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**SHIFT**  
**YOUR PERSPECTIVE**  
Trauma-Informed Care

November 19, 2015

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

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### Learning Objectives

1. Define and differentiate the types of trauma
2. Understand the prevalence of trauma in the general population as well as in the Intellectual and Developmental Disability (I/DD) population
3. Understand how trauma is manifested in the elderly population
4. Understand the significance of the adverse childhood experiences study as a public health concern

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### Learning Objectives (cont'd)

5. Understand what trauma-informed (TIC) care is, what it looks like and how it is different from the medical model
6. Learn to how apply TIC in working with the I/DD and elderly populations
7. Identify next steps in becoming more trauma-informed

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## Trauma Defined



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## Why Trauma? Why Now?

- Consumer activism
- Prevalence
- Science
- Effective services
- Hope

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## Why Trauma-Informed Care?

“We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community.”

- Dan Griffin

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## Self Care and Compassion

Stress-relieving strategies:

- o Breathe
- o Provide self empathy
- o Use positive self-talk reframing (I am safe)
- o Feel feet on the floor
- o Count to 10
- o Use fidgets
- o Walk or stretch
- o Chew gum
- o Doodle
- o Put lotion on hands
- o Think of a favorite place or person

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## Trauma and Post-Traumatic Stress Disorder (PTSD)

“...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 Touches All of Us

- Trauma is universal
- Trauma happens regardless of:
  - o Age
  - o Culture
  - o Gender
  - o Class
- Trauma is a life-shaping event

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## Trauma Defined

- It is extreme stress (threat to life, bodily integrity or sanity) that overwhelms a person's ability to cope
- It is **subjective**
- It often results in feeling vulnerable, helpless and afraid
- It often interferes with relationships It affects the fundamental beliefs about oneself, others and one's place in the world
- It disrupts the nervous system

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## Types of Trauma

- Acute
- Complex
- Historical
- Sanctuary
- Vicarious

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## Acute and Complex Trauma

<b>Acute trauma</b>	<b>Complex trauma</b>
<ul style="list-style-type: none"><li>○ Adult onset</li><li>○ Single incident</li><li>○ Adequate child development</li><li>○ No co-morbid psychological disorders</li></ul>	<ul style="list-style-type: none"><li>○ Early onset</li><li>○ Multiple incidents</li><li>○ Extended over time</li><li>○ Highly invasive</li><li>○ Interpersonal</li><li>○ Highly stigmatizing</li><li>○ Vulnerable</li></ul>

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## Complex Trauma - PTSD

(Re-experiencing, avoidance, hyper-arousal)

Dysregulation

- **Emotional:** difficulty managing feelings, low frustration tolerance, 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
- **Behavioral:** impulsive, suicidal, self-injurious, chemical use/dependency, trauma re-enactment

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## Complex Trauma

“Our labels don’t describe the complex interrelated, physical, psychological, social, and moral impacts of trauma ... and they rarely help us know what to do to help.”

- Sandra Bloom

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## Psychological Trauma Examples

- **Violence:** 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:** health, employment, living situation

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## Prevalence of Trauma

Children with moderate to severe intellectual disabilities were:

- o 2.9 times as likely to have been emotionally abused
- o 3.4 times as likely to have been physically abused
- o 5.3 times as likely to have been neglected
- o 6.4 times as likely to have been sexually abused than children without disabilities

(Spencer, et al., 2005)

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## Prevalence of Trauma (cont'd)

- Thirty-one percent of children with disabilities experienced maltreatment
- Twenty-five percent of whom were diagnosed with intellectual disability compared to nine percent of nondisabled children

(Sullivan and Knutson, 2000)

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## Prevalence of Trauma (cont'd)

- Eight out of ten females (and six out of ten males) sexually were abused more than once with developmental disabilities (Hinsberger, 1981)
- Seventy-one percent of people with disabilities reported being abused – sexually, physically, or financially; ninety percent reported it was repeated (2013 Spectrum Institute Report)

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## Traumatic Events and the Elderly

Many factors make it more or less difficult for elders before, during, and after traumatic events

- o Impaired cognition, mobility, or senses
- o Decreased or unavailable social network
- o Limited finances
- o Mental or medical problems
- o History of exposure to an extreme traumatic stressor
- o Substance abuse
- o Language and cultural barriers

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## Trauma and the Elderly

Older adults often face new traumas or stressors:

- o Transitions
- o Loss
- o Emotional adjustments
- o Potential elder abuse
- o Changes in health status
- o Retirement

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## Vicarious or Secondary Trauma

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



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## 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

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## Adverse Childhood Experiences (ACEs)



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## Early Relationships

- Relationships are developed through the emotional bond between the child and caregiver.
- In these relationships, 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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## Still Face Experiment

Watch Dr. Edward Tronick explain and demonstrate the still face experiment between a mom and her baby

<http://www.youtube.com/watch?v=apzXGEbZht0>

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## Adverse Childhood Experience Studies

- 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 Questionnaire

<b>Abuse</b>	<b>Household with</b>
<input type="radio"/> Psychological (by parents)	<input type="radio"/> Substance abuse
<input type="radio"/> Physical (by parents)	<input type="radio"/> Mental illness
<input type="radio"/> Sexual (anyone)	<input type="radio"/> Separation or divorce
<input type="radio"/> Physical neglect	<input type="radio"/> Domestic violence
<input type="radio"/> Emotional neglect	<input type="radio"/> Imprisoned household member

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## ACE Score Equals Trauma Dose

Number of individual types of adverse childhood experiences were summed:

ACE score	Prevalence
0	32%
1	26%
2	16%
3	10%
4 or more	16%

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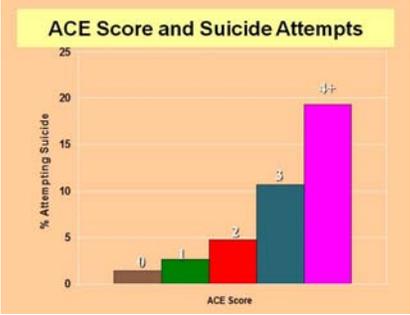
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## Original ACE Study Findings

### ACE Score and Suicide Attempts



ACE Score	% Attempting Suicide
0	~2%
1	~3%
2	~5%
3	~11%
4+	~19%

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## Original ACE Study Findings

### ACE Score and Adult Alcoholism



ACE Score	% Alcoholic
0	~3%
1	~6%
2	~10%
3	~12%
4+	~16%

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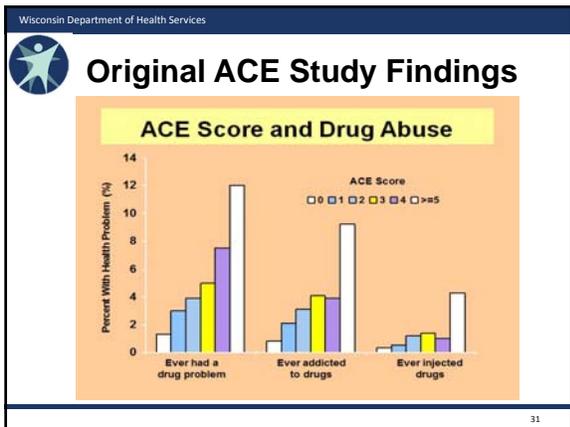
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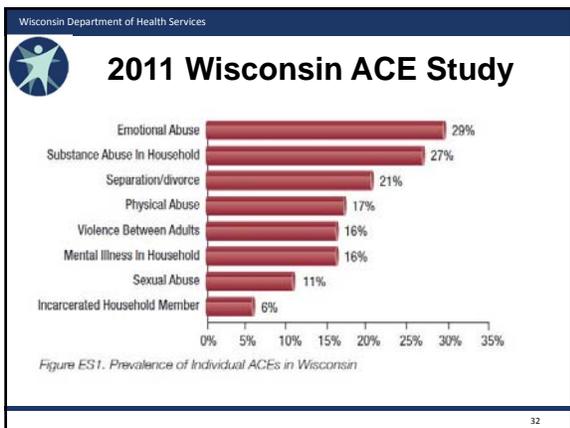
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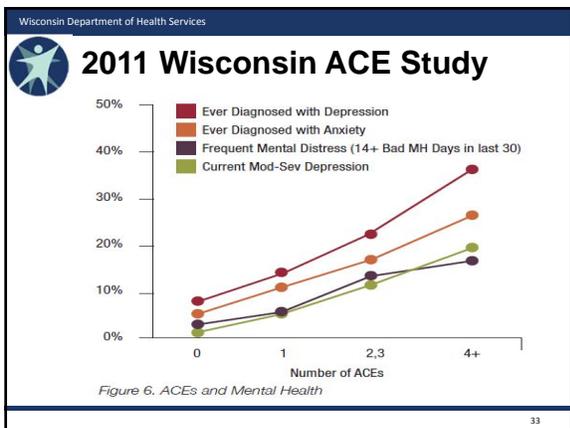
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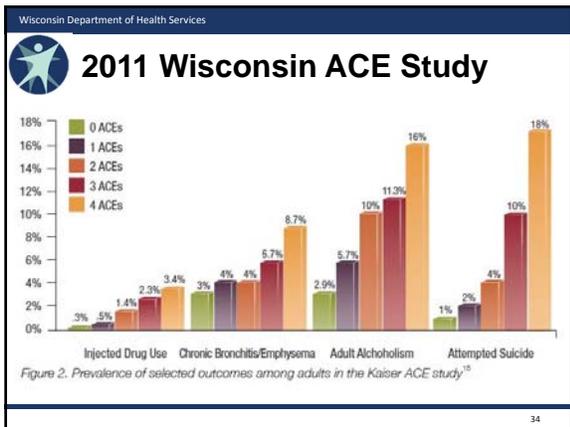
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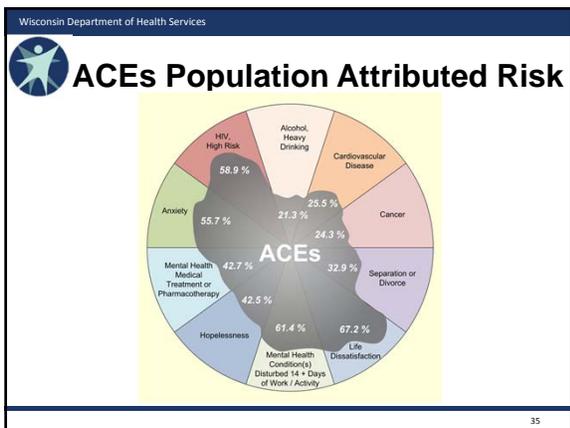
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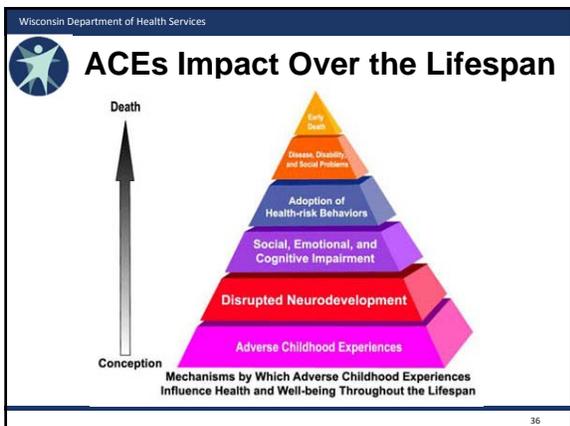
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## Disrupted Neurodevelopment

- Fight: resist
- Flight: run away
- Freeze: stay still



The diagram illustrates the physiological effects of a 'FIGHT or FLIGHT' response. It is divided into 'NOTICEABLE EFFECTS' and 'HIDDEN EFFECTS'. Noticeable effects include: PUPILS DILATE, MOUTH GOES DRY, NECK + SHOULDERS MUSCLES TENSE, HEART PUMPING FASTER, CHEST PAINS, PALPITATIONS, SWEATING, MUSCLES TENSE FOR ACTION, RESPIRATION FAST + SHALLOW, HYPERVENTILATION, ORGAN MUSCLES FOR MUSCLES. Hidden effects include: BRAIN GETS READY FOR ACTION, ADRENALINE RELEASED FOR FIGHT/FLIGHT, BLOOD PRESSURE RISES, LIVER RELEASED GLUCOSE TO PROVIDE ENERGY FOR MUSCLES, DIGESTION SLOWS OR CEASES, SPHINCTERS CLOSE - THEN RELAX, CORTISOL RELEASED (DEPRESSED THE IMMUNE SYSTEM).

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## Stress Response and the Brain

- If there is danger, the thinking brain goes off line allowing the doing brain to act.
- Traumatized children may experience changes in brain structures, neuro-chemistry, and genetic expression.

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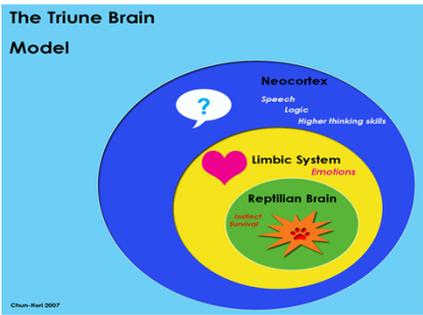
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## Triune Brain Model



The Triune Brain Model diagram shows three nested brain regions:
 

- Neocortex** (outermost, blue): Includes speech, logic, and higher thinking skills.
- Limbic System** (middle, yellow): Includes emotions.
- Reptilian Brain** (innermost, green): Includes survival instincts.

 A question mark is placed in the Neocortex area, and a heart icon is in the Limbic System area. A starburst icon is in the Reptilian Brain area.

Chen West 2007

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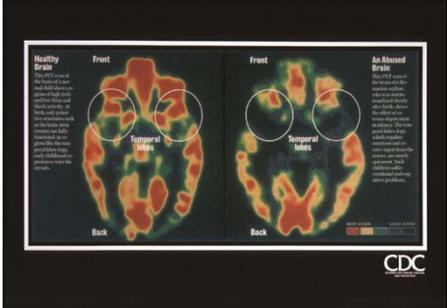
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**Healthy Brain and Abused Brain**

The infographic compares a healthy brain and an abused brain using PET scans. The healthy brain shows normal metabolic activity, while the abused brain shows significant metabolic deficits, particularly in the temporal and frontal regions. The CDC logo is visible in the bottom right corner.

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**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 (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 (cont'd)**

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

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## Explaining not Excusing Behaviors

<b>Outward Expressions</b>	<b>Inward Expressions</b>
<ul style="list-style-type: none"><li>o Anger or defiance</li><li>o Violence toward others</li><li>o Truancy</li><li>o Criminal acts</li><li>o Perfectionism</li></ul>	<ul style="list-style-type: none"><li>o Withdrawal</li><li>o Substance use</li><li>o Perfectionistic</li><li>o Violence to self</li><li>o Spacing out</li></ul>

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## Impact on Worldview

<b>Typical Development</b>	<b>Developmental Trauma</b>
<ul style="list-style-type: none"><li>o Belief in a predictable and benevolent world</li><li>o Positive self worth</li><li>o Hopeful and optimistic about the future</li><li>o Empowered</li></ul>	<ul style="list-style-type: none"><li>o Basic mistrust of others</li><li>o Belief that the world is an unsafe place</li><li>o Negative self-worth</li><li>o Fear and pessimism about future</li><li>o Hopeless and powerless</li></ul>

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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

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## Trauma-Informed Care (TIC)



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## Laura Prescott

“I had been coerced into treatment by people who said they’re trying to help. ... These things all re-stimulated the feelings of futility, reawakening the sense of hopelessness, loss of control I experienced when being abused. Without exception, these episodes reinforced my sense of distrust in people and the belief that help meant humiliation, loss of control, and loss of dignity.”

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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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## Trauma-Informed Care

What it is:

- o A principle-based culture change process
- o It focuses how trauma may affect an individual's life and their response to behavioral health services

What it is not:

- o An intervention to address post-traumatic stress disorder
- o A "flavor of the day" approach

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## Wisconsin's TIC Guiding Principles



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## Five Primary TIC Guiding Principles

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

(Fallot and Harris, 2006)

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### TIC Principle Choice

<b>Traditional</b> <ul style="list-style-type: none"><li>o Everyone goes to bed at 10:30 p.m.</li><li>o Person is given completed treatment plan which must be signed by client</li><li>o Few homogenous activities are provided and everyone is expected to attend</li></ul>	<b>Trauma-Informed</b> <ul style="list-style-type: none"><li>o Time for sleeping is adaptable and based on client's needs</li><li>o Recovery plans are created collaboratively</li><li>o People are offered a menu of options based on needs, desires, and the recovery plan</li></ul>
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### Comparison

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

<b>Traditional</b> <p>Key Question: "What's wrong with you?"</p> <ul style="list-style-type: none"><li>▪ Elder isn't fitting well here, has limited social skills, not making friends</li><li>▪ Not remembering anything</li></ul>	<b>Trauma-Informed</b> <p>Key Question: "What happened to you?"</p> <ul style="list-style-type: none"><li>▪ Experienced a significant loss or transition recently?</li><li>▪ Is there a medical condition? Medication interaction? Trauma history?</li></ul>
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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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## What Does TIC Look Like?

- Avoid forcing eye contact
- Be aware of your proximity
- Avoid asking too many questions
- Pace client meetings by offering breaks (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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## What Does TIC Look Like?

- During emotional times ask "How can I support you right now?"
- When the trauma story overwhelms or leaves 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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## Trauma-Informed Care

TIC:

- o Is a way of being.
- o Is understanding what people are going through.
- o Is a way of talking.
- o Is a way of offering care.

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## Public Health Interventions

Exposure to adversity is a public health issue

Three levels of intervention: primary, secondary, and tertiary

- Primary intervention is aimed at everyone-universal precautions
- Secondary interventions are aimed at people who are at risk for a problem
- Tertiary interventions focus on trying to help people who already have whatever problems it is we are defining

(Sandra Bloom, 2015)

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## Interventions

- Primary intervention: Trauma-informed care because everyone should be informed
- Secondary intervention: Trauma-responsive services because we can assess who is at risk
- Tertiary intervention: Trauma-centered services that are used to help traumatized people heal

(Sandra Bloom, 2015)

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## Our Moral Responsibility

- Based on what we know, it is time for all our sectors to take a lifespan approach
- As a society, we have a moral responsibility to do something with the knowledge we now have
- That knowledge is that most of the suffering brought about in the world today is preventable

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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

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## John Kotter Stages of Change



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### Evidence-Based Practices

- Cognitive-behavioral therapy (CBT)
- Cognitive processing therapy (CPT)
- Exposure therapy
- Eye movement desensitization and reprocessing (EMDR)
- Motivational Interviewing
- Narrative Therapy
- Skills training in affective and interpersonal regulation (STAIR)
- Stress inoculation training

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### Known Trauma-Specific Models and Interventions

- Risking Connection <http://www.riskingconnection.com/>
- Sanctuary Model <http://www.sanctuaryweb.com/>
- Seeking Safety <http://www.seekingsafety.org/>
- Trauma, Addiction, Mental Health and Recovery (TAMAR) <http://nicic.gov/wodp/program/246-trauma-addictions-mental-health-and-recovery-tamar>

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### Known Trauma-Specific Models and Interventions

- Trauma, Affect Regulation Guide for Education and Therapy (TARGET) <http://www.advancedtrauma.com/>
- Trauma Recovery and Empowerment Model (TREM) <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=158>

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## 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/>

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## Resources

- International Society for the Study of Trauma and Dissociation  
<http://www.isst-d.org/>
- The Anna Institute  
<http://www.theannainstitute.org/>
- Alphabetical list of trauma and PTSD measures:  
[http://www.ptsd.va.gov/professional/assessment/all\\_measures.asp](http://www.ptsd.va.gov/professional/assessment/all_measures.asp)

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## Resources

- 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 Listserv, please follow this link: <http://www.dhs.wisconsin.gov/tic/signup.htm>

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