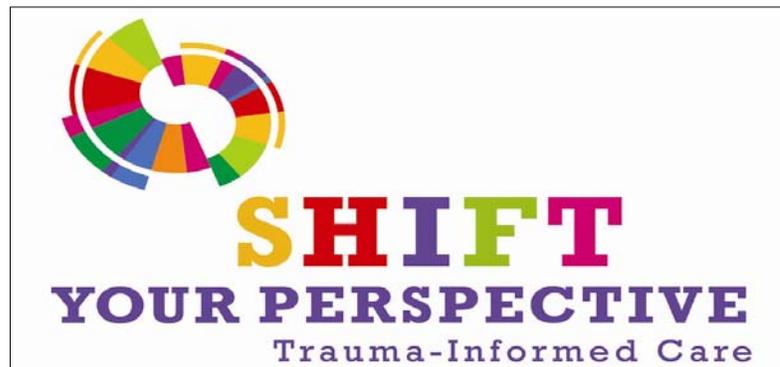




Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Trauma-Informed Care
August 27, 2015

Scott Webb, LCSW
Supporting the Division of Mental Health and Substance Abuse Services



Why Trauma? Why Now?

- Consumer Activism
- Prevalence
- Science
- Effective Services
- Hope

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Trauma

“...the peace of mind you deserve in the present is held hostage by the terror of your past.” Lily Burana (2009, p.227)

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Trauma

Trauma is universal
Regardless of:

- Age
- Culture
- Gender
- Class

Determined by:

- Events
- Ongoing situations

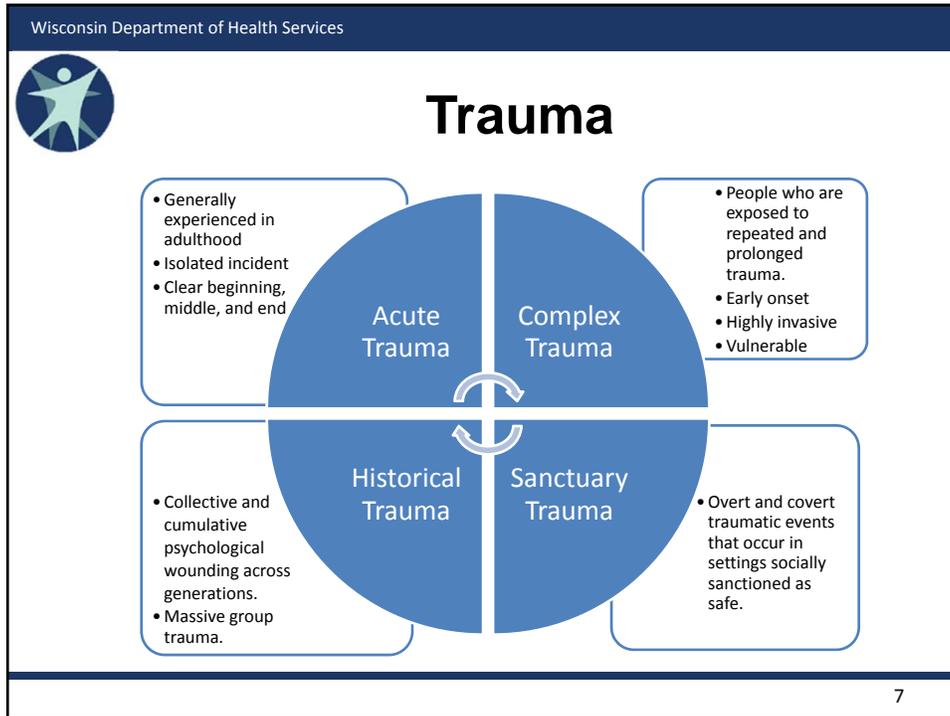
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Trauma

- Refers to extreme stress (e.g. threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope.
- Is **subjective**.
- Often results in feeling vulnerable, helpless and afraid.
- Often interferes with relationships and fundamental beliefs about oneself, others and one's place in the world.
- Disrupts the nervous system.

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Complex Trauma

Re-experiencing Avoidance Hyper-arousal

Dysregulation

- **Emotional:** difficulty managing feelings; low frustration tolerance; problems using words to express needs, thoughts, concerns; few self soothing strategies; chronic emptiness; shame.
- **Cognitive:** catastrophizing; concrete thinking (black and white); difficulty maintaining focus; memory impairments.
- **Interpersonal:** difficulty assessing social cues; difficulty seeking attention in appropriate ways; challenges in seeing another's point of view; difficulty maintaining relationships; challenges in managing transition, unpredictability and change; unstable self image.
- **Behavioral:** impulsive; suicidal; self-injurious; chemical use/dependency; trauma re-enactment.

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Psychological Trauma Examples

- **Violence** in the home, personal relationships, workplace, school, systems/institutions, or community.
- **Maltreatment or abuse:** emotional, verbal, physical, sexual, or spiritual.
- **Exploitation:** sexual, financial or psychological.
- **Abrupt change in health, employment, living situation** over which people have no control.



Prevalence of Trauma

- Fifty-six percent of the **general population** reported at least one traumatic event. (Kessler, 1996)
- Ninety percent of **mental health clients** have been exposed to a traumatic event and most have multiple exposures. (Mueser, 1998)
- Eighty-three percent of females and 32 percent of males with **developmental disabilities** have experienced sexual assault. Of those who were assaulted, 50 percent had been assaulted 10 or more times. (Hand, 1986)
- Seventy-five to ninety-three percent of youth entering the **juvenile justice** system are estimated to have experienced some degree of traumatic victimization. (Healing Invisible Wounds, Justice Policy Institute)



Prevalence of Trauma and Substance Abuse

- More than 50 percent of women seeking substance abuse treatment report one or more lifetime traumas.
- Women in community samples report a lifetime history of physical and sexual abuse ranging from 36-51 percent, while women with **substance abuse problems** report a lifetime history ranging from 55-99 percent. (Najavits et al., 1997)
(Goodman et al., 1997)
- Significant number of clients in inpatient treatment also have subclinical traumatic stress symptoms or PTSD.
- Retrospective study of 9,346 respondents found high association between potential substance abuse and adverse childhood experiences, and greater depression and substance abuse as adults. (Anda, et al., 2002)



Vicarious or Secondary Trauma

The experience of learning about another person's trauma and experiencing trauma-related distress as a result of this exposure.





Mediating and Exacerbating Factors

Person

- Age/developmental stage
- Past experiences
- Strengths and coping skills
- Cultural beliefs

Environment

- Supportive responses from significant others and community
- Access to safety and resources

Event

- Severity and chronicity
- Interpersonal vs. act of nature
- Intentional vs. accidental



Early Relationships

Relationships are developed through the emotional bond between the child and caregiver. It is through this relationship that we learn to:

- Regulate emotions and self-soothe
- Develop trust in others
- Freely explore our environment
- Understand ourselves and others
- Understand that we can impact the world around us
- Begin to establish a worldview

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Adverse Childhood Experience (ACE)

National ACE Study

<http://www.cdc.gov/nccdphp/ACE/>
<http://acestoohigh.com/>

Wisconsin ACE Study

<http://wchildrenstrustfund.org/files/WisconsinACEs.pdf>

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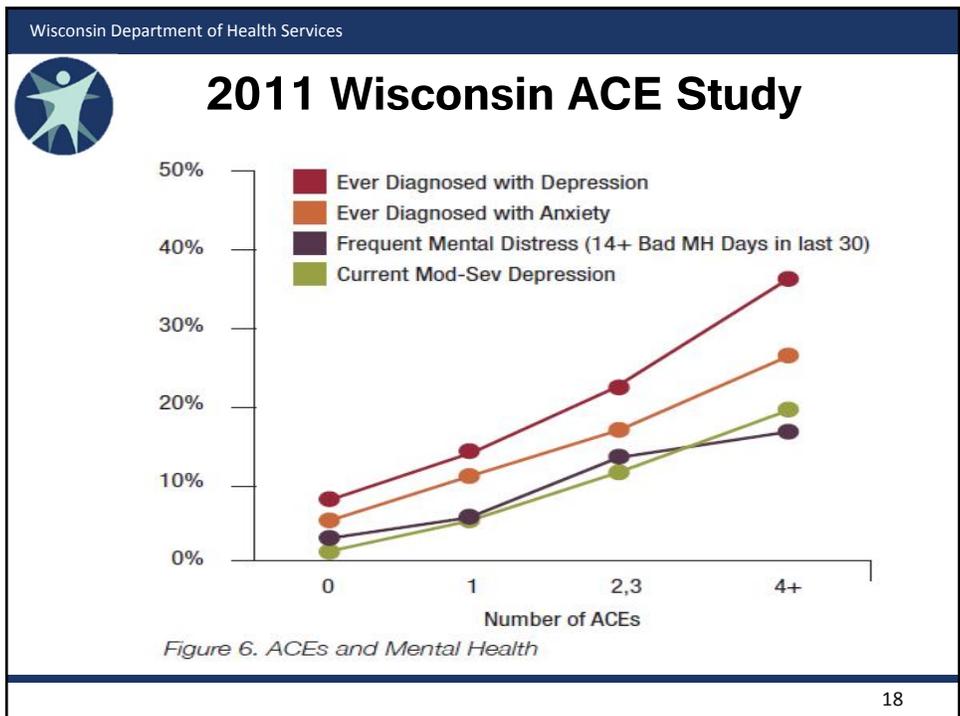
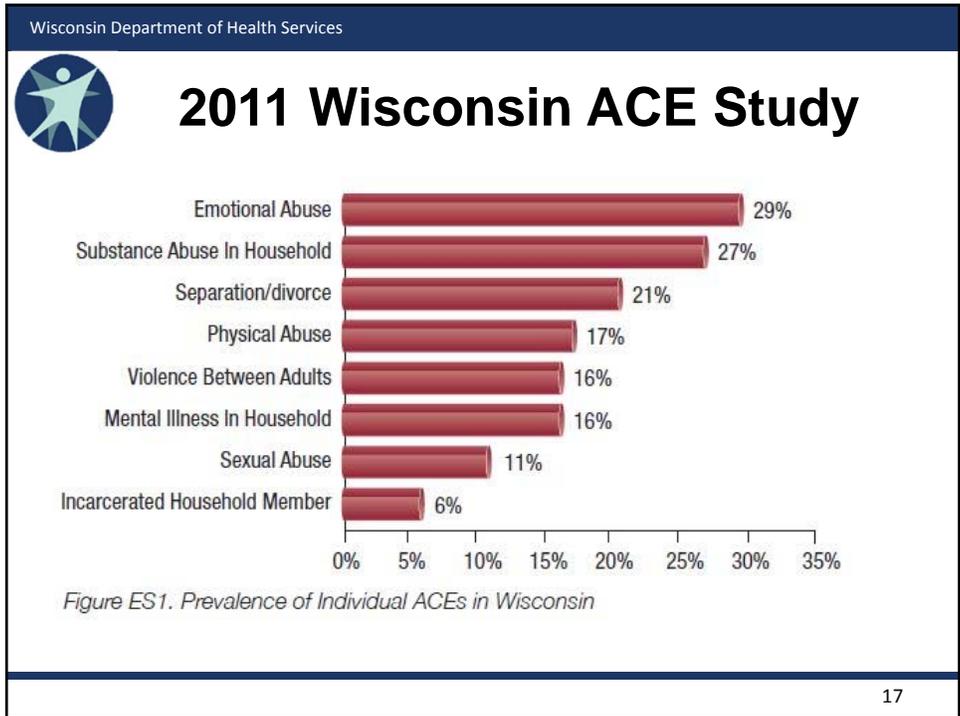


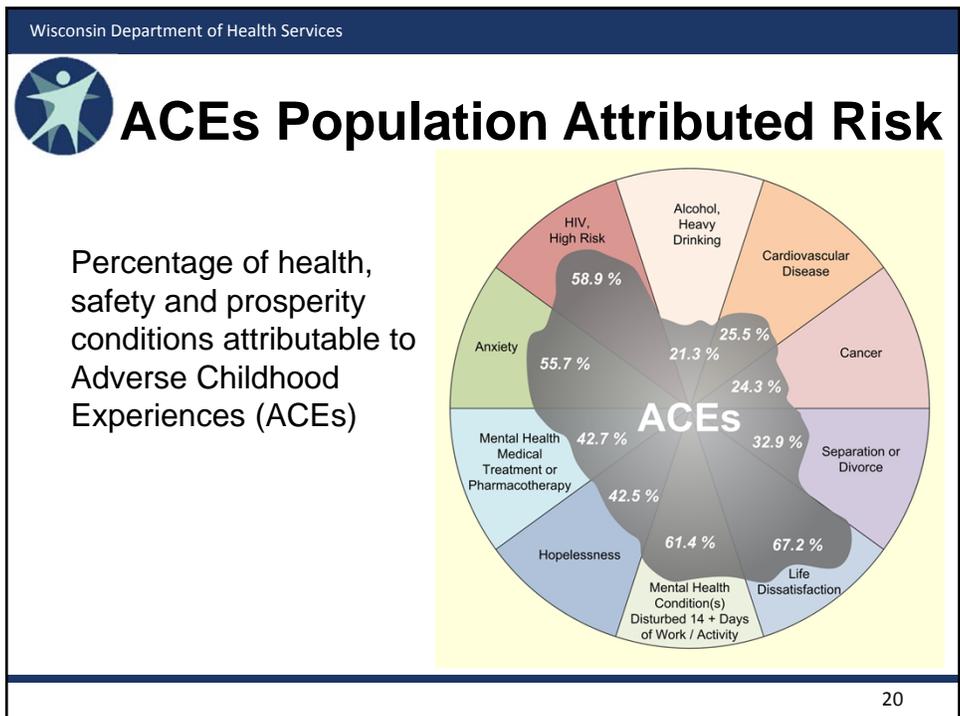
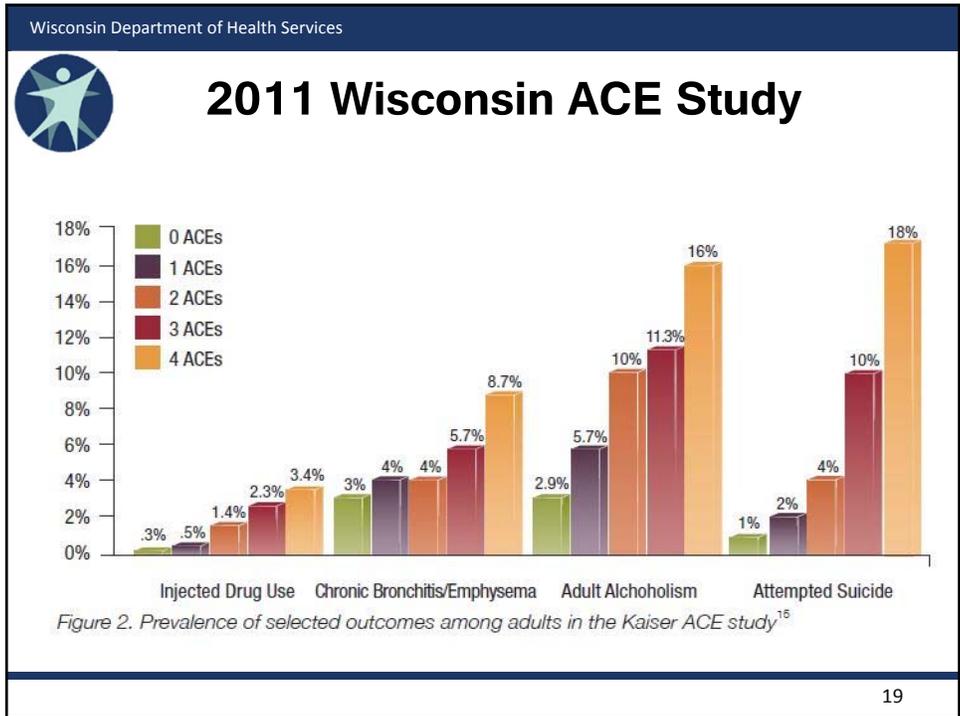
ACE Score = Trauma Dose

Number of individual types of adverse childhood experiences were summed:

<u>ACE score</u>	<u>Prevalence</u>
0	32%
1	26%
2	16%
3	10%
4 or more	16%

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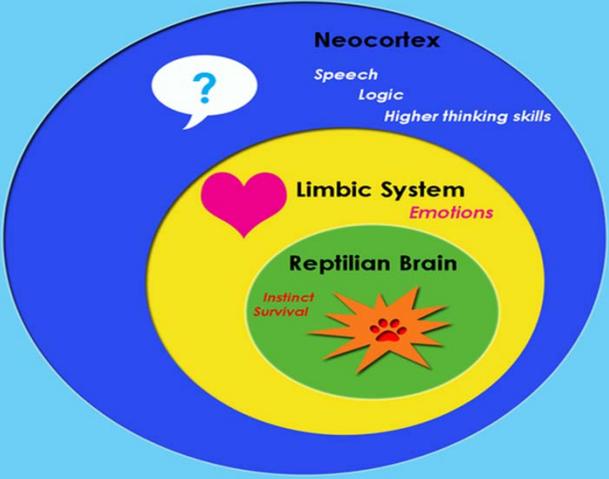




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The Triune Brain Model



Neocortex
Speech
Logic
Higher thinking skills

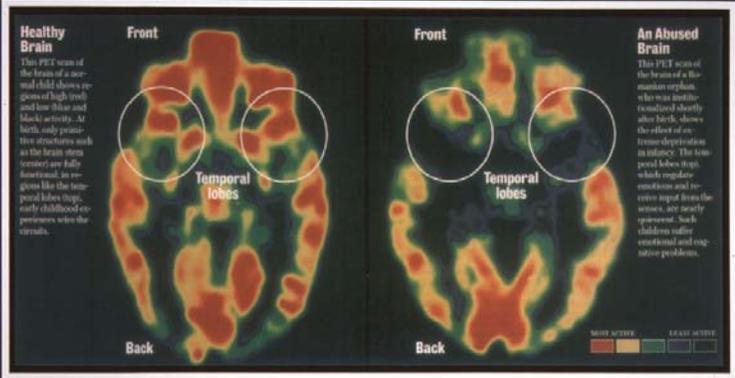
Limbic System
Emotions

Reptilian Brain
Instinct
Survival

Chun-Hori 2007

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Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top, right) childhood experiences shape the circuitry.

An Abused Brain
This PET scan of the brain of a 14-month-old child who was in institutional care shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top, right) regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Front
Back
Temporal lobes

Front
Back
Temporal lobes

MORE METABOLIC
LESS METABOLIC

CDC
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES



Reminders or Triggers

- Lack of or loss of control
- Threats or feeling threatened or attacked
- Observing threats or assaults
- Isolation
- Interacting with authority figures
- Lack of information
- Being told what to do
- Lack of privacy
- Removal of clothing, e.g., medical exams
- Being touched
- Being watched
- Loud noises
- Darkness
- Intrusive or personal questions
- Being locked in a room
- Being ignored
- Condescending looks

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Reminders or Triggers

- Sensory experiences (e.g., smells, sounds, touch, taste, body position).
- Separation or loss.
- Transitions and disruptions in routine.
- Feelings of vulnerability and rejection.
- Sensory overload (e.g., crowded spaces, loud sounds, powerful smells).
- **Bottom line: triggers can be a person, place, thing, event, time, date, smell, or texture.**

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Explaining not Excusing Behaviors

Outward Expressions

- Anger or defiance
- Violence toward others
- Truancy
- Criminal acts
- Perfectionism

Inward Expressions

- Withdrawal
- Substance use
- Perfectionistic
- Violence to self
- Spacing out

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Impact on Worldview

Typical Development

vs.

Developmental Trauma

- | | |
|---|---|
| <ul style="list-style-type: none"> • Belief in a predictable and benevolent world. • Positive self worth. • Hopeful and optimistic about the future. • Empowered. | <ul style="list-style-type: none"> • Basic mistrust of others • Belief that the world is an unsafe place. • Negative self-worth. • Fear and pessimism about future. • Hopeless and powerless. |
|---|---|

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Addressing Trauma World View

- No place is safe.
- Other people are unsafe and cannot be trusted.
- My own actions, thoughts and feelings are unsafe.
- I expect crisis, danger and loss.
- I have no worth and no abilities.



Trauma-Informed Care (TIC)



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Trauma-Informed Care

What it is
A principle-based culture change process

What it is not
An intervention to address PTSD

Move from
'What's wrong with you?'
to
'What happened to you?'

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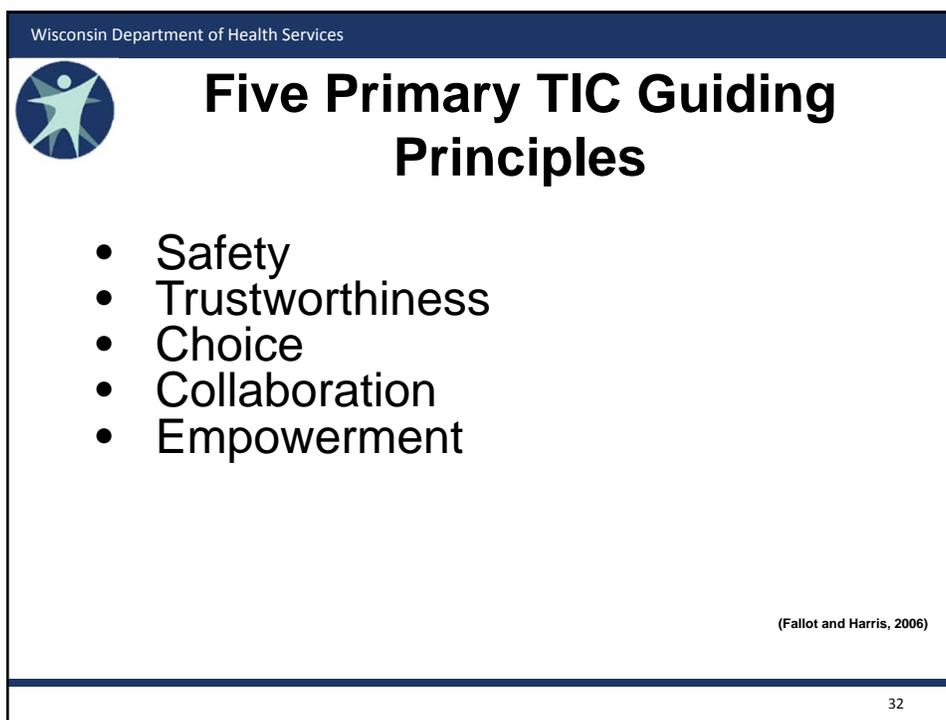
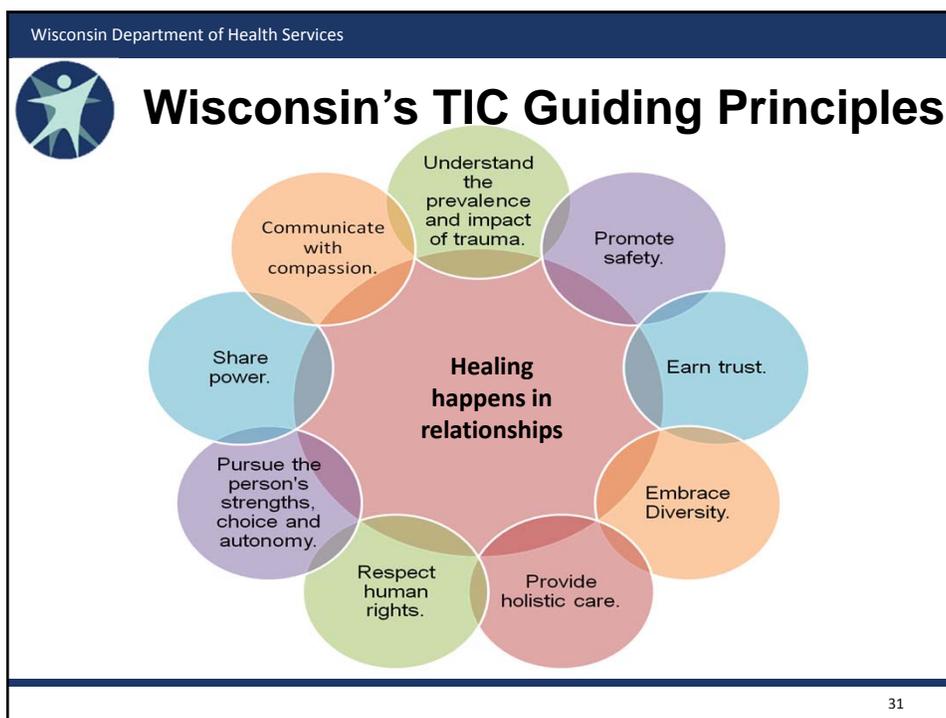


Do No Harm

“We need to presume the clients we serve have a history of traumatic stress and exercise **“universal precautions”** by creating systems of care that are trauma informed.” (Hodas, 2005)



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Practice Based on TIC Principles

Principle: *Pursue the person's strengths, choice and autonomy*

Traditional	Trauma-Informed
<ul style="list-style-type: none"> • Everyone goes to bed at 10:30pm. • Person is given completed treatment plan which must be signed for services. • A few homogenous activities are provided and everyone is supposed to attend. 	<ul style="list-style-type: none"> • Time for sleeping is adaptable and based on the client's needs. • Recovery plans are created collaboratively, family members or advocates are included if the client chooses. • People are offered a menu of options based on needs, desires and recovery plan.

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Comparison

Traditional	Trauma-Informed
<p><i>Key Question: "What's wrong with you?"</i></p> <ul style="list-style-type: none"> • Symptom reduction. • Rules, directives, and use of token systems to maintain order. • Therapy sessions viewed as the primary and often sole healing approach. 	<p><i>Key Question: "What happened to you?"</i></p> <ul style="list-style-type: none"> • Symptoms are adaptations to trauma. • Wellness plans, stress reduction are among many tools used to recover. • Healing can happens in healthy relationships.

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Retraumatization

- A situation, attitude, interaction or environment that **replicates the events or dynamics of the original trauma** and triggers the overwhelming feelings and reactions associated with them.
- Can be obvious – or not so obvious.
- Is usually **unintentional**.
- Is **always hurtful** – exacerbating the very symptoms that brought the person into services.

Ann Jennings, PhD, The Anna Institute

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Re-traumatization within the System

Consider the following:

1. Female with 2nd operating while intoxicated (OWI) placed in all male psycho-education group (female was sexually assaulted at age 15).
2. Receptionist meets new client with a scowl and provides instructions in a short, curt manner.
3. Invite client to treatment planning meeting, tell the client where to sit, and then team members review client's history in front of client and "suggests" care plan elements seeking client's approval on each "suggestion."

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Trauma-Informed Actions

- Avoid forcing eye contact.
- Be aware of your proximity.
- Avoid asking too many questions.
- Pace client meetings by offering breaks (e.g., water, stretch, gum, etc.).
- Draw upon past success.
- Ask before touching or hugging.
- Provide choice when possible.
- Ask about the client's goals and priorities.

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More Trauma-Informed Actions

- During emotional times ask *"how can I support you right now?"*
- When topics overwhelm or leave you speechless, be willing to sit in supportive silence.
- Provide clear information about when, where and by whom services will be provided.
- Be prepared to repeat information many times; repetition is commonly needed when people are working with an overwhelmed nervous system.

-- *A Practical Guide for Creating Trauma-Informed Disability, Domestic Violence and Sexual Assault Organizations.* Disability Rights Wisconsin

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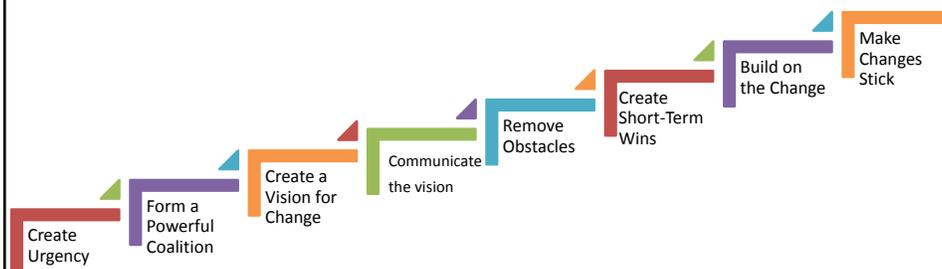


TIC and Organizational Change

- Leadership and Champions.
- Meaningful client involvement.
- Trauma-sensitive human resource practices.
- Trauma-sensitive environment.
- Trauma-sensitive strategies and tools.



John Kotter Eight Stages of Change





Evidence-Based Practices

1. Cognitive-behavioral therapy (CBT)
2. Cognitive processing therapy (CPT)
3. Exposure therapy
4. Eye movement desensitization and reprocessing (EMDR)
5. Motivational Interviewing
6. Narrative Therapy
7. Skills training in affective and interpersonal regulation (STAIR)
8. Stress inoculation training



Known Trauma-Specific Models and Interventions

1. Risking Connection <http://www.riskingconnection.com/>
2. Sanctuary Model <http://www.sanctuaryweb.com/>
3. Seeking Safety <http://www.seekingsafety.org/>
4. Trauma, Addiction, Mental Health and Recovery (TAMAR) <http://nicic.gov/wodp/program/246-trauma-addictions-mental-health-and-recovery-tamar>
5. Trauma, Affect Regulation Guide for Education and Therapy (TARGET) <http://www.advancedtrauma.com/>
6. Trauma Recovery and Empowerment Model (TREM) <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=158>



General Trauma Resources

- National Center for Trauma-Informed Care
<http://beta.samhsa.gov/nctic>
- National Center for Posttraumatic Stress Disorder
<http://www.ptsd.va.gov/>
- National Child Traumatic Stress Network
<http://www.nctsn.org/>
- International Society for Traumatic Stress Studies
<http://www.istss.org/>
- International Society for the Study of Trauma and Dissociation
<http://www.isst-d.org/>
- The Anna Institute
<http://www.theannainstitute.org/>

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Other Tools You Can Use

- Alphabetical list of trauma and PTSD measures:
http://www.ptsd.va.gov/professional/assessment/all_measures.asp
- Twelve Step Facilitation Therapy (TSF):
<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=358>
- Program Curriculum: Roadmap to Seclusion-Free and Restraint-Free Mental Health Services:
<http://store.samhsa.gov/product/Roadmap-to-Seclusion-and-Restraint-Free-Mental-Health-Services-CD-/SMA06-4055>
- Trauma Informed Care: Perspectives and Resources Toolkit
<http://trauma.jbsinternational.com/traumatool/>

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Questions?



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DHS TIC Website: <https://www.dhs.wisconsin.gov/tic/index.htm>

If you would like to be added to the Wisconsin TIC List Serve, please follow this link: <http://www.dhs.wisconsin.gov/tic/signup.htm>