

Trauma Informed Care

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Trauma: It is more than you think!

Traumagenesis Defined

Robert Rhoton, Psy.D.; D.A.A.E.T.S.

- Trauma more is viewed as “a physiological phenomenon these days, realizing that it is not necessarily the events or experiences themselves that are destructive or disturbing, *but it is the body and psychic reaction to those events and experiences.*”
- The unfortunate truth is that *each person responds uniquely to such overwhelming stressors* based primarily on their developmental trajectory.”

Impact of Trauma

- ▶ **Increases the risk** of *neurological, biological, psychological and/or social difficulties* such as:
 - Changes in **brain neurobiology**;
 - **Social, emotional & cognitive impairment**;
 - Adoption of **health risk behaviors** as coping mechanisms (*eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence*); and
- ▶ **Severe and persistent** *behavioral health, physical health and social problems, early death.* (Felitti et al, 1998)

How Violence & Trauma Affect Your Patients

- ***Current*** violence indications: bruises, knife wounds, broken bones, dental problems (e.g., loss of teeth), traumatic brain injury, back or pelvic pain, or headaches.
- ***Ongoing*** violence indications: cardiovascular, gastrointestinal, endocrine and immune system problems, exhaustion, sleep disorders, and psychological symptoms such as depression or substance abuse.

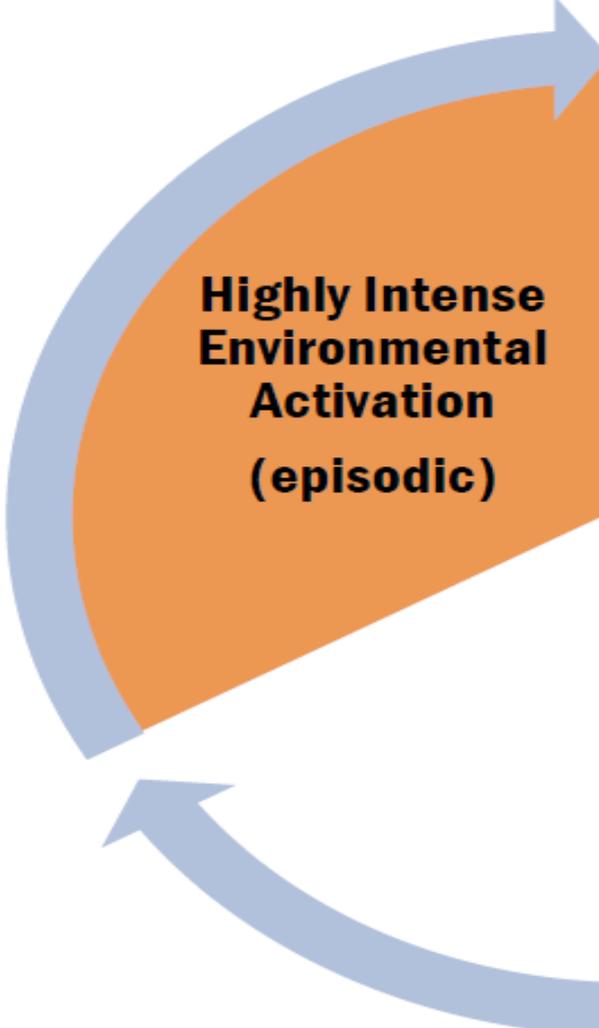
Affects of Violence

Childhood Adversity and Early Life Trauma:

Impacts brain structures and energy metabolism, leading to a “**cascade of risk factors**” and ultimately to a **wide range of chronic health and mental health conditions.**

Must it Be Recognizable Trauma?

Examples of BIG Trauma

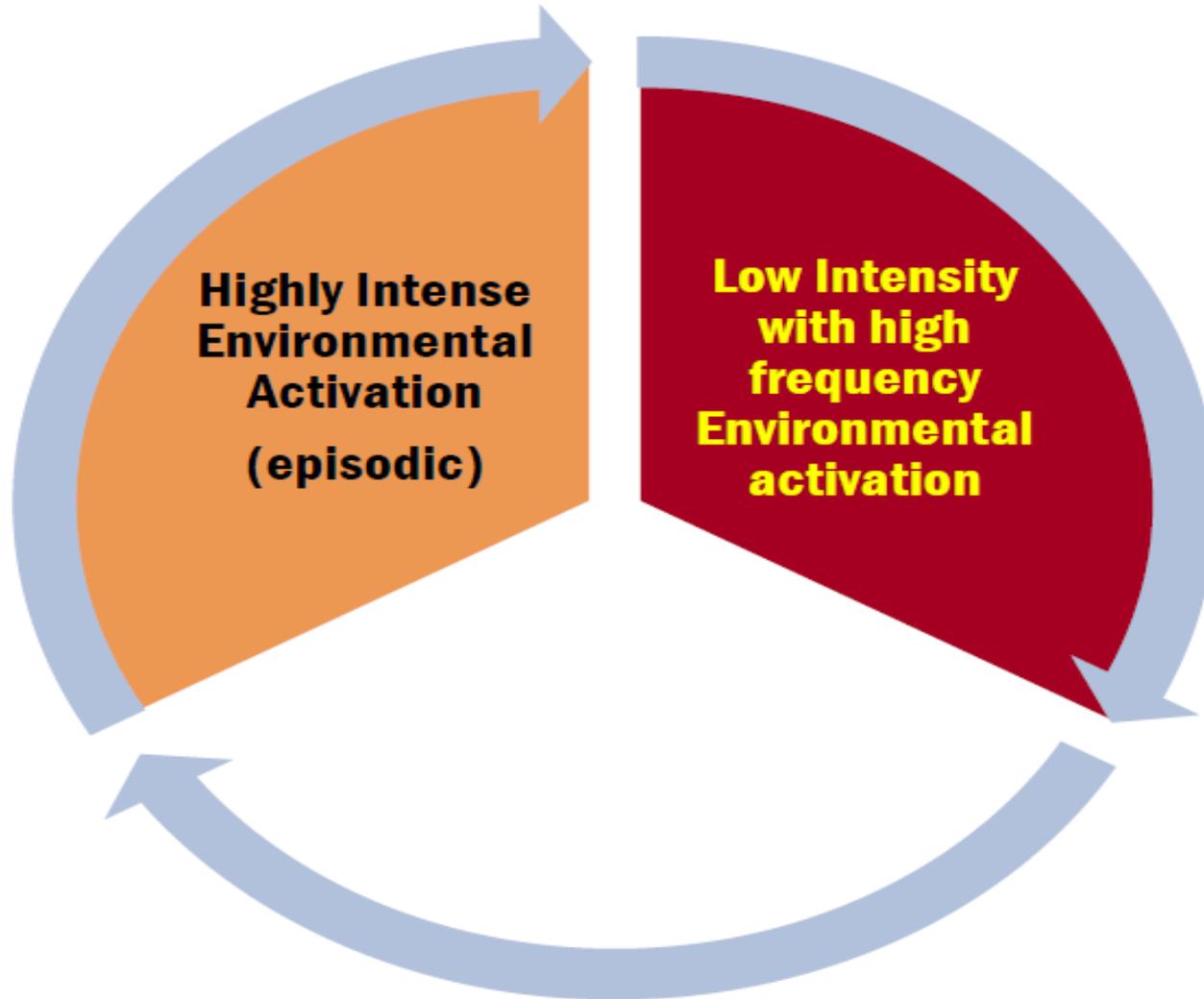


**Highly Intense
Environmental
Activation
(episodic)**

Many situations can be single event activators of the threat/stress response system, such as:

- Witnessing and experiencing DV
- Sexual assault
- Physical abuse & neglect
- Witnessing or being a victim of violent crime
- Military theater actions
- Accidents and bad injuries

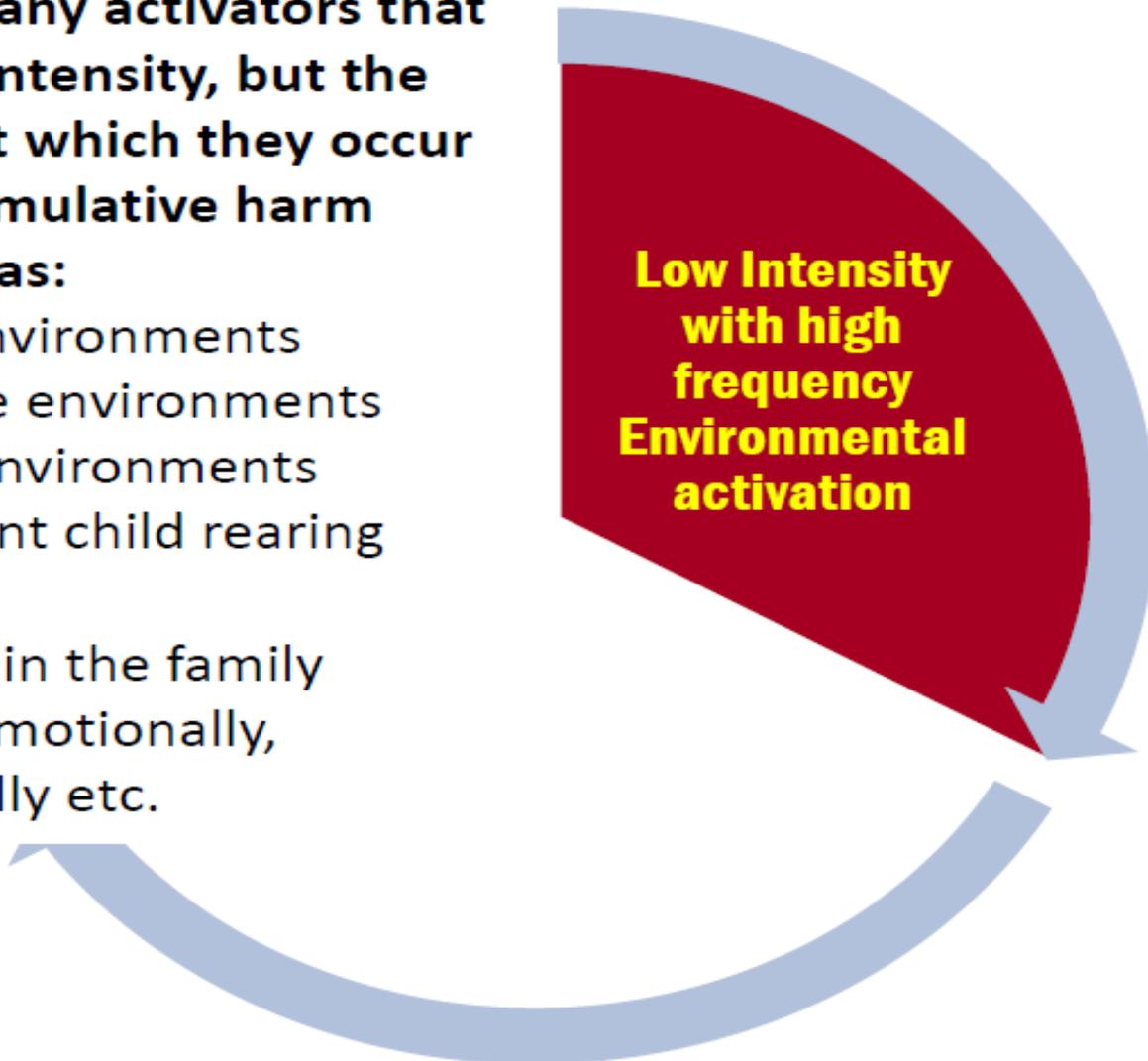
Low Intensity High Frequency



Low Intensity High Frequency

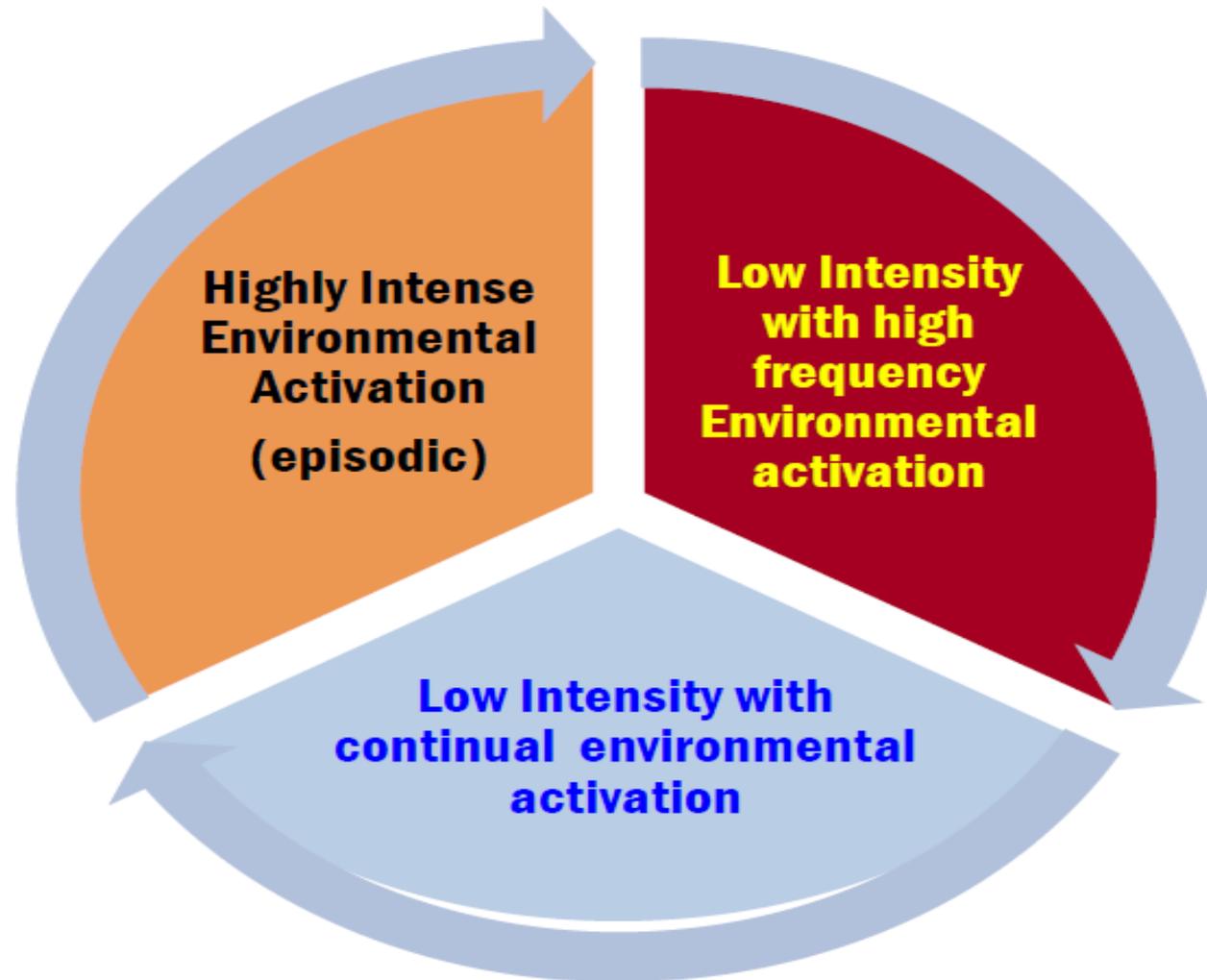
There are many activators that are low for intensity, but the frequency at which they occur creates a cumulative harm effect, such as:

- Chaotic environments
- Aggressive environments
- Punitive environments
- Inconsistent child rearing practices
- Instability in the family finically, emotionally, residentially etc.



**Low Intensity
with high
frequency
Environmental
activation**

Types of Trauma



The Creation of trauma

Intensity



High intensity of a single event can change the neurobiology and physiology

Frequency



Low intensity can create neurobiological and Psychological change if they happen with HIGH Frequency

Duration



Low intensity and low frequency can create neurobiological and Psychological change if they have longer durations.

Traumagenesis

- ▶ **Cumulative harm (CH)** can be thought of as **“over-activation”** of the *threat response system, or that biology related to fight, flight and freeze responses.*
- ▶ Repeated trauma leads to a **greater likelihood to react, a greater neurological sensitivity to react and more fluidity and speed in reacting.**
- ▶ The **cumulative effects** often **overwhelm even the most resilient individual.**

Continued

- ***Highly dysregulated families and workplaces demonstrate trauma reactivity.***
- Real, ***identifiable trauma events are not necessary*** to the emerging of symptomatic behaviors.
- These symptoms are ***primary adaptations to adverse environments.***
- ***...what any reasonable person would begin to believe, perceive, or experience about....***

General Adaptation to Stress

STRESSOR



ANYTHING THAT ACTIVATES THE STRESS RESPONSE SYSTEM



REACTION TO THREAT RESPONSE & ADVERSE STATES



NEGATIVE ADAPTATION

POSITIVE ADAPTATION

Disease
Behavior Problems
Relationship Problems

Healthier
Increased
Peacefulness/Intentionality
Improved Relationship Function

PTSD Risk Factors

- ▶ Gender: Women are at twice the risk.
- ▶ Age: Higher risk under age 25.
- ▶ Childhood trauma and/or adversity.
- ▶ Additional adverse life events, including prior trauma in adolescence or adulthood.
- ▶ Prior psychiatric disorder (including a pre-disposed “ability” to dissociate under duress).
- ▶ Poor physical health; money problems.
- ▶ Family history of trauma (e.g., 2nd generation Holocaust survivor); psychiatric disorders.
- ▶ Lack of social support.

Examples of Traumatic Life Experiences

- **Physical, emotional and/or sexual** abuse in childhood or adulthood
- **Combat** related trauma
- **Refugee/torture/civil unrest**
- **Witnessing or experiencing violence**
- **Catastrophic loss** (natural disasters)
- **Terrorism**
- **Accidents**

Traumatic Life Experiences

•In Childhood:

- **neglect or abandonment** (food insufficiency, lack of money to met basic needs, homelessness)
- **death of a parent**
- **divorce**
- **family life** that includes **drug addiction, alcoholism, parental incarceration, violence**
- **Rape**
- **Serious medical illness or disease** (disabling conditions, loss of function, invasive and distressing procedures)

Adverse Childhood Experiences

- ▶ **10 types of childhood trauma in ACE Study.**
- ▶ **5 are personal** — **physical** abuse, **verbal** abuse, **sexual** abuse, **physical neglect**, and **emotional neglect**.
- ▶ **5 are related to others:** *an alcoholic parent, a mother who's a victim of domestic violence, a family member who is : mentally ill, absent due to divorce, death, incarceration or abandonment.*
- ▶ Each type of trauma counts as 1.
- ▶ If **additional types of toxic stress** are experienced over months or years, negative health consequences are increased (homelessness, poverty, food insecure)

Adverse Childhood Experiences Scale

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

No ___ If Yes, enter 1 ___

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

No ___ If Yes, enter 1 ___

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

No ___ If Yes, enter 1 ___

4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

No ___ If Yes, enter 1 ___

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No___If Yes, enter 1 ___

6. Were your parents ever separated or divorced?

No___If Yes, enter 1 ___

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No___If Yes, enter 1 ___

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No___If Yes, enter 1 ___

9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No___If Yes, enter 1 ___

10. Did a household member go to prison?

No___If Yes, enter 1 ___

Now add up your "Yes" answers: _____ This is your ACE Score

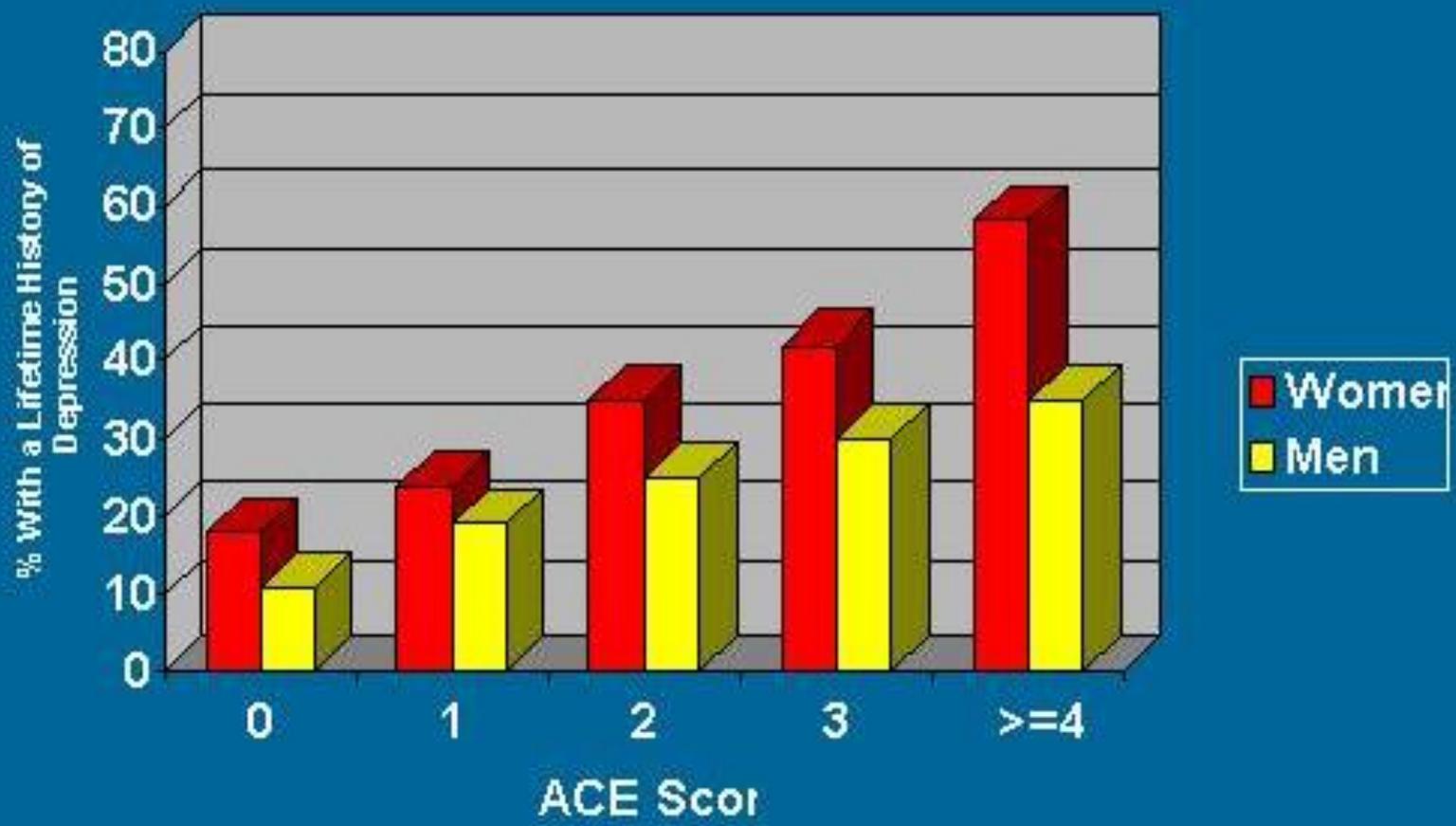
Findings of CDC's ACES Study

- ▶ **Direct link** between **childhood trauma** and the **chronic diseases** people develop as adults, as well as **social and emotional problems**.
- ▶ Including heart disease, lung cancer, diabetes autoimmune diseases, depression, violence, being a victim of violence, and suicide.
- ▶ **Childhood trauma** was **very common**, even in employed white middle-class, college-educated people with great health insurance;
- ▶ **Multiple types of trauma** *increased the risk of health, social and emotional problems*.
- ▶ **Rarely one type of trauma** – rarely is it only sex abuse or only verbal abuse.
- ▶ **2/3 ACES Study had an ACES score of at least one — 87 percent of those had more than one.**

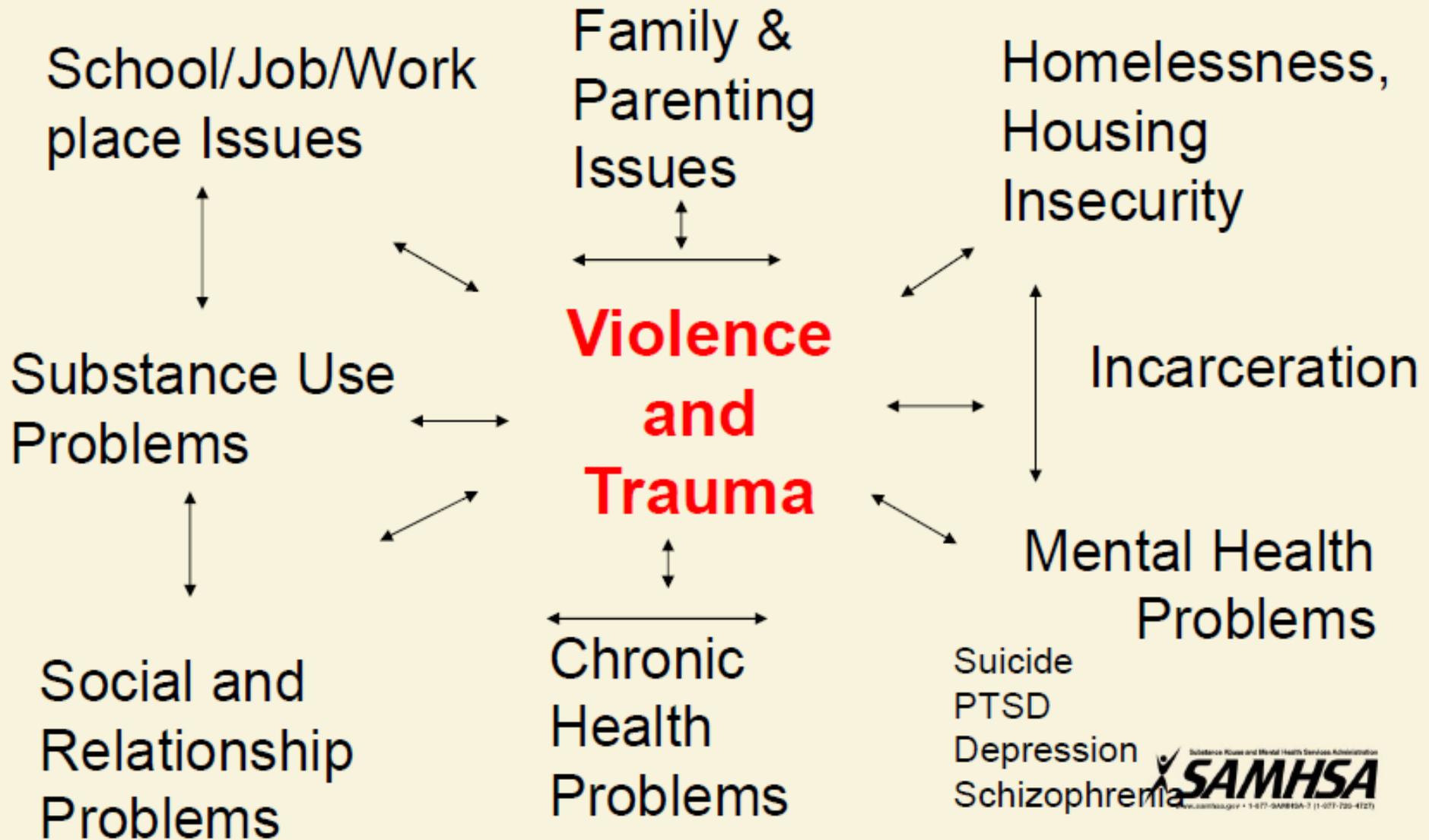
Childhood Experiences vs. Adult Alcoholism



Childhood Experiences Underlie Chronic Depression



The Central Role of Trauma

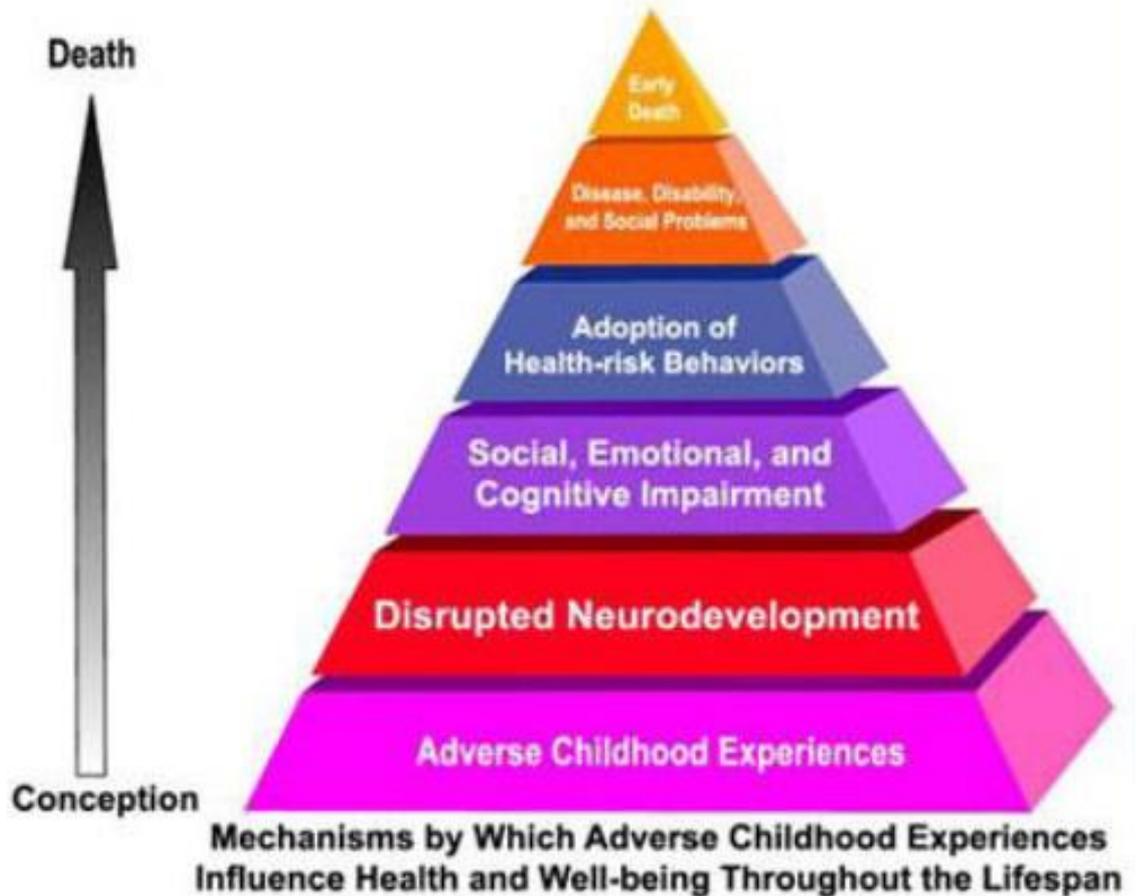


Impact of Trauma Over the Life Span

Effects of childhood adverse experiences:

- neurological
- biological
- psychological
- social

(Felitti et al., 1998)



How Does Trauma Change Perception?

- ▶ *Mind* begins to see *potential hurts and danger* everywhere
- ▶ *Imagination* becomes *distorted* and *limits* ability to use imagination to *predict effective and capable coping (pessimism)*
- ▶ *Imagination* becomes focused on *predicting* scenarios generating *anxiety and fear*
- ▶ A *compromised perceptual system* constantly generates *fantasies of worry and internally critical dialogue.*

Unmet Basic Human Needs activate the threat/stress response system

- Not feeling capable
- Not successful or achieving at something
- Not feel cared for
- Not belong to a group
- Not have power to and influence in environment/world
- Not control in one's life
- Not stimulated in mind and body
- Not have fun and pleasure
- Not understand reality
- Not appear competent to others
- Not be seen as being worthwhile or held in esteem by to others
- Not feel safe
- Not feel secure in our attachments to others
- Not have a sense of meaning or purpose in life

Why is a Trauma Informed Care Important?

- Traumatic experiences have a ***direct impact*** on your *patients' health* and on how they *engage in health care*.
- If a patient *discloses current or past trauma*, you need to ***know how to respond***.
- Knowing about the impact of trauma can ***improve patient outcomes***.
- Understanding trauma can help you better ***manage risk***.

Why is Understanding Trauma Important?

- We need to ***understand the life situations*** that may be *contributing* to the persons' *current problems*
- *Current* problems may be ***related to traumatic life experiences***
- People are often ***very sensitive*** to situations that *remind* them of the **people, places or things** involved in their **traumatic event**
- These reminders, also known as ***triggers***, may *cause a person to relive the trauma and view our setting* or as a ***source of distress*** rather than a **place of healing and wellness**

Medical Conditions Associated With Adverse Childhood Experiences

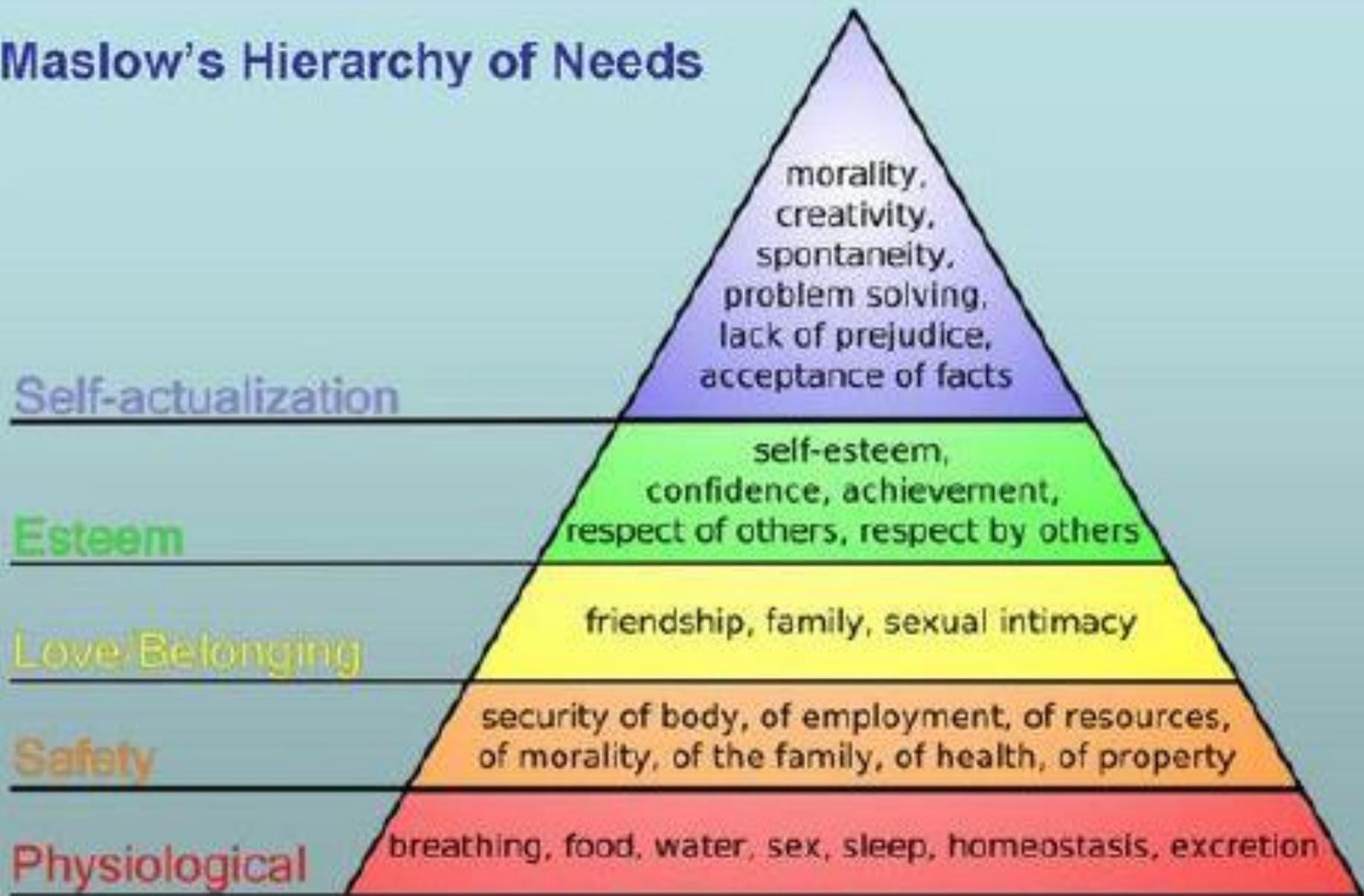
- Diabetes
- COPD
- Heart Disease
- High Blood Pressure
- Obesity
- Cancer
- Liver Disease
- Gynecologic Disorders
- Sexually Transmitted Diseases
- Unintended Pregnancies

*“The Hidden Impact of Early Life Trauma On Health and Disease.
Chapter 8. in Lanius,. By Felitti and Anda, 2010.”*

Reported Prevalence of Trauma in Behavioral Health Care

- **Majority of adults & children** in *psychiatric and substance use disorder treatment settings* have **trauma histories** (Lipschitz et al, 1999; Suarez 2008; Gillece, 2010)
- **43% to 80%** of individuals in *psychiatric hospitals* have experienced **physical or sexual abuse**
- **51%-90%** *public mental health clients* are exposed to trauma (Goodman et al, 1997; Muesner et al, 2004)
- **2/3 adults in SUD treatment report child abuse and neglect** (SAMHSA, CSAT, 2000)
- Survey of **adolescents in SU treatment** > **70%** had history of **trauma exposure** (Suarez, 2008)

Maslow's Hierarchy of Needs



From: Wikipedia – Spring 2007

Principles of a Trauma-Informed Approach

- ▶ **Safety:** Organization, staff and the people they serve, feel physically and psychologically safe; the physical setting is safe; and interpersonal interactions promote a sense of safety.
- ▶ **Trustworthiness and transparency:** Organizational operations and decisions are transparent with the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.
- ▶ **Peer support** and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing a sense of empowerment
- ▶ **Collaboration and mutuality:** Partnering and leveling of power differences between staff, clients, direct care staff to administrators; All have a role to play in a trauma-informed approach; **“one does not have to be a therapist to be therapeutic.”**

Impact of Healing Environment

Relationships are the foundation of healing

“. . . Every form of mental illness, is an illness that affects our relationships with each other Mental illness and PTSD are all about broken connections and treatment is all about healing connections”

Bessel van der Kolk, 2014

Sensitive Practice Principles

- 1. Respect**
- 2. Taking Time**
- 3. Rapport**
- 4. Sharing Information**
- 5. Sharing Control**
- 6. Respecting Boundaries**
- 7. Fostering Mutual Learning**
- 8. Understanding Non-linear Healing**
- 9. Demonstrating Awareness and Knowledge of Trauma**

- ▶ *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse* was researched and written by Candice L. Schachter, Carol A. Stalker, Eli Teram, Gerri C. Lasiuk and Alanna Danilkewich

Noticeable Symptoms of Trauma

- ▶ ***Any experience of violence and trauma can affect patients' engagement in health care.***
 - Repeatedly missed or cancelled appointments
 - Avoiding preventive care
 - Poor adherence to medical recommendations
 - Chronic unexplained pain
 - Anxiety about certain medical procedures

Creating Trauma Informed Care

- ❑ Create a *soothing physical environment* in the healthcare setting
- ❑ *Train all staff* (not just direct providers) in the principles of trauma informed approaches
- ❑ Take time to *get to know the patient* and *create a sense of safety and respectful relationship*
- ❑ Adopt *collaborative/person centered* approaches
- ❑ Offer *choices and options* to maximize *patient sense of control*

Trauma Informed Care Cont.

- ▶ ***Empowerment, Voice and Choice***: individuals' **strengths and experiences** are **recognized** and built upon; having a **voice and choice is validated** and **new skills** developed.
- fosters a **belief in resilience** and in the **ability** of *individuals, organizations, and communities* to **heal and promote recovery from trauma**;
- **builds on strengths** and not just addressing perceived deficits.
- ▶ ***Cultural, historical, and gender issues***: actively **moves past cultural stereotypes and biases** (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.),
- offers **gender responsive services**, leverages the healing value of *traditional cultural connections*, and **recognizes and addresses historical trauma**.

Trauma Informed Care: Practical Tips

- **Engage** person, develop rapport and build trust over time
- Provide **calm and soothing** office environment
- Give **relaxed, unhurried attention**
- **Talk** about concerns and procedures before doing anything (ex. asking patient to disrobe)
- **Give as much control and choice** as possible
- **Validate** any concerns as understandable and normal
- **Allow a support person** or female staff person to be present in the room
- **Explain** thoroughly each procedure and get consent

Trauma Informed Care: Practical Tips

- **Ask** if person is ready to begin and inform them that they can **pause or stop procedure** at anytime
- **Encourage questions** and ask about any worries or concerns and how you can help (ex. leaving door ajar)
- Maintain a **personable, respectful, kind and honest** manner
- **Talk** to person throughout to let them know what you are doing and why
- Encourage person to do **what feels most comfortable** (ex. keeping coat on, listening to music, keeping dental chair upright)
- Place a **high priority on culture**; including *ethnicity, race, religion, sexual orientation, historical and social trauma* such as *homelessness and poverty*

Distressing Aspects of Medical Care for Trauma Patients

- Invasive procedures
- Removal of clothing
- Physical touch
- Personal questions that may be embarrassing or distressing
- Power dynamics of relationship
- Gender of healthcare provider
- Vulnerable physical position
- Loss of and lack of privacy

4 Must Have Factors for Successful Trauma Care

1. Therapeutic Relationship:

- ▶ *The **calming presence***-when comfort, safety and attachment are activated the body, mind and emotional systems can repair
- ▶ *The **relational imperative/therapeutic alliance** to create relaxation repair-oxytocin vs cortisol*
- ▶ ***Kindness, compassion, respect, time to listen***
- ▶ *The **helper as intervention***-relational repair model
- ▶ ***Attachment system activated***-seek proximity to attached for safety and comfort

Trauma Care Cont.

2. Felt safety/real safety:

- ▶ Environment safety, predictability, and increasing faith/belief in possibility
- ▶ When comforted, safety and attachment are activated the body, mind and emotional systems can repair
- ▶ Cannot develop mindfulness without a secure system
- ▶ Without-fight, flight or freeze
- ▶ Safety of Community (housing)

Trauma Care Cont.

3. Self Regulation and Relaxation

- ▶ **Stabilization through psychoeducation and increased awareness of the body and brain reactions**
- ▶ **Holistic strategies & variations to train self-regulation skills**
- ▶ **Mindfulness, yoga, relaxation, 12 Step, exercise**

4. Refer to Trauma Informed Providers

- ▶ **Reprocessing/resolution work**
- ▶ **EMDR & Bilateral Therapies**
- ▶ **Cognitive therapies**
- ▶ **Mindfulness-informed interventions**
- ▶ **Somatic & focusing interventions**
- ▶ **Narrative therapy (rewriting script)**
- ▶ **Spiritual variations for moral injury**
- ▶ **Reintegration/restoration**
- ▶ **Post traumatic growth/wisdom**
- ▶ **Resiliency skills**

Resources

- **Adverse Childhood Experiences (ACE) Study:** <http://www.cdc.gov/nccdphp/ace>
- **Got your Ace Score?:** <https://acestoohigh.com/got-your-ace-score/>
- **Primary Care Behavioral Health Screener User Guide:** http://www.integration.samhsa.gov/clinical-practice/PCBHS_Screener_-_User_Guide.pdf
- **Primary Care Behavioral Healthy Screener:**
http://www.integration.samhsa.gov/clinical-practice/PCBHS_Questionnaire.pdf
- **The National Council for Behavioral Health's trauma-informed care checklist:** http://www.integration.samhsa.gov/clinical-practice/TIC_Flyer_web_2013_new.pdf
- **SAMHSA's National Center for Trauma-Informed Care (NCTIC) Technical Assistance Center:**
<http://www.samhsa.gov/nctic/default.asp>
- **Additional Resources can be found on the SAMHSA-HRSA Center for Integrated Health Solutions Trauma Webpage:**
<http://www.integration.samhsa.gov/clinical-practice/trauma>
- <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measure>
DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult
- **Cognitive-Behavioral Therapy for Post-Traumatic Stress Disorder, Newman, C. F. , Ph.D., ABPP, , Center for Cognitive Therapy, University of Pennsylvania, Perelman School of Medicine, Philadelphia, Pennsylvania, USA**
- **Trauma, PTSD & Traumatic Grief: Effective Assessment and Immediate Interventions, R. Rhoton Psy.D.; D.A.A.E.T.S, Arizona Trauma Institute, www.aztrauma.org**

Some Assessment Measures

- ▶ Impact of Event Scale (IES): (Horowitz, Wilner, & Alvarez, 1979) – probably the most popular index of the intrusive and avoidance symptoms of PTSD.
- ▶ Post-Traumatic Cognitions Inventory (PTCI): (Foa, Ehlers, Clark, Tollin, & Orsillo, 1998). – indexes negative cognitions about self, world, and blame.