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Trauma-Informed Services: An Organizational Imperative

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AGENDA

- Introductions
- Prevalence and Impact of Trauma
- Trauma and the Stress Response
- Becoming Trauma Informed

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Prevalence

- More than 5,000,000 US children experience extreme traumatic events such as:
  - Natural disasters
  - Car or other motor vehicle accidents
  - Life threatening illness and related painful medical procedures
  - Kidnapping
  - Sudden death of a parent
  - Physical Abuse, Sexual Assault
- More than 2,000,000 per year
  - Witness domestic or community violence
- By age 18 there is a 1 in 4 chance that a child will have been touched directly by interpersonal or community violence.

Perry, 2001, 1999

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Trauma is not benign

Results can include serious, persistent, difficult to address emotional, behavioral, medical problems in childhood and adulthood.

Perry 1999

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The Impact of Trauma

In Adolescence: Examples of Increased Risk:

- For teenage pregnancy
- Adolescent drug abuse
- School failure
- Victimization
- Anti-social behavior
- Psychiatric disorders
- Medical Problems
  - Heart disease
  - asthma

Perry, 1999

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The Impact of Trauma – Child Abuse

The Philadelphia Child Welfare Review Panel - May 2007

… a shocking number of the parents had been themselves children in the DHS system—more than half. As former victims of child abuse, they often were dealing with drug abuse, mental health problems, and domestic violence

. .. In addition, many of the parents who should have been protected by the state when they were children were not well served. The inattention to their traumatic experiences has resulted in predictable, intergenerational, devastating, dysfunctional behavior.

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Impact of Trauma Across the Life Span:

Interpersonal Consequences

- Marital Problems
- Trouble with Intimacy
- An Inability to Trust
- Isolation and Consequences
- Loss of Family Ties

Personal Consequences

- Sexual Difficulties
- Flashbacks
- Suicide Attempts
- Self Harm
- Trouble with Emotional Expression
- Loss of Self Worth and Increased Self-Doubt
- Lack of Safety and Security
- Loss of Anticipated Adult Roles

Adapted from Harris, 1999

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The Impact of Trauma – Adults Abused as Children

- Childhood abuse can result in adult experience of shame, flashbacks, nightmares, severe anxiety, depression, alcohol & drug use, feelings of humiliation & unworthiness, ugliness & profound terror. (Harris, 1997; Carmen, 1995; Herman, 1992; Janoff-Bulman & Frieze, 1983; van der Kolk, 1987; Browne & Finkelhor, 1986; Rimsza, 1988)
- Adults abused during childhood are more than twice as likely to have at least (Stein et al, 1988)
  - 1 lifetime psychiatric diagnosis
  - almost 3 times as likely to have an anxiety disorder
  - almost 2-1/2 times as likely to have phobias
  - over 10 times as likely to have a panic disorder
  - almost 4 times as likely to have an antisocial personality disorder
  - 4 to 12-fold increased risk of alcoholism, drug abuse. Felitti et al, 1998
- Adults receiving medical or behavioral health services
  - 2/3 of adults seeking outpatient mental health or substance abuse services have histories of childhood abuse (Carmen et al, 1984; Bryer et al, 1987; Craine et al, 1988, SAMHSA, CSAT 2000)

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The Impact of Trauma – ACE Study

Anda & Felitti, 1998

- Childhood Abuse Experiences
  - Emotional, Physical, Sexual Abuse
  - Emotional Neglect, Physical Neglect
- Household Dysfunction
  - Member of childhood household w/alcoholic or drug abuser
  - A parent who is mentally ill: chronically depressed, suicidal, in state hospital
  - Mother treated violently
  - A parent in prison
  - Loss of one or both parents by separation/divorce

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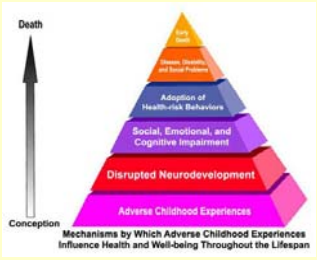
ACE STUDY, 1999 – Anda & Felitti



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What is Psychological Trauma

- Trauma in this context is psychological
- Severe trauma results from experiencing, witnessing, learning about a terrifying event or ordeal especially one that is life-threatening or causes physical harm.
- The experience causes a person to feel intense fear, horror, or a sense of helplessness.

PTSD Alliance at <www.PTSDAlliance.org>

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What is Psychological Trauma

- Trauma is not an event itself; it is a response to a stressful experience in which a person's ability to cope is dramatically undermined.

Massachusetts Advocates for Children, 2005

- Traumatic events "overwhelm the ordinary human adaptations to life . . . . They confront human beings with the extremities of helplessness and terror."

Herman, 1997, p.33

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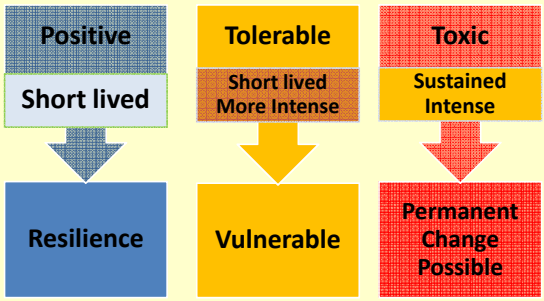
TYPES OF STRESS

(after Middlebrooks, JS, Audage, NC (2008); Perry, B (2005)



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Factors Influencing Trauma Response

Adapted From Massachusetts Advocates for Children, 2005, p. 97

Characteristics of the Individual	Characteristics of the Environment	Characteristics of the Traumatic Event
Child's age/stage of development	Immediate reactions of caregivers & others	Frequency, severity, duration of event
Prior history of trauma	Type of, quality of, access to constructive supports	Degree of physical violence and bodily violation
Intelligence	1st responders/caregivers Attitudes/behaviors	Level of terror/ humiliation involved
Personality style strengths-vulnerabilities;coping & resiliency skills	Degree of safety afforded victim in aftermath	Persistence of threat

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Factors Influencing Trauma Response

Adapted from Massachusetts Advocates for Children, 2005, p. 97

Characteristics of the Individual	Characteristics of the Environment	Characteristics of the Traumatic Event
Individual's culturally based understanding of the trauma	Prevailing community attitudes and values	Physical & psychological proximity to the event (i.e., when the individual him/herself is not the victim)
	Cultural and political constructions of gender, race, and sexual orientation	

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Impact of Trauma Response – Stress Related Disorders

- More than 40% of children exposed to severe trauma will develop some form of chronic neuropsychiatric problem, usually PTSD or other Anxiety Disorders that negatively impacts their emotional, academic or social functioning.
  - Diagnostic confusion exists between trauma-related problems and ADHD

Perry, 2001

- In adults at a community behavioral health center 98% of 275 persons reported at least one severe traumatic experience
- 43% met criteria for PTSD; PTSD Noted in 2% charts

Mueser, et.al., 1998

- 30 to 59% of women with D&A problems have PTSD

Najavits et. al., 1998

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Need for New Traumatic Stress Diagnostic Categories

Severely traumatized children do not meet criteria for PTSD (developed for adults)

- Meet criteria for other DSM-IVR disorders each of which captures only limited aspects of the extensive, complex impact of their trauma experiences; and does not address trauma etiology where it exists – Treatment then is questionable for many.
  - ADHD – attention-deficit/hyperactivity disorder
  - Depression
  - ODD – oppositional defiant disorder
  - Anxiety Disorders
  - Eating Disorders
  - Sleep Disorders
  - Communication Disorders
  - Separation Anxiety Disorder
  - Reactive Attachment Disorder

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How to Do No Harm~ Basic Strategies

- **Recognize and Manage Our Own Vulnerabilities**
- **Adopt Trauma Informed/Trauma Sensitive Strategies**

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Think about a very challenging behavior of someone you work with--

- Respond to the following
  - Note 1 or 2 feelings you have in response to the behavior.
  - Note 1 or 2 thoughts you have in response to the behavior.
  - Note behaviors of *yours* in response to this behavior.

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Transference **Saakvitne et al, 2000, pg. 47**

- Transference is about how feelings and expectations about a person or relationship are *transferred* to another person or relationship.
  - *EXAMPLES:* typical responses to a police officer, or clergy member or physician or teacher or social worker.

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Countertransference **Saakvitne et al, 2000, pg. 127**

- Countertransference is the staff member's reactions to students, parents
  - Countertransference occurs in all teaching/helping relationships and encounters
  - Reactions to students/parents are influenced by the staff member's personality and life experiences
  - We are not always aware of these reactions.

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VT Response Strategies

- **Personal Self-Care**
  - Sleep and Nutrition
  - Relaxation techniques (progressive muscle relaxation, meditation, imagery)
  - Exercise
  - Peer support
  - Social Connections
  - Uninterrupted personal time

-Clemens, 2004

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VT Response Strategies

- **Organizational Responses**
  - In-service trainings
  - Supportive supervision
  - Variety in work schedule
  - Minimize isolation
  - Adequate space and supplies -Clemens, 2004

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VT Response Strategies

- **Professional Implications**
  - Participation in advocacy movements
  - Involvement in policy creation
  - Encouraging professional affiliations to "take a stand" on issues of violence and trauma

- Clemens, 2004

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What are factors, not necessarily obviously "traumatic" that can trigger feelings or symptoms similar to being re-traumatized?

EXAMPLES:

- Situations that remind individuals of the abuse or perpetrator
  - People, places, things
  - May be sensory, without language
  - May not be obvious to person, but still cause emotional responses
- Situations that are associated with and/or create feelings or sense of:
  - danger
  - loss of control
  - loss of predictability

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Now, Taking a System Perspective, a Discussion:

- Think about your service setting.
- Identify 3 to 5 procedures, rules, practices, interactions, environmental factors, etc. that might re-traumatize or add to trauma-related responses in children or parents with histories of childhood abuse and trauma.

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Universal Precautions - *Above all, do no harm*

CREATE SAFE ENVIRONMENTS

IMPORTANT CAVEAT:

- Unless You Are Fully, Specifically Trained *(& Supervised By Someone Trained)* in Trauma Treatment/interventions, It Is Strongly Urged That You *Do Not* Attempt To Counsel *Or* Probe In Any Way Regarding The Specifics Of Traumatic Issues Individuals May Have.

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Universal Precautions - *Above all, do no harm*

CREATE SAFE ENVIRONMENTS

Also Need to Consider:

- asking intrusive/personal questions *only with permission and explanation of purpose*
- explaining "why" a given rule needs to be followed, including reasons for the rule and consequences if not followed, to gently persuade folks to follow rules or do things "our" way
- treating all people, children and adults, with dignity and respect
- respecting the personal authority of each individual, no matter their age
- talking in an even, calm manner with genuine affect even when someone is not doing the right thing
- respecting the need for all people, no matter their age to have autonomy and information to make choices
- describing behaviors and natural consequences, rather than labeling or interpreting behaviors, when discussing possible needs of students with their parents

Adapted from Harris & Fallot, 2001

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Becoming Trauma Informed

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Healing From Trauma- What Helps

- Relationships, relationships, relationships
- Promoting safety – physical, psychological, emotional, spiritual
- Providing opportunities for choice
- Building social, emotional, cognitive and intellectual skills

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Defining Trauma Informed

- Trauma-informed care (TIC) - understanding trauma and providing services that are "informed" by this understanding.
- Trauma-informed services - **deliver health, education, and human services in a manner that acknowledges the role that violence and abuse play in the lives of many children and families**.

Fallot and Harris 2001

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Defining Trauma Informed

- Trauma informed organizations/systems – have congruent trauma informed policies, procedures and practices within the entire organization, at all levels of opertion
- Trauma-informed systems of care – a broader context in which multiple child and family service entities are trauma informed and provide services in a trauma-informed way

Adapted from Hodas 2009

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Defining Trauma Informed

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Principles of Trauma Informed Care

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

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Why Be Trauma Informed?

- Trauma is pervasive
- Trauma's impact is broad and diverse
- Trauma's impact is deep and life-shaping
- Trauma, especially interpersonal violence, is transgenerational
- Trauma affects how people approach services
- Education and related service/support systems can and often has been retraumatizing
- Healing and recovery are possible
- Caregiving nurturing relationships are the heart of healing
- **TRAUMA INFORMED = HOPEFUL**

Fallot & Harris, 2002

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Universal Precautions

- All of us should adopt an attitude of universal precautions - taking on an understanding of and a sensitivity to the suffering of trauma that is part of the lives … of too many people everywhere.
- This is not only good human practice, it is good public health practice. It is good public health practice ***all day, every day***, because daily life's ordinariness masks ongoing interpersonal violence that continually constitutes trauma's terrible prevalence.

Adapted from Kammerer and Mazelis (2006).

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Elements of Trauma-Informed Organization

- Incorporates knowledge about trauma—prevalence, symptoms, impact, and recovery—in all aspects of service delivery
- Environments that are hospitable and engaging for children and families and minimize re-traumatization
- Based on current literature and evidence based practices
- Recognize protective factors
- Are self-reflective and recognize organizational trauma

Fallot & Harris, 2002; *Ford*, 2003; *Najavits*, 2003)

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I am a Promise

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I am a Promise – A Trauma Informed Classroom

- Focus on self-esteem
- Validates the reality of children's lives
- Corrects misinformation
- Speaks in even calm tone
- Uses appropriate touch to communicate
- Helps children develop a safety plan
- Demonstrates care and respect

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Steps to becoming Trauma Sensitive

- Awareness, Understanding of the Nature and Impact of Trauma
- Staff Training
- Universal Precautions
- Policy review
- Client/Consumer Input
- Attend to Staff Stress Responses/VT to their Work

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Taking it Back To Work

- Tools to assess your organization
- Small group exercise
- Worksheets

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Conclusion

- Start Where you are
- Use What you Have
- Do What you Can

Arthur Ashe

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The most important protective factor is YOU!

» Linda Chamberlain, May 2008

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Resources on the Web

Trauma

The Trauma Center at Justice Resource Institute, **www.traumacenter.org/**

Bruce Perry, MD, Child Trauma Academy, **www.childtrauma.org**

David Baldwin's Trauma Pages - **www.trauma-pages.com/**

Anna Foundation - **www.annafoundation.org/MDT.PDF**

Sandra L. Bloom, MD, Community Works - **www.sanctuaryweb.com**

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Resources on the Web

Trauma

Sidran Foundation for Traumatic Stress - **www.sidran.org**

PTSD Alliance - **www.ptsdalliance.org**

Adverse Childhood Experience Study, **www.acestudy.org**

International Society of Traumatic Stress - **http://www.istss.org/**

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Resources on the Web

Child Development

The American Academy of Pediatrics - **http://www.aap.org/**

The National Association for Childhood Development **http://www.nacd.org/**

The National Black Child Development Institute **http://www.ncbcdi.org/04/**

The National Institute of Child Health and Human Development - **http://www.nichd.nih.gov/**

Zero to Three - **http://www.zerotothree.org**

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Resources on the Web

Trauma Informed Care

Multiplying Connections Initiative
http://multiplyingconnections.org

National Center for Trauma Informed Care
http://mentalhealth.samhsa.gov/nctic/

Community Connections – Roger Fallot, PhD
http://www.communityconnectionsdc.org

Community Works – Sandra Bloom, MD
http://www.sanctuaryweb.com/

National Child Traumatic Stress Network
http://www.nctsnet.org

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