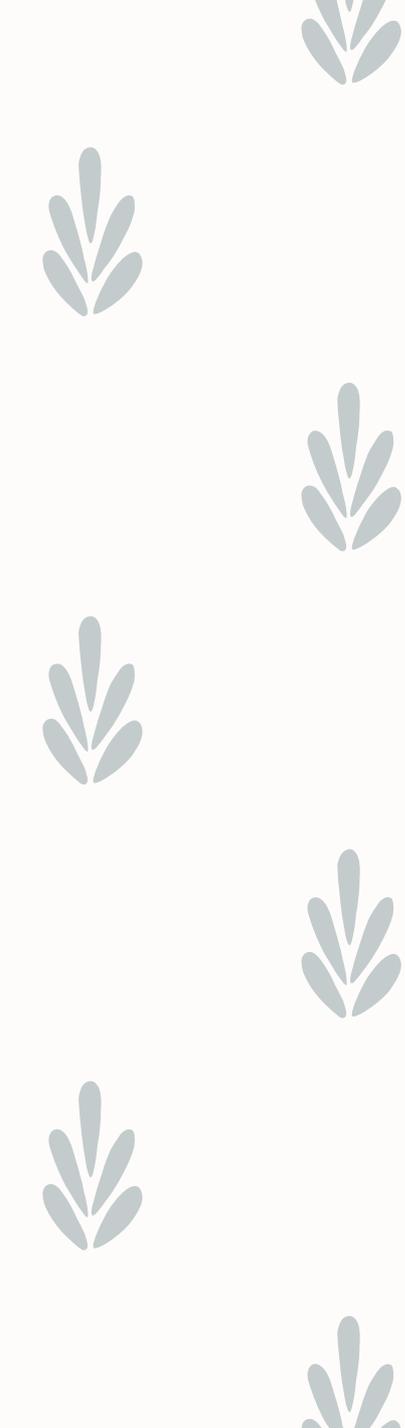


Impact of Trauma, cont.

- Cognition – difficult focusing & completing tasks or anticipating future events; learning difficulties & problems with language development
- Self-concept – feeling shame/guilt; low self-esteem, disturbed body image
- Loss & Betrayal - loss of part(s) of their life; distrust of others
- Powerlessness – perceive self as victim; have no say in what happens to them; unable to control their lives, etc.

Based on Maslow's Hierarchy of Needs





The Influence of Culture

- Culture can be “micro” or “macro”. Don’t assume you know someone’s culture by how they look, act, or talk.
- People of different cultural, national, linguistic, spiritual & ethnic backgrounds may define & describe “trauma” differently.
- Assessment of trauma history should always take into account cultural background & modes of communication of assessor and family.
- Strong cultural identify & community/family connections can contribute to strength & resilience or can increase risk for & experience of trauma.



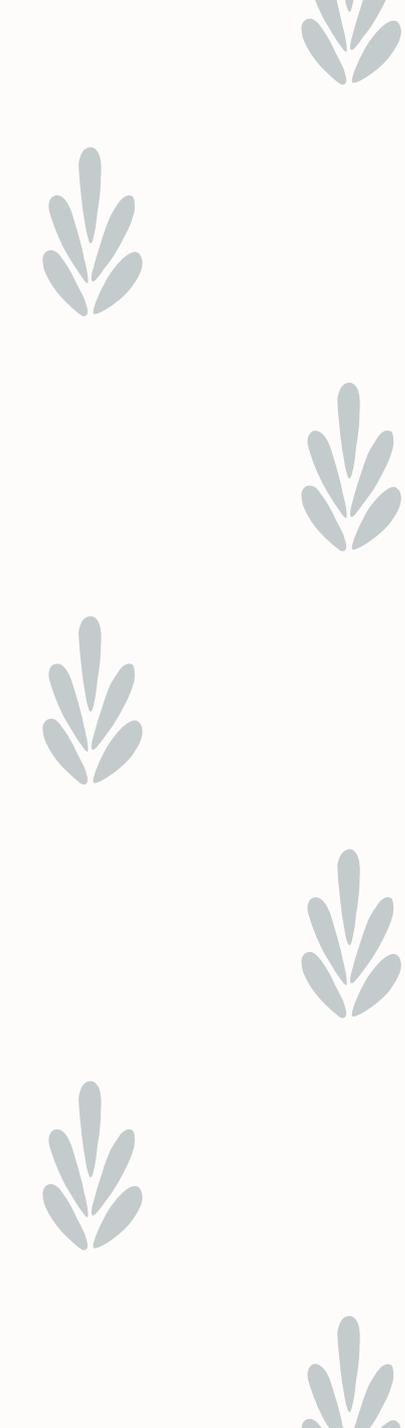
Variability in Responses to Traumatic Events

- The impact of a potentially traumatic event depend on
 - age & developmental level
 - perception of the danger faced
 - victim or perpetrator?
 - relationship to victim or perpetrator
 - past experience with trauma
 - Adversities faced following the trauma
 - Presence/availability of others who can offer help/support/protection

Trauma and the Brain



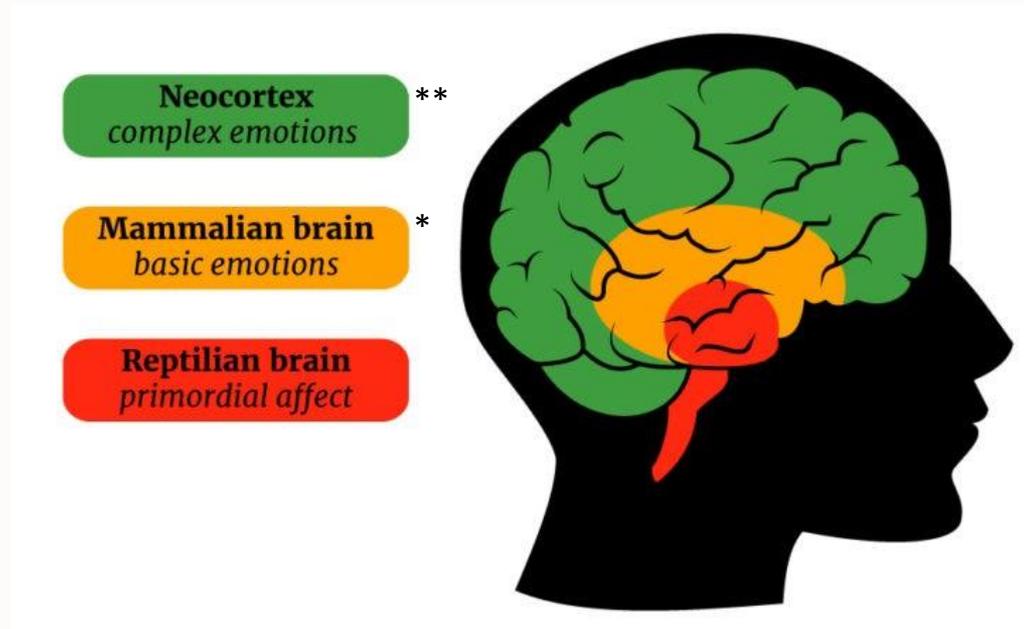
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- Has serious consequences for normal development of children's brains, brain chemistry & nervous system.
 - Trauma-induced alterations in biological stress symptoms can adversely effect brain development, cognitive & academic skills, & language development.
 - Result in increased levels of stress hormones (impacts response to future stress)



Trauma and the Brain, cont.

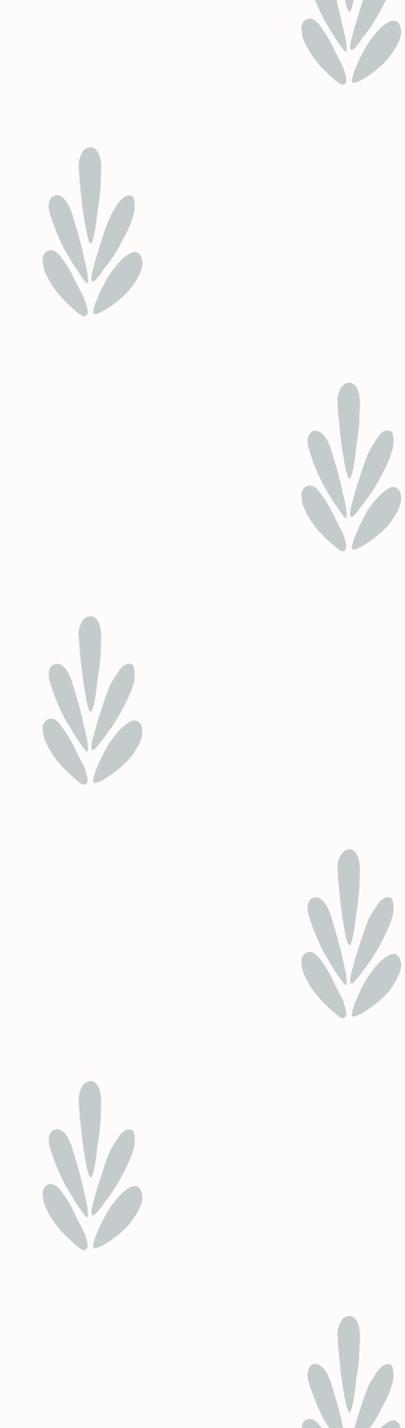
- Affects “cross-talk” between brain’s hemispheres, including parts that:
 - regulate emotions
 - manage fears, anxieties & aggression
 - sustain attention for learning & problem solving
 - control impulses & manage physical responses to danger
 - allow realistic appraisal of danger & safety
 - promote consideration of consequences of behavior
 - allow ability to govern behavior & meet longer term goals

Brain Development



*Limbic System Fully Developed in Teenage Years

**Frontal Lobe Fully Developed in Young Adulthood



TRIGGERS

For trauma survivors,
it is different...



Triggers



Seeing, feeling, hearing, smelling, tasting
something that reminds us of past trauma

Activates the
alarm system



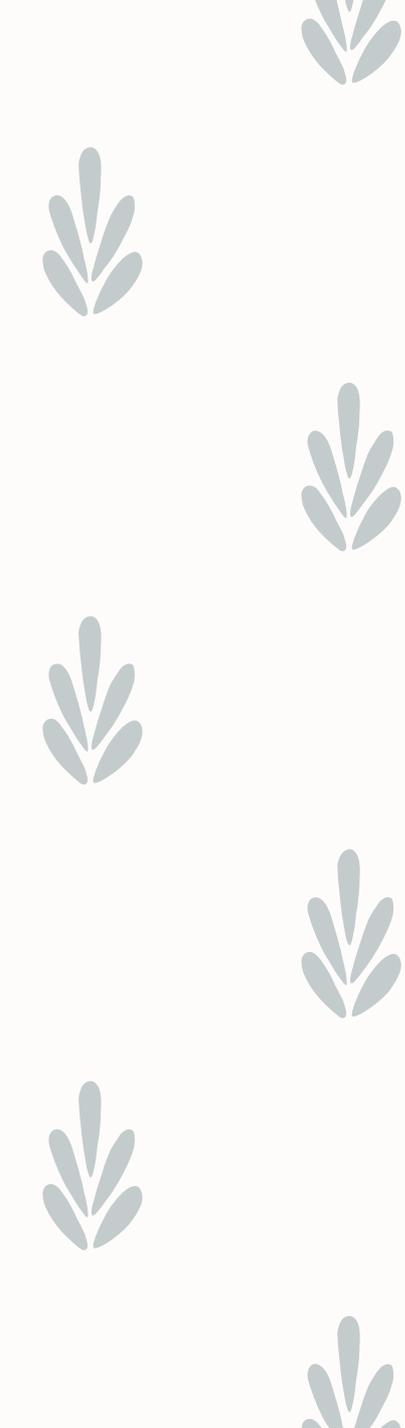
Responds as if there
is current danger



“Thinking brain”
shuts off



Past and present danger become confused

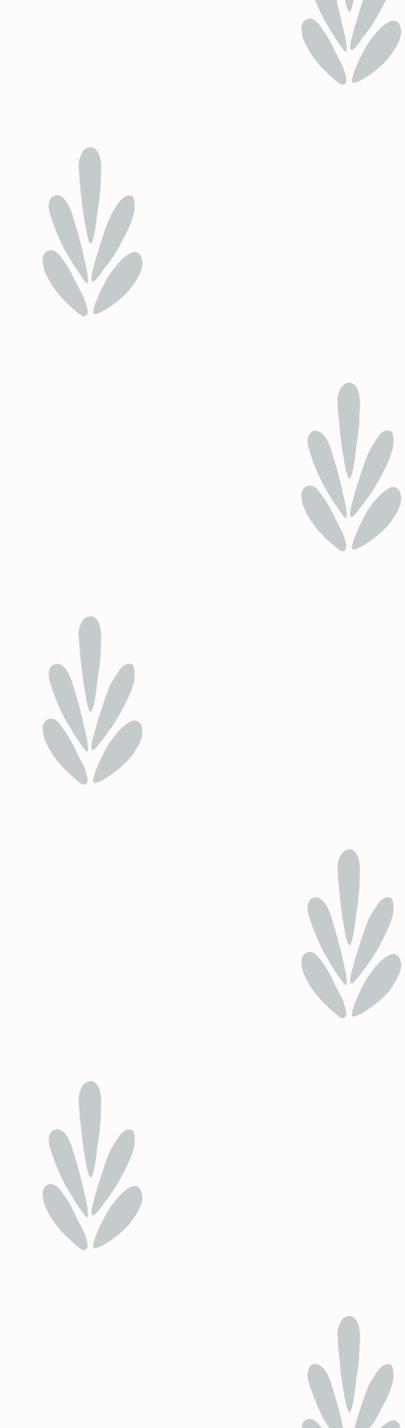


Trauma Informed Systems

UNIVERSAL PRECAUTIONS

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

“What has happened to you?”



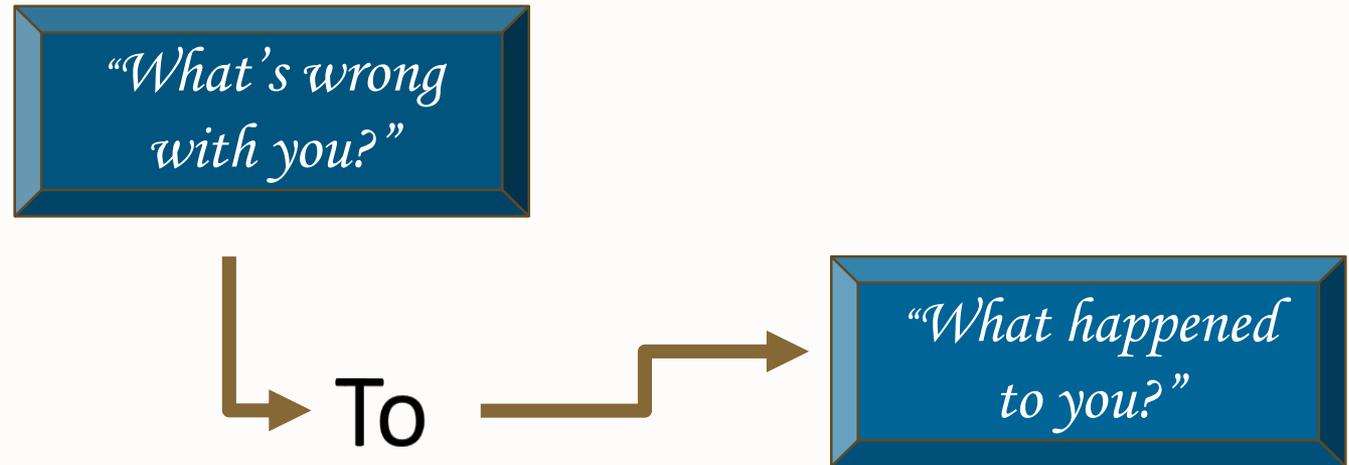
What matters most...

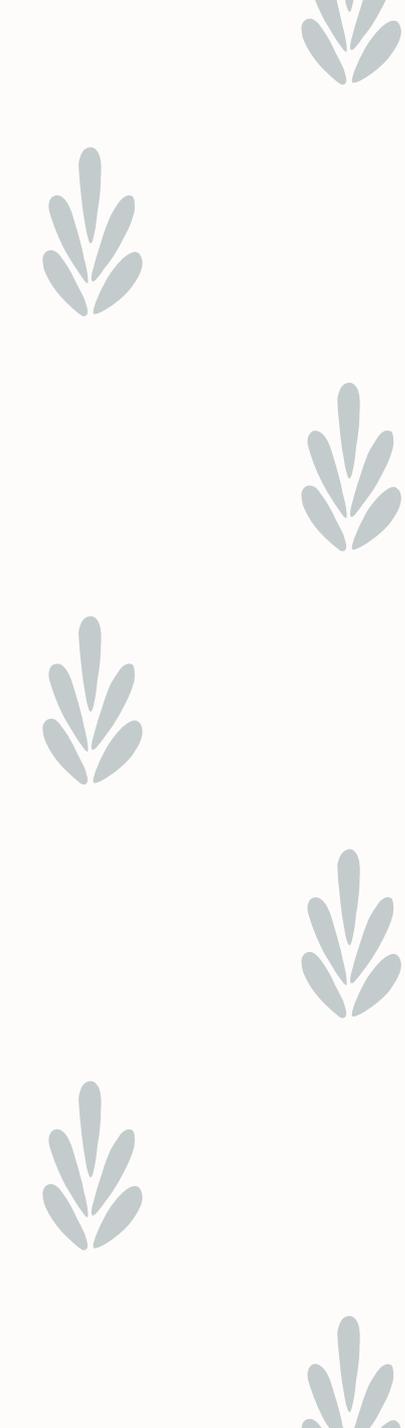
How people cope with trauma determined by:

- How they experience what they are exposed to
- Who they were exposed to in their traumatic past
- What they are exposed to in the present environment

Trauma-Informed Care

Trauma-Informed Care provides a new paradigm under which the basic premise for organizing services is transformed from

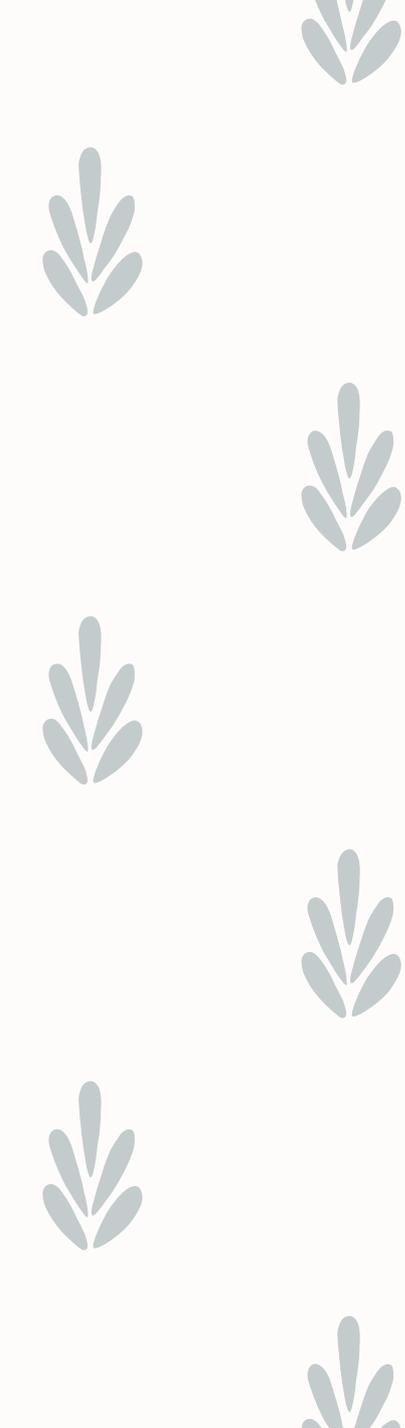




SAMHSA's Concept of TI Approach

“A program, organization, or system that is trauma-informed:

- 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; and
- Seeks to actively resist re-traumatization.”



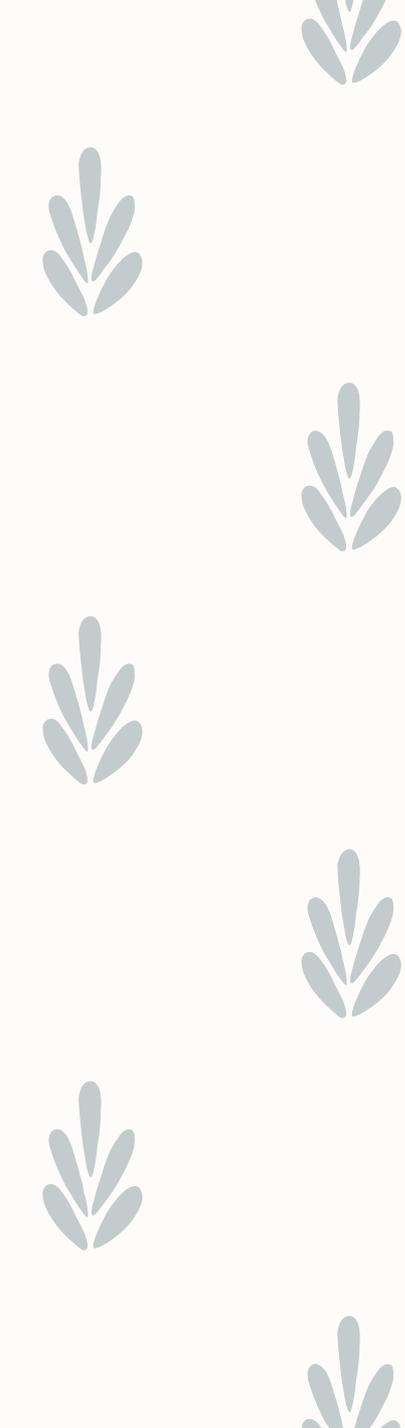
Understanding Consumer/Survivor

- An integrated, whole person view of individuals and their problems and resources
- “Symptoms” are understood not as pathology but primarily as attempts to **cope and survive**; what seem to be symptoms may more accurately be solutions
- A contextual, relational view of both problems and solutions



Understanding of Services

- Primary goals are empowerment and recovery
- Survivors are survivors; their strengths need to be recognized
- Service priorities are prevention driven
- Service time limits are determined by survivor self-assessment and recovery/healing needs
- Risk to the consumer is considered along with risk to the system and the provider



Understanding of Service Relationship

- A **collaborative** relationship exists between the consumer and the provider of her or his choice.
- Both the consumer and the provider are assumed to have valid and valuable knowledge bases.
- The **consumer is an active planner** and participant in services.
- The consumer's safety must be guaranteed and trust must be developed over time.



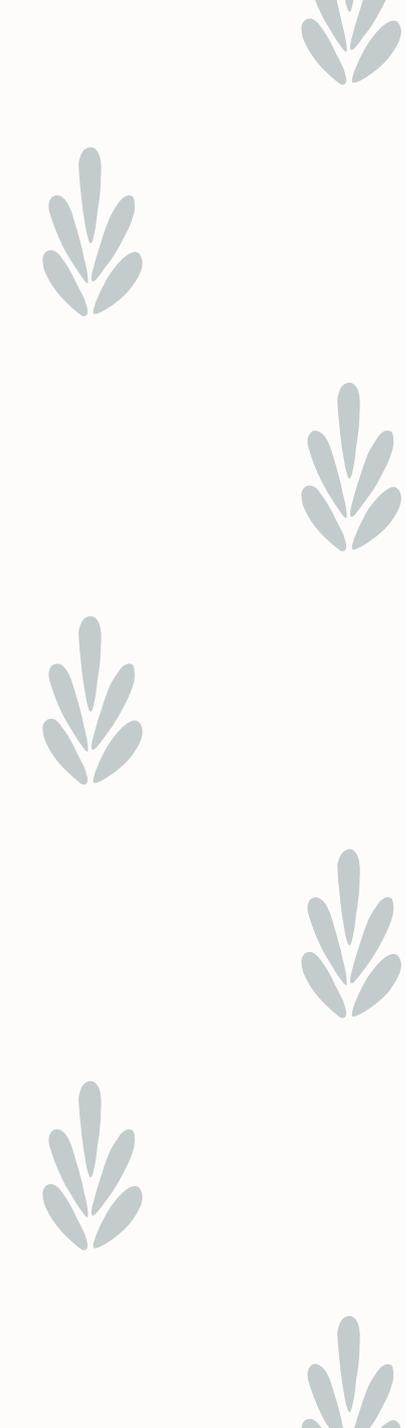
A Culture Shift: Core Principles of a Trauma-Informed System

- **Safety**: Ensuring physical and emotional safety
- **Trustworthiness/Transparency**: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
- **Collaboration & Mutuality**: Maximizing collaboration and sharing of power with consumers
- **Peer Support**: Power of the peer
- **Empowerment/Voice & Choice**: Prioritizing consumer choice & control; empowerment and skill-building
- **Cultural, Historical, and Gender Issues**



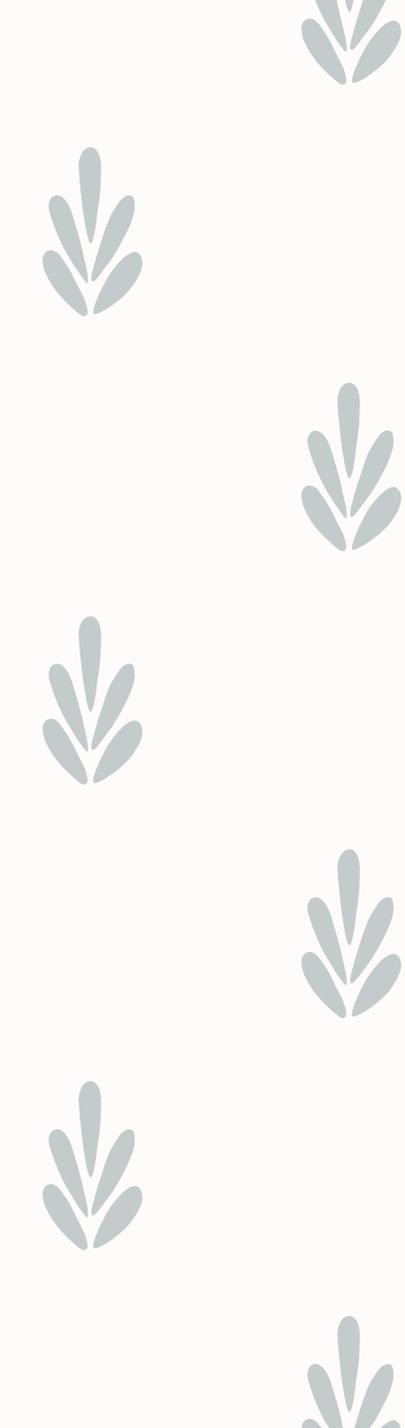
What does TIC offer?

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- 
- Improves our desired outcomes
- 
- Supports trauma recovery by
 - Reducing re-traumatization
- 
- Providing “corrective emotional experience”
- 
- Decreases our own vicarious trauma or compassion fatigue
- 



Trauma-Specific Interventions

- Services designed specifically to address violence, trauma, and related symptoms and reactions.
- The intent of the **activities is to increase skills** and strategies that allow survivors to manage their symptoms and reactions with minimal disruption to their daily obligations and to their quality of life, and eventually to reduce or eliminate debilitating symptoms and to prevent further traumatization and violence.

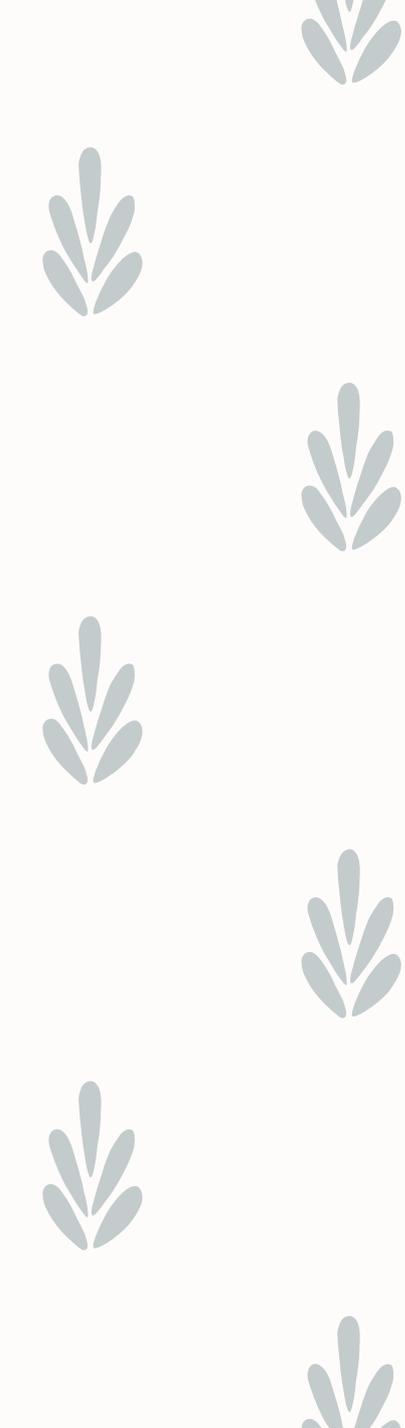


Resiliency...

“Resiliency is the capability of individuals to cope successfully in the face of significant change, adversity, or risk. The capacity changes over time and is enhanced by protective factors in the individual and environment.”
(Stewart et al.,1991 as cited by Greene and Conrad, 2002)

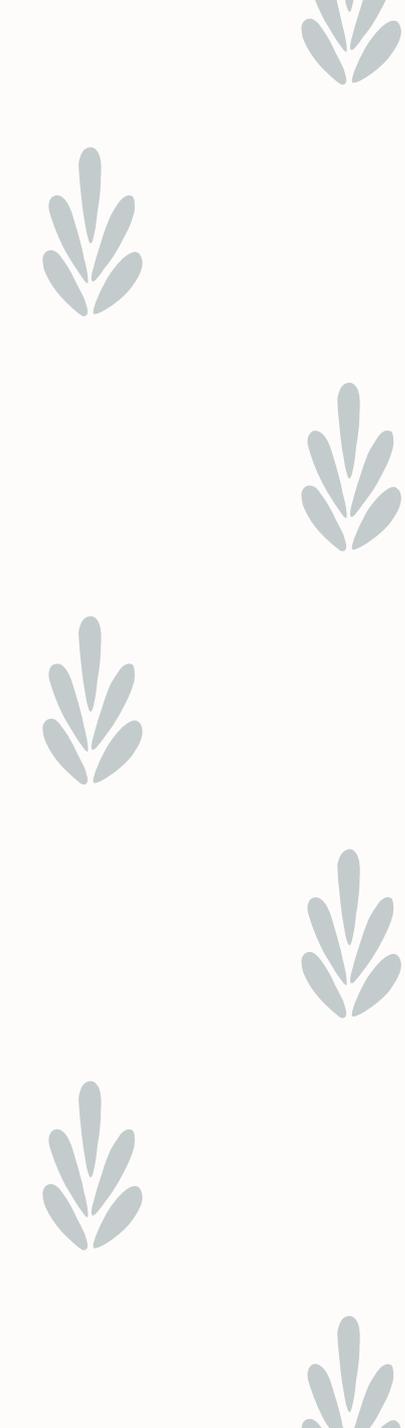
Things that matter:

- Parental/caregiver resilience
- Building on Developmental Assets
- Connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Nurturing and attachment/social and emotional competence of children



Secondary Traumatic Stress

- Also compassion fatigue
- Symptoms
 - Increased irritability
 - Difficulty planning
 - Decreased concentration
 - Feeling numb or detached
 - Intense feelings/intrusive thoughts
 - Dreams about student's trauma
 - Increased physical issues



Indicators of stress

- Emotional, Behavioral, Physical
 - Feelings of incompetence
 - Chronic emotional and/or physical exhaustion
 - Irritability
 - Feelings of resentment towards the child
 - Physical symptoms

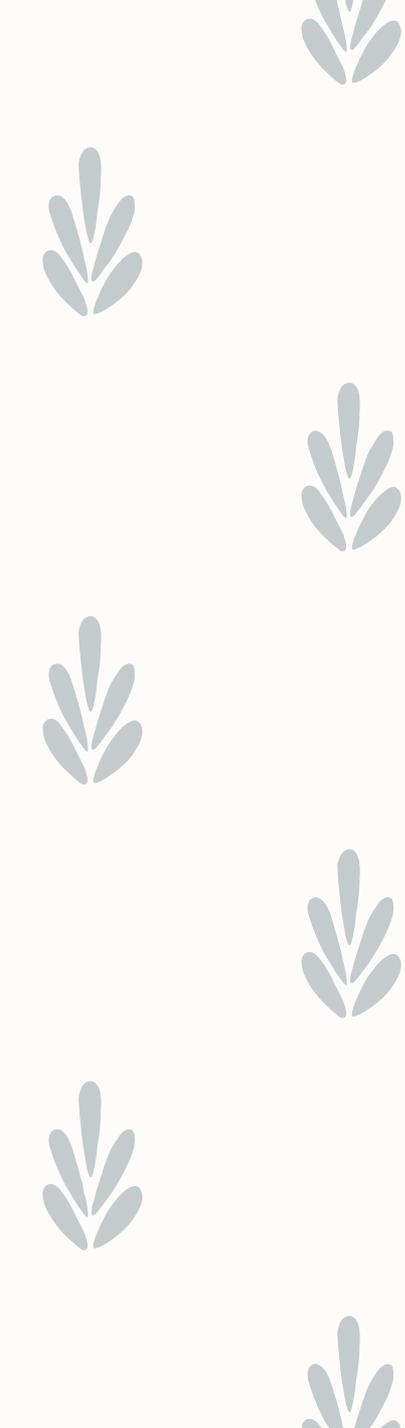
- Personal stressors and reactions

- What can be changed?



What can you do?

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- 
- 
- 
- 
- Don't go it alone. Use colleagues and administrators for support
 - Recognize that compassion fatigue is an occupational hazard
 - Seek help for your own traumas
 - Self care (take breaks, eat well, exercise, engage in fun activities)
 - Talk to a professional if symptoms are severe or last longer than 3 weeks



Prevention

In the Moment

- Psychoeducation
- Skills training
- Self Care
 - Physical
 - Emotional
- Buddy System
- Change your scenery
- Relaxation
 - Mindfulness
 - Diaphragmatic breathing
 - Music
 - Fidgets
- Ask for help

What really makes it work...



Available Services

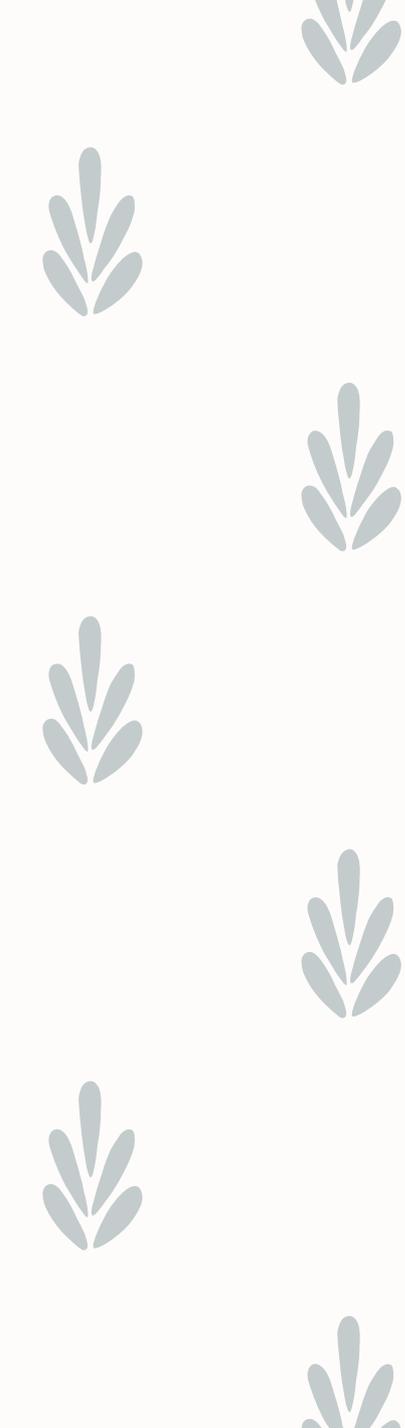
With the right help,
comes hope.

RAPP

Resiliency in Appalachia



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- RAPP is a collaborative effort between, FMRS Health Systems, Inc., Southern Highlands Community Mental Health Center and Seneca Health Services, Inc.
 - RAPP is funded by the Substance Abuse and Mental Health Services Administration (SAMSHA) and is a National Child Traumatic Stress Network (NCTSN) partner.
 - RAPP has expanded partnerships with Westbrook Health Services and Pretera Center
 - Providing PCIT, TF-CBT and Trauma 101 Training. Building a trauma-informed communities and workforce.



PCIT

(Parent-Child Interaction Therapy)

- 3 – 7 year olds (some adaptations for older children)
- Originally for oppositional and defiant behaviors
 - Anxiety
 - Trauma
 - I/DD
 - ADHD
- Two Components – Relationship-Building and Compliance
- Strong evidence base for foster children!
- Coaching Component

TF-CBT

(Trauma-Focused Cognitive Behavioral Therapy)

- 5 – 18 year olds
- Kids who have experienced trauma and have difficulty with it
 - Behavioral
 - Cognitive
 - Physical
- Does NOT have to meet criteria for PTSD
- Uses a non-offending caregiver

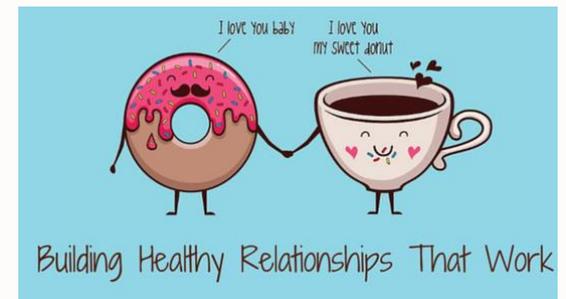


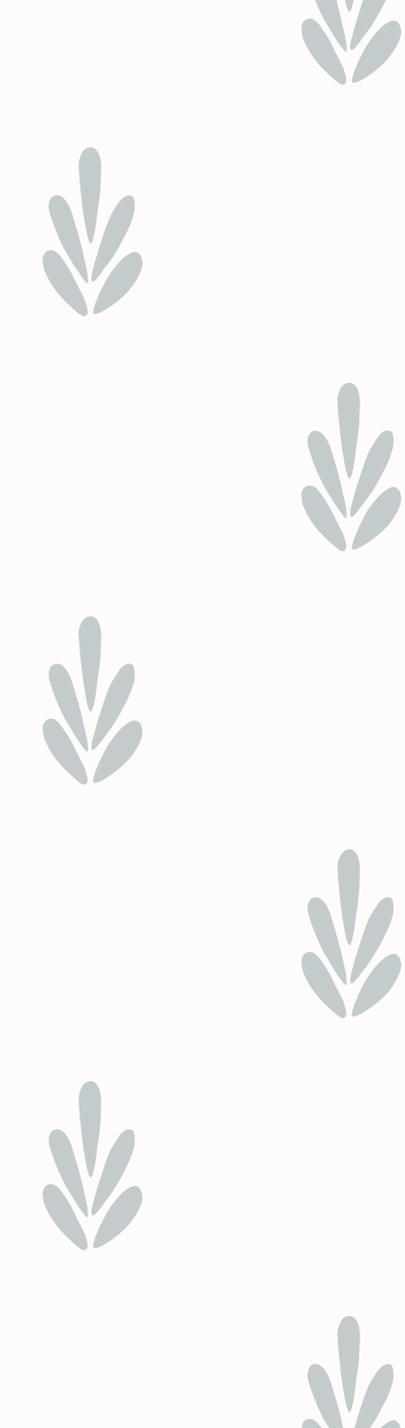
CARE

(Child-Adult Relationship Enhancement)

trauma-informed, field-initiated practice that:

- can be used by non-clinical adults who interact with traumatized children
- focuses on connecting with children and increasing children's positive behaviors.
- 3 hour training
 - Lecture component
 - Active skill practice component



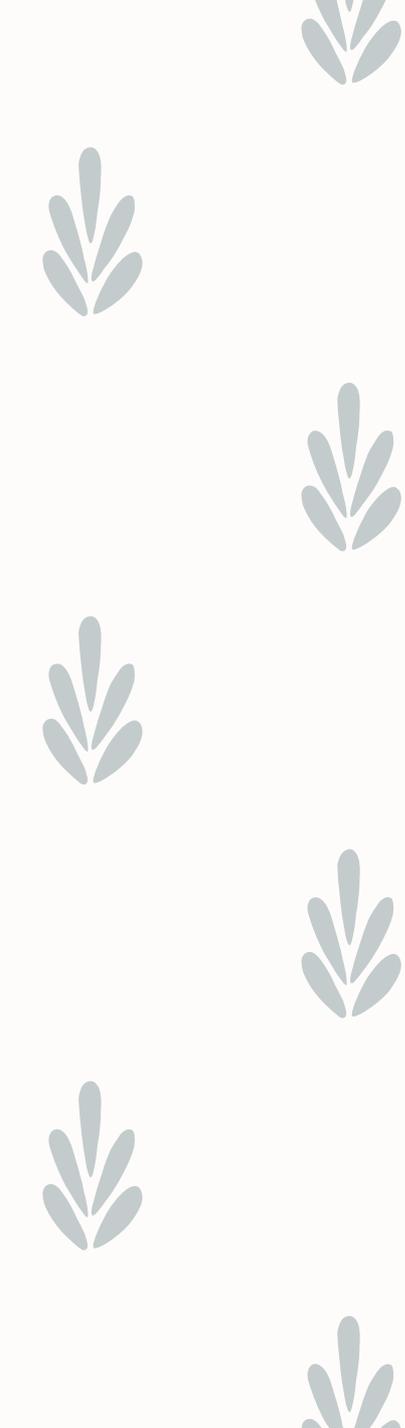


Questions?

hsly@fmrs.org

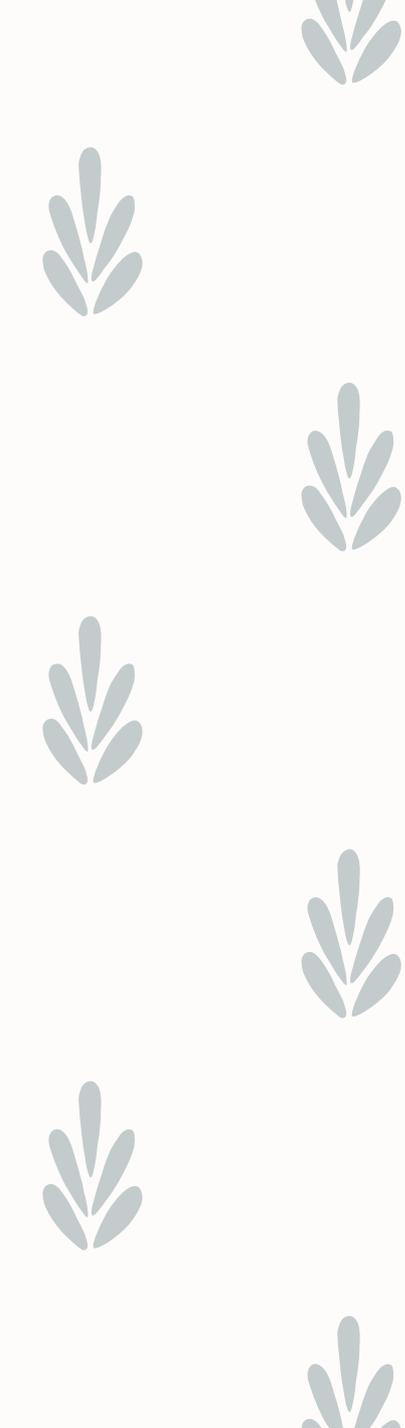
RAPP – Leah Kidd

1-888-811-1844



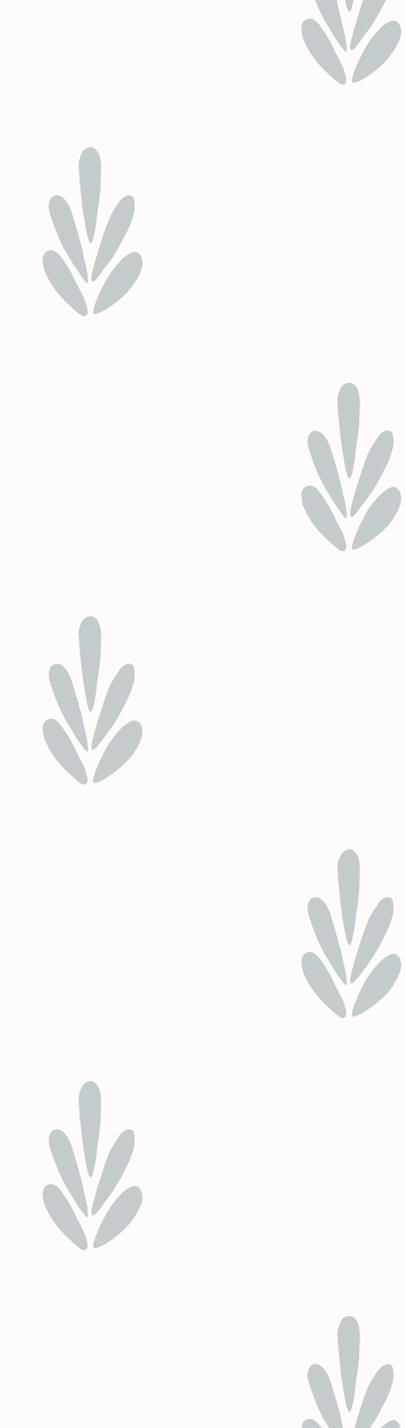
Resources

- Community Connections – Creating Cultures of Trauma Informed Care
 - <http://communityconnectionsdc.org/web/page/673/interior.html>
- Trauma-Informed Organizational Toolkit
 - <http://www.familyhomelessness.org/media/90.pdf>
- Trauma-Informed Care; Best Practices and Protocols for Ohio’s Domestic Violence Programs
 - <http://www.odvn.org/images/stories/FinalTICManual.pdf>
- Creating Cultures of Trauma-Informed Care; A Self-Assessment and Planning Protocol
 - <http://www.annafoundation.org/CCTICSELFASSPP.pdf>
- Shelter from the Storm: Trauma Informed Care in Homelessness Services Settings - Article
 - <http://homeless.samhsa.gov/ResourceFiles/cenfdthy.pdf>
- Adverse Childhood Experience Study
 - <http://www.cestudy.org/>
- Community Re-Traumatization - Article
 - <http://www.annafoundation.org/COMMUNITY%20RETRAUMATIZATION.pdf>



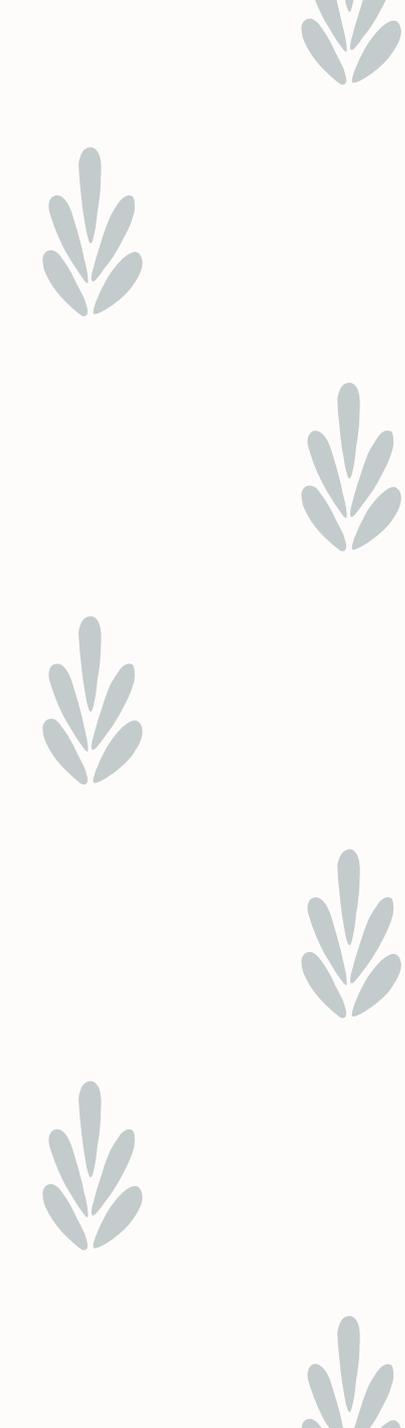
Resources, cont.

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- [Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services.--pdf](#), (2007) Update: Draft for Publication by SAMHSA/CMHS Ann Jennings, Ph.D
- [Criteria for Building a Trauma-Informed Mental Health Service System.pdf](#). Ann Jennings, Ph.D.
- [Blueprint for Action: Building Trauma-Informed Mental Health Service Systems: State Accomplishments\(pdf\)](#), (2007) States' Reports on Trauma-Informed Activities *Organized by Individual States*, Ann Jennings, Ph.D.
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- Child Welfare Reform Group Collaborative Kickoff Meeting, Jeremiah Samples, WV Deputy Cabinet Secretary, DHHR, November 5, 2018